Public Comment Sign-Up Sheet

Public Health Advisory Council

If you wish to give public comment, please sign up in advance.

- Speakers may only sign in for themselves or as the designated spokesperson for a group/organization.
- Speakers will have a **total of three minutes to address the PHAC** on any matter on the evening's meeting agenda.
- The PHAC Chair, or their designee, will call on each person signed up to speak at the appropriate time.
- Individuals providing public comment must **state their name for the record, state the agenda item on which they are speaking,** and may not yield their time to add to other individual's allotted time.
- PHAC meetings are audio recorded. Please speak clearly.
- Please consult the document "Public Participation Guidelines for PHAC Meetings" for further information about public comment.

Meeting Date: 1/28/2025

Name (Please print first and last)	Are you representing an organization? (Y/N) *If yes, which organization?*	Have you read the PHAC Public Participation Guidelines? (Y/N)
Wynn Grcich	NO	Yes
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Please send info for next meeting		

Name (Please print first and last)	Are you representing an organization? (Y/N) *If yes, which organization?*	Have you read the PHAC Public Participation Guidelines? (Y/N)

vation policy is imposed in Gettysburg, the community has seen the near destruction of its once vital downtown where private businesses are being forced out. Many parts of downtown now are void of significant businesses like clothing shops or hardware stores. Most businesses in the downtown area today are restaurants and tee-shirt shops designed for the tourist industry. That's not the way for a town to build a solid economic future.

Every step of land had something from the past occur on it. But let us remember, those who fought on these fields of "hallowed ground" did so to protect our liberty, including ownership of private property. One must ask how they would react to huge government restrictions over the land now, simply because they fought there. One can envision them again taking up arms to free it from government clutches.

It's interesting to note that the recent protests demanding to remove historic statues have not been opposed by a single Heritage Area management entity. So much for actually defending our American Heritage.

The forces of Sustainable Development have no intention of honoring true American heritage. The rational for preservation legislation is simply another excuse to hide the real goal – reorganizing human society for complete control. The American heritage of individual liberty, free enterprise, and private property isn't even in the equation.

CHAPTER SEVENTEEN

HOW THE UNITED NATIONS TARGETED YOUR MAYOR IN THE CITIES

San Francisco is the birthplace of the United Nations. On June, 5th, 2005, it was also the location for a major effort by the UN to circumvent national and state governments in order to reorganize human society. Coincidentally, the date was also World Environment Day. This time the UN was targeting mayors from all over the world to enlist them to be soldiers in the Sustainable war.

Like a scene from Michael Crichton's landmark novel *State of Fear*, all of the usual suspects, our self-appointed saviors, were there. There were UN bureaucrats seeking to increase their power and influence, NGOs with their private agendas, Hollywood celebrities acting like authorities on how Americans should rightly live, leaders of corporations seeking to help devise global regulations to kill their competition, and representatives from national and local news outlets that long ago had lost any pretense of delivering unbiased news.

They were all there. UN Secretary General Kofi Annan, along with the host committee, including San Francisco Mayor Willie Brown and Senator Diane Feinstein. Helping to host were the federal Environmental Protection Agency (EPA), and Jonathan Lash of the World Resources Institute. Walking among the crowd were actors Robert Redford and Martin Sheen. As everyone fawned over them, singer Judy Collins could be heard inspiring the gathering with her emotional lyrics. Of course to be expected were representatives from ICLEI. They had recently teamed with Robert Redford and the Mayor of Salt Lake City, Utah to form an

were the leaders of the Natural Resources Defense Council (NRDC), the anti-human, rent-a-riot, scaremonger NGO that has worked so diligently to frighten Americans about everything in our society -- from the food we eat, to the chemicals we use and the water we drink. Corporate sponsors included Federal Express, Toyota Prius and Mitsubishi International Corporation Foundation, all dedicated to capitalizing on Sustainable Development practices. They were all ready to do their dance and perform their magic tricks to influence your mayor to join their game.

As the cheerleading and drum circles faded, the gathering got down to the serious business. As part of their participation in the conference, the mayors were pressed to commit their communities to specific legislative and policy goals by signing a slate of United Nations accords. Two documents were presented for the mayors' signatures.

The first document was called the "Green Cities Declaration," a statement of principles which set the agenda for the mayors' assigned tasks. It said, in part, "*Believing as Mayors of cities around the globe, we have a unique opportunity to provide leadership to develop truly sustainable urban centers based on culturally and economically appropriate local actions.*" The Declaration was amazingly bold in that it detailed exactly how the UN intends to implement a very specific agenda in every town and city in the nation. The document included lots of rhetoric about the need to curtail greenhouse gases and preserve resources. But the final line of the Green Cities Declaration was the point of the whole affair: "*Signatory cities shall work to implement the following Urban Environment Accords. Each year cities shall pick three actions to adopt as policies or laws.*"

The raw meat of the agenda was outlined in detail in the second document, called the "Urban Environment Accords." The Accords included exactly 21 specific actions (as in Agenda 21) for the mayors to take, controlled by a timetable for implementation.

Here's a quick look at a few of the 21 agenda actions called for. Under the topic of energy, action item number one called for mayors to implement a policy to increase the use of "renewable" energy by 10% within seven years. Renewable energy includes solar and wind power.

Not stated in the UN documents is the fact that in order to meet the goal, a community would have to reserve thousands of acres of land to set up expensive solar panels and even more land for wind turbines. Consider that it takes a current 50 megawatt gas-fired generating plant about

amount of power through the use of solar panels would require at least 1,000 acres. Using windmills to generate 50 megawatts would require over 4,000 acres of land, while creating a deafening roar and chopping up birds. The cost of such "alternative" energy to the community would be vastly prohibitive, yet such unworkable ideas became the environmentally-correct order of the day that the mayors were being urged to follow.

Perhaps the most egregious action offered in the Urban Environmental Accords dealt with the topic of water. Action item number twenty called for adoption and implementation of a policy to reduce individual water consumption by 10% by 2020. Interestingly, the document begins by stating: "*Cities with potable water consumption greater than 100 liters per capita per day will adopt and implement policies to reduce consumption by 10 percent by 2015.*"

There is no basis for the 100 liter figure other than employing a very clever use of numbers to lower the bar and control the debate. One must be aware that 100 liters equals about 26 gallons per person, per day. According to the UN, each person should only have 10% less than 26 gallons each day to drink, bathe, flush toilets, wash clothes, water lawns, wash dishes, cook, and more.

However, according to the U.S. Geological Survey, Americans need about 100 GALLONS per day to perform these basic functions. Consider also that there is no specific water shortage in the United States. According to the U.S. Environmental Protection Agency, annual water withdrawal across the nation is about 407 billion gallons, while consumption (including evaporation and plant use, is about 94 billion gallons. Such restrictions, as outlined in the Urban Environment Accords, are really nothing more than a dishonest campaign by the UN to control water consumption. That's why in San Francisco the nation's mayors were being pushed to impose policies to take away our free use of water. Control the water, control the people.

The rest of the Accords dealt with a variety of subjects including waste reduction, recycling, transportation, health, and nature. Perhaps the most outrageous promise of action was Action number sixteen in which the mayors were supposed to agree to: "***Every year identify three products, chemicals, or compounds that are used within your city that represents the greatest risk to human health and adopt a law to eliminate their sale and use in the city.***"

MERCOLA
Take Control of Your Health

Where Are the Autopsies of People Dying Post COVID Vaccine?

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE

- Dr. Jane Orient published a commentary in July 2021, asking why there is no information from autopsies of healthy people who died unexpectedly from the COVID-19 jab
- Information from death certificates is notoriously inaccurate; autopsies are needed to inform public health policy and help people decide how they want to proceed with the genetic therapy injection program
- As the death toll numbers reported to VAERS mounts daily, it is well over the rate of more than the number reported for 70 vaccines combined over 30 years and 500 times deadlier than the flu vaccine
- Treatment for COVID-19 improved after Germany released data from 12 autopsies showing ventilators were likely a contributing cause of death
- If you or a loved one took the shot and now regret it, there are options to help protect your health

Dr. Jane Orient, executive director of the Association of American Physicians and Surgeons, published a commentary July 7, 2021[1] asking an important question about the rising number of deaths being reported to the U.S. Vaccine Adverse Events Reporting System (VAERS) in conjunction with the COVID-19 injection program.

Her credentials[2] are many: She's a clinical lecturer in medicine at the University of Arizona College of Medicine. She received her medical degree from Columbia University and is the author of several books. And, as president of Doctors for Disaster Preparedness and chairman of the Public Health Committee of the Pima County (Arizona) Medical Society, she asks: Why haven't there been autopsies of healthy people who are dying unexpectedly after receiving a COVID jab?

It's a reasonable and logical question since autopsies often reveal important information about diseases and illnesses — and it's information that can help guide future medical treatment to reduce the risk of long-term disability and death after the vaccine.[3] After all, without autopsy results, the ability to treat cardiovascular diseases,[4] cancers,[5] hereditary diseases like hypertrophic cardiomyopathy[6] and even catch murderers[7] would be incompetent.

Dr. Dylan Miller chairs the autopsy resource committee for the College of American Pathologists. He spoke with a reporter from The Wall Street Journal, saying,[8] "We think we always know what's going on inside our patients, but that's a fallacy. There's as much to be gained from an autopsy as ever."

The nature of an autopsy is diagnosis.[9] It can help family members come to terms with what caused a loved one's death, identify unknown diseases and offer clinicians an opportunity for a greater understanding of what happened before a patient dies. It also can provide a valuable educational opportunity for health officials and even students, who study disease processes.

It's been over eight months since the first COVID-19 vaccine was administered in the U.S. in December 2020.[10] Since then, VAERS reports show there have been over 12,000 people who have died after the shot.[11] Since autopsies are so incredibly important in the identification of disease and pathological processes, why haven't healthy people who have died after the COVID jab been autopsied?

Lack of Autopsy Results May Mean Data Are Hidden

At the time of Orient's published commentary,[12] she quoted a death toll after the COVID shot of nearly 7,000 people as reported in VAERS. This was in early July. By the end of July that number had risen to 12,366 people.[13] That's a jump of over 5,000 people in less than 30 days who reportedly had died after the COVID injections.

Orient comments that while it's the best system available now for recording adverse events from vaccines, VAERS is likely missing 90% or more of the actual number of individuals who are hospitalized, have suffered anaphylactic reactions, have Bell's Palsy, had heart attacks or had life-threatening reactions. The lack of accurate recording also includes the actual number of people who have died after receiving an injection.

When it comes to death certificates, data from The Johns Hopkins Hospital were published in the Archives of Internal Medicine in 2001,[14] demonstrating that the accuracy and reliability of the recorded cause of death, on death certificates, was a significant problem, indicating the continued need for autopsies to correctly identify the cause of death.

According to Orient, the death of a 45-year-old mother after receiving the COVID-19 shot that was required for her to start work at the same institution, Johns Hopkins University, will likely not be investigated by autopsy. Additionally, the hospital has not paused their demand for the injection program for mothers and potential mothers who want to work at the university.

In the past, when an individual died without significant medical illness, they were designated a case for the medical examiner, who would decide whether an autopsy was needed. Any evidence that was related to the death was gathered and considered along with the autopsy report.

The most important reason for requesting and performing an autopsy was to ensure quality health care and at one time was required for hospital accreditation.[15] However, that requirement has been dropped, and dropped along with it the number of autopsies routinely performed on patients who have died inside or outside the hospital.

The average rate for autopsies in the 1940s was 50%. That dropped to 41% in 1970, just before the Joint Commission on Accreditation of Hospitals removed the requirement

that 20% of deaths in the hospital were to be autopsied to maintain accreditation.[16]

By 2018, experts estimated only 4% of in-hospital deaths were autopsied and only approximately 8% of all deaths. Since an estimated 700,000 die each year in the hospital, this means only approximately 28,000 of those deaths are autopsied. Experts have proposed three explanations for the falling rates, including:[17]

- Fear of finding mistakes leading to a malpractice lawsuit
- Lack of reimbursement for an autopsy
- The belief that medical technology has made autopsies obsolete

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However, it's important to note that knowledge of why a person dies after vaccination will not help the family recover damages since the pharmaceutical industry is immune from liability.[18,19] Even so, this information should be used to inform public health policy and help people decide how they want to proceed with the genetic therapy injection program.

Death Certificates Are Notoriously Inaccurate

Orient also notes that death certificates, which researchers use to gather statistics on the cause of death, "are known to be extremely unreliable."[20] An evaluation of 494 death certificates at The Johns Hopkins Medical Institutions[21] in 2001 showed 41% had improperly completed forms and the reliability and accuracy of the death certificates listing cause of death was a significant problem.

A study published in the Southern Medical Journal[22] also found "major discrepancies" between the death certificates issued in the hospital and the information gathered on autopsy.

In 25% of the cases, the death was erroneously attributed to acute myocardial infarction, while an autopsy showed the deaths were actually from sepsis, cerebral hemorrhage, pneumonia and cardiac tamponade. Autopsy showed there were 52 myocardial

infarctions that caused death, but death certificates accurately documented only 27. The researchers concluded:

> *"1) Death certificates are often wrong. 2) The time-honored autopsy is more valuable than ever. 3) Physicians need to write better death certificates and correct them. 4) Death certificate-based vital statistics should be corrected with autopsy results. 5) Vital statistics should note deaths confirmed by autopsy. 6) More autopsies would improve vital statistics and the practice of medicine."*

According to the Centers for Disease Control and Prevention's document on understanding death data quality, hospitals and health care providers should use the following criteria when filling out cause of death on a patient's death certificate:[23]

> *"When a person dies, the cause of death is determined by the certifier — the physician, medical examiner, or coroner who reports it on the death certificate.*
>
> *Certifiers are asked to use their best medical judgment based on the available information and their expertise. When a definitive diagnosis cannot be made, but the circumstances are compelling within a reasonable degree of certainty, certifiers may include the terms "probable" or "presumed" in the cause-of-death statement."*

In other words, data being reported about cause of death can be manipulated with a "probable" or "presumed" assumption if the certifier makes a subjective evaluation and believes the "circumstances are compelling." This poor degree of accuracy only adds to the already notoriously inaccurate information found on death certificates.

Treatment for COVID-19 Improved After Autopsy Results

As Orient points out, there were tens of thousands of patients who died from COVID disease after being placed on ventilators before a small series of 12 autopsies done in Germany showed that most of these patients had blood clots and using a ventilator may have caused more damage.[24]

The improvement and treatment modalities for COVID-19 came after patients had been autopsied. Mechanical ventilation can easily damage lung tissue because it forces air into the lungs. Patients with COVID-19 who were ventilated had at best a 50-50 chance of surviving.[25]

However, risk analysis being reported indicated this chance of survival was higher than what was being seen clinically. China reported[26] of 22 patients on ventilators, 86% of them did not survive the treatment. A British study found two thirds of patients on mechanical ventilation died and a study of 320 mechanically ventilated patients in New York showed 88% of them died.

COVID-19 Jab: More Death Reports Than All Vaccines Combined

Imagine if you would, a vaccine so "safe" officials are threatening those who won't take it for a disease so deadly most people must be tested to know if they have it. Autopsies and accurate death certificates are part of an evaluation of safety for treatment protocols. If a reasonable safety standard had been in place, the campaign to inject the world would have stopped in early January 2021.

The voluntary reported death rate from the shots now exceeds that of more than 70 vaccines combined over 30 years and shows that it's 500 times deadlier than the flu vaccine,[27] which historically has been the most hazardous.

Trial Site News[28] reports that Pfizer documents submitted to the European Medicines Agency [EMA] reveal the company "did not follow industry-standard quality management practices during preclinical toxicology studies ... as key studies did not meet good laboratory practice (GLP)."

Neither reproductive toxicity nor genotoxicity (DNA mutation) studies were performed, both of which are considered critical when developing a new drug or vaccine for human use. The problems now surfacing matter greatly, as they significantly alter the risk benefit analysis underlying the vaccines' emergency use authorization.

On the flip side of the risk-benefit analysis is the fact that effective treatment protocols have been developed by infectious disease specialists[29] who have a high rate of success and therefore negate the need for emergency use authorization of a dangerous gene therapy injection program.

Unfortunately, people not only are dying from the shot itself, but data now show countries that have launched a massive vaccination campaign have more cases of COVID-19.[30] In fact, data from the CDC show 74% of people who recently became sick with COVID-19 in Massachusetts were fully vaccinated.[31]

In a report from CNBC, the reporter announced that "public health experts" point out the majority of breakthrough cases in fully vaccinated people that lead to hospitalization and death are occurring in the elderly and those with comorbid conditions.[32]

In other words, the shot has increased the risk for severe disease in the very populations of people the shot is supposed to protect. In addition, the CDC changed how they count breakthrough cases in vaccinated individuals:

> *"As of May 1, 2021, CDC transitioned from monitoring all reported vaccine breakthrough cases to focus on identifying and investigating only hospitalized or fatal cases due to any cause. This shift will help maximize the quality of the data collected on cases of greatest clinical and public health importance."*

Autopsy on Vaccinated Man Raises Questions

The case[33] of an 86-year-old man who died after his first dose of the mRNA COVID-19 injection, but before he received the second, is posing questions about the safety, side effects, immunogenicity and possibility of antibody-dependent enhancement (ADE) after receiving just one dose.

Writing in the International Journal of Infectious Diseases, study authors said the man died from acute renal and respiratory failure. Although he tested positive for the virus two days before he died, his autopsy attributed his death to acute bronchopneumonia

and tubular failure. "These results might suggest that the first vaccination induces immunogenicity but not sterile immunity," study authors said.

In a Twitter feed, however, at least one doctor[34] questioned the circumstances under which the patient died, and suggested that the vaccine may set the stage for antibody dependent enhancement (ADE). ADE occurs when antibodies help a virus infect cells, rather than prevent it.

"This is a very important case, as it highlights the difference in the body's immune response to sarscov2 after vax but before fully neutralizing titers," AMM MD tweeted. "It also makes me wonder if this isn't what is happening in breakthrough covid cases (develop covid months after complete vaccination, when immunity is waning). This could all serve as evidence for antibody dependent enhancement."

What Can You Do if Someone You Love Dies Unexpectedly?

If someone you love dies unexpectedly after receiving the COVID shot, you have the right to ask for an autopsy. The medical examiner for your county is charged with maintaining public health.

If your loved one had no previous underlying medical conditions, there's a higher likelihood you can convince the medical examiner to do an autopsy that may reveal how the genetic therapy affected the vascular and organ systems of your loved one.

If you or a loved one received the vaccine and you're looking for information on how to protect yourself, please watch the video above. If you don't have a chance to watch it in its entirety search for it or bookmark it on BitChute under "How Covid-19 Shots Might Reduce Lifespan — Drs. Vladimir Zelenko And Joseph Mercola" In the interview we talk about the acute, subacute and long-term risks associated with the shot.

As you may know, this article will no longer be available 48 hours after being published. I would encourage you to copy and paste the information so you can share it with friends and family. Although I've published several steps you can take to help protect your health, because the information is no longer freely available, I'll share a list here:

In the first three months after the shot there is a higher risk of blood clots. A natural anticoagulant with great promise is n-acetyl cysteine (NAC), as it has anticoagulant[35] and antithrombotic effects.[36] This means it prevents clots and breaks up those that have formed.

In the subacute phase it's important to avoid antibody dependent enhancement (ADE). The key is to implement a prophylactic protocol. Any symptoms of upper respiratory infection should be treated immediately. COVID is a multiphase disease. The first phase lasts five to seven days and is most easily treated. After Day 7, it typically progresses to the inflammatory phase, which requires different treatment.

A combination of a zinc ionophore such as quercetin, hydroxychloroquine or ivermectin, plus zinc is an important component of early treatment and prevention. If you want to use either hydroxychloroquine or ivermectin and live in a state that restricts their use, look for online telehealth options.

The American Frontline Doctors is one resource. Most only charge $90 for a consultation and you will be able to get the prescription that you need. Do not use Ivermectin from veterinary sources as it may be contaminated and is not designed for human use.

Optimize your vitamin D level in the range of 60 ng/mL to 80 ng/mL year-round. After a blood test to determine your current level, consider the Grassroots calculator to determine the necessary dose.

Vitamin C is another important component, especially if you're taking quercetin, as they have synergistic effects. To effectively act as a zinc ionophore, quercetin needs vitamin C.

The take-home message here is that if you've gotten the jab, consider yourself high risk for COVID and implement a daily prophylaxis protocol. This means optimizing your vitamin D, and taking vitamin C, zinc and a zinc ionophore daily, at least throughout the cold and flu season.

It would also be useful to do a daily sauna, ideally one that can heat up to 170 degrees Fahrenheit. Additionally, nebulized hydrogen peroxide may help. If you would like to watch a video on this protocol, you can view all of them here on Substack. If you're having post-vaccination symptoms, you could consider:

- Low-dose interferons such as Paximune, to stimulate your immune system
- Peptide T (an HIV entry inhibitor derived from the HIV envelope protein gp120; it blocks binding and infection of viruses that use the CCR5 receptor to infect cells)
- Cannabis, to strengthen Type I interferon pathways, which are part of your first line of defense against pathogens
- Dimethylglycine or betaine (trimethylglycine) to enhance methylation, thereby suppressing latent viruses
- Silymarin or milk thistle to help cleanse your liver

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A Prospective Study of Spontaneous Abortion: Relation to Amount and Source of Drinking Water Consumed in Early Pregnancy

Shanna H. Swan,[1] Kirsten Waller,[1] Barbara Hopkins,[1] Gayle Windham,[1] Laura Fenster,[1] Catherine Schaefer,[2] and Raymond R. Neutra[1]

In 1992, we published four retrospective studies, conducted primarily within a single California county, which found higher spontaneous abortion rates among women who drank more tapwater than bottled water in early pregnancy. The current prospective study extends that investigation to other water systems. Pregnant women from three regions in California were interviewed during their first trimester. Multivariate analyses modeled the amount and type of water consumed at 8 weeks' gestation in each region in relation to spontaneous abortion rate. In Region I, which was within the previous study area, the adjusted odds ratio (OR) comparing high (≥6 glasses per day) consumption of cold tapwater with none was 2.17 [95% confidence interval (CI) = 1.22–3.87]. Furthermore, when women with high cold tapwater and no bottled water consumption were compared with those with high bottled water and no cold tapwater consumption, the adjusted odds ratio was 4.58 (95% CI = 1.97–10.64). Conversely, women with high bottled water consumption and no tapwater had a reduced rate of spontaneous abortion compared with those drinking tapwater and no bottled water (adjusted OR = 0.22; 95% CI = 0.09–0.51). Neither tap nor bottled water consumption altered the risk of spontaneous abortion in Regions II and III. Although controlling for age, prior spontaneous abortion, race, gestational age at interview, and weight somewhat strengthened the association in Region I, the distribution of these confounders did not vary appreciably across regions. This study confirms the association between cold tapwater and spontaneous abortion first seen in this county in 1980. If causal, the agent(s) is not ubiquitous but is likely to have been present in Region I for some time. (Epidemiology 1998;9:126–133)

Keywords: spontaneous abortion, drinking water, tapwater, bottled water.

In 1992, a single issue of this journal reported a series of retrospective studies in which the risk of spontaneous abortion was examined in relation to the source and amount of drinking water consumed during early pregnancy.[1–5] These studies included subjects, residing primarily in a single California county, who became pregnant between 1980 and 1987. Study designs differed (two cross-sectional,[1,2] one case-cohort,[3] and two case-control[4,5]), but all had retrospective assessment of water exposure. The strongest associations were seen in the two cross-sectional studies, in which considerable publicity made subjects aware of the study hypothesis. Data from four studies were consistent with a 10–50% greater risk of spontaneous abortion in women who drank tap (or mostly tap) water compared with those who drank no tapwater.[6] One smaller study in the same county did not find this association, although its power was limited.[5] Two accompanying commentaries[7,8] and a discussion on sources of bias and confounding[9] proposed recall bias as a likely explanation.

The current study was conducted to extend this investigation to a later time period and to different water systems, as well as to eliminate recall bias by using a prospective design. We selected three regions in California, representing a range of water systems, for study. Here, we present region-specific results on spontaneous abortion risk by amount and source of drinking water. No analysis of water constituents or water companies is given here; an analysis of chlorination by-products and spontaneous abortion risk in this dataset is published separately.[10]

Subjects and Methods

Study Regions and Populations

The study population was recruited between January 1990 and September 1991. Collaboration with the Division of Research of the Kaiser Permanente Medical

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Editors' note: See related editorial on page 113 of this issue.

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Treated sewage still contaminated

Threat to human, environmental health called questionable

By Douglas Fischer
STAFF WRITER

ALAMEDA — Chemicals suspected of interfering with hormone systems in humans and wildlife are leaching out of consumer products and into wastewater, where they end up in the Bay and beyond, according to a report released Wednesday.

The bulk of the pollution appears to be trapped by sewage treatment plants, designed to strip bacteria, sediments and metals from wastewater but not these so-called endocrine-disrupting compounds.

What does escape is both well-studied and inconsequential, countered industry representatives on Wednesday. The compounds are rapidly broken down in waterways and pose no threat to humans or wildlife, they said.

"What you've got is a triumph of analytical chemistry, that we can measure things this low," said Marian Stanley, senior director of the American Chemistry Council, which represents chemical manufacturers.

Contamination found in treated effluent, she added, "doesn't meet any environmental criteria" for harm. "This is a non-event."

The report was compiled by the Environmental Working Group with assistance from the East Bay Municipal Utility District. It tested raw sewage and treated effluent for the presence of three common chemicals thought to meddle with hormonal systems: Phthalates, bisphenol-a, and triclosan.

Phthalates and bisphenol-a are common plastic additives; the former are often used to soften plastics or bind fragrances, the latter to make plastic shatterproof and extend the shelf life of canned food. Triclosan is the active ingredient of many anti-bacterial soaps, toothpastes, dish detergents, even anti-mildew bath mats and odor-eating shoe insoles.

Sewage samples came from 16 different pipes, including two homes, a coin-operated laundry, a diaper service, a hospital, and various manufacturers. Analysts found at least one of the three compounds in 15 of the samples.

The study also examined three samples of treated effluent destined for the San Francisco Bay from EBMUD's Oakland water treatment plant. All three contained the compounds but at considerably lower levels.

"We know it's going in, we know at least some of it is going out, and we know that's not good," said Bill Walker, Environmental Working Group's West Coast president.

But Steve Hentges, director of the American Plastic Council's polycarbonate business unit, countered that effects at concentrations found in the treated effluent — in many cases, below 1 part per billion — are well known and "far below" the level that can cause harm to aquatic species.

The state, meanwhile, doesn't know what to make of the data. More than 22 million Californians drink water from the Sacramento and Colorado rivers, "receiving bodies," in water speak, for treated sewage from Sacramento, Las Vegas and numerous other communities. Yet water districts in California are not required to monitor for any endocrine-disrupting compound except perchlorate, an ingredient in rocket fuel.

"It is difficult to test for endocrine (disrupting compounds)," said California Department of Public Health spokeswoman Lea Brooks. "We have insufficient information regarding how much — if any — of these chemicals make it through the wastewater treatment process, natural degradation, and drinking water treatment."

The results come as new science buttresses the notion that these chemicals, in minute amounts and particularly when mixed together, pose a threat to our health.

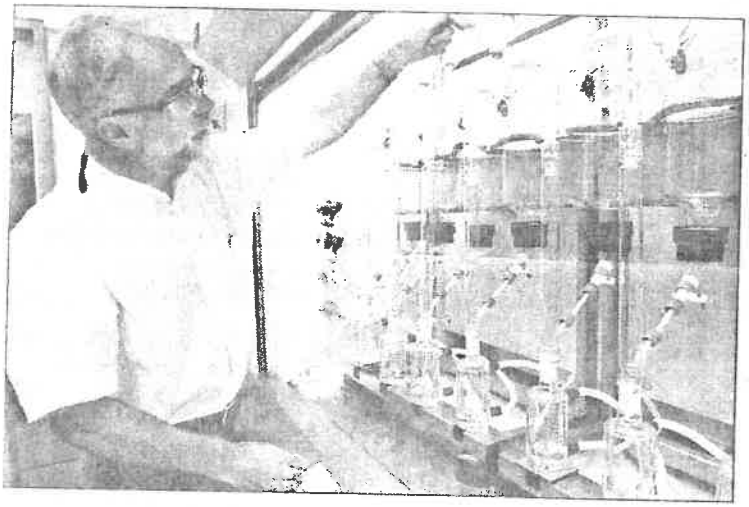
The bottom line, say those involved in the study, is the need for a comprehensive chemical policy that keeps potentially harmful compounds out of products and encourages less-toxic alternatives.

"Treatment plants, frankly, for not being designed to remove these types of compounds, do a pretty good job," said Ben Horenstein, EBMUD's environmental services director.

"That said, the Bay is impaired. From a national policy perspective, from a state policy perspective, let's really think about what we're doing to our environment and putting down the drain.

"It doesn't take a lot to potentially interfere and cause endocrine-disrupting events in an aquatic environment."

Contact Douglas Fischer at dfischer@angnewspapers.com or at (510) 208-6425.



LAURA A. ODA — Staff

FRANCOIS RODIGARI, Laboratory Supervisor at EBMUD, shows how the liquid extractor works that tests the water.

The chemicals

PHTHALATES: A family of chemicals used to make plastic and vinyl soft and flexible and to bind synthetic fragrances, inks and colors to other compounds, such as cosmetics. Phthalates are ubiquitous in the environment yet break down readily. Exposure is linked to male reproductive system problems.

BISPHENOL-A: An additive originally developed as a synthetic version of estrogen, used to make plastic shatterproof and to extend the shelf life of canned food. Many studies find a wide array of adverse health effects at low levels, particularly to exposure in the womb.

TRICLOSAN: The active ingredient in most anti-bacterial soaps and detergents, anti-gingivitis toothpastes, and odor-eating shoe insoles. Classified as a "possible" carcinogen by the International Agency for Research on Cancer. Found to cause thyroid disruption in frogs at low levels.

The products

PHTHALATES: Found in perfumes, cosmetics, lotions and other personal care products containing the word "fragrance" in the ingredient list; nail polish; flexible polyvinyl chloride (PVC) plastics, including some toys, IV tubing and building products; adhesives, inks, pill coatings and some detergents.

BISPHENOL-A: Used to make polycarbonate, or "shatterproof," plastic, including hard plastic water and baby bottles; plastic silverware; Lexan products; "No. 7" plastic; plastic linings in food and beverage cans; some dental sealants.

TRICLOSAN: Added to most anti-bacterial products, including hand soap, detergents, "anti-gingivitis" toothpaste, cleaning products, shoe insoles, plastic cutting boards, bath mats. Most products containing Triclosan list it under the product's "active ingredients."

Dec 30, 2019

Pesticides and the Microbiome

The Importance of the Microbiome

The human microbiome, often referred to as the driver of human physiology, has crucial roles in many systems of the body:

- stimulating immune system development and homeostasis,
- maintaining the integrity of the gut barrier,
- retrieving otherwise inaccessible nutrients from the diet,
- synthesizing essential vitamins and neurotransmitters,
- altering the production of intestinal hormones,
- stimulating bone density, and
- participating in both drug biotransformation and toxicant excretion.

Altered gut microbiomes are associated with a long list of diseases including obesity, diabetes, cardiovascular disease, inflammatory bowel disease, colon cancer, liver cirrhosis, and neurologic diseases including Alzheimer's disease, autism spectrum disorder, multiple sclerosis, and Parkinson's disease (Zhang, Tang, Chen, Xie, Tao, 2019)[1]. For example, research by Vogt et al. (2017) show that decreased gut microbial diversity along with decreased populations of Firmicutes, increased Bacteroidetes, and decreased Bifidobacterium have been positively correlated with increased levels of cerebrospinal fluid (CSF) biomarkers consistent with Alzheimer's disease progression (Vogt et al., 2017) [2] .

Changes in the Microbiome and Disease Progression

While the specific bacterial populations responsible for these effects may differ between conditions, it has been hypothesized that these broad-scale changes in gut microbiota (often referred to as "dysbiosis") may play important roles in disease progression and maintenance through immune activation and systemic inflammation. The microbiome has a crucial role in maintaining homeostasis of the immune system both in the gut and throughout the body.

In disease states, an altered microbiome can alter the development of T cells, specifically shown in patients with inflammatory bowel disease. Compared to microbiota from healthy donors, transplanting an inflammatory bowel disease patient's microbiome into germ-free mice increased numbers of intestinal Th17 cells and Th2 cells and decreased numbers of RORγt+ Tregulatory cells (Treg cells), resulting in increased inflammatory activity in the animal's intestinal tract (Britton et al., 2019)[3].

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Treg cells are crucial for normal gut function. They are induced by the presence of certain bacterial species (Clostridia and Bacteroides) and promote tolerance. Without sufficient Treg cell activity, tolerance to dietary proteins can be lost and allergic reactions to otherwise tolerated food proteins may result. Recent studies have indicated that the presence of intestinal dysbiosis in patients with food allergy could result from a variety of exposures, including antibiotic usage (Stephen-Victor, Chatila, 2019)[*4*].

Butyrate acts to maintain gut barrier integrity and has a strong regulatory effect on the immune system both locally and systemically. Butyrate regulates neutrophil function and migration, inhibits inflammatory cytokine-induced expression of vascular cell adhesion molecule-1, (VCAM), increases expression of tight junction proteins in colon epithelial cells, and exhibits anti-inflammatory effects by reducing cytokine and chemokine release. In other words, butyrate is strongly anti-inflammatory and immune-regulating. Researchers have suggested that either butyrate or specific species of butyrate-producing gut bacteria may be a new target for restoring host immune function and barrier integrity and for regulating energy metabolism. The main producers of butyrate are Clostridia, Eubacteria, and Roseburia microbes (Nicholson et al., 2012)[*5*] .

Pesticides, the Microbiome and Immunity

In addition to antibiotics, environmental toxicants: arsenic, triclosan, PCBs and organophosphate pesticides have been shown to significantly alter the gut microbiome (Lu et al., 2014)(Narrowe et al., 2015)[*6*][*7*].

Organophosphate pesticides represent the most common exposures of all currently used pesticides - 70% of all pesticides used today fall into this class. One organophosphate in particular, diazinon, has been shown to damage the gut microbiome and the immune system as a result (Gao, Bian, Mahbub, & Lu, 2017)[*8*]. Diazinon is a common insecticide used in conventional agriculture and has been detected in groundwater, agricultural wells, and drinking water. Humans are exposed through pesticide residue on nonorganic foods and drinking water contamination (Aggarwal, Deng, Tuli, & Goh, 2013)[*9*]. According to the USDA Pesticide Detection Program, diazinon residue has been found on non-organic cilantro, kale, apples, peaches, carrots, collard greens and many other fruits and vegetables (What's On My Food.Org) [*10*].

Diazinon was used in a variety of indoor home insect sprays, powders, and lawncare products until its use was restricted to agricultural crop applications in 2004. Prior to that, it was one of the most commonly detected pesticides in house dust and indoor air in U.S. homes (Whyatt, 2003)[*11*].

In a recent study, diazinon exposure in mice resulted in multiple changes to the microbiome which were sex-specific and more exaggerated in the male mice. For example, the male mice showed increases of several potentially pathogenic bacteria: Burkholderiales (gram-negative bacteria) which have been implicated in human diseases including respiratory infections, chronic granulomatous disease and inflammatory bowel disease. Erysipelotrichaceae coprobacillus was also overgrown, a specific bacteria that has been reported to be elevated in irritable bowel syndrome patients when compared to healthy controls (Gao, Bian, Mahbub, & Lu, 2017)[*12*].

Other organophosphate pesticides, like chlorpyrifos, have shown similar effects on the gut barrier in mice, inducing low-level inflammation and increasing endotoxemia (Liang, 2019)[*13*].

In summary, pesticides like diazinon, found in conventionally grown food and sprayed in agricultural areas, alter the microbiome and increase the risk for immune-related damage in mice.

Clinical Application

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Organophosphate pesticide exposure can be tested for in patients using urine panels that look for dimethyl and diethyl phosphate metabolites: DEP, DMP, DETP, DMDTP, and DETP. The presence of either DEP or DMP will signal exposure to organophosphate pesticides (OP), but the toxicity of OPs vary 6000-fold and identification of a specific pesticide necessitates testing for at least: DEP, DMP, DMTP, DMDTP, and DETP. (EPA, 2006) (Curl, 2003)[*14*][*15*].

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Latest Natural Health News

PFAS Contamination is Worse Than You Thought

By ANH-USA On 07/14/2022 0 Comments

"Forever chemicals" are added to many consumer products intentionally...but we're learning that many more products are contaminated with PFAS unintentionally, making the threat to human health even more severe. **Action Alert!**

For months now, we've been reporting on the dangers of PFAS chemicals, nicknamed "forever chemicals" for their persistence in the environment and the human body. We know that PFAS contaminates our **drinking water** and they are added to many consumer products to make them grease, stain, or water resistant; they are also **added to cosmetics** for consistency and texture. These exposures are bad enough, but now we're learning that many more products are contaminated with PFAS and we would never know, because the manufacturers themselves don't even know. This incidental, unintentional contamination with PFAS is yet another way we are exposed to these chemicals that accumulate in the body and make us sick—and the EPA's response is to protect the chemical industry.

Unintentional PFAS contamination can happen during manufacturing **in a number of ways**. Coatings and lubricants used in factories con contain PFAS, which are then transferred onto the products made in that facility. PFAS are used in slip agents—substances used to help mass-produced products slide easily out of molds—and can leach onto those products too. When plastic products are made, plastic pellets are melted and extruded through a nozzle into a mold. To prevent plastic from drying inside the nozzle, PFAS-containing substances are added to the nozzle, meaning many plastic goods are likely contaminated. Manufacturers may unknowingly use raw materials contaminated with PFAS because they are purchased through intermediaries who may promise their materials are PFAS-free when they're not. PFAS used in personal protective equipment for workers in a facility can also contaminate the products made in that plant.

It's not just manufactured products where unintentional contamination can occur. The US Department of Agriculture **found** unintentional PFAS contamination of cattle in New Mexico that were accidentally exposed to PFAS-containing water. Remember, PFAS bioaccumulates in mammals,

so the meat we eat and feed our families could also contain PFAS. PFAS can also contaminate food packaging. Because PFAS are so persistent, they **accumulate in recycled paper or wood pulp**. One **study** tested 400 food containers and found 40 percent contained PFAS.

The levels we are exposed to from any food package or manufactured product will be small, but the danger is in the cumulative effect of all th different exposures, both known and unknown. The bioaccumulation of PFAS in the body mean that even low exposures are concerning. PFAS are endocrine disruptors, meaning they interfere with our hormones. **A small change** in hormone concentration—the equivalent of one drop of water in 20 Olympic-sized swimming pools—is enough to have an effect on the human endocrine system, which impacts growth, metabolism, sleep, and other important bodily functions. Disruptions to our hormone system can lead to changes that cause disease and even death.

PFAS are linked to **many other health problems**, including: kidney and testicular cancer, liver and thyroid problems, reproductive problems, pregnancy-induced high blood pressure, low birth weight, increased risk of birth defects, and impaired immune function.

Low-income communities and communities of color are at particular risk, since these communities are **more likely to be located** near PFAS contamination sites.

The EPA is doing next to nothing to protect consumers. PFAS are largely unregulated in the US. Most **regulatory actions** focus on gathering more data, monitoring, and testing drinking water sources. A proposed rule would require manufacturers of PFAS to report on their uses. We **reported recently** that the agency has adopted a "working definition" of PFAS that excludes thousands of chemicals from the PFAS classification, which will make it harder to apply safety standards to these compounds and for polluters to be held accountable in the courts.

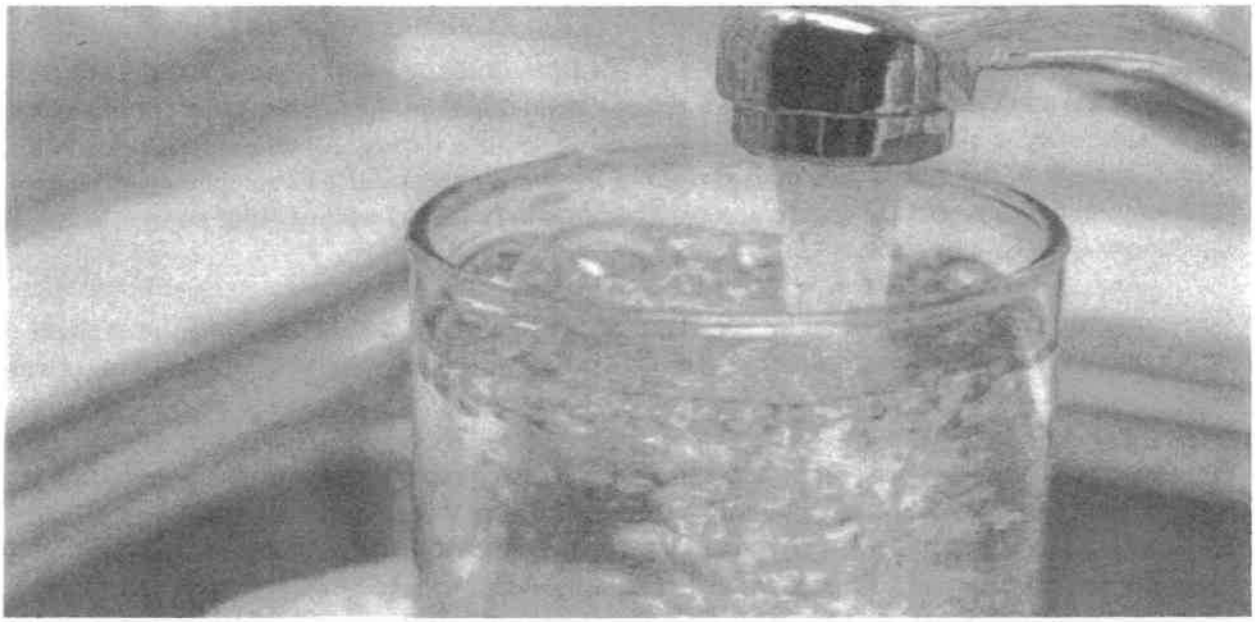
As a result of the pervasive use of PFAS in consumer, military and industrial products, there is now widespread contamination of **PFAS in our water, air, food and soil** across the world. Meanwhile, our government permits the continued use of these chemicals in spite of their extreme toxicity, and turns a blind eye towards thousands of dangerous PFAS compounds. This is completely unacceptable.

Action Alert! Write to Congress and the EPA, telling them to ban PFAS chemicals. **Please send your message immediately.**

EPA United States Environmental Protection Agency

Reducing PFAS in Drinking Water with Treatment Technologies

Published August 23, 2018



Per- and Polyfluorinated substances (PFAS) are a group of man-made chemicals that persist in the environment. These chemicals have been used for decades in consumer products to make them non-stick and water resistant. They are also found in firefighting foams and are applied in many industrial processes. Unfortunately, the characteristics that make them useful are the reason they persist in the environment and can bioaccumulate, or build up, in our bodies and the bodies of animals.

PFAS also dissolve in water, and combined with their chemical properties mean traditional drinking water treatment technologies are not able to remove them. Therefore, EPA researchers have been studying a variety of technologies at bench-, pilot-, and full-scale levels to determine which methods work best to remove PFAS from drinking water.

Certain technologies have been found to remove PFAS from drinking water, especially Perfluorooctanoic acid (PFOA) and Perfluorooctanesulfonic acid (PFOS), which are the most studied of these chemicals. Those technologies include activated carbon adsorption, ion exchange resins, and high-pressure membranes. These technologies can be used in drinking water treatment facilities, in water systems in hospitals or individual buildings, or even in homes

at the point-of-entry, where water enters the home, or the point-of-use, such as in a kitchen sink or a shower.

Activated Carbon Treatment

Activated carbon treatment is the most studied treatment for PFAS removal. Activated carbon is commonly used to adsorb natural organic compounds, taste and odor compounds, and synthetic organic chemicals in drinking water treatment systems. Adsorption is both the physical and chemical process of accumulating a substance, such as PFAS, at the interface between liquid and solids phases. Activated carbon is an effective adsorbent because it is a highly porous material and provides a large surface area to which contaminants may adsorb. Activated carbon (GAC) is made from organic materials with high carbon contents such as wood, lignite, and coal; and is often used in granular form called granular activated carbon (GAC).

GAC has been shown to effectively remove PFAS from drinking water when it is used in a flow through filter mode after particulates have already been removed. EPA researcher Thomas Speth says, "GAC can be 100 percent effective for a period of time, depending on the type of carbon used, the depth of the bed of carbon, flow rate of the water, the specific PFAS you need to remove, temperature, and the degree and type of organic matter as well as other contaminants, or constituents, in the water."

For example, GAC works well on longer-chain PFAS like PFOA and PFOS, but shorter chain PFAS like Perfluorobutanesulfonic acid (PFBS) and Perfluorobutyrate (PFBA) do not adsorb as well.

Another type of activated carbon treatment is powdered activated carbon (PAC) which is the same material as GAC, but it is smaller in size, powder like. Because of the small particle size, PAC cannot be used in a flow through bed, but can be added directly to the water and then removed with the other natural particulates in the clarification stage (conventional water treatment or low-pressure membranes - microfiltration or ultrafiltration). Used in this way, PAC is not as efficient or economical as GAC at removing PFAS. Speth says, "Even at very high PAC doses with the very best carbon, it is unlikely to remove a high percentage PFAS; however, it can be used for modest percent removals. If used, however, there is an additional problem with what to do with the sludge that contains adsorbed PFAS."

Ion Exchange Treatment

Another treatment option is anion exchange treatment, or resins. Ion exchange resins are made up of highly porous, polymeric material that is acid, base, and water insoluble. The tiny beads that make up the resin are made from hydrocarbons. There are two broad categories of ion exchange resins: cationic and anionic. The negatively charged cationic exchange resins (CER) are effective for removing positively-charged contaminants and positively charged anion exchange resins (AER) are effective for removing negatively charged contaminants, like PFAS. Ion exchange resins are like tiny powerful magnets that attract and hold the contaminated materials from passing through the water system. Negatively charged ions of PFAS are attracted to the positively charged anion resins. AER has shown to have a high capacity for many PFAS;

however, it is typically more expensive than GAC. Of the different types of AER resins, perhaps the most promising is an AER in a single use mode followed by incineration of the resin. One benefit of this treatment technology is that there is no need for resin regeneration so there is no contaminant waste stream to handle, treat, or dispose.

Like GAC, AER removes 100 percent of the PFAS for a time that is dictated by the choice of resin, bed depth, flow rate, which PFAS need to be removed, and the degree and type of background organic matter and other contaminants of constituents.

High-pressure Membranes

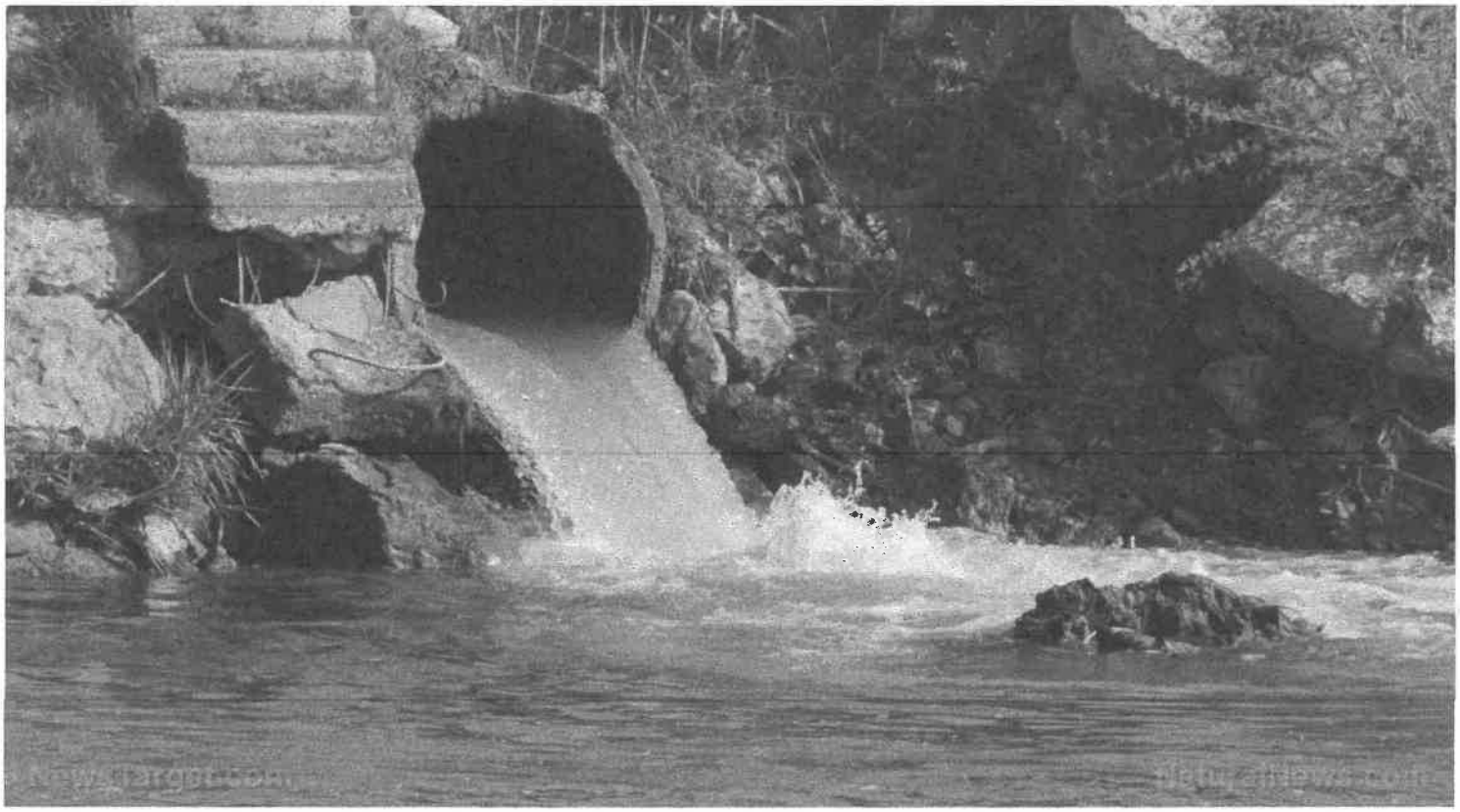
High-pressure membranes, such as nanofiltration or reverse osmosis, have been extremely effective at removing PFAS. Reverse osmosis membranes are tighter than nanofiltration membranes. This technology depends on membrane permeability. A standard difference between the two is that a nanofiltration membrane will reject hardness to a high degree, but pass sodium chloride; whereas reverse osmosis membrane will reject all salts to a high degree. This also allows nanofiltration to remove particles while retaining minerals that reverse osmosis would likely remove.

