CITY OF Vancouver WASHINGTON

City Council Meeting Minutes

Vancouver City Hall | Council Chambers | 415 W. 6th St.
PO Box 1995 | Vancouver, WA 98668-1995
cityofvancouver.us

February 10, 2025

Council Dinner / Administrative Updates (6:00 - 6:30 PM)

Regular Council Meeting

6:30 PM
Vancouver City Hall - Council Chambers - 415 W 6th Street, Vancouver WA

This meeting was conducted as a hybrid meeting with in person and remote viewing and participation over video conference utilizing a GoToMeeting platform. Members of the public were invited to view the meeting in person, via the live broadcast on www.cvtv.org and CVTV cable channels 23 or HD 323, or on the City's Facebook page, www.facebook.com/VancouverUS. Public access and testimony on Consent Agenda items and under the Community Forum were also facilitated in person and via the GoToMeeting conference call.

Vancouver City Council meeting minutes are a record of the action taken by Council. To view the CVTV video recording, including presentations, testimony and discussion, for this meeting please visit:
https://www.cvtv.org/vid_link/37133?startStreamAt=0&stopStreamAt=7279

Electronic audio recording of City Council meetings are kept on file in the office of the City Clerk for a period of six years.

Pledge of Allegiance

Call to Order and Roll Call

The regular meeting of the Vancouver City Council was called to order at 6:30 p.m. by Mayor McEnerny-Ogle. This meeting was conducted as a hybrid meeting, including both in person and remotely over video conference.

Present: *Councilmember Perez, Councilmember Fox, Councilmember Paulsen, Councilmember Stober, Councilmember Hansen, Mayor McEnerny-Ogle*

Absent: *Councilmember Harless*

Motion by Councilmember Paulsen, seconded by Councilmember Perez, and Yes: 6, No: 0, Abstaining: 0, to excuse Councilmember Harless. Absent from vote: Councilmember Harless.

Approval of Minutes

Minutes - February 3, 2025

Motion by Councilmember Hansen, seconded by Councilmember Paulsen, and Yes: 6, No: 0, Abstaining: 0, to approve the February 3, 2025, meeting minutes. Absent from vote: Councilmember Harless.

Proclamations

Black History Month

Mayor McEnerny-Ogle read and presented a proclamation to Larry Nelson, President of the Vancouver Washington Chapter of the NAACP, proclaiming February 2025, as Black History Month.

Community Communication

This is the place on the agenda where the public is invited to speak to Council regarding any matter on the Agenda not already scheduled for Public Hearing. (Separate instructions are provided for offering testimony on Public Hearing when applicable.) This includes the option to testify about Workshops. Members of the public addressing Council are requested to give their name and city of residence for the audio record. Speakers are to limit their testimony to a total of three minutes for all items combined.

Mayor McEnerny-Ogle opened Community Communication and received testimony from the following community members regarding any matter on the agenda not scheduled for a Public Hearing:

- *Kimberlee Goheen Elbon, La Center, WA*

There being no further testimony, Mayor McEnerny-Ogle closed Community Communication.

Consent Agenda

The following items will be passed by a single motion to approve all listed actions and resolutions. There will be no discussion on these items unless requested by Council. If discussion is requested, the item will be moved from the Consent Agenda and considered separately – after the motion has been made and passed to approve the remaining items.

Council pulled item 6 for discussion.

Motion by Councilmember Fox, seconded by Councilmember Perez, and Yes: 6, No: 0, Abstaining: 0, to approve Items 1-5, 7 and 8 on the Consent Agenda. Absent from vote: Councilmember Harless.

Motion by Councilmember Paulsen, seconded by Councilmember Perez, and Yes: 6, No: 0, Abstaining: 0, to approve Item 6 on the Consent Agenda. Absent from vote: Councilmember Harless.

1. Construction Acceptance - Devine Road Bicycle and Pedestrian Safety Improvements

Staff Report: 024-25

Request: On Monday, February 10, 2025, accept the Devine Road Bicycle and Pedestrian Safety Improvements project as constructed by Western United Civil Group LLC, of Yacolt, Washington, and authorize the release of retainage bond, subject to receipt of all documentation required by law.

Bailey Pohl, Civil Engineer, Bailey.Pohl@cityofvancouver.us

Motion approved the request.

2. Construction Acceptance - East Fourth Plain Blvd National Highway System Main Street to Fort Vancouver Way

Staff Report: 025-25

Request: On Monday, February 10, 2025, accept the East Fourth Plain Blvd National Highway System Main Street to Fort Vancouver Way project constructed by Lakeside Industries, of Vancouver, Washington, and authorize the release of retainage bond, subject to receipt of all documentation required by law.

Bailey Pohl, Civil Engineer, Bailey.Pohl@cityofvancouver.us

Motion approved the request.

3. Construction Acceptance - Fourth Plain Community Commons - (Bid #22-29)

Staff Report: 026-25

Request: On Monday, February 10, 2025, accept the Fourth Plain Community Commons project as constructed by Ross Builders Northwest of Hillsboro, Oregon, and authorize the release of the retainage bond, subject to receipt of all documentation required by law.

Shannon Williams, Senior Planner,
shannon.williams@cityofvancouver.us

Motion approved the request.

4. Bid Award - Pearson Pump Station Replacement

Staff Report: 027-25

Request: On Monday, February 10, 2025, award a contract for the construction of the Pearson Pump Station and authorize the City Manager, or designee, to execute the same.

Sheryl Hale, Senior Engineering Supervisor,
sheryl.hale@cityofvancouver.us

Motion approved the request.

5. Contract Amendment - Approval for an Increase in Purchasing for Emergency Add-On Equipment for City Owned Vehicles - Contract C-101734

Staff Report: 028-25

Request: On Monday, February 10th, authorize the City Manager, or designee, to raise the contract threshold from $300,000 to $2,500,000 to accommodate upfitting Police vehicles (the majority being for patrol) for the next four years.

Jake Mahan, Senior Management Analyst,
jake.mahan@cityofvancouver.us

Motion approved the request.

6. Contract Amendment - Increase Spending with Marlow Macht MD - C-101542

Staff Report: 029-25

Request: On Monday, February 10, 2025, authorize the City Manager, or designee, to approve the contract increase to $608,000 with Clark County Medical Program Director.

Ron Gibson, Financial Analyst, Ron.Gibson@cityofvancouver.us

Motion approved the request.

7. Resolution of Grant Allowing Funding for Design and Bidding Services on Airport Terminal Renovation Project

A RESOLUTION authorizing the City of Vancouver to enter into an agreement with the Federal Aviation Administration (FAA) to accept an airport grant for the Design and Bidding Services on the Airport Terminal Renovation Project 3-53-0139-021-2025 at Pearson Field Airport.

Staff Report: 030-25

Request: On Monday, February 10th, 2025, adopt a resolution and authorize the City Manager, or designee, to enter into an agreement with the Federal Aviation Administration (FAA) to accept a grant in an amount of $177,731 for the Design and Bidding Services on the Airport Terminal Renovation Project, 3-53-0139-021-2025.

Meredith Fox, Airport Manager, meredith.fox@cityofvancouver.us

Motion adopted Resolution M-4324 to approve the request.

8. Approval of Claim Vouchers

Request: Approve claim vouchers for February 10, 2025.

Motion approved claim vouchers in the amount of $8,815,903.74.

Public Hearings

The following item(s) are scheduled for public hearing. Members of the public addressing Council are requested to give their name and city of residence for the audio record. Unless otherwise announced by the Presiding Officer, speakers are to limit their testimony to three minutes for each public hearing.

9. Heights Business Improvement Area

AN ORDINANCE establishing the Heights Business Improvement Area under chapter 35.87A RCW; adding a new chapter 3.50 to VMC; enacting new sections VMC 3.50.010, 3.50.020, 3.50.030, 3.50.040, 3.50.050, 3.50.060, 3.50.070, 3.50.080, and 3.50.090; and providing for severability and an effective date.

Staff Report: 023-25

Request: On Monday, February 10, 2025, upon second reading and a public hearing, approve the ordinance to establish a Business Improvement Area to be known as the Heights Business Improvement Area.

Amy Stewart, Real Estate Project Manager,
amy.stewart@cityofvancouver.us

Amy Stewart, Real Estate Project Manager, provided an overview of the Heights Business Improvement Area.

Council discussed the item briefly with staff.

Mayor McEnerny-Ogle opened the public hearing and received testimony from the following community members:

- *Kimberlee Goheen Elbon, La Center, WA*
- *Jim Williamson, Vancouver*

There being no further testimony, Mayor McEnerny-Ogle closed the public hearing.

Motion by Councilmember Paulsen, seconded by Councilmember Perez, and Yes: 4, No: 2, Abstaining: 0, to approve Ordinance M-4497. Absent from vote: Councilmember Harless.

Communications

A. From the Council

B. From the Mayor

C. From the City Manager

Adjournment

8:30 p.m.

DocuSigned by:
Anne McEnerny-Ogle
8C89D9089EC5424...
Anne McEnerny-Ogle, Mayor

Attest:

DocuSigned by:
Natasha Ramras
493E940414AE4BD...

Natasha Ramras, City Clerk

The written comments below are those of the submitter alone and are not representative of the views of CVTV or the City of Vancouver, its elected or appointed officials, or its employees.

From: Stephen Cottle
To: City Council
Subject: Request to have Northcrest Community Church removed from the Heights Business Improvement Area before it"s adoption
Date: Monday, February 10, 2025 8:37:13 AM

To the Mayor, City Manager and City Council members of Vancouver, WA,

As the pastor and chair of the board for Northcrest Community Church in Vancouver, WA we are writing you to ask you to remove our church property from the Heights Business Improvement Area that you are considering for final approval on Monday Evening, February 10, 2025.

Several reasons to exclude us stand out. Firstly, we are the only non-governmental entity and property that is not within the actual developmental area as defined but rather adjacent to it. Secondly, we have had it communicated to us on multiple occasions that all the churches would be removed from this area of consideration and yet our church property is the only one that has been included. The reason given to us for our inclusion was that we would benefit from the improvements. It is hard for us to imagine that we would benefit more than several other churches in close proximity to this area. And thirdly, from the very beginning of our talks with the planners in 2019, the planners who have spoken to us have made it clear that they want our corner to be part of this development. This is and has been an idea that we were willing to entertain and talk freely with the city over, yet it seems as though this special assessment applied to our property looks like a very creative way for you to exercise control of our property rather than through "eminent domain". From the beginning of this discussion, we have been willing to collaborate with you and have been willing to talk about what needs to take place for both of us to reach our set goals in this development. We have made clear on several occasions that we would certainly entertain a reasonable offer from a developer of your choice to allow the development of this corner. We have been on this corner for 75+ years and feel it is in the best interest of both you and us to honor the investments that multiple generations of Vancouver residents have made in this city on this property. The current action appears very heavy-handed to us, and it is unnecessary.

We ask you to reconsider including our property in this improvement area for said reasons and to speak further with us concerning reaching an amicable and mutually beneficial agreement with us in the near future.

Thank you for your consideration,

DJ Millay – Chair of the Board of Elders of Northcrest Community Church

Rev. Stephen Cottle – Pastor and Board Member

Ross Mauer – Board Member

the
AL ANGELO
company

[redacted]
Vancouver, WA 98660-3244
[redacted]

Date: February 7, 2025

To: Mayor Anne McEnerny-Ogle
Vancouver City Council
Amy Stewart, Real Estate Project Manager, City of Vancouver
Patrick Quinton

From: Craig Angelo,
Albert Angelo III
The Al Angelo Co.

RE: Proposed Business Improvement Area at the Heights (Heights BIA)

Mayor, Council Members and Mr. Quinton:

The purpose of this memorandum is to communicate to you our concerns and questions about the proposed Heights BIA.

The Al Angelo Company has been long-time property owners in the Tower Mall area. We have also been largely supportive of the efforts by the city to invest and revitalize the local area. Further, we are pleased to see that the first three city-owned lots are progressing towards development, as well that the city has received federal grant funding support for the site infrastructure construction.

We have met previously with Mr. Quinton and Mrs. Stewart and received an introduction to this proposal. We were not able to coordinate schedules to meet with the City's consultant, Uncommon Bridges, during the week of December 6-12.

We do have and reference the Staff Report 270-24, A Resolution to initiate a Business Improvement Area to be known as the Heights Business Improvement Area (Heights BIA). As presently described, this Resolution presents to us several concerns and questions that we wish to share with you:

Need/Justification

According to the language of the Heights BIA Resolution, "would only cover the costs of the enhanced services, not the full maintenance and operational costs. A budget would be prepared to capture the actual expenses of the enhanced services and annual assessments...".

The proposed right-of-way improvements (ROW) presented in the master plan are significantly enhanced from the city's standard complete streets road sections, resulting in the need to find funding resources above and beyond the typical maintenance costs budgeted by the City.

Questions/Comments:

- Has there been value engineering completed to assess opportunities to reduce the additional infrastructure costs?
- Do the revenues from the development (e.g., sales tax, increased property tax, business license head tax, etc.), if dedicated to the Heights, not already cover additional costs incurred by the enhanced ROW? Appears there is, at full buildout, to be hundreds of millions of investments in new buildings on the Tower Mall site.

Levy Rate/Cost Estimate

Our understanding is that beginning in 2028, a levy of $0.25-$0.30/per square foot of property will be assessed to each property owner within the BIA area. This rate will increase each year with the higher of 3% or CMI. We estimate that cost will be about $35,000 year for our properties in 2028.

Questions/Comments:

- How was the levy rate estimated?
- Has there been consideration of phasing in the levy with the development of each site? If properties have yet to improve/develop their sites, there is not a need for fully funding a clean and safe program. Consider implementation of the levy on property owners once the site improvement/development construction is completed, and hence the property owner/tenants are then utilizing and receiving benefit from BIA program.

Business Improvement Area Board

We understand that a board will be established to manage and operate the Heights BIA, that would be administered by a staff person. Per the Staff Report, "The staffing costs for a part-time member of staff are included in the assessment calculations."

Questions/Comments:

- When does this Board get established? What is the trigger for establishment of this Board?
- With establishment of the BIA, is that the framework that ensures the levy monies are kept and used within the BIA area?
- Is the staff person for administration of the BIA a city staff person or independent of the city?

We have been generally supportive of the city's efforts, dating back to the acquisition of the Tower Mall property and have followed and engaged at key points in the planning process.

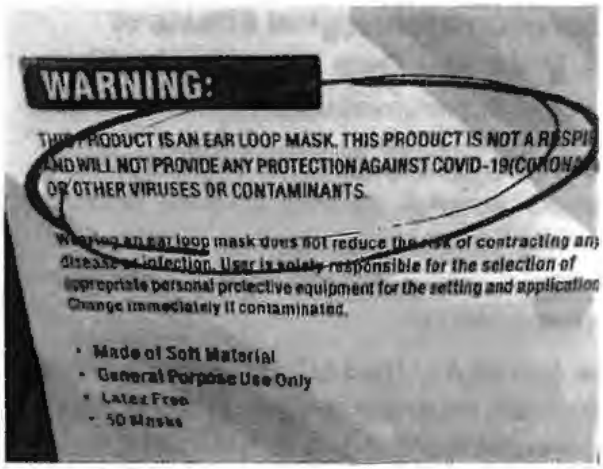
However, the Heights BIA presents as a bit of contradiction to the prior efforts in that there are many opportunities for the property owners/developers to receive financial incentives to develop the properties, but yet then are subjected to a property levy to cover public facility maintenance and operations funding shortfall (for this area).

We look forward to hearing from you.
Thank you.

Craig E. Angelo

Cc: Steve Lodzinski, CFO, Al Angelo Company
Tim Leavitt, Practice Area Leader – Civil and Land Development, DOWL, Inc.

Wynn Grcich, Vancouver



MASK: WARNING ON THE BOX

"You need to google "search masks" and look in any scientific journal before 2020. There is never a pretense of pretending that surgical masks worked for viruses. It's a ludicrous, ludicrous statement. It's like... using a chain link fence to keep out a mosquito. It's totally irrelevant."

Dr. Simone Gold

#4 These masks do not eliminate the risk of contracting any disease or infection, nor reduce the risk of illness or death.
#5 For one-time use only. Properly dispose of after use.
#11 The product has been authorized by FDA under an EUA for use as source control by the general public as well as healthcare personnel in healthcare settings to help prevent the spread of infection or illness during COVID—19 pandemic.
#12 This product is authorized only for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of medical devices, including medical devices, during the COVID - 19 outbreak, under section ...

The N95s are designed to reduce the wearer's inhalation exposure to infectious and harmful particles from the environment such as during extermination of insects and for Tuberculosis. In contrast, surgical masks are designed to provide a barrier protection against splash, spittle and other body fluids to spray from the wearer (such as surgeon) to the sterile environment (patient during operation) for reducing the risk of contamination.
www.ncbi.nlm.nih.gov/pmc/articles/PMC7680614/

A German study using data from 25,930 children showed that 68% reported adverse effects from wearing facemasks. Among them, 29.7% reported feeling short of breath, 26.4% being dizzy and 17.9% were unwilling to move or play.9Hundreds more experienced "accelerated respiration, tightness in chest, weakness and short-term impairment of consciousness." Additional symptoms were also reported among the children, who wore facemasks for an average of 270 minutes a day.
https://assets.researchsquare.com/files/rs-124394/v1/50eb83f9-5a10-44ee-80c4-4de6dd61c6f1.pdf?c=1614364831

German Neurologist Warns Against Wearing Facemasks: 'Oxygen Deprivation Causes Permanent Neurological Damage: "The reinhalation of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen deprivation. There are nerve cells for example in the hippocampus that can't be longer than 3 minutes without oxygen - they cannot survive. The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of reaction time - reactions of the cognitive system.

However, when you have chronic oxygen deprivation, all of those symptoms disappear, because you get used to it. But your efficiency will remain impaired and the under-supply of oxygen in your brain continues to progress. "
We know that neurodegenerative diseases take years to decades to develop. If today you forget your phone number, the breakdown in your brain would have already started 20 or 30 years ago.

While you're thinking that you have gotten used to wearing your mask and rebreathing your own exhaled air, the degenerative processes in your brain are getting amplified as your oxygen deprivation continues.
... the lost nerve cells will no longer be regenerated. What is gone is gone."
www.parconditio.it/l/german-neurologist-warns-against-wearing-facemasks-oxygen-deprivation-causes-permanent-neurological-damage/v

Physiological and Psychological Effects of Wearing Face Mask and Their Potential Health

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7680614/

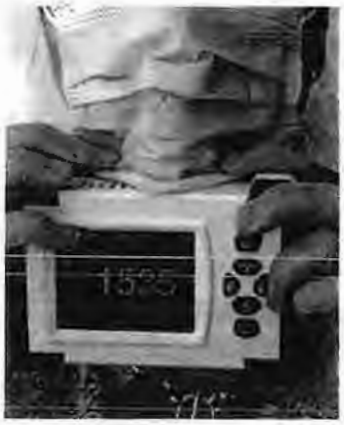
Physiological Effects: Hypoxemia, hypercapnia, shortness of breath, increase lactate concentration, decline In pH levels, Acidosis, goxicity, inflammation, self-contamination, increase in stress hormones level (adrenaline, noradrenaline and cortisol), increased muscle tension, immunosuppression

Psychological Effect: Activation of "fight or flight" stress response, chronic stress condition, fear, mood disturbances, insomnia, fatigue, compromised cognitive performance

Health Consequences: Increased predisposition for viral and infection illnesses, headaches, anxiety, depression, hypertension, cardiovascular disease, Cancer, diabetes, Alzheimer Disease, exacerbation of existing conditions and diseases, accelerated aging process, health deterioration, premature mortality

The normal breathing process is when you inhale, you are breathing in oxygen. When you exhale, you are breathing out carbon dioxide/CO^2. With prolonged use of masks, you are disrupting the normal airway, breathing process, and inhaling excessive carbon dioxide/CO2 instead of oxygen. Serious Concerns Over Mask and Carbon Dioxide Levels Health Freedom—Idaho July 3, 2020

Shocking Discovery CO^2 Behind the Mask after 90 seconds...



A simple experiment using a Carbon Dioxide Detector to measure CO^2 Carbon Dioxide behind the mask. Measuring the PPM Parts Per Million. The meter started at 1535 ppm and after 90 seconds reached 9521 ppm. **MIOSHA standards:** It is unsafe to be exposed to more than 5,000 ppm for 8 hours a day 40 hours a week. CO^2 is defined as an asphyxiant toxin per MIOSHA considered a toxin the air.

Carbon dioxide levels and potential health problems are indicated below:

- 250-350 ppm: background (normal) outdoor air level.
- 350-1,000 ppm: typical level found in occupied spaces with good air exchange
- 1,000-2,000 ppm: level associated with complaints of drowsiness and poor air
- 2,000-5,000 ppm: level associated with headaches, sleepiness, and stagnant, stale, stuffy air; poor concentration, loss of attention, increased heart rate and slight nausea may also be present.

> 5,000 ppm: This indicates unusual air conditions were high levels of other gases also could be present. Toxicity or oxygen deprivation could occur. This is the permissible exposure limit for daily workplace exposures.

Masks do not prevent virus respiratory illness: Size Matters!

Viruses are 50 times smaller than bacteria and 1000 x smaller than a hair

Size of virus = 0.1 micrometer (Influenza and SARS-CoV-2)

Surgical Mask are not effective at blocking particles smaller than 100 micrometers

The Corona Virus is a 1,000 times smaller than the openings of a medical and non-medical mask

Sanford University—**Baruch Vainshelboim**

NEJM.ORG 4/1/2020

Congress Redefines Marriage

AP Images

"Today, we stand up for the values the vast majority of Americans hold dear: a belief in the dignity, beauty and divinity — spark of divinity — in every person, and abiding respect for love so powerful that it binds two people together."

House Speaker **Nancy Pelosi** *made this statement just prior to the actual House vote to codify on the federal level what is commonly called same-sex marriage. Her inclusion of the term "divinity" in her remarks means she either doesn't know or doesn't care about the biblical boundary that identifies marriage as the bond between one man and one woman. To find out how all members of the House and Senate voted on this legislation, see the Freedom Index, House vote no. 39 and Senate vote no. 39, in this issue.*

AP Images

Who Is the World's Most Dangerous Person?

"I get asked 'Who's the most dangerous person in the world? Is it Chairman Kim, is it Xi Jinping?' The most dangerous person in the world is Randi Weingarten. It's not a close call."

Former secretary of state under President Donald Trump and possible 2024 GOP presidential candidate **Mike Pompeo** *made this incredible assertion during an interview by the global news platform known as Semafor. Explaining his rationale, Pompeo added, "If you ask, 'Who's the most likely to take this republic down?' It would be the teochers unions, and the filth that they're teaching our kids, and the fact that they don't know math and reading or writing." Weingarten is president of the American Federation of Teachers.*

White House Press Secretary Claims President Biden Has Been to the U.S.-Mexico Border

"White House press secretary Karine Jean-Pierre insisted that President Biden has been to the U.S.-Mexico border despite no record of him having been there — even as vice president."

As reported by **Fox News**, *when reporter Peter Doocy asked White House Press Secretary Karine Jean-Pierre to indicate when the president had actually visited the border, she refused to provide any date and then amazingly insisted that the border was in a shambles because the GOP has refused to work with Biden on fixing the problem.*

Prominent Doctor and Former Trump White House Coronavirus Task Force Member Blasts FDA

"In my 30 years as a doctor, the unprecedented approach taken by the FDA where ivermectin was somehow forbidden if you used it for an off-label purpose was a shocking interference of the ability of a doctor to do his job. [In the past] ivermectin was approved by the FDA and found so safe that billions of doses have been given without the need for a doctor's prescription until the FDA prohibited its use to treat Covid-19."

A seniar fellow in health care policy at Stanford University, Dr. **Scott Atlas** *has termed the FDA's position on ivermectin eminently deserving of the suit recently filed against the agency by three prominent doctors challenging that position.*

White House Press Secretary Dismisses Twitter's Recent Disclosures of Its 2020 Coverup of Hunter Biden's Activities

AP Images

"[This] is full of old news, if you think about it."

The damaging information on Hunter Biden's laptop was not big news during the 2020 presidential compaign because the story was either ignored or dismissed as Russian disinformation when it was reported. But now that it is uncontested that the laptop story is legitimate, and Twitter under new CEO Elon Musk has begun providing details about the coverup in a series of releases, White House Press Secretary **Karine Jean-Pierre** *cavalierly refused to comment when a reporter asked if the censorship was appropriate, dismissing the story as "old news."* ■

— Compiled by John F. McManus

EPA United States Environmental Protection Agency

Reducing PFAS in Drinking Water with Treatment Technologies

Published August 23, 2018

Per- and Polyfluorinated substances (PFAS) are a group of man-made chemicals that persist in the environment. These chemicals have been used for decades in consumer products to make them non-stick and water resistant. They are also found in firefighting foams and are applied in many industrial processes. Unfortunately, the characteristics that make them useful are the reason they persist in the environment and can bioaccumulate, or build up, in our bodies and the bodies of animals.

PFAS also dissolve in water, and combined with their chemical properties mean traditional drinking water treatment technologies are not able to remove them. Therefore, EPA researchers have been studying a variety of technologies at bench-, pilot-, and full-scale levels to determine which methods work best to remove PFAS from drinking water.

Certain technologies have been found to remove PFAS from drinking water, especially Perfluorooctanoic acid (PFOA) and Perfluorooctanesulfonic acid (PFOS), which are the most studied of these chemicals. Those technologies include activated carbon adsorption, ion exchange resins, and high-pressure membranes. These technologies can be used in drinking water treatment facilities, in water systems in hospitals or individual buildings, or even in homes

at the point-of-entry, where water enters the home, or the point-of-use, such as in a kitchen sink or a shower.

Activated Carbon Treatment

Activated carbon treatment is the most studied treatment for PFAS removal. Activated carbon is commonly used to adsorb natural organic compounds, taste and odor compounds, and synthetic organic chemicals in drinking water treatment systems. Adsorption is both the physical and chemical process of accumulating a substance, such as PFAS, at the interface between liquid and solids phases. Activated carbon is an effective adsorbent because it is a highly porous material and provides a large surface area to which contaminants may adsorb. Activated carbon (GAC) is made from organic materials with high carbon contents such as wood, lignite, and coal; and is often used in granular form called granular activated carbon (GAC).

GAC has been shown to effectively remove PFAS from drinking water when it is used in a flow through filter mode after particulates have already been removed. EPA researcher Thomas Speth says, "GAC can be 100 percent effective for a period of time, depending on the type of carbon used, the depth of the bed of carbon, flow rate of the water, the specific PFAS you need to remove, temperature, and the degree and type of organic matter as well as other contaminants, or constituents, in the water."

For example, GAC works well on longer-chain PFAS like PFOA and PFOS, but shorter chain PFAS like Perfluorobutanesulfonic acid (PFBS) and Perfluorobutyrate (PFBA) do not adsorb as well.

Another type of activated carbon treatment is powdered activated carbon (PAC) which is the same material as GAC, but it is smaller in size, powder like. Because of the small particle size, PAC cannot be used in a flow through bed, but can be added directly to the water and then removed with the other natural particulates in the clarification stage (conventional water treatment or low-pressure membranes - microfiltration or ultrafiltration). Used in this way, PAC is not as efficient or economical as GAC at removing PFAS. Speth says, "Even at very high PAC doses with the very best carbon, it is unlikely to remove a high percentage PFAS; however, it can be used for modest percent removals. If used, however, there is an additional problem with what to do with the sludge that contains adsorbed PFAS."

