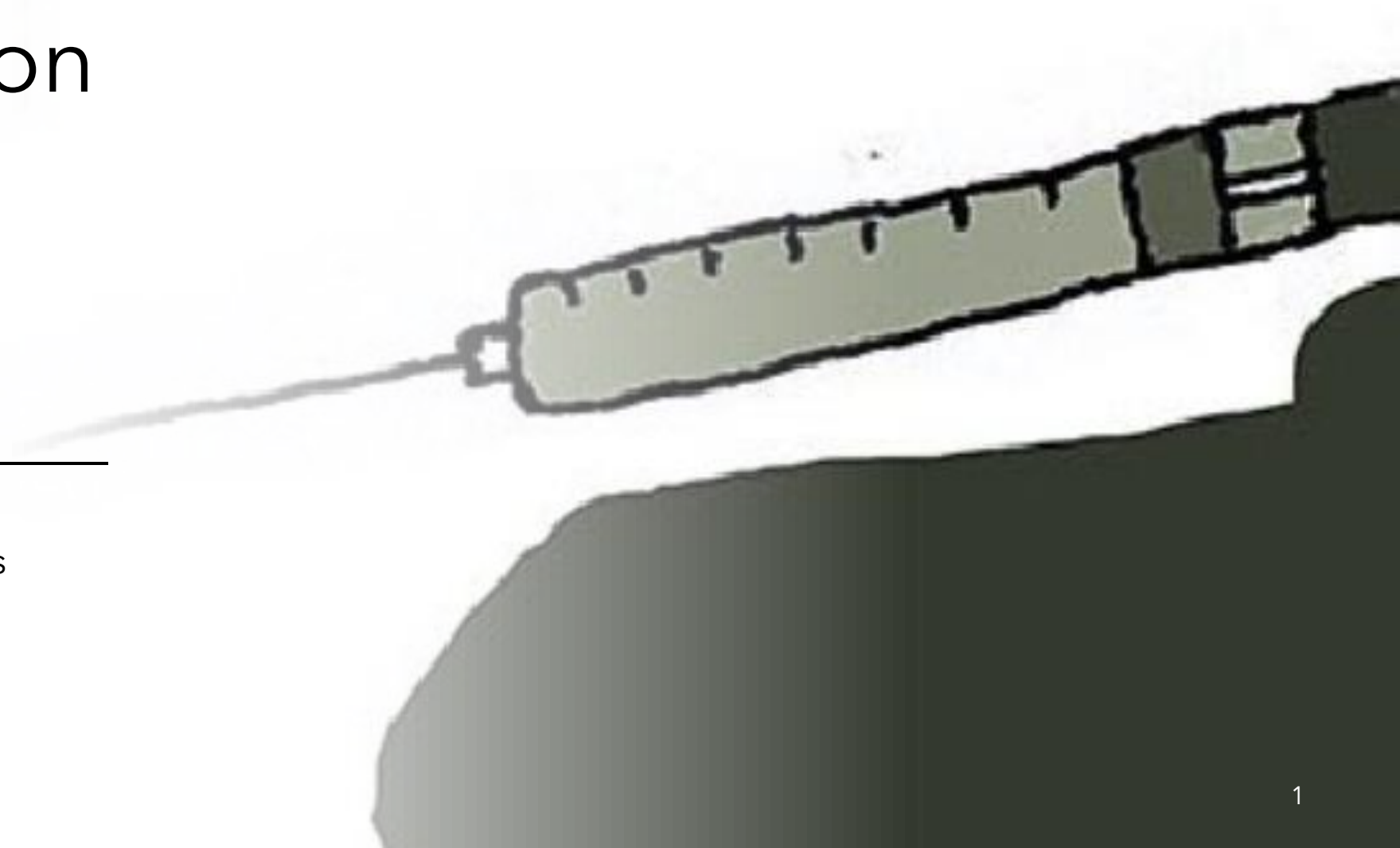
Weaponization of Health, Food and Environment



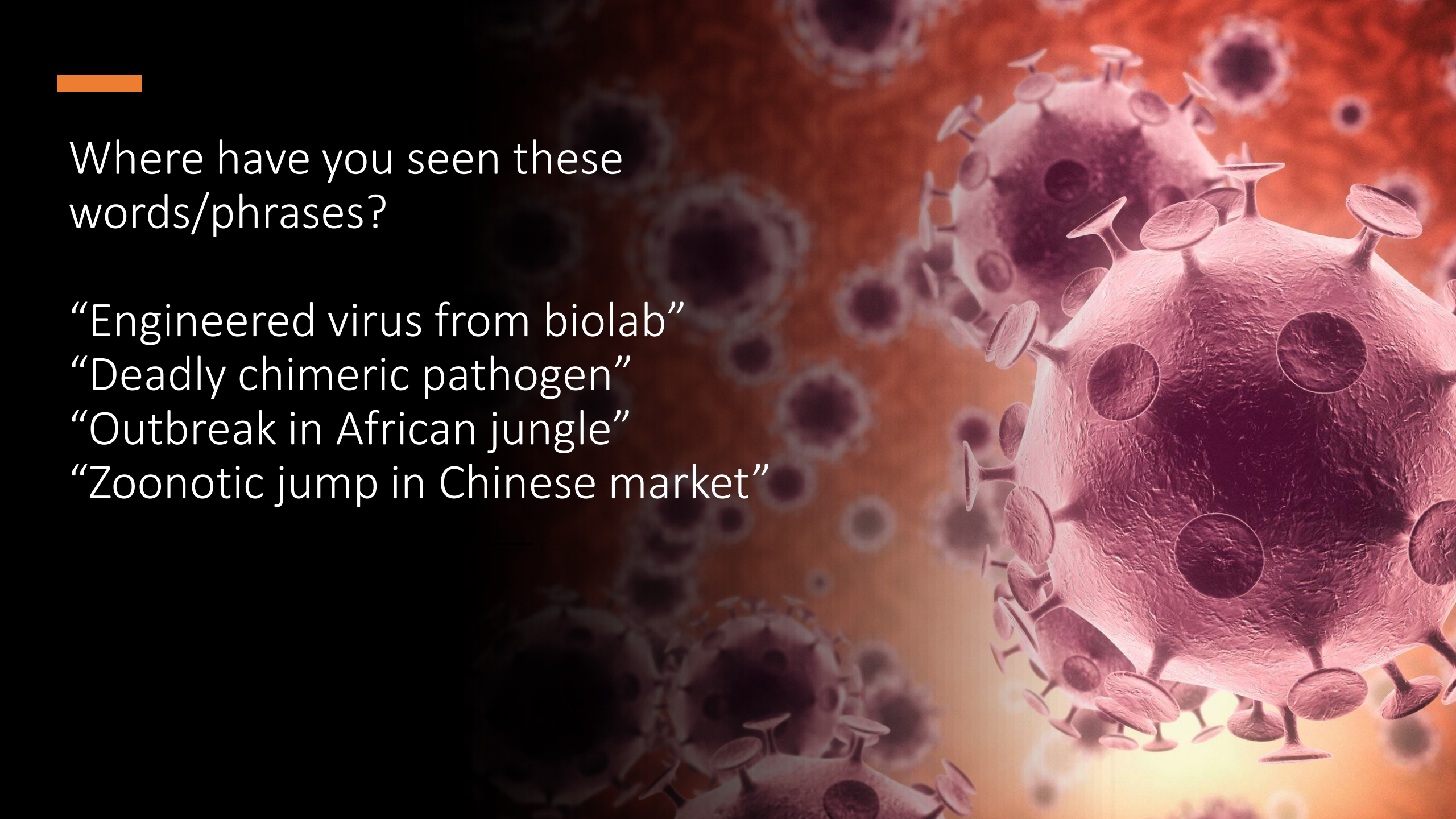
Evidence of ongoing global bio-chemical warfare camouflaged as public health emergencies

Sasha Latypova, 2023

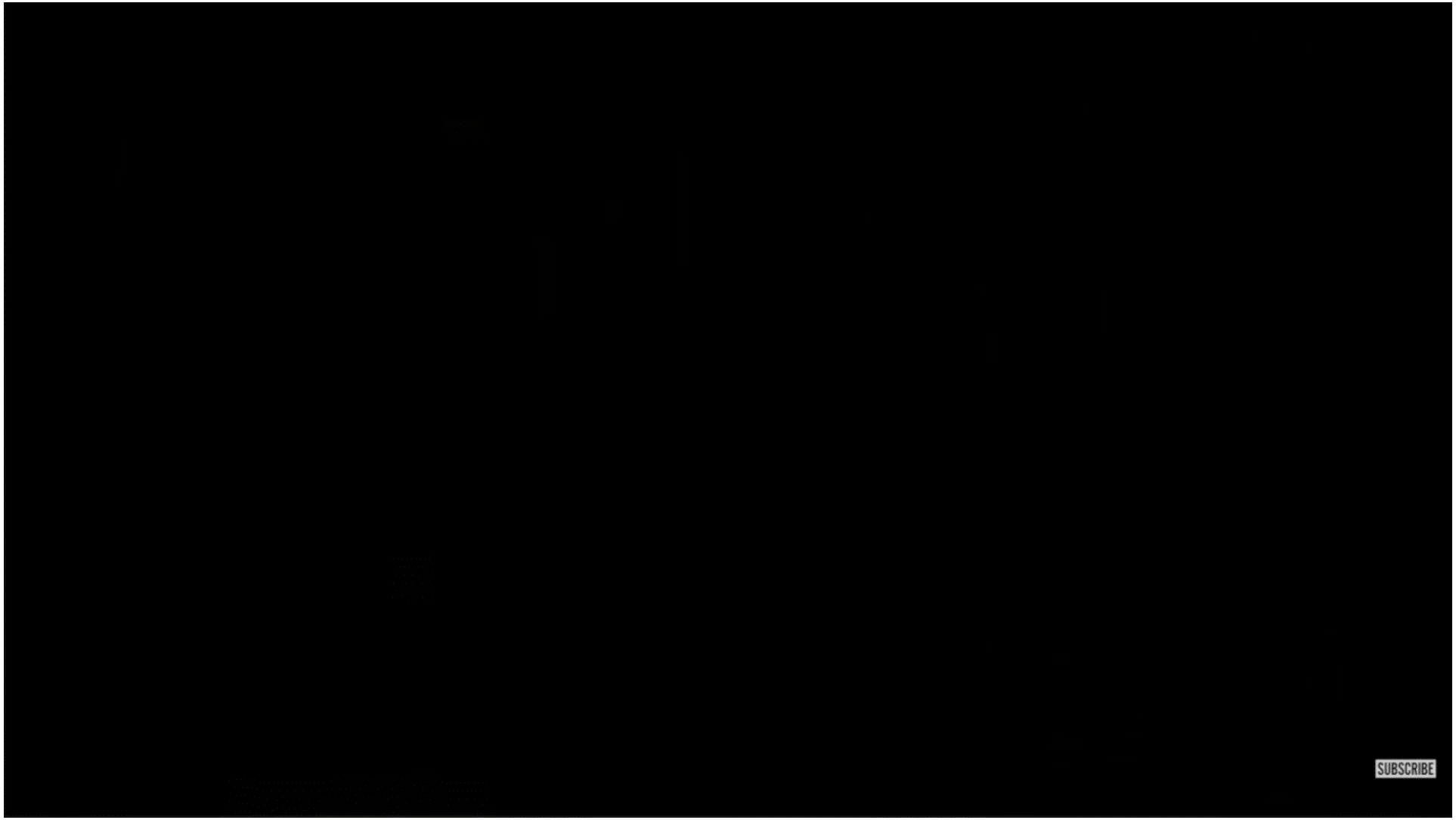
sashalatypova.substack.com

Where have you seen these words/phrases?

