

# DRUTHERS

FREE

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/n. ...Informal...

one's own way, preference, or choice:

eg. 'If I had my druthers, we all would know the truth.'

## 8 Reasons To NOT Jab Your Children

By [VaccineChoiceCanada.com](http://VaccineChoiceCanada.com)

Governments have declared their intention to inject every human on the planet with experimental COVID biological products regardless of risks.

This callous disregard for risk is evident with the recent decision to market COVID-19 products to children ages 5–11 years.

The scientific evidence is clear that children are not at risk from COVID-19; nor are they transmitters of the disease. The risk-benefit analysis confirms the risk from these injected biological products significantly exceeds any benefit.

Governments have made changes to long-standing risk management protocols. The Government of British Columbia recently removed the requirement to consult with a Program Manager or Risk Management Consultant when obtaining consent from children 12 years of age and younger.

To act with the assumption that children as young as five years of age could be capable of providing informed consent to these COVID biological products is reckless, unethical, and predatory.

### 1. All COVID-19 Biological Products are Experimental

COVID-19 biological products were made available under an 'interim order' for emergency use only. These injections utilize novel mRNA and DNA viral-vector technology. This technology has not received full regulatory approval for use in humans. This technology is still considered experimental. The treatments being marketed as COVID-19 "vaccines" are in Phase III clinical trials until 2022/2023, and hence qualify as a medical experiment. People taking these biological products are subjects in human trials.

There is limited short-term safety data. It is impossible to infer long-term safety based on such limited information. The potential for late-onset effects, such as the development of autoimmune diseases, cancer, neurological disorders, and infertility, is highly relevant for children and young people who have a lifetime ahead of them. These potentialities need to be fully assessed before proceeding.

*"The scientific uncertainties demand that the administration of COVID-19 vaccines, especially to children, adolescents, and young adults of child-bearing age, not even be considered until proper scientific studies that focus on the safety and pharmacokinetics and biodistribution of the vaccines and the vaccine-encoded spike protein can be conducted."*

The Case against Mandatory Vaccines  
– Canadian COVID Care Alliance

### 2. Childhood Risk of COVID-19 is Effectively Zero

The overall survival rate of children diagnosed with COVID-19 is 99.99996%. An experimental biological product cannot be expected to be safer than a disease with a survival rate that is effectively one hundred percent.

With serious adverse events recognized (e.g. myocarditis and pericarditis), and further suspected adverse effects, children face higher risks from these biological

products than from the disease itself.

Given the lack of safety data, the uncertainty of benefit and the known risks to health, it is inconceivable that a child could provide informed consent. In spite of this, governments are registering children ages 5–11 years.

Canadians have been unnecessarily harmed and killed due to the action of our governments and health authorities to prevent the early treatment and prevention of COVID-19.

### 5. Vaccine Risk

There is substantial concern that COVID-19 "vaccines" worsen disease due to antibody-dependent enhancement (ADE). ADE was observed in animal trials during previous attempts to develop mRNA vaccines against coronaviruses. ADE may explain the increasing rate of 'break through cases' in the "vaccinated".

The reporting databases in the US (VAERS), Europe (Eudravigilance) and the UK (MHRA Yellow Card System) have documented hundreds of thousands of vaccine-related illnesses and deaths since the COVID-19 "vaccine" rollout in December 2020.

*There is now "more than enough evidence... to declare the COVID-19 vaccines unsafe for use in humans".*

– Dr. Tess Lawrie – Evidence-Based Medicine Consultancy

Reported adverse events include seizures, paralysis, blindness, strokes, blood clots, and acute cardiac events. Life-threatening effects, such as blood clots and myocarditis have been

reported in young people. COVID-19 biological products have the worst safety record in the history of vaccination.

Scientists have raised multiple concerns regarding short and long-term adverse effects of the spike protein, a recognized pathogen. It is unknown how much spike protein is produced by the injections and for how long. It is plausible that younger, healthier people may produce higher quantities, thus potentially increasing the risk of negative effects.

An escalating number of reports of myocarditis are reported to health authorities, especially in teenagers and young adults, following the mRNA Covid-19 injections. This is especially prevalent in young males. Children's Hospitals across Canada have recently established pediatric stroke teams to address the increasing incidence of stroke in children and adolescents.

*"Unlike other drugs, vaccines are given to healthy individuals.*

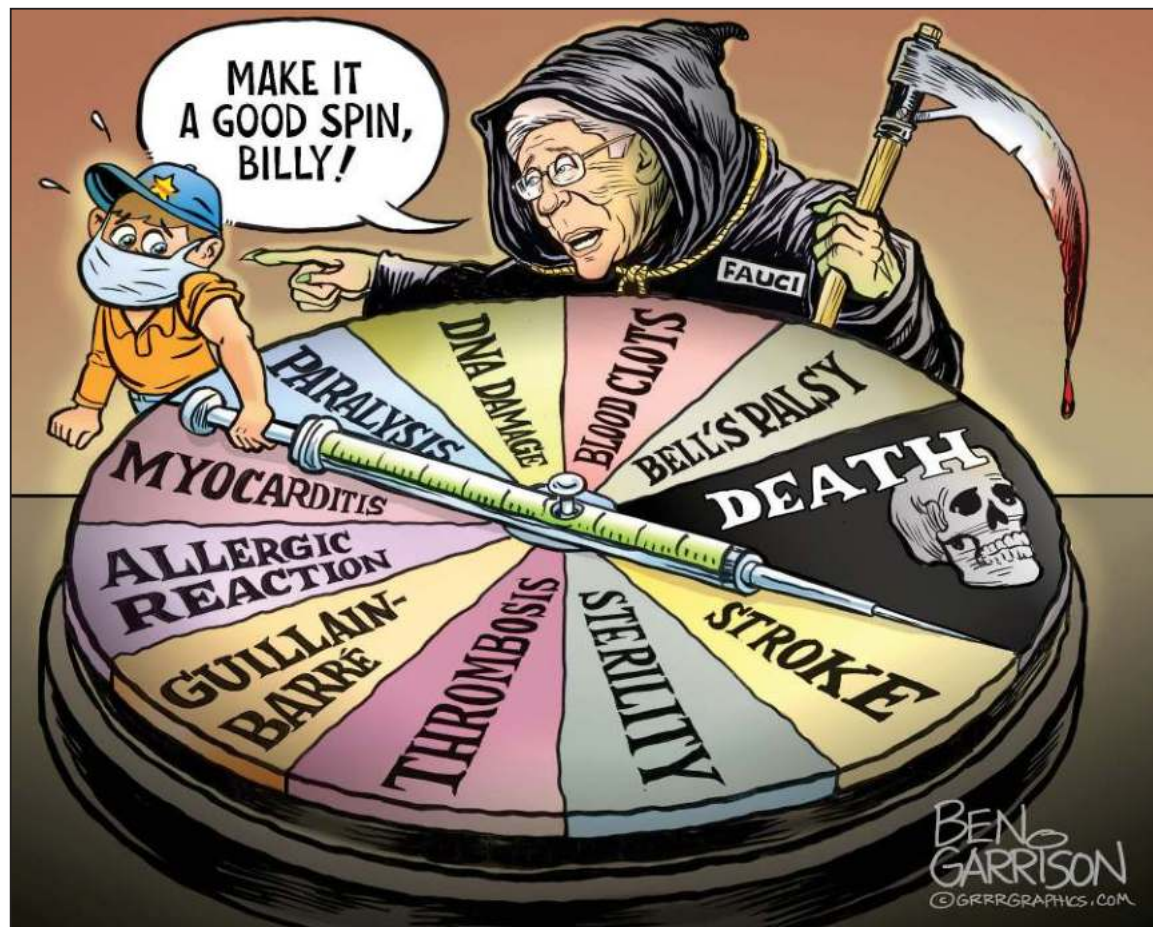
*We therefore should be far less tolerant of risk. We need to be especially attentive to risks in children about whom there is almost no relevant safety information. Children, after all, have almost no risk from the disease [COVID] and so any risk from the vaccine is unacceptable."*

– Robert F. Kennedy Jr. – Children's Health Defence

Myocarditis following COVID-19 injections is 30-200 times the normal background risk, as shown in a recent presentation by the US CDC's Advisory Committee on Immunization Practices (ACIP). Myocarditis carries a long-term risk of heart failure. It also requires restricted exercise for life and medication for several months after recovery.

Following testimony by medical experts, lawyers, and scientists, the Rabbinical Court made the following decree on October 26th, 2021: *"It is absolutely forbidden to administer or even to promote this injection to children,*

*See, 'Kids' p.2*



### 3. COVID Injections do not prevent infection or transmission

According to Health Canada's *Summary Basis of Decision*, updated May 20, 2021, the clinical trials have NOT proven that the COVID-19 biological products prevent infection or transmission.

The Summary also reports that both Moderna and Pfizer identified **six areas of missing information** (limited/no clinical data): use in pediatric (age 0-18) populations; use in pregnant and breastfeeding women; long-term safety; long-term efficacy including "real-world use"; safety and immunogenicity in subjects with immune-suppression; and concomitant administration of non-COVID vaccines.

There is no community health benefit to receiving these biological products and no rational reason to insist on these products to "protect others". Any claim that grandma is protected by her grandchild taking these injected products is false.

### 4. Natural Immunity vs. Injected Immunity

In populations which are at minimal risk of severe complications from the disease, such as children and young people, an individual is better protected by natural immunity which is comprehensive and long-lasting. Even if biological product-induced benefit occurs, the effect is temporary and does not provide the full spectrum of immune protection available with natural exposure. It is naturally acquired immunity that benefits the community by contributing to "herd" immunity.

Safe and effective treatments and prophylactic/preventive measures exist for COVID-19 in support of the natural immune response. That effective treatments exist negates the need for a "vaccine". More than 79 countries allow access to these treatments. This is not the case in Canada where our provincial and federal governments deny Canadians access to these life-saving treatments.

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# Why Is No One Talking About “Informed Consent?”

By Chuck Black

“Informed consent” is a well understood legal doctrine in healthcare, requiring the health-care provider (traditionally a doctor) to educate patients about the risks, benefits, and alternatives of any given recommended procedure or intervention, allowing the patient to make informed and “voluntary” decisions about whether to undergo the procedure.

It’s not something we hear a lot about these days, which is kind of odd, given all the drugs our government currently insists that we take and how often the same legal concepts are invoked for aboriginal rights and sexual assault cases.

As noted by Ruth R. Faden and Tom L. Beauchamp in their 1986 book *A History and Theory of Informed Consent*, the concept of informed consent “is rooted in multiple disciplines, including those of health professions, law, the social and behavioral sciences and moral philosophy.”

The book notes that:

*The law has (until now, at least) focused almost exclusively on clinical (doctor/patient relationships) rather than research (scientist/clinical test subject) contexts.*

*From the legal point of view, the physician has the duty to both inform patients and obtain their consent. If a patient is injured as a result of a failure on the part of a physician to disclose information about a procedure, then the patient may collect money damages from the physician for causing the injury.*

Most informed consent cases focus around concepts of “negligence” and whether the disclosure provided by the health care authority is adequate to provide the patient with the amount and the type of information needed to make an “informed decision.”

Unfortunately, the law often allows exceptions to the types of information healthcare providers are required to supply.

For example, drug manufacturers are normally shielded from liability for the effects of their drugs just so long as they comply with appropriate public health laws and required testing regimes.

In some cases, such as the current pandemic, drugs are authorized for emergency use without completing the full requirements normally mandated under law.

In Canada, modern legal concepts of informed consent originate with two landmark Supreme Court decisions.

As outlined in the undated Bottom Line Research and Communications white paper, *An overview of the Law Regarding Informed Consent*, in 1980, “the Supreme Court of Canada rendered two landmark decisions pertaining to the related matters of the duty of a physician to make disclosure to the patient and the requirement of informed consent of the patient to a surgical procedure.”

In *Hopp v. Lepp* Chief Justice Laskin considered whether a patient who suffered permanent damages after the performance of a hemilaminectomy had given informed consent to the procedure. After suggesting that the patient had a right to decide what, if anything, should be done with his body, Laskin C.J. went on to hold that there was a duty of disclosure – that is, the surgeon or physician was bound by a duty to provide information to his or her patient.

