

An Essay on Freedom & Courage - Inspiration for these hard times -
<https://www.juliusruechel.com/2021/07/the-emperor-has-no-clothes-finding.html>

100k MDs Oppose Vaxx

<https://www.naturalnews.com/2020-12-18-100000-doctors-medical-professionals-oppose-covid-vaccine.html#>

MDs - Oct. 1st - Refusing unvaxxed after this. See below.

IVM Used vs. Cancer + It's Low Toxicity

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5835698/?fbclid=IwAR2YECuln5caIEFwDa4wGHwGuowValoKHhOP_g_SaHM7OftaaDAagYzXDr0

HCQ is Effective

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7534595/>

WEF - Heartbeat ID surveillance

<https://www.infowars.com/posts/great-reset-world-economic-forum-claims-everyone-will-be-tracked-idd-with-their-heartbeat/>

Medical Tyranny Non-Compliance

<https://www.lewrockwell.com/2021/08/brandon-smith/we-will-not-comply-a-campaign-against-medical-tyranny/>

CDC - "Green Zones" - No exit strategy included in these Covid camp plans

<https://www.naturalnews.com/2021-08-18-second-holocaust-cdc-covid-camps-no-leaving.html#>

Vaxx Injured Censored

<https://healthimpactnews.com/2021/censored-covid-vaccine-injured-who-regret-their-decisions-to-get-the-shot-and-their-message-to-you/>

Nursing Shortage - as They Refuse Vaxx

<https://healthimpactnews.com/2021/critical-nursing-shortages-hit-hospitals-nationwide-as-nurses-quit-or-are-fired-over-covid-vaccine-mandates/>

EU Deaths & Injuries from Vaxx

<https://healthimpactnews.com/2021/21766-dead-over-2-million-injured-50-serious-reported-in-european-unions-database-of-adverse-drug-reactions-for-covid-19-shots/>

"Safe & Effective" - A grieving mother blames Pfizer for child's death 5 hrs. after shot

[_bitchute.com/video/SmkHIDZFRGGL/](https://bitchute.com/video/SmkHIDZFRGGL/)



Legislative ▾

HR 4980



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H.R.4980 - To direct the Secretary of Homeland Security to ensure that any individual traveling on a flight that departs from or arrives to an airport inside the United States or a territory of the United States is fully vaccinated against COVID-19, and for other purposes.

117th Congress (2021-2022) | [Get alerts](#)**BILL**

Hide Overview ✕

Sponsor: [Rep. Torres, Ritchie \[D-NY-15\]](#) (Introduced 08/06/2021)

Committees: House - Homeland Security

Latest Action: House - 08/06/2021 Referred to the House Committee on Homeland Security. ([All Actions](#))

Tracker:

Introduced

Passed House

Passed Senate

To President

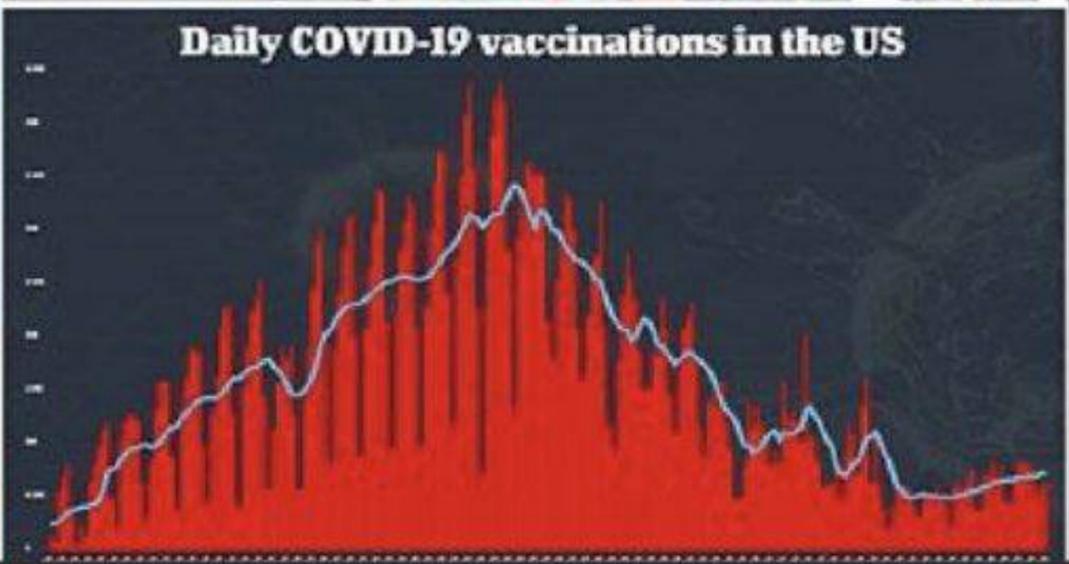
Became Law



Daily Mail US

@DailyMail

Fauci warns Americans may face having booster shots indefinitely



Fauci says he can't rule out indefinite COVID booster shots

dailymail.co.uk

3:07 AM · Aug 13, 2021 · SocialFlow

164 Retweets 200 Quote Tweets 173 Likes

The "Delta Variant is terrifying" starter pack



BUSTED. LOOK AT WHAT THE BASTARDS DID.

Multisystem inflammatory syndrome in children was listed as a COVID VAX SIDE EFFECT in this FDA presentation dated October 22 2020. They knew how bad the shot was and allowed it to be used anyway. This is a screen capture from a video in their presentation, where they quickly skipped over this slide and you had to pause it to read it.

NOW THAT THE SHOT IS INDEED CAUSING MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN, THE CDC IS SAYING "OH, THAT'S JUST A SYMPTOM OF COVID!!!"

FDA Safety Surveillance of COVID-19 Vaccines : DRAFT Working list of possible adverse event outcomes

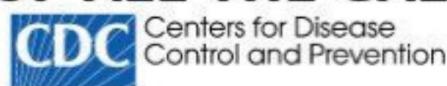
Subject to change

Everything listed here is happening and more.

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease

THIS-->

Now look at what those rotten bastards did with a vax side effect the FDA KNEW ABOUT a year ago!
OF ALL THE GALL!!!!



Search

[Advanced Search](#)

Multisystem Inflammatory Syndrome (MIS)

Multisystem Inflammatory Syndrome (MIS)



MIS and COVID-19

CDC is investigating multisystem inflammatory syndrome in children and adults, a rare but serious condition associated with COVID-19.

About MIS

What is MIS?

[Multisystem inflammatory syndrome \(MIS\)](#) can affect children (MIS-C) and adults (MIS-A). MIS is a rare but serious condition associated with COVID-19 in which different body parts become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.

OF ALL THE GALL. If you ever wanted proof they are going to call vax damage "the third wave", THERE IT IS.

The Coronavirus Is Here Forever. This Is How We Live With It.

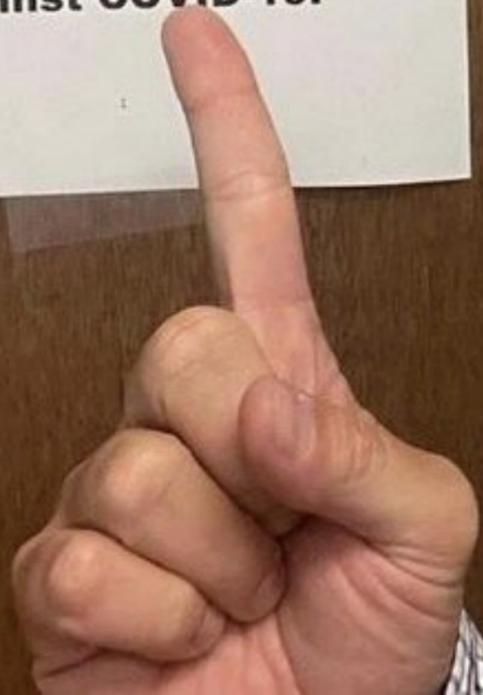
We can't avoid the virus for the rest of our lives but we can minimize its impact.

By Sarah Zhang



**Effective
October 1st, 2021**

**Dr. Valentine will no
longer see patients that
are not vaccinated
against COVID-19.**



LIVE

NYC



THE KEY TO NYC UNLOCKS:

INDOOR ENTERTAINMENT

- **Movie theaters**
- **Live music**
- **Concert venues**
- **Museums & galleries**
- **Aquariums & zoos**
- **Professional sports arenas**
- **Stadiums**
- **Convention centers**
- **Exhibition halls**
- **Performing arts theaters**
- **Bowling alleys**
- **Arcades**
- **Pool & billiard halls**
- **Recreational game centers**
- **Casinos**
- **Adult entertainment**

INDOOR DINING

- **Restaurants**
- **Catering halls**
- **Event spaces**
- **Hotel banquet rooms**
- **Bars**
- **Cabarets**
- **Nightclubs**
- **Cafeterias**
- **Grocery stores with indoor dining**
- **Bakeries**
- **Coffee shops**
- **Fast food/quick service with indoor dining**

INDOOR FITNESS

- **Gyms**
- **Fitness centers**
- **Fitness classes**
- **Pools**
- **Indoor studios**
- **Dance studios**
- **Sports classes**

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If someone created a
poison, got the world
infected with it, and
then wanted your
strict obedience so
he could protect you
from it, would you
trust him?

How to make a well person sick:

- Keep them at home.
- Reduce their exposure to other humans.
- Limit their ability to see human faces.
- Destroy bacterial diversity on their skin.
- Limit their exposure to nature.
- Force them into situations where they are stressed and isolated.
- Convince them health is dependant on pharmacy.
- Coerce them into taking experimental drugs.
- Erode their freedoms and civil liberties.
- Track and surveil them.
- Reduce the control they have over their lives.
- Destroy their business and create financial dependency.
- Make them fearful of other humans.
- Expose them to constant fear-based media propaganda.
- Gaslight them.
- Divide their communities through polarisation.

"The greatest tyrannies are always perpetrated in the name of the noblest causes"

POTENTIAL TERROR THREATS



OPPOSITION TO COVID MEASURES



**CLAIMS OF ELECTION FRAUD,
BELIEF TRUMP CAN BE REINSTATED**



**9/11 ANNIVERSARY AND
RELIGIOUS HOLIDAYS**

BREAKING NEWS

NATIONAL TERRORISM ALERT AHEAD OF 9/11 20TH ANNIVERSARY

ILDONALDO.COM

**NIGHTLY
NEWS**



THE EFFICACY OF MASKS

A Review of the Literature



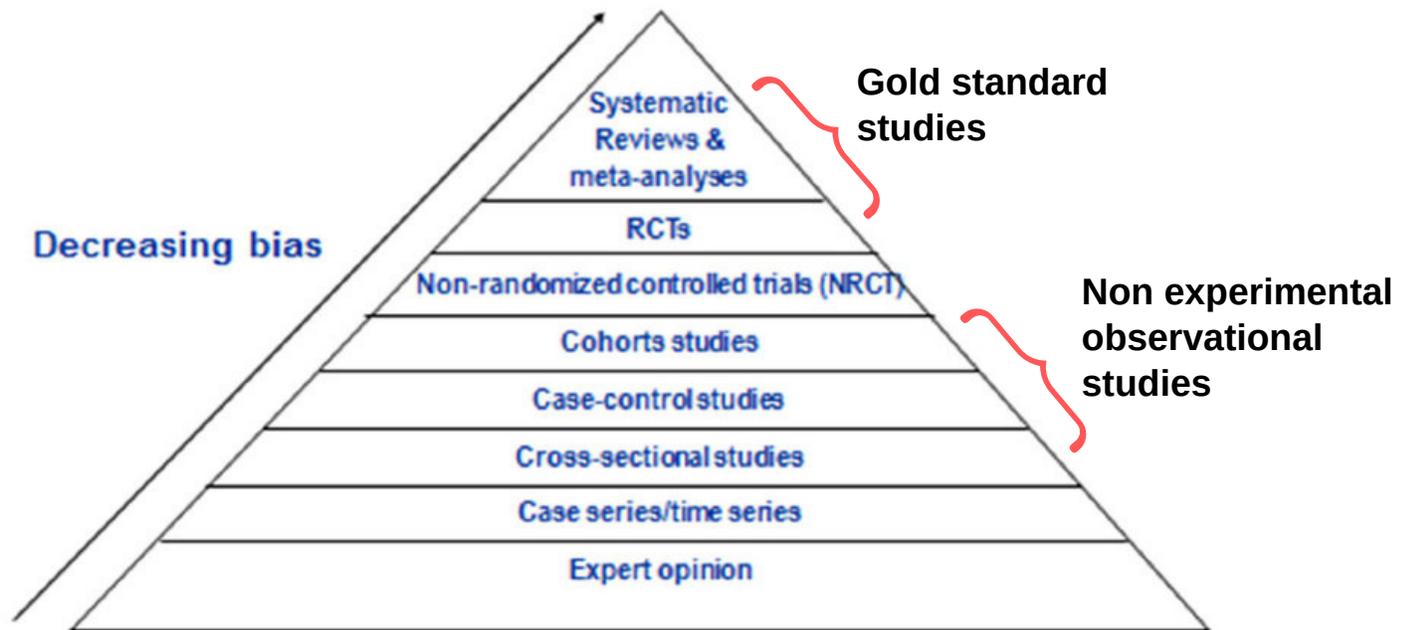
How to Understand It

Stephanie Young BSc, DC

KEY POINTS

- **Must understand hierarchy of evidence - not all research is created equal.**
- **Must search for conflicts of interests and questionable funding or involvement.**
- **To date there is no policy-grade evidence to support masking the general population and the in fact encourages against it.**
- **There is also not a "growing body of evidence." There are no new randomized controlled trials that conclude masks are effective as a protective measure to reduce transmission of infection for the general public.**
- **Filtration studies do not measure the efficacy of a mask intervention on viral transmission. They measure one variable, filtration, that's it.**
- **There are thousands of doctors, scientists and professionals who urge against the use of these measures as they are not only NOT effective, they harm.**

THE HIERARCHY OF EVIDENCE



©Prof. Dr. John Sevenpiper

Research designs which have the lowest level of bias are systematic reviews and meta-analyses of randomized controlled trials (RCTs) and RCTs themselves.

