

Where do we stand?

Four years on.

- ❑ Lab Origin.
- ❑ Malfeasance – Treatments and Evidence of Intent.
- ❑ Vaccine Disaster.
- ❑ Why it won't stop:
 - We can't just carry on, without future risks.

This may feel a bit like



but you need to see it.



Alex Hutchinson photography

For all the dead, the injured, and the fighters.

A Laboratory did make this...

Lab Origin

- **There's a novel 19-nucleotide sequence in SARS-CoV-2:**
 - Not in any eukaryotic/viral organisms pre-2019: <https://www.frontiersin.org/articles/10.3389/fviro.2022.834808/full>
 - Sequence: *CTCCTCGGCGGGCACGTAG*
 - If one reverses the sequence and takes the 'DNA compliment', one obtains: *CTACGTGCCCCGCGAGGAG*
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- **This 100% matches a 2016 Moderna Inc. patent:** U.S. Pat. 9587003-B2. (See Seq. ID 11652, nt 2733-2751)
- New sequence Forms a powerful 'Furin Cleavage Site', results in very efficient host-cell entry.
- No other beta-coronavirus even has a *Furin Cleavage Site*.
- Chance $4^{19} = 4 \times 4 \times 4 \times 4 \times 4 \dots = 1\text{-in-}271$ trillion. Divided by two.

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<https://drasticresearch.files.wordpress.com/2021/09/main-document-preempt-volume-1-no-ess-hr00118s0017-ecohealth-alliance.pdf>

- **EcoHealth / Peter Daszak describe adding Cleavage Sites to backbones:**
*"we will introduce appropriate **human-specific cleavage sites**" ... "viral spike glycoproteins will be synthesized, and those binding to human cell receptor ACE2 will be inserted into SARSr-CoV backbones"*

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- **DEFUSE aimed to use 'DC-SIGN' receptor** – (note: DC-SIGN is used by HIV):
*"we will sequentially introduce clade 2 disrupting residues of SARS-CoV and SHCO14 and evaluate virus growth in Vero cells, non-permissive cells ectopically expressing **DC-SIGN** and in human monocytes and macrophages anticipating reduced virus growth efficiency"*

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- **Restriction ('cut') sites, proposed in DEFUSE for assembly, are found in SARS2:**
<https://alexwashburne.substack.com/p/the-nature-of-lab-origin-investigations>
"the pattern of cut/paste sites in the genome of SARS2 is consistent with methods proposed in DEFUSE and it triangulates to the same set of authors (Peter Daszak, Zhi ZhengLi), who were unique in using these specific enzymes"
- **Claims 'research was not funded' after much of it was already done, prior to grant proposal.**
 Toni Rocke *"already developing SARS-CoV spike glycoproteins with respect to the DARPA grant"*
 We also do not know what the PLA did, or didn't, fund..

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 - Variant is a precursor / ancestor of Wuhan-1 strain!
 - Viral host cell DNA was African Green Monkey (obviously not in Arctic, yet is commonly used in labs).
 - Same lab in Shanghai had routinely processed Wuhan lab samples in 2019. Contamination!
 - **It means SARS2 existed in Chinese labs during 2019.**

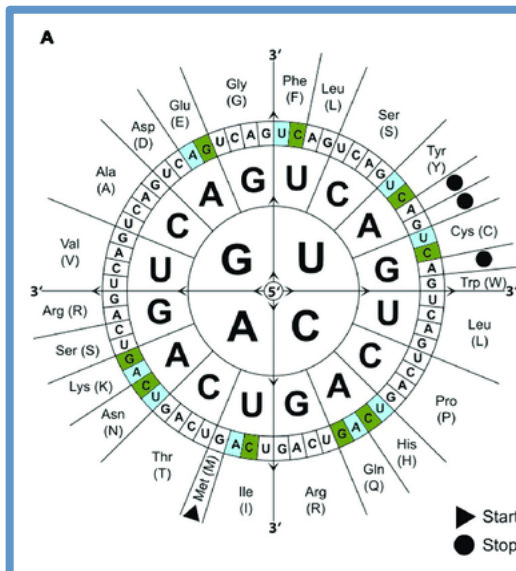
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- **Optimised for humans:** Furin Cleavage Site 'RRAR'.. Made from codons:

aRginine aRginine Alanine aRginine
CGG CGG GCA CGT.



How Amino Acids are formed from 'codons' of 3 nucleotides:

- Work from the centre to the perimeter.
- Choose your nucleotides in order.
- Read off the Amino Acid around the edge of the circle.
- Multiple ways to produce the same Amino Acid.
- Some ways are 'preferred'.
- Note: for mRNA, nucleotide 'U' does not exist; instead uses 'T'.

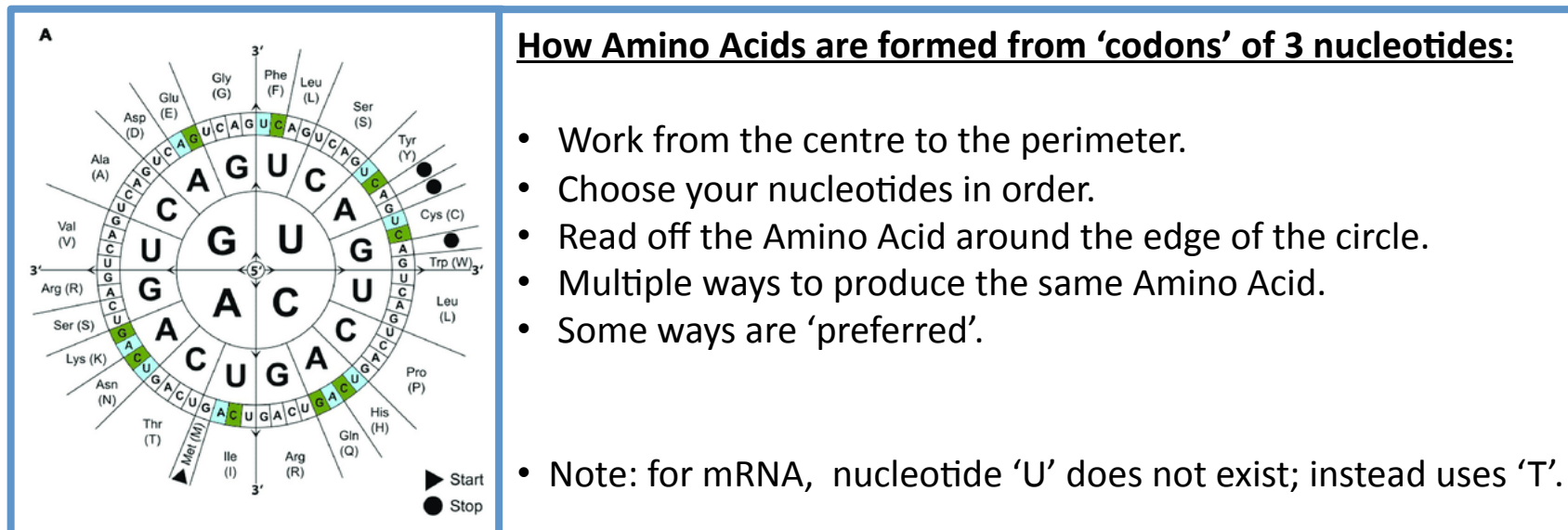
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aRginine	aRginine	Alanine	aRginine
CGG	CGG	GCA	CGT.

 - 'RxxR' is a standard Furin Cleavage Site, where 'x' can be anything.
 - 'RRxR' is in SARS2, approx. 1000x more efficient.
 - Good summary: <https://nicholaswade.medium.com/origin-of-covid-following-the-clues-6f03564c038>



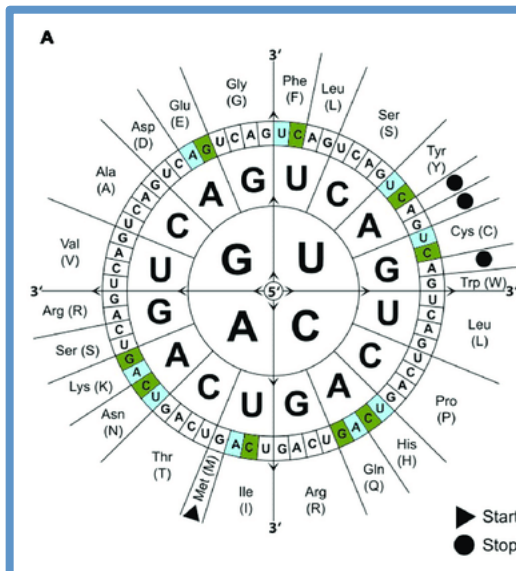
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 - Hugely pre-adapted for human-cell infection/transmission 2x'CGG' coding for Arginine is human-preferred, not by virus
 - Animal study incl. bats/pangolins found **SARS2 binds best to human ACE2:** <https://arxiv.org/abs/2005.06199> (Piplani et al.)
 - SARS2 reproduces poorly in bats – direct jump ruled out – no evidence of intermediary species.
 - SARS2 'out of the box' can use human receptors: ACE2, nAChR, DC-SIGN, along with CD147 ('basigin', note Malaria link) NRP1, CD209L, ASGR1, KREMEN1, AXL, SR-B1, GRP78. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10050803>



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- **Uncanny matches to HIV** (four sequences match the 'gp120' and 'gag' proteins from HIV):
 - Pradhan et al. <https://www.biorxiv.org/content/10.1101/2020.01.30.927871v1> (note: this publication was censored)
 - Not a coincidence: spike trimer expresses these in exactly the places they need to be, geometrically, to do damage.
 - Same sequences involved in infection of T-Cells (DC-Sign, CCR4, CXCR5).

Pradhan et al. *Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag*
 bioRxiv preprint doi: <https://doi.org/10.1101/2020.01.30.927871>

Motifs	Virus Glycoprotein	Motif Alignment	HIV protein and Variable region	HIV Genome Source Country/ subtype	Number of Polar Residues	Total Charge	pI Value
Insert 1	2019- nCoV (GP) HIV1(GP120)	71 76 TNGTKR TNGTKR 404 409	gp120- V4	Thailand */ CRF01 AE	5 5	2 2	11 11
Insert 2	2019- nCoV (GP) HIV1(GP120)	145 150 HKNNKS HKNNKS 462 467	gp120- V5	Kenya G	6 6	2 2	10 10
Insert 3	2019- nCoV (GP) HIV1(GP120)	245 256 RSYL- - -TPGDSSSG RTYLFNETRGNSSSG 136 150	gp120- V1	India*/C	8 10	2 1	10.84 8.75
Insert 4	2019- nCoV (Poly P) HIV1(gag)	676 684 QTNS-----PRRA QTNSSILMQRSNFKG PRRA 366 384	Gag	India*/C	6 12	2 4	12.00 12.30

Table 1: Aligned sequences of 2019-nCoV and gp120 protein of HIV-1 with their positions in primary sequence of protein. All the inserts have a high density of positively charged residues. The deleted fragments in insert 3 and 4 increase the positive charge to surface area ratio. *please see Supp. Table 1 for accession numbers

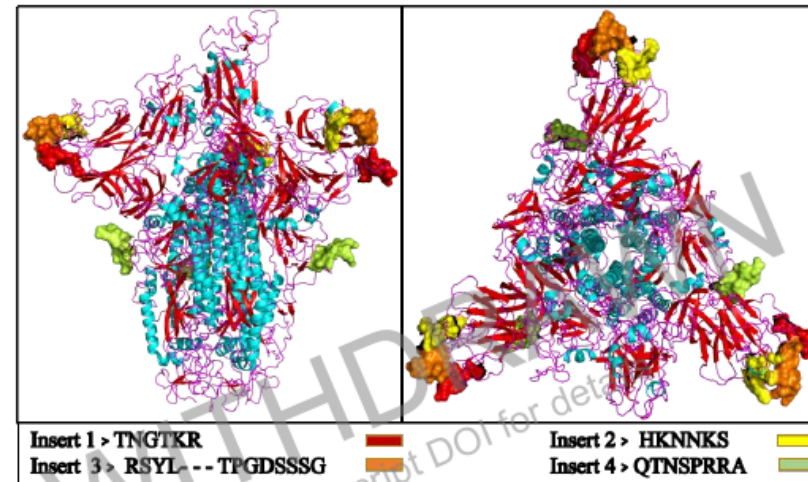
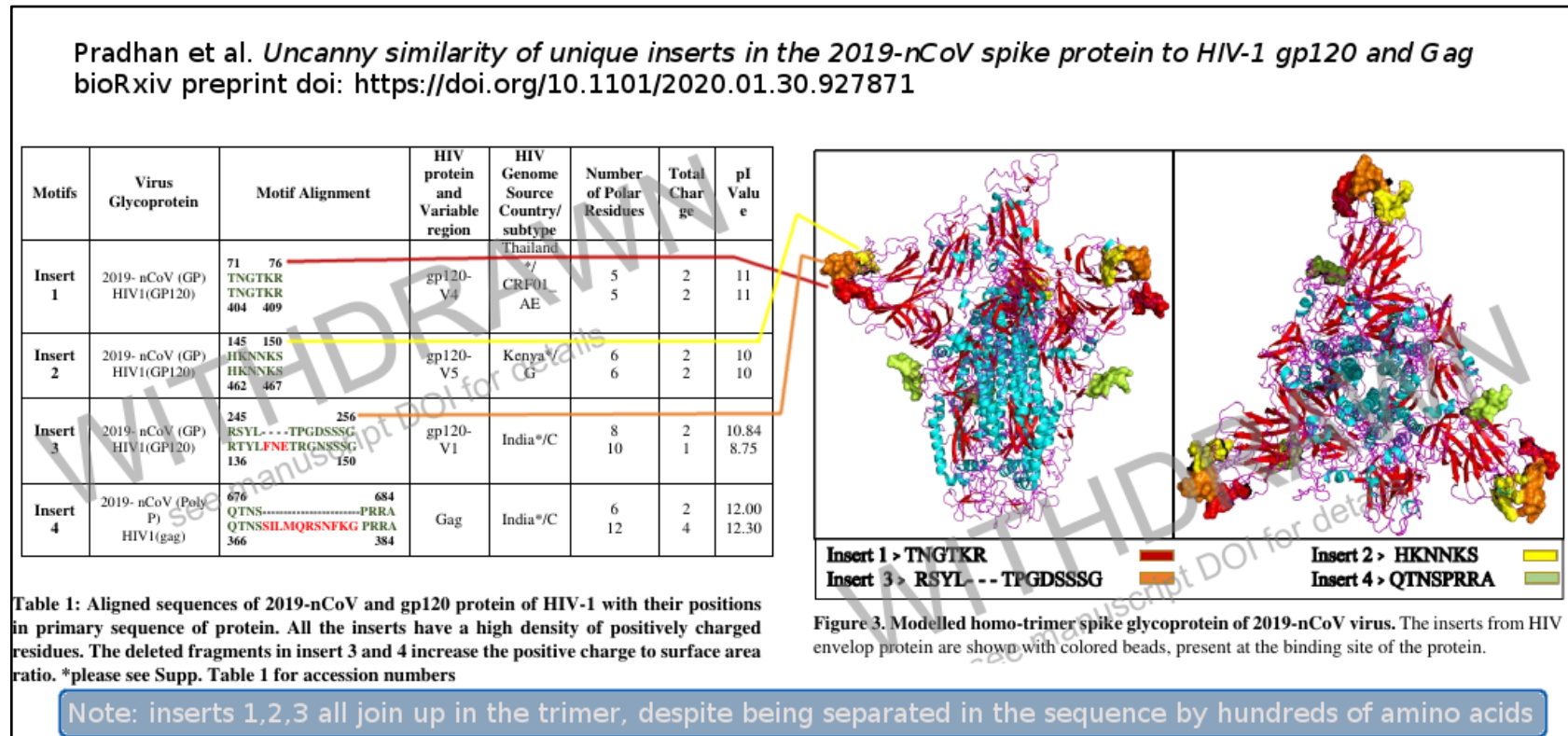


Figure 3. Modelled homo-trimer spike glycoprotein of 2019-nCoV virus. The inserts from HIV envelop protein are shown with colored beads, present at the binding site of the protein.

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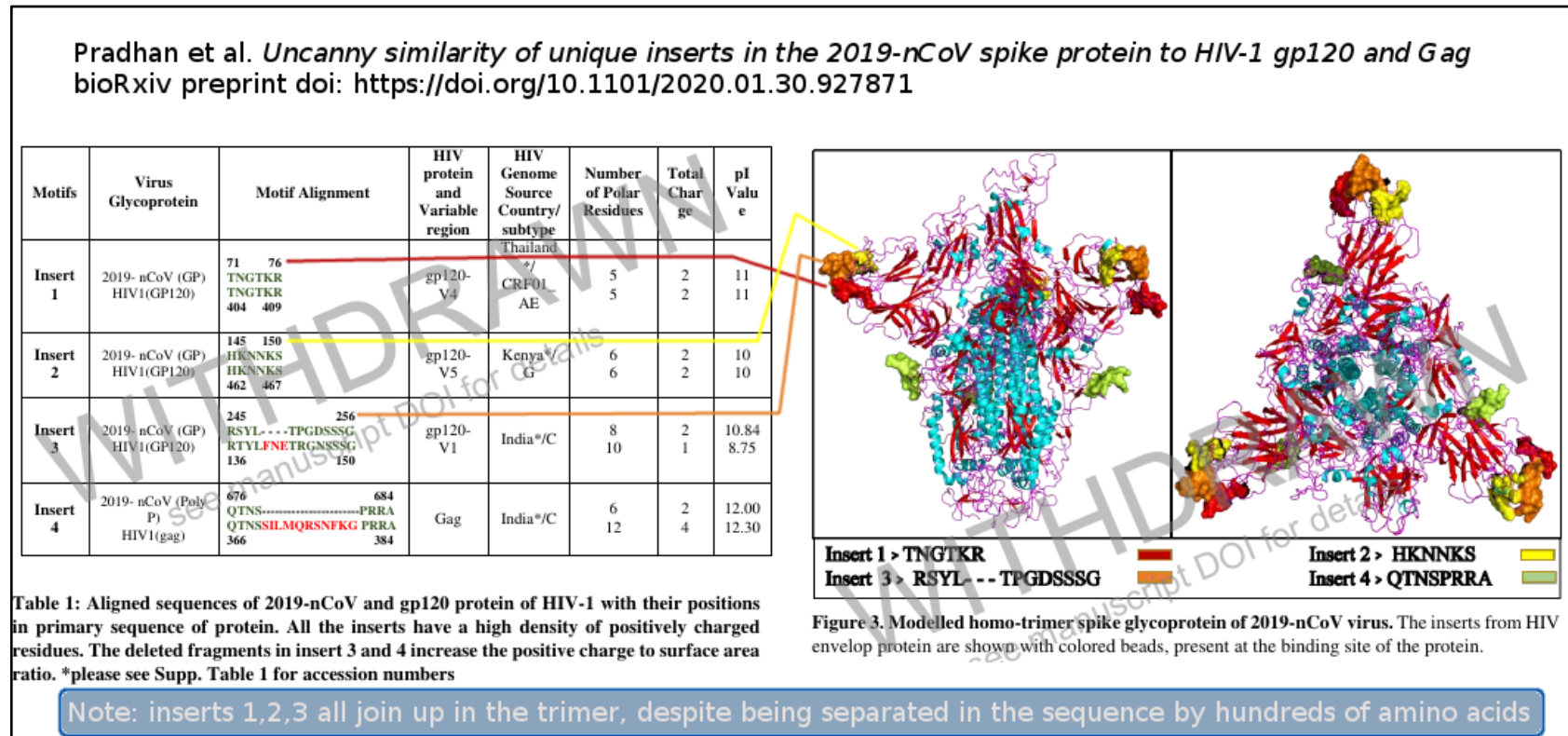
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- **Weapons research** tends to focus on finding the pieces (epitopes) of useful harmful proteins, and splicing them into infectious vehicles.

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Charles Rixey: prometheusshrugged.substack.com/p/the-evidence-of-the-origin-of-the-pandemic

Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag

Pradhan Pradhan, Adhish Kumar Parley, Abhishek Mishra, Parul Gupta, Prasen Kumar Tripathi, Pranav Balakrishnan Menon, James Gomez, Purnam Viswanathan, Bishwajit Kundu
doi: <https://doi.org/10.1101/2020.01.30.927871>

Motifs	Virus Glycoprotein	Motif Alignment	HIV protein and Variable region	HIV Genome Source Country/ subtype	Number of Polar Residues	Total Charge	pI Value
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Insert 2	2019-nCoV (GP) HIV1(gp120)	145 150 RHSNNS 162 167	gp120-V5	Kanya CG	6 6	2 2	10 10
Insert 3	2019-nCoV (GP) HIV1(gp120)	248 256 RNYL...TPGDSST RNYL...TPGDSST 134 139	gp120-V1	India* C	8 10	2 1	10.84 8.75
Insert 4	2019-nCoV (GP) HIV1(gp120)	450 461 QENS...PSSA QENS...PSSA 306 311	Gag	India* C	6 12	2 4	12.00 12.30

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**Furin Cleavage Site
+SEB-like SAg**

Evolutionary remodelling of N-terminal domain loops fine-tunes SARS-CoV-2 spike

Diogo Carmo, Matthew J Murray, Niharika D Kulkarni, Samuel J Dickson, Larika Stojkic, Georgina Brown, Soeren Lythe, Jonathan D Gray, Teresa M Korman, Stephen Bridgman, David Simpson, Derek Fahy, Lucy G Thomas, Ann Kelleni Truettli, Colm Fennell, Mhairi Beth Campbell, Luke Muir, Michaela Polak, Lisa Jarvis, Brian Wilson, Alan F Power, Laura S McCoy, Clare Jolly, Greg J Towers, Kate J Davies, David L Robertson, Adrian J Shepherd, Matthew B Reeves, Connor C C Bamford, Sue Gray

bioRxiv preprint doi: <https://doi.org/10.1101/2020.04.02.20254322>; this version posted April 2, 2020. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY-NC-ND 4.0 International license.

are absent (e.g. clade 5 has little/no N3 or N5 loops, clade 3 no N2 loop). This evokes a scenario in which NTD loops can be gained or lost through genetic insertion/deletion. Indeed, a recent study indicates that template switching by SARS-CoV-2 polymerase allows insertion of RNA sequence of viral and host origin at these sites (Peacock et al, 2021a, 2021b). However, our analyses suggest there is a potential limit on loop length. The N2, 3 and 5 loops of SARS-CoV-2 are amongst the longest observed thus far, suggestive of a functional ceiling on loop length. Notably, it is these loops that are becoming shorter in the majority of emergent variants.