“Engineered virus from biolab”
“Deadly chimeric pathogen”
“Outbreak in African jungle”
“Zoonotic jump in Chinese market”

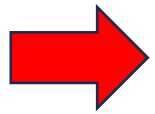


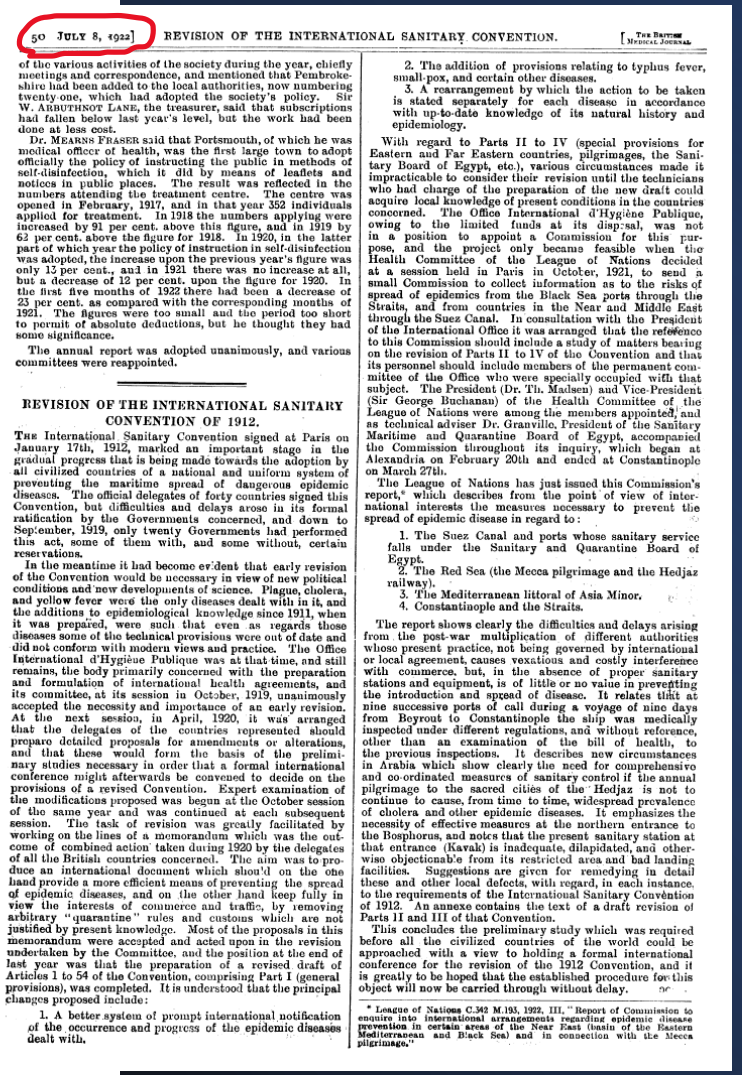
When/how did you learn about “viral pandemics”?



Do “pandemics” happen? Remember the Spanish flu?

- International Sanitary Conventions (ISC) 1850-1948 (predecessor to WHO IHR)
- Develop rules/convention for control of communicable diseases spread by travel, shipping and trade
- “Conventional diseases” – cholera, plague, typhus, yellow fever, smallpox (i.e. crowding/sanitation related illnesses)
- “Flu” or “influenza” or any respiratory disease was NEVER discussed as a concern for international travel and trade
- BMJ Proceedings of the ISC of 1922 – zero discussion of influenza/flu, Spanish or otherwise!





50 JULY 8, 1922] REVISION OF THE INTERNATIONAL SANITARY CONVENTION. [THE BRITISH MEDICAL JOURNAL

of the various activities of the society during the year, chiefly meetings and correspondence, and mentioned that Pembrokeshire had been added to the local authorities, now numbering twenty-one, which had adopted the society's policy. Sir W. ARBUTHNOT LANE, the treasurer, said that subscriptions had fallen below last year's level, but the work had been done at less cost.

Dr. MEARNS FRASER said that Portsmouth, of which he was medical officer of health, was the first large town to adopt officially the policy of instructing the public in methods of self-disinfection, which it did by means of leaflets and notices in public places. The result was reflected in the numbers attending the treatment centre. The centre was opened in February, 1917, and in that year 352 individuals applied for treatment. In 1918 the numbers applying were increased by 91 per cent. above this figure, and in 1919 by 62 per cent. above the figure for 1918. In 1920, in the latter part of which year the policy of instruction in self-disinfection was adopted, the increase upon the previous year's figure was only 13 per cent., and in 1921 there was no increase at all, but a decrease of 12 per cent. upon the figure for 1920. In the first five months of 1922 there had been a decrease of 23 per cent. as compared with the corresponding months of 1921. The figures were too small and the period too short to permit of absolute deductions, but he thought they had some significance.

The annual report was adopted unanimously, and various committees were reappointed.

REVISION OF THE INTERNATIONAL SANITARY CONVENTION OF 1912.

THE International Sanitary Convention signed at Paris on January 17th, 1912, marked an important stage in the gradual progress that is being made towards the adoption by all civilized countries of a national and uniform system of preventing the maritime spread of dangerous epidemic diseases. The official delegates of forty countries signed this Convention, but difficulties and delays arose in its formal ratification by the Governments concerned, and down to September, 1919, only twenty Governments had performed this act, some of them with, and some without, certain reservations.

In the meantime it had become evident that early revision of the Convention would be necessary in view of new political conditions and new developments of science. Plague, cholera, and yellow fever were the only diseases dealt with in it, and the additions to epidemiological knowledge since 1911, when it was prepared, were such that even as regards these diseases some of the technical provisions were out of date and did not conform with modern views and practice. The Office International d'Hygiène Publique was at that time, and still remains, the body primarily concerned with the preparation and formulation of international health agreements, and its committee, at its session in October, 1919, unanimously accepted the necessity and importance of an early revision. At the next session, in April, 1920, it was arranged that the delegates of the countries represented should prepare detailed proposals for amendments or alterations, and that these would form the basis of the preliminary studies necessary in order that a formal international conference might afterwards be convened to decide on the provisions of a revised Convention. Expert examination of the modifications proposed was begun at the October session of the same year and was continued at each subsequent session. The task of revision was greatly facilitated by working on the lines of a memorandum which was the outcome of combined action taken during 1920 by the delegates of all the British countries concerned. The aim was to produce an international document which should on the one hand provide a more efficient means of preventing the spread of epidemic diseases, and on the other hand keep fully in view the interests of commerce and traffic, by removing arbitrary "quarantine" rules and customs which are not justified by present knowledge. Most of the proposals in this memorandum were accepted and acted upon in the revision undertaken by the Committee, and the position at the end of last year was that the preparation of a revised draft of Articles 1 to 54 of the Convention, comprising Part I (general provisions), was completed. It is understood that the principal changes proposed include:

1. A better system of prompt international notification of the occurrence and progress of the epidemic diseases dealt with.
2. The addition of provisions relating to typhus fever, small-pox, and certain other diseases.
3. A rearrangement by which the action to be taken is stated separately for each disease in accordance with up-to-date knowledge of its natural history and epidemiology.

With regard to Parts II to IV (special provisions for Eastern and Far Eastern countries, pilgrimages, the Sanitary Board of Egypt, etc.), various circumstances made it impracticable to consider their revision until the technicians who had charge of the preparation of the new draft could acquire local knowledge of present conditions in the countries concerned. The Office International d'Hygiène Publique, owing to the limited funds at its disposal, was not in a position to appoint a Commission for this purpose, and the project only became feasible when the Health Committee of the League of Nations decided at a session held in Paris in October, 1921, to send a small Commission to collect information as to the risks of spread of epidemics from the Black Sea ports through the Straits, and from countries in the Near and Middle East through the Suez Canal. In consultation with the President of the International Office it was arranged that the reference to this Commission should include a study of matters bearing on the revision of Parts II to IV of the Convention and that its personnel should include members of the permanent committee of the Office who were specially occupied with that subject. The President (Dr. Th. Madsen) and Vice-President (Sir George Buchanan) of the Health Committee of the League of Nations were among the members appointed, and as technical adviser Dr. Granville, President of the Sanitary Maritime and Quarantine Board of Egypt, accompanied the Commission throughout its inquiry, which began at Alexandria on February 20th and ended at Constantinople on March 27th.

The League of Nations has just issued this Commission's report,* which describes from the point of view of international interests the measures necessary to prevent the spread of epidemic disease in regard to:

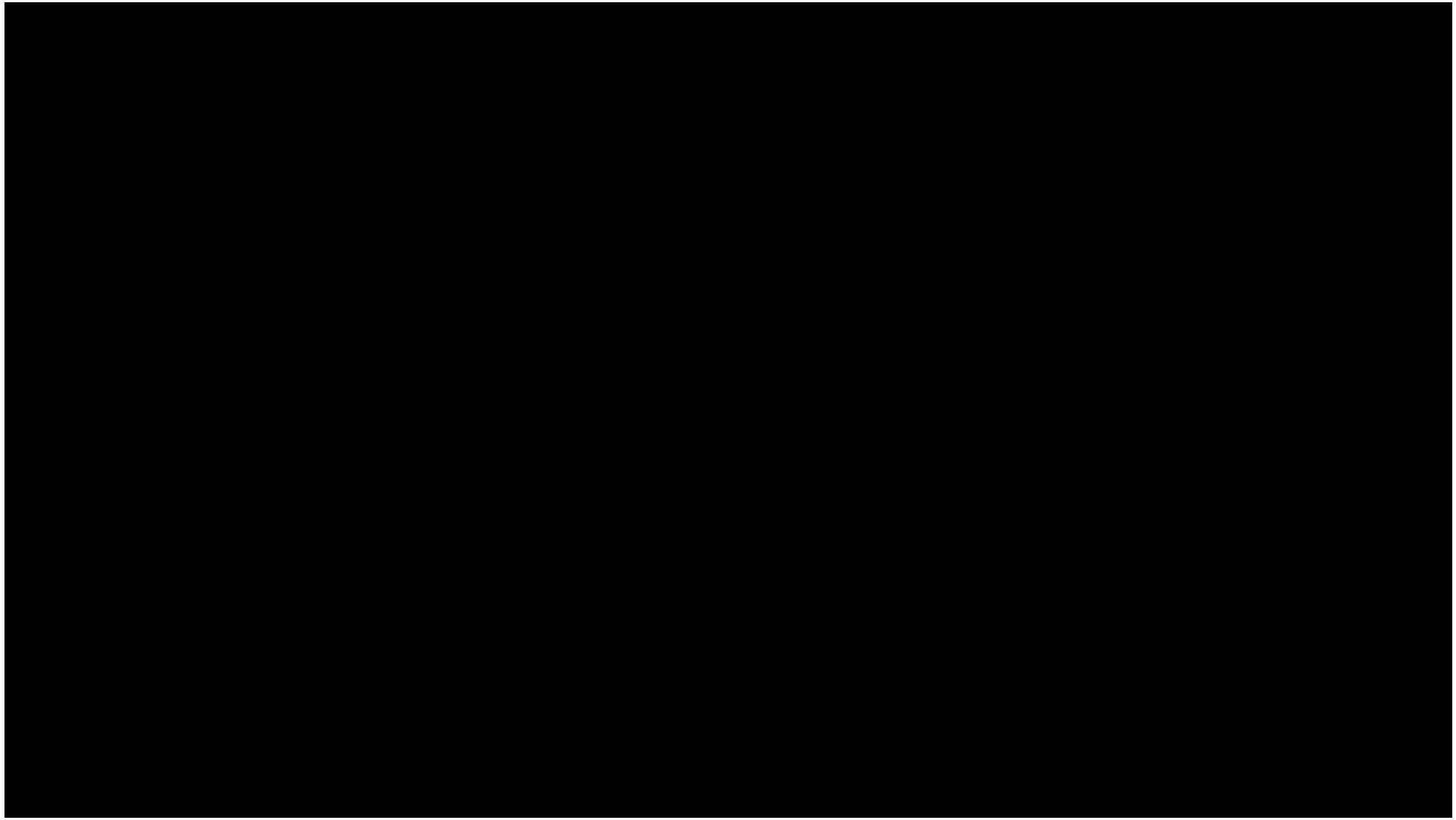
1. The Suez Canal and ports whose sanitary service falls under the Sanitary and Quarantine Board of Egypt.
2. The Red Sea (the Mecca pilgrimage and the Hedjaz railway).
3. The Mediterranean littoral of Asia Minor.
4. Constantinople and the Straits.