Shortly thereafter, the Supreme Court of Canada again had reason to address the issue of informed consent, among other issues, in the leading case of *Reibl v. Hughes*.

In this judgment *Hopp v. Lepp* was considered in the context of the plaintiff’s claim that he had not given informed consent to an endarterectomy procedure that had left him a hemiplegic.

Broadly speaking, it was the *Reibl* judgment that introduced the doctrine of informed consent into Canadian law.

Of course, things change and laws “evolve.” What was true in the 1980’s might not be true today.

At the very least and as noted in the December 14, 2020 *Global News* post, “Coronavirus vaccine makers are shielded from liability. Here’s why officials say that’s normal,” individual doctors are no longer the sole authority in this area.

Come to think of it, no single doctor, level of government, pharmaceutical corporation, medical association governing body or even secret, multinational orga-

nization plotting world domination has complete and total control or responsibility over health care decisions these days.

This makes it difficult to figure out who to sue for damages when something goes wrong.

This weakens the law and shrinks the options for accountability.



The concept of “free consent” is also well defined in contract and international law, which focuses on a wide variety of actual and implied contracts between various individuals and groups.

There is at least one international template which attempts to outline the responsibilities of parties involved in medical research. It’s wrapped around the concept of “free consent,” a term enshrined in the *International Covenant on Civil and Political Rights* and adopted in 1966 by the United Nations.

## Kids don’t need jabbing

*Continued from p.1*

*adolescents, young men or women; It is an explicit obligation to protest against this mandate, and anyone who can prevent the injection from being forced upon our youth must do so, forthrightly and emphatically.”*

The safety of this experimental biological treatment should have been thoroughly investigated before mass injection, and most especially use in children.

### 6. Lack of Independent Oversight

The implementation of the COVID-19 biological injection program is incomplete incongruence with the principle of evidence-based medicine, the gold standard of good clinical practice. Contrary to established medical practice, recommendations for the use of these biological treatments have been based only on interim analyses of data from incomplete clinical safety trials rather than on peer-reviewed published science.

Ongoing trials to establish the efficacy and safety of the COVID-19 injections are not being conducted by independent research teams. Instead, the trials are conducted by the pharmaceutical companies that gain financially from the sale of their products. This is a direct moral hazard, as well as a conflict of interest.

Raw trial data are not available for public and independent scrutiny. Interim analyses and claims are communicated by press releases and trotted out as medical certainty to the public. Public health agencies and the vaccine industry are liable for false advertising, fraud, malfeasance, and lack of scientific integrity. The media is disseminating information that has not been independently verified.

These issues demand a cautious approach to giving COVID-19 injections to young, healthy people.

*“We are writing to you again to plead that you oppose authorizing COVID products for our children and youth. Such authorization is likely to result in a public health disaster, for years to come, and of a magnitude that is hard to anticipate.”*

– An open letter to Ontario Premier Doug Ford  
–Canadian COVID Care Alliance

### 7. Elements of Informed Consent

The **Nuremberg Code**, to which Canada is a signatory, states that voluntary informed consent is essential before performing medical experiments on human beings.

Persons involved should have the legal capacity to give consent, without the intervention of any element of force, fraud, deceit, duress, overreaching, or another ulterior form of constraint or coercion; and should have

According to the Insuranceopedia website, free consent is also a legal term which:

*... refers to an agreement when both parties knowingly and willingly enter into a contract of their own will. This includes agreeing to all of its terms and conditions and a mutual level of understanding of the subject matter in the contract.*

For a contract to be enforceable and sound, this consensus must have been gained free of any form of coercion, cheating, undue influence, fraud or pressure. In addition, the contract must be free of mistakes or misrepresentation by both parties. If consent is gained by any of these means the contract is considered void and unenforceable by law. The website notes that “in the case of insurance contracts, even if a policyholder agrees upon the same things in the same sense, the contract is still not valid if they did not have free consent during the signing of the contract.”

Article seven of the covenant prohibits experiments conducted without the “free consent to medical or scientific experimentation” of the subject.

The UN concept of “free consent” also overlaps with the concept of “free, prior and informed consent” another UN generated definition originally intended to “establish bottom-up participation and consultation of an indigenous population prior to the beginning of development on ancestral land or using resources in an indigenous population’s territory.”

In essence and to paraphrase the UN concept, the indigenous people weren’t provided with “free, prior and informed consent” as a preliminary to agreements made with the various Western governments. Therefore those

**See, ‘The Need’ p.3**

sufficient knowledge and comprehension of the elements of the subject matter involved so as to enable him/her to make an understanding and enlightened decision.

This requires that there should be made known to him/her the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards to be reasonably expected; and the effects upon his/her health or person which may possibly come from participation in the experiment.

There is no indication that subjects in this human experiment are provided with the legally and ethically required information. Instead, participants are compelled to partake in this experiment through the use of force, fraud, deceit, duress, overreaching, or another ulterior form of constraint or coercion such as the loss of livelihood. Such compulsion is illegal, immoral, and criminal.

### 8. Parental Responsibility to Make Medical Decisions for their Children

Current public health policy permits children as young as five to receive this experimental product without the knowledge or consent of their parents. This undermines parental rights and their responsibility to make medical decisions for their children. These policies impede the ability of parents to protect their children from government and corporate overreach and regulatory capture.

It is irresponsible, predatory, and criminal to coerce children 12 years and younger to make significant life-altering decisions that could have serious long-term medical consequences. Children are incapable of making informed decisions due to the complexity of the subject matter. These decisions and responsibilities must rest with the parents.

### Conclusion

- 1. There is no medical or ethical justification to expose children to these experimental biological injections.**
- 2. Children are not at risk of COVID, are non-transmitters, and the mortality rate in children is statistically zero.**
- 3. Governments have acted fraudulently and must immediately cease and desist the injection of these experimental biological products in children.**
- 4. Parents must stand up and protect their children from government fraud, coercion, deception and malfeasance.**

*For references: Visit:  
<https://vaccinechoicecanada.com/vcc-position-papers/>*



# The Nuremberg Code

BRITISH MEDICAL JOURNAL  
No 7070 Volume 313: Page 1448, 7 December 1996.

### Introduction

The judgment by the war crimes tribunal at Nuremberg laid down 10 standards to which physicians must conform when carrying out experiments on human subjects in a new code that is now accepted worldwide.

This judgment established a new standard of ethical medical behaviour for the post World War II human rights era. Amongst other requirements, this document enunciates the requirement of voluntary informed consent of the human subject. The principle of voluntary informed consent protects the right of the individual to control his own body.

This code also recognizes that the risk must be weighed against the expected benefit, and that unnecessary pain and suffering must be avoided.

This code recognizes that doctors should avoid actions that injure human patients.

The principles established by this code for medical practice now have been extended into general codes of medical ethics.

## The Nuremberg Code (1947)

### Permissible Medical Experiments

The great weight of the evidence before us to the effect that certain types of medical experiments on human beings, when kept within reasonably well-defined bounds, conform to the ethics of the medical profession generally. The protagonists of the practice of human experimentation justify their views on the basis that such experiments yield results for the good of society that are unprocurable by other methods or means of study. All agree, however, that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts:

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.
- The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with



**United States of America v. Karl Brandt, et al. (also known as the Doctors' trial), Nuremberg, Germany. Defendants seated under guard in the dock behind the defense counsel during the Doctors Trial, which was held in Nuremberg, Germany, from December 9, 1946, to August 20, 1947.**

- impunity.
2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

For more information see *Nuremberg Doctor's Trial*, *BMJ* 1996;313(7070):1445-75.

# The Need For Consent Is Imperative

### Continued from p.2

previous negotiations are void and must be renegotiated.

Whatever the origin point, the implementation of these concepts in the international arena leaves much to be desired.

As of September 2019, the full covenant (including definitions) has 173 parties and six more signatories without ratification. However, most signatories have failed to make any changes in national law to ensure compliance with Covenant obligations as required under its terms.

In essence, the UN declaration is a paper tiger without teeth.

On the other hand, informed consent is also an important component of Canadian laws governing sexual assault. Those laws are far better defined and far better enforced.

are riddled with exceptions and now even includes “temporary” emergency measures enacted at senior levels of government which override the traditionally private doctor/patient relationship.

The most recent legal influence upon Canadian concepts of informed consent is the 1999 Supreme Court *R. v. Ewanchuk* case.

Although the case itself was focused on a sexual assault, the underlying argument focused on the victims fear that she would not be hired for a job unless she complied with a request from a potential employer to perform a sexual act.

As noted in the September 29, 2021 Don't Talk TV YouTube post, “Don't Talk TV Episode 68: What is #Consent?,” the potential employer argued that the victim had provided “implied consent” to the sexual act since she had not objected to it.

The Supreme Court disagreed, stating that there was no defence available for “implied consent” when the activity was forced under duress. The “duress” was the implication that the victim would lose the possibility of getting hired if she did not comply.

According to the court, “consent given under fear or duress is ineffective” and the threat of job loss is clearly duress under Canadian law.

According to Nicholas Wansbutter, an Ontario lawyer who hosts the Don't Talk TV vidcast, the concept of consent derived from the *R. v. Ewanchuk* case is a broad principle application to healthcare and in other areas where informed consent is required.

This includes both coerced sexual acts and forced medical procedures.

There are large swaths of competent, well respected Canadian workers who have been forced out of their jobs over the last six months for failing to comply with union, corporate and government edicts demanding vaccinations as conditions of ongoing employment.

Expect some interesting Canadian court cases to wind their way towards the Supreme Court over the next little while as those unemployed Canadians attempt to use the courts to claim just compensation for their job loss.

Originally posted at: [FreedomForumCanada.com](https://freedomforumcanada.com)

## Websites Of Interest

Please note, these websites are provided as sources of alternative information. Druthers does not necessarily agree with all material found on these sites. Please use your own discretion, yet keep an open mind. Explore and analyze information and evidence with us.

You can visit [druthers.net](https://druthers.net) to get in touch.

<a href="https://vaccinechoicecanada.com">vaccinechoicecanada.com</a>	<a href="https://swprs.org">swprs.org</a>
<a href="https://freedomrising.info">freedomrising.info</a>	<a href="https://action4canada.com">action4canada.com</a>
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<a href="https://jccf.ca">jccf.ca</a>	<a href="https://awakecanada.org">awakecanada.org</a>



# Covid-19: Researcher Blows The Whistle On Data Integrity Issues In Pfizer’s Vaccine Trial

By Paul D Thacker

Revelations of poor practices at a contract research-company helping to carry out Pfizer’s pivotal Covid-19 vaccine trial raise questions about data integrity and regulatory oversight.

In autumn 2020 Pfizer’s chairman and chief executive, Albert Bourla, released an open letter to the billions of people around the world who were investing their hopes in a safe and effective Covid-19 vaccine to end the pandemic. “As I’ve said before, we are operating at the speed of science,” Bourla wrote, explaining to the public when they could expect a Pfizer vaccine to be authorised in the United States.<sup>1</sup>

But, for researchers who were testing Pfizer’s vaccine at several sites in Texas during that autumn, speed may have come at the cost of data integrity and patient safety. A regional director who was employed at the research organisation Ventavia Research Group has told *The British Medical Journal (BMJ)* that the company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer’s pivotal phase III trial. Staff who conducted quality control checks were overwhelmed by the volume of problems they were finding. After repeatedly notifying Ventavia of these problems, the regional director, Brook Jackson, emailed a complaint to the US Food and Drug Administration (FDA). Ventavia fired her later the same day. Jackson has provided *The BMJ* with dozens of internal company documents, photos, audio recordings, and emails.

