The Department of Defense and its Pandemic

By Steve Martinot

It is characteristic of war that its meaning does not emerge from its engagement, but only later, when the actual terrain, and the meaning of that terrain over which it is fought, is revealed. Its meaning will define itself through two disparate unknowns, what the victor and its supporters will say about the war fought, and what everybody else will say about the death heaped upon the vanquished, and the misery confronted by them. The account of the victor will have a certain dominance, though others will turn against it out of horror at the devastation.

Around the Covid pandemic, the sides have been drawn, though there is no victor yet. The terrain over which this war is being fought is the relation between science and social control. The first documented evidence for the existence of this terrain occurred in a lawsuit filed in January, 2021, against Pfizer, by an employee of a Pfizer subcontractor. It charges Pfizer with substandard or non-existent testing of the vaccine's safety and effectiveness, complete with data of such failure and reports of having informed the company of having defaulted on its agreement and responsibility. Ultimately, the plaintiff charges that the people of the US, as well as the government, were being lied to when given assurances that the vaccines had been fully clinically tested. Our first task will be to understand the contract.

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The suit was filed against Pfizer by Brook Jackson, a professional inspector of biochemical and pharmaceutical production processes, with over 15 years of experience working with clinical trials. Her job was to oversee, note, and report all failure to fulfill the required safety and effectiveness conditions and practices for the production of a vaccine. Her claim was that the government was not getting what it paid for from Pfizer. During her month on the job, she noted the egregious absence of such protocols and requirements needed for FDA approval of the pharmaceuticals. After repeatedly informing her employer of poor laboratory conditions, insufficient patient safety concerns, and data integrity issues, she filed suit against her employer, Ventavia, and Pfizer itself. Her suit affirmed that the defendants failed to live up to the safety and effectiveness conditions required by law for pharmaceuticals. [Case 1:21-cv-00008-MJT filed 01/08/21, Document 2, in US District Court, Beaumont Division, Eastern District of Texas]

By providing documents indicating the company had falsified reports, committed blind trial failures and staff falsification of data, [op.cit., Document 2, pp.5-8] she assumed that Pfizer had been contracted to produce pharmaceuticals that would meet statutory standards for purity and safety in order to qualify for FDA authorization. Finding fault in what passed for clinic trials, and with respect to testing for safety and effectiveness of the product, she sought to protect the government from the fraud that she noticed, and itemized in her complaints. Her suit, in the interest of the government, was filed under the False Claims Act of 1863. That law had been passed during the Civil War to defend the government against defense contractors who provided defective weapons and other materiel. Historically, the act was designed to protect against people like JP Morgan, who made his start selling non-working guns to the union soldiers.

Pfizer countered Jackson's argument by saying, with evidence, that they could not be defrauding the government because the government knew there were no clinic trials and no safety regulations mentioned in the contract involved. No testing was required. And Pfizer offered in evidence the text of a contract between the DoD and Pfizer which stated as much.

Furthermore, the government was fully aware of that fact, as was Ventavia. Only Jackson was left in ignorance. Indeed, the documents offered by the defendants (DoD, Pfizer, etc.) proved that the DoD was the key to government pandemic preparations.

It is worth mentioning that a number of cases involving state agencies had attempted to sue the pharmaceutical industry and the government on similar grounds as Jackson. All were simply thrown out of court. Jackson's case stands out by the fact that it produced DoD documents that reveal what underlay the suspicions generated by the dismissal of those other suits.

In short, the deal was with the DoD, and not with the people of the US.

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Before we get to that, there is an additional factor that needs to be mentioned. At the time the suit was first filed in 2020, all records of the suit were sealed, together with its evidence, by the court at the behest of the FDA. This will offer some insight into government attempts to keep such things out of the public eye. It would claim that it would disrupt the government's account of the pandemic.

However, Jackson had given the BMJ (British Medical Journal) lots of evidence of the misconduct she observed by Pfizer and Ventavia. And she wished to have her suit reinstated. In this, she was assisted by the Children's Health Defense Fund, and the BMJ. [childrenshealthdsefense.org/defender/judge-evidence-pfizer-whistleblower-lawsuit/] Thus, a judge acceded to unsealing the records on Feb 10, 2022,, permitting the suit to proceed. Nevertheless, the court found for Pfizer. That is, it affirmed that Pfizer was under no obligation to undergo clinical testing of its product for the DoD.

In her appeal, Jackson had said:

> **"From 2020 to the present, Defendants (Ventavia and Pfizer) knowingly made, used, and caused to be made and used, false records or statements that were material to false and/or fraudulent claims paid or approved by the US [DoD]. These false records or statement include the clinical trial protocol Pfizer submitted to the US and the falsified source documents and data behind Defendants' trial results. … The US DoD would not have paid Pfizer if it knew that the clinical trial protocol was not complied with … because the protocol violations call the integrity and validity of both the entire clinical trial and Pfizer's EUA into question."**

The EUA (Emergency Use Authorization) will be discussed below.

The Contract

In contracting with private firms for products, the DoD used a front group as its representative or agent. It is called Advanced Technology International (ATI), and its role is to keep the relation with said firm (Pfizer in this case) privatized. That is, its role is to avoid the government's seeming to do business with itself as a government agency. Payment for the Pfizer contracts go to ATI and not to the pharmaceutical company. This is part of the DoD's maintaining ownership of the product it purchases from Pfizer (et al).

The Pfizer contract manifests itself through several stages. Its first stage is called "Base Agreement Between Advanced Technology International (ATI) and **Pfizer, Inc**." [File: "Case 1:21-cv-00008-MJT Document 37-1] Immediately under that title, it states its legal authority:

“Authority: MCDC Other Transaction Agreement (OTA) No. W15QKN-16-9-1002 and 10 U.S.C. § 2371b, Section 815 of the 2016 National Defense Authorization Act (NDAA), Public Law (P.L.) 114-92. “

As it says, the general name given here for this type of agreement is an “Other Transaction Agreement” (OTA). And this is important. An OTA is a category of agreement that authorizes the DoD and the Health and Human Services (HHS) to contract and pay private corporations to produce things for the government. When an OTA is used, all public knowledge of what is being contracted, including lists of ingredients, descriptions of production methods, etc. are to be denied for five years. Even FOI requests are to be denied. In other words, it is all classified information under the National Defense Authorization Act (Section 815). In effect, as part of contracting Pfizer to produce a product for the DoD, in the very heading of the document, the concept of "classification," “national defense,” and a form of secrecy that takes priority over international copyright laws are all rolled up in a special form of contract agreement.

The DoD branch for which this particular product required an OTA contract is called a “Medical CBRN Defense Consortium” (MCDC). "CBRN" stands for “Chemical Biological Radiological and Nuclear.” And MCDC signifies a "consortium" of industries (such as pharmaceutical, and biochemical) to produce products for the Government with respect to medical matters – those involving chemical, biological, radiological, and nuclear issues. As a consortium, it does private research and development for the DoD (generally in terms of weaponry for its wars). Indeed, the OTA proposed in this contract focused on Pfizer conducting Research and Development into “medical, pharmaceutical, and diagnostic technologies to enhance mission effectiveness of military personnel” (Base Agreement, p. 7).

The “base agreement” between ATI and Pfizer was for the purpose of producing a "prototype." The contract did not provide for holding valid or clean clinical trials because its attention was elsewhere, in contracting Pfizer to produce a "demonstration" of a large production of such a "prototype." That is, the DoD was primarily interested in the ability (corporate capacity) of Pfizer and other pharmaceutical companies to produce in large quantities. Once convinced that the pharmaceutical company had the capacity that DoD required, the DoD would then issue a Technical Direction Letter (hereafter “T-Letter) to ATI to sign a contract with Pfizer. In this T-Letter, the Scope of Work would be given, and the "demonstration" of its industrial capacity to produce 100 million doses of its "prototype" medical product would begin.