Ion Exchange Treatment

Another treatment option is anion exchange treatment, or resins. Ion exchange resins are made up of highly porous, polymeric material that is acid, base, and water insoluble. The tiny beads that make up the resin are made from hydrocarbons. There are two broad categories of ion exchange resins: cationic and anionic. The negatively charged cationic exchange resins (CER) are effective for removing positively-charged contaminants and positively charged anion exchange resins (AER) are effective for removing negatively charged contaminants, like PFAS. Ion exchange resins are like tiny powerful magnets that attract and hold the contaminated materials from passing through the water system. Negatively charged ions of PFAS are attracted to the positively charged anion resins. AER has shown to have a high capacity for many PFAS;

however, it is typically more expensive than GAC. Of the different types of AER resins, perhaps the most promising is an AER in a single use mode followed by incineration of the resin. One benefit of this treatment technology is that there is no need for resin regeneration so there is no contaminant waste stream to handle, treat, or dispose.

Like GAC, AER removes 100 percent of the PFAS for a time that is dictated by the choice of resin, bed depth, flow rate, which PFAS need to be removed, and the degree and type of background organic matter and other contaminants of constituents.

High-pressure Membranes

High-pressure membranes, such as nanofiltration or reverse osmosis, have been extremely effective at removing PFAS. Reverse osmosis membranes are tighter than nanofiltration membranes. This technology depends on membrane permeability. A standard difference between the two is that a nanofiltration membrane will reject hardness to a high degree, but pass sodium chloride; whereas reverse osmosis membrane will reject all salts to a high degree. This also allows nanofiltration to remove particles while retaining minerals that reverse osmosis would likely remove.

Research shows that these types of membranes are typically more than 90 percent effective at removing a wide range of PFAS, including shorter chain PFAS. With both high pressure membrane types, approximately 80 Percent of the feed water, the water coming into the membrane, passes through the membrane to the effluent (treated water). Approximately 20 percent of the feedwater is retained as a high-strength concentrated waste. A high-strength waste stream at 20 percent of the feed flow can be difficult to treat or dispose, especially for a contaminant such as PFAS, according to Speth. Perhaps this technology is best suited as a point of use technology for a homeowner, since the volume of water being treated is much smaller and the waste stream could be disposed of more easily with less cause for concern.

vation policy is imposed in Gettysburg, the community has seen the near destruction of its once vital downtown where private businesses are being forced out. Many parts of downtown now are void of significant businesses like clothing shops or hardware stores. Most businesses in the downtown area today are restaurants and tee-shirt shops designed for the tourist industry. That's not the way for a town to build a solid economic future.

Every step of land had something from the past occur on it. But let us remember, those who fought on these fields of "hallowed ground" did so to protect our liberty, including ownership of private property. One must ask how they would react to huge government restrictions over the land now, simply because they fought there. One can envision them again taking up arms to free it from government clutches.

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CHAPTER SEVENTEEN

HOW THE UNITED NATIONS TARGETED YOUR MAYOR IN THE CITIES

San Francisco is the birthplace of the United Nations. On June, 5th, 2005, it was also the location for a major effort by the UN to circumvent national and state governments in order to reorganize human society. Coincidentally, the date was also World Environment Day. This time the UN was targeting mayors from all over the world to enlist them to be soldiers in the Sustainable war.

Like a scene from Michael Crichton's landmark novel *State of Fear*, all of the usual suspects, our self-appointed saviors, were there. There were UN bureaucrats seeking to increase their power and influence, NGOs with their private agendas, Hollywood celebrities acting like authorities on how Americans should rightly live, leaders of corporations seeking to help devise global regulations to kill their competition, and representatives from national and local news outlets that long ago had lost any pretense of delivering unbiased news.

They were all there. UN Secretary General Kofi Annan, along with the host committee, including San Francisco Mayor Willie Brown and Senator Diane Feinstein. Helping to host were the federal Environmental Protection Agency (EPA), and Jonathan Lash of the World Resources Institute. Walking among the crowd were actors Robert Redford and Martin Sheen. As everyone fawned over them, singer Judy Collins could be heard inspiring the gathering with her emotional lyrics. Of course to be expected were representatives from ICLEI. They had recently teamed with Robert Redford and the Mayor of Salt Lake City, Utah to form an

were the leaders of the Natural Resources Defense Council (NRDC), the anti-human, rent-a-riot, scaremonger NGO that has worked so diligently to frighten Americans about everything in our society -- from the food we eat, to the chemicals we use and the water we drink. Corporate sponsors included Federal Express, Toyota Prius and Mitsubishi International Corporation Foundation, all dedicated to capitalizing on Sustainable Development practices. They were all ready to do their dance and perform their magic tricks to influence your mayor to join their game.

As the cheerleading and drum circles faded, the gathering got down to the serious business. As part of their participation in the conference, the mayors were pressed to commit their communities to specific legislative and policy goals by signing a slate of United Nations accords. Two documents were presented for the mayors' signatures.

The first document was called the "Green Cities Declaration," a statement of principles which set the agenda for the mayors' assigned tasks. It said, in part, "*Believing as Mayors of cities around the globe, we have a unique opportunity to provide leadership to develop truly sustainable urban centers based on culturally and economically appropriate local actions.*" The Declaration was amazingly bold in that it detailed exactly how the UN intends to implement a very specific agenda in every town and city in the nation. The document included lots of rhetoric about the need to curtail greenhouse gases and preserve resources. But the final line of the Green Cities Declaration was the point of the whole affair: "*Signatory cities shall work to implement the following Urban Environment Accords. Each year cities shall pick three actions to adopt as policies or laws.*"

The raw meat of the agenda was outlined in detail in the second document, called the "Urban Environment Accords." The Accords included exactly 21 specific actions (as in Agenda 21) for the mayors to take, controlled by a timetable for implementation.

Here's a quick look at a few of the 21 agenda actions called for. Under the topic of energy, action item number one called for mayors to implement a policy to increase the use of "renewable" energy by 10% within seven years. Renewable energy includes solar and wind power.

Not stated in the UN documents is the fact that in order to meet the goal, a community would have to reserve thousands of acres of land to set up expensive solar panels and even more land for wind turbines. Consider that it takes a current 50 megawatt gas-fired generating plant about

amount of power through the use of solar panels would require at least 1,000 acres. Using windmills to generate 50 megawatts would require over 4,000 acres of land, while creating a deafening roar and chopping up birds. The cost of such "alternative" energy to the community would be vastly prohibitive, yet such unworkable ideas became the environmentally-correct order of the day that the mayors were being urged to follow.

Perhaps the most egregious action offered in the Urban Environmental Accords dealt with the topic of water. Action item number twenty called for adoption and implementation of a policy to reduce individual water consumption by 10% by 2020. Interestingly, the document begins by stating: "*Cities with potable water consumption greater than 100 liters per capita per day will adopt and implement policies to reduce consumption by 10 percent by 2015.*"

There is no basis for the 100 liter figure other than employing a very clever use of numbers to lower the bar and control the debate. One must be aware that 100 liters equals about 26 gallons per person, per day. According to the UN, each person should only have 10% less than 26 gallons each day to drink, bathe, flush toilets, wash clothes, water lawns, wash dishes, cook, and more.

However, according to the U.S. Geological Survey, Americans need about 100 GALLONS per day to perform these basic functions. Consider also that there is no specific water shortage in the United States. According to the U.S. Environmental Protection Agency, annual water withdrawal across the nation is about 407 billion gallons, while consumption (including evaporation and plant use, is about 94 billion gallons. Such restrictions, as outlined in the Urban Environment Accords, are really nothing more than a dishonest campaign by the UN to control water consumption. That's why in San Francisco the nation's mayors were being pushed to impose policies to take away our free use of water. Control the water, control the people.

The rest of the Accords dealt with a variety of subjects including waste reduction, recycling, transportation, health, and nature. Perhaps the most outrageous promise of action was Action number sixteen in which the mayors were supposed to agree to: "***Every year identify three products, chemicals, or compounds that are used within your city that represents the greatest risk to human health and adopt a law to eliminate their sale and use in the city.***"

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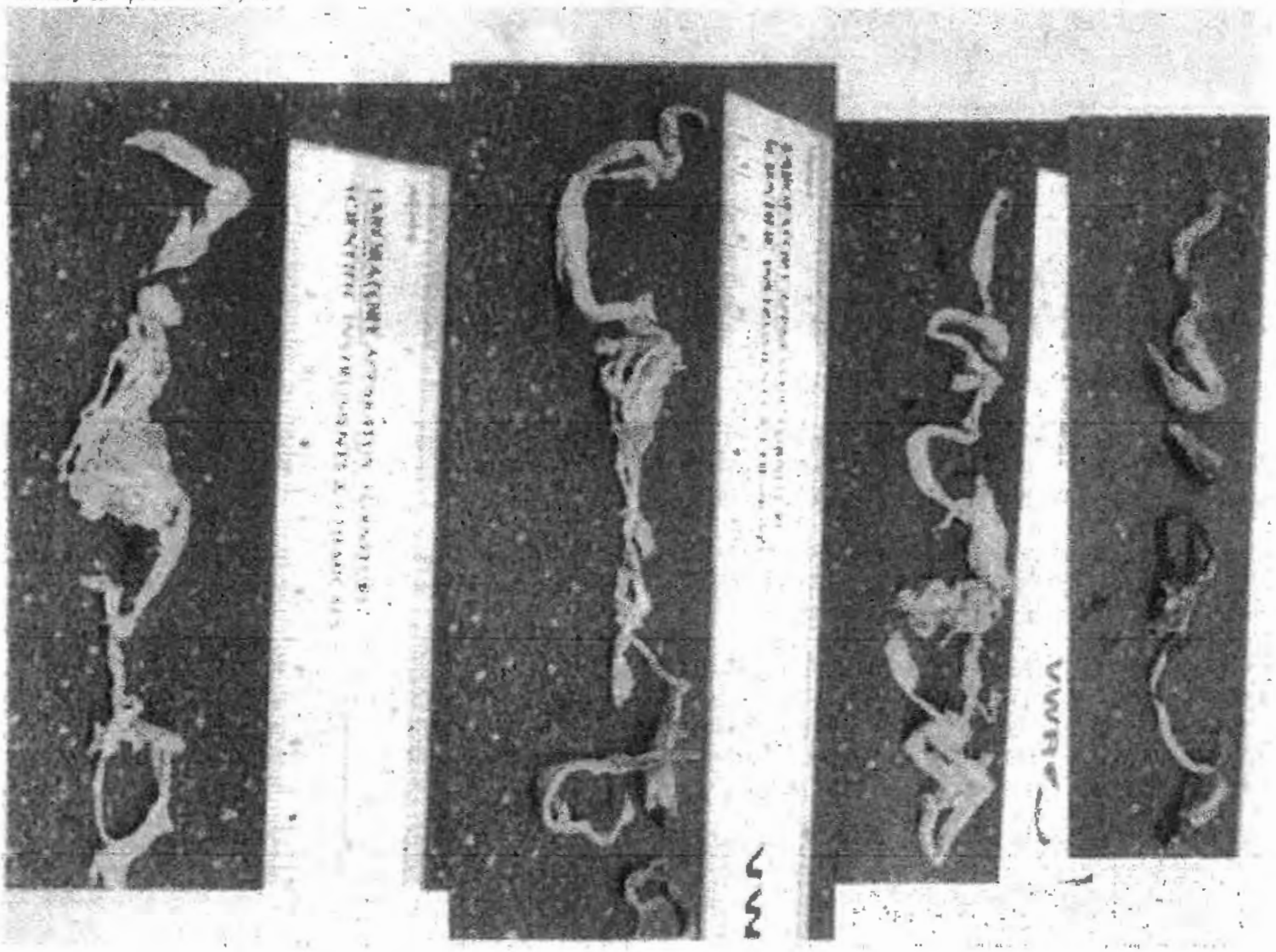
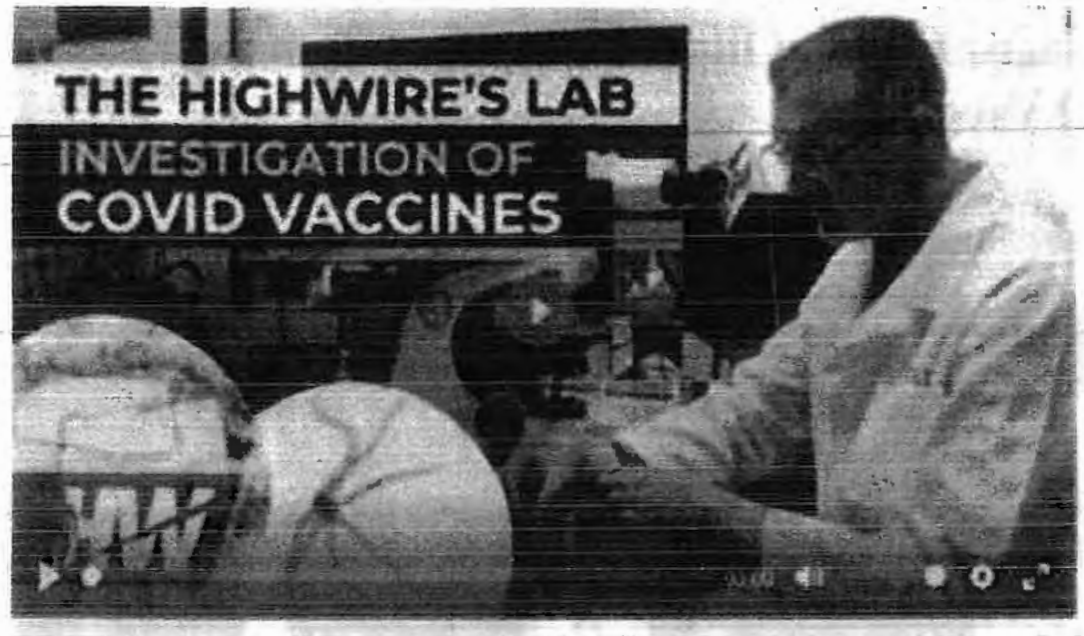
Experienced Pathologist Explains Blood Clots, Nano Tech and Parasites in COVID Vaccines

written by GEG | December 19, 2022



Dr. Ryan Cole, a pathologist with 26 years of experience, explains that the blood clots that have been found by morticians, and also in living patients, are congealed protein made from an amyloid-like material. Dr. Cole said the microscopic rod and circuit-like structures others have identified as graphene oxide are actually cholesterol crystals, stacked-layered cholesterol, salt flakes and sugar crystals. He identified the the structures identified by others as parasites as being a leaf that came from environmental contamination.



Link for video: https://www.bitchute.com/video/BrVlJTsYZ6x4/

Dr. Ryan Cole, who has been a pathologist for 26 years, identified the rubbery fibrous structures or clots that embalmers have been finding in deceased after the rollout of Covid injections as congealed protein, an amyloid-like material. he said the spike protein can induce inflammation in blood vessels that can cause blood clots. The spike protein, covered by a lipid nano-layer, was designed to cross the blood-brain barrier.

Dr. Cole examined the Johnson & Johnson, Moderna and Pfizer ingredients. He found a microscopic glass shard and said that there are problems with contamination from debris in the 'vaccines'. According to Johnson & Johnson's application to the FDA, their product contains trace human DNA and human proteins from aborted fetal tissue. Proteins from other people trigger a immune response in the injected person.

Dr. Cole said the microscopic rod and circuit-like structures others have identified as graphene oxide are actually cholesterol crystals, stacked-layered cholesterol, salt flakes and sugar crystals. He said that there are metallic and mineral contaminants in COVID shots. He affirmed that the injections do contain polyethylene glycol ("PEG"), which can trigger allergies. He said that the samples that looked like parasites were simply part of a leaf that was a contaminant from the environment. Dr. Cole said that COVID shots that were not properly frozen and preserved lost their potency. Some of the samples had broken RNA that produce shortened proteins, which are known carcinogens.

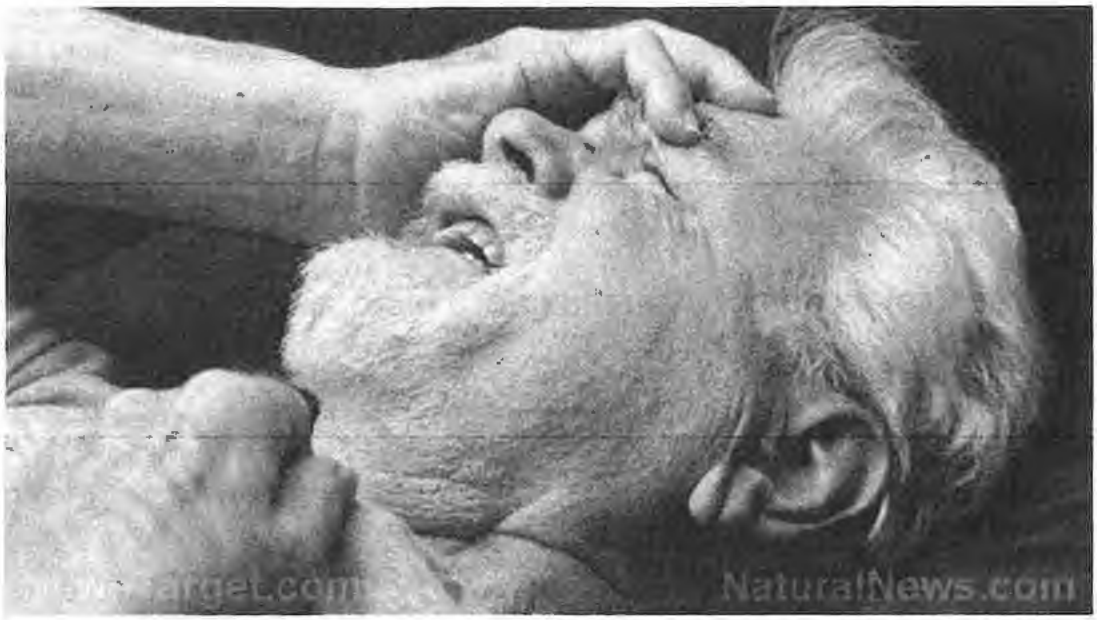
Lipid nanopartical and a gene sequence that makes vaccine recipients make foreign proteins are the cause of harm in vaccinated people. The lipid nanopartical is hyper-inflammatory and can be toxic to cells. Lipid nanopartical injections were designed to only be given once. There may be a cumulative toxicity. He said that the more the gene that triggers production of the spike protein is injected into a person's body, the more spike protein is produced, which has numerous side effects including blood clotting, potential increase in cancer, and more.

Autopsies confirm: Covid-19 vaccine causes fatal heart inflammation or "Sudden Adult Death Syndrome"

Thursday, December 08, 2022 by: Lance D Johnson

Tags: autopsy, badhealth, badmedicine, cardiac failure, cardiovascular system, death by vaccination, histopathology, inflammation, medical examination, medical violence, mRNA, myocarditis, nervous system, pericarditis, SADS, spike proteins, thrombotic thrombocytopenia, unexpected death, vaccine damage, Vaccine deaths, Vaccine injuries, vaccine injury, vaccine wars, vaccines

This article may contain statements that reflect the opinion of the author



(Natural News) Previously healthy individuals are dying "suddenly and unexpectedly" after covid-19 vaccination. These individuals are of all ages, and many show no sign of pre-existing heart conditions. A new medical term– Sudden Adult Death Syndrome (SADS) was created to categorize these unexplained deaths. Vaccination is intended to protect individuals from infections and to prolong their life; however, vaccinated individuals are being hospitalized and diagnosed with new heart problems (myocarditis and pericarditis) and vaccine-induced thrombotic thrombocytopenia. Sometimes, these vaccine injuries go undetected. Sometimes they are mild, but other times, they are fatal in the first week after vaccination.

In a new case study, twenty-five individuals who died after covid-19 vaccination showed inflammation of the heart that coincided with the inflammation caused in the deltoid muscle, post vaccination.

Autopsies confirm covid jabs cause fatal inflammation of the heart muscle

Medical examiners from Germany conducted autopsies on thirty-five individuals who died within twenty days after taking a second dose of the covid-19 mRNA vaccine (Comirnaty & Spikevax). They concluded that ten of the fatalities were clearly not due to the vaccine, due to evidence of drug overdose. The majority of the fatalities (71%) presented vascular damage that is specific to vaccine injuries, including rapid heart failure, vascular aneurysm, pulmonary embolism, myocardial infarction, fatal stroke, and vaccine-induced thrombotic thrombocytopenia.

A closer examination of five of these cases showed new onset inflammation in the cardiovascular system and histopathologies directly in the heart muscle. These five individuals were diagnosed with lymphocytic (epi-)myocarditis and died suddenly in their homes in the first week after covid-19 mRNA vaccination. The medical examiners found patchy inflammation in the heart muscle that mirrored the same patchy inflammation that is induced in the deltoid muscles after covid-19 mRNA vaccination.

How to Neutralize Potential Damage from mRNA Vaccines

Truth About Vaccines
By Ty Bollinger

February 8, 2021

With the current irrational push to vaccinate the planet against COVID-19, a virus that has a 99.9% recovery rate, we feel it is important to discuss practical ways to "detox" and "neutralize" damage that is being done by these **un**tested mRNA vaccines.

Interestingly, here in our home state of Tennessee, the COVID "mortality rate" has tripled, even though we lead the USA in vaccination rate (https://thetruthaboutvaccines.com/covid-mortality-vaccine/). *Makes you wonder, doesn't it? Logical thinkers would deduce that the* vaccine is responsible, sort of like when we see obesity rise in populations that eat lots of ice cream. But the irrational and illogical 'mainstream media' and 'medical mafia' will undoubtedly blame "anti-vaxxers" for the increase in deaths, which makes as much sense as blaming vegans for the increase in heart disease in people who eat hot dogs every day...

But let's not get distracted by the facts or by logic!!

Despite the $4.5 billion in damages awarded by the Vaccine Court since 1986 ...

Even though the Supreme Court described vaccines as "*unavoidably **unsafe***" in 2011 ...

Despite package inserts which prove that most vaccines contain known carcinogens and chemicals that cause neurological damage.

Genetics7.html) and can prevent the viral RNA from replicating.

Below are the **TOP FIVE** recommended substances to mitigate damage from mRNA vaccines (in no particular order).

1 | IODINE

An essential mineral, iodine is used by the thyroid gland to make thyroid hormones that control many functions in the body including growth and development, repairing damaged cells and supporting a healthy metabolism.

Because your body does not produce iodine, it needs to be supplied in the diet. Iodine can also be used to detoxify toxic compounds and strongly increases the mRNA decay rate.[2] (https://www.researchgate.net/publication/287722803_Influence_of_iodine_on_mRNA_expression_of_Iodide_transporter_Insulin_like_growth_factor_I_and_transforming_growth_factor_beta_in_thyroid_and_mammary_glands_of_lactating_rats),[3] (https://pubmed.ncbi.nlm.nih.gov/22001309/) Dietary iodine also controls its own absorption through regulation of the sodium/iodide (NIS) symporter,[4] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530113/),[5] (https://www.sciencedirect.com/science/article/pii/S0303720711005806) which protects the functions of the thyroid gland.[6] (https://pubmed.ncbi.nlm.nih.gov/22228198/)

2 | ZINC

Zinc enables the body to make proteins and DNA, contributes to wound healing, and plays a role in childhood growth and development. It also has antioxidant properties and plays an important role in cell-mediated immune function and modulates mRNA levels of cytokines.[7] (https://pubmed.ncbi.nlm.nih.gov/12812920/)

Zinc has been shown to regulate gene transcription in cancer cells, plus zinc globally down-regulates microRNA expression and key enzymes and proteins necessary for microRNA maturation and stability.[8] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3711771/) Lastly, zinc-finger protein serrate is among the plant compounds that may silence mRNA.[9] (https://www.frontiersin.org/articles/10.3389/fpls.2019.00360/full#B45)

3 | QUERCETIN

Quercetin, a flavonoid with multiple proven health benefits to both man and animals, displays a plethora of biological activities.

oxidative damage, even helping you grow new mitochondria.[15] (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5349605/) PQQ is actually the **only** nutrient on earth known to be capable of generating new mitochondria.

PQQ is contained in fruits and vegetables and in human breast milk and is a plant growth factor and bacterial cofactor. Studies have shown that PQQ disodium salt (BioPQQ™) has positive effects on cognitive function and may have a protective effect on UVA irradiation-induced aging.[16 (https://pubmed.ncbi.nlm.nih.gov/16424117/),17 (https://www.spandidos-publications.com/10.3892/mmr.2015.3980)]

CONCLUSION

As pressure to be vaccinated for COVID mounts, it will be vital to discover methods to mitigate damage, especially for those who are required to be vaccinated due to employer requirements or other reasons.

In summary, the five substances discussed above are as follows, along with links to recommended sources:

1. Iodine (https://go.globalhealingcenter.com/c/435444/381642/5534?subId1=TTAC)
2. Zinc (http://go.globalhealingcenter.com/c/435444/791981/5534?subid1=TTAC)
3. Quercetin (http://go.globalhealingcenter.com/c/435444/899035/5534?subid1=TTAC)
4. Supercharged C60 (http://www.grafexsuperc60.com/)
5. PQQ

Also, **water only fasting** (for 1 week) has been shown to repair DNA damage and silence foreign mRNA. And taking **full spectrum hemp extract** is another excellent suggestion due to the positive effects on our endocannabinoid system, which regulate almost every internal function. We take this organic hemp extract (http://go.globalhealingcenter.com/c/435444/635539/5534?subid1=TTAC) every day!

Interestingly, Merck abandoned development of two COVID vaccines, saying that after extensive research it was concluded that the shots offered **less protection** than just contracting the virus itself and developing natural antibodies. On January 25th, they announced that the vaccines generated an 'inferior' immune system response in comparison

Doctors prove a Graphene like substance is being shed from the C-19 Vaccinated to the Unvaccinated, destroying Blood Cells & causing Strange Blood Clots

exposenews.com/2023/02/11/drs-prove-graphene-shedding-vaccinated-unvaccinated

By The Exposé February 11, 2023

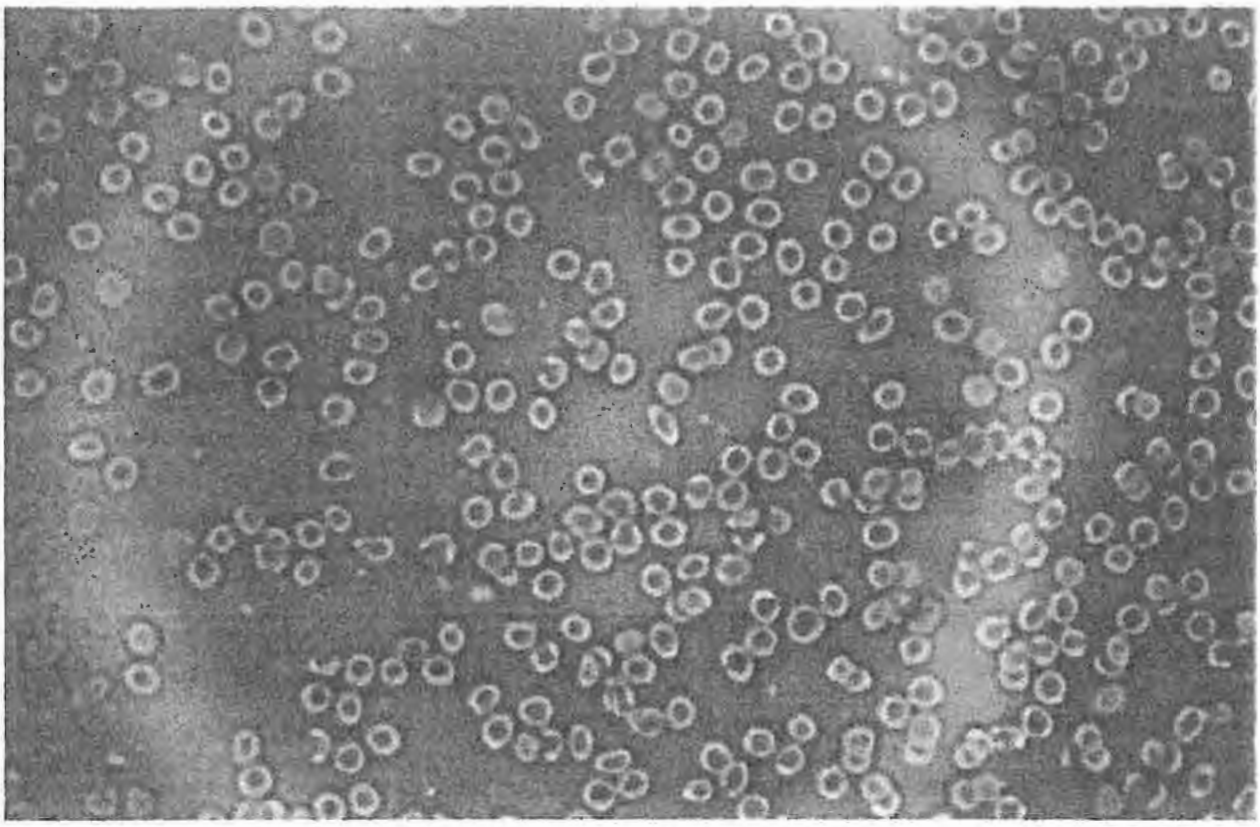
In his latest set of slides of blood samples taken from both "vaccinated" and unvaccinated people, Dr. Philippe van Welbergen demonstrated that the graphene being injected into people is organising and growing into larger fibres and structures, gaining magnetic properties or an electrical charge and the fibres are showing indications of more complex structures with striations.

