

SHOW US THE EVIDENCE!

**No Laboratory
in the World
as of this date
has a verified
confirmed isolated
positive sample
of the SARS
Cov-2 Covid-19
Coronavirus.**



**A number of
independent labs
have requested
samples from
the CDC and others,
and have been
told that they do
not have one.**

CDC

**SO IT APPEARS THAT IT EITHER DOES NOT EXIST
OR THEY SEEM TO BE HIDING SOMETHING
PLEASE SEND A 'PROOF POSITIVE' SAMPLE TO
HAVE IT EVALUATED BY AN INDEPENDENT LAB**

See: <https://www.brighteon.com/b91f0a0a-3906-4061-a782-9207c76dc3c4>

WHERE IS THE “PANDEMIC”?

Total Deaths In 2020 Are NO DIFFERENT Than Prior Years

TOTAL DEATHS IN THE U.S. BY YEAR

CDC Census as of 12/30/2020

Year	Deaths	Population	Deaths per 100,000	Rate
2010	2,468,435	309,346,863	798	0.8%
2011	2,515,458	311,718,847	807	0.8%
2012	2,543,279	314,102,623	810	0.8%
2013	2,543,279	316,427,395	821	0.8%
2014	2,626,418	318,907,401	824	0.8%
2015	2,712,630	321,418,820	844	0.8%
2016	2,744,248	323,071,342	949	0.8%
2017	2,813,503	325,147,121	865	0.9%
2018	2,839,205	327,167,439	868	0.9%
2019	2,855,000	328,239,523	870	0.9%
2020	2,902,644	330,767,888	878	0.9%

Numbers derived from the following sources:

<https://www.cdc.gov/nchs/nvss/vsrr/provisional-tables.htm>

<https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>

(Numbers reflect all deaths, including Covid-19)

So where exactly is this so called “emergency”??...

COVID-19 Survival Rates by Age Group

0-19: 99.997%

20-49: 99.98%

50-69: 99.5%

70+: 94.6%

Source: CDC (Estimated Infection Fatality Rates for COVID-19)

SO WHERE DID THE SEASONAL FLU GO?...

Flu season cases in the USA

2012-2013 - 34,000,000

2013-2014 - 30,000,000

2014-2015 - 30,000,000

2015-2016 - 24,000,000

2016-2017 - 29,000,000

2017-2018 - 45,000,000

2018-2019 - 36,000,000

2019-2020 - 38,000,000

2020-2021 - 1,822 ...???

CDC|CDC|CDC

They have essentially 'Weaponized' the Flu



The PCR Test Fraud

First of all, the PCR test has not been approved for diagnostic purposes. It's inventor, Kary Mullis, has repeatedly, yet unsuccessfully stressed that this test should not be used as a diagnostic tool. As noted by Fuellmich:

"(PCR tests) are simply incapable of diagnosing any disease... A positive PCR test result does not mean that an infection is present. If someone tests positive, it does not mean that they're infected with anything, let alone with the contagious SARS-CoV-2 virus. Even the United States CDC... agrees with this, and I quote directly from page 38 of one of its publications on the coronavirus and the PCR tests dated July 13, 2020:36.

- *Detection of viral RNA may not indicate the presence of an infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.*
- *The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.*
- *This test cannot rule out diseases caused by other bacterial or viral pathogens.*

The PCR swabs take one or two sequences of a molecule that are invisible to the human eye and therefore need to be amplified in many cycles to make it visible. Everything over 35 cycles is... considered completely unreliable and scientifically unjustifiable.

However, the Drosten test as well as the WHO recommended tests... are set to 45 cycles. Can that be because of the desire to produce as many positive results as possible and thereby provide the basis for the false assumption that a large number of infections have been detected?

Equally important is the fact that PCR tests cannot distinguish between inactive viruses and "live" or reproductive ones. As a result, they may pick up dead debris or inactive viral particles that pose no risk whatsoever to the patient and others. What's more, the test can pick up the presence of other coronaviruses, so a positive result may simply indicate that you've recuperated from a common cold in the past.

**WITS**

World Integrated Trade Solution

PROOF THEY HAVE BEEN 'BAKING' THIS 'CAKE' LONG BEFORE 2020!