This particular paper points out the **unusually long variable loops** in SARS-CoV-2, without mentioning the link to the 3 **Pradhan et al** inserts.

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 - Dr. Kristian Andersen: *"The lab escape version of this is so friggin likely to have happened because they were already doing this type of work & the molecular data is fully consistent with that scenario."*

Two weeks before ‘proximal origins’:

From: Kristian G. Andersen (b) (6)>
Sent: Friday, January 31, 2020 10:32 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6)
Cc: Jeremy Farrar (b) (6)>
Subject: Re: FW: Science: Mining coronavirus genomes for clues to the outbreak's origins

Hi Tony,

Thanks for sharing. Yes, I saw this earlier today and both Eddie and myself are actually quoted in it. It's a great article, but the problem is that our phylogenetic analyses aren't able to answer whether the sequences are unusual at individual residues, except if they are completely off. On a phylogenetic tree the virus looks totally normal and the close clustering with bats suggest that bats serve as the reservoir. The unusual features of the virus make up a really small part of the genome (<0.1%) so one has to look really closely at all the sequences to see that some of the features (potentially) look engineered.

We have a good team lined up to look very critically at this, so we should know much more at the end of the weekend. I should mention that after discussions earlier today, Eddie, Bob, Mike, and myself all find the genome inconsistent with expectations from evolutionary theory. But we have to look at this much more closely and there are still further analyses to be done, so those opinions could still change.

Best,
 Kristian

<https://assets.documentcloud.org/documents/20793561/leopold-nih-foia-anthony-fauci-emails.pdf> (pp3187)

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Two weeks before ‘proximal origins’:

From: [REDACTED]
 Sent: On Tue, Feb 4, 2020 at 11:31 AM Garry, Robert F [REDACTED] wrote:
 To: [REDACTED]
 Cc: [REDACTED]
 Subject: [REDACTED]

Gentlemen – I believe that the document is getting very clean.

Only a few minor points to address [or not] from my view.

Hi To [REDACTED]

I believe it is a cogent explanation why concerns were raised.

Thank you for the great science...
 If there is a natural explanation for CoV, it needs to be found. A lot of unobserved transmission in animals/humans AND as yet unsampled Bat CoV variants (with whole or partial furin sites) must exist.

Some, perhaps more than a few, will not like it still since it allows that the nCoV may have arisen during cell culture passage in a lab (their labs).

We hope the great science...
 the great science...
 more

b <https://public.substack.com/api/v1/file/2789d96e-a812-446d-b844-dee7572f17dd.pdf> pp26.

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Two weeks before ‘proximal origins’:

From: [REDACTED]
 Sent: On Tue, Feb 4, 2020 at 11:31 AM Garry, Robert F [REDACTED] wrote:
 To: Gentleme [REDACTED]
 Cc: J [REDACTED]
 Subj: [REDACTED]

Only a few [REDACTED] Edward Holmes [REDACTED]
 Hi To [REDACTED]
 I believe it [REDACTED]
 Than [REDACTED]
 great [REDACTED]
 sequ [REDACTED]
 the v [REDACTED]
 The [REDACTED]
 reall [REDACTED]

From: Robert Garry [REDACTED]
 Date: Tuesday, February 4, 2020 at 5:56 PM
 To: Kristian Andersen [REDACTED], Edward Holmes [REDACTED]
 Cc: "rambaut@ [REDACTED]"
 Subject: Re: Summary - Invitation to edit

If there is [REDACTED]
 AND as yet [REDACTED]
 Some, per [REDACTED]
 passage in [REDACTED]
 We h [REDACTED]
 the v [REDACTED]
 the g [REDACTED]
 more [REDACTED]

Kristian that's correct about everything he said for the P residue. It's what's shifted me to thinking that the insert of the furin site is the result of cell culture passage [or less likely intense transmission in a nonbat host]. Really need to see the data from Ron about generating the furim cleavage site on in vitro passage. Really!

CoV come with or without a furin site. CoV without a furin site are said to be non-cleaved and rely on endosomal proteases like cathepsin for entry. However if you infect a virus like SARS in culture in the presense of exogenous protease like trypsin its 100X more effective at entering because the spike gets cleaved and it can enter at the cell surface.

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 We h: CoV co
 the v: protea
 the g: protea
 more: surfac
 b: <http://public.substack.com/api/v1/file/05ecf4cf-3ef2-47d1-9505-661a13df0756.pdf> pp3

Kristian Andersen 13:54
 I think the main thing still in my mind is that the lab escape version of this is so friggin' likely to have happened because they were already doing this type of work and the molecular data is fully consistent with that scenario

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 17dd.pdf pp23.

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Kristian Andersen 13:54
I think the main thing still in my mind is that the lab escape version of this is so friggin' likely to have happened because they were already doing this

On 9 Feb 2020, at 6:52 am, Drosten, Christian [redacted] wrote:
Dear All,
I am overloaded with nCoV patient-related work and will need a few days before I can work on this text.
Can someone help me with one question: didn't we congregate to challenge a certain theory, and if we could, drop it?
This whole text reads as if the hypothesis was obvious, or was brought up by some external source, forcing us to respond
Is this the case? It does not seem as if this was linked to the HIV nonsense.
Who came up with this story in the beginning? Are we working on debunking our own conspiracy theory?
Christian <https://public.substack.com/api/v1/file/2789d96e-a812-446d-b844-dee7572f17dd.pdf> pp53.

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Thanks for
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Best,
Kristian

<https://assets.documentcloud.org>

A Cover-Up...

Lab Origin

- **Duplicity by the authors of ‘the natural origin paper’: *The proximal origin of SARS-CoV-2* & ‘Lancet Letter’:**
 - FOIA’d emails & leaked SLACK messages show the authors believed ‘friggin likely’ lab origin:
 - Dr. Kristian Andersen: *“The lab escape version of this is so friggin likely to have happened because they were already doing this type of work & the molecular data is fully consistent with that scenario.”*

Two weeks before ‘proximal origins’:

From: [Redacted] wrote:
 Sent: On Tue, Feb 4, 2020 at 11:31 AM
 To: Gentleme
 Cc: J
 Subject: Only a few

From: Robert Garry
 Date: Tuesday, February 4, 2020 at 5:56 PM
 To: Kristian Andersen
 Cc: "rambaut@
 Subject: I believe it

Kristian Andersen 13:54
 I think the main thing still is so friggin' likely to have

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 Dear All,
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 Christian <https://public.s>

Revealed: How scientists who dismissed Wuhan lab theory are linked to Chinese researchers

Cover-up alleged over Lancet letter that effectively shut down scientific debate into whether coronavirus was manipulated or leaked from lab

Sarah Knapton, SCIENCE EDITOR
 10 September 2021 • 9:00pm

Despite declaring no conflicts of interest at the time, it has since emerged that the letter was orchestrated by British zoologist Peter Daszak, president of the US-based EcoHealth Alliance, which funded research at the Wuhan Institute of Virology, where the leak was suspected.

However, The Telegraph can disclose that 26 of the 27 scientists listed in the letter had connections to the Chinese lab, through

<https://www.telegraph.co.uk/news/2021/09/10/revealed-scientists-dismissed-wuhan-lab-theory-linked-chinese/>

- **Lancet Letter organised, drafted by Peter Daszak:**
 - CEO EcoHealth, author of *DEFUSE* proposal, appointed by The Lancet to head COVID commission, whilst taking \$\$ for Coronavirus research in Wuhan.
 - “No competing interests”.

Lab origin makes most sense...

- **More duplicity by the authors of 'the natural origin paper': *The proximal origin of SARS-CoV-2*.**
 - The authors also thought SARS2 was 'perfect' and 'pre-adapted for human spread'.
 - "Perfect little bugger"....

From: Kristian Andersen [REDACTED]
Date: Tuesday, February 4, 2020 at 7:08 PM
To: Robert Garry [REDACTED]
Cc: Edward Holmes [REDACTED], "rambaut@ [REDACTED]"
Subject: Re: Summary - Invitation to edit

External Sender. Be aware of links, attachments and requests.

That's pretty interesting... All of which of course happens in humans. I do wonder if there's a scenario in which this thing could have been circulating in humans and animals for a while until that perfect little bugger came about and took off. Seems a little strange, but definitely not impossible - although, of course, if the O-glycans are somehow involved in the infectivity of human cells (as opposed to immunity), then we're swinging back to cell culture.

<https://public.substack.com/api/v1/file/2789d96e-a812-446d-b844-dee7572f17dd.pdf> pp22.

Matt Taibi write-up: <https://www.public.news/p/covid-origins-scientist-denounces>

Lab origin makes most sense...

Lab Origin

- **More duplicity by the authors of 'the natural origin paper': *The proximal origin of SARS-CoV-2*.**

- The authors also thought SARS2 was 'perfect' and 'pre-adapted for human spread'.
- "Perfect little bugger"....

From: Kristian Andersen [REDACTED]
Date: Tuesday, [REDACTED]
To: Robert Garry
Cc: Edward Holmes
Subject: Re: Su...

From: Edward Holmes
Sent: Monday, February 10, 2020 5:06 PM EST
To: Ian Lipkin
Subject: Re: Please call me

External Sender.
 That's pretty interesting. It could have been...
 Seems a little strange. Infectivity of human...
 I agree. Talking to Jeremy (Farrar) in a few minutes and I'll get back in touch after.
 It is indeed striking that this virus is so closely related to SARS yet is behaving so differently.
Seems to have been pre-adapted for human spread since the get go. It's the epidemiology that I
 find most worrying.

Professor Edward C. Holmes FAA FRS
 The University of Sydney

<https://public.substack.com/api/v1/file/2789d96e-a812-446d-b844-dee7572f17dd.pdf> pp67.

- **Later, Fauci's NIH/NIAID awarded Kristian Andersen's lab \$8.9m (via his *Scripps Institute*).**

<https://andersen-lab.com/new-niaid-funded-center-established/>

New NIAID-funded center established - Andersen Lab (Aug. 2020)

- Scripps was kicked out of Sierra Leone after an anomalous 'Ebola Zaire' outbreak. Robert F Garry heads up the VHFC in Kenema:
- <https://www.independentsciencenews.org/health/did-west-africas-ebola-outbreak-of-2014-have-a-lab-origin/> note "Metabiota".
- <https://www.popsci.com/article/science/how-did-deadliest-strain-ebola-travel-central-west-africa/>
- <https://husseini.substack.com/p/did-west-africas-ebola-outbreak-of> VHFC charged Metabiota with culturing Ebola-infected cells.

- **Lab leaks are not new, or unprecedented..**

The Lancet: 21 years of official 'lab leaks' 2000-2021. Includes Ebola, Polio, Prions, Cholera, Anthrax, Zika...

[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(23\)00319-1/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(23)00319-1/fulltext)

Official Acknowledgement

Lab Origin

- US Dept. of Energy (DoE):
 - Despite the name, DoE in charge of scientists at CERN, nuclear programmes, defence/weapons focus.
 - Admitted in late Feb. 2023:
 - likely lab *leak* with low confidence.
 - More to this.. Bette Korber, Lead HIV researcher @DoE behind assessment.
 - Bette removed Furin Cleavage Sites (FCS) from ALL her trial vaccines.
 - Bette would have known about FCS origins, HIV inserts.
- FBI Director Wray:
 - Admitted they believe Chinese Lab release “likely”.

Lab Origin: So what?

Lab Origin

- **Origin:** Was it a Leak, or Intentional?
- **Motive:** Vaccine research? Defence? Weapon?
 - If people had known the lab connections would they have thought twice about vaccination?

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 - **If people had known the lab connections would they have thought twice about vaccination?**
- **Option #1: Self-spreading vaccine.** The **virus** could have been a prototype 'self-spreading vaccine'....
 - But the "Dormitzer film" contradicts this hypothesis.. <https://www.youtube.be/Aw-nR6-4kQQ?t=3111>
 - Strange fact: Apparently "Fusion Inhibitors" EK1C4 / EK1, which can stop a Coronavirus infection, are broken by an epitope in HIV which occurs right after the SARS2 HIV insert.
 - This seems deliberate. Was there a choice made NOT to break Fusion Inhibitors when making SARS2?
 - Those in the loop would have had protection.

"I would make sure I did NOT include that motif in that virus"

INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

Philip Dormitzer
Novartis, to 2015: Led H1N1 Vax Dev [fastest ever, pre-COVID]
Pfizer, 2015-2021: Led COVID-19 Vax Dev, through Comirnaty
GSK, 2021-present

Ralph Baric

"If one is making viruses, intentionally, for use in manufacturing, and if I knew that there was a certain genetic motif that correlated with high transmissibility, I would make sure I did not include that motif in that virus; just as today, if there is a virus that has a polybasic cleavage site in HA which is associated with virulence we make sure - in fact we have a rule in our lab - we DO NOT make flu viruses with that motif there.

So, there is utility in knowing what are the bad actors genetically that you really don't want in your virus."

<https://youtu.be/Aw-nR6-4kQQ?t=3111>

**P. Dormitzer,
December 2014**

Philip Dormitzer
Novartis, to 2015: Led H1N1 Vax Dev [fastest ever, pre-COVID]
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 - This seems deliberate. Was there a choice made NOT to break Fusion Inhibitors when making SARS2?
 - Those in the loop would have had protection.
- **Option #2: Weapon:** There is a lot of evidence suggesting SARS2 is very harmful!
 - CBRN ratings of bioweapon veracity put SARS2 at #4, ahead of Marburg, Ebola, but behind Smallpox.
 - 2018: Agents ranked as bioweapons using 12 criteria, from this paper: <https://pubmed.ncbi.nlm.nih.gov/29401327/>
Beyond the Dirty Dozen: A Proposed Methodology for Assessing Future Bioweapon Threats.
 - 2020: SAME AUTHORS revisited the paper and they evaluated SARS2 as #4 on the list... Above Ebola and Nipah: <https://academic.oup.com/milmed/article/188/3-4/531/6586077>
Analysis of the Virus SARS-CoV-2 as a Potential Bioweapon in Light of International Literature.
- **Weapons research** revolves around *incapacitation*; does not break treaties:
 - Immune system damage is one route. (Did I mention that HIV causes dementia, too? “HAND”)
 - Weaponisation of Prions has been another long-standing goal. Dementia, Fibrosis.
 - Problem was always effective spread (solved by integrating Prion and HIV epitopes into SARS2).
 - Ideal weapon should be dual-payload, very infectious, mild-moderate *initial* illness.
 - Incapacitation follows in time.
- **MANY OPEN QUESTIONS, but the balance of evidence and ‘built-in’ harm favours a weapon.**

You made it this far..

Malfesance

- ~~Lab Origin.~~
 - Malfesance – Treatments and Evidence of Intent.
 - Vaccine Disaster.
 - Why it won't stop:
 - We can't just carry on, without future risks.
-

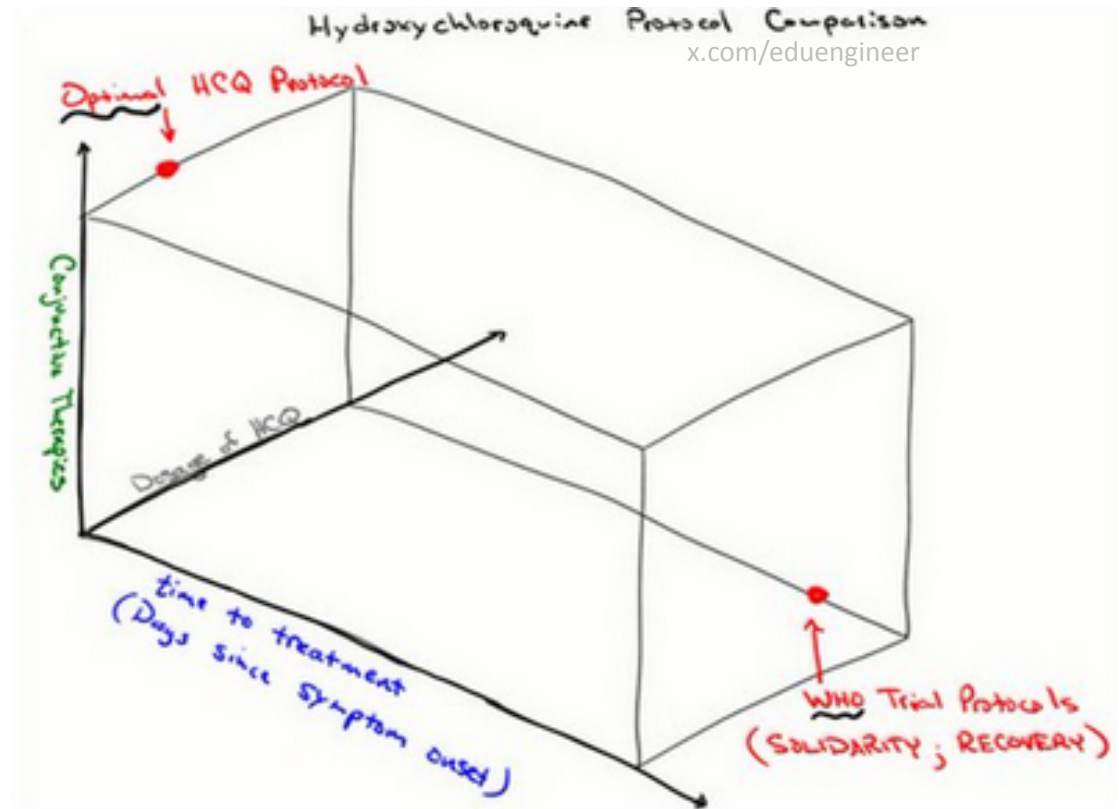


Intent and Malfeasance

- Withholding of treatments:
 - Systematic attempts to discredit HCQ, Ivermectin, Antibiotics ... “#3tablets”
 - Vaccine *Emergency Use Authorisations* were dependent upon a lack of existing treatments.
- FDA anticipated side-effects from mRNA vaccines, whilst telling you ‘safe & effective’:
 - Blink and you’d miss it: momentary display of FDA Slide from VRBPAC meeting on October 22, 2020 @2h33m40s.
 - Vaccine biodistribution known, prior to authorisation.
- Regulators asleep, or colluding:
 - We will see a video of June Raine (MHRA, UK) explaining how MHRA became ‘an enabler’.
- Midazolam was undoubtedly used to punish and execute people!
- DNA Contamination in the vaccines – a danger to human host-cells:
 - Was known about, and has --so far-- been dismissed/covered-up.
 - SV40 promoter used in Pfizer plasmid is very dangerous, and labelling of it was deleted by Pfizer.
- Fraud in the Trials (Pfizer):
 - Not accidental to withhold incidences of illnesses like leukemia or paralysis in trial participants.
 - Retrospective analysis shows more people died in the Pfizer treatment arm, vs. placebo.

HCQ – Treat late, no conjunctives (eg Zinc), ...and overdose

- Trials designed to fail:
 - *SOLIDARITY, RECOVERY, TOGETHER.*



HQC – Treat late, no conjunctives (eg Zinc), ...and overdose

- Trials designed to fail:
 - *SOLIDARITY, RECOVERY, TOGETHER.*
- Overdosing of patients happened
 - in the *RECOVERY* trial:

"Recovery:" Another Very Flawed "Study"

Hydroxychloroquine by mouth for a total of 10 days as follows:	
Timing	Dose
Initial	800 mg
6 hours after initial dose	800 mg
12 hours after initial dose	400 mg
24 hours after initial dose	400 mg
Every 12 hours thereafter for 8 days	400 mg

2,400 mg in 24 hours!!