**Poor laboratory management**

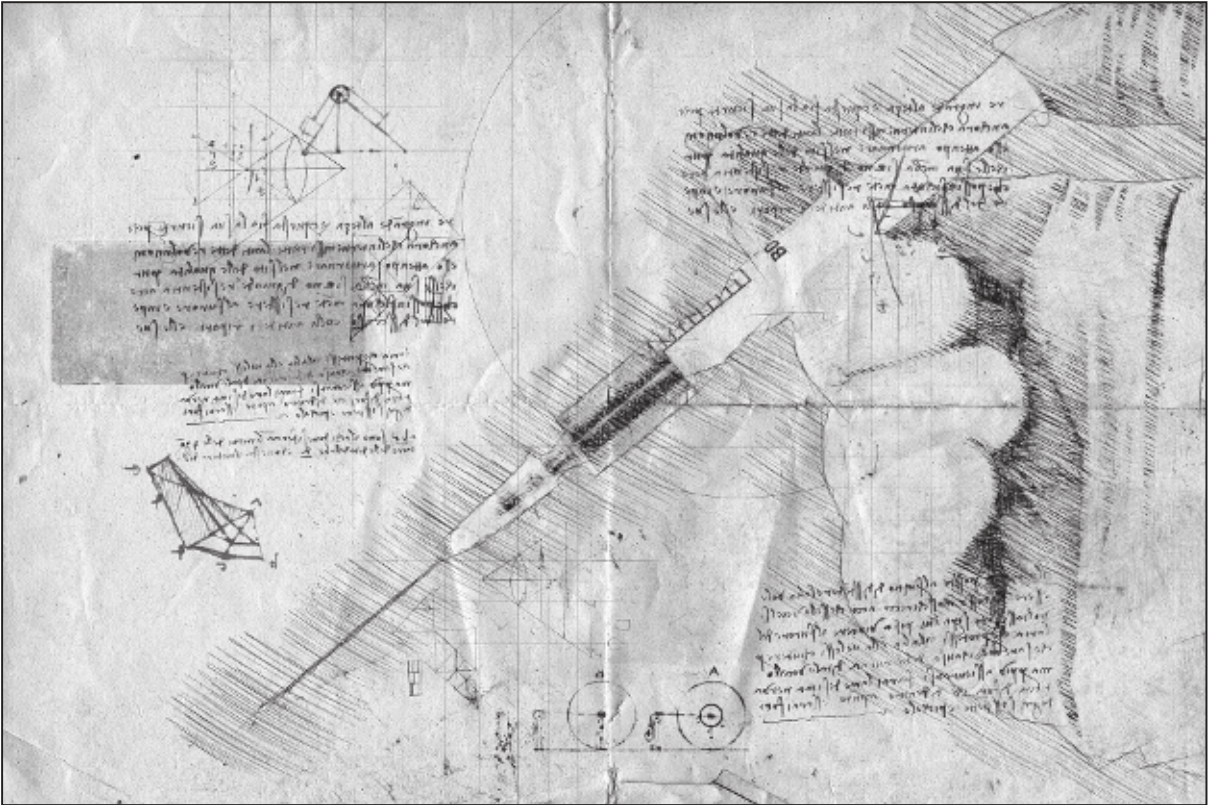
On its website Ventavia calls itself the largest privately owned clinical research company in Texas and lists many awards it has won for its contract work.<sup>2</sup> But Jackson has told *The BMJ* that, during the two weeks she was employed at Ventavia in September 2020, she repeatedly informed her superiors of poor laboratory management, patient safety concerns, and data integrity issues. Jackson was a trained clinical trial auditor who previously held a director of operations position and came to Ventavia with more than 15 years’ experience in clinical research coordination and management. Exasperated that Ventavia was not dealing with the problems, Jackson documented several matters late one night, taking photos on her mobile phone. One photo, provided to *The BMJ*, showed needles discarded in a plastic biohazard bag instead of a sharps container box. Another showed vaccine packaging materials with trial participants’ identification numbers written on them left out in the open, potentially unblinding participants. Ventavia executives later questioned Jackson for taking the photos.

Early and inadvertent unblinding may have occurred on a far wider scale. According to the trial’s design, unblinded staff were responsible for preparing and administering the study drug (Pfizer’s vaccine or a placebo). This was to be done to preserve the blinding of trial participants and all other site staff, including the principal investigator. However, at Ventavia, Jackson told *The BMJ* that drug assignment confirmation printouts were being left in participants’ charts, accessible to blinded personnel. As a corrective action taken in September, two months into trial recruitment and with around 1000 participants already enrolled, quality assurance checklists were updated with instructions for staff to remove drug assignments from charts.

In a recording of a meeting in late September 2020 between Jackson and two directors a Ventavia executive can be heard explaining that the company wasn’t able to quantify the types and number of errors they were finding when examining the trial paperwork for quality control. “In my mind, it’s something new every day,” a Ventavia executive says. “We know that it’s significant.”

Ventavia was not keeping up with data entry queries, shows an email sent by ICON, the contract research organisation with which Pfizer partnered on the trial. ICON reminded Ventavia in a September 2020 email:

“The expectation for this study is that all queries are addressed within 24 hours.” ICON then highlighted over 100 outstanding queries older than three days in yellow. Examples included two individuals for which “Subject has reported with Severe symptoms/reactions ... Per protocol, subjects experiencing Grade 3 local reactions should be contacted. Please confirm if an UNPLANNED CONTACT was made and update the corresponding form as appropriate.” According to the trial protocol a telephone contact should have occurred “to ascertain further details and determine whether a site visit is clinically indicated.”



## Worries over FDA inspection

Documents show that problems had been going on for weeks. In a list of “action items” circulated among Ventavia leaders in early August 2020, shortly after the trial began and before Jackson’s hiring, a Ventavia executive identified three site staff members with whom to “Go over e-diary issue/falsifying data, etc.” One of them was “verbally counseled for changing data and not noting late entry,” a note indicates.

At several points during the late September meeting Jackson and the Ventavia executives discussed the possibility of the FDA showing up for an inspection. “We’re going to get some kind of letter of information at least, when the FDA gets here . . . know it,” an executive stated.

**A history of lax oversight**

When it comes to the FDA and clinical trials, Elizabeth Woeckner, president of Citizens for Responsible Care and Research Incorporated (CIRCARE),<sup>3</sup> says the agency’s oversight capacity is severely under-resourced. If the FDA receives a complaint about a clinical trial, she says the agency rarely has the staff available to show up and inspect. And sometimes oversight occurs too late.

In one example CIRCARE and the US consumer advocacy organisation Public Citizen, along with dozens of public health experts, filed a detailed complaint in July 2018 with the FDA about a clinical trial that failed to comply with regulations for the protection of human participants.<sup>4</sup> Nine months later, in April 2019, an FDA investigator inspected the clinical site. In May this year the FDA sent the triallist a warning letter that substantiated many of the claims in the complaints. It said, “[I]t appears that you did not adhere to the applicable statutory requirements and FDA regulations governing the conduct of clinical investigations and the protection of human subjects.”<sup>5</sup>

“There’s just a complete lack of oversight of contract research organisations and independent clinical research facilities,” says Jill Fisher, professor of social medicine at the University of North Carolina School of Medicine and author of *Medical Research for Hire: The Political Economy of Pharmaceutical Clinical Trials*.

**Ventavia and the FDA**

A former Ventavia employee told *The BMJ* that the company was nervous and expecting a federal audit of its Pfizer vaccine trial.

“People working in clinical research are terrified of FDA audits,” Jill Fisher told *The BMJ*, but added that the agency rarely does anything other than inspect paperwork, usually months after a trial has ended. “I don’t

know why they’re so afraid of them,” she said. But she said she was surprised that the agency failed to inspect Ventavia after an employee had filed a complaint. “You would think if there’s a specific and credible complaint that they would have to investigate that,” Fisher said.

In 2007 the Department of Health and Human Services’ Office of the Inspector General released a report on FDA’s oversight of clinical trials conducted between 2000 and 2005. The report found that the FDA inspected only 1% of clinical trial sites.<sup>6</sup> Inspections carried out by the FDA’s vaccines and biologics branch have been decreasing in recent years, with just 50 conducted in the 2020 fiscal year.<sup>7</sup>

The next morning, 25 September 2020, Jackson called the FDA to warn about unsound practices in Pfizer’s clinical trial at Ventavia. She then reported her concerns in an email to the agency. In the afternoon Ventavia fired Jackson—deemed “not a good fit,” according to her separation letter.

Jackson told *The BMJ* it was the first time she had been fired in her 20 year career in research.

**Concerns raised**

In her 25 September email to the FDA Jackson wrote that Ventavia had enrolled more than 1000 participants at three sites. The full trial (registered under NCT04368728) enrolled around 44 000 participants across 153 sites that included numerous commercial companies and academic centres. She then listed a dozen concerns she had witnessed, including:

- Participants placed in a hallway after injection and not being monitored by clinical staff
- Lack of timely follow-up of patients who experienced adverse events
- Protocol deviations not being reported
- Vaccines not being stored at proper temperatures
- Mislabelled laboratory specimens, and
- Targeting of Ventavia staff for reporting these types of problems.

Within hours Jackson received an email from the FDA thanking her for her concerns and notifying her that the FDA could not comment on any investigation that might result. A few days later Jackson received a call from an FDA inspector to discuss her report but was told that no further information could be provided. She heard nothing further in relation to her report.

In Pfizer’s briefing document submitted to an FDA advisory committee meeting held on 10 December 2020 to discuss Pfizer’s application for emergency use authorisation of its Covid-19 vaccine, the company made no mention of problems at the Ventavia site. The next day the FDA issued the authorisation of the vaccine.<sup>8</sup>

In August this year, after the full approval of Pfizer’s vaccine, the FDA published a summary of its inspections of the company’s pivotal trial. Nine of the trial’s 153 sites were inspected. Ventavia’s sites were not listed among the nine, and no inspections of sites where adults were recruited took place in the eight months after the December 2020 emergency authorisation. The FDA’s inspection officer noted: “The data integrity and verification portion of the BIMO [bioresearch monitoring] inspections were limited because the study was ongoing, and the data required for verification and comparison were not yet available to the IND [investigational new drug].”

**Other employees’ accounts**

In recent months Jackson has reconnected with several former Ventavia employees who all left or were fired from the company. One of them was one of the officials who had taken part in the late September meeting. In a text message sent in June the former official apologized, saying that “everything that you complained about was spot on.”

Two former Ventavia employees spoke to *The BMJ* anonymously for fear of reprisal and loss of job prospects in the tightly knit research community. Both confirmed



# The Death of Science and the Rebirth of Superstition

By Todd Hayen, PhD

“Science denial!” A snarky phrase I am sure most of you have heard many times. In the beginning of this Covid debacle, when there was clearly only “one science” approved and presented by the media, it took a bit of digging to find other scientific hypotheses. Now it is not so difficult to see clearly that there is a deeper, more robust, science that is contradicting the mainstream. But still we hear the mantra “follow the science!” “you are a moronic denier of science!” and as Fauci so famously put it, “if you are against me, you are against science!”

So what, then, is science? The first thing I would say in defining science is to state what it isn’t...it isn’t typically consensual. I suppose there are some things we can call “settled science” but even much of that is often questioned, certainly over the years as new discoveries are made “old science” steps aside for “new science.” Why doesn’t this still happen?—probably because science has truly become more of a religion than a systematic (and by its nature controversial) effort to discover the mysteries of the natural world. Religions are typically dogmatic, meaning they have rules that are not to be questioned. An unseen authority such as God, or a group of Gods, has historically set the rules of religions. Today, the self appointed “ruling class”—the government, the Fauci’s, the Big Pharma corporations, or someone or something even beyond that, sets the rules of the religion “scientism”.

The powers that be are desperate to harness the power of science to do their evil bidding. They wish it to become the superstitious demon they can release onto anyone who questions their power and authority. Again, as Anthony Fauci so brazenly stated, “if you are against me, you are against science.” And a sane person, or so they want you to think, cannot be against science.

How is this “take over” of science possible? Science is now sacred in our modern world, and has been for quite some time. Technology, medicine, engineering, has become so sophisticated and complex few people know the inner sanctum of the science behind all of this that seems to be, to the layman, magic. It takes a real sci-

entist to know science’s innermost secrets. Or does it? We certainly have come to think that only the priests of science can understand science. It used to be that common sense ruled, and what it didn’t rule, religion and a belief in God filled in. Now neither common sense nor God exists in the popular mind. The phrases uttered by those who still listen to their common sense, such as, “do your own research” has, to the science worshiper, become the mantra of the imbecile, the moron who doesn’t trust the “Science God” to tell them what is real and what is not real.



