

Luciferase Chain Reaction to ID2020

Luciferase Chain Reaction to ID2020

by Rosanne Lindsay, ND, *Nature of Healing*

July 22, 2020

Put down the mask. The mask is a tool of conditioning, a temporary distraction from the new technology.

Biometric bioluminescence.

Bioluminescence is a “cold light” that derives from a chemical reaction within a living organism. Cold light means less than 20% of the light generates thermal radiation, or heat. Most bioluminescent organisms are found in the ocean; fish, bacteria, and jellies. Some bioluminescent organisms, including fireflies and fungi, are found on land. There are almost no bioluminescent organisms native to freshwater habitats.

Until now.

Luciferase Chain Reaction to ID2020

Scientists say humans can utilize bioluminescence through a chemical enzyme called Luciferase. Enzymes catalyze biochemical chain reactions in the body to make things happen. The root word lucifer – means lightbringer. It also happens to be the name of the Vatican's binocular telescope, LUCIFER, atop Mt. Graham in southeastern Arizona, as well as the name of an infamous fallen angel.

Researchers at MIT created a microneedle platform using fluorescent microparticles called quantum dots (QD),

which can deliver vaccines and at the same time invisibly encode vaccination history directly in the skin. Bill Gates calls it the Human Implantable Quantum Dot Microneedle Vaccination Delivery System.

The researchers designed their dye to be delivered by a microneedle patch rather than using a traditional syringe and needle. Such patches are now being developed to deliver vaccines for measles, rubella, and other diseases. The QD are composed of nanocrystals, which also emit near-infrared (NIR) light that can be detected with a specially equipped smartphone using an app. The dots are about [4 nm in diameter](#), and are encapsulated in biocompatible microparticles that form spheres about 20 μm in diameter. This encapsulation allows the dye to remain in place, under the skin, after being injected.

Forget the [HIPAA Privacy rules](#). The MIT team set out to devise a method for recording vaccination information in a way that [doesn't require a centralized database or other infrastructure](#), rather it is an “on-patient,” decentralized medical record. No mention of adding or subtracting information, or hacking was disclosed. The team wrote:

Because these phones offer on-board processing power, camera applications, and inexpensive consumer-grade camera modules, they chose to adapt an existing smartphone to enable NIR imaging rather than build a completely new imaging system.

This experiment was conducted in rats in the December 2019 journal [Science Translational Medicine](#) which concluded:

intradermal QDs can be used to reliably encode information and can be delivered with a vaccine, which may be particularly valuable in the developing world and open up new avenues for decentralized data storage and biosensing.

[Biosensing](#) is a new drop sensing method for faster testing of Covid-19, published June of 2020 in [ACS Nano](#).

Sound Supernatural?

Biometric ID2020 & Cryptos

COVID19 seems to be an acronym for Coronavirus I.D. 2019. This I.D. will be delivered via quantum dot microneedles, as a digital identification mark. Part of this injectable system will include a human implantable device for buying and selling cryptocurrency. The digital ID will come in the form of something called an [Immunity Passport](#).

In the [Information Age](#), advertisers claim blockchain-enabled digital “immunity passports could help take the strain off increasingly stretched healthcare systems and help reinvigorate shrinking economies.” But what if the Immunity Passport is also your passport to travel by plane, to buy a car, to purchase food, to see a show?

The Plandemic is the vehicle for the government to move from a currency system (a dollar in your pocket) to a crypto system, to allow government to get deeply into your business.

Think Smart Meter in your body.

The Luciferase chain reaction is set up to: 1). inject everyone with a universal shot, 2). create a device for buying and selling currency that's run on the human body as it's battery, and 3). attach both those things to a digital identification from ID2020.

Crypto is not a currency. It's a control system. Your crypto (in a digital system) can arbitrarily be taken away if you don't behave. That is not your asset. It is a credit at the company store. And they can take it away or change its value.

– [Catherine Austin Fitts, investment advisor](#)

Unlike the dollar, which is tied to the oil standard as the petrodollar, the crypto will have a human being as its collateral.

Catherine Austin Fitts says:

So you see Bill Gates coming out with ID2020, so every human being has a biometric ID. They're talking about changing from an oil standard to a human standard. And where I come from, we call that slavery. Where the dollar syndicate wants to go is a [Mark of the Beast System](#), a control system. The end of currencies."

FUN FACT: The publication of this [Microsoft patent? #060606](#)

The US government (Navy) is working with a Danish tech firm to come up with an [implantable chip that would integrate with a cryptocurrency](#) called Ripple. The technology being rolled out over the next decade, from life extension technology to new energy systems, to building out space, can create incredible wealth, for some. But there is also a reason to believe in the dumbing down of an entire global population.

Slavery.

Spiritual war.

Biowarfare.

The Global Superbrain

The Covid19 solution being called a "vaccine" is the Human Implantable Quantum Dot Microneedle Vaccination. It is not a vaccine. It is an implantation to become a part of the Cloud.

Image by [6557056](#) Think Star Trek, The Borg. As in: We are the Borg. Your biological and technological distinctiveness will be added to our own. [Resistance is Futile, You will be Assimilated.](#)

According to a research published in the journal *Frontiers in Neuroscience*, exponential progress in nanotechnology, nanomedicine, artificial intelligence (AI), and computation will lead this century to the development of a “[Human Brain/Cloud Interface](#)” (B/CI).

Being connected to the Cloud would mean neural nanorobots would provide direct, real-time monitoring and control of signals to and from brain cells to allow Matrix-style downloading of information.

These devices would navigate the human vasculature, cross the blood-brain barrier, and precisely autoposition themselves among, or even within brain cells. They would then wirelessly transmit encoded information to and from a cloud-based supercomputer network for real-time brain-state monitoring and data extraction. With the advance of neuralnanorobotics, we envisage the future creation of ‘superbrains’ that can harness the thoughts and thinking the power of any number of humans and machines in real time,” – [Robert Freitas, senior author of the research](#), University of California, Berkeley and Institute for Molecular Manufacturing in the US.

“Cryptocurrency is not a currency, it’s a crypt.” – [Catherine Austin Fitts](#)

Luciferase is not only a ‘near infrared bioluminescence enzyme’, it is a chain reaction to catalyze an ID tracking system.

Put down the mask.

Know what are are consenting to.

Know what you are connecting to.

Know you always have a choice.

Rosanne Lindsay is a Naturopath, writer, earth keeper, health freedom advocate and author of the books [The Nature of Healing, Heal the Body, Heal the Planet](#) and [Free Your Voice, Heal Your Thyroid, Reverse Thyroid Disease Naturally](#).

Rosanne Lindsay is [available for consultation](#) through Turtle Island Network. Subscribe to her blog at [natureofhealing.org](#).

Dr. Stefan Lanka 2020 Article Busts the Virus Misconception

[Dr. Stefan Lanka 2020 Article Busts the Virus Misconception](#)

by [Makia Freeman](#), [The Freedom Articles](#)

July 21, 2020

The virus misconception is at the heart of Operation Coronavirus, because without the concept of germ theory and without the horror story of the killer virus, most people would not buy the NWO-directed official narrative of COVID propaganda.

In a previous article on the nature of the virus, I have discussed the heroic efforts of German virologist Dr. Stefan Lanka, who won a landmark case in 2017 which went all the way

to the German Supreme Court. Lanka proved in the highest court of the land that measles was not caused by a virus, and that there was in fact no such thing as a measles virus.

Lanka is still busy working, and he wrote this article earlier this year (translated into English here) entitled "[The Misconception called Virus](#)" in which he explains the history of how mainstream science went horribly wrong with its conclusions (really assumptions) to demonize the humble virus and to falsely ascribe pathogenicity to it when there is none.

The Virus Misconception: The Killer Virus Story vs. Deficiency and Toxicity

Lanka's main point throughout the article is this: when modern scientists are working with diseased tissue, they think the presence of a virus is causing the disease, instead of realizing that the tissue in question has been cut off and isolated from its host, then doused with antibiotics, and that this separation and poison make it diseased and kill it, rather than any virus. Lanka writes:

"All claims about viruses as pathogens are wrong and are based on easily recognizable, understandable and verifiable misinterpretations ... All scientists who think they are working with viruses in laboratories are actually working with typical particles of specific dying tissues or cells which were prepared in a special way. They believe that those tissues and cells are dying because they were infected by a virus. In reality, the infected cells and tissues were dying because they were starved and poisoned as a consequence of the experiments in the lab."