Research shows that these types of membranes are typically more than 90 percent effective at removing a wide range of PFAS, including shorter chain PFAS. With both high pressure membrane types, approximately 80 Percent of the feed water, the water coming into the membrane, passes through the membrane to the effluent (treated water). Approximately 20 percent of the feedwater is retained as a high-strength concentrated waste. A high-strength waste stream at 20 percent of the feed flow can be difficult to treat or dispose, especially for a contaminant such as PFAS, according to Speth. Perhaps this technology is best suited as a point of use technology for a homeowner, since the volume of water being treated is much smaller and the waste stream could be disposed of more easily with less cause for concern.

World Economic Forum-linked "expert" says "drinking recycled sewage is the future"

Tuesday, September 06, 2022 by: Ethan Huff
Tags: badhealth, clean water, Climate, climate alarmism, drinking water, environment, globalists, great reset, green tyranny, gross, insanity, living free, propaganda, recycled sewage, toilet to tap, Water Wars, weather, wef, world economic forum

This article may contain statements that reflect the opinion of the author



(Natural News) So-called "toilet-to-tap" drinking water – meaning water that is recycled through the sewer system and fed back through people's taps – is going global, thanks to the World Economic Forum (WEF).

What up until now has just been a slow-transition experiment in places like Southern California is the new blueprint for watering the world, according to the globalist outfit, which is also pushing the infamous "Great Reset." (Related: The WEF also openly bragged in a recent promotional video about communist China chemtrail-ing the world to fight global warming.)

In order to maximize "sustainability" and ensure a "green" future, the WEF says that the peons of the world will have to drink reclaimed sewage water. *The Times* writer Sir James Bevan agrees, having written in a recent op-ed that "drinking recycled sewage is the future."

Bevan's views, by the way, are a reiteration of WEF doctrines that have been circulating for several years now. Both Bevan and the WEF agree that the world is drying up due to "climate change," and that the only way to ensure enough water for everyone is to send it from toilet back to tap.

"The recent rainfall hasn't changed the underlying position in this country: many parts are likely to stay in drought for months, and if we have a dry winter then next year will be even more challenging," Bevan writes.

"We will need to be less squeamish about where our drinking water comes from. Part of the solution will be to reprocess the water that results from sewage treatment and turn it back into drinking water – perfectly safe and healthy, but not something many people fancy."

EPA claims that 10 areas across America are in worsening drought status

As of this writing, large swaths of primarily the American West and Southwest are under serious drought conditions. The Environmental Protection Agency (EPA) has named 10 different areas as facing drought conditions that threaten their water supplies.

Bevan's solution, which is also the WEF's solution, is to force everyone to drink and bathe in water that was previously urinated and defecated in before getting flushed down the toilet.

Bevan says people need to "change the way they think about water" by agreeing to use recycled water rather than pure water from the earth.

"If we are going to get there, we are all going to have to think differently," he goes on to write. "Some of these measures will be unpopular, so future governments will need to show political will."

Thinking back to basic high school science, it is important to keep in mind that there is a fixed amount of water on planet earth. That water moves around from place to place in different forms, which can make it seem like it is "drying up" in some places, but the fact remains that water is a fixed resource.

With that in mind, if there are drought conditions in one area, chances are there is an excess of water somewhere else. It is just a matter of harnessing water from wherever it is available – and after using it, allowing the earth to filter and replenish our natural resources.

To suggest that we must all start drinking filtered urine and diarrhea in order to "cool" the planet for a sustainable future is just more unscientific lunacy. This is about *control*, not preserving precious natural resources.

"The entire cabal should be forced to drink this filth and eat the bugs they want to force on us," wrote a commenter. "After they've received all the poison vaccines they created, of course."

The latest news coverage about the WEF and the globalist agenda can be found at Globalism.news.

Sources for this article include:

Newspunch.com

NaturalNews.com

Vascular and organ damage induced by mRNA vaccines: irrefutable proof of causality

Michael Palmer, MD and Sucharit Bhakdi, MD

doctors4covidethics.org

Thursday 18th August, 2022

Abstract

This article summarizes evidence from experimental studies and from autopsies of patients deceased after vaccination. The collective findings demonstrate that

1. mRNA vaccines don't stay at the injection site by instead travel throughout the body and accumulate in various organs,
2. mRNA-based COVID vaccines induce long-lasting expression of the SARS-CoV-2 spike protein in many organs,
3. vaccine-induced expression of the spike protein induces autoimmune-like inflammation,
4. vaccine-induced inflammation can cause grave organ damage, especially in vessels, sometimes with deadly outcome.

We note that the damage mechanism is which emerges from the autopsy studies is not limited to COVID-19 vaccines only but is completely general—it must be expected to occur similarly with mRNA vaccines against any and all infectious pathogens. This technology has failed and must be abandoned.

While clinical case reports (e.g. [1, 2]) and statistical analyses of accumulated adverse event reports (e.g. [3, 4]) provide valuable evidence of damage induced by mRNA-based COVID-19 vaccines, it is important to establish a causal relationship in individual cases. Pathology remains the gold standard for proof of disease causation. This short paper will discuss some key findings on autopsy materials from patients who died within days to several months after vaccination. For context, some experimental studies are briefly discussed as well.

1 Most of the evidence presented here is from the work of pathologist Prof. Arne Burkhardt, MD

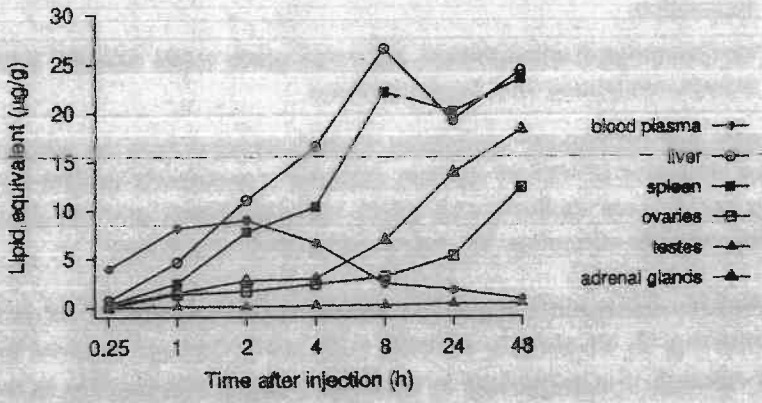
Prof. Burkhardt is a very experienced pathologist from Reutlingen, Germany. With the help of his colleague Prof. Walter Lang, he has studied numerous cases of death which occurred within days to several months after vaccination. In each of these cases, the cause of death had been certified as "natural" or "unknown." Burkhardt became involved only because the bereaved families doubted these verdicts and sought a second opinion.

It is remarkable, therefore, that Burkhardt found not just a few but the majority of these deaths to be due to vaccination.

- Dr. Burkhardt was approached by the families of patients deceased after "vaccination"
- Autopsy materials were examined by standard histopathology and immunohistochemistry
- Based on the findings, most deaths were attributed to "vaccination" with a high to very high degree of likelihood

While all four major manufacturers of gene-based vaccines were represented in the sample of patients studied by Burkhardt and Lang, most patients had received an mRNA vaccine from either Pfizer or Moderna. Some of the deceased patients had received both mRNA- and viral vector-based vaccines on separate occasions.

2 Pfizer's own animal experiments show that the vaccine quickly distributes throughout the body



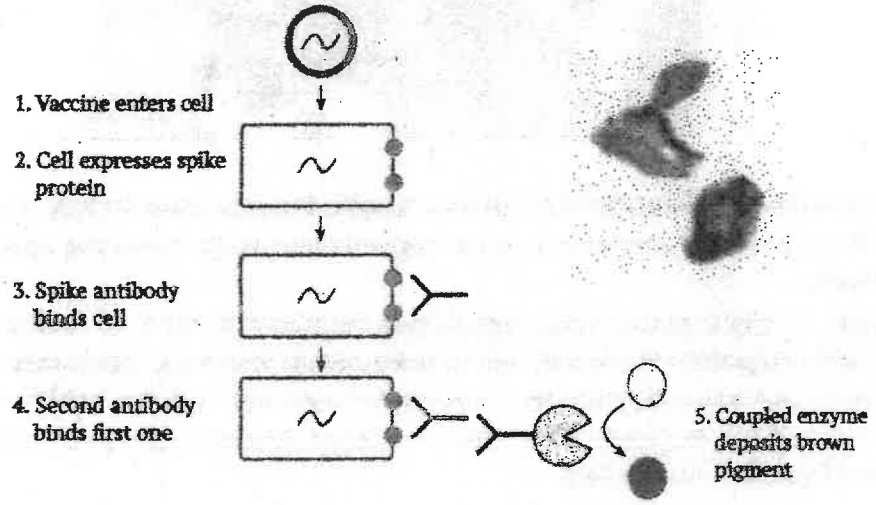
In order to cause potentially lethal damage, the mRNA vaccines must first distribute from the injection site to other organs. That such distribution occurs is apparent from animal experiments reported by Pfizer to Japanese authorities with its application for vaccine approval in that country [5]. Rats were injected intramuscularly with a radioactively labelled model mRNA vaccine, and the movement of the radiolabel first into the bloodstream and subsequently into various organs was followed for up to 48 hours.

The first thing to note is that the labelled vaccine shows up in the blood plasma after a very short time—within only a quarter of an hour. The plasma level peaks two hours after the injection. As it drops off, the model vaccine accumulates in several other organs. The fastest and highest rise is observed in the liver and the spleen. Very high uptake is also observed with the ovaries and the adrenal glands. Other organs (including the testes) take up significantly lower levels of the model vaccine. We note, however,

that at least the blood vessels will be exposed and affected in every organ and in every tissue.

The rapid and widespread distribution of the model vaccine implies that we must expect expression of the spike protein throughout the body. For a more in-depth discussion of this biodistribution study, see Palmer and Bhakdi [6].

3 Expression of viral proteins can be detected with immunohistochemistry



While the distribution of the model vaccine leads us to expect widespread expression of the spike protein, we are here after solid proof. Such proof can be obtained using *immunohistochemistry*, which method is illustrated in this slide for the vaccine-encoded spike protein.

If a vaccine particle—composed of the spike-encoding mRNA, coated with lipids—enters a body cell, this will cause the spike protein to be synthesized within the cell and then taken to the cell surface. There, it can be recognized by a spike-specific antibody. After washing the tissue specimen to remove unbound antibody molecules, the bound ones can be detected with a secondary antibody that is coupled with some enzyme, often horseradish peroxidase. After another washing step, the specimen is incubated with a water-soluble precursor dye that is converted by the enzyme to an insoluble brown pigment. Each enzyme molecule can rapidly convert a large number of dye molecules, which greatly amplifies the signal.

At the top right of the image, you can see two cells which were exposed to the Pfizer vaccine and then subjected to the protocol outlined above. The intense brown stain indicates that the cells were indeed producing the spike protein.

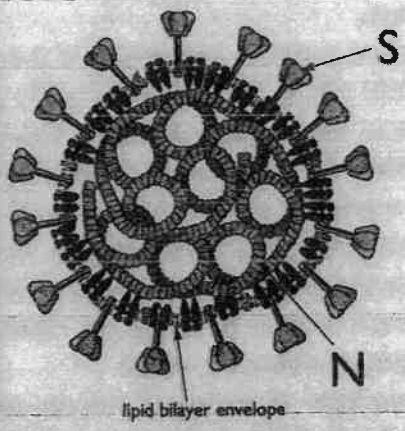
In short, wherever the brown pigment is deposited, the original antigen—in this example, the spike protein—must have been present. Immunohistochemistry is widely used not only in clinical pathology but also in research; it could readily have been used to detect widespread expression of spike protein in animal trials during preclinical development. However, it appears that the FDA and other regulators never received or demanded such experimental data [7].

4 Expression of spike protein in shoulder muscle after vaccine injection

This slide (by Dr. Burkhardt) shows deltoid muscle fibres in cross section. Several (but not all) of the fibres show strong brown pigmentation, again indicating spike protein expression.

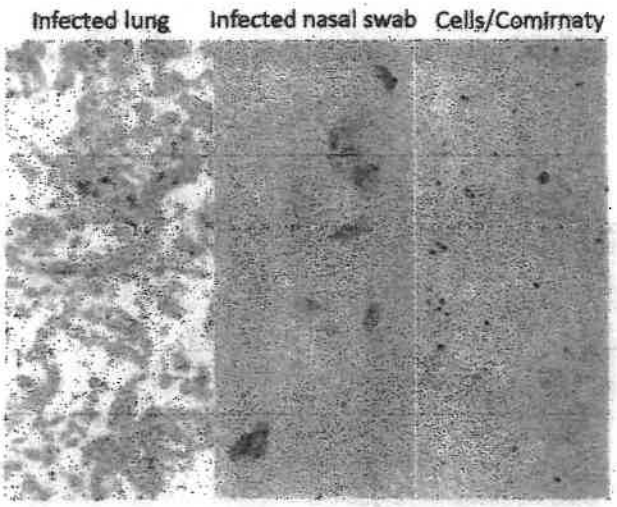
While the expression of spike protein near the injection site is of course expected and highly suggestive, we would like to make certain that such expression is indeed caused by the vaccine and not by a concomitant infection with the SARS-CoV-2 virus. This is particularly important with respect to other tissues and organs which are located far away from the injection site.

5 Coronavirus particles contain two prominent proteins: spike (S) and nucleocapsid (N)



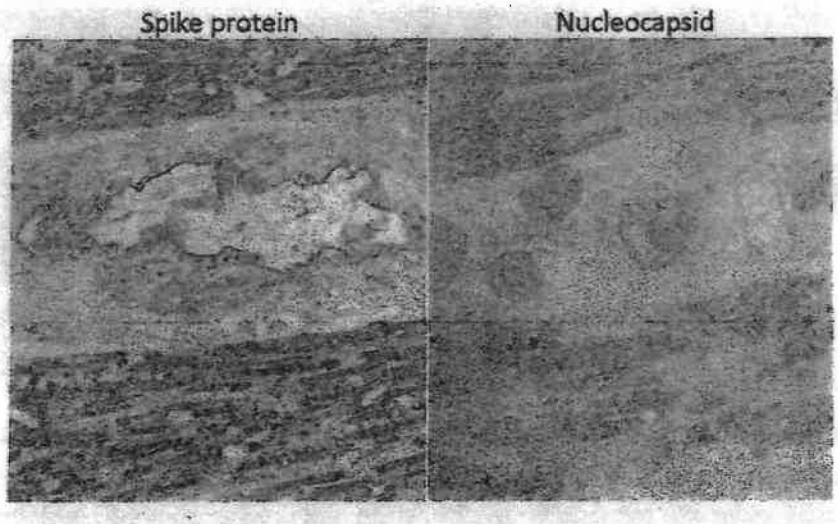
To distinguish between infection and injection, we can again use immunohistochemistry, but this time apply it to another SARS-CoV-2 protein—namely, the nucleocapsid, which is found inside the virus particle, where it enwraps and protects the RNA genome. The rationale of this experiment is simple: cells infected with the virus will express all viral proteins, including the spike and the nucleocapsid. In contrast, the mRNA-based COVID vaccines (as well as the adenovirus vector-based ones produced by AstraZeneca and Janssen) will induce expression only of spike.

6 Infected persons express the nucleocapsid protein (and also the spike protein)



This slide simply illustrates that the method works: lung tissue or cells from a nasal swab of a person infected with SARS-CoV-2 stain positive for nucleocapsid expression, whereas cultured cells exposed to the vaccine do not (but they stain strongly positive for the spike protein; see inset at the top right of Slide 3).

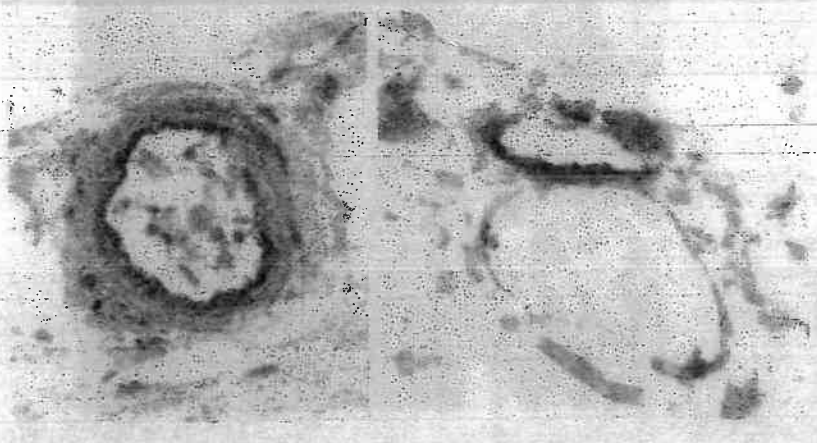
7 Injected persons express *only* the spike protein, which implicates the vaccine



Here, we see immunohistochemistry applied to heart muscle tissue from an injected person. Staining for the presence of spike protein causes strong brown pigment deposition. In contrast, only very weak, non-specific staining is observed with the antibody that recognizes the nucleocapsid protein. The absence of nucleocapsid indicates that the expression of the spike protein must be attributed ot the vaccine rather than an infection with SARS-CoV-2.

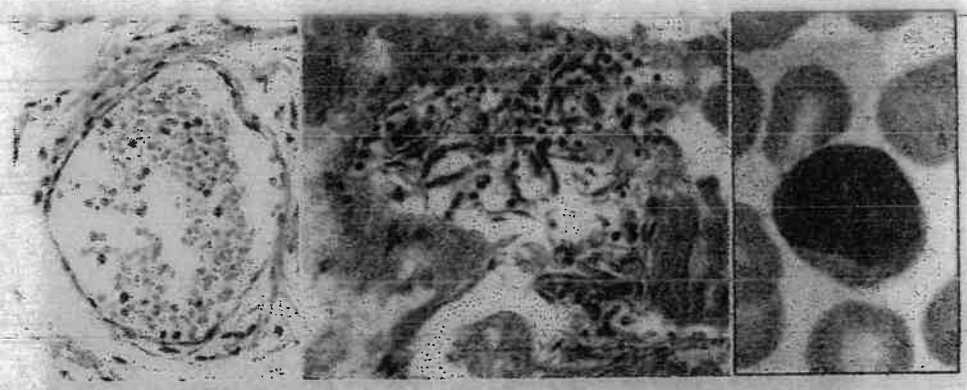
We will see shortly that the strong expression of spike protein in heart muscle after vaccination correlates with significant inflammation and tissue destruction.

8 Expression of spike protein within the walls of small blood vessels



We see spike protein expression in arterioles (small arteries; left) as well as in venules (small veins) and capillaries (right). Expression is most prominent in the innermost cell layer, the *endothelium*. This makes the endothelial cells "sitting ducks" for an attack by the immune system.

9 Endothelial stripping and destruction of a small blood vessel after vaccination



We now turn to the evidence of immune attack on the endothelial cells which produce the spike protein. On the left, a normal venule, delimited by an intact endothelium and containing some red blood cells and few white blood cells (stained blue) inside.

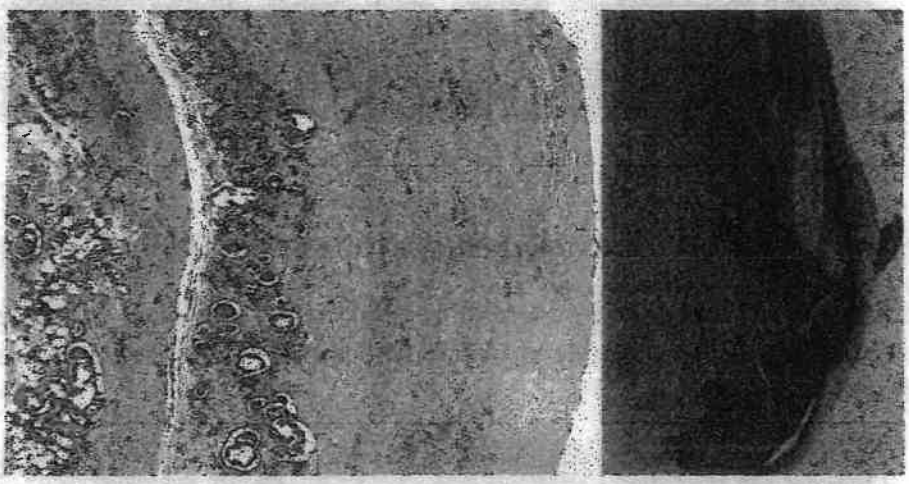
The image on at the centre shows a venule that is being attacked and destroyed by the immune system. The outline is already dissolving, and the spindle-shaped (and swollen) endothelial cells have peeled off from the vessel wall. Furthermore, we see lymphocytes—the small cells with dark, round nuclei and with very little cytoplasm around them; a single lymphocyte (at much higher magnification) is shown on the right.

Lymphocytes are the backbone of the specific immune system—whenever antigens are recognized and antibodies are produced, this is done by lymphocytes. Also among

the lymphocytes we find cytotoxic T cells and natural killer cells, which serve to kill virus-infected cells—or ones that look to them as if infected, because they have been forced to produce a viral protein by a so-called vaccine.

A crucial function of the endothelium is to prevent blood clotting. Thus, if the endothelium is damaged, as it is in this picture, and the tissues beyond it make contact with the blood, this will automatically set off blood clotting.

10 A crack in the wall of the aorta, lined by clusters of lymphocytes, leading to aortic rupture

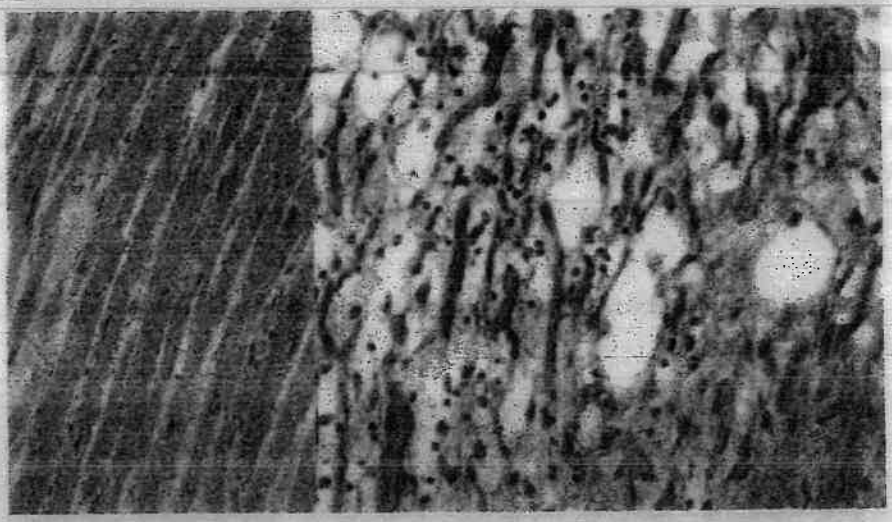


On the left, a section through the wall of an aorta. This picture is taken at an even lower magnification than the one before; the lymphocytes now appear as just a cloud of tiny blue specks. To the left of this blue cloud, we see a vertical crack running through the tissue. Such a crack is also visible macroscopically in the excised specimen of an aorta shown on the right.

The aorta is the largest blood vessel of the body. It receives the highly pressurized blood ejected by the left ventricle of the heart, and it is thus exposed to intense mechanical stress. If the wall of the aorta is weakened by inflammation, as it is here, then it may crack and rupture. Aortic rupture is normally quite rare, but Prof. Burkhardt found multiple cases in his limited number of autopsies. Some of the affected aortas were also shown to have expressed the spike protein.

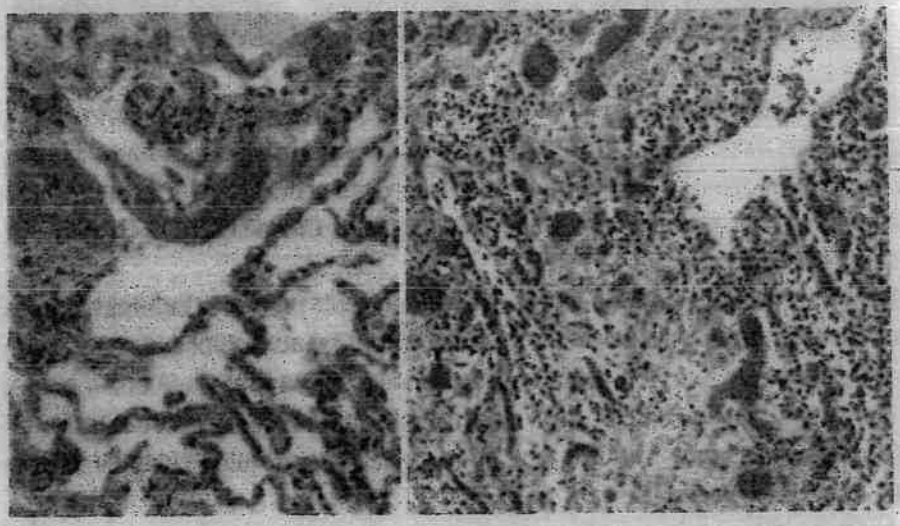
11 Healthy heart muscle tissue, and lymphocytic myocarditis

In Slide 7, we saw that heart muscle cells strongly expressed the spike protein after vaccine injection. Here, we see the consequences. The picture on the shows a sample of healthy heart muscle tissue, with regularly oriented and aligned heart muscle fibres. On the right, we see a heart muscle sample from one of the autopsies. The muscle fibres are disjointed and disintegrating, and they are surrounded by invading lymphocytes. Burkhardt found myocarditis in multiple of his deceased patients.



12 Lymphocytic infiltration and proliferative inflammation in lung tissue

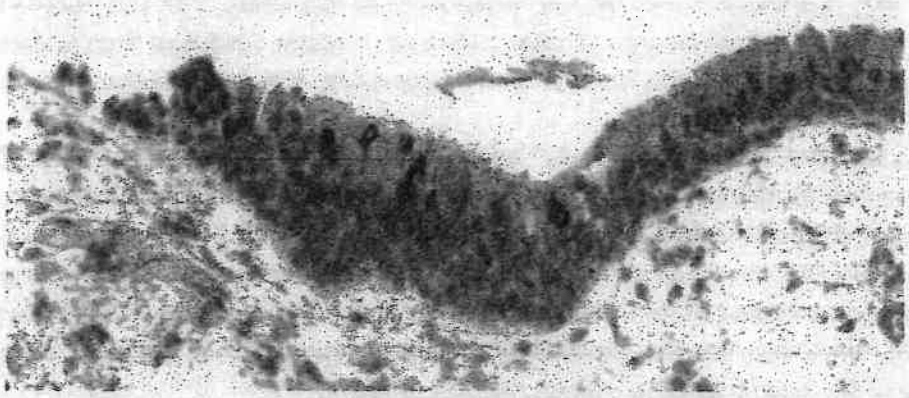
On the left, we see healthy lung tissue, with air-filled spaces (the alveoli), delimited by delicate alveolar septa with embedded, blood-filled capillaries. We also see some larger blood vessels.



On the right hand side, we see lung tissue overrun by lymphocytes. The air-filled spaces have largely disappeared and been filled with scar (connective) tissue. This vaccine-injected patient would obviously have had very great trouble breathing.

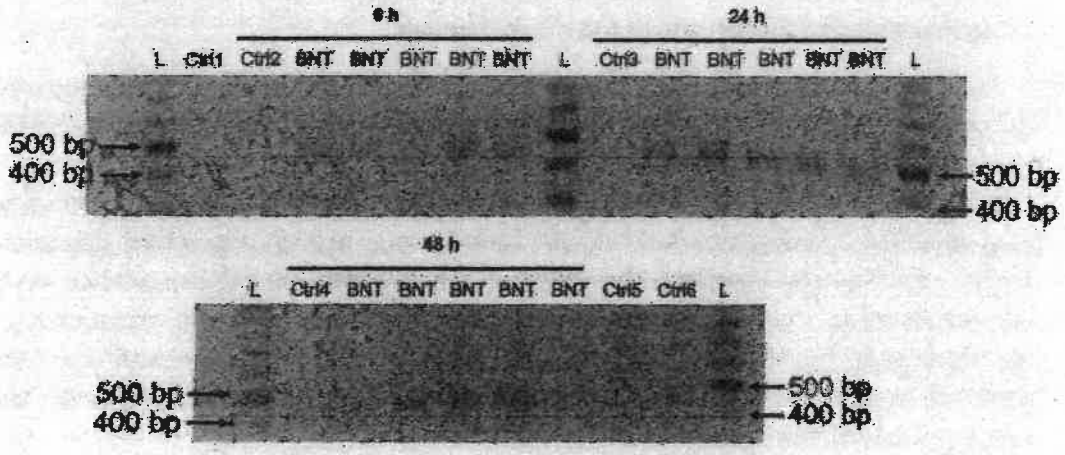
Lymphocytic infiltration, inflammation and destruction were also observed in many other organs, including the brain, the liver, the spleen, and multiple glands. However, instead of illustrating them all, we will conclude the pathological evidence with another immunohistochemistry result, which strikingly shows the long duration of spike protein expression.

13 Vaccine-induced expression of spike protein in a bronchial biopsy nine months after vaccination



The slide shows a sample of bronchial mucous membrane, from a patient who is alive but has suffered respiratory symptoms ever since being vaccinated. We see several cells in the uppermost cell layer that strongly express spike protein—and this even nine months after his most recent vaccine injection! While this is indeed the most extreme case of long-lasting expression, there is evidence both from Burkhardt's autopsies and from published studies on blood samples [8] or lymph node biopsies [9] to indicate that expression does last several months.

14 The Pfizer vaccine mRNA gets copied ("reverse-transcribed") into DNA and inserted into the cellular genome



The official mRNA vaccine narrative maintains that the modified mRNA contained in the vaccine will not be replicated in vivo; expression of the spike protein should therefore cease once the injected RNA molecules have been degraded.

The limited experimental studies available [10, 11] suggest that the injected modified mRNA should be degraded within days to a few weeks of the injection. This is obviously difficult to square with the observed long-lasting expression; in some form or other, the genetic information appears to be perpetuated in vivo.

A recent experimental study from Sweden [12] has shown that human-derived cells can copy the Pfizer mRNA vaccine into DNA and then insert it into their own chromosomal DNA. The image shows the key evidence from this study. The cells were exposed to the vaccine for the lengths of time indicated. Cellular DNA was then isolated, and inserted DNA copies of the vaccine mRNA detected by PCR amplification of a fragment 444 base pairs (bp) in length.

All samples labelled with "BNT" had been treated with the vaccine, and they all show a PCR product of the expected length, as is evident from comparison to a DNA fragment length standard ("L"). Samples labelled with "Ctrl *n*" were controls: Ctrl 1–4 contained DNA from cells not incubated with vaccine, Ctrl 5 contained RNA (not DNA) from vaccine-treated cells; Ctrl 6 contained the same but was additionally treated with RNAse, which step was also performed in the purification of DNA samples. As expected, none of the control samples contain the PCR product.

Considering Aldén's observation of DNA insertion in every single experimental sample, it seems highly likely that this will also occur in vivo. Beyond providing a plausible mechanism for perpetuating the expression of spike protein, DNA insertion also poses risks of genetic damage, leading to cancers and leukemias.

15 Summary

The evidence presented here clearly demonstrates a chain of causation from vaccine injection to

- rapid distribution of the vaccine through the bloodstream,
- widespread spike protein expression, prominently in blood vessels, and
- autoimmune-like inflammation and organ damage.

Vaccine-induced vascular damage will promote blood clotting, and clotting-related diseases such as heart attack, stroke, lung embolism are very common in the adverse events databases [4, 13].

In addition to autoimmune-like inflammation, other disease mechanisms, including prion-mediated CNS degeneration [14], aberrant vascular protein deposition (amyloidosis) [15, 16], and lipid nanoparticle toxicity [6], are plausible but require further study and corroboration. Overall, these vaccines can no longer be considered experimental—the "experiment" has resulted in the disaster that many medical doctors and scientists predicted from the outset [17]. The vaccination must be stopped, and all approvals and authorizations of their use must be revoked.

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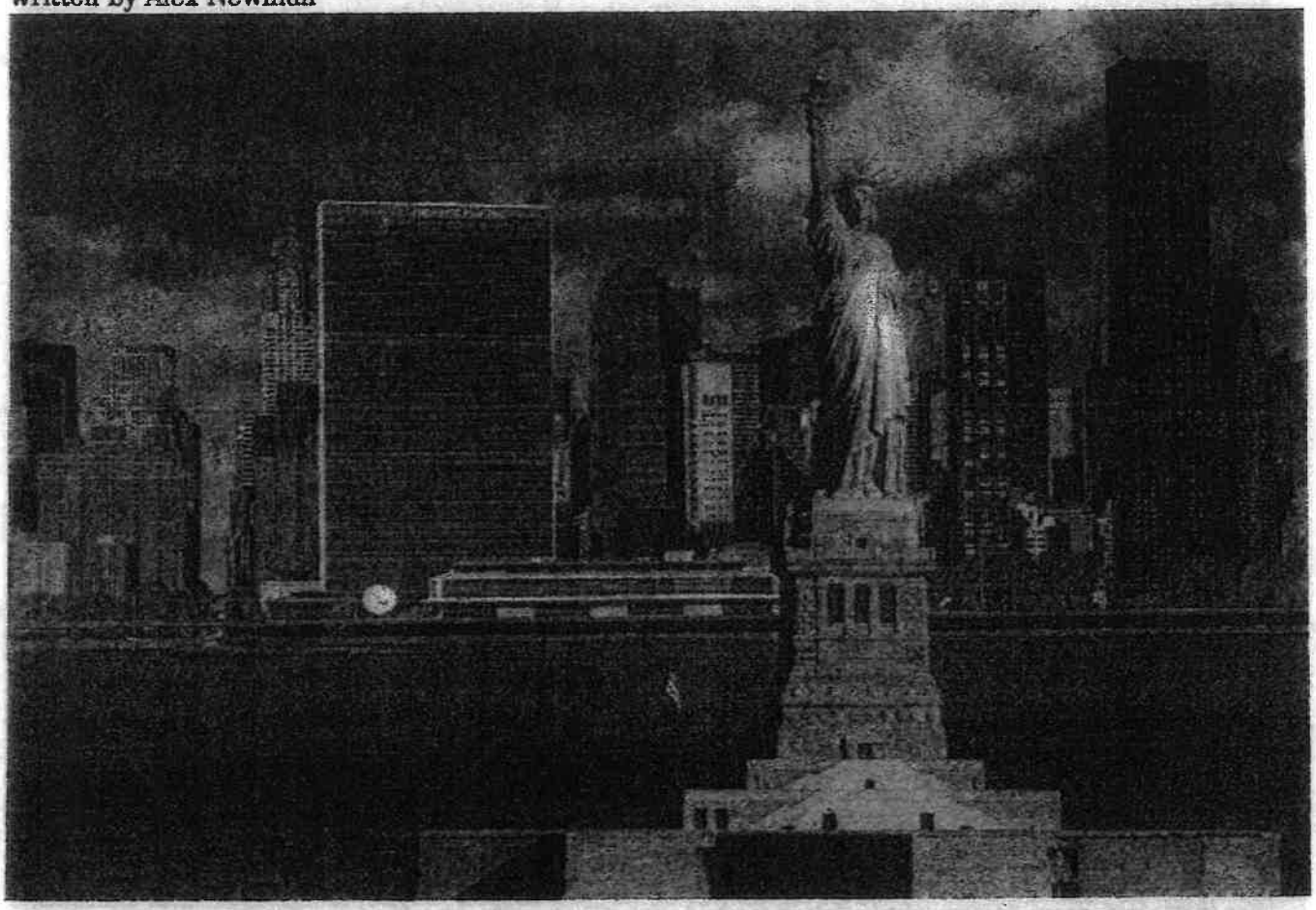
New American
TheNewAmerican.com
Wednesday, July 13, 2022

Blasting CCP Influence, Lawmakers File Bill to Get US Out of UN & WHO

written by Alex Newman



Outraged by the growing influence of the mass-murdering Chinese Communist Party and other perceived problems, U.S. lawmakers recently re-introduced legislation that would end U.S. membership in the United Nations and its agencies, such as the UN World Health Organization (WHO).

In addition to ending U.S. government involvement with the UN, the American Sovereignty Restoration Act (H.R. 7806) would remove the UN's controversial headquarters from U.S. soil and protect American troops from having to serve under UN command.

U.S. Representative Mike Rogers, a conservative Republican representing eastern Alabama, has been the lead sponsor of the bill in several congresses so far. He has raised numerous concerns over the years, including corruption, waste, hostility to Israel, opposition to fundamental American principles, the UN's hatred of the Second Amendment, and more.

"The United Nations has repeatedly proven itself to be an utterly useless organization," explained Rogers in a statement announcing the re-introduction of the bill last month, doubling down on previous comments referring to the UN as a "disaster."

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Some of the congressman's major concerns are the UN's growing hostility to genuine human rights and its increasing subservience to the dictatorship in Beijing and others hostile to individual liberty and the United States.

"The UN's founding charter states the UN's mission 'to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small,'" added Rogers in the statement. "However, the UN High Commissioner for Human Rights Michelle Bachelet has proven herself to be nothing more than a puppet for the Chinese Communist Party — aiding the CCP in playing down the very real and horrifying genocide being carried out against Uyghurs."

Indeed, *The New American* has been exposing the "Socialist" Bachelet for years. From her close ties to the communist movement in Latin America and Beijing to her ongoing anti-American diatribes calling for restricting rights in America, Bachelet has become extremely controversial. Concerns about the UN official's abuse of diplomatic immunity to shield her and others from criminal probes are also growing.

Rogers blasted the UN's cozy relationship with the Chinese Communist Party. "It's unconscionable that China continues to sit on the UN Human Rights Council even as it carries out this disturbing genocide on top of its numerous and daily violations of basic human rights," the Republican congressman said.

"It's clear the UN has abandoned the ideals set in its founding charter and that's why, among many other reasons, I've reintroduced legislation to withdraw the United States from the UN," he added.

When introducing the bill in 2019, Rogers blasted the UN as an "inefficient bureaucracy" and a "complete waste of American tax dollars." Saying the legislation was one of his top priorities, Rogers noted that the global organization "works against America's interests around the world" and continues to "attack our rights as U.S. citizens."

Another key element of the bill would end U.S. involvement in the disgraced World Health Organization. Among other scandals, the UN agency is led by a former communist terror leader backed by Beijing, and was repeatedly exposed parroting the CCP's talking points.

"The WHO lost all credibility when they chose to put public health second to the Chinese Communist Party by helping the CCP cover up the origins of COVID-19," continued Rogers, blasting the UN WHO as "corrupt."

Reacting to similar concerns, President Donald Trump started the process to remove the U.S. from the WHO, drawing widespread applause from conservatives and Republicans across America.

Joe Biden promptly re-engaged with the UN agency after taking power, though numerous congressional efforts to stop funding for and end U.S. involvement in WHO continue. (Trump did get the United States out of UNESCO, the UN's "education" agency, and so far Biden has not been able to reverse that.)

Co-sponsors of the latest iteration of the American Sovereignty Restoration Act include Rep. Thomas Massie (R-Ky.), Rep. Diana Harshbarger (R-Tenn.), Rep. Paul Gosar (R-Ariz.), and Rep. Ronny Jackson (R-Texas).

Massie, a longtime champion of the #Amexit movement to get the United States out of the UN, previously told *The New American* that there are many reasons why the U.S. government should cut all ties with the controversial global organization.

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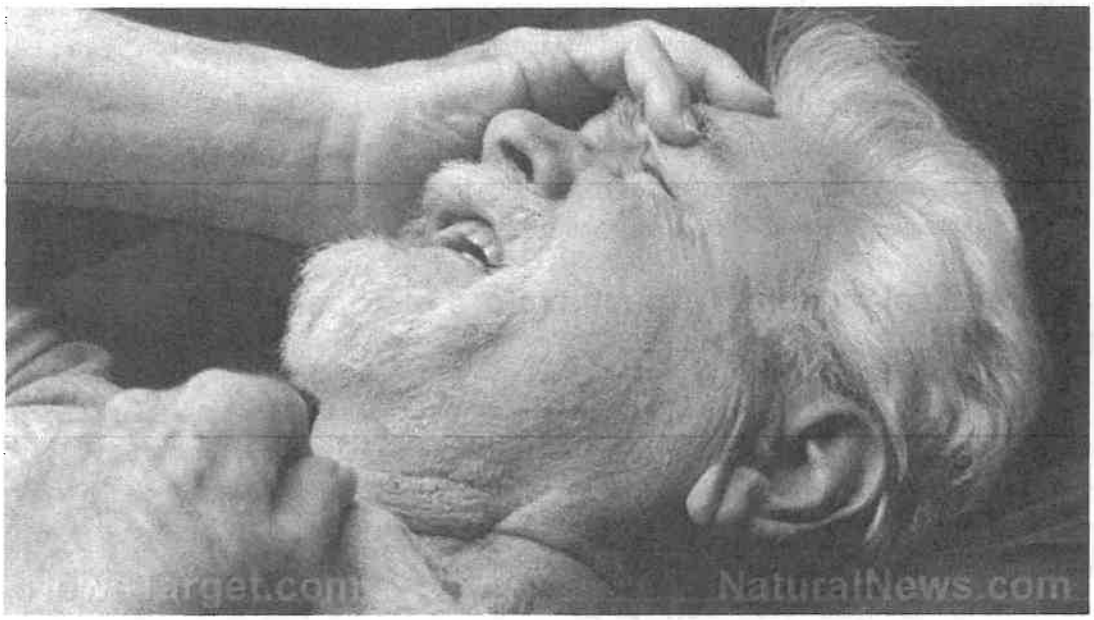
Autopsies confirm: Covid-19 vaccine causes fatal heart inflammation or "Sudden Adult Death Syndrome"

Thursday, December 08, 2022 by: Lance D Johnson

Tags: autopsy, badhealth, badmedicine, cardiac failure, cardiovascular system, death by vaccination, histopathology, inflammation, medical examination, medical violence, mRNA, myocarditis, nervous system, pericarditis, SADS, spike proteins, thrombotic thrombocytopenia, unexpected death, vaccine damage, Vaccine deaths, Vaccine injuries, vaccine injury, vaccine wars, vaccines

This article may contain statements that reflect the opinion of the author



(Natural News) Previously healthy individuals are dying "suddenly and unexpectedly" after covid-19 vaccination. These individuals are of all ages, and many show no sign of pre-existing heart conditions. A new medical term– Sudden Adult Death Syndrome (SADS) was created to categorize these unexplained deaths. Vaccination is intended to protect individuals from infections and to prolong their life; however, vaccinated individuals are being hospitalized and diagnosed with new heart problems (myocarditis and pericarditis) and vaccine-induced thrombotic thrombocytopenia. Sometimes, these vaccine injuries go undetected. Sometimes they are mild, but other times, they are fatal in the first week after vaccination.

In a new case study, twenty-five individuals who died after covid-19 vaccination showed inflammation of the heart that coincided with the inflammation caused in the deltoid muscle, post vaccination.

Autopsies confirm covid jabs cause fatal inflammation of the heart muscle

Medical examiners from Germany conducted autopsies on thirty-five individuals who died within twenty days after taking a second dose of the covid-19 mRNA vaccine (Comirnaty & Spikevax). They concluded that ten of the fatalities were clearly not due to the vaccine, due to evidence of drug overdose. The majority of the fatalities (71%) presented vascular damage that is specific to vaccine injuries, including rapid heart failure, vascular aneurysm, pulmonary embolism, myocardial infarction, fatal stroke, and vaccine-induced thrombotic thrombocytopenia.

A closer examination of five of these cases showed new onset inflammation in the cardiovascular system and histopathologies directly in the heart muscle. These five individuals were diagnosed with lymphocytic (epi-)myocarditis and died suddenly in their homes in the first week after covid-19 mRNA vaccination. The medical examiners found patchy inflammation in the heart muscle that mirrored the same patchy inflammation that is induced in the deltoid muscles after covid-19 mRNA vaccination.

How to Neutralize Potential Damage from mRNA Vaccines

Truth About Vaccines
By Ty Bollinger

February 8, 2021

With the current irrational push to vaccinate the planet against COVID-19, a virus that has a 99.9% recovery rate, we feel it is important to discuss practical ways to "detox" and "neutralize" damage that is being done by these **un**tested mRNA vaccines.

Interestingly, here in our home state of Tennessee, the COVID "mortality rate" has tripled, even though we lead the USA in vaccination rate (https://thetruthaboutvaccines.com/covid-mortality-vaccine/). *Makes you wonder, doesn't it? Logical thinkers would deduce that the* vaccine is responsible, sort of like when we see obesity rise in populations that eat lots of ice cream. But the irrational and illogical 'mainstream media' and 'medical mafia' will undoubtedly blame "anti-vaxxers" for the increase in deaths, which makes as much sense as blaming vegans for the increase in heart disease in people who eat hot dogs every day...

But let's not get distracted by the facts or by logic!!

Despite the $4.5 billion in damages awarded by the Vaccine Court since 1986 ...

Even though the Supreme Court described vaccines as "*unavoidably **un**safe*" in 2011 ...

Despite package inserts which prove that most vaccines contain known carcinogens and chemicals that cause neurological damage.

Genetics7.html) and can prevent the viral RNA from replicating.

Below are the **TOP FIVE** recommended substances to mitigate damage from mRNA vaccines (in no particular order).

1 | IODINE

An essential mineral, iodine is used by the thyroid gland to make thyroid hormones that control many functions in the body including growth and development, repairing damaged cells and supporting a healthy metabolism.

Because your body does not produce iodine, it needs to be supplied in the diet. Iodine can also be used to detoxify toxic compounds and strongly increases the mRNA decay rate.[2] (https://www.researchgate.net/publication/287722803_Influence_of_iodine_on_mRNA_expression_of_iodide_transporter_insulin_like_growth_factor_I_and_transforming_growth_factor_beta_in_thyroid_and_mammary_glands_of_lactating_rats),[3] (https://pubmed.ncbi.nlm.nih.gov/22001309/) Dietary iodine also controls its own absorption through regulation of the sodium/iodide (NIS) symporter,[4] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530113/),[5] (https://www.sciencedirect.com/science/article/pii/S0303720711005806) which protects the functions of the thyroid gland.[6] (https://pubmed.ncbi.nlm.nih.gov/22228198/)

2 | ZINC

Zinc enables the body to make proteins and DNA, contributes to wound healing, and plays a role in childhood growth and development. It also has antioxidant properties and plays an important role in cell-mediated immune function and modulates mRNA levels of cytokines.[7] (https://pubmed.ncbi.nlm.nih.gov/12812920/)

Zinc has been shown to regulate gene transcription in cancer cells, plus zinc globally down-regulates microRNA expression and key enzymes and proteins necessary for microRNA maturation and stability.[8] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3711771/) Lastly, zinc-finger protein serrate is among the plant compounds that may silence mRNA.[9] (https://www.frontiersin.org/articles/10.3389/fpls.2019.00360/full#B45)

3 | QUERCETIN

Quercetin, a flavonoid with multiple proven health benefits to both man and animals, displays a plethora of biological activities.

oxidative damage, even helping you grow new mitochondria.[15] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5349805/) PQQ is actually the **only** nutrient on earth known to be capable of generating new mitochondria.

PQQ is contained in fruits and vegetables and in human breast milk and is a plant growth factor and bacterial cofactor. Studies have shown that PQQ disodium salt (BioPQQ™) has positive effects on cognitive function and may have a protective effect on UVA irradiation-induced aging.[16 (https://pubmed.ncbi.nlm.nih.gov/16424117/),17 (https://www.spandidos-publications.com/10.3892/mmr.2015.3990)]

CONCLUSION

As pressure to be vaccinated for COVID mounts, it will be vital to discover methods to mitigate damage, especially for those who are required to be vaccinated due to employer requirements or other reasons.