He also demonstrated that "shards" of graphene are being transmitted from "vaccinated" to vaccine-free or unvaccinated people destroying their red blood cells and causing blood clots in the unvaccinated.

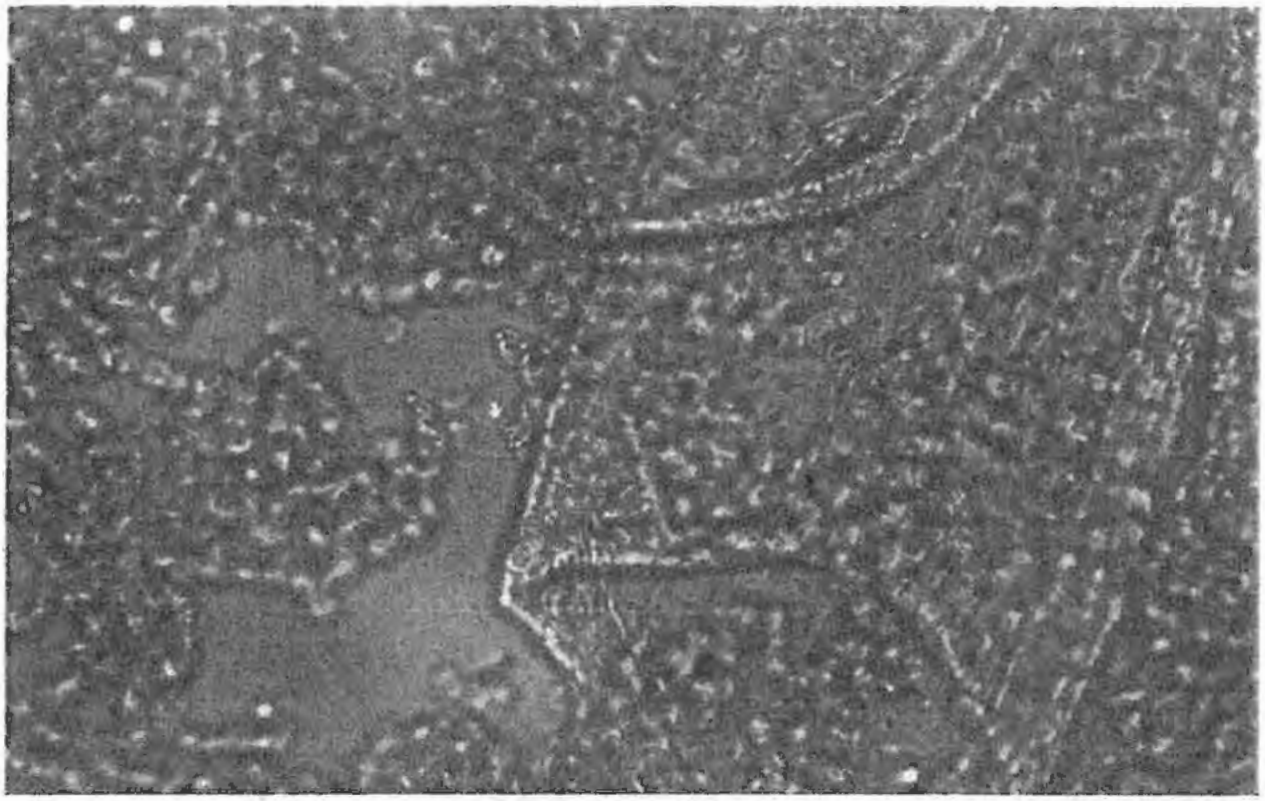
Let's not lose touch...Your Government and Big Tech are actively trying to censor the information reported by The Exposé to serve their own needs. Subscribe now to make sure you receive the latest uncensored news in your inbox...

Dr. Philippe van Welbergen ("Dr. Philippe"), Medical Director of Biomedical Clinics, was one of the first to warn the public of the damage being caused to people's blood by Covid injections by releasing images last year of blood samples under the microscope.

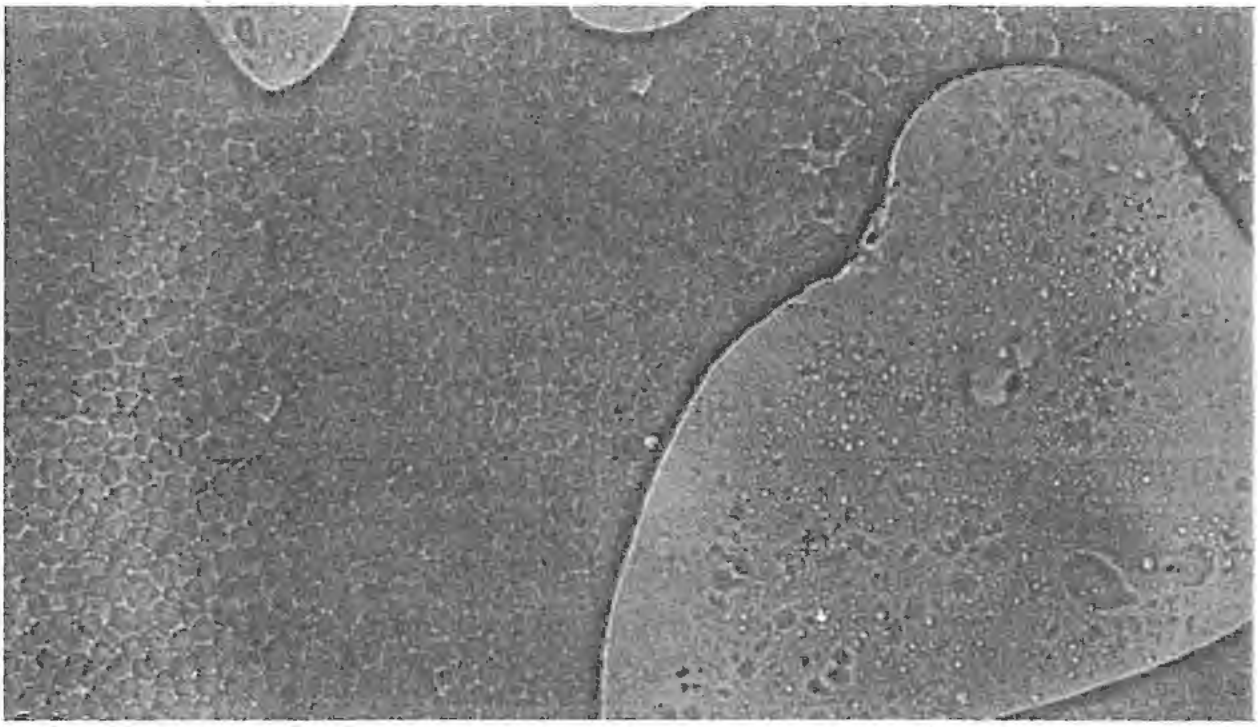
At the beginning of July 2021, Dr. Philippe, was interviewed on a South African community channel, *Loving Life TV*. He explained that when his patients started complaining about chronic fatigue, dizziness, memory issues, even sometimes paralysis and late onset of heavy



The next image is of a person who has been injected with the experimental Covid drug. The blood is coagulated, the misshapen red blood cells are clumped together. The cell encircled in the image is a healthy red blood cell, one of the few in the image, sitting alongside the graphene fibres. You can see the size of the graphene fibres in relation to the size of a red blood cell. Fibres of this size will block capillaries. You can also see the graphene fibres are hollow and contain red blood cells.



The image below is of a blood sample from a vaccine-free, or unvaccinated, three-year-old child. It shows pieces or "shards" of graphene that "are the result of shedding," in other words the graphene has been transmitted from "vaccinated" parents to their unvaccinated child.



Dr. Philippe's presentation is truly eye-opening and horrifying – a must-watch, especially for those who proclaim Covid injections are "safe" and are insisting people be injected. The Covid injections are weapons of genocide and how the people who have designed them are still walking free is incredible.

You can either watch the presentation below or on *Loving Life TV* HERE.

Loving Life TV: Dr Philippe (Part Two), The Blood Slides, 12 February 2022 (90 mins)

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Are Biden's vaccine requirements legal?

yahoo/news | LAURA RAMIREZ-FELDMAN
September 20, 2021, 10:14 AM

Shortly after President Biden announced a new vaccine mandate to combat the recent COVID-19 surge driven by the Delta variant, some conservative governors vowed to file lawsuits challenging the plan. Some already have.

Aol. NEWS

Last Tuesday, Arizon became the first state to sue the Biden Administration over COVID-19 vaccine mandates

In an address to the nation Sept. 9, Biden outlined his multistep "Out of the Pandemic" plan, which includes vaccine mandates that will affect about 100 million Americans — two-thirds of all workers. Under the plan, the federal government will require all federal executive branch workers, as well as all employees of federal contractors, to be vaccinated.

Previously, federal employees had the option to get vaccinated or undergo regular testing.

"If you want to work with the federal government and do business with us, get vaccinated," Biden said. "If you want to do business with the federal government, vaccinate your workforce."

This vaccine order will cover about 90 percent of approximately 4 million federal employees. However, it does not apply to non-executive-branch employees, such as members of Congress or judicial employees.

The question for many was whether such a mandate will stand up to legal challenges.

Robert Field, professor of law and public health at Drexel University, told Yahoo News that Biden's mandates for federal employees are "clearly constitutional" because "it is within the president's power to control the executive branch and the people who work for it."

The new proposal also requires anyone who works in a hospital, home health care environment or other medical facility that treats patients on Medicare and Medicaid to be vaccinated. This was already a requirement for health care workers in nursing homes that receive funding from the federal programs.

The decision will cover a total of 17 million healthcare workers. Field says Biden is also "on very clear footing" when it comes to this part of the new mandate, because federal agencies can set requirements for federal funding to ensure the safety of patients and staff.

The most controversial piece of the president's plan is his directing the Department of Labor to issue an emergency rule requiring private employers with 100 or more employees to ensure their workforce is vaccinated or tested on a weekly basis.

These employers will also be required to provide paid time off to workers who decide to get vaccinated, so they can recover in the event of experiencing any short-term side effects from the shot.

According to the president, the Department of Labor's Occupational Safety and Health Administration (OSHA), will be formulating and enforcing this new rule as an Emergency Temporary Standard (ETS).

Congress created OSHA in 1970 to ensure safe and healthful working conditions for workers by setting and enforcing such standards. The agency can enact these regulations and enforce them immediately if a "grave danger" to workers is present. For example, it issued an ETS for all health care workers in June, stating that "employee exposure to SARS-CoV-2, the virus that causes COVID-19, presents a grave danger to workers in health care settings."

Field says the president could expect to face some challenges in trying to implement these mandates for private employers, and he expects that OSHA's authority to issue emergency standards will be tested.

Aol. NEWS

"Osha has only tried about 10 times in its history" to issue these standards, Field says, and just six have gone into effect. "Almost half of them have, in fact, been struck down." However, the current state of the COVID-19 pandemic meets the criteria for a medical national emergency.

"The Biden administration has a pretty strong argument that a pandemic that's killed almost 700,000 Americans, and that is now killing almost 2,000 [Americans] a day, is a national emergency that qualifies under OSHA's authority," he said.

Another challenge the Biden administration will face will be whether OSHA, which is severely understaffed, will be able to enforce the new rule.

The agency, Field says, has always been understaffed, but under the Trump administration the number of workplace safety inspectors was reduced to the lowest level since the early 1970s.

OSHA now has an estimated 800 safety and compliance inspectors who will be tasked with covering more than 100,000 private-sector companies that will be affected by the new rule.

All the mandates include religious and medical exemptions. Employers in those cases must give workers a choice between showing proof of vaccination and undergoing regular testing.

"I think it's a bit of a misnomer to call it a vaccine mandate. ... It's an option," Field said. "You don't have to be vaccinated if you submit to weekly testing."

Read more from Yahoo News:

- Why the U.S. lags behind Europe on climate change goals 'by 10 or 15 years'

s to Biden's vaccine mandates unlikely to
say

Sept. 10, 2021, 12:20 PM PDT

By Adam Edelman

Nearly two dozen Republican governors, as well as the GOP itself, have vowed to file lawsuits or take other actions to block President Joe Biden's newly announced vaccination mandates – but legal experts say they'll have a hard time successfully making their case in court.

Biden on Thursday issued two executive orders mandating vaccines for federal workers and contractors and also announced new requirements for large employers and health care providers that he said would affect around 100 million workers, more than two-thirds of the U.S. workforce. Following the announcement, Republicans across the country slammed the moves. South Dakota Gov. Kristie Noem tweeted that her state would "Stand up to defend freedom," adding, "@Joe Biden see you in court."

Georgia Gov. Brian Kemp tweeted he would "pursue every legal option available" to stop "this blatantly unlawful overreach," while Arizona Gov. Doug Ducey tweeted that the White House was "hammering down on private businesses and individual freedoms in an unprecedented and dangerous way" and that "we must and will push back."

A sign during a protest against Covid-19 vaccination mandates in Lansing, Michi., on Aug. 6, 2021.
Matthew Hatcher / Bloomberg via Getty Images file

South Carolina Gov. Henry McMaster said in a statement that "Biden and the radical Democrats (have) thumbed their noses at the Constitution" and Oklahoma Gov. Kevin Stitt said, "as long as I am governor, there will be no government vaccine mandates in Oklahoma." Texas Gov. Greg Abbott tweeted he's already "working to halt this power grab."

Republican National Committee Chairwoman Ronna McDaniel called Biden's move "unconstitutional" and said the RNC will sue the administration.

Legal experts, however, said those lawsuits are most likely – but not certain – to fail, due to wide-ranging powers that the Constitution and decades of administrative law precedent have established.

Biden on Friday appeared to be spoiling for that fight, telling Republican governors to "have at it" and slamming Republican officials as being "cavalier with the health of their communities" when asked about criticism of the new vaccine requirements.

Generally speaking, public health powers are delegated to the states, experts said. But the Constitution also gives the federal government broad powers to regulate certain matters when it perceives that states and localities are not able to do so, or are doing so inadequately.

In this case, experts explained, Biden's mandates pass muster because he is filtering them through the lenses of workplace safety and through the Constitutional language of federal spending powers.

"President Biden is acting within the authority of the executive branch to impose rules and regulations – sometimes referred to as the regulatory state – and within the rule-making authority associated with a range of federal administrative agencies," said Juliet Sorensen, a professor at Northwestern University's Pritzker School of Law and an expert on health and human rights laws.

Biden's orders will largely be enforced by the Department of Labor, which includes the Occupational Safety and Hazard Administration, an arm of the executive branch with the authority to implement and oversee the orders, Sorensen said. OSHA's mission is to ensure safe workplace conditions around the country and therefore naturally extends to keeping workers safe from Covid, she added.

"The gravity of the pandemic and the fact that it's persisted without these mandates in place puts the president on solid ground, legally," she said.

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The president also has the power to regulate spending power, which is relevant to Biden's mandate requiring employees working in health care facilities that receive Medicare or Medicaid reimbursement to be vaccinated, according to Sylvia A. Law, a professor emeritus at New York University's School of Law.

Through the Constitution, Congress has the explicit power to attach conditions to whatever money it's disbursing – including the hundreds of billions it spends each year on Medicare and

Medicaid. But the president and the executive branch have the constitutional power to dictate various elements of federal spending, especially when it comes to health care.

"Most of what exists in this space has pretty much been made up by the agencies and upheld in some cases, by the courts. We understand that the Congress paints in broad strokes and, simply put, much of the rest of it gets filled in by rules, regulations and court rulings," Law said.

"Under current law, it's clear that Biden has the power to do what he's done," she said.

But, as is the case with most legal arguments, the administration's case for mandates won't be impeccable, Law warned.

"A smart lawyer who doesn't agree with vaccine mandates will be able to make a 'pass-the-laugh-test' argument that it's not legal, and with the makeup of this current Supreme Court, it's hard to know how that would shake out," Law said.

Law said that some individuals may be able to claim exemptions based on religious or health grounds, but those concerns are unlikely to topple the mandates more broadly.

Sorensen said the strongest area to challenge the mandates for Republican officials and operatives lies in how the mandates would be enforced.

"If I'm a Republican governor, I'm looking closely at that language," she said.

Adam Edelman

Adam Edelman is a political reporter for NBC News.

MERCOLA
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Will Fauci Be Held Accountable for Lying to Congress?

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE

- Paul Thacker, a former investigator with the U.S. Senate, says Dr. Anthony Fauci lied to Congress when he claimed he's never funded gain-of-function research. This is a federal offense punishable by up to five years in prison, provided the false statements are materially relevant and knowingly false
- July 20, 2021, U.S. Sen. Rand Paul — who has grilled Fauci about his research funding in two separate hearings in 2021 — announced he would ask the DOJ for a criminal referral, as he's convinced Fauci made false statements to Congress
- One "smoking gun" is a research article written by Wuhan Institute of Virology (WIV) scientists. The paper acknowledges funding from the NIAID/NIH, and the research meets the Department of Health and Human Services' definition of gain-of-function research
- According to the National Science Advisory Board for Biosecurity, "The term 'gain-of-function' is generally used to refer to changes resulting in the acquisition of new, or an enhancement of existing, biological phenotypes"
- In a June 2021 essay, professor Jeffrey Sachs, head of The Lancet's commission tasked with investigating COVID's origin, described how the NIAID has funded gain-of-function research at the WIV, stating it's "common knowledge in the U.S. scientific community that NIH has ... supported genetic recombinant research on SARS-like viruses that many scientists describe as GOFROC [gain-of-function research of concern]"

In an August 31, 2021, substack article,[1] Paul Thacker, an investigative reporter and former investigator with the U.S. Senate, reviews evidence he claims shows Dr. Anthony

Fauci lied to Congress, an offense punishable by up to five years in prison, provided the false statements are materially relevant and knowingly false.

> *"A new investigative documentary by the U.K.'s Channel 4[2] detailed some of the strongest evidence to date that the COVID19 pandemic may have started from a lab leak in Wuhan, China,"* Thacker writes.[3]
>
> *"At the very least, the documentary's interviews with experts and review of documents made explicit how China has misled the world about its research with dangerous pathogens ...*
>
> *The documentary clarified one other point: Anthony Fauci lied before Congress and the American public when he claimed during a congressional hearing that he has not funded gain-of-function research conducted by the Wuhan Institute of Virology ...*
>
> *President Biden has campaigned on honesty and decency. The question now for President Biden is, 'What will you do with Fauci now that he has broken the law and violated the public trust by lying before Congress?'"*

Fauci Redefines Scientific Terms on the Fly

In what appears to be an attempt to extricate himself from blame for the COVID pandemic, Fauci — director of the National Institute for Allergy and Infectious Diseases (NIAID), an arm of the National Institutes for Health (NIH), since 1986 — denied ever having funded gain-of-function research at the WIV or elsewhere when questioned by members of the Senate Health, Education, Labor, and Pensions Committee in May 2021.[4]

> **"The term 'gain-of-function' is generally used to refer to changes resulting in the acquisition of new, or an enhancement of existing, biological phenotypes. ~ National Science Advisory Board for Biosecurity"**

According to Thacker, the evidence clearly refutes this. One "smoking gun" is a research article written by WIV scientists titled "Discovery of a Rich Gene Pool of Bat SARS-Related Coronaviruses Provides New Insights Into the Origin of SARS Coronavirus."[5] This research was funded by the NIH and meets the Department of Health and Human Services' definition of gain-of-function research.[6,7]

The Channel 4 documentary addressed this paper. When asked whether the NIH ever funded gain-of-function research at the WIV, David Relman, a research physician at Stanford University, replies, "Yes. Indirectly, but yes. How do we know? The paper says, right on the front page, 'Supported by NIAID, NIH.'" The clip featuring Relman is included below.

As previously reported by the National Review,[8] we know the WIV received NIAID/NIH funding to create novel chimeric SARS-related coronaviruses capable of infecting both human cells and lab animals. "Chimeric viruses" refers to artificial man-made viruses, hybrid organisms created through the joining of two or more different organisms.

This is precisely what gain-of-function research is all about. According to a 2016 report[9] from the National Science Advisory Board for Biosecurity, "The term 'gain-of-function' is generally used to refer to changes resulting in the acquisition of new, or an enhancement of existing, biological phenotypes."

Fauci now wants to adopt a far narrower definition of gain-of-function research that takes into account the supposed intent behind the research, but that really doesn't make sense. Just because you don't set out with intent to harm doesn't mean your creation can't cause harm or might inadvertently cause harm.

US Funding of Gain-of-Function Research Was Well-Established

According to Thacker, "Fauci certainly knew that the WIV he was helping to fund conducted gain-of-function studies, because it has been common knowledge."[10] For example, a year before Fauci was queried by Congress, Newsweek reported that:[11]

"In 2019, with the backing of NIAID, the National Institutes of Health committed $3.7 million over six years for research that included some gain-of-function work. The program followed another $3.7 million, 5-year project for collecting and studying bat coronaviruses, which ended in 2019, bringing the total to $7.4 million ...

The NIH research consisted of two parts. The first part[12] began in 2014 and involved surveillance of bat coronaviruses ... The program funded Shi Zheng-Li, a virologist at the Wuhan lab ... to investigate and catalogue bat coronaviruses in the wild. This part of the project was completed in 2019.

A second phase[13] of the project, beginning that year, included ... gain-of-function research for the purpose of understanding how bat coronaviruses could mutate to attack humans. The project was run by EcoHealth Alliance ... under the direction of President Peter Daszak ... NIH canceled the project ... April 24 [2020] ...

Many scientists have criticized gain of function research, which involves manipulating viruses in the lab to explore their potential for infecting humans, because it creates a risk of starting a pandemic from accidental release."

Around that same time, former Acting Director of the CIA Michael Morell told Politico[14] that "if the virus leaked from a Wuhan lab, the U.S. would shoulder some of the blame since it funded research at that lab through government grants from 2014 to 2019."

Mid-January 2021, the U.S. State Department published a fact sheet accusing the Chinese government of being obsessively secretive about gain-of-function research at the WIV, and that it was collaborating with the Chinese military on secret projects.

The fact sheet has since been removed from the State Department's website, but was reported by a number of outlets at the time. Among them, Life Site News, which wrote:[15]

"In a 'Fact Sheet' posted online ... the Department of State (DOS) presented three distinct elements about the origin of the virus, which 'deserve greater

3

scrutiny' ... The first of the three issues needing further investigation, was the outbreak of illness inside the Wuhan Institute of Virology (WIV).

The DOS revealed it had 'reason to believe' that 'several researchers inside the WIV became sick in autumn 2019, before the first identified case of the outbreak, with symptoms consistent with both COVID-19 and common seasonal illnesses' ...

Additionally, the DOS noted that researchers in the WIV had been performing experiments on 'RaTG13, the bat coronavirus identified by the WIV in January 2020 as its closest sample to SARS-CoV-2 (96.2% similar)' since at least '2016.'

The laboratory also 'has a published record of conducting 'gain-of-function' research to engineer chimeric viruses.' Such research, gain-of-function research, is a kind which 'improves the ability of a pathogen to cause disease.'"

Additional Reports Citing Gain-of-Function Research

March 6, 2021, the editorial board of The Washington Post published an article[16] calling for an independent investigation into the origin of SARS-CoV-2. In that article, the board pointed out that:

"... a senior researcher at the Wuhan Institute of Virology, Shi Zhengli, was working on 'gain-of-function' experiments, which involve modifying viral genomes to give them new properties, including the ability to infect lung cells of laboratory mice that had been genetically modified to respond as human respiratory cells would."

The board also noted that Shi was "working with bat coronaviruses that were genetically very similar to the one that caused the pandemic." A few months later, in a June 22, 2021, essay,[17] professor Jeffrey Sachs, head of The Lancet's commission tasked with investigating COVID's origin, also described how the NIAID has funded gain-of-function research at the WIV:

"It is in fact common knowledge in the U.S. scientific community that NIH has indeed supported genetic recombinant research on SARS-like viruses that many scientists describe as GOFROC [gain-of-function research of concern].

The peer-reviewed scientific literature reports the results of such NIH-supported recombinant genetic research on SARS-like viruses. More specifically, it is clear that the NIH co-funded research at the WIV that deserves scrutiny under the hypothesis of a laboratory-related release of the virus."

'Fauci's COVID-19 Treachery'

Someone who has taken a particular interest in Fauci's potential role in this pandemic is Dr. Peter Breggin, a Harvard-trained psychiatrist and former consultant for the National Institute of Mental Health. In October 2020, he published the report[18] "Dr. Fauci's COVID-19 Treachery," detailing Fauci's ties to the Chinese Communist Party (CCP) and its military.

Breggin is convinced Fauci "has been the major force" behind research activities that enabled the CCP to manufacture lethal SARS coronaviruses, which in turn led to the release — whether accidental or not — of SARS-CoV-2 from the WIV.

He claims Fauci has helped the CCP obtain "valuable U.S. patents," and that he, in collaboration with the CCP and the WHO, initially suppressed the truth about the origins and dangers of the pandemic, thereby enabling the spread of the virus from China to the rest of the world.

Fauci has, and continues to, shield the CCP and himself, Breggin says, by "denying the origin of SARS-CoV-2" and "delaying and thwarting worldwide attempts to deal rationally with the pandemic."

In the executive summary of the report, Breggin documents 15 questionable activities that Fauci has been engaged in, starting with the fact that he funded dangerous gain-of-function research on bat coronaviruses, both by individual Chinese researchers and the

WIV in collaboration with American researchers. This research, Breggin says, allowed the CCP and its military to create their own bioweapons, including SARS-CoV-2.

Will Fauci Be Held Accountable?

According to Thacker, "it's obvious" Fauci "broke the law and misled Congress." He adds:[19]

> *"This is not my personal opinion; I was required to know and enforce the relevant provisions of the law during the three years I ran investigations in the Senate. On two occasions I had to consult with Senate Legal Counsel and then warn people about lying to Congress ...*
>
> *Fauci lied while testifying before Congress. Fauci lied to the American people. Several lines of evidence make this clear. But catching Fauci lying and breaking the law does little good, because the Department of Justice prosecutes people for lying to Congress, and the Department of Justice is run ... by the Biden administration. So what is President Biden going to do about this?"*

During an appearance on the Hannity Show, July 20, 2021, U.S. Sen. Rand Paul — who has grilled Fauci about his research funding in two separate hearings this year — announced he would indeed ask the DOJ for a criminal referral.[20]

Paul specifically asked the DOJ to investigate whether Fauci violated 18 U.S. Code § 1001[21] — which makes it a federal crime to make "any materially false, fictitious or fraudulent statement or representation" as part of "any investigation or review" conducted by Congress — or any other statute. Time will tell if it amounts to anything.