The intent of this *prototype* project is to *demonstrate* that Pfizer has the business and logistics capability to manufacture 100M doses of its currently unapproved mRNA-based COVID-19 vaccine for the Government, using the Pfizer/BioNTech unique mRNA delivery system and its associated cold chain requirements, under pandemic conditions. (T-Letter, p. 4; my emphasis)

Here we see the military mind at work. The mRNA is a “delivery system,” to be guaranteed under adverse conditions. In addition, a prototype is just a test. It is not an end product. No clinical tests on this "unique" vaccine were required in the OTA contract with Pfizer.

The Government requests that a Firm-Fixed-Price Project Agreement be issued to Pfizer, Inc. to award this proposal under Other Transaction Agreement (OTA) W15QKN-16-9-1002, to be performed in accordance with the attached Government Statement of Work (SoW).

[T-Letter, p, 1]

This prototype project aims to significantly accelerate and secure US access to this promising medical countermeasure based on domestic manufacturing. [T-Letter, p. 4]

So here we have the genealogy of the Pfizer vaccine. It was not considered a pharmaceutical, but rather the prototype of a ***countermeasure***. In military terminology, as quoted

above, a countermeasure is to be a technology "to enhance mission effectiveness of military personnel."

> **Section 1.03 Scope: The Government in conjunction with the MCDC member entities shall perform a coordinated research and development program designed to support the DoD's medical, pharmaceutical, and diagnostic requirements as related to enhancing the mission effectiveness of military personnel. [Base Agreement, p. 11]**

In common parlance, this would generally name a form of weaponry.

The Court Rules against Jackson

In its response to Jackson's suit, Pfizer presented as evidence of non-default toward the US government the text of its OTA, in whose terms it was only contracted to produce a prototype of a countermeasure for the DoD. And it had, in fact, faithfully done so. In ruling against Jackson on March 30, 2023, the court was ruling that Pfizer was right, and that it had no necessity to provide proofs of safety or effectiveness under its contract with the DoD. And, in fact, no clinical data concerning the safety or effectiveness of the vaccines exists.

Similar OTA agreements by the DoD were also reached with Moderna, J&J, and AstraZenica, to produce other prototypes, also for use as countermeasures. In general, there are now 150 OTAs in existence, amounting to $5.8 Billion to date. (Bloomberg) These provide key revenue streams for military contractors or consortia, the continual support for the "military-industrial complex" that elevates the budgeted dark money to the astounding heights that it reaches in the US.

It was to provide for the implementation of just such an agreement that the OTA had been established by Congress in 2015. "Other Transactions (OTAs) are legally binding contracts that are generally exempt from federal procurement laws and regulations" (T-Letter, p7). Its purpose was to allow a legal avenue for producing things that might be otherwise illegal under international (treaty) law.

The OTA, the contract under which Pfizer and other pharmaceutical companies produced vaccine for the government, had no requirements for clinical FDA tests for safety or effectiveness.

The DoD's purpose

The DoD, in contracting with Pfizer and other pharmaceutical companies, was ostensibly confronted with a general health issue among the civilian population – "ostensibly" because the health emergency had just been called by the WHO. And time and again, it prioritizes its military personnel. In other words, it appears to be primarily interested in protecting its soldiers against the effects of the virus. The parameters that the DoD used to define the product it had in mind were also military. It already viewed the vaccine in terms of the manufacturer's assurance of the product's capability as a "state-of-the-art candidate. It even paid rhetorical obeisance to the vaccine providing revolutionized protection. And it gave recognition to the product's protein-free lipid nanoparticle, which was believed to abolish the risk of anti-vector immunity. (T-Letter, p3-4)

"Anti-vector" immunity refers to the body's defense mechanisms against any foreign invasive matter, which would have included the mRNA molecule injected into the patient as a

"vaccine." In the technology of this kind of "vaccine," the mRNA molecule is embedded in a lipid (fat) particle that will allow it to pass into the cells of the body free from interruption by the body's immunological.

What appears to be missing in the T-Letter awarding Pfizer this contract is any provision for future civilian use, whether of the "vaccine" or of its alterego as a countermeasure.

> **In accordance with 10.U.S.C. 237 lb(f), and upon a determination that the prototype project for this transaction has been successfully completed, this competitively awarded prototype OTA may result in the award of a follow-on production contract or transaction without the use of competitive procedures. [T-Letter, p. 2]**

In other words, there will be no private or public bidding on the future contracts for the production of this vaccine; the DoD will keep its hands on the resulting product, and will be careful to whom it provides the results of its contracted research and development. What DoD is interested in is the business end of the contract. As quoted above: "**The intent of this prototype project is to demonstrate that Pfizer has the business and logistics capability to manufacture 100M doses of its currently unapproved mRNA-based COVID-19 vaccine for the Government." [T-Letter, p. 4]**

This implies that whatever company gets the permit to continue production of the vaccine for the public, it will only have the background data that the DoD decides to given it, and which will not contain any testing of safety or effectiveness. Or, in other words, whatever data the government may claim to have access would be purely fictional. Indeed, any public information concerning this "project" (licensing civilian production of the vaccine) was subject to DoD control.

> **11.11 Announcements. Neither Pfizer nor the Government shall make, or permit any person to make, any public announcement concerning the existence, subject matter or terms of this Agreement, the transactions contemplated by it, or the relationship between Pfizer and the Government hereunder, without the prior written consent of the other.**
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> **[T-Letter, p.25]**

And yet, the contract makes provision for FDA approval. It was later stated, in the Technical Letter, that the product produced by Pfizer was to be a Covid vaccine.

> **1.2 Scope: The scope of this prototype project is the demonstration by Pfizer of the supply and logistics capability to manufacture and distribute to the Government of 100M doses of a novel mRNA-based vaccine that has received FDA-approval or authorization based on demonstration of efficacy (hereafter FDA-approved or authorized). [T- Letter P.10]**

So we must to ask, in what sense is the FDA going to give approval (under its own statutes) to a biological for which it knows that no clinical testing was required?

This takes the discussion of what Jackson's suit unveiled in a different direction. The Congressional legitimization of OTA contracts by law in 2015 authorized the Secy of Defense and the Dir. of HHS to sign contracts with private corporations to produce prototypes that would be classified as countermeasures. When distributed for use (in an alleged public health situation), a product produced under an OTA still had the character of a countermeasure. Since no clinical testing was required, this countermeasure would not meet the legislative standards of a pharmaceutical product. And that means that, first of all, safety and purity conditions could not be guaranteed by the government; and second, that the possibility of liability is waived. And this is a key issue. Through the OTA process, the government was relieved of any liability with respect to protection for the public on "pricing, competition, and access." The OTA type of contract was established by Congress to suspend oversight and liability.

For a pharmaceutical, civilians have the right to sue for injury or death in the case of adverse effect. But for a biological product to be liable to civilian legal complaint for injury, it

would have to pass full FDA clinical testing as a pharmaceutical. But categorization as a prototype, and being given legal contractual status through an OTA, because they obviate the need for clinical testing, leave those subjected to the vaccine without recourse in the event of adverse effect.

In light of this fact, Congress had also established an Emergency Use Authorization (EUA) to exempt the manufacturer of any such prototypes from any liability with respect to their use. Under an EUA, the manufacturer could waive the safeguards of original FDA regulations and statutes. And withdrawal of "emergency" products from statutory regulations was considered necessary in order to exempt the manufacturer from suit by injured citizens – especially in the case of a bioweapon.

In the case of the Covid vaccines, the FDA became involved in order to grant use authorization for the product. An EUA was to be issued by the FDA under the conditions established by the OTA. In other words, the FDA wasn't cut out of the process altogether. It was simply made subordinate to the DoD. Its job was to issue permits authorizing countermeasure use under the cover of an EUA.