“Clinical experience or observational studies should never be used as the sole basis for assessment of intervention effects - randomized clinical trials are always needed.”

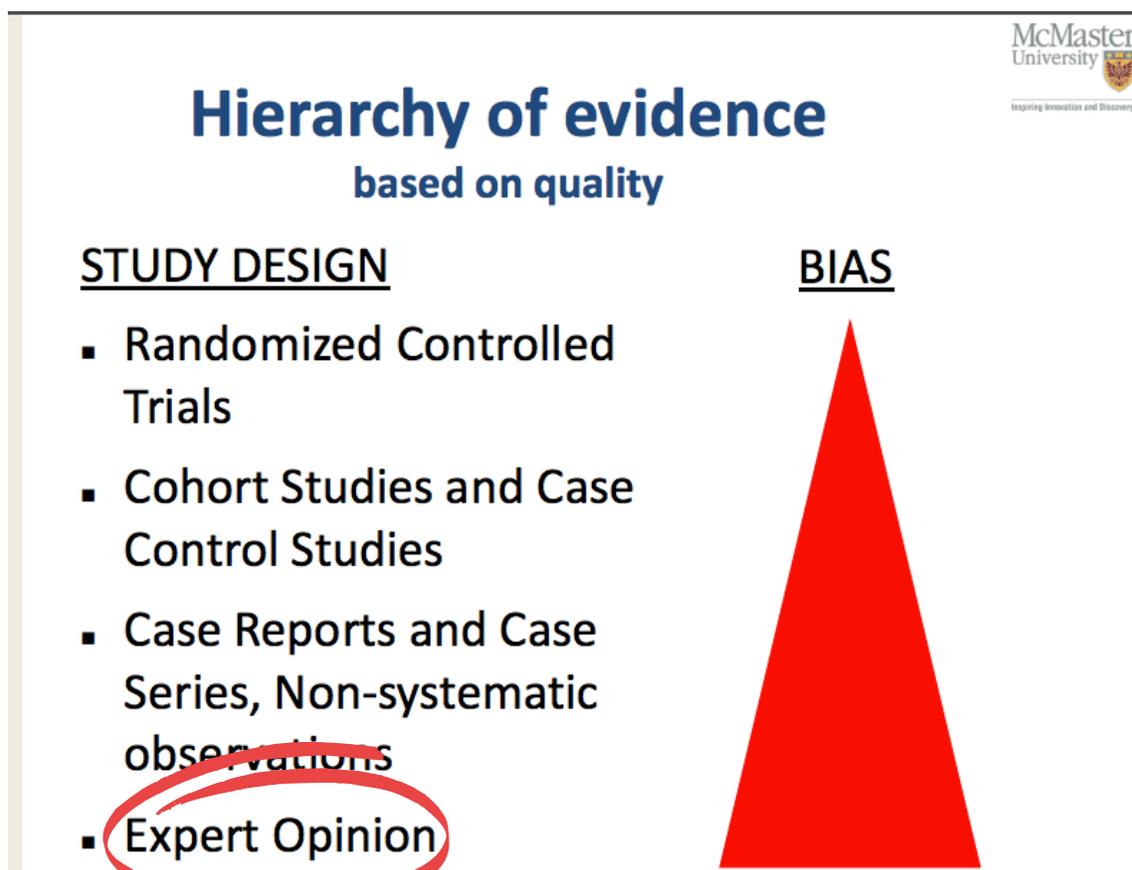
Janus Christian Jakobsen, MD

BMC Med Res Methodol. 2014 Nov 21;14:120. doi: 10.1186/1471-2288-14-120.

Randomization reduces bias and provides a rigorous tool to examine cause-effect relationships between an intervention and outcome. This is not possible with any other study design.

BJOG. 2018 Dec ; 125(13): 1716. doi: 10.1111/1471-0528.15199.

BUT THE "EXPERTS"



Recall that expert opinions are the lowest on the hierarchy. Their opinion may or may not be evidence informed which is why "listening to the experts" is not only disregarding high level evidence but also a dangerous thing to do.

The strength of a recommendation reflects the extent to which we can, across the range of patients for whom the recommendations are intended, be confident that desirable effects of a management strategy outweigh undesirable effects.

Translation: The cure can't be worse than the disease.

CHERRY PICKING



"Cherry picking, suppressing evidence, or the fallacy of incomplete evidence is the act of pointing to individual cases or data that seem to confirm a particular position while ignoring a significant portion of related and similar cases or data that may contradict that position. This fallacy is a major problem in public debate."

Gary Klass

Department of Politics and Government
Illinois State University



"Politicians and governments are suppressing science. They do so in the public interest, they say, to accelerate availability of diagnostics and treatments. They do so to support innovation, to bring products to market at unprecedented speed. Both of these reasons are partly plausible; the greatest deceptions are founded in a grain of truth. But the underlying behaviour is troubling."

Kamran Abbasi, MD

British Medical Journal
Department of Primary Care and Public Health Executive
Editor of the British Medical Journal

THE META-ANALYSES & SYSTEMATIC REVIEWS

Highest level of research

Epidemiol. Infect. (2010), **138**, 449–456. © Cambridge University Press 2010
doi:10.1017/S0950268809991658

REVIEW ARTICLE

Face masks to prevent transmission of influenza virus: a systematic review

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(Accepted 16 December 2009; first published online 22 January 2010)

SUMMARY

Influenza viruses circulate around the world every year. From time to time new strains emerge and cause global pandemics. Many national and international health agencies recommended the use of face masks during the 2009 influenza A (H1N1) pandemic. We reviewed the English-language literature on this subject to inform public health preparedness. There is some evidence to support the wearing of masks or respirators during illness to protect others, and

Conclusion

While there is some experimental evidence that masks should be able to reduce infectiousness under controlled conditions, there is even less evidence on whether this translates to effectiveness in natural settings. There is little evidence to support the effectiveness of face masks to reduce the risk of infection.

Table 1. All the studies reviewed in healthcare settings

| Study | Setting | Participants and follow-up | Study design | Interventions evaluated | Main outcomes | Findings |
|------------------------------|---|-------------------------------------|-----------------|---|--|---|
| Loeb <i>et al.</i> [8] | 8 tertiary-care hospitals, Ontario, 2008–2009 | 446 nurses | RCT | N95 respirators, surgical masks | Seroconversion or RT-PCR-confirmed influenza infection | No significant difference between N95 and surgical masks |
| Jacobs <i>et al.</i> [9] | Tertiary-care hospital in Tokyo, 2008 | 32 individuals followed for 77 days | RCT | Surgical masks, control | Self-reported colds | No significant differences between mask group and control group |
| Ng <i>et al.</i> [10] | Teaching hospital in Hong Kong, 2007 | 133 healthcare workers | Cross-sectional | Vaccination, use of personal protective equipment, hand washing | Self-reported influenza-like illness | Suboptimal use of standard precautions during high-risk procedures associated with higher risk of infection |
| Al-Asmary <i>et al.</i> [11] | Medical personnel in two Hajj mission hospitals, Saudi Arabia, 2004 | 250 medical personnel | Cross-sectional | Vaccination, face masks, hand hygiene | Self-reported acute respiratory illness | No significant protective effect of face masks |
| Davies <i>et al.</i> [12] | General practice and a teaching hospital, 1991–1992 | 50 dental surgeons | Cross-sectional | Masks and spectacles | Seropositivity | No significant differences by mask use |
| Hobday & Cason [13] | 'Open air' hospital in Boston, 1918 | Patients and staff | Observational | Ventilation, use of personal protective equipment, hand washing | Mortality | Low case-fatality rate could be associated with use of natural ventilation and gauze face masks |

RCT, Randomized controlled trial.

RCT (randomized controlled trial) is the gold standard we look for.

No significant difference between N95 & surgical masks.

No significant differences between mask group and control group

Cross-sectional / observational studies don't have the power to adequately measure interventional outcomes, but they also found no overall protective effects of face masks.

Table 2. All the studies reviewed in community

Table 2. *Randomized controlled trials conducted in community settings*

| Study | Setting | Participants and follow-up | Interventions evaluated | Main outcomes | Findings |
|------------------------------|---|--|---|---|---|
| Cowling <i>et al.</i> [14] | Outpatients in Hong Kong, 2008 | 322 index cases and their household contacts | Surgical masks plus hand hygiene, hand hygiene, control | RT-PCR-confirmed infection | No significant difference overall; significant difference between surgical masks plus hand hygiene and control if implemented within 36 hours of illness onset in index case |
| Cowling <i>et al.</i> [15] | Outpatients in Hong Kong, 2007 | 122 index cases and their household contacts | Surgical masks, hand hygiene, control | RT-PCR-confirmed infection | No significant differences between surgical masks and control |
| MacIntyre <i>et al.</i> [16] | Outpatients in Australia, 2006–2007 | 143 index cases and their household contacts | Surgical masks, P2 (N95-type) respirators, control | Self-reported influenza-like illness | No significant difference overall; significant difference between masks and control in per-protocol analysis |
| Aiello <i>et al.</i> [17] | Residents of university dormitories, Michigan, 2008 | 1437 university students | Surgical masks plus hand hygiene, surgical masks alone, control | Clinically diagnosed and survey-reported influenza-like illness | No significant differences overall; significant reductions in influenza-like illness during weeks 4–6 between mask plus hand hygiene vs. control groups and similar, but non-significant, reductions between mask-only vs. control groups |

No significant difference overall for masking in community settings in these reviewed RCTs.

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

EMERGING INFECTIOUS DISEASES®

EID Journal > Volume 26 > Number 5—May 2020 > Main Article

Volume 26, Number 5—May 2020

Policy Review

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures

Jingyi Xiao¹, Eunice Y. C. Shiu¹, Huizhi Gao, Jessica Y. Wong, Min W. Fong, Sukhyun Ryu, and Benjamin J. Cowling[✉]

Author affiliations: University of Hong Kong, Hong Kong, China

[Cite This Article](#)

Abstract

On This Page

[Methods and Results](#)

[Discussion](#)

[Cite This Article](#)

This Meta-Analysis currently on the CDC's website

Results & Discussion:

We identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks (RR 0.78, 95% CI 0.51–1.20; I² = 30%, p = 0.25).

We did not find evidence to support a protective effect of personal protective measures or environmental measures in reducing influenza transmission.

Masks for prevention of viral respiratory infections among health care workers and the public PEER umbrella systematic review



The official journal of the College of Family Physicians of Canada

Advanced Se

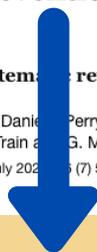
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Research Article | Research

Masks for prevention of viral respiratory infections among health care workers and the public

PEER umbrella systematic review

Nicolas Dugré, Joey Ton, Daniel Perry, Scott Garrison, Jamie Falk, James McCormack, Samantha Moe, Christina S. Korownyk, Adrienne J. Lindblad, Michael R. Kolber, Betsy Thomas, Anthony Trainor, G. Michael Allan
Canadian Family Physician July 2020; 66 (7) 509-517;



Results & Discussion:

From these 11 systematic reviews, 18 unique RCTs were identified, including a total of 26,444 participants. No additional RCTs published in 2020 were found.

The use of masks in community settings in general did not reduce the risk of confirmed influenza (RR = 0.97; 95% CI 0.75 to 1.25; I2 = 0%) or confirmed viral respiratory infection (RR = 1.28; 95% CI 0.87 to 1.89; I2 = 0%).

Results were not statistically significant in any subgroup analysis (masks worn by all, just the sick person, or just the healthy family members at home). The use of masks in community settings did not result in a significant risk reduction of influenza like illness.

The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence

DOI:10.1111/j.1750-2659.2011.00307.x
www.influenzajournal.com

Review Article

The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence

Faisal bin-Reza,^a Vicente Lopez Chavarrias,^b Angus Nicoll,^{a,b} Mary E. Chamberland^a

^aHealth Protection Agency, London, England. ^bEuropean Centre for Disease Prevention and Control, Stockholm, Sweden.

Correspondence: Mary E. Chamberland, MD, MPH, Private public health consultant, 78 Lindbergh Drive Unit 70, Atlanta, GA 30305, USA.

E-mail: mechamberland@googlemail.com

Faisal bin-Reza, Angus Nicoll and Mary E Chamberland undertook this work whilst at the Health Protection Agency but no longer work at the HPA.

An earlier version of this review was published on-line by the Department of Health at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125425.pdf. This version has been updated and revised.

Accepted 10 October 2011. Published Online 21 December 2011.

There are limited data on the use of masks and respirators to reduce transmission of influenza. A systematic review was undertaken to help inform pandemic influenza guidance in the

hand sanitiser alone resulted in no reduction. One hospital-based trial found a lower rate of clinical respiratory illness associated with non-fit-tested N95 respirator use compared with

Discussion:

None of the studies we reviewed established a conclusive relationship between mask/respirator use and protection against influenza infection.

Disposable surgical face masks for preventing surgical wound infection in clean surgery

Disposable surgical face masks for preventing surgical wound infection in clean surgery

Monitoring Editor: [Marina Vincent](#), [Peggy Edwards](#), and Cochrane Wounds Group

University of York, Department of Health Sciences, Heslington, YorkUK, YO10 5DD

University of Manchester, C/o Cochrane Wounds, School of Nursing, Midwifery and Social Work, ManchesterUK, M13 9PL

Marina Vincent, Email: , marina.vincent7@gmail.comEmail: marina.vincent7@gmail.com.

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Results:

We included three trials, involving a total of 2106 participants. There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.