Gain-of-Function Research Is the Real Threat

Regardless of what happens to Fauci, at the end of the day, the key issue that needs to be addressed is whether we should allow research that involves making pathogens more dangerous to humans at all, regardless of what the intent behind it might be, or the specific technology used.

Lab leaks have occurred on multiple occasions, so it's really only a matter of time before something far more devastating than SARS-CoV-2 gets out. World leaders need to realize that funding gain-of-function research is the real threat here, and take action accordingly to forestall another pandemic. As long as researchers are allowed to mutate and create synthetic pathogens, they're creating the very risk they claim they're trying to prevent.

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- [21] 18 US Code § 1001 - Statements or entries generally

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Proof: The US Funded Wuhan Coronavirus Research

A Freedom of Information Act request has produced a report more than 900 pages long detailing U.S. funding of research at the Wuhan Institute of Virology and the coordinated work that EcoHealth Alliance, the National Institutes of Health and Dr. Anthony Fauci's National Institute of Allergy and Infectious Diseases did with the Wuhan lab.

One of the NIH grants was for $666,422 to study the risk of bat coronaviruses. The grant's plan, as written by the recipient, EcoHealth Alliance, outlines a plan to physically work in China on it. "This is a road map to the high-risk research that could have led to the current pandemic," Gary Ruskin, executive director of U.S. Right To Know, a group that has been investigating the origins of COVID-19, told The Intercept.

"The documents contain several critical details about the research in Wuhan, including the fact that key experimental work with humanized mice was conducted st a biosafety level 3 lab at Wuhan University Center for Animal Experiment — and not at the Wuhan Institute of Virology, as was previously assumed," The Intercept added.

All told, the documents show that EcoHealth Alliance received $3.1 million, of which the Wuhan Institute of Virology received $599,000 to "identify and alter bat coronaviruses likely to infect humans."

In other news MSN reported that a cable obtained by U.S. diplomat Rick Switzer and U.S. consul-general Jamie Fouss had obtained a cable stating thst "NIH was a major funder, along with the National Science Foundation of China, of Sars research by the Wuhan Institute of Virology ... In the last year, the institute has also hosted visits from the National Institutes of Health (NIH), National Science Foundation and experts from the University of Texas Medical Branch in Galveston."

SOURCES:

The Intercept September 6, 2021

MSN September 4, 2021

The Epoch Times September 7, 2021

Team Tucker Carlson

Fauci Funded 60 Projects At The Wuhan Institute Of Virology

By Team Tucker Carlson Sept. 20, 2021

New revelations have come out about Anthony Fauci, the mad medic, Director of the National Institute of Allergy and Infectious Diseases (NIAID) *and the Chief Medical Advisor to the President.* This time from Australia.

We first noted the Wuhan Institute of Virology in 2020 and in April noted that the Institute experimented with live animals.

Sharri Markson from Sky News is coming out with a book that's a culmination of her efforts studying Anthony Fauci. She notes the following on Sky News hours ago:

Dr Anthony Fauci was "up to his neck" funding coronavirus research in Wuhan, which "just shows how incredibly stupid" he is, says Sky News host Sharri Markson. Ms Markson has been investigating Anthony Fauci's involvement in funding the Wuhan Institute of Virology and discovered his agency "had funded 60 projects at the Wuhan laboratory."

"Then he wrote a paper where he said gain of function research was worth the risk of a pandemic, and that he had even funded coronavirus research in conjunction with the Chinese military," Ms Markson said.

Mr Fauci, who has been the Director of the National Institute of Allergy and Infectious Diseases since 1984, apparently stayed silent during Oval Office meetings at the start of the pandemic about the "risky research that was underway at the Wuhan Institute of Virology".

"He never mentioned that his agency was funding this, and he actually knew a whole lot about it."

Sharri Markson explores this in a documentary premiering on Monday night, 'What Really Happened in Wuhan', including exclusive interviews with President Donald Trump and Mike Pompeo.

Watch at 8pm Monday on Sky News Australia.

Dr. Fauci never shared any of this with President Trump in the early months of the pandemic.

[redacted]

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BILL & MELINDA GATES *foundation*

Bill & Melinda Gates Foundation – Advancing an mRNA-based antibody combination to help prevent HIV infection

"Moderna Therapeutics' research has considerable potential for the development of an effective prevention intervention for HIV, and potentially other infectious diseases that disproportionately affect the world's poorest people." – Trevor Mundel, president of Global Health at the Bill & Melinda Gates Foundation

In January 2016, we entered a global health project framework agreement with the Bill & Melinda Gates Foundation to advance mRNA-based development projects for various infectious diseases. The Bill & Melinda Gates Foundation has committed up to $20.0 million in grant funding to support our initial project related to the evaluation of antibody combinations in a preclinical setting as well as the conduct of a first-in-human Phase 1 clinical trial of a potential mRNA medicine to help prevent human immunodeficiency virus, or HIV, infections. Follow-on projects which could bring total potential funding under the framework agreement up to $100.0 million (including the HIV antibody project) to support the development of additional mRNA-based projects for various infectious diseases can be proposed and approved until the sixth anniversary of the framework agreement, subject to the terms of the framework agreement, including our obligation to grant to the Bill &Melinda Gates Foundation certain non-exclusive licenses.

Moderna's Company History

FOUNDING YEAR:

2010

TEAM MEMBERS:

1,800+ (As of June 2021)

Current Job Openings >

HEADQUARTERS:

Cambridge, MA

CEO:

Stéphane Bancel

Learn About Stéphane >

US LOCATIONS:

200 Technology Square, Cambridge, MA

One Upland Road, Norwood, MA

THERAPEUTIC AREAS:

- Infectious Diseases
- Immuno-Oncology
- Rare Diseases
- Cardiovascular Diseases
- Autoimmune Diseases

CAPITALIZATION:

- Cash, cash equivalents, and investments in marketable securities: $12.2 billion (unaudited as of June 30, 2020)
- No Debt

PARTNERS:

Lonza

AstraZeneca

BARDA

MERCK

DARPA

VERTEX

Karolinska Institutet

BILL & MELINDA GATES foundation

PIPELINE:

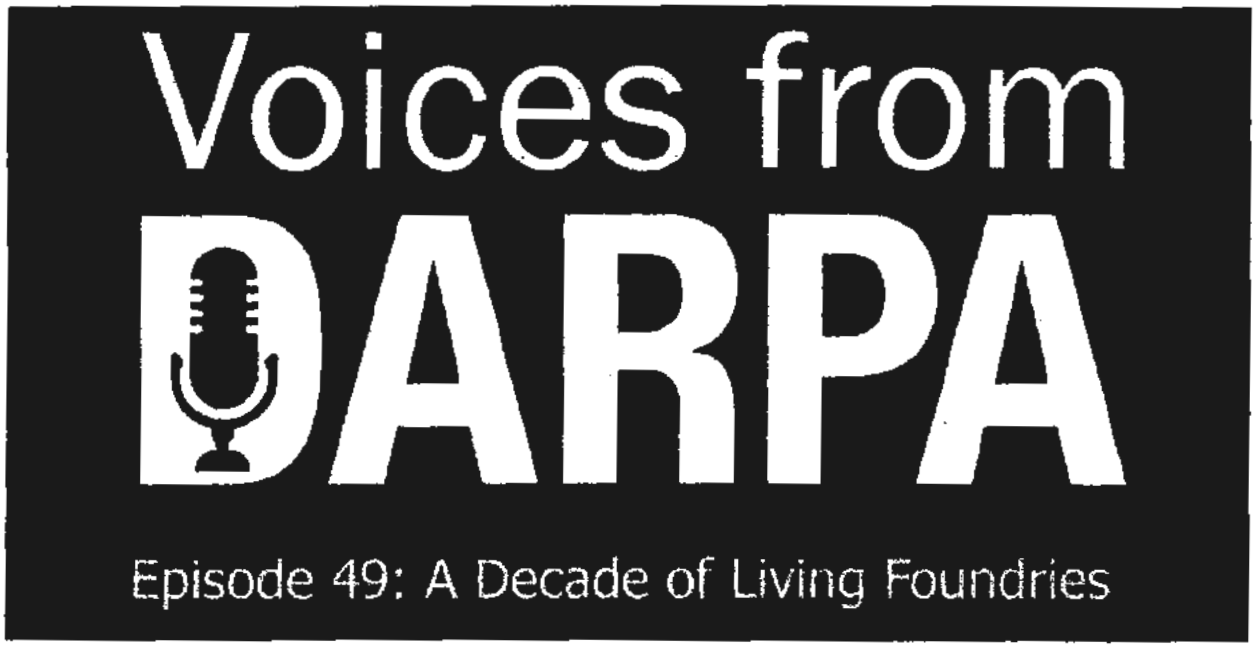
FOUNDING INVESTOR:

- Flagship Pioneering

moderna

Episode 49: A Decade of Living Foundries

OUTREACH@DARPA.MIL
9/15/2021



This episode of the *Voices from DARPA* podcast takes listeners on a tour of an audacious, decade-long project to merge biology and engineering into one of the most powerful engines of molecular invention the world has known. Although plenty of work remains to be done, the program, Living Foundries, is winding down. But not before its community of research performers and collaborators already has delivered a new and versatile biotechnology platform whose consequences have begun to ripple out. New companies. Follow-on investments. Chemical- and materials-based technologies for the Department of Defense ... and perhaps one day for the public at large.

As it has unfolded, the Living Foundries program has created an innovation ecosystem of industry, academic, and government researchers and champions. In the podcast, you will hear a story about how they have developed, proven, deployed, and continue to hone a versatile biosynthetic technology platform capable of producing both low-cost, bulk materials such as fire-resistant coatings and polymers as well as high-cost, low-quantity specialty items such as high-energy-density jet and missile fuels.

The crux of the technology is the new ability to quickly reprogram the genomes of yeast and other microbes with in-cell biosynthetic pathways that can ferment a diversity of precursor chemicals into an inventory of more-useful target molecules. Think of this as the way brewers use yeast to convert sugar into alcohol, but now you can replace the sugar and alcohol with a wide range of starting and ending chemicals. In recent years of the

program, researchers have produced, among other useful materials, antibiotics, drug-precursors, pesticides, adhesives, fuels, filtering materials, mold inhibitors, detergents, catalysts for chemical reactions, and optical materials such as liquid crystals. The molecule count that the platform has produced so far has topped 1600.

The Living Foundries program will keep on giving, says Anne Cheever, the program manager in DARPA's Biological Technologies Office who is taking the program to the finish line. Says Cheever, "Post Living Foundries, the breadth and throughput of products will only continue to expand, especially since commercial applications of this technology span across the biotech sector. And for the DoD, this will include continuing the development path. There's going to be solutions. There's going to be new enhancements to military needs as well as capabilities."

Blubrry (podcast host): https://blubrry.com/voices_from_darpa/80842867/episode-49-a-decade-of-living-foundries/

YouTube: https://youtu.be/5FaweJeWx1Q

iTunes: https://itunes.apple.com/us/podcast/voices-from-darpa/id1163190520

TAGS

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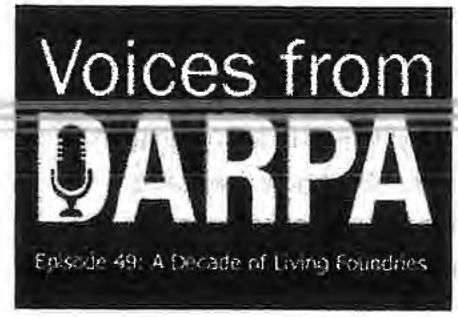

Episode 49: A Decade of Living Foundries

18 U.S. Code § 1621 - Perjury generally

U.S. Code Notes

Whoever—

(1) having taken an oath before a competent tribunal, officer, or person, in any case in which a law of the United States authorizes an oath to be administered, that he will testify, declare, depose, or certify truly, or that any written testimony, declaration, deposition, or certificate by him subscribed, is true, willfully and contrary to such oath states or subscribes any material matter which he does not believe to be true; or

(2) in any declaration, certificate, verification, or statement under penalty of perjury as permitted under section 1746 of title 28, United States Code, willfully subscribes as true any material matter which he does not believe to be true;

is guilty of perjury and shall, except as otherwise expressly provided by law, be fined under this title or imprisoned not more than five years, or both. This section is applicable whether the statement or subscription is made within or without the United States.

(June 25, 1948, ch. 645, 62 Stat. 773; Pub. L. 88–619, § 1, Oct. 3, 1964, 78 Stat. 995; Pub. L. 94–550, § 2, Oct. 18, 1976, 90 Stat. 2534; Pub. L. 103–322, title XXXIII, § 330016(1)(I), Sept. 13, 1994, 108 Stat. 2147.)

NEWS AND COMMENTARY

DeSantis: Businesses Asking For Proof Of Vax Will Be Fined $5,000 A Violation

By Amanda Prestigiacomo

Sep 13, 2021 DailyWire.com

Joe Raedle / Getty Images

Businesses asking for proof of vaccination or government agencies mandating vaccination for employees will be facing $5,000 fines per violation, Florida Governor Ron DeSantis (R) reiterated this week.

DeSantis in May signed a bill allowing "the state to issue fines beginning Sept. 16 if people are asked to show proof they have received a COVID-19 vaccine

Microscopy Expert: Vials Contain Graphene Oxide, Parasites, Stainless Steel

Posted By *Stew Peters Show* On August 30, 2021 @ 9:32 am In Stew Peters Show | 23 Comments

Americans are being illegally coerced to take medicine. That's a fact. That's happening in the land of the free. From 100% of the military to millions of healthcare workers (propped up early last year as heroes, now being told they can kick rocks), airline pilots, cops, firefighters are you seeing a trend here? The so-called servants to the public are being targeted and every key area of essential workers are now being subjected to tyranny at the hands of unchecked communist overlords with a newly-found authority to force you into an ineffective and in many cases dangerous face muzzle transforming what we're used to seeing as liberty-loving socialites into an almost mirror image of a burka-ridden extremist militant-run Muslim way of life.

Cover your face, stay away from your family, cancel your gatherings, forget about your holidays and take this shot. The safety and effectiveness of the injection is never a part of the conversation, and anyone that questions the ingredients or has noticed the historically record-smashing injuries and deaths is the new conspiracy theorist, right wing radical terrorist on the DHS list recently released in order to scare you into submission.

It's scary to be forced into doing something, even more so when the results could kill you but we're going to keep asking the question. What's in these shots? Why can't we know? Why hasn't Pfizer had a press conference since the fake FDA approval was set up as a furtherance of lies for the CNN propaganda machine? Maybe it's because you're not supposed to know.

Dr. Robert Young, a microscopy expert holding two PhD's, says he has examined the contents [1] of the four publicly-available CoV-19 "vaccines", and determined the vials to contain graphene oxide, deadly parasites and stainless steel, among other metals and contents. You can see his findings here [1].

One doctor, an expert in the field of microscopy, says he's examined the vials, and if what he's saying is accurate we now definitively know why it's a big secret. Dr. Jane Ruby [2] is an expert pharmaceutical researcher that joined Stew Peters to reveal the findings to the public.

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Senior Trump HHS COVID Advisor Drops BOMBS! Task Force Mislead POTUS, No "Pandemic" [10]

URLs in this post:

[1] examined the contents: **https://www.drrobertyoung.com/post/science-team-reveals-graphene-aluminum-inp-capsids-peg-parasites-in-4-cov-vaccines**
[2] Dr. Jane Ruby: **https://drjaneruby.com**
[3] social media: **http://evri.ink/StewPeters**
[4] premium user: **https://www.redvoicemedia.com/premium**
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[9] Advertise: **https://www.redvoicemedia.com/2021/08/cut-out-big-tech-and-advertise-with-red-voice-media-directly/**
[10] Senior Trump HHS COVID Advisor Drops BOMBS! Task Force Mislead POTUS, No "Pandemic": **https://www.redvoicemedia.com/2021/08/senior-trump-hhs-covid-advisor-drops-bombs-task-force-mislead-potus-no-pandemic/**

Japan Suspends Moderna Covid-19 Vaccine Doses after Metallic Containment Found in Dozens of Vials

The country's health has dismissed concerns over significant health problems for those who have been administered the vaccine from those vials, as the chances of the metals entering the body are extremely low.

By R. Ghosh

August 27, 2021 20:42 +08

The foreign substance detected in dozens of vials of Moderna's Covid-19 vaccine in Japan is believed to be tiny pieces of metal, according to the country's health ministry. Japan had suspended the use of more than 1.63 million doses of the Moderna vaccine following reports of contamination in the vials.

However, experts have dismissed concerns over significant health problems for those who have been administered the vaccine from those vials, as the chances of the metals entering the body are extremely low. The foreign substances were found in vials at multiple vaccination sites.

Contaminated Vaccine?

On Thursday, Takeda Pharmaceuticals, which distributes the vaccine in Japan for Moderna, said that it had notified the ministry after several vaccination sites reported an unspecified foreign object was found in one specific lot.

The foreign substances were found in as many as 39 vials at eight vaccination sites in the prefectures of Ibaraki, Saitama, Tokyo, Gifu and Aichi since August 16, reports Xinhua news agency. Following that, the health ministry immediately suspended the use of all the Moderna vaccines in the country.

However, the ministry clarified on Friday that the foreign substances are believed to me metals and are a few millimeters in size and don't pose any threat to a person's health. The ministry said that the particles are too small to enter a person's body, so those who have already been jabbed from these vials.

More than 187,000 shots from the three suspended lot had already been administered in at least 21 prefectures, according to a tally by *Kyodo News*. Those include 50,000 doses in Osaka, 41,500 in Hyogo, 28,020 in Aichi and 13,330 in Hiroshima. This created a lot of panic but any threat to health has now been ruled out.

All's Well

Moderna too was initially in tension following the revelation. The company along with Rovi and Takeda Pharmaceutical Co. has launched an investigation and according to initial reports the entire thing happened during the production process.

According to *Asahi Shimbun*, an unidentified senior health ministry official said that the foreign material is "a metal that reacts to a magnet." That said, the ministry also confirmed that so far, there have been no reports of ill health from contaminated doses, or of foreign materials in other batches of the Moderna vaccine that have been distributed in Japan.

Health minister Norihisa Tamura said the government was contacting the 863 workplace and mass vaccination centers that received the three lot numbers to see if they are short of vaccines, and that it would start distributing replacement vials Friday.

Related topics : Coronavirus

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Relieve Dark Spots In the Blink Of an Eye (Watch THIS)

1 DREDDYMD DANGEROUS DRUGS AND
EWS & REVIEWS, VACCINATION

Idaho doctor reports
"20 times increase" in cancer
among those vaccinated ~~ated~~" for covid

Dr. Ryan Cole, a board-certified pathologist and diagnostics lab owner and operator based out of Idaho, has released shocking new information (https://www.lifesitenews.com/news/idaho-doctor-reports-a-20-times-increase-of-cancer-in-vaccinated-patients/) about how Wuhan coronavirus (Covid-19) "vaccines" are causing a massive "uptick" in autoimmune diseases and cancer.

In a video produced by the Idaho state government's "Capitol Clarity" project, Cole revealed how he is now seeing a 2,000 percent chronic illness increase in folks who took Donald "father of the vaccine" Trump's "Operation Warp Speed" injections (https://archive.is/WAZLp).

(https://go.globalhealingcenter.com/c/435257/381717/5534)"Since January 1, in the laboratory, I'm seeing a 20-times increase of endometrial cancers over what I see on an annual basis," Cole stated in the video.

"I'm not exaggerating at all because I look at my numbers year over year, and I'm like 'Gosh, I've never seen this many endometrial cancers before.'"

Cole revealed these and other statistics at a March 18 event, telling Idahoans that the so-called "vaccines" for the Fauci Flu are invoking a "reverse HIV" type of autoimmune response in people's bodies.

A normal, well-functioning immune system has two types of cells that keep the body healthy: "helper" T-cells, also known as CD4, and "killer" T-cells, also known as CD8 cells. In the "fully vaccinated," there is a massive suppression of "helper" T-cells, Cole warns, which leaves the patient susceptible to an array of illnesses.

"Post-vaccine, what we are seeing is a drop in your killer T-cells, in your CD8 cells," Cole stated. "And what do CD8 cells do? They keep all other viruses in check."

Is the government injecting people with HIV and calling it "covid vaccination?"

Cole's claims resonate with the results of a study (https://dreddymd.com/2020/12/25/covid-19-vaccines-may-increase-the-risk-of-hiv-infections/) published in *The Lancet* late last year which found that Chinese Virus shots greatly increase a person's risk of developing an HIV infection.

Could it be that the jabs are actually inserting HIV into people's bodies under the guise of "vaccinating" them against Chinese Germs? Is everyone being lied to about what these vials truly contain?

It would appear so, based on the latest evidence and revelations. While HIV is known to suppress "helper" T-cells, covid jabs are apparently suppressing "killer" T-cells, which Cole says has a similarly negative effect on immunity.

This vaccine-induced "killer T-cell" suppression, Cole goes on to warn, is generating a major uptick in cases of endometrial cancer, melanomas, herpes, shingles, mono, and even human papillomavirus (HPV) when "looking at the cervical biopsies of women."

Other ingredients in the jabs, including polyethylene glycol, are also causing problems for people's immune systems. Rather than protect them against a China Virus infection as claimed, these injection additives present a serious toxicity risk that could lead to even more health problems on top of those caused by the jabs' HIV-like effects.

"Most concerning of all, there is a pattern of these types of immune cells in the body keeping cancer in check," Cole warns about what these shots are doing, including in young people who were fully healthy before getting jabbed.

"I'm seeing invasive melanomas in younger patients; normally we catch those early, and they are thin melanomas, [but] I'm seeing thick melanomas skyrocketing in the last month or two."

Cole has spoken at several events over the past several months, warning people about the serious risks involved with getting jabbed. Some of his work has been scrubbed from YouTube for being too truthful, so keep an eye out for fresh content about Dr. Ryan Cole at Rumble.com (https://rumble.com/vmk84t-post-vaccine-20-x-increase-of-cancer.html?mref=9qiox&mc=7i756).

"Can you imagine what cancer rates will look like five years from now?" asked one commenter at *LifeSiteNews*. "This won't get reported. They won't even do a study."

More related news stories about Chinese Virus injections can be found at ChemicalViolence.com (http://chemicalviolence.com/).

Ethan Huff

Sources for this article include:

LifeSiteNews.com (https://www.lifesitenews.com/news/idaho-doctor-reports-a-20-times-increase-of-cancer-in-vaccinated-patients/)

DrEddyMD.com (https://dreddymd.com/2020/12/25/covid-19-vaccines-may-increase-the-risk-of-hiv-infections/)

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- Pfizer, Merck launch trials for new oral COVID-19 drugs you'll have to take ALONGSIDE vaccines (https://dreddymd.com/2021/09/08/pfizer-merck-launch-trials-for-new-oral-covid-19-drugs-alongside-vaccines/)
- Are covid vaccines part of the mark of the beast system? (https://dreddymd.com/2021/09/07/are-covid-vaccines-part-of-the-mark-of-the-beast-system/)
- Scientists warn push for COVID-19 booster shots not based on scientific data; "politics" and profits now driving vaccine policies (https://dreddymd.com/2021/08/24/scientists-warn-covid-booster-shots-not-based-scientific-data/)
- SATAN'S PUPPET: Pope Francis calls getting the abortion-tainted COVID-19 vaccine "an act of love" (https://dreddymd.com/2021/08/24/pope-francis-covid-19-vaccine-act-of-love/)

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– biological, psychological, social and spiritual. Biological Medicine is a big part of my work and so is Dark field Microscopy, what I use in my daily practice and what I teach more then 15 years in Asia and around the world: Live Blood Analysis in dark field based on Haematology. We utilize Live blood analysis since 2004, conventional as well as specialty laboratories for a thorough diagnostic work up of the disease in question. Our integrative medicine treatment regimens are especially unique and are tailored specifically to the individual needs of each patient. Our Mission: don't harm, prevent, use food as medicine We are a reliable partner for integrative medicine in Medical Spa & Clinic Development and integrative medicine Education Training for alternative doctors – we bring different holistic approaches, like Integrative Medicine, Traditional Chinese Medicine and Ayurveda Medicine together. On your request we offer our service in your place as well. Heavy metal poisoning Heavy metal poisoning is much more common than most people realize, and if you're thinking that it doesn't apply to you because you haven't been exposed to any, think again. If you've eaten fish regularly, had amalgam fillings, received vaccinations, drank contaminated water, or done industrial or agricultural work or pharmaceutical manufacturing, there's a good chance that you have a fair amount of toxic metals in your system.. We are here to help and to educate! Wishing your health and happiness Dr Eddy Bettermann MD Multimedia library https://bit.ly/2Wgqsd3 Protect you and your family from harmful radiation https://bit.ly/synergyscience-dreddymd More information about 5G and EMF: https://dreddymd.com/?s=5G+and+EMF Protocol https://amzn.to/2Nxsfql View all posts by dreddymd

One thought on "Idaho doctor reports "20 times increase" in cancer among those "vaccinated" for covid"

1. **Jeanie** says:
   SEPTEMBER 17, 2021 AT 2:21 AM
   Thank you for sharing you e set yourself apart from these other incompetent journalists that spread lies!!! Thank you

   REPLY

MATERIAL SAFETY DATA SHEET
GRAPHENE OXIDE

Ceylon Graphene Technologies

SECTION 1: Identification of the substance/mixture and of the company/undertaking

1.1 Product Details

Name	Graphene Oxide
Product Code	CGT-GO
REACH NO.	A registration number is not available for this substance as the substance or its uses are exempted from registration or the annual tonnage does not require a registration.

1.2 Relevant identified uses of the substance or mixture and uses advised against

Identified Uses:

Additive material for energy, coating, electronics, composites, etc. For professional use only. For R&D and industrial use only.

1.3 Supplier Details

Supplied By:	Ceylon Graphene Technologies Pvt Ltd, 100/1, Sri Jayawardenepura Mawatha, Rajagiriya, Sri Lanka
Telephone:	+ 94 0713 666 888 + 94 0770 411 985
Email:	info@ceylongraphene.com

SECTION 2: Hazards Identification

2.1 Classification of the substance or mixture

Not a hazardous substance or mixture according to Regulation (EC) No. 1272/2008. Substance properties have been derived from graphite (bulk substance); the properties of the single/few-layer nanomaterial is under evaluation and to some extent not known.

2.2 Label elements

No label required.

2.3 Other hazards

Exposure may aggravate pre-existing eye, skin, or respiratory conditions.

www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

SUPREME COURT OF THE UNITED STATES

No. 12–398

ASSOCIATION FOR MOLECULAR PATHOLOGY, ET AL., PETITIONERS *v.* MYRIAD GENETICS, INC., ET AL.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

[June 13, 2013]

JUSTICE SCALIA, concurring in part and concurring in the judgment.

I join the judgment of the Court, and all of its opinion except Part I–A and some portions of the rest of the opinion going into fine details of molecular biology. I am unable to affirm those details on my own knowledge or even my own belief. It suffices for me to affirm, having studied the opinions below and the expert briefs presented here, that the portion of DNA isolated from its natural state sought to be patented is identical to that portion of the DNA in its natural state; and that complementary DNA (cDNA) is a synthetic creation not normally present in nature.

Back to...

ALT NEWS

ALT NEWS

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If You Have Been Vaxed You Are Now Owned And Have No More Access To HUMAN RIGHTS Supreme Court 2013 - Pathology vs Myriad Genetics

The Vaxed Can Be Patented (Owned)

Summary From The Net
7-11-21

In a Supreme Court case decision in 2013 - Pathology vs Myriad Genetics, Inc - the United States Supreme Court ruled that you cannot patent human DNA as it is 'a product of nature'. However, at the end of the ruling, the Supreme Court wrote that if you were to change a human's genome by mRNA vaccines (being used currently) then the (altered) genome CAN be patented.

This means that everyone who has had the 'vaccine' is now technically 'patented'. Anything that is patented is 'owned' and comes under the definition of 'trans human'.