In summary, the five substances discussed above are as follows, along with links to recommended sources:

1. Iodine (https://go.globalhealingcenter.com/c/435444/381642/5534?subId1=TTAC)
2. Zinc (http://go.globalhealingcenter.com/c/435444/791981/5534?subid1=TTAC)
3. Quercetin (http://go.globalhealingcenter.com/c/435444/899035/5534?subid1=TTAC)
4. Supercharged C60 (http://www.grafexsuperc60.com/)
5. PQQ

Also, **water only fasting** (for 1 week) has been shown to repair DNA damage and silence foreign mRNA. And taking **full spectrum hemp extract** is another excellent suggestion due to the positive effects on our endocannabinoid system, which regulate almost every internal function. We take this organic hemp extract (http://go.globalhealingcenter.com/c/435444/635539/5534?subid1=TTAC) every day!

Interestingly, Merck abandoned development of two COVID vaccines, saying that after extensive research it was concluded that the shots offered **less protection** than just contracting the virus itself and developing natural antibodies. On January 25th, they announced that the vaccines generated an 'inferior' immune system response in comparison

Doctors prove a Graphene like substance is being shed from the C-19 Vaccinated to the Unvaccinated, destroying Blood Cells & causing Strange Blood Clots

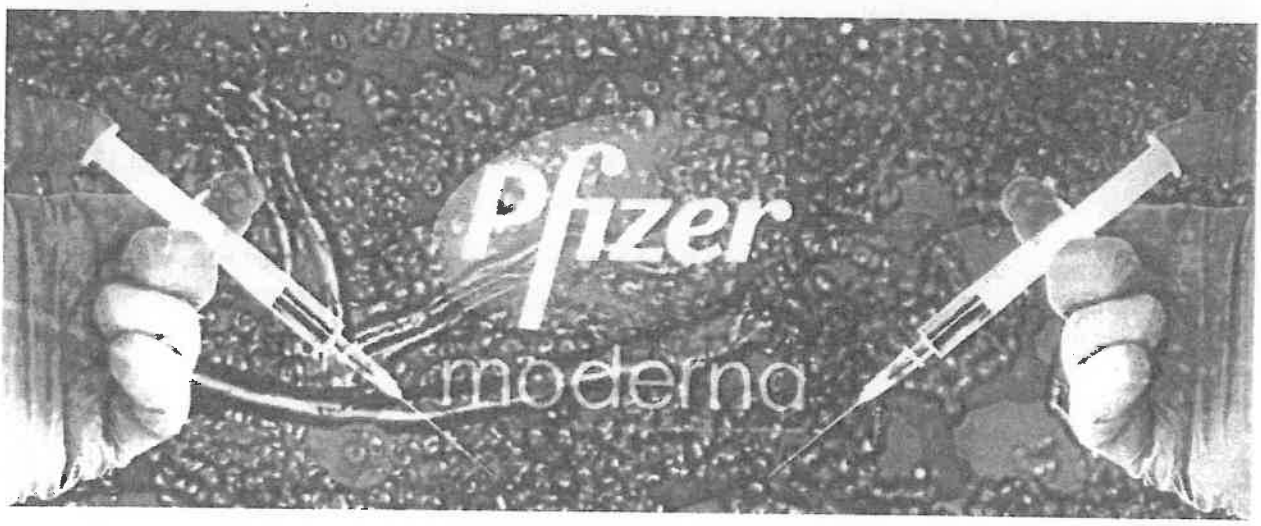
expose-news.com/2023/02/11/drs-philippe-shed-c19-vaccinated-to-unvaccinated/

By The Exposé

February 11, 2023

In his latest set of slides of blood samples taken from both "vaccinated" and unvaccinated people, Dr. Philippe van Welbergen demonstrated that the graphene being injected into people is organising and growing into larger fibres and structures, gaining magnetic properties or an electrical charge and the fibres are showing indications of more complex structures with striations.

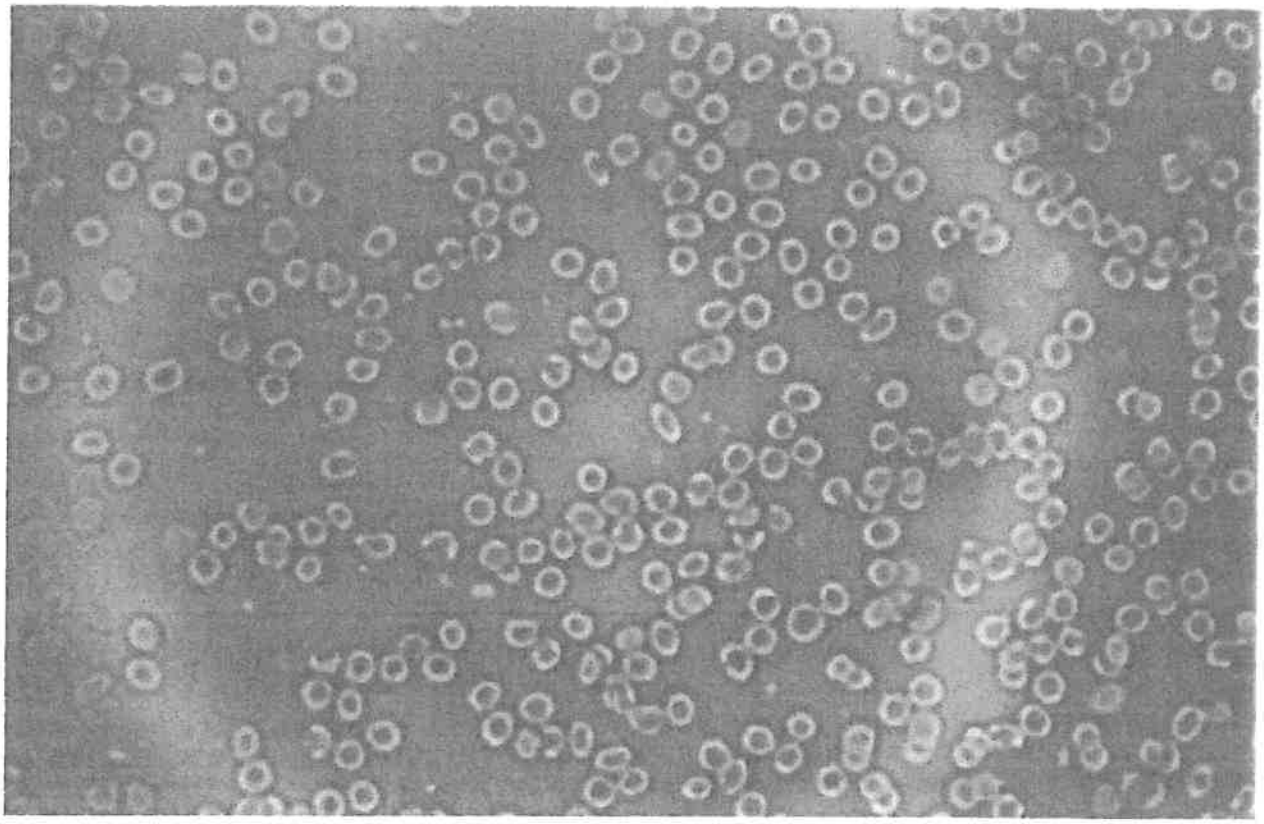
He also demonstrated that "shards" of graphene are being transmitted from "vaccinated" to vaccine-free or unvaccinated people destroying their red blood cells and causing blood clots in the unvaccinated.



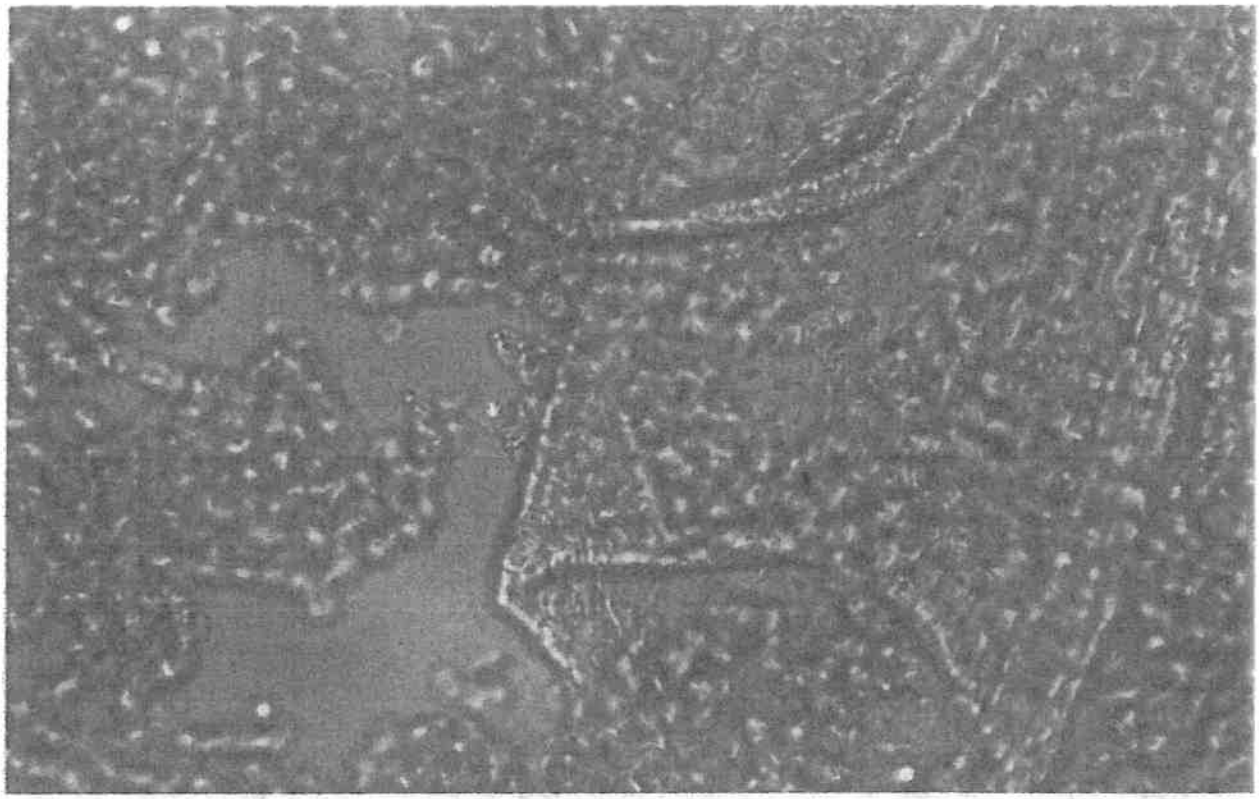
Let's not lose touch...Your Government and Big Tech are actively trying to censor the information reported by The Exposé to serve their own needs. Subscribe now to make sure you receive the latest uncensored news in your inbox...

Dr. Philippe van Welbergen ("Dr. Philippe"), Medical Director of Biomedical Clinics, was one of the first to warn the public of the damage being caused to people's blood by Covid injections by releasing images last year of blood samples under the microscope.

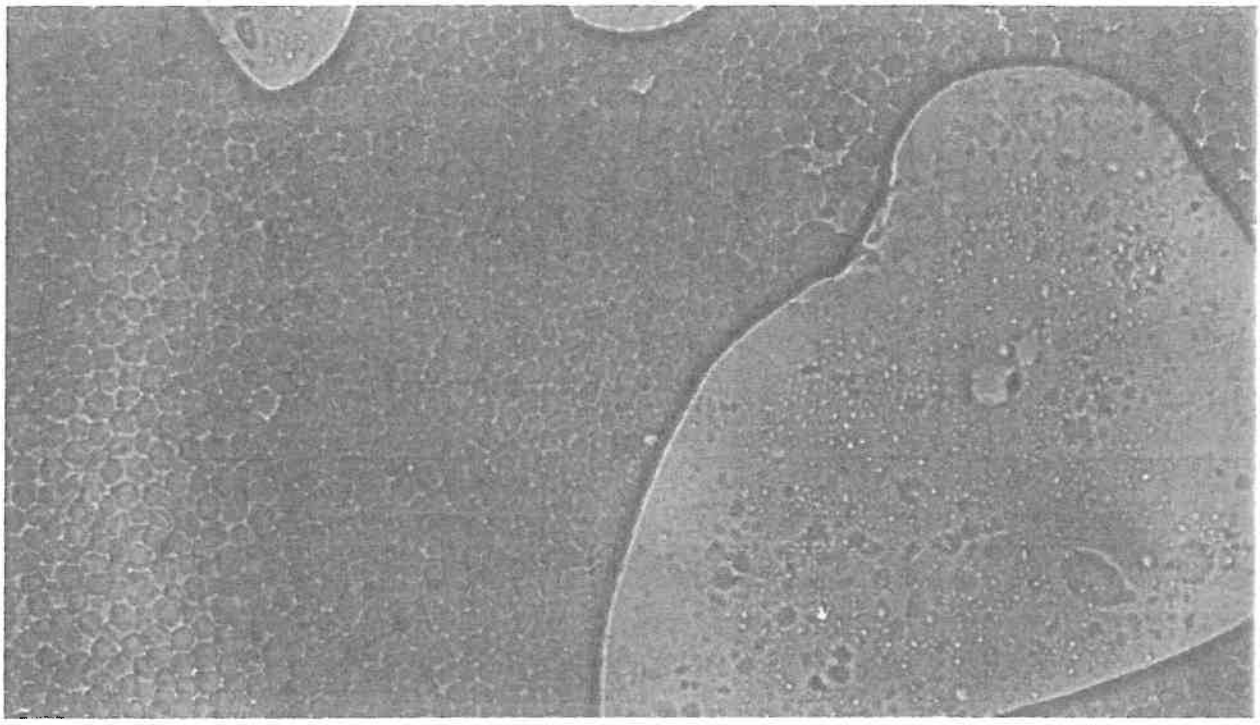
At the beginning of July 2021, Dr. Philippe, was interviewed on a South African community channel, *Loving Life TV*. He explained that when his patients started complaining about chronic fatigue, dizziness, memory issues, even sometimes paralysis and late onset of heavy



The next image is of a person who has been injected with the experimental Covid drug. The blood is coagulated, the misshapen red blood cells are clumped together. The cell encircled in the image is a healthy red blood cell, one of the few in the image, sitting alongside the graphene fibres. You can see the size of the graphene fibres in relation to the size of a red blood cell. Fibres of this size will block capillaries. You can also see the graphene fibres are hollow and contain red blood cells.



The image below is of a blood sample from a vaccine-free, or unvaccinated, three-year-old child. It shows pieces or "shards" of graphene that "are the result of shedding," in other words the graphene has been transmitted from "vaccinated" parents to their unvaccinated child.



Dr. Philippe's presentation is truly eye-opening and horrifying – a must-watch, especially for those who proclaim Covid injections are "safe" and are insisting people be injected. The Covid injections are weapons of genocide and how the people who have designed them are still walking free is incredible.

You can either watch the presentation below or on *Loving Life TV* HERE.

Loving Life TV: Dr Philippe (Part Two), The Blood Slides, 12 February 2022 (90 mins)

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The Vaccinated Can Be Patented (Owned)

In a court case in 2013 Pathology v Myriad Genetics, inc, in the United States the Supreme Court ruled that you cannot patent human DNA as it was "a product of nature". But at the end of the ruling the Supreme Court did rule that if you were to change a humans genome by mRNA vaccines (which are being used currently) then the genome can be patented.

This means that everyone who has had the vaccine is now technically 'patented' and something that is patented is 'owned' and will come under the definition of 'trans human'.

Those people that are legally identified as 'trans human' do not have access to Human Rights or any rights provided by the State. This is because they are not classed as 100% organic or human.

Therefore, technically anyone having this vaccine could no longer have any access to human rights. There have been a few legal papers discussing this recently, so clarification should be available on this soon.

https://www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

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FLUORIDE:

Introduction: *"....The report offers a glimpse into the history of fluoride, a bio-accumulative toxic that Americans ingest eve day. The authors, Griffiths and Bryson, spent more than a year on research. With the belief that the information should be withheld no longer, the authors gave their report to Waste Not, and others, with a short note: "use as you wish."*

The science of fluoridating public drinking water systems has been, from day one, shoddy at best. As we learn from this report, the basis of that science was rooted in protecting the U.S. Atomic bomb program from litigation. Americans have bee convinced that fluoride will save their teeth and we drink more fluoridated water than any other nationality on earth. We learned about the dirty politics involved in the science and selling of fluoridation to a trusting public. We spent three months researching fluoride which resulted in the longest newsletter we've ever produced: Waste Not # 373.

We learned that fluoride is a poison that accumulates in our bones. It has been associated with cancer in young males; osteoporosis; reduced I.Q.; and hip fractures in the elderly, to name a few. George Orwell would have been dazzled by the promotion of this toxic by dental and public health officials and concurrently, the avoidance of this issue by the environment community. We think it has a lot to do with the sordid 50-year history of the promotion of fluoridation by the U.S. Departmen of Public Health and the American Dental Association. Rather than acknowledge the accumulating evidence of fluoride's threat to human health, they have en-trenched themselves in a position that has produced tactics that include the harassment of scientists and dentists who speak out."

FLUORIDE, TEETH, AND THE ATOMIC BOMB
By Joel Griffiths and Chris Bryson

Bibliography of Scientific Literature on Fluoride
http://www.slweb.org/bibliography.html

EPA's Headquarters Professionals' Union Opposes Fluoridation
http://www.advancedhealthplan.com/bhepafluoride.html

FLUORIDE AND THE BRAIN
http://www.slweb.org/bibliography.html#brain

SPEEDING UP THE AGING PROCESS - FLUORIDE: THE AGING FACTOR
http://www.cyberclass.net/flourideaging.htm

Evidence Of Fraud In The Matter Of Water Fluoridation
http://www.rvi.net/~fluoride/iom-fraud.htm
More Discussions on Message Board

"Have you ever heard of a thing called fluoridation?"

Fluoride: The Hidden Poison in the National Organic Standards

Is Fluoride Really As Safe As You Are Told?
Freud, Fraud, And Fluoride
http://www.mercola.com/2002/feb/6/fluoride_safety2.htm

Fluorine is a Deadly Poison

http://www.bragg.com/fact_sheets/fluoride_03.html

floride,flouride poison,floride,flouride poison,floride,flouride poison

By James Donahue
http://www.viewzone.com/fluoride.html

I was a child when fluoride, a by-produce from the manufacture of atomic bombs, was first introduced to the American people.

Nobody told us where fluoride came from. All we knew is that it was a newly discovered chemical that would make our teeth extra hard and ward off cavities. When a free fluoride clinic was set up one summer in our school, all the kids in town lined up to have the bitter tasting stuff rubbed on their teeth.

We were pretty gullible in those days. The period immediately following World War II was a time of scientific advancement. After the inventions of nylon, rayon, plastic and other marvelous products that replaced fabrics, rubber and steel during the war years, people were lulled into the belief that those balding men in white laboratory jackets could solve all of the problems of the world. The belief was so strong that we blindly accepted whatever a "scientist" told us. Nobody dreamed that we might be victims of fraud.

My father was part of the magic. He worked as a chemical engineer for a factory that made a variety of products out of wheat and corn starch (including the brain-killing excitotoxin monosodium glutamate). He provided well and I consequently made regular visits to a dentist every summer. I knew well the agony of the dentist drill. It was nothing like the advanced water-cooled high-speed equipment used by modern dentists. Repairing a cavity doomed us to what seemed like hours of white-knuckle torture under the glaring lights of the dental chair, while a man with plastic rimmed glasses and bad breath bored his way through teeth (and bone?). Once the drilling was done, the dentist filled the hole he made with a hot metallic material that burned when it went in, and left a bad taste in your mouth.

We had a mom-and-pop grocery store in our neighborhood where kids could buy penny candy and a package of gum for a nickel. I made a lot of visits to that candy store.

Even though my mother made sure that I brushed my teeth daily, somehow I don't remember linking the candy I was eating to all of the cavities. When fluoride was introduced, it seemed like a child's dream come true.

I was disappointed, of course. I had just as many cavities in my teeth the following year.

When they started dumping fluoride in the local water supply, and adding it to the ingredients in our toothpaste, I thought that would surely solve my problem. It seemed reasonable to think that I didn't get a heavy enough dose of fluoride when I attended the free clinic. After all, if a little bit of fluoride was good for my teeth, it made sense that a lot more fluoride would be even better.

But alas, after years of drinking, scrubbing and consuming fluoride-laced products, we now learn that we've been scammed. This chemical is found to be totally ineffective in preventing tooth decay. Not only that, it seems to be directly linked to a variety of medical problems ranging from discolored teeth to bone disease and cancer.
In short, fluoride is a poison.

This is not news to the medical world. The Journal of the American Medical Association and the New England Journal of Medicine have both reported greater incidence of hip fractures in fluoridated areas. The National Institute of Environmental and Health Services has linked fluoridation with cancer.

A book by Dr. John Yiamouyiannis, titled "Fluoride, The Aging Factor," shows that the drug causes a premature aging process. He notes that in areas where fluoride is consumed in the drinking water, there are higher rates of bone disorders (skeletal fluorosis, osteoporosis and arthritic pain) and people suffer from brown decaying teeth.

"Fluoride is a poison!" Yiamouyiannis warns." The 1984 issue of Clinical Toxicology of Commercial Products lists fluoride as more poisonous than lead and just slightly less poisonous than arsenic. It has been used as a pesticide for mice, rats and other small pests. A 10-pound infant could be killed by 1/100 of an ounce and a 100-pound adult could be killed by 1/10 of an ounce of fluoride. The Akron Regional Poison Center indicates that a 7-ounce tube of toothpaste contains 199 mg. of fluoride, more than enough to kill a 25-pound child."

Yiamouyiannis writes that the acceleration of the aging process by fluoride occurs at the bio-chemical level by causing enzyme inhibition, collagen breakdown, genetic damage and disruption of the immune system.

"Fluoride interacts with the bonds which maintain the normal shape of proteins," he continues. "With distorted protein, the immune system attacks it's own protein, the body's own tissue." The visual and physical effects from prolonged exposure t fluoride include nausea, bloody vomit, faintness, stomach cramps, tremors, constipation, aching bones, stiffness, skin rash. weight loss and brown or black discoloration of the teeth.

The horror in this story is that fluoride was known as a deadly poison from the start. But if this was true, why would the U S. government promote the sale of it to its own people, and later people all over the world? Would you believe the answer to this question is money?
There is compelling evidence that the program of water fluoridation began as a massive effort to cover up bad publicity from one of the most toxic materials to emerge from the government's secret nuclear weapons program. The idea was that fluoride could be presented to the country as beneficial, then no one could sue the government for being harmed by it.

An article by Dr. Jackie Alan Giuliano in "Healing Our World" noted that reporters Joel Griffiths and Chris Bryson discovered the truth about fluoride while researching hundreds of declassified documents about the Manhattan Project, America's secret atomic bomb development program.

They found that fluoride as a key chemical in atomic bomb production. Millions of tons were used during the Cold War period to manufacture high-grade uranium and plutonium.

"Fluoride was the top chemical hazard of the U.S. nuclear weapons program, not only for workers, but for those living in nearby communities as well," Giuliano wrote.

"The documents show that the first U.S. lawsuits levied against the atomic weapons program were over fluoride poisoning not radiation damage. The documents reveal that the U.S. government secretly ordered atomic bomb scientists to create "evidence useful in litigation" against defense contractors who were being accused of injuring citizens with fluoride."

This secret work to head-off government lawsuits lead to a multi-billion dollar industry that has been poisoning our water supplies, our toothpaste, and our bodies ever since. Believe this or not, fluoride tablets are even available for children.

To escape the harmful effects of fluoride, Yiamouyiannis suggests that you seek non-fluoride toothpaste (but you may hav to go to health stores to find it), and drink bottled water. Even using tap water to cook may expose you to fluoride.

Now that the truth about fluoride is out, why haven't towns and toothpaste companies stopped dumping this terrible poison in our water and toothpaste supplies? Don't expect that to happen. Remember, I said this is a multi-billion dollar industry. Nobody shuts down a money machine like that without a fight.

We each have been given the right to utilize the logic that God has given us.

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CUMBERLAND TIMES-NEWS

Letters

February 27, 2010

Chinese fluoride is a homeland security matter

To the Editor: Cumberland Times-News

February 28, 2010 — The Pure Water Committee of Western Maryland Inc. was formed in 1960 as a grass roots network of citizens with a 50-year-old mission to educate the public of the complete fraud of the practice called water fluoridation.

Recently, it has come to my attention in an engineering report for the city of Boulder, Colo., that they did an evaluation of fluoridation chemicals and sources and found that much of the fluoride chemicals used for water fluoridation are now coming out of China with arsenic and lead levels of 50 and 40 milligrams respectively per bag and non-existent regulatory monitoring of the salt or acid compounds from these imports.

This type of trade from a country with a track record of lead paint on toys to antifreeze in cough syrup medicine is completely unacceptable.

After visiting the Frostburg Water Filtration Plant on Feb. 23, it has come to my attention that Frostburg has sodium fluoride bags with no source or import information on them.

Only after I asked for the certificate of analysis from Solvay fluorides through Univar USA, which is the chemical supplier for the Frostburg Water Plant, did I receive the certificate of analysis from Shanghai Mintchem Development Co., LTD., the Chinese manufacture of the sodium fluoride.

The material safety data sheets from Solvay fluorides shows that a teaspoon amount of 5 grams of sodium fluoride can be fatal to an average size man of 70kg.

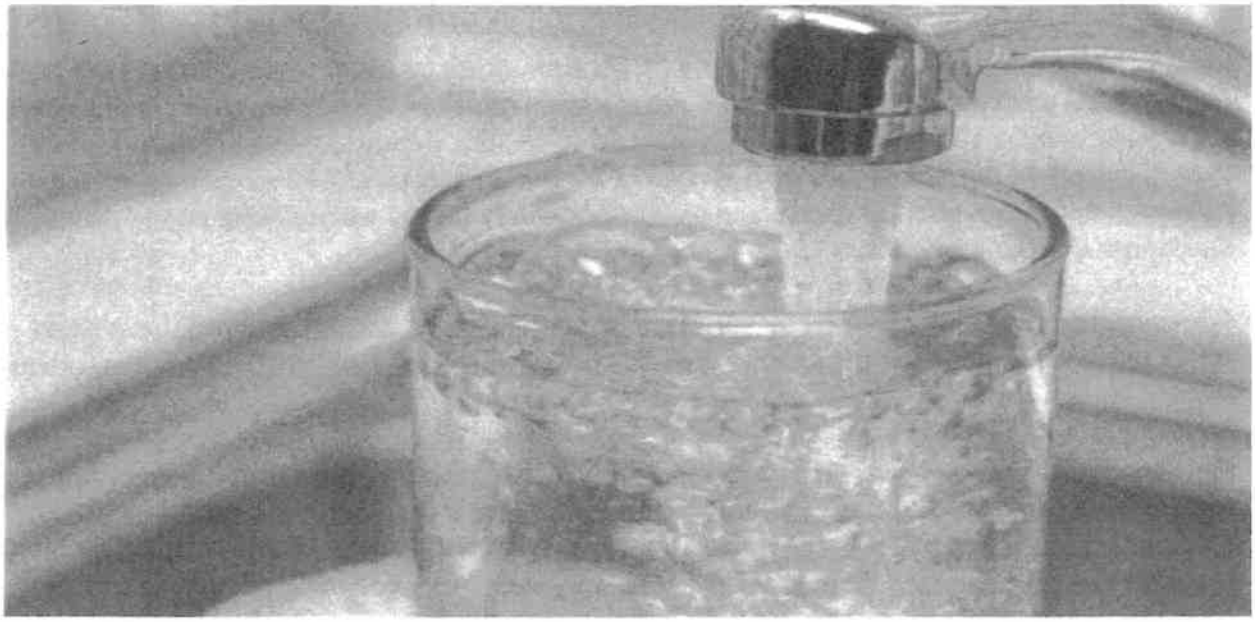
In toxicological information section, chronic toxicity by oral route may cause skeletal and dental fluorosis, thyroid, testes, kidney, liver, ambiguous carcinogenic and mutagenic effects, fetotoxic and fertility effects.

I have asked now for two years for the Frostburg Mayor and Council to put in the water bill for area residence the ADA warning to not to use fluoridated water when making infant formula, but to no avail.

EPA United States Environmental Protection Agency

Reducing PFAS in Drinking Water with Treatment Technologies

Published August 23, 2018



Per- and Polyfluorinated substances (PFAS) are a group of man-made chemicals that persist in the environment. These chemicals have been used for decades in consumer products to make them non-stick and water resistant. They are also found in firefighting foams and are applied in many industrial processes. Unfortunately, the characteristics that make them useful are the reason they persist in the environment and can bioaccumulate, or build up, in our bodies and the bodies of animals.

PFAS also dissolve in water, and combined with their chemical properties mean traditional drinking water treatment technologies are not able to remove them. Therefore, EPA researchers have been studying a variety of technologies at bench-, pilot-, and full-scale levels to determine which methods work best to remove PFAS from drinking water.

Certain technologies have been found to remove PFAS from drinking water, especially Perfluorooctanoic acid (PFOA) and Perfluorooctanesulfonic acid (PFOS), which are the most studied of these chemicals. Those technologies include activated carbon adsorption, ion exchange resins, and high-pressure membranes. These technologies can be used in drinking water treatment facilities, in water systems in hospitals or individual buildings, or even in homes

at the point-of-entry, where water enters the home, or the point-of-use, such as in a kitchen sink or a shower.

Activated Carbon Treatment

Activated carbon treatment is the most studied treatment for PFAS removal. Activated carbon is commonly used to adsorb natural organic compounds, taste and odor compounds, and synthetic organic chemicals in drinking water treatment systems. Adsorption is both the physical and chemical process of accumulating a substance, such as PFAS, at the interface between liquid and solids phases. Activated carbon is an effective adsorbent because it is a highly porous material and provides a large surface area to which contaminants may adsorb. Activated carbon (GAC) is made from organic materials with high carbon contents such as wood, lignite, and coal; and is often used in granular form called granular activated carbon (GAC).

GAC has been shown to effectively remove PFAS from drinking water when it is used in a flow through filter mode after particulates have already been removed. EPA researcher Thomas Speth says, "GAC can be 100 percent effective for a period of time, depending on the type of carbon used, the depth of the bed of carbon, flow rate of the water, the specific PFAS you need to remove, temperature, and the degree and type of organic matter as well as other contaminants, or constituents, in the water."

For example, GAC works well on longer-chain PFAS like PFOA and PFOS, but shorter chain PFAS like Perfluorobutanesulfonic acid (PFBS) and Perfluorobutyrate (PFBA) do not adsorb as well.

Another type of activated carbon treatment is powdered activated carbon (PAC) which is the same material as GAC, but it is smaller in size, powder like. Because of the small particle size, PAC cannot be used in a flow through bed, but can be added directly to the water and then removed with the other natural particulates in the clarification stage (conventional water treatment or low-pressure membranes - microfiltration or ultrafiltration). Used in this way, PAC is not as efficient or economical as GAC at removing PFAS. Speth says, "Even at very high PAC doses with the very best carbon, it is unlikely to remove a high percentage PFAS; however, it can be used for modest percent removals. If used, however, there is an additional problem with what to do with the sludge that contains adsorbed PFAS."

Ion Exchange Treatment

Another treatment option is anion exchange treatment, or resins. Ion exchange resins are made up of highly porous, polymeric material that is acid, base, and water insoluble. The tiny beads that make up the resin are made from hydrocarbons. There are two broad categories of ion exchange resins: cationic and anionic. The negatively charged cationic exchange resins (CER) are effective for removing positively-charged contaminants and positively charged anion exchange resins (AER) are effective for removing negatively charged contaminants, like PFAS. Ion exchange resins are like tiny powerful magnets that attract and hold the contaminated materials from passing through the water system. Negatively charged ions of PFAS are attracted to the positively charged anion resins. AER has shown to have a high capacity for many PFAS;

however, it is typically more expensive than GAC. Of the different types of AER resins, perhaps the most promising is an AER in a single use mode followed by incineration of the resin. One benefit of this treatment technology is that there is no need for resin regeneration so there is no contaminant waste stream to handle, treat, or dispose.

Like GAC, AER removes 100 percent of the PFAS for a time that is dictated by the choice of resin, bed depth, flow rate, which PFAS need to be removed, and the degree and type of background organic matter and other contaminants of constituents.

High-pressure Membranes

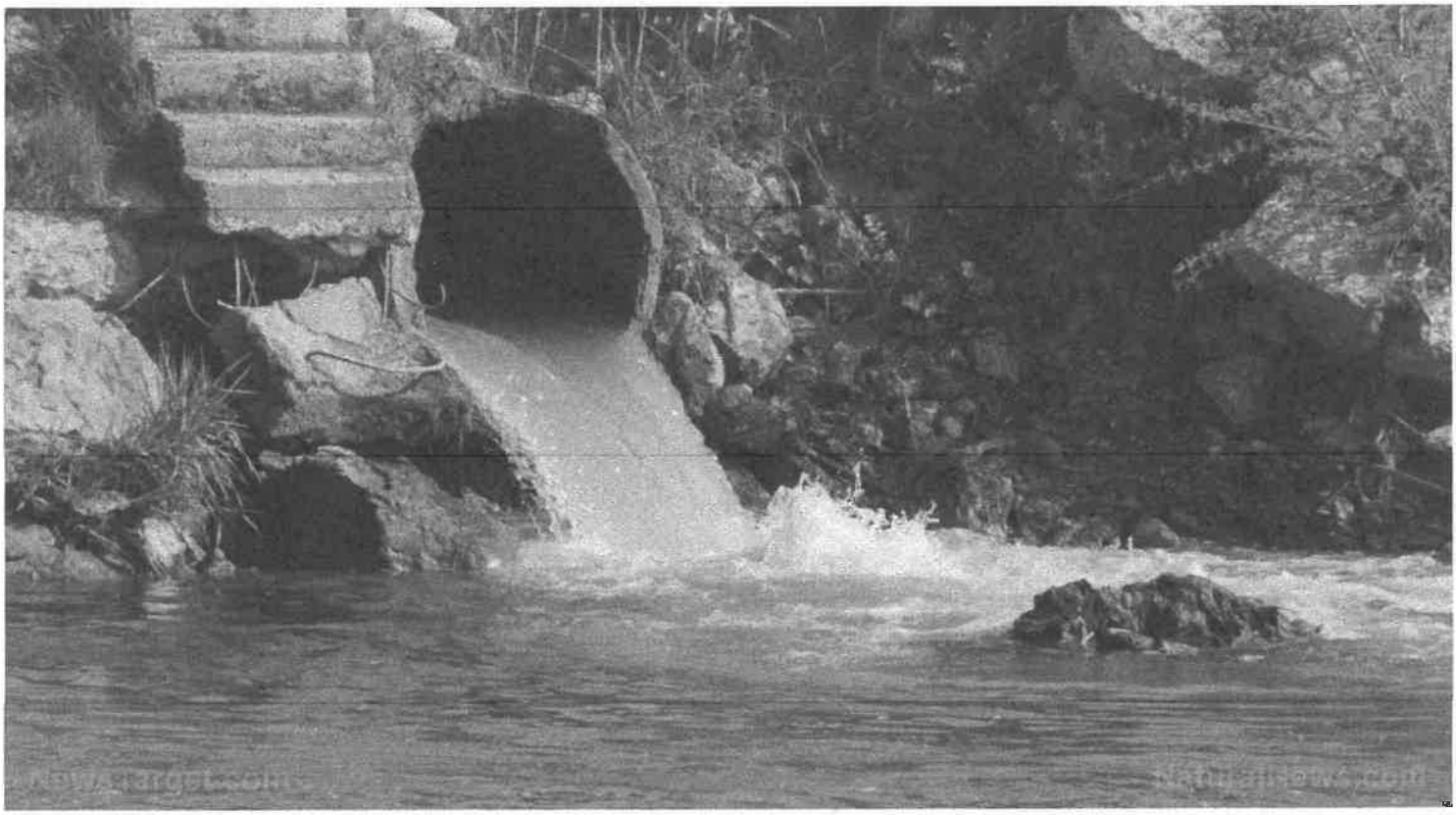
High-pressure membranes, such as nanofiltration or reverse osmosis, have been extremely effective at removing PFAS. Reverse osmosis membranes are tighter than nanofiltration membranes. This technology depends on membrane permeability. A standard difference between the two is that a nanofiltration membrane will reject hardness to a high degree, but pass sodium chloride; whereas reverse osmosis membrane will reject all salts to a high degree. This also allows nanofiltration to remove particles while retaining minerals that reverse osmosis would likely remove.

Research shows that these types of membranes are typically more than 90 percent effective at removing a wide range of PFAS, including shorter chain PFAS. With both high pressure membrane types, approximately 80 Percent of the feed water, the water coming into the membrane, passes through the membrane to the effluent (treated water). Approximately 20 percent of the feedwater is retained as a high-strength concentrated waste. A high-strength waste stream at 20 percent of the feed flow can be difficult to treat or dispose, especially for a contaminant such as PFAS, according to Speth. Perhaps this technology is best suited as a point of use technology for a homeowner, since the volume of water being treated is much smaller and the waste stream could be disposed of more easily with less cause for concern.

World Economic Forum-linked "expert" says "drinking recycled sewage is the future"

Tuesday, September 06, 2022 by: Ethan Huff
Tags: badhealth, clean water, Climate, climate alarmism, drinking water, environment, globalists, great reset, green tyranny, gross, insanity, living free, propaganda, recycled sewage, toilet to tap, Water Wars, weather, wef, world economic forum

This article may contain statements that reflect the opinion of the author



(Natural News) So-called "toilet-to-tap" drinking water – meaning water that is recycled through the sewer system and fed back through people's taps – is going global, thanks to the World Economic Forum (WEF).

What up until now has just been a slow-transition experiment in places like Southern California is the new blueprint for watering the world, according to the globalist outfit, which is also pushing the infamous "Great Reset." (Related: The WEF also openly bragged in a recent promotional video about communist China chemtrail-ing the world to fight global warming.)

In order to maximize "sustainability" and ensure a "green" future, the WEF says that the peons of the world will have to drink reclaimed sewage water. *The Times* writer Sir James Bevan agrees, having written in a recent op-ed that "drinking recycled sewage is the future."

Bevan's views, by the way, are a reiteration of WEF doctrines that have been circulating for several years now. Both Bevan and the WEF agree that the world is drying up due to "climate change," and that the only way to ensure enough water for everyone is to send it from toilet back to tap.

"The recent rainfall hasn't changed the underlying position in this country: many parts are likely to stay in drought for months, and if we have a dry winter then next year will be even more challenging," Bevan writes.

"We will need to be less squeamish about where our drinking water comes from. Part of the solution will be to reprocess the water that results from sewage treatment and turn it back into drinking water – perfectly safe and healthy, but not something many people fancy."

EPA claims that 10 areas across America are in worsening drought status

As of this writing, large swaths of primarily the American West and Southwest are under serious drought conditions. The Environmental Protection Agency (EPA) has named 10 different areas as facing drought conditions that threaten their water supplies.

Bevan's solution, which is also the WEF's solution, is to force everyone to drink and bathe in water that was previously urinated and defecated in before getting flushed down the toilet.

Bevan says people need to "change the way they think about water" by agreeing to use recycled water rather than pure water from the earth.

"If we are going to get there, we are all going to have to think differently," he goes on to write. "Some of these measures will be unpopular, so future governments will need to show political will."

Thinking back to basic high school science, it is important to keep in mind that there is a fixed amount of water on planet earth. That water moves around from place to place in different forms, which can make it seem like it is "drying up" in some places, but the fact remains that water is a fixed resource.

With that in mind, if there are drought conditions in one area, chances are there is an excess of water somewhere else. It is just a matter of harnessing water from wherever it is available – and after using it, allowing the earth to filter and replenish our natural resources.

To suggest that we must all start drinking filtered urine and diarrhea in order to "cool" the planet for a sustainable future is just more unscientific lunacy. This is about *control*, not preserving precious natural resources.

"The entire cabal should be forced to drink this filth and eat the bugs they want to force on us," wrote a commenter. "After they've received all the poison vaccines they created, of course."

The latest news coverage about the WEF and the globalist agenda can be found at Globalism.news.

Sources for this article include:

Newspunch.com

NaturalNews.com

Vascular and organ damage induced by mRNA vaccines: irrefutable proof of causality

Michael Palmer, MD and Sucharit Bhakdi, MD

doctors4covidethics.org

Thursday 18th August, 2022

Abstract

This article summarizes evidence from experimental studies and from autopsies of patients deceased after vaccination. The collective findings demonstrate that

1. mRNA vaccines don't stay at the injection site by instead travel throughout the body and accumulate in various organs,
2. mRNA-based COVID vaccines induce long-lasting expression of the SARS-CoV-2 spike protein in many organs,
3. vaccine-induced expression of the spike protein induces autoimmune-like inflammation,
4. vaccine-induced inflammation can cause grave organ damage, especially in vessels, sometimes with deadly outcome.

We note that the damage mechanism is which emerges from the autopsy studies is not limited to COVID-19 vaccines only but is completely general—it must be expected to occur similarly with mRNA vaccines against any and all infectious pathogens. This technology has failed and must be abandoned.

While clinical case reports (e.g. [1, 2]) and statistical analyses of accumulated adverse event reports (e.g. [3, 4]) provide valuable evidence of damage induced by mRNA-based COVID-19 vaccines, it is important to establish a causal relationship in individual cases. Pathology remains the gold standard for proof of disease causation. This short paper will discuss some key findings on autopsy materials from patients who died within days to several months after vaccination. For context, some experimental studies are briefly discussed as well.

1 Most of the evidence presented here is from the work of pathologist Prof. Arne Burkhardt, MD

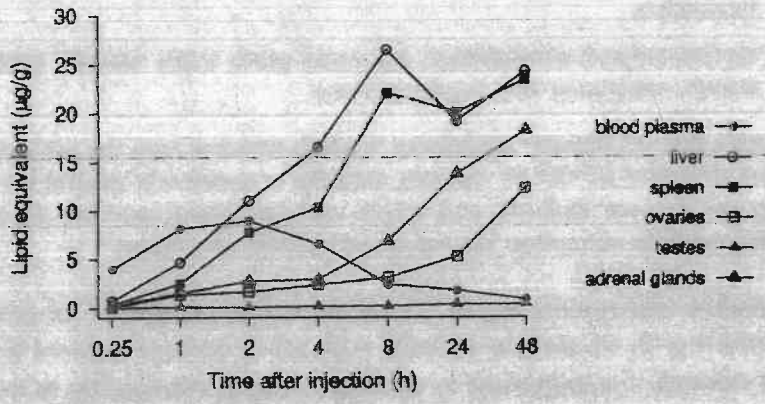
Prof. Burkhardt is a very experienced pathologist from Reutlingen, Germany. With the help of his colleague Prof. Walter Lang, he has studied numerous cases of death which occurred within days to several months after vaccination. In each of these cases, the cause of death had been certified as "natural" or "unknown." Burkhardt became involved only because the bereaved families doubted these verdicts and sought a second opinion.

It is remarkable, therefore, that Burkhardt found not just a few but the majority of these deaths to be due to vaccination.

- Dr. Burkhardt was approached by the families of patients deceased after "vaccination"
- Autopsy materials were examined by standard histopathology and immunohistochemistry
- Based on the findings, most deaths were attributed to "vaccination" with a high to very high degree of likelihood

While all four major manufacturers of gene-based vaccines were represented in the sample of patients studied by Burkhardt and Lang, most patients had received an mRNA vaccine from either Pfizer or Moderna. Some of the deceased patients had received both mRNA- and viral vector-based vaccines on separate occasions.

2 Pfizer's own animal experiments show that the vaccine quickly distributes throughout the body



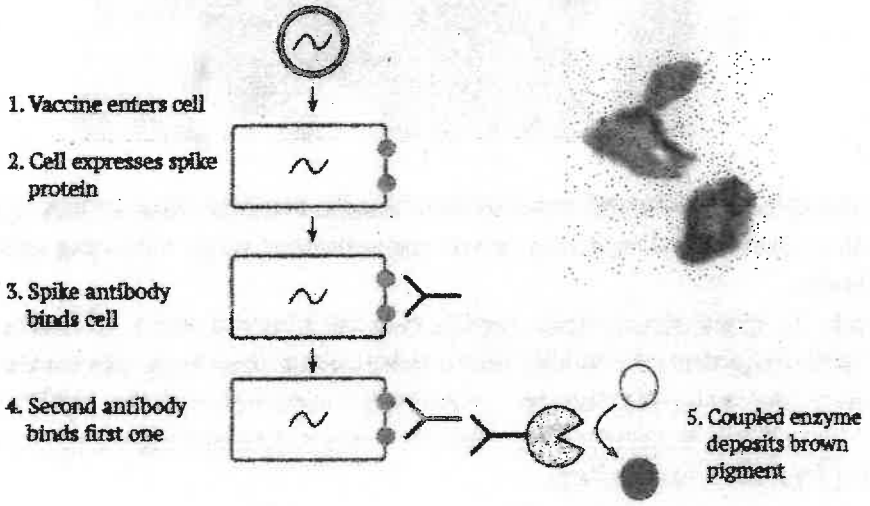
In order to cause potentially lethal damage, the mRNA vaccines must first distribute from the injection site to other organs. That such distribution occurs is apparent from animal experiments reported by Pfizer to Japanese authorities with its application for vaccine approval in that country [5]. Rats were injected intramuscularly with a radioactively labelled model mRNA vaccine, and the movement of the radiolabel first into the bloodstream and subsequently into various organs was followed for up to 48 hours.

The first thing to note is that the labelled vaccine shows up in the blood plasma after a very short time—within only a quarter of an hour. The plasma level peaks two hours after the injection. As it drops off, the model vaccine accumulates in several other organs. The fastest and highest rise is observed in the liver and the spleen. Very high uptake is also observed with the ovaries and the adrenal glands. Other organs (including the testes) take up significantly lower levels of the model vaccine. We note, however,

that at least the blood vessels will be exposed and affected in every organ and in every tissue.

The rapid and widespread distribution of the model vaccine implies that we must expect expression of the spike protein throughout the body. For a more in-depth discussion of this biodistribution study, see Palmer and Bhakdi [6].

3 Expression of viral proteins can be detected with immunohistochemistry



While the distribution of the model vaccine leads us to expect widespread expression of the spike protein, we are here after solid proof. Such proof can be obtained using *immunohistochemistry*, which method is illustrated in this slide for the vaccine-encoded spike protein.

If a vaccine particle—composed of the spike-encoding mRNA, coated with lipids—enters a body cell, this will cause the spike protein to be synthesized within the cell and then taken to the cell surface. There, it can be recognized by a spike-specific antibody. After washing the tissue specimen to remove unbound antibody molecules, the bound ones can be detected with a secondary antibody that is coupled with some enzyme, often horseradish peroxidase. After another washing step, the specimen is incubated with a water-soluble precursor dye that is converted by the enzyme to an insoluble brown pigment. Each enzyme molecule can rapidly convert a large number of dye molecules, which greatly amplifies the signal.

At the top right of the image, you can see two cells which were exposed to the Pfizer vaccine and then subjected to the protocol outlined above. The intense brown stain indicates that the cells were indeed producing the spike protein.

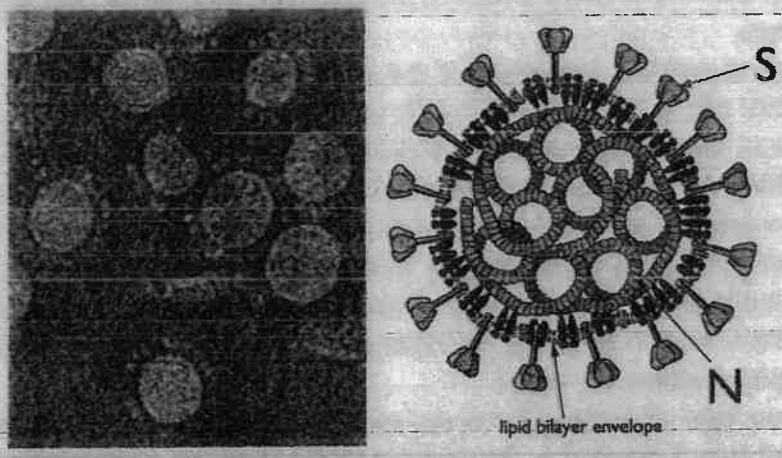
In short, wherever the brown pigment is deposited, the original antigen—in this example, the spike protein—must have been present. Immunohistochemistry is widely used not only in clinical pathology but also in research; it could readily have been used to detect widespread expression of spike protein in animal trials during preclinical development. However, it appears that the FDA and other regulators never received or demanded such experimental data [7].

4 Expression of spike protein in shoulder muscle after vaccine injection

This slide (by Dr. Burkhardt) shows deltoid muscle fibres in cross section. Several (but not all) of the fibres show strong brown pigmentation, again indicating spike protein expression.