Trade Stats ▾

Tariffs ▾

Non-Tariff Measures ▾

API ▾

Analytical database

Tools ▾

Bulk Download

COVID-19 Test kits (300215) exports by country in 2018

Additional Product information: Diagnostic reagents based on immunological reactions

Category: COVID-19 Test kits/ Instruments, apparatus used in Diagnostic Testing

Change selection (Reporter, Year, Trade Flow, Partner and HS 6 digit Product)

In 2018, Top exporters of COVID-19 Test kits are European Union (\$26,182,358.76K , 12,088,700 Kg), Switzerland (\$24,458,977.70K , 2,589,620 810,940 Kg), United States (\$9,921,199.88K , 8,611,830 Kg).

COVID-19 Test kits imports by country in 2018

Reporter	TradeFlow	ProductCode	Product Description	Year	Partner
European Union	Export	300215	COVID-19 Test kits	2018	World
Switzerland	Export	300215	COVID-19 Test kits	2018	World
Germany	Export	300215	COVID-19 Test kits	2018	World
Ireland	Export	300215	COVID-19 Test kits	2018	World
United States	Export	300215	COVID-19 Test kits	2018	World
Belgium	Export	300215	COVID-19 Test kits	2018	World
Italy	Export	300215	COVID-19 Test kits	2018	World
United Kingdom	Export	300215	COVID-19 Test kits	2018	World
Netherlands	Export	300215	COVID-19 Test kits	2018	World
Hungary	Export	300215	COVID-19 Test kits	2018	World
France	Export	300215	COVID-19 Test kits	2018	World
Austria	Export	300215	COVID-19 Test kits	2018	World
Korea, Rep.	Export	300215	COVID-19 Test kits	2018	World
USA	Export	300215	COVID-19 Test kits	2018	World

HS Nomenclature used HS 2017

HS Code 300215: COVID-19 Test kits

HS Classification Reference based on Covid-19 medical supplies list 2nd edition, prepared by World Customs Organization (WCO) and World Health Organization (WHO)*Please note* : Exports is gross exports and Imports is gross imports

Covid-19 Vaccine Q&A



Facts to help you make a decision

	YES	NO
1. Are the mRNA vaccines experimental ? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have they been safety tested on animals? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have they been subject to medium or long-term safety testing on humans? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the effects of the vaccines reversible ? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Will the vaccines prevent me from getting COVID? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Will the vaccines prevent me from spreading COVID? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Will the vaccines allow me to stop wearing a mask and social distancing ? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Do the vaccines contain genetically modified organisms (GMOs) ? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Do the Astra-Zeneca, Johnson & Johnson, and Moderna vaccines contain aborted human baby or monkey cells ? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Do doctors, scientists, and researchers have concerns about the mRNA vaccines' long-term effects on fertility ? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Is there a risk of auto-immune reactions to future virus exposure , disease, inflammation, blood clots, strokes, seizures, convulsions, or other side effects? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have the vaccines caused any deaths, injuries or debilitating conditions ? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Are the vaccine manufacturers liable for any injuries or deaths caused by the use of their vaccines? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Are there doctors, nurses, scientists and researchers recommending that people NOT take these vaccines ? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Is the main-stream and social media censoring the concerns of these same doctors, nurses, scientists and researchers? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FOR UNCENSORED INFORMATION ON COVID VACCINES SEE:

- ☐ AmericasFrontlineDoctors.com
- ☐ WorldDoctorsAlliance.com
- ☐ ChildrensHealthDefense.org
- ☐ TheHealthyAmerican.org
- ☐ TheTruthAboutVaccines.com
- ☐ VaccineImpact.com
- ☐ Principia-Scientific.org
- ☐ Mercola.com
- ☐ SWPRS.org



Would you...

get on an **experimental** aircraft that had **NOT** completed standard **safety testing**, had **NO** air worthiness certificate, and for which the makers have absolutely **NO LIABILITY** for any deaths or injuries caused by their product? This is what you are being asked and pressured to do with these essentially untested, experimental, high-risk mRNA COVID vaccines!

The Spike Protein is the reason why the vaccines might kill you

It normally takes over 10 years to make a new vaccine - This vaccine has been rushed.

No matter what you have been told there's no way they could have done all the tests they normally do in 10+ years in just a few months. Including waiting 9 months to see if children born to vaccinated parents are healthy.

The COVID-19 Virus is covered in Spikes - called "The Spike Protein". The new mRNA Vaccines get your body to produce millions of these "Spikes". There is no OFF button, once you are injected there's no telling when the body will stop making the Spikes.

The latest studies show that upto 75% of the vaccine leaves the injection site and travels in the blood all over the body. Potentially ending up in your ovaries, heart, brain and even bone marrow, which could lead to Blood Cancer (Leukaemia).

