

The Rider on the White Horse: Deagel Projections and Vaccine Choices

by Jeremy James



In our earlier paper, *The Seven Seal Judgments in the Book of Revelation* [#256], we drew attention (as follows) to the etymology of the Greek word for “bow” in the passage describing the arrival of the rider on the white horse:

The initial Seal Judgments send, in succession, Four Horsemen. The first introduces a rider on a white horse who is carrying a “bow”:

“And I saw, and behold a white horse: and he that sat on him had a bow; and a crown was given unto him: and he went forth conquering, and to conquer.” (Revelation 6:2)

Virtually all translations refer to the “bow” only, but since the Greek word in the original is *toxon* [Strong’s G5115], the translation should read “bow and arrows.” The archer in Greek warfare was always armed with a bow and a set of arrows, never a bow on its own. Furthermore, the Greeks normally dipped their arrows in poison to make them more lethal on the field of battle. The English word, “toxic”, comes directly from the Greek *toxikon*, a poison-tipped arrow.

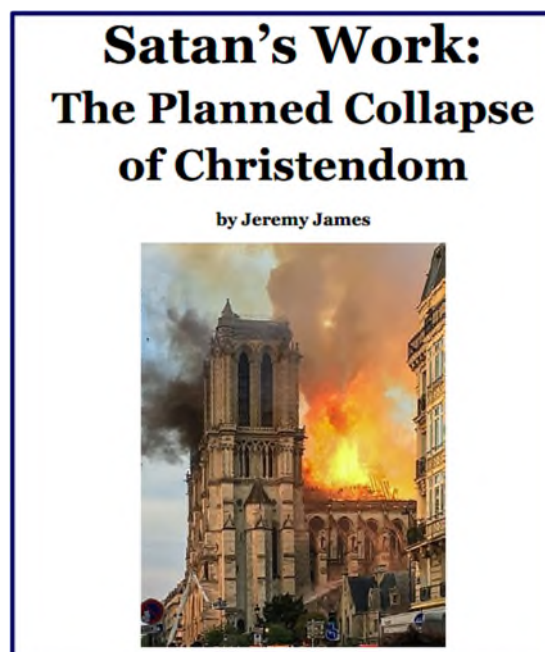
Some commentators have wrestled with the meaning of the “bow” in this passage since, by itself, it hardly qualifies as a weapon. However, the context implies that all four horsemen are bearing deadly weapons. This is why they are portrayed as mortal threats to mankind.

The modern equivalent of the “poison-tipped arrow”, we would suggest, is a vaccine or poison-tipped syringe. If we take that interpretation, then it is much easier to understand how a world leader might use such a device to embark on a campaign of conquest. The “white horse”, on the other hand, would appear to symbolize peaceful intentions. In this way, at least initially, his deadly work will not arouse suspicions.

It should be noted also that every vaccine is administered by a person in a white coat or gown... For the first time in history, Satan has an opportunity to inflict serious physical harm on the whole of humanity.

We will now look more closely at this prophetic passage by reference to the Deagel population projections which we discussed in our last paper, ***Satan’s Work: The Planned Collapse of Christendom*** (#279). The Deagel spreadsheet set out a forecast of the population of every country in the world for the year 2025. In that paper we sought to show that the drastic reduction in population predicted in the spreadsheet fell disproportionately – indeed, overwhelmingly – on countries with a Christian heritage.

This prompts an important question: If the Covid vaccine program is intended to achieve this drastic reduction, then how will it target one set of countries while leaving the rest largely unaffected?



The question we need to answer

It has been suggested that the answer may depend on the proportion of the population of each country who agree to be inoculated. Thus, according to this hypothesis, target countries would have a high uptake, while a significant percentage of the population of non-target countries would remain unvaccinated.

Given the power of the media in the target countries (per Tables A and B below) and the intense use of subversive propaganda by their respective governments, it might be possible to achieve this outcome. But it is not a satisfactory explanation. There is evidence, for example, that the uptake to date in many countries which are not scheduled for depopulation is as high as that of several countries which are.

The three Deagel groups

Table A (overleaf) sets out the countries in the main target group ('Christendom'). They are scheduled for a staggering population reduction of 53 percent – around 470 million. The current vaccine uptake in these countries, overall, is 57 percent. This would seem to support the 'uptake' explanation, but we need to look further.

