

ICAN Demands FDA Withdraw Hep B Vaccine

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by [Del Bigtree](#), *The HighWire*

September 22, 2020

Available at The HighWire [Bitchute](#) & [Brighteon](#) channels.

The Informed Consent Action Network (icandecide.org) has filed a petition, under penalty of perjury, demanding the FDA withdraw licensure for Hepatitis B vaccines due to non-compliance with applicable federal and statutory regulatory requirements.

Both Hepatitis B vaccines licensed in the United States were tested for safety for a maximum of 5 days post injection.

Exposed: There's a New Federal Court to Handle All the Expected COVID Vaccine-Injury Claims

[Exposed: There's a New Federal Court to Handle All the](#)

Expected COVID Vaccine-Injury Claims

by [Jon Rappoport](#), [No More Fake News](#)

September 21, 2020

The simple truth is: the US government is anticipating many people will be filing claims for compensation, when their family members are harmed or killed by a new COVID vaccine.

Of course, the government isn't coming right out and admitting that.

The press will tout the usual excuses for injury and death. "He died from COVID, not the vaccine." "Well, there was just one bad batch of vaccines." "Because COVID is such a dire situation, and we're rushing to save lives, a few mistakes are inevitable."

Anything but the truth: GUESS WHAT, THE VACCINE IS HIGHLY TOXIC.

This new federal vaccine court for COVID will operate exactly like the present system for paying out claims for vaccine injury to children. Citizens have to jump through many absurd hoops and navigate all sorts of red tape, to try to squeeze money out of the federal government. The system is set up that way. It's your basic bureaucratic nightmare.

The language that establishes the new COVID vaccine court is found in the Federal Register, 3/17/20, buried in section 14 of a document titled: "[Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19](#)."

Here is the relevant passage in that document:

"Countermeasures Injury Compensation Program...Section 319F-4 of the PHS Act, 42 U.S.C. 247d-6e, authorizes the [Countermeasures](#)

Injury Compensation Program (CICP) to provide benefits to eligible individuals who sustain a serious physical injury or die as a direct result of the administration or use of a Covered [COVID] Countermeasure [e.g., a vaccine]. Compensation under the CICP for an injury directly caused by a Covered Countermeasure is based on the requirements set forth in this Declaration, the administrative rules for the Program, and the statute. To show direct causation between a Covered Countermeasure and a serious physical injury, the statute requires 'compelling, reliable, valid, medical and scientific evidence.' The administrative rules for the Program further explain the necessary requirements for eligibility under the CICP..."

(The US military's webpage that explains the CICP to US soldiers is [here](#).)

A quick piece of important history. In the mid-1980s, vaccine manufacturers were facing a blizzard of law suits from parents of vaccine-injured children. The very nervous manufacturers told the government they were going to get out of the vaccine business. The financial hit was going to be too deep.

The government said WAIT. Meetings were held. A plan was devised. A law was passed exempting the manufacturers from financial liability.

Instead, for any of the recommended childhood vaccines, parents had to go to a government court to file a claim for compensation, after their children had been injured or killed by a vaccine.

And the government made this court a VERY tough place to win compensation.

That's the precise model for this new COVID vaccine court. And it's based on the same unstated confession that existed in the 1980s: there are MANY vaccine injuries.

Bottom line: the government expects many COVID vaccine injuries.

That's what they aren't saying. They're just preparing. With a new vaccine court. To handle injury and death of children and adults.

That should not give you a warm secure feeling.

Quite the opposite.

"We know—and don't ask us how—that millions of you are going to get headaches. To prevent that, we're going to hit all of you on the head with a very heavy sledgehammer. If, ahem, a few of you happen to sustain an injury or die, we have a court where your relatives can try to get money out of us. By the way, in this court, we'll do everything we can to deny you money. Good luck."

Yes, the government knows exactly what's coming when they approve a COVID vaccine. And now, so do you.

Corporate Media Flips Its Script: Vaccine Risk Is Real, Science Isn't Settled

[Corporate Media Flips Its Script: Vaccine Risk Is Real, Science Isn't Settled](#)

by [Jefferey Jaxen](#), [The HighWire](#)

September 21, 2020

Suddenly...Corporate media is telling Americans we should be more diligent about vaccine safety?

At face value, this sudden, rapid, coordinated narrative switch throughout corporate media (and echoed by select medical mouthpieces and government officials) is baffling. Outlets like StatNews, CNN, Wired and others for years all gleefully hurled the "anti-vaxxer" slur at anyone who questioned vaccine safety.

But now? They're grandstanding as beacons of the scientific method and steadfast guards of vaccine safety science! Hooray?

It. Is. Disgusting!

Parents and their vaccine-injured children who have been abused, targeted and neutralized by the historically deceptive media practices of those outlets haven't forgotten so easily.

Nor have the doctors, nurses and scientists who have lost their licenses, jobs and funding. These courageous iconoclasts dared to speak about the many inconvenient truths surrounding poor, incomplete vaccine safety science.

CNN recently attempted to chronicle past vaccine disasters. CNN mentioned things like the Cutter Incident, SV40 cancers, and the 1976 swine flu scare, [though they didn't mention Tuskegee].

Many people reading the piece thought the content was welcome, considering it came from CNN. But they liked it better the first time they read it, in the 2013 book [Dissolving Illusions](#).

All the troublesome vaccine 'incidents' chronicled by CNN had in common was the way they harmed and killed countless people. CNN tried to downplay and frame that narrative, claiming all of those incidents were due to a rushed 'vaccine making process.'

The sudden about-face from corporate media and politicians is due to two factors: To get ahead of the COVID vaccine-injury reality coming in the near future, and to counter President Trump's 'Warp Speed' vaccine rhetoric.

Over the decades, the U.S. Food and Drug Administration (FDA) was untouchable on the topic of vaccine safety. Questioning their expertise or the science they relied upon to license vaccines was tantamount to 'anti-vax' nonsense.

Now, in a dramatic shift of events, even Bill Gates is [openly wondering](#) if the FDA can be trusted. Far from being called names, Bill Gates is given a free platform from the corporate media to ramble on about the reasons he doesn't trust the FDA.

Unfortunately, Gates and his media allies have been silent during several key failures from the FDA about vaccine safety.

For example, while experts have rattled off about 'robust' safety profiles of flu shots every year, many including Flucelvax, FluLaval, Flublok, Fluarix, Afluria, Fluzone, and Fluvirin, contain variations of the following statement on their product insert:

Available data on [name of vaccine] administered to pregnant women are insufficient to inform vaccine-associated risks in pregnant women."

In other words: They don't know if the vaccine is dangerous for pregnant women.

What Bill Gates and his media cohorts do know, but don't tell you, is that the FDA has no science in this instance.

FDA failed to produce any clinical trials and safety studies that were used to license both the flu and Tdap vaccines for use in pregnant women. When presented with a FOIA request, the FDA was taken to court.

Ultimately, the agency [conceded](#), “Clinical studies for Tdap and inactivated influenza vaccines did not specifically enroll pregnant women.”

The FDA legal response [went on to admit](#) that they “have no records responsive to your [plaintiff’s] request.” In short, the agency licensed the shots for use in pregnant women without the required scientific studies to ensure safety.

In addition to FDA licensing the flu and Tdap vaccines outside of the law and their own policy, the agency also [actively promotes and markets](#) the flu shot to pregnant women!

It gets worse.

Hepatitis B vaccines, the first shots given to the most physiologically-fragile newborn and premature infants, received a free pass from the FDA as well. The clinical trials relied upon to license Engerix-B and Recombivax HB; the two Hepatitis B shots only assessed safety for up to five days after injection.

Therefore, the trials did not comply with the applicable federal statutory regulatory requirements necessary to prove they were “safe” prior to licensure.

Bill Gates...corporate media...silent...surprised?

Let’s hit closer to home with a similar and specific example. In 2009, during the ‘swine flu’ outbreak, a very similar situation was foisted upon populations. There was a ‘deadly’ pandemic, or so we were told, even though the World Health Organization (WHO) changed the definition of a pandemic. Previously, a pandemic was defined as outbreaks causing ‘enormous numbers of deaths,’ but that part got taken out. Still, when the public hears “pandemic,” they still think “mass death.”

In addition, the U.S. Centers for Disease Control and

Prevention (CDC) stopped counting swine flu cases in the middle of the 'pandemic.'

That didn't stop a familiar face from making promises not backed by science. Dr. Anthony Fauci, then director of the National Institutes of Health (NIH), took to the airwaves to speak about the safety of the coming "swine flu" vaccine: "The track record for serious adverse events is very good. It's very, very, very rare that you ever see anything that's associated with the vaccine that's a serious event."

Health bodies in the U.K. were making similar promises. In an analysis of the situation, Peter Doshi at the [BMJ](#) wrote:

...governments around the world had made various logistical and legal arrangements to shorten the time between recognition of a pandemic virus and the production of a vaccine.

"In Europe, one element of those plans was an agreement to grant licenses to pandemic vaccines, based on data from pre-pandemic "mock-up" vaccines produced using a different virus (H5N1 influenza)."

The shot went on to hurt many, while documents now show undisclosed problems in early postmarketing safety reports were hidden from the public.

Back to COVID-19.

We now suddenly see another curious turn of events. [Roll Call reports](#) that states are planning to independently vet COVID-19 vaccine data because some Governors are expressing mistrust in federal health agencies due to Trump's influence.

What an incredible turn of events!?! Donald Trump, the only president who ever questioned the safety of the current vaccine schedule [campaigning in 2016], is now having states get in line to independently vet vaccine safety.

The number of childhood injections has risen from 11 in 1986

to 53. During that same time childhood chronic illness and developmental disability prevalence in children has risen from 12.8% to 54%. Many believe the two are related.

Imagine how different the world would be if the media held their largest donors, Big Pharma and their for-profit injection product lines, to the same standard of vaccine safety as they are beginning to do now with 'Trump's Warp Speed shot.'

Imagine if CNN or another disingenuous outlet would report that still, to this day, the CDC hasn't done a vaccinated vs. unvaccinated study to compare health outcomes. You don't have to take that on faith, CNN...the agency [admitted it themselves](#) in court just last month when challenged.

Covid Vaccine Injury Halts Trial

[Covid Vaccine Injury Halts Trial](#)

by [Del Bigtree w/ Jefferey Jaxen](#), [The HighWire](#)

September 18, 2020

Available at The HighWire [BitChute](#) and [Brighteon](#) channels.

The first serious adverse reaction during the AstraZeneca vaccine trial has been made public.

The company, after pledging transparency, lagged in being forthright about the incident, initially revealing more to

investors than to the public.

The media is now doing damage control surrounding the previously ignored issue of vaccine safety, while other Covid trials are seeing nervous participants jump ship.

Lawsuit Filed Against Pharmaceutical Giant Merck on Behalf of Young Man Allegedly Injured by Gardasil

[Lawsuit Filed Against Pharmaceutical Giant Merck on Behalf of Young Man Allegedly Injured by Gardasil](#)

by [the Children's Health Defense Team](#)

September 17, 2020

The law firm of Baum Hedlund Aristei & Goldman [filed](#) a lawsuit Wednesday against pharmaceutical giant Merck on behalf of a young man, Zachariah Otto, who was allegedly injured by [Gardasil](#), Merck's HPV vaccine. The [complaint](#) seeks damages, including punitive damages, for negligence; strict liability (failure to warn); strict liability (manufacturing defect); breach of warranty; common law fraud; and violation of California's unfair competition law.

Zachariah claims multiple Gardasil injections, which he first received at the age of 16, caused him to develop life-altering injuries, including dysautonomia, postural orthostatic

tachycardia syndrome (POTS), Orthostatic Intolerance, small fiber neuropathy, chronic fatigue syndrome, mast cell activation syndrome, autoimmune disease and fibromyalgia, as well as a constellation of other serious health issues. POTS is an autoimmune condition that impacts the autonomic nervous system (which automatically regulates critical bodily functions) and the sympathetic nervous system (which is involved in the “fight or flight” response). POTS symptoms include fainting, migraine headaches and anxiety among many other serious conditions.

The plaintiff says the Gardasil-induced injuries have made him disabled to a point where he can no longer work and cannot physically attend college. His mother says it was Merck’s intense Gardasil marketing campaign that encouraged her to have her son get the shots. Zachariah and his mother stress that had they known of the serious risks associated with this vaccine, they would have never gone forward with the shots.

“Merck fast-tracked Gardasil by presenting misleading data to the FDA and fabricating a health crisis,” says Mr. Otto’s co-counsel Robert F. Kennedy, Jr. “They claimed they were ‘filling an unmet medical’ need but in reality, the only thing Merck was interested in filling was the \$6 billion financial hole created by the Vioxx scandal.”

Gardasil is racking up a long list of young women and men who were similarly harmed following vaccination with Merck’s product. Children’s Health Defense has also been following the case of former athlete and scholar Jennifer Robi, who [filed a lawsuit](#) for Gardasil injuries against Merck in 2016. Jennifer is a 25-year-old woman who has been confined to a wheelchair since receiving her third Gardasil vaccine at age 16. Like Zachariah, she was diagnosed with POTS after receiving the series of Gardasil shots. Her attorneys allege that Gardasil’s highly toxic [Amorphous Aluminum Hydroxyphosphate Sulfate](#) (AAHS) adjuvant can over-stimulate the immune systems of vaccine recipients tipping them into autoimmune conditions

in which their redlining immune defenses begin attacking their bodies' own organs. This "autoimmune process" causes a cascade of illnesses that, in Jennifer Robi's case, resulted in damage and deterioration in diverse organ systems throughout her body.

[Colton Berrett](#), featured in the documentary film [Vaxxed II](#), was another victim of Gardasil injury. Berrett was an active 13 year old when he received the series of shots as advised by his physician before leaving for Boy Scouts camp in 2014. Two weeks after his third dose of Gardasil, Colton experienced a sore neck followed by paralysis in his arms and hands. The paralysis continued to other parts of his body ultimately making Colton completely paralyzed from the neck down and ventilator dependent through tracheostomy. Though he fought hard, he never recovered and in January of 2018, Colton removed himself from the need of life support or his ventilator.

In this latest Gardasil lawsuit on behalf of Zachariah Otto, Baum Hedlund accuses Merck of knowingly and recklessly placing Gardasil's profits ahead of patient safety. The team is asking for punitive damages to deter Merck from withholding information on the serious adverse events associated with Gardasil while promoting it as "safe and effective."

"Most people think Gardasil is for girls, but since 2009, Merck has made billions in profit by marketing the HPV vaccine to the parents of boys and to young men," says attorney Nicole K.H. Maldonado. "Through its advertising, Merck sold parents on the idea that Gardasil is a safe and effective tool to stop the spread of HPV and prevent cervical cancer. But Merck knew that Gardasil was neither safe nor effective at preventing cervical cancer, and worse, the company knew that Gardasil could cause a host of serious health issues."

Dr. Andrew Wakefield: Vaccines Revealed | Big Pharma's Orwellian Agenda

[Dr. Andrew Wakefield: Vaccines Revealed | Big Pharma's
Orwellian Agenda](#)

by [Vaccines Revealed](#)

September 16, 2020

"We are moving into an Orwellian situation where, in the end, the pharmaceutical companies will come to control our lives..."

~ Dr. Andrew Wakefield

[V-Revealed 2020 Update: Ep 9](#)

[As a service to protect truth from censorship, mirrored copies of this video are available at Truth Comes to Light [BitChute](#), [LBRY](#) & [Brighteon](#) channels. All credit goes to the original source of this video.]

Original video: [Vaccines Revealed YouTube channel](#)

[Vaccines Revealed 9-part docu-series.](#)

The Polio and “Non-Polio” Shell Game in Africa and the U.S.–2020 Update

[The Polio and “Non-Polio” Shell Game in Africa and the U.S.–2020 Update](#)

by [the Children’s Health Defense Team](#)

September 15, 2020

In early September, one week after definitively pronouncing the African continent polio-free, the World Health Organization (WHO) had to eat crow. With no wild polio cases reported in Africa since 2016, the WHO admitted that the oral polio vaccines that its top sponsor, Bill Gates, so generously finances and so avidly promotes are [giving African children polio](#). In addition to officially acknowledged vaccine-derived polio cases, which [increased substantially](#) from 2018 to 2019, the African region also annually reports *tens of thousands* of cases—[over 31,500](#) from just 18 countries in 2017—of acute flaccid paralysis (AFP), a debilitating condition with a [clinical picture](#) virtually identical to polio. Many other countries—ranging from [India](#) to [Italy](#)—also record significant numbers of AFP cases.

In the U.S., childhood paralysis may not be documented on the

same scale as in Africa or India, but it has attracted notice in high places. In early August, Senator and one-time presidential candidate Amy Klobuchar sent a [letter](#) to CDC director Robert Redfield raising concerns about an [expected fall outbreak](#) of acute flaccid myelitis (AFM), a [subtype](#) of AFP that, again, produces polio-like [symptoms](#): muscle weakness, paralysis, pain, trouble swallowing and, in the most severe cases, acute respiratory failure. The CDC only began tracking and studying AFM when cases inexplicably surged [in 2014](#); since then, it has documented an odd biennial pattern of peaks and lulls, but also a steady upward trend in cases. So far [this year](#), up to 65 U.S. children have surfaced with confirmed or suspected AFM. Since 2014, a total of 638 cases have been confirmed across America, with a [98% hospitalization rate](#).

... 70 years of published studies along with manufacturers' package inserts documenting a trail of polio-like symptoms (ranging from myelitis, numbness, pain and limb paralysis) following vaccination.

“Mysterious”—or iatrogenic?

In countries that use the oral polio vaccine, the CDC has no problem acknowledging that AFP is associated with [vaccine-derived poliovirus](#). In the U.S., however, the use of another type of polio vaccine has allowed officials to frame the story very differently. In fact, AFM is almost universally painted as random and [“mysterious.”](#)

The CDC has assiduously avoided mentioning one iatrogenic (medically induced) cause that is staring the agency in the face: [70 years of published studies](#) along with manufacturers' [package inserts](#) documenting a trail of polio-like symptoms (ranging from myelitis, numbness, pain and limb paralysis) following vaccination. Among the mechanisms that could explain this phenomenon are the aluminum adjuvants in

vaccines; studies in animals show that aluminum-containing vaccines contribute to neuropathological changes that include neurodegeneration of the [gray matter of the spinal cord](#) and [hindlimb paralysis](#).

