

Tyrannizing Lies: Audit of a Fake Pandemic

by Jeremy James



Three years after the so-called ‘Covid pandemic’ commenced it is safe to say that the vast majority of the population of most countries believe the threat was exaggerated, that the official response was excessive, and that the ‘vaccines’ were probably of limited value. In taking this view the public is nonetheless convinced that a real threat to human health did exist, that unusual regulatory measures were required to address it, and urgent medical intervention was necessary.

In short, the public believed the lies. There is no element in the official narrative which, in their minds, was totally bogus. The average person still clings to the view that the authorities acted in good faith. The vaccines may have produced a higher than usual number of adverse events – recorded officially as vaccine-induced injuries and deaths – but this was probably unavoidable given the speed with which the vaccine was developed. Had the authorities not acted as they did, the resulting death toll from this ‘deadly new virus’ would have been catastrophic.

In our experience, 95 percent of people, if not more, are in this camp. Most of the remaining 5 percent or so have serious reservations about one or more aspects of the official narrative but cannot bring themselves to admit that something more sinister is at play. After all, they reason, our governments *care* for us. Less than one percent know this simply isn’t true, that governments everywhere are controlled by an ultra-rich, ruling Elite and that this secret Elite are implementing a highly ambitious program to impose a ‘new world order’.

In a paper of this kind it is not possible to provide extensive links and online references to support all that we are saying. However, readers who wish to check the validity of any of our assertions can do so by conducting an online search of the relevant terms. (Please note that Google is heavily censored and will not make it easy to find certain information. Other search engines, such as *duckduckgo*, yield better results.) Readers are also encouraged to consult our previous papers on the Covid hoax, where more detailed information on sources is available.

Tyrannizing Lie #1:

“The response to the ‘pandemic’ was devised at short notice.”

This brings us to the first of our tyrannizing lies. In March 2020 most of the governments around the world agreed to drastically cut economic activity and regulate social behavior on an unprecedented scale. Outside of wartime, nothing approaching this level of government intervention had ever been attempted. Nevertheless, despite the sheer scale and cost of the lockdown, not to mention the human suffering involved, virtually all of the countries in the United Nations agreed to follow this draconian course.



The UN General Assembly in New York. A de facto world government.

The key term to notice in all of this is ‘United Nations’. This international organization has been working closely behind the scenes with 190 or more member states to formulate and implement policies which all are bound by treaty to implement. Thus, when a very large number of countries reach a consensus on a major issue, it is only because the critical details have already been discussed in advance. This process can take years, and yet, in March 2020, we saw a remarkable level of international co-operation which, we were told, was forged in only a matter of weeks.

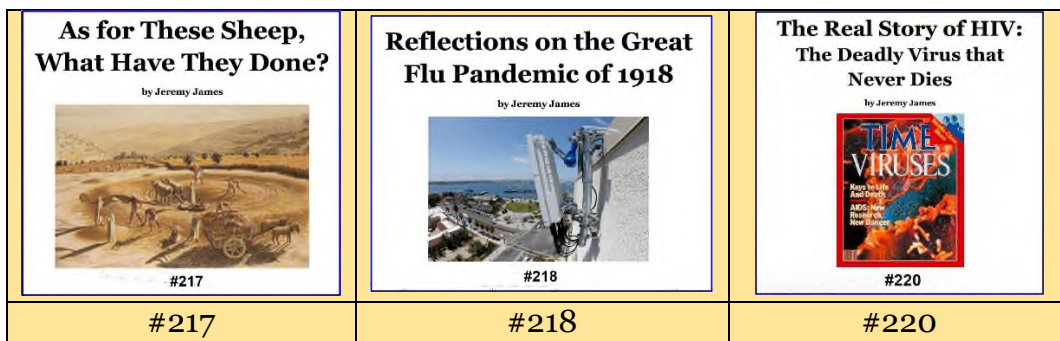
A planned event

Was that really the case? Of course not. Through various international agreements, along with extensive consultation over several years, the leaders of these nations had already indicated their willingness to co-operate fully with whatever measures the World Health Organization “recommended” in a major pandemic scenario. (This process of managing all nations in accordance with a common centrally agreed template began in earnest with the famous ‘Earth Summit’ in Rio de Janeiro in 1992.)

To lend credibility to their insane ‘lockdown’ policy, the UN decided to cite China as the alleged origin of the so-called outbreak. This enabled them to endorse whatever measures the Chinese were using to contain the outbreak, no matter how extreme they might be. Other countries were advised to follow their example, even though it meant locking down their economies and imposing drastic restrictions on their citizens. Thus the communists in the UN structure (led by Tedros and Guterres) got the whole world to follow the insane policies devised by the Chinese Communist Party.


In summary, the uniformity of the response by over 190 countries, the speed with which major decisions were made, and the complete failure by opposition parties in their respective parliaments to challenge any of these radical measures is proof that the entire ‘pandemic response’ was worked out in detail long before March 2020.

The ‘pandemic’ was a planned event.



As with any planned event, especially one as complex as the ‘pandemic’, the response had to be rehearsed well in advance to ensure the various players understood their roles and would stick closely to the final script. This was achieved via a series of ‘pandemic simulations,’ beginning with the one known as *Dark Winter* in 2001. In all cases the health crisis was the same, namely, a highly contagious viral pathogen was raging across international boundaries, causing millions of deaths, and could only be tackled using an innovative vaccine. As it happened the same theme was used in a number of movies over this period, presumably to condition the public to accept the official narrative when the time came to set the “crisis” in motion.

Other simulations followed, including *Global Mercury* (2003), *Atlantic Storm* (2005), and *Clade X* (2018).



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Media Note
Office of the Spokesman
 Washington, DC
 September 8, 2003

Global Mercury: An International Bioterrorism Exercise



Nuclear | Biological

Atomic Pulse • Aug 16, 2016

Clade X: A Global Health Security Pandemic Simulation Highlights Need to Support Global Health Security Initiatives

Atlantic Storm

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From Wikipedia, the free encyclopedia

Atlantic Storm was a ministerial exercise simulating the top-level response to a [bioterror](#) incident. The simulation operated on January 14, 2005 in [Washington, D.C.](#) It was created in part to reveal the current international state of preparedness and possible political and public health issues that might evolve from such a crisis.^[1]

The Bio-terror Gurus

The think-tank which oversaw these various initiatives was based at the Schools of Medicine and Public Health at the Johns Hopkins University in Maryland. Founded in 1998, it was known as the Center for Civilian Biodefense Strategies. Its first CEO was Tara O’Toole, who was later appointed an Under Secretary for Homeland Security and is now an executive vice-president at In-Q-Tel, a CIA-controlled technology company which specializes in spying on the American people.

The Center was sponsored by two well-known Illuminati slush funds, the Alfred P Sloan Foundation and the Robert Wood Johnson Foundation. The eponymous founders had presided over General Motors and Johnson & Johnson, respectively.

The use of the term “biodefense” in its title denotes a direct link to the US military. This was later dropped to conceal the involvement of the military. Today it is known simply as the Johns Hospital Center for Health Security.

The bioterror program is set in motion. Copyright 2000.



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Dark Winter

A Bioterrorism Exercise

Andrew's Airforce Base, June 22nd & 23rd, 2001

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Biodefense Quarterly - June 2001

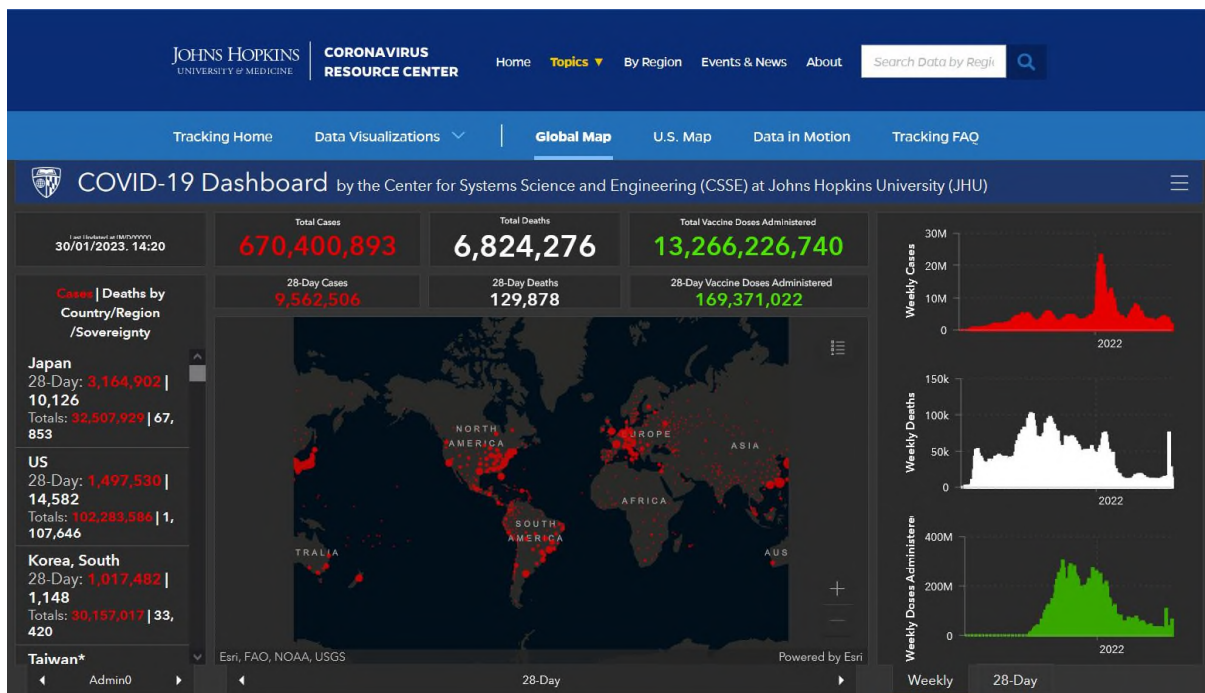
Feature: [The Changing Face of International Security: Challenges for the New Millenium](#)

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Hopkins Center Employment Opportunities

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The name may sound familiar to some readers. This was the official source for worldwide statistics on Covid mortality during the alleged pandemic. Its famous “Covid-19 Dashboard” was often shown in news reports:



This is a good example of the way the authorities control the official narrative. The least independent institution compiled and published the relevant statistics! A body that had spent the previous 20 years enlarging by every means possible the public fear of bio-terrorism, was now entrusted with the task of counting the dead. It was well known that the Center had flagrantly exaggerated the scale of the threat and that its published projections of likely death tolls were absurd.