The report shows clearly the difficulties and delays arising from the post-war multiplication of different authorities whose present practice, not being governed by international or local agreement, causes vexatious and costly interference with commerce, but, in the absence of proper sanitary stations and equipment, is of little or no value in preventing the introduction and spread of disease. It relates that at nine successive ports of call during a voyage of nine days from Beyrout to Constantinople the ship was medically inspected under different regulations, and without reference, other than an examination of the bill of health, to the previous inspections. It describes new circumstances in Arabia which show clearly the need for comprehensive and co-ordinated measures of sanitary control if the annual pilgrimage to the sacred cities of the Hedjaz is not to continue to cause, from time to time, widespread prevalence of cholera and other epidemic diseases. It emphasizes the necessity of effective measures at the northern entrance to the Bosphorus, and notes that the present sanitary station at that entrance (Kavak) is inadequate, dilapidated, and otherwise objectionable from its restricted area and bad landing facilities. Suggestions are given for remedying in detail these and other local defects, with regard, in each instance, to the requirements of the International Sanitary Convention of 1912. An annexe contains the text of a draft revision of Parts II and III of that Convention.

This concludes the preliminary study which was required before all the civilized countries of the world could be approached with a view to holding a formal international conference for the revision of the 1912 Convention, and it is greatly to be hoped that the established procedure for this object will now be carried through without delay.

* League of Nations C.362 M.193, 1922. III. "Report of Commission to enquire into international arrangements regarding epidemic disease prevention in certain areas of the Near East (basin of the Eastern Mediterranean and Black Sea) and in connection with the Mecca pilgrimage."

Repeatedly faked pandemics…



Real “covid pandemic”: Nice people blindly following unlawful orders for money

Hospital “covid” death protocol:

- A “free” *required* PCR test (90%+ false positive) in the ER/on admission, with government-paid fee to hospital.
- Bonus payment for each positive COVID-19 diagnosis.
- Another bonus for a COVID-19 admission to the hospital.
- 20% “boost” bonus payment from Medicare on the *entire hospital bill* for use of remdesivir instead of medicines such as Ivermectin.
- Another, larger bonus payment to the hospital if a COVID-19 patient is mechanically ventilated.
- More money to the hospital if cause of death is listed as COVID-19, even if patient did not die directly of COVID-19.
- A COVID-19 diagnosis also provides extra payments to coroners.

Militant denial/prosecution of safe, established treatments: IVM, HCQ, vitamins and fluids

Covid-19: Bio-Chemical-Informational War Marketed as “Pandemic”

Deploy massive public debt under emergency powers: $trillions in stimulus

Gaslighting, censorship, prosecution of dissent

Claim viral “pandemic”, drive media panic

Lockdowns, masks, denial of effective treatments

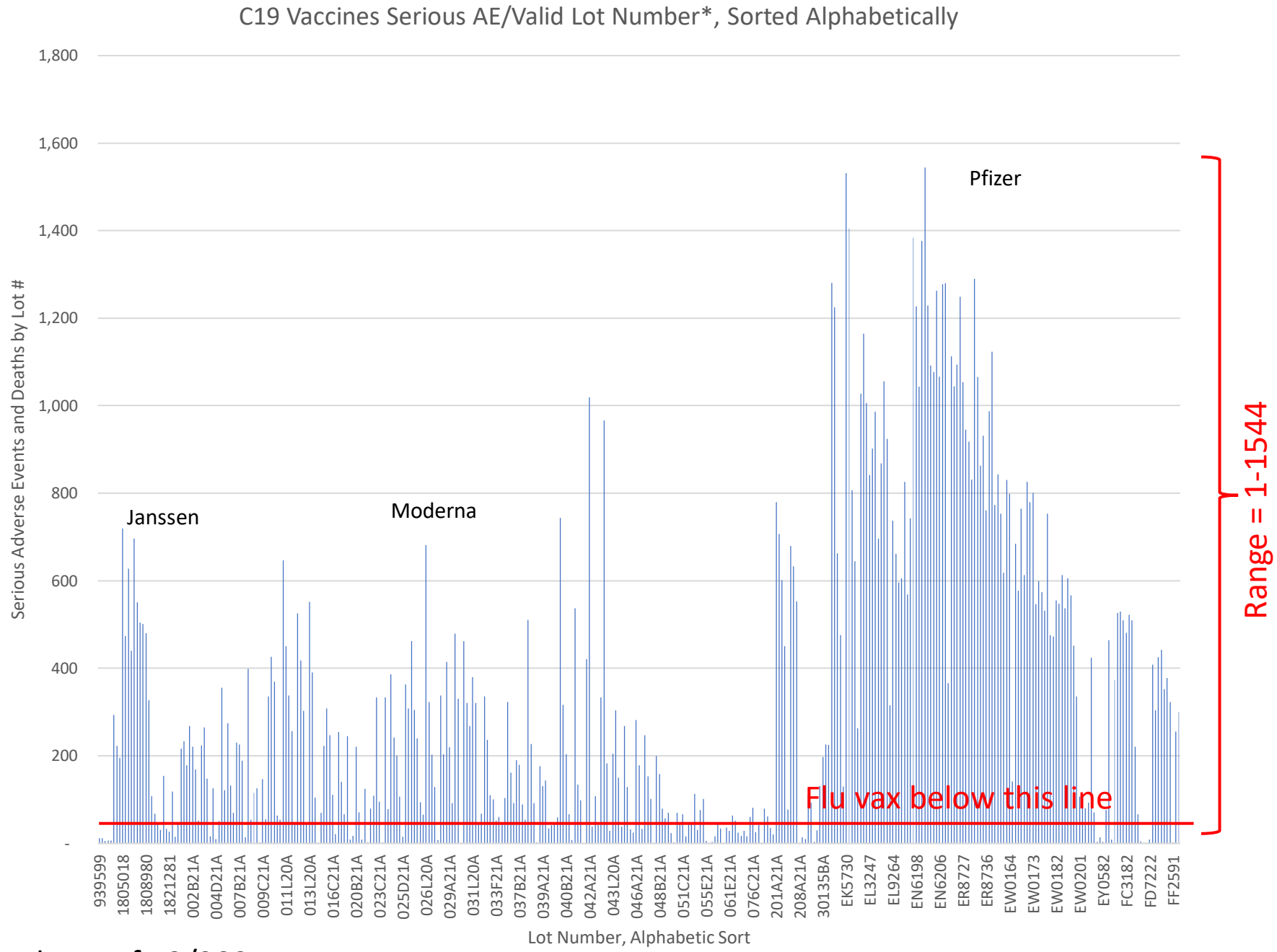
Extract massive private profits $$$$, transfer wealth/assets to controllers

Hospital Kill Protocols (Remdesivir+vent)

Deploy Real Bioweapons: Poison Shots

Evidence of Very Bad Manufacturing Practices for mRNA Injections

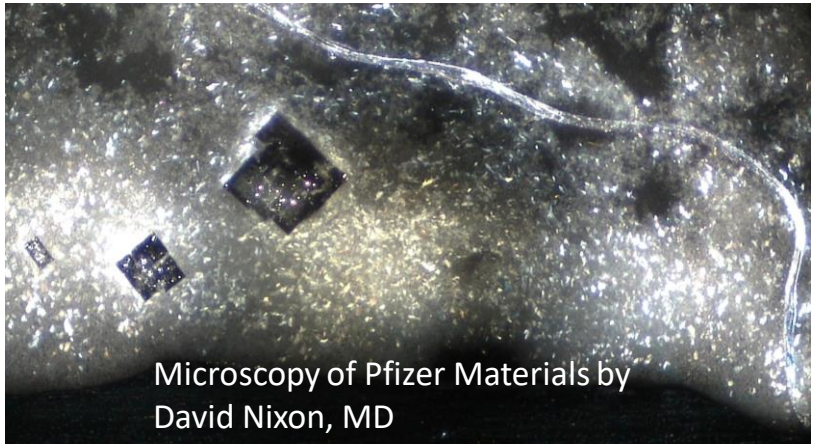
Early Analysis of VAERS, 2020-2021

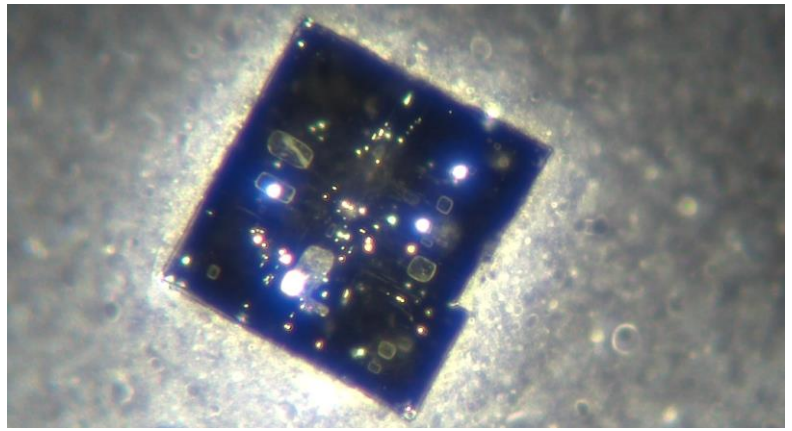


*Includes US data only, as of 12/2021

Product does not conform to labels (worldwide vial testing)*

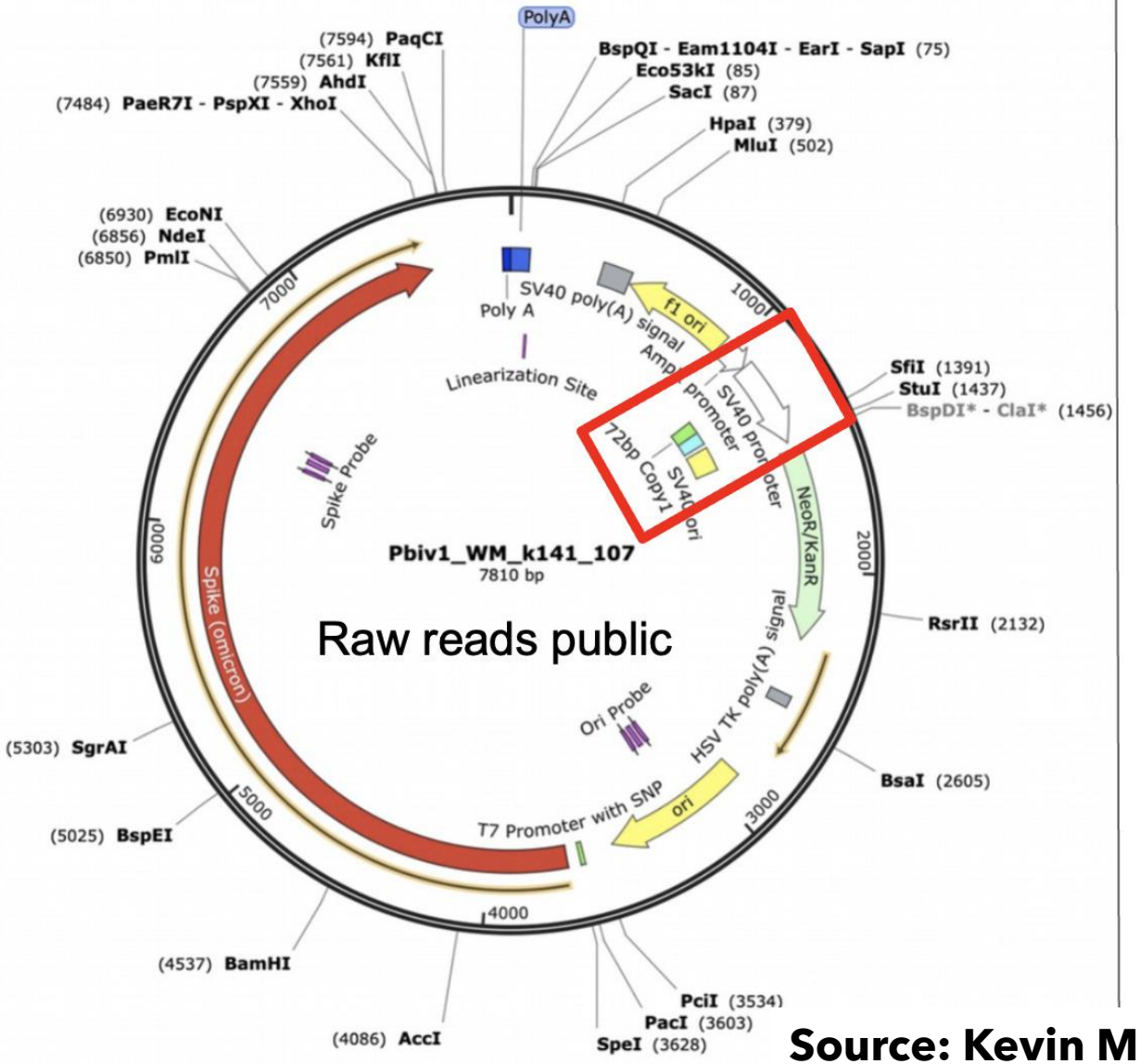
- Synthetic RNA non-conforming to label
- Synth DNA/protein “impurities” 100-1000x over limits
- Toxic metals of unknown origin or purpose:
  - Caesium, potassium, calcium, barium, cobalt, iron, chromium, titanium, cerium, gadolinium, aluminum, silicon, sulfur, thulium, antimony.
- Hydrogel (DARPA hydrogel?) + Graphene oxide?
- Objects: particles, crystals, square shapes, fibers, ribbons, etc. – none properly explained