Unmasking the surgeons: the evidence base behind the use of facemasks in surgery

J R Soc Med. 2015 Jun; 108(6): 223–228.

doi: [10.1177/0141076815583167](https://doi.org/10.1177/0141076815583167)

PMCID: PMC4480558

PMID: [26085560](https://pubmed.ncbi.nlm.nih.gov/26085560/)

Unmasking the surgeons: the evidence base behind the use of facemasks in surgery

[Charlie Da Zhou](#),¹ [Pamela Sivathondan](#),² and [Ashok Handa](#)²

▸ [Author information](#) ▸ [Copyright and License information](#) [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

Abstract

Conclusion:

Examination of the literature revealed much of the published work on the matter to be quite dated and often studies had poorly elucidated methodologies.

As a result, we recommend caution in extrapolating their findings to contemporary surgical practice.

However, overall there is a lack of substantial evidence to support claims that face masks protect either patient or surgeon from infectious contamination.

Does evidence based medicine support the effectiveness of surgical facemasks in preventing postoperative wound infections in elective surgery?

Review > J Ayub Med Coll Abbottabad. Apr-Jun 2009;21(2):166-70.

Does evidence based medicine support the effectiveness of surgical facemasks in preventing postoperative wound infections in elective surgery?

Zal Mahmood Bahli ¹

Affiliations + expand

PMID 20524498

Results:

No significance difference in the incidence of postoperative wound infection was observed between masks group and groups operated with no masks (1.34, 95% CI, 0.58-3.07). There was no increase in infection rate in 1980 when masks were discarded. In fact there was significant decrease in infection rate ($p < 0.05$).

Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis

This analysis looks at N95 versus surgical masks not mask versus no mask.

CMAJ. 2016 May 17; 188(8): 567–574.

Published online 2016 Mar 7. doi: [10.1503/cmaj.150835](https://doi.org/10.1503/cmaj.150835)

PMID: [26411111](https://pubmed.ncbi.nlm.nih.gov/26411111/)

Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis

[Jeffrey D. Smith](#), MSc, [Colin C. MacDougall](#), MSc, [Jennie Johnstone](#), MD PhD, [Ray A. Copes](#), MD, [Brian Schwartz](#), MD, and [Gary E. Garber](#), MD

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Abstract

Go to:

Background:

Conflicting recommendations exist related to which facial protection should be used by health care workers to prevent transmission of acute respiratory infections, including pandemic influenza. We performed a systematic review of both clinical and surrogate exposure data comparing N95 respirators and surgical

Results:

In the meta-analysis of the clinical studies, we found no significant difference between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory infection.

Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis

Received: 3 February 2020 | Accepted: 12 February 2020

DOI: 10.1111/jebm.12381

ARTICLE

This analysis looks at N95 versus surgical masks not mask versus no mask.

Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis

Youlin Long¹ | Tengyue Hu² | Liqin Liu² | Rui Chen³ | Qiong Guo¹ | Liu Yang¹ | Yifan Cheng¹ | Jin Huang⁴ | Liang Du¹

Results:

A total of six RCTs involving 9171 participants were included. There were not statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection and influenza-like illness using N95 respirators and surgical masks.

The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for general public and non high-risk medical staff those are not in close contact withinfluenza patients or suspected patients

Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 - Face masks, eye protection and person distancing: systematic review and meta-analysis

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Physical interventions to interrupt or reduce the spread of respiratory viruses. Part 1 - Face masks, eye protection and person distancing: systematic review and meta-analysis

Comments (12)

Results

Our results show that masks alone have no significant effect in interrupting spread of ILI or influenza in the all populations analysis. Our findings are similar for ILI in healthcare workers RR 0.37 (95% CIs 0.05 to 2.50) and for the comparisons between N95 respirators and surgical masks: for clinical respiratory illness, and influenza.

Despite the lack of evidence, we would still recommend using facial barriers in the setting of epidemic and pandemic viral respiratory infections, but there does not appear to be a difference between surgical and full respirator wear. Despite the methodological concerns, our review of the available studies demonstrates consistency in the finding of no difference between surgical and N95 or equivalent masks as a physical intervention to interrupt or reduce the spread of respiratory viruses, mainly influenza.

RANDOMIZED CONTROLLED TRIALS

There are dozens which have already been reviewed in the analyses above, here are a few for reference.

A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

[BMJ Open](#). 2015; 5(4): e006577.

PMCID: PMC4420971

Published online 2015 Apr 22. doi: [10.1136/bmjopen-2014-006577](https://doi.org/10.1136/bmjopen-2014-006577)

PMID: [25903751](https://pubmed.ncbi.nlm.nih.gov/25903751/)

A cluster randomised trial of cloth masks compared with medical masks in healthcare workers

[C Raina MacIntyre](#),¹ [Holly Seale](#),¹ [Tham Chi Dung](#),² [Nguyen Tran Hien](#),² [Phan Thi Nga](#),² [Abrar Ahmad Chughtai](#),¹ [Bayzidur Rahman](#),¹ [Dominic E Dwyer](#),³ and [Quanyi Wang](#)⁴

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Results

Cloth masks resulted in significantly higher rates of infection than medical masks, and also performed worse than the control arm.

There was no significant difference between the medical mask and control arms.

When we analysed all mask-wearers including controls, the higher risk of cloth masks was seen for laboratory-confirmed respiratory viral infection.

The physical properties of a cloth mask, reuse, the frequency and effectiveness of cleaning, and increased moisture retention, may potentially increase the infection risk for HCWs (health care worker).

We also showed that filtration was extremely poor (almost 0%) for the cloth masks.

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers

> Ann Intern Med. 2020 Nov 18. doi: 10.7326/M20-6817. Online ahead of print.

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial

Heidi Bundgaard ¹, Johan Skov Bundgaard ¹, Daniel Emil Tadeusz Raaschou-Pedersen ¹, Christian von Buchwald ², Tobias Todsen ², Jakob Boesgaard Norsk ³, Mia M Pries-Heje ¹, Christoffer Rasmus Vissing ¹, Pernille B Nielsen ³, Ulrik C Winsløw ¹, Kamille Fogh ³, Rasmus Alch ³, Jonas H Kristensen ³, Anna Ringgaard ¹, Mikkel Porsborg Andersen ⁴, Nicole

Results

Our results suggest that the recommendation to wear a surgical mask when outside the home among others did not reduce, at conventional levels of statistical significance, the incidence of SARS-CoV-2 infection in mask wearers in a setting where social distancing and other public health measures were in effect, mask recommendations were not among those measures, and community use of masks was uncommon.

Cluster randomised controlled trial to examine medical mask use as source control for people with respiratory illness

BMJ Open. 2016; 6(12): e012330.

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PMID: [28039289](https://pubmed.ncbi.nlm.nih.gov/28039289/)

Cluster randomised controlled trial to examine medical mask use as source control for people with respiratory illness

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This article has been [cited by](#) other articles in PMC.

Abstract

Go to:

Rationale

Medical masks are commonly used by sick individuals with influenza-like illness (ILI) to prevent spread of infections to others, but clinical efficacy data are absent.

Results

Rates of clinical respiratory illness (relative risk (RR) 0.61, 95% CI 0.18 to 2.13), ILI (RR 0.32, 95% CI 0.03 to 3.13) and laboratory-confirmed viral infections (RR 0.97, 95% CI 0.06 to 15.54) were not statistically significant between the the mask arm compared with control.

Facemask versus No Facemask in Preventing Viral Respiratory Infections During Hajj: Cluster Randomised Open Label Trial

Facemask versus No Facemask in Preventing Viral Respiratory Infections During Hajj: A Cluster Randomised Open Label Trial

50 Pages · Posted: 11 Mar 2019

Mohammad Alfelali

National Centre for Immunisation Research and Surveillance

Elizabeth Ann Haworth

University of Tasmania - Menzies Institute for Medical Research

Findings & Conclusions

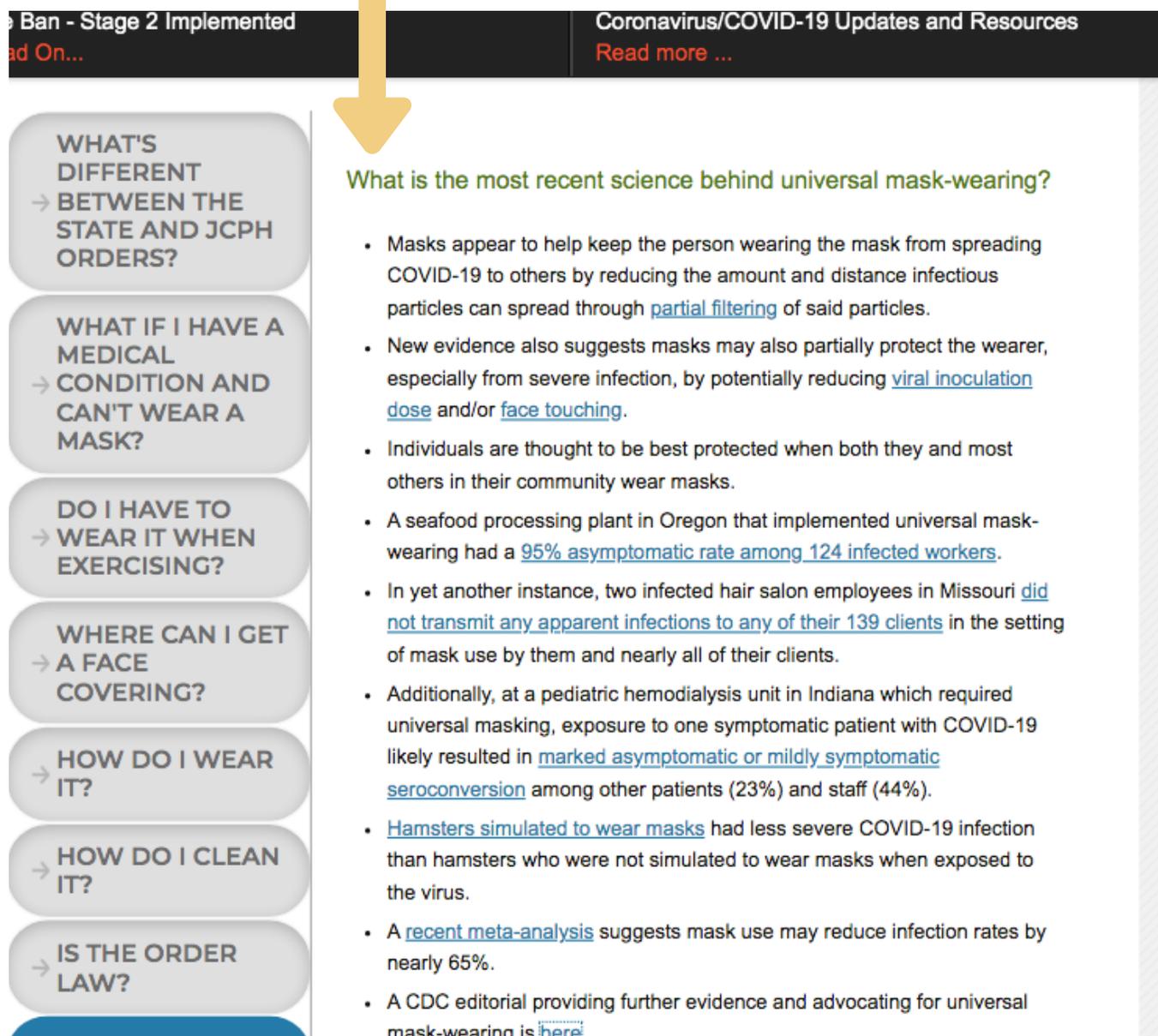
7,687 adult participants from 318 tents were randomised to facemasks or no facemasks.

In intention-to-treat analysis, facemask use was neither effective against laboratory-confirmed vRTIs (OR 1.35, 95% CI 0.88-2.07) nor against CRI (OR 1.1, 95% CI 0.88-1.39), not even in per-protocol analysis

Facemask use does not prevent clinical or laboratory-confirmed viral respiratory infections.

ADDITIONAL CONSIDERATIONS

THIS IS A TYPICAL CITY'S WEBSITE EXPLAINING 'WHY MASKS WORK'



The screenshot shows a website header with two navigation items: "Ban - Stage 2 Implemented" and "Coronavirus/COVID-19 Updates and Resources". Below the header is a vertical list of questions in grey rounded rectangles, with a yellow arrow pointing to the first question. To the right of the questions is a section titled "What is the most recent science behind universal mask-wearing?" followed by a bulleted list of evidence.

Read On...

Coronavirus/COVID-19 Updates and Resources
Read more ...

WHAT'S DIFFERENT BETWEEN THE STATE AND JCPH ORDERS?

WHAT IF I HAVE A MEDICAL CONDITION AND CAN'T WEAR A MASK?

DO I HAVE TO WEAR IT WHEN EXERCISING?

WHERE CAN I GET A FACE COVERING?

HOW DO I WEAR IT?

HOW DO I CLEAN IT?

IS THE ORDER LAW?

What is the most recent science behind universal mask-wearing?

- Masks appear to help keep the person wearing the mask from spreading COVID-19 to others by reducing the amount and distance infectious particles can spread through [partial filtering](#) of said particles.
- New evidence also suggests masks may also partially protect the wearer, especially from severe infection, by potentially reducing [viral inoculation dose](#) and/or [face touching](#).
- Individuals are thought to be best protected when both they and most others in their community wear masks.
- A seafood processing plant in Oregon that implemented universal mask-wearing had a [95% asymptomatic rate among 124 infected workers](#).
- In yet another instance, two infected hair salon employees in Missouri [did not transmit any apparent infections to any of their 139 clients](#) in the setting of mask use by them and nearly all of their clients.
- Additionally, at a pediatric hemodialysis unit in Indiana which required universal masking, exposure to one symptomatic patient with COVID-19 likely resulted in [marked asymptomatic or mildly symptomatic seroconversion](#) among other patients (23%) and staff (44%).
- [Hamsters simulated to wear masks](#) had less severe COVID-19 infection than hamsters who were not simulated to wear masks when exposed to the virus.
- A [recent meta-analysis](#) suggests mask use may reduce infection rates by nearly 65%.
- A CDC editorial providing further evidence and advocating for universal mask-wearing is [here](#).