The various pandemic simulations conducted by the Center were shaped entirely by military and political considerations. No independent institutions were allowed to participate or to challenge the exaggerated claims made by the Center (e.g. that every infected person will infect another ten people). The solution in every case was a vaccine, preferably one which the public was obliged to accept. Alternative treatments were ignored.

Bioterror propaganda

The simulation known as *Dark Winter* was called “A Bioterrorism Exercise”. It disregarded the traditional methods of containing a pandemic and claimed instead that, since bioterrorism is an act of war, an emergency wartime response was permissible. It also assumed that the unseen enemy would conduct further acts of bioterrorism, thus necessitating the imposition of draconian controls such as lockdowns.

From this we can see that future pandemics would be handled, not by health professionals, but by military personnel. Furthermore, extreme measures could be employed from the outset and standard tools of warfare, such as disinformation, propaganda, and falsification of data – which have no place in medicine – would be permissible.

This is exactly what we saw in 2020. The bioterrorism aspect was cunningly introduced by repeated suggestions in the media and reports by connected insiders that Covid was actually developed as a weapon in a military laboratory in Wuhan, China.

The infamous *Event 201*

Further proof that the pandemic was carefully planned was a ‘get ready’ symposium held in New York on October 18, 2019, known as *Event 201*. This was advertised on the Center for Health Security website on October 15 as follows:

Players for Event 201, a pandemic exercise, include global business leaders and prominent government and public health leaders—livestream open to all

October 15, 2019

Former and current global business, government, and public health leaders will play a team of high-level decision makers convened to recommend actions to diminish the large-scale economic and societal consequences of a fictional outbreak of a severe pandemic scenario in the upcoming [Event 201](#). The exercise, and virtual exercise, hosted by the Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation, takes place Friday, October 18, 2019, in New York City.

<https://www.centerforhealthsecurity.org/news/center-news/2019/2019-10-15-event201.html>



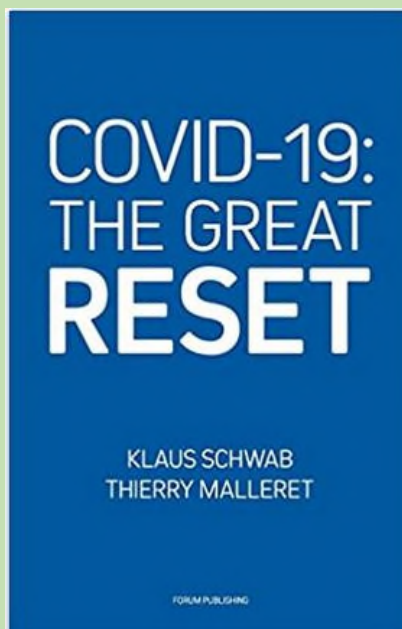
A few months later a live exercise [see below] based on this “fictional outbreak” was set in motion. Coincidence? Remember, *Event 201* was sponsored by Bill Gates, who stood to make a fortune from the Covid vaccines, and the World Economic Forum, whose leader, Klaus Schwab, published in July 2020 [Yes!] a book which welcomed the opportunities that the Covid pandemic provided to launch what he called *The Great Reset*:

“We’re in a live exercise here...”



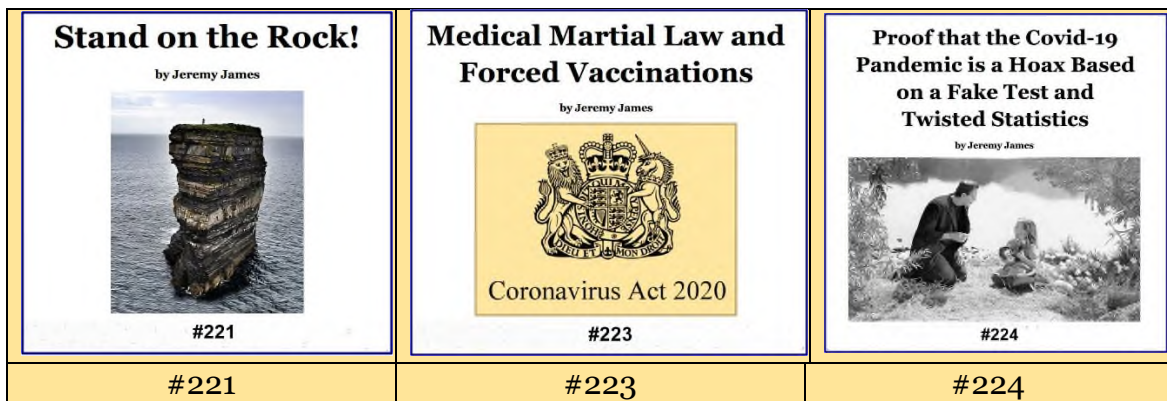
<https://www.youtube.com/watch?v=1ca7t6cwMhY>

During the White House press briefing on the Covid ‘pandemic’ on March 20, 2020, Secretary of State, Mike Pompeo said: “We’re in a live exercise here.” Before he was appointed Secretary of State, Pompeo had been the Director of the CIA.



An in-depth analysis – in July 2020! – of the opportunities that the Covid ‘pandemic’ provided to launch *The Great Reset*.

The pre-planned nature of the Covid ‘pandemic’ is also evident from the patents that were taken out in advance to protect a range of lucrative Covid-related products, including face masks, test kits, and nasal swabs.



Tyrannizing Lie #2:

“The Covid-19 test was scientifically valid.”

The test used to determine whether a person was actually infected with a pathogen known as novel coronavirus Covid-19 was central to the success of the Covid exercise. Much of the following account is taken from our paper *Worldwide Vaccine Experiment on Human Guinea-Pigs* (#255).

The PCR test protocol endorsed by the World Health Organization was based on a paper by Drosten, Cormen *et al* which was published by *Eurosurveillance* 25(8) on 23 January 2020. [The acronym PCR means “polymerase chain reaction”, a technique for increasing the volume of genetic material available for testing without changing its structure.]

An international group of scientists (whom we will call the Borger-Kämmerer group after two of the authors) subjected the Drosten paper [‘Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR’] to a point-by-point analysis and published their findings on 27 November 2020.



Professor Christian Drosten, a leading author of the phony Covid test paper.

Riddled with serious defects

The Borger-Kämmerer group comprised 22 experienced scientists from Germany, Austria, Switzerland, UK, USA, Norway, the Netherlands, Italy, and Japan. The group concluded that the paper published by the Corman-Drosten group was riddled with serious defects and should not have been published: “Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication.” They found “numerous serious flaws in the Corman-Drosten paper, the significance of which has led to worldwide misdiagnosis of infections attributed to SARS-CoV-2 and associated with the disease COVID-19.”

Overall the Borger-Kämmerer group found what they called “ten fatal problems” with the Corman-Drosten paper. They noted, for example, serious failures of responsibility:

“To date no validation has been performed by the authorship based on isolated SARS-CoV-2 viruses or full length RNA thereof.”

“Critical viral load determination is mandatory information, and it [was the] responsibility [of the authors] to perform these experiments and provide the crucial data.”

The approach taken was bound to result in a test which delivered an enormous number of false positives:

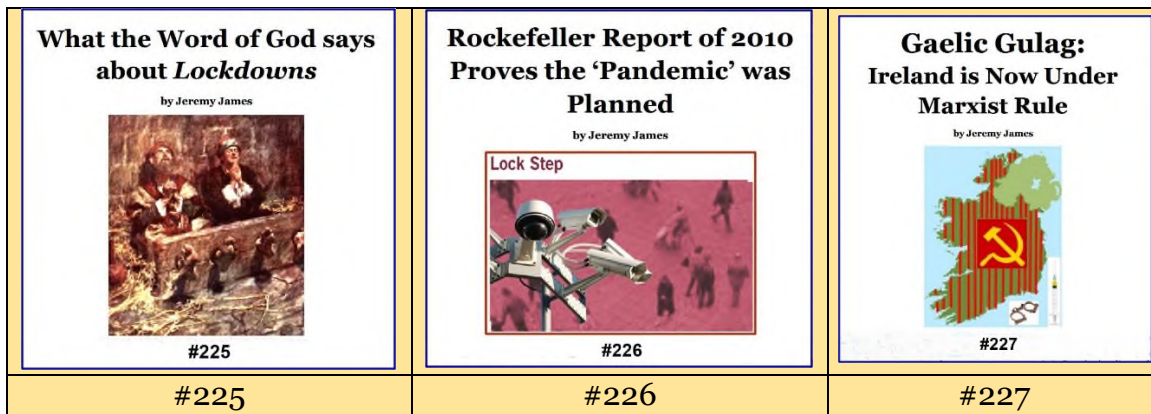
“...if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is less than 3%, [while] the probability that said result is a false positive is 97%”

Commenting on errors in the steps that the Corman-Drosten group said were needed to identify the relevant pathogen, the Borger-Kämmerer group state: “These are severe design errors, since the test cannot discriminate between the whole virus and viral fragments. The test cannot be used as a diagnostic for SARS-viruses.” They also failed to specify the temperature range within which the accuracy of the PCR protocols could be evaluated: “This is a very serious error and makes the protocol useless as a specific diagnostic tool.”