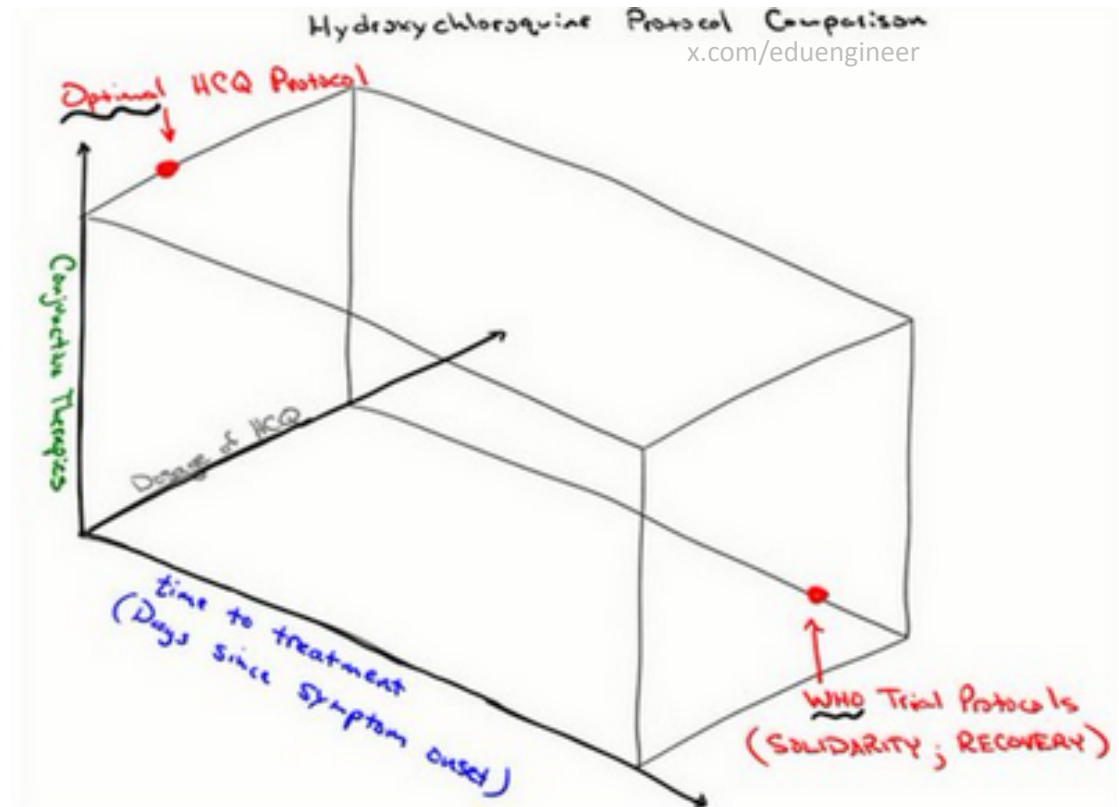
No zinc!

2.1 Eligibility
Patients are eligible for the study if all of the following are true:

(i) Hospitalized
(ii) SARS-CoV-2 infection (clinically suspected* or laboratory confirmed)
(iii) No medical history that might, in the opinion of the attending clinician, put the patient at significant risk if he/she were to participate in the trial

Late! (After hospitalization)

PeakProsperity.com
RecoveryTrial.net/files/recovery-protocol-v6-0-2020-05-14.pdf
https://www.recoverytrial.net/files/recovery-protocol-v6-0-2020-05-14.pdf



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"Recovery:" Another Very Flawed "Study"

Time	Dose
Initial	800 mg
6 hours after initial dose	800 mg
12 hours after initial dose	400 mg
24 hours after initial dose	400 mg
Every 12 hours thereafter for 9 days	400 mg

2,400 mg in 24 hours!!

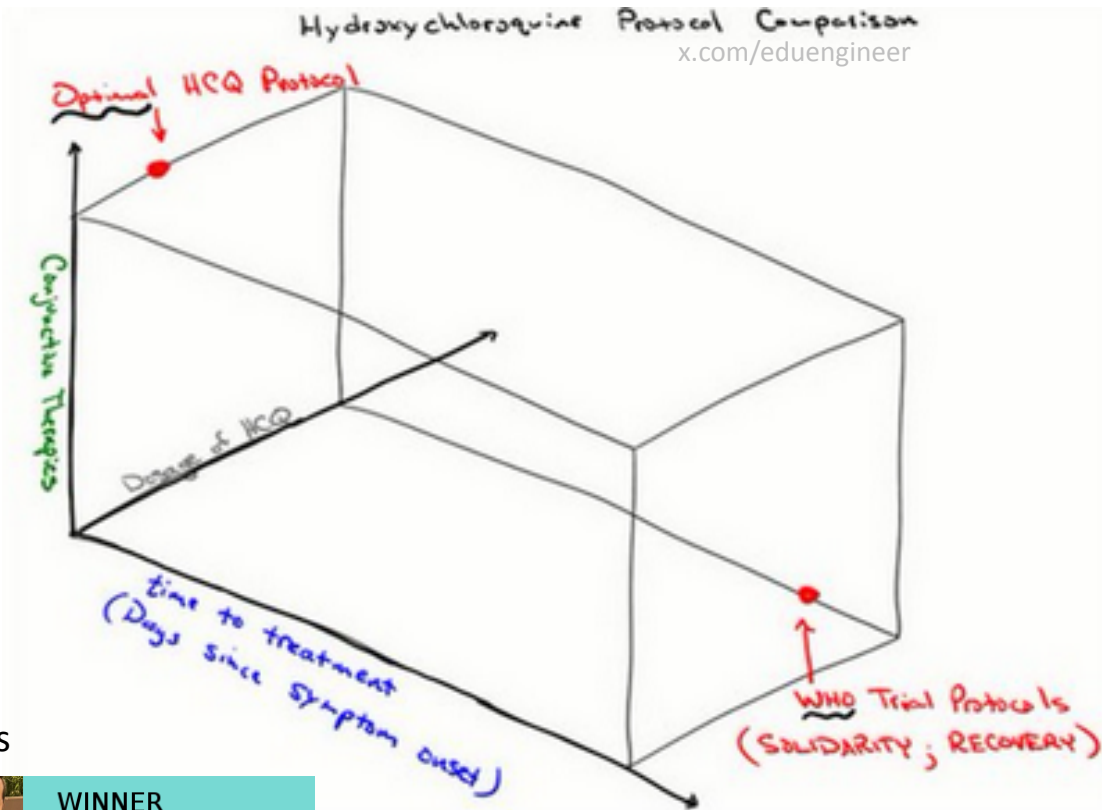
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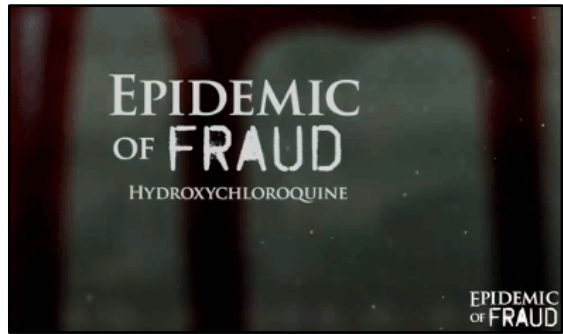
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PeakProsperity.com
RecoveryTrial.net/files/recovery-protocol-v6-0-2020-05-14.pdf



- Fantastic Documentary:
 - "Epidemic of Fraud" – traces the suppression of Quinine over centuries



NOTE: Fraudulent 'Surgisphere' paper

- Published in *The Lancet*:
[https://doi.org/10.1016/S0140-6736\(20\)31180-6](https://doi.org/10.1016/S0140-6736(20)31180-6)
- Actual Fraud! Cited for months to stop HQ, even after retraction!

HCQ – Treat late, no conjunctives (eg Zinc), ...and overdose

- Trials designed to fail:

– S

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Hydrochloro

1 mg

6 hours after

12 hours after

24 hours after

Every 12 hrs

2.1 Eligibility

Patients are eligible

Hospitalized

(SARS-CoV-2)

(a) No medical

patient at sign

Virology Journal

BioMed Central

Research **Open Access**

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread

Martin J Vincent¹, Eric Bergeron², Suzanne Benjannet², Bobbie R Erickson¹, Pierre E Rollin¹, Thomas G Ksiazek¹, Nabil G Seidah² and Stuart T Nichol*¹

Address: ¹Special Pathogens Branch, Division of Viral and Rickettsial Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia, 30333, USA and ²Laboratory of Biochemical Neuroendocrinology, Clinical Research Institute of Montreal, 110 Pine Ave West, Montreal, QCH2W1R7, Canada

Email: Martin J Vincent - mvincent@cdc.gov; Eric Bergeron - berberge@ircm.qc.ca; Suzanne Benjannet - benjans@ircm.qc.ca; Bobbie R Erickson - BErickson1@cdc.gov; Pierre E Rollin - Rollin@cdc.gov; Thomas G Ksiazek - TKsiazek@cdc.gov; Nabil G Seidah - seidah@ircm.qc.ca; Stuart T Nichol* - S.Nichol@hsc.nyu.edu

* Corresponding author

Published: 22 August 2005
Received: 12 July 2005
Virology Journal 2005, 2:69 doi:10.1186/1743-422X-2-69
Accepted: 22 August 2005

2005

Actual
(COVERY)

OF FRAUD
HYDROXYCHLOROQUINE

EPIDEMIC OF FRAUD

MALBU
FILM
FESTIVAL

NOTE: Fraudulent Sargispheric paper

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Ivermectin and Andrew Hill

- Over 100 peer-reviewed papers showing efficacy <https://c19ivm.org/meta.html>

Ivermectin and Andrew Hill

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- A meta-analysis by Andrew Hill had its conclusions adjusted shortly before publication.
- Hill, before WHO & UNITAID adjustments (Feb '21):
 - *“the purpose of this report is to forewarn people..get ready to approve it”*.
 - *“can we start to upscale ivermectin as well”* [as per vaccines].
- **Andrew admitted UNITAID had forced the changes to his conclusions:**
 - **Removed dose-dependent positive treatment effects, among other things.**
 - **No author attribution for the changes.**
- In turn, this led the WHO against recommending Ivermectin:
 - *“not to use ivermectin except in the context of a clinical trial”*



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Ivermectin and Andrew Hill

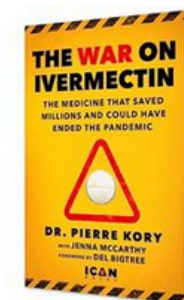
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oraclefilms.com/alettertoandrewhill

- **You could write a book about this aspect alone....**
 - Dr. Pierre Kory did just that!
 - Hill promised Kory that when his contract ended with UNITAID, he would republish, making everything right...he never did.

Chapter 23 of:



Antibiotics Withheld

MYTH: you can't use antibiotics against viruses...

- We know SARS2 has bacteriophage-like activity:
 - <https://pubmed.ncbi.nlm.nih.gov/34336189/>
Increase of SARS-CoV-2 RNA load in faecal samples prompts for rethinking of SARS-CoV-2 biology and COVID-19 epidemiology

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- Clinical evidence is vast:
 - The Lancet, Volume 361, Issue 9369, 10 May 2003, pp1615-1617:
Development of a standard treatment protocol for severe acute respiratory syndrome
*“A series of 31 patients with probable SARS, diagnosed from WHO criteria, were treated according to a treatment protocol consisting of **antibacterials** and a combination of ribavirin and methylprednisolone.”*

*“One patient recovered on **antibacterial treatment alone**, 17 showed rapid and sustained responses, and 13 achieved improvement with step-up or pulsed methylprednisolone.”*
 - <https://pubmed.ncbi.nlm.nih.gov/32972196/>
Clinical evidences on the antiviral properties of macrolide antibiotics in the COVID-19 era and beyond

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Clinical evidences on the antiviral properties of macrolide antibiotics in the COVID-19 era and beyond
- Macrolide antibiotics DO work against viruses.
- Inexplicable blue line; (source: openprescribing.net) →
 - Would have expected more scripts, not less!
- Secondary infections were allowed to run rampant.
 - Many were killed by bacterial pneumonia.



Which Antibiotics Work?

- Petrillo et al.:
Increase of SARS-CoV-2 RNA load in faecal samples prompts for rethinking of SARS-CoV-2 biology and COVID-19 epidemiology



Which
Antibiotics
Work?

Known in 2021!

Petrillo, Mauro, et al. "Increase of SARS-CoV-2 RNA load in faecal samples prompts for rethinking of SARS-CoV-2 biology and COVID-19 epidemiology." *F1000Research* 10 (2021).

Regulators Knew..

Malfeasance

- Something very curious happened on October 22, 2020.
- ***For only a split-second***, at the official meeting of the Vaccines and Related Biological Products Advisory Committee (VRBPAC), a slide was shown by the FDA @2h33m40s.... <https://www.youtube.com/watch?v=1XTiL9rUpkg>

Vaccines and Related Biological Products Advisory Committee - 10_22_2020-1XTiL9rUpkg.mp4 - VLC media player

Media Playback Audio Video Subtitle Tools View Help

Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting 10/22/20 - Adobe Connect

Meeting

Steven Anderson

Steven Anderson

FDA Safety Surveillance of COVID-19 Vaccines :
DRAFT Working list of possible adverse event outcomes
*****Subject to change*****

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease

VRBPAC

FDA

FOOD AND DRUG ADMINISTRATION (FDA)
 Center for Biologics Evaluation and Research (CBER)
 161st Meeting of the Vaccines and Related Biological Products Advisory Committee

Q & A

2:33:40 8:50:55

95%

UK's MHRA is Totally Corrupt ... Malfeasance

- The MHRA gets 86% of funding from Pharma/VI's.
 - Other regulators are even worse...

Table 1 How the regulators compare

	Australia TGA	Europe EMA	UK MHRA	Japan PMDA	USA FDA	Canada HC
Budgets and fees						
Proportion of budget derived from industry	96%	89%	86%	85%	65%	50.5%
Total annual budget †	AU\$170m (£95m)	€386m (£331m)	£159m	¥29.1bn (£175m)	US\$6.1bn (£5bn)	C\$2.7bn (£1.7bn)
Transparency, COIs, and data						
Proportion of covid-19 vaccine committee members that declared financial COIs	50%	3%	32%	75%	<10%	0%

<https://news.rebekahbarnett.com.au/p/australian-drug-regulator-goes-on>

UK's MHRA is Totally Corrupt ... Malfeasance

- The MHRA gets 86% of funding from Pharma/VI's.
 - Other regulators are even worse...
 - The members of the board have Conflicts of Interest such as declared ***investments in firms they regulate***

Last updated: 19th August 2020

Name & role	Name of company / organisation	Nature of interest	Whether current	Other comments
Anne-Toni Rodgers Non-Executive Director	AstraZeneca	Shareholder	Yes	
Amanda Calvert Non-Executive Director	Athenex Pharmaceuticals	Consultancy – Fee paying	Yes	
	CRUK – digital Experimental Cancer Medicines Team	Consultancy – Fee Paying	Yes	
	AstraZeneca Pharmaceuticals	Shareholder	Yes	

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911028/MHRA_Board_Declarations_of_Interest_20_August_2020.pdf

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Proportion of covid-19 vaccine committee members that declared financial COIs	50%	3%	32%	75%	<10%	0%

<https://news.rebekahbarnett.com.au/p/australian-drug-regulator-goes-on>

UK's MHRA is Totally Corrupt ... Malfeasance

- The MHRA gets 86% of funding from Pharma/VI's.
 - Other regulators are even worse...
 - The members of the board have Conflicts of Interest such as declared ***investments in firms they regulate.***

Last updated: 19th August 2020

Name & role	Name of company / organisation	Nature of interest	Whether current	Other comments
Anne-Toni Rodgers Non-Executive Director	AstraZeneca	Shareholder	Yes	
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	CRUK – digital Experimental Cancer Medicines Team	Consultancy – Fee Paying	Yes	
	AstraZeneca Pharmaceuticals	Shareholder	Yes	

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911028/MHRA_Board_Declarations_of_Interest_20_August_2020.pdf

Table 1 How the regulators compare

	Australia TGA	Europe EMA	UK MHRA	Japan PMDA	USA FDA	Canada HC
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- June Raine, Chief Executive: MHRA has become ***'an enabler'***.
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- Pfizer's own trial documents revealed the MHRA asleep at the wheel:
 - A 1yo baby and a 7yo girl. "No follow-up is possible".
 - On a trial written up by April 2021?
 - How does one reliably diagnose just Bell's Palsy in a 1yo?

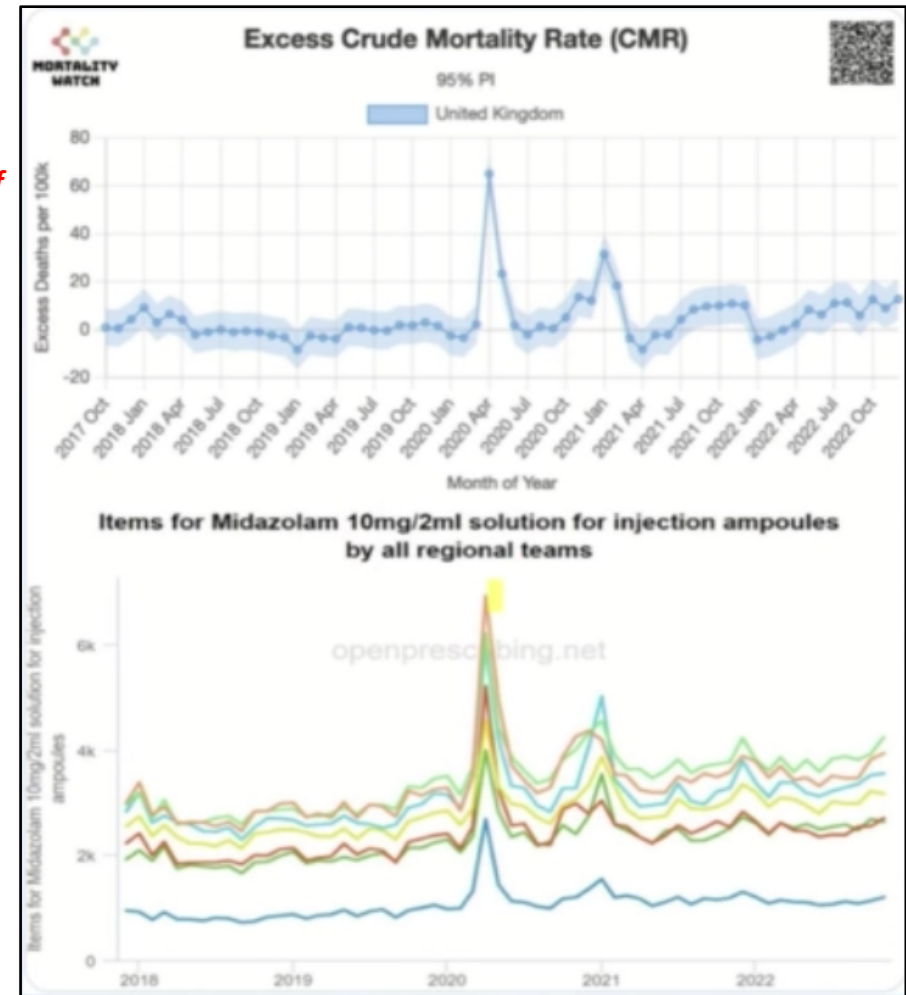
BNT162b2 Approved On: 30-Apr-2021 09:26 (GMT)
 5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 7. AESIs Evaluation for BNT162b2
j. This UK case report received from the UK MHRA described a 1-year-old subject who received the vaccine, and had left postauricular ear pain that progressed to left-sided Bell's palsy 1 day following vaccination that had not resolved at the time of the report;
m. This UK case report received from the UK MHRA described a 7-year-old female subject who received the vaccine and had stroke (unknown outcome); no follow-up is possible for clarification.