Common sense cannot, for the most part, assume a thorough understanding of science, but as mom used to say, “if everyone is jumping off the cliff, would you go with them?” It seems that in today’s climate, most people are jumping. That is a lack of common sense. If science says it is safe to jump, then we jump. Not so

long ago we came to “settled science” through a process. Many minds, many experiments, many mistakes (remember Edison’s thousand light bulbs?) During this Covid insanity there are not many minds, many experiments, nor many mistakes (not enough time to make them). That’s where common sense should come in—we should question this censorship, this lack of scientific debate—but for the most part common sense has evaded many of us. Jump off the cliff, folks...and away we go.

The problem is not the science, the problem are the people proclaiming to know the science. There is now only one (or one consensual group) “Priest of Science.” And the masses are not sophisticated enough to tell the difference between “jump off the cliff” science, and real science.

Science, real science, is dead.

So where does superstition come in? Superstition historically can be seen as the shadow of religion. Since science is now a religion (something to trust if high priests (Fauci et al) tells us to) the response to this new religion is largely superstitious. Since science can now be created, and justified, merely through the word of a handful of authoritative figures, then the belief in it (since the new science does not have to be justified through experimentation, documentation, and debate amongst scientists) is then superstition.

How many examples can you come up with that simply defies any sort of logic or reason? I will name a few: lockdowns, masks, social distancing, segregating the unvaccinated to prevent the vaccinated from becoming infected, vaccinating 5 year olds to prevent a disease that no one who is 5 gets, ignoring viable treatment options for Covid that actually work. Need I say more? I will not elaborate considering who is reading this; you need no explanation. None of these examples have a scientific foundation, we simply have been “told” by the priests of the new science that these things are based on scientific inquiry and experimentation. But we know they are not. We don’t even have to know much about science to know this. These are things a person with an 8<sup>th</sup> grade education would scratch their head about. But we are told we are science deniers if we question any of this. We are told the doctors who question this are quacks, the scientists who question this are pseudo scientists. Those who hold these as truths without questioning them, in my view, are superstitious.

The definition for “superstition” is “a widely held but unjustified belief in supernatural causation.” In the context of this article the “supernatural causation” is the irrational and empty assumptions that people seem to *think* are “natural causations”—if you question these people on this point, i.e., ask them to explain why a vaccinated person needs protection from an unvaccinated person (in our rational effort to discover the “natural causation” of a scientific assumption) they will start yelling at you calling you an idiot, or a science denier, or whatever other nasty thing they wish to throw at you. “I hope you get Covid and die!” OK. Thanks.

The rebirth of superstition.

All this is really a manifestation of the fundamental problem: Most of the world is suffering from a cult-like mass psychosis. Actually, it probably isn’t most of the world. I just came back from a two-week sojourn in Egypt. No one, or very few, were wearing masks. And those who were, were mostly tourists. People were smiling, laughing, hugging, kissing, and shaking hands. There are two primary reasons for this: one, they are very religious people and feel that if Allah says it is time to go, you go. If Allah says it isn’t time to go, nothing will take you down. The second reason is that they do not trust their government, never have, probably never will. There are no “priests of the new science” there to redefine science. They actually don’t seem to care much for what science has to say about most things anyway. Their lives are in the hands of their maker, and that is good enough.

Why did the leaders of many other nations, such as the US, Canada, the UK, Australia, and many more, kill science? Well, that’s for another article, but I think you already know.

## Big Pharma Can’t Be Trusted

Continued from p.4

broad aspects of Jackson’s complaint. One said that she had worked on over four dozen clinical trials in her career, including many large trials, but had never experienced such a “helter skelter” work environment as with Ventavia on Pfizer’s trial.

“I’ve never had to do what they were asking me to do, ever,” she told *The BMJ*. “It just seemed like something a little different from normal—the things that were allowed and expected.”

She added that during her time at Ventavia the company expected a federal audit but that this never came.

After Jackson left the company problems persisted at Ventavia, this employee said. In several cases Ventavia lacked enough employees to swab all trial participants who reported Covid-like symptoms, to test for infection. Laboratory confirmed symptomatic Covid-19 was the trial’s primary endpoint, the employee noted. (An FDA review memorandum released in August this year states that across the full trial swabs were not taken from 477 people with suspected cases of symptomatic Covid-19.)

“I don’t think it was good clean data,” the employee said of the data Ventavia generated for the Pfizer trial. “It’s a crazy mess.”

A second employee also described an environment at Ventavia unlike any she had experienced in her 20 years doing research. She told *The BMJ* that, shortly after Ventavia fired Jackson, Pfizer was notified of problems at Ventavia with the vaccine trial and that an audit took place.

Since Jackson reported problems with Ventavia to the

FDA in September 2020, Pfizer has hired Ventavia as a research subcontractor on four other vaccine clinical trials (Covid-19 vaccine in children and young adults, pregnant women, and a booster dose, as well an RSV vaccine trial; NCT04816643, NCT04754594, NCT04955626, NCT05035212). The advisory committee for the Centers for Disease Control and Prevention is set to discuss the Covid-19 paediatric vaccine trial on 2 November.

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# Why I Chose To Forget Remembrance Day

By Guy Crittenden

I’ve traditionally acknowledged Remembrance Day, and this year I did meditate upon the meaning of the sacrifice previous generations made in what they thought of as defending their country, fighting fascism, or some such noble cause. Blood relatives of mine paid a steep price (in some cases the ultimate price) protecting democracy in the last century, so this is not an abstract notion for me.

However, I’m done with celebrating this day, at least for the foreseeable future. And why?

Because my research shows every war has been a rich man’s trick, a banker’s war, with oligarchic families and sociopathic corporations arming both sides. Virtually every war has been based on a false flag attack or a ridiculous premise. Can someone please explain to me what World War One was about? Because to my mind it wasn’t about anything identifiable, other than an orgy of violence at the behest of the ruling class of the time.

World War Two could have been ended quickly by grounding the Luftwaffe, which relied on imported anti-knock chemicals for its aviation fuel. Clandestine operatives in the US government allowed the additive to be quietly supplied to Germany’s airforce throughout the war. Ford engines powered Nazi tanks and IBM fully collaborated in the murder of Jews and Roma people, and many others, by supplying crucial computer punch cards to track and trace the *unhygienic*. (My, doesn’t that sound familiar?) Was World War Two really about what we were told?

The Korean and Vietnam Wars were based on contrivances. LBJ once remarked he could end the Vietnam War in a heartbeat, but his friends were making too much money. What does that tell you? We know the two Gulf Wars were based on false intelligence reports including WMD. Libya was destroyed for completely fabricated reasons, and few in the west seem to care. The same was attempted against Syria, where massa-

cles (including the use of poison gas) were committed by western-backed mercenaries, then staged to look like it was the Assad government’s doing. Even the OPCW report’s findings were falsified. There’s the United Nations for you...

The assassination of President Kennedy was an inside job, and the perpetrators (led by the CIA) got away with their crime. They similarly succeeded in kill-

people could be so evil and have such vast power. And now they’re coming for the children, whose parents have been the subject of a military-grade propaganda campaign.

What we really ought remember on November 11 each year is that our parents and grandparents were duped into risking injury and death to fight for wealthy people who in many cases actually wanted them dead,

and were essentially speculating in a market in which the soldiers’ blood was the lubricating oil of an enormous (and enormously profitable) death machine. Same with the nuclear arms race. Same with today’s nanotech and CRISPR gene editing technology, microwave frequencies, and invasive surveillance strategies. We need to forget the propaganda and all the celebrations for “derring-do” a.k.a. state-sponsored sociopathy. And we need to all join in the current struggle, which looks disturbingly now like the final scenes of the Book of Revelation.

As Dr David Martin has recently remarked, the Corporation has emerged as the global organization that’s now replaced organized religion and representative government and is working toward the enslavement of mankind and its replacement with a cyborg-like race of chimeras, that could include

such things as human beings bred without brains, for organ harvesting, and other abominations about which men like Orwell and Huxley warned us decades ago (when the current plan was first being devised).

So let us forget the war propaganda, and remember the totalitarianism, the communism, the fascism, what we can now call Technocracy, and know this is a rescue mission for the heavily besieged soul of humanity, and perhaps even the species *homo sapiens* itself.

*Guy Crittenden is a freelance writer and author of the award-winning book The Year of Drinking Magic: Twelve Ceremonies with the Vine of Souls (Apocryphile Press, San Francisco). Follow Guy at HipGnosis.co*



# From Zeros to Heroes | Ezra Wellness

By Doreen A. Agostino

Our world is in a rare and natural transition that can be seen either as a problem or an opportunity. In British Columbia, Canada, Svetlana Dalla Lana, a nurse of 20 years who worked in ICU/ER and Primary Care chose to interpret this shift as an unprecedented opportunity.

Svetlana, like many highly qualified physicians, specialists, nurses, scientists, et al, was fired due to withdrawing consent to Covid-19 authorized for use, not approved, experimental m-RNA gene therapy injection that is not a vaccine.

As we continue to find out, Freedom of Information [FOI] responses from countries worldwide reveal there is a lack of evidence for the isolation SARS-CoV2 let alone having a definition of disease symptomatology that is being called Covid-19. Between these FOI responses, censorship, non-stop fear based testing through the RT-PCR polymerase chain reaction technique and the rapid decline in health-care all demand greater awareness and corrective action now.

Thankfully, Svetlana founded and established Ezra Wellness centers for people willing to take personal responsibility for their body, mind, spirit in ways that honor and nurture their whole being. These new wellness centers are like ‘light’ beacons, to be stationed across Canada to help holistically navigate the mental and physical health challenges of Canadians.

The first Ezra Wellness center opened on Oct 26, 2021 in Grand Forks, B.C. The plan is to establish centers coast to coast providing complementary

and complete health care. Powered by health care providers with decades of experience caring for people in need. This also includes University students in related fields who are also unwilling to comply with the mandates.

for people who are immobilized, home birthing, a call-in line for troubled individuals, vaccine injury assistance, naturopathy, homeopathy, osteopathy, dentistry, chiropractic, massage therapy, etc., surgery and other high level interventions.

And most importantly, Ezra Wellness advocates compassion in action and honors the Five Rs: Right medication, right dose, right route, right time, right to refuse.

Just as seasons on Earth change, our social reality operates within cycles as the old gets replaced with the new, a transitional generation is created. And for the sake of future generations, the most important shift *each of us can make* right now is a shift in our perception, as old systems that serve the few at the expense of many come to a close, and as harm is revealed for us to bring to correction.

### Something to ponder:

We are going through an expansionary stage of our minds and hearts and gaining new perspectives. Doing so, increases potential to transform long-held beliefs and systems that harm us with ones that instead empower us to truly expand our human potential.

Let’s work to make this change we want to see in the world. This amazing shift in humanity will look different to everyone, some making small steady steps while others take on bigger projects. Those behind Ezra Wellness chose to go big, helping create many ripples of similar action in their wake. The success of Ezra Wellness and other health care advocates are paving the way for our society to garner a better life for all.