“...you may ask yourself whether the vaccine industry will be used at some stage in the future by persons unknown to inject debilitating or sterilizing drugs into an entire population? As we state in the title to this paper, vaccines are the perfect vector for mass infection. They may not use it, but they seem determined to retain it as an option.”

– Extract from ***Vaccines are the Perfect Vector for Mass Infection*** by Jeremy James (6 October 2019)

They also criticized the absence of a consistent molecular validation of PCR products. “Without molecular validation one can not be sure about the identity of the amplified PCR products. Considering the severe design errors described earlier, the amplified PCR products can be anything.” Note those words: “can be anything.” This is a remarkable repudiation of the test designed by the Corman-Dorsten group, a test which has been used to lock down the entire world, destroy economies, and inflict immense social hardship on hundreds of millions of people.



They then go on to highlight other outrageous defects in this so-called test. For example:

“All individuals testing positive with the RT-PCR test, as described in the Corman-Drosten paper, are assumed to be positive for SARS-CoV-2 infections. There are three severe flaws in their assumption. First, a positive test for the RNA molecules described in the Corman-Drosten paper cannot be equated to “infection with a virus”. A positive RT-PCR test merely indicates the presence of viral RNA molecules. As demonstrated ...[above] the Corman-Drosten test was not designed to detect the full-length virus, but only a fragment of the virus. We already concluded that this classifies the test as unsuitable as a diagnostic test for SARS-virus infections.”

“The PCR test in the Corman-Drosten paper therefore contains neither a unique positive control nor a negative control to exclude the presence of other coronaviruses. This is another major design flaw which classifies the test as unsuitable for diagnosis.”

They also deplore the failure to establish what is known as a “standard operational procedure” for use by laboratories around the world. Without this there is no common yardstick or standard that would enable results published by one laboratory to be compared with those published by another, whether in the same country or in other countries, in a scientifically consistent way:

“There should be a Standard Operational Procedure (SOP) available, which unequivocally specifies the above parameters, so that all laboratories are able to set up the identical same test conditions. To have a validated universal SOP is essential, because it facilitates data comparison within and between countries. It is very important to specify all primer parameters unequivocally. We note that this has not been done.”

Their closing comments alone would require anyone of integrity in the scientific community to reject the Corman-Drosten paper:

“The Corman-Drosten paper was submitted to *Eurosurveillance* on January 21st 2020 and accepted for publication on January 22nd 2020. On January 23rd 2020 the paper was online. On January 13th 2020 version 1-0 of the protocol was published at the official WHO website, updated on January 17th 2020 as document version 2-1, even before the Corman-Drosten paper was published on January 23rd at *Eurosurveillance*.”

Wow! This is really hard to believe, but it shows the depth of deception and skulduggery behind the whole ‘Covid pandemic’. The World Health Organization was already using the Corman-Drosten paper as the basis for its worldwide test, even before the paper was published. Furthermore, the paper itself was approved for publication by *Eurosurveillance* within 24 hours of its submission! This is unheard of. Every scientific paper in the world today, upon submission to a reputable publisher, must be peer-reviewed by independent, properly qualified referees. This can take weeks or months. Only after it has passed a rigorous check and satisfied the referees that it meets the minimum scientific standards, can it be published. The Borger-Kämmerer group were even more surprised when they discovered that two members of the Corman-Dorsten group were on the editorial board of *Eurosurveillance*!



The World Health Organization was fully complicit in this criminal deception.

The Drosten test should have been thrown in the garbage

Had it been refereed, the Corman-Drosten paper would have been rejected. As the Borger-Kämmerer group point out, the errors in the paper are so grave that anyone with a grounding in this branch of science would have spotted them quite easily:

“Our conclusion is supported by the fact that a tremendous number of very serious design flaws were found by us, which make the PCR test completely unsuitable as a diagnostic tool to identify the SARS-CoV-2 virus. Any molecular biologist familiar with RT-PCR design would have easily observed the grave errors present in the Corman-Drosten paper before the actual review process.”

The Borger-Kämmerer group concluded that, in light of “all the tremendous PCR-protocol design flaws and errors described here”, where a paper that was patently unfit for publication anywhere was accepted and published within 24 hours without any peer-review, “the framework of scientific integrity” (as they put it) no longer has any meaning.



It is also worth noting that the Corman-Drosten research was funded in part by a grant from the Bill & Melinda Gates Foundation. Furthermore, the World Health Organization, which accepted the Drosten paper without conducting any independent test of its validity, had itself received more than \$5 billion from the Bill & Melinda Gates Foundation. Words like *payoff*, *undue influence* and *conflicts of interest* come to mind. We are no longer dealing with objective science but covert collaboration for commercial purposes.

This truly bizarre sequence of events was rendered even more bizarre by an admission by the CDC that prior exposure to coronaviruses – which are responsible for the common cold! – can result in a positive Covid-19 antibody test, even where the individual was NEVER exposed to Covid-19:

Thermonuclear: CDC announces that infections (COVID-19) will only be counted and investigated IF the PCR test cycle threshold is under 28 cycles...

Thermonuclear: CDC announces that infections in the already DeathVaxxed thralls will only be counted and investigated IF the PCR test ... Continue reading

 BREAKING-NEWS.CA



Source: Breaking-News.CA

It is extremely difficult to find anything on the Internet relating to the reduction by the CDC in the PCR cycle threshold to 28. The change was seemingly made in late 2020 without fanfare of any kind. It simply read: "Clinical specimens for sequencing should have an RT-PCR Ct value ≤ 28 "

Sometime in 2020 the CDC quietly changed the upper threshold for the number of PCR cycles that could be used before the test was no longer valid. Up to then laboratories were routinely running specimens through 40 or more replication cycles to make a 'positive' reading. With virtually no coverage in the media the CDC quietly announced a change to its testing protocol, setting a valid threshold at a maximum of 28 cycles. In doing so they were tacitly admitting that the protocol they were using for most of the 'pandemic' was seriously flawed. The countless millions of asymptomatic positive cases were bogus. Not half of them, not a quarter of them, not even 1 percent of them, but ALL of them. Any test that replicated the specimen more than 28 times was useless. Asymptomatic cases which tested 'positive' were perfectly healthy people! They were neither infected nor infectious. Our governments lied and lied about rising numbers of cases, when in reality the number of genuine cases – such as those associated with flu and heavy colds – was no higher than normal.

The duplicity of the CDC was again made apparent when, in July 2021, it announced that the PCR test would no longer be used (after end-2021) to diagnose Covid-19. The public was expected to believe that this was because alternative test methods were now available, but they failed to see that withdrawal of the PCR test was an admission by the CDC that it was not reliable. It could NOT distinguish between Covid-19 and fragments of other coronaviruses. Given that the whole world was thrown into turmoil by this test, we should be greatly concerned that it was ever used for any purpose. The organizations which endorsed it, such as the CDC and the WHO, were engaging in medical fraud.

Tyrannizing Lie #3:

“Emergency Use Authorization (EUA) was justified.”

The pharmaceutical companies were able to develop and market a product in record time. Bear in mind this product was intended for use by everyone on earth! Nevertheless all normal, accepted and proven procedures were cast aside and a process which should have taken years was compressed into a few months. The public was told the threat to public health was so great that standard safety checks had to be bypassed. Considering the implications for human health if the product was released with some unknown defect, this abrogation of responsibility was simply astonishing. That any government, or specifically its public health advisors, could countenance such a cavalier approach is deeply disturbing.

Mandatory Vaccinations

Many will take comfort in the thought that this kind of state-sponsored abuse will never reach their doors, but they are mistaken. Every citizen is likely to face something very similar when vaccinations become mandatory. The severity of the abuse will depend on the penalty that the state chooses to inflict on those who attempt to opt out.

We need to reflect on the implications of this. The state intends to inject its citizens with a variety of substances that can bypass the blood-brain barrier. The supposed benefits, if they exist at all, have never been proven. The safety of the vaccines has never been demonstrated, nor have the manufacturers even bothered – as far as we know – to conduct longitudinal trials to prove that their products are safe. Indeed, the medical profession has admitted that all vaccines are “unavoidably unsafe”, while claiming that the benefits far exceed the risks – which is something else that has never been demonstrated. These vaccines will be injected into the bodies of newborn infants and tiny children whose immune systems, including the biochemical mechanisms in the blood-brain barrier, are not yet fully developed.

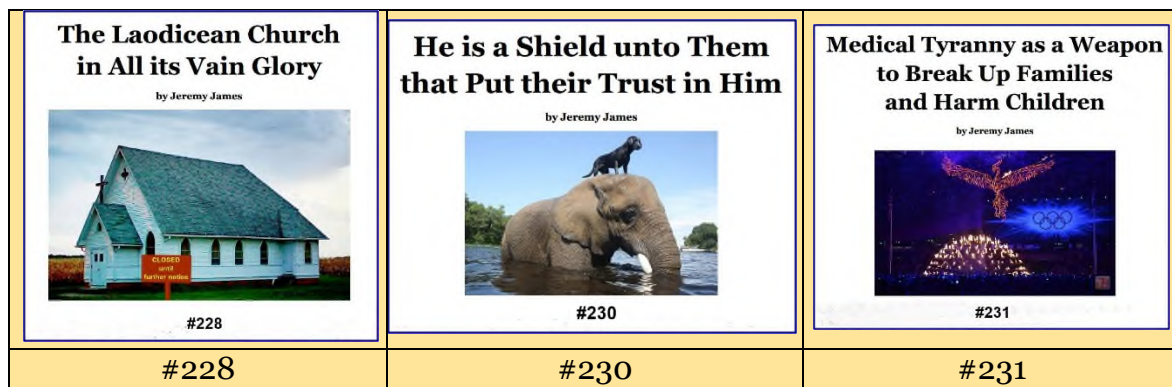
– Extract from *The Third Phase of Insanity: Why the Enemy Never Rests* by Jeremy James (2 December 2019)

The vaccines were not vaccines at all but, according to the manufacturers, complex new products based on genetic technology. This meant the potential risks were even greater than those associated with a standard vaccine. But EUA was granted anyway.