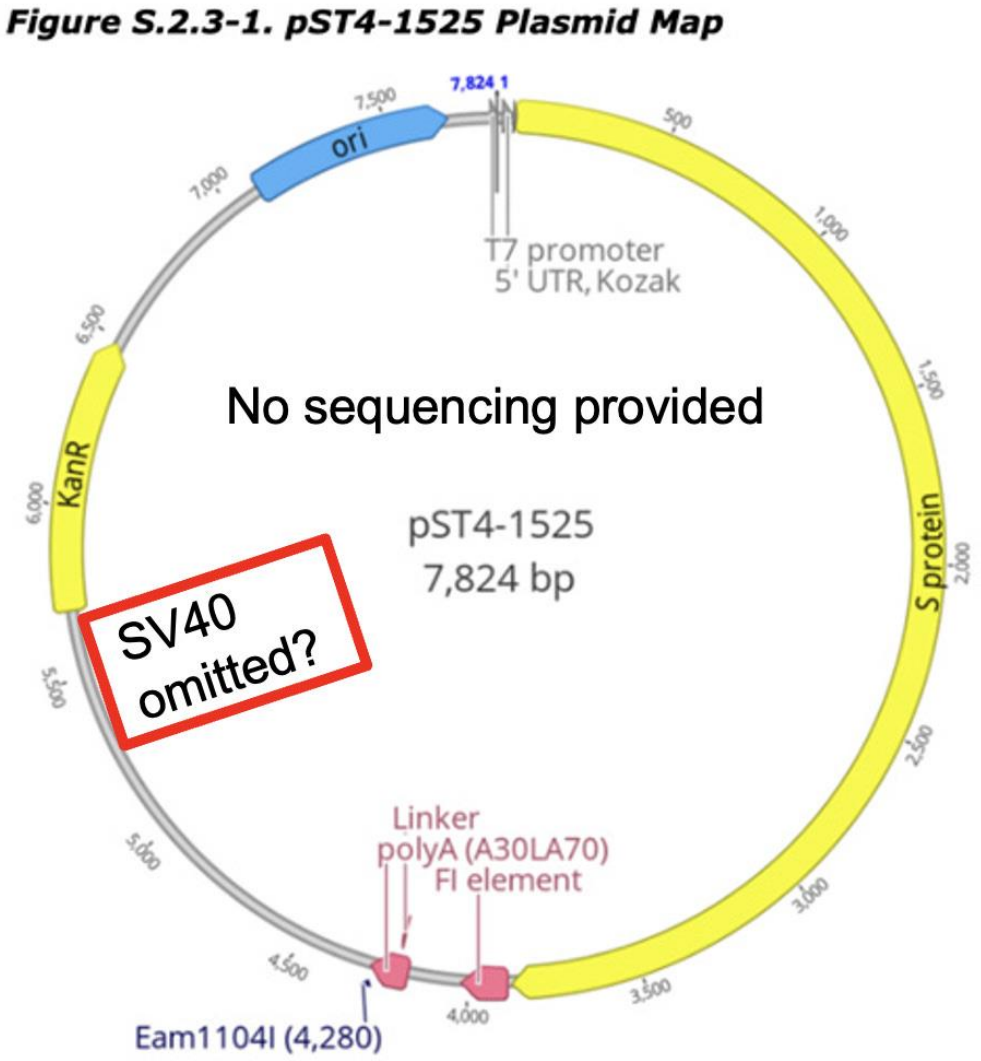


* David Hughes, PhD https://ijvtpr.com/index.php/IJVTPR/article/view/52

Independent Illumina sequencing



What was disclosed to the EMA



Source: Kevin McKernan, *Preprint DOI [10.31219/osf.io/b9t7m](https://doi.org/10.31219/osf.io/b9t7m)

Next Generation Bioweapons: Genetic Engineering and BW

Michael J. Ainscough

US Air Force
Counterproliferation Center
Future Warfare Series
No. 14

14

the contributions of scientists to problems of national security and public benefit." Their meeting concentrated on the near-term future threat of biological warfare, specifically on genetically engineered pathogens and weapons.

The JASON Group that met in 1997 grouped potential genetically engineered pathogens into six broad groups of potential futuristic threats.[85]

- *Binary biological weapons*
- *Designer genes*
- *Gene therapy as a weapon*
- *Stealth viruses*
- *Host-swapping diseases*
- *Designer diseases*

3) <u>Gene Therapy as a Weapon</u>:[96] Gene therapy will revolutionize the treatment of human genetic diseases. The goal is to effect a permanent change in the genetic composition of a person by repairing or replacing a faulty gene. Genes have already been spliced into bacteria to produce "human" insulin in large quantities.[97] The eventual goal is to splice a gene that codes for the production of insulin into human pancreatic tissue to cure diabetes. Similar research is progressing on adding in the missing gene to prevent the symptoms of cystic fibrosis. However, the same technology could be subverted to insert pathogenic genes.

Pfizer Lot# FL8095 tested by Kevin McKernan – Death of a healthy 10 yo 1 day after injection

Case Details

VAERS ID: 2414702 (history)
Form: Version 2.0
Age: 10.0
Sex: Male
Location: Unknown
Vaccinated: 2022-08-12
Onset: 2022-08-13
Days after vaccination: 1
Submitted: 0000-00-00
Entered: 2022-08-18

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FL8095 / 1	UN / IM

Administered by: Private **Purchased by:** ?
Symptoms: Bradycardia, Cardiac arrest, Cardiac valve disease, Culture, Death, Echocardiogram abnormal, Ejection fraction decreased, Full blood count, Intensive care, Metabolic function test, Pericardial effusion, Right ventricular dysfunction
SMQs:, Torsade de pointes/QT prolongation (broad), Cardiac failure (narrow), Anaphylactic reaction (broad), Systemic lupus erythematosus (broad), Arrhythmia related investigations, signs and symptoms (broad), Shock-associated circulatory or cardiac conditions (excl torsade de pointes) (narrow), Acute central respiratory depression (broad), Pulmonary hypertension (narrow), Haemodynamic oedema, effusions and fluid overload (narrow), Cardiomyopathy (narrow), Respiratory failure (broad), Drug reaction with eosinophilia and systemic symptoms syndrome (broad), Noninfectious myocarditis/pericarditis (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2022-08-15
Days after onset: 2
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: acetylcysteine NEB, albuterol NEB, Epidiolex, Vitamin D, clobazam, clonidine, felbamate, furosemide, glycopyrrolate, Culturelle, lorazepam, melatonin, methadone, Nano VM, omeprazole, pyllium, hypertonic saline 7% NEB
Current Illness: Initially admitted on 7/15 after a GT replacement w/ GI, transferred to PICU for respiratory failure requiring continued intubation in the setting of COVID-19 Pneumonia.
Preexisting Conditions: h/o neurometabolic/degenerative disorder, intractable seizures, GDD, GT dependence
Allergies: NKA
Diagnostic Lab Data: CBC, CMP, coag panel, respiratory cultures, Echocardiogram (08/13/22) demonstrates severely diminished LV function (LV EF=15%), moderately diminished RV function, and small posterior pericardial effusion. Aortic valve leaflets appear echogenic (possibly calcified) without stenosis or insufficiency.
CDC Split Type:
Write-up: Acute bradycardia and subsequent cardiac arrest on 8/13 leading to ICU transfer on epinephrine, milrinone, amiodarone, and fentanyl drips. Patient ultimately passed away on 8/15 after another cardiac arrest.

Total reported to date:

- 1400 AE, majority in children
- 65 serious and life-threatening events, 62 in children
- Lot was not recalled

FDA Regulatory Knowledge of Gene Therapy Risks as of 2015

Considerations for the Design of Early-Phase Clinical Trials of Cellular and Gene Therapy Products

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Guidance for Industry

Additional copies of this guidance are available from the Office of Communication, Outreach and Development (OCOD), 10903 New Hampshire Ave., Bldg. 71, Rm. 3128, Silver Spring, MD 20993-0002, or by calling 1-800-835-4709 or 240-402-7800, or email ocod@fda.hhs.gov, or from the Internet at http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm.

For questions on the content of this guidance, contact OCOD at the phone numbers or email address listed above.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research
June 2015

Early experiences with CGT products indicate that some CGT products may pose substantial risks to subjects. These experiences include multi-organ failure and death of a subject who received a GT product for ornithine transcarbamylase deficiency (Ref. 4), late-onset T-cell leukemia in subjects who received a GT product for X-linked severe combined immunodeficiency (X-SCID) (Ref. 5), and development of tumors in the brain and spinal cord of a patient who received intrathecal allogeneic stem cells for ataxia telangiectasia (Ref. 6). These events illustrate that the nature of the risks of CGT products can be different from those typically associated with other types of pharmaceuticals.

Features of some CGT products that may contribute to their risks include the potential for prolonged biological activity after a single administration, a high potential for immunogenicity, or the need for relatively invasive procedures to administer the product. Unlike many small molecule pharmaceuticals, the logistics and feasibility of manufacturing a CGT product sometimes influence the design of the clinical trials. In addition, the preclinical data generated for CGT products may not always be as informative as for small molecule pharmaceuticals, particularly since it usually is not feasible to conduct traditional preclinical pharmacokinetic (PK) studies with CGT products.

EMA reviewers found Pfizer's product extremely substandard

- Pfizer/BioNTech manufacturing processes (at all sites) were NOT GMP compliant:
  - Switch from Process 1 (clin trial) to Process 2 (commercial) – only 250 subj in clinical trial received Process 2
  - Regulators deemed data non-comparable and wanted a new study
  - Not validated, proprietary "black box" process, much information missing
- 117 Major Objections and Concerns listed by the regulators:
  - For any normal product, even a fraction of this would halt the approval
  - All objections would need to be resolved before authorization
- 2 weeks later the product is "authorized" and shipped worldwide…

Regulatory “approval” was a sham.

They are just following orders…
Whose orders??