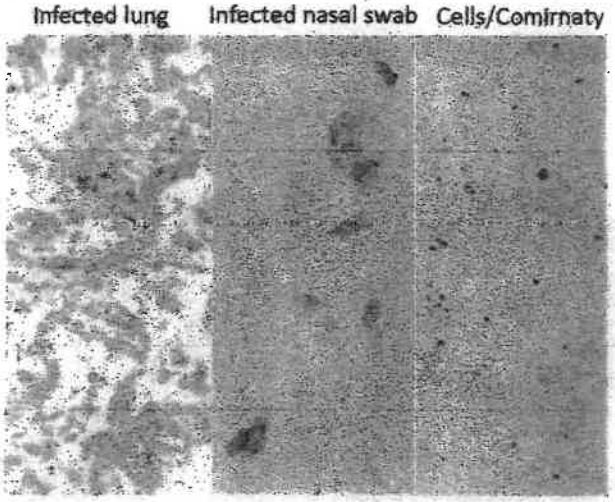
While the expression of spike protein near the injection site is of course expected and highly suggestive, we would like to make certain that such expression is indeed caused by the vaccine and not by a concomitant infection with the SARS-CoV-2 virus. This is particularly important with respect to other tissues and organs which are located far away from the injection site.

5 Coronavirus particles contain two prominent proteins: spike (S) and nucleocapsid (N)



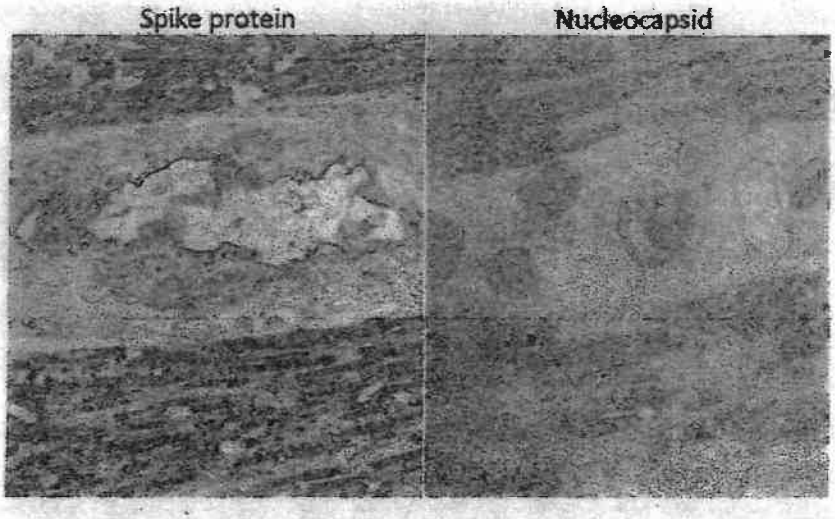
To distinguish between infection and injection, we can again use immunohistochemistry, but this time apply it to another SARS-CoV-2 protein—namely, the nucleocapsid, which is found inside the virus particle, where it enwraps and protects the RNA genome. The rationale of this experiment is simple: cells infected with the virus will express all viral proteins, including the spike and the nucleocapsid. In contrast, the mRNA-based COVID vaccines (as well as the adenovirus vector-based ones produced by AstraZeneca and Janssen) will induce expression only of spike.

6 Infected persons express the nucleocapsid protein (and also the spike protein)



This slide simply illustrates that the method works: lung tissue or cells from a nasal swab of a person infected with SARS-CoV-2 stain positive for nucleocapsid expression, whereas cultured cells exposed to the vaccine do not (but they stain strongly positive for the spike protein; see inset at the top right of Slide 3).

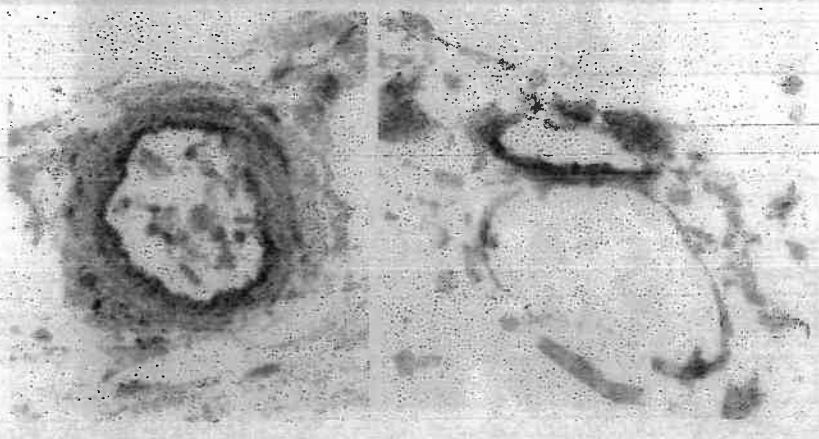
7 Injected persons express *only* the spike protein, which implicates the vaccine



Here, we see immunohistochemistry applied to heart muscle tissue from an injected person. Staining for the presence of spike protein causes strong brown pigment deposition. In contrast, only very weak, non-specific staining is observed with the antibody that recognizes the nucleocapsid protein. The absence of nucleocapsid indicates that the expression of the spike protein must be attributed ot the vaccine rather than an infection with SARS-CoV-2.

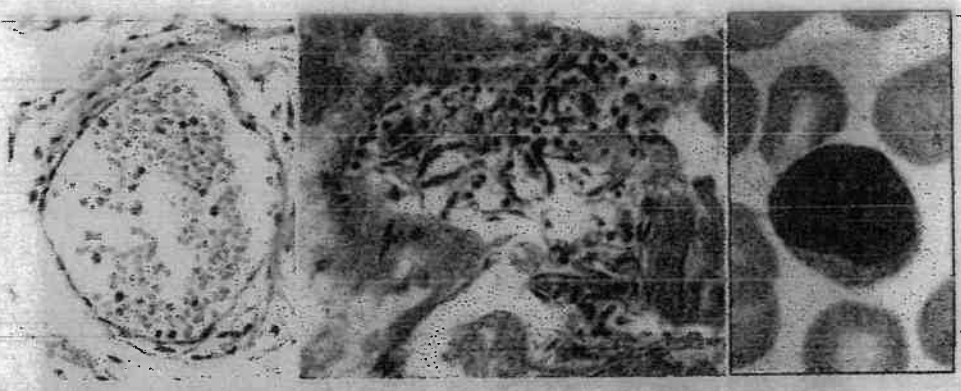
We will see shortly that the strong expression of spike protein in heart muscle after vaccination correlates with significant inflammation and tissue destruction.

8 Expression of spike protein within the walls of small blood vessels



We see spike protein expression in arterioles (small arteries; left) as well as in venules (small veins) and capillaries (right). Expression is most prominent in the innermost cell layer, the *endothelium*. This makes the endothelial cells "sitting ducks" for an attack by the immune system.

9 Endothelial stripping and destruction of a small blood vessel after vaccination



We now turn to the evidence of immune attack on the endothelial cells which produce the spike protein. On the left, a normal venule, delimited by an intact endothelium and containing some red blood cells and few white blood cells (stained blue) inside.

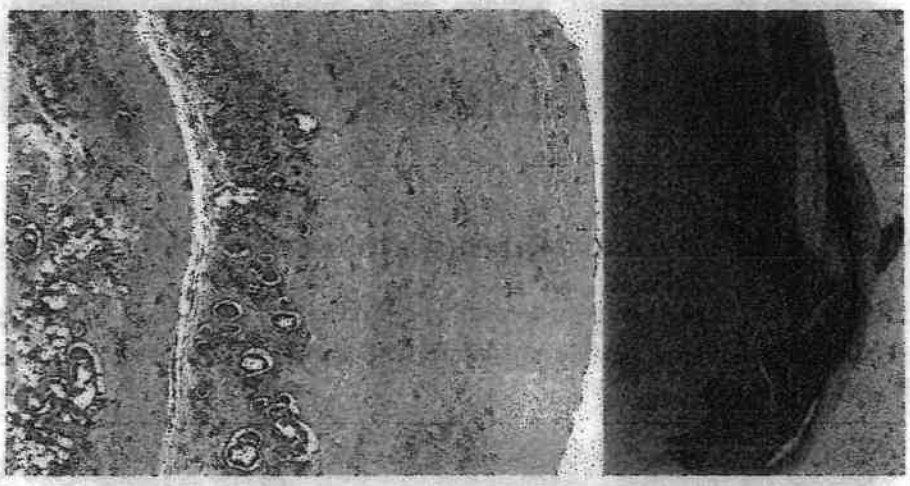
The image on at the centre shows a venule that is being attacked and destroyed by the immune system. The outline is already dissolving, and the spindle-shaped (and swollen) endothelial cells have peeled off from the vessel wall. Furthermore, we see lymphocytes—the small cells with dark, round nuclei and with very little cytoplasm around them; a single lymphocyte (at much higher magnification) is shown on the right.

Lymphocytes are the backbone of the specific immune system—whenever antigens are recognized and antibodies are produced, this is done by lymphocytes. Also among

the lymphocytes we find cytotoxic T cells and natural killer cells, which serve to kill virus-infected cells—or ones that look to them as if infected, because they have been forced to produce a viral protein by a so-called vaccine.

A crucial function of the endothelium is to prevent blood clotting. Thus, if the endothelium is damaged, as it is in this picture, and the tissues beyond it make contact with the blood, this will automatically set off blood clotting.

10 A crack in the wall of the aorta, lined by clusters of lymphocytes, leading to aortic rupture

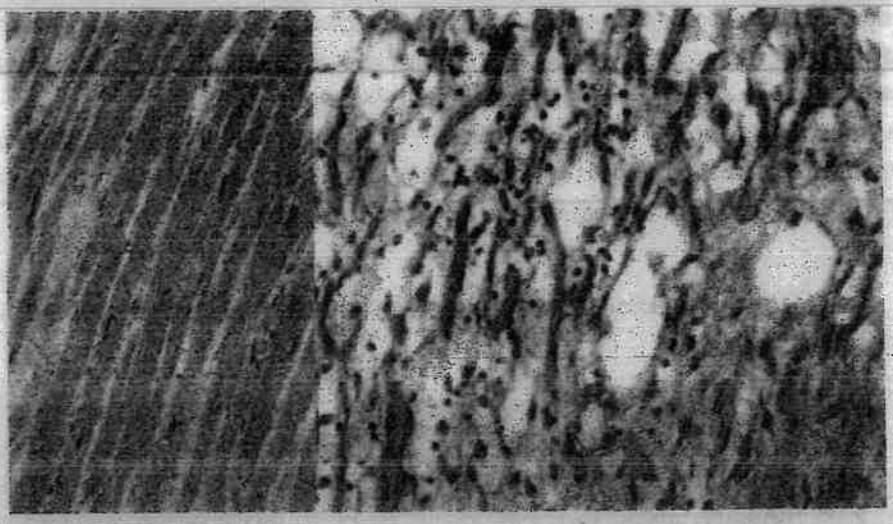


On the left, a section through the wall of an aorta. This picture is taken at an even lower magnification than the one before; the lymphocytes now appear as just a cloud of tiny blue specks. To the left of this blue cloud, we see a vertical crack running through the tissue. Such a crack is also visible macroscopically in the excised specimen of an aorta shown on the right.

The aorta is the largest blood vessel of the body. It receives the highly pressurized blood ejected by the left ventricle of the heart, and it is thus exposed to intense mechanical stress. If the wall of the aorta is weakened by inflammation, as it is here, then it may crack and rupture. Aortic rupture is normally quite rare, but Prof. Burkhardt found multiple cases in his limited number of autopsies. Some of the affected aortas were also shown to have expressed the spike protein.

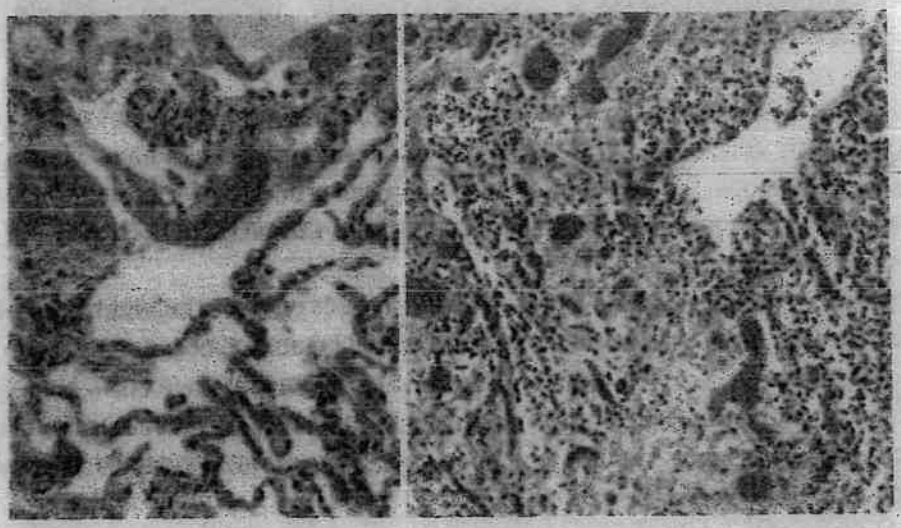
11 Healthy heart muscle tissue, and lymphocytic myocarditis

In Slide 7, we saw that heart muscle cells strongly expressed the spike protein after vaccine injection. Here, we see the consequences. The picture on the shows a sample of healthy heart muscle tissue, with regularly oriented and aligned heart muscle fibres. On the right, we see a heart muscle sample from one of the autopsies. The muscle fibres are disjointed and disintegrating, and they are surrounded by invading lymphocytes. Burkhardt found myocarditis in multiple of his deceased patients.



12 Lymphocytic infiltration and proliferative inflammation in lung tissue

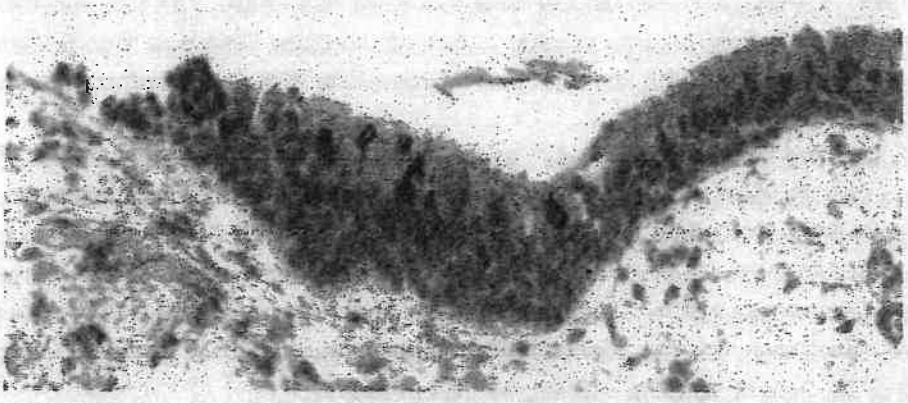
On the left, we see healthy lung tissue, with air-filled spaces (the alveoli), delimited by delicate alveolar septa with embedded, blood-filled capillaries. We also see some larger blood vessels.



On the right hand side, we see lung tissue overrun by lymphocytes. The air-filled spaces have largely disappeared and been filled with scar (connective) tissue. This vaccine-injected patient would obviously have had very great trouble breathing.

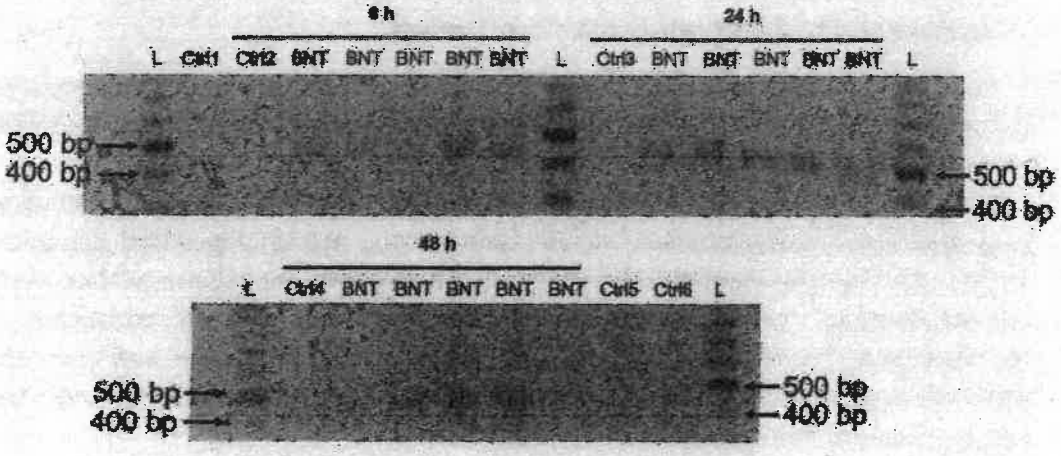
Lymphocytic infiltration, inflammation and destruction were also observed in many other organs, including the brain, the liver, the spleen, and multiple glands. However, instead of illustrating them all, we will conclude the pathological evidence with another immunohistochemistry result, which strikingly shows the long duration of spike protein expression.

13 Vaccine-induced expression of spike protein in a bronchial biopsy nine months after vaccination



The slide shows a sample of bronchial mucous membrane, from a patient who is alive but has suffered respiratory symptoms ever since being vaccinated. We see several cells in the uppermost cell layer that strongly express spike protein—and this even nine months after his most recent vaccine injection! While this is indeed the most extreme case of long-lasting expression, there is evidence both from Burkhardt's autopsies and from published studies on blood samples [8] or lymph node biopsies [9] to indicate that expression does last several months.

14 The Pfizer vaccine mRNA gets copied ("reverse-transcribed") into DNA and inserted into the cellular genome



The official mRNA vaccine narrative maintains that the modified mRNA contained in the vaccine will not be replicated in vivo; expression of the spike protein should therefore cease once the injected RNA molecules have been degraded.

The limited experimental studies available [10, 11] suggest that the injected modified mRNA should be degraded within days to a few weeks of the injection. This is obviously difficult to square with the observed long-lasting expression; in some form or other, the genetic information appears to be perpetuated in vivo.

A recent experimental study from Sweden [12] has shown that human-derived cells can copy the Pfizer mRNA vaccine into DNA and then insert it into their own chromosomal DNA. The image shows the key evidence from this study. The cells were exposed to the vaccine for the lengths of time indicated. Cellular DNA was then isolated, and inserted DNA copies of the vaccine mRNA detected by PCR amplification of a fragment 444 base pairs (bp) in length.

All samples labelled with "BNT" had been treated with the vaccine, and they all show a PCR product of the expected length, as is evident from comparison to a DNA fragment length standard ("L"). Samples labelled with "Ctrl *n*" were controls: Ctrl 1–4 contained DNA from cells not incubated with vaccine, Ctrl 5 contained RNA (not DNA) from vaccine-treated cells; Ctrl 6 contained the same but was additionally treated with RNAse, which step was also performed in the purification of DNA samples. As expected, none of the control samples contain the PCR product.

Considering Aldén's observation of DNA insertion in every single experimental sample, it seems highly likely that this will also occur in vivo. Beyond providing a plausible mechanism for perpetuating the expression of spike protein, DNA insertion also poses risks of genetic damage, leading to cancers and leukemias.

15 Summary

The evidence presented here clearly demonstrates a chain of causation from vaccine injection to

- rapid distribution of the vaccine through the bloodstream,
- widespread spike protein expression, prominently in blood vessels, and
- autoimmune-like inflammation and organ damage.

Vaccine-induced vascular damage will promote blood clotting, and clotting-related diseases such as heart attack, stroke, lung embolism are very common in the adverse events databases [4, 13].

In addition to autoimmune-like inflammation, other disease mechanisms, including prion-mediated CNS degeneration [14], aberrant vascular protein deposition (amyloidosis) [15, 16], and lipid nanoparticle toxicity [6], are plausible but require further study and corroboration. Overall, these vaccines can no longer be considered experimental—the "experiment" has resulted in the disaster that many medical doctors and scientists predicted from the outset [17]. The vaccination must be stopped, and all approvals and authorizations of their use must be revoked.

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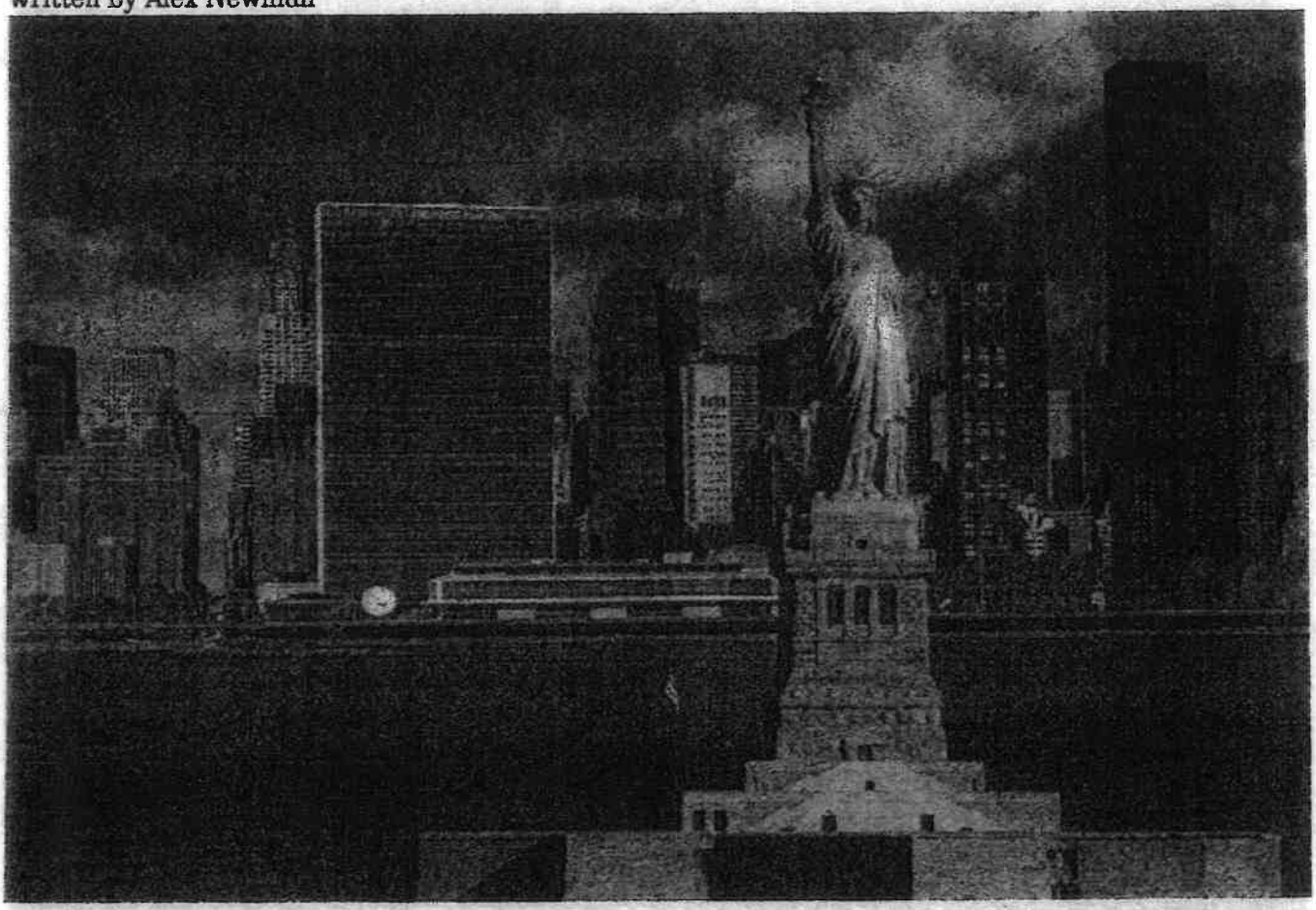
New American
TheNewAmerican.com
Wednesday, July 13, 2022

Blasting CCP Influence, Lawmakers File Bill to Get US Out of UN & WHO

written by Alex Newman



Outraged by the growing influence of the mass-murdering Chinese Communist Party and other perceived problems, U.S. lawmakers recently re-introduced legislation that would end U.S. membership in the United Nations and its agencies, such as the UN World Health Organization (WHO).

In addition to ending U.S. government involvement with the UN, the American Sovereignty Restoration Act (H.R. 7806) would remove the UN's controversial headquarters from U.S. soil and protect American troops from having to serve under UN command.

U.S. Representative Mike Rogers, a conservative Republican representing eastern Alabama, has been the lead sponsor of the bill in several congresses so far. He has raised numerous concerns over the years, including corruption, waste, hostility to Israel, opposition to fundamental American principles, the UN's hatred of the Second Amendment, and more.

"The United Nations has repeatedly proven itself to be an utterly useless organization," explained Rogers in a statement announcing the re-introduction of the bill last month, doubling down on previous comments referring to the UN as a "disaster."

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Some of the congressman's major concerns are the UN's growing hostility to genuine human rights and its increasing subservience to the dictatorship in Beijing and others hostile to individual liberty and the United States.

"The UN's founding charter states the UN's mission 'to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small,'" added Rogers in the statement. "However, the UN High Commissioner for Human Rights Michelle Bachelet has proven herself to be nothing more than a puppet for the Chinese Communist Party — aiding the CCP in playing down the very real and horrifying genocide being carried out against Uyghurs."

Indeed, *The New American* has been exposing the "Socialist" Bachelet for years. From her close ties to the communist movement in Latin America and Beijing to her ongoing anti-American diatribes calling for restricting rights in America, Bachelet has become extremely controversial. Concerns about the UN official's abuse of diplomatic immunity to shield her and others from criminal probes are also growing.

Rogers blasted the UN's cozy relationship with the Chinese Communist Party. "It's unconscionable that China continues to sit on the UN Human Rights Council even as it carries out this disturbing genocide on top of its numerous and daily violations of basic human rights," the Republican congressman said.

"It's clear the UN has abandoned the ideals set in its founding charter and that's why, among many other reasons, I've reintroduced legislation to withdraw the United States from the UN," he added.

When introducing the bill in 2019, Rogers blasted the UN as an "inefficient bureaucracy" and a "complete waste of American tax dollars." Saying the legislation was one of his top priorities, Rogers noted that the global organization "works against America's interests around the world" and continues to "attack our rights as U.S. citizens."

Another key element of the bill would end U.S. involvement in the disgraced World Health Organization. Among other scandals, the UN agency is led by a former communist terror leader backed by Beijing, and was repeatedly exposed parroting the CCP's talking points.

"The WHO lost all credibility when they chose to put public health second to the Chinese Communist Party by helping the CCP cover up the origins of COVID-19," continued Rogers, blasting the UN WHO as "corrupt."

Reacting to similar concerns, President Donald Trump started the process to remove the U.S. from the WHO, drawing widespread applause from conservatives and Republicans across America.

Joe Biden promptly re-engaged with the UN agency after taking power, though numerous congressional efforts to stop funding for and end U.S. involvement in WHO continue. (Trump did get the United States out of UNESCO, the UN's "education" agency, and so far Biden has not been able to reverse that.)

Co-sponsors of the latest iteration of the American Sovereignty Restoration Act include Rep. Thomas Massie (R-Ky.), Rep. Diana Harshbarger (R-Tenn.), Rep. Paul Gosar (R-Ariz.), and Rep. Ronny Jackson (R-Texas).

Massie, a longtime champion of the #Amexit movement to get the United States out of the UN, previously told *The New American* that there are many reasons why the U.S. government should cut all ties with the controversial global organization.

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Experienced Pathologist Explains Blood Clots, Nano Tech and Parasites in COVID Vaccines

written by GEG | December 19, 2022

Dr. Ryan Cole, a pathologist with 26 years of experience, explains that the blood clots that have been found by morticians, and also in living patients, are congealed protein made from an amyloid-like material. Dr. Cole said the microscopic rod and circuit-like structures others have identified as graphene oxide are actually cholesterol crystals, stacked-layered cholesterol, salt flakes and sugar crystals. He identified the the structures identified by others as parasites as being a leaf that came from environmental contamination.

The Blaylock Wellness Report
Living a Long, Healthy Life
by Russell L. Blaylock, M.D.
September 2023
Vol. 20, No. 9

Key Points

- Microwaves are virtually impossible to avoid
- Multiple dangers from microwave radiation are being ignored
- Nano-aluminum in the environment causes damage within the brain
- Cell towers, smart meters will increase the incidence of brain cancers
- The effect of microwaves on children's learning

PLUS

- Vinpocetine benefits brain health
- Watch out for endocrine disrupters

ASK DR. BLAYLOCK

- What treats vasculitis?
- How can I reduce white blood cells?

Beware the Dangers of New Microwave Technologies

In recent decades, there have been many panic warnings that the end is near. For instance, we were going to run out of oil reserves before the turn of the century (so-called "peak oil"); or our population would grow faster than the food we could provide; "limits of growth" and "sustainability" and so on. Today, we face the terrible specter of the man-made global warming deception.

While all of the above dangers were either exaggerated or turned out to be fictitious, real dangers remain all but hidden — such as the increase of pesticide use all over the world.

Here are a few of the very real hidden dangers we are facing now, and unless a change is made, and soon, we will be dealing with for decades to come:

- The chemical glyphosate (which is in the pesticide Roundup) is now found virtually everywhere, and is associated with numerous diseases, including many that are deadly.
- Pregnant women are now being told that it is safe to take a vaccine that is associated with a dramatic, frightening increase in deaths and disabilities — especially among the very young.
- There has been a 50 percent drop in male fertility, likely caused by commonly used chemicals that alter gender.
- We have seen an exponential growth in neurological diseases, especially since the COVID "vaccine" was released.

These problems and others are now being covered up by a global censorship campaign so pervasive that at a recent congressional hearing on the topic of censorship, a member of the House of Representatives threatened to censor Robert F. Kennedy Jr.'s testimony about widespread censorship.

That kind of thing is stranger than fiction.

In this month's issue of The Blaylock Wellness Report, I want to address a true danger we face: microwaves.

Our environment is saturated with a special type of electromagnetic energy called microwaves that are coming from all of the technological

gadgets that have become so prevalent in our lives.

The main problem with this technology is that microwaves can penetrate almost anything, even bricks and stone. They're also quite harmful to living things, including humans.

In the Modern World, Microwaves Are Virtually Impossible to Avoid

A friend of mine, Patrick Wood, is an expert in technology and its manipulation by governments. He has written and lectured extensively on the subject, and previously wrote two books on the dangers of technocracy.

And he has just completed another book called *The Evil Twins of Technocracy and Transhumanism*.

In the modern world, it's virtually impossible to escape microwave emitters — Wi-Fi, cell phones, electronic toys, TV sets, microwave ovens, and many other things now depend on microwaves to function.

Fortunately, there are ways to reduce exposure to this dangerous radiation.

For example, you can put a cell phone on airplane mode when not using it, keep it away from the body, and not let small children use them; you can also forgo using baby monitors.

In this issue of The Blaylock Wellness Report, I mostly want to address the medical aspects of microwave radiation, such as its pathophysiology on biological systems.

But in addition, specialists are observing real problems related to the ability of young people to concentrate, disinterest in reading books, and failure in interpersonal relationships.

If you look around, you'll see widespread changes in people's behavior directly related to technology. Young couples no longer talk. He's on his cell phone, and she's on hers. In fact, many older people have also adopted this type of behavior.

Direct, face-to-face interpersonal communication — for married people and dating couples, as well as friends — seems to have been brought to an end by the cell phone culture.

Learning also took a big hit. The Google search became the final arbiter of knowledge.

And before long, artificial intelligence (AI) will replace Google as the final arbiter of all knowledge. People do not seem to appreciate that AI depends on the data fed into it, and that it is always subject to lying and bias — just like all the "fact-checkers" with a political axe to grind.

Microwave Radiation: Multiple Dangers Are Being Ignored

Like the pharmaceutical industry, telecommunications companies are always looking for profit, even if it comes at the expense of people's health.

What we are seeing is exactly what we saw with

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LAYLOCK TIP

Adequate Sleep Removes Brain Toxins

For many years, the exact reasons for sleep have been a difficult puzzle for scientists to put together. Some say it rejuvenates the exhausted brain, yet we know that the brain remains quite active during sleep, when memories are consolidated. Some studies have suggested that our most creative thoughts occur when we are asleep. Studies on brain activity and metabolism also suggest that rest is not the primary object of sleep.

The discovery of the brain's glymphatic system may provide the answer to the question of why we sleep. Scientists have found that during sleep, the brain actually shrinks slightly, opening glymphatic channels that allow greater clearance of toxic molecules from the brain's tissues. In fact, the glymphatic system works best when we are asleep. On the other hand, when people are awake and mentally busy, glymphatic flow slows and toxic molecules build up in the brain. Sleep is required to clear the waste that accumulates during the daytime. Careful studies using animals have demonstrated that the brain's glymphatic system worked best when sleeping on the side, rather than on the back.

Dr. Jerry Lemole has studied the glymphatic system carefully, and is working on the details of how its impairment is linked to Alzheimer's disease and (possibly) other neurodegenerative disorders. He has also written a book on how to improve glymphatic flow. How much sleep a person needs varies, especially with aging. Older people may need as little as five to six hours of restful sleep a night, while younger children require at least eight hours.

Sleep is critical for childhood growth, as each time children fall asleep their pituitary gland secretes a burst of growth hormone. This is true even for short naps. If repeated or prolonged, sleep deprivation can result in damage to the brain, especially the hippocampus. The compound gotu kola (*Centella asiatica*) has been shown to reduce anxiety and stress, and reduce injury to the brain caused by sleep deprivation. It can also be used to treat insomnia.

Ashwagandha (*Withania somnifera*) also reduces stress and anxiety — and importantly, lowers elevated levels of cortisol, which is known to damage the hippocampus and to cause insomnia and waking in the middle of the night.

There is considerable evidence that aluminum in the nervous system is responsible for neurodegenerative diseases such as Parkinson's, Alzheimer's, and amyotrophic lateral sclerosis.[10]

We have already seen an explosion of these neurodegenerative diseases over the last decade. With 5G, it will get much worse.

How Microwaves Affect Brain Cells and Brain Function

Several studies have shown that microwaves — even from older cell phones — can damage neurons and microglia in the brain, resulting in a rise in neurodegenerative diseases and brain tumors.

We will see a dramatic increase of such diseases in geographic zones that use 5G.

Keep in mind that there have been no safety studies conducted by the telecommunications industry, and no funding of safety research by government agencies. Meanwhile, independent studies all show harm from microwave radiation.[11]

One possible mechanism for this harm is activation of brain microglial cells.

Microwaves have been shown to activate microglia when the waves are pulsed. In one study, researchers found a low level of microwave radiation (2.45 GHz) induced stress-related changes in the memory pathways in the hippocampus that negatively affected the memory of 12-week-old mice.[14]

Interestingly, the microwaves were not pulsed in this study, as the 5G will be and as smart meters are.

Remember that pulsed microwaves are much more destructive than continuous exposure. The study used 15-, 30-, and 60-day periods of exposure — not a lifetime, as occurs in reality.

The exposed neurons demonstrated altered cell signaling in several critical systems, and reduced neural branching (dendritic arborization), which is essential for memory and learning as well as other brain functions.

In a previous study, these researchers had found

BLAYLOCK TIP

Protecting Your DNA and Its Telomeres

Telomeres are strings of unused genes that are located at the ends of DNA strands. Their purpose is to protect the DNA from injury, and from unraveling during cell division.

Unfortunately, each time a cell divides a small portion of the telomere is removed. After a certain number of cell divisions, the cell runs out of telomeres and becomes senescent.

Telomeres can also be damaged by oxidative stress, as free radicals chip away at them. People with high levels of oxidative stress age faster and have a far greater number of senescent cells than those of the same age whose body is able to control free radicals. Because in most instances brain cells (neurons) do not divide, cell division is not a cause of damage to their telomeres.

But even in the brain, high levels of free radicals can erode telomeres, causing the cells to become senescent.

A special enzyme, called telomerase, can repair the damage done to telomeres. Unfortunately, our cells contain very little of this enzyme.

The good news is that an extract called astragalus has been shown to be a potent stimulator for the regeneration of telomeres. Quercetin also helps protect and even lengthens the telomeres.

that exposure to non-pulsed, lower power microwaves caused damage to neurons' DNA, protein, and lipids, and eventually killed many neurons in the exposed area of the brain.

Importantly, these researchers and others have found a significant decrease in essential glutamate and GABA receptors in areas of the hippocampus concerned with memory and learning.[12]

These changes would also affect the likelihood of developing depression.

In addition, researchers found a dramatic rise in stress-related cortisone, which caused negative effects in the exposed area of the brain.

All of these studies are important for understanding the harmful effects of even low-dose microwaves on the brain, especially with regard to memory and learning.

Once again, pulsed microwaves make the destruction worse.

We are surrounded by these microwaves, with the highest concentration in hospitals, workplaces, and schools.

And it's only going to get worse. Satellites beaming down 5G waves will allow few to escape.

Cell Towers, Smart Meters Will Increase the Incidence of Brain Cancer

There's an ongoing debate about which is more destructive: cell towers or household gadgets.

The cell towers are now emitting 2G to 4G class microwaves and they are commonly spaced about cities and the countryside. And the newer 5G towers are much lower to the ground, and spaced about every block in cities.

They are also mounted on buildings. This assures a greater exposure to harmful microwaves.

New smart meters are even worse. Experts say the wiring of your house acts as a giant antenna and emitter of microwaves. And the smart meter pulses continuously throughout the day and night, never ceasing.

Insomnia and headaches are common results, and some who had pre-existing arrhythmias or cardiovascular disease have died.

Many of these smart meters are placed outside of bedrooms. Experts such as Dr. Barrie Trower warn

A note from Dr. Blaylock: Advertisements for various supplements may appear in the newsletter or attached to the newsletter. I have nothing to do with these advertisements and do not endorse them. The only supplements I endorse are those that I list in the newsletter. This is not to say that I object to the supplements; it's just that I am not familiar with the supplements being advertised.

Please note that this advice is generic and not specific to any individual. You should consult with your doctor before undertaking any medical or nutritional course of action.

LAYLOCK TIP

The Importance of Gut Microorganisms

What we have learned over the past several decades is that the microorganisms within the colon (which include bacteria, fungi, and certain viruses — called collectively microbiota), play a major role in virtually every aspect of physiology and ongoing development.

Other functions these organisms perform within the human body include:

- Reducing inflammation
- Inhibiting cancer
- Maintaining immune health
- Producing important nutrients
- Playing a role in the manufacture of bile
- Secreting a number of neurotransmitters
- Playing a major role in stress adaptation
- Playing a crucial role in brain health and development

The human gut contains trillions of microorganisms, more than 100 times the number of genes as are found in our cells.

In fact, there are thousands of different bacterial species within the colon alone.

Recent studies have shown that these microbiota are part of a complex network called the microbiota-gut brain axis, which also involves the nerves in the walls of the gastrointestinal tract, the autonomic nervous system (sympathetic and parasympathetic systems), the neuroendocrine system (special hormones), and the immune system.

Basically, this axis amounts to a two-way communication link between the brain and the intestines. The gut bacteria (microbiota) talk to the brain by special chemical messages, and the brain talks back to the gut via the vagus nerve and spinal nerves. There is compelling evidence that the development of the brain is dependent on a healthy assortment of gut microorganisms that colonize a baby's intestines very soon after birth.

The main sources of these highly beneficial bacteria are in the mother's birth canal during natural childbirth and by ingesting mother's milk during breastfeeding. Babies born by C-section and those that are bottle-fed have a different assortment of gut microbiota. This can affect their development and future health, especially behavioral health.

that these meters will lead to the development of brain cancers.

The idea behind smart meters is supposedly to allow the power company to measure energy usage regularly, making it more accurate. But the real idea is more likely to control your usage.

For example, the power company will assign you a time to run your washing machine. It is all part of the "green revolution."

The Effect of Microwaves on Children's Learning

A recent study found that if a pregnant woman slept in a room with a higher level of microwave radiation, her child had a 20 times greater chance of developing some kind of neurological problem, including learning problems.

In essence, because of the microwave exposure the child will end up being behind intellectually.

I have seen pregnant women place their cell phone on their pregnant belly. They have no idea just how deeply it penetrates.

Studies have shown that the microwave radiation penetrates halfway through a child's head if held next to the ear.

And how many mothers get their toddler to talk on the cell phone to their grandparents?

Few people are aware that the human brain continues its development until age 27. And it's the vitally important frontal lobes that develop last.

Another source of dangerous radiation is laptops. How many boys and men place a laptop on their lap?

The emitter is exposing their sperm not only to gene-altering microwaves, but their testes to cancer-causing radiation.

Studies have shown that under such conditions the sperm develop abnormal DNA, impaired sperm motility, and altered morphology.

The other cells in the young male testes are radiosensitive and undergo malignant conversion very easily. It's no surprise, then, that testicular cancer is becoming more common.

Dangers also exist for women of childbearing age;

BLAYLOCK TIP

Understanding Prostate Cancer Risk Factors

The major risk factors associated with prostate cancer include older age, ethnicity, family history, and high levels of the hormone dihydrotestosterone (DHT) — a converted form of testosterone. On average, African Americans have 10 percent higher testosterone levels than Caucasians, and also have the highest rate of prostate cancer. Japanese people, who have lower testosterone levels, have the lowest prostate cancer rate.

But genetics plays a major role in only a very small number of prostate cancer cases, with mutations in the androgen (sex hormone) receptor genes being the most common cause within this group.

As with breast cancer, we also see mutated BRCA1 and BRCA2 genes in a rare number of prostate cancer patients. In most cases, the genes are not actually mutated, but rather overactive.

For example, overactivity of the enzyme that transforms testosterone into the much more powerful dihydrotestosterone (5-alpha-reductase enzyme) significantly increases the risk of developing prostate cancer. Men with a deficiency in this enzyme never develop prostate cancer. In fact, the relatively low activity of this enzyme in men of Asian ethnicity may account for the low rate of prostate cancer among Asians. Other important risk factors for prostate cancer include:

- Having a vasectomy
- Early first-time intercourse
- Large number of sex partners
- History of one or more sexually transmitted diseases
- Unprotected anal sex

The element that links all of those risk factors together is that they cause chronic inflammation of the prostate. For instance, one study found that men who had extramarital sexual affairs had a significantly increased risk of developing prostate cancer.

High levels of sexual activity, as well as intercourse with multiple partners, increases the risk of prostate infections, and therefore inflammation.

laptop radiation alters the DNA of their ova and makes them more likely to develop ovarian cancer.

Books Suggest the Possibility of Mind Control

The prospect of mind control using nanotechnology combined with microwave technology has been discussed by Dr. Barrie Trower in a number of interviews and papers. He has all the documentation. He also worked with DARPA, an agency linked to the CIA, and knows this subject very well.

And capability is enhanced by the nano-aluminum spraying of the atmosphere linked to microwave technology.

Many years ago, neurophysiologist Jose Delgado wrote a book about this called *Physical Control of the Mind: Toward a Psychocivilized Society*. After the book was released, he never published another scientific paper on the human brain. In fact, he disappeared from view after its publication.

Basically, he began with insertion of electrodes to control behavior and later he discovered he could control the brain at a distance by microwaves. Interestingly, when he was finally tracked down he stated that the government was his new employer and they gave him all the equipment he needed.

One statement I firmly recall was that once the barrier of the internal secrets of the individual's brain were broken, there would be no place to hide — no privacy. That is exactly what Yuval Noah Harari says in his book, *Homo Deus: A Brief History of Tomorrow*. The title of his book means "man God." Harari writes that the human brain is hackable and that there is no God, no soul, and no afterlife. (By hackable, he means controllable.)

As my friend Patrick Wood says in his new book, *The Evil Twins of Technocracy and Transhumanism*, the new world government will be what has never been before — a world controlled by the technocratic elite. It is time to wake up. ■

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LAYLOCK TIP

How Magnesium Affects Immunity

It has been shown that magnesium is essential for formation of immunoglobulin G (IgG), as well as being critical for immune cell function and regulation of inflammatory cytokines. The mineral also controls one of the most important types of cells in the innate immune system: macrophages.

For all these reasons, significant magnesium deficiency will impair a person's immune system, putting him or her at substantial risk of infection.

A newly described genetic disorder has demonstrated just how important magnesium is to healthy immunity. Scientists named this disorder XMEN disease (X-linked immunodeficiency with magnesium defect, Epstein-Barr virus infection, and neoplasia). The condition is associated with a severe chronic viral infection and a high incidence of cancer.

Low magnesium impairs the ability of the immune system to combat the virus. A deficiency in magnesium has also been shown to impair the development of lymphocytes — immune cells that are critical for protecting against viral infections and cancer. People with XMEN disease have very low blood lymphocyte levels. Severe cases of COVID-19 also show very low levels of lymphocytes, as well as low magnesium levels. Asthma sufferers' condition is made much worse by magnesium deficiency.

On the other hand, supplementing them with magnesium rapidly improves their condition, both by opening their airways and by reducing the immune response that triggered the attack in the first place. Animals that have been made magnesium deficient exhibit severe inflammation, heightened stress responses, impaired immunity, and shrinkage of their thymus gland, which produces immune cells.

the pharmaceutical industry — ghostwritten articles, ying experts to perform studies, controlling scientific publications, silencing of experts, and controlling regulatory agencies — all in the name of maximizing profit.

In these industries, safety should come first, not profit.

In fact, the government's own 16-year study found that microwaves are dangerous to human beings. Yet despite that warning, the results of the government's own research were ignored, and now we're facing a world saturated with 5G microwaves.

More than 1,000 scientific studies have found that cell towers emitting microwave radiation — as well as cell phones themselves — harm organic tissues.

But all of that has been ignored by the Federal Communications Commission (FCC). Instead, they fully accept the word of companies in the telecommunications industry.

We know that careless behavior is responsible for much of the damage and disease that occurs in the world.

The same is true in the case of microwave radiation. Virtually every day I see young girls with cell phones in back pockets of their jeans. Because the microwaves are invisible, they assume it will do no harm.

What these girls don't realize is that they will do lasting damage to the DNA of their ova (eggs), resulting in greater risk of birth defects, early disease, or even death for a baby.

And the guys are no better. Many carry their cell phones in their front hip pockets, close to their testicles. As a result, they run the risk of an early testicular cancer or abnormal babies.

The testicles are very sensitive to the damaging effects of radiation.

I've also seen many men put their cell phones in their breast pocket just over their heart, or inside their coat pocket. The heart is an electrical organ and many studies have shown microradiation has a harmful effect on it, including development of a heart arrhythmia.

Green and white tea catechins can help protect the heart from microwave injury.[1]

Another problem is holding a cell phone close to the ear, which will not only irradiate the ear but also the brain — specifically the temporal lobe, which contains the hippocampus and is vital for memory and learning. The neurons in the hippocampus are especially sensitive to the cell phone microradiation.[2,3]

Other studies have shown that the radiation from a cell phone penetrates well into the adult cranium and even farther into a child's head.

In several studies, use of a cell phone for 10 years was associated with an increased incidence of the

inner ear tumor acoustic neuroma, which affects the hearing nerve and balance nerve.

One German study found that cell towers in the area were responsible for a threefold increase in these acoustic neuromas over 10 years. Other tumors also increased.[4]

The child's brain actually absorbs much more of the microradiation than that of an adult.[5] Children can experience headaches, irritability, difficulty concentrating, and behavioral problems from much lower levels of exposure than adults.[6]

This is especially concerning in the case of cell towers that are located near schools, particularly schools for small children, who will be exposed to microwaves for hours.

Not surprisingly, we have seen an increase in cases of leukemia, lymphoma, and brain tumors with this radiation level around schools.[7]

Parents and teachers should be outraged. Public officials seem completely unconcerned, though that may be the result of financial incentives.

I wrote an article for a local paper about cell towers being placed in the steeples of churches. Why would such as thing occur?

The answer is that the telecommunications company pays churches' rent. And those churches are unknowingly harming their congregations.

Plans to blanket cities with 5G towers on every block, between homes and in apartment buildings, present an even greater danger.

In such cases, occupants will be exposed to pulsed, high-power microwaves all day, including through the night. And pulsed microwaves have been shown to be much more damaging than a continuous beam.

Symptoms of such extensive microwave exposure could include:

- Headaches
- Dizziness
- Insomnia and difficulty falling asleep
- Waking up during the night
- Confusion, difficulty thinking
- Brain fog
- Fatigue
- Numbness

And the long-term effects could be even more devastating:

- Cancers
- Autism spectrum disorders
- Alzheimer's disease
- Parkinson's disease
- ALS

All of these disorders have increased drastically over the last decade. And it's likely the surge of these conditions will only get worse.

Environmental Nano-Aluminum Causes Damage Within the Brain

In many places, geoengineers seed clouds with nano-aluminum to block the sun's rays. This aluminum can enter the human body in several ways: through the GI tract via food, inhaled into the lungs, and via the olfactory nerves from inhaling contaminated air.

The last of these avenues — the nasal tract — allows the aluminum to enter the brain directly (without passing the blood-brain barrier) and poison structures within the brain that are responsible for learning and memory.[8]

We know that nano-aluminum is much more toxic to cells than naturally occurring aluminum, and that stays in the air much longer.

Reducing the size of the aluminum (what is called nanosizing) makes the surface area of all that aluminum much greater, and therefore much more toxic.

Vaccines also contain nano-aluminum, and unlike the aluminum found in nature (which is poorly absorbed in the body) the nano-aluminum that is found in vaccines is absorbed 100 percent.

Studies have shown that this aluminum enters the brain, and can stay there for decades.[9]

Deposited in the brain, the nano-aluminum is activated and becomes even more toxic when exposed to microwaves.