All people who are legally identified as being 'trans human' do not have access to Human Rights or any Rights granted by the State. That is because they are not classified as anything 100% organic or human.

Therefore, technically, anyone having this 'vaccine' can no longer have any access to Human Rights. There have been a few legal papers discussing this recently, so there should be clarification on this soon. As of now, the high court ruling stands.

Full Supreme Court Ruling
www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

THE BLOGS

Christina Lin

Gene-editing, Moderna, and transhumanism

As gene-based mRNA vaccines from Moderna are being designed and tested at warp speeds to fight Covid-19, this is also bringing the debate over transhumanism into the forefront.

Transhumanism is a type of futurist philosophy aimed at transforming the human species by means of biotechnologies. Transhumanists see disease, aging and death as undesirable and unnecessary, and aim to transform human beings into post-human species with greater capacities than those of present human beings.

The philosophy is based on secular humanism and sees human nature as an evolutionary work-in-progress with room for improvement and enhancement. However, it is more radical in that it promotes not only traditional means of improving human nature such as education and cultural refinement, but also direct application of medicine and technology to overcome basic biological limits.

Transhumanists give special attention to genetic engineering, robotics, molecular nanotechnology and artificial intelligence, and the Covid-19 pandemic is providing gene-based vaccines a chance to break through into the global health market.

Moderna and gene-editing

Currently there are various companies such as Inovio, Moderna and CanSino Biologics that are testing mRNA and DNA vaccines to counter SARS coronavirus-2 (SARS CoV-2) which causes Covid-19, but Moderna is the front runner that recently nabbed $472 million from U.S. government's Biomedical Advanced Research and Development Authority (BARDA) to develop the vaccine. This is in addition to the $483 million it had already received back in April, bringing its total funding to $955 million.

With U.S. government funding at nearly $1 billion for one company, Moderna may be too big to fail. However, this is perplexing for a company that has never produced a single vaccine. According to a CNN report, Moderna was only established in 2010, has never brought a product to market, nor gotten any of its nine or so vaccine candidates approved for use by the FDA.

However, it has been a long-term Pentagon contractor for biodefense, working closely with Defense Advanced Research Project Agency (DARPA) on gene-editing and mRNA therapeutics. DARPA is focused on developing emerging disruptive technologies to maintain a competitive edge over adversaries, including many 'transhuman' projects such as genetic engineering and soldier enhancement via robotics.

In the case of Moderna and mRNA therapeutics, DNA vaccines is considered a new paradigm that would disrupt the pharmaceutical industry. Its vision is to harness a new technology that synthesizes messenger RNA, or mRNA—which is an instruction manual in every living cell for creating protein—to prompt the human body to make its own medicine.

So instead of injecting a piece of virus into a person to stimulate the immune system, the synthesized genes would be shot into the body whereby the genes are edited, deleted, added, to re-engineer human DNA to resist the disease. If successful, scientists hope DNA vaccines could be a "transformative" treatment for heart disease, metabolic and genetic diseases, kidney failure and even cancer. Moreover, it could be an effective form of biodefense to protect the population against biological warfare, which is also the mandate for DARPA and BARDA.

Transhumanism and hybrids

Indeed, DARPA is also developing other forms of human enhancement in addition to gene editing. Already scientists are merging robotics with the human body in brain-to-computer interface (BCI), wherein individuals with physical injuries can regain their functions, and soldiers become smarter and more powerful through the fusing of their brain with machines.

In a way, the Pentagon is now building real iron man similar to the American superhero based on the Marvel Comics character. Soldiers in exoskeleton suits

are physically more powerful than those without, while other soldiers with bionic limbs perform better than adversaries with human limbs. When one adds artificial intelligence with BCI, the sky is the limit for an army of these genetically modified and robotically enhanced humanoids.

But U.S. is not the only country engaged in human enhancement and transhumanism, as Russia and China are also in hot pursuit with exoskeletons, vaccines and brain implants. As this competition gains traction, one wonders what the future of their militaries may look like as human beings are steadily integrated with machines to become armies of iron man.

Here the Book of Daniel may lend some insights. In interpreting King Nebuchadnezzar's dream of an image with a head of gold, chest and arms of silver, belly and thighs of bronze, legs of iron, and feet of iron and clay, Daniel revealed the parts as the sequence of world empires, with the feet of iron and clay being the last.

King Nebuchadnezzar's dream man
Daniel 2

(13

In Daniel 2:43 it is written, "as you saw iron mixed with ceramic clay, they will mingle with the seed of men; but they will not adhere to one another, just as iron does not mix with clay," that seems to describe a hybrid of man (clay) mixed with machine (iron). And as transhumanism and biotech gain momentum, armies of hybrid humans of iron and clay may be a real possibility in a not too distant future world.

ABOUT THE AUTHOR

Dr. Christina Lin is a US-based foreign policy analyst specializing in China-Mediterranean relations. She has extensive US government experience working on national security issues and was a CBRN (chemical, biological, radiological, nuclear) research consultant for Jane's Information Group.

HEALTH

Vaxxed Make Up '85–90% of the Hospitalizations' from COVID Infection in Israel: Dr. Kobi Haviv

By **Jon Fleetwood** August 8, 2021

The Director of the Herzog Hospital in Jerusalem says the Covid-19 vaccine's "effectiveness is waning."

QUICK FACTS:

- Dr. Kobi Haviv—Director of the Herzog Hospital in Jerusalem, Israel—appeared on Israel's *News 13*.
- He told an anchor that "the effectiveness of the [coronavirus] vaccine is really fading."
- "Most of the population is vaccinated," said Dr. Haviv, and "85–90% of the hospitalizations are fully vaccinted people."

WATCH THE INTERVIEW:

BACKGROUND:

- Dr. Haviv's remarks come as the Israeli ministry figures confirmed 3,843 coronavirus cases on Thursday alone, even though "over 5.8 million have received at least one vaccine dose," as reported by *The Times of Israel*.
- This was the "fourth day in a row that new cases have passed 3,000."
- *CNN* calls the "new wave of infections" in Israel a "spike."
- Amid the "continued rise in cases," notes the Times of Israel, Israel's ministers have "approved significantly expanding restrictions on gatherings under the Green Pass system."
- However, over 60% of Israel's population have received the Covid-19 gene-based vaccine.
- About 5.8 million out of Israel's 9.3 million citizenry have received at least one vaccine dose.
- The Johns Hopkins online Coronavirus Resource Center indicates that Israel has an "Above World Average" vaccination rate, ranking 16th out of 162 world nations on the list.

Screenshot from the Johns Hopkins website taken August 6, 2021

- The Centers for Disease Control and Prevention (CDC) also lists Israel as having a "High" travel risk in their "Risk Assessment Level for COVID-19" chart, depite Israel's high vaccination rate.

Screenshot from the Centers for Disease Control and Prevention (CDC) website taken August 6, 2021

Jon Fleetwood is Managing Editor for American Faith.

BREAKING NEWS

Israel's COVID-19 Vaccine Breakthrough Cases Exceed 50%

August 11, 2021 • 5:56 pm CDT

(Precision Vaccinations) – According to the Israeli Health Ministry COVID-19 data dashboard on August 11, 2021, the number of serious COVID-19 cases reached 405 yesterday, the highest one-day total since March 2021.

Furthermore, about 250 of these patients were fully vaccinated, known as a 'breakthrough case,' reported Haaretz News.

Previously, the Ministry of Health launched a booster vaccination campaign for senior citizens.

As of August 8th, out of about 600,000 individuals vaccinated with the third COVID-19 vaccine dose (the booster dose), fewer than 50 cases of side effects around the time of vaccination have been reported so far by the Ministry of Health.

Additionally, Haaretz reported the Israeli government is forecasting that the number of patients hospitalized with COVID-19 could double every 10 days.

In reaction to this projection, Israel's Prime Minister Naftali Bennett and Health Minister Nitzan Horowitz agreed on August 10th to add new health care positions each time the number of hospitalized COVID-19 patients doubles. In addition, Israel's government intends to provide about $773 million to fund the "booster shot" for hospitals initiative, reported the Time of Israel.

"We are preparing for a significant increase in the number of severe patients," the prime minister stated. "Our goal is to double the capacity of the healthcare system."

To alert US citizens of the current COVID-19 outbreak in Israel, the US Centers for Disease Control and Prevention (CDC) issued a very-high level Travel Advisory for Israel, West Bank, and Gaza on August 9, 2021. The new CDC Advisory says, 'avoid travel to Israel.'

'Because of the current situation in Israel, even fully vaccinated travelers may be at risk for getting and spreading COVID-19 variants. Therefore, if you must travel to Israel, make sure you are fully vaccinated before travel. And, travelers should follow recommendations or requirements in Israel, the West Bank, and Gaza, including wearing a mask and staying 6 feet apart from others.'

The CDC says 'all air passengers coming to the USA, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the USA.'

CNBC
HEALTH AND SCIENCE

CDC study shows 74% of people infected in Massachusetts Covid outbreak were fully vaccinated

PUBLISHED FRI, JUL 30 20212:34 PM EDTUPDATED FRI, JUL 30 20218:27 PM EDT

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@BERKELEYJR

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KEY POINTS

About three-fourths of people infected in a Massachusetts Covid-19 outbreak were fully vaccinated, according to new data published Friday by the CDC.

The new data, published in the U.S. agency's Morbidity and Mortality Weekly Report, also found that fully vaccinated people who get infected carry as much of the virus in their nose as unvaccinated people.

Boston EMS medics work to resuscitate a patient on the way to the ambulance amid the coronavirus disease (COVID-19) outbreak in Boston, Massachusetts, April 27, 2020.
Brian Snyder | Reuters

About three-fourths of people infected in a Massachusetts Covid-19 outbreak were fully vaccinated against the coronavirus with four of them ending up in the hospital, according to new data published Friday by the Centers for Disease Control and Prevention.

The new data, published in the U.S. agency's Morbidity and Mortality Weekly Report, also found that fully vaccinated people who get infected carry as much of the virus in their nose as unvaccinated people, and could spread it to other individuals.

"This finding is concerning and was a pivotal discovery leading to CDC's updated mask recommendation," CDC Director Dr. Rochelle Walensky said in a statement. "The masking recommendation was updated to ensure the vaccinated public would not unknowingly transmit virus to others, including their unvaccinated or immunocompromised loved ones."

On Tuesday, the CDC reversed course on its prior guidance and recommended fully vaccinated Americans who live in areas with high Covid infection rates resume wearing face masks indoors. The guidelines cover about two-thirds of the U.S. population, according to a CNBC analysis.

CNBC Health & Science

Read CNBC's latest global coverage of the Covid pandemic:

Data shows Covid booster shots are 'not appropriate' at this time, U.S. and international scientists conclude

As many return to the office, tensions flare between the 'vaxxed and unvaxxed'

CNBC poll shows very little will persuade unvaccinated Americans to get Covid shots

New study finds unvaccinated are 11 times more likely to die from Covid, CDC says

While the delta variant continues to hit unvaccinated people the hardest, some vaccinated people could be carrying higher levels of the virus than previously understood and are potentially transmitting it to others, Walensky told reporters on a call Tuesday. She added the variant behaves "uniquely differently from past strains of the virus."

A CDC document that was reviewed by CNBC warned that the delta variant sweeping across the country is as contagious as chickenpox, has a longer transmission window than the original Covid strain and may make older people sicker, even if they've been fully vaccinated.

Delta, now in at least 132 countries and already the dominant form of the disease in the United States, is more transmissible than the common cold, the 1918 Spanish flu, smallpox, Ebola, MERS and SARS, according to the document. Only measles appears to spread faster than the variant.

The data published Friday was based on 469 cases of Covid associated with multiple summer events and large public gatherings held in July in Barnstable County, Massachusetts, which encompasses Cape Cod and is just outside Martha's Vineyard. The events were held in Provincetown, according to NBC News. Approximately three-quarters, or 74%, of the cases occurred in fully vaccinated people who had completed a two-dose course of the mRNA vaccines or received a single shot of Johnson & Johnson's.

Overall, 274 vaccinated patients with a breakthrough infection were symptomatic, according to the CDC. The most common side effects were cough, headache, sore throat, muscle pain and fever. Among five Covid patients who were hospitalized, four were fully vaccinated, according to the agency. No deaths were reported.

Testing identified the delta variant in 90% of specimens from 133 patients.

While numerous studies have shown that the vaccines don't work as well against the delta variant as they did against other strains, health officials say they are still highly effective, especially in protecting against severe illness and death. Roughly 97% of new hospitalizations and 99.5% of deaths in the U.S. are among unvaccinated individuals, U.S. health officials repeated this week.

The CDC also said the data has limitations. The agency noted that as population-level vaccination coverage increases, vaccinated persons are likely to represent a larger proportion of Covid cases. Additionally, asymptomatic breakthrough infections might be underrepresented because of detection bias, the agency said.

The CDC also said the report is "insufficient" to draw conclusions about the effectiveness of the authorized vaccines against Covid, including the delta variant, during this outbreak.

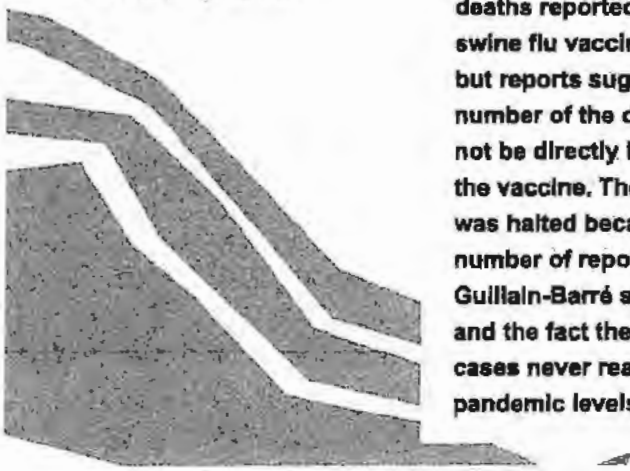
HEALTH / CORONAVIRUS

Comparisons between deaths reported after swine flu and Covid-19 vaccines are misleading

30 JULY 2021

WHAT WAS CLAIMED

Thirty-two deaths from the swine flu vaccine in 1976 halted the programme.



OUR VERDICT

Full Fact could not find a confirmed number of deaths reported after a swine flu vaccine in 1976, but reports suggest that a number of the deaths could not be directly linked with the vaccine. The rollout was halted because of a number of reports of Guillain-Barré syndrome, and the fact the swine flu cases never reached pandemic levels.

1 of 2 claims

Several posts on Instagram have compared the rollout of a swine flu vaccine in the US in the 1970s with the Covid-19 vaccination programme.

The posts claim that the rollout of the swine flu vaccine in 1976 was halted after it caused 32 deaths, while "more than 10,991 people have died from the Covid vaccines in the US alone".

Full Fact could find no official confirmation of 32 deaths caused by the vaccine, though this figure has been reported as one estimate, and reports state that the rollout was halted after concerns around the risk of Guillain-Barré syndrome.

According to the CDC, there were 6,207 reports of death among people who received a Covid-19 vaccine up to 26 July, but there is no evidence these were directly caused by the vaccine.

The posts also claim that "typically over 50 deaths will halt a vaccine in the US".

We could find no credible source confirming a threshold of 50 deaths before a vaccine roll out is paused.

What happened with the 1976 swine flu vaccine?

In February 1976, several soldiers at a US army post in New Jersey fell ill with an unrecognised form of swine flu, which was later found to have spread to more than 200 people. By March, President Gerald Ford had announced a vaccine programme intending to "immunise every man, woman and child in the US" in the autumn of the same year.

Health

Fact checks about medical conditions, the NHS, social care and government funding of national health services

- A&E pressures
- NHS bureaucracy and efficiency
- Cancer care
- Coronavirus
- GP 'crisis'
- Health care systems
- Health spending
- Health tourism
- How healthy are we?
- Immigration and the NHS
- Is the NHS being privatised?
- Junior doctors
- Mental health
- NHS performance and satisfaction
- NHS pressures
- NHS performance and satisfaction
- NHS staff
- Safety
- The seven day NHS
- Social care
- Vaccines

Full Fact could find no definitive confirmation of 32 deaths after vaccination, with a range of estimates offered by different sources. A CNN article states: "the program was suspended after at least 25 people died from vaccine reactions. Other estimates put the death toll at 32 people," while a Los Angeles Times article states: "More than 500 people are thought to have developed Guillain-Barré syndrome [GBS] after receiving the vaccine; 25 died."

GBS is a rare condition that affects the nerves, causing problems such as numbness in the limbs, and can in some cases be life-threatening. It is thought to be caused by an issue with the immune system where the body mistakenly attacks and damages the nerves—especially after an infection such as flu, or food poisoning.

A different article, available on the National Center for Biotechnology Information (NCBI) site says that by 22 October 1976, 41 deaths amongst people who had been given the vaccine had been reported by the CDC, but there was "still no known connection to [the] vaccine".

Deaths without a proven link to the vaccine became the focus of intense media coverage. Another article on the NCBI site points to the intense media activity surrounding the death of three elderly people who received the vaccine at the same clinic. There was no evidence the deaths were caused by the vaccine.

The vaccination programme was halted in December 1976, days after the Centers for Disease Control and Prevention (CDC) reported a number of cases of GBS among individuals after receiving the jab.

At the time, a consensus was reached that the number of GBS cases was in excess of what would normally be expected, but later research has since found that the chances of developing the condition after vaccination are extremely small (approximately one additional case of GBS for every 100,000 people who got the swine flu vaccine).

Health officials, weighing the threat of the virus against the reports of GBS, decided to halt the immunisation programme until the issue could be explored.

In a reflection on the events of 1976, Pascal James Imperato, deputy health commissioner and the chair of the task force charged with rolling out the programme in New York at the time, writes: "The Guillain-Barré syndrome is known to occur after immunizations and a certain incidence was expected after swine influenza immunizations.

"Because of intense surveillance of vaccines for all kinds of side reactions and the litigious atmosphere surrounding the swine flu program, these cases surfaced very quickly."

The swine flu identified in 1976 did not lead to a pandemic. To date, Covid-19 has killed more than 600,000 people in the US, with more than 34.6 million infections.

Have almost 11,000 people died from the Covid-19 vaccine in the US?

According to the CDC, there were 6,207 reports of death among people who received a Covid-19 vaccine through the Vaccine Adverse Event Reporting System (VAERS) up to 26 July. More than 339 million vaccines have been administered in the US.

Healthcare providers, vaccine manufacturers, and the public can submit reports to VAERS, but reports are not confirmed side effects.

The VAERS site includes a substantial caveat noting this, stating: "While very important in monitoring vaccine safety, VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness.

"The reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. Most reports to VAERS are voluntary, which means they are subject to biases."

One Instagram post attributes the total of 10,991 deaths to a site which presents VAERS data and appears to include in its count thousands of reported deaths with a "foreign" or "unknown" location. Again, even if these were to be included in the toll, there is no

CONGRESS.GOV

H.R.5546 - National Childhood Vaccine Injury Act of 1986

99th Congress (1985-1986)

Sponsor: Rep. Waxman, Henry A. [D-CA-24] (Introduced 09/18/1986)
Committees: House - Energy and Commerce; Ways and Means | Senate - Labor and Human Resources
Committee Reports: H.Rept 99-908 Part 1
Latest Action: Senate - 10/18/1986 Read twice and referred to the Committee on Labor and Human Resources. (All Actions)
Tracker: Introduced **Passed House**

There are 2 summaries for H.R.5546. Passed House amended (10/14/1986)

Bill summaries are authored by CRS.

Shown Here:
Passed House amended (10/14/1986)

(Measure passed House, amended)
National Childhood Vaccine Injury Act of 1986 - **Title I: Vaccines - Subtitle 1: National Vaccine Program** - Amends the Public Health Service Act to establish in the Department of Health and Human Services a National Vaccine Program to: (1) direct vaccine research and development within the Federal Government; (2) ensure the production and procurement of safe and effective vaccines; (3) direct the distribution and use of vaccines; and (4) coordinate governmental and nongovernmental activities. Requires the Director of the Program to report to specified congressional committees.

Establishes the National Vaccine Advisory Committee to recommend: (1) ways to encourage the availability of an adequate supply of vaccines; and (2) research priorities.

Authorizes appropriations for FY 1987 through 1991.

Subtitle 2: National Vaccine Injury Compensation Program - Part A: Program Requirements - Establishes the National Vaccine Injury Compensation Program as an alternative remedy to judicial action for specified vaccine-related injuries.

Prescribes the contents of any petition for compensation.

Grants U.S. district courts authority to determine eligibility and compensation. Requires the district court in which the petition is filed to designate a special master to serve as an adjunct to the court. Sets forth the responsibilities of the court.

Lists factors to be considered when determining the amount of a compensation award. Sets forth a table of injuries deemed vaccine-related for compensation purposes. Permits the Secretary of Health and Human Services to: (1) promulgate regulations to revise such table; and (2) recommend changes to the vaccines covered by the table.

Provides that compensation awarded under the Program shall be paid out of the National Vaccine Injury Compensation Trust Fund. Limits awards for actual and projected pain and suffering and emotional distress to $250,000. Prohibits awards for punitive damages.

Establishes the Advisory Commission on Childhood Vaccines to: (1) advise the Secretary on the implementation of the Program; (2) recommend changes to the Vaccine Injury Table; and (3) recommend research priorities.

Part B: Additional Remedies - Sets forth procedures under which the person who filed a petition for compensation under the program may elect to file a civil action for damages.

Provides that no vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death: (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings. Provides that a manufacturer may be held liable where: (1) such manufacturer engaged in the fraudulent or intentional withholding of information; or (2) such manufacturer failed to exercise due care. Permits punitive damages in such civil actions under certain circumstances.

Part C: Assuring a Safer Childhood Vaccination Program in the United States - Requires each health care provider who administers a vaccine listed in the Vaccine Injury Table to record certain information with respect to each such vaccine. Requires each health care provider and vaccine manufacturer to report certain information to the Secretary.

Requires the Secretary to develop certain vaccine information materials for distribution to the legal representatives of any child receiving a vaccine listed in the Vaccine Injury Table.

Directs the Secretary to promote the development of safer childhood vaccines.

Sets forth recordkeeping and reporting requirements for vaccine manufacturers. Imposes civil and criminal penalties for destroying, altering, or concealing any such report or record.

Part D: General Provisions - Allows any person to commence a civil action against the Secretary where the Secretary allegedly has failed to perform a duty under this Act. Provides for judicial review of the Secretary's regulatory actions in a court of appeals of the United States.

Allows the Secretary to provide licensing for unpatented vaccines for naturally occurring human infectious diseases under certain circumstances.

Requires the Secretary to conduct studies on pertussis, rubella, and radiculoneuritis vaccines and publish the results of such studies.

Directs the Secretary to study the risks to children associated with each vaccine listed in the Vaccine Injury Table and establish guidelines respecting the administration of such vaccines. Directs the Secretary to periodically review and revise such guidelines.

Directs the Secretary to review the warnings, use instructions, and precautionary information presently used by manufacturers of vaccines listed in the Vaccine Injury Table. Directs the Secretary to require manufacturers to revise and reissue any warning, instruction, or information found inadequate.

Grants the Secretary recall authority with respect to any licensed virus, serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or other licensed product which presents a danger to public health. Establishes civil penalties for recall violations.

Directs the Secretary to make annual reports to specified congressional committees on the impact this Act has on the supply of vaccines.

Title II: Miscellaneous - Provides that certain Federal provisions designed to reduce paperwork shall not apply to information required to carry out this Act.

55

Emergency Use Authorization for Vaccines Explained

Español (https://www.fda.gov/vaccines-blood-biologics/vaccines/explicacion-de-la-autorizacion-de-uso-de-emergencia-para-las-vacunas)

FDA is globally respected for its scientific standards of vaccine safety, effectiveness and quality. The agency provides scientific and regulatory advice to vaccine developers and undertakes a rigorous evaluation of the scientific information through all phases of clinical trials, which continues after a vaccine has been approved by FDA or authorized for emergency use.

FDA recognizes the gravity of the current public health emergency and the importance of facilitating availability, as soon as possible, of vaccines to prevent COVID-19 - vaccines that the public will trust and have confidence in receiving.

What is an Emergency Use Authorization (EUA)?

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives. Taking into consideration input from the FDA, manufacturers decide whether and when to submit an EUA request to FDA.

Once submitted, FDA will evaluate an EUA request and determine whether the relevant statutory criteria are met, taking into account the totality of the scientific evidence about the vaccine that is available to FDA.

Are the COVID-19 vaccines rigorously tested?

Yes. Clinical trials are evaluating investigational COVID-19 vaccines in tens of thousands of study participants to generate the scientific data and other information needed by FDA to determine safety and effectiveness. These clinical trials are being conducted according to the rigorous standards set forth by the FDA.

Initially, in phase 1, the vaccine is given to a small number of generally healthy people to assess its safety at increasing doses and to gain early information about how well the vaccine works to induce an immune response in people. In the absence of safety concerns from phase 1 studies, phase 2 studies include more people, where various dosages are tested on hundreds of people with typically varying health statuses and from different demographic groups, in randomized-controlled studies. These studies provide additional safety information on common short-term side effects and risks, examine the relationship between the dose administered and the immune response, and may provide initial information regarding the effectiveness of the vaccine. In phase 3, the vaccine is generally administered to thousands of people in randomized, controlled studies involving broad demographic groups (i.e., the population intended for use of the vaccine) and generates critical information on effectiveness and additional important safety data. This phase provides additional information about the immune response in people who receive the vaccine compared to those who receive a control, such as a placebo.

What safety and effectiveness data are required to be submitted to FDA for an EUA request for a vaccine intended to prevent COVID-19?

COVID-19 vaccines are undergoing a rigorous development process that includes tens of thousands of study participants to generate the needed non-clinical, clinical, and manufacturing data. FDA will undertake a comprehensive evaluation of this information submitted by a vaccine manufacturer.

For an EUA to be issued for a vaccine, for which there is adequate manufacturing information to ensure quality and consistency, FDA must determine that the known and potential benefits outweigh the known and potential risks of the vaccine. An EUA request for a COVID-19 vaccine can be submitted to FDA based on a final analysis of a phase 3 clinical efficacy trial or an interim analysis of such trial, i.e., an analysis performed before the planned end of the trial once the data have met the pre-specified success criteria for the study's primary efficacy endpoint.

From a safety perspective, FDA expects an EUA submission will include all safety data accumulated from phase 1 and 2 studies conducted with the vaccine, with an expectation that phase 3 data will include a median follow-up of at least 2-months (meaning that at least half of vaccine recipients in phase 3 clinical trials have at least 2 months of follow-up) after completion of the full vaccination regimen. In

addition, FDA expects that an EUA request will include a phase 3 safety database of well over 3,000 vaccine recipients, representing a high proportion of participants enrolled in the phase 3 study, who have been followed for serious adverse events and adverse events of special interest for at least one month after completion of the full vaccination regimen.

Part of FDA's evaluation of an EUA request for a COVID-19 vaccine includes evaluation of the chemistry, manufacturing, and controls information for the vaccine. Sufficient data should be submitted to ensure the quality and consistency of the vaccine product. FDA will use all available tools and information, including records reviews, site visits, and previous compliance history, to assess compliance with current good manufacturing practices.

What is the process that manufacturers are following to potentially make a COVID-19 vaccine available by EUA?