Pseudo-Legal Structure of the Covid Crime

The State of War:
"Public Health Emergency" declaration suspends the Constitution, consolidates all power in the Executive branch (HHS)

The Weapons:
EUA Countermeasures funded by US DOD under Defense Production and Other Transaction Authority

The Shield:
2005 PREP Act removes liability for "covered persons" using "covered countermeasures" on condition of following orders of "health" authorities = license to kill

Legal history research by Katherine Watt, "Bailiwick News" on Substack

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

The General Counsel
Washington, D.C. 20201

ADVISORY OPINION ON THE PUBLIC READINESS AND EMERGENCY PREPAREDNESS ACT AND THE MARCH 10, 2020 DECLARATION UNDER THE ACT APRIL 17, 2020, AS MODIFIED ON MAY 19, 2020

But even then, certain acts or omissions remain immune from suit. For example, under 42 U.S.C. § 247d-6d(c)(4),

> Notwithstanding any other provision of law, a program planner or qualified person shall not have engaged in "willful misconduct" as a matter of law where such program planner or qualified person acted consistent with applicable directions, guidelines, or recommendations by the Secretary regarding the administration or use of a covered countermeasure that is specified in the declaration under subsection (b), provided either the Secretary, or a State or local health authority, was provided with notice of information regarding serious physical injury or death from the administration or use of a covered countermeasure that is material to the plaintiff's alleged loss within 7 days of the actual discovery of such information by such program planner or qualified person.

If use of a covered countermeasure results in death or serious injury, then:

1. The injured can only bring suit before a three-judge court in the District of Columbia;
2. Plaintiffs must prove causality of death/injury by the countermeasure AND willful misconduct;
3. Even if plaintiffs do prove causality, the defendant is not liable under PREP Act if they followed the orders of HHS!

Countermeasures are “medicines” devoid of regulatory consumer safeguards

- 21 USC 360bbb-3(k): **use** of EUA-covered medical countermeasure (MCM) products, once designated as such by the Secretary of Health and Human Services “**shall not be considered to constitute a clinical investigation.**”

(c) CRITERIA FOR ISSUANCE OF AUTHORIZATION

The Secretary may issue an authorization under this section with respect to the emergency use of a product only if, after consultation with the Assistant Secretary for Preparedness and Response, the Director of the National Institutes of Health, and the Director of the Centers for Disease Control and Prevention (to the extent feasible and appropriate given the applicable circumstances described in subsection (b)(1)), the Secretary concludes—

(1) that an agent referred to in a declaration under subsection (b) can cause a serious or life-threatening disease or condition;

(2) that, based on the totality of scientific evidence available to the Secretary, in trials, if available, it is reasonable to believe that—

(A) the product may be effective in diagnosing, treating, or preventing—

(i) such disease or condition; or

(ii) a serious or life-threatening disease or condition caused by a product a this chapter, or licensed under section 351 of the Public Health Service Act [42 U.S.C. 262], for diagnosing, treating, or preventing such a disease or condition caused by such an agent; and

(B) the known and potential benefits of the product, when used to diagnose, prevent, or treat such disease or condition, outweigh the known and potential risks of the product, taking into consideration the material threat posed by the agent or agents identified in a declaration under subsection (b)(1)(D), if applicable;

(3) that there is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating such disease or condition;

(4) in the case of a determination described in subsection (b)(1)(B)(ii), that the request for emergency use is made by the Secretary of Defense; and

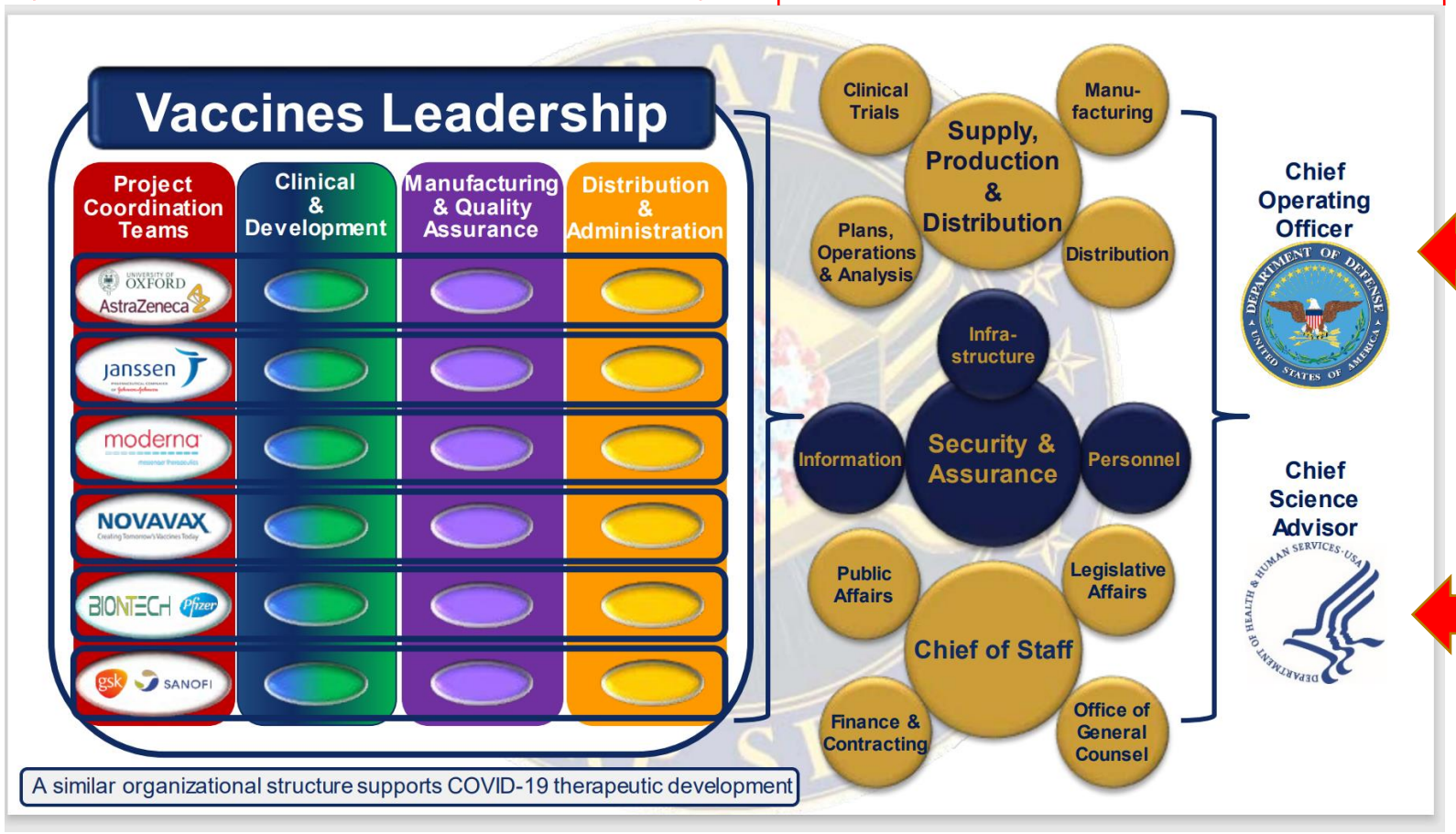
(5) that such other criteria as the Secretary may by regulation prescribe are satisfied.

Countermeasures deployed at sole discretion of the HHS Sec during HHS-declared PHE:

"May be effective" criterion, no data needed, no Congressional or judicial review allowed, no stopping criteria!

Not in charge: Pharma companies ($$$$)

In charge: NSC, DOD, BARDA



As of October 20, 2020

OWS/BARDA Vaccine Manufacturing Portfolio

"Demo"

- Johnson & Johnson / janssen — Ad26 Vector Mfg.Demo
- SANOFI PASTEUR / gsk — Recombinant Protein + AS03 Adjuvant Mfg. Demo
- AstraZeneca — AZD1222 (ChAdOx1) Mfg.Demo
- moderna — mRNA-1273 Commercial Scale Mfg.
- NOVAVAX (Creating Tomorrow's Vaccines Today) — NVX-CoV2373 Mfg. Demo
- Pfizer — BNT162 (mRNA) mRNA Mfg. Demo

DOD contacts for coronavirus starting in 2018

"Manufacturing" consortium incl 300+ companies

Vac…ts

- Marathon Medical — Needles & Syringes
- emergent biosolutions — Manufacturing Capacity & Vial Filling
- smiths medical — Needles & Syringes Manufacturing Capacity Expansion
- cytiva — Manufacturing of Pharmaceutical Consumables
- BD — Needles & Syringes + Manufacturing Capacity Expansion
- CORNING — Vial Manufacturing Capacity
- Grand River Aseptic Manufacturing — Domestic Fill/Finish Capacity Expansion
- Ology Bioservices — Manufacturing Capacity Reservation & Expansion
- Retractable Technologies, Inc — Needles & Syringes + Manufacturing Capacity Expansion
- SiO2 Materials Science — Vial Manufacturing Capacity
- The Texas A&M University System — Manufacturing Capacity Reservation & Expansion
- Snapdragon Chemistry — Raw Materials for mRNA Vaccine Manufacturing
- patheon by Thermo Fisher Scientific — Fill/Finish Capacity

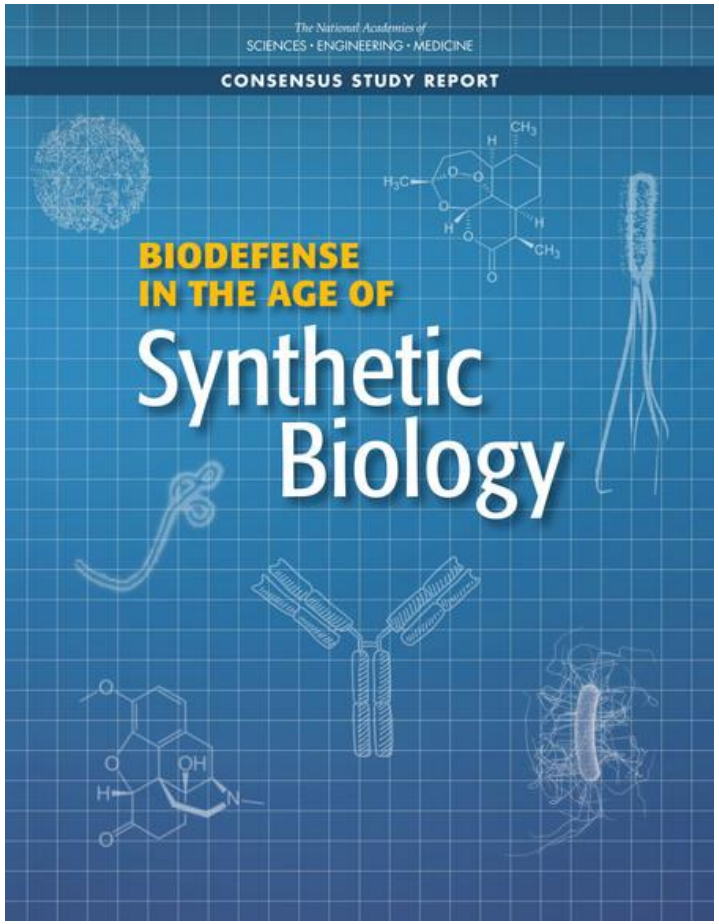
Mfg = ≥100M doses

"Vaccine Development and Approval" was a performance art to fool the public

- Ordered as "prototypes" and "demonstrations" (i.e. fakes) in DOD contracts
- Clinical trials were not ordered by DOD/HHS - not legally possible for countermeasures
- cGMP compliance was mentioned in contracts but not possible to enforce due to the EUA countermeasure status and PREP Act
- FDA/CDC/DOD/pharmas lied about "fully approved" status while shipping only EUA versions forcing millions of people into a dangerous medical experiment with no informed consent

EUA Countermeasures: “medical products” for which there is no liability, all risk is forced onto recipients and all profits are privatized are not medical products at all.

mRNA/DNA Technologies in Animal Vaccines and Food



Chapter 6: Assessment of Concerns Related to Bioweapons that Alter the Human Host

"Human health is highly dependent upon the human microbiome—the microorganisms that live on and within us, especially those associated with the gut, oral cavity, nasopharyngeal space, and skin. These populations of microbes are likely far easier to manipulate than the human host itself, making the microbiome a potentially accessible vector for attack".