" ... the death of the tissue and cells takes place in the exact same manner when no "infected" genetic material is added at all. The virologists have apparently not noticed this fact. According to ... scientific logic and the rules of scientific conduct, control experiments should have been carried out. In order to confirm the newly discovered method

of so-called “virus propagation” ... scientists would have had to perform additional experiments, called negative control experiments, in which they would add sterile substances ... to the cell culture.”

“These control experiment have never been carried out by the official “science” to this day. During the measles virus trial, I commissioned an independent laboratory to perform this control experiment and the result was that the tissues and cells die due to the laboratory conditions in the exact same way as when they come into contact with alleged “infected” material.”

In other words, the studied cells and tissues die with or without the presence of a virus in exactly the same way; therefore, the virus cannot be the cause of the morbidity and mortality. Interestingly, this exactly what many health experts have stated, namely that there are only 2 causes of disease: deficiency and toxicity.

For instance, Charlotte Gerson (who took over running the Gerson Clinic from her brilliant father Max) said this about disease and cancer. Removing cells or tissue from the body and thus cutting them off from their energy/nutrient supply will quickly lead to deficiency; injecting antibiotics into the mixture is toxicity; thus there is no solid proof a virus is causing disease when there is already deficiency and toxicity present. This is the key point of the virus misconception.

How the Virus Misconception Has Roots in 1858 and Became Entrenched in 1954

Lanka traces back the development of the virus misconception to 1858 and to the ‘cell theory’ of Rudolf Virchow, who proposed a theory that all disease and all life originates from a single cell, which is somehow hijacked by a virus that weakens it and propagates itself. Lanka points out 2 problems with this:

“The cell theory was only originated because Rudolf Virchow suppressed crucial discoveries about tissues. The findings and insights with respect to the structure, function and central importance of tissues in the creation of life, which were already known in 1858, comprehensively refute the cell theory and the subsequently derived genetic, immune and cancer therapies.

“The infection theories were only established as a global dogma through the concrete policies and eugenics of the Third Reich. Before 1933, scientists dared to contradict this theory; after 1933, these critical scientists were silenced.”

By “infection theories” Lanka means germ theory, the prevailing theory of modern Western Medicine. Lanka then describes how a paradigm shift in the perception of the virus occurred during 1952-1954:

“Until 1952, a virus was defined as a pathogenic poison in the form of a protein, which as an enzyme caused damage in an unknown manner, which could cause disease and be transmissible. After 1953, the year in which the alleged DNA in the form [of] an alleged alpha helix was publicly announced, the idea of a virus became a malignant genotype wrapped in proteins. Thus, a paradigm shift took place between 1952 and 1954 regarding the image of a virus.”

He talks about how theory become dogma in the Church of Mainstream Science (aka Scientism):

“This completely unscientific approach originated in June 1954, when an unscientific and refutable speculative article was published, according to which the death of tissue in a test tube was considered ... possible evidence for the presence of a virus. Six months later, on 10 December 1954, the main author of this opinion was awarded the Nobel Prize for Medicine for another equally speculative theory. The

speculation from June 1954 was then raised to a scientific fact and became a dogma which has never been challenged to this date. Since June 1954, the death of tissue and cells in a test tube has been regarded as proof for the existence of a virus."

Returning to Koch's Postulates: No Isolation, No Purification

As I covered in [COVID-19 Umbrella Term to Operate a Fake Pandemic: Not 1 Disease, Not 1 Cause](#), today's mainstream scientists are skipping the all important 2nd step of Koch's postulates: the isolation and purification of the virus. This isn't something you can just gloss over or forget to do, like accidentally forgetting your umbrella on a rainy day and getting a bit wet. This is the absolutely quintessential part of determining if there is a new virus and if it causing causing disease. It's the sine qua non. If you can't isolate it, you have FAILED to prove anything, because the budding offshoot you think is an invading virus could easily be a exosome or particle being produced by the body itself. This is why all the COVID propaganda has conveniently glossed over the fact that there are no electron microscope images of SARS-CoV-2, since the electron microscope is an extremely important tool in the 1st step of Koch's postulates, the identification. Lanka continues:

"... a virus has never been isolated according to the meaning of the word isolation, and it has never been photographed and biochemically characterised as a whole unique structure. The electron micrographs of the alleged viruses show in reality quite normal cellular particles from dying tissues and cells, and most photos show only a computer model (CGI – computer generated images)."

So What Does All This Have to Do with COVID?

So to bring this back to the current plandemic, all of the

same assumptions and lack of evidence are in play when it comes to COVID:

“Individual molecules are extracted from the particles of dead tissue and cells, they are misinterpreted to be parts of a virus and are theoretically put together into a virus model ... The consensus-finding process for the measles “virus”, in which the participants debated in order to determine what belonged to the virus and what didn’t, lasted for decades. With the apparently new China Coronavirus 2019 (2019-nCoV, meanwhile renamed), this consensus-finding process lasts only a few mouse clicks.

With only a few mouse clicks as well, a program can create any virus by putting together molecules of short parts of nucleic acids from dead tissue and cells with a determined biochemical composition, thus arranging them as desired into a longer genotype which is then declared to be the complete genome of the new virus ... in this process of theoretical construction of the “viral DNA”, those sequences that don’t fit are “smoothed out” and missing ones are added. Thus, a DNA sequence is invented which doesn’t exist in reality and which was never discovered and scientifically demonstrated as a whole.”

So basically, mainstream Chinese scientists who work under the same theory as mainstream Western scientists invented a new theoretical model for SARS-CoV-2, and proclaimed a novel coronavirus, but all without the electron micrographs to actually back it up.

This entire process has extremely interesting parallels with the theme of space fakery, whether it’s propagated by NASA or the space agencies of other nations. We don’t have verifiable images of viruses; we don’t have verifiable whole (non-composite) images of the Earth, or many other space bodies such as moons, planets, etc. Instead we are fed CGIs and told

not to question authority. Is this science or is this faith-based Scientism? To what extent are we being manipulated when we are denied real and true photographs of the world around us, both on a micro and macro level? I would argue to a massive extent.

Lanka on the Danger of Vaccines

Our lack of understanding about viruses, disease, the immune system, terrain theory and much more is exploited by Big Pharma to push dangerous medical interventions such as vaccines. Here's what Lanka has to say about the danger and ineffectiveness of vaccines:

"[A] concoction consisting of dying tissue and cells from monkeys, bovine fetuses and toxic antibiotics ... is being used as a "live" vaccine, because it is supposed to consist of so-called "attenuated" viruses ... [this] toxic mixture full of foreign proteins, foreign nucleic acids (DNA/RNA), cytotoxic antibiotics, microbes and spores of all types is being labelled a "live vaccine." It is implanted in children through vaccination mainly into the muscles, in a quantity which if it were injected into the veins would immediately lead to certain death ... The verifiable facts demonstrate the danger and negligence of these scientists and politicians, who claim that vaccines are safe, have little or no side-effects, and would protect from a disease. None of these claims is true and scientific, on the contrary: upon precise scientific analysis, one finds that vaccines are useless and the respective literature admits to the lack of any evidence in their favour."

Final Thoughts

The virus misconception has been with us a long time. As insane as the current fear-based, mask-wearing, social-distancing submission is, there are those people who are using Operation Coronavirus as a chance to wake up. While some go

deeper into unconsciousness and look to new protective products (“upgrade your mask for our patent-pending powered air-filtration protective shield (N95)”), others have seen the coronavirus coup for what it truly is: a chance to roll out all kinds of control architecture while people sleepwalk in fear. It is always a good idea to question the base assumptions of any governmental pronouncement, because almost always, it can open up a portal that leads to the truth.

Sources:

*<https://thefreedomarticles.com/deep-down-virus-rabbit-hole-question-everything/>

*<https://davidicke.com/wp-content/uploads/2020/07/Paper-Virus-Lanka-002.pdf>

*<https://thefreedomarticles.com/covid-19-umbrella-term-fake-pandemic-not-1-disease-cause/>

*<https://thefreedomarticles.com/toxic-vaccine-adjuvants-the-top-10/>

They Want to Kill Six Billion of Us – Here’s How They’ll Do It

[They Want to Kill Six Billion of Us – Here’s How They’ll Do It](#)

by [Vernon Coleman](#)

July 17, 2020

<https://youtu.be/K66EDRFvEUU>

International best-selling author, Dr Vernon Coleman MB ChB DSc FRSA, explains that the people planning to rule the world want to reduce the global population to 500 million. And he then explains how'll they'll kill the six billion of us they want to eliminate. For more unbiased information, please visit <http://www.vernoncoleman.com>

The transcripts of the videos that YouTube banned are also on the website.