Table B (on p.5) gives the countries in the second target group, namely those which do not have a Christian heritage but which are leading players in the field of technological innovation – Japan, South Korea, Taiwan, Singapore and Israel. At 22 percent, the proposed population reduction for these countries is not nearly as severe as that of the main target group, but it's horrifying nonetheless. At 40 percent, the vaccine uptake to date for this group is also significantly lower than that of the main target group. This again would seem to support the 'uptake' explanation.

The second target group comprises any advanced industrial economy which is not already included in the main target group. The New World Order will introduce strict controls over all technological innovation, thus ensuring that no weaponry or other devices might be developed that could threaten the totalitarian stranglehold that the Elite plan to impose over the entire earth.



"The fourth beast shall be the fourth kingdom upon earth, which shall be diverse from all kingdoms, and shall devour the whole earth, and shall tread it down, and break it in pieces."

- Daniel 7:23

TABLE A
[Main target group (Christendom)]

Country	Population as at 2019 [million]	Population forecast by Deagel for 2025 (as per 2020 forecast)	Population reduced by percentage shown (%)	Current uptake of Covid vaccine (% population) at 1 August 2021
United States	332	99	70%	57%
Canada	37	26	30%	71%
United Kingdom	65	14	78%	69%
Germany	80	28	65%	61%
France	67	39	42%	62%
Italy	62	43	30%	64%
Spain	50	27	46%	68%
Ireland	5.2	1.3	75%	67%
Greece	10.7	8.1	24%	55%
Portugal	10.3	8.1	21%	69%
Denmark	5.9	3.8	36%	73%
Sweden	10	7.2	28%	63%
Norway	5.5	3.8	31%	66%
Finland	5.6	5.3	5%	67%
Switzerland	8.4	5.3	37%	54%
Belgium	11	8.1	26%	69%
Bulgaria	7	6.1	13%	15%
Austria	8.9	6.2	30%	59%
Poland	38	33	13%	48%
Ukraine	41	31	24%	8%
Australia	25	15	40%	33%
New Zealand	4.9	3.3	33%	22%
TOTAL	890.4	421.6	53%	57%

Table C (on p.6) should be a wake-up call to the whole world. The population of this group is five times that of **Table A** and **Table B** *combined* and yet it is projected to fall by ‘only’ 73 million. Compare this with the fall projected for the other groups – 515 million! This is a seven-fold difference. Thus, if the Covid vaccine program is the planned instrument for conducting the coming genocide, then it will impact 35 times more destructively on Christendom than on Communist countries and the Asian trading bloc. This startling disparity cannot be explained solely by reference to vaccine uptake.

TABLE B
[Deindustrialization]

Country	Population as at 2019 [million]	Population forecast by Deagel for 2025 [million] (as per 2020 forecast)	Population reduced by percentage shown (%)	Current uptake of Covid vaccine (% population) at 1 August 2021
Japan	125	103	18%	39%
South Korea	51	37	28%	38%
Singapore	6.2	5	19%	74%
Taiwan	23	18	22%	32%
Israel	8.7	4.0	54%	67%
TOTAL	213.9	167	22%	40%

The Communist China *Belt and Road* Initiative

The Belt and Road Initiative, known in Chinese and formerly in English as One Belt One Road, is a global infrastructure development strategy adopted by the Chinese government in 2013 to invest in nearly 70 countries and international organizations. It is considered a centerpiece of ...Chinese leader Xi Jinping's foreign policy, who originally announced the strategy as the "Silk Road Economic Belt" during an official visit to Kazakhstan in September 2013.

"Belt" is short for the "Silk Road Economic Belt," referring to the proposed overland routes for road and rail transportation through landlocked Central Asia along the famed historical trade routes of the Western Regions; whereas "road" is short for the "21st Century Maritime Silk Road", referring to the Indo-Pacific sea routes through Southeast Asia to South Asia, the Middle East and Africa. Examples of Belt and Road Initiative infrastructure investments include ports, skyscrapers, railroads, roads, airports, dams, and railroad tunnels. - *Wikipedia*

TABLE C
[The 'Belt & Road' group]