**“Let’s work to make this change we want to see in the world.”**

The aim of these centers is to provide holistic in-home care and long-term care for seniors, in home care



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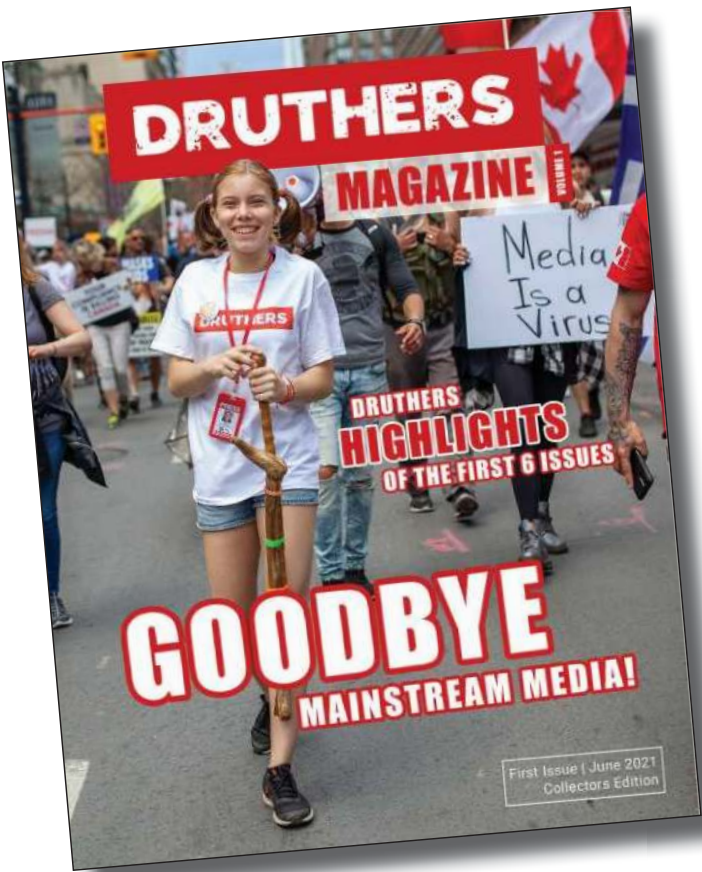
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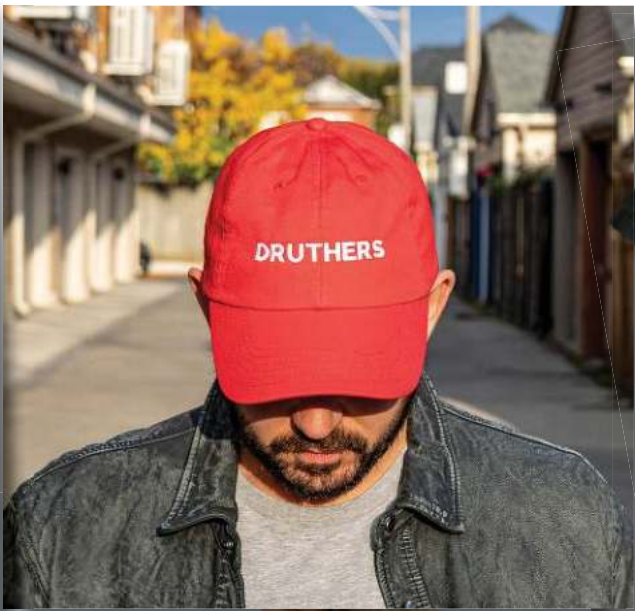
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# Canada’s War on Conscientious Doctors Revs Up

My family doctor closed his practice of 47 years a few months ago. I had chosen him back in 2003 because he owned an anti-aging clinic, offering unorthodox services such as chelation therapy, intravenous vitamin drips, hair mineral analysis and acupuncture. These weren’t covered by Ontario’s (mandatory) Health Insurance Plan (OHIP), but my independent reading had convinced me that they were worth trying, so I willingly paid for them privately.

My doctor was intelligent and innovative, with a wide-ranging scientific curiosity and enthusiasm. Back in 2003, he was permitted to demonstrate this by offering eclectic treatment options tailored to individual patient needs.

However, as the years went by, I saw him getting beaten down by ever-increasing regimentation within the government healthcare system. He wrangled once or twice with government agencies, possibly OHIP or the College of Physicians and Surgeons of Ontario (CPSO), and lost.

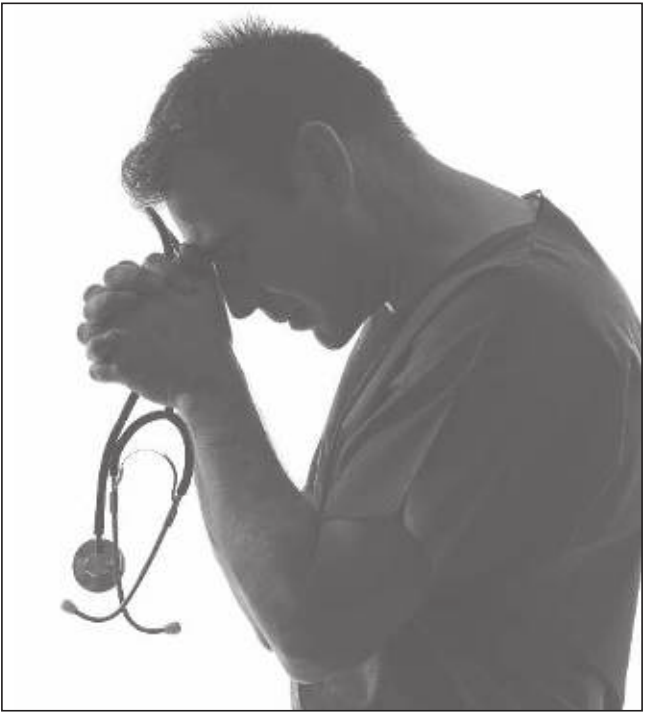
He eventually closed the anti-aging clinic, and stopped offering unconventional treatment suggestions. Over the last few years, his practice seemed to have become little more than a prescription assembly line. Watching in the waiting room, I’d see virtually every patient emerge from his office after about four minutes with a drug prescription in hand. Next!

A few times when I grumbled to him about some idiocy in the government healthcare system, he would say, “Welcome to my world.” He had plainly lost his enthusiasm for practising this kind of medicine, so I was not surprised when he read the writing on the wall about coming vaccination mandates and threw in the towel. His prescience became apparent on April 30, when the CPSO announced its new policy forbidding doctors from making any statements that might be considered anti-vaccine, anti-masking, anti-distancing or anti-lockdowns.

This independent, conscientious professional was never going to put up with being told that he had to force all his patients to take the same treatment, regardless of their personal circumstances, when the risk of harm from COVID-19 infection is minimal for most age groups, and the evidence of vaccine injuries continues to mount.

He was not alone in his decision to withdraw from this increasingly oppressive system. Dr. Mark Trozzi, a 25-year

veteran of Ontario’s healthcare system, not only closed his practice but decided to devote his time to warning the public, via his website, about the dangers of the medical tyranny that is unfolding. And in Ontario’s Grey Bruce region, Dr. Rochagné Kilian resigned her Emergency Room (ER) position due to ethical concerns. She says 80% of ER patients within the prior three months were fully



vaccinated, but this information is being withheld from the public.

Meanwhile, on September 27, the CPSO ratcheted up its persecution – and no, I didn’t mean “prosecution” – of independent-minded Ontario doctors by issuing a Notice of Hearing against Dr. Patrick Phillips of Englehart. It alleges that his communications on social media regarding vaccinations, treatments, and public health measures for COVID-19 have been “misleading, incorrect, or inflammatory”.

Dr. Phillips, on his part, considers vaccine mandates shocking, even criminal. He has been deluged with

requests from people seeking vaccine exemptions, people who will lose their jobs and their means of supporting their families due to vaccine mandates imposed by their employers. He describes his situation and front-line experiences eloquently in this video (<https://www.bitchute.com/video/i2KwM6jbm5se/>).

The CPSO unilaterally imposed a 12-point order on Dr. Phillips, even before he had an opportunity to present his position (supported by masses of accumulating professional evidence) through a fair hearing process. Portions of the order would be almost comical if they were not so serious. For instance, item 12 commands that Dr. Phillips “shall consent” to the CPSO providing a copy of its order to the head honchos of hospitals or clinics.

Did it never occur to the CPSO that ordering someone to consent makes a mockery of the very concept of consent?

Another prohibition imposed unilaterally upon Dr. Phillips, is that he “shall not prescribe ivermectin”. Yet a plethora of studies and testimony from highly respected experts indicates that ivermectin – a Nobel prize-winning drug – is a safe, inexpensive, and highly effective remedy, both for preventing COVID infections and for treating people after infection. This British site (<https://bird-group.org/>), for instance, contains a resource page with the latest evidence and protocols on ivermectin from around the world. The expert witnesses lined up for the Adamson Barbecue legal challenge in Ontario (especially Dr. Byram Bridle of the University of Guelph and Dr. Harvey Risch the Yale School of Medicine) also testified in sworn affidavits about the merits of ivermectin.

Dr. Phillips is not the only doctor being threatened with de-licensure by his governing body, and Ontario is not the only province making such threats. BC, Alberta, and Quebec have been placing doctors into similar straitjackets.

Benjamin Franklin warned about this stifling of independent thought more than 200 years ago: “If everyone is thinking alike, then no one is thinking,” he said.

Those who value liberty must defend the rights of courageous freethinking doctors to speak their minds without penalty from their licensing bodies or government employers.

## Private Or Public, Do You Know Who You Are?

By Shelly Hauser

Did you know, throughout your life you have lived in the private, but you have acted in the PUBLIC and it’s unlikely you’ve noticed the difference – but there are differences – big differences.

To break free of this bondage, this slave system we have been forged into, we must learn the difference between what private and public represents. To shift the narrative, we need to unleash ourselves from ignorance and move forward in truth.

Simply, PRIVATE refers to the flesh and blood human, the living man, woman and offspring, the one we all think we are. PUBLIC is the artificial human, referred to as a person, a citizen or resident, created by the Government/Crown, and registered as a corporation. Now this may seem innocent enough, but by morphing us into a PUBLIC ‘person,’ aka a corporation, they have made us slaves with privileges and benefits as opposed to free people with rights and responsibilities.

To further explain the difference, you in the Private, under a lawful system, are endowed by your creator, with the natural rights of life, liberty, birthright, inheritance and sovereignty – called UNalienable rights – which cannot be taken, sold, transferred or surrendered, under any circumstances.

These rights of Our Creator, our God given rights (not in a religious context necessarily), which we view as “*do unto others and you would have others do unto you*” – are referred to as Common Law, Natural Law or Law of the Land and we falsely believe we live this creed.

You in the Public, as a legal person, being created by the government under the legalese system, are granted benefits and privileges. Your consent, even if implied, is required to operate in the Public which you give by using government issued ID, verbally or via signature by responding to your all capitals name. This consent allows your private UNalienable rights to be usurped into IAlienable rights – that which entitles the government to act as your overlord and gives them the ability to alienate or ignore your rights. Case in point – *Bill C15, the “Bail-In Regime”, which enables the banks to seize your deposits and exchange them for shares, shares in a failed bank.*

Your artificial person, under the legalese system,

operates using statutes, acts, rules, regulations, policy, bylaws, mandates, the Canadian Charter of Rights, and/or the Canadian Constitution” and is known as Contract Law, Maritime Law, Color of Law or Law of the Sea.

To clarify, the Government/Crown believes all your property belongs to them as it is registered in your legal name, the all caps name, which they own. This includes all your legal pensions, legal RRSPs, legal stocks, legal bonds, legal term deposits, legal safety deposit boxes, legal vehicles, legal land and property, etc, etc – basically anything and everything registered under the legal name.

Have a look at your car registration, drivers license, bank account or Social Insurance Number... are they written in capital letters?

Now, how did private people become public persons without our knowledge? It begins with your statement of live birth which is recorded in the hospital when you are born. In our ignorance, our identities are stolen by the Government/Crown as they take an extract from that information to create a legal PERSON, appertained as a Certificate of Birth, aka a Birth Certificate. To differentiate, the name is written in all capital letters, ie. JIM PAUL DOE and this legal name, which is owned by the Government/Crown, not you, becomes your PUBLIC person or moniker. The Strawman.

Why would they do this?

To fully grasp this, you must first understand and accept that the Government/Crown is more akin to a mafia than working for you and at this point in history, I think we can agree, this has become crystal clear.

Your birth certificate, which creates your ‘person,’ is registered in the Vital Statistics office and is given a revenue receipt number to be used by the Treasury as a bond. This is so you can be used as collateral for the Government/Crown to acquire debt. Your labor, time and energy backs up the National Debt as you are traded on the open bond market. You are in essence, chattel. Remember this is done without your consent or knowledge.

At this point you may be wondering, “has my own government sold my title and right to my name, for profit on the open market to unknown parties? Yes, yes, yes they have. Were you fully informed of this bond selling transaction? Of course not, hence the fraud or misrepresentation.

mentation.

Look at your birth certificate, why does it have a registration number and a Revenue receipt? Whose signature is on the Birth Certificate? Is it your signature of consent?