The constitutional basis on which this EUA could be manifest depended on the difference between who signed the contract (OTA), and for what. The difference lay in whether the product could be held under contractual authorization or statutory authorization, which amounted to who had standing to sue for damages. Under contractual authorization, only those signatories to the contract had a right to demand civil damages in cases of injury or death, whereas under statutory authorization, anyone in the US could sue for damages. Because the OTA limited liability to the signatories to the contract, only those signatories had "contractual authorization" to sue for damages.

This meant that, if anyone got sick or died when administered this vaccine, no one would be responsible. The Scope of Work (SoW) in the T-Letter confirms that. It states that the "product" has to be compliant only with the standards of the producer, not with those of statutory law.

It is the contrary that is obviated. Were clinical trials to be held with full attention paid to purity and safety in order to gain fully regulated authorization by the FDA, the product would not be exempt from possible suits. But contracted through an OTA, and distributed by the FDA under an EUA, the product was exempt. And the result is that nobody is talking about the adverse stuff associated with that vaccine.

The DoD holds tight to its property

Under its OTA and its implementing EUA, any pharmaceutical material that gets independently studied or even misplaced can be considered stolen material, a theft of federal property. For that reason, it is difficult to independently investigate anything. Not only can the DoD hide everything concerning its contractors, it can charge any independent research or data as "misinformation." Thus, the DoD has complete control over its prototypes, even to the point of how its product vials are labeled. There is no necessary connection between the label and its contents that can be checked out.

This causes serious problems for the medical profession. What hampered doctors from studying and diagnosing the causes of their patient's ailments was their inability to ascertain what was in the vaccines that had been administered. Without knowledge of the contents of what

was injected as a vaccine, adverse events occur for which a doctor may be at a loss as to where to start helping the person. Because the vaccines were produced under OTA contracts with the DoD, the actual contents of each vial, let alone their uniformity of ingredients, was beyond the information available.

Those made sick or suffering physiological injury from the vaccine (and Jackson's suit indicated that such was too often the case) are doubly vulnerable, first through injection of un-tested substances, and second, through information withheld from caretakers and physicians. It is the government that has insulated itself from possible claims to injury. Thus, from the government's side, an OTA allows purchases of products by the DoD without any oversight, and with no quality control. And an EUA allows for the distribution of a product in violation of federal laws and standards through its liability waiver.

Without clinical testing to provide US statutory authorization (waived under its OTA contract), the substance of the vaccine, when distributed around the world, was still excluded from public information. Searches for comparable data in the EU found that BioNTech had been assigned the same serial number as Pfizer (BNT162b2), and that it too had been exempt from any safety testing for the product. [***Science,*** 2021, Dec. 17] It followed logically that dissemination of all data concerning the production, ingredients, liability, and access to the product would also be barred.

It is at this point in the unfolding of the pandemic that some people ask, suppose 100 are saved for every adverse effect that resulted in death, as recorded in the initial distribution of the vaccine; would that not make it worthwhile. The problem with that argument is that it compares a known degree of toxicity in a medical procedure with an unknown and hypothetical degree of salutary effect. In other words, if 100 people are subjected to an injection of a supposed vaccine, and live, one can only hypothetically attribute their survival to the vaccine. What kept them alive can just as logically be attributed to the strength of their innate immunological system. Nothing is proved by such a conjecture, except that a certain toxicity to the injection is assumed. And on the other side, to attribute the survival of the 100 assumes that all 100 would have died without the procedure, which is illogical.

Ultimately, the fact that such authorization was secondary for both the DoD and Pfizer was the real revelation performed by Jackson's suit. If the pandemic was declared in order to create a panic throughout the world, the vaccine (countermeasure) was constituted to deal with the panic thus created. With all legitimacy waived in distributing the product, one is stuck with the idea that the DoD was only buying a (pharmaceutical) brand name to put on the prototypes for which it was contracting.

But there was also a legal problem. Though these biological products are illegal under international (treaty) law – whether as untested pseudo-pharmaceuticals or as bioweapons -- the US government has seen fit to develop loopholes in the fabric of that law, and to do what it likes – even though such desires are clearly unconstitutional (Article 6 of the Constitution sets treaties at its own level).

Pfizer's secret report of February, 2021

While Brook Jackson was getting fired for being a whistleblower, and preparing to file a full-fledged suit against Pfizer, another Pfizer adventure was in the making. In a secret memo written about the actual use of its product (aka "vaccine"), Pfizer compiled data concerning

adverse events resulting from the alleged vaccine's use. The name of the document is: "5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of Pfizer-07302048 (BNT162B2) Received Through 28-Feb-2021". [chilrenshealthdefense.org/wp-content/uploads/pfizer-doc-5.3.6-postmarketing-experience.pdf]

It is a long report, documenting the results of Pfizer's use of the prototype product over the two and a half months following receipt of its EUA. The report, finished in March, 2021, compiled data collected by Pfizer and BioNTech from Dec. 14, 2020, to Feb. 28, 2021, and was immediately sequestered at the behest of the DoD and the FDA. The world wouldn't hear about it until February 10, 2022, when the US Dept. of Justice refused to intervene in Jackson's case, and a judge released the records to Jackson, allowing her to pursue it . [case 1:21-cv-00008-MJT, Document 16.]

The data in the report has to be granted reliability, since it was from Pfizer itself. In that report, we read, "Cumulatively, through 28 February 2021, there was a total of 42,086 case reports (25,379 medically confirmed and 16,707 non-medically confirmed) containing 158,893 events." This data, then, implies that each adverse experience counted for (on average) four different aspects, or four different "adverse effects" (for instance, one event might be a confluence of uncontrollable ticks, respiratory distress, feeling generally ill, and an inability to think clearly, all at once).

An interesting aspect of the report is that the total number of vaccination cases from which its data on adverse effects (over two and a half months) were taken has been redacted out, as is any recognition that further data would be collected by Pfizer and was expected to reach a certain level by mid-year. Without that information, we have no general overview of the total number of cases of vaccination against which to judge the number of adverse events as a percentage of the total.

The report specifies the kind of System Organ Classes (SOCs) that contained the greatest number (≥2%) of events in the overall dataset. They were categorized as follows: "General disorders and administration site conditions (51,335 Adverse Effects), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal (lymph and glandular) disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and (liver-related) investigations (3,693)."

And then, the report provides a summary table: Recovering, 19,582; Recovered, 520; Not recovered, 11,361; Fatal, 1,223; Unknown, 9,400. (Unknown relates to the final date of the report, which is the end of February, 2021.) This is all Pfizer's data. It is not the invention of anyone, regardless of how critical they may be of the pandemic itself. Pfizer's patients experienced 1223 deaths, and 40,863 somatic and neurological injuries. This was before there was widespread distribution of the product (as countermeasure) to the general public. As a countermeasure, it had been distributed to seven different countries (the US and Europe). The US and England had the greatest number of adverse effects, both around 13,000.

And the report summarizes itself as follows:

> **By February of 2021, Pfizer had already received more than 1,200 reports of deaths allegedly caused by the vaccine and tens of thousands of reported adverse events, including 23 cases of spontaneous abortions out of 270 pregnancies and more than 2,000 reports of cardiac disorders.**

The cardiac disorders have since become famous as the primary suspect in adverse effects of the mRNA vaccine. Especially dramatic are the incidents of people simply falling down dead in the midst of activity (some were actually of TV personalities, seen collapsing in the middle of a show). The cardiac disorders mostly consisted of myocarditis cases resulted from inflammations of the heart's capillary system and leading to oxygen deprivation to part of the heart. These capillary inflammations were caused either by the mRNA itself or the spike protein that the mRNA served to have produced and which had then been released into the blood stream, or by some other unnamed or unidentified ingredient in the vaccine. [globalresearch.ca/covid-19-vax-destroys-hearts-brains-billions-peope-dr-sucharit-bhakdi/5797754]

One clue to the emergence of this phenomenon is given by Dr. Byram Bridle, associate professor and viral immunologist at the University of Guelph in Ontario. "We made a big mistake. We thought the spike protein was a great target antigen. We never knew the spike protein itself was a toxin and a pathogenic protein. So, by vaccinating people we are inadvertently inoculating them with a toxin. … it can cause damage in our body if it gets into circulation."