Standard vaccines are designed to stimulate the immune system to produce the antibodies that challenge the pathogen in question. The ‘active’ ingredient is either a viral shell or an attenuated (greatly weakened) form of the live virus. The immune system ‘reads’ this new information and responds accordingly. The new Covid ‘vaccines’ do something completely different, however. In fact the difference is so radical that it is impossible to understand how it could ever have been approved for any reason without undergoing extensive, rigorous testing over a period of 5-10 years.

**“Cursed be he that smiteth his neighbour secretly.
And all the people shall say, Amen.”
- Deuteronomy 27:24**

The Covid vaccine, we are told, inserts a new gene into the body which produces part of the viral shell of the Covid virus, known as a spike protein. These spike proteins are detected in real time by our immune system and, since their presence is interpreted as pathogenic, our immune system destroys them. In doing so it adds ‘spike protein’ to its list of known pathogens and produces more of the biochemical components needed to destroy them in future. In theory (so we are told) our immune system is being induced to produce the antidote which is needed to destroy the actual Covid virus, which is more virulent, should it ever enter our body.



The sinister relegation of the human immune system

As you can see, if the mRNA story is true, our immune system is being replaced in part by an outside agency. This is not how a real vaccine works. Instead of allowing our immune system to carry out its own analysis of the invading pathogen and mount the required response, it is being instructed to respond in a very specific way. One of the many drawbacks with this approach is that it will be unable to identify future variants of the same virus, even if the variation is small. Normally our immune system works out a generic way to deal with an invading pathogen and its many variants. The Covid ‘vaccine’ interferes with this mechanism and forces the body to address one viral formation only.

This is madness. All viruses undergo mutations over time, often in a matter of weeks. New variants, when they emerge, may be just as pathogenic but our immune system will not be able to recognize them in the absence of a generic response to the initial virus. So, even if the Covid 'vaccine' provided a degree of protection initially, it would offer no protection against succeeding variants. This is why the pharmaceutical companies are able to market Covid vaccine "boosters" to make up for this loss of effectiveness. It is the ideal business model. The industry will be able to make staggering profits by producing and marketing one genetically modified vaccine after another. This new therapeutic model will progressively undermine the role that our immune system plays in overcoming coronaviruses. As a result the public will become dangerously dependant on the pharmaceutical industry and its bizarre mRNA products.

This is an incredibly sinister development.

Relentless scaremongering generates widespread compliance

The industry greatly exaggerated the threat posed by Covid-19 by employing handpicked 'experts' to make horrifying projections of the death toll that was certain to emerge if radical steps were not taken to contain the 'pandemic'. These 'experts' happened to be funded by the Bill & Melinda Gates Foundation. We should not be surprised that they were the only 'experts' our governments listened to. The models used by these chosen experts were designed to make outrageous predictions. It only takes one or two devious assumptions to skew the results sharply in an upward direction. From a strictly scientific standpoint – the only standpoint that matters – these models were garbage. The massive death toll that they were projecting was a gross exaggeration, more than twenty times greater than the death toll normally associated a severe flu epidemic.



**"Oh my little dears, I have great news.
The humans are going to test the risky
Covid concoction on their OWN children!
We won't be involved.
I can hardly believe it!"**

Neither can we.

More fuel was thrown on the fire by rating healthy individuals as potential ‘carriers’. As we have seen, this too was a lie. The medical profession should have spoken out and condemned this brazen deception, but it said nothing. Venal lies gain huge momentum when people we trust and respect fail to condemn them.

Shocked by so much bad news and faced with the imminent possibility of losing an elderly member of the family, the public cried out for a vaccine! EUA? *Sure!* Never tested on animals? *No problem.* Entirely experimental technology? *Wonderful!*

We were witnessing mass psychosis, where even an ounce of common sense would have kept the gormless normies from driving off a cliff. In most countries the uptake was over 70 percent, with many exceeding 90 percent of the adult population.



Why were no animal trials conducted?

It is shocking to see that, two years after the introduction of the vaccines, NO animal trials have been conducted. They were bypassed initially (we were told) to save time, but they could easily have been conducted in parallel with the experimental testing on humans.

Animals trials are very easy to conduct. They require only a fraction of the time needed to conduct a human trial and allow for extensive organic examination, along with protocols that may not be acceptable in a human population. It would have been possible in just three months (January to March 2021) to make a detailed evaluation of vaccine safety using animal trials only. Was this done? Of course not. Remember, we are no longer dealing with medicine and human health, but a ‘live exercise’ in which most of mankind is being subjected to an invasive procedure which may potentially cause tens of millions of deaths.

**“Cursed be he that taketh reward to slay an innocent person. And all the people shall say, Amen.”
- Deuteronomy 27:25**

For anyone who thinks EUA was adopted in good faith, consider this: The CDC was required under EUA rules to conduct an ongoing review of adverse outcomes from the time the vaccine was introduced. It undertook to do this through its “V-Safe” survey system (which could be accessed *only* via smartphones) which commenced in December 2020. At the time the survey form was compiled the CDC already knew the ‘adverse events’ of special interest from the vaccine trials. Normally a survey form of this kind would list the leading adverse events but the CDC omitted the top 15, which included myocarditis and stroke. Only 10 lesser conditions, such as fever and nausea, were listed as options.

Any respondent who wanted to mark one of the top 15 events was obliged to describe his symptoms in a free-text box. It would then be left to the CDC to “interpret” the symptoms as they saw fit. A lawyer representing the Informed Consent Action Group said: “It’s deeply troubling that the CDC would construct V-Safe in a manner that does not permit it to be able to easily assess the rate of harm from adverse events [that] the CDC had already identified as potentially being caused by these products.” We fully agree.

Despite the vast quantity of data received by the CDC, through the V-Safe survey and the VAERS reporting system, it has been unwilling to concede that the Covid ‘vaccines’ are causing harm. The possibility that the alleged benefits are greatly outweighed by the injuries and deaths that the vaccines have caused, and continue to cause, is not open for discussion. This is what ‘EUA’ now means – the industry develops the product and, solely on its own authority, decides whether or not it is safe and effective, without recourse at any stage to independent review; the industry also controls the organization – the CDC – which collects and analyzes all data on Covid-related deaths and vaccine harm, tailoring and presenting such data to the public in whatever format and to what extent it alone decides.



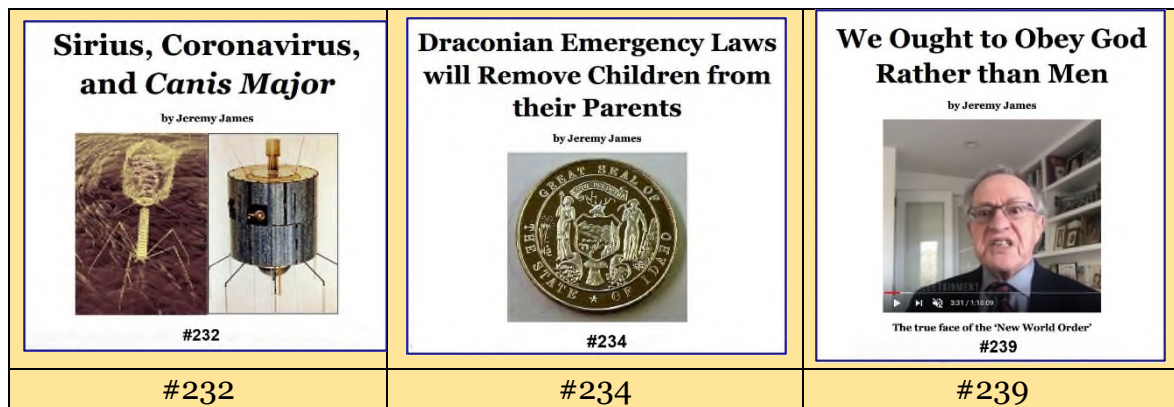
There is no transparency! The only data of any value that has been released to date has been obtained through the courts. The CDC and the FDA will continue to withhold, suppress or censor any data which could reveal the true extent of the harm being caused by the vaccines. It also enables them to suppress any data that would show how the number of ‘Covid deaths’ was grossly exaggerated.

This brings us to the next lie.

Tyrannizing Lie #4:

“The death toll from Covid-19 was extremely high.”

The ‘pandemic’ needed a high death toll – or the *appearance* of a high death toll – to convince the public that there was a real and present danger. This was achieved in a variety of ways. Firstly, all deaths from flu would be classified as ‘Covid’ deaths by simply giving the patients a PCR test (even if they were already dead!) and running the cycle dozens of times until a positive result was secured. This is why the WHO stopped reporting on flu outbreaks around the world at the start of 2020. Covid was flu under another name.



The next trick was to give the PCR test to anyone on the point of death. These cases could be classified as Covid deaths, even though no causal relationship between the alleged Covid infection and the patient’s death had been established. The deception was reinforced by wrapping the “diseased” corpse in a body bag and sending it to the incinerator. No post mortems were conducted on any of these cases. We know them today as ‘deaths with Covid’ as distinct from ‘deaths by Covid’. The CDC later admitted that only 6 percent of the deaths ascribed to Covid were actually caused by this mythical virus! All the rest died from an average of 2.4 co-morbidities, such as cancer or heart failure.