(*In British Columbia, up until the 1980’s the Birth Certificate was stamped on the back with a Revenue Receipt number for Treasury use only.*)

No government has ever disclosed all the facts of any contract with you.

If the people knew they are Private – not Public, with private rights superseding Public government, the people could rebel and expose the magnitude of Public wrong doings.

## Things I’ve Learned During Covid

J. Barry Engelhardt MD CCFP MHSc (Bioethics)

Here are all of the amazing things I have learned during COVID:

- Asking questions is bad.
- Having a degree in science is unnecessary – politicians and journalists can teach you everything you need to know.
- Having a medical degree just gets in the way – your friends and family already understand more than you do.
- A degree in ethics is useless – you just have to ‘follow the science’ and it will always tell you the right thing to do.
- Exploring alternative perspectives and theories is dangerous – nothing inhibits the growth of science more than ‘thinking outside the box’.
- Being cautious makes you a criminal.
- Being risk averse makes you evil.
- Not trusting politicians, experts and pharmaceutical companies with your life completely, makes you a fool.

Boy, I sure am glad COVID came along or I would have been doing life all wrong!



# Inventor of mRNA Technology Speaks Out

By Dr. Robert Malone

Hello Everyone! Due to my new reality as someone willing to bring truth to power, my wife Jill and I have been traveling extensively. This fall we have gone to Rome, Portugal, Puerto Rico, Maui, Alaska, Texas and Florida trying to save lives and expose what we believe to be an extremely corrupt situation with big pharma, world governments, big tech legacy media and national and international public health organizations working together to make authoritarianism the new world reality through censorship, lockdowns, mandates, job loss and slander of people willing to share information outside of the “official” CDC and WHO positions. Through this process I have been slandered and censored. This is the behavior of bullies, thugs and third-tier intellects. One reporter recently referred to me as the “most vilified scientist in the world.”

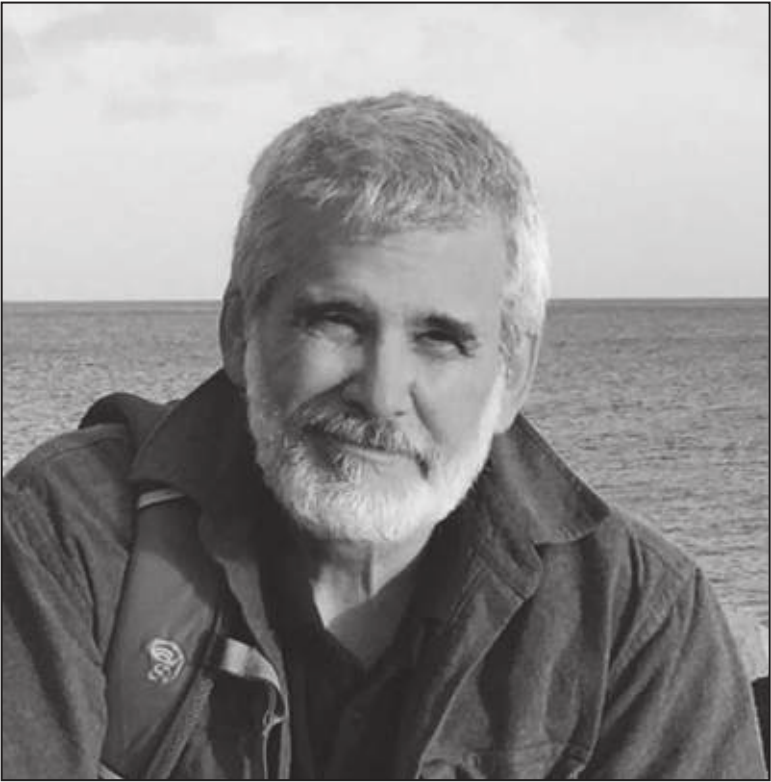
This has been quite exhausting and yet also strangely rewarding. I believe that “we”, and I mean the collective “we” of myself and so many of my colleagues, are slowly making a difference. People from all walks of life and political spectrums are self-assembling and working together for the common good. Examples include:

- The International Alliance of Physicians and Scientists ([globalcovidsommit.org](http://globalcovidsommit.org))
- EU-based group: Ippocrate ([ippocrateorg.org](http://ippocrateorg.org))
- The Council of Nations United for Life and Truth (CONUVIVE) in Latin America
- FLCCC ([covid19criticalcare.com](http://covid19criticalcare.com)), AAPS ([aaps.org](http://aaps.org))
- Children’s Health Defense ([childrenshealth-defense.org](http://childrenshealth-defense.org))
- Unity Project ([unityprojectonline.com](http://unityprojectonline.com))

All of these organizations are committed to coming up with new ways of thinking about organizational structure and bioethics. Bioethical standards and the laws that enforce them matter - that has become crystal clear in all of this. And whether or not one believes that SARS-CoV-2 is the result of gain of function research, it is clear that it is time to revisit and update the international biowarfare treaty.

So, a few weeks ago, Jill and I found ourselves in Maui. It was most definitely not a vacation. We were there to spread the word that mandates do not have a place in

a free society (particularly for experimental drugs and vaccines), that a wide range of drugs work to save lives from COVID-19 if administered early during the infection, that children with their very low risk of disease do not need to be vaccinated unless they are high risk and/or have co-morbidities and that physicians, includ-



A major contributor to the invention of mRNA technology, Dr. Robert Malone is highly-qualified to discuss the potential side effects of mRNA injections.

ing physicians on Maui, must be able to practice medicine without interference from government, hospitals or insurance companies. That trip was very successful. We were able to meet and educate many politicians and physicians on Maui and on other islands. There was a successful medical professional teaching workshop and a rally attended by 4,000 people. In this I need to specifically acknowledge Dr. Ryan Cole, Steve Kirsch and Dr. Richard Urso, who were also in Maui to help share their knowledge and to spread the word.

While Jill and I were in Maui, we were approached

by some amazing thought leaders on the island, by the names of Andrew Aken, Edward Dowd, Thomas Lewis and Barry O’Keefe. These men came to us with a document they had written entitled “*The Malone Doctrine*”. This doctrine, regarding integrity in organizations is fundamentally important. We believe that “*The Malone Doctrine*” should become a central component of the core values and guiding principles for any ethical organization involved in health and wellness oversight, delivery, policy and/or medical research. Every physician that I have asked to review this document has agreed – this gets right to the heart of the problem which has resulted in this amazingly dysfunctional global public health response to the SARS-CoV-2 outbreak. A pervasive lack of integrity.

We will be writing and discussing this concept in more detail for weeks, months and years to come.

Please join me in our quest to build out “*The Malone Doctrine*” as a new way to bring integrity to organizations. And I apologize in advance for harping on this topic, but...

Please spread the word that Vitamin D3 is a life-saving “treatment” that we can all benefit from.

COVID-19 Mortality Risk Correlates Inversely with Vitamin D3 Status, and a Mortality Rate Close to Zero Could Theoretically Be Achieved at 50 ng/mL 25(OH)D3: Results of a Systematic Review and Meta-Analysis follow.

### Abstract

**Background:** Much research shows that blood calcidiol (25(OH)D3) levels correlate strongly with SARS-CoV-2 infection severity. There is open discussion regarding whether low D3 is caused by the infection or if deficiency negatively affects immune defense. The aim of this study was to collect further evidence on this topic. Methods: Systematic literature search was performed to identify retrospective cohort as well as clinical studies on COVID-19 mortality rates versus D3 blood levels. Mortality rates from clinical studies were corrected for age, sex, and diabetes. Data were analyzed using correlation and linear regression.

Results: One population study and seven clinical studies were identified, which reported D3 blood levels preinfection or on the day of hospital admission. The two independent data sets showed a negative Pearson correlation of D3 levels and mortality risk ( $r(17) = -0.4154$ ,  $p = 0.0770$ / $r(13) = -0.4886$ ,  $p = 0.0646$ ). For the combined data, median (IQR) D3 levels were 23.2 ng/mL (17.4-26.8), and a significant Pearson correlation was observed ( $r(32) = -0.3989$ ,  $p = 0.0194$ ). Regression suggested a theoretical point of zero mortality at approximately 50 ng/mL D3.

**Conclusions:** The datasets provide strong evidence that low D3 is a predictor rather than just a side effect of the infection. Despite ongoing vaccinations, we recommend raising serum 25(OH)D levels to above 50 ng/mL to prevent or mitigate new outbreaks due to escape mutations or decreasing antibody activity.

Interviews, podcasts and shows have also become my new daily reality. I enjoy doing these, as they are a great tool to educate and bring awareness to the issues of stopping the mandates, allowing physicians to practice medicine, administer lifesaving drugs and limiting untested COVID-19 vaccines to children. It is also the way we can work to break the censorship that is over-taking the internet.

In this capacity, “*The New American*” recently interviewed me at the farm and produced a quality video on many topics regarding COVID-19. This interview captures much of my current thinking on the COVID-19 public health response. If you haven’t seen it yet, I highly recommend this video. It is also a good one to share with friends and family. (<https://thenewamerican.com/dr-robert-malone-this-is-the-largest-experiment-performed-on-human-beings-in-the-history-of-the-world/>)

To wrap this newsletter up. I wish the best to all of you and us in our fight to do what is right. My big takeaway in all of this today is that integrity matters.

- Integrity in governments.
- Integrity in organizations.
- Integrity in nonprofit organizations.
- Integrity in communities.
- Integrity in our families
- Integrity within ourselves.

...and most importantly, it starts with each of us.

That is it for now!

Sincerely, Robert (and Jill)

Originally published as a newsletter to Dr. Robert Malone’s email subscribers

# Waking Up Is Hard To Do

By Anonymous

To all my friends out there who know what is really going on... to all my conspiracy theorist friends... yes, sometimes it is a curse and not always a blessing to be awake.

Awakening is the most liberating, alienating, excruciating, empowering, lonely, confusing, freeing, frightening, expansive journey.

If you find yourself struggling as you try to process all this insanity, know you are not alone.

No one talks about the darkness that accompanies awakening, or the grief. Not only grieving the life and illusions you once had, but the realization that almost everything you thought you once knew is a lie. The beliefs you have held, people you have trusted, princi-

ples you were taught – all lies.

Shattering illusions is rarely an enjoyable experience. There is a considerable amount of discomfort that comes with growth, and the grieving process does not stop there.

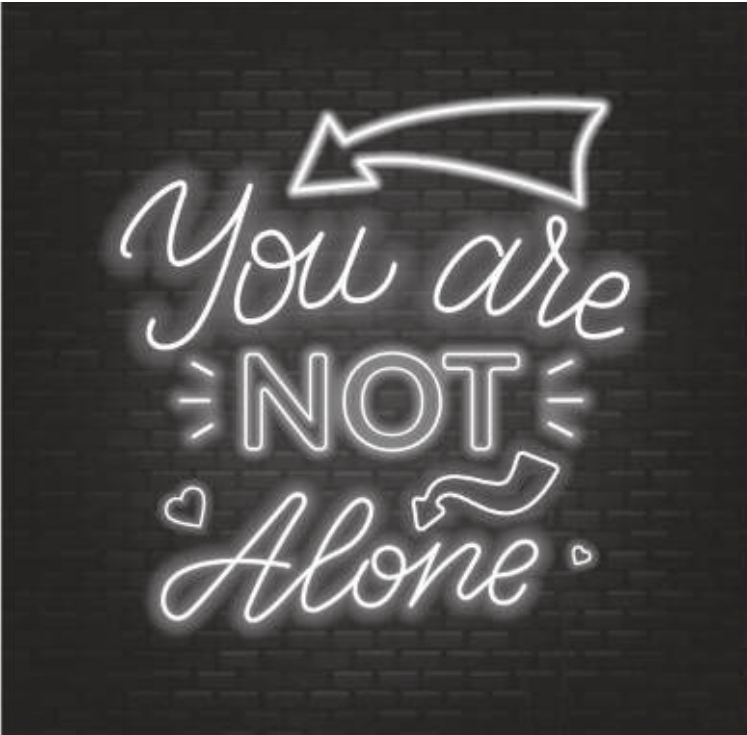
With these newfound realizations, you then find yourself grieving all over again. Grieving for our children, knowing all too well the broken world they are inheriting. Grieving the loss of many relationships with people who just do not ‘get it’.