In the event that the original video is censored and deleted by the source social media platform, link here to a mirrored copy on TCTL [Bitchute](#) & [Lbry](#) channels.



TRANSCRIPT:

There are people around who believe that if we all wear masks, obey the social distancing laws and become true slaves to the system, then everything will be back to normal by Christmas at the latest.

In the last 24 hours I have read, and been dismayed by, three articles by writers who believe that if we all behave properly, and do exactly as we are told to do, the coronavirus will slink off and all will be well with everyone back at work, the economy beginning to boom and the world well on its way to a recovery. There are even some who were shocked at the suggestion that taxes will rise dramatically in the next 12 months or so. Where do these people think the money came from – the money that an ex Goldman Sachs, currently the UK Chancellor, was throwing around with such gay abandon.

Of course, they add as a rider, we won't be able to forget about social distancing, and we may have to keep on our masks until the vaccine is ready, but everything will be normal apart from that.

I wonder what these people have inside their skulls. Porridge? Those little white polystyrene balls that are used for packaging? Bubble wrap?

They certainly don't have brains.

The people now planning to rule the world, a group of billionaires and would-be billionaires who I will, for ease, refer to as the enemy, have decided that there are too many people in the world and that the earth would be more comfortable for them if the total were reduced to around 500,000,000.

Since the current population is around 7 billion that means that at least 6 billion of us are surplus to requirements, unnecessary, not wanted on voyage. Since their ambition has a convincingly eugenic flavour they will presumably want to get rid of the weak and the poor and the elderly and the frail.

So how are they going to do that?

Well, the ignorant, scare mongering climate change nutters have done some of their work for those who want us dead. The brainwashed children and idiots who believe in man-made global warming are helping the enemy enormously. Cutting back on our use of oil and gas will kill hundreds of millions who will die of hunger and cold.

And I have no doubt that the enemy will manage another plandemic.

The abominable Gates and his wife have already said that people will pay attention when the next pandemic arrives. And I thought they both smirked very knowingly when Bill made this

prediction.

It wouldn't be difficult.

They could just say that the coronavirus which caused Covid-19 had mutated. Or they could blame a pig virus or a cuckoo virus or maybe a virus from the Gates family – something unpleasant.

It wouldn't really need to be something too nasty. After all, a really bad virus might kill off some of the billionaires.

I rather suspect that we are going to have more alleged virus health calamities coming up. If it isn't the coronavirus in a pre-ordained second wave it will be something else. If they can make up one crisis then they can, and will, make up many more.

All it needs is good marketing, and organisations like the BBC will provide all the myths and fake news that the enemy will need.

The BBC, *The Guardian* and the *Daily Mail* could turn tapioca into a deadly threat.

Of course, the plan to reduce the global population is already doing well.

The enemy has got everyone social distancing. And that is known to cause illness and to kill people. The CIA reckon that social distancing is one of the most powerful weapons there is for controlling large numbers of people.

They managed to murder huge numbers in the care homes and they have killed vast numbers of the sick by closing down hospitals for absolutely no good reason.

They put everyone under house arrest – and isolation damages the immune system. Prisoners of War have confirmed that isolation does more damage than physical torture. Stress and anxiety affect the immune system too.

The masks will kill quite a few people too. It's well known that they reduce blood oxygen levels, and those with respiratory and cardiac disorders will die. It's true that surgeons wear masks but the circumstances are entirely different. Women's movement enthusiasts used to burn their bras. Perhaps, we should burn our masks – in an environmentally acceptable way, of course.

Even the sanitising gel they insist we use a dozen times a day will kill some people. (If you haven't seen it, watch my video on hand sanitisers. Or read the script on this website.)

And then there is the cold in the winter months. They are stopping us using gas and there are going to be electricity outages. Many will freeze to death in the winter months.

But I think their biggest weapon is food.

That's how they are going to bring the population crashing right down.

Food shortages are coming and the cost of food is going to rise even faster than it has been doing. And it isn't because of global warming or whatever other lies they tell you – it is, however, a side effect of the coronavirus hoax.

All around the world food is in short supply. The price of the world's most important staple food – rice – has risen by 70%. Food prices in the US have recently seen a historic jump and are, I believe, destined to stay high and go higher. Countries which have good food production are halting their exports. Vietnam, for example, has stopped exporting because they need their food supplies at home. And you cannot blame them. Some authorities condemn it as nationalism but all countries, all villages, all homes would do much the same.

And it is the managed over-reaction to a virus known to be no more dangerous than the flu that is causing the problem – and that will result in millions of deaths to add to the millions

who are going to die as a result of the lockdowns.

The global death rate because of the food shortage is going to be measured in hundreds of millions – and eventually in billions. Africa and Asia are going to see the worst levels of starvation ever seen. I fear that those countries which have some grain will flog it to America – despite massive starvation. Black lives matter protestors, who have been manipulated by professionals, would be wise to forget about Cecil Rhodes's statue, and where they'd like to see it placed, and concentrate instead on helping Africans who are going to be subjected to the worst genocide in history.

So, how is the coronavirus scandal responsible for the food shortages that are coming?

That's easy to explain.

Processing plants and distribution centres all around the world have been deliberately severely disrupted by the massive over-reaction to this fairly ordinary virus.

Around the world more and more testing is being done. And although the tests are about as trustworthy as Gates, Clinton and Soros – your local purveyors of fear and death – they are treated with undeserved reverence. Curiously, it seems to me that farms and food distribution centres are being tested more than, say, civil servants or tax officials. This is odd because the chances of the virus being carried on food are roughly the same as the chance that the moon is made of cheese.

And so if one worker on a farm or in a warehouse falls ill with flu like symptoms then the authorities will close down that farm or the warehouse. Delivery systems have been massively affected as drivers are sent home for two weeks and all their colleagues sent home for two weeks too.

As a result, huge crops of vegetables and fruit are being

ploughed into the ground. Millions of animals are being slaughtered and then buried or burnt because the supply chains have been shut down. America, almost unbelievably, has been importing beef because of the shortages.

The world lockdown, and the mass house arrests that were engineered to keep us all subservient, mean that thousands of farmers cannot get their crops picked. Fruit in particular is likely to rot in the fields, and tankers full of milk are being poured away. Controls on transport have meant that it has been difficult to move food from where there is a glut to where there is a dearth. It would have been easy for governments to insist that furloughed workers should help pick the crops but they didn't do so. And why would they? The plan is to eradicate the poor and the weak.

And the unsurprising consequence of all this is that there are going to be massive shortages of fruit and vegetables, and prices are going to rocket.

In the UK, the most toxic of the Remainers, the fascist EU loving lunatics, bigoted, soaked in their own prejudices and consumed by ignorance, will blame Brexit for the shortages. But then, if they develop a bald spot or lose their keys they blame Brexit.

In the US, the media will doubtless blame Trump for the food shortages.

Sadly for them all, the shortages will be global.

All around the world there will be a shortage of almost all foods.

This isn't the sort of fear-porn favoured by irresponsible main stream media giants such as the EU and Gates supported BBC.

This is real.

Other factors are going to ensure that the shortage just gets worse.

If and when the economy is allowed to stutter into action again, the price of oil will doubtless eventually rise because the existing supplies are diminishing rapidly and most oil companies have pretty well given up exploration.

The rising price of oil will mean that farming and transportation costs will rise and that will push up the price of food still further.

I tell you this not to scare you but because when you know something is happening you can do something about it.

You may think it is worthwhile building up your stocks of long-dated food staples such as rice and pasta. Dried and tinned foods which have long dates are good. As you eat your stocks, replace them with more.

Governments tell us not to store stuff but the military don't buy bullets the day they need them, do they? If you have a garden and can grow your favourite vegetables or fruit that's probably a good idea but watch that no one climbs over your fence and steals them. I don't recommend having an allotment – the chances of you being able to harvest your own crops are too remote because they will be stolen. It might also be a good idea to stock up on vitamin and mineral supplements if you usually take them.