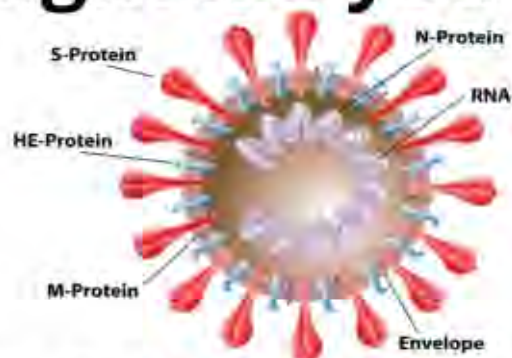
These "Spikes" are like having millions of tiny daggers inside your body. Many people have died from blood clots caused by the vaccines.

When they tested previous mRNA Vaccines in animals. The animals seemed fine at first. But when they were exposed to the real virus, their bodies over-reacted and they died.

Many people that died from COVID - died because their bodies over-reacted to the virus (this is called the cytokine storm) - Taking Vitamin D regularly (at least 4,000iu per day) will help prevent this over-reaction.

Flu season always occurs in winter when people cannot make enough Vitamin D from the sun. Taking Vitamin D is the easiest way to help reduce sickness from Flu / COVID,

Taking Vitamin D will also help reduce joint and back pain in as little as 2 weeks (take at least 4,000iu per day). As well as reduce your chances of getting Cancer, Heart Disease, Diabetes, Multiple Sclerosis and many other medical conditions. If more people took Vitamin D the medical companies would lose Billions in lost revenue.



Trust The Scientists

How many times have you heard the phrase "Trust The Scientists" but never seen anyone's name mentioned. Below are several Doctors & Scientists that warn against the vaccines.

Dr. Robert Malone - Inventor of the mRNA Technology - in June 2021 made a 3 hour video in which he says in great detail why the COVID vaccine is so dangerous

Dr. Michael Yeadon - Worked for Pfizer for 16+ years reaching the position of Vice President says these vaccines are dangerous

Dr. Geert Vanden Bossche - Worked in the vaccine industry his entire career says injecting millions of people during an ongoing pandemic is dangerous

Professor Dolores Cahill - from University College Dublin School of Medicine - Expects those that get injected to start dying or getting very sick within the next few years.

More Doctors that have spoken up about the dangers of the vaccines you can look up

Dr. Roger Hodgkinson, Dr Byram Bridle, Dr. Peter McCullough, Dr. Zev Zelenko, Dr. Carrie Madej, Dr. Sherri Tenpenny, Dr. Stephanie Seneff, Dr. Lee Merritt, Dr Vernon Coleman, Professor Sucharit Bhakdi

More Information

Telegram is one of the few places you can find uncensored information and many videos about COVID vaccine safety which YouTube removes.

Download from Google Play or Apple App Store for Free



Telegram COVID
Vaccine Video
Channel

VAERS COVID-19 Vaccine Adverse Events Data 411,931 Reports through June 25, 2021



The Vaccine Adverse Events Reporting System (VAERS) was established in 1990 as a national early warning system to detect possible safety problems in U.S.-licensed vaccines. It is a passive system so reporting is voluntary and this leads to significant undercounting of harms. Harvard Pilgrim Health Care, Inc. conducted a study for U.S. Department of Health and Human Services that concluded that "fewer than 1% of vaccine adverse events are reported."¹

As we you can see, we have an enormous problem. But it gets worse. Because there are so many adverse event reports associated with coronavirus vaccines we believe there may be a backlog of up to 4 months between when the reports are filed with HHS and when they appear on VAERS. Our best guess is that right now, publicly available VAERS reports undercount the number of reports that have *already been submitted* by a factor of 5.

By any measure, these numbers are horrific. If just these reports are accurate, the coronavirus vaccine campaign has already killed two times more Americans than 9/11. If the backlog by a factor of 5 is correct, then the coronavirus vaccine campaign has already killed more Americans than the Korean War. And if the underreporting is by a factor of 10 or 100 then the coronavirus vaccine campaign has already killed more Americans than World War II. So the question for you is simple: *how many coronavirus vaccine deaths is too many for you?* What will it take for you to say "Enough!" and stop this catastrophic medical experiment?

Myo/Pericarditis Cases – COVID-19 Vaccines VS. All Flu Vaccines

AGE RANGE	FLU REPORTS IN 20 YEARS	COVID19 REPORTS IN 6 MOS.*
6-18	16	467
19-29	61	538
30-39	28	257

*16 and over vaccination began December 14, 2020; 12-15 year olds vaccination began May 10, 2021.