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14	US3884218A	Method of inducing and maintaining various stages of sleep in the human being
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16	US4124943A	Audio visual information system
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18	US4395600A	Auditory subliminal message system and method
19	US4699153A	System for assessing verbal psychobiological correlates
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24	US4877027A	Hearing system
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28	US5159703A	Silent subliminal presentation system
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30	US5221962A	Subliminal device having manual adjustment of perception level of subliminal messages
31	US5224864A	Method of recording and reproducing subliminal signals that are 180 degrees out of phase
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34	US5319735A	Embedded signalling
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Title 69 RCW: FOOD, DRUGS, COSMETICS, AND POISONS

Board of health and bureau of vital statistics authorized: State Constitution Art. 20 s 1. Controlled atmosphere storage of fruits and vegetables: Chapter 15.30 RCW. Hazardous substances ...

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RCW 69.40.030

Placing poison or other harmful object or substance in food, drinks, medicine, or water —Penalty.

(1) Every person who willfully mingles poison or places any harmful object or substance, including but not limited to pins, tacks, needles, nails, razor blades, wire, or glass in any food, drink, medicine, or other edible substance intended or prepared for the use of a human being or who shall knowingly furnish, with intent to harm another person, any food, drink, medicine, or other edible substance containing such poison or harmful object or substance to another human being, and every person who willfully poisons any spring, well, or reservoir of water, is guilty of a class B felony and shall be punished by imprisonment in a state correctional facility for not less than five years or by a fine of not less than one thousand dollars.

(2) *This act shall not apply to the employer or employers of a person who violates this section without such employer's knowledge.

[2003 c 53 s 321; 1992 c 7 s 48; 1973 c 119 s 1; 1909 c 249 s 264; RRS s 2516. Prior: Code 1881 s 802; 1873 p 185 s 27; 1869 p 202 s 25; 1854 p 79 s 25.]

NOTES:

***Reviser's note:** "this act" refers to the 1973 c 119 s 1 amendment to this section.

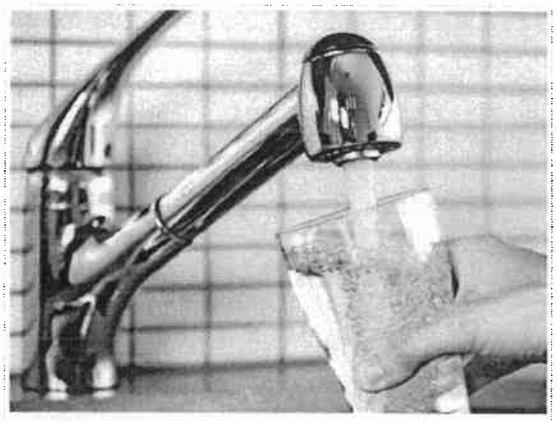
Intent—Effective date—2003 c 53: See notes following RCW 2.48.180.

Rhiannon Russell Sat May 19 2012 . Be the first to Comment

0 Recommend

Fluoride in your tap water: advancement or toxic?

It's the dreaded question: "Which fluoride flavour would you like?" We're given the choice of mint or cherry or something equally gag-worthy. Although most of us associate fluoride with a trip to the dentist, we're consuming fluoride (albeit in a lower concentration) when we drink tap water.



TAP WATER About 70 per cent of Ontarians drink fluoridated water. Photos.com

Fluoride is achemical found naturally in soil, fresh and saltwater and certain foods that prevents cavities and tooth decay. Since the 1960s, it has been added to Hamilton water, as well as other water supplies across Canada, to improve oral health.

Proponents see it as a way to provide basic dental care to everyone in a community, regardless of income.

"It levels the playing field," said Dr. Harry Höediono, president of the Ontario Dental Association. "Think of fluoride as a natural supplement that we add to make our lives healthier."

And although fluoridation was dubbed one of the greatest public health achievements of the 20th century, critics call the chemical a toxic substance, pointing to research that shows it's bad for the environment, causes fluorosis — white streaks or spots on the teeth — in children and may also be linked to cancer, loss of bone density and autism.

In Ontario, the decision to fluoridate is left to municipal governments.

Last month, the City of Hamilton's annual report on fluoridation was released, to much debate from councillors and citizens alike. Councillor Brian McHattie tabled a motion asking Health Canada to designate fluoride as a drug or an additive or supplement. He also requested a long-term study to examine the effects of fluoride on humans. Council approved the motion last week and is now waiting for Health Canada to respond.

"This is a complex issue," McHattie said. "(Municipal governments) shouldn't be expected to be the experts. You'd hope that Health Canada could be a little more objective."

Health Canada, as well as the Canadian Medical Association, the Canadian Dental Association and the World Health Organization, strongly support fluoridation and deny it has any adverse health effects besides fluorosis.

But the question is, are we getting too much fluoride?

Today, there's a variety of products that contain it. From toothpaste to mouthwash, we're getting more fluoride than ever. And no one's exactly sure how much is too much.

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Höediono, for one, is confident that fluoridated water isn't providing us with enough.

"It's been shown worldwide ... that community water fluoridation is not in itself enough to prevent cavities in children," he said. "Fluoride is only one of the preventative tools that we can use."

But Dr. Hardy Limeback of the University of Toronto's faculty of dentistry argues that fluoridating tap water is unethical.

"The issue of mass medication of an unapproved drug without the expressed informed consent of each individual must also be addressed," he writes in a letter posted on the Fluoride Action Network. "The dose of fluoride cannot be controlled."

Nuts and bolts

- About 70 per cent of Ontario's population drinks fluoridated water.
- Waterloo and Amherstburg recently stopped adding fluoride to their water, while Toronto and Halton Region voted to continue doing so.
- Health Canada dictates the maximum acceptable concentration of fluoride in drinking water is 1.5 milligrams per litre, but 0.7 mg/L is optimal.
- The City of Hamilton's water concentration is 0.6 mg/L.
- Water fluoridation in Hamilton costs less than $3 per person per year.
- About 400,000 people receive city water, so the annual cost is approximately $1 million.

Sources: Health Canada, City of Hamilton, Canadians Opposed to Fluoridation

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vation policy is imposed in Gettysburg, the community has seen the near destruction of its once vital downtown where private businesses are being forced out. Many parts of downtown now are void of significant businesses like clothing shops or hardware stores. Most businesses in the downtown area today are restaurants and tee-shirt shops designed for the tourist industry. That's not the way for a town to build a solid economic future.

Every step of land had something from the past occur on it. But let us remember, those who fought on these fields of "hallowed ground" did so to protect our liberty, including ownership of private property. One must ask how they would react to huge government restrictions over the land now, simply because they fought there. One can envision them again taking up arms to free it from government clutches.

It's interesting to note that the recent protests demanding to remove historic statues have not been opposed by a single Heritage Area management entity. So much for actually defending our American Heritage.

The forces of Sustainable Development have no intention of honoring true American heritage. The rational for preservation legislation is simply another excuse to hide the real goal – reorganizing human society for complete control. The American heritage of individual liberty, free enterprise, and private property isn't even in the equation.

CHAPTER SEVENTEEN

HOW THE UNITED NATIONS TARGETED YOUR MAYOR IN THE CITIES

San Francisco is the birthplace of the United Nations. On June, 5th, 2005, it was also the location for a major effort by the UN to circumvent national and state governments in order to reorganize human society. Coincidentally, the date was also World Environment Day. This time the UN was targeting mayors from all over the world to enlist them to be soldiers in the Sustainable war.

Like a scene from Michael Crichton's landmark novel *State of Fear*, all of the usual suspects, our self-appointed saviors, were there. There were UN bureaucrats seeking to increase their power and influence, NGOs with their private agendas, Hollywood celebrities acting like authorities on how Americans should rightly live, leaders of corporations seeking to help devise global regulations to kill their competition, and representatives from national and local news outlets that long ago had lost any pretense of delivering unbiased news.

They were all there. UN Secretary General Kofi Annan, along with the host committee, including San Francisco Mayor Willie Brown and Senator Diane Feinstein. Helping to host were the federal Environmental Protection Agency (EPA), and Jonathan Lash of the World Resources Institute. Walking among the crowd were actors Robert Redford and Martin Sheen. As everyone fawned over them, singer Judy Collins could be heard inspiring the gathering with her emotional lyrics. Of course to be expected were representatives from ICLEI. They had recently teamed with Robert Redford and the Mayor of Salt Lake City, Utah to form an

were the leaders of the Natural Resources Defense Council (NRDC), the anti-human, rent-a-riot, scaremonger NGO that has worked so diligently to frighten Americans about everything in our society -- from the food we eat, to the chemicals we use and the water we drink. Corporate sponsors included Federal Express, Toyota Prius and Mitsubishi International Corporation Foundation, all dedicated to capitalizing on Sustainable Development practices. They were all ready to do their dance and perform their magic tricks to influence your mayor to join their game.

As the cheerleading and drum circles faded, the gathering got down to the serious business. As part of their participation in the conference, the mayors were pressed to commit their communities to specific legislative and policy goals by signing a slate of United Nations accords. Two documents were presented for the mayors' signatures.

The first document was called the "Green Cities Declaration," a statement of principles which set the agenda for the mayors' assigned tasks. It said, in part, "*Believing as Mayors of cities around the globe, we have a unique opportunity to provide leadership to develop truly sustainable urban centers based on culturally and economically appropriate local actions.*" The Declaration was amazingly bold in that it detailed exactly how the UN intends to implement a very specific agenda in every town and city in the nation. The document included lots of rhetoric about the need to curtail greenhouse gases and preserve resources. But the final line of the Green Cities Declaration was the point of the whole affair: "*Signatory cities shall work to implement the following Urban Environment Accords. Each year cities shall pick three actions to adopt as policies or laws.*"

The raw meat of the agenda was outlined in detail in the second document, called the "Urban Environment Accords." The Accords included exactly 21 specific actions (as in Agenda 21) for the mayors to take, controlled by a timetable for implementation.

Here's a quick look at a few of the 21 agenda actions called for. Under the topic of energy, action item number one called for mayors to implement a policy to increase the use of "renewable" energy by 10% within seven years. Renewable energy includes solar and wind power.

Not stated in the UN documents is the fact that in order to meet the goal, a community would have to reserve thousands of acres of land to set up expensive solar panels and even more land for wind turbines. Consider that it takes a current 50 megawatt gas-fired generating plant about

amount of power through the use of solar panels would require at least 1,000 acres. Using windmills to generate 50 megawatts would require over 4,000 acres of land, while creating a deafening roar and chopping up birds. The cost of such "alternative" energy to the community would be vastly prohibitive, yet such unworkable ideas became the environmentally-correct order of the day that the mayors were being urged to follow.

Perhaps the most egregious action offered in the Urban Environmental Accords dealt with the topic of water. Action item number twenty called for adoption and implementation of a policy to reduce individual water consumption by 10% by 2020. Interestingly, the document begins by stating: "*Cities with potable water consumption greater than 100 liters per capita per day will adopt and implement policies to reduce consumption by 10 percent by 2015.*"

There is no basis for the 100 liter figure other than employing a very clever use of numbers to lower the bar and control the debate. One must be aware that 100 liters equals about 26 gallons per person, per day. According to the UN, each person should only have 10% less than 26 gallons each day to drink, bathe, flush toilets, wash clothes, water lawns, wash dishes, cook, and more.

However, according to the U.S. Geological Survey, Americans need about 100 GALLONS per day to perform these basic functions. Consider also that there is no specific water shortage in the United States. According to the U.S. Environmental Protection Agency, annual water withdrawal across the nation is about 407 billion gallons, while consumption (including evaporation and plant use, is about 94 billion gallons. Such restrictions, as outlined in the Urban Environment Accords, are really nothing more than a dishonest campaign by the UN to control water consumption. That's why in San Francisco the nation's mayors were being pushed to impose policies to take away our free use of water. Control the water, control the people.

The rest of the Accords dealt with a variety of subjects including waste reduction, recycling, transportation, health, and nature. Perhaps the most outrageous promise of action was Action number sixteen in which the mayors were supposed to agree to: "***Every year identify three products, chemicals, or compounds that are used within your city that represents the greatest risk to human health and adopt a law to eliminate their sale and use in the city.***"

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Almost Everyone Does This at The Dentist's Office - Why It's a Possible Recipe for Brain Cancer

April 26 2012 | 76,412 views | 56 comments | Print

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By Dr. Mercola

A study in the journal *Cancer* shows that people who have had dental X-rays are more likely to develop a type of brain tumor called meningioma than those who have not.

According to CNN Health[i]:

> *"The meningioma patients had more than a two-fold increased likelihood of having ever experienced a dental X-ray test called a bitewing exam. Depending on the age at which the exams were done, those who'd had these exams on a yearly basis, or more often, were 1.4 to 1.9 times more likely to have had a meningioma.*
>
> *... Panorex exams, which involve images of all of the teeth on one film, were also linked to meningioma risks. If study participants had panorex exams when they were younger than 10 years old, their risk of meningioma went up 4.9 times. One of these around-the-head X-rays carries about twice as much radiation as four bitewing X-rays."*

How Often Should You Get Routine Dental X-Rays?

While this study does not necessarily establish causation between dental X-rays and tumors, previous research has also implicated dental X-rays in the development of thyroid cancer, and research clearly shows this type of radiation is not harmless.[ii]

Since the average age of the study's participants was 57, researchers said the findings may be a result of X-rays given years ago, with older technology and higher doses than those administered with newer equipment.

However, researchers did express concern that even with the lower dosage, people still get dental X-rays more frequently than recommended by the American Dental Association (ADA).

According to ADA guidelines[iii] dental x-rays are recommended:

- Every two to three years for adult without cavities and no increased risk for cavities, who is not new to his or her dentist
- Annually or bi-annually for children without cavities who's not at increased risk

According to CNN:

> *"There's currently a low threshold for dentists to order dental X-rays, says Dr. Keith Black, director of the Maxine Dunitz Neurosurgical Institute at Cedars-Sinai Medical Center in Los Angeles, who was not involved in the study. Even if X-rays are not necessary for a procedure, dentists often request them as part an annual exam.*
>
> *Black hopes dentists will pay attention to this research linking the X-rays to brain tumors. There are important uses for dental X-rays in making decisions regarding certain procedures. But if the teeth are otherwise healthy, Black recommends against the radiation.*
>
> *There is a latency period - a lag time - of about 20 to 25 years with meningiomas induced by radiation, O'Rourke said. Only about 1% to 5% of meningiomas are cancerous, but in people with known increased radiation exposure, that risk can go up, he said."*

It's worth noting the significant weaknesses of this study as well. The study relied on self-reported data, meaning people were asked to share how many bitewing, full-

Story at-a-glance

- A recent study suggests people who have had dental X-rays are more likely to develop a type of brain tumor called meningioma than those who have not. Depending on the age at which the exams were done, those who'd had these exams on a yearly basis, or more often, were 1.4 to 1.9 times more likely to have had a meningioma. Study participants who had panorex exams before the age of 10 had a 4.9 times higher risk of meningioma
- For decades, x-rays and other classes of ionizing radiation have been a proven cause of virtually all types of mutations, especially structural chromosomal mutations. X-rays are also an established cause of genomic instability, often a characteristic of the most aggressive cancers
- Recent studies on the "War on Cancer" show that almost 90 percent of "landmark" early stage cancer research looking for improved treatments is just plain wrong. Out of 53 studies widely cited by other researchers as "significant progress" in the battle against cancer, only 11 percent of the conclusions were found to be replicable by other researchers
- Wasteful medicine costs the U.S. healthcare system an estimated $700 BILLION a year. Using rigorous scientific approaches, a team of specialty physicians recently identified 45 tests and procedures that are commonly used but have no proven benefit for patients—and sometimes cause more harm than good

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Experts Say U.S. Doctors Overtesting, Overtreating

mouth and panorex dental x-rays they'd had throughout their life. This clearly is a major drawback of this study as it leaves plenty of room for reporting errors—for better *or* for worse. That said, there's plenty of evidence supporting the claim that x-rays and medical imaging tests in general can be, and likely *are*, a causative factor of future cancers.

Medicines and Treatments That Patients Don't Need

The Root Cause of Cancer Almost Universally Ignored by Doctors...

My personal recommendation is to find a dentist that uses digital X-ray equipment that does not use film but a sensor to capture the image. This type of equipment typically generates 90 percent less radiation and is far safer. The dentist I see uses this type of X-ray equipment.

Radiation Imaging Tests Increase Cancer and Heart Disease Risks

Diagnostic imaging tests such as X-rays, mammograms, and CT machines have become a routine part of medical care. They're not only used in major hospitals, but in private doctors' offices, chiropractic offices, outpatient facilities and other medical centers. According to the National Council on Radiation Protection and Measurements[iv], these types of tests are now so common that American's average radiation exposure has increased *seven times* since 1980.

Unfortunately, many facilities can't (or don't want to) pay for key safety experts like physicists and engineers to keep these machines properly calibrated and maintained to avoid over-exposure, since they do not contribute directly to the financial bottom line.

According to John Gofman, MD, PhD, there is strong evidence that HALF of all cancer deaths, and 60 percent of the death rate from ischemic heart disease are induced by ionizing radiation treatments...

Dr. Gofman is both a nuclear physicist and a medical doctor, and is one of the leading experts in the world on this issue. He presents compelling evidence backing up these assertions in his book *Radiation from Medical Procedures in the Pathogenesis of Cancer and Ischemic Heart Disease*[v]. For decades, x-rays and other classes of ionizing radiation have been a proven cause of virtually all types of mutations, especially structural chromosomal mutations. X-rays are also an established cause of genomic instability, often a characteristic of the most *aggressive* cancers.

It's tragic beyond belief, but many of our conventional medical tests and treatments contribute to worsening disease states, including cancer; and conventional cancer treatments are oftentimes just as deadly as the disease itself. Granted, virtually every action carries some level of risk.

Mammography May Cause More Harm than Good

At some point, we really should stop and admit we're doing more harm than good, by the fact that the tests or treatments are harming more people than they're helping... By some accounts, we're at that point already.

Take mammography for example.

The toxic effects of mammogram radiation are *finally* being acknowledged as a significant factor in the development of breast cancer, and several recent studies have clearly shown that breast cancer screenings may be causing women more harm than good. In September 2010, the *New England Journal of Medicine*[vi], one of the most prestigious medical journals, published the first study in years to examine the effectiveness of mammograms. The data showed that mammograms seem to have reduced cancer death rates by only *0.4 deaths per 1,000 women*—an amount so small it might as well be zero. Put another way, 2,500 women would have to be screened over 10 years for a single breast cancer death to be avoided!

Past research has also shown that adding an annual mammogram to a careful physical examination of the breasts does *not* improve breast cancer survival rates over physical examination alone.

The latest report from the Institute of Medicine (IOM) also calls into question the role environmental exposure may be playing in the development of breast cancer, and recommends more research into the risks of various environmental exposures—such as medical x-rays and mammography—over the course of a woman's lifetime. Isn't it ironic that the mammogram—the principal diagnostic test given to women to help detect and prevent breast cancer—is actually *responsible* for *increasing* your risk for developing it in the future?

Why is the War on Cancer Such a Miserable Failure?

There are many reasons, but one important one that needs to be changed if we are to ever move forward, is the issue of basing treatments on fraudulent and/or inaccurate research. According to NBC News, recent studies on the "War on Cancer" show that almost *90 percent* of "landmark" early stage cancer research looking for improved treatments is just plain *wrong*[vii]. The allegations about the questionable research appear in the prestigious journal *Nature*[viii], in which the authors describe instances where they couldn't replicate studies reported by major drug companies. In fact, out of 53 studies widely cited by other researchers as "significant progress" in the battle against cancer, only a measly 11 percent of the conclusions were replicable. As stated by NBC News:

> *"In science, replication is proof. If a study can't be reproduced reliably, it is wrong."*

The reason the studies couldn't be replicated, they said, is because scientists often ignore negative findings in their results that might raise a warning. Instead, they opt for cherry-picking conclusions in an effort to put their research in a favorable light.

According to NBC News[ix]:

"As Begley and Ellis detail it, "To obtain funding, a job, promotion or tenure, researchers need a strong publication record… Journal editors, reviewers, and grant review committees... often look for a scientific finding that is simple, clear and complete—a 'perfect' story. It is therefore tempting for investigators to submit suspected data sets for publication, or even to massage data." Whatever the motivation, the results are all too often wrong.

Begley and Ellis call for nothing less than a change in the culture of cancer research. They demand more willingness to admit to imperfections and an end to the practice of failing to publish negative results. "We in the field," they say, "must remain focused on the purpose of cancer research: to improve the lives of patients."

Overused Medical Procedures that Needlessly Waste Billions of Dollars

Sadly, all these errors in judgment end up costing us—both in lives lost due to inaccurate medicine, and in dollars and cents paid. Every dollar adds up, as any shopping trip will show you, and wasteful medicine costs the U.S. healthcare system an estimated **$700 BILLION** a year![xi]

Using rigorous scientific approaches, a team of specialty physicians recently identified no less than 45 tests and procedures that are commonly used but have *no proven benefit for patients*—and sometimes cause more harm than good. The team included nine different U.S. medical special societies representing 374,000 physicians. The 45 evidence-based recommendations are posted on the website ChoosingWisely.org[xii], created to educate both doctors and patients about working to improve medical care while reducing costs. Among the items on this list are:

Use of unproven diagnostic tests	Unnecessary use of CT scans and routine X-rays	Pap smears on women younger than 21 or on women who have had a hysterectomy
Routine cancer screening for dialysis patients with limited life expectancies	Stress cardiac imaging or coronary angiography in patients without cardiac symptoms	Brain imaging scans after fainting
Antibiotics for uncomplicated sinus infections that are caused by viruses	Imaging of the lower spine within the first six weeks after suffering back pain	Bone scans for early prostate and breast cancer patients at low risk of metastasis

How Drug Companies Manipulate Research Evidence to Fool You

While part of the problem currently plaguing our medical system relates to human errors, another part of the problem is outright fraud, deception, and manipulation of science for profit alone. A new series featured in an online forum offers insight into how the pharmaceutical industry manipulates research, from what you hear in the news to the actual medical journals this medical fiction is published in.

According to *The Conversation*[xiii], transparency in medicine—if it even exists—is clouded by the way marketing departments control and distort information in the medical literature.

Jon Jureidini is a professor of psychiatry at the University of Adelaide (Australia), and he got an inside look at this murky mess while examining drug company internal documents as an expert witness in a case against a pharmaceutical company. Provided with access to a huge number of internal documents, he learned that various drug companies gave millions of dollars not only to academic institutions to fund research, but also to individual researchers.

The documents also showed "serious misrepresentation" of both the effectiveness and safety of certain drugs, with published articles making the research appear positive and negative secondary outcomes deleted. When you consider that THIS is the type of research data that then ends up being used to make treatment decisions for years to come, is it any wonder we're in such an expensive and ineffective mess—and further than ever from winning the war against cancer?

Is the Price Americans Pay for Cancer Treatment Worth the Results?

In an analysis of the cancer industry, a public policy researcher has published a paper[xiii] suggesting that when it comes to cancer care, the higher price paid by Americans for their cancer care is "worth it," the *LA Times* reports[xiv].

"First, the team examined the costs — and found that Americans spend much more on cancer care than Europeans, with U.S. spending increasing 49%, from $47,000 per case to $70,000 per case (in 2010 dollars,) between 1983 and 1999. In the European countries, spending grew 16% over the same period, from $38,000 to $44,000.

Then they looked at survival data for patients with types of cancer, including breast, prostate, colorectal and blood cancers, among others. Comparing length of time from diagnosis to death, as well as differences in survival gains over time, they discovered that among patients diagnosed from 1995 to 1999, average survival in the U.S was 11.1 years and in the European countries studied was 9.3 years.

Finally, the team used a standard method to put a "conservative" monetary value on the extra longevity of $150,000 per year.

Crunching all the numbers, they found that the extra years Americans enjoyed amounted to $598 billion worth of benefit over the period studied — about $61,000, on average, per patient."

I don't know about you, but I think there are multiple ways of evaluating whether it's "worth" paying nearly *50 percent more* for cancer treatment than people with cancer in other countries are being charged, and only getting an extra two years of survival out of it...

Cancer's Greatest Enemy: Your Immune System

So, if conventional medicine isn't moving in the right direction, what's the answer? How can you avoid becoming another statistic? Well, recent discoveries suggest that your immune system is actually *designed* to *eliminate* cancer naturally. However, when you implement caustic medical interventions (such as radiation and chemotherapy) that damage your immune system so that it cannot respond appropriately, you are destroying your body's best chances for healing. There is now a great deal of scientific evidence supporting the theory that your own immune system is your *best* weapon against cancer:

- Individuals with liver or ovarian cancer survive longer if their killer T cells have invaded their tumors.
- A 2005 study showed that colon cancers that most strongly attract T cells are the least likely to recur after treatment.[xv]
- Another study found that 60 percent of precancerous cervical cells (found on PAP tests) revert to normal within a year, and 90 percent revert within three years.[xvi]
- Some kidney cancers are known to regress, *even when highly advanced.*

Thirty Percent of Breast Tumors Go Away on their Own

The presence of white blood cells in and around a tumor is often an indication that the cancer will go into remission—or even vanish altogether—as this *New York Times* article explains[xvii]. And breast cancer is no exception. According to breast surgeon Susan Love of UCLA, at least 30 percent of tumors found on mammograms would go away if you did absolutely nothing.[xviii] These tumors appear to be destined to stop growing on their own, shrink, and even go away completely.

This begs the question—how many cancer cures that are attributed to modern interventions like chemotherapy and radiation, are actually just a function of the individual's immune system ridding itself of the tumor on its own? And how many people get over cancer *in spite of* the treatments that wreak havoc on the body, rather than *because of* them?

It is impossible to definitively answer these questions. But it is safe to say that the strength of your immune system is a major factor in determining whether or not you will beat cancer, once you have it. Nearly everyone has cancerous and pre-cancerous cells in their body by middle age, but not everyone develops cancer. The difference lies in the robustness of each person's immune system.

Dr. Barnett Kramer of NIH[xix] says it's becoming increasingly clear that cancers require more than just mutations to progress. They need the cooperation of surrounding cells, certain immune responses, and hormones to fuel them. Kramer describes cancer as a dynamic process, whereas it used to be regarded as "an arrow that moved in one direction" (e.g., from bad to worse). What does this mean for you?

The better you take care of your immune system, the better it will take care of you.

One way to strengthen your immune system is to minimize your exposure to mammograms and other sources of ionizing radiation. But you can also build up your immune system DAILY by making good diet and lifestyle choices. One of the best ways to do this is by optimizing your vitamin D level.

Vitamin D: Cancer Fighter Extraordinaire

Vitamin D, a steroid hormone that influences virtually every cell in your body, is one of nature's most potent cancer fighters. Receptors that respond to vitamin D have been found in almost every type of human cell, from your bones to your brain. Your liver, kidney and other tissues can convert the vitamin D in your bloodstream into calcitriol, which is the hormonal or activated version of vitamin D. Your organs then use it to repair damage and eradicate cancer cells.

Vitamin D is actually able to enter cancer cells and trigger apoptosis, or cancer cell death.

When JoEllen Welsh, a researcher with the State University of New York at Albany, injected a potent form of vitamin D into human breast cancer cells, half of them shriveled up and died within days. The vitamin D worked as well at killing cancer cells as the toxic breast cancer drug Tamoxifen, without any of the detrimental side effects and at a tiny fraction of the cost.

I strongly recommend making sure your vitamin D level is 70 to 100ng/ml if you've received a breast cancer diagnosis. You can achieve this through direct, safe exposure to ultraviolet light, or if this is not possible, by taking an oral vitamin D3 supplement. Vitamin D works synergistically with every cancer treatment I am aware of, without adverse effects. Please watch my free one-hour lecture on vitamin D for more information. For a comprehensive guide to breast cancer prevention and treatment, refer to this previous article. Some of the other research-based breast cancer fighters include the following:

- Eating plenty of fresh, whole, organic vegetables, especially fermented vegetables
- Avoiding all processed foods, and minimizing sugar, grains and starchy foods

Are Biden's vaccine requirements legal?

yahoo!news

LAURA RAMIREZ-FELDMAN

September 20, 2021, 10:14 AM

Shortly after President Biden announced a new vaccine mandate to combat the recent COVID-19 surge driven by the Delta variant, some conservative governors vowed to file lawsuits challenging the plan. Some already have.

Last Tuesday, Arizon became the first state to sue the Biden Administration over COVID-19 vaccine mandates

In an address to the nation Sept. 9, Biden outlined his multistep "Out of the Pandemic" plan, which includes vaccine mandates that will affect about 100 million Americans — two-thirds of all workers. Under the plan, the federal government will require all federal executive branch workers, as well as all employees of federal contractors, to be vaccinated.

Previously, federal employees had the option to get vaccinated or undergo regular testing.

"If you want to work with the federal government and do business with us, get vaccinated," Biden said. "If you want to do business with the federal government, vaccinate your workforce."

This vaccine order will cover about 90 percent of approximately 4 million federal employees. However, it does not apply to non-executive-branch employees, such as members of Congress or judicial employees.

The question for many was whether such a mandate will stand up to legal challenges.

Robert Field, professor of law and public health at Drexel University, told Yahoo News that Biden's mandates for federal employees are "clearly constitutional" because "it is within the president's power to control the executive branch and the people who work for it."

The new proposal also requires anyone who works in a hospital, home health care environment or other medical facility that treats patients on Medicare and Medicaid to be vaccinated. This was already a requirement for health care workers in nursing homes that receive funding from the federal programs.

The decision will cover a total of 17 million healthcare workers. Field says Biden is also "on very clear footing" when it comes to this part of the new mandate, because federal agencies can set requirements for federal funding to ensure the safety of patients and staff.

The most controversial piece of the president's plan is his directing the Department of Labor to issue an emergency rule requiring private employers with 100 or more employees to ensure their workforce is vaccinated or tested on a weekly basis.

These employers will also be required to provide paid time off to workers who decide to get vaccinated, so they can recover in the event of experiencing any short-term side effects from the shot.

According to the president, the Department of Labor's Occupational Safety and Health Administration (OSHA), will be formulating and enforcing this new rule as an Emergency Temporary Standard (ETS).

Congress created OSHA in 1970 to ensure safe and healthful working conditions for workers by setting and enforcing such standards. The agency can enact these regulations and enforce them immediately if a "grave danger" to workers is present. For example, it issued an ETS for all health care workers in June, stating that "employee exposure to SARS-CoV-2, the virus that causes COVID-19, presents a grave danger to workers in health care settings."

Field says the president could expect to face some challenges in trying to implement these mandates for private employers, and he expects that OSHA's authority to issue emergency standards will be tested.

4

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"Osha has only tried about 10 times in its history" to issue these standards, Field says, and just six have gone into effect. "Almost half of them have, in fact, been struck down." However, the current state of the COVID-19 pandemic meets the criteria for a medical national emergency.

"The Biden administration has a pretty strong argument that a pandemic that's killed almost 700,000 Americans, and that is now killing almost 2,000 [Americans] a day, is a national emergency that qualifies under OSHA's authority," he said.

Another challenge the Biden administration will face will be whether OSHA, which is severely understaffed, will be able to enforce the new rule.

The agency, Field says, has always been understaffed, but under the Trump administration the number of workplace safety inspectors was reduced to the lowest level since the early 1970s.

OSHA now has an estimated 800 safety and compliance inspectors who will be tasked with covering more than 100,000 private-sector companies that will be affected by the new rule.

All the mandates include religious and medical exemptions. Employers in those cases must give workers a choice between showing proof of vaccination and undergoing regular testing.

"I think it's a bit of a misnomer to call it a vaccine mandate. ... It's an option," Field said. "You don't have to be vaccinated if you submit to weekly testing."

Read more from Yahoo News:

- Why the U.S. lags behind Europe on climate change goals 'by 10 or 15 years'

Sept. 10, 2021, 12:20 PM PDT

By Adam Edelman

Nearly two dozen Republican governors, as well as the GOP itself, have vowed to file lawsuits or take other actions to block President Joe Biden's newly announced vaccination mandates – but legal experts say they'll have a hard time successfully making their case in court.

Biden on Thursday issued two executive orders mandating vaccines for federal workers and contractors and also announced new requirements for large employers and health care providers that he said would affect around 100 million workers, more than two-thirds of the U.S. workforce. Following the announcement, Republicans across the country slammed the moves. South Dakota Gov. Kristie Noem tweeted that her state would "Stand up to defend freedom," adding, "@Joe Biden see you in court."

Georgia Gov. Brian Kemp tweeted he would "pursue every legal option available" to stop "this blatantly unlawful overreach," while Arizona Gov. Doug Ducey tweeted that the White House was "hammering down on private businesses and individual freedoms in an unprecedented and dangerous way" and that "we must and will push back."

— A sign during a protest against Covid-19 vaccination mandates in Lansing, Michi., on Aug. 6, 2021.
Matthew Hatcher / Bloomberg via Getty Images file

South Carolina Gov. Henry McMaster said in a statement that "Biden and the radical Democrats (have) thumbed their noses at the Constitution" and Oklahoma Gov. Kevin Stitt said, "as long as I am governor, there will be no government vaccine mandates in Oklahoma." Texas Gov. Greg Abbott tweeted he's already "working to halt this power grab."

Republican National Committee Chairwoman Ronna McDaniel called Biden's move "unconstitutional" and said the RNC will sue the administration.

Legal experts, however, said those lawsuits are most likely – but not certain – to fail, due to wide-ranging powers that the Constitution and decades of administrative law precedent have established.

Biden on Friday appeared to be spoiling for that fight, telling Republican governors to "have at it" and slamming Republican officials as being "cavalier with the health of their communities" when asked about criticism of the new vaccine requirements.

Generally speaking, public health powers are delegated to the states, experts said. But the Constitution also gives the federal government broad powers to regulate certain matters when it perceives that states and localities are not able to do so, or are doing so inadequately.

In this case, experts explained, Biden's mandates pass muster because he is filtering them through the lenses of workplace safety and through the Constitutional language of federal spending powers.

"President Biden is acting within the authority of the executive branch to impose rules and regulations – sometimes referred to as the regulatory state – and within the rule-making authority associated with a range of federal administrative agencies," said Juliet Sorensen, a professor at Northwestern University's Pritzker School of Law and an expert on health and human rights laws.

Biden's orders will largely be enforced by the Department of Labor, which includes the Occupational Safety and Hazard Administration, an arm of the executive branch with the authority to implement and oversee the orders, Sorensen said. OSHA's mission is to ensure safe workplace conditions around the country and therefore naturally extends to keeping workers safe from Covid, she added.

"The gravity of the pandemic and the fact that it's persisted without these mandates in place puts the president on solid ground, legally," she said.

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Congressional Hispanic Caucus Institute looks to boost young Latino leadership

The president also has the power to regulate spending power, which is relevant to Biden's mandate requiring employees working in health care facilities that receive Medicare or Medicaid reimbursement to be vaccinated, according to Sylvia A. Law, a professor emeritus at New York University's School of Law.

Through the Constitution, Congress has the explicit power to attach conditions to whatever money it's disbursing – including the hundreds of billions it spends each year on Medicare and

Medicaid. But the president and the executive branch have the constitutional power to dictate various elements of federal spending, especially when it comes to health care.

"Most of what exists in this space has pretty much been made up by the agencies and upheld in some cases, by the courts. We understand that the Congress paints in broad strokes and, simply put, much of the rest of it gets filled in by rules, regulations and court rulings," Law said.

"Under current law, it's clear that Biden has the power to do what he's done," she said.

But, as is the case with most legal arguments, the administration's case for mandates won't be impeccable, Law warned.

"A smart lawyer who doesn't agree with vaccine mandates will be able to make a 'pass-the-laugh-test' argument that it's not legal, and with the makeup of this current Supreme Court, it's hard to know how that would shake out," Law said.

Law said that some individuals may be able to claim exemptions based on religious or health grounds, but those concerns are unlikely to topple the mandates more broadly.

Sorensen said the strongest area to challenge the mandates for Republican officials and operatives lies in how the mandates would be enforced.

"If I'm a Republican governor, I'm looking closely at that language," she said.

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Will Fauci Be Held Accountable for Lying to Congress?

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE

- Paul Thacker, a former investigator with the U.S. Senate, says Dr. Anthony Fauci lied to Congress when he claimed he's never funded gain-of-function research. This is a federal offense punishable by up to five years in prison, provided the false statements are materially relevant and knowingly false
- July 20, 2021, U.S. Sen. Rand Paul — who has grilled Fauci about his research funding in two separate hearings in 2021 — announced he would ask the DOJ for a criminal referral, as he's convinced Fauci made false statements to Congress
- One "smoking gun" is a research article written by Wuhan Institute of Virology (WIV) scientists. The paper acknowledges funding from the NIAID/NIH, and the research meets the Department of Health and Human Services' definition of gain-of-function research
- According to the National Science Advisory Board for Biosecurity, "The term 'gain-of-function' is generally used to refer to changes resulting in the acquisition of new, or an enhancement of existing, biological phenotypes"
- In a June 2021 essay, professor Jeffrey Sachs, head of The Lancet's commission tasked with investigating COVID's origin, described how the NIAID has funded gain-of-function research at the WIV, stating it's "common knowledge in the U.S. scientific community that NIH has ... supported genetic recombinant research on SARS-like viruses that many scientists describe as GOFROC [gain-of-function research of concern]"

In an August 31, 2021, substack article,[1] Paul Thacker, an investigative reporter and former investigator with the U.S. Senate, reviews evidence he claims shows Dr. Anthony

Fauci lied to Congress, an offense punishable by up to five years in prison, provided the false statements are materially relevant and knowingly false.

> *"A new investigative documentary by the U.K.'s Channel 4[2] detailed some of the strongest evidence to date that the COVID19 pandemic may have started from a lab leak in Wuhan, China,"* Thacker writes.[3]
>
> *"At the very least, the documentary's interviews with experts and review of documents made explicit how China has misled the world about its research with dangerous pathogens ...*
>
> *The documentary clarified one other point: Anthony Fauci lied before Congress and the American public when he claimed during a congressional hearing that he has not funded gain-of-function research conducted by the Wuhan Institute of Virology ...*
>
> *President Biden has campaigned on honesty and decency. The question now for President Biden is, 'What will you do with Fauci now that he has broken the law and violated the public trust by lying before Congress?'"*

Fauci Redefines Scientific Terms on the Fly

In what appears to be an attempt to extricate himself from blame for the COVID pandemic, Fauci — director of the National Institute for Allergy and Infectious Diseases (NIAID), an arm of the National Institutes for Health (NIH), since 1986 — denied ever having funded gain-of-function research at the WIV or elsewhere when questioned by members of the Senate Health, Education, Labor, and Pensions Committee in May 2021.[4]

> **"The term 'gain-of-function' is generally used to refer to changes resulting in the acquisition of new, or an enhancement of existing, biological phenotypes. ~ National Science Advisory Board for Biosecurity"**

According to Thacker, the evidence clearly refutes this. One "smoking gun" is a research article written by WIV scientists titled "Discovery of a Rich Gene Pool of Bat SARS-Related Coronaviruses Provides New Insights Into the Origin of SARS Coronavirus."[5] This research was funded by the NIH and meets the Department of Health and Human Services' definition of gain-of-function research.[6,7]

The Channel 4 documentary addressed this paper. When asked whether the NIH ever funded gain-of-function research at the WIV, David Relman, a research physician at Stanford University, replies, "Yes. Indirectly, but yes. How do we know? The paper says, right on the front page, 'Supported by NIAID, NIH.'" The clip featuring Relman is included below.

As previously reported by the National Review,[8] we know the WIV received NIAID/NIH funding to create novel chimeric SARS-related coronaviruses capable of infecting both human cells and lab animals. "Chimeric viruses" refers to artificial man-made viruses, hybrid organisms created through the joining of two or more different organisms.

This is precisely what gain-of-function research is all about. According to a 2016 report[9] from the National Science Advisory Board for Biosecurity, "The term 'gain-of-function' is generally used to refer to changes resulting in the acquisition of new, or an enhancement of existing, biological phenotypes."

Fauci now wants to adopt a far narrower definition of gain-of-function research that takes into account the supposed intent behind the research, but that really doesn't make sense. Just because you don't set out with intent to harm doesn't mean your creation can't cause harm or might inadvertently cause harm.

US Funding of Gain-of-Function Research Was Well-Established

According to Thacker, "Fauci certainly knew that the WIV he was helping to fund conducted gain-of-function studies, because it has been common knowledge."[10] For example, a year before Fauci was queried by Congress, Newsweek reported that:[11]

"In 2019, with the backing of NIAID, the National Institutes of Health committed $3.7 million over six years for research that included some gain-of-function work. The program followed another $3.7 million, 5-year project for collecting and studying bat coronaviruses, which ended in 2019, bringing the total to $7.4 million ...

The NIH research consisted of two parts. The first part[12] began in 2014 and involved surveillance of bat coronaviruses ... The program funded Shi Zheng-Li, a virologist at the Wuhan lab ... to investigate and catalogue bat coronaviruses in the wild. This part of the project was completed in 2019.

A second phase[13] of the project, beginning that year, included ... gain-of-function research for the purpose of understanding how bat coronaviruses could mutate to attack humans. The project was run by EcoHealth Alliance ... under the direction of President Peter Daszak ... NIH canceled the project ... April 24 [2020] ...

Many scientists have criticized gain of function research, which involves manipulating viruses in the lab to explore their potential for infecting humans, because it creates a risk of starting a pandemic from accidental release."

Around that same time, former Acting Director of the CIA Michael Morell told Politico[14] that "if the virus leaked from a Wuhan lab, the U.S. would shoulder some of the blame since it funded research at that lab through government grants from 2014 to 2019."

Mid-January 2021, the U.S. State Department published a fact sheet accusing the Chinese government of being obsessively secretive about gain-of-function research at the WIV, and that it was collaborating with the Chinese military on secret projects.

The fact sheet has since been removed from the State Department's website, but was reported by a number of outlets at the time. Among them, Life Site News, which wrote:[15]

"In a 'Fact Sheet' posted online ... the Department of State (DOS) presented three distinct elements about the origin of the virus, which 'deserve greater

3

scrutiny' ... The first of the three issues needing further investigation, was the outbreak of illness inside the Wuhan Institute of Virology (WIV).

The DOS revealed it had 'reason to believe' that 'several researchers inside the WIV became sick in autumn 2019, before the first identified case of the outbreak, with symptoms consistent with both COVID-19 and common seasonal illnesses' ...

Additionally, the DOS noted that researchers in the WIV had been performing experiments on 'RaTG13, the bat coronavirus identified by the WIV in January 2020 as its closest sample to SARS-CoV-2 (96.2% similar)' since at least '2016.'

The laboratory also 'has a published record of conducting 'gain-of-function' research to engineer chimeric viruses.' Such research, gain-of-function research, is a kind which 'improves the ability of a pathogen to cause disease.'"

Additional Reports Citing Gain-of-Function Research

March 6, 2021, the editorial board of The Washington Post published an article[16] calling for an independent investigation into the origin of SARS-CoV-2. In that article, the board pointed out that:

> *"... a senior researcher at the Wuhan Institute of Virology, Shi Zhengli, was working on 'gain-of-function' experiments, which involve modifying viral genomes to give them new properties, including the ability to infect lung cells of laboratory mice that had been genetically modified to respond as human respiratory cells would."*

The board also noted that Shi was "working with bat coronaviruses that were genetically very similar to the one that caused the pandemic." A few months later, in a June 22, 2021, essay,[17] professor Jeffrey Sachs, head of The Lancet's commission tasked with investigating COVID's origin, also described how the NIAID has funded gain-of-function research at the WIV:

"It is in fact common knowledge in the U.S. scientific community that NIH has indeed supported genetic recombinant research on SARS-like viruses that many scientists describe as GOFROC [gain-of-function research of concern].

The peer-reviewed scientific literature reports the results of such NIH-supported recombinant genetic research on SARS-like viruses. More specifically, it is clear that the NIH co-funded research at the WIV that deserves scrutiny under the hypothesis of a laboratory-related release of the virus."

'Fauci's COVID-19 Treachery'

Someone who has taken a particular interest in Fauci's potential role in this pandemic is Dr. Peter Breggin, a Harvard-trained psychiatrist and former consultant for the National Institute of Mental Health. In October 2020, he published the report[18] "Dr. Fauci's COVID-19 Treachery," detailing Fauci's ties to the Chinese Communist Party (CCP) and its military.

Breggin is convinced Fauci "has been the major force" behind research activities that enabled the CCP to manufacture lethal SARS coronaviruses, which in turn led to the release — whether accidental or not — of SARS-CoV-2 from the WIV.

He claims Fauci has helped the CCP obtain "valuable U.S. patents," and that he, in collaboration with the CCP and the WHO, initially suppressed the truth about the origins and dangers of the pandemic, thereby enabling the spread of the virus from China to the rest of the world.

Fauci has, and continues to, shield the CCP and himself, Breggin says, by "denying the origin of SARS-CoV-2" and "delaying and thwarting worldwide attempts to deal rationally with the pandemic."

In the executive summary of the report, Breggin documents 15 questionable activities that Fauci has been engaged in, starting with the fact that he funded dangerous gain-of-function research on bat coronaviruses, both by individual Chinese researchers and the

WIV in collaboration with American researchers. This research, Breggin says, allowed the CCP and its military to create their own bioweapons, including SARS-CoV-2.

Will Fauci Be Held Accountable?

According to Thacker, "it's obvious" Fauci "broke the law and misled Congress." He adds:[19]

> *"This is not my personal opinion; I was required to know and enforce the relevant provisions of the law during the three years I ran investigations in the Senate. On two occasions I had to consult with Senate Legal Counsel and then warn people about lying to Congress ...*
>
> *Fauci lied while testifying before Congress. Fauci lied to the American people. Several lines of evidence make this clear. But catching Fauci lying and breaking the law does little good, because the Department of Justice prosecutes people for lying to Congress, and the Department of Justice is run ... by the Biden administration. So what is President Biden going to do about this?"*

During an appearance on the Hannity Show, July 20, 2021, U.S. Sen. Rand Paul — who has grilled Fauci about his research funding in two separate hearings this year — announced he would indeed ask the DOJ for a criminal referral.[20]

Paul specifically asked the DOJ to investigate whether Fauci violated 18 U.S. Code § 1001[21] — which makes it a federal crime to make "any materially false, fictitious or fraudulent statement or representation" as part of "any investigation or review" conducted by Congress — or any other statute. Time will tell if it amounts to anything.

Gain-of-Function Research Is the Real Threat

Regardless of what happens to Fauci, at the end of the day, the key issue that needs to be addressed is whether we should allow research that involves making pathogens more dangerous to humans at all, regardless of what the intent behind it might be, or the specific technology used.

Lab leaks have occurred on multiple occasions, so it's really only a matter of time before something far more devastating than SARS-CoV-2 gets out. World leaders need to realize that funding gain-of-function research is the real threat here, and take action accordingly to forestall another pandemic. As long as researchers are allowed to mutate and create synthetic pathogens, they're creating the very risk they claim they're trying to prevent.

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- [5] PLOS Pathogens November 30, 2017 DOI: 10.1371/journal.ppat.1006698
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- [21] 18 US Code § 1001 - Statements or entries generally

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Proof: The US Funded Wuhan Coronavirus Research

A Freedom of Information Act request has produced a report more than 900 pages long detailing U.S. funding of research at the Wuhan Institute of Virology and the coordinated work that EcoHealth Alliance, the National Institutes of Health and Dr. Anthony Fauci's National Institute of Allergy and Infectious Diseases did with the Wuhan lab.

One of the NIH grants was for $666,422 to study the risk of bat coronaviruses. The grant's plan, as written by the recipient, EcoHealth Alliance, outlines a plan to physically work in China on it. "This is a road map to the high-risk research that could have led to the current pandemic," Gary Ruskin, executive director of U.S. Right To Know, a group that has been investigating the origins of COVID-19, told The Intercept.

"The documents contain several critical details about the research in Wuhan, including the fact that key experimental work with humanized mice was conducted at a biosafety level 3 lab at Wuhan University Center for Animal Experiment — and not at the Wuhan Institute of Virology, as was previously assumed," The Intercept added.

All told, the documents show that EcoHealth Alliance received $3.1 million, of which the Wuhan Institute of Virology received $599,000 to "identify and alter bat coronaviruses likely to infect humans."

In other news MSN reported that a cable obtained by U.S. diplomat Rick Switzer and U.S. consul-general Jamie Fouss had obtained a cable stating that "NIH was a major funder, along with the National Science Foundation of China, of Sars research by the Wuhan Institute of Virology ... In the last year, the institute has also hosted visits from the National Institutes of Health (NIH), National Science Foundation and experts from the University of Texas Medical Branch in Galveston."

SOURCES:

The Intercept September 6, 2021

MSN September 4, 2021

The Epoch Times September 7, 2021

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Team Tucker Carlson

Fauci Funded 60 Projects At The Wuhan Institute Of Virology

By Team Tucker Carlson Sept. 20, 2021

New revelations have come out about Anthony Fauci, the mad medic, Director of the National Institute of Allergy and Infectious Diseases (NIAID) *and the Chief Medical Advisor to the President. This time from Australia.*

We first noted the Wuhan Institute of Virology in 2020 and in April noted that the Institute experimented with live animals.