Notice that there are three lies at work here. The first alleges that the virus exists and can cause death. The second alleges that the victim tested positive for the virus. And the third alleges that the virus, not flu or a co-morbidity, was the real cause of death.

Hospitals were given big financial incentives

Hospitals were also given big financial incentives to apply the Covid protocol wherever they could, even in cases where death could not possibly have been due to a respiratory infection. In the US they received a bonus if the patient was given a PCR test; a further bonus if they were put on Remdesivir; an even bigger bonus where the patient was placed on a ventilator; and – yes! – an additional payment where the cause of death was listed as ‘Covid.’

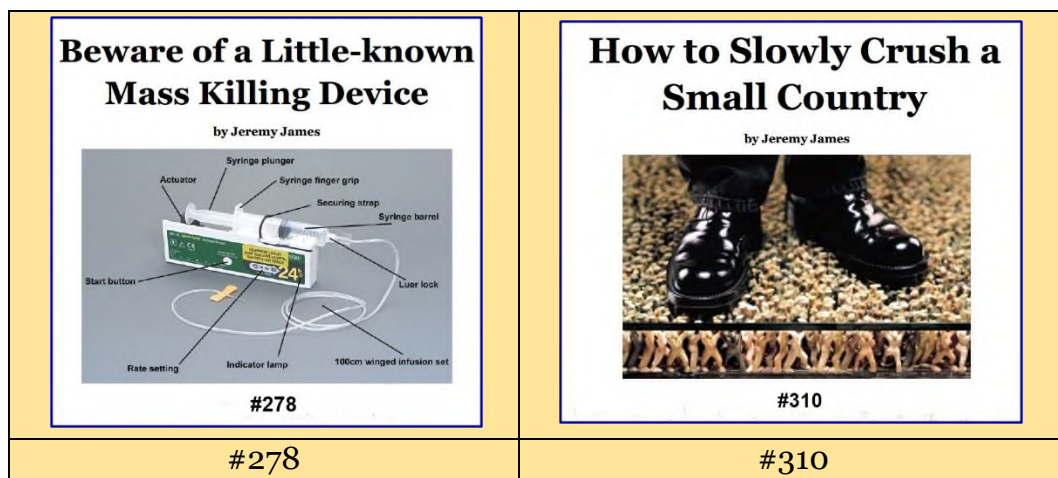
The euthanasia protocol

The next phase in this dark strategy was horrifying. We will look at the approach taken in two countries – the UK and the US – but there can be little doubt that equally inappropriate protocols were used in many other countries. Under the Covid treatment protocol approved by the CDC for use in the US, patients with anxiety coupled with breathlessness or experiencing mild respiratory distress were given the PCR test. When they tested positive, many of these were then confined to a hospital bed and given a drug called Remdesivir to alleviate their alleged Covid symptoms. This drug has an adverse effect on at least a quarter of the patients who receive it, causing a reduction in kidney function. This increases the build-up of fluid in the lungs whereupon, in accordance with the protocol, the patient was put on a ventilator. The survival rate for anyone on a ventilator is alarmingly low at the best of times, and with Remdesivir and strong sedatives in their system, a huge proportion of these ‘Covid’ victims succumbed.



The protocol and general approach in the UK worked like this: Elderly hospital patients were relocated to care homes in order to free up bed-space for the fictitious surge in ‘Covid’ cases. Many of these found the disruption very unsettling, especially as it raised in their minds the possibility that had or were at risk of contracting a deadly contagious disease. These cases were given PCR tests and, when they received a positive diagnosis for ‘Covid’, were moved to an isolated room and given a powerful sedative known as Midazolam. A large number were left alone for long periods without adequate supervision. Relatives and concerned family members were not allowed to visit them and check on their quality of treatment. The Midazolam not only kept the patient in a comatose state but interfered with their respiration. Some were put on ventilators and died shortly afterwards, while others were allowed to sink into oblivion and die from dehydration.

For a closer look at this method of execution the reader may wish to consult our earlier papers, in particular *Beware of a Little Known Mass Killing Device* (#278) and *How to Slowly Crush a Small Country* (#310).



Tyrannizing Lie #5:

“The vaccines are safe and effective.”

In this section we will summarize material which is addressed in greater detail in our earlier papers. Some of our observations may be duplicated elsewhere in this paper, primarily because the lies and deceptions promulgated by the industry were in turn given wholesale endorsement by governments, medical institutions and the media. In short, the number of trusted individuals who lent their names to this fraud is quite extensive. Their complicity needs to be highlighted, even if it means repeating certain facts. A lie told by the industry will only work if it is repeated by the government, the medical establishment and the media.

We will not attempt to classify the lies told by the industry or to suggest that one lie was “worse” than another. Considered collectively they are the product of a scheme whose general outline was framed decades ago.

The industry has been marketing flu vaccines for some time. In the past 10-15 years it has greatly expanded its activity in this market, to the extent that a huge proportion of the older population have now taken such vaccines multiple times. The propaganda behind this campaign has been unrelenting, with strong backing from across the full spectrum of the medical profession. But have these vaccines made any difference? Not at all. Roughly the same numbers have been dying each year from flu as died before the widespread introduction of the vaccine. The industry will try to show otherwise, but independent statisticians can see no meaningful difference. The industry is also using the significant fall in flu-related deaths since January 2020 to claim that their vaccines are getting results. All we are seeing, however, is the re-classification of flu. All such deaths are now recorded as Covid-related.

This trick is similar to the one pulled by the industry in the early 1960s when it was heavily promoting the highly contentious polio vaccine. The apparent fall in the number of polio cases during this period was allegedly due to the effectiveness of the vaccine. In reality, the symptoms of the illness known as “polio” were officially redefined to rule out many cases that would otherwise have been diagnosed as polio.

An inside job

The effectiveness of the Covid vaccine was determined by the industry, not by independent experts. The statistics used to justify its claim of efficacy were seriously flawed. It is also known that many cases of illness caused by the vaccine were not included in the final report on the grounds that the subject did not finish the trial! If a person is too indisposed to finish the trial then we have to ask whether the vaccine itself was the cause. Whistleblowers have revealed other tricks used by the industry to hide unpalatable research data and exaggerate the alleged effectiveness of the vaccine.

The industry also greatly downplayed the risks associated with genetic technology. For example, the principle of informed consent would have required that all recipients be told in advance that NO safe and effective product had ever been developed using this technology. They should also have been told that the vaccines had never been tested on animals! They didn't realize that they themselves were the experimental subjects.

Review > Crit Rev Toxicol. 2020 Feb;50(2):148-176. doi: 10.1080/10408444.2020.1719974.

Epub 2020 Feb 13.

Toxicological profile of lipid-based nanostructures: are they considered as completely safe nanocarriers?

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Affiliations + expand

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One of the most disturbing facts about which the medical profession was eerily silent was the inclusion in these vaccines of lipid nanoparticles. These had only been approved for use on human subjects in 2018 and little is known about their long-term effects. We give below the official Abstract of a paper public on 13 February 2020 by A Azarnezhad *et al*, titled ***‘Toxicological profile of lipid-based nanostructures: are they considered as completely safe nanocarriers?’***

Nanoparticles [NPs] are ubiquitous in the environment and are widely used in medical science (e.g. bioimaging, diagnosis, and drug therapy delivery). Due to unique physicochemical properties, they are able to cross many barriers, which is not possible for traditional drugs. Nevertheless, exposure to NPs and their following interactions with organelles and macromolecules can result in negative effects on cells, especially, they can induce cytotoxicity, epigenicity, genotoxicity, and cell death. Lipid-based nanomaterials (LNPs) are one of the most important achievements in drug delivery mainly due to their superior physicochemical and biological characteristics, particularly its safety. Although they are considered as the completely safe nanocarriers in biomedicine, the lipid composition, the surfactant, emulsifier, and stabilizer used in the LNP preparation, and surface electrical charge are important factors that might influence the toxicity of LNPs. According to the author's opinion, their toxicity profile should be evaluated case-by-case regarding the intended applications. Since there is a lack of all-inclusive review on the various aspects of LNPs with an emphasis on toxicological profiles including cyto-genotoxicity, this comprehensive and critical review is outlined.

Source: <https://pubmed.ncbi.nlm.nih.gov/32053030/>

Note the cautionary comment by the authors regarding the potential toxicity of lipid-based nanoparticles. In medical terms, the evaluation of a substance on a case-by-case basis would, in this instance, cover both the payload being delivered and the medical condition of the recipient. This type of payload (mRNA) had not been tested before on humans. Furthermore, the range of relevant physiological factors among potential recipients could not be greater. Five billion people have received exactly the same product in the same quantity, with no regard whatever to case-by-case considerations, even though recipients comprise males and females across all ages, all body types, all blood types, all ethnicities, where some were on medication of various kinds, some had compromised immune systems, and some were pregnant.

Is it possible that the industry just happened to develop a product that met this demanding toxicity test? We don't know and neither does anyone in the industry. But they went ahead and did it anyway. Given the potential for serious harm, this kind of risk-taking must be considered grossly irresponsible. How could the medical professionals in the respective countries remain silent while an experiment of this kind and on this scale was conducted?

They failed to ask the most basic questions. For example, how many organs in the body would be affected by the presence of the mRNA which produced the alleged spike protein? How long would these mRNA ‘factories’ continue to produce these proteins? What happens to the lipid nanoparticles after they deliver their payload? These questions are immensely important. For example, if the nanoparticles are not cleared from the body, they will accumulate in the tiny blood vessels known as capillaries. The more vaccine doses a person receives the greater the accumulation, blocking the capillaries and causing clots to develop.

A rookie medical student would be able to ask these questions, and yet the most senior medical professionals in Europe and America failed to do so! It beggars belief.

The industry maintained at the time the product was launched that the active ingredients would remain in the muscle tissue around the vaccine site. However, this later proved to be false. In reality, the lipid-nanoparticles and their mRNA payload travel throughout the body and can even cross the blood brain barrier!