1. <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

To learn more visit:
<https://www.openvaers.com/covid-data>

Vaccines and Related Biological Products Advisory Committee October 22, 2020 Meeting Presentation

<http://www.fda.gov/media/143557/download>

(Below from the full presentation - pages 15 & 16)

FDA COVID-19 vaccine safety surveillance planning



“Near real-time surveillance” or rapid-cycle analyses (RCA)

- FDA plans on monitoring 10 -20 safety outcomes of interest to be determined based on:
 - Pre-market review of sponsor safety data submitted to FDA
 - In coordination with federal partners, international regulatory partners and organizations, academic experts, others
 - Literature and regulatory experience with similar vaccines, novel vaccine platforms, and using other relevant data
 - FDA plans on using CMS data for COVID-19 vaccine RCA – near real time with efforts

FDA Safety Surveillance of COVID-19 Vaccines :

DRAFT Working list of possible adverse event outcomes

Subject to change

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

COVID VACCINATED

NEW SYMPTOMS TO LOOK OUT FOR



CARDIAC ARREST



UNCONSCIOUSNESS



SEIZURE



ACHING MUSCLES



BLOOD CLOTS IN THE BRAIN



VOMITING



SUDDEN DEATH



TIRED AND UNWELL

THIS MEANS IT'S WORKING



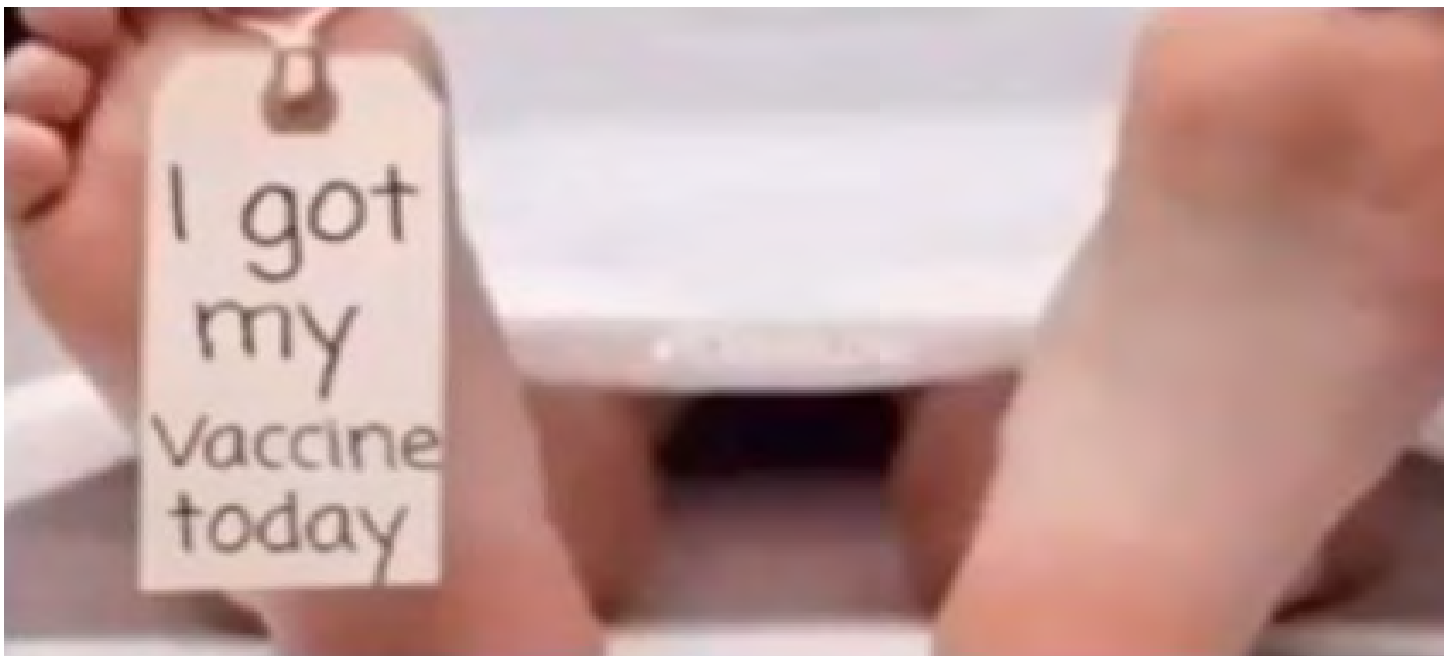
MANCHESTER
CITY COUNCIL

NHS

Populations susceptible to serious adverse reactions from COVID19 mRNA Vaccines

Prostate Cancer*	Crohn's Disease*	Gulf War Syndrome*
Breast Cancer *	Hashimoto's Thyroiditis*	Autism / ASD*
Multiple Myeloma*	Polymyositis*	Multiple Sclerosis*
Non-Hodgkins Lymphoma*	Sjogren's Syndrome *	Parkinson's*
Chronic Lymphocytic Leukemia*	Bechet's Disease*	ALS*
Mantle Cell Lymphoma*	Primary Biliary Cirrhosis*	Fibromyalgia*
Hairy Cell Leukemia*	Inflammatory Bowel Disease*	Chronic Lyme Disease*
Bladder Cancer *	Psoriasis, Dermatitis	OCD*
Colorectal Cancer*	Diabetes*	ADHD*
Kidney Cancer *	Cardiovascular Disease*	PTSD*
Ovarian Cancer*	ME / CFS*	Psychosis*
Neuroendocrine Tumors	Lupus/SLE	Rheumatoid Arthritis*

* Associated With Imbalanced host response to SARS-CoV2