In fact, the "lipid coating" of the mRNA molecule (as mentioned by the DoD in its T-Letter concerning avoidance of anti-vector immunity) was itself toxic, as reported in a paper entitled "The mRNA-LNP platform lipid nanoparticle component used in preclinical vaccine studies is highly inflammatory." [***Science,*** 2021, Dec. 17]

Some people were also recorded (on video) as developing enormous uncontrollable ticks, ostensibly from inflammation of their central nervous system. These led them to be unable to stand, nor able to control their movements. From the videos taken of their condition, they exhibit an ungodly travail, twitching and moving unstoppably shortly after having been vaccinated. Some must have recovered after a day or so (we have no data as to the extent of their reactions). But others may not have.

Insofar as the FDA acted to have the report buried, it was clearly so that it wouldn't interfere with its EUA authorization of the vaccine. Yet just fielding the information gathered by Jackson's suit would have been unwieldy without non-liability. Since the product was a countermeasure, it could not have been authorized as a pharmaceutical unless certified by legislated standards for purity, safety, and effectiveness. To have run a two and a half month experiment, and come out with 1200 death, and almost 41,000 adverse effects, not all of which were resolved by the end of the test period, is a horrendous commentary on the experiment.

Nevertheless, the product was labelled as "vaccine," and used internationally as the answer to Covid-19, It means that everyone who took a shot was playing roulette with their own metabolism.

The VAERS reports

This brings up the issue of VAERS reports (i.e. Vaccine Adverse Event Reporting System), which are actual continuations of Pfizer's secret first report. VAERS is the official system relied upon by the FDA and CDC (Center for Disease Control) for adverse event tracking. If you reported an adverse event in V-Safe, the app they told you about when you got vaccinated, you were in effect filing a VAERS report. It is supposedly the most comprehensive accounting of such events in the US.

For instance, as a follow-up to the perinatal data contained in the secret Pfizer report, “2,433 Dead Babies in VAERS” were reported, showing that mRNA shots were not safe for pregnant women. [https://healthimpactnews.com/2021/2433-dead-babies-in-vaers-as-another-study-shows-mrna-shots-not-safe-for-pregnant-women/] In addition, there was an article entitled “VAERS Covid Vaccine Data Show Surge in Reports of Serious Injuries, as 5-Year-Olds Start Getting Shots.” [https://childrenshealthdefense.org/defender/vaers-cdc-covid-vaccine-data-injuries-5-year-olds/] And funeral homes reported a 20 times increase in perinatal deaths since the middle of 2022. [https://stevehirsch.substack.com/20x-increase-in-perinatal-death-rate/]

Or as another instance, a website known as Trial Site News asks the question, “Why Won’t the CDC or FDA Reveal the VAERS Vaccine Underreporting Factor”? The public health argument they advance is that low reporting rates preclude or slow the identification of “problems” -- drugs and vaccines that endanger public health.

Needless to say, Jackson’s observations put this in a different light. She had not only witnessed data invention, and not simply mistakes or exclusions, but her observations provide reasons or even evidence for prosecuting the pharmaceutical company as a result. And that, of course, raises the question; if the pharmaceutical industry was so adamant about omitting certain data from the earlier results of product use (leading to Jackson’s suit), would they have gone ahead with it without official protection against liability?

The first thing to know about VAERS is that it is always underreported. That holds true in general, for reports on all vaccines. People encountering adverse effects in themselves after vaccination (any type of vaccination) often will not file. The question is, by what percentage? And that question marked one of the first public controversies concerning the safety of the Covid-19 vaccines. It became "spectacular" because of videos gone viral reporting uncontrollable ticks, with attendant attempts at suppression of them. [rumble.com/v1wac7I-world-premier-died-suddenly.html]

The managers of the VAERS system itself, in an early admission (co-managed by CDC and FDA), agree that “fewer than 1% of vaccine adverse events are reported”. [https://trialsitenews.com/why-wont-the-cdc-or-fda-reveal-the-vaers-urf/; also https://www.armstrongeconomics.com/international-news/medicine/vaers-admits-fewer-than-1-percent-of-vaccine-adverse-events-are-reported/?__cf_chl_jschl_tk__=pmd_i7m8uABgN4dgLi3EsCOPInCSmSR5EEn0Eixdv_GxBxA-1635427654-0-gqNtZGzNAtCjcnBszQpR]

And on the other hand, there was the suppression of Deborah Conrad, a nurse, who was told to resign her position of 17 years in her hospital because she insisted on reporting adverse events to VAERS. [https://www.bitchute.com/video/jX9oL64Gpxiu/] It is no wonder that the government attempted to dissuade nurses from registering those with adverse events. It would possibly have revealed that the government was stacking the data on the effects of the vaccine.

One statistic stood out, the number of heart attacks in the population; in particular, myocarditis conditions (inflammation of the heart). And what seemed constant in this particular statistic was the absence of prior symptoms. [globalresearch.ca/pfizergate-official-government-reporta-prove-hundreds-people-dying-every-single-week-due-covid-19-vaccinations/5790262]

In a celebrated case, the princess of Thailand, some three weeks after being given a Covid booster, and complaining of not feeling well, on December 14, 2022, lost consciousness

and fell into a coma. The royal family originally said it was a "heart problem." Some doctors claimed it was the result of a heart infection. Others said that was impossible since it lasted for months under intensive care. Professor Sucharit Bhakdi, a world renown immunologist, diagnosed the princess as having an adverse reaction to the Covid vaccination booster. And he was quoted as saying: “safety pharmcological studies were never performed – never. And they were never deemed necessary.” [dailytelegraph.co.nz/world/thai-princess-coma-mystery-world-expert-says-its-a-covid-jab-injury/] At the beginning of March, she was still in a coma under Intensive Care at the hospital. After that, there has been no news. The Royal family was quoted as saying it was cancelling all contracts concerning the vaccine.

Doctors raising questions concerning myocarditis were attacked for disinformation, especially those who demanded answers. Some had their licenses revoked or suspended (cf. the case of Stella Immanuel). Doctors from other countries reported adverse effects, and held conferences to break the censorship they found themselves subjected to by the media (e.g. Doctors for Covid Ethics). [doctors4covidethics.org/gold-standard-covid-science-in-practice-an-interdisciplinary-symposium-v-in-the-midst-of-darkness-light-prevails/; See, also Globalresearch.ca/what-happens-when-doctors-buck-government-narrative-on-covid/5758763]

And the questions they were asking were why previously healthy people would suddenly succumb to massive reactions within days of being vaccinated? The primary factor was temporal proximity to the act of being vaccinated, which was essentially subjective. Nevertheless, in October, 2021, the European Union database of suspected drug reactions reported 27,247 deaths and 2,563,768 injuries following Covid-19 injections. (Brian Shilhavy, Health Impact News, 2021)

A number of medical journals eventually started to join the flood of questioners, offering partial data that grew until the end of the pandemic. The October, 2021, issue of the *New England Journal of Medicine* admitted that the original study used to justify the CDC and the FDA in recommending the shots to pregnant women was flawed. [https://www.nejm.org/doi/full/10.1056/NEJMx210016?query=recirc_curatedRelated_article] The Journal of the American Medical Assoc. in Europe reported a large increase in myocarditis cases over 2020 and 2021. [jama_oster_2022_myocarditis-oi_210145_1647635624.12259.pdf]

By September, 2021, the issue had gotten out of control. Dr. Jessica Rose testified at the U.S. Food and Drug Administration’s Vaccine and Related Biological Products Advisory Committee meeting that underreporting, which was not considered in the VAERS data, was a serious issue. She analyzed the overall death count, and found that the number of fatalities after COVID vaccines were given was higher than the number of reports to VAERS of deaths after COVID vaccination. ”[https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_0490c898f7514df4b6fbc5935da07322.pdf]

Science vs. Social Control

Thus, two different sets of data entered the world, one with government sanction and government assurance that its knowledge concerning Covid, both fatalities and vaccine safety, were correct; and the other from thousands of "elsewheres" in the world, viz. scientific, heuristic,

narrative, and skeptical. Both sets of data appeared in the form of an "unknown." The government's was unknown simply because it came from rhetorical assurances from the government, and was accompanied by the suppression of alternate views. The other source, disparaged regularly by the US government as dangerous and misleading, laid claim to case evidence, occurrences outside and beyond the limits that "government science" would allow, and personal experience. It demanded openness, dialogue, real scientific investigation into the vaccines, with repetition of experimental procedures, and questioning.