Let's break down each point of their "evidence."

THEY CLAIM

- Masks appear to help keep the person wearing the mask from spreading COVID-19 to others by reducing the amount and distance infectious particles can spread through **partial filtering of said particles.**
- **New evidence** also suggests masks may also partially protect the wearer, especially from severe infection, by potentially reducing viral inoculation dose and/or face touching.
- **Individuals are thought** to be best protected when both they and most others in their community wear masks.
- A **seafood processing plant** in Oregon that implemented universal mask-wearing had a 95% asymptomatic rate among 124 infected workers.

THE FACT

- **Filtration studies cannot access if masking the general public will in-fact reduce viral transmission,** only a Randomized Control Trial that measures efficacy of interventions can appropriately do this.
- New evidence? The paper they linked is **not even a published study.** This is a manuscript. Absolutely absurd to cite this as a source of "evidence."
- **Zero evidence for this statement,** which is why they don't list any source.
- This is **NOT a legitimate scientific source.** It was a facility's written statement of their operations and attempt to measure outcomes. It offers zero clarity in the scope of quality science.

THEY CLAIM

- In yet another instance, two infected **hair salon** employees in Missouri did not transmit any apparent infections to any of their 139 clients in the setting of mask use by them and nearly all of their clients.
- Additionally, at a **pediatric hemodialysis** unit in Indiana which required universal masking, exposure to one symptomatic patient with COVID-19 likely resulted in marked asymptomatic or mildly symptomatic seroconversion among other patients (23%) and staff (44%).
- **Hamsters simulated** to wear masks had less severe COVID-19 infection than hamsters who were not simulated to wear masks when exposed to the virus.
- A recent meta-analysis suggests mask use may reduce infection rates by nearly 65%.

THE FACT

- This is a **REPORT** on the CDC's owned Morbidity and Mortality Weekly Report website. It is a **not a peer reviewed scientific study**.
- This study is a low level study as a case series, but what's more is that it **has no relevance on if masks stop transmission of viruses in the general population**, again only a well designed RCT can measure this.
- A **simulation, an animal model not a clinical trial**. Again, not an appropriate study for measuring an intervention in human populations in community.
- This analysis looked **ONLY at observational studies** (weak evidence) and **ZERO RCTs**. (high level evidence)

Why do they omit ALL the randomized controlled trials & the meta-analyses we have on this?

Instead they reference the weakest and entirely inappropriate sources.

For any those who understand the structure of science, this is not only absurd, it is fraudulent.

This Issue

Views **360,483** | Citations **0** | Altmetric **2244**

JAMA Patient Page

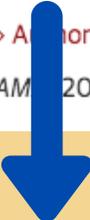
March 4, 2020

Medical Masks

Angel N. Desai, MD, MPH¹; Preeti Mehrotra, MD, MPH²

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2020;323(15):1517-1518. doi:10.1001/jama.2020.2331



"Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by health care workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor.

Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill."

This Issue

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JAMA Patient Page

March 4, 2020

Medical Masks

Angel N. Desai, MD, MPH¹; Preeti Mehrotra, MD, MPH²

Face masks should only be used by

- Individuals with symptoms of respiratory infection such as coughing, sneezing, and sometimes fever
- Health care workers
- Persons taking care of or in close contact with someone with a respiratory infection

How do I use a face mask?

- 1 Wash hands for at least 20 seconds prior to putting on a face mask.
- 2 Place face mask over nose and mouth. Ensure a tight seal with no gaps and secure elastics or straps.



- 3 Avoid touching the front of the face mask. If you do, wash hands for at least 20 seconds.
- 4 Remove the face mask without touching the front. Discard in a closed bin.
- 5 Wash hands again for at least 20 seconds.



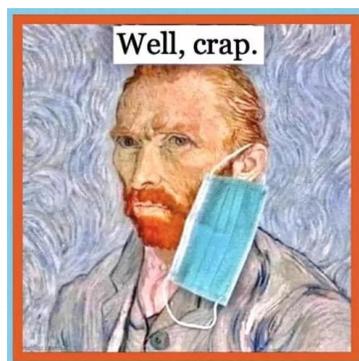
World Health Organization on Masks

"At the present time, the widespread use of masks by healthy people in the community setting is **not yet supported** by **high quality** or direct scientific evidence and there are potential benefits and **harms** to consider.

...A growing compendium of **observational evidence** on the use of masks by the general public in several countries, individual values and preferences, as well as the difficulty of physical distancing in many contexts, WHO has updated its guidance to advise that to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks..."

Remember observational studies are weaker studies - why do they not mention all the RCTs we have? Perhaps because they conclude masks aren't effective?

Know anyone using these guidelines when using a mask? Not only is it not effective regardless, poor mask handling increases risk.



Guidance on mask management

For any type of mask, appropriate use and disposal are essential to ensure that they are as effective as possible and to avoid any increase in transmission.

WHO offers the following guidance on the correct use of masks, derived from best practices in health care settings:

- perform hand hygiene before putting on the mask;
- place the mask carefully, ensuring it covers the mouth and nose, adjust to the nose bridge, and tie it securely to minimize any gaps between the face and the mask;
- avoid touching the mask while wearing it;
- remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind.
- after removal or whenever a used mask is inadvertently touched, clean hands with an alcohol-based handrub, or soap and water if hands are visibly dirty;
- replace masks as soon as they become damp with a new clean, dry mask;
- do not re-use single-use masks;
- discard single-use masks after each use and dispose of them immediately upon removal.

**THOUSANDS OF
PROFESSIONALS SPEAK OUT**

"As for the scientific support for the use of face masks, a recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, "None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.

Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. Any recommendations, therefore, have to be based on studies of influenza virus transmission. The fact is, there is no conclusive evidence of their efficiency in controlling flu virus transmission."

Russell Blaylock, MD

"As a physician and former medical journal editor, I've carefully read the scientific literature regarding the use of face masks to mitigate viral transmission. I believe the public health experts have community wearing of masks all wrong. What follows are the key issues that should inform the public against wearing medical face masks during the CoVID-19 pandemic, as well as all future respiratory disease pandemics."

Jim Meehan, MD

"Face masks in public places are not necessary, based on all the current evidence. There is no benefit and there may even be negative impact."

Coen Berends
National Institute for Public Health and the Environment

"We know that wearing a mask outside healthcare facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to CoVID-19 as face-to-face contact within 6 feet with a patient with symptomatic CoVID-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching CoVID-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic."

Michael Klompas, MD
Charles A. Morris, MD
Julia Sinclair, MBA
Madelyn Pearson, DNP
Erica S. Shenoy, MD

"From a medical point of view, there is no evidence of a medical effect of wearing face masks, so we decided not to impose a national obligation."

Tamara van Ark
Medical Care Minister Netherlands

"Face masks should not be seen as a magic bullet that halts the spread."

Christian Hoebe
Professor of infectious diseases

"Sweeping mask recommendations—as many have proposed—will not reduce SARS-CoV-2 transmission, as evidenced by the widespread practice of wearing such masks in Hubei province, China, before and during its mass COVID-19 transmission experience earlier this year...

Our review of relevant studies indicates that cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as PPE. Surgical masks likely have some utility as source control (meaning the wearer limits virus dispersal to another person) from a symptomatic patient in a healthcare setting to stop the spread of large cough particles and limit the lateral dispersion of cough particles..."

Lisa Brosseau, ScD
National expert infectious diseases
University of Illinois at Chicago

"The University of Minnesota Center for Infectious Disease Research & Policy calls out CDC for using bogus sources to support its revised cloth mask-wearing policy because the sources “employ very crude, non-standardized methods” and “are not relevant to cloth face coverings because they evaluate respirators or surgical masks.”

University of Minnesota Center for Infectious Disease
Research & Policy

"It's not science that seems to be leading what's going on with COVID, it's public opinion and politics."

Annie Janvier, PhD

"The fact that this virus is a relatively benign infection for the vast majority of the population and that most of the at-risk group also survive, from an infectious disease and epidemiological standpoint, by letting the virus spread through the healthier population we will reach a herd immunity level rather quickly that will end this pandemic quickly and prevent a return next winter. During this time, we need to protect the at-risk population by avoiding close contact, boosting their immunity with compounds that boost cellular immunity and in general, care for them. One should not attack and insult those who have chosen not to wear a mask, as these studies suggest that is the wise choice to make."

Russell Blaylock, MD
Neurosurgeon

"Given the fact that there is no peered reviewed research published in a reputable medical journal that scientifically and conclusively shows that healthy people wearing face masks slows the spread of disease, it is illogical and potentially detrimental for a healthy person to be wearing a mask."

Gabriel Cousens, MD

"Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open."

Martin Kulldorff, PhD - Harvard epidemiologist
Sunetra Gupta, PhD - Oxford epidemiologist
Jay Bhattacharya, MD, PhD - Stanford public health expert

"I want to state that we do not have a medical pandemic or epidemic. We also state that COVID-19 should not be on list A for any longer, because we now know that it is a normal flu virus.

We are also starting a lawsuit to the State of the Netherlands to bring this in with a large group of doctors and a really large group of nurses also, because we have contact with 87,000 nurses that do not want the vaccine that is being prepared for us.

The panic is caused by these false positive PCR tests. 89 to 94% of these PCR tests are false positive. They don't test for the COVID-19. Medical doctors need to stop looking at those tests. Let's go back to the clinics and the facts."

Elke De Klerk, MD
Founder of Doctors for Truth

THE GREAT BARRINGTON DECLARATION

MISSION

"As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection."

Signatures

current signature count

concerned citizens

639,186

medical & public health scientists

12,122

medical practitioners

35,243

Over 12,000 scientists and over 35,000 medical practitioners do not agree with the unscientific and destructive mandates for the general public.

These scientists urge that, "The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection. Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19."

MISSION

An independent non-profit alliance of doctors, nurses, healthcare professionals and staff around the world who have united in the wake of the Covid-19 response chapter to share experiences with a view to ending all lockdowns and related damaging measures and to re-establish universal health determinance of psychological and physical wellbeing for all humanity.

- 
- Most importantly covid deaths are at an all-time low. It is clear that these 'cases' are in fact not 'cases' but rather they are normal healthy people. So-called asymptomatic cases have never in the history of respiratory disease been the driver for spread of infection. Rather it is symptomatic people who spread respiratory infections - not asymptomatic people. (2)
 - It is also abundantly clear that the 'pandemic' is basically over and has been since June 2020. (3) We have very highly likely reached herd immunity and therefore have no need for a vaccine.
 - We have safe and very effective treatments and preventative treatments for covid, we therefore call for an immediate end to all lockdown measures, social distancing, mask wearing, testing of healthy individuals, track and trace, immunity passports, the vaccination program and so on.
 - There has been a catalogue of unscientific, non-sensical policies enacted which infringe our inalienable rights, such as - freedom of movement, freedom of speech and freedom of assembly. These draconian totalitarian measures must never be repeated.

MISSION

The Victorian government's response to the SARS-CoV-2 virus is now doing more harm than good. These measures will cause more deaths and result in far more negative health effects than the virus itself. Left unchecked, the Victorian government risks creating the state's worst ever public health crisis.

- 
- Many Australian doctors and other health professionals consider the lockdown measures to be disproportionate, unscientific, excessively authoritarian and the cause of widespread suffering for many Victorians. Thereby, we Australian Doctors and Health Professionals, in solidarity with thousands of international doctors, call for the cessation of all disproportionate measures that contravene the International Siracusa Principles.
 - These policies seriously compromise the health of individuals and the wider community by imposing curfews, local travel restrictions, reduced exercise and outdoor activities, imposed isolation and the quarantining of the healthy, enforced mask wearing in open spaces, the denial of children's play, the denial of socialisation and education with friends and peers and the disruption of family relationships. These policies are contrary to common-sense and the arbitrary application of laws enforcing these policies has created unnecessary disquiet in our community and a growing loss of confidence in those responsible for such decisions
 - Evidence does not support these measures. The limited virulence of the SARS-CoV-2 virus for the vast majority of the population is now well established from the latest international data sets.