Vectors of attack discussed:

- Delivery of harmful cargo via microbiome (RNA and plasmid DNA or viral vectors) via injections or horizontal transfer (shedding)
- Enhancement of the attack via other pathways – animal vaccines, food: "domestic animals could be used as carriers for engineered agents transmitted via the microbiome".

Contributor(s): National Academies of Sciences, Engineering, and Medicine; Division on Earth and Life Studies; Board on Chemical Sciences and Technology; Board on Life Sciences; Committee on Strategies for Identifying and Addressing Potential Biodefense Vulnerabilities Posed by Synthetic Biology

Persistent Damage to the Gut Microbiome following Messenger RNA SARS-CoV-2 Vaccine

Sabine Hazan[1], Sonya Davé[2], Thomas J. Borody[3]

[1]ProgenaBiome, LLC, Ventura, CA, USA, [2]Microbiome Research Foundation, Ventura, CA, USA, [3]Centre for Digestive Diseases, Five Dock, NSW, AUS

Abstract
E0141
(S2108)

Introduction

- The human gut microbiome is an essential determinant of human health.
- *Bifidobacterium* decline is associated with inflammatory bowel disease, obesity, neurological disorders, *C. difficile* infection and severe COVID-19 (1-3).
- Long-term effect of messenger RNA vaccines for SARS-CoV-2 on the human gut microbiome is unknown.
- The purpose of this study was to explore longitudinal changes in the Relative Abundance of *Bifidobacterium* after mRNA SARS-CoV-2 vaccination.

Methods

We longitudinally recorded the Relative Abundance of *Bifidobacterium* in four subjects before receiving a mRNA vaccine (Pfizer or Moderna) for SARS-CoV-2, approximately one post-vaccination, as well as 6-9 months post-vaccination. Additional SARS-CoV-2 vaccines were given during that period, totaling 2 to 3 doses. Samples were collected at the time points mentioned. No dietary changes or new medications were introduced throughout the study period. Metagenomic next generation sequencing-based methods were applied to samples obtained from fecal collection. DNA was extracted, and the library prepped, enriched and sequenced on an Illumina Nextseq 550 system. This study was IRB approved.

Results

Subject	Change in Relative Abundance of *Bifidobacterium* (% of pre-vaccine level)	
	1 month post-vaccine	6-9 months post-vaccine
1	38%	15%
2	258%	0%
3	49%	35%
4	90%	60%

Table 1. Change in Relative Abundance of *Bifidobacterium* after SARS-CoV-2 mRNA vaccination.

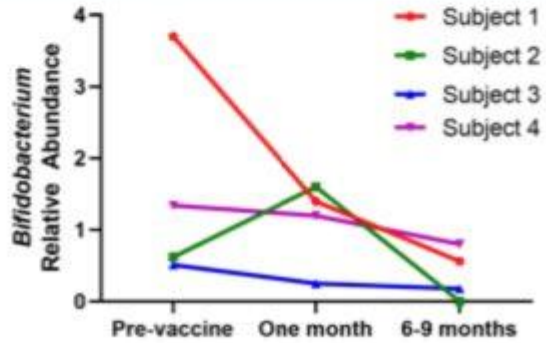


Figure 1. Decline in Relative Abundance of *Bifidobacterium* after SARS-CoV-2 mRNA vaccination.

Discussion

- At 1 month post-vaccination, 3 of 4 subjects experienced a decrease in Relative Abundance of *Bifidobacterium* below pre-vaccination levels.
- At 6-9 months post-vaccination, all subjects experienced a decrease in Relative Abundance of *Bifidobacterium* below pre-vaccination levels.
- No subjects exhibited significant post-vaccine complications.
- The lasting decrease in *Bifidobacterium* levels may contribute to SARS-CoV-2 infection post vaccination.
- Gut dysbiosis after mRNA SARS-CoV-2 vaccination may be a future indication for restoration of *Bifidobacterium* via oral or fecal transplant routes.

References

1. Ruiz L, et al. *Front Microbiol*. 2017;8:2345.
2. Suganya K, Koo BS. *Int J Mol Sci*. 2020;21(20):7551.
3. Hazan S, et al. *BMJ Open Gastro*. 2022;9(1):e000871.

Existing DNA/RNA Vaccines for Animals/Fish

- 2005, APEX-IHN (Novartis/Elanco) for Atlantic salmon against Infectious Hematopoietic Necrosis Virus (IHNV), British Colombia.
- West Nile Innovator - DNA (Fort Dodge Animal Health/Pfizer) for West Nile virus in condors and horses.
- Oncept (Merial) against dog melanoma.
- In 2017, CLYNAV (Elanco), a polyprotein-encoding DNA vaccine against Salmon Pancreas Disease Virus (SPDV) infection in Atlantic salmon was authorized by the European Medicines Agency (EMA).
- Sequivity (Merck) in swine (2017) – Emergency use in Canada, fully licensed in US (USDA, 2021). “Platform” for making farm-specific injections based on RNA-particle technology.

MERCK Animal Health

SEQUIVITY®

- RNA particle vaccine
- Approved by USDA for swine influenza N1 and N2
- 2 doses 3 weeks apart
- Merck claims it is a "platform" for custom vaccines made in 12 weeks (<100 days)

https://www.aphis.usda.gov/wcm/connect/

Adverse Events Summary 21 days

VeDDRA Code	Total Animals	Percent of All Animals
No adverse events	525	70.20%
Anorexia	55	7.40%
Death	24	3.20%
Lameness	20	2.70%
Loss of Condition	12	1.60%
Diarrhea	11	1.50%
Unthrifty	7	0.90%
Anaphylaxis^	3	0.40%
Central Nervous System Disorder*	3	0.40%
Lethargy	3	0.40%
Respiratory Tract Infection*	3	0.40%
Arthritis	2	0.30%
Meningitis	2	0.30%
Musculoskeletal Disorder*	2	0.30%
Trauma*	2	0.30%
Abdominal Caviry Hernia	1	0.10%
Abscess*	1	0.10%
*Not otherwise specified		
^Related to IVP		
USDA Approval Date	December 13, 2021	

30%!

Fish & Shellfish Immunology
Volume 85, February 2019, Pages 106-125

Full length article

DNA vaccination for finfish aquaculture

Catherine Collins [a], Niels Lorenzen [b], Bertrand Collet [a c]

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https://doi.org/10.1016/j.fsi.2018.07.012 Get rights and content

Abstract

In fish, DNA vaccines have been shown to give very high protection in experimental facilities against a number of viral diseases, particularly diseases caused by rhabdoviruses. However, their efficacy in generating protection against other families of fish viral pathogens is less clear. One DNA vaccine is currently in use commercially in fish farms in Canada and the commercialisation of another was authorised in Europe in 2017. The mechanism of action of DNA vaccines, including the role of the innate immune responses induced shortly after DNA vaccination in the activation of the adaptive immunity providing longer term specific protection, is still not fully understood. In Europe the procedure for the commercialisation of a veterinary DNA vaccine requires the resolution of certain concerns particularly about safety for the host vaccinated fish, the consumer and the environment. Relating to consumer acceptance and particularly environmental safety, a key question is whether a DNA vaccinated fish is considered a Genetically Modified Organism (GMO). In the present opinion paper these key aspects relating to the mechanisms of action, and to the development and the use of DNA vaccines in farmed fish are reviewed and discussed.

- DNA vaccines are pushed as a method to control the uncontrollable – illness/death due to intense commercial farming methods:
  - Overcrowding, unnatural stressful conditions
  - Pollution with biologic and chemical waste
- DNA vaccines are based on transfection of cells with plasmid DNA coded for antigens (non-self proteins)
- Intense lobbying to avoid GMO regulations, re-categorize products/animals which are GMO by previous definitions as non-GMO!

Risks to human genome/biome are not properly studied, waived off as "small chance"… claim rapid degradation of plasmids (in mice)…

6. Safety aspects

Some potential risks have been associated with DNA vaccination. With respect to the vaccinated host, these include integration into genome and disruption of biological processes, and potential unwanted immune responses such as auto-immunity or tolerance to the pathogen [175,176]. Limited data is available for fish, but no significant adverse effects on the host have been identified in initial safety testing in humans [177].

The risks to the consumer concerns the potential ingestion of any residual plasmid from food products, containing elements such as human viral promoter regions (such as the CMV promoter) or antibiotic resistance genes that could potentially have harmful consequences if integrating into the consumers' genome or taken up by their gut microflora. However, this risk is considered negligible since the consumer is one step removed from the presentation of vaccine to the vaccinated animal, and at the site of vaccine injection there is a rapid degradation of the plasmid, within 90 min after vaccination in mice [178]. Fast degradation of the plasmid has also been observed in fish [82]. Con-

Collins et al, "DNA Vaccines in Fish and Aquaculture" https://doi.org/10.1016/j.fsi.2018.07.012

DNA Plasmids Found in Fish Muscle 320 Days Post Vaccination!

Table 8. Persistence of plasmids in epaxial muscle of rainbow trout collected at different days post-vaccination (dpv) during the field trial.

Trial	Time Point (dpv)	Plasmid Detection pVax1-vhsG-Positive	pVax1-ihnG-Positive
Potency test	90	5 /5	5/5
Field trial	120	1/5	1/5
	160	3/5	3/5
	180	3/5	2/5
	210	2/5	2/5
	230	3/5	3/5
	260	4/5	0/5
	280	0/5	0/5
	320	6/15	6/15

Efficacy of DNA Vaccines in Protecting Rainbow Trout against VHS and IHN under Intensive Farming Conditions

by Andrea Marsella [1,*], Francesco Pascoli [1], Tobia Pretto [1], Alessandra Buratin [1], Lorena Biasini [1], Miriam Abbadi [1], Luana Cortinovis [1], Paola Berto [1], Amedeo Manfrin [1], Marco Vanelli [2], Simona Perulli [2], Jesper S. Rasmussen [3], Dagoberto Sepúlveda [3], Niccolò Vendramin [3], Niels Lorenzen [3] and Anna Toffan [1]

[1] Istituto Zooprofilattico Sperimentale delle Venezie, National Reference Laboratory for Fish Diseases, 35020 Legnaro, Italy

[2] FATRO S.p.A., 40064 Ozzano dell'Emilia, Italy

[3] Unit for Fish and Shellfish Diseases, Institute for Aquatic Resources, Technical University of Denmark, Kemitorvet, Building 202, DK-2800 Kgs. Lyngby, Denmark

* Author to whom correspondence should be addressed.

Vaccines **2022**, *10*(12), 2062; **https://doi.org/10.3390/vaccines10122062**

Both vaccine and its recipients could become GMO, if product designed for genetic/biome integration…

Vaccine products?

Vaccinated animals? Humans?

However, under EU legislation, DNA vaccines appear not to be considered as GMOs given the recent example of CLYNAV, a DNA vaccine against SPDV (see below). EU Directive 2001/18/EC defines "organisms" as any biological entity capable of replication or of transferring genetic material. GMOs are define
exception of human beings, in which the ge
altered in a way that does not occur naturally b
recombination. These definitions do not un
plasmid, given that plasmids can replicate in
transfer genetic material between bact
vectors, which also are incapable of replicati
considered as GMOs. Nevertheless, the EU Cor
Cartagena Protocol (biosafety of GMOs in the
stated that plasmids or naked genetic materi
organisms [197] based on the criteria that the
on its own. Given the decision that the DNA vaccine CLYNAV is not a GMO, then, unless a plasmid is deliberately modified to promote integration into a host genome, or to replicate in a eukaryotic host, it is unlikely to be considered a GMO under EU regulations.