So we can ask, what is the meaning of this doubled symbolisms of the "unknown;" a data set called in question by its refusal of questioning, and a problem called in question by the fact that its data has been declared illegal.

The nation faced the quandary in attempting to study a problem scientifically where the data needed was classified. It presented the US population with an "Assange" situation. In the files on Iraq revealed by Wikileaks, Iraqis who were being killed by US directives had no control over what was happening to them. Similarly, as the pandemic progressed, the people of the US were being killed by policies with respect to which their only access was punishment for disobedience.

Each side has aimed at a different aspect of the situation, the one looking at the limitation of social life as outlined by government, and the other looking at the limitation of government as the source of having to live in acquiescence without questioning. Each side represents a different dimension of society, the first advocating acquiescence and the second defending its freedom against suppression of its critical stance. The one depends on the "unknown" to buttress its claim to advocating life, and the other seeking to throw off the "unknown" it has been forced to live under, and know the world through its all-too-human questioning.

If the meaning of this conflict lies between those two sides as endpoints, then this situation most likely names a complex form of social control. If no meaning can be identified as emergent from this antithetical structure, then autocracy and all its extreme actions become the context for all of our social roles.

This is what a number of researchers have encountered as the insular character of the entire vaccine-production process. For instance, there is the testimony of a former safety inspector of pharmaceuticals, Alexandra "Sasha" Latypova. She started investigating VAERS reports, looking at lot numbers of Covid Vaccines that appeared to have a noticeable number of adverse effects, and even deaths. For a particular lot number of Moderna, for instance, she found that a large number of allergic reactions were reported. On her account, the normal procedure by an inspector was to flag the lot number, indicating to the manufacturer that something was wrong. And the manufacturer would then ordinarily recall the entire lot. When she flagged the lot in question, nothing happened; the vaccine continued to be shipped and used throughout the US, and in other countries. And she discovered that some 55 people died as a result of the use of that particular vaccine lot. For Latypova, that meant that the company was guilty of murder. [rumble.cp,/v2df7hg-militarized-healthcare.html]

In pursuing the questions this raised for her – viz. why this level of corruption, and for what was it necessary? – she encountered Jackson's adventure with violation of the False Claims Act. Given Jackson's relation to similar data, which fell within the purview of the vaccine's initial trials, it suggested to Latypova that all the data concerning the vaccines and their distribution needed to be put under serious study and critique. She quickly dismissed the idea that the corruption she encountered was simply for profitability. A pharmaceutical company

would only have to use a placebo for testing to get zero negative results. As a result, she reasoned that something else, something of a political nature, was driving this health emergency.

Indeed, from the very beginning, during 2020 and 2021, a number of suits were filed in federal and state court claiming that the federal government had overstepped its own power in mandating social distancing, lockdowns at home (a form of self-house arrest), and getting vaccinated as required by employers. These suits were all looking for that "somethng else" that would make sense of the pandemic as it was given to the nation. These suits were simply dismissed by federal judges. [youtube.com/watch?v=i9cmYNRgXXg] The need for consent on all such issues was simply swept aside. Lists by state have been compiled. [ballotpedia.org/lawsuits about state actions and policies to the coronavirus pandemic #noteworthy lawsuits] Were the judges in every state aware of the waiver of liability under the EUA agreements of the DoD? If they were simply following the law, how come the law was not made public with respect to such cases? Perhaps that would have blown the government's cover, that it was lying about the safety of its vaccines.

Different websites have carried alternate information, and alternate approaches to the politics of this pandemic. And have continued to make their data public, despite attempts to stop them. We could list Global Research (in Canada), Health Impact News, Children's Health Defense, Steve Hirsch on his Substack blog, Doctors for Covid Ethics, David Martin's web page, and others. Most European countries are now limiting their vaccines to people over 60. The controversy over different estimates of how many adverse effects of the vaccines were actually reported grew and expanded. These estimates were argued on marginal webpages, or from the perspective of investigators themselves, etc. They vary widely, and will no doubt continue to do so until there is full disclosure by the government, including the World Health Organization.

What was indeed scandalous about the cases of death that occurred in temperal proximity of vaccination was the absence of any autopsies, as if the cause of the ailments resulting in mortality could not possibly have been observable in the bodies of their victims. When autopsies were finally done by doctors in Europe, very strange looking clotting in the heart muscle was discovered. [globalresearch.ca/pfizergate-official-government-reporta-prove-hundreds-people-dying-every-single-week-due-covid-19-vaccinations/5790262] Some of these facts were revealed to the public in a conference organized by Doctors for Covid Ethics. ["In the Midst of Darkness Light Prevails, Dec. 10, 2022, panel 2, Philip Kruse.]

The question of censorship

We have moved from the raw data of Jackson's suit against Pfizer to the issues as they have appeared and disappeared in our world of reality. And we have touched upon what should have been the tip-off all along concerning the depth of the problem. That tip-off should have been obvious; yet too often, what it implied was accepted as necessary. It was the question of censorship. When censorship makes its entry onto the stage of life, science takes an exit. It was the censorship, the accusations of misinformation, and disinformation, that both disparaged the minds and intellects of the people, and hid the machinations of the elite, the DoD, the director of HHS, and their structures of control. Behind a demand for acquiescence without request of consent, a political purpose had to reveal itself.

In science, there is a dependence on repetition, an ability to repeat experimental results in the face of dialogue and questioning of original results. Its purpose is to to test (as opposed to "prove") the validity of original conclusions. Science does not depend on assertion by individuals, and even less on the suppression of questioning by individuals. Any campaigns to guard the populace as well as the researchers from hearing the questions or the contrary assertions, those that raise alternate issues or alternate data, do the people an injustice. Science depends on embracing dialogue in all its aspects. [Cf. John Hamilton, "The Covid Vaccine: And the Silencing of Our Doctors and Scientists," Amazon Digital Services, LLC, 2023]

Health is an issue of science. More research into the human body, or into the mammalian body, and how it protects itself from ills that come from the environment involves scientific investigation, is necessary if the human immunological system is to be assisted in caring for itself. "Health care," which is a social rather than a biological issue, involves knowledge gained from scientific research that is put into practice. The bridge between those two areas of endeavor is political. It involves money spent for social programs, regulation of how the science is implemented, and protection against those who misuse the science for their own profiteering.

When and if the government, which is supposed to protect people's health care, becomes an agency bent on gaining power through its responsibilities toward the people, then we confront a form of social control. And in this case, it is a social control in the name of health care. That is, health care is being used to turn whatever science is involved in that caring protocol into a political issue.

In the case of the Covid pandemic, the government decision to get everybody vaccinated without answering any of the questions being raised (whether by Jackson or any of the other investigators or researchers), nor answering the skepticism concerning the absence of clinical trials and clinical data, could only be in the interest of social control. That is, it shifted the question of whether the vaccine was safe and effective (which was unknown in the absence of clinical testing) to the question of what the government interest might be – that is, what form of social control it envisioned.