Feeling alone, being ridiculed and shamed, not only by the masses but often by your very own family and friends too. Feeling like you no longer have much in common with the people you are surrounded by. Struggling with carrying on banal, shallow conversations that lack substance with those who are still fast asleep.

Even feeling disconnected from your entire support system because they cannot see what you see so clearly. Some even grieve the loss of their ignorance because ‘ignorance is bliss’ and reality is harsh.

Awakening can be a lonely road and you will often find yourself journeying alone. There is no way to sugar-coat it – awakening to the realities of this world is brutal. It will have you running through the entire gamut of human emotions. You have to master the art of diving down the darkest of rabbit holes only to come out and still function in daily life, and that is a skill people do not talk about enough.

Some of you are struggling with feeling disconnected from family and friends, it is as though they exist in another world. Please know you are not alone, and not only are you not alone, you have an entire tribe standing by you. We may be separated by miles, but we are deeply connected; in purpose and in spirit.





# University: Indoctrination, Indoctrination & More Indoctrination

By Cody Kuntz

A year ago, going to university was something I had always dreamed of. I applied, got accepted, and was determined that was my future. Now reaching the end of 2021 and seeing how the world is turning, I realize that is no longer the case.

The amount of indoctrination in the universities is disgusting. I did not make it two weeks into my first class until they kicked me out. Not only is the narrative in university, establishment liberal, but they do not allow for any opinions or voice outside of those views.

When I go to university and spend tens of thousands of dollars I expect to be taught different viewpoints. I am currently taking criminal justice studies at the University of Alberta. Yes, I have had thousands of people telling me to drop out, but when I do that, I lose thousands of dollars. Until that time is possible, I just have to keep fighting back against the indoctrination. And I do not think that is a bad thing. I have woken up so many kids at the universities and I have informed them of things they did not know before meeting me.

I have not only been kicked out of my “mandatory” liberal studies class, but I was just recently kicked out of another class that is needed for my degree. I lasted one class. She did not like my viewpoints and opinions.

Going back to the liberal studies class, I was boot-ed because I refused to have a transgender individual tell me what gender I should be. I could not believe my eyes and ears when a guy in a dress came in wearing a mask, telling me what gender to be, telling us that everyone is safe at University, and how now that we are away from our parents, we can explore and become whoever we want so long as we don’t tell our parents.

I was told multiple times that we were allowed to speak our minds and share our opinions and we were encouraged to respect each other’s opinions. That is,

if we have a liberal point of view and nothing more. Anything outside that “norm” is considered wrong and is punishable. What kind of a world are we living in? I will keep getting kicked out because that helps wake up more and more students.

Not only do the students ask me why I was kicked out, but they start to question what is really happening. And the more I speak up, the more some people get mad and tell me to zip it. But how could I? I cannot let them indoctrinate these students the way they have been. I attended University UNMASKED, UNVACCINATED, and UNTESTED. How did I do it you may ask. I simply walked into class and they didn’t say a thing. When they told the “unvaccinated” to go get a test, what did I do? I simply did not go. I continued to live my life like normal and did not let some “mandate” control it. It is as easy as that. If I can do it, so can you!



# A Prayer For The Sleeper



By Amanda Brown

Son of Man, wake up, there’s glory ahead,  
Time to roll out of your warm, comfy bed,  
While in your slumber, your freedoms were lost,  
Out of the window your liberties, tossed,

Bingeing on Netflix and media lies,  
Eyelids so heavy, can’t open your eyes,  
Mothers are grieving and kids troll their peers,  
And men, strong and mighty, submit to their fears,

How soundly you sleep through the theft of birthright,  
Dystopian sunrise shows its first light,  
In Babylon, Sodom, Gomorrah, we’ll find,  
The birth of their new world, a soulless mankind,

Lifting the veil with a prayer, you will wake,  
A slayer of Satan, of ego, you’ll make,  
Dissolving illusions of shadows and pain,  
Return to the Father from whence you first came,

Rousing the sleepers, one heart at a time,  
Only love matters and all love is mine,  
We rise at the daybreak with swords of the free,  
I am for you, and you are for me,

Fear is the foe, and dread is its steed,  
But faith is the only mount that we need,  
Knowing our power is boundless and given,  
Bringing us back to the threshold of Heaven,

Already the battle is won and we rest,  
‘Tween now and the finish, we have just one test,  
Do we stand up in faith or cower in fright,  
Only one way will lead us out of the night,

So know that the battle is already won,  
Your Light is the truth and all dark is gone,  
Determined and tireless, our starlight will guide,  
Home to the Garden where no one need hide.

Sleepy head, sleepy head, come take our hand,  
We’ll not leave you stranded in this hinterland,  
Until then, we’ll meet you in dreams as you nap,  
But know that we’ve got you, we’ve got your back.

# The Brave Book Series

By Lani Gelera

As a Courage Coach, I set out to teach people how to be brave during the greatest fear-mongering global pandemic hoax in history. As we finish off 2021, there is no doubt we are at war. This is a worldwide spiritual war between the light and the dark forces; love and fear. What the country needs more than anything is inspiration, empowerment and encouragement to unite the lions in non-compliance, believe in the good things coming and BE BRAVE.

This collection of brave stories are real-life examples of freedom fighters and truth seekers across the country who are courageously standing up and speaking out for their sovereign health, rights, family, freedom, and our collective future in the face of a corrupt, tyrannical government, medical fraud, and attempted global genocide by the elite powers that be.

The first two volumes in The Brave Book series are now available:

Volume 1 - *The Brave: Courage During Covid*  
Volume 2 - *The Brave: Speaking Truth to Power*  
(Shawn Jason, founder of Druthers, wrote a chapter in Volume 2 that you don't want to miss.)

If you are looking for inspirational real-life stories of taking courageous action from the heart, empowering true conscious counter-narrative information and encouraging possibilities and opportunities to focus on manifesting the future we all want ... then these brave stories are for you. You will relate and resonate and come to believe that we can ALL be brave!



*The Brave Book Project is collecting compelling and courageous stories of standing up to corruption, medical fraud and speaking truth to power in Canada. For more information about The Brave Book Series, please go to:*

*www.LadyBravenofthePride.com*  
*and follow Lani on IG: @LadyBravenofthePride*



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*“Please world, be kind to one another. We really are just one big earth family. Thank you. I love you. Keep on passing it on.”*  
- Shawn Jason

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# News From Around The World

By Paul Bennett

## Bollywood Star Courageously Promotes Natural Immunity and Healthy Living Over Covid Vaccines

Popular Indian actress, columnist and TV host Pooja Bedi has recently spoken about the importance of a healthy ‘body and mind’ after contracting Covid. In a Twitter message, she promoted positive self-talk and common sense by saying, “We all have to get the virus at some point given how contagious it is. Immunity is key to recovery. Positive headspace. Happy thoughts. Healthy food”.

On her popular Instagram page, the actress posted the wise words of, “Covid POSITIVE! I have finally been diagnosed as Covid positive. I chose/choose to stay unvaccinated as it’s my personal decision to allow my own natural immunity and alternative healing and wellness practices to accelerate my healing”.

The outspoken Indian woman also spoke to her fans about the importance of personal choice regarding taking the Covid vaccine by stating, “You do what’s right for you. Each to their own”.

The actress went down the healthy supplement recovery route after getting Covid. She said, “Having 17 herbs kadha. It’s a phenomenal blend. Fresh fruits, sugarcane juice, coconut water, protein, easy-to-digest food, salt-water gargles, steam inhalation, balm on chest”.

Many faux feminists across the world who normally shout from the hilltops of ‘my body, my choice’ have strangely been quiet regarding bodily autonomy for women and pregnant women who feel pressured into getting the experimental jab. They could learn a lot from listening to a determined intelligent woman like Pooja Bedi.

## Motion Passed in Germany to Allow Supermarkets to Ban Unvaccinated Customers

The German west-central state of Hesse has approved a motion to grant supermarkets, grocery stores and other businesses exclusionary powers to discriminate against unvaccinated customers from entering their stores.

Under the new draconian health pass rules, stores in the region can decide to implement the unfair 2G (*Geimpft*) rule which refers to places that only vaccinated persons can enter. The less invasive 3G (*Getestet*) rule allows unvaccinated people to enter a shop providing they show a recent negative Covid test.

Retailers in Hesse now have a free pass on whether to discriminate under the guise of a ‘health pass’. Minister-President of the region Volker Bouffier reported, “We expect that this option will only be used on some days and that businesses which cater to everyday needs will not make use of it”. He added, “The greater protection is provided by vaccination and still is uncomplicated, unbureaucratic and free to get”.

The sickening and aggressive ‘carrot and stick’ approach appears to be the preferred choice by many European leaders and beyond to coerce people to get jabbed. It is no coincidence that governments across many countries in Europe have collaboratively turned their attention on blaming rising cases and pressure on the health services on the ‘unvaccinated’.

German Health Minister Jens Spahn unashamedly asked for tougher measures to be put in place to reduce Covid cases. He reported, “We are currently experiencing mainly a pandemic of the unvaccinated and it is massive”. The health minister is openly supporting businesses implementing the 2G rule and added that, “It’s nothing to do with vaccine bullying”.

Neighbours Austria are also engaging in sinister medical segregation based on medical status by banning unvaccinated people from going to restaurants, hotels, pubs, hairdressers, gyms, and events up to 25 people. Austrian Chancellor Alexander Schallenberg threatened the unjabbed by saying, “We’re going to have to tighten the reins on the unvaccinated”.

Germany is now the first country in Europe to deny unvaccinated people food and other key essentials by implementing medical exclusion in the Hesse region. The German authorities are once again repeating history of creating societal divisions by demanding documents in order to live and survive.

## Brave MEPs from the European Parliament Speak Out Against Vaccine Mandates and Certs

On October 21, four courageous Members of the European Parliament (MEP) from different countries across Europe held a press conference in Strasbourg outlining their opposition to vaccine mandates and certificates. The press conference was held under the name, “Defending fundamental rights by opposing the misuse of Digital Green Certificate”.

The Digital Green Certificate or ‘Green Pass’ is proof that a European Citizen has been vaccinated against Covid. In June, the European Parliament voted overwhelmingly for the discriminatory pass with 546 votes to 91 votes including 51 abstentions.

Protests across Europe have been widespread regarding the so-called health pass. Italy has seen thousands of people protest throughout the country over consecutive weekends in the past few months. Dockworkers at the port city of Trieste in Italy recently held huge demonstrations against the mandates.

The four MEPs who voiced their concerns to millions of concerned European citizens were: Cristian Terhes (Romania), Ivan Vilibor Sincic (Croatia), Francesca Donato (Italy) and Christine Anderson (Germany). The elected Members of the European Parliament issued strong speeches in supporting the rights of workers across Europe against coercive mandatory Covid digital certificates.

MEP Cristian Terhes posed the question, “People cannot work anymore, and they live under the threat of losing their jobs and livelihoods if they don’t have this certificate. Is this the type of European Union that we want to build, that we want to accept?”.

MEP and Lawyer Francesca Donato noted that, “We have a terrible situation in Europe today because human rights are not respected and all over Europe peaceful protests are violently repressed”. The Italian concluded by saying, “We must all today stand for the defence of human rights in Europe, we must do it all together and we must do it now”.

MEP Ivan Sincic expressed sadness at the current situation in Europe by saying, “It is really sad to see freedoms, rights, and the rule of law endangered in Europe today”. He described the Digital Green Certificate as “completely illogical”.

MEP Christine Anderson said: “let me say this, I am not afraid of this virus. What I am afraid of is governments abusing this or any other crisis for that matter, to infringe on civil rights, to revoke them or to question freedom altogether”. She issued a passionate rallying call to Europeans, “I call on all Europeans to stand up to any government trying to take away our freedom, civil rights and liberties!”.

The honourable MEPs in solidarity finished by saying, “We are here for you, and we will fight for you!”.

## Region in Ireland with the highest vaccine uptake also has the highest Covid case rates

Waterford in Ireland is best known for its beautifully hand-crafted crystal and home to Ireland’s oldest city dating back to 914 A.D. It is now also known as the current hotspot for rising Covid cases in Ireland despite possibly being one of the most vaccinated regions in the whole entire world.