What if product is "contaminated" with genetic/biome integration features? (e.g., DNA plasmids with SV40 promoter)

The next consideration is whether DNA vaccinated animals are considered GMOs. Under Directive 2001/18/EC, Annex 1A, Part 1 lists techniques of genetic modification. Among others, this includes the insertion of nucleic acid material into plasmid vector systems, followed
ıese into a host organism in which they do not
here they are capable of continued replication.
ıvolving the direct introduction into an organism
e material prepared outside the organism by
ɛtion and microencapsulation. Therefore, the
e 2001/18/EC does not specifically exclude the
accinated fish as GMOs. However, in relation to
smid will not replicate in the eukaryotic host,
lified to do so. Also, integration of the vaccine DNA into host cell (somatic or germinal) genomes is considered an unlikely event, as long as the plasmid is not specifically designed for this ([188]; Danish Medical Agency). Among European countries, only

Collins et al, "DNA Vaccines in Fish and Aquaculture" https://doi.org/10.1016/j.fsi.2018.07.012

Wide use of genetic vaccines will make “low probability” events guaranteed!

- DNA plasmids persisting in muscle at 320 days post vaccination!
- Fish microbiome is altered
- Environmental contamination – shedding plasmids into water, with propagation of antibiotic resistance markers to other species
- The synthetic DNA plasmids are/will be in food products…
- …yet, risks are dismissed by “$urvey of expert opinion”
- Regulations for GMO are being relaxed and waived!
- DNA plasmids or LNP encapsulation can cause cell transfection and genome integration. Persistent “contaminants” are product features!

EPA Fast Tracked Ledprona – RNAi Pesticide

- Novel pesticide based on RNA interference (RNAi) technology - mechanism used by plants and insects to regulate gene expression.
- The EPA granted Ledprona an Experimental Use Permit (EUP), allowing GreenLight Biosciences 2 years to gather data from limited test plots. **Astonishingly, the agency also gave Ledprona 3 years of commercial use—before the standard testing period is even complete!**
- The pesticide could trigger unintended immune responses in humans. **Environmental risks: harm off-target insect species, disrupting ecosystems in unforeseen ways.**
- **Call to action before October 30:** submit public comment for Docket ID No. EPA-HQ-OPP-2021-0271, through www.regulations.gov.

Future PHEICs (aka FAKEs) More theatrical productions from the same company under new titles:

- "Climate emergency"
- "Disease X"
- "Animal pandemic"
- "Plant/biodiversity emergency"
- "Sustainability"

Why are we telling you this now?

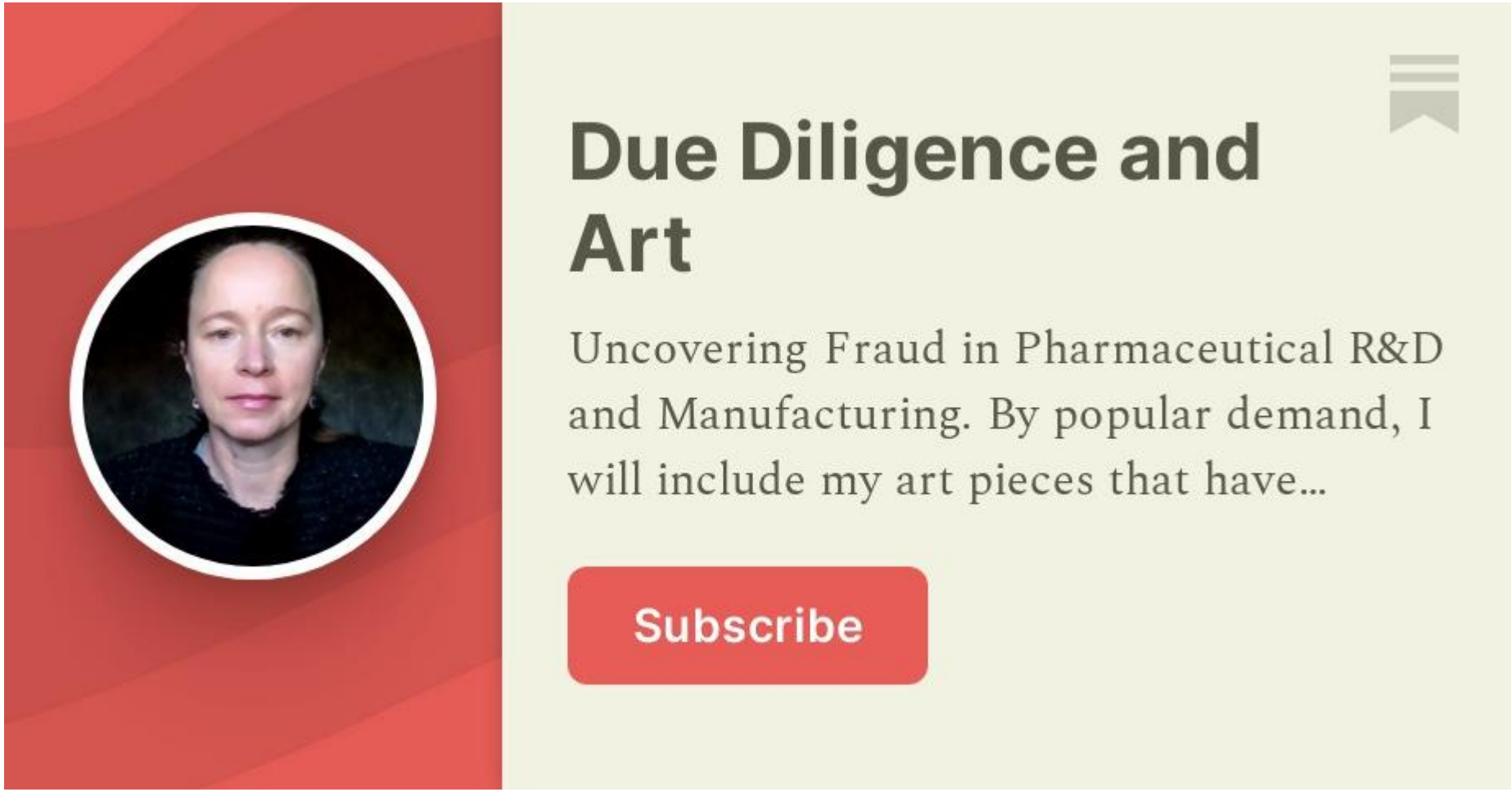
a) In May this year, WHO warned of the threat of an "inevitable" next pandemic, Disease X, raising concerns across the globe. In the World Health Assembly 2023, WHO chief Dr Tedros Adhanom Ghebreyesus said that "the next pandemic will not wait for us. We must be ready".

How can we fight back?

- Do not comply with lies and pseudo-laws
- Reject PHEIC's and fight WHO power grab
- Do not wait for regulators or legislators!
  - FDA & USDA are awol and in cahoots with pharma/military complex via Pandemic Enterprise (PHEMCE)
  - Making or strengthening GMO regulations can help, but if no enforcement = no law
- As consumers/business owners we have power to demand transparency in the supply chain
- Organize, study, educate, promote, demand transparency of food supply!

CanadianPetition.com
ThePeoplesDeclaration.com
ExitTheWHO.org
ExitTheWHO.com
StopTheGlobalAgenda.com
StopTheAmendments.com
StopTheWHO.com
ScrewTheWHO.com
MaskCharade.com
RejectDigitalEnslavement.com
HealthFreedomBillOfRights.com
PreventGenocide2030.org
DoorToFreedom.org

James Roguski on Substack
https://jamesroguski.substack.com

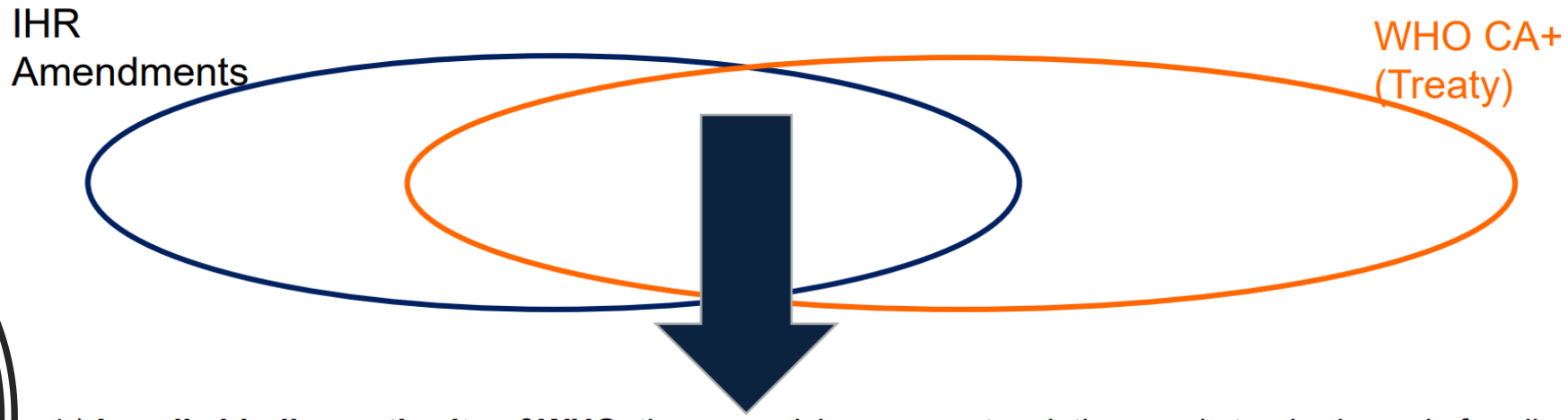


Sashalatypova.Substack.com

Appendix

Key concepts

Ongoing Global Power Grab and Asset Transfer by Unelected Mafia Cartels (WEF/WHO/UN)



1.) **Legally binding authority of WHO**: the same risk-assessent, solutions and standards apply for all;
2.) **One Health** (health-threat from animals; climate change; environment);
Extending the factual situations that might justify a „PHEIC“;
Extending the scope of prevention measures;
3.) **EQUITY**: all countries shall „have access“ and use the same products (incl. IP-transfer; financial support);
4.) **Information-Control and Censorship**
5.) Enforced „**strengthening core capacities**“ (production of analytics; surveillance; drugs etc.)
6.) **Eletronic total surveillance** (Health ID) and global data sharing re. bio-surveillance (at all times)
7.) **Authoritarian top-down approach WITH NO MEACHNISM of CHECKS and BALANCES**
8.) **NO ACCOUNTABILITY¨- full IMMUNITY and tax exemption.**
WHO will obtain wide EXECUTIVE and LEGISLATIVE POWERS.

Source: Philipp Kruse, Kruse Law

mRNA-Technology is seen as gold standard for the future

- Mega $$$$ for WHO Biodefense racket
- Required collection of DNA samples from countries
- Identification of most toxic agents and sharing with WHO
- Mandatory RNA/DNA injections for “new pathogens” manufactured in 100 days (ludicrous!!)

Quelle:
https://www.who.int/initiatives/the-mrna-vaccine-technology-transfer-hub

United States already subjugated to WHO decision when to announce a FAKE

15 US states v HHS Petition for Rulemaking – was filed 1/18/2023, dismissed and not being appealed

- "…Oklahoma, Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Louisiana, Mississippi, Missouri, Montana, Nebraska, South Carolina, Texas, and Utah […] petition the U.S. Department of Health and Human Services (HHS) to amend its definition of "public health emergency" in 42 C.F.R. § 70.1. See 5 U.S.C. § 553(e).
- The Rule exceeds the agency's authority and infringes on U.S. and State sovereignty by unlawfully delegating to the World Health Organization (WHO) the authority to invoke health emergency powers solely based on decisions of the WHO.
- HHS admitted that the declaration by the WHO or notification t
  Emergency of International Concern is a "way for HHS/CDC to
  precommunicable stage of a quarantinable communicable
  public health emergency if transmitted to other individuals." Id.
  disclaiming any need to use definitions (3), (4), and (5) [definitio
  health emergency, HHS proceeded to finalize a rule containing those definitions.

Declaration of "pandemic" based on any fabricated/modeled PCR-"diagnosed" RNA/DNA sequence without need to show any actual mass illness/deaths or economic impact

Rancher Requirements

Beef Initiative Criteria for Ranchers:

1. Organic Production: All beef produced by ranchers participating in our platform must be certified organic by a recognized certifying agency. This includes the use of organic feed and the prohibition of synthetic pesticides, herbicides, and fertilizers.