Non Exhaustive List of Professionals That Do Not Support Mandates for the General Public

Dr. Alexander Walker, former Chair of Epidemiology, Harvard
Dr. Andrius Kavaliunas, epidemiologist
Dr. Angus Dalgleish, oncologist, infectious disease expert
Dr. Annie Janvier, professor of pediatrics and clinical ethics
Dr. Ariel Munitz, professor clinical microbiology and immunology
Dr. Boris Kotchoubey, Institute for Medical Psychology
Dr. Cody Meissner, professor of pediatrics, vaccine development
Dr. David Katz, founder Yale Prevention Research Center
Dr. David Livermore, microbiologist, infectious disease
Dr. Eitan Friedman, professor of medicine
Dr. Eyal Shahar, physician, epidemiologist
Dr. Florian Limbourg, physician and researcher
Dr. Gabriela Gomes, mathematician studying epidemiology
Dr. Gerhard Krönke, physician and professor
Dr. Gesine Weckmann, professor of health education and prevention
Dr. Günter Kampf, Institute for Hygiene and Environmental Medicine
Dr. Helen Colhoun, professor of medical informatics epidemiology
Dr. Jonas Ludvigsson, pediatrician, epidemiologist and professor
Dr. Karol Sikora, physician, oncologist, and professor of medicine
Dr. Laura Lazzeroni, professor of psychiatry and behavioral sciences
Dr. Lisa White, professor of modeling and epidemiology, Oxford
Dr. Mario Recker, malaria researcher and associate professor
Dr. Matthew Strauss, critical care physician & professor of medicine
Dr. Michael Jackson, research fellow
Dr. Michael Levitt, biophysicist, recipient 2013 Nobel Prize Chemistry
Dr. Mike Hulme, professor of human geography
Dr. Motti Gerlic, professor of clinical microbiology and immunology
Dr. Partha P. Majumder, National Institute of Biomedical Genomics
Dr. Paul McKeigue, professor of epidemiology and public health
Dr. Rajiv Bhatia, physician, epidemiologist and public policy expert

Non Exhaustive List of Professionals That Do Not Support Mandates for the General Public

Dr. Rodney Sturdivant, infectious disease scientist
Dr. Salmaan Keshavjee, professor Harvard Medical School
Dr. Simon Thornley, epidemiologist and biostatistician
Dr. Simon Wood, biostatistician and professor
Dr. Stephen Bremner, professor of medical statistics
Dr. Sylvia Fogel, instructor Harvard Medical School
Dr. Udi Qimron, professor of clinical microbiology and immunology
Dr. Ulrike Kämmerer, professor and expert in virology, immunology
Dr. Uri Gavish, biomedical consultant

| | |
|----------------------|------------------------------|
| Andrew Kaufman, MD | Josh Henk, DC |
| Scott Jensen, MD | Jay Komarek, DC |
| Eddie Weller, DC | Josh Howe, DC |
| Allison Lucas, Esq | Jacobey Mark, DC |
| Gabriel Cousens, MD | Joseph Mercola, DO |
| Eric Nepune, DC | Cassie Huckaby, ND |
| Jessica Peatross, MD | Ben Lynch, ND |
| Josheph Arena, DC | Morgan Towles, DC |
| Liam Schubel, DC | Alex Lee, DC |
| Daniel Knowles, DC | Rashid Buttar, DO |
| Kelly Brogan, MD | Edith Chan, DAOM |
| Suzan Tenpenny, MD | Tyna Moore, DC, ND |
| Tom Cowen, MD | Suneil Jane, NMD |
| Tommy John, DC | Ashton Joyce, NMD |
| Joseph Audie, PhD | Jo Yi, MD |
| Denis Rancourt, PhD | Melanie Joy, PhD |
| Zev Myerowitz, DC | Melissa Sell, DC |
| Seth Gerlach, DC | Christiane Northrup, MD |
| Ben Tapper, DC | Zack Bush, MD |
| Lauren Keller, APRN | Michael Christian, DHSc, CMS |
| Sarah Carnes, ND | Shiva Ayyadurai, PhD |

Grant Final Report

Grant ID: R18 HS 017045

**Electronic Support for Public Health–Vaccine Adverse
Event Reporting System (ESP:VAERS)**

Inclusive dates: 12/01/07 - 09/30/10

Principal Investigator:

Lazarus, Ross, MBBS, MPH, MMed, GDCompSci

Team members:

Michael Klompas, MD, MPH

Performing Organization:

Harvard Pilgrim Health Care, Inc.

Project Officer:

Steve Bernstein

Submitted to:

The Agency for Healthcare Research and Quality (AHRQ)

U.S. Department of Health and Human Services

540 Gaither Road

Rockville, MD 20850

www.ahrq.gov

Abstract

Purpose: To develop and disseminate HIT evidence and evidence-based tools to improve healthcare decision making through the use of integrated data and knowledge management.

Scope: To create a generalizable system to facilitate detection and clinician reporting of vaccine adverse events, in order to improve the safety of national vaccination programs.

Methods: Electronic medical records available from all ambulatory care encounters in a large multi-specialty practice were used. Every patient receiving a vaccine was automatically identified, and for the next 30 days, their health care diagnostic codes, laboratory tests, and medication prescriptions were evaluated for values suggestive of an adverse event.

Results: Restructuring at CDC and consequent delays in terms of decision making have made it challenging despite best efforts to move forward with discussions regarding the evaluation of ESP:VAERS performance in a randomized trial and comparison of ESP:VAERS performance to existing VAERS and Vaccine Safety Datalink data. However, Preliminary data were collected and analyzed and this initiative has been presented at a number of national symposia.

Key Words: electronic health records, vaccinations, adverse event reporting

The authors of this report are responsible for its content. Statements in the report should not be construed as endorsement by the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services of a particular drug, device, test, treatment, or other clinical service.

Final Report

Purpose

This research project was funded to improve the quality of vaccination programs by improving the quality of physician adverse vaccine event detection and reporting to the national Vaccine Adverse Event Reporting System (VAERS), via the following aims:

Aim 1. Identify required data elements, and develop systems to monitor ambulatory care electronic medical records for adverse events following vaccine administration.

Aim 2. Prepare, and securely submit clinician approved, electronic reports to the national Vaccine Adverse Event Reporting System (VAERS).

Aim 3. Comprehensively evaluate ESP:VAERS performance in a randomized trial, and in comparison to existing VAERS and Vaccine Safety Datalink data.

Aim 4. Distribute documentation and application software developed and refined in Aims 1 and 2 that are portable to other ambulatory care settings and to other EMR systems.

Scope

Public and professional confidence in vaccination depends on reliable postmarketing surveillance systems to ensure that rare and unexpected adverse effects are rapidly identified. The goal of this project is to improve the quality of vaccination programs by improving the quality of physician adverse vaccine event detection and reporting to the national Vaccine Adverse Event Reporting System (VAERS). This project is serving as an extension of the Electronic Support for Public Health (ESP) project, an automated system using electronic health record (EHR) data to detect and securely report cases of certain diseases to a local public health authority. ESP provides a ready-made platform for automatically converting clinical, laboratory, prescription, and demographic data from almost any EHR system into database tables on a completely independent server, physically located and secured by the same logical and physical security as the EHR data itself. The ESP:VAERS project developed criteria and algorithms to identify important adverse events related to vaccinations in ambulatory care EHR data, and made attempts at formatting and securely sending electronic VAERS reports directly to the Centers for Disease Control and Prevention (CDC).

Patient data were available from Epic System's Certification Commission for Health Information Technology-certified EpicCare system at all ambulatory care encounters within Atrius Health, a large multispecialty group practice with over 35 facilities. Every patient receiving a vaccine was automatically identified, and for the next 30 days, their health care diagnostic codes, laboratory tests, and medication prescriptions are evaluated for values

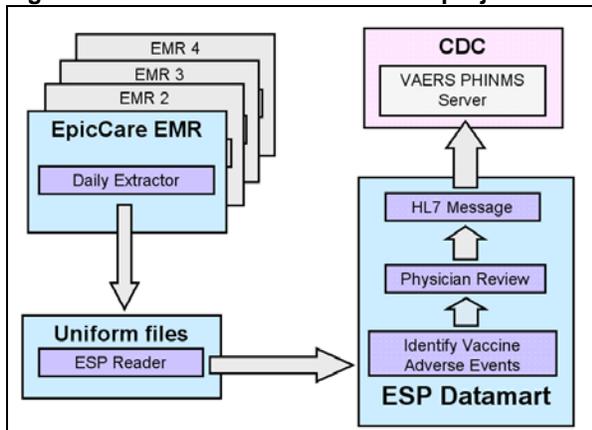
suggestive of an adverse vaccine event. When a possible adverse event was detected, it was recorded, and the appropriate clinician was to be notified electronically.

Clinicians in-basket messaging was designed to provide a preview a pre-populated report with information from the EHR about the patient, including vaccine type, lot number, and possible adverse effect, to inform their clinical judgment regarding whether they wish to send a report to VAERS. Clinicians would then have the option of adding free-text comments to pre-populated VAERS reports or to document their decision not to send a report. The CDC's Public Health Information Network Messaging System (PHIN-MS) software was installed within the facilities so that the approved reports could be securely transferred to VAERS as electronic messages in an interoperable health data exchange format using Health Level 7 (HL7).

Methods

The goal of Aim 1: *Identify required data elements, and develop systems to monitor ambulatory care electronic medical records for adverse events following vaccine administration,* and Aim 2: *Prepare, and securely submit clinician approved, electronic reports to the national Vaccine Adverse Event Reporting System (VAERS),* was to construct the below flow of data in order to support the first two Aims:

Figure 1. Overview of the ESP:VAERS project



Existing and functioning ESP components are shown on the left, and Aims 1 and 2 on the right. ESP:VAERS flags every vaccinated patient, and prospectively accumulate that patient's diagnostic codes, laboratory tests, allergy lists, vital signs, and medication prescriptions. A main component of Aim 1 was to *Develop AE criteria to assess these parameters for new or abnormal values that might be suggestive of an adverse effect.* A reporting protocol & corresponding algorithms were developed to detect potential adverse event cases using diagnostic codes, and methods were tested to identify prescriptions or abnormal laboratory values that might be suggestive of an adverse effect. These algorithms were designed to seek both expected and unexpected adverse effects.

This reporting protocol was approved by both internal & external partners. We initially prepared a draft document describing the elements, algorithms, interval of interest after vaccination, and actions for broad classes of post-vaccination events, including those to be reported immediately without delay (such as acute anaphylactic reaction following vaccination), those never to be reported (such as routine check-ups following vaccination) and those to be reported at the discretion and with additional information from the attending physician through a feedback mechanism. The draft was then widely circulated as an initial / working draft for comment by relevant staff in the CDC and among our clinical colleagues at Atrius. In addition to review by the internal CDC Brighton Collaboration liaison, this protocol has also received review & comment via the CDC's Clinical Immunization Safety Assessment (CISA) Network.

The goal of Aim 2 was the *Development of HL7 messages code for ESP:VAERS to ensure secure transmission to CDC via PHIN-MS*. The HL7 specification describing the elements for an electronic message to be submitted to Constella, the consultants engaged by CDC for this project was implemented. Synthetic and real test data was been generated and transmitted between Harvard and Constella. However, real data transmissions of non-physician approved reports to the CDC was unable to commence, as by the end of this project, the CDC had yet to respond to multiple requests to partner for this activity.

The goal of Aim 3 was to *Comprehensively evaluate ESP:VAERS performance in a randomized trial, and in comparison to existing VAERS and Vaccine Safety Datalink data*.

We had initially planned to evaluate the system by comparing adverse event findings to those in the Vaccine Safety Datalink project—a collaborative effort between CDC's Immunization Safety Office and eight large managed care organizations. Through a randomized trial, we would also test the hypothesis that the combination of secure, computer-assisted, clinician-approved, adverse event detection, and automated electronic reporting will substantially increase the number, completeness, validity, and timeliness of physician-approved case reports to VAERS compared to the existing spontaneous reporting system; however, due to restructuring at CDC and consequent delays in terms of decision making, it became impossible to move forward with discussions regarding the evaluation of ESP:VAERS performance in a randomized trial, and compare ESP:VAERS performance to existing VAERS and Vaccine Safety Datalink data. Therefore, the components under this particular Aim were not achieved.

Aim 4 *Distribution of documentation and application software developed and refined in Aims 1 and 2 that are portable to other ambulatory care settings and to other EMR systems* has been successfully completed. Functioning source code is available to share under an approved open source license. ESP:VAERS source code is available as part of the ESP source code distribution. It is licensed under the LGPL, an open source license compatible with commercial use. We have added the ESP:VAERS code, HL7 and other specifications and documentation to the existing ESP web documentation and distribution resource center <http://esphealth.org>, specifically, the Subversion repository available at: <http://esphealth.org/trac/ESP/wiki/ESPVAERS>.

Results

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference.

In addition, ESP:VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians’ usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs.

Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.

Inclusion of AHRQ Priority Populations

The focus of our project was the Atrius Health (formerly HealthOne) provider & patient community. This community serves several AHRQ inclusion populations, specifically low-income and minority populations in primarily urban settings.

Atrius currently employs approximately 700 physicians to serve 500,000 patients at more than 18 office sites spread throughout the greater Metropolitan Boston area. The majority of Atrius physicians are primary care internal medicine physicians or pediatricians but the network also includes physicians from every major specialty.

The entire adult and pediatric population served by Atrius was included in our adverse event surveillance system (ESP:VAERS). Atrius serves a full spectrum of patients that reflects the broad diversity of Eastern Massachusetts. A recent analysis suggests that the population served by Atrius is 56% female, 16.6% African American, 4% Hispanic. The prevalence of type 2 diabetes in the adult population is 5.7%. About a quarter of the Atrius population is under age 18.

List of Publications and Products

ESP:VAERS [source code available as part of the ESP source code distribution]. Licensed under the GNU Lesser General Public License (LGPL), an open source license compatible with commercial use. Freely available under an approved open source license at: <http://esphealth.org>.

Lazarus, R, Klompas M, Hou X, Campion FX, Dunn J, Platt R. Automated Electronic Detection & Reporting of Adverse Events Following Vaccination: ESP:VAERS. The CDC Vaccine Safety Datalink (VSD) Annual Meeting. Atlanta, GA; April, 2008.

Lazarus R, Klompas M Automated vaccine adverse event detection and reporting from electronic medical records. CDC Public Health Informatics Network (PHIN) Conference August 27, 2008.

Klompas M, Lazarus R ESP:VAERS Presented at the American Medical Informatics Association Annual Symposium; 2009 November 17th.

Lazarus R, Klompas M, Kruskal B, Platt R Temporal patterns of fever following immunization in ambulatory care data identified by ESP:VAERS Presented at the American Medical Informatics Association Annual Symposium; 2009 November 14–18: San Francisco, CA.

Linder J, Klompas M, Cass B, et al. Spontaneous Electronic Adverse Event Reporting: Perspectives from Clinicians, EHR Vendors, Biopharma, and the FDA. Presented at the American Medical Informatics Association Annual Symposium; 2009 November 14–18: San Francisco, CA.