I've always been a bit of contrarian, though I don't suppose anyone would notice, and I'm convinced that the time to panic buy is when there is no panic.

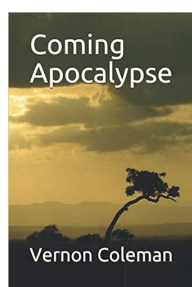
I hope the advice here will help you and your family to have a better chance to be strong and healthy. Countries look after themselves and we all need to do so. It isn't selfish. It's survival. If you buy food you will eat anyway, and you store it carefully, what have you got to lose? If I'm wrong and

there is no enemy and there are no food shortages then you can always eat what you're stored.

If and when your government finally warns you of this problem it will be far too late.

Remember: you should stockpile food now – don't wait for the panic

Copyright Vernon Coleman July 2020



Vernon Coleman's book [*Coming Apocalypse*](#) explains how the hoax developed and what our future will be. [*Coming Apocalypse*](#) is available on Amazon as a paperback and an eBook.

Masks Are Neither Effective Nor Safe: A Summary of the Science

[Masks Are Neither Effective Nor Safe: A Summary of the](#)

[Science](#)

by [Colleen Huber](#), NMD, [PrimaryDoctor.org](#)

July 6, 2020

[Download PDF](#)

At this writing, there is a recent surge in widespread use by the public of facemasks when in public places, including for extended periods of time, in the United States as well as in other countries. The public has been instructed by media and their governments that one's use of masks, even if not sick, may prevent others from being infected with SARS-CoV-2, the infectious agent of COVID-19.

A review of the peer-reviewed medical literature examines impacts on human health, both immunological, as well as physiological. The purpose of this paper is to examine data regarding the effectiveness of facemasks, as well as safety data. The reason that both are examined in one paper is that for the general public as a whole, as well as for every individual, a risk-benefit analysis is necessary to guide decisions on if and when to wear a mask.

Are masks effective at preventing transmission of respiratory pathogens?

In this meta-analysis, face masks were found to have no detectable effect against transmission of viral infections. (1) It found: "Compared to no masks, there was no reduction of influenza-like illness cases or influenza for masks in the general population, nor in healthcare workers."

This 2020 meta-analysis found that evidence from randomized controlled trials of face masks did not support a substantial effect on transmission of laboratory-confirmed influenza,

either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility. (2)

Another recent review found that masks had no effect specifically against Covid-19, although facemask use seemed linked to, in 3 of 31 studies, “very slightly reduced” odds of developing influenza-like illness. (3)

This 2019 study of 2862 participants showed that both N95 respirators and surgical masks “resulted in no significant difference in the incidence of laboratory confirmed influenza.” (4)

This 2016 meta-analysis found that both randomized controlled trials and observational studies of N95 respirators and surgical masks used by healthcare workers did not show benefit against transmission of acute respiratory infections. It was also found that acute respiratory infection transmission “may have occurred via contamination of provided respiratory protective equipment during storage and reuse of masks and respirators throughout the workday.” (5)

A 2011 meta-analysis of 17 studies regarding masks and effect on transmission of influenza found that “none of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.” (6) However, authors speculated that effectiveness of masks may be linked to early, consistent and correct usage.

Face mask use was likewise found to be not protective against the common cold, compared to controls without face masks among healthcare workers. (7)

Airflow around masks

Masks have been assumed to be effective in obstructing forward travel of viral particles. Considering those positioned next to or behind a mask wearer, there have been farther

transmission of virus-laden fluid particles from masked individuals than from unmasked individuals, by means of "several leakage jets, including intense backward and downwards jets that may present major hazards," and a "potentially dangerous leakage jet of up to several meters."

(8) All masks were thought to reduce forward airflow by 90% or more over wearing no mask. However, Schlieren imaging showed that both surgical masks and cloth masks had farther brow jets (unfiltered upward airflow past eyebrows) than not wearing any mask at all, 182 mm and 203 mm respectively, vs none discernible with no mask. Backward unfiltered airflow was found to be strong with all masks compared to not masking.

For both N95 and surgical masks, it was found that expelled particles from 0.03 to 1 micron were deflected around the edges of each mask, and that there was measurable penetration of particles through the filter of each mask. (9)

Penetration through masks

A study of 44 mask brands found mean 35.6% penetration (+ 34.7%). Most medical masks had over 20% penetration, while "general masks and handkerchiefs had no protective function in terms of the aerosol filtration efficiency." The study found that "Medical masks, general masks, and handkerchiefs were found to provide little protection against respiratory aerosols." (10)

It may be helpful to remember that an aerosol is a colloidal suspension of liquid or solid particles in a gas. In respiration, the relevant aerosol is the suspension of bacterial or viral particles in inhaled or exhaled breath.

In another study, penetration of cloth masks by particles was almost 97% and medical masks 44%. (11)

N95 respirators

Honeywell is a manufacturer of N95 respirators. These are made with a 0.3 micron filter. (12) N95 respirators are so

named, because 95% of particles having a diameter of 0.3 microns are filtered by the mask forward of the wearer, by use of an electrostatic mechanism. Coronaviruses are approximately 0.125 microns in diameter.

This meta-analysis found that N95 respirators did not provide superior protection to facemasks against viral infections or influenza-like infections. (13) This study did find superior protection by N95 respirators when they were fit-tested compared to surgical masks. (14)

This study found that 624 out of 714 people wearing N95 masks left visible gaps when putting on their own masks. (15)

Surgical masks

This study found that surgical masks offered no protection at all against influenza. (16) Another study found that surgical masks had about 85% penetration ratio of aerosolized inactivated influenza particles and about 90% of *Staphylococcus aureus* bacteria, although *S. aureus* particles were about 6x the diameter of influenza particles. (17)

Use of masks in surgery were found to slightly increase incidence of infection over not masking in a study of 3,088 surgeries. (18) The surgeons' masks were found to give no protective effect to the patients.

Other studies found no difference in wound infection rates with and without surgical masks. (19) (20)

This study found that "there is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination." (21)

This study found that medical masks have a wide range of filtration efficiency, with most showing a 30% to 50% efficiency. (22)

Specifically, are surgical masks effective in stopping human

transmission of coronaviruses? Both experimental and control groups, masked and unmasked respectively, were found to “not shed detectable virus in respiratory droplets or aerosols.” (23) In that study, they “did not confirm the infectivity of coronavirus” as found in exhaled breath.

A study of aerosol penetration showed that two of the five surgical masks studied had 51% to 89% penetration of polydisperse aerosols. (24)

In another study, that observed subjects while coughing, “neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients.” And more viral particles were found on the outside than on the inside of masks tested. (25)

Cloth masks

Cloth masks were found to have low efficiency for blocking particles of 0.3 microns and smaller. Aerosol penetration through the various cloth masks examined in this study were between 74 and 90%. Likewise, the filtration efficiency of fabric materials was 3% to 33% (26)

Healthcare workers wearing cloth masks were found to have 13 times the risk of influenza-like illness than those wearing medical masks. (27)

This 1920 analysis of cloth mask use during the 1918 pandemic examines the failure of masks to impede or stop flu transmission at that time, and concluded that the number of layers of fabric required to prevent pathogen penetration would have required a suffocating number of layers, and could not be used for that reason, as well as the problem of leakage vents around the edges of cloth masks. (28)

Masks against Covid-19

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic." (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

Researchers are concerned about possible burden of facemasks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

Risks of N95 respirators

Pregnant healthcare workers were found to have a loss in volume of oxygen consumption by 13.8% compared to controls when wearing N95 respirators. 17.7% less carbon dioxide was exhaled. (32) Patients with end-stage renal disease were studied during use of N95 respirators. Their partial pressure of oxygen (PaO₂) decreased significantly compared to controls and increased respiratory adverse effects. (33) 19% of the patients developed various degrees of hypoxemia while wearing the masks.

Healthcare workers' N95 respirators were measured by personal bioaerosol samplers to harbor influenza virus. (34) And 25%

of healthcare workers' facepiece respirators were found to contain influenza in an emergency department during the 2015 flu season. (35)

Risks of surgical masks

Healthcare workers' surgical masks also were measured by personal bioaerosol samplers to harbor for influenza virus. (36)

Various respiratory pathogens were found on the outer surface of used medical masks, which could result in self-contamination. The risk was found to be higher with longer duration of mask use. (37)

Surgical masks were also found to be a repository of bacterial contamination. The source of the bacteria was determined to be the body surface of the surgeons, rather than the operating room environment. (38) Given that surgeons are gowned from head to foot for surgery, this finding should be especially concerning for laypeople who wear masks. Without the protective garb of surgeons, laypeople generally have even more exposed body surface to serve as a source for bacteria to collect on their masks.