WHAT'S IN YOUR VACCINES?



MSG **Mercury** **Ammonium Sulfate** **Formaldehyde**
Sucrose **Polysorbate 80** **Aluminum**
Antifreeze **Hydrochloric Acid**
VERO cells **Thimerosol** **Animal Viruses**
Glycine **Chick Embryo**
Human Diploid Cells (from aborted fetal tissue) **Mouse Serum Protein**
Animal Blood



DANGERS OF VACCINES



Nanotechnology in Vaccines

BANNED.VIDEO

DO NOT TAKE THE



FAKE 'VACCINES'!





FACE MASK SAFETY

KNOW THE FACTS BEFORE YOU WEAR ONE

1

DECREASES OXYGEN INTAKE

BREATHING THROUGH A MASK DECREASES THE AMOUNT OF OXYGEN WE NEED THAT FEEDS OUR BRAIN AND BODY'S CELLS TO LIVE AND BE HEALTHY, IT INCREASES BLOOD ACIDITY, AND MAKES BREATHING DIFFICULT.

2

INCREASES CO₂ AND TOXIN RE-INHALATION

RE-BREATHING CO₂ FURTHER INHIBITS OXYGEN INTAKE, AND TOXINS WE NORMALLY INHALE—THEN EXHALE—AS WE BREATHE BECOME TRAPPED IN THE MASK AND RE-INHALED BACK INTO THE LUNGS, INCREASING TOXICITY.

3

SHUTS DOWN IMMUNE SYSTEM FUNCTION

AS IT DECREASES OXYGEN INTAKE AND INCREASES CO₂ AND TOXIN RE-INTAKE, IT STARVES IMMUNE CELLS PUTTING THE BODY UNDER ADDED STRESS, RELEASING CORTISOL AND SHUTTING DOWN IMMUNE PROCESSES.

4

INCREASES VIRUS RISK OF INFECTION

ENCOURAGES THE TRIGGERING AND INFECTION FROM DORMANT RETRO-VIRUSES ALREADY IN THE BODY, TAKING ADVANTAGE OF A WEAKENED IMMUNE SYSTEM RESPONSE DUE TO EFFECTS OF WEARING A MASK.

5

SCIENTIFICALLY UNSUBSTANTIATED CLAIMS

AN N95 MASK WILL FILTER OUT PARTICLES 0.3 MICRONS IN SIZE OR LARGER. THE COVID-19 VIRUS MEASURES BETWEEN 0.05 AND 0.2 MICRONS IN DIAMETER, WHICH RENDERS N95, SURGICAL AND CLOTH MASKS USELESS.

6

STUDIES HAVE SHOWN NO EFFECTIVENESS

ACCORDING TO STUDIES REPORTED BY WHO AND DR. ANTHONY FAUCI HIMSELF, SHOWED NO REDUCTION IN CASES IN COMPARISON TO STATES AND COUNTRIES THAT HAVE NOT MANDATED MASKS. IN ADDITION, 85% OF PEOPLE WHO TESTED POSITIVE WERE REGULAR MASK WEARERS. THE CDC REPORTED NO SIGNIFICANT REDUCTION IN INFLUENZA TRANSMISSION WITH THE USE OF FACE MASKS, HENCE THEY DO NOT WORK FOR COVID EITHER.

ALSO NOTE THAT FACE MASKS WERE NEVER DESIGNED NOR INTENDED FOR LONG-TERM USE!