Country	Population as at 2019 [million]	Population forecast by Deagel for 2025 (as per 2020)	Population changed by percentage shown (%)	Current uptake of Covid vaccine (% population) at 1 August 2021
China	1390	1358	2.3%	28%
Russia	146	141	3.4%	25%
India	1330	1341	+0.8%	26%
Indonesia	267	267	0.0%	17%
Brazil	211	211	0.0%	49%
Philippines	109	117	+7.3%	11%
Egypt	105	105	0.0%	4%
Bangladesh	162	178	+9.9%	5%
Turkey	82	71	13.4%	48%
Nigeria	214	187	12.6%	2%
Argentina	45	41	8.9%	55%
Pakistan	233	218	6.4%	13%
Thailand	68	64	5.9%	18%
Kenya	53	50	5.7%	2%
Iran	84	81	3.6%	9%
Mexico	128	124	3.1%	36%
Colombia	49	49	0.0%	33%
Vietnam	99	99	0.0%	6%
Venezuela	29	29	0.0%	10%
Malaysia	33	33	0.0%	43%
Chile	18	18	0.0%	72%
Sri Lanka	22	22	0.0%	45%
Peru	31	31	0.0%	24%
TOTAL	4908	4835	1.5%	24%

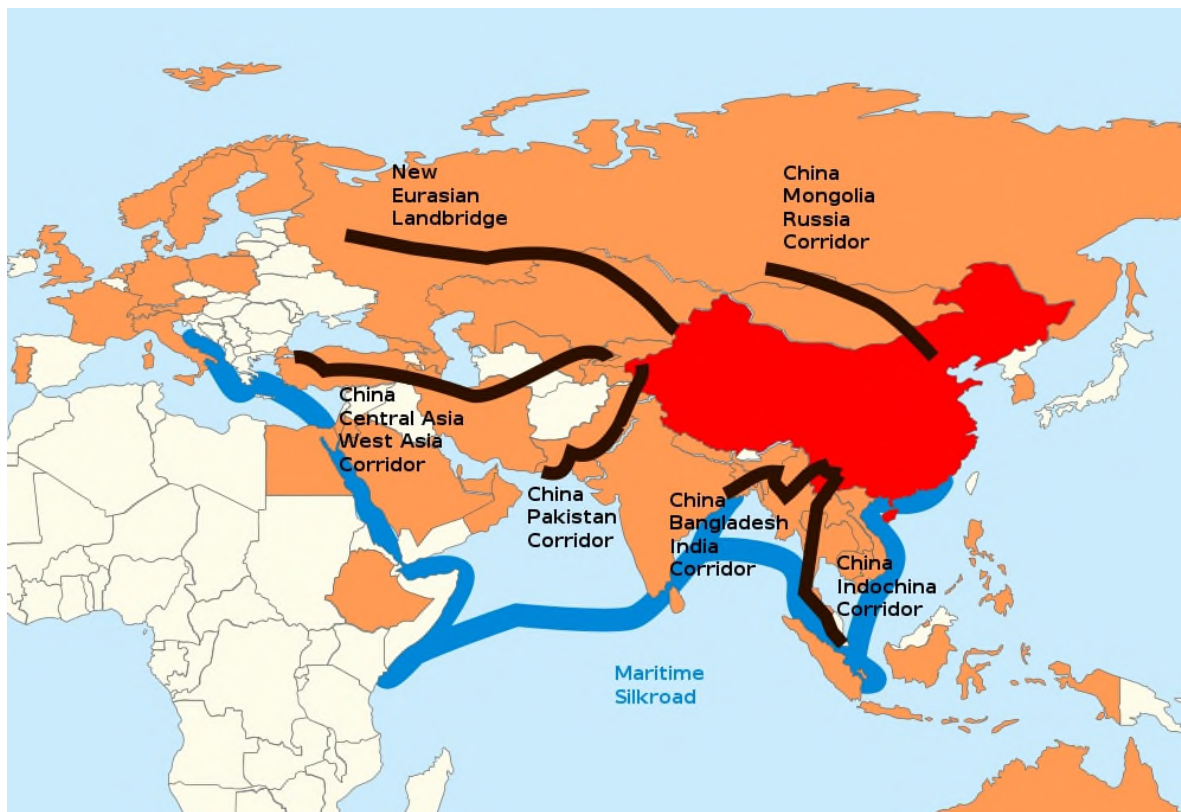
The countries which show no change (or virtually no change) in population between 2020 and 2025 may hold the key. We have set out in **Appendix A** all the countries – 23 in total – which (with a current population of at least a million) will suffer no reduction. When we checked to see which Covid vaccines are approved for use in these countries, we found that all but four have access to a vaccine which is not approved for use in the countries listed in either **Table A** or **Table B**.