Risks of cloth masks

Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. (39)

The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

□Weighing risks versus benefits of mask use

In the summer of 2020 the United States is experiencing a surge of popular mask use, which is frequently promoted by the media, political leaders and celebrities. Homemade and store-bought cloth masks and surgical masks or N95 masks are being used by the public especially when entering stores and other publicly accessible buildings. Sometimes bandanas or scarves are used. The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination.

It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6- minute walks, let alone more strenuous activity, resulted in dyspnea. The volume of unobstructed oxygen in a typical breath is about 100 ml, used for normal physiological processes. 100 ml O₂ greatly exceeds the volume of a pathogen required for transmission.

The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.

[**□Find a Naturopathic doctor near you.**](#)

1 T Jefferson, M Jones, et al. Physical interventions to interrupt or reduce the spread of respiratory viruses. MedRxiv. 2020 Apr 7.

<https://www.medrxiv.org/content/10.1101/2020.03.30.20047217v2>

□2 J Xiao, E Shiu, et al. Nonpharmaceutical measures for pandemic influenza in non-healthcare settings – personal protective and environmental measures. Centers for Disease Control. 26(5); 2020 May.

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

□3 J Brainard, N Jones, et al. Facemasks and similar barriers to prevent respiratory illness such as COVID19: A rapid systematic review. MedRxiv. 2020 Apr 1.

<https://www.medrxiv.org/content/10.1101/2020.04.01.20049528v1.full.pdf>

□4 L Radonovich M Simberkoff, et al. N95 respirators vs medical masks for preventing influenza among health care personnel: a randomized clinic trial. JAMA. 2019 Sep 3. 322(9): 824-833.

<https://jamanetwork.com/journals/jama/fullarticle/2749214>

□5 J Smith, C MacDougall. CMAJ. 2016 May 17. 188(8); 567-574.

<https://www.cmaj.ca/content/188/8/567>

□6 F bin-Reza, V Lopez, et al. The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence. 2012 Jul; 6(4): 257-267.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779801/>

□7 J Jacobs, S Ohde, et al. Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial. Am J Infect Control. 2009 Jun; 37(5): 417-419.

<https://pubmed.ncbi.nlm.nih.gov/19216002/>

□8 M Viola, B Peterson, et al. Face coverings, aerosol

dispersion and mitigation of virus transmission risk.

<https://arxiv.org/abs/2005.10720>, <https://arxiv.org/ftp/arxiv/papers/2005/2005.10720.pdf>

□9 S Grinshpun, H Haruta, et al. Performance of an N95 filtering facepiece particular respirator and a surgical mask during human breathing: two pathways for particle penetration. J Occup Env Hygiene. 2009; 6(10):593-603.

<https://www.tandfonline.com/doi/pdf/10.1080/15459620903120086>

□10 H Jung, J Kim, et al. Comparison of filtration efficiency and pressure drop in anti-yellow sand masks, quarantine masks, medical masks, general masks, and handkerchiefs. Aerosol Air Qual Res. 2013 Jun. 14:991-1002.

<https://aaqr.org/articles/aaqr-13-06-oa-0201.pdf>

□11 C MacIntyre, H Seale, et al. A cluster randomized trial of cloth masks compared with medical masks in healthcare workers. BMJ Open. 2015; 5(4)

<https://bmjopen.bmj.com/content/5/4/e006577.long>

□12 N95 masks explained. <https://www.honeywell.com/en-us/newsroom/news/2020/03/n95-masks-explained>

□13 V Offeddu, C Yung, et al. Effectiveness of masks and respirators against infections in healthcare workers: A systematic review and meta-analysis. Clin Inf Dis. 65(11), 2017 Dec 1; 1934-1942.

<https://academic.oup.com/cid/article/65/11/1934/4068747>

□14 C MacIntyre, Q Wang, et al. A cluster randomized clinical trial comparing fit-tested and non-fit-tested N95 respirators to medical masks to prevent respiratory virus infection in health care workers. Influenza J. 2010 Dec 3.

https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00198.x?fbclid=IwAR3kRYVYDKb0aR-su9_me9_vY6a8KVR4HZ17J2A_80f_fXUABRQdhQlc8Wo

□15 M Walker. Study casts doubt on N95 masks for the public. MedPage Today. 2020 May 20.

<https://www.medpagetoday.com/infectiousdisease/publichealth/86601>

□16 C MacIntyre, Q Wang, et al. A cluster randomized clinical trial comparing fit-tested and non-fit-tested N95 respirators to medical masks to prevent respiratory virus infection in health care workers. Influenza J. 2010 Dec 3.

https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00198.x?fbclid=IwAR3kRYVYDKb0aR-su9_me9_vY6a8KVR4HZ17J2A_80f_fXUABRQdhQlc8Wo

□17 N Shimasaki, A Okaue, et al. Comparison of the filter efficiency of medical nonwoven fabrics against three different microbe aerosols. Biocontrol Sci. 2018; 23(2). 61-69.

https://www.jstage.jst.go.jp/article/bio/23/2/23_61/_pdf/-char/en

□18 T Tunevall. Postoperative wound infections and surgical face masks: A controlled study. World J Surg. 1991 May; 15: 383-387.

<https://link.springer.com/article/10.1007%2FBBF01658736>

□19 N Orr. Is a mask necessary in the operating theatre? Ann Royal Coll Surg Eng 1981; 63: 390-392.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2493952/pdf/annrcse01509-0009.pdf>

□20 N Mitchell, S Hunt. Surgical face masks in modern operating rooms – a costly and unnecessary ritual? J Hosp

Infection. 18(3); 1991 Jul 1. 239-242.

[https://www.journalofhospitalinfection.com/article/0195-6701\(91\)90148-2/pdf](https://www.journalofhospitalinfection.com/article/0195-6701(91)90148-2/pdf)

□21 C DaZhou, P Sivathondan, et al. Unmasking the surgeons: the evidence base behind the use of facemasks in surgery. JR Soc Med. 2015 Jun; 108(6): 223-228.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4480558/>

□22 L Brosseau, M Sietsema. Commentary: Masks for all for Covid-19 not based on sound data. U Minn Ctr Inf Dis Res Pol. 2020 Apr 1.

<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

□23 N Leung, D Chu, et al. Respiratory virus shedding in exhaled breath and efficacy of face masks Nature Research. 2020 Mar 7. 26,676-680 (2020).

<https://www.researchsquare.com/article/rs-16836/v1>

□24 S Rengasamy, B Eimer, et al. Simple respiratory protection – evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles. Ann Occup Hyg. 2010 Oct; 54(7): 789-798.

<https://academic.oup.com/annweh/article/54/7/789/202744>

□25 S Bae, M Kim, et al. Effectiveness of surgical and cotton masks in blocking SARS-CoV-2: A controlled comparison in 4 patients. Ann Int Med. 2020 Apr 6.

<https://www.acpjournals.org/doi/10.7326/M20-1342>

□26 S Rengasamy, B Eimer, et al. Simple respiratory protection – evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size particles. Ann Occup Hyg. 2010 Oct; 54(7): 789-798.

<https://academic.oup.com/annweh/article/54/7/789/202744>

□27 C MacIntyre, H Seale, et al. A cluster randomized trial of cloth masks compared with medical masks in healthcare workers. *BMJ Open*. 2015; 5(4)

<https://bmjopen.bmj.com/content/5/4/e006577.long>

□28 W Kellogg. An experimental study of the efficacy of gauze face masks. *Am J Pub Health*. 1920. 34-42.

<https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.10.1.34>

□29 M Klompas, C Morris, et al. Universal masking in hospitals in the Covid-19 era. *N Eng J Med*. 2020; 382 e63.

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372>

□30 E Person, C Lemercier et al. Effect of a surgical mask on six minute walking distance. *Rev Mal Respir*. 2018 Mar; 35(3):264-268.