2. Non-GMO: The use of genetically modified organisms (GMOs) in the production of beef is prohibited for ranchers participating in our platform.

3. Regenerative Agriculture: Ranchers must demonstrate a commitment to regenerative agricultural practices, such as rotational grazing, cover cropping, and soil health management.

4. Animal Welfare: Ranchers must adhere to strict animal welfare standards, including providing animals with access to pasture, proper nutrition, and a humane living environment.

5. No mRNA vaccines: Ranchers must not use mRNA vaccines on any of their animals.

6. Traceability: Ranchers must provide full traceability of their animals from birth to slaughter and be able to provide detailed records of the animal's diet, living conditions, and veterinary treatments throughout its life.

7. Sustainable practices: Ranchers must demonstrate a commitment to improving land management, and implementing regenerative agricultural practices.

8. Transparency: Ranchers must be open and transparent in their practices and be willing to share information with consumers and other stakeholders about their production methods.

AniBioThreat

OIE Global Conference on Biological Threat Reduction
1st of July 2015
Paris

Multidisciplinary approaches to reduce biological threats.....

"All Hazards – One Health"

"Global Health"

The Reality:

- Use of prohibited bio-chemical warfare agents
- Cause economic damage, blackmail governments
- Stage bioterrorism "false flags"
- Plausible deniability of "viral outbreaks" and "climate change"

.....by building forward resilience

Process 1 (IVT) vs Process 2 (E.coli)

Covid-19: Researchers face wait for patient level data from Pfizer and Moderna vaccine trials

BMJ 2022 ; 378 doi: https://doi.org/10.1136/bmj.o1731 (Published 12 July 2022)
Cite this as: *BMJ* 2022;378:o1731

Rapid Response:

Effect of mRNA Vaccine Manufacturing Processes on Efficacy and Safety Still an Open Question

13 May 2023
Josh A Guetzkow
Senior Lecturer
Retsef Levi, Professor, MIT
Hebrew University
Mt. Scopus, Jerusalem
@joshg99, @RetsefL

Dear Editor,

Recent calls for more transparency in COVID-19 vaccine clinical trials is particularly relevant for data on the manufacturing process, which is an integral part of the regulatory approval process to ensure consistent safety and efficacy outcomes.[1,2]

An October 2020 amendment to the protocol of the pivotal Pfizer/BioNTech BNT162b2 (Comirnaty) clinical trial (C4591001) indicates that nearly all vaccine doses used in the trial came from 'clinical batches' manufactured using what is referred to as 'Process 1'.[3] However, in order to upscale production for large-scale distribution of 'emergency supply' after authorization, a new method was developed, 'Process 2'. The differences include changes to the DNA template used to transcribe the RNA and the purification phase, as well as the manufacturing process of the lipid nanoparticles. Notably, 'Process 2' batches were shown to have substantially lower mRNA integrity.[4,5]

The trial was run on Process 1 lots
250 people received Process 2 lots (plasmids)
The world received Process 2 lots

An October 2020 amendment to the protocol of the pivotal Pfizer/BioNTech BNT162b2 (Comirnaty) clinical trial (C4591001) indicates that nearly all vaccine doses used in the trial came from 'clinical batches' manufactured using what is referred to as 'Process 1'.[3] However, in order to upscale production for large-scale distribution of 'emergency supply' after authorization, a new method was developed, 'Process 2'. The differences include changes to the DNA template used to transcribe the RNA and the purification phase, as well as the manufacturing process of the lipid nanoparticles. Notably, 'Process 2' batches were shown to have substantially lower mRNA integrity.[4,5]

The protocol amendment states that "each lot of 'Process 2'-manufactured BNT162b2 would be administered to approximately 250 participants 16 to 55 years of age" with comparative immunogenicity and safety analyses conducted with 250 randomly selected 'Process 1' batch recipients. To the best of our knowledge, there is no publicly available report on this comparison of 'Process 1' versus 'Process 2' doses.

Two documents obtained through a Freedom of Information Act (FOIA) request[6] describe the vaccine batches and lots supplied to each of the trial sites through November 19, 2020[7] and March 17, 2021,[8] respectively. According to these documents, doses from 'Process 2' batch EE8493Z are listed at four trial sites prior to November 19, and four other sites are listed with 'Process 2' batch EJ0553Z in the updated document. Both batches were also part of the emergency supply for public distribution. The CDC's Vaccine Adverse Event Reporting System, known to be underreported,[9] lists 658 reports (169 serious, 2 deaths) for lot EE8493[10] and 491 reports (138 serious, 21 deaths) for lot EJ0553.[11]

Furthermore, additional 'Process 1' batch EE3813 doses with distinct Pfizer lot numbers were added to the later batch document[7] at over 70% of trial sites, potentially supplied at a later stage to enable vaccination of placebo patients with BNT162b2. The 6-month interim clinical study report[12] from the Comirnaty trial notes that "the IR for any AE and at least 1 related AE and severe AE for participants who originally received placebo and then received BNT162b2 are greater (205.4 per 100 PY, 189.5 per 100 PY, 6.0 per 100 PY) than the IRs (83.2 per 100 PY, 62.9 per 100 PY, 4.3 per 100 PY) for participants who originally were randomized to BNT162b2" (p222). It is unclear whether there is a connection between the lots administered to the crossover placebo subjects and the elevated rate of AE's.

Finally, a recent study found significant variability in the rate of serious adverse events (SAEs) across 52 different lots of Comirnaty marketed in Denmark.[13] This finding underscores the importance of understanding better the potential impact of variability in the production process of COVID-19 mRNA vaccines on efficacy and safety.

Evidence from existing research and trial documents highlights the importance of publicly disclosing the analysis comparing reactogenicity and safety of process 1 and 2 batches as specified in the trial protocol, and more generally patient-level batch and lot data from the trial.

Josh Guetzkow
Retsef Levi

Table 2. Details of the vaccine vials, adverse events (AEs) identified, and qPCR testing results for SARS-CoV-2 spike, ori, and the SV40 promoter-enhancer-ori on all Pfizer-BioNTech and Moderna vials tested. Calculations for Pfizer and Moderna were based on adult doses of 0.30 mL and 0.50 mL, respectively. Moderna is also indicated to be given to children aged 6-12 years of age with a dose 0.25 mL making the resultant total ng/dose half of that given to adults. Total ng/dose is adjusted for the length of the amplicon (105 bp ori, 114 bp spike) only representing a fraction of the 7,824 bp Pfizer and 6,777 bp Moderna plasmid.

Vaccine Information				VAERS Data		Spike			Ori			SV40⌘
Manufacturer	Type	Lot Number *	Printed Expiry Date	Total AES	Total SAEs	Cq	Total ng/dose	Total Copies/dose	Cq	Total ng/dose	Total Copies/dose	Cq
Pfizer-BioNTech	Adult Monovalent	FM7380	02/2022	29	15	18.03	2.43	2.07E+10	18.57	3.92	1.86E+11	17.19
Pfizer-BioNTech	Adult Monovalent	FN7934a	08/2022	42	21	18.47	1.79	1.53E+10	18.77	3.43	1.62E+11	16.64
Pfizer-BioNTech	Adult Monovalent	FN7934b	02/2022			18.19	2.18	1.86E+10	18.44	4.27	3.96E+10	16.96
Pfizer-BioNTech	Adult Monovalent	FX4343a	08/2022	1	0	23.53	0.27	2.30E+09	24.71	0.32	2.94E+09	20.64
Pfizer-BioNTech	Adult Monovalent	FX4343b	07/2022			23.83	0.22	1.86E+09	24.87	0.28	2.64E+09	22.59
Pfizer-BioNTech	Adult Bivalent	GK0932a	09/2022	3	0	20.46	2.25	1.92E+10	21.01	3.81	3.54E+10	18.53
Pfizer-BioNTech	Adult Bivalent	GK0932b	09/2022			20.60	2.05	1.75E+10	21.22	3.32	3.08E+10	18.91
Pfizer-BioNTech	Adult Bivalent	GK0932c	09/2022			20.66	1.97	1.68E+10	21.21	3.33	3.09E+10	18.6
Moderna	Child/Adult Monovalent	020E21A	None Stated	5	1	23.66	0.35	3.02E+09	29.47	0.02	1.87E+08	Neg
Moderna	Child/Adult Monovalent	020J21A	30/032022	7	5	23.21	0.48	4.12E+09	30.10	0.01	1.23E+08	Neg
Moderna	Child/Adult Monovalent	033M21Aa	22/06/2022	2	1	23.04	0.54	4.65E+09	29.46	0.02	1.88E+08	Neg
Moderna	Child/Adult Monovalent	033M21Ab	30/07/2022			22.81	0.64	5.44E+09	29.38	0.02	1.99E+08	Neg
Moderna	Child/Adult Monovalent	033M21Ac	30/03/2022			23.59	0.37	3.18E+09	29.87	0.02	1.43E+08	Neg
Moderna	Child/Adult Monovalent	033M21Ad	30/07/2022			23.26	0.47	3.98E+09	29.39	0.02	1.97E+08	Neg
Moderna	Child/Adult Monovalent	055K21A	30/07/2022	2	2	22.94	0.58	4.98E+09	29.58	0.02	1.74E+08	Neg
Moderna	Child/Adult Monovalent	062H21Aa	30/07/2022	9	3	22.52	0.78	6.69E+09	29.21	0.02	2.23E+08	Neg
Moderna	Child/Adult Monovalent	062H21Ab	28/05/2022			22.76	0.66	5.64E+09	29.37	0.02	2.00E+08	Neg
Moderna	Adult Bivalent BA.4/5	AT0709Ba	30/07/2023	0	0	23.68	0.35	2.99E+09	29.30	0.02	2.09E+08	Neg
Moderna	Adult Bivalent BA.4/5	AT0709Bb	30/07/2023			23.56	0.38	3.24E+09	29.25	0.02	2.16E+08	Neg
Moderna	Adult Bivalent BA.4/5	AT0709Bc	30/07/2023			23.63	0.36	3.09E+09	29.34	0.02	2.04E+08	Neg
Moderna	Adult Bivalent BA.4/5	AT0709Bd	30/07/2023			23.80	0.32	2.74E+09	29.44	0.02	1.91E+08	Neg
Moderna	Child/Adult Bivalent BA.1	AS0467Da	02/04/2023	0	0	23.20	0.49	4.17E+09	25.24	0.34	3.20E+09	Neg
Moderna	Child/Adult Bivalent BA.1	AS0467Db	02/04/2023			24.16	0.25	2.14E+09	26.08	0.20	1.82E+09	Neg
Moderna	Child/Adult Bivalent BA.1	AS0467Dc	02/04/2023			23.75	0.33	2.85E+09	25.74	0.25	2.28E+09	Neg
Moderna	Adult Monovalent XBB.1.5	020G23Aa	29/04/2024	0	0	24.42	0.73	6.26E+09	29.42	0.03	3.18E+08	Neg
Moderna	Adult Monovalent XBB.1.5	020G23Ab	29/04/2024			24.46	0.71	6.11E+09	29.87	0.03	2.33E+08	Neg
Moderna	Adult Monovalent XBB.1.5	020G23Ac	29/04/2024			24.53	0.68	5.84E+09	29.74	0.03	2.55E+08	Neg

*Lower case letters at the end of lot numbers indicate different vials of the same lot. ⌘SV40 promoter-enhancer-*ori*

Fraud is essential to HHS/DOD/Pharma "Pandemic" play

- Fraud has been proven in court! (*Brook Jackson v Ventavia, ICON, Pfizer*):
  - Brook's evidence of fraud in Pfizer clinical trial was never disputed
  - Pfizer argued that they were ordered to deliver fraud by the DOD
  - DOJ joined that argument
  - Judge dismissed the case stating knowledge of fraud did not matter to the government's actions
- The government had knowledge of (pre-planned) fraud since before the program started