Sharri Markson from Sky News is coming out with a book that's a culmination of her efforts studying Anthony Fauci. She notes the following on Sky News hours ago:

Dr Anthony Fauci was "up to his neck" funding coronavirus research in Wuhan, which "just shows how incredibly stupid" he is, says Sky News host Sharri Markson. Ms Markson has been investigating Anthony Fauci's involvement in funding the Wuhan Institute of Virology and discovered his agency "had funded 60 projects at the Wuhan laboratory."

"Then he wrote a paper where he said gain of function research was worth the risk of a pandemic, and that he had even funded coronavirus research in conjunction with the Chinese military," Ms Markson said.

Mr Fauci, who has been the Director of the National Institute of Allergy and Infectious Diseases since 1984, apparently stayed silent during Oval Office meetings at the start of the pandemic about the "risky research that was underway at the Wuhan Institute of Virology".

"He never mentioned that his agency was funding this, and he actually knew a whole lot about it."

Sharri Markson explores this in a documentary premiering on Monday night, 'What Really Happened in Wuhan', including exclusive interviews with President Donald Trump and Mike Pompeo.

Watch at 8pm Monday on Sky News Australia.

Dr. Fauci never shared any of this with President Trump in the early months of the pandemic.

21

Foundations Advancing mRNA Science and Research

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Bill & Melinda Gates Foundation -- Advancing an mRNA-based antibody combination to help prevent HIV infection

"Moderna Therapeutics' research has considerable potential for the development of an effective prevention intervention for HIV, and potentially other infectious diseases that disproportionately affect the world's poorest people." – Trevor Mundel, president of Global Health at the Bill & Melinda Gates Foundation

In January 2016, we entered a global health project framework agreement with the Bill & Melinda Gates Foundation to advance mRNA-based development projects for various infectious diseases. The Bill & Melinda Gates Foundation has committed up to $20.0 million in grant funding to support our initial project related to the evaluation of antibody combinations in a preclinical setting as well as the conduct of a first-in-human Phase 1 clinical trial of a potential mRNA medicine to help prevent human immunodeficiency virus, or HIV, infections. Follow-on projects which could bring total potential funding under the framework agreement up to $100.0 million (including the HIV antibody project) to support the development of additional mRNA-based projects for various infectious diseases can be proposed and approved until the sixth anniversary of the framework agreement, subject to the terms of the framework agreement, including our obligation to grant to the Bill &Melinda Gates Foundation certain non-exclusive licenses.

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Episode 49: A Decade of Living Foundries

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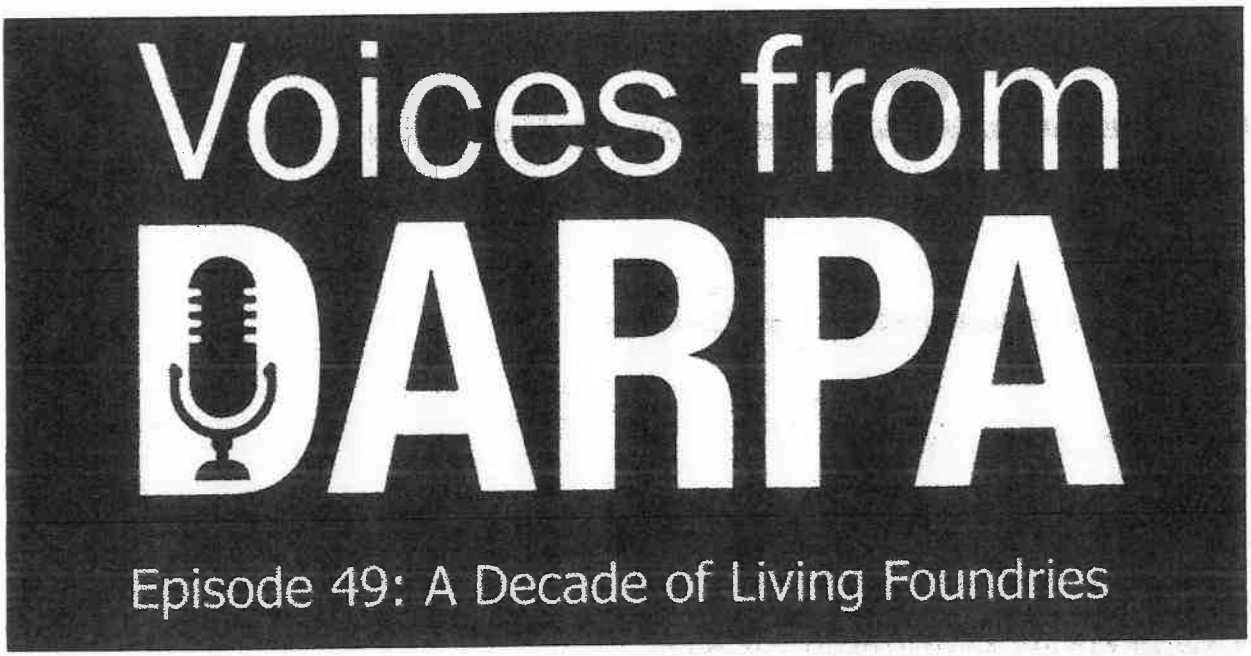
9/15/2021



This episode of the *Voices from DARPA* podcast takes listeners on a tour of an audacious, decade-long project to merge biology and engineering into one of the most powerful engines of molecular invention the world has known. Although plenty of work remains to be done, the program, Living Foundries, is winding down. But not before its community of research performers and collaborators already has delivered a new and versatile biotechnology platform whose consequences have begun to ripple out. New companies. Follow-on investments. Chemical- and materials-based technologies for the Department of Defense … and perhaps one day for the public at large.

As it has unfolded, the Living Foundries program has created an innovation ecosystem of industry, academic, and government researchers and champions. In the podcast, you will hear a story about how they have developed, proven, deployed, and continue to hone a versatile biosynthetic technology platform capable of producing both low-cost, bulk materials such as fire-resistant coatings and polymers as well as high-cost, low-quantity specialty items such as high-energy-density jet and missile fuels.

The crux of the technology is the new ability to quickly reprogram the genomes of yeast and other microbes with in-cell biosynthetic pathways that can ferment a diversity of precursor chemicals into an inventory of more-useful target molecules. Think of this as the way brewers use yeast to convert sugar into alcohol, but now you can replace the sugar and alcohol with a wide range of starting and ending chemicals. In recent years of the

program, researchers have produced, among other useful materials, antibiotics, drug-precursors, pesticides, adhesives, fuels, filtering materials, mold inhibitors, detergents, catalysts for chemical reactions, and optical materials such as liquid crystals. The molecule count that the platform has produced so far has topped 1600.

The Living Foundries program will keep on giving, says Anne Cheever, the program manager in DARPA's Biological Technologies Office who is taking the program to the finish line. Says Cheever, "Post Living Foundries, the breadth and throughput of products will only continue to expand, especially since commercial applications of this technology span across the biotech sector. And for the DoD, this will include continuing the development path. There's going to be solutions. There's going to be new enhancements to military needs as well as capabilities."

Blubrry (podcast host): https://blubrry.com/voices_from_darpa/80842867/episode-49-a-decade-of-living-foundries/

YouTube: https://youtu.be/5FaweJeWx1Q

iTunes: https://itunes.apple.com/us/podcast/voices-from-darpa/id1163190520

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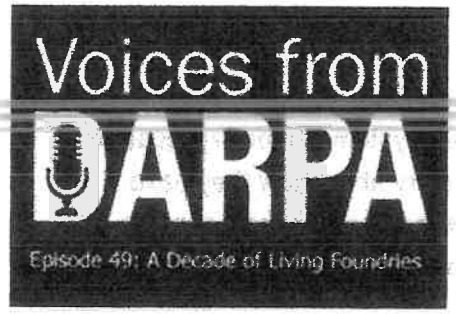


Episode 49: A Decade of Living Foundries

18 U.S. Code § 1621 - Perjury generally

U.S. Code Notes

Whoever—

(1) having taken an oath before a competent tribunal, officer, or person, in any case in which a law of the United States authorizes an oath to be administered, that he will testify, declare, depose, or certify truly, or that any written testimony, declaration, deposition, or certificate by him subscribed, is true, willfully and contrary to such oath states or subscribes any material matter which he does not believe to be true; or

(2) in any declaration, certificate, verification, or statement under penalty of perjury as permitted under section 1746 of title 28, United States Code, willfully subscribes as true any material matter which he does not believe to be true;

is guilty of perjury and shall, except as otherwise expressly provided by law, be fined under this title or imprisoned not more than five years, or both. This section is applicable whether the statement or subscription is made within or without the United States.

(June 25, 1948, ch. 645, 62 Stat. 773; Pub. L. 88–619, § 1, Oct. 3, 1964, 78 Stat. 995; Pub. L. 94–550, § 2, Oct. 18, 1976, 90 Stat. 2534; Pub. L. 103–322, title XXXIII, § 330016(1)(I), Sept. 13, 1994, 108 Stat. 2147.)

NEWS AND COMMENTARY

DeSantis: Businesses Asking For Proof Of Vax Will Be Fined $5,000 A Violation

By Amanda Prestigiacomo

Sep 13, 2021 DailyWire.com

Joe Raedle / Getty Images

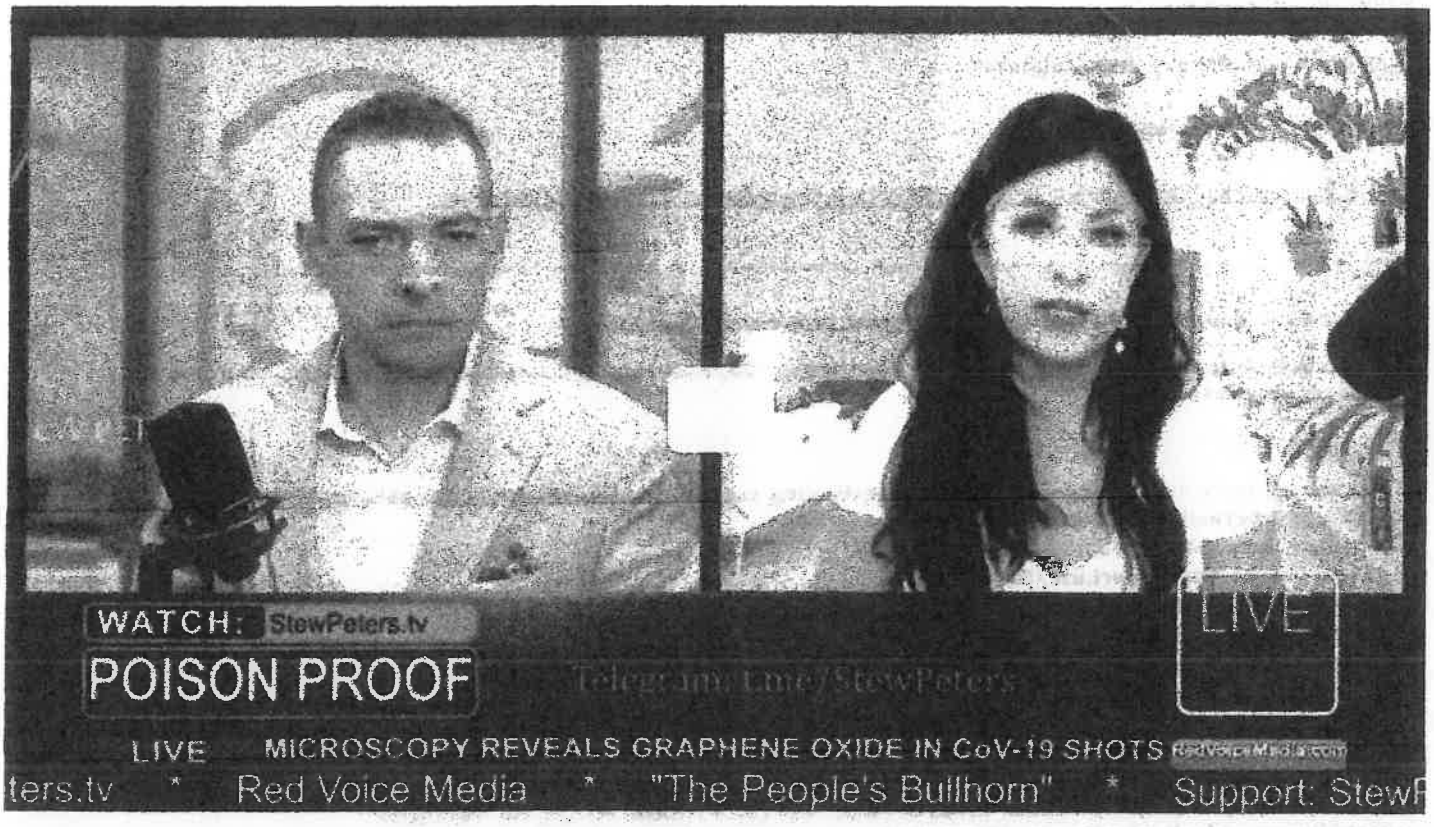
Businesses asking for proof of vaccination or government agencies mandating vaccination for employees will be facing $5,000 fines per violation, Florida Governor Ron DeSantis (R) reiterated this week.

DeSantis in May signed a bill allowing "the state to issue fines beginning Sept. 16 if people are asked to show proof they have received a COVID-19 vaccine

- Red Voice Media - https://www.redvoicemedia.com -

Microscopy Expert: Vials Contain Graphene Oxide, Parasites, Stainless Steel

Posted By *Stew Peters Show* On August 30, 2021 @ 9:32 am In Stew Peters Show | 23 Comments



Americans are being illegally coerced to take medicine. That's a fact. That's happening in the land of the free. From 100% of the military to millions of healthcare workers (propped up early last year as heroes, now being told they can kick rocks), airline pilots, cops, firefighters are you seeing a trend here? The so-called servants to the public are being targeted and every key area of essential workers are now being subjected to tyranny at the hands of unchecked communist overlords with a newly-found authority to force you into an ineffective and in many cases dangerous face muzzle transforming what we're used to seeing as liberty-loving socialites into an almost mirror image of a burka-ridden extremist militant-run Muslim way of life.

Cover your face, stay away from your family, cancel your gatherings, forget about your holidays and take this shot. The safety and effectiveness of the injection is never a part of the conversation, and anyone that questions the ingredients or has noticed the historically record-smashing injuries and deaths is the new conspiracy theorist, right wing radical terrorist on the DHS list recently released in order to scare you into submission.

It's scary to be forced into doing something, even more so when the results could kill you but we're going to keep asking the question. What's in these shots? Why can't we know? Why hasn't Pfizer had a press conference since the fake FDA approval was set up as a furtherance of lies for the CNN propaganda machine? Maybe it's because you're not supposed to know.

Dr. Robert Young, a microscopy expert holding two PhD's, says he has examined the contents [1] of the four publicly-available CoV-19 "vaccines", and determined the vials to contain graphene oxide, deadly parasites and stainless steel, among other metals and contents. You can see his findings here [1].

One doctor, an expert in the field of microscopy, says he's examined the vials, and if what he's saying is accurate we now definitively know why it's a big secret. Dr. Jane Ruby [2] is an expert pharmaceutical researcher that joined Stew Peters to reveal the findings to the public.

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Senior Trump HHS COVID Advisor Drops BOMBS! Task Force Mislead POTUS, No "Pandemic" [10]

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URL to article: **https://www.redvoicemedia.com/2021/08/microscopy-expert-vials-contain-graphene-oxide-parasites-stainless-steel/**

URLs in this post:

[1] examined the contents: **https://www.drrobertyoung.com/post/science-team-reveals-graphene-aluminum-inp-capsids-peg-parasites-in-4-cov-vaccines**
[2] Dr. Jane Ruby: **https://drjaneruby.com**
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[9] Advertise: **https://www.redvoicemedia.com/2021/08/cut-out-big-tech-and-advertise-with-red-voice-media-directly/**
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World

Japan Suspends Moderna Covid-19 Vaccine Doses after Metallic Containment Found in Dozens of Vials

The country's health has dismissed concerns over significant health problems for those who have been administered the vaccine from those vials, as the chances of the metals entering the body are extremely low.

By R. Ghosh

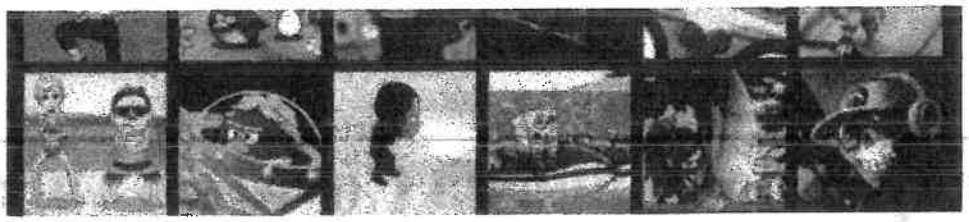
August 27, 2021 20:42 +08

The foreign substance detected in dozens of vials of Moderna's Covid-19 vaccine in Japan is believed to be tiny pieces of metal, according to the country's health ministry. Japan had suspended the use of more than 1.63 million doses of the Moderna vaccine following reports of contamination in the vials.

However, experts have dismissed concerns over significant health problems for those who have been administered the vaccine from those vials, as the chances of the metals entering the body are extremely low. The foreign substances were found in vials at multiple vaccination sites.

Contaminated Vaccine?

On Thursday, Takeda Pharmaceuticals, which distributes the vaccine in Japan for Moderna, said that it had notified the ministry after several vaccination sites reported an unspecified foreign object was found in one specific lot.



The foreign substances were found in as many as 39 vials at eight vaccination sites in the prefectures of Ibaraki, Saitama, Tokyo, Gifu and Aichi since August 16, reports Xinhua news agency. Following that, the health ministry immediately suspended the use of all the Moderna vaccines in the country.

However, the ministry clarified on Friday that the foreign substances are believed to me metals and are a few millimeters in size and don't pose any threat to a person's health. The ministry said that the particles are too small to enter a person's body, so those who have already been jabbed from these vials.

More than 187,000 shots from the three suspended lot had already been administered in at least 21 prefectures, according to a tally by *Kyodo News*. Those include 50,000 doses in Osaka, 41,500 in Hyogo, 28,020 in Aichi and 13,330 in Hiroshima. This created a lot of panic but any threat to health has now been ruled out.

All's Well

Moderna too was initially in tension following the revelation. The company along with Rovi and Takeda Pharmaceutical Co. has launched an investigation and according to initial reports the entire thing happened during the production process.

According to *Asahi Shimbun*, an unidentified senior health ministry official said that the foreign material is "a metal that reacts to a magnet." That said, the ministry also confirmed that so far, there have been no reports of ill health from contaminated doses, or of foreign materials in other batches of the Moderna vaccine that have been distributed in Japan.

Health minister Norihisa Tamura said the government was contacting the 863 workplace and mass vaccination centers that received the three lot numbers to see if they are short of vaccines, and that it would start distributing replacement vials Friday.

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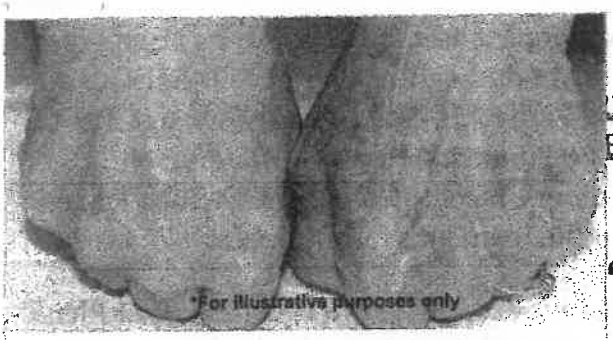

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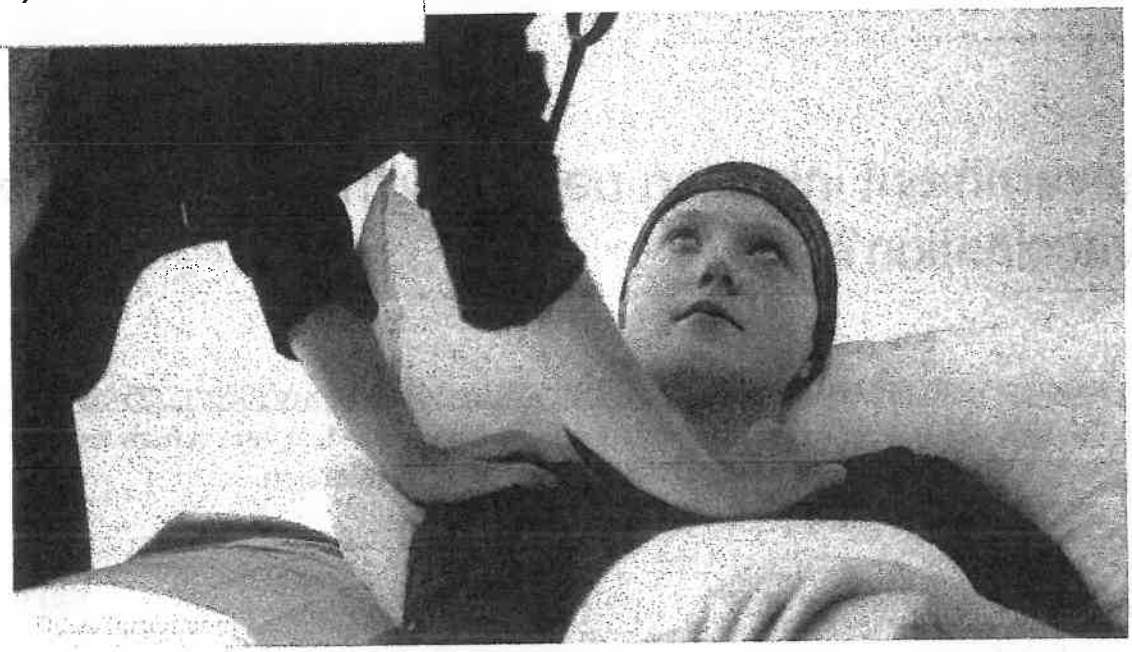
Idaho doctor reports

"20 times increase" in cancer among those vaccinated ~~ated~~" for covid



Dr. Ryan Cole, a board-certified pathologist and diagnostics lab owner and operator based out of Idaho, has released shocking new information (https://www.lifesitenews.com/news/idaho-doctor-reports-a-20-times-increase-of-cancer-in-vaccinated-patients/) about how Wuhan coronavirus (Covid-19) "vaccines" are causing a massive "uptick" in autoimmune diseases and cancer.

In a video produced by the Idaho state government's "Capitol Clarity" project, Cole revealed how he is now seeing a 2,000 percent chronic illness increase in folks who took Donald "father of the vaccine" Trump's "Operation Warp Speed" injections (https://archive.is/WAZLp).

(https://go.globalhealingcenter.com/c/435257/381717/5534)"Since January 1, in the laboratory, I'm seeing a 20-times increase of endometrial cancers over what I see on an annual basis," Cole stated in the video.

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"I'm not exaggerating at all because I look at my numbers year over year, and I'm like 'Gosh, I've never seen this many endometrial cancers before.'"

Cole revealed these and other statistics at a March 18 event, telling Idahoans that the so-called "vaccines" for the Fauci Flu are invoking a "reverse HIV" type of autoimmune response in people's bodies.

A normal, well-functioning immune system has two types of cells that keep the body healthy: "helper" T-cells, also known as CD4, and "killer" T-cells, also known as CD8 cells. In the "fully vaccinated," there is a massive suppression of "helper" T-cells, Cole warns, which leaves the patient susceptible to an array of illnesses.

"Post-vaccine, what we are seeing is a drop in your killer T-cells, in your CD8 cells," Cole stated. "And what do CD8 cells do? They keep all other viruses in check."

Is the government injecting people with HIV and calling it "covid vaccination?"

Cole's claims resonate with the results of a study (https://dreddymd.com/2020/12/25/covid-19-vaccines-may-increase-the-risk-of-hiv-infections/) published in *The Lancet* late last year which found that Chinese Virus shots greatly increase a person's risk of developing an HIV infection.

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Could it be that the jabs are actually inserting HIV into people's bodies under the guise of "vaccinating" them against Chinese Germs? Is everyone being lied to about what these vials truly contain?

It would appear so, based on the latest evidence and revelations. While HIV is known to suppress "helper" T-cells, covid jabs are apparently suppressing "killer" T-cells, which Cole says has a similarly negative effect on immunity.

This vaccine-induced "killer T-cell" suppression, Cole goes on to warn, is generating a major uptick in cases of endometrial cancer, melanomas, herpes, shingles, mono, and even human papillomavirus (HPV) when "looking at the cervical biopsies of women."

Other ingredients in the jabs, including polyethylene glycol, are also causing problems for people's immune systems. Rather than protect them against a China Virus infection as claimed, these injection additives present a serious toxicity risk that could lead to even more health problems on top of those caused by the jabs' HIV-like effects.

"Most concerning of all, there is a pattern of these types of immune cells in the body keeping cancer in check," Cole warns about what these shots are doing, including in young people who were fully healthy before getting jabbed.

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"I'm seeing invasive melanomas in younger patients; normally we catch those early, and they are thin melanomas, [but] I'm seeing thick melanomas skyrocketing in the last month or two."

Cole has spoken at several events over the past several months, warning people about the serious risks involved with getting jabbed. Some of his work has been scrubbed from YouTube for being too truthful, so keep an eye out for fresh content about Dr. Ryan Cole at Rumble.com (https://rumble.com/vmk84t-post-vaccine-20-x-increase-of-cancer.html?mref=9qiox&mc=7i756).

"Can you imagine what cancer rates will look like five years from now?" asked one commenter at *LifeSiteNews*. "This won't get reported. They won't even do a study."

More related news stories about Chinese Virus injections can be found at ChemicalViolence.com (http://chemicalviolence.com/).

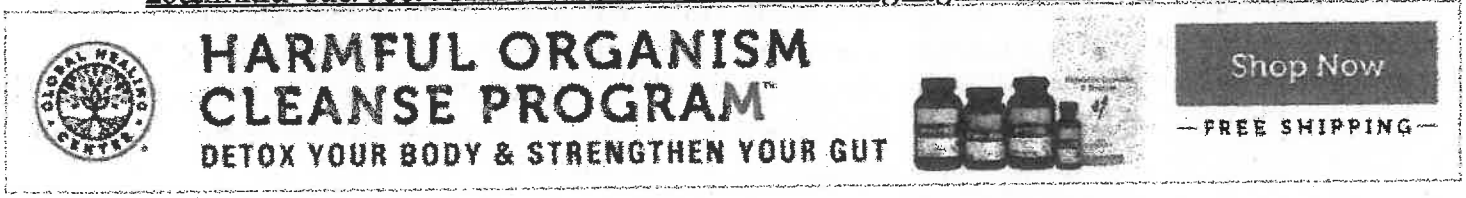
Ethan Huff

Sources for this article include:

LifeSiteNews.com (https://www.lifesitenews.com/news/idaho-doctor-reports-a-20-times-increase-of-cancer-in-vaccinated-patients/)

DrEddyMD.com (https://dreddymd.com/2020/12/25/covid-19-vaccines-may-increase-the-risk-of-hiv-infections/)

(https://www.amazon.com/Augason-Farms-Dinner-Emergency-Supply/dp/B00GDGGR4S?crid=2TQTS7KR1SSYK&dchild=1&keywords=food+buckets+survival+food&qid=1631738779&sprefix=food+bucket%2Caps%2C392&sr=8-5&linkCode=li3&tag=dreddyclinic-20&linkId=5ac798677c12be7e3edb932fb5c02fba&language=en_US&ref_=as_li_ss_il)



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- Are covid vaccines part of the mark of the beast system? (https://dreddymd.com/2021/09/07/are-covid-vaccines-part-of-the-mark-of-the-beast-system/)
- Scientists warn push for COVID-19 booster shots not based on scientific data; "politics" and profits now driving vaccine policies (https://dreddymd.com/2021/08/24/scientists-warn-covid-booster-shots-not-based-scientific-data/)
- SATAN'S PUPPET: Pope Francis calls getting the abortion-tainted COVID-19 vaccine "an act of love" (https://dreddymd.com/2021/08/24/pope-francis-covid-19-vaccine-act-of-love/)

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Dr Eddy Bettermann MD focus on Biological Medicine (Biologische Medizin), Darkfield Microscopy (Dunkelfeld Mikroskopie), Orthomolecular Medicine (Orthomolekulare Medizin), Ayurvedic Medicine (Ayurveda), Psychosomatic Medicine (Psychosomatische Medizin), raw food (Rohkost), fasting (Fasten): Our primary integrative medicine goal is the maintenance of your health and wellness, and we are — committed to safe and effective healthcare. Our specialties include online integrative medicine education by alternative doctor: food and allergy management through the use of Integrative medical therapy, Environmental Medicine, General Family Medicine, Ayurveda, Panchakarma, Chronic Fatigue, ADHD, autism, Fibromyalgia, Yeast/Fungus related diseases – Candidacies, mercury dental replacement and detoxification, Natural Thyroid Replacement, Weight loss, Lyme Disease, Irritable Bowel Disease, Attention Deficit Disorder, Pervasive Developmental Disorders, Multiple Chemical Sensitivities, Addiction related programs, Intestinal Dysbiosis, as well as trigger point therapy using Neural Therapy. Dr. Eddy Bettermann MD, physician from Germany, consultant and teacher in biological medicine, especially dark field microscopy known as Live Blood Analysis in Thailand, Malaysia, Hong Kong, Singapore and the Philippines. But he lecture also in the USA, Canada and the U.A.E. He speaks english and german. https://dreddymd.com/2017/01/17/the-interactive-live-blood-cd-and-the-certified-training-live-blood-analysis-online-course/ https://dreddymd.com/courses/ https://dreddymd.com/2017/01/17/live-blood-microscopy-analysis-darkfield-course/ "Let thy Food be thy Medicine and thy Medicine be thy Food." — Hippocrates Physician Member of the Medical Board at AOX Singapore, Medical Doctor at Nurse Mobile Clinic and Physician at DrEddy Clinic Our Mission: The mission of the Integrative Medicine is to search for the most effective treatments for patients by combining both conventional and alternative approaches that address all aspects of health and wellness

– biological, psychological, social and spiritual. Biological Medicine is a big part of my work and so is Dark field Microscopy, what I use in my daily practice and what I teach more then 15 years in Asia and around the world: Live Blood Analysis in dark field based on Haematology. We utilize Live blood analysis since 2004, conventional as well as specialty laboratories for a thorough diagnostic work up of the disease in question. Our integrative medicine treatment regimens are especially unique and are tailored specifically to the individual needs of each patient. Our Mission: don't harm, prevent, use food as medicine We are a reliable partner for integrative medicine in Medical Spa & Clinic Development and integrative medicine Education Training for alternative doctors – we bring different holistic approaches, like Integrative Medicine, Traditional Chinese Medicine and Ayurveda Medicine together. On your request we offer our service in your place as well. Heavy metal poisoning Heavy metal poisoning is much more common than most people realize, and if you're thinking that it doesn't apply to you because you haven't been exposed to any, think again. If you've eaten fish regularly, had amalgam fillings, received vaccinations, drank contaminated water, or done industrial or agricultural work or pharmaceutical manufacturing, there's a good chance that you have a fair amount of toxic metals in your system.. We are here to help and to educate! Wishing your health and happiness Dr Eddy Bettermann MD Multimedia library https://bit.ly/2Wgqsd3 Protect you and your family from harmful radiation https://bit.ly/synergyscience-dreddymd More information about 5G and EMF: https://dreddymd.com/?s=5G+and+EMF Protocol https://amzn.to/2Nxsfql View all posts by dreddymd

One thought on "Idaho doctor reports "20 times increase" in cancer among those "vaccinated" for covid"

1. **Jeanie** says:
   SEPTEMBER 17, 2021 AT 2:21 AM
   Thank you for sharing you e set yourself apart from these other incompetent journalists that spread lies!!! Thank you

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BLOG AT WORDPRESS.COM.

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MATERIAL SAFETY DATA SHEET
GRAPHENE OXIDE

Ceylon Graphene Technologies

SECTION 1: Identification of the substance/mixture and of the company/undertaking

1.1 Product Details

Name	Graphene Oxide
Product Code	CGT-GO
REACH NO.	A registration number is not available for this substance as the substance or its uses are exempted from registration or the annual tonnage does not require a registration.

1.2 Relevant identified uses of the substance or mixture and uses advised against

Identified Uses:
Additive material for energy, coating, electronics, composites, etc. For professional use only. For R&D and industrial use only.

1.3 Supplier Details

Supplied By:	Ceylon Graphene Technologies Pvt Ltd, 100/1, Sri Jayawardenepura Mawatha, Rajagiriya, Sri Lanka
Telephone:	+ 94 0713 666 888 + 94 0770 411 985
Email:	info@ceylongraphene.com

SECTION 2: Hazards Identification

2.1 Classification of the substance or mixture

Not a hazardous substance or mixture according to Regulation (EC) No. 1272/2008. Substance properties have been derived from graphite (bulk substance); the properties of the single/few-layer nanomaterial is under evaluation and to some extent not known.

2.2 Label elements

No label required.

2.3 Other hazards

Exposure may aggravate pre-existing eye, skin, or respiratory conditions.

www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

SUPREME COURT OF THE UNITED STATES

No. 12–398

ASSOCIATION FOR MOLECULAR PATHOLOGY, ET AL., PETITIONERS *v.* MYRIAD GENETICS, INC., ET AL.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

[June 13, 2013]

JUSTICE SCALIA, concurring in part and concurring in the judgment.

I join the judgment of the Court, and all of its opinion except Part I–A and some portions of the rest of the opinion going into fine details of molecular biology. I am unable to affirm those details on my own knowledge or even my own belief. It suffices for me to affirm, having studied the opinions below and the expert briefs presented here, that the portion of DNA isolated from its natural state sought to be patented is identical to that portion of the DNA in its natural state; and that complementary DNA (cDNA) is a synthetic creation not normally present in nature.

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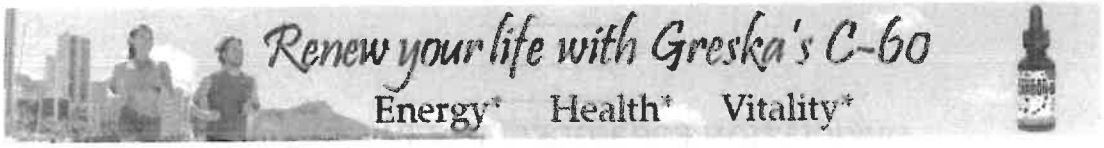

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If You Have Been Vaxed You Are Now Owned And Have No More Access To HUMAN RIGHTS Supreme Court 2013 - Pathology vs Myriad Genetics

The Vaxed Can Be Patented (Owned)

Summary From The Net
7-11-21

In a Supreme Court case decision in 2013 - Pathology vs Myriad Genetics, Inc - the United States Supreme Court ruled that you cannot patent human DNA as it is 'a product of nature'. However, at the end of the ruling, the Supreme Court wrote that if you were to change a human's genome by mRNA vaccines (being used currently) then the (altered) genome CAN be patented.

This means that everyone who has had the 'vaccine' is now technically 'patented'. Anything that is patented is 'owned' and comes under the definition of 'trans human'.

All people who are legally identified as being 'trans human' do not have access to Human Rights or any Rights granted by the State. That is because they are not classified as anything 100% organic or human.

Therefore, technically, anyone having this 'vaccine' can no longer have any access to Human Rights. There have been a few legal papers discussing this recently, so there should be clarification on this soon. As of now, the high court ruling stands.

Full Supreme Court Ruling
www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

THE BLOGS

Christina Lin

Gene-editing, Moderna, and transhumanism

As gene-based mRNA vaccines from Moderna are being designed and tested at warp speeds to fight Covid-19, this is also bringing the debate over transhumanism into the forefront.

Transhumanism is a type of futurist philosophy aimed at transforming the human species by means of biotechnologies. Transhumanists see disease, aging and death as undesirable and unnecessary, and aim to transform human beings into post-human species with greater capacities than those of present human beings.

The philosophy is based on secular humanism and sees human nature as an evolutionary work-in-progress with room for improvement and enhancement. However, it is more radical in that it promotes not only traditional means of improving human nature such as education and cultural refinement, but also direct application of medicine and technology to overcome basic biological limits.

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Transhumanists give special attention to genetic engineering, robotics, molecular nanotechnology and artificial intelligence, and the Covid-19 pandemic is providing gene-based vaccines a chance to break through into the global health market.

Moderna and gene-editing

Currently there are various companies such as Inovio, Moderna and CanSino Biologics that are testing mRNA and DNA vaccines to counter SARS coronavirus-2 (SARS CoV-2) which causes Covid-19, but Moderna is the front runner that recently nabbed $472 million from U.S. government's Biomedical Advanced Research and Development Authority (BARDA) to develop the vaccine. This is in addition to the $483 million it had already received back in April, bringing its total funding to $955 million.

With U.S. government funding at nearly $1 billion for one company, Moderna may be too big to fail. However, this is perplexing for a company that has never produced a single vaccine. According to a CNN report, Moderna was only established in 2010, has never brought a product to market, nor gotten any of its nine or so vaccine candidates approved for use by the FDA.

However, it has been a long-term Pentagon contractor for biodefense, working closely with Defense Advanced Research Project Agency (DARPA) on gene-editing and mRNA therapeutics. DARPA is focused on developing emerging disruptive technologies to maintain a competitive edge over adversaries, including many 'transhuman' projects such as genetic engineering and soldier enhancement via robotics.

In the case of Moderna and mRNA therapeutics, DNA vaccines is considered a new paradigm that would disrupt the pharmaceutical industry. Its vision is to harness a new technology that synthesizes messenger RNA, or mRNA—which is an instruction manual in every living cell for creating protein—to prompt the human body to make its own medicine.

So instead of injecting a piece of virus into a person to stimulate the immune system, the synthesized genes would be shot into the body whereby the genes are edited, deleted, added, to re-engineer human DNA to resist the disease. If successful, scientists hope DNA vaccines could be a "transformative" treatment for heart disease, metabolic and genetic diseases, kidney failure and even cancer. Moreover, it could be an effective form of biodefense to protect the population against biological warfare, which is also the mandate for DARPA and BARDA.

Transhumanism and hybrids

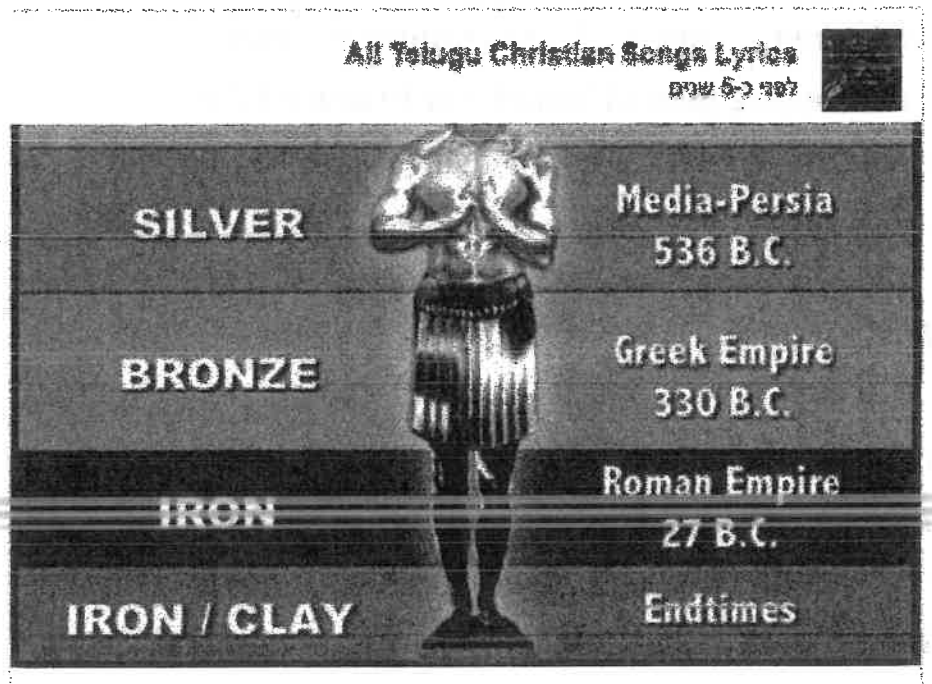
Indeed, DARPA is also developing other forms of human enhancement in addition to gene editing. Already scientists are merging robotics with the human body in brain-to-computer interface (BCI), wherein individuals with physical injuries can regain their functions, and soldiers become smarter and more powerful through the fusing of their brain with machines.

In a way, the Pentagon is now building real iron man similar to the American superhero based on the Marvel Comics character. Soldiers in exoskeleton suits

are physically more powerful than those without, while other soldiers with bionic limbs perform better than adversaries with human limbs. When one adds artificial intelligence with BCI, the sky is the limit for an army of these genetically modified and robotically enhanced humanoids.

But U.S. is not the only country engaged in human enhancement and transhumanism, as Russia and China are also in hot pursuit with exoskeletons, vaccines and brain implants. As this competition gains traction, one wonders what the future of their militaries may look like as human beings are steadily integrated with machines to become armies of iron man.

Here the Book of Daniel may lend some insights. In interpreting King Nebuchadnezzar's dream of an image with a head of gold, chest and arms of silver, belly and thighs of bronze, legs of iron, and feet of iron and clay, Daniel revealed the parts as the sequence of world empires, with the feet of iron and clay being the last.



King Nebuchadnezzar's dream man
Daniel 2

In Daniel 2:43 it is written, "as you saw iron mixed with ceramic clay, they will mingle with the seed of men; but they will not adhere to one another, just as iron does not mix with clay," that seems to describe a hybrid of man (clay) mixed with machine (iron). And as transhumanism and biotech gain momentum, armies of hybrid humans of iron and clay may be a real possibility in a not too distant future world.

ABOUT THE AUTHOR

Dr. Christina Lin is a US-based foreign policy analyst specializing in China-Mediterranean relations. She has extensive US government experience working on national security issues and was a CBRN (chemical, biological, radiological, nuclear) research consultant for Jane's Information Group.

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HEALTH

Vaxxed Make Up '85–90% of the Hospitalizations' from COVID Infection in Israel: Dr. Kobi Haviv

By **Jon Fleetwood** August 8, 2021

The Director of the Herzog Hospital in Jerusalem says the Covid-19 vaccine's "effectiveness is waning."

QUICK FACTS:

- Dr. Kobi Haviv—Director of the Herzog Hospital in Jerusalem, Israel—appeared on Israel's *News 13*.
- He told an anchor that "the effectiveness of the [coronavirus] vaccine is really fading."
- "Most of the population is vaccinated," said Dr. Haviv, and "85–90% of the hospitalizations are fully vaccinted people."

WATCH THE INTERVIEW:

BACKGROUND:

- Dr. Haviv's remarks come as the Israeli ministry figures confirmed 3,843 coronavirus cases on Thursday alone, even though "over 5.8 million have received at least one vaccine dose," as reported by *The Times of Israel*.
- This was the "fourth day in a row that new cases have passed 3,000."
- *CNN* calls the "new wave of infections" in Israel a "spike."
- Amid the "continued rise in cases," notes the Times of Israel, Israel's ministers have "approved significantly expanding restrictions on gatherings under the Green Pass system."
- However, over 60% of Israel's population have received the Covid-19 gene-based vaccine.
- About 5.8 million out of Israel's 9.3 million citizenry have received at least one vaccine dose.
- The Johns Hopkins online Coronavirus Resource Center indicates that Israel has an "Above World Average" vaccination rate, ranking 16th out of 162 world nations on the list.

Screenshot from the Johns Hopkins website taken August 6, 2021

- The Centers for Disease Control and Prevention (CDC) also lists Israel as having a "High" travel risk in their "Risk Assessment Level for COVID-19" chart, depite Israel's high vaccination rate.

Screenshot from the Centers for Disease Control and Prevention (CDC) website taken August 6, 2021

Jon Fleetwood is Managing Editor for American Faith.

BREAKING NEWS

Israel's COVID-19 Vaccine Breakthrough Cases Exceed 50%

August 11, 2021 • 5:56 pm CDT

(Precision Vaccinations) – According to the Israeli Health Ministry COVID-19 data dashboard on August 11, 2021, the number of serious COVID-19 cases reached 405 yesterday, the highest one-day total since March 2021.

Furthermore, about 250 of these patients were fully vaccinated, known as a 'breakthrough case,' reported Haaretz News.

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Israel's real-time map displays where COVID-19 cases are reported.

Previously, the Ministry of Health launched a booster vaccination campaign for senior citizens.

As of August 8th, out of about 600,000 individuals vaccinated with the third COVID-19 vaccine dose (the booster dose), fewer than 50 cases of side effects around the time of vaccination have been reported so far by the Ministry of Health.

Additionally, Haaretz reported the Israeli government is forecasting that the number of patients hospitalized with COVID-19 could double every 10 days.

In reaction to this projection, Israel's Prime Minister Naftali Bennett and Health Minister Nitzan Horowitz agreed on August 10th to add new health care positions each time the number of hospitalized COVID-19 patients doubles. In addition, Israel's government intends to provide about $773 million to fund the "booster shot" for hospitals initiative, reported the Time of Israel.

"We are preparing for a significant increase in the number of severe patients," the prime minister stated. "Our goal is to double the capacity of the healthcare system."

To alert US citizens of the current COVID-19 outbreak in Israel, the US Centers for Disease Control and Prevention (CDC) issued a very-high level Travel Advisory for Israel, West Bank, and Gaza on August 9, 2021. The new CDC Advisory says, 'avoid travel to Israel.'

'Because of the current situation in Israel, even fully vaccinated travelers may be at risk for getting and spreading COVID-19 variants. Therefore, if you must travel to Israel, make sure you are fully vaccinated before travel. And, travelers should follow recommendations or requirements in Israel, the West Bank, and Gaza, including wearing a mask and staying 6 feet apart from others.'

The CDC says 'all air passengers coming to the USA, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the USA.'

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HEALTH AND SCIENCE

CDC study shows 74% of people infected in Massachusetts Covid outbreak were fully vaccinated

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KEY POINTS

About three-fourths of people infected in a Massachusetts Covid-19 outbreak were fully vaccinated, according to new data published Friday by the CDC.

The new data, published in the U.S. agency's Morbidity and Mortality Weekly Report, also found that fully vaccinated people who get infected carry as much of the virus in their nose as unvaccinated people.

Boston EMS medics work to resuscitate a patient on the way to the ambulance amid the coronavirus disease (COVID-19) outbreak in Boston, Massachusetts, April 27, 2020.
Brian Snyder | Reuters

About three-fourths of people infected in a Massachusetts Covid-19 outbreak were fully vaccinated against the coronavirus with four of them ending up in the hospital, according to new data published Friday by the Centers for Disease Control and Prevention.

The new data, published in the U.S. agency's Morbidity and Mortality Weekly Report, also found that fully vaccinated people who get infected carry as much of the virus in their nose as unvaccinated people, and could spread it to other individuals.

"This finding is concerning and was a pivotal discovery leading to CDC's updated mask recommendation," CDC Director Dr. Rochelle Walensky said in a statement. "The masking recommendation was updated to ensure the vaccinated public would not unknowingly transmit virus to others, including their unvaccinated or immunocompromised loved ones."

On Tuesday, the CDC reversed course on its prior guidance and recommended fully vaccinated Americans who live in areas with high Covid infection rates resume wearing face masks indoors. The guidelines cover about two-thirds of the U.S. population, according to a CNBC analysis.

CNBC Health & Science

Read CNBC's latest global coverage of the Covid pandemic:

Data shows Covid booster shots are 'not appropriate' at this time, U.S. and international scientists conclude

As many return to the office, tensions flare between the 'vaxxed and unvaxxed'

CNBC poll shows very little will persuade unvaccinated Americans to get Covid shots

While the delta variant continues to hit unvaccinated people the hardest, some vaccinated people could be carrying higher levels of the virus than previously understood and are potentially transmitting it to others, Walensky told reporters on a call Tuesday. She added the variant behaves "uniquely differently from past strains of the virus."

A CDC document that was reviewed by CNBC warned that the delta variant sweeping across the country is as contagious as chickenpox, has a longer transmission window than the original Covid strain and may make older people sicker, even if they've been fully vaccinated.

Delta, now in at least 132 countries and already the dominant form of the disease in the United States, is more transmissible than the common cold, the 1918 Spanish flu, smallpox, Ebola, MERS and SARS, according to the document. Only measles appears to spread faster than the variant.

The data published Friday was based on 469 cases of Covid associated with multiple summer events and large public gatherings held in July in Barnstable County, Massachusetts, which encompasses Cape Cod and is just outside Martha's Vineyard. The events were held in Provincetown, according to NBC News. Approximately three-quarters, or 74%, of the cases occurred in fully vaccinated people who had completed a two-dose course of the mRNA vaccines or received a single shot of Johnson & Johnson's.

Overall, 274 vaccinated patients with a breakthrough infection were symptomatic, according to the CDC. The most common side effects were cough, headache, sore throat, muscle pain and fever. Among five Covid patients who were hospitalized, four were fully vaccinated, according to the agency. No deaths were reported.

Testing identified the delta variant in 90% of specimens from 133 patients.

While numerous studies have shown that the vaccines don't work as well against the delta variant as they did against other strains, health officials say they are still highly effective, especially in protecting against severe illness and death. Roughly 97% of new hospitalizations and 99.5% of deaths in the U.S. are among unvaccinated individuals, U.S. health officials repeated this week.