Other false claims

The industry made a number of other false claims, all with a view to maximizing the uptake of their product. They said it would prevent the transmission of the Covid virus, but later admitted that it would not! They said it would protect vaccine recipients from infection, but, when caught in that lie, they later modified their claim to say – without any clinical justification whatever! – that recipients who subsequently contracted Covid would suffer fewer and milder symptoms. This was also a blatant lie since most of the new Covid patients in our hospitals were already vaccinated. (For some reason unvaccinated people fared much better!) Finally the industry claimed that one therapeutic dose of the vaccine would confer lifelong immunity, and yet in less than a year they said boosters would be needed to maintain immunity!

Incredibly the industry claimed, and continues to claim, that vaccine-based immunity is superior to natural immunity. Of the many filthy lies told by this corrupt consortium, this may possibly be the most dangerous of all since it clears the way for a lifelong series of vaccinations for everyone, many of which will be mandated by the state.



Tyrannizing Lie #6:

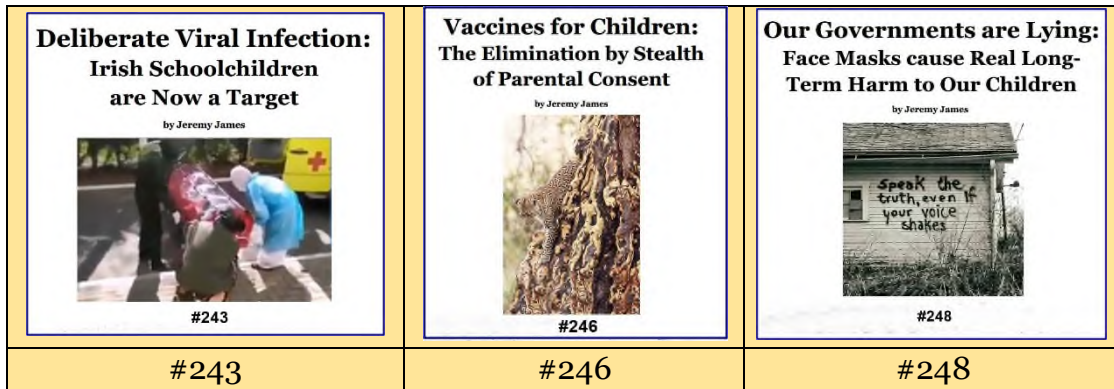
“The virus has been isolated & its genetic sequence identified.”

We could have listed this as Lie#1, the lie on which everything else depends. But experience tells us that the public will readily believe in the existence of a virus if they see – or think they see – an illness that corresponds to it. The industry knew its claims would be accepted, even in the absence of hard scientific evidence. All they needed was a brace of severe cases to set the whole thing in motion.

In order to develop a test for the presence of a given virus one needs to isolate and sequence its genetic structure. This means the infected tissue fluid must be filtered until a pure viral specimen has been isolated. But this never happened in Wuhan. The Chinese merely drew lung fluid from a few sick patients and made it available for analysis. There was no way to determine which of the many viruses in the fluid was causing Covid, so a culprit was never identified. We know this for certain because numerous governments revealed in response to Freedom of Information requests that the virus was neither isolated nor sequenced.

This was an astonishing admission since it would be impossible to create the right spike protein using mRNA technology unless the genetic sequence was known!

From this we can conclude (a) that the Covid virus does not exist and (b) that the Covid vaccines may not be based on mRNA technology at all! It also means the many ‘variants’ – such as Delta, Omicron etc – are fictitious.



Wuhan and 5G

So what made so many people ill in Wuhan? The answer, we have long argued, is 5G technology. Wuhan had, by the second half of 2019, one of the most advanced telecommunication systems in the world. The city was peppered with 5G antennas. The general population had also been put through a round of vaccinations, apparently for flu, in advance of the 7th Military World Games in Wuhan in October 2019. If the vaccines contained any ingredients that were responsive to electromagnetic radiation, the powerful 5G antennas could cause them to absorb energy at a weaponized frequency and trigger respiratory distress.

To many this may seem far-fetched. It only starts to make sense when we see it as part of a sophisticated plan, overseen by the Anglo-American axis, to use a phony medical emergency to impose draconian civil regulations on a world which had been conditioned over many years to fear a contagious pandemic disease with a high ‘kill rate’.

The same technique was used on a much smaller scale in other countries to produce acute Covid-type symptoms in a small number of cases. These were cases where the victims woke in the middle of the night, unable to breathe. Their hypoxia, or oxygen deprivation, was apparently caused by exposure to a strong source of EMF radiation. We suspect that all of these cases had received the flu vaccine in 2019. (I know a woman in Ireland in her mid-seventies with a compromised immune system who awoke in great distress in the middle of the night, unable to breathe. Her husband rushed her to the hospital. The doctor who treated her said later that she had all the classic symptoms of acute Covid. However he was unable to make this diagnosis at the time because the woman’s near-fatal attack took place in October 2019, several months before the so-called pandemic.)

<p>How the Pandemic Lie was Used to Sabotage the Western Legal System by Jeremy James</p>  <p>#249</p>	<p>Legalized Tyranny is Hastening the Marxist Takeover of Europe and America by Jeremy James</p>  <p>#250</p>	<p>Major Covid Test Center being Built on the Grounds of a Large Mental Hospital by Jeremy James</p>  <p>#256</p>
<p>#249</p>	<p>#250</p>	<p>#256</p>

Tyrannizing Lie #7:

“The Covid vaccine saved the lives of million of people.”

The industry is unable to offer any convincing proof that it saved even one life with its Covid vaccines. The only people who are dying of Covid-related symptoms, other than those with flu, are people who have already received the Covid vaccine. Hospital statistics indicate that the safest way – by far! – to avoid a Covid-type illness is to steer well clear of the vaccine.

In the old days, a person who died from a respiratory illness was usually marked down as a victim of flu, asthma, or emphysema. Today these cases have been hijacked and given a phony diagnosis. A gullible public listens naively to everything the industry tells them without ever once pausing to ask whether any of it is true. It simply doesn’t occur to people that it is an industry – a profit-driven business – which thrives on sickness. The more sick people there are, and the sicker they are, the better.

Men like Albert Bourla of Pfizer or Stéphane Bancel of Moderna come from the same moral mould as those who ran the big tobacco companies in the Fifties and Sixties. The cigarette moguls lied repeatedly about their product, even though they knew it was killing people. From their own research they had assembled a mass of data which proved beyond doubt that this was the case. But for two decades they continued to lie, and to employ scientists to lie for them, until they were finally exposed.

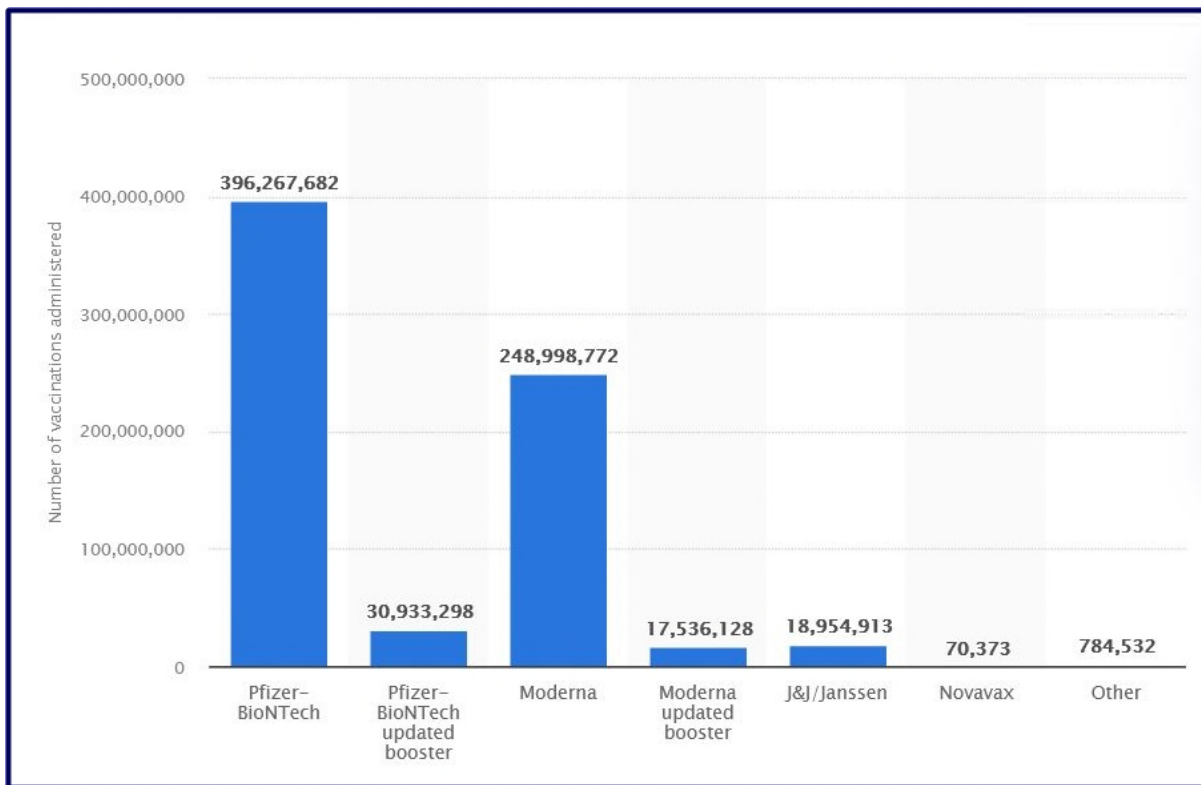
Big Pharma is no different. Consider Vioxx, a non-steroidal anti-inflammatory drug manufactured by Merck for the treatment of osteoarthritis. Released in 1999, it was prescribed about 80 million times worldwide before it was withdrawn in 2004. During its short life it shortened many lives but earned around \$2.5 billion for Merck.