While vaccine uptake may be a factor in explaining why some countries are expected to suffer a severe population decline and some are not, the main factor, we believe, is the brand of vaccine being used.

Many of our readers may be surprised to learn that 21 Covid vaccines have been approved for general use – see **Appendix B**. We assume that these have been given the go-ahead, either formally or informally, by the World Health Organization.

However – and this is where the subject becomes very sinister – virtually all of the countries slated for a significant reduction in population by 2025 are restricted to just four of these 21 vaccines (See Tables A.1 and B.1 overleaf). We call them the ‘Big Four’ – Pfizer, Moderna, AstraZeneca, and Johnson & Johnson.

Only the Ukraine, Canada, Japan and Taiwan – of the countries slated for population reduction – have an option outside the Big Four.



The planned new economic axis of the world, showing the main 'Belt & Road' trade routes.

TABLE A.1
Vaccine options for Countries on TABLE A

Note: 'Big Four' = Pfizer, Moderna, AstraZeneca, and John & Johnson

Country	Number of 'Big Four' vaccines approved	Number of other vaccine options	Population reduced by percentage shown (%)
United States	3	NONE	70%
Canada	4	1	30%
United Kingdom	4	NONE	78%
Germany	4	NONE	65%
France	4	NONE	42%
Italy	4	NONE	30%
Spain	4	NONE	46%
Ireland	4	NONE	75%
Greece	4	NONE	24%
Portugal	4	NONE	21%
Denmark	3	NONE	36%
Sweden	4	NONE	28%
Norway	3	NONE	31%
Finland	4	NONE	5%
Switzerland	3	NONE	37%
Belgium	4	NONE	26%
Bulgaria	4	NONE	13%
Austria	4	NONE	30%
Poland	4	NONE	13%
Ukraine	2	2	24%
Australia	2	NONE	40%
New Zealand	2	NONE	33%
TOTAL			53%

TABLE B.1
Vaccine options for Countries on TABLE B

Note: 'Big Four' = Pfizer, Moderna, AstraZeneca, and John & Johnson

Country	Number of 'Big Four' vaccines approved	Number of other vaccine options	Population reduced by percentage shown (%)
Japan	2	1	18%
South Korea	4	NONE	28%
Singapore	2	NONE	19%
Taiwan	2	1	22%
Israel	2	NONE	54%
TOTAL			22%

TABLE C.1
Vaccine options for Countries on TABLE C

Note: 'Big Four' = Pfizer, Moderna, AstraZeneca, and John & Johnson

Country	Number of 'Big Four' vaccines approved	Number of other vaccine options	Population changed by percentage shown (%)
China	0	6	2.3%
Russia	0	4	3.4%
India	2	3	+0.8%
Indonesia	3	2	0.0%
Brazil	3	4	0.0%
Philippines	4	4	+7.3%
Egypt	1	4	0.0%
Bangladesh	3	4	+9.9%
Turkey	1	2	13.4%
Nigeria	4	2	12.6%
Argentina	2	4	8.9%
Pakistan	2	4	6.4%
Thailand	4	2	5.9%
Kenya	1	1	5.7%
Iran	1	4	3.6%
Mexico	3	4	3.1%
Colombia	4	1	0.0%
Vietnam	4	2	0.0%
Venezuela	0	3	0.0%
Malaysia	3	3	0.0%
Chile	3	2	0.0%
Sri Lanka	1	4	0.0%
Peru	2	1	0.0%
TOTAL			1.5%

The lethal component

In light of the Deagel scenario and its devastating implications for humanity, we must ask whether the Big Four vaccines contain a lethal component which is missing from the other 17 options? It looks as if they do.

A sceptic might argue that, if this were the case, then the population reduction targets for the Ukraine and Canada (Table A) or Japan and Taiwan (Table B) would not be achievable (given that a fair proportion of the population would receive a non-lethal variety). As it happens the vaccine option for Canada, apart from the Big Four, is Covishield, an AstraZeneca formulation made in India. This, apparently, is also the only option currently available in the Ukraine. The Japanese option, Takeda, is actually a local formulation of Moderna, while the 'outsider' option in Taiwan (MVC-Cov1901 made by Medigen) is exclusive to Taiwan. No other country is using it.