<https://phmp.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf> pp25

Midazolam Murders

- Powerful barbiturate (sedative).
- NICE guideline NG163 (no author!)
 - suggested Midazolam+Morphine, powerful respiratory depressants, for 'Managing Breathlessness' in 18+.
 - ***“Sedation and opioid use should not be withheld because of an inappropriate fear of causing respiratory depression”***

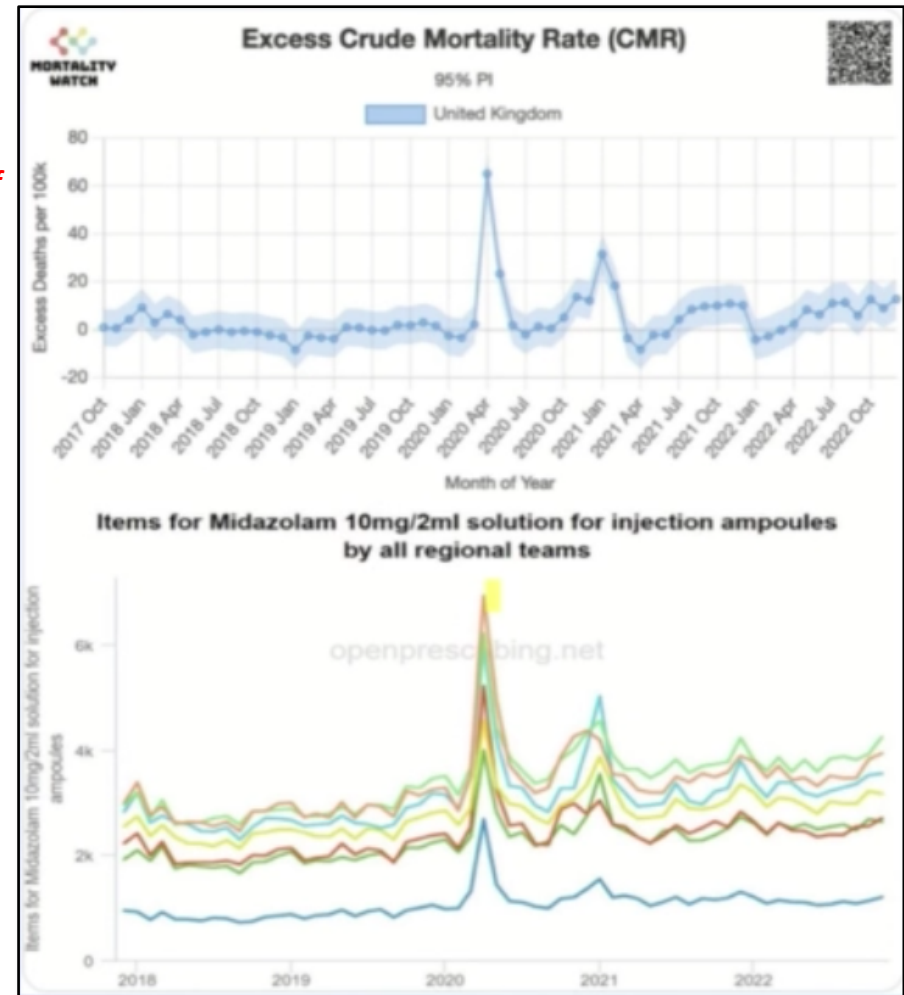


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 - **"Sedation and opioid use should not be withheld because of an inappropriate fear of causing respiratory depression"**
- Administered outside hospitals:



- *"out-of-hospital prescribing of the drug midazolam increased by more than 100% in April compared to previous months."*
- *"An anti-euthanasia campaigner last night said he suspected that the spike was evidence that many people had been put on end-of-life protocols or 'pathways'."*
- *"Whistleblowers also claimed to have witnessed misuse of sedatives, with staff told to give them to dementia patients to stop them wandering the corridors."*

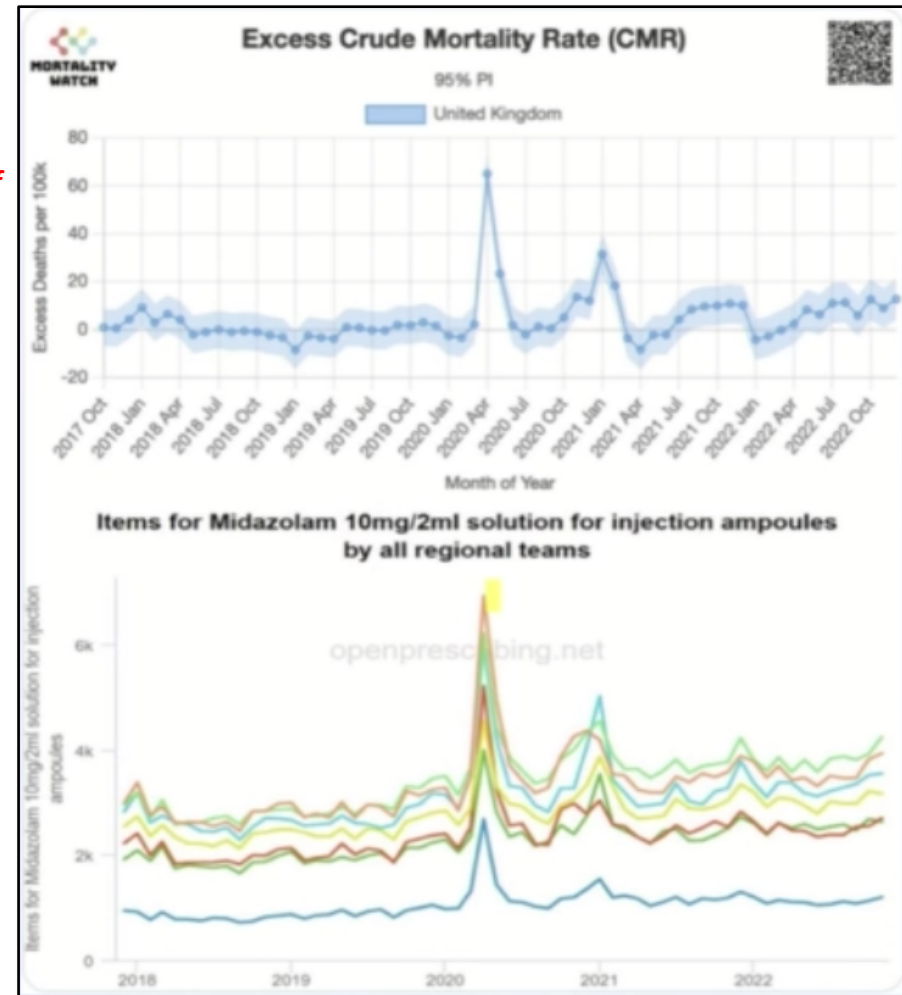


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 - *"Whistleblowers also claimed to have witnessed misuse of sedatives, with staff told to give them to dementia patients to stop them wandering the corridors."*
- Phenomenon only seen in England.
 - Often done without consent, or AGAINST wishes.
 - Eyewitnesses..



Midazolam “Strongly and causally associated”

In summary, Midazolam was strongly and causally associated with UK excess deaths, particularly in 2020. It was clearly the proximate cause of excess mortality in UK, but it was unlikely to be the primary cause in the chain of causality for deaths, because Midazolam was used mostly for accelerated or assisted dying in euthanasia often to alleviate possible suffering in end-of-life protocols. Midazolam's role based on its pharmaceuticals is circumscribed in health policy guidelines.

Wilson Sy - Med. Clin Res., Vol. 9, Issue 2 (2024)

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Wilson Sy - Med. Clin Res., Vol. 9, Issue 2 (2024)

- Let's look at the health policy guidelines.
- NICE guideline *NG163* (no author!)
 - suggested MZM+Morphine, powerful respiratory depressants, for 'Managing Breathlessness' in 18+.
 - ***“Sedation and opioid use should not be withheld because of an inappropriate fear of causing respiratory depression”***
- Similar documents to *NG163* appeared simultaneously in Australia, Canada, etc.
 - More later...

NICE Guideline NG163

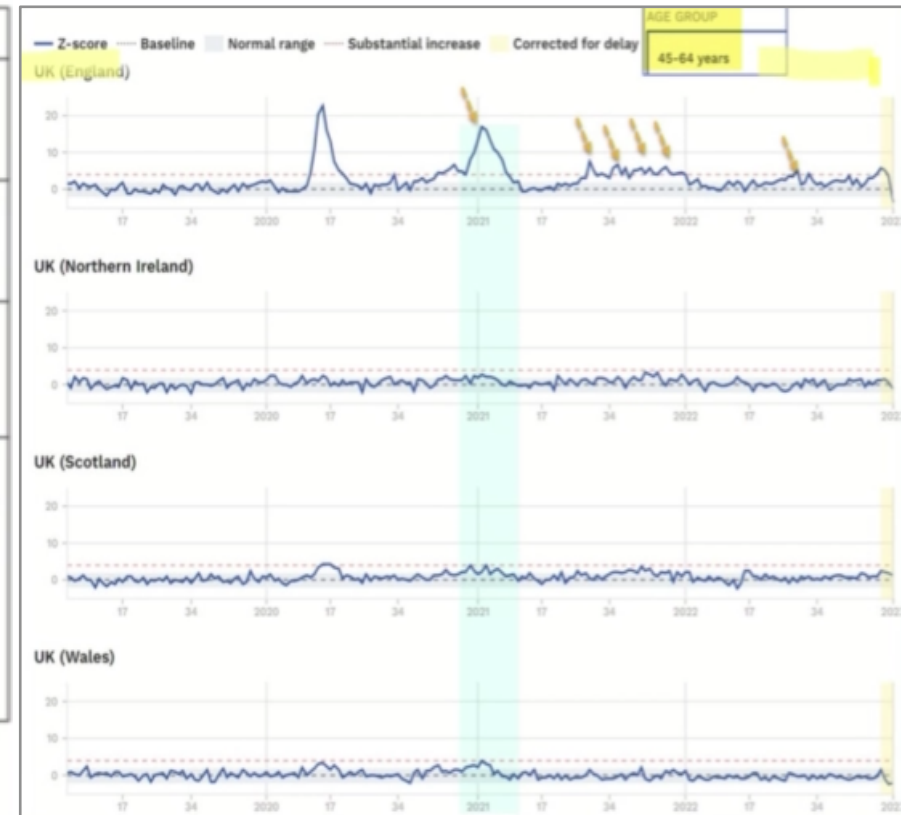
England Only?

Table 5 Treatments in the last days and hours of life for managing breathlessness for patients aged 18 years and over

Treatment	Dosage
Opioid	Morphine sulfate 10 mg over 24 hours via a syringe driver, increasing stepwise to morphine sulfate 30 mg over 24 hours as required
Benzodiazepine if required in addition to opioid	Midazolam 10 mg over 24 hours via the syringe driver, increasing stepwise to midazolam 60 mg over 24 hours as required
Add parenteral morphine or midazolam if required	Morphine sulfate 2.5 mg to 5 mg subcutaneously as required Midazolam 2.5 mg subcutaneously as required. (See BNF for more details on dosages).
	<p>Special considerations</p> <p>Consider concomitant use of an antiemetic (such as haloperidol) and a regular stimulant laxative (such as senna).</p> <p>Continue with non-pharmacological strategies for managing breathlessness when starting an opioid.</p> <p>Sedation and opioid use should not be withheld because of an inappropriate fear of causing respiratory depression.</p>

Notes: At the time of publication (April 2020), opioids and benzodiazepines did not have a UK marketing authorisation for this indication or route of administration (see [General Medical Council's guidance on prescribing unlicensed medicines](#) for further information).

Z-scores (Std. Dev.) in Excess Deaths (45-64), ONS



NG163 was released in April 2020, was then deleted from the NICE website:

Archived: <https://web.archive.org/web/20200409054527/https://www.nice.org.uk/guidance/ng163/resources/covid19-rapid-guideline-managing-symptoms-including-at-the-end-of-life-in-the-community-pdf-66141899069893>

Original: <https://www.nice.org.uk/guidance/ng163/resources/covid19-rapid-guideline-managing-symptoms-including-at-the-end-of-life-in-the-community-pdf-66141899069893>

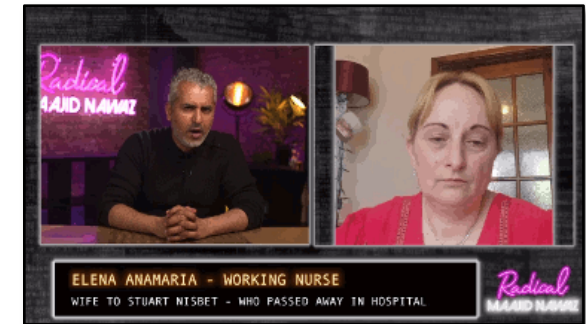
Eyewitnesses: Midazolam only given to really sick people ?

- Nurse Elena Anamaria

<https://odysee.com/@MaajidNawaz:d/Ep6-Radical:9>

"On Allegations of Involuntary State Euthanasia Using Midazolam"

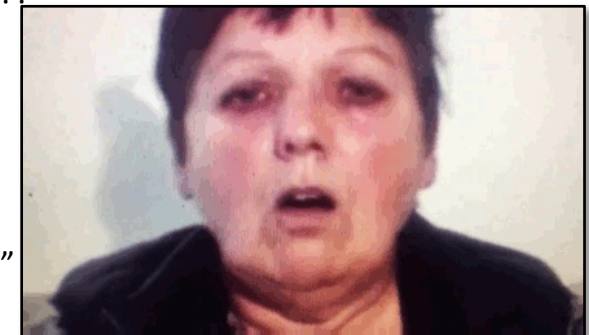
- 60m20s: "They put a DNR in place against our wishes"
- 61m05s: "The reason was, he was unvaccinated"
 - See also: 70m30s -71m30s "unvaccinated...covid..EOL"
- 63m00s: "Fast-track EOL care" .. Was introduced with COVID and the ONLY requirement was "may be entering terminal phase". Decided by one doctor.
- 65m40s: "admitted 26th, by 27th already on midazolam & morphine, not fed for 11 days. Was crying.. hungry "
- 66m20s: "He tried to escape. They said he is immobile"... Tried four times.. Clothes cut off, catheterised to hinder escape.
- 68m00s: "Post-mortem was refused".
- 69m20s: "Stopped all his usual medication from home"
- 75m30s: "Punished for being unvaccinated".
- 79m00s: **Consultant: "Last night, Stuart tried to escape again" - and he was overdosed on midazolam**
- (Elena asked to take out MZM because night-nurse would overdose & kill him).
- 79m40s: "He put Stuart's midazolam UP"
- 86m30s: Stuart died 6th Nov, but records show he received more mzm on 7&8 Nov??
-



- Testimony of Nurse Zandra Lewis

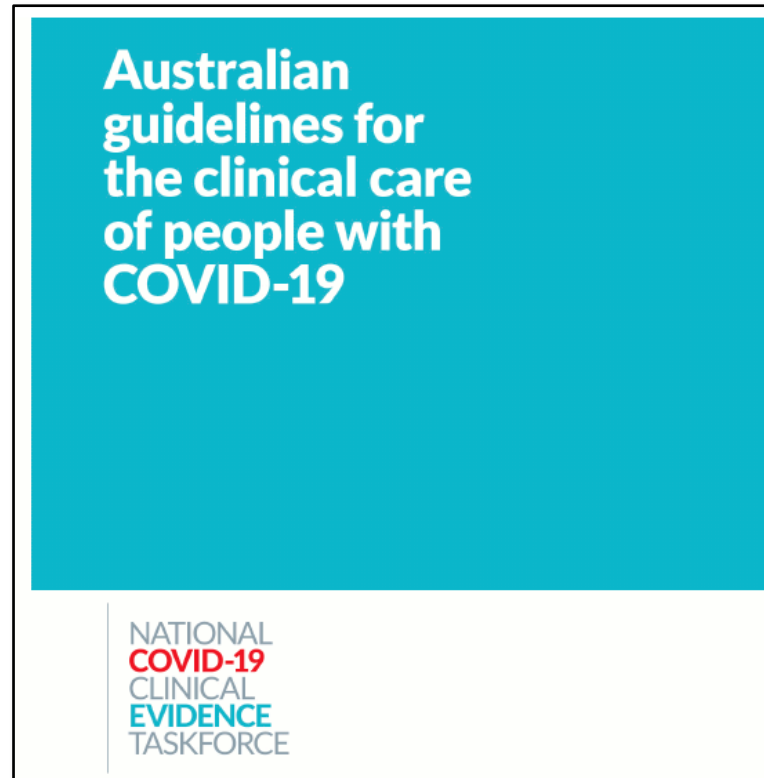
<https://www.bitchute.com/video/45ZyErhMuL9c/>

- "put all of them apart from two patients on TLC" .. "Liverpool Care Pathway"
- "Rather than try to give fluids and food...they didn't bother".
- "TLC were written up for morphine & midazolam and then they overdosed them"



Other countries had *NG163* equivalents!

- “MAGICapp” was the source..
 - In every case, cheap effective repurposed-drug treatments were recommended ***against***.
 - The documents have no listed authors.
 - Material is rebadged for every country.
 - Created by Pharma-invested entities.
 - MAGICapp promptly restricted access to UK archived versions.



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Australian guidelines for the clinical care of people with COVID-19

5.1 - Antivirals and other disease modifying treatments

Consensus Recommendation

For patients with COVID-19 illness, only administer antiviral medications or other disease-modifying treatments in the context of clinical trials with appropriate ethical approval.

NATIONAL
COVID-19
CLINICAL
EVIDENCE
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- <https://app.magicapp.org/#/guideline/4959>

“The MAGICapp will help your admins and authors with planning, authoring and publishing your guidelines according to standards”

NATIONAL
COVID-19
CLINICAL
EVIDENCE
TASKFORCE

- This is why we need to acknowledge the problem.
 - There is a conspiracy underlying it.

ONS Changes Excess Death Methodology. Malfesance

- mid-crisis.

- Why are All-Cause Excess Deaths important?
 - The definition of a ‘covid death’ is not a factor.
- I have been calculating the All-Cause Excess Deaths based on the original ONS (UK Office For National Statistics) methodology for several years, by age-group.
- ONS always used a 5yr average (the ‘average’ for each week of the year is made up of 5 datapoints).
 - This changed in 2024.
 - Now, ONS ‘bakes in’ any excess into the next estimate, so any safety signal gets erased.
 - I have persisted with the old logic, for continuity purposes. Something the ONS strangely did not do!

2024 so far. Many anomalies >3 Std. Dev.

Events >=3SD are supposed to happen -by chance alone- about once in every 300 weeks (~6y).

All-Cause Mortality (England & Wales)																									
Week Ending	05-Jan-24	12-Jan-24	19-Jan-24	26-Jan-24	02-Feb-24	09-Feb-24	16-Feb-24	23-Feb-24	01-Mar-24	08-Mar-24	15-Mar-24	22-Mar-24	29-Mar-24	05-Apr-24	12-Apr-24	19-Apr-24	26-Apr-24	03-May-24	10-May-24	17-May-24	24-May-24	31-May-24	07-Jun-24	14-Jun-24	21-Jun-24
Week #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2015-2019	12,200	13,822	13,213	12,761	12,204	11,927	11,625	11,544	11,241	11,200	11,205	10,569	10,213	10,264	10,518	10,400	10,407	9,809	9,574	10,100	9,941	9,272	9,077	9,418	9,484
2024	11,945	13,737	12,811	12,731	12,661	12,520	11,939	11,799	11,517	11,577	11,347	11,249	9,389	9,701	12,332	11,877	11,370	11,075	9,410	11,255	10,911	9,876	10,326	10,488	10,455
2024 Excess Deaths	-255	-189.4	-402	-29.1	-47.2	-407.1	-193.8	244.4	336.4	86.3	162	687.1	-733.8	-601	1113.8	1358.8	731	1138	-45.9	1466.2	670.2	161.7	948.8	1670.2	1671.4
Excess (%)	minus 2%	minus 1%	minus 3%	minus 0%	plus 4%	plus 5%	plus 2%	plus 3%	plus 1%	plus 1%	plus 0%	minus 3%	minus 6%	minus 1%	plus 17%	plus 13%	plus 7%	plus 11%	plus 0%	plus 10%	plus 10%	plus 6%	plus 10%	plus 11%	plus 11%
Cumulative Excess deaths	0	0	0	0	457.2	1058.6	1251.4	1497.2	1833.6	1920.4	2082.4	2769.5	2762.8	2762.8	476.6	592.4	647.4	761.4	757.2	852.4	969.6	1036.4	1134.2	1245.4	1346.8
2024 Excess Deaths By Age																									
Under 1 year	-12.00	-11.00	-6.00	-4.00	1.20	-3.40	15.20	5.60	25.60	-3.80	-3.20	2.20	6.00	-10.20	2.80	-6.40	-5.80	-3.20	-8.80	14.00	-13.40	-7.80	-10.40	-14.40	7.80
1-14	4.20	7.60	-2.20	2.80	17.00	-2.20	3.80	2.00	-9.20	-2.80	9.60	2.00	-1.80	-7.80	-7.80	4.60	-5.40	2.80	2.20	1.60	-3.60	2.80	-8.80	0.80	9.00
15-44	27.80	-18.80	25.80	15.80	9.60	58.80	17.80	48.80	79.80	33.80	25.20	49.40	-27.40	-23.80	42.80	18.80	23.80	50.40	-10.80	16.80	18.80	30.20	42.80	66.40	-3.20
45-64	14.80	127.60	164.00	75.20	119.20	96.80	57.20	96.80	103.60	50.20	108.40	88.80	-15.80	-78.00	222.80	169.80	148.80	192.20	-33.80	129.80	135.40	187.80	127.80	176.20	169.80
65-74	-116.20	-137.20	-92.00	-182.40	37.40	-66.40	-23.80	-15.80	-18.80	-195.40	-10.80	-34.40	-206.60	-179.80	134.80	179.80	-24.80	50.80	-115.80	10.80	-15.40	-66.60	72.40	54.40	47.40
75-84	89.80	158.20	42.20	279.40	282.60	371.40	288.80	286.60	279.60	226.20	295.20	332.60	-174.80	-27.80	788.80	535.40	373.80	371.80	189.80	482.80	477.80	178.80	425.80	447.80	384.80
85+	-259.80	-242.60	-421.40	-218.80	-7.80	-154.20	-84.20	-82.80	-129.80	-109.80	-171.40	-249.60	-312.20	-281.80	682.40	511.20	397.60	476.80	279.80	411.80	379.20	269.60	314.80	348.80	442.60
Total	-153.8	-189.8	-401.8	-29.8	-459.8	-607.8	-190.8	245.8	337.8	88.8	163.8	687.8	-733.8	-601.8	1113.8	1358.8	731.8	1138.8	-45.9	1466.2	670.2	161.7	948.8	1670.2	1671.4
2024 Excess Deaths for the week as a fraction of 2015-2019 Deaths	Colours are indicative only: Standard Deviations calculated using all weeks in 2015-2019 - to obtain smoothest normal distributions.																								
Age (Weeks Ending)	05-Jan-24 <th>12-Jan-24</th> <th>19-Jan-24</th> <th>26-Jan-24</th> <th>02-Feb-24</th> <th>09-Feb-24</th> <th>16-Feb-24</th> <th>23-Feb-24</th> <th>01-Mar-24</th> <th>08-Mar-24</th> <th>15-Mar-24</th> <th>22-Mar-24</th> <th>29-Mar-24</th> <th>05-Apr-24</th> <th>12-Apr-24</th> <th>19-Apr-24</th> <th>26-Apr-24</th> <th>03-May-24</th> <th>10-May-24</th> <th>17-May-24</th> <th>24-May-24</th> <th>31-May-24</th> <th>07-Jun-24</th> <th>14-Jun-24</th> <th>21-Jun-24</th>	12-Jan-24	19-Jan-24	26-Jan-24	02-Feb-24	09-Feb-24	16-Feb-24	23-Feb-24	01-Mar-24	08-Mar-24	15-Mar-24	22-Mar-24	29-Mar-24	05-Apr-24	12-Apr-24	19-Apr-24	26-Apr-24	03-May-24	10-May-24	17-May-24	24-May-24	31-May-24	07-Jun-24	14-Jun-24	21-Jun-24
Under 1 year	-0.24	-0.18	-0.12	-0.09	0.02	-0.04	0.25	0.13	0.54	-0.08	-0.05	0.01	0.13	-0.21	0.08	-0.45	-0.40	-0.06	-0.18	0.29	-0.22	-0.17	-0.20	-0.27	0.13
1-14	0.08	0.14	-0.06	0.05	0.32	-0.02	0.08	0.04	-0.12	-0.16	0.21	0.11	-0.09	-0.40	-0.20	0.20	-0.20	0.14	0.11	0.08	-0.20	0.19	-0.40	0.03	0.21
15-44	0.08	-0.01	0.06	0.05	0.02	0.20	0.02	0.08	0.21	0.01	0.01	0.22	-0.10	-0.09	0.28	0.42	0.40	0.42	-0.04	0.05	0.06	0.03	0.04	0.21	-0.01
45-64	0.01	0.02	0.02	0.05	0.02	0.04	0.02	0.04	0.02	0.04	0.02	0.01	-0.09	-0.01	0.21	0.21	0.21	0.21	-0.03	0.10	0.11	0.11	0.10	0.15	0.16
65-74	-0.06	-0.06	-0.04	-0.08	0.02	-0.03	-0.01	-0.01	-0.01	-0.06	-0.01	-0.02	-0.13	-0.11	0.08	0.18	-0.01	0.03	-0.07	0.02	-0.01	-0.05	0.04	0.03	0.03
75-84	0.03	0.04	0.01	0.08	0.08	0.11	0.06	0.04	0.09	0.07	0.11	-0.06	-0.01	0.21	0.18	0.13	0.13	0.07	0.18	0.13	0.07	0.18	0.13	0.13	0.13
85+	-0.05	-0.04	-0.08	-0.04	0.01	0.03	-0.02	-0.02	-0.02	-0.02	-0.02	-0.02	-0.01	-0.07	0.24	0.21	0.05	0.22	0.01	0.10	0.10	0.08	0.08	0.08	0.10
Fraction "2023 Deaths" / "2015-to-2019 mean" for Age & Week > 1.0																									
0.5 SD	Fraction "2023 Deaths" / "2015-to-2019 mean" > 1.0 Plus 0.5xS.D.																								
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2.0 SD	Fraction "2023 Deaths" / "2015-to-2019 mean" > 1.0 Plus 2.0xS.D.																								
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3.0 SD	Fraction "2023 Deaths" / "2015-to-2019 mean" > 1.0 Plus 3.0xS.D.																								
3.5 SD	Fraction "2023 Deaths" / "2015-to-2019 mean" > 1.0 Plus 3.5xS.D.																								