In discussing AFP, African researchers have been somewhat less cagey than CDC researchers, identifying at least two proximal and primarily iatrogenic causes: [injection injuries](#) and [Guillain-Barré syndrome](#) (GBS). A [rural Ugandan study](#) published in 2018, for example, found that two conditions commonly seen throughout Uganda—post-injection paralysis (PIP) and a form of tissue fibrosis called gluteal fibrosis (GF)—together accounted for, over a three-year period, over 30% of clinic visits specifically for musculoskeletal conditions and an astounding 40% of outreach visits “for any medical complaint.” Declining to mention that Ugandan children are expected to be vaccinated [five times before their first birthday](#), the Ugandan researchers nevertheless noted that PIP tends to cluster in very young children (ages 0-3). In the case of GF (which displays [increased](#) odds with “increasing frequency of injections”), they observed a peak in 8- to 11-year-olds, severe enough to limit the children’s school attendance and ability to perform “activities of daily living.” Other researchers have matter-of-factly described tissue fibrosis as a “[known complication of intramuscular injections](#) . . . especially seen in children due to vaccinations and injections.”

A study of pediatric AFP in [South Africa](#) (also published in 2018) concluded that GBS—a condition typified by muscle weakness and paralysis—was AFP’s predominant cause, accounting for 83% of cases, producing “significant morbidity” and, in two cases, resulting in death. In fact, researchers credit GBS with being the most common cause of AFP [worldwide](#). Again, one does not have to travel very far down the causal chain to come up with a plausible GBS trigger; twenty-one different [package](#)

[inserts](#) for vaccines on the U.S. market list GBS as an adverse event. The U.S. experience with the [1976 swine flu vaccine](#) and a decades-old [evidence base](#) also point in this direction.

Reflecting the current Covid-19 zeitgeist—which has decreed that the ‘wily virus’ is the biggest threat to humankind ever faced—the CDC is putting forth a viral etiology for AFM ...

The end game: more vaccines, of course

Reflecting the current Covid-19 zeitgeist—which has decreed that the “[wily virus](#)” is the biggest threat to humankind ever faced—the CDC is putting forth a [viral etiology](#) for AFM while steering clear of explanations that might implicate vaccination. Although, in the majority of AFM patients, “no pathogen (germ) has been detected in spinal fluid to confirm a [cause](#),” the agency is converging on a [possibly mutated](#) version of a common-cold enterovirus called EV-D68 as its principal suspect; at the same time (without explaining why benign viruses suddenly go rogue), it is hedging its bets by stating that [other common viruses](#) could also be responsible for some AFM cases.

In interviews with parents of children suffering from AFM, who admit to being “desperate for [some magical thing](#)” to help their children, the stage is being set for—what else?—a vaccine “solution.” Even though EV-D68’s involvement in AFM/AFP is hypothetical rather than proven, the all-too-predictable corollary of the CDC’s viral fixation is the entry of yet another vaccine into the pipeline—a scenario explicitly mentioned by Senator Klobuchar in her [letter](#) to Director Redfield. The National Institute of Allergy and Infectious Diseases (NIAID) headed up by Anthony Fauci has just entered into a “[co-development contract](#),” worth \$9.4 million, with Dutch company [Intravacc](#) to come up with a prophylactic vaccine against EV-D68. Never ones to question whether the vaccine model actually works, the CDC and WHO are likewise preaching

a [doubling-down of vaccination](#) in the countries suffering the scourge of vaccine-induced polio. Given that the Global Polio Eradication Initiative documented almost [half a million](#) cases of AFP in children age 14 and under between 2013 and 2018, it seems like time to admit that the model is not only broken but counterproductive.

Questioning Vaccine Safety Is Now Popular In the Age of Covid

[Questioning Vaccine Safety Is Now Popular In the Age of Covid](#)

by [Jefferey Jaxen](#), *The HighWire*

September 13 2020

The coronavirus and the heavy-handed response from governments has resulted in economic destruction, a rise in suicides and an increasing loss of civil liberties. Many populations have come out on the losing end of [a 'life-years lost' statistic](#). Yet, a rapid shift in public consciousness around vaccine safety is happening at the same time.

Some of the historic issues the medical community has had developing a coronavirus vaccine has carried over to COVID-19 vaccine development.

After looking at data from Oxford's phase one monkey trials in May, Forbes contributor William A. Haseltine [wrote](#), "all of

the vaccinated monkeys treated with the Oxford vaccine became infected when challenged, as judged by the recovery of virus genomic RNA from nasal secretions. There was no difference in the amount of viral RNA detected from this site in the vaccinated monkeys as compared to the unvaccinated animals. Which is to say, all vaccinated animals were infected."

[Several people](#) questioned if the trials should move forward to humans at that point.

On September 9, [Reuters reported](#) that Oxford University's vaccine-maker AstraZeneca had suspended its COVID vaccine trials, due to "an unexplained illness in a study participant."

According to [The New York Times](#), which cited a person familiar with the situation, a U.K. participant was found to have transverse myelitis, an inflammatory syndrome that affects the spinal cord.

A safety review was conducted by "an independent board of experts" to determine if the vaccine was at fault for causing the reaction in the AstraZeneca trial.

According to [Business Today](#), "...the reaction was a routine hiccup that usually occurs during clinical trials."

Uhhhh...no. Transverse myelitis is far from "a hiccup." Transverse myelitis, and a host of other nervous system disorders, are listed on vaccine inserts as being reported harms for several so-called routine shots like the MMR, HPV, Hep B, Flu and others.

The National Institutes of Health's (NIH) Institute of Neurological Disorders and Stroke [openly acknowledges](#) transverse myelitis can be part of a post-vaccine autoimmune reaction.

[The most recent, quarterly release](#) on September 4th by the

Department of Justice (DOJ), listing vaccine injuries claims compensated through the National Vaccine Injury Compensation Program, shows 8 cases of transverse myelitis. The DOJ's quarterly reports have regularly listed transverse myelitis as an injury. A majority of these reported transverse myelitis cases result from flu shots.

Even STAT News took a break from labeling people with concerns about vaccine safety science as "anti-vaxxers." STAT reluctantly acknowledged that AstraZeneca [withheld info from its investors](#) and the public:

"[AstraZeneca] confirmed that the clinical trial was halted once previously in July, after a participant experienced neurological symptoms. Upon further examination, that participant was diagnosed with multiple sclerosis, deemed to be unrelated to the Covid-19 vaccine treatment, he said. The new disclosures made by Soriot were heard by three investors participating on the call and were shared with STAT."

By Saturday, three days after the transverse myelitis was reported, Reuters followed up its reporting: "[AstraZeneca]...added that safety reviewers had recommended to Britain's Medicines Health Regulatory Authority (MHRA) that it was safe to resume the British trials." The British trials have now resumed.

Even before the Oxford trials reported vaccine reaction, a Suffolk/USA TODAY poll found two-thirds of U.S. voters say they won't try to get a coronavirus vaccine as soon as it becomes available. One in four say they won't ever get it.

[In August, a survey](#) revealed a staggering 58% of Black American respondents wouldn't take a COVID-19 vaccination as soon as it "s available. In total, 80% of those respondents either said "no" or had "concerns" regarding taking a COVID-19 vaccine. A majority said "no" because they "didn't trust the healthcare system."

Sensing a palpable backlash from the public for their vaccine from multiple surveys and throughout social media, vaccine-makers responded.

Did they agree to stand by their finished products if they cause individuals harm? Did they decide to require all adverse events and reactions be tracked post-vaccination for at least twelve months or longer?

No.

Instead, in a move “intended to bolster public confidence,” nine COVID vaccine-makers [pledged](#) to follow “high ethical standards and sound scientific principles” during trials, as they determine vaccine safety and efficacy. The companies are Johnson & Johnson, GlaxoSmithKline (GSK), Merck, Novavax, BioNTech, Sanofi, AstraZeneca, Moderna and Pfizer.

Why is proper vaccine safety science in pre-licensure trials suddenly a concern for leading health officials and Big Pharma manufacturers?

Informed Consent Action Network (ICAN) has been busy for several years, addressing the insultingly unscientific gaps in vaccine safety and trials. In [February 2019](#), ICAN’s legal action caused the U.S. Food and Drug Administration (FDA)—which had up to that point dodged Freedom of Information Act (FOIA) requests—to concede it had licensed influenza vaccines without the science to support their approval.

In other words, the FDA could not produce a clinical trial it relied upon to license flu shots in pregnant women. The agency also didn’t conduct or require any pharmaceutical company to conduct any clinical trial, which supported the safety of injecting pregnant women with the flu shot.

Was the FDA’s action a one-off lack of oversight or a modus operandi?

[This month, ICAN filed a formal petition](#) demanding that the FDA withdraw its licensure of Hepatitis B vaccines.

Why? For three years, ICAN has asked the FDA and U.S. Department of Health and Human Services (HHS) to provide any proof it licensed the vaccines for Hepatitis B based on clinical trials that reviewed safety for more than five days after injection.

Far from a hidden “antivax” conspiracy worthy of a STAT News hit piece, a simple review of the package inserts for Engerix-B (from COVID safety pledge-signing GSK! Woot!) and Recombivax HB (from COVID safety pledge-signing Merck! Woot woot!) says it all: The two common Hep B shots babies receive on the first day of life in the U.S., issued by their manufacturers and approved by the FDA, were approved after clinical trials that were reviewed for a only few days following babies’ injections.

But wait! There’s more! Last month, [an ICAN legal petition](#) to the CDC asked for the studies comparing health outcomes between vaccinated and unvaccinated children. Since the public has been taught to believe, through constant, repetitive astroturfing that “the science is settled,” the CDC produced those studies when asked...right?

No. Here was their response:

“A search of our records failed to reveal any documents pertaining to your request. The CDC has not conducted a study of health outcomes in vaccinated vs. unvaccinated populations.”

How about injecting aluminum, a known neurotoxin and common vaccine adjuvant? Certainly, American health agencies can point to the science justifying this practice—especially since any family that follows the CDC’s childhood vaccine schedule during the first six months of life will pump over 3,500 mg of aluminum adjuvant into your baby.

But sorry, no. No studies again. Who would've thought so-called "settled science" was so difficult to locate?

An extensive search inside the National Institutes of Health (NIH) commenced in August, as well as various departments inside NIH; The Office of Intramural Research, the National Institute of Allergies and Infectious Disease, and the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

Spoiler alert: "No records responsive to your request were located."

To quote the late Maya Angelou: "When people show you who they are, believe them." Should Americans trust Big Pharma vaccine manufacturers—a bunch of self-admitted, known criminals and fraudsters—with an experimental vaccine technology? One that uses a virus that Big Pharma has failed for years successfully and safely created?

Does HIV Exist? An Explosive Interview

[Does HIV Exist? An Explosive Interview](#)

by [Jon Rappoport](#), [No More Fake News](#)

August 11, 2020

Before we get to Christine Johnson's interview, a bit of background.

My first book, *AIDS INC.*, was published in 1988. The research

I engaged in then formed a foundation for my recent work in exposing the vast fraud called COVID-19.

In 1987-88, my main question eventually became: does HIV cause AIDS? For months, I had blithely assumed the obvious answer was yes. This created havoc in my investigation, because I was facing contradictions I couldn't solve.

For example, in parts of Africa, people who were chronically ill and dying obviously needed no push from a new virus. All their "AIDS" conditions and symptoms could be explained by their environment: contaminated water supplies; sewage pumped directly into the drinking water; protein-calorie malnutrition; hunger, starvation; medical treatment with immunosuppressive vaccines and drugs; toxic pesticides; fertile farm land stolen by corporations and governments; wars; extreme poverty. The virus cover story actually obscured all these ongoing crimes.

Finally, in the summer of 1987, I found several researchers who were rejecting the notion that HIV caused AIDS. Their reports were persuasive.

I'm shortcutting a great deal of my 1987-8 investigation here, but once HIV was out of the picture for me, many pieces fell into place. I discovered that, in EVERY group supposedly at "high-risk" for AIDS, their conditions and symptoms could be entirely explained by factors that had nothing to do with a new virus.

AIDS was not one condition. It was an umbrella label, used to re-package a number of immunosuppressive conditions and create the illusion of a new and unique and single "pandemic."

Several years after the publication of *AIDS INC.*, I became aware of a quite different emerging debate going on under the surface of research: DOES HIV EXIST?

Was the purported virus ever truly discovered?

And THAT question led to: what is the correct procedure for discovering a new virus?

The following 1997 interview, conducted by brilliant freelance journalist, Christine Johnson, delves into these questions:

How should researchers prove that a particular virus exists? How should they isolate it? What are the correct steps?

These questions, and their answers, reside at the heart of most disease research—and yet, overwhelmingly, doctors never explore them or even consider them.

Johnson interviews Dr. Eleni Papadopulos, “a biophysicist and leader of a group of HIV/AIDS scientists from Perth in Western Australia. Over the past decade and more she and her colleagues have published many scientific papers questioning the HIV/AIDS hypothesis...”

Here I’m publishing and highlighting excerpts from the interview. Technical issues are discussed. Grasping them is not the easiest exercise you’ve ever done, but I believe the serious reader can comprehend the vital essentials.

CJ: Does HIV cause AIDS?

EP: There is no proof that HIV causes AIDS.

CJ: Why not?

EP: For many reasons, but most importantly, because there is no proof that HIV exists.

... CJ: Didn’t Luc Montagnier and Robert Gallo [purportedly the co-discoverers of HIV] isolate HIV back in the early eighties?

EP: No. In the papers published in Science by those two research groups, there is no proof of the isolation of a retrovirus from AIDS patients. [HIV is said to be a retrovirus.]

CJ: They say they did isolate a virus.

EP: Our interpretation of the data differs. To prove the existence of a virus you need to do three things. First, culture cells and find a particle you think might be a virus. Obviously, at the very least, that particle should look like a virus. Second, you have to devise a method to get that particle on its own so you can take it to pieces and analyze precisely what makes it up. Then you need to prove the particle can make faithful copies of itself. In other words, that it can replicate.

CJ: Can't you just look down a microscope and say there's a virus in the cultures?

EP: No, you can't. Not all particles that look like viruses are viruses.

... CJ: My understanding is that high-speed centrifugation is used to produce samples consisting exclusively of objects having the same density, a so-called "density-purified sample." Electron microscopy is used to see if these density-purified samples consist of objects which all have the same appearance – in which case the sample is an isolate – and if this appearance matches that of a retrovirus, in terms of size, shape, and so forth. If all this is true, then you are three steps into the procedure for obtaining a retroviral isolate. (1) You have an isolate, and the isolate consists of objects with the same (2) density and (3) appearance of a retrovirus. Then you have to examine this isolate further, to see if the objects in it contain reverse transcriptase [an enzyme] and will replicate when placed in new cultures. Only then can you rightfully declare that you have obtained a retroviral isolate.

EP: Exactly. It was discovered that retroviral particles have a physical property which enables them to be separated from other material in cell cultures. That property is their

buoyancy, or density, and this was utilized to purify the particles by a process called density gradient centrifugation.

The technology is complicated, but the concept is extremely simple. You prepare a test tube containing a solution of sucrose, ordinary table sugar, made so the solution is light at the top but gradually becomes heavier, or more dense, towards the bottom. Meanwhile, you grow whatever cells you think may contain your retrovirus. If you're right, retroviral particles will be released from the cells and pass into the culture fluids. When you think everything is ready, you decant a specimen of culture fluids and gently place a drop on top of the sugar solution. Then you spin the test tube at extremely high speeds. This generates tremendous forces, and particles present in that drop of fluid are forced through the sugar solution until they reach a point where their buoyancy prevents them from penetrating any further. In other words, they drift down the density gradient until they reach a spot where their own density is the same as that region of the sugar solution. When they get there they stop, all together. To use virological jargon, that's where they band. Retroviruses band at a characteristic point. In sucrose solutions they band at a point where the density is 1.16 gm/ml.

That band can then be selectively extracted and photographed with an electron microscope. The picture is called an electron micrograph, or EM. The electron microscope enables particles the size of retroviruses to be seen, and to be characterized by their appearance.

CJ: So, examination with the electron microscope tells you what fish you've caught?

EP: Not only that. It's the only way to know if you've caught a fish. Or anything at all.

CJ: Did Montagnier and Gallo do this?

EP: This is one of the many problems. Montagnier and Gallo did use density gradient banding, but for some unknown reason they did not publish any Ems [photos] of the material at 1.16 gm/ml...this is quite puzzling because in 1973 the Pasteur Institute hosted a meeting attended by scientists, some of whom are now amongst the leading HIV experts. At that meeting the method of retroviral isolation was thoroughly discussed, and photographing the 1.16 band of the density gradient was considered absolutely essential.

CJ: But Montagnier and Gallo did publish photographs of virus particles.

EP: No. Montagnier and Gallo published electron micrographs of culture fluids that had not been centrifuged, or even separated from the culture cells, for that matter. These EMs contained, in addition to many other things, including the culture cells and other things that clearly are not retroviruses, a few particles which Montagnier and Gallo claimed are retroviruses, and which all belonged to the same retroviral species, now called HIV. But photographs of unpurified particles don't prove that those particles are viruses. The existence of HIV was not established by Montagnier and Gallo – or anyone since – using the method presented at the 1973 meeting.

CJ: And what was that method?

EP: All the steps I have just told you. The only scientific method that exists. Culture cells, find a particle, isolate the particle, take it to pieces, find out what's inside, and then prove those particles are able to make more of the same with the same constituents when they're added to a culture of uninfected cells.

CJ: So before AIDS came along there was a well-tried method for proving the existence of a retrovirus, but Montagnier and Gallo did not follow this method?

EP: They used some of the techniques, but they did not undertake every step including proving what particles, if any, are in the 1.16 gm/ml band of the density gradient, the density that defines retroviral particles.

CJ: But what about their pictures?

EP: Montagnier's and Gallo's electron micrographs...are of entire cell cultures, or of unpurified fluids from cultures..."

—end of interview excerpt—

If you grasp the essentials of this discussion, you'll see there is every reason to doubt the existence of HIV, because the methods for proving its existence were not followed.

And so...as I've reported these past few months, there is every reason to doubt and reject the existence of the COVID virus, since correct large-scale electron microscope studies have never been done.

I kept the Christine Johnson interview, and other similar information, in mind when, for example, I explored the dud epidemics called SARS and 2009 Swine Flu.

How many viruses have been named as causes of disease, when in fact those viruses have never been isolated or proved to exist?

Of course, conventional-consensus researchers and doctors will scoff at any attempt to raise these issues. For them, "the science is settled." Meaning: they don't want to think. They don't want to stir the waters.