So, of the 27 countries on the population reduction list (Tables A and B), 23 are restricted to the Big Four, while the other 4 have options which are either illusory, suspect or a copy of a Big Four vaccine.

While vaccine brand would appear to be the key distinguishing factor between the two lists (Table A+B versus Table C), we should not lose sight of the role that uptake or “booster” shots will play. The successful enforcement of this program through endless coercion and the threat of imposed isolation, quarantine, social deprivation and job loss is enabling the authorities in some countries to recommend that recipients receive more than two Covid shots. Israel has just become the first country where a third shot (or booster) is required, in this instance for persons over age 60.

Unless the inhabitants of the countries listed in Tables A and B awaken to the fact that they are now in a medical tyranny and that their own governments – which have pledged to protect them – are part of that tyranny, they will be destroyed. It is really that simple. The rulers of the darkness of this world, who are led by Satan, are surely determined to seize their opportunity and to use whatever force is necessary to push their plan to completion. Until now they have faced virtually no opposition, largely because the citizens of the nations concerned have no idea that malice of this magnitude is being directed against them.



The Big Four

CONCLUSION

In this paper we are proposing, in conjunction with our last paper (#279):

- (a) that the Deagel projections have a strategic military purpose and should be taken seriously;
- (b) that the sharp division between Table A+B and Table C has a strategic military purpose;
- (c) that the worldwide Covid vaccine program is a cover to deliver a fatal or harmful vaccine to the population of a selected list of countries (those in Table A+B);

- (d) that the countries in Table C will become the new axis of the world economy, centered on the Belt & Road Initiative, which has been under development for at least 20 years;
- (e) that the vaccines produced by the Big Four are especially dangerous and should be avoided. (We are not suggesting that the other 17 are safe.)

Vaccine deaths and injuries to date

There is considerable evidence that the Big Four vaccines are already causing serious harm. It is estimated that at least 50,000 recipients in the US have died within weeks of receiving the vaccine and more than 600,000 have been injured, many seriously. The latter figure is almost certainly an underestimate since a great many vaccine injuries are not reported.

There are equally alarming vaccine-related death and injury statistics for the UK and Europe. All of these countries are captives of the Big Four. The chaotic situation at Sligo University Hospital – in the month of August! – may be a foretaste of what is to come (See **Appendix C.**)

One wonders if similar death and injury rates are being reported in Table C countries? We very much doubt it. Even if the authorities in these countries do not maintain a VAERS-type database, one would expect to find harrowing personal accounts online of vaccine injury by citizens of these countries, similar to those being reported by vaccine-injured citizens in Table A+B countries. But this doesn't seem to be the case. If a large number of Russians were being injured by Sputnik V, we should have heard about it by now.

For those who have no understanding of Bible prophecy, the possibility that a traumatic genocidal program of this kind might be under way is too hard to accept. To them the Four Horsemen of the Apocalypse are, at best, interesting religious symbols. The lessons of history have prepared them only for situations involving direct face-to-face conflict, not an invisible worldwide assault where one side secretly undermines and annihilates the other.



The vast majority of professing Christians have chosen to view world events through the eyes of unbelievers. If they had taken God at His Word and believed what He wrote for our benefit in the Book of Revelation – and in many other parts of the Bible – they would have known that the rulers of the darkness of this world have been busily preparing a devastating End Time event. As true believers, they would have been watching diligently for signs as the fateful hour approached, comparing scripture with scripture, and discerning within the ebb and flow of human affairs the sinister force which would one day manifest as the Antichrist.

We cannot say for certain that the Covid vaccine program will usher in the rider on the white horse. Perhaps it will. Much depends on how the world responds to the appalling threat it now faces. If the masses continue to believe every lie, to scorn the Ten Commandments, to seek ‘normality’ at any price, and to inject their bodies and those of their children with experimental vaccines, then societal chaos and a world dictatorship are inevitable.

However, the LORD is incredibly merciful. Despite the immense evidence that the cities in the plain of Sodom were ripe for destruction, He allowed Abraham to ‘negotiate terms’ with Him. This gave us the wonderful number sequence 50, 45, 40, 30, 20, 10. He even sent two of His holy angels to lead Lot and his family by the hand to a place of safety.