So many things wrong with asking your body to produce a toxin like SARS2 Spike..

- ~~Lab Origin.~~
 - ~~Malfesance – Treatments and Evidence of Intent.~~
 - Vaccine Disaster.
 - Why it won't stop:
 - We can't just carry on, without future risks.
-



Vaccines: already answered, imo.

- **Disease-causing:** abundant clinical evidence AND mechanisms of action:
 - Cancer / oncogenesis e.g. at site of injection! https://x.com/_/status/1745616252599464287
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- Auto- An EDP occurs if:
- Genet

- Inflam
 - Ca

- A female participant is found to be pregnant while receiving or after discontinuing study intervention.

- Immu
- Many,
 - A male participant who is receiving or has discontinued study intervention exposes a female partner prior to or around the time of conception.

- **Persistence**

- mRNA
- Sixty o
- Fiftee

- A female is found to be pregnant while being exposed or having been exposed to study intervention due to environmental exposure. Below are examples of environmental exposure during pregnancy:

"SARS

- A female family member or healthcare provider reports that she is pregnant after having been exposed to the study intervention by inhalation or skin contact.

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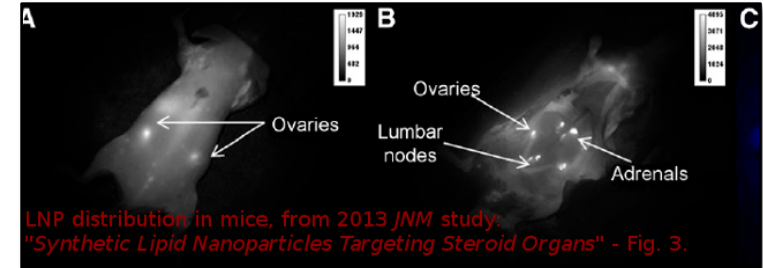
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 - Leaked by Byram Bridle: <https://www.naturalnews.com/files/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf>

68 Biodistribution..They Knew & Lied

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- **Bio-distribution of mRNA is far wider than they told you:**
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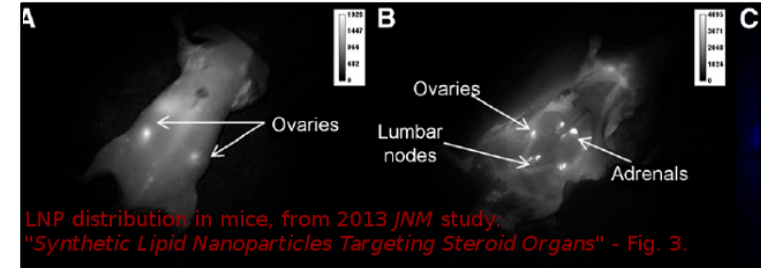


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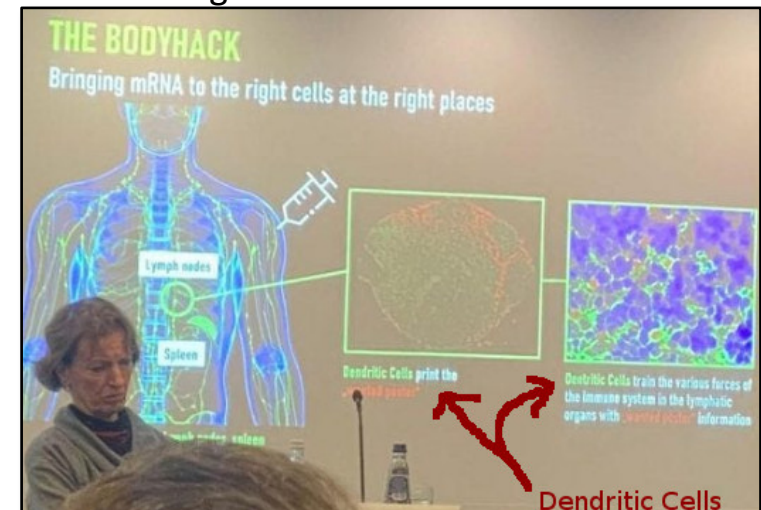


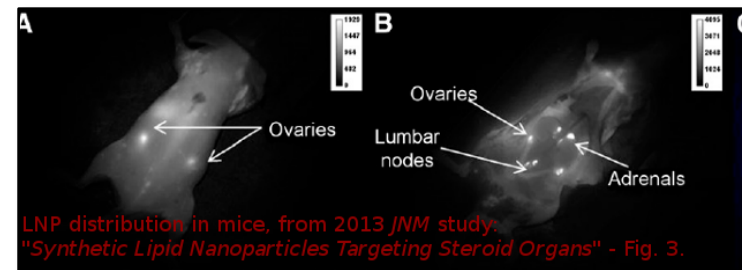
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- **The mRNA & Spike made it to places needed to do severe harm**
 - e.g. Brain, Kidneys, Liver, Ovaries, Testes...
 - Means biologically active mRNA/Spike affected babies in the womb.
 - Note Dendritic Cells have DC-SIGN receptors.
 - Dendritic Cells are often found adjacent to nerve fibres/neurons, which is bad news for amyloid/prion material reaching the brain.
 - There is considered to be NO SAFE LOWER LIMIT to prions *in-brain*. Just one can spark a chain reaction.

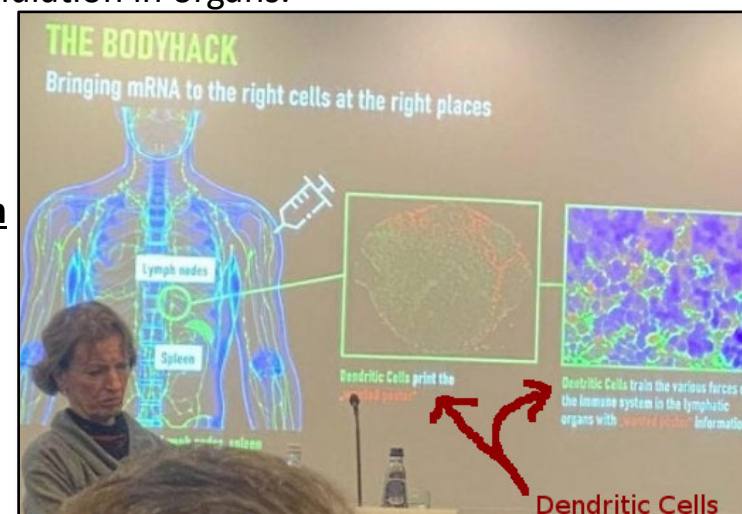


Image tweeted by French MP Virginie Joron

- **The wide spread of the material provides potential for harm all over the body.**
 - **The next few slides will focus on five remaining unanswered questions, in my mind.**

Q1: Impact of Vax DNA Contamination? Vaccine Disaster

- mRNA is produced using *E.coli* bacteria, with artificial circular DNA loops called *plasmids*.

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 - There were Kanamycin & Neomycin antibiotic resistance genes in the plasmid.
 - STOP codons were doubled: they knew there was a risk of 'slippy' transcription when using pseudo-uridine.
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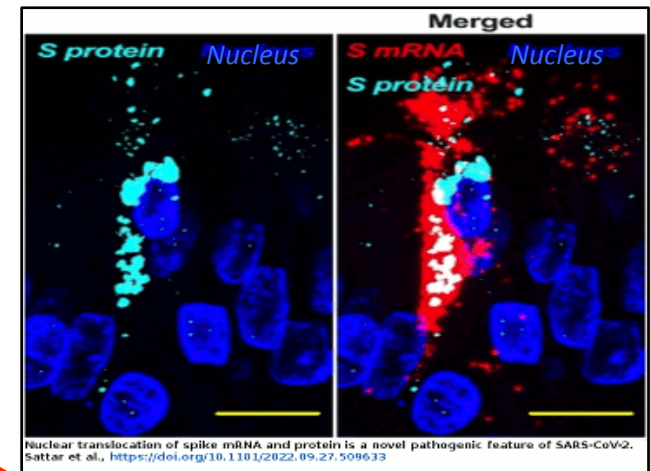
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 - These limits should be lower (zero!) when LNP-encapsulated DNA is involved!
 - The LNP facilitates entry of the DNA fragments into the cell & nucleus.

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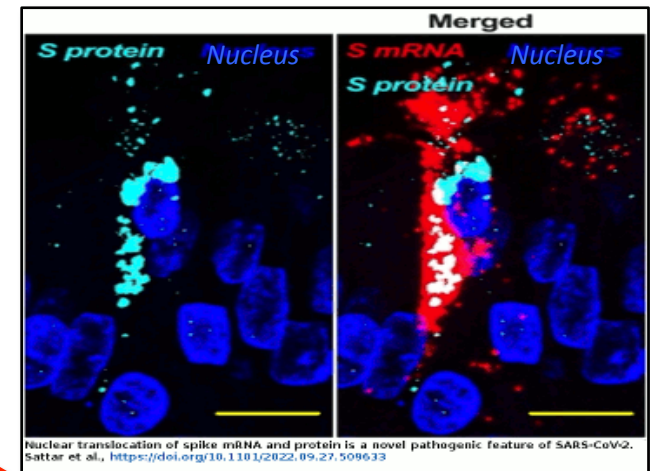
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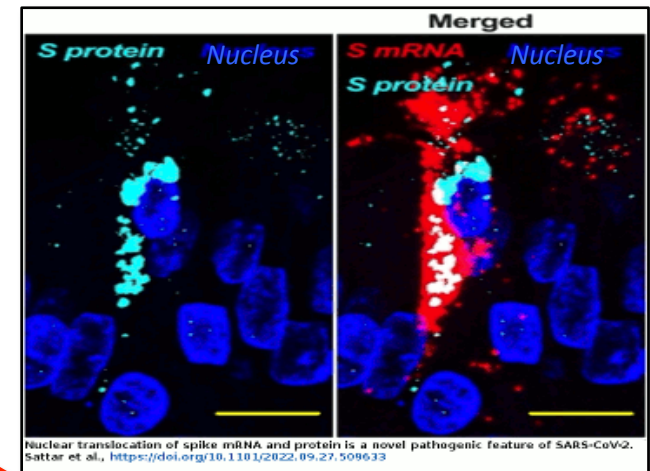
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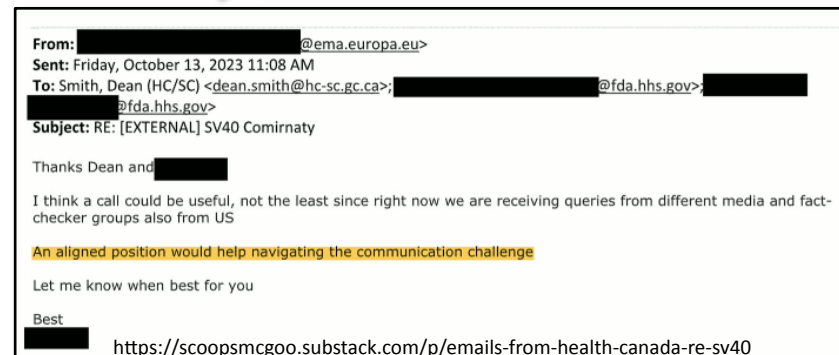
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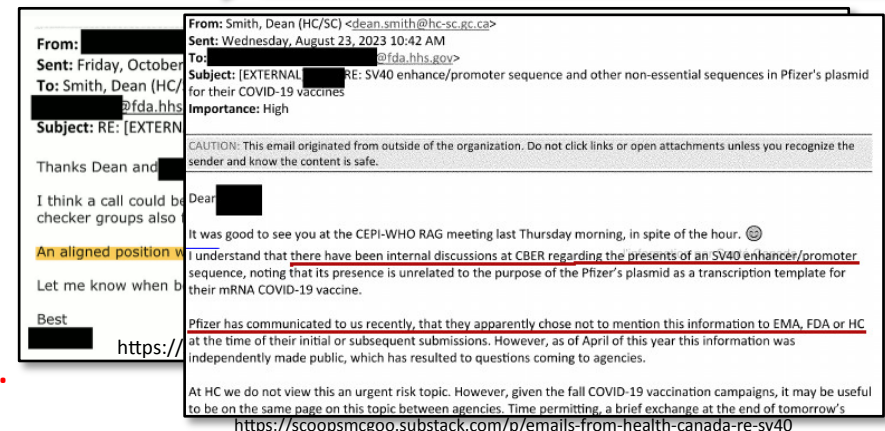
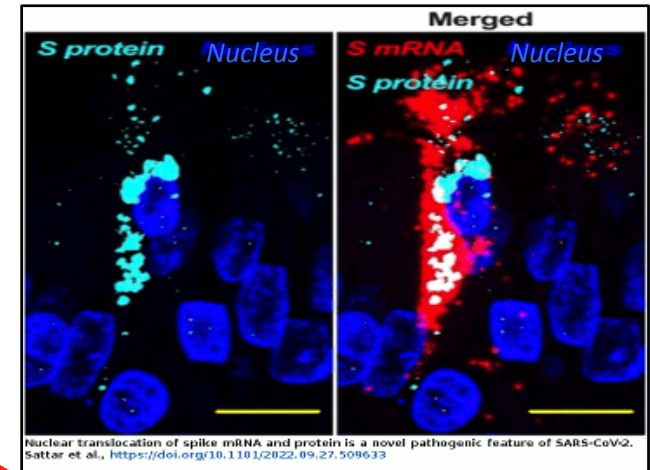
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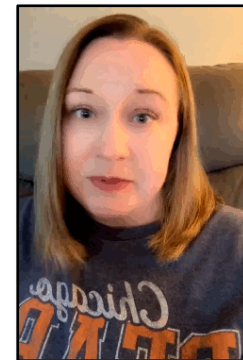
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- **EVIDENCE #3:** mRNA->DNA in human liver cell line *inside 6h*: <https://www.mdpi.com/1467-3045/44/3/73>
- **EVIDENCE #4:** Adenovirus vectors can integrate: <https://ncbi.nlm.nih.gov/pmc/articles/PMC8168329>
- **BREAKING:** The first human victim of DNA Integration identified?
 - A lady (I bet she is working with PJ Buckhaults' lab) says she has Moderna *and* Pfizer in her mitochondrial DNA, Lungs, Heart and Liver.
 - "Stay tuned" ... A paper will be on the way, if this is credible.
<https://x.com/ericawithac13/status/1819191379232231518>



Q3: Immune damage, 'tolerance' IgG4?

- Now at least 12 papers documenting this post-vaccine injury.

Dr. Mikolaj Raszek/ Merogenomics	Farhadi et al. 2021	Emmenegger et al. 2022	Irving et al. 2022	Buhre et al. 2023	Kizel et al. 2023	Selva et al. 2023	Valh et al. 2023	Harley et al. 2023	Sheshan et al. 2023	Yoshimura et al. 2023	Akhtar et al. 2023	Expino et al. 2024
IgG4 rise only in mRNA vaccinees			X	X	X	X	X	X				
More potent post Moderna than Pfizer				X								
Marginal within month post 2X mRNA	X									X		
Post 2X mRNA after >4 months			X	X					X	X	X	
2X mRNA + >90 days breakthrough infection		X	X			X						
Very common 3X mRNA		X	X		X	X	X	X	X	X	X	X
3X mRNA + breakthrough infection increases IgG4 more		X	X		X	X		X		X		
Persists post 4X, 5X mRNA										X	X	X
Heterologous mRNA combo also induces IgG4 but lesser extent			X	X								
mRNA boosting post other vaccine type induces IgG4						X					X	
Major contributor + can become primary anti-S Ab post 3X mRNA			X		X		X				X	X
IgG4 rise is accompanied by IL-10 rise											X	
Reduces Fc-mediated effector functions			X			X						
Natural infection prior to mRNA protects				X	X	X						X
Unvaccinated infected do not exhibit IgG4 rise		X			X					X		X
IgG4 rise accompanied by IgG4 memory B cells increase post 2X or subsequent boosters			X					X				
IgG4 rise accompanied by enhanced cross-reactivity and/or shift in targeted epitopes				X				X				X
Observed in blood	X	X	X	X	X	X	X	X	X	X	X	X
Observed in mucosa						X						
Suppressed by immunosuppressive drugs							X					
Does not increase breakthrough infections										X		

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- IgG4 promotes tolerance; similar to reaction with pollen.
 - Except SARS2 is a replicating pathogen!