A few years ago, chemist David Rasnick sent a request to the CDC, asking for evidence demonstrating that the Ebola virus had ever been isolated from a human. The answers he received did not begin to approach a level of certainty.

After 30 years working as a reporter in the area of deep

medical-research fraud, I've seen that false science occurs in levels.

The deeper you go, the stranger it gets. To put it another way: the deeper you go, the worse it gets.

SOURCES:

immunity.org.uk/articles/christine-johnson/

virusmyth.com/aids/hiv/cjinterviewep.htm

blog.nomorefakenews.com/2020/08/10/covid-is-the-virus-real/

blog.nomorefakenews.com/2014/11/03/bombshell-scientist-finds-no-reliable-evidence-ebola-virus-ever-isolated-from-a-human-being/

[Connect with Jon Rappoport](#)

When Human Experimentation Is Criminal: Legal Action You Can Take Against Medical Tyranny

[Informed Consent: You're a Lab Rat](#)

by [Dr. David Martin](#), [David Martin World](#)

May 26, 2020

[TCTL Editor's Note: Several US readers shared links to information, from a number of sources, regarding the use of Standard Form 95 to legally challenge the unfolding medical tyranny. Based on clarity, prepared documents, and strength of understanding, I selected the work of [Dr. David Martin](#) to share here.

TCTL provides a partial transcript to use as reference after viewing Dr. David Martin's video. The original video has been mirrored to TCTL [Bitchute channel](#) in the event that it is removed from YouTube.

Please note that this posting is not legal advice. Nothing found on this website will ever be offered as legal advice. This is shared as reference and potential tool for your use. Do your own research and take responsibility for your own actions.

From [The United States Department of Justice](#) on the use of SF 95:

Standard Form 95 is used to present claims against the United States under the Federal Tort Claims Act (FTCA) for property damage, personal injury, or death allegedly caused by a federal employee's negligence or wrongful act or omission occurring within the scope of the employee's federal employment. These claims must be presented to the Federal agency whose employee conduct gave rise to the injury.

Standard Form 95 is not required to present a claim under the FTCA, but it is a convenient format for supplying the information necessary to bring an FTCA claim. Please note that a completed form must state a claim for money damages in a "sum certain" amount (that is, a specific amount) claimed for personal injury, death, or injury to or loss of property. In addition, if a sum certain is not specified in Standard Form 95

block 12d, or in accompanying information, a submission cannot be considered a valid presentation of a claim. The completed Standard Form 95 must be presented to the appropriate federal agency within two years after the claim accrues.

See Dr. David Martin's [CLAIM FOR DAMAGES ARISING FROM NEGLIGENCE AND POSSIBLE CRIMINAL CONSPIRACY](#) for complete understanding of the experimentation you have been subject to without your consent, and the criminal elements involved.

You might have questions about how to determine a dollar value as compensation for emotional distress or mental anguish, for possible future health issues due to forced mask wearing, etc. These and other questions, such as how to fill out forms, etc. will require your own research. Contact information for Dr. David Martin is included below. I would suggest following his work for updates.

Feel free to share your research and experiences in the comment section below and/or send a note to the email address found on the TCTL contact page. – Kathleen]

Form & Addendum:

Example Form 95 claim:

<https://www.davidmartin.world/wp-content/uploads/2020/05/SF95-07a-D0J-Standard-Form-95-Sample-for-COVID.pdf>

Form 95 addendum (include this with your form, it outlines the basis for the claim):

<https://www.davidmartin.world/wp-content/uploads/2020/05/SF95Addendum.pdf>

Form 95 download:

<https://www.gsa.gov/forms-library/claim-damage-injury-or-death>

Sources:

Mentioned at 8:13 – Declaration under the public readiness and emergency preparedness act for medical countermeasures:
<https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>

Mentioned at 10:00 – L Song Richardson’s article “When Human Experimentation is Criminal:
<https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7314&context=jcllc>

Mentioned at 12:45 – U.S vs. Stanley case:
<https://biotech.law.lsu.edu/cases/research/stanley.htm>

Link to the slides used in the video:

https://www.davidmartin.world/wp-content/uploads/2020/05/BotW_slides_05252020.pdf



Partial Transcript of Informed Consent: You’re a Lab Rat by Dr. David Martin

[TCTL Editor’s Note: the following transcript was sourced using YouTube’s transcript function, with some additional editing by us along with the addition of hyperlinks for your convenience.]

*“At the end of this video I am going to be giving you an opportunity to actually do something, which you can do: 1) for free and 2) to start taking action to **stand up** against all of the tyranny that’s happening.*

...For those of you who don't know, the [21 Code of Federal Regulations](#) is the rules that govern the Food and Drug Administration. And those rules are set out for the guidelines of how we constitute what is safe and what is effective in medicine in the United States.

Rules on **Informed Consent**, which is actually one of the early sections of the the provisions of the code of federal regulations that govern the FDA, say in **Section 50.20** that, except as provided in [50.23](#) and [50.24](#), no investigator may involve a human being as a subject in research covered by these regulations unless the investigator has obtained the legally effective consent of the subject or the subjects legally authorized representative.

...But the problem with the Declaration of Helsinki and the problem with the trials in Nuremberg was that the United States and other countries specifically decided that, while they wanted to punish the Germans for what they did during the Second World War, they wanted to keep a wiggle-room-out clause that allowed them to continue to do human experimentation on people without their consent.

That sounds like the pot calling the kettle black and that's the reason why it sounds like it is because it's illegal, immoral and unethical. But Section 50.23 and section 50 24 gives, in 50.23, the Department of Defense an opportunity to waive all requirements of informed consent for anybody serving in the military. Which means that if you are serving in the military, or you're part of any of the branches of the armed services, you actually not only have no rights to inform consent.

But it's worse than that... What's worse than that is the Supreme Court, in a very famous case of the United States v Stanley, decided that not only do you have no rights but you have no redress either. Congress thankfully passed a law later... that actually gave a tiny bit of room for people who

have been severely harmed by federal government research, without their consent, a way to get redress.

But the law and the Supreme Court actually ruled that basically the Department of Defense can waive informed consent and can do basically anything they want to anybody in the military.

50.24 is more problematic.

...I found something really problematic when I found was a thing called ... MCMs – **Medical Counter Measures**.

And I want to read what the Federal Register has – and this is the law in the United States – that during declared emergencies medical industry is **exempted from liability**.

And you heard what I just said. If you declare an emergency, the current 1379 trials on medical devices for diagnostics and therapeutics around coronavirus – every single one of those manufacturers, **every single one** of those individuals – from the date of the declared emergency, has immunity from any liability.

They can literally poison you. They can literally kill you with their therapy and there is no recourse in law, courtesy of the exemption that's in 21 CFR.

...In other words, **the reason why governors are so dedicated to keeping up the illusion of a pandemic and the illusion of the state of emergency is because, it turns out, that any action taken under an emergency use authorization by the FDA – any action taken by any manufacturer for any research that they're doing they get a get-out-of-jail-free card and they can do anything that they want and they have... no liability.**

They have absolute immunity.

For those of you who have the time to do it, I highly recommend L. Song Richardson's article [When Human](#)

Experimentation is Criminal.

...But there's a little tiny problem and I told you there's going to be hope at the end of this very disappointing, very abysmal, very unfortunate set of facts. The hope is that, under Section 50.24, Anthony Fauci, and the CDC, and all the criminal co-conspirators I've talked about before at the Department of Health and Human Services, forgot to read a little tiny clause...

And the one thing they got wrong was for 50.24 to work there has to be, and I quote, "concurrency of a licensed physician who is a member of or consultant to the Institutional Review Board and **who is not otherwise participating in the investigation**".

In other words – if there was going to be a clinical trial on any intervention for coronavirus, there had to be somebody **not associated** with any of the therapies.

Ha. Ha! This, my friends, is where we enter into the rabbit hole of the fun.

Because, you'll notice that every individual that is in the Advisory Program, and every individual that has been active in stipulating the biggest of the clinical trials, which is called social distancing and face mask wearing, which is clinical research as a defined term under the FDA standard of clinical research, they screwed up by not having an independent and institutional review board which is required under the 50.24 waiver.

In other words, they thought they were getting away with absolute immunity, but they screwed up. Because they kept the conspirators all in the room and forgot that they have to have somebody who is independent.

...I read the entirety of the case United States versus Stanley, a case that was argued in 1986. and while Justice

Antonin Scalia gets my absolute loser of the week, right, because he's the guy who decided for the majority – and basically came up with this doctrine that says that the US can get away with anything and is absolutely incapable of having their immunity pierced.

Justice Brennan and Justice O'Connor dissented with the majority in that Supreme Court case.

Now I want to read you what Justice Brennan wrote: **“The court confers absolute immunity from money damages on federal officials, military and civilian alike, without consideration of long-standing case law establishing the general rule that such officials are liable for damages caused by their intentional violation of well-established constitutional rights.”** That is the absolute statement by Justice Brennan.

And Justice O'Connor says **“No judicially crafted rule should insulate from liability the involuntary and unknowing human experimentation alleged to have occurred in the case.”**

And the case, remember, was actually an outgrowth of the MKULTRA case. This was when the CIA and DOD were injecting people with LSD and then trying to figure out what the side effects were.

Indeed, as Justice Brennan observes, the United States military played an instrumental role in the criminal prosecution of Nazi officials who experimented with human subjects during the Second World War. And the standards that were the Nuremberg military tribunals developed to judge the behavior of defendants, stated that, quote, **“voluntary consent of human subject is absolutely essential”**.

Did you hear what she said? **“is absolutely essential to satisfy moral, ethical and legal concepts.”**

...“If this principle is violated, the very least that society can do is see that victims are compensated as best they can

be by the perpetrators. I am prepared to say that our Constitution's promise of due process of law guarantees this much." That is a quote from Sandra Day O'Connor.

...if two well-respected Supreme Court jurists actually come to the same conclusion that any normal human being would come to, which is that no constitutional rights can be abridged because somebody decides to act in an arbitrary and capricious manner, and put against their will a human subject in an experiment, then what's going on right now?

Now let's break this down really simply.

You are part of an experiment.

There is no medical or scientific evidence **at all** that the 6-foot distance has anything to do with the way a healthy population stays healthy in our society.

Social distancing is based on droplet studies which have never been associated with **actual epidemiologic data.**

So when Dr. Birx gets up and says we now think that there's science to justify social distancing, **Dr. Birx is lying to you.**

There is no science justifying it.

It's a belief system.

And the Supreme Court has been very clear on the difference between science and belief. Which means if you are currently living in under an order to social distance, **you are part of a large epidemiologic experiment.**

There is no science for this. **You are a lab rat.**

...The tyrant that is Governor Northam seeks to impose upon the population of Virginia, a face mask ordinance.

But here's the problem: There is no scientific evidence that

those work, and more importantly, there is very specific evidence that they actually impair the healthy functioning of society.

You, if you are asked to wear a face mask, are a lab rat.

You are subject to an investigation.

Social distancing, face mask wearing, both are experiments. They are experiments promulgated by the Department of Health and Human Services, supported by the Center for Disease Control.

And they have **no** Institutional Review Board authorization – which means **they are in violation of the law.**

And that, my friends, is the reason why I hope millions of people hear what I'm about to say.

After the injustice that was given to the Stanley case. And, just for your reference, the Stanley in the Stanley case was a veteran of the Korean War and I believe also the Vietnam War. He was subject to all kinds of clinical experimentation and his life was actually severely damaged. He went on to be a Florida police officer and continued to serve his country. But his country didn't serve him back. And after reading the dissent to the Supreme Court's decision in 1986, Congress passed an interesting law that created a very interesting action you can take.

...You go to the US Department of Justice website and you download [Standard Form 95](#).

...It is your pathway to actually find a criminal or a civil liability, define it, and seek redress from the agency of the federal government that harmed you.

What's harm? Well if you lost your job, if you lost customers, if you were physically harmed because you couldn't go to doctors appointments, you couldn't do the things that

you needed to do to maintain your health, the Department of Human Services is actually supposed to get their liability notice from you.

..You need to send it to the **US Department of Health and Human Services, Office of the General Counsel, 200 Independence Avenue, SW, Washington DC 20201.**

And in that form you need to say that:

- The Department of Health and Human Service, through the Center for Disease Control and the National Institutes of Allergy and Infectious Disease, sought and filed and received a patent starting in 2003 which made the identification, the detection and detection kits for coronavirus not available to the general population. They, by virtue of that act, by filing that patent, they made it impossible for the public health interest to be served. And that's the beginning of the damage.
- In 2007 they extended their patent filing and in that patent filing sought to actually patent the virus, which is against 35 US Code Section 101.
- In 2013 and 2018 they worked to use international sources and take the research on gain-of-function, which was determined by the National Institutes of Health in 2013 to be unethical.
- They decided to take it offshore and work with the Wuhan Institute of Virology so that they could get around the ethical and legal implications of the work being done here in the United States. And they did that willfully.
- So that at September 2019, in the publication World at Risk from the World Health Organization, **Dr. Anthony Fauci** and the members of the committee, that actually are **affiliated with the Bill and Melinda Gates Foundation**, could make a recommendation that a respiratory-based pathogen simulation must be run with no Institutional Review Board review, with no

independent physician certifying that their actions were legal – therefore, getting them out from the exclusions of Section 50.242 of the 21 Code of Federal Regulation.

*They decided to start a clinical trial that **you have become an unwilling participant in.***

And the damages that you have, the damages that are your loss of livelihood, your loss of access to health, your loss of access to Liberty, the costs associated with your shutdown, the fact that you have not been able to work, the fact that you have not been able to deal with child care – every one of those facts is now a financial liability under the Standard Form 95 submission to the US Department of Health and Human Services.

Now here's what it's going to get fun.

They are required by law to respond to you. And the best thing about it is there's a time limit on it. They have to respond within 90 to 180 days depending, on whether they get some wiggle room. But here's the other part of that.

You have two years from the date of the injury or from the date of the civil claim or from the date of the crime – you have two years to do this filing.

...I want the office of the general counsel of the Department of Health and Human Services to be overwhelmed with millions of claims.

I want every person who has filed an unemployment claim, I want every one of those people to fill out a form 95 and send it to the office of the General Counsel. I want the Department of Health and Human Services to know that their violation of their own rules, which led to the destruction of your life and your livelihood, I want them to know that it comes at a cost.

... my goal, thirty million individual forms of claims for benefits for an illegal clinical trial.

And the specifics on the clinical trial, just so you get it right, are you have been forced to an experiment in which you **did not give consent**. And the experiment was called **social distancing and face mask wearing**. That's the experiment. There is **no institutional review board**, there is **no independent doctor**, and it is up to you now to take a stand.

...Remember in the Stanley case, one courageous veteran – **one** courageous veteran – stood against the tyranny of the Department of Defense's experimentation with LSD and stood against the tyranny of the CIA's investigations with LSD. One veteran stood alone and that got Congress to act in 1986 and 1987.

Please understand, ladies and gentlemen, if a million of us act, if 30 million of us act, if a hundred million of us act, we will be heard. Because they have no recourse. Because they wrote the rules and they didn't follow them.

...I want to see 35 million of us standing together and actually sending the bill for this crime to the place that it started– the United States Department of Health and Human Services.”



**In the event that the original video is censored and deleted
by the source social media platform,
[link here to a mirrored copy on Truth Comes to Light Bitchute
channel.](#)**



The Injection Fraud – It's Not a Vaccine

The Injection Fraud – It's Not a Vaccine

by [Catherine Austin Fitts](#), [The Solari Report](#)

May 27, 2020

“What’s in a name? That which we call a rose by any other name would smell as sweet.” ~ William Shakespeare

I am not a scientist. I am not a doctor. I am not a biotech engineer. I am not an attorney. However, I read, listen, appreciate, and try to understand those who are.

I was an investment banker until politics made it impossible to continue to practice my art. I was trained as a portfolio strategist—so I map my world by watching the financial flows and allocation of resources. I was also trained as a conspiracy generator and foot soldier—conspiracies being the fundamental organizing principle of how things get done in our world. It was not until I left the establishment that I learned that those not in the club had been trained to disparage and avoid conspiracies—a clever trick that sabotages their efforts to gather power.

My response to living at war with agencies of the U.S. government for a time was to answer the questions of people who were sufficiently courageous and curious to solicit my opinion. Over many years, that response transformed into two

businesses. One was The Solari Report, which continues to grow as a global intelligence network—we seek to help each other understand and navigate what is happening and contribute to positive outcomes. The other was serving as an investment advisor to individuals and families through Solari Investment Advisory Services. After ten years, I converted that business to doing an ESG screen. What those who use it want—that is not otherwise readily available in the retail market—is a screen that reflects knowledge of financial and political corruption. Tracking the metastasizing corruption is an art, not a science.

When you help a family with their finances, it is imperative to understand all their risk issues. Their financial success depends on successful mitigation of all the risks—whether financial or non-financial—that they encounter in their daily lives. Non-financial risks can have a major impact on the allocation of family resources, including attention, time, assets, and money.

Many of my clients and their children had been devastated and drained by health care failures and corruption—and the most common catalyst for this devastation was vaccine death and injury. After their lengthy and horrendous experiences with the health care establishment, they would invariably ask, “If the corruption is this bad in medicine, food, and health, what is going on in the financial world?” Chilled by the thought, they would search out a financial professional who was schooled in U.S. government and financial corruption. And they would find me.

The result of this flow of bright, educated people blessed with the resources to pay for my time was that, for ten years, I got quite an education about the disabilities and death inflicted on our children by what I now call “the great poisoning.” I had the opportunity to repeatedly price out the human damage to all concerned—not just the affected children but their parents, siblings, and future generations—mapping

the financial costs of vaccine injury again and again and again. These cases were not as unusual as you might expect. Studies indicate that 54% of American children have one or more chronic diseases. Doctors who I trust tell me that number is actually much higher, as many children and their families cannot afford the care and testing necessary to properly diagnose what ails them.

One of the mothers featured in *VAXXED*—a must-watch documentary for any awake citizen, as is its sequel *VAXXED II: The People's Truth*—estimated that a heavily autistic child would cost present value \$5MM to raise and care for over a lifetime. When my clients who were grandparents insisted that they would not interfere with their children's vaccine choices because it was "none of their business," I would say, "Really? Who has the \$5MM? You or your kids? When your kids need the \$5MM to raise their vaccine-injured child, are you going to refuse them? You are the banker, and it is your money that is at risk here, so it is your business. Do you want to spend that \$5MM on growing a strong family through the generations or on managing a disabled child who did not have to be disabled?" Often, that \$5MM in expenditures also translates into divorce, depression, and lost opportunities for siblings.