Universal Masking in Hospitals in the Covid-19

May 21, 2020

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

Wearing a face mask is far more hazardous than the threat of coronavirus. Covering your nose and mouth forces you to inhale carbon dioxide constantly, limiting your oxygen intake.

Hypoxia (oxygen deprivation) impairs body functions, including brain activity. The oral bacteria that builds up inside your mask is another health hazard. Excessive oral bacteria harms tissues of the mouth, including gums and throat as well as teeth.

Your mouth needs constant air flow to stay healthy. A clean mouth = disease prevention.

Table B-1¹ & B-2¹ Acute & Other Health Effects of High Concentrations of Carbon Dioxide

CO ₂ Concentration Percent	CO ₂ ppm	Exposure Time	Effects
17 - 30 %	170,000 - 300,000 ppm	Within 1 minute	Loss of controlled and purposeful activity, unconsciousness, convulsions, coma, death
>10 - 15 %	100,000 - 150,000 ppm	1 - several minutes	Dizziness, drowsiness, severe muscle twitching, unconsciousness
7 - 10 %	70,000 - 100,000 ppm	< 3 minutes ¹ 1.5 minutes to 1 hour	Unconsciousness, near unconsciousness Headache, increased heart rate, shortness of breath, dizziness, sweating, rapid breathing
6 %	60,000 ppm	1 - 2 minutes #16 minutes Several hours	Hearing and visual disturbances Headache, dyspnea Tremors
4 - 5 %	40,000 - 50,000 ppm	Within a few minutes	Headache, dizziness, increased blood pressure, uncomfortable dyspnea
3 %	30,000 ppm	1 hour	Mild headache, sweating, and dyspnea at rest
2 %	20,000 ppm	Several hours	Headache, dyspnea upon mild exertion
1.5%	15,000 ppm	480 minutes ¹	
1 %	10,000 ppm	Indefinite ¹	Decreased mental performance, Sick Building Syndrome Complaints ²
0.7%	7,000	Weeks	Acidosis ³
0.1%	1,000 ppm	Indefinite ²	Decreased mental performance, Sick Building Syndrome Complaints ²
0.5%	500 ppm	Indefinite ¹	Indefinite tolerance

Baseline



97 74
%SpO₂ CI bpmPR

**Masks absolutely have
side effects!!!**

**20 minutes of
mask wearing**



83 81
%SpO₂ CI bpmPR

This is what virologists wear to protect themselves from a virus.



But don't worry....your bandana works too.

The masks being mandated to wear, are scientifically proven to not work against viruses, according to studies, the WHO, and Dr. Anthony Fauci, in addition to 10 months of people wearing them, showing no better rate of cases than states and countries that have not worn them, plus 85% of people who tested positive were mask wearers. The CDC also reported: "no significant reduction in influenza transmission with the use of face masks," hence they do not work for Covid either.

(They are just training us all like a bunch of monkeys)

SMOKE



PAINTING



MINING



Pesticides



Radioactive



The Deadliest
Virus in
History

They know corona is a hoax. There is reason to believe they may only want compliance.

They know the masks we are now forced to wear do not work. So the question then is, WHY are they mandating this???

Let's take a look at history.

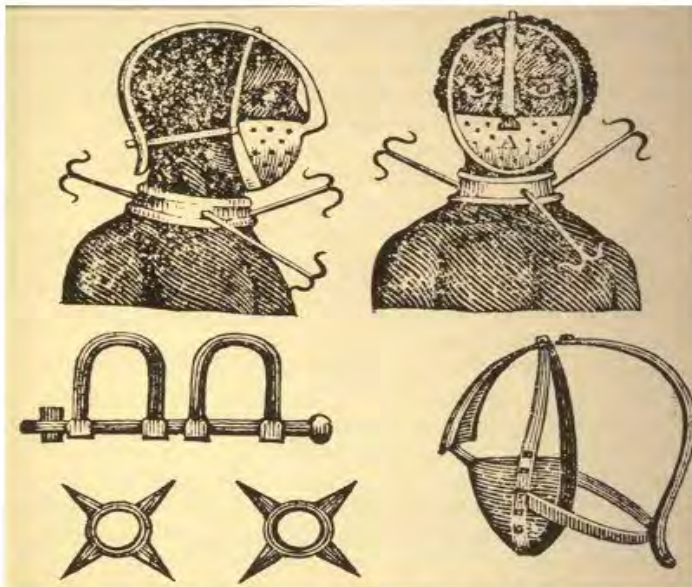
Corona masks:



Punishment masks:



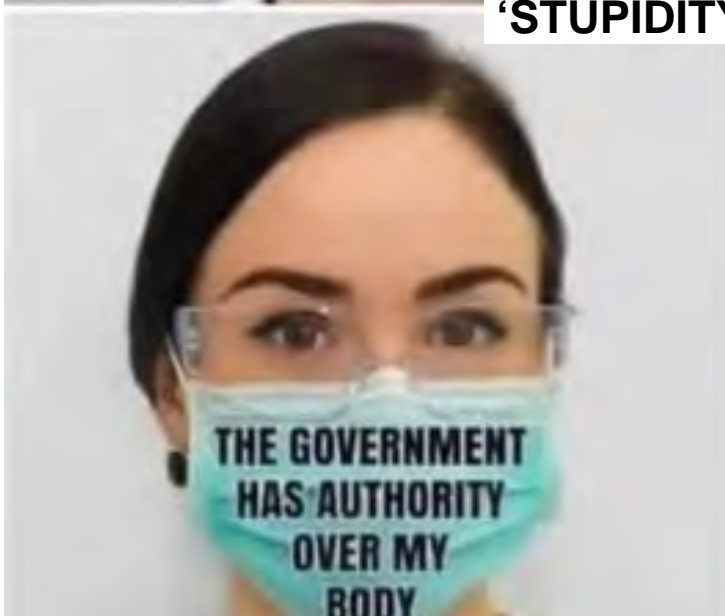
Slave masks



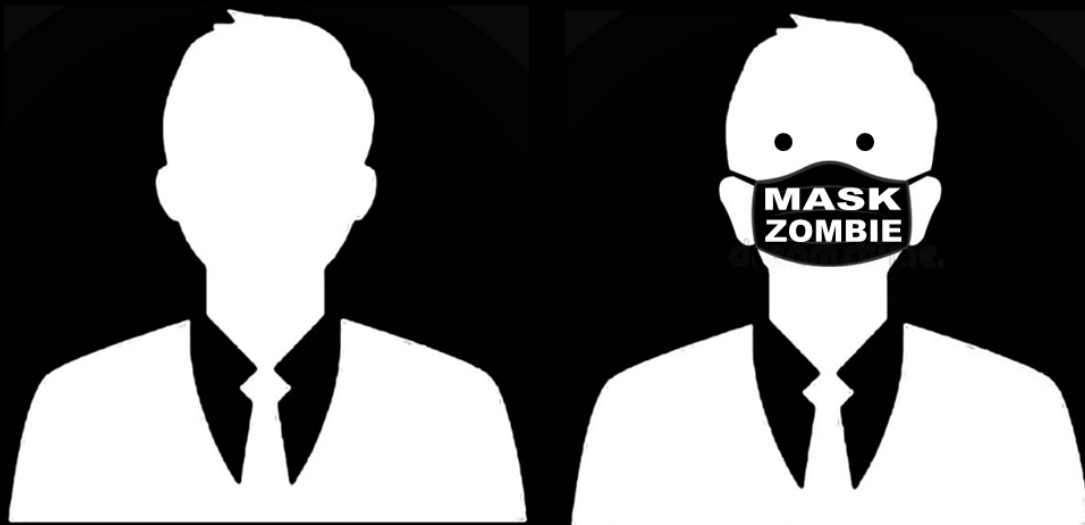
For the communists, compliance is EVERYTHING. We are obviously being trained.



Otherwise known as
'STUPIDITY MASKS'



Cognitive Test



Can you tell which one of these is the Mask Zombie?



OBEDIENCE SLAVE-MASKED AND ZOMBIFIED 'SHEEPL'

ASK YOURSELF, YOUR DOCTOR, AND YOUR “REPRESENTATIVES” THESE 9 SIMPLE QUESTIONS:

- 1. IF THE COVID TESTS WORK – THEN WHY ALL THE FALSE POSITIVES?**
- 2. IF THE MASKS WORK – THEN WHY THE ‘6 FEET SOCIAL DISTANCING’?**
- 3. IF THE ‘6 FEET SOCIAL DISTANCING’ WORKS – THEN WHY ALL THE MASKS?**
- 4. IF THE MASKS AND THE SOCIAL DISTANCING WORKS – THEN WHY THE LOCKDOWNS?**
- 5. IF THE MASKS, DISTANCING AND LOCKDOWNS WORK – THEN WHY THE VACCINES?**
- 6. IF THE VACCINES WORK – THEN WHY DO THOSE WHO ARE VACCINATED STILL HAVE TO WEAR MASKS AND SOCIAL DISTANCE?**
- 7. IF THE VACCINES WORK – THEN WHY DO THOSE VACCINATED NEED ALL THE ‘BOOSTER SHOTS’?**
- 8. IF THESE EXPERIMENTAL VACCINES ARE SO “SAFE AND EFFECTIVE” – THEN WHY DO THE VACCINE MANUFACTURERS STILL HAVE FULL LIABILITY PROTECTION FROM ANY LAWSUITS FROM VICTIMS FOR VACCINE DAMAGE??...**
- 9. ...AND THE BEST ONE OF ALL!: IF THE COVID SURVIVAL RATES ARE 99% FOR MOST PEOPLE AND 94% FOR THE OVER 70, THEN WHY DO WE NEED THE “VACCINES”???**