<https://pubmed.ncbi.nlm.nih.gov/29395560/>

□31 B Chandrasekaran, S Fernandes. Exercise with facemask; are we handling a devil's sword – a physiological hypothesis. *Med Hypotheses*. 2020 Jun 22. 144:110002.

<https://pubmed.ncbi.nlm.nih.gov/32590322/>

□32 P Shuang Ye Tong, A Sugam Kale, et al. Respiratory consequences of N95-type mask usage in pregnant healthcare workers – A controlled clinical study. *Antimicrob Resist Infect Control*. 2015 Nov 16; 4:48.

<https://pubmed.ncbi.nlm.nih.gov/26579222/>

□33 T Kao, K Huang, et al. The physiological impact of wearing an N95 mask during hemodialysis as a precaution against SARS in patients with end-stage renal disease. *J Formos Med Assoc*. 2004 Aug; 103(8):624-628.

<https://pubmed.ncbi.nlm.nih.gov/15340662/>

□34 F Blachere, W Lindsley et al. Assessment of influenza virus exposure and recovery from contaminated surgical masks and N95 respirators. J Viro Methods. 2018 Oct; 260:98-106.

<https://pubmed.ncbi.nlm.nih.gov/30029810/>

□35 A Rule, O Apau, et al. Healthcare personnel exposure in an emergency department during influenza season. PLoS One. 2018 Aug 31; 13(8): e0203223.

<https://pubmed.ncbi.nlm.nih.gov/30169507/>

□36 F Blachere, W Lindsley et al. Assessment of influenza virus exposure and recovery from contaminated surgical masks and N95 respirators. J Viro Methods. 2018 Oct; 260:98-106.

<https://pubmed.ncbi.nlm.nih.gov/30029810/>

□37 A Chughtai, S Stelzer-Braid, et al. Contamination by respiratory viruses on the surface of medical masks used by hospital healthcare workers. BMC Infect Dis. 2019 Jun 3; 19(1): 491.

<https://pubmed.ncbi.nlm.nih.gov/31159777/>

□38 L Zhiqing, C Yongyun, et al. J Orthop Translat. 2018 Jun 27; 14:57-62.

<https://pubmed.ncbi.nlm.nih.gov/30035033/>

□39 C MacIntyre, H Seale, et al. A cluster randomized trial of cloth masks compared with medical masks in healthcare workers. BMJ Open. 2015; 5(4)

<https://bmjopen.bmj.com/content/5/4/e006577>

□40 A Beder, U Buyukkocak, et al. Preliminary report on surgical mask induced deoxygenation during major surgery. Neurocirugia. 2008; 19: 121-126.

<http://scielo.isciii.es/pdf/neuro/v19n2/3.pdf>

□41 D Lukashev, B Klebanov, et al. Cutting edge: Hypoxia-inducible factor 1-alpha and its activation-inducible short isoform negatively regulate functions of CD4+ and CD8+ T lymphocytes. J Immunol. 2006 Oct 15; 177(8) 4962-4965.

<https://www.jimmunol.org/content/177/8/4962>

□42 A Sant, A McMichael. Revealing the role of CD4+ T-cells in viral immunity. J Exper Med. 2012 Jun 30; 209(8):1391-1395.

<https://europepmc.org/article/PMC/3420330>

© 2020, Colleen Huber, NMD

Mask Lawsuit: State Rep. Anthony Sabatini of Lake County Florida Files Lawsuit Against Mandatory Masks

[MASK LAWSUIT – State Rep. Anthony Sabatini, of Lake County Florida](#)

by [ChicoandDebbie Jimenez](#)

July 5, 2020 (press conference from June 22, 2020)

<https://youtu.be/UThLxFF00j0>

See article and related video:

['It's utter nonsense': Florida Rep. Anthony Sabatini files lawsuit alleging Orange County mask ordinance is unconstitutional](#)

Exposé on 'Vaccine'/Injection Fraud & the PERP Act: Catherine Austin Fitts With Dr. Sherri Tenpenny

[Special Solari Report: Dr. Sherri Tenpenny on the PERP Act & Injection Fraud](#)

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

June 13, 2020

Connect with the work of **Catherine Austin Fitts**: The Solari Report – solari.com

Connect with the work of **Dr. Sherri Tenpenny**: Courses for Mastery – <http://courses4mastery.com/>



See also: [The Injection Fraud – It's Not a Vaccine by Catherine Austin Fitts](#)



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.](#)

“There Are Fates Worse Than Death” – Catherine Austin Fitts & James Corbett on Injection Fraud as Part of Unfolding Global Tyranny

[“There Are Fates Worse Than Death” – Catherine Austin Fitts Exposes the Injection Fraud](#)

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

sourced from [The Corbett Report](#)

June 5, 2020

Catherine Austin Fitts: So you need to understand that this is absolutely as satanic, you know, as it gets. And what you're talking about is will you allow them to do that to your children...

James Corbett: You're right. I mean there are things worse death and we will experience them if we keep acquiescing to this agenda. And I thought you hit the nail on the head when you say that the machine model that's been in place for the last few hundred years of industrial productivity is essentially anti-life. And the only way to foist that on the world – which is abundant in and of itself – the only way to foist that model on the world is through control, through manipulation, through deception, and ultimately through death. Destruction. And that is the model that has been in place.

https://youtu.be/xI_JvEbEEHc

Catherine Austin Fitts of solaris.com interviews James Corbett about his new documentary, [Who Is Bill Gates?](#)

We go beyond the focus on Gates to discuss the syndicate that he is leading, the business model it relies on, and the new form of collateral that will underlie the digital economy: the human body.

Don't miss this vital conversation that fills in the missing pieces of the puzzle and draws back the curtains on the real purpose of the injection fraud.

SHOW NOTES:

solaris.com

[Who Is Bill Gates?](#)

[The Injection Fraud – It's Not a Vaccine](#)

[Biosecurity and Politics \(Giorgio Agamben\)](#)

[Deep State Tactics 101 with Catherine Austin Fitts \(Part 1/6\)](#)



See also: [Who's Doing This? | Catherine Austin Fitts: "We Have No Idea What the Governance Structure on Our Planet Is"](#)



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

Ecuadorian President: World Leaders Advised to Take Hydroxychloroquine

[ECUADORIAN PRESIDENT: WORLD LEADERS ADVISED TO TAKE HYDROXYCHLOROQUINE](#)

by [Joseph P. Farrell](#), [Giza Death Star](#)

June 1. 2020

I know, I know, we're all tired of hearing about the story no one wants to talk about. We're tired of the social engineering of the manipulated memes of "wear a mask" and "social distancing," and of dirty doctors connected to the Baal and Malicious Gates Foundation trying to set policy for how, when, and under what circumstances churches may open and worship. I have a couple of words for said people: anathema fiat (and I mean that). And while it appears that all this Fauci-Lieber-Wuhan-Baal Gates virus narrative hysteria is running out of steam, and that "they" have cued up a new crisis *de jour* with the rioting, a little story stole in under the radar. Fortunately, the regular readers of this website who send me articles, spotted it and passed it along. In this case, it was L.G.R. and the article has me wondering all sorts of stuff.

It seems that in addition to President Trump, Ecuador's President Nayib Bukele has also been taking hydroxychloroquine. It's *why* he's been taking it that has my suspicion meter into the red zone:

[*President of El Salvador Announces That He is Taking Hydroxychloroquine, Says 'Most World Leaders' Doing the Same*](#)

Here's what Senor Bukele has to say about the matter:

President of El Salvador Nayib Bukele has announced that he is taking hydroxychloroquine as a preventative measure against the coronavirus.

Bukele told reporters on Tuesday that "most world leaders" are doing the same and has questioned why world leaders are being advised to use it while the public is not.

"I use it as a prophylaxis, President Trump uses it as a

prophylaxis, most of the world's leaders use it as a prophylaxis," said Bukele. (Italicized emphasis added)

And then he adds this:

The World Health Organization suspended a trial of the drug on Monday, claiming that they had safety concerns. Following their announcement, Bukele said that El Salvador would no longer promote it as a treatment for the virus, but that people could continue to take it as a preventative measure if they wish.

On Twitter, Bukele questioned why world leaders were being advised to take it, while the general public is not.