My clients helped me find the best resources—books, documentaries, articles—on vaccines. You will find many of them linked or reviewed at The Solari Report, including in our Library.

Of all the questions that I had, the one that I spent the most time researching and thinking about was *why*. Why was the medical establishment intentionally poisoning generations of children? Many of the writers who researched and wrote about vaccine injury and death assumed it was an aberration—resulting from the orthodoxy of a medical establishment that could not face or deal with its mistakes and liabilities. That never made sense to me. Writings by Forrest Maready, Jon Rappoport, Dr. Suzanne Humphries and

Arthur Firstenberg have helped me understand the role of vaccines in the con man trick of saving money for insurance companies and the legally liable.

Here is one example of how the trick may play out. A toxin creates a disease. The toxin might be pesticides or industrial pollution or wireless technology radiation. The toxin damages millions of people and their communities. Companies or their insurance provider may be liable for civil or criminal violations. Then a virus is blamed. A "cure" is found in a "vaccine." The pesticide or other toxic exposure is halted just as the vaccine is introduced, and presto, the sickness goes away. The vaccine is declared a success, and the inventor is declared a hero. A potential financial catastrophe has been converted to a profit, including for investors and pension funds. As a portfolio strategist, I admit it has been a brilliant trick and likely has protected the insurance industry from the bankrupting losses it would experience if it had to fairly compensate the people and families destroyed.

Thanks to the work of Robert Kennedy and Mary Holland of Children's Health Defense, I now understand the enormous profits generated by so-called "vaccines" subsequent to the passage of the National Childhood Vaccine Injury Act of 1986 and the creation of the National Vaccine Injury Compensation Program—a federal no-fault mechanism for compensating vaccine-related injuries or deaths by establishing a claim procedure involving the United States Court of Federal Claims and special masters. Call a drug or biotech cocktail a "vaccine," and pharmaceutical and biotech companies are free from any liabilities—the taxpayer pays. Unfortunately, this system has become an open invitation to make billions from "injectibles," particularly where government regulations and laws can be used to create a guaranteed market through mandates. As government agencies and legislators as well as the corporate media have developed various schemes to participate in the billions of profits, significant conflicts of interest have resulted.

The Public Readiness and Emergency Preparedness Act (PREPA or the PREP Act) became law in 2005, adding to corporate freedoms from liability. The Act "is a controversial tort liability shield intended to protect vaccine manufacturers from financial risk in the event of a declared public health emergency. The act specifically affords to drug makers immunity from potential financial liability for clinical trials of . . . vaccine at the discretion of the Executive branch of government. PREPA strengthens and consolidates the oversight of litigation against pharmaceutical companies under the purview of the secretary of Health and Human Services." (~ Wikipedia)

Over time, this has evolved to the engineering of epidemics—the medical version of false flags. In theory, these can be "psyops" or events engineered with chemical warfare, biowarfare, or wireless technology. If this sounds strange, dive into all the writings of the "Targeted Individuals."

I learned about this first-hand when I was litigating with the Department of Justice and was experiencing significant physical harassment. I tried to hire several security firms; they would check my references and then decline the work, saying it was too dangerous. The last one took pity and warned me not to worry about electronic weaponry, letting me know that my main problem would be low-grade biowarfare. This biowarfare expert predicted that the opposing team would drill holes in the wall of my house and inject the "invisible enemy." Sure enough, that is exactly what happened. I sold my house and left town. That journey began a long process of learning how poisoning and nonlethal weapons are used—whether to move people out of rent-controlled apartments, sicken the elderly to move them to more expensive government-subsidized housing, gangstalk political or business targets, or weaken or kill litigants—and the list goes on. Poisoning turned out to be a much more common tactic in the game of political and economic warfare in America than I had previously understood.

After I finished my litigation, I spent several years detoxing from heavy metal toxicity—including from lead, arsenic, and aluminum. As I drove around America, I realized it was not just me. Americans increasingly looked like a people struggling with high loads of heavy metals toxicity. In the process of significantly decreasing my unusually high levels of heavy metals, I learned what a difference the toxic load had made to my outlook, my energy, and my ability to handle complex information.

This brings me to the question of what exactly a vaccine is and what exactly is in the concoctions being injected into people today as well as the witches' brews currently under development.

In 2017, Italian researchers reviewed the ingredients of 44 types of so-called "vaccines." They discovered heavy metal debris and biological contamination in every human vaccine they tested. The researchers stated, "The quantity of foreign bodies detected and, in some cases, their unusual chemical compositions baffled us." They then drew the obvious conclusion, namely, that because the micro- and nanocontaminants were "neither biocompatible nor biodegradable," they were "biopersistent" and could cause inflammatory effects right away—or later (<http://medcraveonline.com/IJVV/IJVV-04-00072.pdf>)

Aborted fetal tissue, animal tissue, aluminum, mercury, genetically altered materials—and what else?

Whatever the ingredients of vaccines have been to date, nothing is more bizarre and unsettling than the proposals of what might be included in them in the future. Strategies—already well-funded and well on the way—include brain-machine interface nanotechnology, digital identity tracking devices, and technology with an expiration date that can be managed and turned off remotely. One report indicates that the Danish government and U.S. Navy had been paying a

tech company in Denmark to make an injectible chip that would be compatible with one of the leading cryptocurrencies.

I was recently reading Mary Holland's excellent 2012 review of U.S. vaccine court decisions ("Compulsory vaccination, the Constitution, and the hepatitis B mandate for infants and young children," *Yale Journal of Health Policy, Law, and Ethics*) and I froze and thought, "Why are we calling the injectibles that Bill Gates and his colleagues are promoting 'vaccines'? Are they really vaccines?"

Most people are familiar with how Bill Gates made and kept his fortune. He acquired an operating system that was loaded into your computer. It was widely rumored that the U.S. intelligence agencies had a back door. The simultaneous and sudden explosion of computer viruses then made it necessary to regularly update your operating system, allowing Gates and his associates to regularly add whatever they wanted into your software. One of my more knowledgeable software developers once said to me in the 1990s—when Microsoft really took off—"Microsoft makes really sh***y software." But of course, the software was not really their business. Their business was accessing and aggregating all of your data. Surveillance capitalism was underway.

The Department of Justice launched an antitrust case against Microsoft in 1998, just as the \$21 trillion started to disappear from the U.S. government—no doubt with the help of specially designed software and IT systems. During the settlement negotiations that permitted Gates to keep his fortune, he started the Gates Foundation and his new philanthropy career. I laughed the other day when my tweet of one of Robert Kennedy Jr.'s articles from Children's Health Defense—describing the gruesome technology Gates is hoping to roll out through "injectibles"—inspired a response: "Well, I guess he is finally fulfilling his side of his antitrust settlement."

If you look at what is being created and proposed in the way of injectibles, it looks to me like these technological developments are organized around several potential goals.

The first and most important goal is the replacement of the existing U.S. dollar currency system used by the general population with a digital transaction system that can be combined with digital identification and tracking. The goal is to end currencies as we know them and replace them with an embedded credit card system that can be integrated with various forms of control, potentially including mind control. "De-dollarization" is threatening the dollar global reserve system. The M1 and M2 money supply have increased in the double digits over the last year as a result of a new round of quantitative easing by the Fed. The reason we have not entered into hyperinflation is because of the dramatic drop in money velocity occasioned by converting Covid-19 into an engineered shutdown of significant economic activity and the bankrupting of millions of small and medium-sized businesses. The managers of the dollar system are under urgent pressure to use new technology to centralize economic flows and preserve their control of the financial system.

Just as Gates installed an operating system in our computers, now the vision is to install an operating system in our bodies and use "viruses" to mandate an initial installation followed by regular updates.

Now I appreciate why Gates and his colleagues want to call these technologies "vaccines." If they can persuade the body politic that injectible credit cards or injectible surveillance trackers or injectable brain-machine interface nanotechnologies are "vaccines," then they can enjoy the protection of a century or more of legal decisions and laws that support their efforts to mandate what they want to do. As well, they can insist that U.S. taxpayers fund, through the National Vaccine Injury Compensation Program, the damages for which they would otherwise be liable as a result of their

experiments—and violations of the Nuremberg Code and numerous civil and criminal laws—on the general population. The scheme is quite clever. Get the general population to go along with defining their new injectible high-tech concoctions as “vaccines,” and they can slip them right into the vaccine pipeline. No need to worry about the disease and death that will result from something this unnatural delivered this quickly. The freedom from liability guaranteed by the PREP Act through the declaration of an emergency—and the ability to keep the emergency going through contact tracing—can protect them from liability for thousands if not millions of deaths and disabilities likely to follow such human experimentation. Ideally, they can just blame the deaths on a virus.

A colleague once told me how *Webster's Dictionary* came about. Webster said that the way the evildoers would change the Constitution was not by amending it but by changing the definitions—a legal sneak attack.

I believe that Gates and the pharma and biotech industries are literally reaching to create a global control grid by installing digital interface components and hooking us up to Microsoft's new \$10 billion JEDI cloud at the Department of Defense as well as Amazon's multibillion cloud contract for the CIA that is shared with all U.S. intelligence agencies. Why do you think President Trump has the military organizing to stockpile syringes for vaccines? It is likely because the military is installing the roaming operating system for integration into their cloud. Remember—the winner in the AI superpower race is the AI system with access to the most data. Accessing your body and my body on a 24/7 basis generates a lot of data. If the Chinese do it, the Americans will want to do it, too. In fact, the rollout of human “operating systems” may be one of the reasons why the competition around Huawei and 5G telecommunications has become so fractious. As Frank Clegg, former President of Microsoft Canada has warned us, 5G was developed by the Israelis for crowd control.

In the face of global “de-dollarization,” this is how the dollar syndicate can assert the central control it needs to maintain and extend its global reserve currency financial power. This includes protecting its leadership from the civil and criminal liability related to explosive levels of financial and health care fraud in recent decades.

Which brings me back to you and me. Why are we calling these formulations “vaccines”? If I understand the history of case law, vaccines, in legal terms, are medicine. Intentional heavy metal poisoning is not medicine. Injectable surveillance components are not medicine. Injectable credit cards are not medicine. An injectible brain-machine interface is not a medicine. Legal and financial immunity for insurance companies does not create human immunity from disease.

We need to stop allowing these concoctions to be referred to by a word that the courts and the general population define and treat as medicine and protect from legal and financial liability.

The perpetrators of this fraud are trying a very neat trick—one that will help them go much faster and cancel out a lot of risk—at our expense. I understand why they are doing it.

What I don’t understand is why we are helping them. Why are we acquiescing in calling these bizarre and deeply dangerous concoctions “vaccines”? Whatever they are, they are *not* medicine.

So, what shall our naming convention be? What name shall we give to the relevant poisons, neurologically damaging metals, and digital shackles?

Whatever we call them, I know one thing. **THEY ARE NOT MEDICINE, WHICH MEANS THEY SURE ARE NOT VACCINES.**

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One in Every 16 Irish Boys

has Autism: Crisis Worse than COVID-19 and Nobody Cares

[One in Every 16 Irish Boys has Autism: Crisis Worse than COVID-19 and Nobody Cares](#)

by [Robert F. Kennedy, Jr.](#), Chairman, [Children's Health Defense](#)
May 28, 2020

According to [National Health data released last week](#), autism incidence among Irish children is now at 4.3%, an 82% rise in five years. One in 16 boys is affected. [US rates](#) trail Ireland's slightly only because [CDC lies to minimize the crisis](#).

In 2016, [Judith Pinborough-Zimmerman](#), CDC's Principal Investigator for the Autism Monitoring Network (ADDM) filed a federal whistleblower suit charging that CDC routinely forces its investigators to falsify data to hide the Autism Pandemic. "The autism explosion is an acute embarrassment to CDC so they fix the numbers."

The autism crisis dwarfs COVID-19. Bill Gates' Institute for Health Metrics predicts [81,766 deaths](#) from COVID. The [average age of death](#) is 75. In contrast, autism attacks infants presaging a [lifetime of nightmarish agony](#). Half will never go on a date, write a poem, hit a baseball, join the military, pay taxes, cast a vote, run for office, speak, or use a toilet. Their [cost of care](#) is over 1/4 trillion U.S. dollars annually and rising.

EPA scientists say [the epidemic began in 1989](#), the year the CDC [dramatically expanded the childhood vaccine schedule](#), multiplying infant exposures to neurotoxins like mercury and aluminum. [CDC's massive 1999 study of the VSD](#)—America's

largest medical database—showed that children receiving the Hep B vaccine in their first 30 days had an [1135% increased risk for an autism diagnosis](#). CDC and Pharma knew at that moment that vaccines were causing the epidemic.

They hid the VSD study, closed the database to independent scientists and commissioned a sketchy cabal of tobacco scientists, grifters, [felons](#) and Pharma biostitutes to gin up dozens of [fraudulent vaccine studies](#) purporting to “prove that vaccines don’t cause autism.” They blocked studies of all vaccines given to children under six months. Tony Fauci played a key role in the cover up. Fauci distributes [\\$5 billion annually in research grants](#) and assured that studies of autism’s environmental causes never get funded. When in 2008 NIH’s Autism Coordinating Committee voted \$16 million to [study the links between autism and vaccines, Tom Insel killed those studies](#). Fauci and Insel have committed some of the most consequential criminal conspiracies in history. Children’s Health Defense will bring these criminals to justice.

[Connect with Children’s Health Defense](#)

Shutdowns: Pointless, Stupid and Evil

[Shutdowns: Pointless, Stupid and Evil](#)

by [Larken Rose](#)

May 3, 2020

No, I'm not going to be polite or gentle when so many good people are being tricked into cooperating with widespread, devastatingly destructive "solutions" to a problem that only ever threatened a tiny percentage of the population (which can be protected separately).

Feel free to copy and spread this video, since YouTube is likely to take it down if any of their censors notice it not parroting the idiotic, fear-driven party line.

[TCTL editor's note: YouTube did take it down after 50,000 views.]

[Connect with Larken Rose](#)

DNA Vaccines and Transhumanism

DNA vaccines and Transhumanism

by [Dr. Sherri Tenpenny](#)

April 2, 2020

[Transhumanism](#) is a futuristic concept where man and technology blend, resulting in soulless intelligent machines. It is a movement that favors the evolution of a new species of human through the use of integrative circuitry. Referred to as "human betterment for the post-human era," transhumanists assume that humanity will only be enhanced by machines. No damage. No degradation. No possibility for coercion or

domination. In a post-human world, humanity as we know it will be obsolete.

In [2012](#), artificial intelligence pioneer Ray Kurzweil became Director of Engineering and Chief Futurist at Google, hired to work on projects to teach machines to learn. Kurzweil predicts that by 2030 ([there's that date again](#)) technological advances will allow tiny nano-bots to be injected into the bloodstream, pass through the blood-brain barrier and integrate into the brain. The human brains can then be connected to "the cloud," achieving a level of brilliance never thought possible. So, essentially, biological beings will become "non-biological entities." In his book, *The Singularity is Near: When Humans Transcend Biology*, Kurzweil states, "In the future, there will be no distinction between human and machine, or between physical and virtual reality."

But if our brains can tap UP into the cloud, it only makes sense the what's in the cloud could be pushed DOWN into our brain...So, the question becomes: *Who* controls the specific information we're allowed to tap into? *Who* determines what is downloaded into us? The disturbing vision of thousands – or millions – of [Manchurian Candidates](#) comes to mind.

The Quest for Control of the Human Brain

In former-president [Obama's 2013](#) State of the Union Address, he announced his plan to invest in brain mapping technologies. In April of that year, a \$100+ million initiative was launched called [BRAIN](#), which stands for Brain Research through Advancing Innovative Neurotechnologies. Multiple public-private partnerships were funded, including the [Allen Institute for Brain Science](#), the [Howard Hughes Medical Institute](#), [Salk Institute for Biological Studies](#), and the Kavli Foundation and Institutes. Our tax dollars also funded this project; the government allocations included:

- \$20 million to the National Science Foundation to study how Big Data could be used to understand the ability of

- the brain to generate thoughts, emotions, and memories;
- \$40 million to the National Institutes of Health (NIH) to develop training tools and resources to support the BRAIN initiative; and
- \$50 million was given to the Defense Advanced Research Projects Agency (DARPA) to develop tools to capture and process dynamic neural and synaptic activities.

Using those funds – and more – DARPA announced in 2016 it would develop the Neural Engineering System Design ([NESD](#)) [program](#). Touted as the next-level brain-computer interface (BCI), the NESD system is designed to turn brain activity into a binary code, allowing humans to engage with machines wirelessly, by simply thinking.

While many amazing medical uses could come from this research, from treating PTSD and traumatic brain injuries (TBIs), to maneuvering brain-activated exoskeletons and prosthetic limbs, it takes very little imagination to see how this research could quickly turn dark.

- What if the post-human world was dominated by strong, mechanical humanoids with enhancements designed to benefit institutions, at the expense of the individual?
- Will the drivers to create bionic humans be economic efficiency, cultural modification, and military dominance?

Post-humans will live longer and be Global Citizens, a future where humankind is melded into a single, apolitical identity ruled by the UN and governed by the global Sustainability Agenda. Bionic humans will have no need to connect, even with creatures of their kind. Advances in animal cloning and embryonic stem cell technologies are bringing human cloning closer to reality, eliminating the need to procreate – satisfying the globalist's concerns regarding planetary [overpopulation](#). Need more worker bees? Create them at the factory – they need no benefits, no vacations and can

work 24/7.

DNA Vaccines: Permanent manipulation of humans and animals

DNA vaccines, a type of genetic engineering, were first tinkered with in the early 1990s. A small snip of DNA, say, from a herpes virus, is inserted into a bacterial “bubble” called a plasmid. When the plasmid-laden vaccine is injected, the cellular immune system gears up to eliminate the foreign protein (plasmid + viral DNA snip) and at the same time, the humoral immune system creates antibodies against the viral DNA. When a herpes virus enters the body, the memory T-cells and B-cells work together to attack the foreign virus, eliminating it and avoiding the infection.

This process is not without [problems](#).

- The DNA snip can be incorporated into the host’s DNA, leading to chromosome instability. The mutagenic affect can *turn on* oncogenes and *turn off* tumor suppressor genes, **leading to cancer**.
- Genetic expression is the process where genes create proteins. Genetic *over-expression* is when the process “goes rogue” and produces massive amounts of foreign protein, **destroying human tissues** via both acute and chronic inflammation.
- Often the plasmid used is **resistant to antibiotics**; the same antibiotic resistance can be transferred to the [host](#).
- The plasmid DNA can appear very similar to the vaccine recipient’s DNA. The anti-DNA antibodies can attack human organs with similar DNA sequences. The result is **autoimmunity**, clearly identified as the cause of nearly [100 different](#) diseases and suspected to be the cause at least 40 more chronic and potentially life-threatening conditions.