According to the Health Service Executive (HSE) figures, Waterford has an eye catching 99.7% of adults over 18 fully vaccinated and 96.6% over the age of 12 worryingly fully jabbed.

Local media outlets in Waterford recently reported that the majority of Covid positive patients at University Hospital Waterford were fully vaccinated according to the general manager of the hospital Grace Rothwell. It comes as no surprise that the mainstream deceiving media in Ireland have been very quiet about the developing situation in Waterford and have skirted over it without any serious analysis or debate.

It has taken online social commentators from outside Ireland to take up the Waterford story and reflect on how nonsensical the whole farce is. Zuby, a British rapper with a large Twitter following, posed an obvious question on his account, “This evening, I met some guys from Waterford in Ireland – who are also fleeing communism. They said their town has the highest ‘rona vaccination rate in Ireland, but it now has the highest rates in the country. How?”.

The Irish government have shamefully tried to shift the blame on the Irish public regarding the high Covid case numbers. Feeble Irish Prime Minister Michael Martin has continuously reiterated the point that “personal responsibility” is a key factor in reducing the spread of Covid. This cowardly viewpoint is backed by former BBC journalist and Professor Pete Lunn from the Behavioural Research Unit. The Professor stated in an interview with *Sky News*, “As restrictions have eased, there’s been a gradual increase in social activity, coupled with a decrease in people taking day-to-day mitigation behaviours, like keeping two metres from each other and wearing masks”.

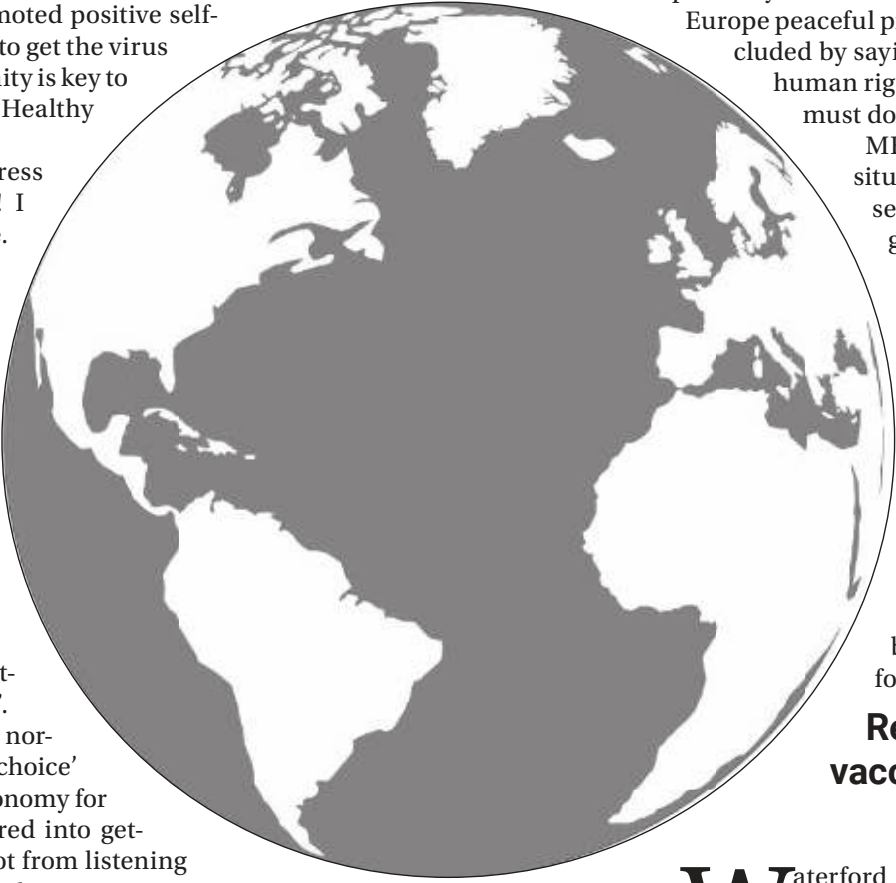
HSE Irish health chief Paul Reid who is on a disgusting salary of 426,000 Euros also asked the public through collective actions to ease the pressure on the Irish health system. He stated, “Our health system alone cannot get us out of this”. In his younger days, Mr Reid was an active member of the Marxist-Leninist political party the Worker’s Party.

The blame game continued with the Irish Health Minister Stephen Donnelly sheepishly and bizarrely blaming the UK for rising case numbers in Ireland. He stated, “And part of it is the proximity to the UK, where the cases have consistently been very, very high. And obviously we have an awful lot of movement between the Republic and the UK”. As expected, the cowardly mainstream media didn’t probe the Minister on providing any evidence or data regarding the strange claim.

This bullish behaviour from government and health officials in Ireland is nothing more than a diversionary tactic to distract attention from the main health issues in a failing Irish health service. More than 900,000 people in Ireland are currently on a health waiting list as a result of underinvestment and a prioritisation for all things Covid. In March, when asked to restore cancer services to full capacity, the Irish Prime Minister Michael Martin responded, “get real”.

The Republic of Ireland currently has one of the highest Covid case rates per population than any other country in western Europe despite having approximately 93% of over 18’s fully vaccinated. According to recent statistics from the World Health Organisation, Ireland is the 12<sup>th</sup> highest in the world for Covid cases. Adding another Irish twist to the story, border county Monaghan has the lowest vaccine rate in the country and the lowest Covid incidence rate.

One would hope that the illogical and semi-comical situation in Ireland would raise some serious red flags for even the most hard-line Covid cultists. Unfortunately, even when the truth is in plain sight, many choose not to see it or choose to ignore it. The truth is now an inconvenience to their sinister delusional narrative.





# Absurdity Observer

## A List Of Some Of The Most Absurd Things That Have Happened In Recent Weeks

- 4 months after the CDC admits that the mortality risk of COVID-19 in children is actually less than the flu, the **FDA approves the Pfizer COVID vaccine for 5 to 11-year-olds.**
- **A 100% fully vaxxed NHL team,** The Ottawa Senators, cancelled multiple games in late Nov due to **40% of the team testing positive** for COVID-19.
- Months after the Teletubbies received their vaccines, **Big Bird got vaccinated.** Before receiving the shot, Big Bird and other *Sesame Street* characters appeared on a CNN program called, *“The ABCs of COVID Vaccines”* where Dr Sanjay Gupta encouraged Big Bird to get the shot by thinking about all the fun things he’ll be able to do after he gets vaccinated. At 3-years-old, Elmo was sad that he wasn’t old enough to get jabbed, but was reassured he will be eligible soon.
- New study out of Sweden titled: *“Effectiveness of Covid-19 Vaccination against Risk of Symptomatic Infection, Hospitalization, and Death Up to 9 Months: A Swedish Total Population Cohort Study”* finds that the effectiveness of the **Pfizer vaccine** against COVID infection “waned progressively from 92% at day 15-30, to 47% at day 121-180, and **from day 211 and onwards, no effectiveness could be detected.**”
- **Pfizer has released a “new” anti-viral medication** that’s jokingly being referred to as **Pfizermectin** since it works in an **identical way** to the widely dismissed, inexpensive generic drug: **ivermectin.** Pfizer’s drug, Paxlovid, supposedly reduces the risk of COVID hospitalization or death by 89% and works as a 3CL protease inhibitor. But ivermectin, in fact, was shown to be one of the most effective, non-toxic 3CL protease inhibitors on the market, as illustrated in an article published in *Nature* on January 20, 2021.
- After becoming the **world’s first country to implement a nationwide lockdown for the unvaxxed** on November 15, **Austria declared it will be making the vaccination compulsory** for all adults by February. As of mid-Nov, the unvaccinated have been ordered to stay home (except for a few limited reasons) and there is an increased police presence as officers carry out spot checks on those who are out. Indonesia, Micronesia, and Turkmenistan have also made vaccination mandatory for all adults.
- After Israel became the first country to **expire vaccination passports of everyone who has not received a vaccine in over 6 months:** Croatia, Austria, Switzerland, and France are slowly implementing similar restrictions, starting with travelers and the elderly.
- **Pope Francis calls getting vaccinated** (with experimental gene therapy produced by money-hungry pharmaceutical companies) **“an act of love,”**

and tells vaccine deniers “humanity has a history of friendship with vaccines” (despite this “friendship” currently resulting in thousands of young people throughout the world developing Myocarditis, a heart condition that has a 50% 10-year-survival rate.)

- Due to an increased incidence of heart inflammation, **Sweden and Norway indefinitely pauses Moderna COVID shots for people under 30.** Finland is also no longer offering the shot to people under 20, while Iceland halts the Moderna jab for all altogether. Meanwhile in Canada the US, Moderna is being used in people as young as 18 and they are seeking approval for children.



Illustration by: Steve Hunter at [stevehunterillustrations.com.au](http://stevehunterillustrations.com.au)

- A **student** at the University of Western Ontario was **handcuffed and arrested for the “crime” of coming to class unmasked and unvaccinated.** Meanwhile, another Canadian university (Wilfred Laurier), bans unvaccinated students from even taking online courses.
- In response to a Freedom of Information request submitted by ICAN, the **CDC said it has no record of an individual previously infected with COVID becoming re-infected or transmitting the virus to others** – because the agency doesn’t collect such data. Meanwhile, the CDC has been handed plenty of data on breakthrough infections and breakthrough infections leading to outbreaks.
- Despite the majority of tests being done on the unvaccinated, the **number of vaccinated “breakthrough” infections is now exceeding the number of unvaxxed infections** in Ontario.
- In a damning revelation coming directly from three Pfizer scientists and officials, leaked by Project Veritas, **Pfizer scientists admitted natural immunity is better than the immunity provided via vaccination.**
- **Rolling Stone calls Eric Clapton a “racist” who is**

**“bankrolling” anti-vax propaganda.** Clapton is speaking out against the narrative by sharing his story of being injured by the COVID-19 vaccine, so of course, the corporate controlled media is out to destroy him. *Rolling Stone Magazine* justified calling Clapton a “racist” because back in 1968, when discussing how English people loved listening to Jimi Hendrix, he referred to Hendrix as a “spade.” Additionally, Clapton said something anti-immigration in the 60’s.

- In addition to requiring a vaccine pass to enter most public spaces, **Slovenia is now banning gas for those without a vaccine passport.**

- An estimated **100,000 Americans died of drug overdoses in one year** (between May 2020–April 2021), a never-before-seen milestone that health officials say is tied to the COVID-19 response and a more dangerous drug supply.

- In response to a Freedom of Information request, The **FDA has declared to the federal court that they need up to 55 years release all the documents it used to declare Pfizer’s Covid-19 vaccine safe.** The FDA plans to wait until 2076 to fully produce the documents Pfizer provided to the FDA to license its vaccine. The CDC’s Vaccine Adverse Event Reporting System has recorded 4,694 deaths, 5,413 “life-threatening” reactions, and 23,867 hospitalizations as a result of the Pfizer shot in the US as of late Nov, but critics say such reactions have been vastly under-reported.

- Will the **vaccines cause cancers?** A new study published on October 13th titled *“SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro”* found that, in vitro, the SARS-CoV-2 spike protein found in unnaturally-high levels in the vaccinated “significantly inhibits DNA damage repair... the spike protein localizes in the nucleus and inhibits DNA damage repair by impeding key DNA repair protein BRCA1 and 53BP1 recruitment to the damage site.”

- In a major shift, after months of congressional demands for more information, **the NIH finally admits to funding risky “gain-of-function” research in Wuhan.** In a letter to the House Committee on Energy and Commerce, the NIH confirmed it gave grants to EcoHealth Alliance to have naturally occurring bat coronaviruses gain the function of binding to human ACE2 receptors.
- In August 2021, a **CDC employee complained** “pandemic deniers are using your vaccine definition to argue that mRNA vaccines are not vaccines.” Given the fact people who receive mRNA COVID-19 vaccines may still carry the virus, the **definition was changed to remove the word “immunity.”** Prior to September 2021, a vaccine “produced immunity to a specific disease” but now their definition reads: “the act of introducing a vaccine into the body to produce protection from specific diseases.”

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