Media - Broken promises & depopulation

<https://www.naturalnews.com/2021-08-18-mainstream-media-and-government-purposely-broke-promises-covid.html#>

NYC - Vaxx Pass AND ID must be shown at restaurants

https://www.reddit.com/r/conspiracy/comments/p76sxc/bill_de_blasio_is_the_new_jim_crow_or_is_it_jim/

AZ - Gov blocks funding for masks mandates

<https://www.zerohedge.com/political/arizona-governor-blocks-funding-schools-mandating-masks>

Canada - Grass roots action vs. vaxxes & Liability Notices

<https://action4canada.com/>

FR - QR health passes fail

<https://www.rt.com/op-ed/532395-crash-france-health-pass/>

Dangerous Times -

<https://www.infowars.com/posts/former-spook-warns-this-is-one-of-the-most-dangerous-unpredictable-times-in-history/>

Body Bags - shipped out by Fed Ex

<https://www.bitchute.com/video/v9N2vCU8aCC6/>

Makeshift Morgues -

Makeshift MORGUES like this one at Viera Hospital in Brevard County in Florida, are popping up all over the country*(albeit discreetly disguised like this one is). The 'official' explanation is to 'cope with expected COVID variant deaths', but the REAL explanation is to '**cope with massive numbers of COVID vaccine deaths!**'

<https://www.rawstory.com/officials-say-makeshift-morgue-o>

'The Black Death' by B. Tuchman - A review. All were abandoned, society broke down completely. Then came starvation.

<https://blablawriting.com/the-black-death-by-barbara-tuchman-essay>

Murder Most Foul! - I just had to add this one. It's so unbelievable that our hospitals have become killing fields. VC

<https://www.thegatewaypundit.com/2021/08/washington-hospital-removing-patients-transplant-list-unvaccinated/>

AU - Now they're policing who you date & partner with!

https://www.reddit.com/r/ConspiracyUltra/comments/p6ocam/aussies_lost_their_minds_in_australia_policing/?%24deep_link=true&correlation_id=b3c039f8-a99e-42c6-a9aa-e714aa74f1e4&post_fullname=t3_p6ocam&post_index=2&ref=email_digest&ref_campaign=email_digest&ref_source=email&utm_content=post_title&%243p=e_as&branch_match_id=878128816427219085&utm_medium=Email%20Amazon%20SES

War on the US Includes Decimation of Troops

https://allnewspipeline.com/The_Globalists_Extermination_Project_Targets_7_Billion_People.php

PG Patient - Refused by MD b/c unvaxxed

<https://www.infowars.com/posts/it-begins-pregnant-mom-complains-doctor-wont-see-her-because-shes-unvaccinated/>

Booster Shots - Sept. 20th

https://www.theepochtimes.com/mkt_breakingnews/biden-admin-recommends-covid-19-booster-shots-will-start-wide-distribution-on-sept-20_3954303.html?utm_source=News&utm_medium=email&utm_campaign=breaking-2021-08-18-1&mktids=969a81358ddd11e14d416a0d82495c3a&est=faH8Gxl3M0a1240%2BZZP5WEc2BNP5rBpLUZqHcj95p9pCK/ZXFKsQAWFwArI=

Boosters Lethal -

<https://www.naturalnews.com/2021-08-18-repeated-injections-lethal-covid-vaccine-spike-protein.html>

US Health Institutions No Longer Trusted -

<https://www.naturalnews.com/2021-08-18-every-health-institution-abandons-americans-ama-fda-cdc-epa-who.html#>

IMF - Vaccine policy is economic policy

<https://www.cnbc.com/2021/06/16/covid-imf-chief-says-vaccine-policy-is-the-most-important-economic-driver.html>

WHO - Dengue Fever fiasco

Covid. Context. Just a few years ago, WHO rushed approval of a Dengue vaccine they said was safe, despite warnings from dissident doctors. Then hundreds of children ended up dead. <https://www.npr.org/sections/goatsandsoda/2019/05/03/719037789/botched-vaccine-launch-has-deadly-repercussions>

TN Gov - No masks on kids

https://resistthemainstream.org/governor-signs-executive-order-allowing-parents-to-avoid-masking-their-children/?utm_source=gab&utm_medium=gab&utm_campaign=gab

VAERS - Reporting fraud receiving greater exposure

<https://www.sgtreport.com/2021/08/massive-fraud-in-reporting-vaccine-injuries-withheld-data-pretense-of-safe-and-effective/>

Vaxx Reactions - Victims stories

<https://www.c19vaxreactions.com/>

Canada - Unvaxxed removed from gov

<https://www.theglobeandmail.com/canada/article-unvaccinated-pc-mpps-will-be-removed-from-caucus-ford-spokeswoman-says/>

AU - 24k of kids to be vaxxed in stadium w/o parents

<https://www.infowars.com/posts/watch-australian-health-minister-announces-24000-students-will-be-injected-in-stadium-without-parental-supervision/>

AU - Maskless kids being pepper sprayed - Previously, all told not to speak to neighbors - total tyranny Downunder

<https://healthimpactnews.com/2021/australia-now-the-disgrace-of-the-world-police-attacking-and-pepper-spraying-young-children-for-not-wearing-masks/>

NZ - Lockdown nation over 1 Covid case (Previously said grandparents must isolate from kids.)

<https://www.theguardian.com/world/2021/aug/17/new-zealand-to-go-into-national-lockdown-over-one-covid-case>

French Resistance Rises Again - They don't have flouride in their water

<https://www.zerohedge.com/political/businesses-are-refusing-enforce-frances-vaccine-passport>

Singapore - Pfizer pays out damages for heart attack!

<https://vaccineimpact.com/2021/singapore-teen-awarded-225000-for-heart-attack-caused-by-pfizer-covid-19-shot-while-more-than-half-million-covid-shot-injuries-in-u-s-get-nothing/>

Deaths Come - Antibody Dependent Enhancement for the vaxxed is arriving

<https://www.naturalnews.com/2021-08-17-vaxxed-to-death-alarming-study-confirms-vaxxers-will-face-catastrophic-antibody-dependent-enhancement-injuries-and-deaths.html#>

DARPA - Moderna - Their connection & the use of mRNA

<https://www.naturalnews.com/2021-08-17-darpa-secretly-developing-mrna-vaccine-years-ago-through-moderna.html>

DHS - Expanded surveillance plans

<https://www.infowars.com/posts/dhs-considers-using-january-6-to-justify-mass-social-media-surveillance-of-citizens/>

Dr. Carrie Madej, MD - Transhumanism & depopulation. Yes, our rulers are this nuts. 2nd report verifies too.

<https://www.sgtreport.com/2021/08/the-war-has-begun-wake-up-dr-carrie-madej/>
https://needtoknow.news/2021/08/financial-expert-george-gammon-explains-how-globalists-plan-to-take-your-home/?utm_source=rss&utm_medium=rss&utm_campaign=financial-expert-george-gammon-explains-how-globalists-plan-to-take-your-home

Segregation from the Vaxxed - This very credentialed doctor asking her vaccinated patients NOT to come into her clinic if they have been vaxxed within the last 3 wks because the spike proteins they shed are making her, and her staff, all unvaxxed, SICK and causing them to have breakthrough bleeding. She cites, and has in her hand, the Pfizer data."

<https://www.youtube.com/watch?v=NnHifHL0JeQ&t=2s>

IVM - Human-grade pills from the UK w/o a script. A bit pricey & arrival 2-3 wks.

<http://parasitesotc.org>

DVM Speaks on IVM -

BILLY DAVIS' via C19D List

10:15 AM (3
minutes ago)

to C19D

The purity of Ivermectin in these brand name products is the same as in humans. There is no such thing as "animal" or "human" grade Ivermectin. It's in a powder form which is compounded into tablets - for humans in most countries; and into various forms of liquids and pastes - for animal applications.

The excipients vary . The animal products are FDA approved- FOR ANIMALS ONLY. No one can " recommend " their use in humans , because that would

be against the law to do so . People do strange things though , don't they ?
Billy

"Yes, it's murder." Dr. Stephen Guffanti, MD, - Admits to Alex Jones that the lack of care his roommate received at Sarasota Memorial Hospital amounted to this. 9:28 mark . Such ill treatment is happening across the US. It's said to stem from orders from WHO, down thru US agencies to our hospitals.

<https://www.infowars.com/posts/exclusive-medical-doctor-illegally-imprisoned-in-florida-hospital-dungeon/>

Dr. Guffanti, MD - Patient advocate, more on

<https://www.thegatewaypundit.com/2021/08/breaking-exclusive-doctor-sarasota-hospital-witnesses-50-year-old-man-covid-killed-hospital-personnel-doctor-restrained-advocates-patient-video/>

Covid cases - deaths - paid for to hospitals

<https://www.organiclifestylemagazine.com/cdc-admits-finacial-hospital-incentives-drove-up-covid-19-death-rates>

<https://www.abc10.com/article/news/verify/verify-do-hospitals-get-more-funding-by-marking-deaths-covid-19-related/103-36834bad-1113-4f67-8804-5d97e6593745>

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&DI ED=Yes>

Dr. Robert Malone, MD - Vaccine amplifies variants which vaxxes can't prevent

<https://www.theburningplatform.com/2021/08/16/all-of-the-evidence-is-in-the-covid-vaccine-is-a-failure/>

35 min. mark

<https://rumble.com/vl0zpf-dr.-robert-malone-the-liberty-forum-8-10-2021.html>

Naval Cmdr. warns of Natl. Sec. threat from forced vaxx

<https://www.revolver.news/2021/08/navy-commander-warns-national-security-threat-from-mandatory-vaccination/>

CDC Wants Pregnant Women to be Vaxxed - usually 18-20 yrs. of testing for that.

<https://www.naturalnews.com/2021-08-16-cdc-recommends-pregnant-women-get-vaccinated.html>

Infected Migrants - Sick people being shipped across the US

<https://www.naturalnews.com/2021-08-16-us-border-collapses-completely-biden-regime-busing-covid-infected-migrants-across-us.html#>

VAERS Report Numbers - Evidence with attached

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&DI ED=Yes>

Death Counts & 'Covid is the Vaxx' -

[CDC Records Show 12,791 DEAD and 682,873 Injuries Following COVID-19 Experimental Shots - Vaccine Impact](#)

UK Numbers -

[1,135,579 Injuries 1,559 DEAD in the UK Following COVID-19 Injections According to UK Government \(healthimpactnews.com\)](#)

[BeachMilk@BeachMilk](#)

15h·Edited

An Australian state government announced that they will 'herd' up to 24,000 school children at a time, into football stadiums to give them the COVID death-shot.

PARENTS ARE NOT ALLOWED INSIDE!

"If a bunch of dudes who hid in caves for twenty years can take their country back from the Globalist American Empire then there's no reason we can't too. All we have to do is exit their system and build our own".

Remdesivir - doesn't work

[https://www.zerohedge.com/markets/fda-approves-gileads-remdesivir-treat-covid-19-despite-data-showing-drug-doesnt-work](#)

WHO does not recommend

[https://www.who.int/news-room/feature-stories/detail/who-recommends-against-the-use-of-remdesivir-in-covid-19-patients](#)

WHO removes from list of medicines for Covid 11/21/20

[https://www.businesstoday.in/podcast/bulletin/who-removes-remdesivir-from-list-of-covid-19-medicines-266019-2020-11-21](#)

No evidence of benefit from 6/23/21

[https://www.businesstoday.in/podcast/bulletin/who-removes-remdesivir-from-list-of-covid-19-medicines-266019-2020-11-21](#)

Cost of

[https://www.medicareadvantage.com/news/remdesivir-cost](#)

Soros, Gates & China involved in

[https://madisonarealymesupportgroup.com/2020/11/10/gilead-pyramid-scheme-with-china-soros-gates-at-the-top/](#)

Link won't open now - Could not be found again on web

[\(AV\): Duty to Warn: The Remdesivir Scam/Scandal That Isn't Even Being Recognized in the US -](#)

Canada – There was no Covid-19 Pandemic

https://denisrancourt.ca/entries.php?id=104&name=2021_08_06_analysis_of_all_cause_mortality_by_week_in_canada_2010_2021_by_province_age_and_sex_there_was_no_covid_19_pandemic_and_there_is_strong_evidence_of_response_caused_deaths_in_the_most_elderly_and_in_young_males

Pfizer - No vaxx mandates for employees

<https://greatgameindia.com/pfizer-leaked-vaccine-employees/>

Gates says - 95% of deaths from unvaxxed

<https://www.naturalnews.com/2021-08-14-bill-gates-95-covid-deaths-nonvaccinated-warns-vaccine-misinformation.html#>

US Vaxx Mandates - China & Russia don't

<https://www.infowars.com/posts/unlike-america-experimental-covid-vaccines-not-mandated-in-communist-china-russia/>

Canada - Mandates vaxx for ALL travelers - Bill in House for same in US

<https://www.theglobeandmail.com/canada/article-canada-to-require-vaccination-for-air-rail-and-marine-travellers-as/>

DHS - Declares those speaking out against the Covid vaxxes to be security threat

<https://www.thegatewaypundit.com/2021/08/dhs-extremists-covid-vaccines-stolen-election-pose-national-security-threat-ahead-9-11/>

Cancer - mRNA vaxxes found to cause

Scientists at Sloan Kettering discover mRNA inactivates tumor-suppressing proteins, meaning it can promote cancer

<https://dreddymd.com/2021/03/03/medical-shocker-scienc>

SARS - CoV2 - Never isolated, synopsis

<https://www.naturalnews.com/2021-08-14-sars-cov-2-never-been-isolated-purified.html>

Vaxx Effects - Brain producing spike proteins which cause thrombosis

<https://pure.hud.ac.uk/en/publications/might-post-injection-distribution-of-covid-vaccines-to-the-brain->

Boosters - These are thought to be the final kill shots, per attached

https://www.theepochtimes.com/mkt_morningbrief/pfizer-biontech-and-moderna-poised-to-make-billions-on-covid-19-boosters_3948003.html?utm_source=Morningbrief&utm_medium=email&utm_campaign=mb-2021-08-14&mktids=498b15c1a70869f99984d5576582901b&est=bDN1/Vos5QRtAVAjSQhbXZY07ZsWn14u8d6n0XnfMoIGNUIKWncNUO1russ=

Parents Declare War - Over Covid mandates & CRT

<https://www.infowars.com/posts/american-parents-declare-war/>

Tom Renz, JD, - With Stew Peters - AK hospital killing for \$, no feeding of patient. 2nd interview of Dr. Stephen Guffanti, MD, who became an advocate for a sick roommate w/o treatment while in a Sarasota hospital. MD put in restraints & isolation!