The CDC also said the data has limitations. The agency noted that as population-level vaccination coverage increases, vaccinated persons are likely to represent a larger proportion of Covid cases. Additionally, asymptomatic breakthrough infections might be underrepresented because of detection bias, the agency said.

The CDC also said the report is "insufficient" to draw conclusions about the effectiveness of the authorized vaccines against Covid, including the delta variant, during this outbreak.

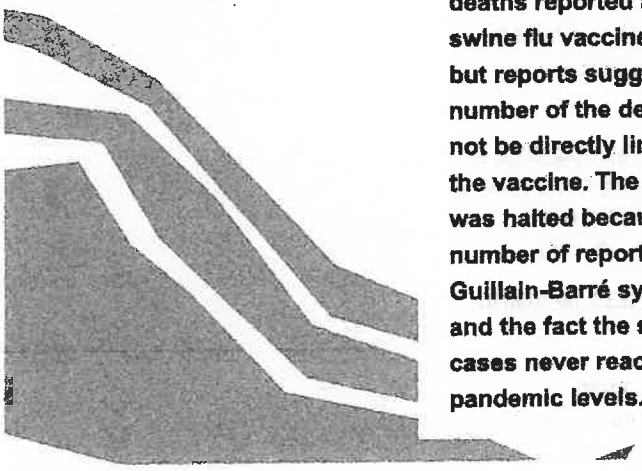
HEALTH / CORONAVIRUS

Comparisons between deaths reported after swine flu and Covid-19 vaccines are misleading

30 JULY 2021

WHAT WAS CLAIMED

Thirty-two deaths from the swine flu vaccine in 1976 halted the programme.



OUR VERDICT

Full Fact could not find a confirmed number of deaths reported after a swine flu vaccine in 1976, but reports suggest that a number of the deaths could not be directly linked with the vaccine. The rollout was halted because of a number of reports of Guillain-Barré syndrome, and the fact the swine flu cases never reached pandemic levels.

v 1 of 2 claims

Several posts on Instagram have compared the rollout of a swine flu vaccine in the US in the 1970s with the Covid-19 vaccination programme.

The posts claim that the rollout of the swine flu vaccine in 1976 was halted after it caused 32 deaths, while "more than 10,991 people have died from the Covid vaccines in the US alone".

Full Fact could find no official confirmation of 32 deaths caused by the vaccine, though this figure has been reported as one estimate, and reports state that the rollout was halted after concerns around the risk of Guillain-Barré syndrome.

According to the CDC, there were 6,207 reports of death among people who received a Covid-19 vaccine up to 26 July, but there is no evidence these were directly caused by the vaccine.

The posts also claim that "typically over 50 deaths will halt a vaccine in the US".

We could find no credible source confirming a threshold of 50 deaths before a vaccine roll out is paused.

What happened with the 1976 swine flu vaccine?

In February 1976, several soldiers at a US army post in New Jersey fell ill with an unrecognised form of swine flu, which was later found to have spread to more than 200 people. By March, President Gerald Ford had announced a vaccine programme intending to "immunise every man, woman and child in the US" in the autumn of the same year.

Health

Fact checks about medical conditions, the NHS, social care and government funding of national health services

- A&E pressures
- NHS bureaucracy and efficiency
- Cancer care
- Coronavirus
- GP 'crisis'
- Health care systems
- Health spending
- Health tourism
- How healthy are we?
- Immigration and the NHS
- Is the NHS being privatised?
- Junior doctors
- Mental health
- NHS performance and satisfaction
- NHS pressures
- NHS performance and satisfaction
- NHS staff
- Safety
- The seven day NHS
- Social care
- Vaccines

Full Fact could find no definitive confirmation of 32 deaths after vaccination, with a range of estimates offered by different sources. A CNN article states: "the program was suspended after at least 25 people died from vaccine reactions. Other estimates put the death toll at 32 people," while a Los Angeles Times article states: "More than 500 people are thought to have developed Guillain-Barré syndrome [GBS] after receiving the vaccine; 25 died."

GBS is a rare condition that affects the nerves, causing problems such as numbness in the limbs, and can in some cases be life-threatening. It is thought to be caused by an issue with the immune system where the body mistakenly attacks and damages the nerves—especially after an infection such as flu, or food poisoning.

A different article, available on the National Center for Biotechnology Information (NCBI) site says that by 22 October 1976, 41 deaths amongst people who had been given the vaccine had been reported by the CDC, but there was "still no known connection to [the] vaccine".

Deaths without a proven link to the vaccine became the focus of intense media coverage. Another article on the NCBI site points to the intense media activity surrounding the death of three elderly people who received the vaccine at the same clinic. There was no evidence the deaths were caused by the vaccine.

The vaccination programme was halted in December 1976, days after the Centers for Disease Control and Prevention (CDC) reported a number of cases of GBS among individuals after receiving the jab.

At the time, a consensus was reached that the number of GBS cases was in excess of what would normally be expected, but later research has since found that the chances of developing the condition after vaccination are extremely small (approximately one additional case of GBS for every 100,000 people who got the swine flu vaccine).

Health officials, weighing the threat of the virus against the reports of GBS, decided to halt the immunisation programme until the issue could be explored.

In a reflection on the events of 1976, Pascal James Imperato, deputy health commissioner and the chair of the task force charged with rolling out the programme in New York at the time, writes: "The Guillain-Barré syndrome is known to occur after immunizations and a certain incidence was expected after swine influenza immunizations.

"Because of intense surveillance of vaccines for all kinds of side reactions and the litigious atmosphere surrounding the swine flu program, these cases surfaced very quickly."

The swine flu identified in 1976 did not lead to a pandemic. To date, Covid-19 has killed more than 600,000 people in the US, with more than 34.6 million infections.

Have almost 11,000 people died from the Covid-19 vaccine in the US?

According to the CDC, there were 6,207 reports of death among people who received a Covid-19 vaccine through the Vaccine Adverse Event Reporting System (VAERS) up to 26 July. More than 339 million vaccines have been administered in the US.

Healthcare providers, vaccine manufacturers, and the public can submit reports to VAERS, but reports are not confirmed side effects.

The VAERS site includes a substantial caveat noting this, stating: "While very important in monitoring vaccine safety, VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness.

"The reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. Most reports to VAERS are voluntary, which means they are subject to biases."

One Instagram post attributes the total of 10,991 deaths to a site which presents VAERS data and appears to include in its count thousands of reported deaths with a "foreign" or "unknown" location. Again, even if these were to be included in the toll, there is no

CONGRESS.GOV

H.R.5546 - National Childhood Vaccine Injury Act of 1986

99th Congress (1985-1986)

Sponsor: Rep. Waxman, Henry A. [D-CA-24] (Introduced 09/18/1986)
Committees: House - Energy and Commerce; Ways and Means | Senate - Labor and Human Resources
Committee Reports: H.Rept 99-908 Part 1
Latest Action: Senate - 10/18/1986 Read twice and referred to the Committee on Labor and Human Resources. (All Actions)
Tracker: Introduced **Passed House**

Summary(2) Text Actions(11) Titles(3) Amendments(0) Cosponsors(23) Committees(3) Related Bills(1)

There are 2 summaries for H.R.5546. Passed House amended (10/14/1986)

Bill summaries are authored by CRS.

Shown Here:
Passed House amended (10/14/1986)

(Measure passed House, amended)
National Childhood Vaccine Injury Act of 1986 - **Title I: Vaccines - Subtitle 1: National Vaccine Program** - Amends the Public Health Service Act to establish in the Department of Health and Human Services a National Vaccine Program to: (1) direct vaccine research and development within the Federal Government; (2) ensure the production and procurement of safe and effective vaccines; (3) direct the distribution and use of vaccines; and (4) coordinate governmental and nongovernmental activities. Requires the Director of the Program to report to specified congressional committees.

Establishes the National Vaccine Advisory Committee to recommend: (1) ways to encourage the availability of an adequate supply of vaccines; and (2) research priorities.

Authorizes appropriations for FY 1987 through 1991.

Subtitle 2: National Vaccine Injury Compensation Program - Part A: Program Requirements - Establishes the National Vaccine Injury Compensation Program as an alternative remedy to judicial action for specified vaccine-related injuries.

Prescribes the contents of any petition for compensation.

Grants U.S. district courts authority to determine eligibility and compensation. Requires the district court in which the petition is filed to designate a special master to serve as an adjunct to the court. Sets forth the responsibilities of the court.

Lists factors to be considered when determining the amount of a compensation award. Sets forth a table of injuries deemed vaccine-related for compensation purposes. Permits the Secretary of Health and Human Services to: (1) promulgate regulations to revise such table; and (2) recommend changes to the vaccines covered by the table.

Provides that compensation awarded under the Program shall be paid out of the National Vaccine Injury Compensation Trust Fund. Limits awards for actual and projected pain and suffering and emotional distress to $250,000. Prohibits awards for punitive damages.

Establishes the Advisory Commission on Childhood Vaccines to: (1) advise the Secretary on the implementation of the Program; (2) recommend changes to the Vaccine Injury Table; and (3) recommend research priorities.

Part B: Additional Remedies - Sets forth procedures under which the person who filed a petition for compensation under the program may elect to file a civil action for damages.

Provides that no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death: (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings. Provides that a manufacturer may be held liable where: (1) such manufacturer engaged in the fraudulent or intentional withholding of information; or (2) such manufacturer failed to exercise due care. Permits punitive damages in such civil actions under certain circumstances.

Part C: Assuring a Safer Childhood Vaccination Program in the United States - Requires each health care provider who administers a vaccine listed in the Vaccine Injury Table to record certain information with respect to each such vaccine. Requires each health care provider and vaccine manufacturer to report certain information to the Secretary.

Requires the Secretary to develop certain vaccine information materials for distribution to the legal representatives of any child receiving a vaccine listed in the Vaccine Injury Table.

Directs the Secretary to promote the development of safer childhood vaccines.

Sets forth recordkeeping and reporting requirements for vaccine manufacturers. Imposes civil and criminal penalties for destroying, altering, or concealing any such report or record.

Part D: General Provisions - Allows any person to commence a civil action against the Secretary where the Secretary allegedly has failed to perform a duty under this Act. Provides for judicial review of the Secretary's regulatory actions in a court of appeals of the United States.

Allows the Secretary to provide licensing for unpatented vaccines for naturally occurring human infectious diseases under certain circumstances.

Requires the Secretary to conduct studies on pertussis, rubella, and radiculoneuritis vaccines and publish the results of such studies.

Directs the Secretary to study the risks to children associated with each vaccine listed in the Vaccine Injury Table and establish guidelines respecting the administration of such vaccines. Directs the Secretary to periodically review and revise such guidelines.

Directs the Secretary to review the warnings, use instructions, and precautionary information presently used by manufacturers of vaccines listed in the Vaccine Injury Table. Directs the Secretary to require manufacturers to revise and reissue any warning, instruction, or information found inadequate.

Grants the Secretary recall authority with respect to any licensed virus, serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or other licensed product which presents a danger to public health. Establishes civil penalties for recall violations.

Directs the Secretary to make annual reports to specified congressional committees on the impact this Act has on the supply of vaccines.

Title II: Miscellaneous - Provides that certain Federal provisions designed to reduce paperwork shall not apply to information required to carry out this Act.

55.

Emergency Use Authorization for Vaccines Explained

Español (https://www.fda.gov/vaccines-blood-biologics/vaccines/explicacion-de-la-autorizacion-de-uso-de-emergencia-para-las-vacunas)

FDA is globally respected for its scientific standards of vaccine safety, effectiveness and quality. The agency provides scientific and regulatory advice to vaccine developers and undertakes a rigorous evaluation of the scientific information through all phases of clinical trials, which continues after a vaccine has been approved by FDA or authorized for emergency use.

FDA recognizes the gravity of the current public health emergency and the importance of facilitating availability, as soon as possible, of vaccines to prevent COVID-19 - vaccines that the public will trust and have confidence in receiving.

What is an Emergency Use Authorization (EUA)?

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives. Taking into consideration input from the FDA, manufacturers decide whether and when to submit an EUA request to FDA.

Once submitted, FDA will evaluate an EUA request and determine whether the relevant statutory criteria are met, taking into account the totality of the scientific evidence about the vaccine that is available to FDA.

Are the COVID-19 vaccines rigorously tested?

Yes. Clinical trials are evaluating investigational COVID-19 vaccines in tens of thousands of study participants to generate the scientific data and other information needed by FDA to determine safety and effectiveness. These clinical trials are being conducted according to the rigorous standards set forth by the FDA.

Initially, in phase 1, the vaccine is given to a small number of generally healthy people to assess its safety at increasing doses and to gain early information about how well the vaccine works to induce an immune response in people. In the absence of safety concerns from phase 1 studies, phase 2 studies include more people, where various dosages are tested on hundreds of people with typically varying health statuses and from different demographic groups, in randomized-controlled studies. These studies provide additional safety information on common short-term side effects and risks, examine the relationship between the dose administered and the immune response, and may provide initial information regarding the effectiveness of the vaccine. In phase 3, the vaccine is generally administered to thousands of people in randomized, controlled studies involving broad demographic groups (i.e., the population intended for use of the vaccine) and generates critical information on effectiveness and additional important safety data. This phase provides additional information about the immune response in people who receive the vaccine compared to those who receive a control, such as a placebo.

What safety and effectiveness data are required to be submitted to FDA for an EUA request for a vaccine intended to prevent COVID-19?

COVID-19 vaccines are undergoing a rigorous development process that includes tens of thousands of study participants to generate the needed non-clinical, clinical, and manufacturing data. FDA will undertake a comprehensive evaluation of this information submitted by a vaccine manufacturer.

For an EUA to be issued for a vaccine, for which there is adequate manufacturing information to ensure quality and consistency, FDA must determine that the known and potential benefits outweigh the known and potential risks of the vaccine. An EUA request for a COVID-19 vaccine can be submitted to FDA based on a final analysis of a phase 3 clinical efficacy trial or an interim analysis of such trial, i.e., an analysis performed before the planned end of the trial once the data have met the pre-specified success criteria for the study's primary efficacy endpoint.

From a safety perspective, FDA expects an EUA submission will include all safety data accumulated from phase 1 and 2 studies conducted with the vaccine, with an expectation that phase 3 data will include a median follow-up of at least 2-months (meaning that at least half of vaccine recipients in phase 3 clinical trials have at least 2 months of follow-up) after completion of the full vaccination regimen. In

addition, FDA expects that an EUA request will include a phase 3 safety database of well over 3,000 vaccine recipients, representing a high proportion of participants enrolled in the phase 3 study, who have been followed for serious adverse events and adverse events of special interest for at least one month after completion of the full vaccination regimen.

Part of FDA's evaluation of an EUA request for a COVID-19 vaccine includes evaluation of the chemistry, manufacturing, and controls information for the vaccine. Sufficient data should be submitted to ensure the quality and consistency of the vaccine product. FDA will use all available tools and information, including records reviews, site visits, and previous compliance history, to assess compliance with current good manufacturing practices.

What is the process that manufacturers are following to potentially make a COVID-19 vaccine available by EUA?

- Vaccine manufacturers are undertaking a development process that includes tens of thousands of study participants to generate non-clinical, clinical, and manufacturing information needed by FDA for the agency to determine whether the known and potential benefits outweigh the known and potential risks of a vaccine for the prevention of COVID-19.
- When the phase 3 portion of the human clinical trial reaches a predetermined point that informs how well a vaccine prevents COVID-19, as discussed and agreed to in advance with FDA, an independent group (called a data safety monitoring board) will review the data and inform the manufacturer of the results. Based on the data and the interpretation of the data by this group, manufacturers decide whether and when to submit an EUA request to FDA, taking into consideration input from FDA.
- After FDA receives an EUA request, our career scientists and physicians will evaluate all of the information included in the manufacturer's submission.
- While FDA's evaluation is ongoing, we will also schedule a public meeting of our Vaccines and Related Biological Products Advisory Committee, which is made up of external scientific and public health experts from throughout the country. During the meeting, these experts, who are carefully screened for any potential conflicts of interest, will discuss the safety and effectiveness data so that the public and scientific community will have a clear understanding of the data and information that FDA is evaluating to make a decision whether to authorize a COVID-19 vaccine for emergency use.
- Following the advisory committee meeting, FDA's career professional staff will consider the input of the advisory committee members and continue their evaluation of the submission to determine whether the available safety and effectiveness and manufacturing data support an emergency use authorization of the specific COVID-19 vaccine in the United States.

Who are the FDA career professionals evaluating EUAs for vaccines?

The FDA staff are career scientists and physicians who have globally recognized expertise in the complexity of vaccine development and in evaluating the safety and effectiveness of all vaccines intended to prevent infectious diseases. These FDA professionals are committed to decision-making based on scientifically driven evaluation of data. FDA staff are like your family - they are fathers, mothers, daughters, sons, sisters, brothers and more. They and their families are also directly impacted by the work that they do, and are exactly who you want making these important public health decisions for the United States.

What are the plans for continued monitoring of COVID-19 vaccines authorized by FDA for emergency use?

FDA expects vaccine manufacturers to include in their EUA requests a plan for active follow-up for safety, including deaths, hospitalizations, and other serious or clinically significant adverse events, among individuals who receive the vaccine under an EUA, to inform ongoing benefit-risk determinations to support continuation of the EUA.

FDA also expects manufacturers who receive an EUA to continue their clinical trials to obtain additional safety and effectiveness information and pursue licensure (approval).

Post-authorization vaccine safety monitoring is a federal government responsibility shared primarily by FDA and the U.S. Centers for Disease Control and Prevention (CDC), along with other agencies involved in healthcare delivery. Post-authorization safety monitoring during the COVID-19 pandemic vaccination program will aim to continuously monitor the safety of COVID-19 vaccines to rapidly detect safety problems if they exist. There will be multiple, complementary systems in place with validated analytic methods that can rapidly detect signals for possible vaccine safety problems. The U.S. government has a well-established post-authorization/post-approval vaccine safety monitoring infrastructure that will be scaled up to meet the needs of a large-scale COVID-19 vaccination program. The U.S. government – in partnership with health systems, academic centers, and private sector partners – will use multiple existing vaccine safety

monitoring systems to monitor COVID-19 vaccines in the post-authorization/approval period. Some of these systems are the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink (VSD), the Biologics Effectiveness and Safety (BEST) Initiative, and Medicare claims data.

How will vaccine recipients be informed about the benefits and risks of any vaccine that receives an EUA?

FDA must ensure that recipients of the vaccine under an EUA are informed, to the extent practicable given the applicable circumstances, that FDA has authorized the emergency use of the vaccine, of the known and potential benefits and risks, the extent to which such benefits and risks are unknown, that they have the option to accept or refuse the vaccine, and of any available alternatives to the product. Typically, this information is communicated in a patient "fact sheet." The FDA posts these fact sheets on our website.

How is it that COVID-19 vaccines have been developed so quickly?

In public health emergencies, such as a pandemic, the development process may be atypical. For example, as demonstrated by the response to the COVID-19 pandemic, the U.S. government has coalesced government agencies, international counterparts, academia, nonprofit organizations and pharmaceutical companies to develop a coordinated strategy for prioritizing and speeding development of the most promising vaccines. In addition, the federal government has made investments in the necessary manufacturing capacity at its own risk, giving companies confidence that they can invest aggressively in development and allowing faster distribution of an eventual vaccine. However, efforts to speed vaccine development to address the ongoing COVID-19 pandemic have not sacrificed scientific standards, integrity of the vaccine review process, or safety.

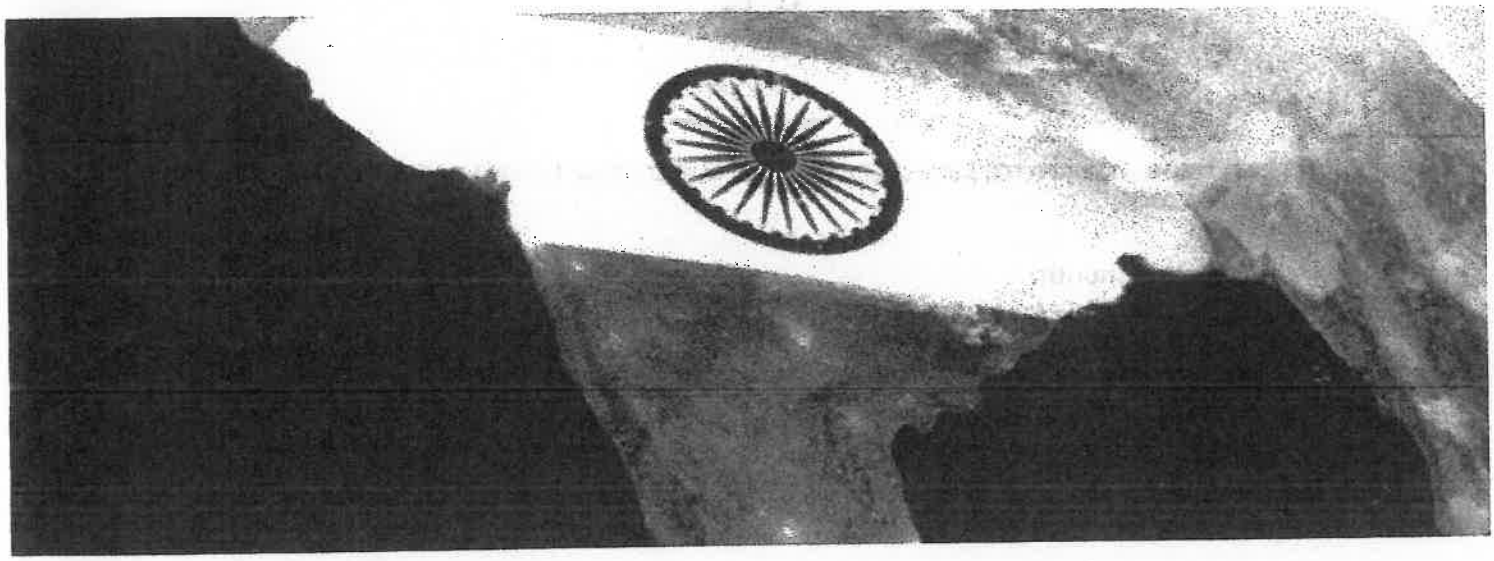
Recognizing the urgent need for safe and effective vaccines, FDA is utilizing its various authorities and expertise to facilitate the expeditious development and availability of vaccines that have met the agency's rigorous and science-based standards for quality, safety, and effectiveness. Early in a public health crisis, FDA provides clear communication to the pharmaceutical industry pertaining to the scientific data and information needed to ensure development of vaccines and works quickly to provide advice on their proposed development plans and assessment of the data that are generated.

54.

Unprecedented Pandemic Turnaround in Uttar Pradesh with Dramatic Decline in Cases

TrialSite Staff
May 30, 2021

5 Comments



The health authorities for the state of Uttar Pradesh are easing up on COVID-19-based restrictions, at least in zones of the state where SARS-CoV-2 infections now fall below 600 cases. Just how big of a turnaround is the situation there? Well, for much of February and March of 2021, the average number of cases ranged from 100 to 350 in the most populated state of India with over 220 million people (if Uttar Pradesh was a nation, it would be sixth in the world, beating Brazil). That situation changed with the second pandemic wave here, which as TrialSite's analysis suggests, started with a potent mutant variant in combination with migrant labor's fear of imminent urban lockdowns, triggering migration and hence rapid viral spread. So by March 19, the state had 380 cases and the numbers of newly infected cases skyrocketed to 37,944 cases on April 24 alone, just over a month later. The state was already offering ivermectin as part of a population-wide regimen but the health authorities there doubled down their efforts as India's national COVID-19 guidelines introduced ivermectin just days before. What has happened since is nothing short of amazing, but unfortunately attracts litt me...

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Prominent Indian Physician Verifies Huge Impact of Ivermectin in Curbing Second Delta-Variant Wave in India

TrialSite Staff
August 29, 2021

19 Comments

TrialSite chronicled closely the use of ivermectin-based home medicine kits in India's largest state, Uttar Pradesh, and other states during the second wave of the pandemic starting in March and running through April. TrialSite shared that by June cases plummeted to what is today's far more contained situation. TrialSite had accumulated evidence that the World Health Organization (WHO) wanted this covered up. So impressive was the Indian effort in Uttar Pradesh that WHO had to report on the success, less the material information that state and local health authorities use of ivermectin in their aggressive home-based test and treatment regimen. This effort is either omitted in Western mainstream media or discounted as not proven by what are often disqualified fact checkers. Recently a prominent Indian physician, Dr. Lenny Da Costa, went on the record to discuss "The True Story of India" involving ivermectin treatments there. While propaganda and misinformation in the West rages, the top Geriatrician, Preventive Cardiologist, and anti-aging specialist from the coastal Indian state of Goa gave a breakdown of exactly how ivermectin was used and what in fact were the results. He...

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3.

Dr. De Costa's medicine kits had Ivermectin, Vitamin C, & zinc

Prominent Indian Physician Verifies Huge Impact of Ivermectin in Curbing Second Delta-Variant Wave in India

gparkof1 September 3, 2021 In the News

August 29, 2021 Trial Site News

TrialSite chronicled closely the use of ivermectin-based home medicine kits in India's largest state, Uttar Pradesh, and other states during the second wave of the pandemic starting in March and running through April. TrialSite shared that by June cases plummeted to what is today's far more contained situation. TrialSite had accumulated evidence that the World Health Organization (WHO) wanted this covered up. So impressive was the Indian effort in Uttar Pradesh that WHO had to report on the success, less the material information that state and local health authorities use of ivermectin in their aggressive home-based test and treatment regimen. This effort is either omitted in Western mainstream media or discounted as not proven by what are often disqualified fact checkers. Recently a

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Youtube: News Roundup / Prominent Indian Physician Talks

← Two Men Die After Receiving 2nd Jab of Moderna COVID-19 Vaccine in Japan—Are they Causally Linked?

Impact of Ivermectin In Home Medicine Kits In India

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05.

FEATURED

India State of 241 MILLION People Declared COVID-Free After Government Promotes Ivermectin

By **InfoWars** 1 day ago

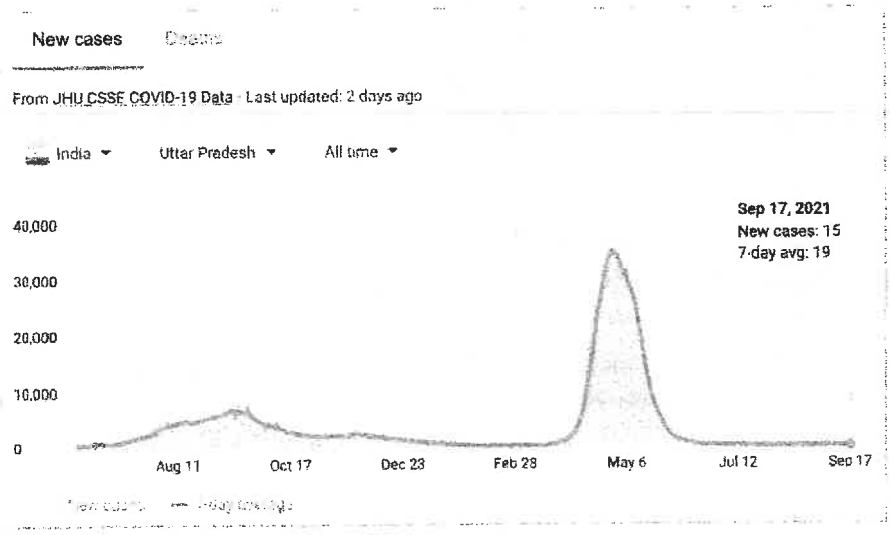
Population 2/3 that of the U.S. completely free of COVID despite having low vaccination rate of 5.8%.

America's vaccination rate at 54% but cases still rising and restrictions still imposed.

The state of Uttar Pradesh in India, which has the equivalent of two-thirds of the United States population, has been declared COVID-free, the state government announced last week.

There are no more active cases of coronavirus in the 33 districts of Uttar Pradesh, which has a population of 241 million people.

"Overall, the state has a total of 199 active cases, while the positivity rate came down to less than 0.01 per cent. The recovery rate, meanwhile, has improved to 98.7 per cent," *Hindustan Times* reported.



Credit: Google COVID statistics

How is it that Uttar Pradesh has fully recovered from COVID despite the fact that only 5.8% of its population has been fully vaccinated, compared to the USA that has 54% fully vaccinated?

The answer is likely because of the government's early use and distribution of ivermectin to its citizens.

From the *Indian Express*:

*"**Uttar Pradesh was the first state in the country to introduce large-scale prophylactic and therapeutic use of Ivermectin.** In May-June 2020, a team at Agra, led by Dr. Anshul Pareek, administered Ivermectin to all RRT team members in the district on an experimental basis. It was observed that none of them developed Covid-19 despite being in daily contact with patients who had tested positive for the virus," Uttar Pradesh State Surveillance Officer Vikssendu Agrawal said.*

*He added that based on the findings from Agra, the **state government sanctioned the use of Ivermectin as a prophylactic for all the contacts of Covid patients** and later cleared the administration of therapeutic doses for the treatment of such patients.*

*Claiming that timely **introduction of Ivermectin since the first wave has helped the state maintain a relatively low positivity rate** despite its high population density, he said, "Despite being the state with the largest population base and a high population density, we have maintained a relatively low positivity rate and cases per million of population."*

*He said that apart from aggressive contact tracing and surveillance, the **lower positivity and fatality rates may be attributed to the large-scale use of Ivermectin use in the state**, adding that the drug has recently been introduced in the National Protocol for Covid treatment and management. "Once the second wave subsides, we would conduct our own study as there has been an emerging body of evidence to substantiate our timely use of Ivermectin from the first wave itself," Vikasendu told The Indian Express."*

One would think the World Health Organization, Big Pharma, the mainstream media, and Dr. Anthony Fauci would be overjoyed by this development that ivermectin is undoubtedly saving lives.

But don't count on them celebrating that, because that would hurt their bottom lines of profit and power from their experimental and ineffective vaccines.

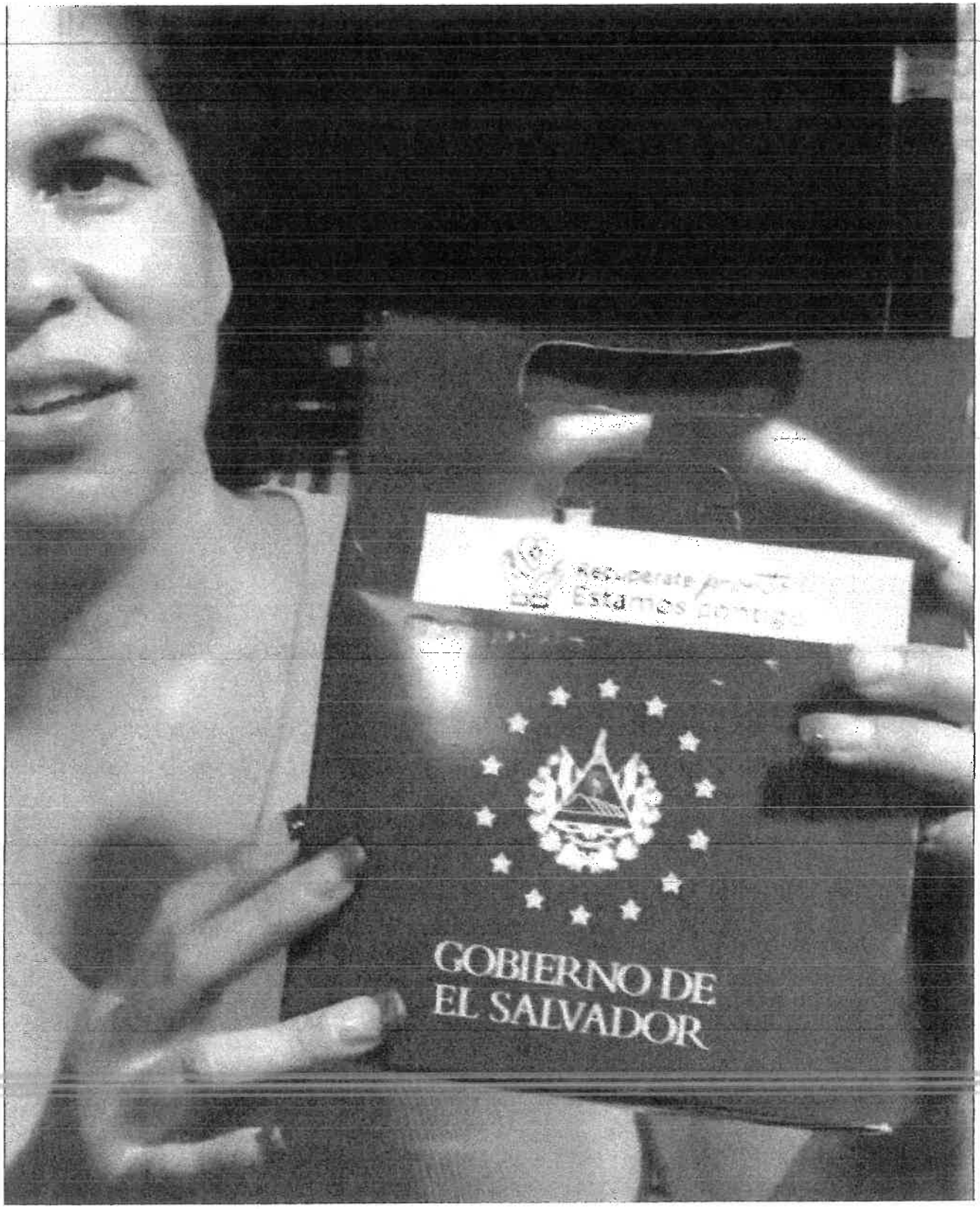
That's why they've been melting down over ivermectin after Joe Rogan successfully used it to treat his COVID infection earlier this month.

El Salvador Government Gives Medicine Packets to All COVID-19 Patients. Guess What They Contain?

www.welovetrump.com/2021/09/18/el-salvador-government-gives-medicine-packets-to-all-covid-19-patients-guess-what-they-contain/

By daniel_g

September 18, 2021



Here at WLT, we've brought you the **truth about Ivermectin**.

And we've shown you the wonder drug's success for treating COVID-19 in **Uttar Pradesh, India**.

Here in the United States:

-Mainstream media spreads lies by calling Ivermectin "horse dewormer."

Trending: Now It's ENTIRE Stadiums: Here's EVERY "F*** Joe Biden" Chant from This Weekend

-Hospitals deny Ivermectin to patients who need it.

-The federal government pushes dangerous injections instead of the safe, effective treatment.

All three are complicit with crimes against humanity.

If we lived in a sane society, Ivermectin would be available to every American household to treat COVID-19.

But in the United States, our society has fallen off a cliff.

For a semblance of sanity, we must turn to El Salvador.

Follow on Telegram @WeLoveTrumpNoah
The Central American nation has taken a common sense approach to treat citizens who contract COVID-19.

El Salvador's government now sends medicine packets and instructions for self-treatment.

Let's see what's included in those medicine packets:

> El Salvador actually helping their people#Ivermectin #IvermectinSavedMyLife #DoNotComply https://t.co/l4qKbzjuzm pic.twitter.com/xH8TM7JhXC
>
> — Vero P. 🏠☁♡ (@veroniquepoir12) September 17, 2021

> Oh, look what the Government of El Salvador is giving out -- CoViD-19 Medicine Packets with... Ivermectin pic.twitter.com/Ju5yetz8Zl
>
> — Che Lejano, M.D. (@lejanomd) September 17, 2021

> This package is given by El Salvador Govern to COVID patients, their families and in areas of prevalence of COVID.
> The package includes:
> – Acetaminophen 500mg (Panadol, Tylenol, Paracetamol)
> – Vitamin C 500mg
> – Vitamin D3 2000IU
> – Zinc 50mg
> – Aspirin 100mg for clots
> – IVERMECTIN
>
> — Erika62 (@Erika628) September 16, 2021

> This package is given by El Salvador Government to every COVID patient, their families and in areas of high prevalence of COVID.
> The package includes:Acetaminophen 500mg(Panadol,Tylenol, Paracetamol),Vitamin C 500mg, Vitamin D3 2000IU, Zinc 50mg,Aspirin 100mg for clots,IVERMECTIN pic.twitter.com/61JR79wEQf
>
> — sv HLE.HOLD sv (@et_hiep) September 16, 2021

> El Salvador isn't just helping people with monetary freedom they are helping them avoid COVID using common sense care packets with VitC, D3, Zinc, and IVERMECTIN @romanmartinezc pic.twitter.com/IgIDELT8Sx
>
> — ☣ Pleb Kruse = BTC foundationalist ▨ ❁ (@DrJackKruse) September 16, 2021

> Government of El Salvador is providing IVERMECTIN to all its citizens free of charge
>
> Included in El Salvador's free Covid treatment give-away along with ivermectin, is vitamin C, D, zinc & aspirin for blood-clots. No Jabs needed !!!https://t.co/6AF9NIQII4
>
> — Equal Opportunity Society (@EqualOppSociety) September 17, 2021

> El Salvador sends their people with Covid, a Care Packg with Vitamins, Ivermectin, and instructions of doses for free. Covid is treatable. US Politics and Pharma is corrupt. Wake Up. pic.twitter.com/HB3w2rKGqJ
>
> — Gracie Chameleon (@cheli23) September 17, 2021

In case Big Tech deletes the video, here's a backup on **Rumble**:

TrialSite News reported:

99.9% Pure Investor Grade Silver Trump Collector Coins!

Recently, TrialSite discovered from readers that in the Central American nation of El Salvador, the nation's Ministry of Public Health (Ministerio de Salud Publica—MINSAL) had embraced the anti-parasitic drug ivermectin as part of a combination of recommendations for early-onset treatment of COVID-19 via an ambulatory home patient kit. Such action is similar to the approach successfully executed in the Indian state of Uttar Pradesh.

The Protocol

Called the "Outpatient Treatment for COVID-19, the protocol includes the following:

MedicinesDose/DurationAcetaminophen500 MG 1 Tab VO C/6 hoursLoratadine10 MG 1 Tab V C/12 hoursZinc50 MG 1 Tab VO/ dayIvermectin6 MG 1 Tab VO C/12 dayVitamin C500 MG 1 Tab VO C/dayVitamin D2000 MG 1 Tab VO C/dayAzithromycin1 Tab VO C/day

Vaccines in El Salvador

By August 25, about 38.5% of the 6.5 million inhabitants had received both vaccine doses, while 52.9% of the total population had received at least one jab.

13.

European Commission - Press release

COVID-19 Therapeutics Strategy: Commission identifies five promising candidate therapeutics

Brussels, 29 June 2021

The EU Strategy on COVID-19 Therapeutics delivers today its first outcome, with the announcement of the first portfolio of five therapeutics that could soon be available to treat patients across the EU. Four of these therapeutics are monoclonal antibodies under rolling review by the European Medicines Agency. Another one is an immunosuppressant, which has a marketing authorisation that could be extended to include the treatment of COVID-19 patients.

Commissioner for Health and Food Safety, Stella **Kyriakides**, said: *"Today we are taking the first step towards a broad portfolio of therapeutics to treat COVID-19. Whilst vaccination is progressing at increasing speed, the virus will not disappear and patients will need safe and effective treatments to reduce the burden of COVID-19. Our goal is clear, we aim to identify more front-runner candidates under development and authorise at least three new therapeutics by the end of the year. This is the European Health Union in action."*

The five products are in an advanced stage of development and have a high potential to be among the three new COVID-19 therapeutics to receive authorisation by October 2021, the target set under the Strategy, provided the final data demonstrate their safety, quality and efficacy. The products are:

A new COVID-19 indication for existing medicines:

- baricitinib immunosuppresant (a medicine that reduces the activity of the immune system) from Eli Lilly: an application for extension of marketing authorisation for COVID-19 indication is under assessment

Newly developed monoclonal antibodies under rolling review - a regulatory tool to speed up the assessment of a promising medicine during a public health emergency:

- combination of bamlanivimab and etesevimab from Eli Lilly: under rolling review
- combination of casirivimab and imdevimab from Regeneron Pharmaceuticals, Inc. and F. Hoffman-La Roche, Ltd: under rolling review
- regdanvimab from Celltrion: under rolling review
- sotrovimab from GlaxoSmithKline and Vir Biotechnology, Inc.: under rolling review

Next Steps

The Commission will draw up a portfolio of at least 10 potential COVID-19 therapeutics by October, building on the work of the newly established expert group on COVID-19 variants. The selection process will be objective and science based, with selection criteria agreed with the Member States. Since different types of products are needed for different patient populations and different stages and severity of the disease, the expert group will identify product categories and select the most promising therapeutics candidates for each category based on science based criteria.

The portfolio will contribute to the objective of having at least three new therapeutics authorised by October and possibly two more by the end of the year. The European Medicines Agency will start more rolling reviews of promising therapeutics by end-2021, subject to research and development outcomes.

The Commission recently concluded a joint procurement of monoclonal antibodies (casirivimab and imdevimab) and could launch more by the end of the year.

The first industry matchmaking event on therapeutics will be organised on the 12-13 July to ensure that once authorised therapeutics are produced in sufficient quantity as soon as possible.

Background

The EU Strategy on COVID-19 Therapeutics aims to build a broad portfolio of COVID-19 therapeutics with the goal of having three new therapeutics available by October 2021 and possibly two more by

the end of the year. It covers the full lifecycle of medicines from research, development, selection of promising candidates, fast regulatory approval, manufacturing and deployment to final use.

The Strategy forms part of a strong European Health Union, using a coordinated EU approach to better protect the health of our citizens, equip the EU and its Member States to better prevent and address future pandemics, and improve resilience of Europe's health systems.

The Strategy, which focuses on the treatment of patients with COVID-19, works alongside the successful EU Vaccines Strategy, through which safe and effective vaccines against COVID-19 have been authorised for use in the EU to prevent and reduce transmission of cases, as well as hospitalisation rates and deaths caused by the disease.

More information

Questions and Answers: COVID-19 Therapeutics Strategy – list of 5 candidate therapeutics

European Commission's coronavirus response: therapeutics

Therapeutics Strategy

European Medicines Agency – COVID-19 therapeutics

IP/21/3299

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5

You have 1 free articles remaining this month.

News | Coronavirus

Hospitals in COVID-19 hotspots to receive $10 billion more in federal aid

Jul 20, 2020

By Rich Daly, HFMA senior writer and editor

- **More than 1,000 hospitals in high-impact areas will get a share of $10 billion in new federal assistance.**
- **The new payments will be $50,000 per COVID-19 admission, less than the $77,000 in an earlier round.**
- **Hospitals with large Medicaid populations have until Aug. 3 to apply for a separate pool of funds.**

Hospitals that recently have submitted information on large COVID-19 caseloads could start to receive a share of $10 billion in new federal assistance this week.

The U.S. Department of Health and Human Services (HHS) announced (https://www.hhs.gov/about/news/2020/07/17/hhs-begin-distributing-10-billion-additional-funding-hospitals-high-impact-covid-19-areas.html) it would begin sending payments July 20 to more than 1,000 hospitals in "high-impact" areas of the pandemic, based on the case count data they submitted in recent weeks.

That would add to the $10 billion HHS sent in May to hospitals that had more than 100 COVID-19 patients by April 10.

Hospitals will qualify for payments based on whether admissions between Jan. 1 and June 10 meet one of the following criteria:

- More than 161 COVID-19 admissions
- At least one COVID-19 admission per day
- Higher than the national average ratio of COVID-19 admissions per bed

Amount of assistance reduced

The new round will pay $50,000 per COVID-19 admission, compared with $77,000 in the earlier high-impact round.

A senior HHS official said on a media call that the reduced funding is due to the number of such admissions surging from about 50,000 in the first round to more than 400,000 by the time of the second round.

The first-round payments went to 325 hospitals. The new round of payments will be "net from their payments — what they had already received" will be subtracted from their allocated total, the official said.

HHS is still evaluating some of the data hospitals submitted to receive the latest round of funding, so only $8.5 billion of the $10 billion is immediately ready for release. Hospitals will not need to submit more data to receive the new round of funding.

The latest round of distributions leaves only $50 billion unspent in the $175 billion Provider Relief Fund appropriated by Congress.

The administration plans to release additional rounds of funding for high-impact areas that have emerged since the June 10 cutoff for the newest funding, the HHS official said.

Unless Congress changes the statutory language in any future round of appropriated provider assistance, the HHS official said his department expects to continue splitting the assistance between broad funding for all providers and focused funding on organizations more affected by local outbreaks.

"All providers had been affected by the virus and the need for elective care to be discontinued," the official said.

Medicaid provider eligibility

The official also urged Medicaid providers to apply for a pending round of $15 billion that will be focused on them.

In June, HHS opened an application period for providers that serve Medicaid patients but did not receive funding from earlier rounds, which were based on Medicare revenues or net patient revenues.

Although HHS since has held webinars, offered application assistance and encouraged providers to apply for the Medicaid funding, there is concern that not all eligible have applied.

To draw more applicants, HHS has extended the application deadline to Aug. 3.

About the Author

Rich Daly, HFMA senior writer and editor, is based in the Washington, D.C., office. Follow Rich on Twitter: @rdalyhealthcare

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Research Report Demonstrates the Value of LTACHs to Managed Care During

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News | Coronavirus

With 40% of COVID deaths, post-acute care sites get funding, scrutiny

May 26, 2020

By Rich Daly, HFMA senior writer and editor

- **Post-acute care facilities had 42% of the total COVID-19 deaths in 38 states reporting.**
- **HHS has started distributing $4.9 billion to skilled nursing facilities.**
- **Mandatory transfer policies caused problems in some states.**

Amid reports that two of every five deaths from COVID-19 have been post-acute care patients, the Trump administration is providing new funding and Congress is calling for more research.

The toll of the coronavirus in post-acute facilities, long unclear due to a lack of official statewide or federal reporting, remains cloudy. But emerging data has painted an increasingly dire picture.

For instance, a May 21 update of a Kaiser Family Foundation tracker (https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/?utm_source=web&utm_medium=trending&utm_campaign=covid-19) found 174,381 COVID-19 cases reported at 7,732 long-term care facilities in the 43 states where it was able to obtain data. Those facilities also had 42% of the total COVID-19 deaths in 38 states providing information.

Similarly, Sen. Elizabeth Warren (D-Mass.) said at a May 21 hearing of the Senate Special Committee on Aging that more than half of the COVID-19 deaths in her state were linked to long-term care facilities.

"Nursing homes have become the epicenter of the crisis," Warren said at the hearing.

Senators, researchers and clinicians at the hearing agreed that a lack of data on COVID-19 infections and deaths at long-term care facilities has hampered efforts to understand the scope of the challenge and the need for additional resources.

CMS this week required nursing homes to begin reporting such data for the first time and planned to begin publicly releasing it to the public by the end of May. However, other long-term care facilities are not required to report such data, senators were told.

Warren and other senators urged more long-term research to understand the threat posed by the coronavirus to those served by long-term facilities.

Funding released to SNFs

To address the challenge, the U.S. Department of Health and Human Services (HHS) on May 22 released nearly $4.9 billion to skilled nursing facilities (SNFs) adversely affected by COVID-19.

The funding is part of a combined $175 billion allocated to providers in the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act.

"In allocating these funds, the Administration is working, among other things, to address the economic impact of COVID-19 on providers and doing so as quickly and transparently as possible," an HHS

release (https://www.hhs.gov/about/news/2020/05/22/hhs-announces-nearly-4.9-billion-distribution-to-nursing-facilities-impacted-by-covid19.html) stated.

Adverse financial effects from COVID-19 on SNFs, as cited by HHS, included:

- Up to a 6% decline in patient populations since the beginning of 2020
- Increased labor costs
- Costs of meeting testing requirements
- Increasingly costly personal protective equipment

The funding will be based on SNFs' fixed and variable costs, including:

- $50,000 as a fixed distribution
- $2,500 per bed as an additional distribution
- Targeted distributions for all certified SNFs with six or more certified beds

The payments will require recipients to attest to terms and conditions, some of which have raised concerns among hospitals.

The funding was welcomed by post-acute care advocates, but more likely is needed.

"Given the gravity of the situation we are facing with this deadly virus and its impact on our vulnerable residents, long-term care facilities require additional support and funding from state and federal governments to reduce its spread," Mark Parkinson, president and CEO of the American Health Care Association and National Center for Assisted Living (AHCA/NCAL), said in a written statement.

AHCA/NCAL previously requested $10 billion to address facilities' COVID-19 needs.

The funding comes out to roughly $325,000 for each of the 15,000 SNFs, nationwide, said Bill McGinley, president and CEO of the American College of Health Care Administrators.

But just meeting local, state and new federal testing standards for patients and staff twice a week "can be hundreds of thousands of dollars, alone," McGinley said in an interview.

He noted that such funding was not provided to other post-acute care providers caring for similarly vulnerable patients.

Systemic issues facing SNFs

One challenge to SNFs during the pandemic has been the requirement of some states that they accept COVID-19 patients discharged by hospitals. Industry officials worried that not all such facilities were equipped to provide needed care and to keep those patients from infecting other vulnerable patients or staff.

"It was a huge blunder to make that requirement," McGinley said, referring to one such requirement, in New York.

New York Gov. Mario Cuomo, a Democrat, on May 9 rescinded his order that nursing homes accept COVID-19-positive transfers from hospitals — after the order had been in place for 48 days during the height of the state's outbreak.