A concern that sounds like science fiction is the use of DNA

vaccines in food-producing animals. The foreign DNA can be incorporated into an animal's DNA, getting into the human food supply. The plasmid DNA can disrupt the animal's microflora, and even potentially transform the environmental microflora as the animals defecate.

This level of genetic manipulation makes DNA vaccines a dreamy tool of the transhumanists. With a host of companies working on biotic human body parts and DARPA working to build killer robots, designing DNA vaccines to *enhance human DNA* is only a step away. In fact, [Editas Medicine](#), a US-based company, announced in November 2015 that the trials with the first humans to have their DNA genetically modified were well underway.

If robots could think, feel and have a conscience, would that make them human? Or, would the lack of genetic material always render it as non-human? Using the combination of artificial intelligence, [nanotechnology](#) and DNA vaccines to insert human genes and human characteristics into machines is no longer just for the movies. At what point are humans no longer humans?

As vaccine recommendations become mandates – and [30 states](#) are now pushing for mandatory vaccines, will you retain your right to refuse?

Dr. Sherri Tenpenny is an osteopathic medical doctor, board-certified in three specialties. She is the founder of [Tenpenny Integrative Medical Center](#), a medical clinic located near Cleveland, Ohio. Her company, [Courses4Mastery.com](#) provides online education and training regarding all aspects of vaccines and vaccination.

Dr. Tenpenny has invested nearly 20 years and more than 40,000 hours documenting and exposing the problems associated with vaccines. As an internationally known speaker and author, her

many articles have been translated into at least 15 languages. She is a frequent guest on radio and TV to share her knowledge and educate parents on why they should Just.Say.No. to vaccines.

The Chinese Virus, HIV, and a Stranger on a Train

[The Chinese Virus, HIV, and a Stranger on a Train](#)

by [Jon Rappoport](#), [No More Fake News](#)

February 4, 2020

In my research on so-called epidemics and viruses over the last 30 years, I've examined a point very few people want to think about.

Does the virus being promoted actually exist?

It might seem absurd to ask that. "Well, of course it exists. Why else would experts be saying it's causing disease and death? Why else are they developing a vaccine?"

I don't buy that reply at face value. Never have, never will.

Let me illustrate with a short tale. –Word goes out to an elite intelligence agency that a stranger on a train is a spy, and he is dangerous. He must be captured. The Agency sends a few people to board the train.

Who is the spy? What does he look like? Unknown. The agents move from car to car looking at passengers. From "past

experience" in profiling suspects, they decide their target is probably a man in sleeping car 100. They knock on his door. He opens it. They place him under arrest.

The next thing the Agency knows, a week later, the ops director says, "Boys, he was the one, we have our man. He was planning to blow up bridges. Great work."

Evidence of guilt? Proof? Was the initial story about a spy on a train even true? Answers unknown. But who cares? The job is done.

With a purported new epidemic disease, how do researchers find the man on the train? What method do they use to isolate a unique virus that is present in the bodies of people who are sick?

Various experts will offer various answers. In a moment, I'll present an interview with a researcher who proposes a method. To sum up this method in simplistic terms: you remove a tissue sample from a person suspected of carrying a virus. Taking a tiny piece of that sample, you place it into a sugar solution and spin it in a centrifuge at high speed. The solution settles out, according to layers of density and weight. You presumably know, from past experience, which layer will contain particles of virus (if they are there). From that layer, you remove a small sample. You look at it under an electron microscope. You photograph what you see. If you've found a virus, you should be able to observe many copies of it in the photo. From analyzing these copies, you should be able to tell what kind of virus you've found. This is a very rough description of the process.

To announce to the world that you've found a virus that's causing a rapidly spreading and dangerous epidemic, you should be sure of your work. *You should have performed the above process on MANY, MANY supposed human carriers of the virus, and you should have obtained the same result in the*

overwhelming percentage of cases. And independent researchers should be able to replicate your work.

In the Chinese epidemic, and in other past epidemics, I've seen no evidence that this process of isolation was employed on many, many patients with the same result—much less the independent confirmation.

Therefore, the whole inquiry and research are in doubt. Simply announcing to the world that “the virus has been found” means nothing.

All right. Here are excerpts from an interview. It gets somewhat technical. It was conducted by a brilliant independent journalist, Christine Johnson. The interviewee is Dr. Eleni Papadopulos, “a biophysicist and leader of a group of HIV/AIDS scientists from Perth in Western Australia. Over the past decade and more she and her colleagues have published many scientific papers questioning the HIV/AIDS hypothesis...”

CJ: Does HIV cause AIDS?

EP: There is no proof that HIV causes AIDS.

CJ: Why not?

EP: For many reasons, but most importantly, because there is no proof that HIV exists.

[...]

CJ: Didn't Luc Montagnier and Robert Gallo [purportedly the co-discoverers of HIV] isolate HIV back in the early eighties?

EP: No. In the papers published in *Science* by those two research groups, there is no proof of the isolation of a retrovirus from AIDS patients. [HIV is said to be a retrovirus.]

CJ: They say they did isolate a virus.

EP: Our interpretation of the data differs. To prove the existence of a virus you need to do three things. First, culture cells and find a particle you think might be a virus. Obviously, at the very least, that particle should look like a virus. Second, you have to devise a method to get that particle on its own so you can take it to pieces and analyze precisely what makes it up. Then you need to prove the particle can make faithful copies of itself. In other words, that it can replicate.

CJ: Can't you just look down a microscope and say there's a virus in the cultures?

EP: No, you can't. Not all particles that look like viruses are viruses.

[...]

CJ: My understanding is that high-speed centrifugation is used to produce samples consisting exclusively of objects having the same density, a so-called "density-purified sample." Electron microscopy is used to see if these density-purified samples consist of objects which all have the same appearance – in which case the sample is an isolate – and if this appearance matches that of a retrovirus, in terms of size, shape, and so forth. If all this is true, then you are three steps into the procedure for obtaining a retroviral isolate. (1) You have an isolate, and the isolate consists of objects with the same (2) density and (3) appearance of a retrovirus. Then you have to examine this isolate further, to see if the objects in it contain reverse transcriptase [an enzyme] and will replicate when placed in new cultures. Only then can you rightfully declare that you have obtained a retroviral isolate.

EP: Exactly. It was discovered that retroviral particles have a physical property which enables them to be separated from other material in cell cultures. That property is their

buoyancy, or density, and this was utilized to purify the particles by a process called density gradient centrifugation.

The technology is complicated, but the concept is extremely simple. You prepare a test tube containing a solution of sucrose, ordinary table sugar, made so the solution is light at the top but gradually becomes heavier, or more dense, towards the bottom. Meanwhile, you grow whatever cells you think may contain your retrovirus. If you're right, retroviral particles will be released from the cells and pass into the culture fluids. When you think everything is ready, you decant a specimen of culture fluids and gently place a drop on top of the sugar solution. Then you spin the test tube at extremely high speeds. This generates tremendous forces, and particles present in that drop of fluid are forced through the sugar solution until they reach a point where their buoyancy prevents them from penetrating any further. In other words, they drift down the density gradient until they reach a spot where their own density is the same as that region of the sugar solution. When they get there they stop, all together. To use virological jargon, that's where they band. Retroviruses band at a characteristic point. In sucrose solutions they band at a point where the density is 1.16 gm/ml.

That band can then be selectively extracted and photographed with an electron microscope. The picture is called an electron micrograph, or EM. The electron microscope enables particles the size of retroviruses to be seen, and to be characterized by their appearance.

CJ: So, examination with the electron microscope tells you what fish you've caught?

EP: Not only that. It's the only way to know if you've caught a fish. Or anything at all.

CJ: Did Montagnier and Gallo do this?

EP: This is one of the many problems. Montagnier and Gallo did use density gradient banding, but for some unknown reason they did not publish any Ems [electron microscope photos] of the material at 1.16 gm/ml...this is quite puzzling because in 1973 the Pasteur Institute hosted a meeting attended by scientists, some of whom are now amongst the leading HIV experts. At that meeting the method of retroviral isolation was thoroughly discussed, and photographing the 1.16 band of the density gradient was considered absolutely essential.

CJ: But Montagnier and Gallo did publish photographs of virus particles.

EP: No. Montagnier and Gallo published electron micrographs [EMs] of culture fluids that had not been centrifuged, or even separated from the culture cells, for that matter. These EMs contained, in addition to many other things, including the culture cells and other things that clearly are not retroviruses, a few particles which Montagnier and Gallo claimed are retroviruses, and which all belonged to the same retroviral species, now called HIV. But photographs of unpurified particles don't prove that those particles are viruses. The existence of HIV was not established by Montagnier and Gallo – or anyone since – using the method presented at the 1973 meeting.

CJ: And what was that method?

EP: All the steps I have just told you. The only scientific method that exists. Culture cells, find a particle, isolate the particle, take it to pieces, find out what's inside, and then prove those particles are able to make more of the same with the same constituents when they're added to a culture of uninfected cells.

CJ: So before AIDS came along there was a well-tried method for proving the existence of a retrovirus, but Montagnier and Gallo did not follow this method?

EP: They used some of the techniques, but they did not undertake every step including proving what particles, if any, are in the 1.16 gm/ml band of the density gradient, the density that defines retroviral particles.

CJ: But what about their pictures?

EP: Montagnier's and Gallo's electron micrographs...are of entire cell cultures, or of unpurified fluids from cultures...

(end of interview excerpt)

If you grasp the essentials of this discussion, you'll see there is every reason to question the existence of HIV, because the methods for proving its existence were not followed.

Therefore, more questions emerge. How many other viruses have been named as causes of disease, when in fact those viruses have never been isolated or proved to exist?

Of course, conventional-consensus researchers and doctors will scoff at any attempt to raise these issues. For them, "the science is settled." Meaning: they don't want to think. They don't want to stir the waters.

I want to be clear about what I'm asserting here. There are very serious questions about whether a variety of viruses have ever been isolated, proven to exist, **and** proven to be causing disease. An OPEN, lengthy, ongoing, published debate needs to be undertaken among researchers—including independent researchers.

These vital issues should never be concealed behind closed elite doors.

[Connect with Jon Rappoport](#)

When the Blood Boils: Vaccines and Autism

When the Blood Boils: Vaccines and Autism

by [Jon Rappoport](#)

January 21, 2020

Lies passed around like conjured pieces of gold. Medical liars speaking their messages with straight faces, from their pulpits of influence.

We've watched them work. We've experienced the inner sensation of blood boiling; outrage.

Who are these people? Where did they come from? How did they attain their positions of power? Are they a different species?

And like you, I have watched the passive faces of audiences as they take in these lies, as they know something is wrong, as they refuse to act.

If you control the meaning of words like "evidence," "cause," "relationship between," you own the playing field. You can manipulate outcomes and conclusions, and you can define science itself.

Your power derives from ownership of those simple words.

Suppose a healthy baby with all his faculties intact receives a barrage of vaccines at 15 months. Then, three days later, his temperature soars to 105, he has seizures, he screams, and then he goes silent. He withdraws from the world, from his

parents. In the ensuing months, he doesn't speak. He doesn't laugh. He shows no interest in life around him. He doesn't recover from this. He doesn't regain his former health.

In what sense can it be said that the vaccines caused his condition? That may seem like an absurd question to be asking, but scientists claim it is important. So do judges and government officials. So do drug companies who make and sell vaccines.

They claim it's very important, because they want to maintain control over the concept of "cause." It's their protection in the racket they are running.

Can we track the path, step by step, of these vaccine ingredients as they are injected into a baby and make their way through his system? Can we observe every reaction they produce, in sequence, all the way into and through the recesses of the nervous system and the brain?

Of course not.

By such an impossible standard, everyone falls short.

If perverse officials and scientists suddenly invoke that standard, can anyone fulfill it? No.

But make sure you understand that scientists and bureaucrats judge their own work by far looser principles.

They assert, for example, with psychotic arrogance that the underlying cause of autism is in the genes, although their research has only given them the foggiest of reasons for even beginning to crawl out on that limb—where they crouch and lie and ask for more research money.

They say ADHD is created by certain brain abnormalities, even though their scans produce on-again off-again evidence—which, finally, is no evidence at all.

In fact, for every one of the 297 so-called mental disorders that are named and defined and described in the official bible of psychiatric literature, there is not one, not one lucid diagnostic test to back up, biologically, their disease labels and descriptions and definitions.

It's a game. *"We may hold you to an impossible standard. We hold ourselves to no standard at all."*

So you should be aware that, if you choose to enter this game, for whatever reasons, you are playing against a monumentally stacked deck.

The powers-that-be will do everything they can to subvert, deny, and destroy THE STORY OF ONE PARENT ABOUT ONE CHILD.

Why? Because the story is too convincing. It's too obvious. It's too real. It's too DEVASTATING. It's too dangerous.

"My child was healthy. He was vaccinated. Then he collapsed. He never recovered."

With that, you are setting dynamite on the rails of the medical princes.

And you are also waking up other parents whose stories are essentially the same. You are igniting a fire in their heads.

Can you imagine what would happen if you said, "Look, my child was hit by a cluster of vaccines delivered when he was fifteen months old, and he was never the same after that, and THAT is what I'm seeking compensation for, and that is ALL I'm seeking compensation for. I don't care what you call it, what name you give to it."

And the government said, "Well, all right."

The ensuing flood would drown them. And would drown the vaccine manufacturers, too.

You must be stopped.

And the way they will stop you is by manipulating the word “*cause.*” That’s all. That’s their entire policy and program. They execute it on an arcane and pseudo-technical level, employing models and constructs and numbers in their private little universe, while they polish their credentials.

They don’t want YOUR STORY to stand naked in front of the public.

Of course it is obvious that, when health turns to tragedy, the vaccines were at fault, just as when a blow to the head causes memory loss. Of course everyone concerned knows the truth.

But they say: science is not done this way. We must have “evidence of causation.” They occasionally throw a few crumbs to parents whose child was brain-damaged by a vaccine. But in the main, they conjure up a version of pseudo-science and use it to obfuscate the otherwise unpardonable reality of what the vaccine has done.

And how does this conjured and manufactured science work?

It starts with the owned and operated definition of a disease or disorder. In the case of autism, the old behavioral criteria are dragged out. Here they are. I’m sorry for loading the full display on you, but I want you to see it in print:

The following is from Diagnostic and Statistical Manual of Mental Disorders: DSM IV

(I) A total of six (or more) items from (A), (B), and (C), with at least two from (A), and one each from (B) and (C)

(A) qualitative impairment in social interaction, as manifested by at least two of the following:

1. marked impairments in the use of multiple nonverbal

behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction

2. failure to develop peer relationships appropriate to developmental level

3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)

4. lack of social or emotional reciprocity (note: in the description, it gives the following as examples: not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids)

(B) qualitative impairments in communication as manifested by at least one of the following:

1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)

2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others

3. stereotyped and repetitive use of language or idiosyncratic language

4. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(C) restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:

1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

2. apparently inflexible adherence to specific, nonfunctional routines or rituals

3. stereotyped and repetitive motor mannerisms (e.g hand or finger flapping or twisting, or complex whole-body movements)

4. persistent preoccupation with parts of objects

(II) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

(A) social interaction

(B) language as used in social communication

(C) symbolic or imaginative play

(III) The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

And now you have the full and complete definition of autism from the official manual. There is no other definition. There are no physical tests or blood tests or brain scans. There is only this menu of behaviors.

And there are many so-called related disorders, and each one has its similar complex behavioral definition. These depictions overlap. But no matter. As far as the psychiatrists and pediatricians and medical bureaucrats are concerned, autism is defined. Engraved on tablets.

Does, in the judgment of a doctor, your child fit the definition or doesn't he? The word is given from on high. The decision is rendered. And we are then one step removed from the reality of the simple and brutal destroying effects of the vaccines. This is good for them. They are now in familiar territory. **Protected land.**

Now they can say, "Your child, who at fifteen months collapsed, has autism."

This is the bridge to the next giant step. Which is:

"We have determined that vaccines are not the cause of autism."

"We know this."

"We have proved this."

Therefore, you're trapped. Your child has been painted with the label "autism"—and perhaps you were actually hoping for that, because you knew something was terribly wrong, and the designation confirms you were correct. **But as far as making a link to the vaccines, you're suddenly at their mercy.**

If they decide to compensate you through [the federal vaccine compensation system](#), they will say, "Well, your child actually is suffering from encephalopathy and has autism-like symptoms." But far more frequently, they will fall back on their pronouncement that vaccines and autism are unconnected, [and you will get nothing](#).

How did these medical experts and their bureaucratic partners determine that vaccines are not the cause of autism?

They examined studies. And the studies "found no link." In particular, there is the key Verstraeten study, published in two phases. Three HMOs' records of babies were considered by Verstraeten and his colleagues.

I'm going to quote from the study and then comment:

"Results. In phase I at HMO A, cumulative exposure at 3 months resulted in a significant positive association with tics (relative risk [RR]: 1.89; 95% confidence interval [CI]: 1.05–3.38). At HMO B, increased risks of language delay were found for cumulative exposure at 3 months (RR: 1.13; 95% CI: 1.01–1.27) and 7 months (RR: 1.07; 95% CI: 1.01–1.13). In phase II at HMO C, no significant associations were found. In no analyses were significant increased risks found for autism or attention-deficit disorder."

"Conclusions. No consistent significant associations were found between TCVs and neurodevelopmental outcomes. Conflicting results were found at different HMOs for certain outcomes. For resolving the conflicting findings, studies with

uniform neurodevelopmental assessments of children with a range of cumulative thimerosal exposures are needed.”

First of all, notice how far away we are from that basic fact that vaccines were delivered to your child and your child *collapsed and never recovered*. We are miles from that. We’re now discussing correlations between vaccines containing mercury (thimerosal) and various indicators and labels: tics, language delay, autism, attention-deficit disorder, neurodevelopmental outcomes.

We now have a complex situation. First of all, in order to conclude that mercury-containing vaccines are correlated with autism or attention-deficit disorder, the researchers would have to have observed, in these children’s medical records, reports detailing all the behavioral criteria THE RESEARCHERS ASSUME add up to a positive diagnosis of these two INVENTED disorders—neither of which even exists on the basis of actual biological or chemical tests of any kind.