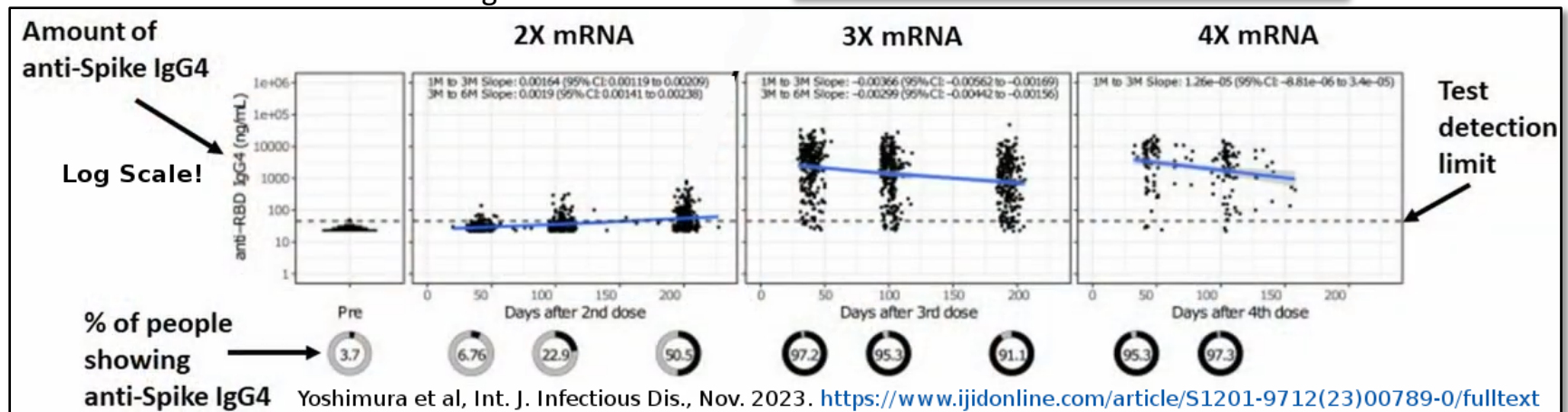
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Review
IgG4 Antibodies Induced by Repeated Vaccination May Generate Immune Tolerance to the SARS-CoV-2 Spike Protein
 Vladimir N. Uversky ^{1,*}, Elashdy M. Redwan ^{2,3}, William Maksis ⁴ and Alberto Rubio-Casillas ^{5,6}

- Studies confirm 3x mRNA induces IgG4 Class-Shift:



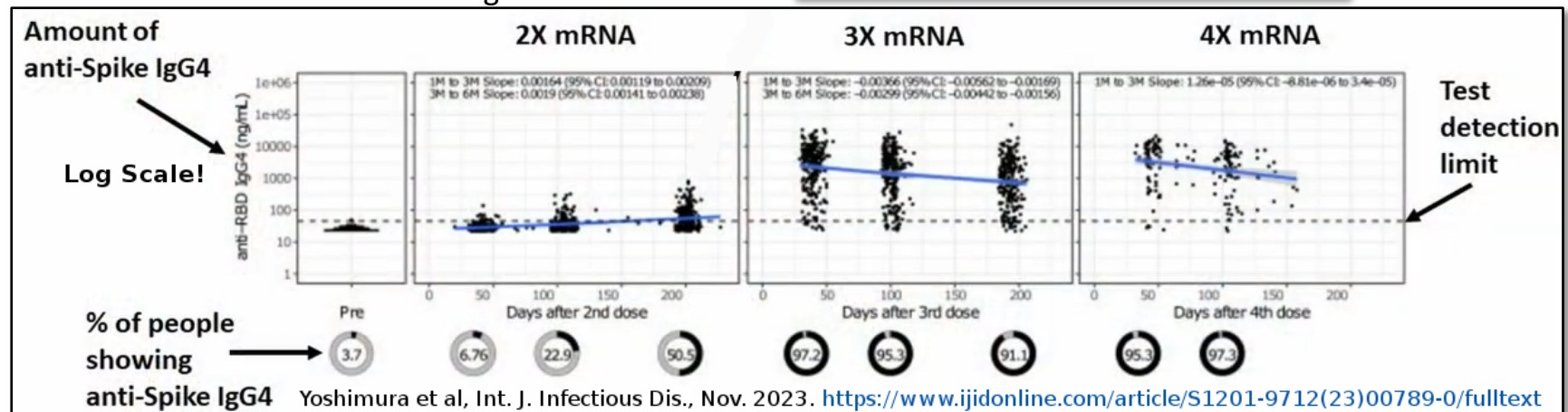
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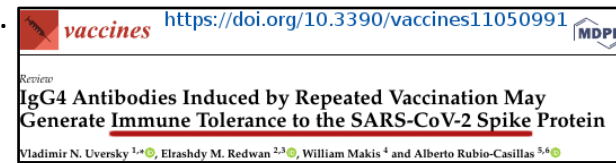


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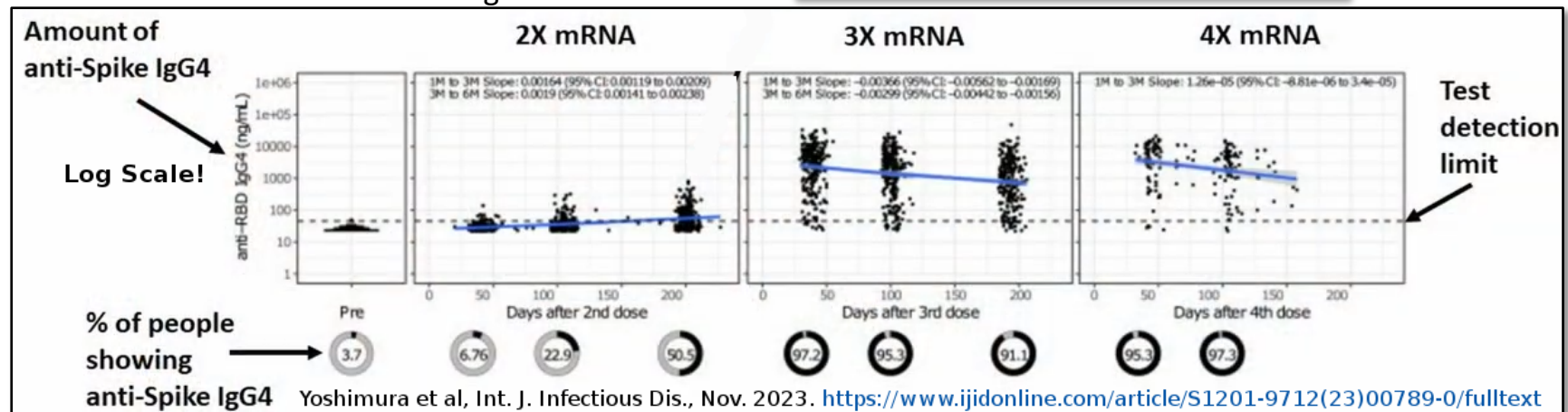
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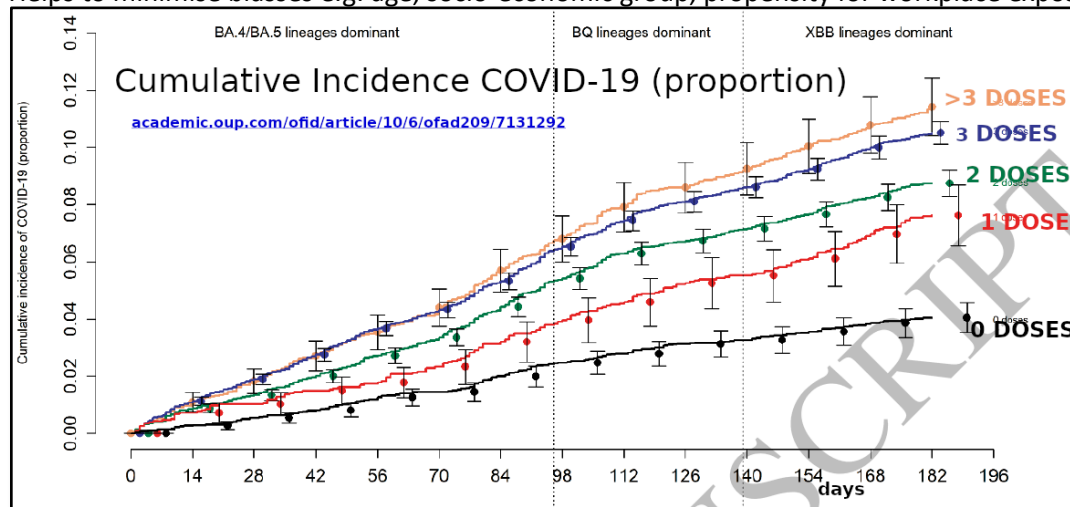


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- **Notable that HIV's gp120 protein induces IgG4 class-shift.. (remember SARS2 has HIV inserts!)** <https://journals.aai.org/jimmunol/article/176/7/3931/73688/HIV-1-Envelope-Triggers-Polyclonal-Ig-Class-Switch>
 "In the presence of gp120... B-Cells ... undergo CSR from IgM to IgG", "some HIV-1 Ags elicit IgG class switch".

Vaccine Negative Efficacy, Imprinting, OAS

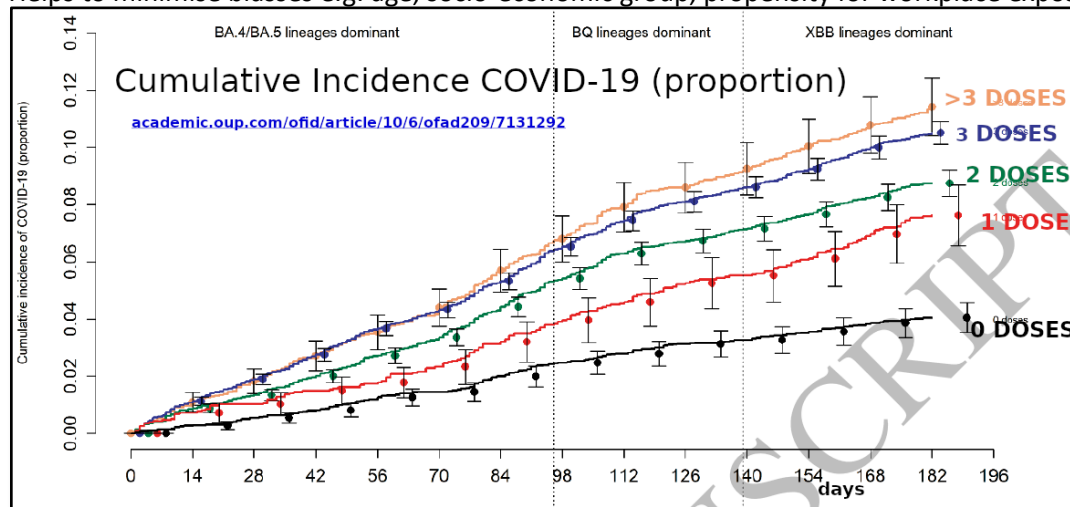
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scientific reports

www.nature.com/scientificreports

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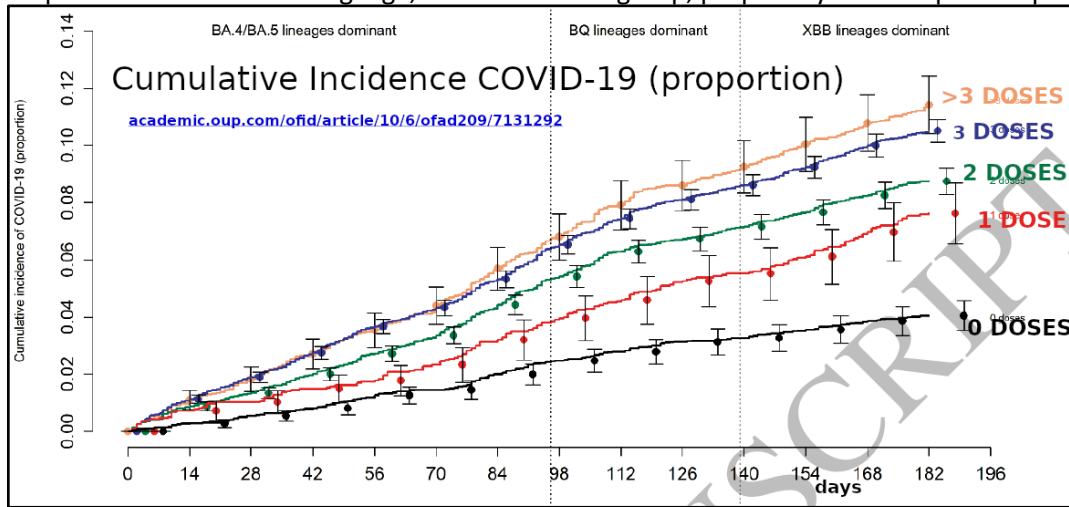
Jun Shimizu¹, Tadahiro Sasaki¹, Ritsuko Koketsu¹, Ryo Morita², Yuka Yoshimura¹,
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Kazuo Miyazaki^{1,3} & Tetsuo Shioda^{2,1}

¹¹ Although sera collected from mRNA-vaccinated individuals exhibited neutralizing activity, some sera gradually exhibited dominance of ADE activity in a time-dependent manner. None of the sera examined exhibited neutralizing activity against infection with the Omicron strain. Rather, some ADE of Omicron infection was observed in some sera. These results suggest the possible emergence of adverse effects caused by these Abs in addition to the therapeutic or preventive effect.¹¹

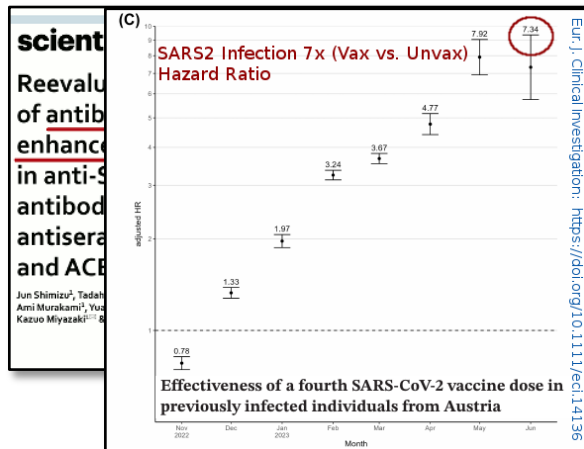
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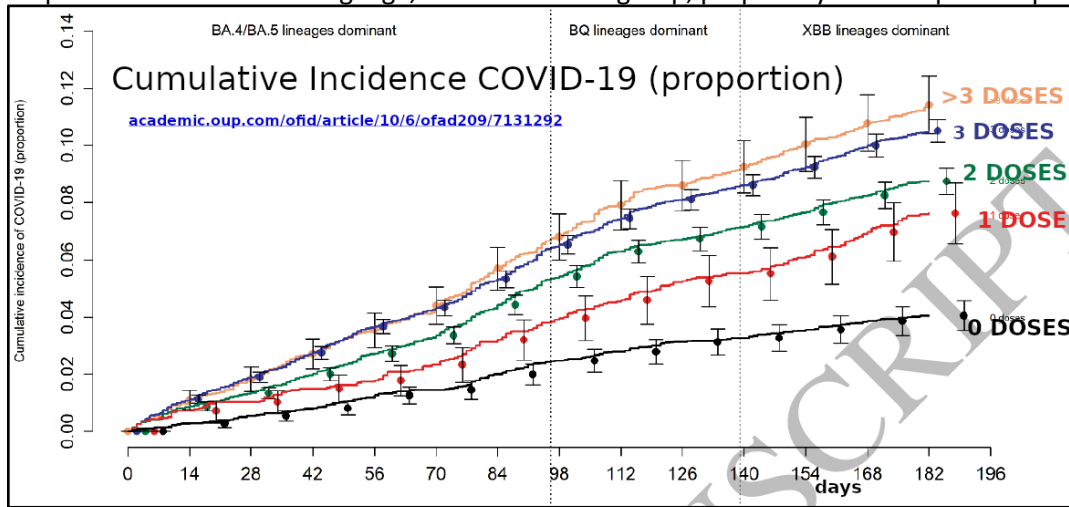


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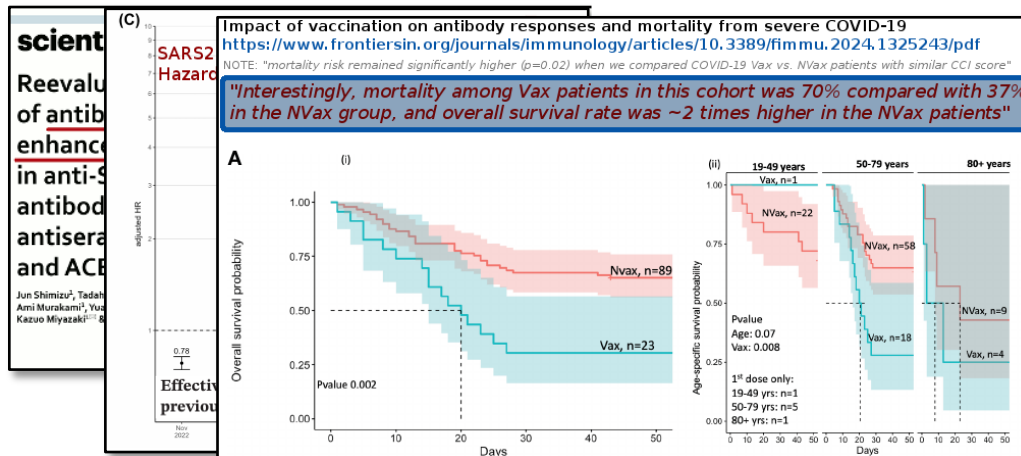


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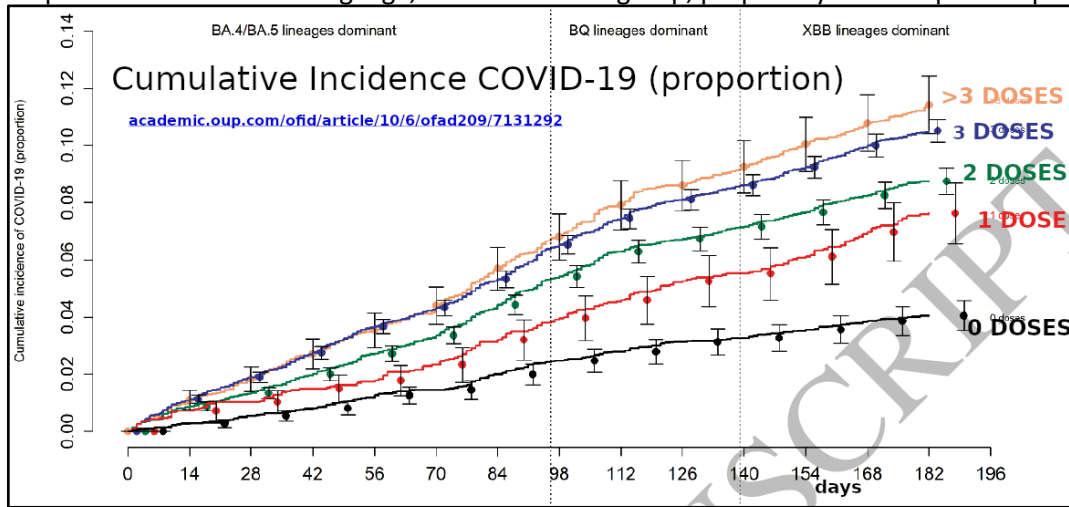


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NOTE: "mortality risk remains high"

"Interestingly, mortality risk remains high in the NVax group"

Overall survival probability

Pvalue 0.002

Source: The Lancet Preprints

Effectiveness of Covid-19 Vaccination Against Risk of Symptomatic Infection, Hospitalization, and Death Up to 9 Months: A Swedish Total-Population Cohort Study

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3949410

Figure 2

Vaccine effectiveness % (symptomatic Covid-19 infection)

Days since full vaccination

Positive Effectiveness of vaccine

Negative Effectiveness of vaccine

Figure 2. Adjusted vaccine effectiveness (any vaccine) against symptomatic Covid-19 infection among 842,974 vaccinated individuals matched to equally number of unvaccinated individuals through 9 months of follow-up. To model the association between vaccine effectiveness during follow-up, restricted cubic splines were used with 5 degrees of freedom.

Figure S1

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Days since full vaccination

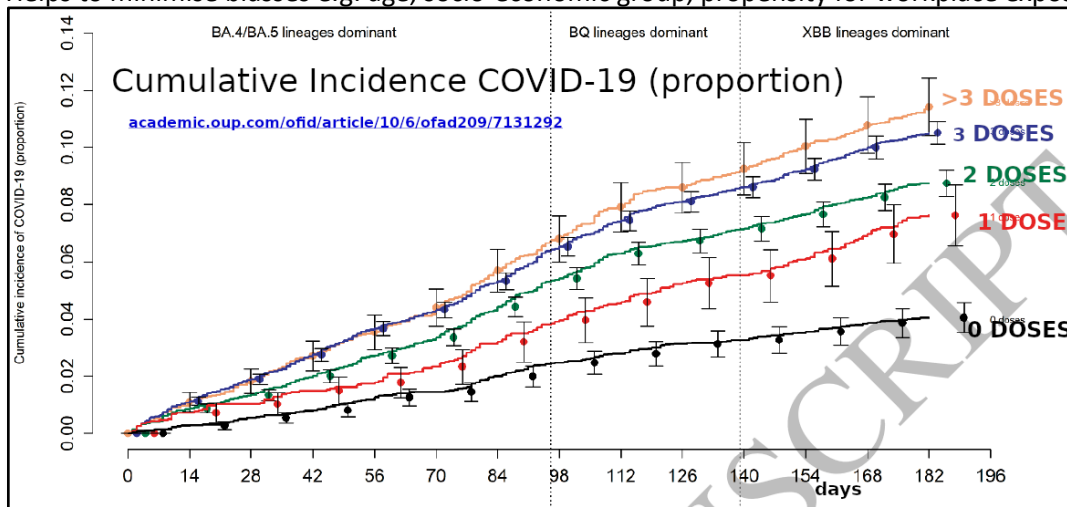
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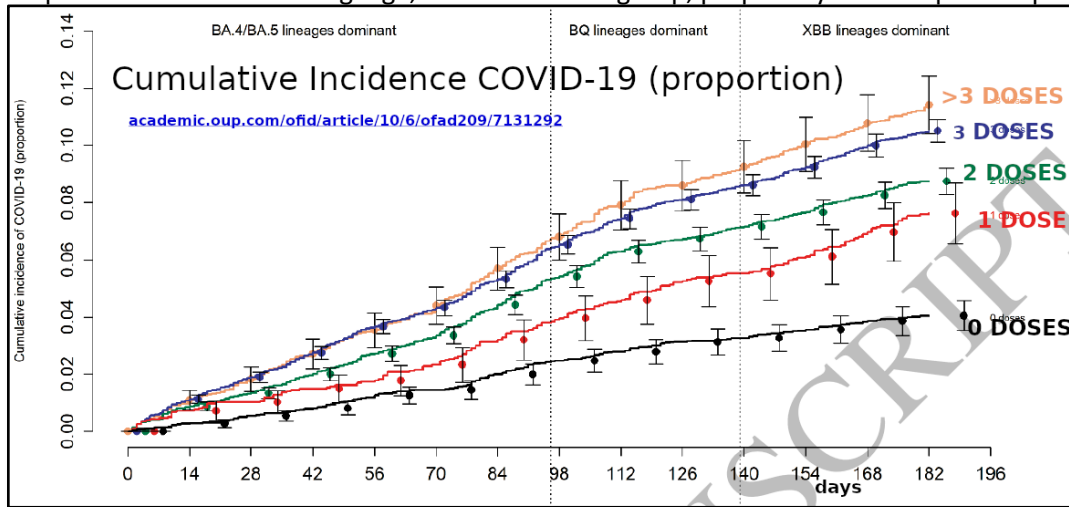
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<https://doi.org/10.1038/s41467-022-34400-8>

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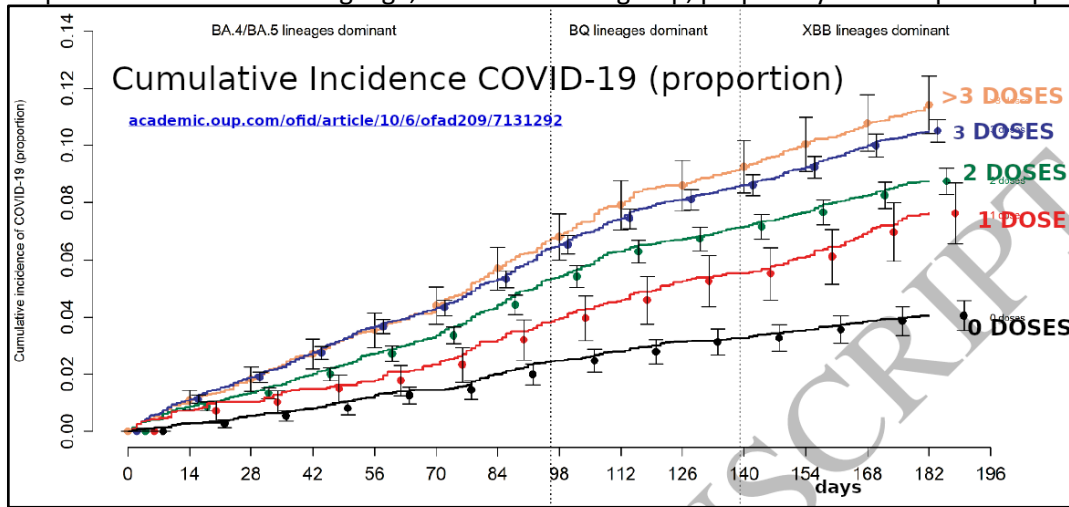
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 - The imprinting effect of COVID vaccines: “we need a proper explanation”**

This block contains several overlapping images of scientific literature:

- Left:** A snippet of a paper titled "Reevaluation of antibody enhancement in anti-SARS-CoV-2 antibody antisera and ACE2 binding".
- Middle-Left:** A graph showing "Overall survival probability" with a p-value of 0.002. A note says "Interestingly, mortality risk remains low in the NVax group".
- Middle-Right:** A graph titled "Effectiveness of A Swedish Total" showing vaccine effectiveness % for symptomatic COVID-19 infection. It distinguishes between "Positive Efficacy" and "Negative Efficacy".
- Right:** A cover of a "PERSPECTIVE" article in "nature microbiology". The title is "Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies" by Wen Shi Lee, Adam K. Wheatley, Stephen J. Kent, and Brandon J. DeKosky. The abstract discusses risks of ADE in vaccine development.