**The vaccine wasn't brought in
for Covid... Covid was brought
in for the vaccine.**



**Once you realize that, everything
else will make sense.**

TAKE NOTICE!

By authority of the Nuremberg Code on Medical Experimentation, I do hereby exercise my right to refuse to submit to or administer the COVID-19 vaccine. The United States Government has prosecuted, convicted and executed Medical Doctors who have violated the Nuremberg Code on Medical Experimentation. Aiders and abettors of Nuremberg Crimes are equally guilty and have also been prosecuted, convicted, and executed.

The Nuremberg Code (1947)

1. Required is the voluntary, well-informed, understanding consent of the human subject in a full legal capacity.
2. The experiment should aim at positive results for society that cannot be procured in some other way.
3. It should be based on previous knowledge (e.g., an expectation derived from animal experiments) that justifies the experiment.
4. The experiment should be set up in a way that avoids unnecessary physical and mental suffering and injuries.
5. It should not be conducted when there is any reason to believe that it implies a risk of death or disabling injury.
6. The risks of the experiment should be in proportion to (that is, not exceed) the expected humanitarian benefits.
7. Preparations and facilities must be provided that adequately protect the subjects against the experiment's risks.
8. The staff who conduct or take part in the experiment must be fully trained and scientifically qualified.
9. The human subjects must be free to immediately quit the experiment at any point when they feel physically or mentally unable to go on.
10. Likewise, the medical staff must stop the experiment at any point when they observe that continuation would be dangerous.



NUREMBERG 2.0

<https://freeworldnews.tv/watch?id=60bfa39e05e4f2716bb9984b>

WARNING

**TO ALL MEDICAL PRACTITIONERS
DOCTORS AND NURSES
ADMINISTRATORS, MEDIA, AND GOVERNMENT OFFICIALS**

Per the Nuremberg Code:

***“I was just carrying out orders”* Is NOT a legal defense!**

**YOU WILL BE ON TRIAL
FOR WAR CRIMES AND
HELD ACCOUNTABLE!**

YOUR DUTY IS TO INFORM YOUR PATIENT AND THE PUBLIC THAT:

- 1. THE “VACCINE” IS UNTESTED AND EXPERIMENTAL**
AS A PATIENT YOU ARE TAKING PART IN A TRIAL & CAN STILL CONTRACT THE DISEASE
- 2. NO GUARANTEE OF IMMUNITY FROM COVID-19**
THE VACCINES CLAIM ONLY LESSENS THE SYMPTOMS ASSOCIATED WITH THE DISEASE
- 3. YOU CAN STILL SPREAD THE DISEASE TO OTHERS**
AND WILL NOT BE EXEMPT FROM PRECAUTIONS MANDATED BY THE GOVERNMENT
- 4. VACCINE DAMAGE AND DEATH ARE REPORTED**
DOCTORS & SCIENTISTS DO NOT KNOW WHAT SHORT OR LONG-TERM DAMAGE TAKING THE “VACCINE” CAN CAUSE, AS NO LONG-TERM STUDIES HAVE TAKEN PLACE. THIS CAN INCLUDE PERMANENT DISABILITY AND DEATH. VISIT <https://vaers.hhs.gov> FOR A CURRENT LIST OF DAMAGE AND DEATH CAUSED BY COVID-19 VACCINES.

If you are unsure, please read article 6 of the UNESCO **Universal Declaration of Bioethics and Human Rights**: <https://unesdoc.unesco.org/ark:/48223/pf0000146180>

**SEE INFORMATION ON CONSENT AS WRITTEN IN THE NUREMBERG CODE THAT HOLDS
YOU PERSONALLY RESPONSIBLE AND ACCOUNTABLE FOR YOUR ACTIONS**

The Nuremberg Code (1949)

www.GlobalFreedom.TV

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, over-reaching, 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 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 will 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 seemed 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.

"Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10", Vol. 2, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949.]