"Does it work? I don't know. But we have been advised to take it. While the rest of the world is being advised not to. Why? That's a question worth asking. Isn't it?" Bukele wrote. (Italicized emphasis added)

Now, reading between the lines a bit, the impression is given that world leaders were advised by some mysterious "someone" that they should take the drug as a prophylactic measure, i.e., as a preventative measure. We'll get back to that in a moment, because as Senor Bukele avers, it raises all sorts of questions. But I want to focus, for a moment, on that "little" revelation about the W.H.O. That would be the same W.H.O. from which the Trump administration has recently suspended all American contributions and financial support, and that South Carolina U.S. Senator Lindsey Graham recently took a break from his box of animal cracker cookies to state that he thought putting Baal Gates in charge of the organization was a wonderful idea, and that if that happened, he'd be all for doubling the U.S. contribution. Thanks Lindsey; you can go back to shining Baal's shoes now. (See

<https://libertysentinel.org/new-ad-destroys-rino-sen-graham>

Anyway, what Senor Bukele is implying is that the drug is OK for the “elite”, but not OK for everyone else.

Gee, I wonder why...?

Well, think about it. Baal and Malicious Gates have an agenda, and that’s to force everyone to take their “vaccines”. (I’m still waiting for Baal and Malicious to show everyone their technology is safe by taking it themselves, and revealing their records that they have done so.) The “vaccines” (and I’m qualifying the word because I have serious doubts that they’re “vaccines” in any ordinary sense of the word, and loaded with other “goodies” that will, per the Microsludge business model, require constant “updates” and that will still be as virus prone as the horrible operating system software Baal Gates inflicted on the world. But I digress.) Those “vaccines” will be more expensive, and if Baal gets his way, everyone will be forced to take them. So much for “my body, my choice.”

With that, we come to the central problem implied by Senor Bukele’s revelation: why would anyone want to take a relatively harmless – and inexpensive – drug like hydroxychloroquine, in use for decades and which has been shown during this Fauci-Lieber-Wuhan-Baal Gates plandemic to have curative and preventative properties for COVID-19, when a much more expensive, untried and as yet unavailable “vaccine” is “just around the corner”, notwithstanding we’re *still* waiting – thank you Dr. Fauci – for an HIV-AIDS vaccine?

Or to put it country simple, simple enough that even a Baal Gates can understand, hydroxychloroquine is the inconvenient fact that shatters the plandemic-“vaccine” narrative. *That’s* why the W.H.O tried to ramp up the hysteria about the drug’s side effects. Why would anyone want Baal’s “vaccine” with all its potentially-embedded nano-technology, when a drug on the market for decades has already shown its prophylactic and curative properties.

How about it, Baal, are you one of those “world leaders” taking it as a prophylactic too?

I know, I know... you’ll never tell, because like your namesake, you’re all about human sacrifice...

See you on the flip side...

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.**

Solari Report Interviews:

[Central Bank Stimulus: Quantitative Easing 5.0 with John Titus](#)
[Deep State Tactics 101 Part III](#)

Solari Special Reports:

[VAXXED II: The People’s Truth with Polly Tommey](#)
[Special Solari Report: Vaccine Mandates with Mary Holland, J.D](#)

Solari Book Reviews:

[*The Autism Vaccine* by Forrest Maready](#)
[*unvaccinated* by Forrest Maready](#)
[*Crooked: Man-Made Disease Explained* by Forrest Maready](#)

Great Articles & Videos:

[Childrens Health Defense: COVID-19: The Spearpoint for Rolling Out a “New Era” of High-Risk, Genetically Engineered Vaccines](#)
[Compulsory Vaccination, the Constitution, and the Hepatitis B Mandate for Infants and Young Children by Mary Holland](#)
[Hero of the Week: March 12, 2020 – Former President Of Microsoft Canada, Frank Clegg](#)
[Corbett Report: Bill Gates x 5](#)
[Collection Cup: Building a List of Best Sources on Vaccine Risks](#)

Related reading:

[Children’s Health Defense](#)
[VAXXED](#)
[VAXXED II: The People’s Truth](#)

Corona Masks: Infection Prevention...or Submission-Signaling?

[Corona Masks – Infection Prevention...Or Submission-Signaling?](#)

by [RonPaulLibertyReport](#)

May 13, 2020

Ironically, as coronavirus deaths continue to decline in the US and as more states are “opening up,” there appears to be an increase in mask wearing. Are the face masks going to prevent the spread of the virus? Will they protect people from the virus? Or may they actually cause harm to some people? Or...even: are they a new form of “virtue signaling,” a show of submission to the “authorities”? Plenty of prominent MDs – including Fauci not long ago – have condemned the mass masking of America. Are they right?



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

Dr. Andrew Kaufman: They Want to Genetically Modify Us With the COVID-19 Vaccine

[Dr. Andrew Kaufman: They Want To Genetically Modify Us With The COVID-19 Vaccine](#)

by [Spiro Skouras](#)

May 11, 2020

In this powerful interview Spiro is joined with Doctor Andrew Kaufman.

Spiro and Dr. Kaufman discuss the expanding curtailment of basic civil liberties being normalized under the false pretext of a global health emergency. Doctor Kaufman lays his reputation and his career on the line as he blows the whistle, on what he describes as a manufactured crisis to carry out a preplanned agenda to facilitate global governance and population control.

Doctor Kaufman is a well educated medical professional who convincingly illustrates, using the CDC's own technical data, how the public has been manipulated on the grandest scale.

Doctor Kaufman's Website <https://www.andrewkaufmanmd.com>

Doctor Kaufman's Youtube
<https://www.youtube.com/channel/UCV7v2cvSnrJ9Qyz36cW1Ftw>

Provisional Death Counts for Coronavirus Disease (COVID-19)
<https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>

One-Third of All U.S. Coronavirus Deaths Are Nursing Home Residents or Workers
<https://www.nytimes.com/interactive/2020/05/09/us/coronavirus-cases-nursing-homes-us.html>

Army germ lab shut down by CDC in 2019 had several 'serious' protocol violations that year
<https://wjla.com/news/local/cdc-shut-down-army-germ-lab-health-concerns>

2 Dead From Unknown Respiratory Virus. What Could It Be?
<https://www.acsh.org/news/2019/07/11/2-dead-unknown-respiratory-virus-what-could-it-be-14147>

Wuhan China Weeks Before Coronavirus Outbreak!
<https://www.activistpost.com/2020/02/nearly-10k-military-personnel-from-110-nations-in-wuhan-china-weeks-before-coronavirus-outbreak.html>

French army returned from Wuhan military games in October with mystery illness
<https://www.mirror.co.uk/news/uk-news/french-army-returned-wuhan-military-21988912>

Policy for Coronavirus Disease-2019 Tests During the Public Health Emergency (Revised) V
<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/policy-coronavirus-disease-2019-tests-during-public-health-emergency-revised>