So essentially, if we make the translation from psychiatric-speak to basic English, we have this: *“There is no convincing correlation between mercury-containing vaccines and those disorders we invented by slicing and dicing human behavior into compartments and giving them disease-labels.”*

This is staggering when you think about it.

Continuing: In the first HMO records, Verstraeten and his colleagues found a significant correlation between the vaccines and tics. As in facial tics. Why is that important? Because tics can be a sign of motor brain damage. They have a name for that: tardive dyskinesia. But it means brain damage.

However, if you look at the concocted definitions of the concocted disorders called autism and ADD, you’ll find no mention of tics or tardive dyskinesia. Therefore, an increased risk of tics doesn’t bring the researchers any closer to connecting vaccines and autism—simply because autism wasn’t

defined that way. It wasn't invented that way.

Perusing the records at the second HMO, Verstraeten found an increased risk of language delay. The babies didn't start speaking when normally expected to. This is one of the listed criteria for a diagnosis of autism, but of course it is not enough, by the concocted rules of the game, to rate a placing of the invented label, autism, on any of those children.

At the third HMO, which was investigated as a separate phase 2 of the study, researchers found no significant associations—meaning no tics, no language delay...nothing that would rate a diagnosis of autism or suggest the presence of any of the invented symptoms of autism.

All in all, Verstraeten and his colleagues found no reason to conclude that mercury-containing vaccines were correlated with autism or other signals of neurological problems.

He played off one HMO against another: "In this one, we found X. But in the other one, we didn't. We found Y instead. And in the third one, we found neither X nor Y." Why didn't he simply use all three HMOs as one reservoir? Possibly because he was trying to guard against the possibility of biased records at one HMO. Who knows?

And why didn't he conclude, "All in all, we discovered some evidence of harm from the vaccines."

Again, notice how far we are from the actual event of vaccines causing brain damage in a child.

The study decides that there is no increased risk, from vaccines, for autism or ADD. And that's that. "Further research" is needed.

A child harmed by vaccines could have a tiny brain lesion or severe immune deficiency or a rewired connection somewhere deep in the recesses of the brain—undetected—but none of this

matches up to the invented criteria for a diagnosis of autism.

But millions of people actually believe that autism is a distinct entity which was “discovered,” like a pre-set embedded pattern of errant pathways in the brain. And when those people are told, by experts, that vaccines don’t cause it, the PR value is enormous. For doctors who give the vaccines, for drug companies, for public-health agencies.

This is all a ruse. It’s a fabrication, and the studies that follow from it serve to mask the facts of vaccine damage.

They invent define the disorder, they have no definitive diagnostic tests for it, they conclude that vaccines don’t cause it. It’s one fantasy after another.

It’s as if you drew a map of a gold mine that doesn’t exist, and then you passed a law forbidding people from searching for it.

There are various degrees and events of tragic and lasting impact-damage that are laid upon children. The causes are multiple. One significant cause is vaccines. There is no such thing as autism. It is a construct ultimately designed to get certain people off the hook. And to make profit. And to engender money for research.

They will never find a cure for autism, because it doesn’t exist, except as a menu of behaviors wrapped inside their fantasy. Of course, if they were in the world, the world you live in, they would acknowledge that vaccines do cause brain and neurological damage, and they would compensate for that. They would act in a straightforward and honest fashion.

I spoke to one psychiatrist off the record, who said, “A genetic cause for autism? Are you serious? Autism is an artifact to begin with. So how do you find a gene that causes a fairy tale?”

“Swine Flu Expose”: Spanish Influenza Epidemic of 1918 Caused by Vaccinations

“Swine Flu Expose”: Spanish Influenza Epidemic of 1918 Caused by Vaccinations

[Excerpt from [Swine Flu Expose](#), written by [Eleanora I. McBean, Ph.D., N.D.](#) and published in 1977, with claims that Spanish Influenza epidemic of 1918 was caused by vaccinations,]

As has been stated before, all medical and non-medical authorities on vaccination agree that vaccines are designed to cause a mild case of the diseases they are supposed to prevent. But they also know and admit that there is no way whatsoever to predict whether the case will be mild or severe – even deadly.

With this much uncertainty in dealing with the very lives of people, it is very unscientific and extremely dangerous to use such a questionable procedure as vaccination. Many vaccines also cause other diseases besides the one for which they are given. For instance, smallpox vaccine often causes syphilis, paralysis, leprosy, and cancer. Polio shots, diphtheria toxin-antitoxin, typhoid vaccine, as well as measles, tetanus and

all other shots often cause various other stages of disease such as post-vaccinal encephalitis (inflammation of the brain,) paralysis, spinal meningitis, blindness, cancer (sometimes within two years,) tuberculosis, (two to twenty years after the shot,) arthritis, kidney disease, heart disease (heart failure sometimes within minutes after the shot and sometimes several hours later.) Nerve damage and many other serious conditions also follow the injections.

When several shots are given (different vaccines) within a few days or a few weeks apart, they often trigger intensified cases of all the diseases at once, because the body cannot handle such a large amount of deadly poison being injected directly into the bloodstream. The doctors call it a new disease and proceed to suppress the symptoms. When poison is taken by the mouth, the internal defense system has a chance to quickly eject some of it by vomiting, but when the poisons are shot directly into the body, bypassing all the natural safeguards, these dangerous poisons circulate immediately throughout the entire body in a matter of seconds and keep on circulating until all the cells are poisoned. I heard that *seven men dropped dead in a doctor's office after being vaccinated*. This was in an army camp, so I wrote to the Government for verification. They sent me the report of U.S. Secretary of War, Henry L. Stimson.

The report not only verified the report of the seven who dropped dead from the vaccines, but it stated that there had been 63 deaths and 28,585 cases of hepatitis as a direct result of the yellow fever vaccine during only 6 months of the war. That was only one of the 14 to 25 shots given the soldiers. We can imagine the damage that all these shots did to the men. (See the chapter on What Vaccinations Did to Our Soldiers.) The first World War was of a short duration, so the vaccine makers were unable to use up all their vaccines. As they were (and still are) in business for profit, they decided to sell it to the rest of the population. So they drummed up

the largest vaccination campaign in U.S. history.

There were no epidemics to justify it so they used other tricks. Their propaganda claimed the soldiers were coming home from foreign countries with all kinds of diseases and that everyone must have all the shots on the market. The people believed them because, first of all, they wanted to believe their doctors, and second, the returning soldiers certainly had been sick. They didn't know it was from doctor-made vaccine diseases, as the army doctors don't tell them things like that.

Many of the returned soldiers were disabled for life by these drug-induced diseases. Many were insane from postvaccinal encephalitis, but the doctors called it *shell shock*, even though many had never left American soil. The *conglomerate* disease brought on by the many poison vaccines baffled the doctors, as they never had a vaccination spree before which used so many different vaccines. The new disease they had created had symptoms of all the diseases they had injected into the man. There was the high fever, extreme weakness, abdominal rash and intestinal disturbance characteristic of typhoid.

The diphtheria vaccine caused lung congestion, chills and fever, swollen, sore throat clogged with the false membrane, and the choking suffocation because of difficulty in breathing followed by gasping and death, after which the body turned black from stagnant blood that had been deprived of oxygen in the suffocation stages. In early days they called it *Black Death*. The other vaccines cause their own reactions – paralysis, brain damage, lockjaw, etc.

When doctors had tried to suppress the symptoms of the typhoid with a stronger vaccine, it caused a worse form of typhoid which they named *paratyphoid*. But when they concocted a stronger and more dangerous vaccine to suppress that one, they created an even worse disease which they didn't have a name

for. What should they call it? They didn't want to tell the people what it really was – their own Frankenstein monster which they had created with their vaccines and suppressive medicines.



They wanted to direct the blame away from themselves, so they called it *Spanish Influenza*. It was certainly not of Spanish origin, and the Spanish people resented the implication that the world-wide scourge of that day should be blamed on them. But the name stuck and American medical doctors and vaccine makers were not suspected of the crime of this widespread devastation – the *1918 Flu Epidemic*. It is only in recent years that researchers have been digging up the facts and laying the blame where it belongs. Some of the soldiers may have been in Spain before coming home, but their diseases originated in their own home-based U.S. Army Camps. Our medical men still use that same dodge. When their own vaccines (required for travel) cause vaccine diseases abroad they use this as grounds for a scare campaign to stampede people into the vaccination centers.

Do you remember the Hong Kong Flu and the Asian Flu and the London Flu scares? These were all medically-made epidemics mixed with the usual common colds which people have every year. Now (1976) we are being worked on again by the vaccine - epidemic makers in their effort to force another multi million dollar vaccine sale caper. Their con men have already talked President Ford into handing over \$135 million dollars to start their vaccine racket. Even the insurance companies refused to become involved with such an obviously dangerous and crooked scheme.

So, again the medical and drug con men induced the appropriate government officials to guarantee insurance against the, possible billions of dollars in law suits which could be brought against the vaccine promoters if the vaccine campaign

is carried out as planned. It's a good thing Ford was voted out of office. It's too bad he wasn't "dumped" *before* he paid the *poison squad* the MONEY' to poison the whole population.

However, we don't yet know if President Carter will be any better. Will he be held in the grip of the medical and drug dictatorship? Or will he investigate – learn the truth – *reverse the decisions* and make the vaccine makers return the money taken from the taxpayers under false pretenses?

The statement of the swine flu vaccine promoters to the effect that the vaccine is harmless, is false, and the statement that it will protect against flu is false. Fifty-six people died after the shots, some within 48 hours.

There is confusion and disagreement among the doctors about all aspects of the vaccine, from the safety and effectiveness to the necessity for it, who should have it and who should be warned against it. Their scare-head campaign cry is that the swine flu is like the 1918 flu which killed 20,000,000 people. They don't have any usable and provable blood samples from the 1918 flu epidemic to prove it. That was 58 years ago, and the doctors were just as confused and inefficient then as now.

However, one thing is certain – the 1918 Spanish Influenza was a vaccine-induced disease caused by extreme body poisoning from the conglomeration of many different vaccines. The soldiers at Fort Dix who were said to have had Swine Flu had been injected with a large variety of vaccines like the vaccines which caused the 1918 flu epidemic. The flu epidemic at Fort Dix was in no way related to swine. There were no swine at camp (unless we want to sarcastically call the vaccine promoters who caused the diseases -"swine.")

To add to the confusion, the doctors tell the people that there are a lot of various kinds of flu; the one which the soldiers at Fort Dix had was AVictoria flu, there are other strains of flu virus, and also, that the swine flu vaccine

which so many people have taken already will not protect them against the many other types of flu. This will be used as an "out" in case of law suits later on when more casualties begin to show up. The doctors will say that the vaccine failed because it was the wrong kind of flu for the vaccine. Of course, no one can prove it one way or the other because viruses are illusive, invisible organisms which are unstable and unpredictable. One dictionary definition of virus is "a morbid poison." The vaccines injected into the body are poison and cause the typical poison reactions. Virus (poison) does not fly around and attack people.

Therefore, *there will be no swine flu epidemic unless the vaccine promoters make one like they did in the 1918 flu epidemic.* It will not kill 20,000,000 people unless the people submit to the disease-producing shots.

There are also, other causes of disease besides vaccines, such as bad food, which has been devitalized and contaminated with poison preservatives and artificial drug concoctions. There are many more causes of disease but no diseases are contagious. Vaccine drives come and go as often as the vaccine promoters can cook up the slightest pretense of a reason. Back in 1957 they were trying to stir up a vaccination campaign for what they decided to call *Asiatic flu*. An editorial in the *Herald and Express* for August 29, 1957 was captioned, "Fear of Flu Propaganda." Part of the piece is as follows:

"What a tempest in a teapot has been blown up over the probability that this country will experience an epidemic of the *Asiatic flu* in the fall and winter months ahead.

"Even the United States Department of Health is stooge for the panic – and has issued statements which are frightening the public, rather than reassuring them by pointing out that this epidemic, while widespread, gives no indication of being any more dangerous than our usual flood of influenza-like colds when winter comes on.

“Those who read between the lines even wonder whether the whole thing might not be a bit of super salesmanship on the part of those who are making and selling the vaccines which are being prepared.. . .”

I WAS AN ON-THE-SPOT OBSERVER OF THE 1918 INFLUENZA EPIDEMIC

All the doctors and people who were living at the time of the 1918 Spanish Influenza epidemic say it was the most terrible disease the world has ever had. Strong men, hale and hearty, one day would be dead the next.

The disease had the characteristics of the black death added to typhoid, diphtheria, pneumonia, smallpox, paralysis and all the diseases the people had been vaccinated with immediately following World War 1.

Practically the entire population had been injected “seeded” with a dozen or more diseases – or toxic serums. When all those doctor-made diseases started breaking out all at once it was tragic.

That pandemic dragged on for two years, kept alive with the addition of more poison drugs administered by the doctors who tried to suppress the symptoms. As far as I could find out, the flu hit only the vaccinated.

Those who had refused the shots escaped the flu. My family had refused all the vaccinations so we remained well all the time. We knew from the health teachings of Graham, Trail, Tilden and others, that people cannot contaminate the body with poisons without causing disease.

When the flu was at its peak, all the stores were closed as well as the schools, businesses – even the hospital, as the doctors and nurses had been vaccinated too and were down with the flu. No one was on the streets. It was like a ghost town. We seemed to be the only family which didn't get the flu; so my parents went from house to house doing what they could to

look after the sick, as it was impossible to get a doctor then.

If it were possible for germs, bacteria, virus, or bacilli to cause disease, they had plenty of opportunity to attack my parents when they were spending many hours a day in the sick rooms. But they didn't get the flu and they didn't bring any germs home to attack us children and cause anything. None of our family had the flu – not even a sniffle– and it was in the winter with deep snow on the ground.

When I see people cringe when someone near them sneezes or coughs, I wonder how long it will take them to find out that they can't catch it – whatever it is. The only way they can get a disease is to develop it themselves by wrong eating, drinking, smoking or doing some other things which cause internal poisoning and lowered vitality.

All diseases are preventable and most of them are cureable with the right methods, not known to medical doctors, and not all drugless doctors know them either.

It has been said that the 1918 flu epidemic killed 20,000,000 people throughout the world. But, actually, the doctors killed them with their crude and deadly treatments and drugs. This is a harsh accusation but it is nevertheless true, judging by the success of the drugless doctors in comparison with that of the medical doctors.

While the medical men and medical hospitals were losing 33% of their flu cases, the non-medical hospitals such as BATTLE CREEK, KELLOGG and MACFADDEN'S HEALTH-RESTORIUM were getting almost 100% healings with their *water* cure, baths, enemas, etc., fasting and certain other simple healing methods, followed by carefully worked out diets of natural foods. One health doctor didn't lose a patient in eight years.

The very successful health treatment of one of those drugless doctors who didn't lose any patients will be given in the

other part of this book, titled VACCINATION CONDEMNED, to be published a little later. If the medical doctors had been as advanced as the drugless doctors, there would not have been those 20 million deaths from the medical flu treatment.

There was seven times more disease among the vaccinated soldiers than among the unvaccinated civilians, and the diseases were those they had been vaccinated against. One soldier who had returned from overseas in 1912 told me that the army hospitals were filled with cases of *infantile paralysis* and he wondered why grown men should have an infant disease. Now, we know that paralysis is a common after-effect of vaccine poisoning.

Those at home didn't get the paralysis until after the world-wide vaccination campaign in 1918.

This article is excerpt from Swine Flu Expose – a book by [Eleanora I. McBean, Ph.D., N.D.](#)

See related: [The Poisoned Needle by Eleanor McBean](#)

Why Medically Caused Deaths Continue to be Ignored

Why Medically Caused Deaths Continue to be Ignored

by **Jon Rappoport**, *No More Fake News*

August 29, 2018

More than any other reporter, I have continued to champion and spread the word about Dr. Barbara Starfield's revelation: The US medical system kills 106,000 people a year with its medicines. Extrapolate that number for a decade: more than MILLION DEATHS.

I have reported, many times, on Starfield's review, *"Is US Health Really the Best in the World,"* published in the Journal of the American Medical Association on July 26, 2000. I interviewed her in 2009, when she told me that her death numbers (106,000 per year) were conservative, and that the federal government was doing NOTHING comprehensive to fix the ongoing disaster. Imagine that, coming from a doctor who was a revered public health expert at the Johns Hopkins School of Public Health.

Since I've written more articles about Dr. Starfield's revelations than any reporter around, I also know the reaction of the mainstream press over the years: SILENCE. And more silence. And more.

So this time, I thought I'd explain the main reasons for the silence.

On one obvious level, it stems from the fact that the pharmaceutical industry buys enormous amounts of ads on and around news media. Do not bite the hand that feeds you.

And of course, blaming the medical system for a million deaths per decade...well, if you're the New York Times and you're making this into a take-no-prisoners ongoing building story, you're going to incur considerable heat. Blowtorch heat.

Then there is this: nowhere in the medical literature is there any evidence, based on published studies of drugs, that these substances do such catastrophic damage. In fact, the studies and reports of clinical drug trials are largely glowing. Only one conclusion can be reached: the medical literature is rife with fraud from top to bottom. This fact would immediately

throw the reputations of the most prestigious medical journals in the world into garbage landfills.

Indeed, we have, on the record, an editor of one of these publications broadly confessing to a mind-boggling reality: Dr. Marcia Angell, editor of The New England Journal of Medicine for 20 years, has written:

“It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine.” (NY Review of Books, January 15, 2009, “Drug Companies & Doctors: A Story of Corruption”)

Next: if the press dug deep into the guts of the Starfield story, the FDA, which must approve all medical drugs before they are released for public use, would go down with a blinding crash. No one would be able to defend the Agency. Its profound criminal alliance with Pharma would come full force to the surface.

Multiple medical schools would come under the gun for their relationships with Pharma, and their basic practice of teaching monopolistic drug medicine and not nutritional medicine. These schools pretend “the evidence of safety and efficacy” for drugs is wide-ranging and invariably clear. Therefore, they, the schools, are abetting what amounts to a capital crime.

And what of the basic Hippocratic oath to “first do no harm”? Where is that vaunted pledge that tries to establish the practice of medicine as supremely ethical?

As you can see, a whole long line of dominos would fall, if the Starfield story were pursued, by the mainstream, with time, energy, money, and passion for the truth. (Starfield is

not the only citation on medically caused deaths. I have documented others in the past.)