Vaccine Negative Efficacy, Imprinting, OAS

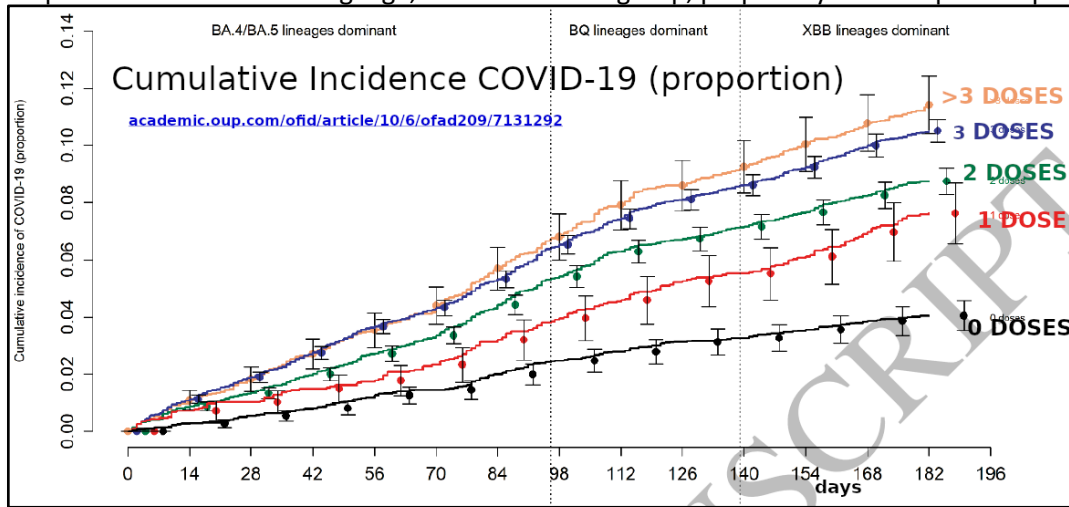
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 - Helps to minimise biases e.g: age, socio-economic group, propensity for workplace exposure, etc. ✓



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Jun Shimizu¹, Tadah

Ami Murakami¹, Yua

Kazuo Miyazaki¹, S

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SARS2

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Nov 2022

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Figure 2. Adjuste

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microbiology

Effects of Vaccination and Previous Infection

on Omicron Infections in Children

<https://www.nejm.org/doi/full/10.1056/NEJMc2209371>

Wen Shi Lee¹, Adam K. Whea

Antibody-based drugs and vaccines ag

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anti-SARS-CoV-2 antibodies could exa

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ing to Date

100

90

80

70

60

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Nov. 2021

Dec. 2021

Jan. 2022

Feb.-May 2022

Dec 2021

Jan 2022

Feb. March

April

May

June

Date of Infection

Effectiveness (%)

100

90

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Delta B.1.617.2

Omicron BA.1.1 or B.1.1.529

Omicron BA.2 or BA.2.12.1

Effectiveness (%)

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Date of Reinfection

Effectiveness (%)

Many deleterious effects and impacts in immune system;
Is this a syndrome? VAIDS?

Q4: Amyloidosis & Prion issues

Basic Amyloid/Prion Biochemistry:

- Amyloid is causative/associated with many diseases (prions cause a form of amyloid):
 - Parkinson's, Alzheimer's, ALS, vCJD, some forms of fibrosis etc., and BSE in cows, CWD in deer.
 - **Prions are not destroyed by cooking, bleaching, etc.** 1/2000 extracted UK appendices found to contain BSE prions!
 - Prions hijack healthy body proteins and misfold them, causing **a chain-reaction** – leading to death: “uniformly fatal”.
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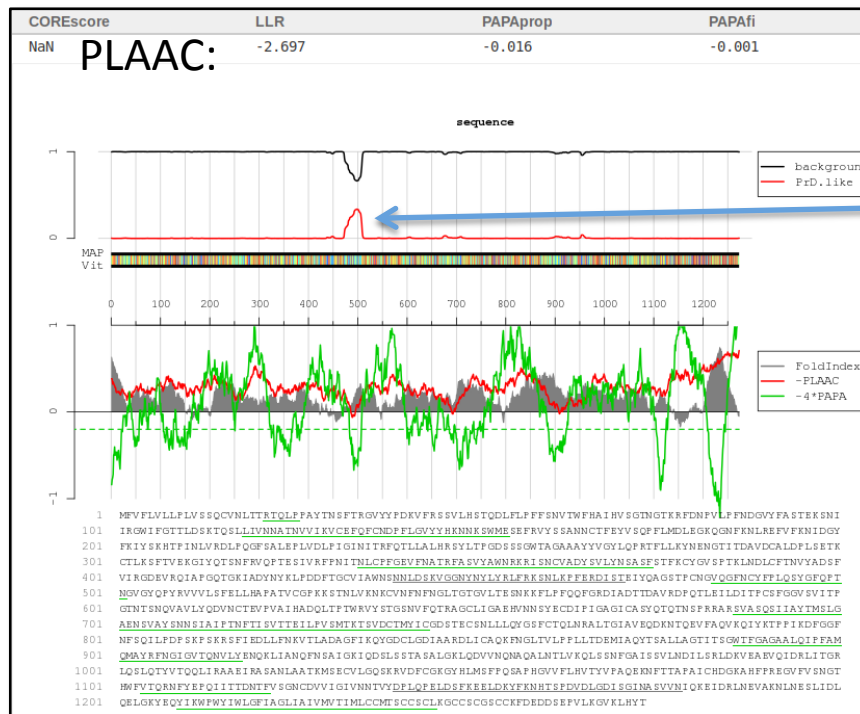
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Large ‘bump’ in prion-ergic tendency around position 500 of the spike sequence.

Q4: Amyloidosis & Prion issues

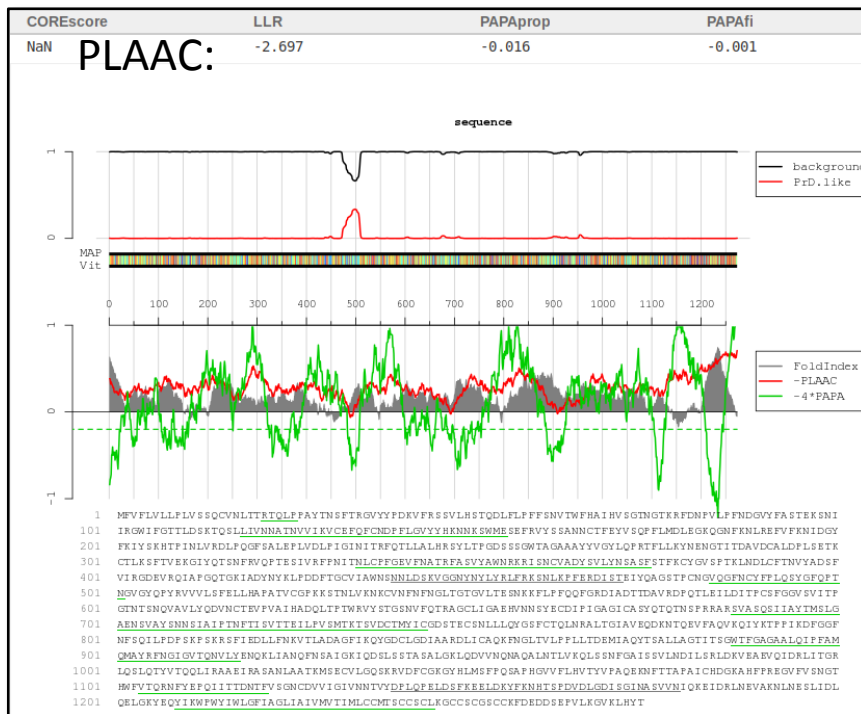
Vaccine Disaster

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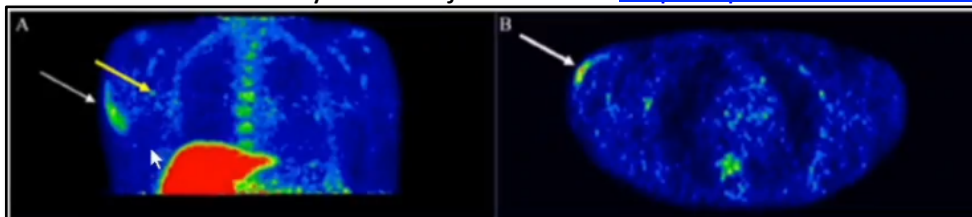
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Clinical evidence, just one of many:

- PET scan sees amyloid at injection site: <https://pubmed.ncbi.nlm.nih.gov/34541458>



Subcutaneous Uptake on [18F]Florbetaben PET/CT: a Case Report of Possible Amyloid-Beta Immune-Reactivity After COVID-19 Vaccination

Riccardo Laudicella^{1,2,3} · Irene Andrea Burger^{3,4} · Francesco Panasiti^{1,2} · Costanza Longo^{1,2} · Salvatore Scalisi¹ · Fabio Minutoli² · Sergio Baldari² · Luigi Maria Edoardo Grimaldi⁵ · Pierpaolo Alongi¹

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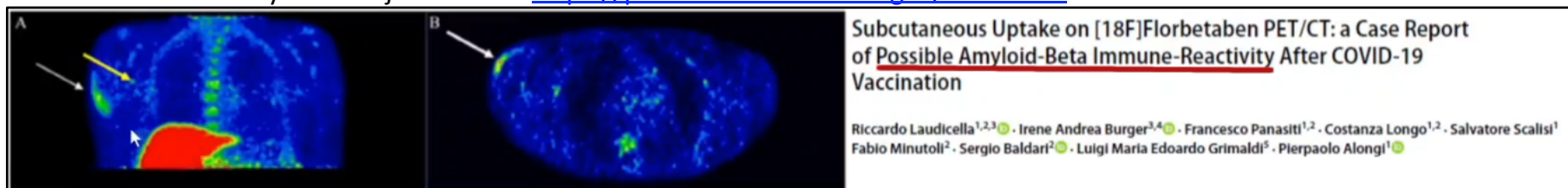
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Renegade science experiments are underway:

- Attempt to determine whether vaccines cause prion / amyloid disease:
 - Vaccines are considered higher risk than SARS2 itself, due to the vaccine biodistribution.



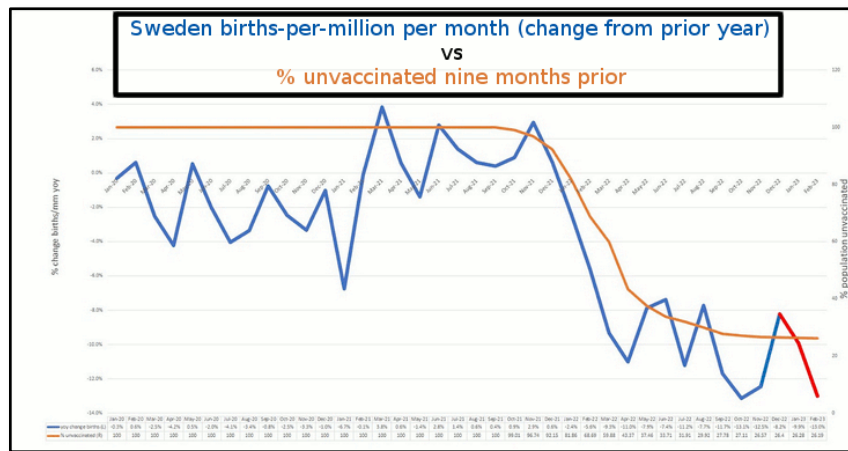
Q5: Birth-Rate drops..

Vaccine Disaster

Nine months after vaccines given to pregnant women.

- Observed in multiple countries.
- Sweden: February 2023 birth rates down 13% vs. February 2021:
<https://boriquagato.substack.com/p/sweden-birthrates-feb-2023-still>

"this drop commenced right when vaccination picked up and is not recovering from these really low levels"



- A German Federal Government website:
<https://www.bib.bund.de/Publikation/2022/Fertility-declines-near-the-end-of-the-COVID-19-pandemic-Evidence-of-the-2022-birth-declines-in-Germany-and-Sweden.html>
 - *"There is no association of the fertility trends with changes in unemployment, infection rates, or COVID-19 deaths."*
 - ***"However, there is a strong association between the onset of vaccination programmes and the fertility decline nine months after this onset."***
- Notably, the UK ONS has not published any 'live births' statistics since 2022, as far as I can see.
 - It is now late 2024.

You need to see these:

Vaccine Disaster

- It's good to know that these people said these things..
 - What has been unleashed is apparently a ***fertility-destroying slow-killer***, which fits with stated goals:



<https://www.youtube.com/watch?v=S-unOVLr44c>

Meadows: *"I hope that it can occur in a civil way"*

"If you want liberty and more consumption, you have to have fewer people"

"We're now at 7 [billion people], so we have to get back down."

"I hope that this can be slow, and done in a way which is relatively equal"

"That's what lies ahead" (smirking).



https://www.youtube.com/watch?v=3rWU_VDa1Js

Interviewer: *"What are the biggest challenges, from a conservation point-of-view?"*

Philip: *"The growing human population."*

"From where we are, there's nothing else"

Interviewer: *"Do you have views about what should be done?"*

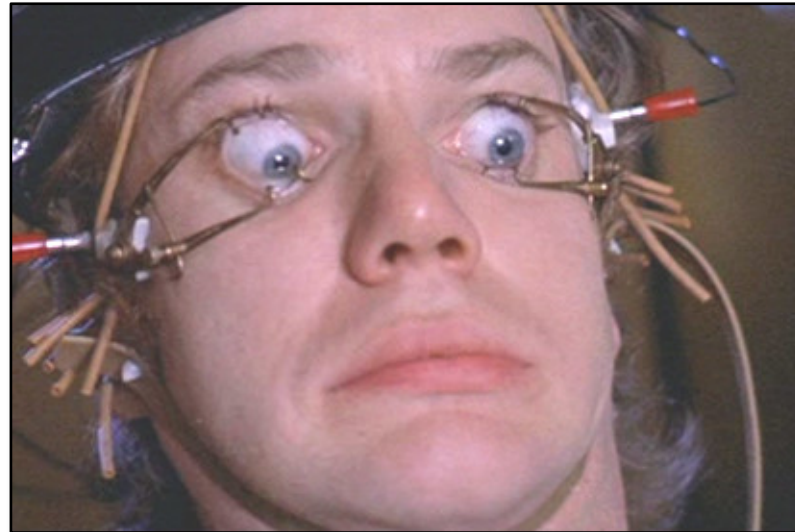
Philip: *"Can't you guess?"*

Might as well keep going..

Why it won't stop

because they will, too.

- ~~Lab Origin.~~
 - ~~Malfesance – Treatments and Evidence of Intent.~~
 - ~~Vaccine Disaster.~~
 - Why it won't stop:
 - We can't just carry on, without future risks.
-



Why it won't stop...

Why it won't stop

- **Highwire episode 383:**

“There’s a pandemic coming, and though [bird flu] can’t really spread among humans very well right now, don’t worry – they’re fixing that in a lab somewhere near you”



Why it won't stop...

Why it won't stop

- **Highwire episode 383:**

“There’s a pandemic coming, and though [bird flu] can’t really spread among humans very well right now, don’t worry – they’re fixing that in a lab somewhere near you”

- **It is now known how to make super-transmissible versions of many pathogens.**



Why it won't stop...

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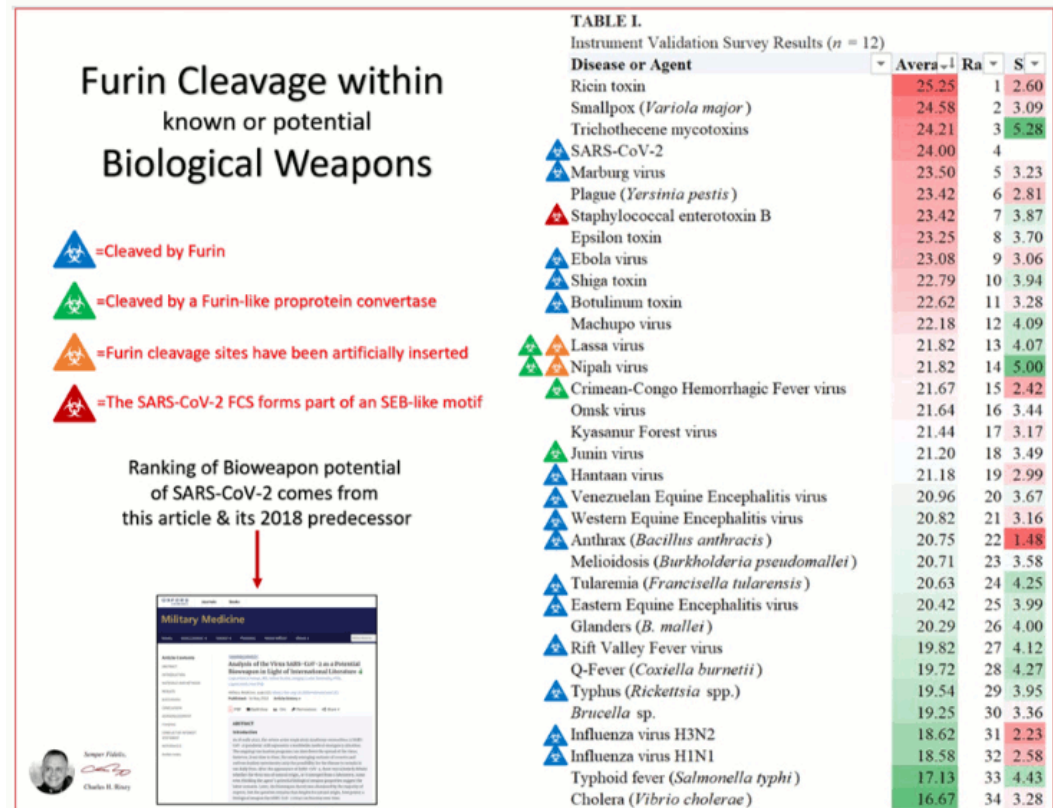


Charles Rixey: prometheushrugged.substack.com/p/the-evidence-of-the-origin-of-the-pandemic

- **It is now known how to make super-transmissible versions of many pathogens.**

- **Charles Rixey, ex-CBRN instructor, & US Marine made this chart**

- From the ‘dirty dozen’ paper revisit (2020).
- Furin Cleavage can be added.
- RxxR can be upgraded to RRxR.



On Informed Consent..