Meanwhile, CMS has stayed silent on the transfer issue and has instead aimed to make it easier for hospitals to keep such highly contagious patients within their more advanced facilities.

For instance, the agency recently issued new flexibilities (https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid?utm_campaign=General%20Newsletter&utm_medium=email&_hsmi=87658530&_hsenc=p2ANqtz-8ZHe-i6_7aRI1ZHbo4elf9UlP0QgbXBC48aJXBB1KOc4VyEL1dpauBsEcbTnT8nUSRk2zk&utm_content=87658530&utm_source=hs_email) that authorized hospitals to increase capacity for coronavirus patients by either adding more beds or transferring non-COVD patients to alternate care sites.

About the Author

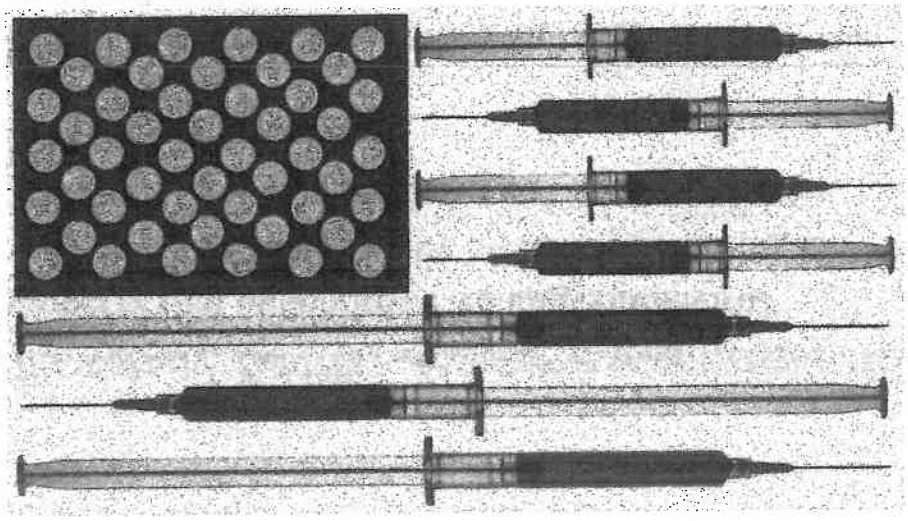
A message from Axios

Join Axios business reporters to learn more companies go public. Watch now.

Jun 25, 2020 - Health

The NIH claims joint ownership of Moderna's coronavirus vaccine

Bob Herman



Skip to main content

The National Institutes of Health may own intellectual property that undergirds a leading coronavirus vaccine being developed by Moderna, according to documents obtained by Axios and an analysis from Public Citizen.

Why it matters: Because the federal government has an actual stake in this vaccine, it could try to make the vaccine a free or low-cost public good with wide distribution, if the product turns out to be safe and effective.

The big picture: The NIH mostly funds outside research, but it also often invents basic scientific technologies that are later licensed out and incorporated into drugs that are sold at massive profits. The agency rarely claims ownership stakes or pursues patent rights, but that appears to be different with this coronavirus vaccine.

- "We do have some particular stake in the intellectual property" behind Moderna's coronavirus vaccine, NIH Director Francis Collins said during an Economic Club interview in May.

Driving the news: New evidence shines light on the extent of NIH's involvement.

- NIH and Moderna have researched coronaviruses, like MERS, for several years, and signed a contract this past December that stated "mRNA coronavirus vaccine candidates [are] developed and jointly owned" by the two parties. The contract was not specific to the novel coronavirus, and it was signed before the new virus had been sequenced,

Skip to main content

- Separately, four NIH scientists have filed for a provisional patent application entitled "2019-nCoV vaccine," according to disclosures in a pending scientific paper. Moderna scientists co-authored that paper, but none are listed as vaccine co-inventors.

- That makes it clear "the government and the public have a stake" in the coronavirus vaccine, said Zain Rizvi, a health law and policy researcher at Public Citizen. "The vaccine would not exist without the intellectual contributions of federal scientists."

What they're saying: NIH said in a statement that its scientists created the "stabilized coronavirus spike proteins for the development of vaccines against coronaviruses, including SARS-CoV-2," and the government consequently has "sought patents to preserve the government's rights to these inventions."

- Further, NIH "has adopted a non-exclusive licensing approach for these patent rights in order to allow multiple vaccine developers" to make a vaccine.

- NIH added that "federal employees listed as inventors on these patent applications assigned their rights to the U.S. government. Accordingly, should the [United States Patent and Trademark Office] and other national patent authorities grant the patents, the U.S. government will hold ownership interest in the patents."

Moderna declines to comment beyond a statement, which said the company "has a broad owned and licensed IP estate "and is" not aware of any IP that

would prevent us from commercializing our product candidates, including" the coronavirus vaccine.

Between the lines: Rizvi said co-owning the vaccine could allow NIH to more broadly license the underlying technology to other vaccine manufacturers "without the consent of Moderna," a company that is valued at $25 billion despite having no federally approved drugs on the market.

The bottom line: Many experts anticipate a coronavirus vaccine, once proven safe and effective, would be made as widely available as possible, and that developers aren't likely to seek big profits from it. Partial federal ownership could be a backstop if those assumptions don't bear out, but NIH isn't keen on stepping on industry's toes.

- "Talking to the companies, I don't hear any of them say they think this [vaccine] is a money-maker," Collins said during his Economic Club interview. "I think they want to recoup their costs and maybe make a tiny percentage of increase of profit over that, like single digits percentage-wise, but that's it.

  Nobody sees this as a way to make billions of dollars."

83.

Information for NIH Inventors

INVENTOR ROYALTIES

Are taxes withheld from the royalty payments?

Will I receive a tax statement for royalty payments?

Who do I contact if I didn't receive the Form 1099-MISC or think it contains an error?

If I received a check, and don't cash it, what happens? Maybe I lost it, or misplaced it in my home.

Whom should I contact when I have questions?

DECEASED INVENTOR ESTATE DISTRIBUTIONS

Are royalties distributed to the estate of a deceased inventor?

When are royalty payments made to inventors?

Royalty payments to inventors are processed two times in the calendar year. The first payment is generally made from late May to late June. The second payment is generally made from late October to late November. Payments cannot be distributed to inventors until the royalty information is completely reconciled to ensure accurate payouts.

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What do the payments represent?

The payments represent the inventor's share of royalty payments from licensees to the NIH during the fiscal year. For example, the first inventor payment is based on money received by the NIH for the period of October 1 through March 31. The second inventor payment is based on money received by the NIH for the period of April 1 through September 30.

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How are the royalty payments calculated?

Inventors receive the first $2,000 collected from a licensee. Next, they receive 15 percent of royalties above $2,000 and up to $50,000. Finally, they receive 25 percent of royalties in excess of the first $50,000 collected each year. Each inventor cannot receive more than $150,000 in royalty payments for a calendar year.

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How are the payments made to inventors?

The payments are made by either direct deposit to the inventor's financial institution or by check.

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How do I know when I will be receiving a royalty payment?

The Office of Financial Management sends out e-mails to inventors a couple of weeks in advance of the bi-annual payouts providing the amount of royalties to be sent and giving you an opportunity to update your banking information if needed.

Please Note: It is important to make sure that OFM has your current e-mail address.

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What do I do if I move or need to update my contact information?

If you move, contact the Office of Financial Management (OFM) at OFMRoyalty@mail.nih.gov and the NIH Office of Technology Transfer at OTT-Royalties@mail.nih.gov. Provide both offices with your updated contact information.

Please Note: It is recommended that you provide your personal contact information (including your personal e-mail address), because that typically does not change when you retire, change positions, or relocate.

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Is there a preferred method of inventor payment?

All payments should be made by direct deposit.

In order to ensure that inventor royalty income is deposited into the correct account, inventors are required to complete the ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM and return it by e-mail to the NIH Office of Financial Management (OFM).

E-mail: OFMRoyalty@mail.nih.gov

Please Note: You do not need to complete the ACH Coordinator information from your bank if you do not need their assistance completing the form.

Please Note: Due to COVID-19 concerns, OFM staff are no longer receiving ACH forms by USPS mail.

Please Note: It is recommended that you provide your personal contact information (including your personal e-mail address), because that typically does not change when you retire, change positions, or relocate.

Please Note: Anyone sending Personally Identifiable Information (PII) NIH/OFM should send it securely and confidentially over an SSL/encrypted connection.

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What do I do if I change financial institutions and/or change my bank account?

If you change your financial institution or bank account, complete the ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM and return it by e-mail to the NIH Office of Financial Management (OFM).

E-mail: OFMRoyalty@mail.nih.gov

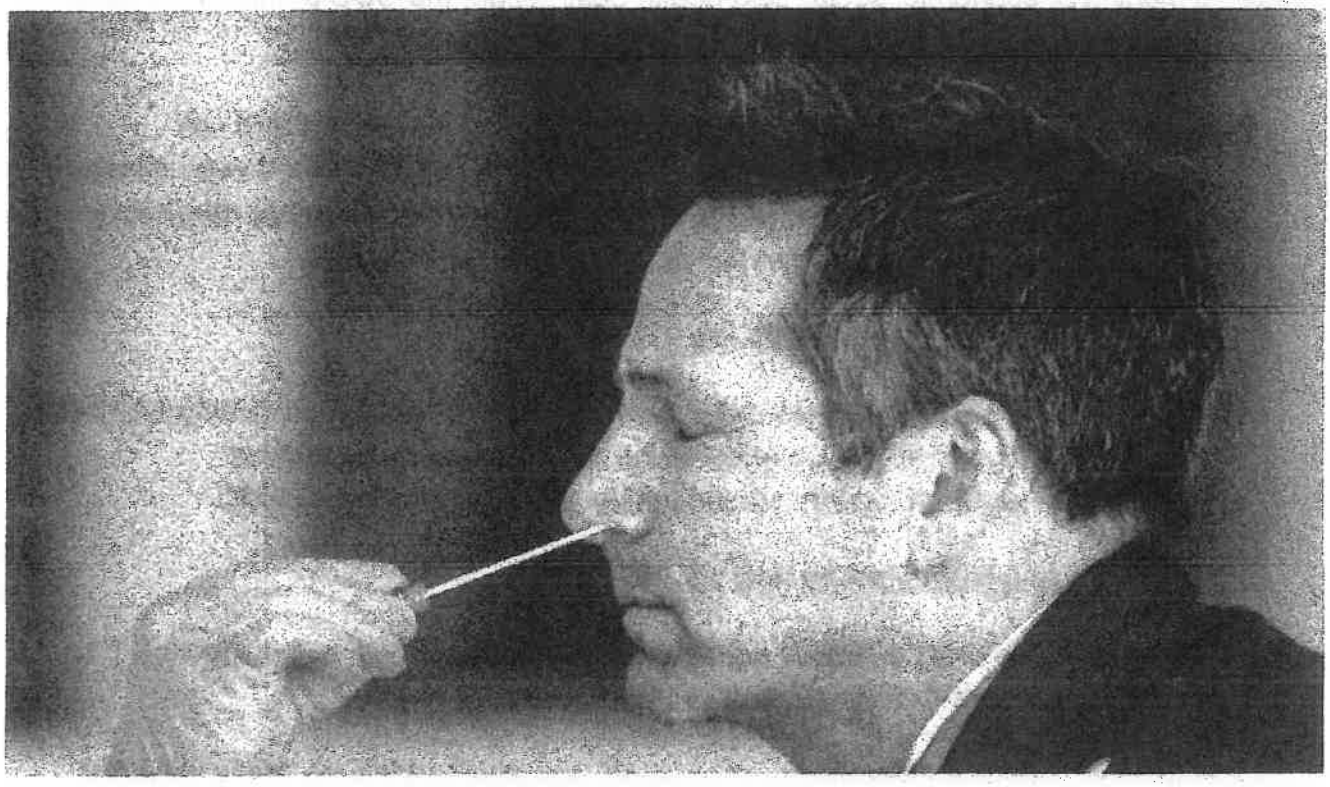
Please Note: You do not need to complete the ACH Coordinator information from your bank if you do not need their assistance completing the form.

Please Note: Due to COVID-19 concerns, OFM staff are no longer receiving ACH forms by USPS mail.

Fraudulent PCR Tests EXPOSED! CDC Quietly Withdraws Emergency Use Authorization Due to Inability to *Differentiate COVID-19 & Influenza*

welovetrump.com/2021/07/28/fraudulent-pcr-tests-exposed-cdc-quietly-withdraws-emergency-use-authorization-due-to-inability-to-differentiate-covid-19-influenza/

By daniel_g July 28, 2021



The PCR tests were a key component to enforcing lockdowns in 2020.

Although the widely inaccurate test was never meant to diagnose disease, health bureaucrats deemed PCR tests the gold standard to detect COVID-19.

And with the cycle threshold ramped up to a value of 38-40, it was inevitable that millions of people with no symptoms would test positive.

Ridiculous testing requirements forced many healthy individuals to test weekly for the virus.

Trending: BREAKING: Marjorie Taylore Greene Confirms FEDERAL LAWSUIT Against Pelosi To Be Filed

And we quickly saw a rapid rise in COVID-19 cases that gave the health overlords the excuse to deem asymptomatic spread a threat.

Asymptomatic spread was one of the key issues cited to convince people of lockdowns to "slow the spread."

Another peculiar thing happened with mass COVID-19 testing via PCR.

The flu appeared to vanish out of thin air.

Follow on Telegram @WeLoveTrumpNoah

After 18 months of economic, social, and health destruction, the CDC admitted the gold standard test couldn't distinguish between COVID-19 and the flu.

> The CDC will withdraw current PCR tests and recommends method that can *differentiate* between SARS-CoV-2 and influenza. This might make it even clearer as to how the flu just disappeared at precisely the same point that another respiratory virus emerged with a similar death rate pic.twitter.com/jrMFFCyN7b
>
> — Andreas Vou (@AndreasVou89) July 27, 2021

> The CDC declared it will withdraw its request for PCR test use on an emergency basis on December 31, and strongly suggests labs adopt new tests capable of "differentiation" between COVID-19 and influenza.https://t.co/VjrynwleBC
>
> — National File (@NationalFile) July 25, 2021

> Holy smokes. The CDC indirectly admits current PCR tests lack capability to differentiate between COVID-19 and standard influenza.
>
> Remember when the seasonal flu went *poof* last year? I think we finally have our explanation… ▼ https://t.co/hZKKbLSzda pic.twitter.com/RZ2y1Ajmi8
>
> — Kyle Becker (@kylenabecker) July 28, 2021

> US CDC confirmed July 21 that the PCR test does not distinguish between SARS & influenza and it is withdrawing emergency use of PCR tests in USA from December 31 2021. Drosten's meaningless test has caused more economic damage & suffering than any medical device in history. https://t.co/0gYDPFIXpx pic.twitter.com/QHzk8KIe0n
>
> — Professor Michael Northcott (@msnorthcott) July 24, 2021

> On July 21, CDC alerted US labs that it is withdrawing Emergency Use Authorization of PCR tests to detect infection of SARS-CoV-2. CDC recommends that labs transition to a different FDA authorized test as PCR tests cannot be used after Dec.31, 2021.#onpolihttps://t.co/MXWWpIP2B2
>
> — Roman Baber (@Roman_Baber) July 24, 2021

Fox News had the scoop:

> The Centers for Disease Control and Prevention (CDC) urged labs this week to stock clinics with kits that can test for both the coronavirus and the flu as the "influenza season" draws near.
>
> The CDC said Wednesday it will withdrawal its request for the "Emergency Use Authorization" of real-time diagnostic testing kits, which were used starting in February 2020 to detect signs of the coronavirus, by the end of the year.
>
> "CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives," the agency said.
>
> The U.S. has reported more than 34.4 million cases of the coronavirus since the pandemic began in 2020 and more than 610,000 deaths.
>
> But while cases of COVID-19 soared nationwide, hospitalizations and deaths caused by influenza dropped.
>
> According to data released by the CDC earlier this month, influenza mortality rates were significantly lower throughout 2020 than previous years.
>
> There were 646 deaths relating to the flu among adults reported in 2020, whereas in 2019 the CDC estimated that between 24,000 and 62,000 people died from influenza-related illnesses.
>
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> The CDC urged laboratories to "save both time and resources" by introducing kits that can determine and distinguish a positive test for the coronavirus and flu.

National File also reported:

> Many skeptics have noted that, with the emergence of COVID-19, flu cases diminished at a level that strains credulity. While the CDC estimated that between 24,000 and 62,000 died of "influenza related illnesses" in 2019, the number shrunk by nearly 99% in 2020, to a modest 646 deaths. Many have pointed to overuse of the PCR tests, which are designed to detect incredibly small amounts of viruses, for this massive change.
>
> Others, perhaps more confusingly, say that while Americans did a poor job of social distancing, mask wearing, and hand sanitizing that was unable to prevent the spread of COVID-19, Americans also did a satisfactory job of social distancing, mask wearing, and hand sanitizing to prevent the spread of influenza viruses.
> As National File reported earlier this year, the inventor of the PCR test once said Anthony Fauci, 80-year-old the decades-long director of the National Institute of Allergy and Infectious Diseases, "doesn't know anything" and is willing to lie on television. "Guys like Fauci get up there and start talking, you know, he doesn't know anything really about anything and I'd say that to his face. Nothing. The man thinks you can take a blood sample and stick it in an electron microsoope and if it's got a virus in there you'll know it," said PCR test inventor Kary Mullis.
>
> "He doesn't understand electron microscopy and he doesn't understand medicine and he should not be in a position like he's in. Most of those guys up there on the top are just total administrative people and they don't know anything about what's going on in the body. You know, those guys have got an agenda, which is not what we would like them to have being that we pay for them to take care of our health in some way. They've got a personal kind of agenda. They make up their own rules as they go. They change them when they want to. And they smugly, like Tony Fauci does not mind going on television in front of the people who pay his salary and lie directly into the camera," Mullis added.

Who wants to guess how many COVID-19 cases (and deaths) were actually influenza and simply misdiagnosed due to the PCR tests?

New American

CDC Director Walensky Lies, Contradicting CDC's OWN DATA

by Selwyn Duke July 29, 2021

Rochelle Walensky lied about how kids died — and more children will suffer as a result.

Walensky, director of the Centers for Disease Control (CDC), perhaps trying to justify the administration position that children will probably have to wear masks at school in the fall, recently stated that COVID-19 is notably deadlier to kids than is the flu. The problem is that the CDC bigwig's claim was contradicted by an interesting source: the CDC.

Fox News host Tucker Carlson reported on this last night, stating that

> Walensky is an actual doctor.... She went to Harvard. She's never been elected to anything, but in a pandemic like this, her word is law. It's more powerful than anything Congress produces. She's her own federal agency. In fact, on a continuum, she sits somewhere between king and God. So read carefully as Rochelle Walensky tells you that COVID is killing twice as many children as influenza.

"I think it's really important for people to understand that this is not a benign disease compared to other diseases our kids see," Walensky could be heard stating in a clip Carlson played (video below; relevant portion begins at 10:05). "If you look at the mortality rate of COVID, just this past year for children, it's more than twice the mortality rate that we see in influenza in a given year."

The problem is that unless Walensky is profoundly ignorant of her own CDC's data and what attentive laymen have known for more than a year, her claim is a lie.

The Truth: "From 2019 to 2020, according to the CDC, a total of 124 children died of COVID. From 2020 to 2021, 213 children died of COVID. By comparison, influenza killed more than 400 children just last year," Carlson related. "In fact, that was not an aberration. Influenza has killed far more children than COVID has in each of the past five years. It's not even close."

This isn't some esoteric fact. I've long cited a study out of Newcastle University in London showing what data the world over reflect: that the flu is at least twice as dangerous to children under 10 as is the China virus. A good example is the Spanish influenza epidemic of 1918-19, which claimed 675,000 American lives — many of them young. This is more than two million when adjusted for today's population.

In fact, insofar as diseases go and according to BusinessTech, influenza is history's fifth-greatest killer (50 million deaths), behind malaria, tuberculosis, smallpox, and plague.

On July 12, *New York's* Intelligencer further illustrated the irrationality of fearing the threat SARS-CoV-2 poses to children. "Over the course of the pandemic, 49,000 Americans under the age of 18 have died of all causes, according to the CDC," the site wrote. "Only 331 of those deaths have been from COVID — less than half as many as have died of pneumonia. In 2019, more than 2,000 American kids and teenagers died in car crashes; each year, according to some estimates, about a thousand die from drowning."

So if you're going to mask and/or vaccinate kids for fear of The Virus™, then you'd surely better keep them far away from water and autos.

What's more, "In a recent report, the CDC itself acknowledges it could be vastly over-reporting the number of children who are dying from COVID," Carlson also related last evening. "The CDC report states that, when considering everyone who died of COVID, roughly 2.5% of those who died had a co-existing medical condition unrelated to their deaths. But for children under the age of 18, that number is dramatic — over 35% of children who died from COVID had what the CDC calls an 'unrelated medical condition.'"

"In other words, more than a third of children ... listed on the official records as dying from COVID had comorbidity that the CDC assures us cannot possibly be connected to COVID," Carlson continued. "But it appears, upon closer examination, the comorbidities might in fact be related to the deaths of those children."

It may be obvious why Walensky and others tell this bold China virus/influenza lie and why Big Media aid and abet them: You can't justify masking and vaccinating children if people know that COVID is considerably less dangerous to them than a disease most of us sneeze at.

And some cities have actually reinstituted school mask mandates; the Biden administration, as mentioned earlier, has recommended such; and authorities have even pushed to get youths vaccinated. Below is a video of Walensky doing so just last month.

CBS News
@CBSNews

CDC Director Rochelle Walensky said that "troubling data" shows adolescents have been hospitalized, and many admitted to the intensive care unit, because of COVID-19. She said many required mechanical ventilation and urged parents to vaccinate children who are 12 and older.

(Moreover, it was just announced that vaccines will be "available" for children under 12 late this year.)

This is child abuse. Studies have shown that masks offer little to no benefit when *prescribed for the general population*. Yet the costs appear great, with strong indications that masks can become as pathogen-laden Petri dishes on people's faces and that wearers may be inhaling unhealthful plastic microparticles from them; furthermore, a study found that after just three minutes wearing-time, children were inhaling carbon dioxide at up to six times the acceptable adult level.

As for vaccines, youths have suffered medical complications and even death after taking them; for example, 13-year-old Jacob Clynick passed away just three days after receiving his second China virus injection. Does taking such risk over a disease that imperils kids less than does the flu make any sense?

No, and this explains all the lies. But what should be the consequence for a person who thus deceives? We can already say that the health authorities lied and children died. They, not the January 6 defendants, should be brought up on serious charges.

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Laurie Pascual

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Federal Judge Embarrasses the CDC With a Crucial Question on Mask 'Science' – RedState

a Crucial Question on Mask 'Science' – RedState

June 12, 2021 5 min read

When does science cease to be science? When one stops relying on the citing of objective evidence and starts gnashing their teeth at any questioning of a specific theory. In regards to masks, we crossed that Rubicon long ago.

Gov. Ron DeSantis is pushing the issue to its breaking point, requesting that the CDC has its mitigation requirements for cruise ships slapped down. Those requirements include having 95% of passengers vaccinated and mask-wearing. This is part of Florida's larger battle against so-called vaccine passports.

The judge in the case is apparently not going to let the CDC skate by. He asked the federal bureaucracy to provide actual evidence for its claims about mask efficacy.

> "Where does this mask efficacy theory come from?" U.S. District Judge Steven Merryday of Tampa asked the @CDCgov.
>
> Does a federal judge think masks don't work?
>
> By @TB_Times reporter @mahoneysthename and @MiamiHerald reporter @taydolven:https://t.co/4EKfBppXFW
>
> — Jamal Thalji (@jthalji) June 11, 2021

For those not familiar with Florida politics, the Tampa Bay Times and the Miami Herald are two of the most wretchedly left-wing papers in the state. The latter recently produced a fluff piece on conspiratorial nutjob Rebekah Jones that was so ridiculous and misleading that even some Democrats couldn't go along with it.

Given that, it's not surprising that this reporter from the Tampa Bay Times is setting his hair on fire over a judge daring to ask for (gasp!) evidence to support a specific requirement. Still, that doesn't mean it any less dumb. Science is not a religion, and nothing should be above questioning. If the CDC can't provide objective data, they shouldn't be allowed to throw their weight around the way they have."

a)

The judge in the case pressed the federal government heavily on that, leading to this remarkable exchange.

> When pressed on what level of transmission would require agency action, Powell said the agency has broad authority from Congress to prevent the interstate and international transmission of disease, and there's a need for "enforceable public health measures." Legally, the agency has the power to try to reduce transmission to zero, even if that may not be practical in the coronavirus' immediate future, she said.
>
> Percival, for the state of Florida, pounced on that statement.
>
> If that's true, "it's unclear what they cannot do," he said. "They can bar your doors. ... That is an astronomical power."

Florida's counsel has it right. By the CDC's telling, they can literally violate everyone's rights from here unto eternity by pressing for zero transmission — when that's impossible. When asked for specifics to back up their vast guidelines, they kept shooting blanks.

> "Where does this mask efficacy theory come from?" Merryday said. "We've had masking and social distancing for a long time and we had a pandemic in the middle of it."
>
> Powell responded that neither masks nor social distancing are cure-alls, but that they reduced the number of people who died.
>
> "What you can do is make the best scientific decision you can with the evidence available. That's the CDC's job," she said. "We don't expect the risk to be zero, there will be risk on every ship. ... But we're still in the midst of a still-deadly pandemic."

What's never mentioned to the judge is what "evidence" is available that the CDC is going by. The reason they can't provide that is 1) because their own studies show mask mandates are statistically useless (the judge points that out) and 2) because they have no affirmative evidence that masks reduce the spread of COVID-19.

Besides, as I've written many times before, the case for mandatory masking just isn't there. We have far too much data at this point that shows no correlation between masks and rates of infection in communities. That can be seen by simply comparing different parts of the country that had different rules regarding masks. Further, the latest study also shows mandatory masking to have been pointless.

In short, the CDC was absolutely embarrassed in this hearing, and it's pathetic that the media, instead of noting that, are running cover and clutching their pearls that a judge would dare ask basic questions. Honestly, that's kind of scary. Do we really want to live in a country where objective data is ignored in the face of tyrannical dictates from the powers that be? I think not.

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Federal Judge Embarrasses the CDC With a Crucial Question on Mask 'Science'

June 13, 2021 By Stephen Frank **Leave a Comment**

Stanford did a compilation of 67 mask studies—none showed they had much value. Johns Hopkins Medical School did a study on masks—found they had little or no value. Now a Judge is using the law and common sense about the use of face mask with no values to them.

"Besides, **as I've written many times before**, the case for mandatory masking just isn't there. We have far too much data at this point that shows no correlation between masks and rates of infection in communities. That can be seen by simply **comparing different parts of the country** that had different rules regarding masks. Further, **the latest study** also shows mandatory masking to have been pointless.

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Government needs to be embarrassed for their lies. Fauci needs to be fired, then indicted for his lies which cost millions of jobs and thousands of people die—Fauci lied and people died.

Good for the Judge asking basic questions. Wait till these issues hit the California courts and Newsom is unable to show data for social distancing, closing of schools and churches. It will cost us billions in tax payer settlements—and that will never by enough to pay for the corruption of Gavin Newsom as Governor.

Federal Judge Embarrasses the CDC With a Crucial Question on Mask 'Science'

By **Bonchie**, Red State, 6/12/21

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Given that, it's not surprising that this reporter from the Tampa Bay Times is setting his hair on fire over a judge daring to ask for (gasp!) evidence to support a specific requirement. Still, that doesn't mean it any less dumb. Science is not a religion, and nothing should be above questioning. If the CDC can't provide objective data, they shouldn't be allowed to throw their weight around the way they have, and even if they have objective data on an issue, how broad their power is remains a very serious question.

The judge in the case pressed the federal government heavily on that, leading to this remarkable exchange.

When pressed on what level of transmission would require agency action, Powell said the agency has broad authority from Congress to prevent the interstate and international transmission of disease, and there's a need for "enforceable public health measures." Legally, the agency has the power to try to reduce transmission to zero, even if that may not be practical in the coronavirus' immediate future, she said.

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Besides, **as I've written many times before**, the case for mandatory masking just isn't there. We have far too much data at this point that shows no correlation between masks and rates of infection in communities. That can be seen by simply **comparing different parts of the country** that had different rules regarding masks. Further, **the latest study** also shows mandatory masking to have been pointless.

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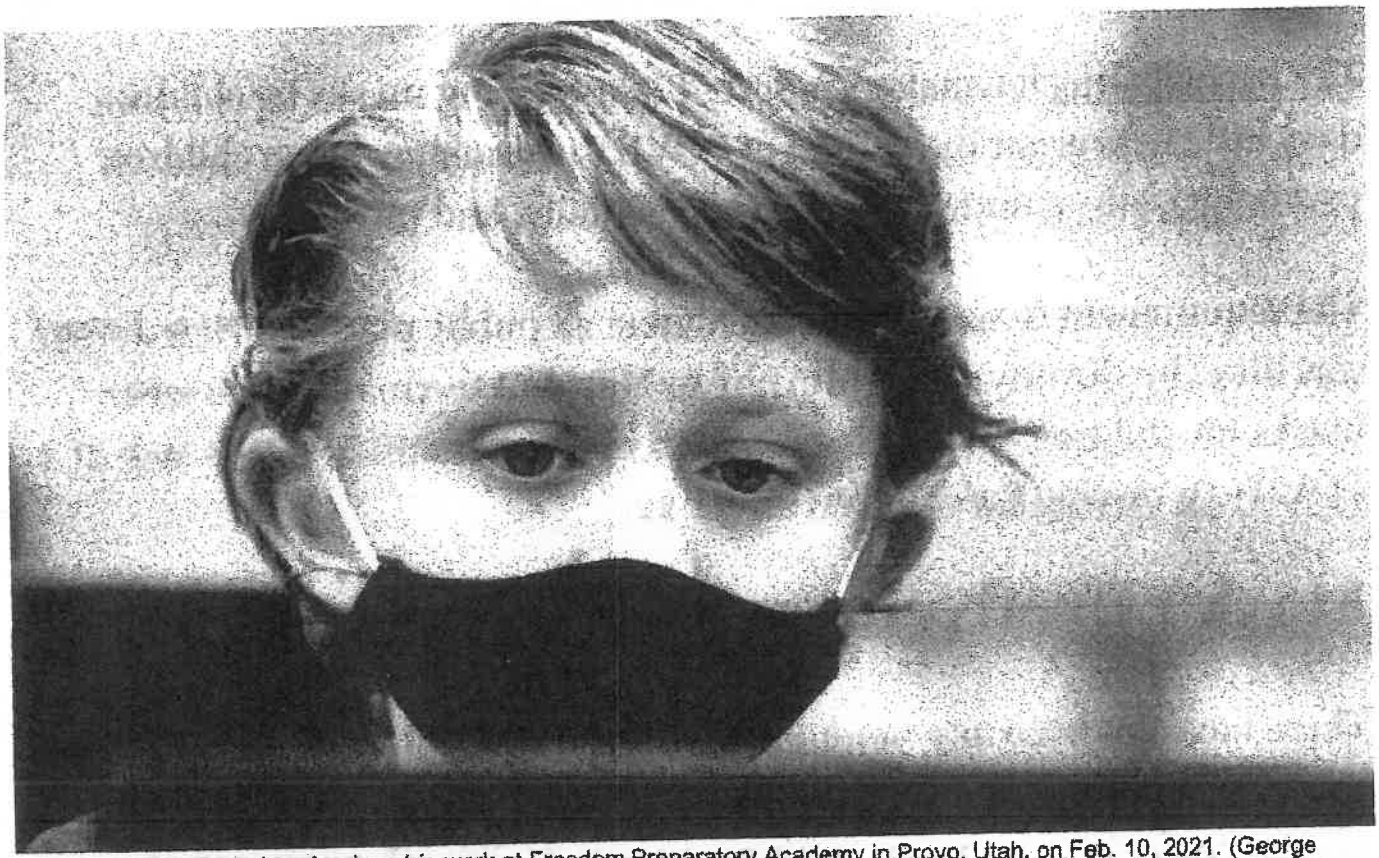
THE EPOCH TIMES



A student wears a mask as he does his work at Freedom Preparatory Academy in Provo, Utah, on Feb. 10, 2021. (George Frey/Getty Images)

CORONAVIRUS IN-DEPTH

Mask Mandate for Children Is Not Backed by Science: New Jersey Senators

BY ELLA KIETLINSKA July 17, 2021 Updated: July 17, 2021

A Print

New Jersey senators held a hearing last week to explore whether the science supports forcing children to wear face masks in schools amid growing concerns regarding the efficacy and negative effects of these masks.

Scientists testified about the effectiveness of masks in preventing the spread of COVID-19, a disease caused by the CCP (Chinese Communist

Party) virus. Health professionals and parents talked about the impact of masks on children's health and well-being.

The participating lawmakers asserted that wearing masks by children does little to prevent the spread of COVID-19 and may harm children psychologically, emotionally, developmentally, and physically.

The requirement to wear masks in almost all public places in New Jersey was lifted by Governor Phil Murphy in May, but the mandate to wear masks for children in schools remained in place, justified by the lack of a COVID-19 vaccine for children under 12.

Mask Effectiveness for Children

There have not been any randomized clinical trials on children to assess the benefits of wearing masks, but different countries responded differently to the pandemic, said Dr. Martin Kulldorff, professor of medicine at Harvard Medical School, and a biostatistician and epidemiologist.

"During the first wave [of the COVID-19 pandemic] in the spring of 2020, most large Western countries closed their schools for longer or shorter time periods, including more states in the U.S. The one exception was Sweden, which kept schools and daycare open from ages 1 to 15, for which there are 1.8 million children."

At that time, there was no mask-wearing, no social distancing, and no COVID-19 testing for children in Sweden, Kulldorf said at the hearing, but there was more cleaning than normal in schools and daycare facilities and children who got sick were sent home.

Despite this lack of restrictions, "none of these 1.8 million children died [of COVID-19]," Kulldorf emphasized.

"COVID is primarily spread through adults. When children do get infected ... they typically get it from an adult. And it's very unusual to get transmission from children to adults."

The risk of COVID-19 infection for teachers is the same or slightly lower than the average in other professions, Kulldorf said. "There's no purpose of wearing masks, either for the benefit of the children or for the benefit of teachers. There's no public health reasons to do that."

"I think in the United States, for this whole pandemic, there have been about 350 reported COVID deaths among children. And we don't know exactly how many of those are due to COVID versus how many are with COVID because [the] CDC hasn't done that evaluation."

Kulldorf said that the number of child deaths due to influenza is between 200 and 1,000 every year depending on the severity of influenza.

"Every one of these deaths is tragic," Kulldorf said, but "for children, [mask] doesn't particularly give them any protection from COVID."

Adverse Effects of Masks

A student plays the flute while wearing a mask during a music class at the Sinaloa Middle School in Novato, Calif., on March 2, 2021. (Haven Daily/AP Photo)

"There was ample evidence for adverse effects of children wearing masks and they should not be forced to wear them," said Maria Crisler, a clinical scientist with specialty experience in microbiology.

According to a study conducted in April, 68 percent of more than 25,000 children participating in the study "had problems wearing face coverings" and the content of carbon dioxide inhaled by them was several times higher than the acceptable norm, Crisler testified.

Due to the high intake of carbon dioxide, children sampled for the study experienced symptoms such as irritability, headache, difficulty concentrating, reluctance to go to school or kindergarten, malaise, impaired learning, drowsiness, or fatigue, Crisler said.

The issue of mask-wearing is even more critical for children than for adults because anatomical differences make a child more vulnerable than an adult to injury from oxygen deprivation and high intake of carbon dioxide, the clinical scientist explained.

"There are physiological changes within 45 seconds of wearing a mask to the brain, from the heart, the lungs, the kidneys, and the immune system."

Moreover, microbes can concentrate on the outside of masks because microbe carrying droplets are trapped in masks and can be re-inhaled, Crisler said in her presentation. "Without a mask exhaled droplets and aerosol dry quickly. ... The longer the mask is used, the more bacteria are exhaled through it."

"The outside of surgical mask—the ones that the children are mostly wearing to school—tested in hospitals, found more concentrated microbes on the outside of the masks themselves than in the environment."

A study performed by a lab of the University of Florida showed that several types of microbes were present on masks, Crisler noted, emphasizing that the study was non-scientific.

Crisler also mentioned that natural solutions to protect children "begin with diet and exercise," as poor diets and lack of rest are among factors contributing to disease and immune dysfunction.

Dr. Paul Alexander, a professor of evidence-based medicine at McMaster University in Canada and a former COVID pandemic advisor at the Trump Administration, pointed out that there is no clear evidence that masks are effective but there are reports and evidence that wearing masks is potentially harmful.

"You're accumulating carbon dioxide behind the mask, you're not getting proper oxygen, etc. And you have reports across the world of damage," Alexander said adding, the "WHO [World Health Organization] put out a report ... stating children under six years old, should not be masked, under no condition."

Alexander also said that cases of asymptomatic transmission of COVID-10 which drove the lockdowns and school closures as well as reinfections are very rare.

"When we look at the evidence, we can't find clear indications, actual evidence, cases, where asymptomatic spread is a real concern or reinfections, recurrent infections is a real concern. And we can argue each case that you present as flawed interpretation."

05

Masked students wait in a socially distanced single file line before heading to the cafeteria at an elementary school in Louisville, Ky., on March 17, 2021. (Jon Cherry/Getty Images)

Jacqueline Tobacco, a member of the Board of Education in Middletown, New Jersey, testified that her son attended a school without wearing a mask since September after a long fight and a lawsuit that she had filed.

"He has successfully attended school all year—schools have been open in Middletown—and never was quarantined, never got COVID," Tobacco sad.

She won the race for a seat on the Board of Education after campaigning on a platform against the lockdowns and against the mask mandates and

became a board member in January.

Erin Pain, a school nurse, testified that wearing masks can harm children psychologically, developmentally, and physically.

She saw many children experiencing anxiety and severe fear. Pain told senators the story of a girl who came to see her because she vomited in class. That girl got really nervous when she saw people wearing masks and the thought occupied the child's mind to the point that she felt sick in her stomach and threw up.

Another girl who Pain saw was hysterically crying because she forgot to bring her mask to school and was afraid that she would bring COVID home. "I had to spend 15 minutes with her to calm her down just to get her to go into class," Pain said.

A child's development may also be impacted by wearing a mask, Pain explained. "Children learn by recognizing facial cues ... and [their learning] is hindered by wearing a face mask."

When their teacher smiles at them, children know that they got the right answer or did a good job, Pain continued.

"Developmentally, these kids are suffering. They're having a really hard time, especially the hearing impaired and the special needs children who are having a severely difficult time wearing these masks," she said.

The nurse also saw face rashes, sore throat, canker sores related to wearing masks. Children sometimes wear the same mask for several days, touch them, and sometimes forget to wash their hands after using the bathroom, or flip them inside out, Pain said.

The CDC recommends washing cloth mask whenever it gets dirty or at least daily.

New Jersey state Sen. Michael Doherty, a Republican, said after all testimonies were given, "We heard today that masks cause harm and there's no benefit. And there's a lot of science to back that up. It's causing irreparable harm to our children. And the science is very clear to me."

"It was really important to hear the science," said Republican New Jersey Sen. Kristin Corrado.

"We have legislation [introduced] ... that would prohibit any school or school bus from mandating that children wear masks in school or on the bus. We also have legislation that would prohibit masking mandated at daycares and summer camps. Parents should be the only ones making medical decisions for their children. And let's be clear, wearing a mask is a medical decision, that should never be made by" the government of New Jersey, Corrado said at the conclusion of the hearing.

Rights and Freedoms
Covid-19

Dr Mike Yeadon's Final Warning to Humanity

BY CAPTAINDARETOFLY ON JULY 27, 2021 Listen Now

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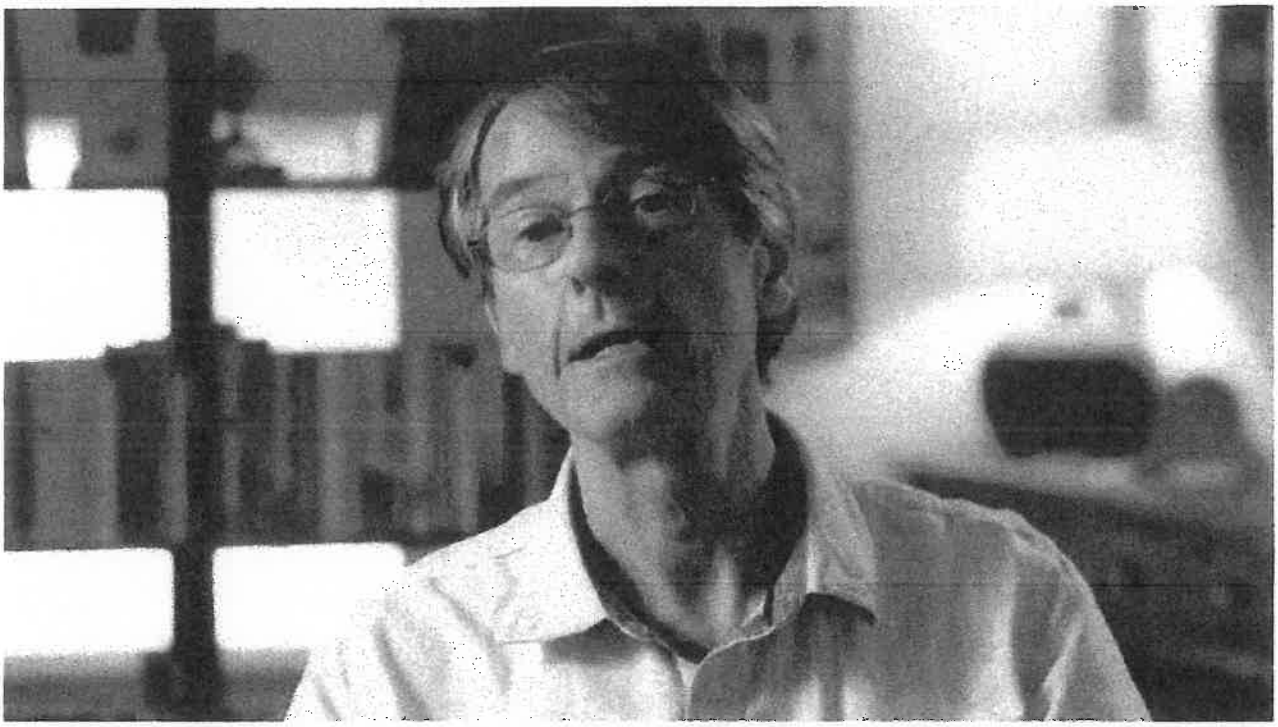
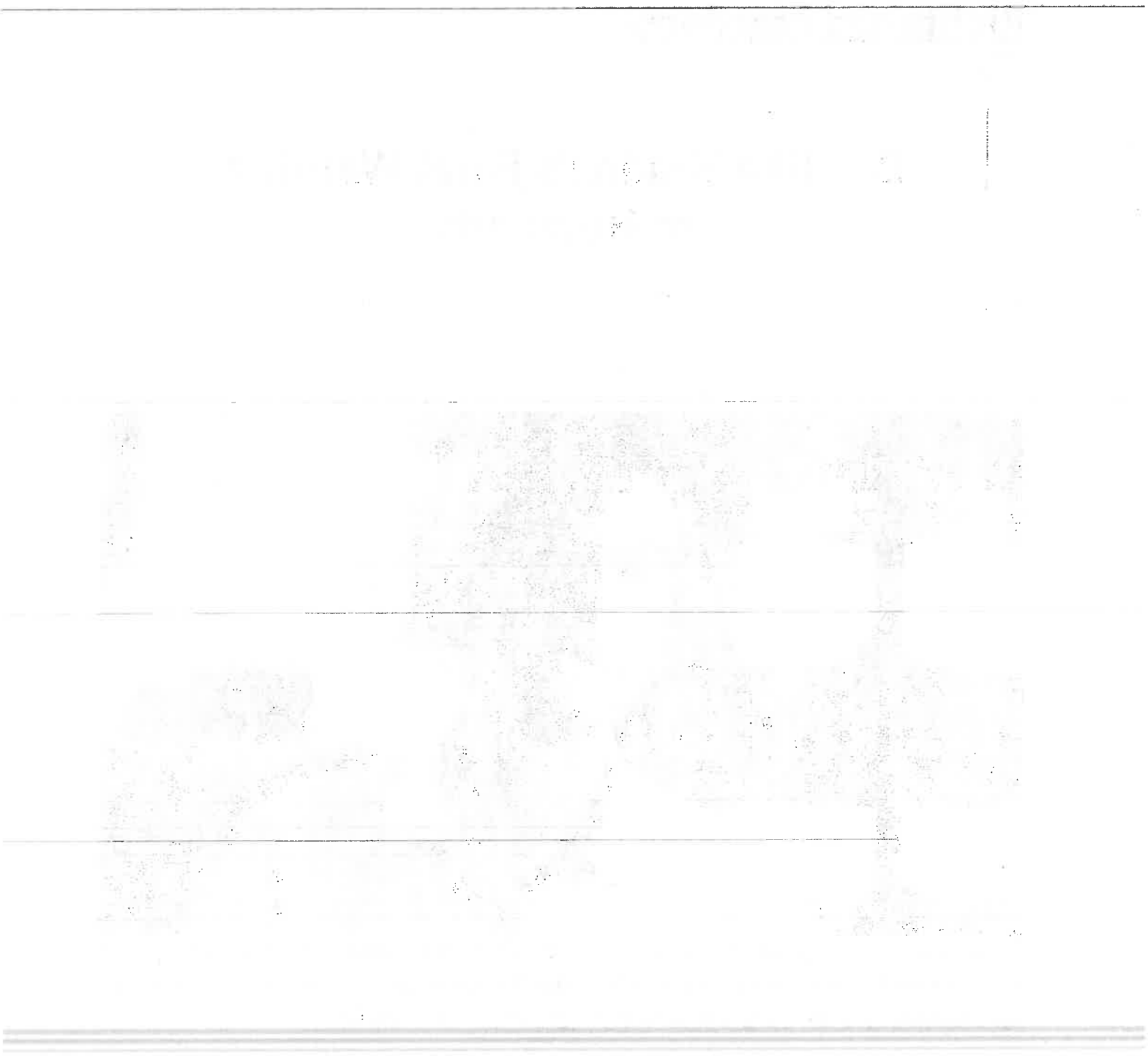


In an interview posted online, former Vice President and Chief Science Officer of Pfizer for 16 years, Dr Mike Yeadon, gave a staunch warning to humanity that they must wake up before it's too late.

Dr Yeadon outlined that the government has been lying to the public throughout the entirety of the Covid pandemic and that it's up to the masses to stop them.

"Don't say you weren't warned because I've been warning people as long as I can and as hard as I can, that you can still right now take your normal society back and take it back tomorrow," Dr Yeadon said.



In the video, Dr Yeadon explained the Covid-19 restrictions that were introduced at the start of the pandemic (and continue to be used) don't work. For example, he explains how masks are incapable of preventing the spread of the alleged virus, and that lockdowns never slowed transmission.

Additionally, Dr Yeadon told viewers that they "don't need to be vaccinated by inadequately tested and somewhat dangerous gene-based, spike protein inducing proteins", and should instead ignore what corrupt scientists tell them to do.

The former Pfizer Vice President warned that if people don't wake up in the next few weeks, they will have lost the chance to take back freedoms and return to normal society as vaccine passports will be introduced.

Throughout the video, Dr Yeadon explained that government policy – even before the start of the Covid pandemic – turned decades of understanding of how to protect people from infectious diseases on its head, citing lockdowns as a key example of this.

"You need to be symptomatic in order to be infectious but what we do we quarantine the sick, we've always done that.

"We've quarantined the sick because that's how you avoid infecting the wider population. So, the idea of quarantining the well with these so-called lockdowns is a new invention, and it has no foundations whatsoever either in science or in the history of controlling epidemics."

Dr Yeadon continued by stating that mass testing of the population was not introduced to track cases of Coronavirus but to induce fear to control the masses. He also stated that asymptomatic cases defy common sense as there's no history of viruses like this until the year 2020.

"It's a strong evolutionary advantage for us to be highly aware of whether or not someone represented a threat to us, and the fact that we are very good at that I think should tell you that they are reliable guides as to whether someone is a threat to you. So if they're not symptomatic, they're not going to infect with you the flu."

Furthermore, Dr Yeadon explained that Covid-19 does pose a threat to the elderly and those with underlying health conditions, but is not a risk to those who are younger, fit, and healthy. To the younger demographic, he says, Covid-19 is less of a threat than influenza.

Dr Yeadon highlights that despite this, governments around the world continue to order the masses to run away and hide in their homes, being forced into unnecessary lockdowns and having to submit to tyrannical restrictions.

At the end of the video, Dr Yeadon concludes by stating that he is sincere about his words and would not lie, as he is receiving "absolutely nothing except criticism and social isolation" from his peers.

"I'm warning you that governments around the world, and certainly yours locally, are lying to you in various ways that are easy for you to establish."

6 min video:

https://videopress.com/6776e0f9-9b10-4cac-ab88-1c202cb82e84

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