For instance, the government assured the people that masks would prevent the virus from spreading to other people, yet that was eventually shown to be not true. Indeed, we now belatedly have data from England (GB News: Mark Steyn; "Nothing to See Here") that "the European country with the lowest vaccination rate has the lowest excess mortality rate (the rate people are dying above the average death rate for pre-pandemic years), and the country with the highest vaccination rate has the highest excess mortality."
[bitchute/com/video/LyKramdpLyLR/]

And the scandal has been that, though many people were being injured or worse by the vaccines (and other procedures, such as ventilators), no one had any recourse except outright refusal. And refusal ceased to be a possibility as soon as it meant non-acceptance into a program or non-employment on a job. In other words, whether legal or not, such activities when supported by government made censorship (especially in this practical sense) a matter of life and death.

What must eventually be obtained from the government in terms of transparency is how many people were killed by the vaccine. That fact is what really hangs over the entire pandemic. It is a question begged by government politics and government opacity of data, as well as all critical knowledge with respect to the social (or socio-political) aspects of the disease. It is an

aspect to which people blind themselves by claiming to follow the science in obeying the government's mandates rather than questioning them.

In effect, the fact of censorship should have been the open window for those thinking critically about the pandemic. This would apply not only to government and to politicians trying to look decisive; it would also apply to major media, to social and religious organizations, and to schools and bookstores. It would also apply to the erstwhile "left," that stratum of society that generally tries to exercise critical attitudes toward the government. Yet the "left" generally fell in line with government demands for regimentation. Keith McHenry, a stalwart of opposition to government totalitarian operations (as the founder of "Food Not Bombs"), was one of the early voices against the unitary acquiescence to government edict by movements and social justice groups. He noticed that both the "left" and the "right" seemed united as government advocates and defenders.

Nevertheless, there have been many independent critical thinkers who rejected the edicts, and remembered all the times the government had lied to the people (e.g. about Cuba and the need for a travel ban, about US involvement in overthrowing democratically elected governments in Chile or Indonesia, about 9-11 and "building 7," about bombing attacks that destroyed whole social infrastructures as a means of "bringing democracy" to a society, etc.). Many arrived by following the ethical proposition that "if someone lies to you every day of the year, and you know about it, and they say something today, and you believe them, you are a total utter fool."

The government made no secret of its antipathy toward alternate data, ideas, or questions, and insisted that people ignore that ethic. It relied on standard ordinary vilification or demonization, declaring alternate ideas or observations to be misinformation or disinformation. The social censorship that followed often amounted to attacks comparable to the McCarthy Era anti-communism, claiming that critical thinking subverted the government's attempt to save people. Many were labeled "murderers." Yet it was clear that the government was more interested in the politics of acquiescence than in the lives of its people.

With respect to the usual Manichean responses to the ethics of doubt, it does not mean that one disbelieves everything that comes from an official or government spokesperson. It is not necessary to ask "What percentage of government statements need to be doubted?" Doubt or disbelief is not the end of a discussion; it is the beginning. The real issue is what kind of dialogue the government is willing to enter into with respect to its pronouncements and policies. If one encounters a government account of an incident, and the government is unwilling to answer questions, whether of common sense or of expertise (for instance, the fall of building 7 during the 9-11 events), then the government is hiding something, and must be disbelieved. If, on the other hand, the government is willing to entertain all questions, to not only allow public conversation between people (for instance, over what makes sense about 9-11) but is willing to change its own thinking as a result of a preponderance of issues raised, then a democratization of understanding can be considered to take place.

But the fact that the government lies, and lies continually, requires raising the bar of belief. Sometimes that bar depends on legality. The government actually suppressed the fact that its own laws rendered its mandates illegal because the vaccines were produced not under FDA licensing but only with EUA authorization. And then it hides under the shadow its mantras, its charges of "responsibility" for the death of others. Questionable data concerning casualty figures in Italy, or in NYC, were given top billing, as if to prove "scientifically" that the disease was

fatal if not caught in time. Yet data concerning the real source of people dying (before the vaccine was introduced) were fudged, as revealed by doctors and nurses who reported on the propensity to label all hospital entries as Covid patients.
[youtube.com/watch?v=UIDsKdeFOmO]

Essentially, the government was counting on its old template from the McCarthy Era to scare the populace into thinking that the communists wanted to destroy US society through subversion, if not by invasion. It had founded an institutionality of censorship on that template at that time. It then used to make the war in Vietnam acceptable to most people (until the Pentagon Papers revealed the reality behind US policies). It continued in the same vein of censorship by barring people from visiting Cuba after its revolution in 1959. The lies told about Cuba required that nobody from the US should have the opportunity to see how the Cubans were dealing with what US colonialism had left them.

An important part of that template was the disparaging of questioning. Those who spoke about the condition of Palestinians and the reality of their apartheid situation in Israel were squelched. As with those who first opposed the Vietnam War, and those who spoke publically about the Palestinians, people who questioned the pandemic were fired from jobs, silenced about what they knew, and refused entry into dialogues on the reality of the health situation.

The existence of a cure and its political suppression

But the suppression of resources was not simply restricted to information. Before the pandemic, a number of drugs were considered useful for dealing with viral and bacterial infections. In particular, hydroxychloroquine (abbreviated here as HCQ) had shown itself to be especially useful in Africa and the tropics against malaria and sickle-cell anemia, and others. Ivermectin faced a similar fate, as did Budesonide (at first, banned, then accepted two years into the pandemic as a replacement for ventilators). In terms of its use against Covid, HCQ was found to need zinc as an essential component of the treatment (thus, we shall abbreviate it as HCQ+Z). It was therefore surprising to many doctors when HCQ was demonized, and eliminated from any possibility for use as a Covid cure.
[globalresearch.ca/media-sabotage-hydroxichloroquine-covid-19-doctors-worldwide-protest-disaster/5717382]

Once the pandemic was declared, a number of nurses and paramedics came forth and spoke about the effectiveness of HCQ+Z. The nurses who saw it used properly could not be kept totally silent. One nurse, who went to Queens (in NYC) at the early stages of the pandemic, explained that the zinc was essential for the drug to be affective. She saw cases of doctors administering HCQ without zinc, and watched their patients get worse, while those who were administered zinc with the HCQ got better in a day or so.
[youtube.com/watch?v=UIDsKdeFOmO]

One person who was irrepressible was Stella Immanuel. She was a Nigerian doctor who had moved to the US with all her medical knowledge and licensing intact, and got a job in a hospital in Houston. Once the pandemic was declared, she became quite forceful in advocating for HCQ+Z, claiming it was a cure. And she had her own data to back that up (in one film, she states, in the presence of others from the hospital, that she had had 360 patients with Covid, and had lost none of them. (She, of course, was fired, and her license suspended.)

There have since been peer-reviewed studies on the effectiveness of HCQ+Z. They essentially duplicated decades of prior experience with the drug. Despite its 20 year history of successful use against viruses, the drug is still off the Covid table.

Though the obvious reason for banning the use of such drugs would seem to be to guarantee the profits of the vaccine manufacturers, it turned out that the reasons were more at the center of the government's project for social control. In the laws giving emergency governmental measures priority, Congress included the following condition; to use an EUA for authorization of a product, the DoD had to affirm, with respect to a health situation, that no other remedy existed. Without an EUA, the vaccines (prototypes) would not have had exemption from liability. Thus, in order for the DoD to use the contracted vaccines (as countermeasures), all other drugs, such as hydroxychloroquine, or Ivermectin, had to be eliminated as possibilities. They simply stood in the way of the DoD proclaiming its prototype to be the sole countermeasure to be used.

Changes in the Governmental Structure of Social Control.