The problem with Vioxx, as Merck knew about a year after it was released, was that it greatly increased the risk of heart attack and stroke. But they kept it on the market and concealed evidence that it was killing large numbers of healthy people. It later emerged that data from 21 studies had been fabricated so that Merck could claim (falsely) that the drug had superior analgesic properties. Furthermore pre-release trials had suggested that the drug might possibly have adverse cardiovascular effects, but Merck failed to follow up this finding with more exhaustive studies. The FDA estimate that Vioxx killed over 60,000 Americans. This is more than the number of Americans who died in the Vietnam War. The true figure may be even higher.

Why do governments give indemnity to the industry?

If these products are safe, why have governments around the world indemnified the industry against harm caused by its vaccines? This in itself is a sign that something is seriously wrong. Why did Pfizer try to seal its trial data on the Covid vaccine for 75 years? Only when forced to release it did the public learn that the “side-effects of special interest,” which Pfizer itself had compiled, ran to nine pages! As with Vioxx, some were adverse cardiovascular effects. Just like Merck, Pfizer failed to alert the public to this important fact or to investigate the risk any further. By the time it was withdrawn, Vioxx had been received by 20 million Americans and caused around 60,000 deaths. If the Pfizer vaccine produces cardiovascular complications of similar severity, it will kill more than 600,000 Americans. Some observers believe it has already done so.

<p>Downright Dangerous by Jeremy James</p>  <p>#257</p>	<p>The Irish are Being Told Appalling Lies about Covid by Jeremy James</p>  <p>#258</p>	<p>Pandemic Panic and the Ten Commandments by Jeremy James</p>  <p>#260</p>
<p>#257</p>	<p>#258</p>	<p>#260</p>



Number of COVID-19 vaccine doses administered in the United States as of January 4, 2023, by vaccine manufacturer [statista.com]

The VAERS system would appear to support this figure. It has recorded 32,000 deaths due a vaccine adverse event over the past 2 years. Since VAERS is commonly believed to represent between one and ten percent only of the population generally (due to significant under-reporting), a grand total of 600,000 deaths to date may prove to be an underestimate.

More will die as boosters are administered.

A perverse, criminal mentality within the health system

The perverse mentality of those who control the public health system in America is evident from their determination to give this high-risk experimental product to children. The perverse mentality of the medical profession in turn is borne out by its failure to clamp down on this insanity. Experience has shown, over and over, that children do not get Covid, nor do they act as asymptomatic carriers. It is a crime of great depravity to inject a child with a substance that serves no conceivable purpose.

The medical profession is already guilty of serious criminal misconduct, having encouraged its members to give the Covid vaccine to pregnant women. A great many suffered a spontaneous abortion (miscarriage) or stillbirth as a result. Who knows how many of the children who survived were harmed by the vaccine?

The individual has rights that supersede those of the state

There should be no onus on members of the public to prove that vaccines are unsafe. Neither should anyone be obliged to receive a vaccine even if they have no doubts about its safety! Under a medical tyranny, however, both of these propositions are rejected. Citizens are expected to accept the claim by their government that vaccines are harmless and that they should be injected into children everywhere, with no opt-outs or exceptions.

Even if a particular vaccine was perfectly safe, with no known side effects and no recorded case of an adverse health event following receipt of the vaccine, the public would STILL have the right to refuse it. This principal – the principal of unfettered and informed choice – is fundamental to the operation of a democracy. So too are *habeas corpus* and due process. Many governments around the world, including the Irish government, spurn these principles whenever they impede their devious schemes. The pharmaceutical companies demand access to the largest possible market for their products and it is the job of venal and amoral politicians to make sure they get it.

The same governments have shown that they intend to employ other forms of tyranny in the years ahead, using laws relating to hate speech, gender identity, immigration, sexual indoctrination, asset forfeiture, religious expression, social credits, online censorship, ecological restrictions, internal mobility, and psychological profiling. We cannot address each of these in this paper – the issues are far too large – but we offer some disturbing examples of the coming medical tyranny.

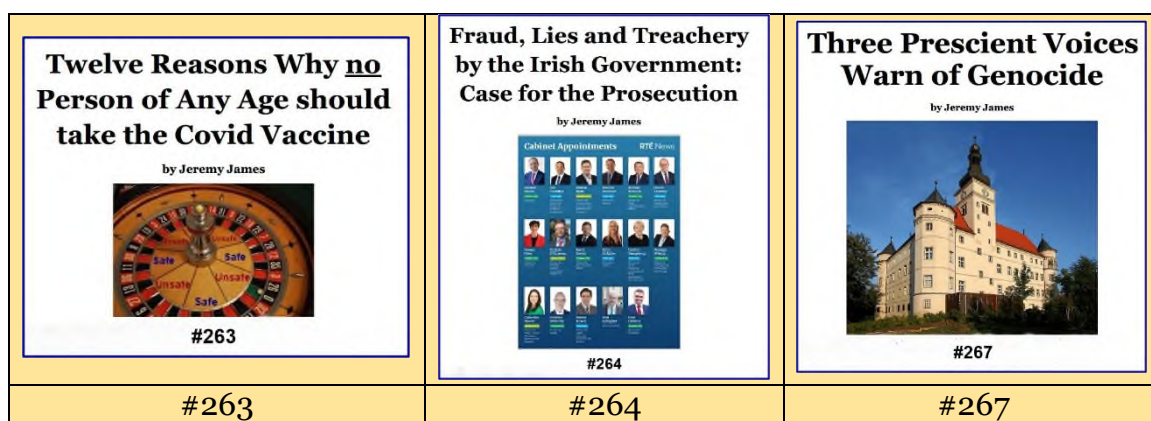
– Extract from *The Third Phase of Insanity: Why the Enemy Never Rests* by Jeremy James (2 December 2019)

Giving experimental vaccines to pregnant women

Pfizer approved the use of the vaccine on pregnant women even though its own trial data could not be used to justify this. This reveals such a callous, sociopathic attitude that it makes one wonder if the Chinese Communist Party is running Pfizer. (Perhaps it is.)

Governments colluded directly in this criminal conduct by allowing the pharmaceutical companies to target vulnerable groups without first conducting a thorough investigation of the risks involved. Instead they turned a longstanding principle of medical science on its head. Henceforth, pharmaceutical companies could develop and market products in accordance with their own safety standards. The onus is now on the public to prove that a product is unsafe, thus requiring concerned individuals to institute extremely expensive legal proceedings against a powerful multinational corporation.

The depth of betrayal behind all of this is truly horrifying. Our governments serve the industry, presumably in return for sizeable kickbacks. Our medical profession is no better. Meanwhile the corporate media continues to pretend that everything is as it should be. It even mocks and vilifies the few who dare to question the official narrative.



Tyrannizing Lie #8:

“There is no hard evidence that the vaccine is causing harm.”

The industry continues to pretend that the heartbreaking cases accumulating in the adverse events databases in various countries have nothing to do with their vaccines. They can do this because our governments allow them. It is a sick game where the bully can do as he pleases. Bit by bit, however, statistics relating to the scale of the damage being caused by the vaccine is coming under public scrutiny. They are starting to notice the excess deaths from all-cause mortality, the strange fact that those who are vaccinated appear to be at greater risk, the inexplicable deaths of otherwise healthy young people, and the fatal collapse on the field of play of fit young footballers and athletes. Sudden Arrhythmic Death Syndrome (SADS) has been invented by the liars who control the medical industry to account for some of these tragic cases.




US Department of Defense medical database

One of the best sources of data on this phenomenon may be found on the US Department of Defense medical system. Unlike VAERS, all reportable events are recorded, so a more precise picture can be extracted. Explanatory analysis of these reports only became available when four whistleblowers went public in early 2022. One of these was Lt. Col. Theresa Long M.D., a board-certified aerospace medicine doctor and Army Brigade flight surgeon. She recently released data on the health status of USAF pilots, stating: “After querying all pilots across the DOD [Department of Defense] for all-cause morbidity and mortality, I found a stunning increase in the number of reportable events, spiking from an average of 226 reportable events a year [over the period] 2016-2019 to 4,059 reports in 2022.”

She may have been prompted to focus on pilots because of the unusually high death rate among Covid-vaccinated pilots across the aviation sector as whole.



When she and her fellow whistleblowers – two US military doctors and an Army public health officer – went public in 2022, they were able to show a massive rise in cases of anxiety, esophageal cancer, breast cancer, female infertility, miscarriages, acute myocarditis, and Bell’s palsy, among other conditions, after the vaccine was mandated for the U.S. military. They had expected the top brass to order an immediate investigation. Instead they dismissed the result as a “glitch” in the computer system which caused relevant data to be omitted.