- Vaccine manufacturers are undertaking a development process that includes tens of thousands of study participants to generate non-clinical, clinical, and manufacturing information needed by FDA for the agency to determine whether the known and potential benefits outweigh the known and potential risks of a vaccine for the prevention of COVID-19.
- When the phase 3 portion of the human clinical trial reaches a predetermined point that informs how well a vaccine prevents COVID-19, as discussed and agreed to in advance with FDA, an independent group (called a data safety monitoring board) will review the data and inform the manufacturer of the results. Based on the data and the interpretation of the data by this group, manufacturers decide whether and when to submit an EUA request to FDA, taking into consideration input from FDA.
- After FDA receives an EUA request, our career scientists and physicians will evaluate all of the information included in the manufacturer's submission.
- While FDA's evaluation is ongoing, we will also schedule a public meeting of our Vaccines and Related Biological Products Advisory Committee, which is made up of external scientific and public health experts from throughout the country. During the meeting, these experts, who are carefully screened for any potential conflicts of interest, will discuss the safety and effectiveness data so that the public and scientific community will have a clear understanding of the data and information that FDA is evaluating to make a decision whether to authorize a COVID-19 vaccine for emergency use.
- Following the advisory committee meeting, FDA's career professional staff will consider the input of the advisory committee members and continue their evaluation of the submission to determine whether the available safety and effectiveness and manufacturing data support an emergency use authorization of the specific COVID-19 vaccine in the United States.

Who are the FDA career professionals evaluating EUAs for vaccines?

The FDA staff are career scientists and physicians who have globally recognized expertise in the complexity of vaccine development and in evaluating the safety and effectiveness of all vaccines intended to prevent infectious diseases. These FDA professionals are committed to decision-making based on scientifically driven evaluation of data. FDA staff are like your family - they are fathers, mothers, daughters, sons, sisters, brothers and more. They and their families are also directly impacted by the work that they do, and are exactly who you want making these important public health decisions for the United States.

What are the plans for continued monitoring of COVID-19 vaccines authorized by FDA for emergency use?

FDA expects vaccine manufacturers to include in their EUA requests a plan for active follow-up for safety, including deaths, hospitalizations, and other serious or clinically significant adverse events, among individuals who receive the vaccine under an EUA, to inform ongoing benefit-risk determinations to support continuation of the EUA.

FDA also expects manufacturers who receive an EUA to continue their clinical trials to obtain additional safety and effectiveness information and pursue licensure (approval).

Post-authorization vaccine safety monitoring is a federal government responsibility shared primarily by FDA and the U.S. Centers for Disease Control and Prevention (CDC), along with other agencies involved in healthcare delivery. Post-authorization safety monitoring during the COVID-19 pandemic vaccination program will aim to continuously monitor the safety of COVID-19 vaccines to rapidly detect safety problems if they exist. There will be multiple, complementary systems in place with validated analytic methods that can rapidly detect signals for possible vaccine safety problems. The U.S. government has a well-established post-authorization/post-approval vaccine safety monitoring infrastructure that will be scaled up to meet the needs of a large-scale COVID-19 vaccination program. The U.S. government – in partnership with health systems, academic centers, and private sector partners – will use multiple existing vaccine safety

monitoring systems to monitor COVID-19 vaccines in the post-authorization/approval period. Some of these systems are the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink (VSD), the Biologics Effectiveness and Safety (BEST) Initiative, and Medicare claims data.

How will vaccine recipients be informed about the benefits and risks of any vaccine that receives an EUA?

FDA must ensure that recipients of the vaccine under an EUA are informed, to the extent practicable given the applicable circumstances, that FDA has authorized the emergency use of the vaccine, of the known and potential benefits and risks, the extent to which such benefits and risks are unknown, that they have the option to accept or refuse the vaccine, and of any available alternatives to the product. Typically, this information is communicated in a patient "fact sheet." The FDA posts these fact sheets on our website.

How is it that COVID-19 vaccines have been developed so quickly?

In public health emergencies, such as a pandemic, the development process may be atypical. For example, as demonstrated by the response to the COVID-19 pandemic, the U.S. government has coalesced government agencies, international counterparts, academia, nonprofit organizations and pharmaceutical companies to develop a coordinated strategy for prioritizing and speeding development of the most promising vaccines. In addition, the federal government has made investments in the necessary manufacturing capacity at its own risk, giving companies confidence that they can invest aggressively in development and allowing faster distribution of an eventual vaccine. However, efforts to speed vaccine development to address the ongoing COVID-19 pandemic have not sacrificed scientific standards, integrity of the vaccine review process, or safety.

Recognizing the urgent need for safe and effective vaccines, FDA is utilizing its various authorities and expertise to facilitate the expeditious development and availability of vaccines that have met the agency's rigorous and science-based standards for quality, safety, and effectiveness. Early in a public health crisis, FDA provides clear communication to the pharmaceutical industry pertaining to the scientific data and information needed to ensure development of vaccines and works quickly to provide advice on their proposed development plans and assessment of the data that are generated.

5A

Unprecedented Pandemic Turnaround in Uttar Pradesh with Dramatic Decline in Cases

TrialSite Staff
May 30, 2021

5 Comments

The health authorities for the state of Uttar Pradesh are easing up on COVID-19-based restrictions, at least in zones of the state where SARS-CoV-2 infections now fall below 600 cases. Just how big of a turnaround is the situation there? Well, for much of February and March of 2021, the average number of cases ranged from 100 to 350 in the most populated state of India with over 220 million people (if Uttar Pradesh was a nation, it would be sixth in the world, beating Brazil). That situation changed with the second pandemic wave here, which as TrialSite's analysis suggests, started with a potent mutant variant in combination with migrant labor's fear of imminent urban lockdowns, triggering migration and hence rapid viral spread. So by March 19, the state had 380 cases and the numbers of newly infected cases skyrocketed to 37,944 cases on April 24 alone, just over a month later. The state was already offering ivermectin as part of a population-wide regimen but the health authorities there doubled down their efforts as India's national COVID-19 guidelines introduced ivermectin just days before. What has happened since is nothing short of amazing, but unfortunately attracts litt me...

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Prominent Indian Physician Verifies Huge Impact of Ivermectin in Curbing Second Delta-Variant Wave in India

TrialSite Staff
August 29, 2021

19 Comments

TrialSite chronicled closely the use of ivermectin-based home medicine kits in India's largest state, Uttar Pradesh, and other states during the second wave of the pandemic starting in March and running through April. TrialSite shared that by June cases plummeted to what is today's far more contained situation. TrialSite had accumulated evidence that the World Health Organization (WHO) wanted this covered up. So impressive was the Indian effort in Uttar Pradesh that WHO had to report on the success, less the material information that state and local health authorities use of ivermectin in their aggressive home-based test and treatment regimen. This effort is either omitted in Western mainstream media or discounted as not proven by what are often disqualified fact checkers. Recently a prominent Indian physician, Dr. Lenny Da Costa, went on the record to discuss "The True Story of India" involving ivermectin treatments there. While propaganda and misinformation in the West rages, the top Geriatrician, Preventive Cardiologist, and anti-aging specialist from the coastal Indian state of Goa gave a breakdown of exactly how ivermectin was used and what in fact were the results. He...

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3

Dr. De Costa's medicine kits had Ivermectin, Vitamin C, & zinc

Prominent Indian Physician Verifies Huge Impact of Ivermectin in Curbing Second Delta-Variant Wave in India

gparkof1 September 3, 2021 In the News

August 29, 2021 Trial Site News

TrialSite chronicled closely the use of ivermectin-based home medicine kits in India's largest state, Uttar Pradesh, and other states during the second wave of the pandemic starting in March and running through April. TrialSite shared that by June cases plummeted to what is today's far more contained situation. TrialSite had accumulated evidence that the World Health Organization (WHO) wanted this covered up. So impressive was the Indian effort in Uttar Pradesh that WHO had to report on the success, less the material information that state and local health authorities use of ivermectin in their aggressive home-based test and treatment regimen. This effort is either omitted in Western mainstream media or discounted as not proven by what are often disqualified fact checkers. Recently a

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Youtube: News Roundup / Prominent Indian Physician Talks

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FEATURED

India State of 241 MILLION People Declared COVID-Free After Government Promotes Ivermectin

By **InfoWars** 1 day ago

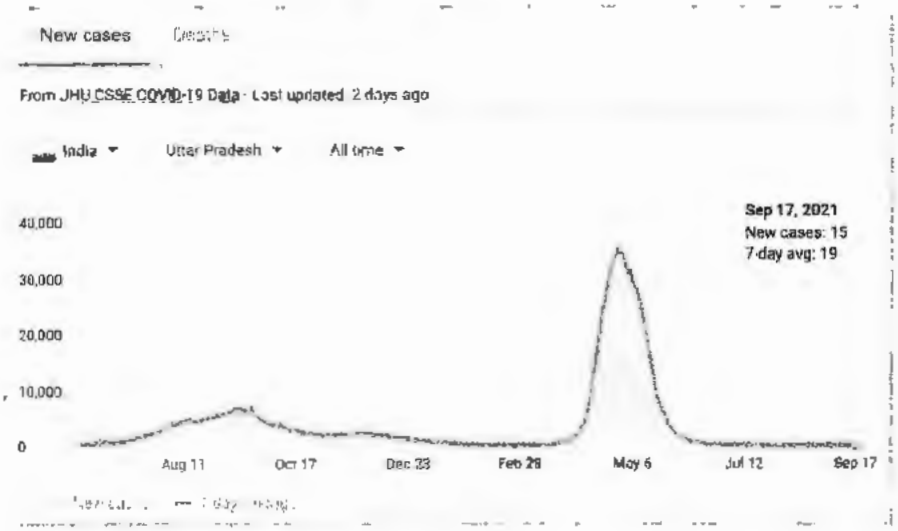
Population 2/3 that of the U.S. completely free of COVID despite having low vaccination rate of 5.8%.

America's vaccination rate at 54% but cases still rising and restrictions still imposed.

The state of Uttar Pradesh in India, which has the equivalent of two-thirds of the United States population, has been declared COVID-free, the state government announced last week.

There are no more active cases of coronavirus in the 33 districts of Uttar Pradesh, which has a population of 241 million people.

"Overall, the state has a total of 199 active cases, while the positivity rate came down to less than 0.01 per cent. The recovery rate, meanwhile, has improved to 98.7 per cent," *Hindustan Times* reported.



Credit: Google COVID statistics

How is it that Uttar Pradesh has fully recovered from COVID despite the fact that only 5.8% of its population has been fully vaccinated, compared to the USA that has 54% fully vaccinated?

The answer is likely because of the government's early use and distribution of ivermectin to its citizens.

From the *Indian Express*:

"Uttar Pradesh was the first state in the country to introduce large-scale prophylactic and therapeutic use of Ivermectin. In May-June 2020, a team at Agra, led by Dr. Anshul Pareek, administered Ivermectin to all RRT team members in the district on an experimental basis. It was observed that none of them developed Covid-19 despite being in daily contact with patients who had tested positive for the virus," Uttar Pradesh State Surveillance Officer Vikssendu Agrawal said.

He added that based on the findings from Agra, the state government sanctioned the use of Ivermectin as a prophylactic for all the contacts of Covid patients and later cleared the administration of therapeutic doses for the treatment of such patients.

Claiming that timely introduction of Ivermectin since the first wave has helped the state maintain a relatively low positivity rate despite its high population density, he said, "Despite being the state with the largest population base and a high population density, we have maintained a relatively low positivity rate and cases per million of population."

He said that apart from aggressive contact tracing and surveillance, the lower positivity and fatality rates may be attributed to the large-scale use of Ivermectin use in the state, adding that the drug has recently been introduced in the National Protocol for Covid treatment and management. "Once the second wave subsides, we would conduct our own study as there has been an emerging body of evidence to substantiate our timely use of Ivermectin from the first wave itself," Vikasendu told The Indian Express."

One would think the World Health Organization, Big Pharma, the mainstream media, and Dr. Anthony Fauci would be overjoyed by this development that ivermectin is undoubtedly saving lives.

But don't count on them celebrating that, because that would hurt their bottom lines of profit and power from their experimental and ineffective vaccines.

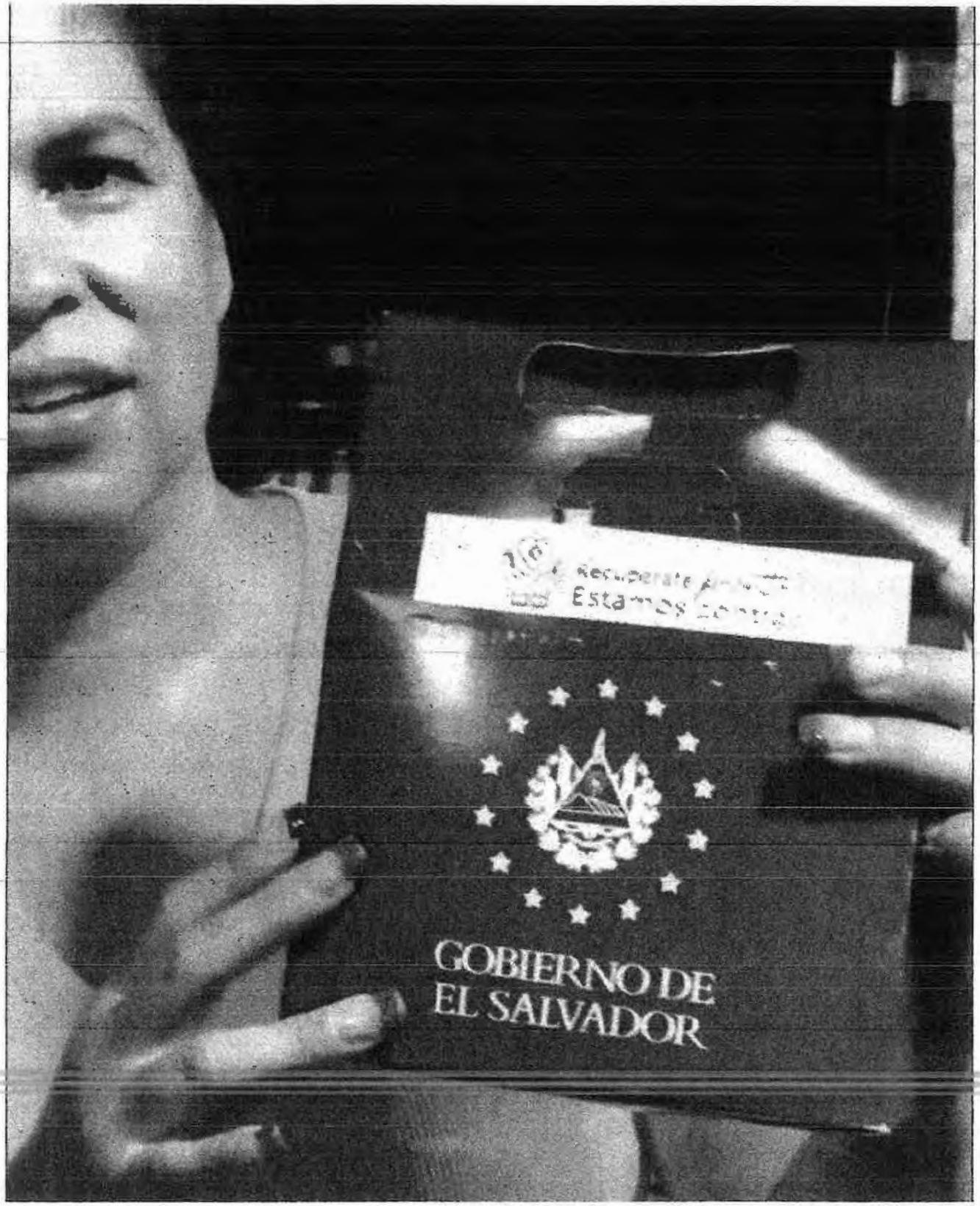
That's why they've been melting down over ivermectin after Joe Rogan successfully used it to treat his COVID infection earlier this month.

El Salvador Government Gives Medicine Packets to All COVID-19 Patients. Guess What They Contain?

www.welovetrump.com/2021/09/18/el-salvador-government-gives-medicine-packets-to-all-covid-19-patients-guess-what-they-contain/

By daniel_g

September 18, 2021



Here at WLT, we've brought you the **truth about Ivermectin**.

And we've shown you the wonder drug's success for treating COVID-19 in **Uttar Pradesh, India**.

Here in the United States:

-Mainstream media spreads lies by calling Ivermectin "horse dewormer."

Trending: Now It's ENTIRE Stadiums: Here's EVERY "F*** Joe Biden" Chant from This Weekend

-Hospitals deny Ivermectin to patients who need it.

-The federal government pushes dangerous injections instead of the safe, effective treatment.

All three are complicit with crimes against humanity.

If we lived in a sane society, Ivermectin would be available to every American household to treat COVID-19.

But in the United States, our society has fallen off a cliff.

For a semblance of sanity, we must turn to El Salvador.

Follow on Telegram @WeLoveTrumpNoah
The Central American nation has taken a common sense approach to treat citizens who contract COVID-19.

El Salvador's government now sends medicine packets and instructions for self-treatment.

Let's see what's included in those medicine packets:

> El Salvador actually helping their people#Ivermectin #IvermectinSavedMyLife #DoNotComply https://t.co/l4qKbzjuzm pic.twitter.com/xH8TM7JhXC
>
> — Vero P. 🏠🚁♡ (@veroniquepoir12) September 17, 2021

> Oh, look what the Government of El Salvador is giving out – – CoViD-19 Medicine Packets with... Ivermectin pic.twitter.com/Ju5yetz8ZI
>
> — Che Lejano, M.D. (@lejanomd) September 17, 2021

> This package is given by El Salvador Govern to COVID patients, their families and in areas of prevalence of COVID.
> The package includes:
> – Acetaminophen 500mg (Panadol, Tylenol, Paracetamol)
> – Vitamin C 500mg
> – Vitamin D3 2000IU
> – Zinc 50mg
> – Aspirin 100mg for clots
> – IVERMECTIN
>
> — Erika62 (@Erika628) September 16, 2021

> This package is given by El Salvador Government to every COVID patient, their families and in areas of high prevalence of COVID.
> The package includes:Acetaminophen 500mg(Panadol,Tylenol, Paracetamol),Vitamin C 500mg, Vitamin D3 2000IU, Zinc 50mg,Aspirin 100mg for clots,IVERMECTIN pic.twitter.com/61JR79wEQf
>
> — sv HLE.HOLD sv (@et_hiep) September 16, 2021

> El Salvador isn't just helping people with monetary freedom they are helping them avoid COVID using common sense care packets with VitC, D3, Zinc, and IVERMECTIN @romanmartinezc pic.twitter.com/IglDELT8Sx
>
> — ☣ Pleb Kruse = BTC foundationalist ▩ ❁ (@DrJackKruse) September 16, 2021

> Government of El Salvador is providing IVERMECTIN to all its citizens free of charge
>
> Included in El Salvador's free Covid treatment give away along with ivermectin, is vitamin C, D, zinc & aspirin for blood-clots. No Jabs needed !!!https://t.co/6AF9NIQII4
>
> — Equal Opportunity Society (@EqualOppSociety) September 17, 2021

> El Salvador sends their people with Covid, a Care Packg with Vitamins, Ivermectin, and instructions of doses for free. Covid is treatable. US Politics and Pharma is corrupt. Wake Up. pic.twitter.com/HB3w2rKGqJ
>
> — Gracie Chameleon (@cheli23) September 17, 2021

In case Big Tech deletes the video, here's a backup on **Rumble**:

TrialSite News reported:

99.9% Pure Investor Grade Silver Trump Collector Coins!

Recently, TrialSite discovered from readers that in the Central American nation of El Salvador, the nation's Ministry of Public Health (Ministerio de Salud Publica—MINSAL) had embraced the anti-parasitic drug ivermectin as part of a combination of recommendations for early-onset treatment of COVID-19 via an ambulatory home patient kit. Such action is similar to the approach successfully executed in the Indian state of Uttar Pradesh.

The Protocol

Called the "Outpatient Treatment for COVID-19, the protocol includes the following:

MedicinesDose/DurationAcetaminophen500 MG 1 Tab VO C/6 hoursLoratadine10 MG 1 Tab V C/12 hoursZinc50 MG 1 Tab VO/ dayIvermectin6 MG 1 Tab VO C/12 dayVitamin C500 MG 1 Tab VO C/dayVitamin D2000 MG 1 Tab VO C/dayAzithromycin1 Tab VO C/day

Vaccines in El Salvador

By August 25, about 38.5% of the 6.5 million inhabitants had received both vaccine doses, while 52.9% of the total population had received at least one jab.

COVID-19 Therapeutics Strategy: Commission identifies five promising candidate therapeutics

Brussels, 29 June 2021

The EU Strategy on COVID-19 Therapeutics delivers today its first outcome, with the announcement of the first portfolio of five therapeutics that could soon be available to treat patients across the EU. Four of these therapeutics are monoclonal antibodies under rolling review by the European Medicines Agency. Another one is an immunosuppressant, which has a marketing authorisation that could be extended to include the treatment of COVID-19 patients.

Commissioner for Health and Food Safety, Stella **Kyriakides**, said: *"Today we are taking the first step towards a broad portfolio of therapeutics to treat COVID-19. Whilst vaccination is progressing at increasing speed, the virus will not disappear and patients will need safe and effective treatments to reduce the burden of COVID-19. Our goal is clear, we aim to identify more front-runner candidates under development and authorise at least three new therapeutics by the end of the year. This is the European Health Union in action."*

The five products are in an advanced stage of development and have a high potential to be among the three new COVID-19 therapeutics to receive authorisation by October 2021, the target set under the Strategy, provided the final data demonstrate their safety, quality and efficacy. The products are:

A new COVID-19 indication for existing medicines:

- baricitinib immunosuppresant (a medicine that reduces the activity of the immune system) from Eli Lilly: an application for extension of marketing authorisation for COVID-19 indication is under assessment

Newly developed monoclonal antibodies under rolling review - a regulatory tool to speed up the assessment of a promising medicine during a public health emergency:

- combination of bamlanivimab and etesevimab from Eli Lilly: under rolling review
- combination of casirivimab and imdevimab from Regeneron Pharmaceuticals, Inc. and F. Hoffman-La Roche, Ltd: under rolling review
- regdanvimab from Celltrion: under rolling review
- sotrovimab from GlaxoSmithKline and Vir Biotechnology, Inc.: under rolling review

Next Steps

The Commission will draw up a portfolio of at least 10 potential COVID-19 therapeutics by October, building on the work of the newly established expert group on COVID-19 variants. The selection process will be objective and science based, with selection criteria agreed with the Member States. Since different types of products are needed for different patient populations and different stages and severity of the disease, the expert group will identify product categories and select the most promising therapeutics candidates for each category based on science based criteria.

The portfolio will contribute to the objective of having at least three new therapeutics authorised by October and possibly two more by the end of the year. The European Medicines Agency will start more rolling reviews of promising therapeutics by end-2021, subject to research and development outcomes.

The Commission recently concluded a joint procurement of monoclonal antibodies (casirivimab and imdevimab) and could launch more by the end of the year.

The first industry matchmaking event on therapeutics will be organised on the 12-13 July to ensure that once authorised therapeutics are produced in sufficient quantity as soon as possible.

Background

The EU Strategy on COVID-19 Therapeutics aims to build a broad portfolio of COVID-19 therapeutics with the goal of having three new therapeutics available by October 2021 and possibly two more by

the end of the year. It covers the full lifecycle of medicines from research, development, selection of promising candidates, fast regulatory approval, manufacturing and deployment to final use.

The Strategy forms part of a strong European Health Union, using a coordinated EU approach to better protect the health of our citizens, equip the EU and its Member States to better prevent and address future pandemics, and improve resilience of Europe's health systems.

The Strategy, which focuses on the treatment of patients with COVID-19, works alongside the successful EU Vaccines Strategy, through which safe and effective vaccines against COVID-19 have been authorised for use in the EU to prevent and reduce transmission of cases, as well as hospitalisation rates and deaths caused by the disease.

More information

Questions and Answers: COVID-19 Therapeutics Strategy – list of 5 candidate therapeutics

European Commission's coronavirus response: therapeutics

Therapeutics Strategy

European Medicines Agency – COVID-19 therapeutics

IP/21/3299

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General public inquiries: Europe Direct by phone 00 800 67 89 10 11 or by email

News | Coronavirus

Hospitals in COVID-19 hotspots to receive $10 billion more in federal aid

Jul 20, 2020

By Rich Daly, HFMA senior writer and editor

- **More than 1,000 hospitals in high-impact areas will get a share of $10 billion in new federal assistance.**
- **The new payments will be $50,000 per COVID-19 admission, less than the $77,000 in an earlier round.**
- **Hospitals with large Medicaid populations have until Aug. 3 to apply for a separate pool of funds.**

Hospitals that recently have submitted information on large COVID-19 caseloads could start to receive a share of $10 billion in new federal assistance this week.

The U.S. Department of Health and Human Services (HHS) announced (https://www.hhs.gov/about/news/2020/07/17/hhs-begin-distributing-10-billion-additional-funding-hospitals-high-impact-covid-19-areas.html) it would begin sending payments July 20 to more than 1,000 hospitals in "high-impact" areas of the pandemic, based on the case count data they submitted in recent weeks.

That would add to the $10 billion HHS sent in May to hospitals that had more than 100 COVID-19 patients by April 10.

Hospitals will qualify for payments based on whether admissions between Jan. 1 and June 10 meet one of the following criteria:

- More than 161 COVID-19 admissions
- At least one COVID-19 admission per day
- Higher than the national average ratio of COVID-19 admissions per bed

Amount of assistance reduced

The new round will pay $50,000 per COVID-19 admission, compared with $77,000 in the earlier high-impact round.

A senior HHS official said on a media call that the reduced funding is due to the number of such admissions surging from about 50,000 in the first round to more than 400,000 by the time of the second round.

The first-round payments went to 325 hospitals. The new round of payments will be "net from their payments — what they had already received" will be subtracted from their allocated total, the official said.

HHS is still evaluating some of the data hospitals submitted to receive the latest round of funding, so only $8.5 billion of the $10 billion is immediately ready for release. Hospitals will not need to submit more data to receive the new round of funding.

The latest round of distributions leaves only $50 billion unspent in the $175 billion Provider Relief Fund appropriated by Congress.

The administration plans to release additional rounds of funding for high-impact areas that have emerged since the June 10 cutoff for the newest funding, the HHS official said.

Unless Congress changes the statutory language in any future round of appropriated provider assistance, the HHS official said his department expects to continue splitting the assistance between broad funding for all providers and focused funding on organizations more affected by local outbreaks.

"All providers had been affected by the virus and the need for elective care to be discontinued," the official said.

Medicaid provider eligibility

The official also urged Medicaid providers to apply for a pending round of $15 billion that will be focused on them.

In June, HHS opened an application period for providers that serve Medicaid patients but did not receive funding from earlier rounds, which were based on Medicare revenues or net patient revenues.

Although HHS since has held webinars, offered application assistance and encouraged providers to apply for the Medicaid funding, there is concern that not all eligible have applied.

To draw more applicants, HHS has extended the application deadline to Aug. 3.

About the Author

Rich Daly, HFMA senior writer and editor, is based in the Washington, D.C., office. Follow Rich on Twitter: @rdalyhealthcare

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With 40% of COVID deaths, post-acute care sites get funding, scrutiny

May 26, 2020

By Rich Daly, HFMA senior writer and editor

- **Post-acute care facilities had 42% of the total COVID-19 deaths in 38 states reporting.**
- **HHS has started distributing $4.9 billion to skilled nursing facilities.**
- **Mandatory transfer policies caused problems in some states.**

Amid reports that two of every five deaths from COVID-19 have been post-acute care patients, the Trump administration is providing new funding and Congress is calling for more research.

The toll of the coronavirus in post-acute facilities, long unclear due to a lack of official statewide or federal reporting, remains cloudy. But emerging data has painted an increasingly dire picture.

For instance, a May 21 update of a Kaiser Family Foundation tracker (https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/?utm_source=web&utm_medium=trending&utm_campaign=covid-19) found 174,381 COVID-19 cases reported at 7,732 long-term care facilities in the 43 states where it was able to obtain data. Those facilities also had 42% of the total COVID-19 deaths in 38 states providing information.

Similarly, Sen. Elizabeth Warren (D-Mass.) said at a May 21 hearing of the Senate Special Committee on Aging that more than half of the COVID-19 deaths in her state were linked to long-term care facilities.

"Nursing homes have become the epicenter of the crisis," Warren said at the hearing.