Cepheid Letter of Authorization
<https://www.fda.gov/media/136316/download>

~~~~~

Connect with Dr. Kaufman: <https://www.andrewkaufmanmd.com>

---

---

---

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

---

# 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.]

# **Dr. Sherri Tenpenny: “This is The Biggest Scam Ever Perpetrated on the Human Race...”**

[Dr. Tenpenny: This is The Biggest Scam Ever Perpetrated on The Human Race...](#)

by [Spiro Skouras](#)

May 2, 2020

[https://youtu.be/M\\_9bQ\\_Ri9p0](https://youtu.be/M_9bQ_Ri9p0)

In this explosive interview, Spiro Skouras is joined by Dr. Sherri Tenpenny.

The two discuss the latest developments regarding the coronavirus situation which was declared a global health pandemic, by the Gates funded World Health Organization, as more information comes to light questioning the need for a global lockdown.

Dr. Tenpenny and Spiro examine and explore, the motives of the global response by governments, global institutions and private interests, as Dr. Tenpenny exposes perhaps the most alarming aspect of the crisis yet!

No, it is not the virus, it is the blank check issued to the

vaccine and drug manufacturers, which not only provides unlimited funding, but also provides blanket immunity to Big Pharma for any harm attributed with the treatments produced during the declared emergency, including all drugs and vaccines.

This blanket immunity is provided by the US government under the PREP Act and provides the drug and vaccine manufacturers the 'Ultimate Blank Check' during a declared emergency.

As Dr. Tenpenny points out, the vaccine and drug manufacturers have zero incentive to produce a safe product, as the declared emergency not only rolls back regulatory standards and removes them from any and all liability, but it also ensures the government will purchase their products.

This is an unprecedented level of immunity which raises many questions and safety concerns.

Dr. Sherri Tenpenny Twitter Account  
<https://twitter.com/BusyDrT>

Dr Tenpenny Vaxxter Website <https://vaxxter.com>

[Coronavirus Pt 1: How Soon We Forget – Same Playbook, Different Virus](#)

[Coronavirus Pt 2: 'Never Let a Good Crisis Go to Waste', Replay](#)

[See all references for this video.](#)



A mirrored copy is available on Truth Comes to Light's [Bitchute channel](#) should the source video be censored or become otherwise unavailable at YouTube or other platforms.

---

# Bill Gates Partners With DARPA & Department of Defense for New DNA Nanotech COVID19 Vaccine!

[Bill Gates Partners With DARPA & Department of Defense For New DNA Nanotech COVID19 Vaccine!](#)

by [Spiro Skouras](#)

May 1, 2020

<https://youtu.be/2MGXePjIzXE>

In this powerful interview, Spiro is joined by Whitney Webb and Ryan Cristian from The Last American Vagabond, as they discuss the rollout of a new system of control the likes of which the world has never seen. It has been said to never let a good crisis go to waste and it appears the ones pulling the strings are taking full advantage of the current crisis as more and more evidence emerges contradicting the official story that suggests this crisis is no accident. The fact that Bill Gates has teamed up with the Department of Defense and DARPA, which is the special project research and development arm of the pentagon to develop a brand new type of vaccine, which is being rushed into production is alarming to say the least. Especially considering this new kind of DNA / RNA vaccine would normally take 15-20 years to roll out, while this one is being rolled out in a matter of months and is already undergoing human clinical trials. The urgency and rolled back regulations to streamline this new vaccine is of course, justified by the crisis.

The Last American Vagabond Website

<https://www.thelastamericanvagabond.com>

The Last American Vagabond BitChute

<https://www.bitchute.com/channel/24yVcta8zEjY/>

The Last American Vagabond YouTube

[https://www.youtube.com/channel/UC\\_ClYrAtDNAGy5J0N-AwBNw](https://www.youtube.com/channel/UC_ClYrAtDNAGy5J0N-AwBNw)

Ryan Cristian's Twitter

<https://twitter.com/TLAVagabond>

Whitney Webb's Twitter

[https://twitter.com/\\_whitneywebb](https://twitter.com/_whitneywebb)

Covid-19 was already 'silently circulating' in France before virus arrived from China & Italy – study

<https://www.rt.com/news/487294-france-coronavirus-strain-italy-china/>

Introductions and early spread of SARS-CoV-2 in France

<https://www.biorxiv.org/content/10.1101/2020.04.24.059576v1.full.pdf>

TECHNO-TYRANNY: HOW THE US NATIONAL SECURITY STATE IS USING CORONAVIRUS TO FULFILL AN ORWELLIAN VISION

<https://www.thelastamericanvagabond.com/top-news/techno-tyranny-how-us-national-security-state-using-coronavirus-fulfill-orwellian-vision/>

INOVI0 Receives New \$5 Million Grant to Accelerate Scale Up of Smart Delivery Device for Its COVID-19 Vaccine

<https://www.prnewswire.com/news-releases/inovio-receives-new-5-million-grant-to-accelerate-scale-up-of-smart-delivery-device-for-its-covid-19-vaccine-301022049.html>

Inovio COVID-19 Vaccine Uses Electricity to Drive DNA Into Body Cells

<https://thevaccinereaction.org/2020/04/inovio-covid-19-vaccine-uses-electricity-to-drive-dna-into-body-cells/>

Follow Spiro on BitChute [bitchute.com/channel/spiro/](https://bitchute.com/channel/spiro/)

Follow Spiro on Twitter [https://twitter.com/o\\_rips](https://twitter.com/o_rips)

~~~~~

This video is also available on Spiro's Bitchute channel, should the YouTube video seen above be censored or become otherwise unavailable.

Dr. Andrew Kaufman on Understanding What the COVID-19 Tests Are All About & Why the Lockdown Has Nothing to Do With a Pandemic

[US Doctor: How can you make a vaccine for something never proven to exist? A must-watch](#)

by [Jaymie Icke](#)

April 9, 2020

[Youtube version was taken down. Please view here on Bitchute.]

Jaymie Icke interviews Dr. Andy Kaufman on whether COVID-19 actually exists, what the tests are all about,

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.

Chloroquine and the April Fools' Story No One Is

Talking About

CHLOROQUINE AND THE APRIL FOOLS' STORY NO ONE IS TALKING ABOUT

by [Joseph P. Farrell](#)

April 1, 2020

Happy April Fool's Day!

I say that because it is perhaps no accident that there's a familiar "odor" to all this corona virus plandemic stuff.

And no, I'm not talking about all those teams of scientists weighing in on the "cure" of chloroquine. Frankly, it's a bit mystifying; team A of scientists cite reports from France or South Korea touting the use of the drug to combat and cure the virus, while team B writes articles and gets on TV urging caution and the need for more study and tests and so on. "I'm a scientist; trust me!" and "No, I'm the scientist here, trust me."

Well, in that spirit, B.G. sent the following article, which pretty well sums up this whole sub-plot:

[What's The Deal With Antimalarials And Coronavirus? Read This Before You Try Anything](#)

According to this, someone found chloroquine phosphate was an ingredient in their fish food, and tried some, and ended up dead or in the hospital:

[An Arizona man died](#), and his wife was hospitalized, after taking a form of chloroquine, which [President Trump has touted as an effective treatment for COVID-19](#). The couple decided to self-medicate with chloroquine phosphate, which they had on hand to kill parasites in their fish, after hearing the [president describe the drug as a "game changer."](#)

Dr. Anthony Fauci, head of NIH's National Institute for Allergies and Infectious Diseases, quickly corrected the statement, explaining that [Trump's comments](#) were based on anecdotes and not a controlled clinical trial.

[I am a medicinal chemist](#) who specializes in discovery and development of antiviral drugs, and I have been actively working on coronaviruses for seven years.

However, because I am a scientist and I deal in facts and evidence-based medicine, I am concerned about the sweeping statements the president has been making regarding the use of chloroquine or the closely related hydroxychloroquine, both antimalarial drugs, as cures for COVID-19. So let's examine the facts.

Yes, and while you're "dealing in facts" here's a few you forgot to mention:

[French researcher posts successful Covid-19 drug trial](#)

[There Should Be Zero Distancing From Chloroquine Treatment](#)

Or this, shared by S.C.:

<https://asiatimes.com/2020/03/why-france-is-hiding-a-cheap-and-tested-virus-cure/>

However, there *is* a fact mentioned in the article shared by B.G. (thanks B.G.!) that we both found more than a little... well, what? Ironic? Macabrely amusing?

It's this:

These are both FDA-approved antimalarial drugs that have been in use for many years. Chloroquine was originally developed in 1934 at the pharmaceutical company Bayer and used in World War II to prevent malaria. (Emphasis added)

You're kidding, right?

Bayer you say?

The Bayer whose one time chairman Carl Duisberg advocated for the use of Belgian slave labor in World War One, helped invent poison gas, and later helped found I.G. Farben in the first place Bayer? The Bayer whose Carl Duisberg became the name for a society that sponsored Mohammad Atta? *That* Bayer? As in major-component-of-I.G.-Farben-Bayer? As in "oh look we've got so much cash on hand we can afford to buy Mon(ster)santo with a cash buyout" Bayer? The Bayer that we here at the Giza Community of Daily High Octane Speculation like to call I.G. Farbensanto Bayer? The Bayer that recently expressed "misgivings" for having bought Mon(ster)santo in the first place in order to *become* I.G. Farbensanto, because it also bought all those lawsuits pending against Mon(ster)santo, and might have to shell out more – *much* more – cash because of it Bayer? The Bayer that because of that, might need a quick, fast, and reliable infusion of lots of cash Bayer? Like, infusions of cash during a plandemic whose only cure appears to be a drug patented by Bayer which stands potentially to make lots of cash off the patent and any licensing agreements Bayer?

Well, color me utterly speechless, because you just can't make this stuff up folks. It's a much better plot than anything coming out of Hollyweird in the last few years.

Now I've got a headache. I need an aspirin...

(Looks at pill).

Hmmph...

... Bayer...

See you on the flip side...