Finally, we arrive at a psychological and even philosophical reason for press silence on this ongoing holocaust: for millions of people, the institution of medicine is a foundational pillar of Reality in the world. Attachment to it is, in a way, mythological. Loyalty to the medical system runs the gamut from hope for raw physical survival to spiritual sustenance. Creating doubt, widespread doubt, about such a powerful building block of Existence—that would be tinkering with the very structure of things, “meddling with the primal forces of nature.”

But here, on these pages, I’ll meddle with anything I want to. If you can’t handle that, so be it. If I want to make a true fact into a sledgehammer and use it over and over, I will. And on this issue of medical caused deaths, I’d be crazy not to.

Pharmaceutical and Medical Horrors

Pharmaceutical and Medical Horrors

by [Dr. Mark Sircus](#)

June 28, 2018

[Leslie Kenton](#) concludes, “It’s little wonder that people are confused about where to go and what to do when they get ill. I personally hear all about this, because I mentor hundreds of men and women throughout the world. They become overwhelmed by

the media propaganda and aggressive advertisements they see on television. Our medical industrial complex has turned into a bizarre conglomeration of misinformation, lies and deceptions designed to further the corporate agendas of Big Pharma, government regulatory bodies and mainstream medicine, with little regard for human wellbeing.”

Where did all the madness (pharmaceutical terrorism) come from. Well we can go back to the beginning, and now see in the end “[Bayer-Monsanto, soon to be just Bayer](#), which owns 60% of proprietary seeds and 70% of agrochemicals in the world. There are a lot of industries that wreck havoc on our world. One just has to think of the biggest global banks and oil companies. Think plastics and now think of telecommunication companies that are lusting to bombard us with even more microwave frequencies via their rollout of G5. But there is one field that is much worse than all others: agro-chemicals. At some point, not that long ago, the largest chemical producers, who until then had kept themselves busy producing Agent Orange, nerve agents and chemicals used in concentration camp showers, got the idea to use their products in food production,” writes the Automictic Earth.

Everywhere we go in modern medicine there are dangers that can ruin your life. Even safe procedures are dangerous. For example, “When a doctor orders an MRI, it’s usually is to help detect or rule out something potentially life-threatening, or at the very least, something that could make you seriously ill. But, it’s recently come to light that this rather routine diagnostic test, meant to help you, can have devastating effects on your health.”

Why are MRIs dangerous? It is not the frequencies MRI employs, it is the contrast agent that they often use. Gadolinium is a metallic element with magnetic properties. It is injected into about one third of patients getting an MRI, in order to enhance imaging. If your doctor has ever ordered an MRI with “contrast” for you, you were exposed to gadolinium. But most

likely you had no idea you were being injected with [a known neurotoxin, capable of inhibiting mitochondrial function \(energy production\) and causing oxidative stress.](#)

Bayer experimental drugs were tested on Auschwitz prisoners. One of the SS doctors at Auschwitz, Dr. Helmut Vetter, a long-time Bayer employee, was involved in the testing of Bayer experimental vaccines and medicines on inmates. He was later executed for giving inmates fatal injections. "I have thrown myself into my work wholeheartedly," he wrote to his bosses at Bayer headquarters. "Especially as I have the opportunity to test our new preparations. I feel like I am in paradise."

When John D. Rockefeller interlocked his American-based international empire with that of I.G. Farben in 1928 "there was created the largest and most powerful cartel the world has ever known. Not only has that cartel survived through the years, it has grown and prospered.

Heroin, originally created by I.G. Farben, was outlawed in 1924 as a prescription drug in the United States.

Frightened Sheep

Most people are living in a bubble of idiotic self deceit, out of touch with reality, dumbed down, immune to deep feelings, immune to caring and concern for the reality we are all facing. Evil has prevailed despite the best intentions of all the good people on earth.

One of my favorite business writers, [Chris Martenson](#), had a mouth full to say about our present condition:

"More and more, I hear that folks are feeling frustrated and betrayed, combined with a sense of loss and despair. I feel this way, too. As I've written recently, I observe this is due more than anything else to a widespread demoralization society is suffering from. Certainly, the statistics reflect this. Suicides in the US are up 30% since the turn of the

millennium, obesity is at epidemic proportions, mortality rates are rising especially among white working-class Americans, and our national opioid addiction is now the “epidemic of epidemics.”

“To these we can also add falling birthrates and the truly startling shift towards a younger age for the onset of depression; declining from age 30 now to age...14(!) When an organism gives up on self-care, breeding, or its will to live, it’s suffering from a tremendous amount of strain that is cutting it off from its own life force. A dispirited lion wasting away in a cage has a lot in common with the average American today.”

“At a deep level, what ails us is not a host of unrelated, intractable problems, but the fact that our model of pursuing eternal economic growth simply isn’t working anymore. It doesn’t work for the planet’s increasingly strained ecosystems, nor does it work for the bottom 99% of folks in society (i.e., the non-elites). The various health epidemics noted above are merely symptoms of a larger acute spiritual crisis.”

Years ago, the H1N1 vaccine was linked to [700 percent increase in miscarriages](#) but the government does not care about this form of terrorism because they are terrorists at heart at the CDC and the FDA. A [shocking report](#) from the National Coalition of Organized Women (NCOW) presented data from two different sources demonstrating that the 2009/10 H1N1 vaccines contributed to an estimated 1,588 miscarriages and stillbirths. A corrected estimate may be as high as 3,587 cases. NCOW also highlights the disturbing fact that the CDC failed to inform their vaccine providers of the incoming data of the reports of suspected H1N1 vaccine-related fetal demise.

We [could go on all day](#) with one dastardly report after another. Modern medicine in the United States today is putting people in their graves in large numbers but before it does the

system is increasingly beating them into bankruptcy.

[Purdue Pharma](#), the company that planted the seeds of the opioid epidemic through its aggressive marketing of OxyContin, has long claimed it was unaware of the powerful opioid painkiller's growing abuse until years after it went on the market. But a copy of a confidential Justice Department report shows that federal prosecutors investigating the company found that Purdue Pharma knew about "significant" abuse of OxyContin in the first years after the drug's introduction in 1996 and concealed that information. In 2016, one in 65 deaths in the United States involved opioids – and among younger adults, that number skyrocketed to one in five, according to a new study.

The World and the Legacy of the Nazis

The Nuremberg War Criminal Tribunal convicted 24 IG Farben board members and executives on the basis of mass murder, slavery and other crimes against humanity. Amazingly however, by 1951 all of them had already been released, continuing to consult with German corporations. The Nuremberg Tribunal dissolved IG Farben into Bayer, Hoechst, and BASF. Today each of the three daughters of IG Farben is 20 times as big as the IG Farben mother was at its height in 1944, the last year of the Second World War.

And we still wonder why modern medicine is a killing machine. The FDA's huge power to do wrong is founded in their ability to lie and deceive the public by declaring harmful toxic substances safe. The Food and Drug Administration (FDA) [practices a unique form of terrorism](#) that tends to be particularly ugly, mean, nasty, brutal and cruel. They are an organization from its inception dedicated to the slow poisoning of every man woman and child in America.

There are people on this planet that take pleasure in hurting other people, others just cannot help it and they hurt from sheer psychological habit. The general nature of 'evil' is to

not have consciousness of the effect that our actions have on the feelings and emotional world of others. Doctors have no excuse for [how many people they kill each year](#), at least in America—where such statistics are kept and published.

If we were really interested in eliminating terrorism in the world we would start with the terrorism against children. The [horrors of the childhood vaccine program](#) are too long to tell but billions get paid out in the United States alone for [vaccine damages and vaccine death](#). You do not hear that in the papers so understand how deep the rabbit hole of terrorism goes.

The world is going down, civilization is threatened by Mother Nature and by ourselves from a host of sources because of our ignorance of [terrorism in ALL its forms](#). As a race we are less intelligent because of our blindness of how terrorism operates on every level of human activity. Our collective blindness has created a dark side that is conspiring to take us down into a human pit of suffering. That doctors and the medical industrial complex has embraced this darkness is telling.

[Connect with Dr. Sircus](#)

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The Deep State Trafficking Killer Opioids

Source: [No More Fake News](#)

by [Jon Rappoport](#)

November 3, 2017

Raw notes on my Coast to Coast AM Noory interview

For those who doubt that Big Pharma is part of the destructive Deep State, consider the following: Since July 26, 2000, when a landmark review was published in the Journal of the American Medical Association (JAMA), pharmaceutical companies, their FDA partner, many members of Congress, medical schools, and doctors have been aware that approved medical drugs have been killing and maiming Americans at a disastrous rate. These drugs, brought to you by Pharma, kill 106,000 Americans a year like clockwork. That extrapolates to over a MILLION deaths per decade. The 2000 JAMA review was written by the late Dr. Barbara Starfield, who was a revered public health expert at the Johns Hopkins School of Public Health. I interviewed Dr. Starfield in 2009, a year or so before her death. She confirmed several key points: the figure of 106,000 deaths was a conservative estimate; there was NO comprehensive effort by the federal government to reverse this trend; no one from the federal government had ever approached her to consult on "the situation."

At the top of the food chain, Big Pharma executives and financiers are completely aware of what their drugs are doing.

You could call this reckless endangerment, or negligent homicide. I call it what it is: murder.

The effort to kill, maim, debilitate, and disable large sectors of the population makes that population easier to control. That IS a Deep State operation. In one way or another, it has been so since the dawn of organized society.

Now we have the opioid crisis. These medical drugs are wiping out people at an alarming rate. As I've written in recent articles, one of the two major pipelines for the trafficked drugs starts with the pharmaceutical manufacturers, who are intentionally distributing opioids far beyond any legitimate need.

Here are my raw notes I prepared for the Coast to Coast AM interview I did two days ago with George Noory. They tell the story in telegraphic fashion:

PURDUE PHARMA push their opioid far beyond any ethical boundary—Sackler family—\$35 billion in profits from OXYCONTIN. Paid \$600 million in fine. Several individuals sentenced to, wait for it, 400 hours of community service.

PURDUE guilty of lying to doctors about dangers, falsely claiming patients could stay on drug long term. Paid doctors and researchers to say the dangers of addiction were overblown. Promoted that the drug could be used for a wide range of (off-label) conditions.

INSYS PHARMA: DOJ JUST ARRESTED THE FOUNDER JOHN KAPOOR ON CHARGE OF RICO RACKETEERING—USING BRIBERY AND FRAUD TO ILLEGALLY DISTRIBUTE FENTANYL TYPE OPIOID.

EXAMPLES OF OPIOIDS: MORPHINE, FENTANYL, OXYCONTIN, NALAXONE, DEMEROL, HEROIN, DILAUDID, VICODIN, CODEINE, PERCODAN, PERCOSET. THESE ARE GATEWAY DRUGS INTO HEROIN WHEN A PERSON'S PILLS ARE CUT OFF.

FENTANYL 50 TIMES STRONGER THAN MORPHINE.

OVER 100 MEDICAL OPIOIDS. UNCONSCIONABLE. ONLY NEED MORPHINE AND A FEW OTHERS. PROLIFERATION OF THE DRUGS FUELED EPIDEMIC AND ADDICTION. THESE ARE THE PILLS ON THE STREETS.

KILLER STATS: 2 MILLION OPIOID ADDICTS IN THE US.

300,000 DEATHS SINCE THE YEAR 2000 IN THE US.

ROUGHLY 33 THOUSAND DEATHS PER YEAR FROM OPIOIDS.

CBS: IN 2015, 90 MILLION ADULTS IN THE US TOOK A LEGIT PRESCRIBED OPIOID. Doesn't count illegal trafficking.

EFFECTS: DEATH FROM RESPIRATORY DEPRESSION, OVERDOSE.

Common side effects of opioid administration include sedation, dizziness, nausea, vomiting, constipation, physical dependence, tolerance, and respiratory depression. Physical dependence and addiction are clinical concerns that may prevent proper prescribing and in turn inadequate pain management.

MY INSIDER SOURCE AND WASHINGTON POST: A 2016 LAW SIGNED BY OBAMA SHACKLED DEA IN ITS EFFORTS TO CRACK DOWN ON BIG PHARMA TRAFFICKERS (That law is the Ensuring Patient Access and Effective Drug Enforcement Act of 2016, signed by President Obama on 4/9/16.)

THE OTHER MAJOR TRAFFICKING PIPELINE—FOX NEWS—CHINA UNDERGROUND LABS/DEA: “A homemade designer version of fentanyl, the highly addictive opioid which is similar to morphine but is 50 to 100 times more potent, has been the center of drug busts across the country this month—with law enforcement pinpointing its origin from underground labs in China. The DEA says the China-U.S. supply is further fueling the country’s drug epidemic.”

“‘This [Chinese] stuff is unbelievably potent. It is so powerful that even a tiny amount can kill you,’ DEA spokesman Rusty Payne tells FOX Business. ‘China is by far the most significant manufacturer of illicit designer synthetic drugs. There is so much manufacturing of new drugs, [it’s] amazing what is coming out of China. Hundreds of [versions], including synthetic fentanyl and fentanyl-based compounds’.”

“Brooklyn District Attorney Eric Gonzalez announced this week details on a mail-order fentanyl smuggling ring bust. The operation had been bringing the drug – which has been dubbed ‘White China’ – into the U.S from Asia. NYPD Chief of Detective Bob Boyce said that this was the first time investigators have seen this type of fentanyl in New York City.”

“Also this week, Cincinnati Customs and Border Protection agents said they seized 83 shipments of illegal synthetic drugs, including 36 pounds of fentanyl, from China.”

The Boston Globe: “An extremely powerful drug used as an elephant tranquilizer has quickly become a new killer in the nation’s opioid epidemic, and New England authorities and health workers are bracing for its arrival.”

“The drug, carfentanil, is a synthetic opioid that is 10,000 times stronger than morphine and 100 times more potent than fentanyl, another deadly synthetic opioid.”

“The Drug Enforcement Administration has issued a nationwide alert about the drug, which its acting chief called ‘crazy dangerous.’ In Massachusetts, State Police have warned their crime lab staff about how to handle carfentanil during analysis. Even inhaling the drug or absorbing it through a cut can be fatal.”

“Law enforcement and health officials believe most users do not know they are ingesting carfentanil, which apparently is often mistakenly thought to be heroin or a mixture of heroin and fentanyl, a weaker but still lethal synthetic opioid.”

“If carfentanil’s trade route is similar to that of fentanyl, the path stretches from Chinese manufacturers to Mexican processors to smugglers who supply dealers in the United States, law enforcement officials said.”

—end of my notes—

People don’t want to admit Big Pharma trafficking operations are conscious and intentional. “Oh, they made a mistake.” “Oh, they didn’t know.” “Oh, it’s only about the money.”

When you make the drugs and sell the drugs and traffic the drugs and see the catastrophic effects, it’s not a mistake.

It’s not only about money.

At the highest levels, you want to be doing what you're doing.

Just consult the two great British Opium Wars against China. The 19th century wars were fought to ensure a clear path for the exporting of opium into China, where millions of dead-end addicts were created. On purpose.

The idea that we now live in a kinder gentler society where the pharma barons would never intentionally do harm...that is a nothing more than a convenient fiction.

MMR Vaccine from Hell – Court Rules, Measles is not Caused by a Virus

Source: drsircus.com

by [Dr. Mark Sircus](#)

July 11, 2017

The headlines from the BBC reads '[Measles 'tragedy' kills 35 across Europe.](#)' "Thirty-five people have died in the past year from measles outbreaks across Europe, the World Health Organization has warned. It described the deaths – which can be prevented with vaccination – as an "unacceptable tragedy". "We are very concerned that although a safe, effective and affordable vaccine is available, measles remains a leading cause of death among children worldwide, and unfortunately Europe is not spared."

According to the BBC what is measles?

- Unvaccinated young children are at highest risk of measles and its complications, including death
- Measles is spread by direct contact and through the air by coughs and sneezes
- The virus remains active and contagious on infected surfaces for up to two hours

What you are reading above is pure pharmaceutical propaganda. These are lies. Alternatively, the medical staff at the BBC cannot read, are not honest, enjoy misleading the public and or are being paid off by pharmaceutical companies. The international media is part of a [terrorist organization of vast proportions](#). They [kill more people](#) than all the radical Islamic groups put together by misleading the public about vaccines and many other parts of modern medicine.

Think I am exaggerating? In a recent ruling, judges at the German Federal Supreme Court (BGH) confirmed that **the measles virus does not exist**. Furthermore, there is not a single scientific study in the world that proves the existence of the virus in any scientific literature. This raises the question of what was actually injected into millions over the past few decades in the infamous MMR vaccine. Not a single scientist, immunologist, infectious disease specialist or medical doctor has ever been able to establish a scientific foundation for the vaccination of measles.

Supreme Court in Germany says Measles Virus Does not Exist

Microbiologist [Dr. Stefan Lanka](#) (pictured above) claimed he would award anyone 100,000 Euros who could prove the existence of the measles virus. At first, it appeared he had lost the bet. Dr. Lanka took his loss to the highest court with experts and the backing of two independent laboratories. He wound up not having to pay. It turned out that the “proof” provided was

a composite of several different electron microscope images. The composite images involved different components of damaged cells. The composite could not be duplicated. The German Federal Supreme Court confirmed that there was not enough evidence to prove the existence of the measles virus.

So how are they making MMR vaccines with attenuated measles viruses one might ask? Lanka and several other virologists have also challenged the HIV virus as a valid viral entity and even if so, as the cause of AIDS. There is [something wrong with modern medicines' germ theory](#) but [doctors, hospitals and their parent organizations](#) and the pharmaceutical companies would rather [millions die](#) than put in the intellectual effort to dig the truth out. They are not interested in medical truth. What they are interested in is money and power and this defrauds the entire field of medicine. Modern [medicine is a disease, a plague on humanity](#).

Vaccine from Hell – MMR

In the United States, children typically receive their mumps vaccination as part of the Measles, Mumps, and Rubella (MMR) vaccine. The U.S. Centers for Disease Control and Prevention (CDC) advises children to receive their first dose between 12 and 18 months, and their second between the ages of 4 and 6.

Learn a system of medicine that is safe, simple and affordable![Discover Dr Sircus Natural Allopathic Medicine](#) » Evidence has been published in the medical literature that vaccinated persons can get measles because either they do not respond to the vaccine or the vaccine's efficacy wanes over time and vaccinated mothers do not transfer long lasting maternal antibodies to their infants to protect them in the first few months of life.

[Dr. Brian Hooker's](#) published paper, is a comprehensive analysis of the CDC's own data from 2003 revealing a 340% increased risk of autism in African-American children following the MMR vaccine. Hooker's research in the

[Translational Neurodegeneration Journal](#) provides the most recent epidemiological evidence showing that African American males receiving the MMR vaccine prior to 24 months of age or 36 months of age are more likely to receive an autism diagnosis.