Senators, researchers and clinicians at the hearing agreed that a lack of data on COVID-19 infections and deaths at long-term care facilities has hampered efforts to understand the scope of the challenge and the need for additional resources.

CMS this week required nursing homes to begin reporting such data for the first time and planned to begin publicly releasing it to the public by the end of May. However, other long-term care facilities are not required to report such data, senators were told.

Warren and other senators urged more long-term research to understand the threat posed by the coronavirus to those served by long-term facilities.

Funding released to SNFs

To address the challenge, the U.S. Department of Health and Human Services (HHS) on May 22 released nearly $4.9 billion to skilled nursing facilities (SNFs) adversely affected by COVID-19.

The funding is part of a combined $175 billion allocated to providers in the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act.

"In allocating these funds, the Administration is working, among other things, to address the economic impact of COVID-19 on providers and doing so as quickly and transparently as possible," an HHS

release (https://www.hhs.gov/about/news/2020/05/22/hhs-announces-nearly-4.9-billion-distribution-to-nursing-facilities-impacted-by-covid19.html) stated.

Adverse financial effects from COVID-19 on SNFs, as cited by HHS, included:

- Up to a 6% decline in patient populations since the beginning of 2020
- Increased labor costs
- Costs of meeting testing requirements
- Increasingly costly personal protective equipment

The funding will be based on SNFs' fixed and variable costs, including:

- $50,000 as a fixed distribution
- $2,500 per bed as an additional distribution
- Targeted distributions for all certified SNFs with six or more certified beds

The payments will require recipients to attest to terms and conditions, some of which have raised concerns among hospitals.

The funding was welcomed by post-acute care advocates, but more likely is needed.

"Given the gravity of the situation we are facing with this deadly virus and its impact on our vulnerable residents, long-term care facilities require additional support and funding from state and federal governments to reduce its spread," Mark Parkinson, president and CEO of the American Health Care Association and National Center for Assisted Living (AHCA/NCAL), said in a written statement.

AHCA/NCAL previously requested $10 billion to address facilities' COVID-19 needs.

The funding comes out to roughly $325,000 for each of the 15,000 SNFs, nationwide, said Bill McGinley, president and CEO of the American College of Health Care Administrators.

But just meeting local, state and new federal testing standards for patients and staff twice a week "can be hundreds of thousands of dollars, alone," McGinley said in an interview.

He noted that such funding was not provided to other post-acute care providers caring for similarly vulnerable patients.

Systemic issues facing SNFs

One challenge to SNFs during the pandemic has been the requirement of some states that they accept COVID-19 patients discharged by hospitals. Industry officials worried that not all such facilities were equipped to provide needed care and to keep those patients from infecting other vulnerable patients or staff.

"It was a huge blunder to make that requirement," McGinley said, referring to one such requirement, in New York.

New York Gov. Mario Cuomo, a Democrat, on May 9 rescinded his order that nursing homes accept COVID-19-positive transfers from hospitals — after the order had been in place for 48 days during the height of the state's outbreak.

Meanwhile, CMS has stayed silent on the transfer issue and has instead aimed to make it easier for hospitals to keep such highly contagious patients within their more advanced facilities.

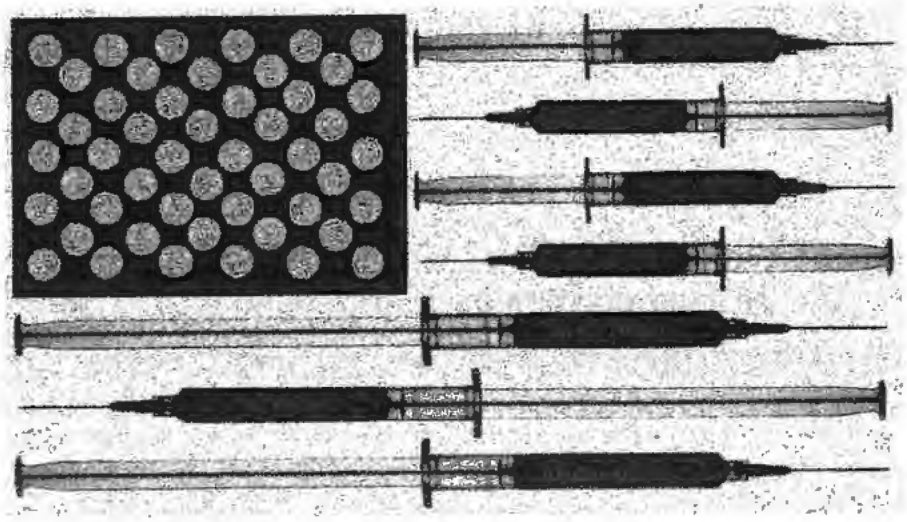
For instance, the agency recently issued new flexibilities (https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid?utm_campaign=General%20Newsletter&utm_medium=email&_hsmi=87658530&_hsenc=p2ANqtz-8ZHe-f6_7aRI1ZHbo4elf9UlP0QgbXBC48aJXBB1KOc4VyEL1dpauBsEcbTnT8nUSRk2zk&utm_content=87658530&utm_source=hs_email) that authorized hospitals to increase capacity for coronavirus patients by either adding more beds or transferring non-COVD patients to alternate care sites.

About the Author

Jun 25, 2020 - Health

The NIH claims joint ownership of Moderna's coronavirus vaccine

Bob Herman



Skip to main content

The National Institutes of Health may own intellectual property that undergirds a leading coronavirus vaccine being developed by Moderna, according to documents obtained by Axios and an analysis from Public Citizen.

Why it matters: Because the federal government has an actual stake in this vaccine, it could try to make the vaccine a free or low-cost public good with wide distribution, if the product turns out to be safe and effective.

The big picture: The NIH mostly funds outside research, but it also often invents basic scientific technologies that are later licensed out and incorporated into drugs that are sold at massive profits. The agency rarely claims ownership stakes or pursues patent rights, but that appears to be different with this coronavirus vaccine.

- "We do have some particular stake in the intellectual property" behind Moderna's coronavirus vaccine, NIH Director Francis Collins said during an Economic Club interview in May.

Driving the news: New evidence shines light on the extent of NIH's involvement.

- NIH and Moderna have researched coronaviruses, like MERS, for several years, and signed a contract this past December that stated "mRNA coronavirus vaccine candidates [are] developed and jointly owned" by the two parties. The contract was not specific to the novel coronavirus, and it was signed before the new virus had been sequenced,

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- Separately, four NIH scientists have filed for a provisional patent application entitled "2019-nCoV vaccine," according to disclosures in a pending scientific paper. Moderna scientists co-authored that paper, but none are listed as vaccine co-inventors.

- That makes it clear "the government and the public have a stake" in the coronavirus vaccine, said Zain Rizvi, a health law and policy researcher at Public Citizen. "The vaccine would not exist without the intellectual contributions of federal scientists."

What they're saying: NIH said in a statement that its scientists created the "stabilized coronavirus spike proteins for the development of vaccines against coronaviruses, including SARS-CoV-2," and the government consequently has "sought patents to preserve the government's rights to these inventions."

- Further, NIH "has adopted a non-exclusive licensing approach for these patent rights in order to allow multiple vaccine developers" to make a vaccine.

- NIH added that "federal employees listed as inventors on these patent applications assigned their rights to the U.S. government. Accordingly, should the [United States Patent and Trademark Office] and other national patent authorities grant the patents, the U.S. government will hold ownership interest in the patents."

Moderna declines to comment beyond a statement, which said the company "has a broad owned and licensed IP estate "and is" not aware of any IP that

would prevent us from commercializing our product candidates, including" the coronavirus vaccine.

Between the lines: Rizvi said co-owning the vaccine could allow NIH to more broadly license the underlying technology to other vaccine manufacturers "without the consent of Moderna," a company that is valued at $25 billion despite having no federally approved drugs on the market.

The bottom line: Many experts anticipate a coronavirus vaccine, once proven safe and effective, would be made as widely available as possible, and that developers aren't likely to seek big profits from it. Partial federal ownership could be a backstop if those assumptions don't bear out, but NIH isn't keen on stepping on industry's toes.

- "Talking to the companies, I don't hear any of them say they think this [vaccine] is a money-maker," Collins said during his Economic Club interview. "I think they want to recoup their costs and maybe make a tiny percentage of increase of profit over that, like single digits percentage-wise, but that's it.

  Nobody sees this as a way to make billions of dollars."

Information for NIH Inventors

INVENTOR ROYALTIES

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If I received a check, and don't cash it, what happens? Maybe I lost it, or misplaced it in my home.

Whom should I contact when I have questions?

DECEASED INVENTOR ESTATE DISTRIBUTIONS

Are royalties distributed to the estate of a deceased inventor?

When are royalty payments made to inventors?

Royalty payments to inventors are processed two times in the calendar year. The first payment is generally made from late May to late June. The second payment is generally made from late October to late November. Payments cannot be distributed to inventors until the royalty information is completely reconciled to ensure accurate payouts.

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What do the payments represent?

The payments represent the inventor's share of royalty payments from licensees to the NIH during the fiscal year. For example, the first inventor payment is based on money received by the NIH for the period of October 1 through March 31. The second inventor payment is based on money received by the NIH for the period of April 1 through September 30.

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How are the royalty payments calculated?

Inventors receive the first $2,000 collected from a licensee. Next, they receive 15 percent of royalties above $2,000 and up to $50,000. Finally, they receive 25 percent of royalties in excess of the first $50,000 collected each year. Each inventor cannot receive more than $150,000 in royalty payments for a calendar year.

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How are the payments made to inventors?

The payments are made by either direct deposit to the inventor's financial institution or by check.

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How do I know when I will be receiving a royalty payment?

The Office of Financial Management sends out e-mails to inventors a couple of weeks in advance of the bi-annual payouts providing the amount of royalties to be sent and giving you an opportunity to update your banking information if needed.

Please Note: It is important to make sure that OFM has your current e-mail address.

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What do I do if I move or need to update my contact information?

If you move, contact the Office of Financial Management (OFM) at OFMRoyalty@mail.nih.gov and the NIH Office of Technology Transfer at OTT-Royalties@mail.nih.gov. Provide both offices with your updated contact information.

Please Note: It is recommended that you provide your personal contact information (including your personal e-mail address), because that typically does not change when you retire, change positions, or relocate.

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Is there a preferred method of inventor payment?

All payments should be made by direct deposit.

In order to ensure that inventor royalty income is deposited into the correct account, inventors are required to complete the ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM and return it by e-mail to the NIH Office of Financial Management (OFM).

E-mail: OFMRoyalty@mail.nih.gov

Please Note: You do not need to complete the ACH Coordinator information from your bank if you do not need their assistance completing the form.

Please Note: Due to COVID-19 concerns, OFM staff are no longer receiving ACH forms by USPS mail.

Please Note: It is recommended that you provide your personal contact information (including your personal e-mail address), because that typically does not change when you retire, change positions, or relocate.

Please Note: Anyone sending Personally Identifiable Information (PII) NIH/OFM should send it securely and confidentially over an SSL/encrypted connection.

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What do I do if I change financial institutions and/or change my bank account?

If you change your financial institution or bank account, complete the ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM and return it by e-mail to the NIH Office of Financial Management (OFM).

E-mail: OFMRoyalty@mail.nih.gov

Please Note: You do not need to complete the ACH Coordinator information from your bank if you do not need their assistance completing the form.

Please Note: Due to COVID-19 concerns, OFM staff are no longer receiving ACH forms by USPS mail.

Fraudulent PCR Tests EXPOSED! CDC Quietly Withdraws Emergency Use Authorization Due to Inability to *Differentiate COVID-19 & Influenza*

welovetrump.com/2021/07/28/fraudulent-pcr-tests-exposed-cdc-quietly-withdraws-emergency-use-authorization-due-to-inability-to-differentiate-covid-19-influenza/

By daniel_g July 28, 2021

The PCR tests were a key component to enforcing lockdowns in 2020.

Although the widely inaccurate test was never meant to diagnose disease, health bureaucrats deemed PCR tests the gold standard to detect COVID-19.

And with the cycle threshold ramped up to a value of 38-40, it was inevitable that millions of people with no symptoms would test positive.

Ridiculous testing requirements forced many healthy individuals to test weekly for the virus.

Trending: BREAKING: Marjorie Taylore Greene Confirms FEDERAL LAWSUIT Against Pelosi To Be Filed

And we quickly saw a rapid rise in COVID-19 cases that gave the health overlords the excuse to deem asymptomatic spread a threat.

Asymptomatic spread was one of the key issues cited to convince people of lockdowns to "slow the spread."

Another peculiar thing happened with mass COVID-19 testing via PCR.

The flu appeared to vanish out of thin air.

Follow on Telegram @WeLoveTrumpNoah

After 18 months of economic, social, and health destruction, the CDC admitted the gold standard test couldn't distinguish between COVID-19 and the flu.

> The CDC will withdraw current PCR tests and recommends method that can *differentiate* between SARS-CoV-2 and influenza. This might make it even clearer as to how the flu just disappeared at precisely the same point that another respiratory virus emerged with a similar death rate pic.twitter.com/jrMFFCyN7b
>
> — Andreas Vou (@AndreasVou89) July 27, 2021

> The CDC declared it will withdraw its request for PCR test use on an emergency basis on December 31, and strongly suggests labs adopt new tests capable of "differentiation" between COVID-19 and influenza.https://t.co/VjrynwleBC
>
> — National File (@NationalFile) July 25, 2021

> Holy smokes. The CDC indirectly admits current PCR tests lack capability to differentiate between COVID-19 and standard influenza.
>
> Remember when the seasonal flu went *poof* last year? I think we finally have our explanation... ▼ https://t.co/hZKKbLSzda pic.twitter.com/RZ2y1Ajmi8
>
> — Kyle Becker (@kylenabecker) July 28, 2021

> US CDC confirmed July 21 that the PCR test does not distinguish between SARS & influenza and it is withdrawing emergency use of PCR tests in USA from December 31 2021. Drosten's meaningless test has caused more economic damage & suffering than any medical device in history. https://t.co/0gYDPFIXpx pic.twitter.com/QHzk8KIe0n
>
> — Professor Michael Northcott (@msnorthcott) July 24, 2021

> On July 21, CDC alerted US labs that it is withdrawing Emergency Use Authorization of PCR tests to detect infection of SARS-CoV-2. CDC recommends that labs transition to a different FDA authorized test as PCR tests cannot be used after Dec.31, 2021.#onpolihttps://t.co/MXWWpIP2B2
>
> — Roman Baber (@Roman_Baber) July 24, 2021

Fox News had the scoop:

> The Centers for Disease Control and Prevention (CDC) urged labs this week to stock clinics with kits that can test for both the coronavirus and the flu as the "influenza season" draws near.
>
> The CDC said Wednesday it will withdrawal its request for the "Emergency Use Authorization" of real-time diagnostic testing kits, which were used starting in February 2020 to detect signs of the coronavirus, by the end of the year.
>
> "CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives," the agency said.
>
> The U.S. has reported more than 34.4 million cases of the coronavirus since the pandemic began in 2020 and more than 610,000 deaths.
>
> But while cases of COVID-19 soared nationwide, hospitalizations and deaths caused by influenza dropped.
>
> According to data released by the CDC earlier this month, influenza mortality rates were significantly lower throughout 2020 than previous years.
>
> There were 646 deaths relating to the flu among adults reported in 2020, whereas in 2019 the CDC estimated that between 24,000 and 62,000 people died from influenza-related illnesses.
>
> GET THE TRUTH: DailyTruthReport.com
>
> The CDC urged laboratories to "save both time and resources" by introducing kits that can determine and distinguish a positive test for the coronavirus and flu.

National File also reported:

Many skeptics have noted that, with the emergence of COVID-19, flu cases diminished at a level that strains credulity. While the CDC estimated that between 24,000 and 62,000 died of "influenza related illnesses" in 2019, the number shrunk by nearly 99% in 2020, to a modest 646 deaths. Many have pointed to overuse of the PCR tests, which are designed to detect incredibly small amounts of viruses, for this massive change.

Others, perhaps more confusingly, say that while Americans did a poor job of social distancing, mask wearing, and hand sanitizing that was unable to prevent the spread of COVID-19, Americans also did a satisfactory job of social distancing, mask wearing, and hand sanitizing to prevent the spread of influenza viruses.
As National File reported earlier this year, the inventor of the PCR test once said Anthony Fauci, 80-year-old the decades-long director of the National Institute of Allergy and Infectious Diseases, "doesn't know anything" and is willing to lie on television. "Guys like Fauci get up there and start talking, you know, he doesn't know anything really about anything and I'd say that to his face. Nothing. The man thinks you can take a blood sample and stick it in an electron microscope and if it's got a virus in there you'll know it," said PCR test inventor Kary Mullis.

"He doesn't understand electron microscopy and he doesn't understand medicine and he should not be in a position like he's in. Most of those guys up there on the top are just total administrative people and they don't know anything about what's going on in the body. You know, those guys have got an agenda, which is not what we would like them to have being that we pay for them to take care of our health in some way. They've got a personal kind of agenda. They make up their own rules as they go. They change them when they want to. And they smugly, like Tony Fauci does not mind going on television in front of the people who pay his salary and lie directly into the camera," Mullis added.

Who wants to guess how many COVID-19 cases (and deaths) were actually influenza and simply misdiagnosed due to the PCR tests?

New American

CDC Director Walensky Lies, Contradicting CDC's OWN DATA

by Selwyn Duke July 29, 2021

Rochelle Walensky lied about how kids died — and more children will suffer as a result.

Walensky, director of the Centers for Disease Control (CDC), perhaps trying to justify the administration position that children will probably have to wear masks at school in the fall, recently stated that COVID-19 is notably deadlier to kids than is the flu. The problem is that the CDC bigwig's claim was contradicted by an interesting source: the CDC.

Fox News host Tucker Carlson reported on this last night, stating that

> Walensky is an actual doctor.... She went to Harvard. She's never been elected to anything, but in a pandemic like this, her word is law. It's more powerful than anything Congress produces. She's her own federal agency. In fact, on a continuum, she sits somewhere between king and God. So read carefully as Rochelle Walensky tells you that COVID is killing twice as many children as influenza.

"I think it's really important for people to understand that this is not a benign disease compared to other diseases our kids see," Walensky could be heard stating in a clip Carlson played (video below; relevant portion begins at 10:05). "If you look at the mortality rate of COVID, just this past year for children, it's more than twice the mortality rate that we see in influenza in a given year."

The problem is that unless Walensky is profoundly ignorant of her own CDC's data and what attentive laymen have known for more than a year, her claim is a lie.

The Truth: "From 2019 to 2020, according to the CDC, a total of 124 children died of COVID. From 2020 to 2021, 213 children died of COVID. By comparison, influenza killed more than 400 children just last year," Carlson related. "In fact, that was not an aberration. Influenza has killed far more children than COVID has in each of the past five years. It's not even close."

This isn't some esoteric fact. I've long cited a study out of Newcastle University in London showing what data the world over reflect: that the flu is at least twice as dangerous to children under 10 as is the China virus. A good example is the Spanish influenza epidemic of 1918-19, which claimed 675,000 American lives — many of them young. This is more than two million when adjusted for today's population.

In fact, insofar as diseases go and according to BusinessTech, influenza is history's fifth-greatest killer (50 million deaths), behind malaria, tuberculosis, smallpox, and plague.

On July 12, *New York's* Intelligencer further illustrated the irrationality of fearing the threat SARS-CoV-2 poses to children. "Over the course of the pandemic, 49,000 Americans under the age of 18 have died of all causes, according to the CDC," the site wrote. "Only 331 of those deaths have been from COVID — less than half as many as have died of pneumonia. In 2019, more than 2,000 American kids and teenagers died in car crashes; each year, according to some estimates, about a thousand die from drowning."

So if you're going to mask and/or vaccinate kids for fear of The Virus™, then you'd surely better keep them far away from water and autos.

What's more, "In a recent report, the CDC itself acknowledges it could be vastly over-reporting the number of children who are dying from COVID," Carlson also related last evening. "The CDC report states that, when considering everyone who died of COVID, roughly 2.5% of those who died had a co-existing medical condition unrelated to their deaths. But for children under the age of 18, that number is dramatic — over 35% of children who died from COVID had what the CDC calls an 'unrelated medical condition.'"

"In other words, more than a third of children ... listed on the official records as dying from COVID had comorbidity that the CDC assures us cannot possibly be connected to COVID," Carlson continued. "But it appears, upon closer examination, the comorbidities might in fact be related to the deaths of those children."

It may be obvious why Walensky and others tell this bold China virus/influenza lie and why Big Media aid and abet them: You can't justify masking and vaccinating children if people know that COVID is considerably less dangerous to them than a disease most of us sneeze at.

And some cities have actually reinstituted school mask mandates; the Biden administration, as mentioned earlier, has recommended such; and authorities have even pushed to get youths vaccinated. Below is a video of Walensky doing so just last month.

92

CBS News
@CBSNews

CDC Director Rochelle Walensky said that "troubling data" shows adolescents have been hospitalized, and many admitted to the intensive care unit, because of COVID-19. She said many required mechanical ventilation and urged parents to vaccinate children who are 12 and older.

(Moreover, it was just announced that vaccines will be "available" for children under 12 late this year.)

This is child abuse. Studies have shown that masks offer little to no benefit when *prescribed for the general population*. Yet the costs appear great, with strong indications that masks can become as pathogen-laden Petri dishes on people's faces and that wearers may be inhaling unhealthful plastic microparticles from them; furthermore, a study found that after just three minutes wearing-time, children were inhaling carbon dioxide at up to six times the acceptable adult level.

As for vaccines, youths have suffered medical complications and even death after taking them; for example, 13-year-old Jacob Clynick passed away just three days after receiving his second China virus injection. Does taking such risk over a disease that imperils kids less than does the flu make any sense?

No, and this explains all the lies. But what should be the consequence for a person who thus deceives? We can already say that the health authorities lied and children died. They, not the January 6 defendants, should be brought up on serious charges.

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Federal Judge Embarrasses the CDC With a Crucial Question on Mask 'Science' – RedState

a Crucial Question on Mask 'Science' – RedState

June 12, 2021 5 min read

When does science cease to be science? When one stops relying on the citing of objective evidence and starts gnashing their teeth at any questioning of a specific theory. In regards to masks, we crossed that Rubicon long ago.

Gov. Ron DeSantis is pushing the issue to its breaking point, requesting that the CDC has its mitigation requirements for cruise ships slapped down. Those requirements include having 95% of passengers vaccinated and mask-wearing. This is part of Florida's larger battle against so-called vaccine passports.

The judge in the case is apparently not going to let the CDC skate by. He asked the federal bureaucracy to provide actual evidence for its claims about mask efficacy.

> "Where does this mask efficacy theory come from?" U.S. District Judge Steven Merryday of Tampa asked the @CDCgov.
>
> Does a federal judge think masks don't work?
>
> By @TB_Times reporter @mahaneysthename and @MiamiHerald reporter @taydolven:https://t.co/4EKfBppXFW
>
> — Jamal Thalji (@jthalji) June 11, 2021

For those not familiar with Florida politics, the Tampa Bay Times and the Miami Herald are two of the most wretchedly left-wing papers in the state. The latter recently produced a fluff piece on conspiratorial nutjob Rebekah Jones that was so ridiculous and misleading that even some Democrats couldn't go along with it.

Given that, it's not surprising that this reporter from the Tampa Bay Times is setting his hair on fire over a judge daring to ask for (gasp!) evidence to support a specific requirement. Still, that doesn't mean it any less dumb. Science is not a religion, and nothing should be above questioning. If the CDC can't provide objective data, they shouldn't be allowed to throw their weight around the way they have."

The judge in the case pressed the federal government heavily on that, leading to this remarkable exchange.

> When pressed on what level of transmission would require agency action, Powell said the agency has broad authority from Congress to prevent the interstate and international transmission of disease, and there's a need for "enforceable public health measures." Legally, the agency has the power to try to reduce transmission to zero, even if that may not be practical in the coronavirus' immediate future, she said.
>
> Percival, for the state of Florida, pounced on that statement.
>
> If that's true, "it's unclear what they cannot do," he said. "They can bar your doors. ... That is an astronomical power."

Florida's counsel has it right. By the CDC's telling, they can literally violate everyone's rights from here unto eternity by pressing for zero transmission — when that's impossible. When asked for specifics to back up their vast guidelines, they kept shooting blanks.

> "Where does this mask efficacy theory come from?" Merryday said. "We've had masking and social distancing for a long time and we had a pandemic in the middle of it."
>
> Powell responded that neither masks nor social distancing are cure-alls, but that they reduced the number of people who died.
>
> "What you can do is make the best scientific decision you can with the evidence available. That's the CDC's job," she said. "We don't expect the risk to be zero, there will be risk on every ship. ... But we're still in the midst of a still-deadly pandemic."

What's never mentioned to the judge is what "evidence" is available that the CDC is going by. The reason they can't pravide that is 1) because their own studies show mask mandates are statistically useless (the judge points that out) and 2) because they have no affirmative evidence that masks reduce the spread of COVID-19.

Besides, as I've written many times before, the case for mandatory masking just isn't there. We have far too much data at this point that shows no correlation between masks and rates of infection in communities. That can be seen by simply comparing different parts of the country that had different rules regarding masks. Further, the latest study also shows mandatory masking to have been pointless.

In short, the CDC was absolutely embarrassed in this hearing, and it's pathetic that the media, instead of noting that, are running cover and clutching their pearls that a judge would dare ask basic questions. Honestly, that's kind of scary. Do we really want to live in a country where objective data is ignored in the face of tyrannical dictates from the powers that be? I think not.

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Federal Judge Embarrasses the CDC With a Crucial Question on Mask 'Science'

June 13, 2021 By Stephen Frank **Leave a Comment**

Stanford did a compilation of 67 mask studies—none showed they had much value. Johns Hopkins Medical School did a study on masks—found they had little or no value. Now a Judge is using the law and common sense about the use of face mask with no values to them.

"Besides, **as I've written many times before**, the case for mandatory masking just isn't there. We have far too much data at this point that shows no correlation between masks and rates of infection in communities. That can be seen by simply **comparing different parts of the country** that had different rules regarding masks. Further, **the latest study** also shows mandatory masking to have been pointless.

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Government needs to be embarrassed for their lies. Fauci needs to be fired, then indicted for his lies which cost millions of jobs and thousands of people die—Fauci lied and people died.

Good for the Judge asking basic questions. Wait till these issues hit the California courts and Newsom is unable to show data for social distancing, closing of schools and churches. It will cost us billions in tax payer settlements—and that will never by enough to pay for the corruption of Gavin Newsom as Governor.

Federal Judge Embarrasses the CDC With a Crucial Question on Mask 'Science'

By **Bonchie**, Red State, 6/12/21

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Given that, it's not surprising that this reporter from the Tampa Bay Times is setting his hair on fire over a judge daring to ask for (gasp!) evidence to support a specific requirement. Still, that doesn't mean it any less dumb. Science is not a religion, and nothing should be above questioning. If the CDC can't provide objective data, they shouldn't be allowed to throw their weight around the way they have, and even if they have objective data on an issue, how broad their power is remains a very serious question.

The judge in the case pressed the federal government heavily on that, leading to this remarkable exchange.

When pressed on what level of transmission would require agency action, Powell said the agency has broad authority from Congress to prevent the interstate and international transmission of disease, and there's a need for "enforceable public health measures." Legally, the agency has the power to try to reduce transmission to zero, even if that may not be practical in the coronavirus' immediate future, she said.

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Besides, **as I've written many times before**, the case for mandatory masking just isn't there. We have far too much data at this point that shows no correlation between masks and rates of infection in communities. That can be seen by simply **comparing different parts of the country** that had different rules regarding masks. Further, **the latest study** also shows mandatory masking to have been pointless.