<http://greencrowasthecrowflies.blogspot.com/2021/08/stew-peters-double-whammy-yesterday.html>

"Dr. Cammeron Kyle-Sidell, MD, - 17 months of hospital killing. Hospital murder going on since 4/2020. He explains how ventilators are killing his patients in NYC. NY state alone lost 5.7k people to ventilator caused death. This MD explains why. He clearly is concerned about misdiagnosis & treatment. Many videos from nurses about this same issue came out in the same time frame. They said patients were being deliberately killed for the money - \$13k/Covid test & \$39k/ventilator for the hospitals. Poor & alone people were the most easily killed. No patient advocates were allowed into the hospitals. Dr. Scott Jensen, MD, of MN, came out at the same time saying the same thing plus that he was instructed to fraudulently fill out death certificates for Covid as the cause of death, when there were other, or another, causes involved. Four times now his license has been attacked. Hospitals have become execution chambers.

<https://www.youtube.com/watch?v=8rZFz7V1Hwk>

"Remdesivir - Dr. Brian Ardis, MD with Dr. Reiner Fuellmich - How mandated Remdesivir (from 1/20-10/20) was a known killer to Fauci, et al, for kidney/organ failure, septic shock & pulmonary edema (H2O in lungs, not pneumonia) cause death blamed on Covid. Dates & study references given. Posted on 8/1/21 **More proof of intentional mass murder.** If Sarasota Memorial Hospital, or any other hospital, mandates Remdesivir they are deliberate murderers.

<https://www.bitchute.com/video/bfbzsQnAiKS4/>

Rockefeller Medicine - History of allopathic medicine.
A short companion video as ref. to Fuellmich comments.

<https://www.bitchute.com/video/rfwJrP2bdgQP/>

Dr. Rima Laibow, MD - Speaks in 2010 about the mass-culling plan she heard via an 'elite' patient. (Presumed as Hillary.)

<https://steverotter.com/depopulation-agenda-exposed/>

Extermination of Humanity - A Friar speaks of building spirituality

If you had the common sense to refuse the toxic jab, you should prepare yourself mentally for what is soon to come. Inevitably.

<http://www.bitchute.com/video/EA4OrH8rTiu/>

MO AG - Blasts medical tyranny

https://allnewspipeline.com/We_Know_Where_You_Live.php

Fauci - Forget Liberty

<https://www.infowars.com/posts/fauci-tells-unvaccinated-americans-put-aside-concerns-about-personal-liberties-and-get-the-shot/>

Tyson's Food - Mandates 120k workers

<https://www.naturalnews.com/2021-08-15-tyson-foods-vaccine-mandate.html#>

Fed Gov - Unveils plan for False Flag on 'Extremists'

<https://www.naturalnews.com/2021-08-15-feds-unveil-90-day-plan-to-wage-false-flag-violence-blame-on-anti-lockdown-extremists.html#>

Battle of Athens- TN - Tyranny overthrown, 1946

https://en.wikipedia.org/wiki/Battle_of_Athens_%281946%29

Spike Proteins - Suppress immune response

<https://www.infowars.com/posts/covid-spike-proteins-suppress-natural-immune-response-says-researcher/>

Covid Lies - 10 Biggest

<https://www.naturalnews.com/2021-08-15-top-10-biggest-lies-about-covid-19.html#>

Dr. Vanden Bossche, DVM, PhD - calls for vaxxes to be recalled

<https://www.theburningplatform.com/2021/08/14/vaccine-expert-vanden-bossche-calls-for-immediate-halt-to-vaccinations-says-they-encourage-escape-mutant-variants/>

Univ. SC - AG cancels mask mandate

<https://www.thegatewaypundit.com/2021/08/university-south-carolina-forced-cancel-mask-mandate-attorney-general-says-illegal/>

Melioidosis - New Disease released?

"Now, two people are dead and two have recovered after being infected with melioidosis — a disease that had never before been detected on contiguous US soil. Melioidosis has now been seen in Georgia, Kansas, Texas and Minnesota,".

https://joemiller.us/2021/08/cdc-sounds-alarm-2-dead-in-us-from-disease-never-seen-outside-tropics-video/?utm_source=rss&utm_medium=rss&utm_campaign=cdc-sounds-alarm-2-dead-in-us-from-disease-never-seen-outside-tropics-video

Reference-

<https://en.wikipedia.org/wiki/Melioidosis>

IS - Pfizer asked to speed up jab for children

<https://www.jpost.com/health-science/covid-vaccines-efficacy-drops-for-all-3rd-shot-weighed-for-40-ash-676514>

Pfizer - Asking for Israeli military bases and sovereign assets as guarantee?

<http://philosophers-stone.info/2021/08/15/pfizer-is->

Dr. Zev Zelenko, MD. & Stew Peters - Global Genocide Event - Death stats reviewed & protocols

<https://beforeitsnews.com/opinion-conservative/2021/08/dr-zev-zelenko-slays-globalists-exposes-global-genocidal-event-stew-peters-must-video-3593652.html>

HCQ Protocols

<https://vladimirzelenkomd.com/>

IVM Protocols

<https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-MATHplus-Protocol-ENGLISH.pdf>

Dr. Peter Yeadon, PhD - Reviews the lies

<https://www.banned.video/watch?id=6119a5c55f9bed525db38b7f>

Dr. Peter McCullough, MD - 'Perspectives on the Pandemic' -

https://www.youtube.com/watch?v=C-Kw2yIG_5w

Banking - C.A. Fitts & James Corbett - Purpose of Covid was 'Direct Reset' by BlackRock. Banks stock up over pharma.



JOY K MOORE

@2NjoyMore

Replying to

[@2NjoyMore](#)

"Its not a currency system, its a control system. If they don't want you buying a pizza, you can't buy a pizza. If they don't want you travelling more than 5 miles from your home, your credit card will not work." - Catherine Austin Fitts

Ezra Levant

@ezrlevant

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19h

Canada — the second-largest country in the world — bans anyone without a vaccine from flying or taking a train. Trudeau always worshipped Castro, and said the country he “most admired” was China, because of its “basic dictatorship”.

Whitney Webb

@_whitneywebb

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4h

It should be possible to oppose vaccine passports, regardless of how you feel about the vaccine itself, bc of the built-in surveillance agenda here that, once implemented, will get very awful, very quickly and will expand far beyond vaccines. They are being pretty open about it!

Graphene - Toxicity of -

<https://particleandfibretoxicology.biomedcentral.com/articles/10.1186/s12989-016-0168-y>

SCOTUS - Rules Indiana U. can mandate vaxxes -

<https://stephenlendman.org/2021/08/us-supreme-court-supports-toxic-mass-jabbing/>

AFLDS - Lawsuits, article

<https://www.joeygilbert.com/post/lawsuits-filed-by-americas-frontline-doctors-blow-lid-off-cdc-covid-19-vaccine-scam>

Robert Barnes, JD - Exemptions/Defenses to Mandates of Vaxx, Medical & Religious (at :20 mins. say no MD liability?)

Note: Has legal forms at www.vivabarneslaw.com

<https://www.banned.video/watch?id=6116bc56e2af594e75abb081>

HI - Lawsuit - by 1,200 plaintiffs on Vaxx Mandates

<https://www.infowars.com/posts/huge-lawsuit-hawaii-attorney-says-covid-vaccines-killed-nearly-45000/>

***ALERT!!** - It's here! Internment/Resettlement Specialists sought by Army Natl.

Guard + Interview <https://nationalfile.com/natl-guard-internment-resettlement-specialist/>

<https://www.banned.video/watch?id=6116e17ec124354f22e63f24>

US Vaxx Passport - 3.5 wks. says Covid Czar

https://allnewspipeline.com/Watch_Out_America_A_New_9_11_Is_Only_Weeks_Away.php

Interstate Travel - Need Vaxx Pass?

<https://www.infowars.com/posts/biden-admin-floating-proof-of-vaccination-for-interstate-travel-as-southern-border-flooded-by-illegals/>

Biden - Ready for tougher mandates on unvaxxed -

<https://www.usnews.com/news/health-news/articles/2021-08-12/biden-eyes-tougher-vaccine-rules-without-provoking-backlash>

CDC - Secret Database for Unvaxxed Kids?

<https://www.naturalnews.com/2021-08-13-cdc-creating-secret-national-database-of-households-with-unvaccinated-children.html#>

Informed Consent Info -

<https://www.globalresearch.ca/blaylock-vaccines-what-you-need-know-informed-consent/5752961>

Walensky - NYT - lies re 'breakthrough' Covid

<https://stephenlendman.org/2021/08/the-nyt-press-agent-for-mass-extermiation/>

FL - Hospital - restrains MD who tries to help Covid patient

<https://www.thegatewaypundit.com/2021/08/breaking-exclusive-doctor-sarasota-hospital-witnesses-50-year-old-man-covid-killed-hospital-personnel-doctor-restrained-advocates-patient-video/>

Federation of State Medical Boards - Licenses - of MDs who oppose mandates will be taken -

<https://www.dianawest.net/>

Dr. Fleming - The vaxxes spread other illnesses, like superbugs. HIV is coming in the next round.

<https://www.naturalnews.com/2021-08-13-richard-fleming-fauci-nih-bioweapon-hiv-immunity.html#>

Dr. Charles Hoffe, MD, et al, - Three yrs. til death.

<https://www.infowars.com/posts/youll-refuse-the-covid-vax-after-you-hear-what-these-doctors-have-to-say/>

Dr. Lee Merritt - Bioweapon kill shot is war against the common people

<https://www.bitchute.com/video/qU93lRYZwi6R/>

Vaxxes Enhance Transmission of Disease -

<https://www.naturalnews.com/2021-08-13-study-imperfect-vaccines-covid-enhance-viral-transmission.html>

CA - Unvaxxed starved out -

<https://www.naturalnews.com/2021-08-13-la-officials-to-starve-out-unvaccinated-deny-access-grocery-stores.html>

Global Day of Protests - Truth Rising, Unity Among People -

<https://www.unite4truth.com/so/18Nj1MYII?languageTag=en&cid=39baf29d-a895-4a88-90a7-73a20e492221#/main>

Israel - The most seriously ill have been vaxxed.

<https://www.naturalnews.com/2021-08-13-most-patients-in-serious-condition-fully-vaccinated.html#>

CDC - Green Zones & Mental Illness -

<https://www.naturalnews.com/2021-08-13-internment-camps-cdc-preparing-mass-mental-illness-fear-of-infection.html>

AU - Mental Asylum - for different Covid opinion

<https://www.infowars.com/posts/man-forcibly-imprisoned-in-mental-asylum-for-different-opinion-on-covid/>

Carnival Cruise - Outbreak - among the vaxxed

<https://thelibrarydaily.com/covid-outbreak-hits-carnival-cruise-despite-every-guest-and-staff-member-being-vaccinated/>

Fema Camps - Covid -

<https://thecommonsenseshow.com/activism-agenda-21-conspiracy/coming-covid-isolation-fema-camps-are-much-worse-americans-can-imagine>

Clergy Response Teams - activated by Fema as of 9/2020. This is the real clue.

<https://welovetrump.com/2020/09/26/has-the-clergy-response-team-been-activated-to-push-us-into-a-new-normal/>

Double Masking - Philly

<https://www.infowars.com/posts/video-philadelphia-announces-double-mask-mandate-for-government-workers/>

IS - Heart attacks in the young

<https://www.infowars.com/posts/israel-sees-concerning-surge-in-cardiac-arrest-and-heart-attack-emergency-calls-among-young-people/>

Kids - Risk to them near zero, so why masks & vaxx?

<https://www.naturalnews.com/2021-08-12-covid-mortality-rate-among-children-is-zero.html>

Belarus - sane

<https://www.infowars.com/posts/no-lockdown-belarus-reports-covid-mortality-rates-similar-to-neighboring-countries-that-imposed-draconian-lockdowns/>

Dr. Richard Fleming - theflemingmethod.com - Much on Covid & the vaxxes - has alt treatments -

<https://www.flemingmethod.com/sars-cov-2-covid-19>

<https://www.flemingmethod.com/published-research>

<https://www.flemingmethod.com/select-videos>

Interviewed by Mike Adams - Fleming calls the vaxxes bioweapons. (He says at the end, much legally comes soon, Nuremberg)

<https://www.banned.video/watch?id=61159dcec40e8c4bfd8cb0b>

Pfizer -

William Hall@william5849

[9h](#)

Just a reminder that Pfizer won't mandate the vaccine for their own employees

UK lawyer discusses her actions to bring about Nuremberg-type trials.

Link to her 30-min interview is at end of article.

<https://dailyexpose.co.uk/2021/08/04/serving-notices-liability-vaccinators-criminal-trials/>

In sovereignty and freedom,

Additional Info

Ontario - Up 35% in new hospitalized vaxxed patients with Covid

<https://covid-19.ontario.ca/data>

Pentagon Issues Religious Exemption Guidelines

<https://www.foxnews.com/politics/pentagon-releases-religious-exemption-guidelines-for-bypassing-mandatory-vaccine>

CO Catholic Bishops Issue Exemption

<https://www.lifesitenews.com/news/736432/>

Just A Heads Up... The US Military Has A Long History of Conducting Secret Experiments on Unsuspecting Populations... They Are Currently Running Mass Casualty Nuclear & Biological Drills Across The Country Right Now... Full Vid: <https://activistpost.com/2021/08/recipe-for-a-false-flag-military-mass-casualty-drills-happening-now.html>

Dr. McCullough -

<https://www.conservativewoman.co.uk/the-five-key-covid-truths-that-could-have-saved-us-from-self-destruction/>

Dr. Mikovits -

<https://www.naturalnews.com/2021-08-11-dr-mikovits-sars-cov-2-lab-made-virus-deployed-through-vaccine-supply.html#>

Moderna - VAERS, underreporting by 300k injuries

database that collects incidences of vaccine injury and death. A leaked report from Moderna's data collection company reveals that the Moderna covid-19 vaccines have caused upwards of 300,000 vaccine injuries in a three-month time span – dwarfing the number of vaccine injuries Moderna actually reported to VAERS in that time frame."