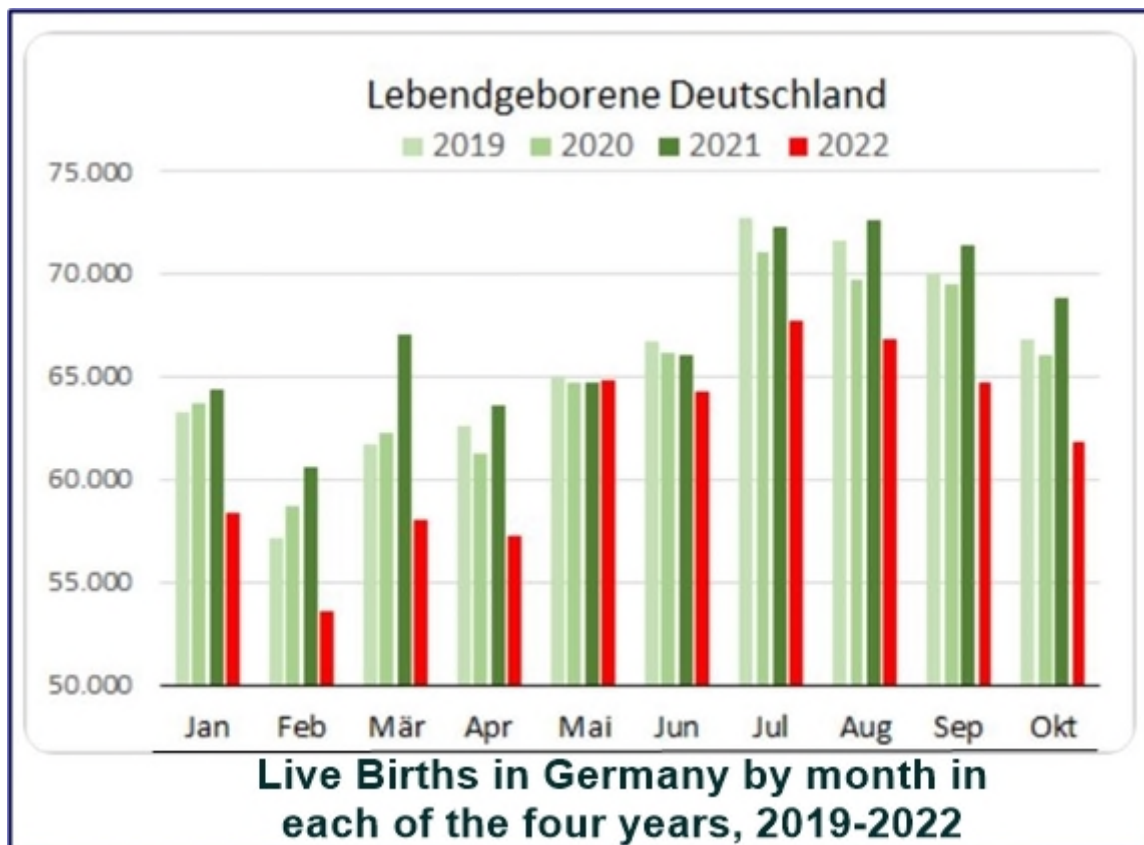
<p>Mischievous Madness: Proof that the Medical Profession is Controlled by Sociopaths by Jeremy James</p>  <p>#269</p>	<p>Why the Covid Vaccines are Dangerous by Jeremy James</p>  <p>#270</p>	<p>The Rider on the White Horse: Deagel Projections and Vaccine Choices by Jeremy James</p>  <p>#280</p>
<p>#269</p>	<p>#270</p>	<p>#280</p>

When one sees a 16-fold increase in the number of reportable events for pilots since the introduction of the vaccine, we can either accept the official “move-along-nothing-to-see-here” explanation given by the authorities, or we can use the wonderful fund of common sense which our Creator has given each of us and call “Foul!”

Birth data

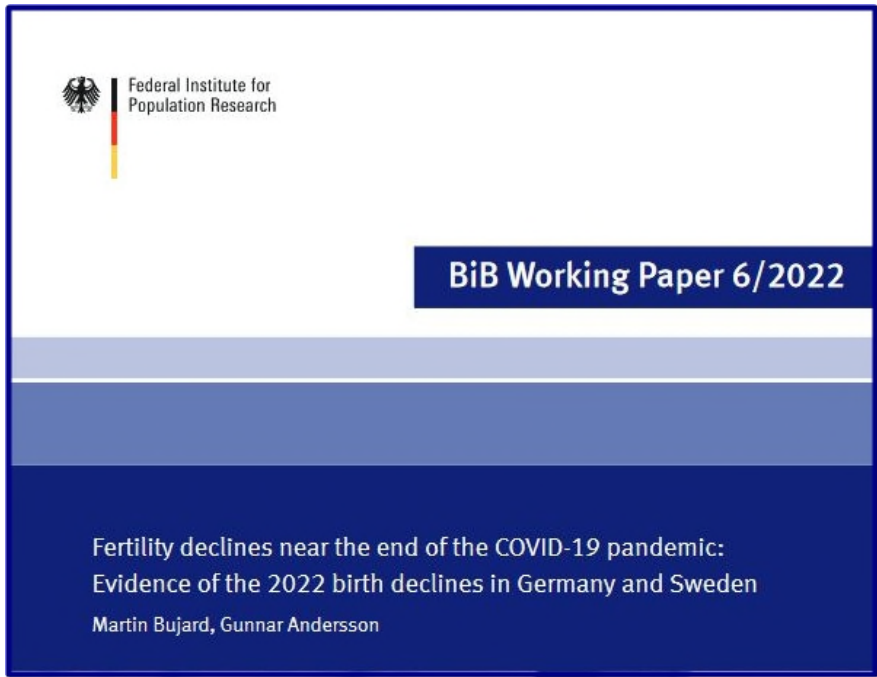
Another source of data which offers a good overview of the impact of the vaccine with reference to a chosen health metric is the national birth register. Birth rates are surprisingly consistent year-on-year and marked departures from the expected pattern are generally due to a serious event affecting the nation as a whole. We have seen above, in the reports by the DOD whistleblowers, how female infertility and miscarriages showed a significant increase after the Covid vaccine was introduced. It would be useful to know whether a similar decline in fertility was observed elsewhere.

Stefan Homburg, a professor at Leibniz University, Hannover in Germany, examined data compiled by the German Federal Statistical Office on live births and produced the following table:



Note: Data for November and December have been excluded to allow a direct comparison with 2022 (data for ten months only in 2022 were available at the time Professor Homburg compiled the table).




The steep drop in births, which was first seen in January 2022, commenced 9 months after the Covid vaccination program for young people began in earnest (per data supplied for the 18-59 age group by the Robert Koch Institute).



“This study has demonstrated a remarkably strong and very sudden drop in fertility in Germany and Sweden in the first months of 2022. The number of live births dropped by some 15 % in Germany and close to 10 % in Sweden, as compared to the fertility levels in previous years.” – p.12

A recent study by the **Federal Institute for Population Research** (see above) made the same stark observation:

“There is no correlation [between] the fertility trends [in Germany and Sweden] with changes in unemployment, infection rates, or COVID-19 deaths. However, there is a strong correlation between the onset of vaccination programmes and the fertility decline nine months after... The fertility decline in the first months of 2022 in Germany and Sweden is remarkable.”

<p>A Fake Marburg Virus Threat may be Used to Mandate Further Vaccinations by Jeremy James</p>  <p>#287</p>	<p>Laodicea, Philadelphia, and Vaccine Harm by Jeremy James</p>  <p>#292</p>	<p>Evidence that the Covid Vaccines Implant Bluetooth Biosensors by Jeremy James</p>  <p>#295</p>
<p>#287</p>	<p>#292</p>	<p>#295</p>

CONCLUSION

Some readers may have difficulty accepting the unpalatable fact that big corporations are running the world and that they are working together to make fundamental changes to the existing social order.

These changes include a sharp reduction in the total world population. They have long indicated that drastic steps may be needed to achieve this. The sensationalized 'Covid pandemic' would seem to have been designed to induce a sizeable proportion of the world's population to accept the 'Covid' vaccine. We have seen how this experimental product is capable of killing and maiming some of its recipients, and disrupting fertility. There is more than enough evidence to show that this destructive action is intentional and that it is set to continue. If that is the case then the Covid vaccines, along with future vaccination programs already in the planning stage, are a key part of the population reduction agenda.

The bombing of Dresden is widely seen as a barbaric event, killing around 25,000 civilians (non-combatants) in three days. On the other hand the Covid vaccines are reducing the future population of Germany by 10,000 or so every month. If current trends continue the reduction will be even greater.

The Luciferian Elite have long sought a way to quietly sterilize the masses. Perhaps they have found it.

Are the vaccines really based on mRNA technology?

To avoid confusion we have written most of the foregoing on the basis that the new vaccines are based on mRNA technology, as the industry claims. However, it is difficult to find any convincing independent confirmation that this is actually the case. It may simply comprise lipid and graphene nanoparticles. The alleged mRNA component may only be a fiction to justify the inclusion of the lipids.

The lipids alone are sufficient to cause real harm to one's health, unless our body is able to expel them. We have seen no evidence to show that it can.

The speculative theory that the 'mRNA' vaccines contain no mRNA is supported by the fact that some scientists, having subjected the vaccine to spectrographic analysis (which is normally very reliable), could find no trace of two elements that are always present in biological material, namely phosphorous and nitrogen. If they contain no mRNA, then they are not producing spike proteins. Their only purpose, in that case, is (a) to flood the patient's body with millions of lipid nanoparticles, thereby impairing their health, and (b) to insert nanoscale tracking technology into the general population and build a worldwide real-time surveillance system or 'open prison'.

The bottom line is obvious. The public can no longer trust the people behind this grotesque abuse of power. We have been lied to repeatedly. If they lied in the recent past (2020 to 2022) we can be CERTAIN they will continue to do so. Future pseudo-pandemics can be expected, as well as digital IDs (holding medical data and vaccine status), forced vaccinations, and mandatory quarantine in a remote location in cases of non-compliance. Families may be broken up to “protect” the vulnerable. We have shown in our previous papers that they are well capable of doing all of this.

Please share this paper widely. Post it online. Send it to your friends. Use it to challenge the sceptics and waken those who are still asleep.

Also – and this is important – please remind everyone that our Heavenly Father will send His Son to judge these people. When he returns his Lion-like fury will be shocking to behold:

“...for I will tread them in mine anger, and trample them in my fury; and their blood shall be sprinkled upon my garments, and I will stain all my raiment.”
– Isaiah 63:3

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February 5, 2023

- SPECIAL REQUEST -

Time is running out...

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