Sasha Latypova has argued [op. cit.] that the manufacture of this kind of product is very complicated, and uses special raw materials and new production methods, that sometimes fail and require that one try the experiments over again. Since the order was given for millions of copies of a demonstration product, and will cost billions of dollars, one cannot imagine pharmaceutical officials simply walking into an office and signing a contract with the DoD. It would take months and sometimes longer to complete negotiation on its terms. Yet, the government was asking Pfizer or Moderna to produce that kind of quantity of a new product in a few weeks. Insofar as that would be patently unrealistic, it meant that there was prior planning of what would be needed, and of what the government would desire from the pharmaceutical industry.

As with much of the shifting of responsibility in and by the Federal Government, to have discerned the steps and stages by which this planning, and its accompanying modes of social control, were developed and augmented, one had to be paying attention. The process of developing a legal structure through which to pre-plan a health emergency for a specific political (as envisioned) means of social control would have happened slowly. The history of those changes becomes very important. Though the legal aspect of this shift in administrative power was initiated right after the Second World War, the real history goes back to the 1920s, when the genesis of the pandemic idea grew out of the eugenics movement. [Dr. David Martin, youtube.com/watch?v=gsDIHprqI-g]

Gradually, the use of "health emergency" took a direction of its own in the 1980s, under the Reagan administration. And over the next 40 years, a structure of legislation was produced that gradually created a non-constitutional level of power.

Among a number of acts that were passed or amended that provided special powers to certain agencies or branches of government, we shall focus on the following:

(a) The Public Health Emergency Program of 1983,

(b) The founding of the National Institute of Allergies and Infectious Diseases (NAIAD), and a Presidential Directive called "Biodefense for the 21st Century,"

(c) The 2005 revisions of International Health Regulations by the World Health Organization (WHO),

(d) The National Biodefense Strategy of 2018, and

(e) The PREP Act (Public Readiness and Emergency Preparedness) of 2020.

These enactments constitute a process of evading the illegality of certain administrative procedures -- including the production of pharmaceuticals without proper safety or effectiveness testing, the production of prototypes that violate international bioweapons treaties, and the projection of executive power in violation of the Constitution. An entire pseudo-legal infrastructure has been developed. It plays a significant role in the development of alternative means of governance. They amount to stages by which the Constitution can be sidelined, in which the need for consent by the people to what the government was doing could be abridged, and by which alternate forms of social control could be brought to bear upon the general population.

a- The Public Health Emergency Act, passed under Reagan in 1983, was a modification of the Public Health Services Act of 1944. It marked the beginning of a concentration of power in the hands of the Dir. of Health and Human Service (HHS). Previously, health emergencies were scheduled to be the responsibility of FEMA (Federal Emergency Management Agency). As recounted by Texas representative Henry Gonzalez in 1996, the federal government had other plans for FEMA. In particular, FEMA was to recondition and manage a number of concentration camps (already established under the Walter McCarren Act and the Taft-Hartley Act), in preparation for a possible national emergency involving war with Nicaragua. Partially because of Mr. Gonzalez's revelations concerning these camps, the plans for implementation of FEMA's management were dropped, and the story of the camps allowed to sink into conspiracy theory status. Instead, the management of a domestic health emergency was given to the Dir. of HHS.

It is historically instructive to recognize that this reorganization of FEMA occurred at the same time as the founding of the National Endowment for Democracy, which was initiated by the Reagan administration to replace the CIA as the main US appendage responsible for meddling in the political affairs of other sovereign nations (by buying or influencing elections, for instance). Both FEMA and the CIA had suffered exposure during the previous decades for having violated international law and for having committed serious violations of human rights (for instance, the coups in Iran, Guatemala, Indonesia, and Chile; the War in Vietnam; the destabilization of Venezuela; the imposition of dictatorship in Bolivia, Algeria, Uganda, and the invasion of Panama). They were no longer considered useful for "secret" operations.

The Public Health Emergency Act established the Director of HHS as the lead office in charge of any health emergency.

b- In 2003, in response to distant outbreaks of SARS and H5N1 (identified as having pandemic potential), the Bush regime budgeted some $2 billion for biodefense. Associated with this fund was the formation of the National Institute of Allergies and Infectious Diseases (NIAID), into which a number of government agencies were transferred. In April, 2004, Dick Cheney, pursuant to a Presidential Directive called "Biodefense for the 21st Century," advanced a comprehensive framework for handling possible uses of bioweapons. Computer simulations of bio-catastrophes were organized. One was a simulation of a small pox attack called Dark Winter, enacted on computers at Johns Hopkins University. Another was the simulation (trial run) of a

coronavirus epidemic called Event 201, held in October of 2019, in which possible responses to the epidemic were agendized and studied.

This was clearly derived in harmony with the PNAC thinktank (the Project for a New American Century), which come to power with George Bush's election in 2000. Thus, it occurred in the context a geopolitical strategy already formulated by those in the group (e.g. Wolfowitz, Cheney, Rumsfeld, et al). In particular, Cheney placed Anthony Fauci at the head of NIAID as part of his (Cheney's) campaign for consolidating the health industry, from which position Fauci became a major player in the pandemic.

Fauci set himself up as head of the research project to experiment with viral "gain-of-function" at the Chapel Hill virology lab. That lab was revealed as the site of release of the Covid virus. [Dr. David Martin; palexander.substack.com/p/david-martin-huge-video-on-gain. Also see Dr. David Martin; globalresearch.ca/fauci-covid-19-dossier/5781587; and Robert F. Kennedy Jr's book on the subject: "The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health."]

"Gain-of-function" in virology refers to rendering the virus more contagious for humans, i.e. more virulent. Dr. Richard Fleming provides the UN definition of a bioweapon as any experimentation with micro-organisms that do not provide benefit for humans. [rumble.com/vwn4z7-dr-richard-fleming-testifies-bio-weapon-aka-c-19-and-the-vaccine.html]

c – The WHO created an updated version of its International Health Regulations in 2005. These (revised) regulations contain directives for surveillance, forced medical treatment, forced surgical procedures, and the power to order people into quarantine. Since the WHO is a treaty organization under the UN, what it established for itself would then hold for all signatories. They would be bound to implement these new regulations when necessary. This use of variable treaty organizations essentially puts an end to national sovereignty.

We have seen a part of the power this produces in the internationalism of the lockdown strategy deployed by the US and Europe. These new WHO regulations, as well as the DoD concept of a "prototype," that the vaccination project against the pandemic was given authorization without clinical testing for safety or effectiveness. All that was needed was a declaration of a health emergency by the Dir. of WHO, and the situation in question would supersede international and constitutional law.

d- The National Biodefense Strategy of 2018, (updated in 2022), sets the course and agenda for the US to combat real, serious, and evolving 21st century bio-threats. It places the leadership of the response to a bio-threat in the NSC (National Security Council). What the NSC requires is that people will accede to government orders, and self-regiment. When the vaccine was invented, regimentation of the people was created through fear of a "virulent" virus. The mantra of "you will be killing people if you don't accede to government mandates for vaccination and masking and social distancing" was constantly deployed.

In 2020, the US came up with terms like "asymptomatic" and "pre-communicable" to broaden its power. They allow anyone to be quarantined at the discretion of an "authorized" person whose only claim could be a suspicion that the person's existence had become dangerous to others. These terms were put into laws concerning health (USC title 42, Part G, sect. 264).

They allow a person to be treated as “non-state,” or even an “enemy combatant” during an emergency. Indeed, the slogan, “people are going to die if you do not get this done on time,” would be enough to regiment the majority, at least through stress and fear. Latypova asserts that two FDA staffers committed suicide from the pressure.
[rumble.com/v2df7hg-militarized-healthcare.html]

e- The PREP Act (Public Readiness and Emergency Preparedness) gives the Dir. of HHS the power to declare a health emergency and to dictate the means by which this emergency will be met. (42 USC sect 247) First passed in 2016, this act was amended several times. Its two major functions were to provide for liability protection for “covered persons” and to give the HHS Secretary the power to essentially direct the government during a proclaimed health emergency. The notion of "covered persons” designates someone who is named as exempt from liability for any injuries that may occur from their actions during a proclaimed health emergency.