Yes, by the hand! -

“And while he [i.e. Lot] lingered, the men laid hold upon his hand, and upon the hand of his wife, and upon the hand of his two daughters; the LORD being merciful unto him: and they brought him forth, and set him without the city.” (Genesis 19:16)

This to me is one of the most precious verses in the Bible. For the LORD is very merciful and the great day of His wrath will hardly commence until ALL possible remedies have been exhausted.

**Jeremy James
Ireland
August 4, 2021**

- SPECIAL REQUEST -

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available. Papers for each year from 2009 to 2020 may also be downloaded in one or more files from www.archive.org (Use the search term 'Jeremy James New World Order').

We are rapidly moving into an era where material of this kind may be obtained only via email. Readers who wish to be included on a future mailing list are welcome to contact me at the following email address:- **jeremypauljames@gmail.com**.

For further information visit www.zephaniah.eu

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Countries with no change in projected population by 2025 per Deagel

[comprises countries with a population of a million or more and a population forecast that barely changes]

19 of the 23 countries on the list have a vaccine choice outside the ‘Big Four’

‘Big Four’ = Moderna, Pfizer, Johnson & Johnson, and AstraZeneca.

<u>Country</u>	<u>Population</u>	<u>Vaccine options</u>
Bolivia	11	Sputnik5, Covishield, Sinopharm
Botswana	2.3	Covishield + 3 of Big Four
Brazil	211	Sputnik5, Sinovac, Sinopharm + 3 of Big Four
Central African Republic	6	1 of Big Four
Chile	18	Sinovac, CanSino + 3 of Big Four
Colombia	49	Sinovac + 4 of Big Four
Egypt	105	Sputnik5, Sinovac, Sinopharm + 1 of Big Four
Indonesia	267	Sinopharm, Sinovac + 3 of Big Four
Jamaica	2.8	Covishield + 1 of Big Four
Lithuania	2.7	4 of Big Four
Malaysia	33	Sinopharm, Sinovac + 3 of Big Four
Mauritius	1.4	Sputnik5, Sinopharm + 1 of Big Four
Nicaragua	6.2	Sputnik5, Covishield
Paraguay	7.2	Sputnik5, Sinovac, Sinopharm + 2 of Big Four
Peru	31	Sinopharm + 2 of Big Four
Republic of the Congo	5.3	Sputnik5, Sinopharm
Rumania	21	4 of Big Four
Rwanda	12	3 of Big Four
Sri Lanka	22	Sputnik5, Sinovac, Sinopharm + 1 of Big Four
Uzbekistan	30	Sputnik5, RBD-Dimer + 1 of Big Four
Venezuela	29	Sputnik5, Sinopharm
Vietnam	99	Sputnik5, Sinopharm + 4 of Big Four
Zimbabwe	14	Sputnik5, Sinovac, Sinopharm

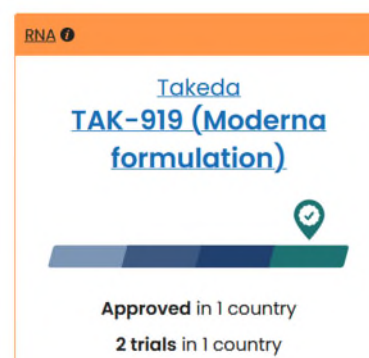
Vaccine approval data are taken from <https://covid19.trackvaccines.org/trials-vaccines-by-country/> which is compiled and maintained by McGill University in Canada.

APPENDIX B

List of Covid Vaccines which have been approved, authorized, licensed, granted emergency use authorization, or made available for use outside of clinical trials via any pathway by a regulatory agency, a national authority, or another entity:


Source: <https://covid19.trackvaccines.org/>

Inactivated	Covaxin
	KoviVac
	QazVac
	Sar-Cov-2 Minhai Biotech
	Covid-19 Shifa Pharm
	Sinopharm BBIBP
	Sinopharm Vero Cells
	Sinovac Coronavac
Protein Subunit	RBD-Dimer
	CIGB-66
	EpiVacCorona
	MVC-Cov1901
Non-replicating Viral Vector	Ad5-nCoV
	Sputnik 5
	Sputnik Light
	Johnson & Johnson
	AstraZeneca
	Covishield Serum Institute
RNA	Moderna
	Pfizer
	Takeda [Moderna Formulation]