[_naturalnews.com/2021-08-11-leaked-report-reve](https://www.naturalnews.com/2021-08-11-leaked-report-reve)

Deaths - More from Vaxx than Covid

"I've seen 32 elderly people pass away immediately after taking the Moderna vaccine."
bitchute.com/video/im8tqf0JtSPB/

IS - 'Break Throughs' (aka, Vaxx doesn't work) -

Data from Israel, where population has been injected, show those “vaccinated” against COVID-19 and unvaccinated have the same infection rate, regardless of age. Empirical data from other countries also reveal the injections have no effect on transmission.

[_globalresearch.ca/data-reveal-truth-about-cov](https://globalresearch.ca/data-reveal-truth-about-cov)

United Airlines -

WOW! Airline Pilot Goes Public as United Airlines Goes Full Commie, Terminating 'Unvaxxed'

[_redvoicemedia.com/video/2021/08/wow-airline-p](https://redvoicemedia.com/video/2021/08/wow-airline-p)

Mandates - Majority in favor?

<https://www.infowars.com/posts/poll-half-of-america-believes-vaccine-mandates-covid-passports-more-important-than-protecting-freedom/>

TN Lawyer Lays Out School Board Over Masks -

<https://www.infowars.com/posts/video-lawyer-exposes-covid-bs-at-texas-school-board-meeting-crowd-goes-wild/>

Snitch Resistance - Teacher quits rather than snitch, good to see -

<https://www.infowars.com/posts/watch-virginia-teacher-resigns-after-ordered-to-snitch-on-dissenters-of-woke-agenda/>

CA - Teachers all Vaxx mandated -

<https://www.infowars.com/posts/gov-gavin-newsom-declares-all-california-teachers-must-get-covid-injection/>

FR - Reuters: Half of Paris Cafes And Bars Refusing to Comply With Vaccine Passport Scheme

informationliberation.com/?id=62447

Delta Variant - NPR contradicts CDC on virulence

<https://www.npr.org/sections/goatsandsoda/2021/08/11/1026190062/covid-delta-variant-transmission-cdc-chickenpox>

CDC Fraud in FL -

NSA Awards Secret \$10 Billion Contract to Amazon blacklistednews.com/article/80572/

<https://www.zerohedge.com/markets/cdc-forced-adjust-sundays-florida-covid-case-count-lower-almost-50-after-state-health>

AI - Elon Musk - "I tried to warn you." - Now he's in on it & it's our future with Nanotech in Vaxxes

<https://www.youtube.com/watch?v=9jkRcrM6XKA>

AU - Troops enforce

<https://www.infowars.com/posts/sydney-may-call-in-extra-troops-to-enforce-lockdown-as-australias-capital-extends-restrictions-after-one-case-reported/>

Compassion - This was such a fine story I had to mention to show that some animals are far better creatures than many humans.

"Dog Barks Relentlessly at Biker, Leads Him to Newborn Baby Abandoned at Dumpsite"...

This Doggie had more compassion for a Newborn than most Democrats; They would have left him to die & sold him to Planned Parenthood.

theepochtimes.com/dog-barks-relentlessly-at-b

Pathologist - Stop the Vaxxes Now!

<https://vaccineimpact.com/2021/dr-cole-on-covid-shots-this-is-a-poisonous-attack-on-our-population-and-it-needs-to-stop-now/>

***Social Security - stopped for unvaxxed** (there are 80m boomers & they paid in!)

<https://www.thegatewaypundit.com/2021/08/weird-bill-gates-smiles-suggesting-nonvaccinated-withheld-social-security-benefits/>

Dr. Sebastian Gorka Confronts School Board over Vaxx Disinfo - Vaxx for Coronavirus not possible.

<https://www.banned.video/watch?id=6111c1ea3da2643f9e557316>

* COMPANION INTERVIEW TO ARTICLE - NO ISOLATE

Mike Adams - **Covid/vax greatest hoax in history** This interview followed the article below. **Genocide** claimed.

<https://www.banned.video/watch?id=61116f73fc1da539d6b4a46f>

Article by Adams - Why no isolate of the virus. 2nd half on genocidal implications

<https://www.naturalnews.com/2021-08-08-hhs-documents-admit-the-cdc-has-never-isolated-any-covid-19-virus-global-hoax.html#>

Vaxxes More Dangerous Citizens Say

<https://www.naturalnews.com/2021-08-09-americans-covid-vaccines-more-dangerous-virus.html>

Alt Treatments Squelched

<https://www.naturalnews.com/2021-08-09-vaccine-pushers-hiding-existing-approved-covid-medicine.html>

Employer Mandates

<https://www.naturalnews.com/2021-08-09-companies-forcing-employees-experimental-coronavirus-vaccines.html>

Vaxx Passports NC, CA, HI

<https://www.naturalnews.com/2021-08-09-segregation-vaccine-passports-becoming-reality-usa.html>

CNN fires unvaxxed

<https://www.naturalnews.com/2021-08-09-cnn-terminates-employees-unvaccinated-against-covid.html#>

NZ Doctors -

<https://nzdsos.com/>

Pathologist - Report on what vaxxes do to brain & other organs

<https://philosophers-stone.info/2021/08/09/a-pathologist-summary-of-what-these-jabs-do-to-the-brain-and-other-organs/>

MD licenses to be pulled

<https://www.infowars.com/posts/doctors-warned-that-they-could-lose-their-license-for-contradicting-cdc-info-on-covid-treatments-and-vaccines/>

CH - Police to stop enforcing Covid rules

<https://www.infowars.com/posts/swiss-police-threaten-to-stop-enforcing-covid-19-rules/>

HHS - admits no isolates for SAES-CoV2

<https://www.naturalnews.com/2021-08-08-hhs-documents-admit-the-cdc-has-never-isolated-any-covid-19-virus-global-hoax.html>

Hiroshima - vaxxes deaths worse

<https://www.naturalnews.com/2021-08-09-covid-vaccines-have-now-killed-more-people-than-the-atomic-bomb-dropped-on-hiroshima.html>

Kids - Masks forever now

<https://www.naturalnews.com/2021-08-09-american-academy-pediatrics-demands-children-masked-forever.html>

Autopsies - people died from vaxxes

"Schirmacher himself is already leading an autopsy project on people who have died from Covid-19, which is subsidized by the state. He himself then expanded the focus and also autopsied more than 40 deceased vaccinated people. Even if his results are only a snapshot, it is a dramatic one: 30 to 40 percent died from the vaccination itself. The pathologist cited "rare, severe side effects of the vaccination – such as cerebral vein thrombosis or autoimmune diseases".

[_globalresearch.ca/german-chief-pathologist-so](https://globalresearch.ca/german-chief-pathologist-so)

AU-Test Refusal - 12 mos. prison

https://needtoknow.news/2021/08/australian-couple-threatened-with-12-months-in-prison-for-refusing-covid-test/?utm_source=rss&utm_medium=rss&utm_campaign=australian-couple-threatened-with-12-months-in-prison-for-refusing-covid-test

IS -

MRNA INVENTOR: "PFIZER & Israel agreement to HIDE side effects for 10 YEARS!"

[_investmentwatchblog.com/mrna-inventor-pfizer-](https://investmentwatchblog.com/mrna-inventor-pfizer-)

Lies- 49% effective

<https://www.naturalnews.com/2021-08-09-covid-vaccine-lies-proven-49-effective-american-sheep.html>

Karen Kingston - Dr. Andrew Kaufman, MD - mRNA, Graphene - at 30:40 new/more fraud discussed.

<https://www.banned.video/watch?id=610b15ec4b401c2c26621b15>

VAERS - Underreported, per lawsuit

<https://www.naturalnews.com/2021-08-03-vaers-hiding-actual-numbers-coronavirus-vaccine-deaths.html>

Elderly - fraudulent DNRs

<https://gab.com/HATSTRUTH/posts/106699100873286707>

Delta Variant - no test for

<https://www.naturalnews.com/2021-08-03-vaers-hiding-actual-numbers-coronavirus-vaccine-deaths.html>

CDC - more fakes in testing

<https://www.globalresearch.ca/breaking-cdc-fda-faked-covid-testing-protocol-using-human-cells-mixed-common-cold-virus-fragments/5751831>

AAPS - shots risk lives

<https://needtoknow.news/2021/08/association-of-american-physicians-and-surgeons-says-covid-shots-risk-millions-of-lives/>

utm_source=rss&utm_medium=rss&utm_campaign=association-of-american-physicians-and-surgeons-says-covid-shots-risk-millions-of-lives

Pfizer to be approved

<https://www.thegatewaypundit.com/2021/08/despite-deadly-results-fda-will-fast-track-pfizer-covid-vaccine-approval-early-sept-will-allow-states-businesses-begin-forced-vaccinations/>

No parental consent for 16 & up for vaxx

<https://www.dailymail.co.uk/news/article-9861019/16-17-year-olds-NOT-need-parental-consent-Covid-vaccines-health-chiefs-reveal.html>

Stop the Shot! - Truth for Health Fnd.

<https://www.banned.video/watch?id=610abae84448902afdfc7e64>

Autopsy - Spike proteins in all organs

<https://www.naturalnews.com/2021-08-03-autopsy-vaccinated-covid-spike-proteins-bodily-organs.html>

Vaxxed set off store alarms

bitchute.com/video/BJVepnNXsGBV/

Social Credit begins in US

<https://www.investmentwatchblog.com/it-begins-usa-social-credit-system-begins-paypal-facebook-begin-investigating-and-reporting-propagators-of-anti-government-rhetoric/>

Vaxx Social Influencers

<https://www.breitbart.com/tech/2021/08/02/nyt-to-fight-vaccine-lies-authorities-recruit-an-influencer-army/>

Delta Lockdown - This to be blamed on unvaxxed, protests to speak event for martial law [Note: Martial Law was in Event 201]

<https://www.naturalnews.com/2021-08-03-the-coming-delta-lockdown-is-designed-to-invoke-nationwide-protests-false-flag-event.html>

FEMA Test 8/11 - This may be all the time we have left for freedom. Do prep!

<https://www.fema.gov/press-release/20210611/fema-and-fcc-plan-nationwide-emergency-alert-test-aug-11-test-messages-will>

Israel - Cases soar, lockdown in Sept.

<https://www.zerohedge.com/covid-19/israel-revives-covid-restrictions-cases-soar-warns-possible-lockdown-september>

Lockdowns - Harm of

<https://www.naturalnews.com/2021-08-03-lockdowns-masks-do-more-harm-than-good.html>

Digital Health Passports - These will be wallets too with social credit links as in AU

<https://leohohmann.com/2021/08/04/digital-health-passports-the-snare-that-will-lure-many-into-the-one-world-cashless-system/>

AU - Insider Info on Delta & other variants -

<https://www.bitchute.com/video/oUhJN4i6ue9y/>

CDC - Tracking Database -

CDC now pushing for nationwide mandatory vaccine tracking database of all Americans, even after admitting the vaccine is failing

"If it wasn't obvious after Democrats used the COVID pandemic to steal President Donald Trump's reelection they would ride the outbreak into perpetual power and destroy the Bill of Rights, then maybe now, months into the Biden regime, it's become clearer."

[_naturalnews.com/2021-08-02-cdc-pushing-nation](https://www.naturalnews.com/2021-08-02-cdc-pushing-nation)

Pre-crime - FL sheriffs to use - Expect this to tag with vax status for arrests

<https://www.techdirt.com/articles/20210724/15223647236/florida-sheriffs-office>

SARS-CoV2 - No isolates of virus - CA gov admits in Alberta, CA case

https://brandnewtube.com/watch/alberta-ends-all-mandates-thanks-to-a-patriot_ECbYD3gKfYT3iO3.html

Mercola -

Dr Mercola is removing ALL his videos and articles from his website, and any articles he publishes in the future will also be removed within 48 hours!
Mercola was listed NUMBER 1 in the Biden Administration's 'Dirty Dozen' of health and COVID truth-tellers.

This is a DESPERATELY sad day for free-speech folks!

https://youtu.be/dILSt_EQgNM

Kids - Near Zero risk, still masks

<https://www.naturalnews.com/2021-08-03-covid-mortality-children-zero-scientists-push-masks.html>

Kids - CDC finds 397 with myocarditis

<https://www.naturalnews.com/2021-08-03-children-diagnosed-with-myocarditis-after-covid-vaccination.html#>

<https://beforeitsnews.com/eu/2021/08/nac-is-the-ticket-2675258.html>

Ireland - admits SARS-Cov2 does not exist

<https://www.bitchute.com/video/ScDhkApVJMbd/>

Dr. Judy Mikovits - On why there is no isolate for the SARS-CoV2 virus

<https://www.brighteon.com/dc43ea4a-e64b-42a4-8737-1efb436751b5>

Unvaxxed denied medical treatment

<https://www.naturalnews.com/2021-08-05-morgan-calls-for-unvaccinated-to-be-denied-treatment.html>

Fauci - 90% to be vaxxed

<https://www.naturalnews.com/2021-08-05-fauci-says-90-percent-vaccination-necessary-herd-immunity.html>

Sweden - 5 shots of vax necessary

<https://www.infowars.com/posts/swedish-professor-says-5-shots-of-covid-vaccine-may-be-necessary/>

Unvaxxed - pariahs

<https://www.naturalnews.com/2021-08-05-your-kind-arent-welcome-here-unvaccinated-people-now-treated-worse-than-blacks-bigotry-racism.html>

Doomsday Variant looms -

<https://www.newsweek.com/2021/08/13/doomsday-covid-variant-worse-delta-lambda-may-coming-scientists-say-1615874.html>

AU - Total police state

<https://www.infowars.com/posts/these-videos-prove-australia-is-a-tyrannical-police-state/>