The PREP Act was invoked on March 17, 2020, when the Dir. of HHS declared the Covid pandemic emergency, and it delineates “the activities for which the PREP Act’s liability immunity is in effect.” (Section 3) [Federal Register, vol. 85, no. 52, March 17, 2020, p. 15198-9]

And the secretary of HHS is the one who decides “under what circumstances to issue a Declaration with respect to a Covered Countermeasure.” (section 2)

> The PREP Act’s liability immunity applies to “Covered Persons” with respect to administration of use of a Covered Countermeasure. (Section 5) … The PREP Act defines Covered Persons to include, among others, the United States, and those that manufacture, distribute, administer, prescribe, and use Covered Countermeasures. … A "person" includes an individual, partnership, association, corporation, entity, or public or private corporation, including a federal, state, or local government agency or department.

With respect to the HHS Director, neither Congress nor any judge were to have the power to question his/her decisions. Neither branch of government could override them as long as a declared health emergency was in effect (which only the HHS Director could lift). For such an emergency to be declared, it would require a statement by the President, or by the WHO, and by the Director of HHS.

Indeed, the circulation of this structure, which spanks of autocracy, startles people newly aware of the power constructed around an incipient health emergency. No other department, except for the DoD, would have the same ability to command obedience.

Of course, the DoD would be included as directorship of the military. However, it would already be in control. This suggests that the US has evolved a new type of autocracy, one which can provide separate branches of government with dictatorial powers, yet in a fashion that can seem democratic.

In short, the type of power that the US government exhibited internationally and domestically concerning the Covid pandemic did not just fall from the skies at the beginning of 2020. It has been in slow development since the Reagan Era, with gradual increases in governmental powers, and the use of emergency situations, whose reality may exist only in the act of political declaration as such. If its politics are designed to replace the republic with an autocratic system, only small steps in that direction have been accomplished.

The Last Step

That takes us to the last step in this analysis; qui bono? Who gains? Who benefits? And who pays the piper for what this drive to create a mode of social control through the health industry has destroyed? Entire sections of the middle class, and the small businesses that catered to them have been eliminated from the economic spectrum. And some financial corporations have doubled their wealth. About this, we have the following revelations.

Dr. David Martin, in a video, reads off a Moderna "ledger" entry from one of its late pandemic financial reports (for the fourth quarter of 2022). He reads:

> **"total revenue for the fourth quarter … was $5.1B, compared to $7.2B in the same period in 2021, mainly due to a decrease in sales of the Company's covid-19 vaccines. … Cost of sales was $1.9B, or 39% of product sales for the fourth quarter of 2022, including third party royalties of $604M of which $400M related to a catch-up payment to the NIAID for a new royalty-bearing license agreement executed in December."**

Well, NIAID is Fauci's bailiwick, meaning that Fauci was involved in enriching himself through the pandemic.

Dr. Martin then turns to PNAS (Proceedings of the National Academy of Sciences) issue of CrossMark, from the Dept of Epidemiology, UNC at Chapel Hill, and reads the title of the article there -- which is "SARS-like WIV1-CoV poised for human emergence" (where WIV1-Cov stands for "Wuhan Institute of Virology 1, labeled Cov"). That is, the lab at Chapel Hill is ready to release the virus that it has been working on, which it appears to have received from Wuhan.

The date of this article in PNAS, however, is March 14, 2016. 2016??? And the article tells of how "we designed and synthesized a full-length infectious clone of WIV1-Cov." Infectious??? Ready to be released??? In 2016??? (And "we" meaning the researchers at Chapel Hill, writing for the PNAS??).

In short, when Luc Montagnier, the Nobel Prize winner for isolating and describing the HIV, stated in 2020 on a French TV talk show that he knew the virus was made in a lab, he knew what he was talking about. Whether he had read the PNAS article or not, he explained that he knew this was the case because he had investigated the virus itself, and found, spliced onto its original DNA, a piece of DNA he recognized as coming from HIV. To the extent that the original virus was in fact a bat virus that did not infect humans, it would make sense to conclude that a piece from HIV (in which the H stands for "Human") would correct for that fault, and be necessary for the gain-of-function research to be meaningful in terms of human infection. [Luc Montagnier, youtube.com/watch?v=-a7nld57f2M]

In other words, the development of this covid-19 virus was done in violation of many laws of the US, and indeed, in violation of the UN treaty on bioweapons, which states that "any modification of a microorganism that is not of benefit for humanity is by definition a bioweapon." (Cf. Dr. Fleming) [rumble.com/vwn4z7-dr-richard-fleming-testifies-bio-weapon-aka-c-19-and-the-vaccine.html] Thus, to the extent the DoD knew about this 2016 research in UNC into virus gain-of-function, it would have known that it was dealing with a bioweapon that the US government itself had produced. To have produced a pandemic through this bioweapon and its own development of a countermeasure would have meant the DoD, through the offices of HHS, was establishing a new

form of social control, one which had only been theorized in the writing of emergency legislation, but untested in social “war-games.”

Ultimately, Fauci, and Pfizer, and Moderna, and many other pharmaceutical companies, made a lot of money producing countermeasures to the bioweapons developed under US auspices in US virology labs, in violation of US law. But that was just the “name of the game.”

And when Google reports that the world’s ten richest men more than doubled their combined fortunes from $700B to $1.5T … during the first two years to the pandemic, it omits that this had also seen incomes of 99% of humanity fall, with over 160 million more people forced into poverty.

As Dr. David Martin explains, the rich were all in on the cabal, making money off their destruction of the local economies of the world.

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The war that has been forming between those who buy the government’s line and those who question it, is coming to a head. The sides are not only over the source of death but over the death toll as such. Many have died; more in the US with its most advanced technological medical establishment in the world than any other (per capita). More doctors (all over the world) are beginning to point a finger at the US government and its relation to the medical industry as the real origin of this conflict. They remember the use of ventilators with their 80% fatality rate, the falsification of records that led to “excess mortality studies” over average prior ailments after the vaccine was administered, and the suppression of known cures. All that must eventually be included in the meaning of the conflict. And it all goes beyond the dispute over whether the vaccine is safe, and how to evaluate the government’s claim that the disease was deadly. The other side claims that the vaccines are too often deadly, and constituted a crime against humanity, especially when associated with the suppression of cures.

It is now that the historian’s work begins, viz. to try to flesh out the extent of the damage done by this war by seeking to understand its real origins. We know that the lower middle class of the west has been seriously dented. We can only guess at the true cost in human lives of both sides, those killed by the disease or in the name of the disease, and those killed by its treatments, under the name of the "vaccines" brought to the field of battle. The mortality of this war may never be fully known or even recognized because much of the evidence (the "bodies," as it were) have been relegated to their final resting places, while the naming of them as victims of one side or the other provide a morass of paper work that will take years to sort out -- between the truth and fictions of what brought those bodies to their final rest.

But this work will have to be done. Charges of murder will have to be levied against those who, whether intentionally or under the influence of power structures gone awry, participated in the origins of the conflict. And we shall have to be vigilante for decades because those who died will be re-enlisted as the martyrs of an attempt to control the world by either a fear-mongering police force or by society’s saviors arriving as heroes on horseback.

They will either be raised to the level of icons, or become flags to be flown over movements designed to take back the constitutional power that we have lost to this modernized form of conflict.

One thing is certain. Given that the "war" depended on a level of acquiescence that terrorized many of those of a critical mind, it produced an acquiescence that will itself have to be overthrown as what was really at stake. It was not a virus, nor a health condition, but a politics of

power, a policy made by those with the power to do so. But as a political event, and not the unfolding of a disease, this war will reverberate for many years at the core of most human communities.