Protein Subunit ⓘ

Anhui Zhifei Longcom
RBD-Dimer



Approved in 2 countries
7 trials in 5 countries

Inactivated ⓘ

Bharat Biotech
Covaxin



Approved in 9 countries
7 trials in 1 country

Non Replicating Viral Vector ⓘ


CanSino
Ad5-nCoV



Approved in 8 countries
8 trials in 6 countries

Protein Subunit ⓘ


Center for Genetic Engineering and Biotechnology (CIGB)
CIGB-66



Approved in 1 country
5 trials in 1 country

Inactivated ⓘ


Chumakov Center
KoviVac



Approved in 1 country
2 trials in 1 country

Protein Subunit ⓘ

FBRI
EpiVacCorona



Approved in 2 countries
3 trials in 1 country

Non Replicating Viral Vector ⓘ

Gamaleya
Sputnik Light



Approved in 12 countries
3 trials in 1 country

Non Replicating Viral Vector ⓘ

Gamaleya
Sputnik V



Approved in 70 countries
19 trials in 7 countries

Non Replicating Viral Vector ⓘ


Janssen (Johnson & Johnson)
Ad26.COVS.2.S



Approved in 56 countries
11 trials in 17 countries

Inactivated ⓘ


Kazakhstan RIBSP
QazVac



Approved in 1 country
3 trials in 1 country

Protein Subunit ⓘ

Medigen
MVC-COV1901



Approved in 1 country
4 trials in 2 countries

Inactivated ⓘ

Minhai Biotechnology Co
SARS-CoV-2 Vaccine (Vero Cells)



Approved in 1 country
3 trials in 1 country

RNA ⓘ

**Moderna
mRNA-1273**



Approved in 64 countries
21 trials in 4 countries

Non Replicating Viral Vector ⓘ

**Oxford/AstraZeneca
AZD1222**



Approved in 119 countries
33 trials in 19 countries

RNA ⓘ


**Pfizer/BioNTech
BNT162b2**



Approved in 97 countries
24 trials in 16 countries

Non Replicating Viral Vector ⓘ

**Serum Institute of India
Covishield
(Oxford/AstraZeneca
formulation)**



Approved in 45 countries
2 trials in 1 country

Inactivated ⓘ


**Shifa Pharmed Industrial
Co
COVID-19
Inactivated Vaccine**



Approved in 1 country
4 trials in 1 country

Inactivated ⓘ

**Sinopharm (Beijing)
BBIBP-CorV**



Approved in 59 countries
7 trials in 7 countries

- Excerpts from a report in *The Irish Independent*, 3 August 2021 -

‘Unprecedented’ overcrowding at Emergency Department in Sligo University Hospital

August 03 2021

[A] consultant in Emergency Medicine at Sligo University Hospital... said the overcrowding situation at the Emergency Department was unprecedented. “Our waiting room is packed, it has spilled out onto our corridor. There are patients on trolleys in all corridors coming in and out of the department... Everyone who is here is here for a good reason,” he added. He said he had never seen it as busy in his fourteen years at the hospital...

“...patients are arriving in larger numbers and are sicker,” he said. GP services were also very busy and people were finding it difficult to access them... he was finding it difficult to get through by phone himself to GPs they were so busy.

Those in need of resuscitation were still being seen first despite the large numbers but he admitted they were “really struggling” to get to see those presenting with chest pain or stroke symptoms on time.

...Staff were under severe pressure and were talking about quitting or leaving for the first time ever...

[A local politician] called for the health minister to intervene. “Over the last number of weeks, I’ve spoken to both staff and patients who are deeply concerned about the chaos... This entire situation is complete chaos...”

[Another politician said] “This is absolutely scandalous. This is causing huge distress to staff. Patients have informed me they have witnessed other patients go into cardiac arrest or suffer a seizure while they waited for a bed. I understand it’s quite normal for patients to wait between 12 and 18 hours for a bed, with some waiting for 48 hours in extreme cases. Patients need treatment, and nurses are more than happy to support and care for them in any way they possibly can. What they cannot do is continue to work under this kind of extreme pressure.”

<https://www.independent.ie/regionals/sligochampion/news/unprecedented-overcrowding-at-emergency-department-in-sligo-university-hospital-40715533.html>