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THE EPOCH TIMES

A student wears a mask as he does his work at Freedom Preparatory Academy in Provo, Utah, on Feb. 10, 2021. (George Frey/Getty Images)

CORONAVIRUS IN-DEPTH

Mask Mandate for Children Is Not Backed by Science: New Jersey Senators

BY ELLA KIETLINSKA July 17, 2021 Updated: July 17, 2021

New Jersey senators held a hearing last week to explore whether the science supports forcing children to wear face masks in schools amid growing concerns regarding the efficacy and negative effects of these masks.

Scientists testified about the effectiveness of masks in preventing the spread of COVID-19, a disease caused by the CCP (Chinese Communist

Party) virus. Health professionals and parents talked about the impact of masks on children's health and well-being.

The participating lawmakers asserted that wearing masks by children does little to prevent the spread of COVID-19 and may harm children psychologically, emotionally, developmentally, and physically.

The requirement to wear masks in almost all public places in New Jersey was lifted by Governor Phil Murphy in May, but the mandate to wear masks for children in schools remained in place, justified by the lack of a COVID-19 vaccine for children under 12.

Mask Effectiveness for Children

There have not been any randomized clinical trials on children to assess the benefits of wearing masks, but different countries responded differently to the pandemic, said Dr. Martin Kulldorff, professor of medicine at Harvard Medical School, and a biostatistician and epidemiologist.

"During the first wave [of the COVID-19 pandemic] in the spring of 2020, most large Western countries closed their schools for longer or shorter time periods, including more states in the U.S. The one exception was Sweden, which kept schools and daycare open from ages 1 to 15, for which there are 1.8 million children."

At that time, there was no mask-wearing, no social distancing, and no COVID-19 testing for children in Sweden, Kulldorf said at the hearing, but there was more cleaning than normal in schools and daycare facilities and children who got sick were sent home.

Despite this lack of restrictions, "none of these 1.8 million children died [of COVID-19]," Kulldorf emphasized.

"COVID is primarily spread through adults. When children do get infected ... they typically get it from an adult. And it's very unusual to get transmission from children to adults."

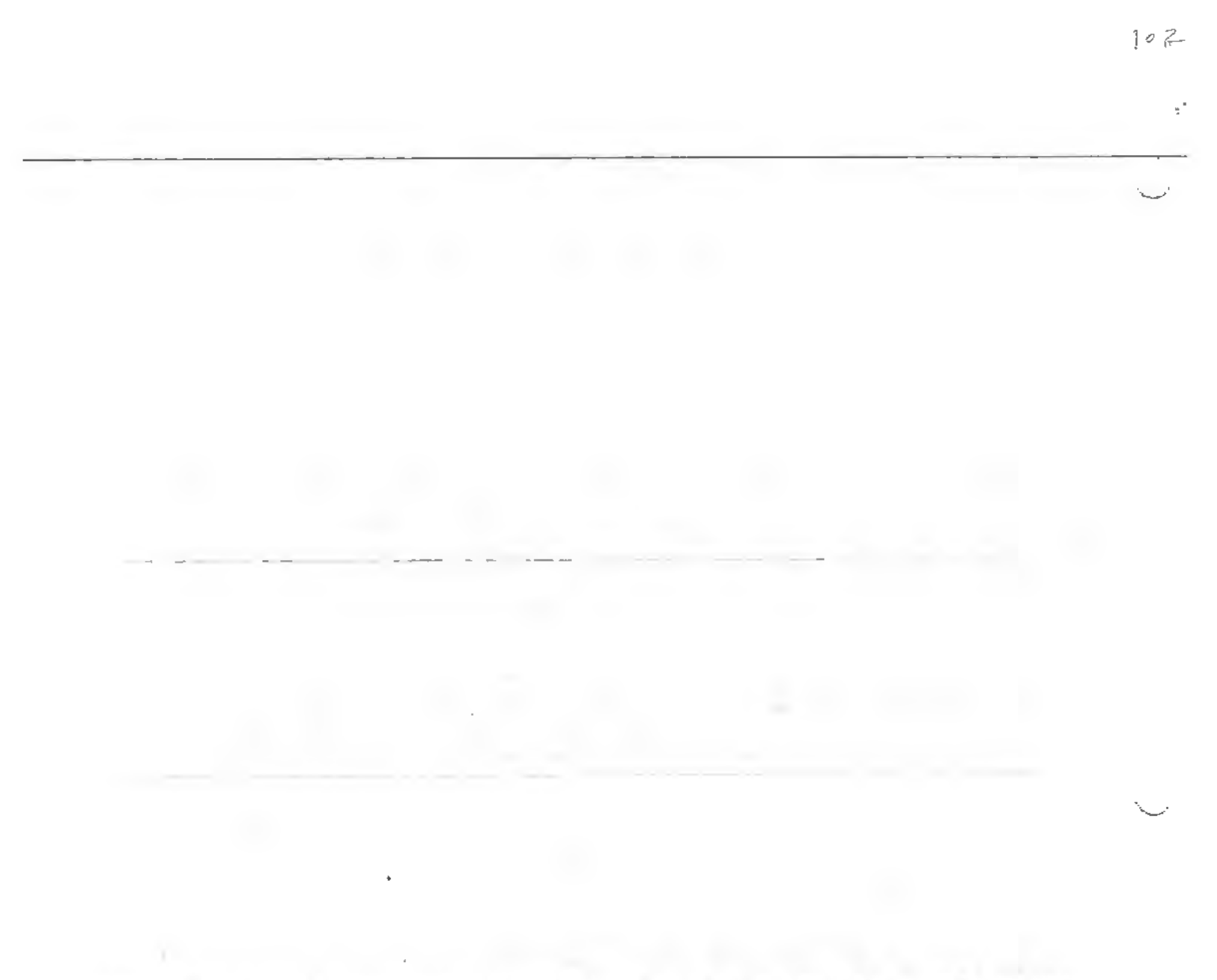
The risk of COVID-19 infection for teachers is the same or slightly lower than the average in other professions, Kulldorf said. "There's no purpose of wearing masks, either for the benefit of the children or for the benefit of teachers. There's no public health reasons to do that."

"I think in the United States, for this whole pandemic, there have been about 350 reported COVID deaths among children. And we don't know exactly how many of those are due to COVID versus how many are with COVID because [the] CDC hasn't done that evaluation."

* Kulldorf said that the number of child deaths due to influenza is between 200 and 1,000 every year depending on the severity of influenza.

* "Every one of these deaths is tragic," Kulldorf said, but "for children, [mask] doesn't particularly give them any protection from COVID."

Adverse Effects of Masks



A student plays the flute while wearing a mask during a music class at the Sinaloa Middle School in Novato, Calif., on March 2, 2021. (Haven Daily/AP Photo)

"There was ample evidence for adverse effects of children wearing masks and they should not be forced to wear them," said Maria Crisler, a clinical scientist with specialty experience in microbiology.

According to a study conducted in April, 68 percent of more than 25,000 children participating in the study "had problems wearing face coverings" and the content of carbon dioxide inhaled by them was several times higher than the acceptable norm, Crisler testified.

Due to the high intake of carbon dioxide, children sampled for the study experienced symptoms such as irritability, headache, difficulty concentrating, reluctance to go to school or kindergarten, malaise, impaired learning, drowsiness, or fatigue, Crisler said.

The issue of mask-wearing is even more critical for children than for adults because anatomical differences make a child more vulnerable than an adult to injury from oxygen deprivation and high intake of carbon dioxide, the clinical scientist explained.

"There are physiological changes within 45 seconds of wearing a mask to the brain, from the heart, the lungs, the kidneys, and the immune system."

Moreover, microbes can concentrate on the outside of masks because microbe carrying droplets are trapped in masks and can be re-inhaled, Crisler said in her presentation. "Without a mask exhaled droplets and aerosol dry quickly. ... The longer the mask is used, the more bacteria are exhaled through it."

"The outside of surgical mask—the ones that the children are mostly wearing to school—tested in hospitals, found more concentrated microbes on the outside of the masks themselves than in the environment."

A study performed by a lab of the University of Florida showed that several types of microbes were present on masks, Crisler noted, emphasizing that the study was non-scientific.

Crisler also mentioned that natural solutions to protect children "begin with diet and exercise," as poor diets and lack of rest are among factors contributing to disease and immune dysfunction.

Dr. Paul Alexander, a professor of evidence-based medicine at McMaster University in Canada and a former COVID pandemic advisor at the Trump Administration, pointed out that there is no clear evidence that masks are effective but there are reports and evidence that wearing masks is potentially harmful.

"You're accumulating carbon dioxide behind the mask, you're not getting proper oxygen, etc. And you have reports across the world of damage," Alexander said adding, the "WHO [World Health Organization] put out a report ... stating children under six years old, should not be masked, under no condition."

Alexander also said that cases of asymptomatic transmission of COVID-10 which drove the lockdowns and school closures as well as reinfections are very rare.

"When we look at the evidence, we can't find clear indications, actual evidence, cases, where asymptomatic spread is a real concern or reinfections, recurrent infections is a real concern. And we can argue each case that you present as flawed interpretation."

Masked students wait in a socially distanced single file line before heading to the cafeteria at an elementary school in Louisville, Ky., on March 17, 2021. (Jon Cherry/Getty Images)

Jacqueline Tobacco, a member of the Board of Education in Middletown, New Jersey, testified that her son attended a school without wearing a mask since September after a long fight and a lawsuit that she had filed.

"He has successfully attended school all year—schools have been open in Middletown—and never was quarantined, never got COVID," Tobacco sad.

She won the race for a seat on the Board of Education after campaigning on a platform against the lockdowns and against the mask mandates and

became a board member in January.

Erin Pain, a school nurse, testified that wearing masks can harm children psychologically, developmentally, and physically.

She saw many children experiencing anxiety and severe fear. Pain told senators the story of a girl who came to see her because she vomited in class. That girl got really nervous when she saw people wearing masks and the thought occupied the child's mind to the point that she felt sick in her stomach and threw up.

Another girl who Pain saw was hysterically crying because she forgot to bring her mask to school and was afraid that she would bring COVID home. "I had to spend 15 minutes with her to calm her down just to get her to go into class," Pain said.

A child's development may also be impacted by wearing a mask, Pain explained. "Children learn by recognizing facial cues ... and [their learning] is hindered by wearing a face mask."

When their teacher smiles at them, children know that they got the right answer or did a good job, Pain continued.

"Developmentally, these kids are suffering. They're having a really hard time, especially the hearing impaired and the special needs children who are having a severely difficult time wearing these masks," she said.

The nurse also saw face rashes, sore throat, canker sores related to wearing masks. Children sometimes wear the same mask for several days, touch them, and sometimes forget to wash their hands after using the bathroom, or flip them inside out, Pain said.

The CDC recommends washing cloth mask whenever it gets dirty or at least daily.

New Jersey state Sen. Michael Doherty, a Republican, said after all testimonies were given, "We heard today that masks cause harm and there's no benefit. And there's a lot of science to back that up. It's causing irreparable harm to our children. And the science is very clear to me."

"It was really important to hear the science," said Republican New Jersey Sen. Kristin Corrado.

"We have legislation [introduced] ... that would prohibit any school or school bus from mandating that children wear masks in school or on the bus. We also have legislation that would prohibit masking mandated at daycares and summer camps. Parents should be the only ones making medical decisions for their children. And let's be clear, wearing a mask is a medical decision, that should never be made by" the government of New Jersey, Corrado said at the conclusion of the hearing.

Rights and Freedoms
Covid-19

Dr Mike Yeadon's Final Warning to Humanity

BY CAPTAINDARETOFLY ON JULY 27, 2021 Listen Now

Audioplace me

In an interview posted online, former Vice President and Chief Science Officer of Pfizer for 16 years, Dr Mike Yeadon, gave a staunch warning to humanity that they must wake up before it's too late.

Dr Yeadon outlined that the government has been lying to the public throughout the entirety of the Covid pandemic and that it's up to the masses to stop them.

"Don't say you weren't warned because I've been warning people as long as I can and as hard as I can, that you can still right now take your normal society back and take it back tomorrow," Dr Yeadon said.

In the video, Dr Yeadon explained the Covid-19 restrictions that were introduced at the start of the pandemic (and continue to be used) don't work. For example, he explains how masks are incapable of preventing the spread of the alleged virus, and that lockdowns never slowed transmission.

Additionally, Dr Yeadon told viewers that they "don't need to be vaccinated by inadequately tested and somewhat dangerous gene-based, spike protein inducing proteins", and should instead ignore what corrupt scientists tell them to do.

The former Pfizer Vice President warned that if people don't wake up in the next few weeks, they will have lost the chance to take back freedoms and return to normal society as vaccine passports will be introduced.

Throughout the video, Dr Yeadon explained that government policy – even before the start of the Covid pandemic – turned decades of understanding of how to protect people from infectious diseases on its head, citing lockdowns as a key example of this.

"You need to be symptomatic in order to be infectious but what we do we quarantine the sick, we've always done that.

"We've quarantined the sick because that's how you avoid infecting the wider population. So, the idea of quarantining the well with these so-called lockdowns is a new invention, and it has no foundations whatsoever either in science or in the history of controlling epidemics."

Dr Yeadon continued by stating that mass testing of the population was not introduced to track cases of Coronavirus but to induce fear to control the masses. He also stated that asymptomatic cases defy common sense as there's no history of viruses like this until the year 2020.

"It's a strong evolutionary advantage for us to be highly aware of whether or not someone represented a threat to us, and the fact that we are very good at that I think should tell you that they are reliable guides as to whether someone is a threat to you. So if they're not symptomatic, they're not going to infect with you the flu."

Furthermore, Dr Yeadon explained that Covid-19 does pose a threat to the elderly and those with underlying health conditions, but is not a risk to those who are younger, fit, and healthy. To the younger demographic, he says, Covid-19 is less of a threat than influenza.

Dr Yeadon highlights that despite this, governments around the world continue to order the masses to run away and hide in their homes, being forced into unnecessary lockdowns and having to submit to tyrannical restrictions.

At the end of the video, Dr Yeadon concludes by stating that he is sincere about his words and would not lie, as he is receiving "absolutely nothing except criticism and social isolation" from his peers.

"I'm warning you that governments around the world, and certainly yours locally, are lying to you in various ways that are easy for you to establish."

6 min video:

https://videopress.com/6776e0f9-9b10-4cac-ab88-1c202cb82e84

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PENINSULA PEOPLE. OPINIONS

Chloramine causes collateral health damage

CHLORAMINE IS A TOXIN added to drinking water we receive from the Hetch Hetchy system. Chloramine is ammonia added to chlorine to make chloramine. Listed in the MSDS industrial chemistry book, chloramine is to be used in an emergency and does not have an antidote. Chloramine cannot be boiled out of the water and can kill fish in hobby tanks and as shown from research, can cause canine hysteria.

GUEST OPINION
BY WINN PARKER

Hemodialysis patients have a special consideration not to have chlormaine in their blood. They could die in minutes.

Chronic kidney disease causes the organs to slowly lose their ability to filter waste out of the bloodstream. Many of the 20 million people estimated to have kidney disease do not know it. The Public Utility Commission is asking humans to be a human processing plant for the chloramine in the body.

Charcoal filters cannot take out the nitrogen in the ammonia. The PUC's requested human processing plant – which is us – can bioaccumulate the nitrogern-toxins from an impaired kidney, liver or impaired immune system. The bioaccumulation of amine toxins and secondary cancer products are going to accumulate even in various dosages of ammonia to chlorine in the drinking water.

Chlolramine in drinking water can enter the digestion and blood stream in another form called a nitrogen balance. Nitrogen balance refers to the difference between nitrogen intake and total nitrogen loss in urine, sweat and bowel elimination. Ammonia, derived mainly from breakdown of amino acids, is toxic to all animals. Human tissues, therefore, initially detoxify ammonia by converting it to glutamine for transport to the liver. Collateral health damage from ammonia npsets the pH balance of the body. If the liver is functioning properly, it releases ammonia converted into the non-toxic nitrogen-rich compound urea in the nrine. If the amine of the liver is compromised, ammonia accumulates in the blood and generates serious consequences.

DOUG OAKLEY
Winn Parker of Millbrae is campaigning against the use of chloramine in Bay Area water supplies.

N-nitrosodiumethyamine (NDMA), a probably carcinogen, is a likely by-product of cloramination of drinking water. Collateral health damage from this secondary cancer by-product, NDMA, will probably decrease immunity in the human body. Journal AWWA, Feb. 2001, Vol. 93, No. 2, pp. 92-99.

There are other examples of possible collateral health damage from chloramine explained in other scientific journals, one affecting thyroid metabolism in healthy men and another affecting white blood cells that are needed for a healthy immune system.

Research shows there is also collateral health damage when chloramine interacts with certain medicines. For example, chloramine can change the interaction in the body from taking antidepressants with the drinking water. Statins, which reduce cholesterol levels, are influenced by chloramine drinking water entering the cells of the body. Propecia, for male pattern baldness, is interactive with chloramine.

Chloramine has been known to cause corrosive pipe deterioration releasing lead and other toxins from pipes eaten away by chloramine. This could cost consumers billions of dollars a years and adversely impact public health.

For a short-term solution, consumers should have filters to remove lead from the water. The long-term solution is to eventually replace all significant lead-bearing materials that are used in the water system. This will take generations to implement. Rather, we must NOW remove chloramine, which is a toxin and produces secondary cancer by-products, and has uncertainties and risks. Since chloramine is a toxin added to the water, water qualifies to be labeled as a toxin under Proposition 65.

If it costs close to $400 million to have alternative technologies for our water to be chemically free, it is a small price to pay compared to the $3.5 billion 13-year build-out of the Hetch Hetchy water system.

After the installation of alternative technologies, we will not have to worry about setting caps on tort damage lawsuits resulting from wrongful death suits against the state, county, and city councils.

Winn Parker is a global medical and bioscience clinical intellectual property venture capital licensing agreement analyst. He is a licensed clinical medical scientist and an expert witness in medical science and biomedical cases, in addition to being a former consultant to the World Health Organization. Parker lives in Millbrae.

Copy + Pass On

US News and World Report magazine
Sept 5, 2006

Health scare of the week
Tap water linked to diabetes
Arsenic in the U.S. water supply may be linked to an upswing in cases of type 2 diabetes, a new study finds. The toxin is commonly found in drinking water, though usually at levels so minuscule that experts did not think it posed a threat. But a new study by researchers at Johns Hopkins University in Baltimore found that even tiny amounts of arsenic can have a harmful effect. An analysis of arsenic levels in the urine of 788 people found a nearly fourfold increase in the risk of diabetes in people with minute arsenic concentrations in their systems, compared with people with even more negligible amounts. Arsenic can enter the water supply when minerals break down naturally or as an industrial pollutant. Some advocates are now pushing for tougher drinking-water standards and better filtration methods. "The good news is, this is preventable," study author Dr. Ana Navas-Acien tells the Associated Press.

Mediabakery

Arsenic, anyone?

THE WEEK, September 5, 2008

Ryan East knew something was wrong with the water at his school as soon as he turned on the tap in the dorm bathroom. "The water had a peculiar smell," says East, now a sophomore at the University of Oklahoma in Norman. "By Thanksgiving I was experiencing headaches, bloating, abdominal pain, and numbness in my fingertips and tongue."

East discovered that these are symptoms of arsenic poisoning. The University of Oklahoma sits on top of a geologic formation called the Central Oklahoma Aquifer. A major source of water for the state, it was found to contain small amounts of dissolved arsenic, a naturally occurring element that has been linked to lung, liver, and colon cancer.

What is happening in Oklahoma underscores the frightening truth about the water supply in the United States: It may not be as safe as we think it is. Millions of Americans' drinking water may have contaminants that, in high enough concentrations, can damage the nervous, immune, and endocrine systems and cause birth defects.

Major public-health progress has been made in the last century—the chlorination process has all but eliminated cholera and typhoid, two of the deadliest waterborne diseases; water utilities are required to monitor regularly for at least 87 of the most harmful contaminants. There are now more than 2,800 chemicals in active use, however, and most of them are lightly regulated at best. Eighty-two substances, from antibiotics and steroids to chemicals from insecticides and detergents, are consistently found in the surface waters that supply drinking water to many areas, according to the U.S. Geological Survey. No one knows for sure how dangerous all these contaminants are, but what's certain is that some of them are coming out of your tap.

To find out how many chemicals are in your water, *Organic Style* obtained water-quality reports from 586 utilities serving 25 cities, or nearly 44 million people—about 15 percent of the U.S. population. We found no link between the size of a utility and its water quality: Some large systems appear to be quite free of contaminants (Detroit, Memphis); others are among the worst (New York City, San Francisco). And we found no geographic patterns for contaminants. Arsenic is a problem all over: in the West (Seattle, Fresno), in the Midwest (Des Moines; Oshkosh, Wisconsin), and in the Northeast (Nashua, New Hampshire; Philadelphia). Radioactive contaminants, nitrates, lead, bacteria, the gasoline additive called methyl tertiary butyl ether (MTBE), pesticides, and volatile organic compounds (VOCs) were also found at high levels in several cities.

To learn more about the quality of your water, get a copy of the report from your utility company (see above right) or have your tap water tested (see page 116). If you're concerned about the water's safety—especially if the water report shows that one or more contaminants are near the standard level or if there are 20 or more contaminants present—install a filter (for filter recommendations, see page 140).

Most important, don't take clean water for granted. Many communities across the country have water that is, quite literally, making them sick. Here's a look at the hazards many families are facing every time they turn on the faucet.

How to request a water report

Your water utility is required to mail reports to all of its customers every July. If you rent, ask your landlord. If you've misplaced yours, go to epa.gov/safewater/dwinfo.htm and click on "see if your report is posted on-line." You can also call the EPA's Safe Drinking Water Hotline at 800-426-4791 to find out which utility serves you and how to get a report.

Arsenic on Tap

In 2003, tests showed that the wells serving Ryan East and his fellow students at the University of Oklahoma in Norman contained 35 parts per billion of arsenic. Although that's below the Environmental Protection Agency's current permissible level of 50 ppb in drinking water, it's well above the new limit of 10 ppb, which the EPA says water systems cannot exceed by 2006. The EPA decided to reduce the limit to 10 ppb because one out of 100 people who drink water containing an arsenic level of 50 ppb will get cancer of the skin, kidneys, nasal passages, liver, prostate, lungs, or bladder, according to estimates by the National Academy of Sciences. In fact, even at 10 ppb the risk of dying from an arsenic-related cancer is one in 500. Some scientists believe that any detectable level of arsenic contributes to cardiovascular disease and disorders of the immune, endocrine, and nervous systems.

Originally the EPA had recommended a limit of 5 ppb, which reduces the lifetime cancer risk to one in 1,000. The agency changed it to 10 ppb after health and engineering experts gathered data on the effects of arsenic in water and the costs of meeting the proposed regulations. "Both health and economics can be benefited at 10 ppb," says Amy Zander, PhD, a professor of civil and environmental engineering at Clarkson University in Potsdam, New York, who participated in the EPA analysis. "It's an acceptable risk at an acceptable cost." Gina Solomon, MD, a senior scientist with the Natural Resources Defense Council, disagrees. "This new standard is not what I would call safe," she says. "It's what I would call a compromise."

Continued on page 116

Sept. 2004
Organic Style.com

The Lie

Chloramine: The correct public choice

June M. **Weintraub**

In the mid-1800s, physician John Snow removed the handle from a water pump in a London neighborhood, and in so doing put a stop to an outbreak of cholera that had killed more than 500 people in a 10-day period. In the past 150 years, much progress has been made in understanding and preventing the transmission of waterborne diseases.

Public drinking-water providers now know to protect water supplies at the source and to use disinfectants to prevent growth of dangerous bacteria in the water distribution system. The maintenance of what is called a "residual" of disinfectant that stays in the water distribution system while it is delivered to peoples' homes is not just good public health practice; it is required by the Environmental Protection Agency. The EPA offers drinking water providers two disinfectant choices: Chlorine and chloramine.

Like chlorine, chloramine is not new. It has been used extensively throughout the world since the 1930s, and approximately one-third of all U.S. water agencies also use it for residual disinfection. This year the San Francisco Public Utilities Commission became the last large water agency in the Bay Area to make the change from chlorine to chloramine. The primary reason for the shift is a significantly lower level of contaminants formed in the drinking water.

Chlorine and chloramine have many similarities. Both provide effective residual disinfection with minimal risk to public health. Both are toxic to fish and reptiles, since both come in direct contact with the bloodstream through their gills.

The difference is that while chlorine can be allowed to dissipate with time from water added to aquariums and fishponds, chloramine must be chemically removed. Both chlorine and chloramine must be removed from water prior since water comes into direct contact with the bloodstream during treatment. When drinking water, people have no trouble digesting chlorine or chloramine at the levels found in our drinking water because this water is not introduced directly into the bloodstream. A comprehensive search of the medical literature does not reveal any studies showing that those with compromised immune systems, weak livers or medication requirements have any special problems metabolizing chloramine.

The principal advantage of chloramine is the reduction in certain harmful byproducts — especially trihalomethanes and haloacetic acids — formed by reaction with other compounds in the water. It is true that another byproduct — N-nitrosodimethylamine, which is frequently brought up in current discussions of chloramine — is formed by both disinfectants.

However, the NDMA concentration in drinking water is negligible in comparison to other NDMA sources for humans — such as tobacco smoke, chewing tobacco, cured meats, beer, fish, cheese, toiletries, shampoos, cleansers, the interior air of cars and household pesticides.

The San Francisco Public Utilities Commission will consistently monitor for NDMA and other byproducts, now that the switch to chloramine has been completed, as part of its charge to provide a continued supply of healthy, high-quality water. But high levels are not anticipated, given the quality of San Francisco's water source and treatment practices.

In making any decision, the known and unknown risks need to be balanced with the known benefits. In switching from chlorine to chloramine, the SFPUC carefully weighed the choices. It then joined the water utility agencies of Alameda, Contra Costa, Santa Clara and Marin counties to pick the best disinfectant given the most current information available.

June M. Weintraub, Sc.D. is an epidemiologist with the Environmental Health Section of the San

Truth

Chloramine is poison

DAILY JOURNAL Tuesday • May 4, 2004 9

By Winn Parker

This is in response to the June Weintraub chloramine letter in the April 20 edition of the Daily Journal. Her letter is an incomplete picture of ammonia added to water to make a disinfectant chloramine in our drinking water.

The Environmental Protection Agency did not mandate states use this toxin placed in our drinking water. The EPA gave suggestions for alternative ways to disinfect the water and eliminate residual viruses, using ultraviolet light with free ozone and reverse osmosis and membrane technology. The EPA sets the drinking water standard for chloramine to protect against the risk of these adverse effects.

The industrial Material Standard Data Sheets (MSDS) for chloramine show a red skull-and-cross-bones and the word toxin.

What was not told were the bioaccumulation effects in the human body. The industrial Material Standard Data Sheets (MSDS) for chloramine show a red skull-and-cross-bones and the word toxin. Its use is only for emergency water disinfecting and may act as a mutagen, creating DNA damage to cells of the body and amino acid breakages essential to life processes.

and other higher vertebrates convert ammonia to urea. In either case, the initial reaction to amino acid (the basic protein for life) breakdown are provided by liver enzymes.

Concerning the writer downplaying the possible human carcinogen N-nitrosodiumethylamine (NDMA) in drinking water where high-levels of this cancer product are not expected is similar to say you are partially pregnant: NDMA formation can increase with

technology without chemicals. It may cost more but there is no down side of possible wrongful death suits in toxic tort legal actions and maintenance of the water supply to eliminate residuals by alternate technology.

Research literature for liver tumor induction, colon cancer, pancreas and bladder cancer, fetal deaths, chromosomal damage and reproductive studies all could not have been researched unless there is a suspicion of further research to be done. In weighing the known benefits against risks, the human bio-accumulation has not been considered for human bodies to process nitrogenous toxins against the risks for the correct public

Water disinfectant

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Researchers Find Unknown Chemical in Drinking Water

Scientists discover chloronitramide anion in chloramine-treated drinking water, highlighting potential health risks and need for further toxicity research.