[Whistleblower Dr. William Thompson confirmed](#) that, “the CDC knew about the relationship between the age of first MMR vaccine and autism incidence in African-American boys as early as 2003, but chose to cover it up.” He remarked “we’ve missed ten years of research because the CDC is so paralyzed right now by anything related to autism. They’re not doing what they should be doing because they’re afraid to look for things that might be associated.” He alleges criminal wrongdoing by his supervisors, and he expressed deep regret about his role in helping the CDC hide data.

Measles is Benign Disease

Dr. David Brownstein in his [blog](#) tells a story of Measles that should ease parents’ fears.

From 1969-1974, the Brady Bunch ran weekly as a sitcom. I watched every episode and can still recall most of them. The Brady Principle refers to the episode where all six Brady kids became ill with the measles. What happened to the Brady kids? They stayed home from school, played Monopoly, and Alice cooked for them, and they recovered from the measles infection.

During the episode, Marsha Brady stated, “If you have to get sick, sure can’t beat the measles.” The Brady Principle would indicate that measles is not a dangerous disease for most who become ill from it. When I was a child, measles was treated as an illness similar to chickenpox; most children became ill with these childhood diseases and most recovered uneventfully. Back then, measles and chickenpox were not feared illnesses in the U.S.

Back to the Brady's. The good news for the Brady kids, and the Somali children, is that they will have life-long immunity from measles. And, the female Brady children (Marsha, Cindy, and Jan) passed their immunity on to their children so that their newborn children would not become ill if there was a measles outbreak. However, this is not the case with vaccinated children as the measles vaccine does not provide life-long immunity and it does not provide antibodies to their newborn children to protect them during a vulnerable time in their lives.

The pro-vaccine cartel is screaming that the Somali measles epidemic is an example of why we need more vaccines.

They are wrong.

CIA Mind Control Morphed into Psychiatry?

Source: [No More Fake News](#)

by Jon Rappoport
July 11, 2017

Here is a new introduction to a piece I wrote several years ago. Then I'll reprint the piece.

The famous CIA mind-control program, MKULTRA, always used psychiatrists; often these professionals headed up projects; they carried out the bulk of the research. But what I'm talking about here is the "evolution" of MKULTRA into mainstream psychiatry that affects the lives of millions of people every day.

I've demonstrated, on a number of occasions, that not one of the 300 so-called official mental disorders has a lab test to back up the diagnosis. No defining lab test. No blood test, no saliva test, no brain scan, no genetic assay. All 300 "disorders" are described and defined by committees of psychiatrists—and their non-scientific decisions are published in the DSM, the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.

Unfortunately, the treatments for every one of these arbitrary diagnoses are toxic drugs; drugs that addle the brain; drugs that reduce people to a state of abject dependence; drugs that make people think they're insane; drugs that cause violent behavior; drugs that create life-threatening problems when patients try to withdraw from them quickly; drugs whose effects mimic the very descriptions of mental illness.

In other words, modern psychiatry, backed by drug makers, has an ideal formula for disabling populations.

So it's more than interesting that the CIA has pursued a mind control program (MKULTRA) to achieve, in certain respects, the same objectives.

—end of introduction—now here is my piece on a forgotten CIA document:

Drugs to transform individuals...and even, by implication, society.

Drug research going far beyond the usual brief descriptions of MKULTRA.

The intention is there, in the record:

A CIA document was included in the transcript of the 1977 US Senate Hearings on MKULTRA, the CIA's mind-control program.

The document is found in Appendix C, starting on page 166. It's simply labeled "Draft," dated 5 May 1955.

It states: "A portion of the Research and Development Program of [CIA's] TSS/Chemical Division is devoted to the discovery of the following materials and methods:"

What followed was a list of hoped-for drugs and their uses.

First, a bit of background: MKULTRA did not end in 1962, as advertised. It was shifted over to the Agency's Office of Research and Development.

John Marks is the author of the groundbreaking 1979 book, Search for the Manchurian Candidate, which helped expose MKULTRA. Marks told me a CIA representative informed him that the continuation of MKULTRA, after 1962, was carried out with a greater degree of secrecy, and he, Marks, would never see a scrap of paper about it.

I'm printing below, the list of the 1955 intentions of the CIA regarding their own drug research. The range of those intentions is stunning.

Some of my comments gleaned from studying the list:

The CIA wanted to find substances which would "promote illogical thinking and impulsiveness." Serious consideration should be given to the idea that psychiatric medications would eventually satisfy that requirement.

The CIA wanted to find chemicals that "would produce the signs and symptoms of recognized diseases in a reversible way." This suggests many possibilities—among them the use of drugs to fabricate diseases and thereby give the false impression of germ-caused epidemics.

The CIA wanted to find drugs that would "produce amnesia." Ideal for discrediting whistleblowers, dissidents, certain political candidates, and other investigators. (Scopolamine is such a drug.)

The CIA wanted to discover drugs which would produce

“paralysis of the legs, acute anemia, etc.” A way to make people decline in health as if from diseases.

The CIA wanted to develop drugs that would “alter personality structure” and thus induce a person’s dependence on another person. How about dependence in general? For instance, dependence on institutions, governments?

The CIA wanted to discover chemicals that would “lower the ambition and general working efficiency of men.” Sounds like a general description of the devolution of society.

As you read the list yourself, you’ll see more implications/possibilities.

Here, from 1955, are the types of drugs the MKULTRA men at the CIA were looking for. The following statements are direct CIA quotes:

A portion of the Research and Development Program of TSS/Chemical Division is devoted to the discovery of the following materials and methods:

1. Substances which will promote illogical thinking and impulsiveness to the point where the recipient would be discredited in public.
2. Substances which increase the efficiency of mentation and perception.
3. Materials which will prevent or counteract the intoxicating effect of alcohol.
4. Materials which will promote the intoxicating effect of alcohol.
5. Materials which will produce the signs and symptoms of recognized diseases in a reversible way so that they may be used for malingering, etc.

6. Materials which will render the induction of hypnosis easier or otherwise enhance its usefulness.
7. Substances which will enhance the ability of individuals to withstand privation, torture and coercion during interrogation and so-called "brain-washing".
8. Materials and physical methods which will produce amnesia for events preceding and during their use.
9. Physical methods of producing shock and confusion over extended periods of time and capable of surreptitious use.
10. Substances which produce physical disablement such as paralysis of the legs, acute anemia, etc.
11. Substances which will produce "pure" euphoria with no subsequent let-down.
12. Substances which alter personality structure in such a way that the tendency of the recipient to become dependent upon another person is enhanced.
13. A material which will cause mental confusion of such a type that the individual under its influence will find it difficult to maintain a fabrication under questioning.
14. Substances which will lower the ambition and general working efficiency of men when administered in undetectable amounts.
15. Substances which promote weakness or distortion of the eyesight or hearing faculties, preferably without permanent effects.
16. A knockout pill which can surreptitiously be administered in drinks, food, cigarettes, as an aerosol, etc., which will be safe to use, provide a maximum of amnesia, and be suitable for use by agent types on an ad hoc basis.

17. A material which can be surreptitiously administered by the above routes and which in very small amounts will make it impossible for a man to perform any physical activity whatsoever.

—end of quoted section from the 1955 CIA document—

At the end of this 1955 CIA document, the author [unnamed] makes these remarks: “In practice, it has been possible to use outside cleared contractors for the preliminary phases of this [research] work. However, that part which involves human testing at effective dose levels presents security problems which cannot be handled by the ordinary contactors.”

“The proposed [human testing] facility [deletion] offers a unique opportunity for the secure handling of such clinical testing in addition to the many advantages outlined in the project proposal. The security problems mentioned above are eliminated by the fact that the responsibility for the testing will rest completely upon the physician and the hospital. [one line deleted] will allow [CIA] TSS/CD personnel to supervise the work very closely to make sure that all tests are conducted according to the recognized practices and embody adequate safeguards.”

In other words, this was to be ultra-secret. No outside contractors at universities for the core of the experiments, which by the way could be carried forward for decades.

A secret in-house facility.

Over the years, more facilities could be created.

If you examine the full range of psychiatric drugs developed since 1955, you'll see that a number of them fit the CIA's agenda. Speed-type chemicals to addle the brain over the long term, to treat so-called ADHD. Anti-psychotic drugs [Haldol, Risperdal, etc.], AKA “major tranquilizers,” to render patients more and more dependent on others (and government) as

they sink into profound disability and incur motor brain damage. And of course, the SSRI antidepressants, like Prozac and Paxil and Zoloft, which produce extreme and debilitating highs and lows—and also push people over the edge into committing violence.

These drugs drag the whole society down into lower and lower levels of consciousness and action.

If that's the goal of a very powerful and clandestine government agency...it's succeeding. In mainstream psychiatry.

The Psychiatric Agenda Destroys Creative Children

The Psychiatric Agenda Destroys Creative Children

by **Jon Rappoport**, *No More Fake News*

June 23, 2017

“Take a child who wants to invent something out of thin air, and instead of saying no, tell him he has a problem with his brain, and then stand back and watch what happens. In particular, watch what happens when you give him a toxic drug to fix his brain. You have to be a certain kind of person to do that to a child. You have to be, for various reasons, crazy and a career criminal.” (The Underground, Jon Rappoport)

First, here are a few facts that should give you pause:

According to NAMI (National Alliance on Mental Illness), "More than 25 percent of college students have been diagnosed or treated by a professional for a mental health condition within the past year."

NAMI: "One in four young adults between the ages of 18 and 24 have [we claim] a diagnosable mental illness."

According to healthline.com, 6.4 million American children between the ages of 4 and 17 have been diagnosed with ADHD. The average age for the child's diagnosis is 7.

BMJ 2016;352:i1457: "The number of UK children and adolescents treated with antidepressants rose by over 50% from 2005 to 2012, a study of five Western countries published in European Neuropsychopharmacology has found."

Getting the picture?

Children are being diagnosed and dosed with toxic drugs at a staggering rate.

But, as I have shown in many past articles, NO so-called mental disorder is based on a lab test. No blood, saliva, genetic, brain test. ALL 300 or so official mental disorders are defined by menus of behaviors concocted by committees of psychiatrists.

On that foundation, the diagnoses and the drugs are handed out.

Let's look at just one of the drugs: Ritalin (or any similar ADHD medicine). After a creative child is seen fidgeting in class, looking bored, studying what he wants to study, ignoring classroom assignments, focusing on what interests him, he is diagnosed with ADHD. Then comes the drug.

In 1986, The International Journal of the Addictions published

an important literature review by Richard Scarnati. It was called "An Outline of Hazardous Side Effects of Ritalin (Methylphenidate)" [v.21(7), pp. 837-841].

Scarnati listed a large number of adverse effects of Ritalin and cited published journal articles which reported each of these symptoms.

For every one of the following (selected and quoted verbatim) Ritalin effects, there is at least one confirming source in the medical literature:

- * Paranoid delusions
- * Paranoid psychosis
- * Hypomanic and manic symptoms, amphetamine-like psychosis
- * Activation of psychotic symptoms
- * Toxic psychosis
- * Visual hallucinations
- * Auditory hallucinations
- * Can surpass LSD in producing bizarre experiences
- * Effects pathological thought processes
- * Extreme withdrawal
- * Terrified affect
- * Started screaming
- * Aggressiveness
- * Insomnia
- * Since Ritalin is considered an amphetamine-type drug, expect amphetamine-like effects
- * Psychic dependence
- * High-abuse potential DEA Schedule II Drug
- * Decreased REM sleep
- * When used with antidepressants one may see dangerous reactions including hypertension, seizures and hypothermia
- * Convulsions
- * Brain damage may be seen with amphetamine abuse.

Under this chemical assault on the brain, what are the chances that a creative child will go on in life to become an

innovator, rather than a victim of psychiatric drugging?

Make a list of your favorite innovators. Imagine them as bored distracted children sitting in classrooms...and then diagnosed, and then hammered with drugs prescribed by a doctor.

This is happening now.

The institution of psychiatry is making it happen.

What about the consequences of diagnosing clinical depression in larger numbers of young children? What about the antidepressant drugs?

Here is just a sprinkling of information about antidepressants, from a huge body of literature:

Psychiatrist Peter Breggin: February 1990 American Journal of Psychiatry (Teicher et al, v.147:207-210) reports on "six depressed patients, previously free of recent suicidal ideation, who developed 'intense, violent suicidal preoccupations after 2-7 weeks of fluoxetine [Prozac] treatment.' The suicidal preoccupations lasted from three days to three months after termination of the treatment. The report estimates that 3.5 percent of Prozac users were at risk. While denying the validity of the study, Dista Products, a division of Eli Lilly, put out a brochure for doctors dated August 31, 1990, stating that it was adding 'suicidal ideation' to the adverse events section of its Prozac product information."

An earlier study, from the September 1989 Journal of Clinical Psychiatry, by Joseph Lipiniski, Jr., indicates that in five examined cases people on Prozac developed what is called akathisia. Symptoms include intense anxiety, inability to sleep, the "jerking of extremities," and "bicycling in bed or just turning around and around." Dr. Peter Breggin comments that akathisia "may also contribute to the drug's tendency to cause self-destructive or violent tendencies ... Akathisia can become the equivalent of biochemical torture and could

possibly tip someone over the edge into self-destructive or violent behavior ... The June 1990 Health Newsletter, produced by the Public Citizen Research Group, reports, 'Akathisia, or symptoms of restlessness, constant pacing, and purposeless movements of the feet and legs, may occur in 10-25 percent of patients on Prozac.'"

The well-known publication, California Lawyer, in a December 1998 article called "Protecting Prozac," details some of the suspect maneuvers of Eli Lilly in its handling of suits against Prozac. California Lawyer also mentions other highly qualified critics of the drug: "David Healy, MD, an internationally renowned psychopharmacologist, has stated in sworn deposition that 'contrary to Lilly's view, there is a plausible cause-and-effect relationship between Prozac' and suicidal-homicidal events. An epidemiological study published in 1995 by the British Medical Journal also links Prozac to increased suicide risk."

When pressed, proponents of these SSRI antidepressant drugs (Prozac, Zoloft, Paxil, etc.) sometimes say, "Well, the benefits for the general population far outweigh the risk." But the issue of benefits will not go away on that basis. A shocking review-study published in The Journal of Nervous and Mental Diseases (1996, v.184, no.2), written by Rhoda L. Fisher and Seymour Fisher, called "Antidepressants for Children," concludes: "Despite unanimous literature of double-blind studies indicating that antidepressants are no more effective than placebos in treating depression in children and adolescents, such medications continue to be in wide use."

In wide use. This despite such contrary information and the negative, dangerous effects of these drugs.

There are other studies: "Emergence of self-destructive phenomena in children and adolescents during fluoxetine treatment," published in the Journal of the American Academy of Child and Adolescent Psychiatry (1991, vol.30), written by

RA King, RA Riddle, et al. It reports self-destructive phenomena in 14% (6/42) of children and adolescents (10-17 years old) who had treatment with fluoxetine (Prozac) for obsessive-compulsive disorder.

July, 1991. Journal of Child and Adolescent Psychiatry. Hisako Koizumi, MD, describes a thirteen-year-old boy who was on Prozac: "full of energy," "hyperactive," "clown-like." All this devolved into sudden violent actions which were "totally unlike him."

September, 1991. The Journal of the American Academy of Child and Adolescent Psychiatry. Author Laurence Jerome reports the case of a ten-year old who moves with his family to a new location. Becoming depressed, the boy is put on Prozac by a doctor. The boy is then "hyperactive, agitated ... irritable." He makes a "somewhat grandiose assessment of his own abilities." Then he calls a stranger on the phone and says he is going to kill him. The Prozac is stopped, and the symptoms disappear.

For money, for profit, for status, for control, there exists a professional class called psychiatrists. They approach children—particularly creative children who refuse to fall into lock-step with a regimented program of learning—as outliers, as ill, as strange, as maladjusted, as threats to the system. And this professional class takes action. Diagnose the children, drug them, bring them back into line, make them "normal," reduce their curiosity and independence and drive and will power.

Instead of using overt physical force, they use relatively invisible chemical force.

Under the banner of caring, they perform, on the young, a scientific ritual of sacrifice, a rite of passage into the dead world where they, the elite rulers, exist.

SSRI Antidepressants Increase Risk of Intracranial Hemorrhage

Source: No More Fake News

by [Jon Rappoport](#)

April 30, 2017

From healthline.com: "Intracranial hemorrhage (ICH) refers to acute bleeding inside your skull or brain. It's a life-threatening emergency. You should go to the emergency room right away or call 911 if you think you or someone you know is experiencing ICH."

The public has learned about the increased risk of suicide and violent behavior (including murder) stemming from the use of SSRI antidepressants. Now there is more:

Psychiatric News reports (4/7/17): "A study published in February in JAMA Neurology has found that patients taking antidepressants that are strong inhibitors of serotonin reuptake (SSRIs) may be at an increased risk for intracranial hemorrhage, particularly during the first month of use..."

"The results showed that compared with patients taking [the older] tricyclic antidepressants, patients being treated with SSRIs had a 17 percent increased risk of experiencing an intracranial hemorrhage. The risk was highest during the first 30 days the patients were taking the medications."

SSRIs include: Celexa; Prozac; Paxil; Zoloft; Lexapro; Luvox.

Here are quotes from other Psychiatric News articles about SSRI use and bleeding:

“Physicians prescribing selective serotonin-reuptake inhibitors (SSRIs) should make patients aware of the possibility of gastrointestinal bleeding, especially if they have pre-existing risk factors or are taking other drugs that increase risk, said a University of Pennsylvania psychiatrist.”

From a January 2014 study in the American Journal of Psychiatry—“Short-term SSRI use—even as little as 7 days—elevated the risk of upper gastrointestinal bleeding, especially in male patients. Just as with NSAIDs and aspirin, physicians should carefully monitor for this side effect.”

Note: Suddenly withdrawing from these drugs can be very dangerous. Psychiatrist Peter Breggin publishes this warning: “Most psychiatric drugs can cause withdrawal reactions, sometimes including life-threatening emotional and physical withdrawal problems. In short, it is not only dangerous to start taking psychiatric drugs, it can also be dangerous to stop them. Withdrawal from psychiatric drugs should be done carefully under experienced clinical supervision. Methods for safely withdrawing from psychiatric drugs are discussed in Dr. Breggin’s new book, *Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and Their Families.*”