Why it won't stop

- **Informed Consent Rules degraded in USA...**

<https://www.theepochtimes.com/health/fdas-new-rule-allows-for-medical-research-without-informed-consent-5571962>

- U.S. Food and Drug Administration (FDA) has finalized a rule allowing certain clinical trials to operate without obtaining informed consent from participants.
- The hitch? The study cannot pose more than **minimal risk** to humans and must include appropriate safeguards to protect the rights, safety, and welfare of those involved.
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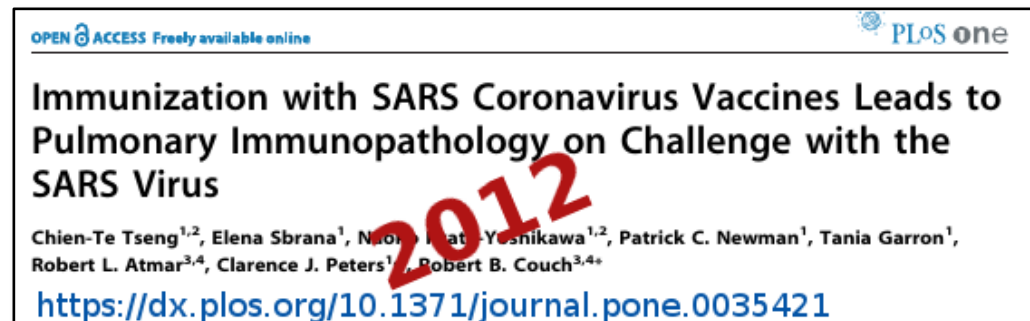
- Do paid shills like Peter Hotez consider these technologies ‘minimal risk’?

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June 2020:

2024: Calls for NATO to address “anti-vaccine aggression”.



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The Business\$ Model

Why it won't stop

- **Pandemic / Vaccine has now become a business model.**
 - No punishment or recognition of wrongdoing
= no dis-incentive.
 - Altering and patenting viruses: US Pat. 7,279,372
method to produce recombinant Coronavirus (R. Baric).
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- **Preparations are being made and lessons learned applied, for future responses.**
 - Personally, I felt we were very close to unvaccinated being taken off to camps. Can you imagine how that feels?
 - Some were force-injected *against their will* during covid.
 - Next time...

https://www.health.govt.nz/system/files/documents/publications/interim_nz_pandemic_plan_v2.pdf pp133 →



"Sudden And Unexpected" ✓
@toobaffled · Follow



New Zealand's New "Pandemic Plan" includes Forced injection whilst being restrained by Police 🤪

NEW ZEALAND PANDEMIC PLAN
A framework for action - Interim Update July 2024 - Page 125

SPECIAL POWERS

Special powers are authorised by the Minister of Health or by an epidemic notice or apply where an emergency has been declared under the Civil Defence Emergency Management Act 2002.



1

The power to detain, isolate or quarantine allows a medical officer of health to 'require persons, places, buildings, ships, vehicles, aircraft, animals, or things to be isolated, quarantined, or disinfected' (section 70(1)(f)).

2

The power to prescribe preventive treatment allows a medical officer of health, in respect of any person who has been isolated or quarantined, to **require people to remain where they are isolated or quarantined until they have been medically examined** and found to be free from infectious disease, and **until they have undergone such preventive treatment** as the medical officer of health prescribes (section 70(1)(h)).

3

Section 71A states that **a member of the police may do anything reasonably necessary (including the use of force)** to help a medical officer of health or any person authorised by the medical officer of health in the exercise or performance of powers or functions under sections 70 or 71.

'INCLUDING THE USE OF FORCE'

www.thehealthforumnz.co.nz link to the document



3:24 AM · Aug 1, 2024



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 - Altering and patenting viruses: US Pat. 7,279,372 *method to produce recombinant Coronavirus* (R. Baric).
 - \$\$\$\$\$\$\$\$ to DARPA, BARDA, PREDICT, EcoHealth, Metabiota, OneHealth, GAVI...
- **Preparations are being made and lessons learned applied, for future responses.**
 - Personally, I felt we were very close to unvaccinated being taken off to camps. Can you imagine how that feels?
 - Some were force-injected *against their will* during covid.
 - Next time...
https://www.health.govt.nz/system/files/documents/publications/interim_nz_pandemic_plan_v2.pdf **pp133** →

- **If you don't consent, there's the covert option:**
https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2018/181009-gcbr-tech-report.pdf
 - Fusion inhibitors would protect those 'in the know'.



pp6:
 Self-Spreading Vaccines: Self-spreading vaccines are genetically engineered to move through populations like communicable diseases, but rather than causing disease, they confer protection. The vision is that a small number of individuals in a target population could be vaccinated, and the vaccine strain would then circulate in the population much like a pathogenic virus, resulting in rapid, widespread immunity.



"Sudden And Unexpected" ✓
 @toobaffled · Follow


✕

New Zealand's New "Pandemic Plan" includes Forced injection whilst being restrained by Police 🤖

NEW ZEALAND PANDEMIC PLAN
 A framework for action - Interim Update July 2024 - Page 125

SPECIAL POWERS

Special powers are authorised by the Minister of Health or by an epidemic notice or apply where an emergency has been declared under the Civil Defence Emergency Management Act 2002.



1

The power to detain, isolate or quarantine allows a medical officer of health to 'require persons, places, buildings, ships, vehicles, aircraft, animals, or things to be isolated, quarantined, or disinfected' (section 70(1)(f)).

2

The power to prescribe preventive treatment allows a medical officer of health, in respect of any person who has been isolated or quarantined, to **require people to remain where they are isolated or quarantined until they have been medically examined and found to be free from infectious disease, and until they have undergone such preventive treatment as the medical officer of health prescribes** (section 70(1)(h)).

3

Section 71A states that a **member of the police may do anything reasonably necessary (including the use of force)** to help a medical officer of health or any person authorised by the medical officer of health in the exercise or performance of powers or functions under sections 70 or 71.

'INCLUDING THE USE OF FORCE'

www.thehealthforumnz.co.nz link to the document



3:24 AM · Aug 1, 2024



Yes, some were forced already. Why it won't stop

Holding people down and forcing needles into them happened.

- In Los Angeles:

<https://www.youtube.com/watch?v=QJ8xfO1RMsm>



- In Berlin:

<https://www.bitchute.com/video/hxWbID9xqRrp>



- And to Children:



Note: deleted from x:

https://x.com/_/status/1425818674758365184

- And in India:

https://x.com/_/status/1487926273892618242



Pfizer Trial Fraud goes Unpunished Why it won't stop

Arguably rewarded for fraud (and it's not the first time).

- Aaron Siri / ICAN sued to obtain Pfizer trial documents.
- So many deceptions...
 - 301 participants gone from the trial records.
 - 1258 (vaccinated) & 583 (placebo) participants missing from the 6m report in NEJM.
 - Unblinding of participants and staff during the trial.
 - German & Turkish sites had exactly the same number of adverse events per person.
 - Using “process 2” to make commercial lots – NOT what was used in trials.



<https://x.com/Jikkyleaks/status/1523830222218723328>

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Several participants who became ill were taken off the trial:

- Maddie De Garay:
 - 12yo left paralysed.
 - Mis-classified as ‘abdominal pain’, ‘neuralgia’.
 - Was not treated for acute illnesses.
 - Referred to an eating disorder clinic.
 - Had to obtain own wheelchair.
 - Note: Only 1200 children in the trial.

Emergency Use Authorization (EUA) Amendment
for an Unapproved Product
Review Memorandum

Identifying Information

One participant experienced an SAE reported as generalized neuralgia, and also reported 3 concurrent non-serious AEs (abdominal pain, abscess, gastritis) and 1 concurrent SAE (constipation) within the same week. The participant was eventually diagnosed with functional abdominal pain. The event was reported as ongoing at the time of the cutoff date.

Review Completion Date	May 15, 2021
Established Name/Other names used during development	Pfizer-BioNTech COVID-19 Vaccine / BNT162b2
Dosage Form/Strengths and Route of Administration	A 0.3 mL suspension for intramuscular injection
Intended Use for EUA	Active immunization to prevent coronavirus disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

<https://www.bitchute.com/video/DcdbWfuyusaT> (see 61m30s)

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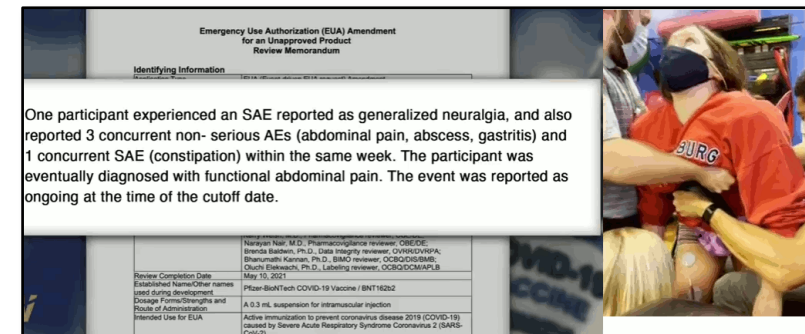
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- Augusto Roux – (An Argentinian State Prosecutor!) was removed from the trial whilst in hospital.
- Olivia Teseniar – Leukemia began on trial:
 - Investigator didn't report to FDA.
 - Her VAERS record was deleted.
 - Olivia secretly filmed trial investigator, Dr Cynthia Strout:



https://x.com/_/status/1610122775200505857 <https://www.bitchute.com/video/HdX1AdORTWxV>

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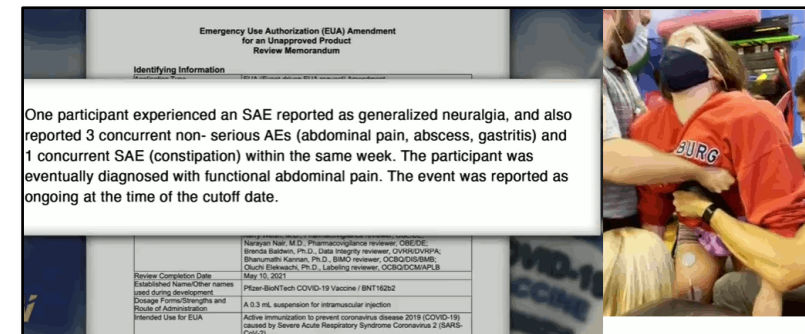
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Bear in mind these are TRIAL PARTICIPANTS.

- Injuries/events are supposed to be recorded, regardless of aetiology!

The Pipeline: Depends on Ignorance / Complacency

- **MANY mRNA 'vaccines' in the pipeline.**
- **Poverty of information in the public domain. Same issues...**
 - Mother aware of pseudo-uridine danger? (paper: *friend or foe of cancer* <https://pubmed.ncbi.nlm.nih.gov/38583833/>)
 - Mother aware of DNA contamination issues? (this is a result of manufacturing process, so must be a risk going forward)
 - Mother aware of bio-distribution data? (transfected cells in heart/brain will not re-grow)
 - No 'OFF' Switch, indeterminate dosing.
 - Alternatives discredited and made unavailable.

https://www.facebook.com/NNUH.nhs/

Email or phone Password

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nnuh.nhs.uk

Always open

82% recommend (1,743 Reviews)

Norfolk and Norwich University Hospitals NHS Foundation Trust

The first baby in the UK has taken part in the Rhyme study which is testing new mRNA vaccines for respiratory syncytial virus (RSV) and human metapneumovirus (hMPV). Six-month-old Robyn joined the randomised trial at our Jenny Lind Children's Hospital. We are one of seven UK sites participating in the study which involves infants aged five to eight months old. The study is being led by scientists at the University of Oxford and the vaccines are being developed by Moderna.

In ... See more

Photos See all photos

Corwall Pride 100 August 2024

Milton Keynes Pride 10th September 2023

Norwich Pride 17th July 2024

Neonatal Intensive Care Unit

THANK YOU

10th Anniversary of the NICU

Hospital is Here Earth

Five staff members in blue scrubs are smiling and standing in a hospital hallway. One staff member is holding a baby.

Censorship...

Why it won't stop

- Note that the NNUH NHS Trust tweet I wanted to show on the previous slide about baby Robyn has been deleted. Why?
- Much of the material I saved offline has been systematically removed.
- For a while, a lot of twitter material disappeared when accounts were deleted/banned.
 - Links I had saved were unusable and there has been good improvement since Elon Musk bought the Co.
 - **This was industrial-scale, using JIRA, organised by governments against their citizens.**
 - They almost got away with it.
- Papers have been ‘force-retracted’, even though authors disagree with retraction, and many are later corroborated by other papers.
 - Happens when papers highlight topics likely to impair defence/military research budgets.
- In the UK, Ofcom’s “material misleadingness” rule has blighted even the few MSM hosts/shows who tried to air both sides of the vaccine debate:
 - Mark Steyn
 - Maajid Nawaz
 - Neil Oliver
 - Ofcom “material misleadingness” rule:
<https://www.ofcom.org.uk/tv-radio-and-on-demand/broadcast-standards/broadcast-standards-and-coronavirus>
- Eric Clapton’s song(s) censored by MSM.
- I’d like you to think about how much of this information you were aware of.
- **They even censored the censorship!**
 - Unless you were looking in real-time, you never saw it.

Bad Actors

Why it won't stop

- Bill & Melinda Gates Foundation (BMGF).
 - Large donations, influence peddling, outright corruption.
- UNITAID, WHO (see Astrid Steuckelberger on the takeover of WHO by Gates).
- Brighton Collaboration.
- Regulators: MHRA, FDA, CDC, NIH HC, TGA, EMA,...
 - “Enablers”, Conflicted financially (share ownership, biggest funder BMGF, derive income from vaccines)
- UK Statistics Agency, ONS.
 - Stopping publication of key data e.g. live births
 - Changing methodology for Excess Deaths *mid-crisis*, without parallel running.
- NHS, Surgical/Medical Colleges, GMC:
 - Threatening and firing staff e.g. Dr Sam White, Dr David Cartland
- Biotech and pandemic-related enterprises:
 - EcoHealth, Labyrinth, Metabiota (Ukraine! & Kenema, Sierra Leone – where VHFC has a lab and ZEBOV emerged).
 - Note: CEO of EcoHealth (Peter Daszak chaired a closed-door meeting with In-Q-Tel (CIA) and CEO of the *Robert Wood Johnson Foundation*.
 - Meeting to address media misinformation.
 - I discovered subsequent donations of \$100,000's to FactCheck.org, with nothing prior to the meeting.
- Academic Organisations:
 - The Lancet, Nature, forced retractions of peer-reviewed papers *against authors wishes, & without data*. Findings often confirmed in later papers. E.g. Spike-p53 paper.
 - The Lancet's COVID Commission populated with VI's.
 - Many Universities firing or marginalising academics. Byram Bridle,
- Media: BBC, Sky, Ch4, ...
 - Ofcom “material misleadingness” rule led to media censoring real data, information: <https://www.ofcom.org.uk/tv-radio-and-on-demand/broadcast-standards/broadcast-standards-and-coronavirus>
 - Biased targetting e.g. Mark Steyn, but not *This Morning* “100% effective against death” comment by Dr. Sara.

Trustworthy Actors

Why it won't stop

- Building a new system:
 - FLCCC: medical protocols, new fellowships, journal in the works
 - IJVTPR: most articles are of reasonable quality.
 - WCH: Tess Lawrie
 - HART: Clare Craig
 - ★Stars★:- have you heard of any of these people?
 - Kevin McKernan, Dr. Kevin McCairn, Charles Rixey, Dr. Tess Lawrie, Dr. Pierre Kory, Dr. Paul Marik, Prof. Arne Burkhardt, Prof. Angus Dalglish, Andrew Bridgen, Jikkyleaks, Igor Chudov, Dr. Jessica Rose, Arkmedic, Aussie17, Dr. Steve James, Dr. Dave Cartland, Dr. Sam White, Matt LeTissier, Dr. Harvey Risch, Dr. Ryan Cole, Dr. Joseph Ladapo, Dr. Sabine Hazan, John Paul/ThingsHiddenn, Dr. Peter McCullough, Senator Ron Johnson, Rep. Rand Paul, Joe Rogan, Mark Steyn, Maajid Nawaz, Neil Oliver, Dr. Chris Martenson, Dr. Robert Malone, Aaron Siri, Del Bigtree, Jeffrey Jaxen, Brook Jackson.
- Low-censorship social media:
 - Rumble, X/Twitter, Bitchute, Odysee, Substack.
- Centralised broadcasters:
 - The Highwire, UK Column, ResistanceGB, BrokenTruth.com/John Davidson.

Supplemental #1:

Let's talk about Antimicrobial Resistance?

- Meetings were proceeding on AMR, even whilst key antibiotics were being withheld in 2020-21.
- Seemingly relentless pressure to restrict & withhold antibiotics in general, with the *stated* aim of reducing resistance.
- Has anyone at recent meetings discussed the DNA snippets in the 'vaccines' yet?
 - The Plasmid DNA has Neomycin/Kanamycin resistance genes..
<https://anandamide.substack.com/p/curious-kittens>
“patient use of Neomycin/Kanamycin after vaccination...could enable selection of Neo/Kan resistant bacteria in the gut”
 - Thankfully, It does appear to be rare to find *whole* bacterial DNA plasmids in the Pfizer BNT-162b2..
 - Unlike the DNA *fragment contamination, which seems ubiquitous!*
- This omission casts some doubt in my mind about the real motives regarding antibiotic restrictions.
 - Further doubts because antibiotics withheld from **very sick** people.

Supplemental #2:

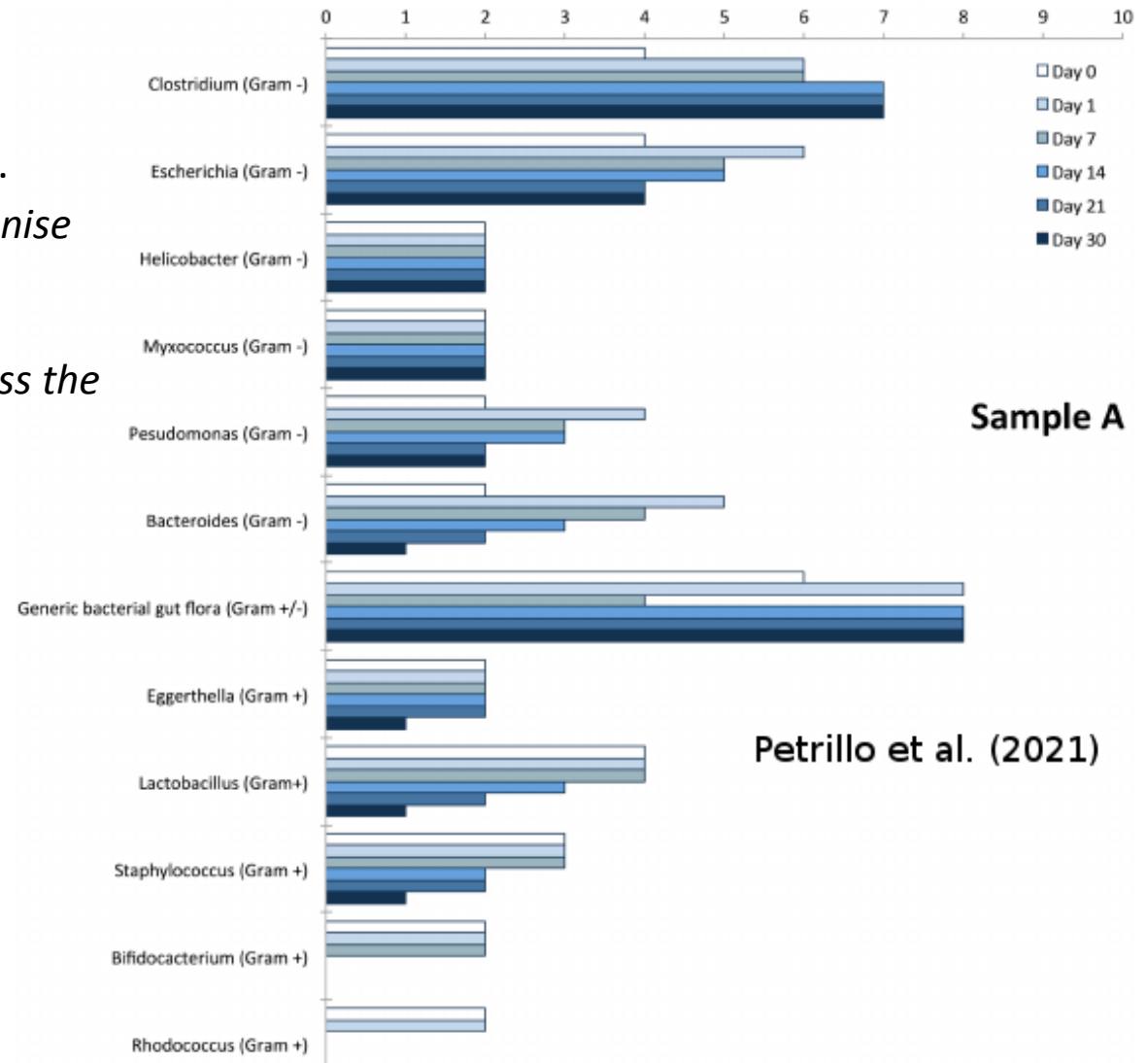
Supplemental

Interesting side-note on *E.coli/C.diff*

Dr. Philip McMillan <https://rumble.com/v57vccl-covid-19-infesting-bacteria-mind-blowing-facts-shocking.html>

See video above:

- @16m49s.. Groups of gut bacteria present after covid (& 'vaccination').
- @19m03s: “[Spike] seems to weaponise clostridium, ...at the expense of bifidobacteria, Lactobacteria”
- @20m00s “likely to be seeing.. Across the world.. Outbreaks of *C. diff*”.



Thank You.

