Phase One - Virus Update!

4/22/21

Along with the rest of the world I have been watching developments as hundreds of millions of people worldwide are getting vaccinated. Yes, these shots are working FOR NOW to prevent massive numbers of people worldwide from being sick and dying from the COVID-19 virus. In many ways, this is a good thing! It's working because, as I have been saying, it's boosting each person's immunity system through the roof. It's working well right now along with a degree of collateral damage, the worst being Blood Clots that some find to be acceptable. It's just NOT acceptable to those who are the collateral damage victims and their families.

This update will have three phases. Since we all have busy lives, somewhat forcing a limited span of attention, this update will be sent out in three different phases to make it more palatable to our fast-moving 2021 information streaming. Phase One will be an outline of some of the recent Virus drug treatments a/k/a Vaccine facts, news and questions, perhaps things you might already know about and some you might not. In Phase Two I'll reiterate certain information and content sent to you previously along with a more clear explanation of the reason why my family and I are NOT getting inoculated. Phase Three will point to a most likely outcome of the situation as things develop as to the near future. This is not going to be a guess about things on my part but rather a realistic prognosis based upon sound information and facts and also added questions that are not being answered by governments, the medical community or the media.

Phase One

All the American pharmaceutical companies producing these different types of virus drug treatments have received immunity from lawsuits by the U.S. Congress, potentially, if not assuredly, one of the most disastrous decisions ever made by any American Congress.

In Phase One I don't want to spend too much time writing about events you have already become aware of and that have been released to the public and published either in the USA or other counties. It's out there for you to see and read about. But certain items and "things" should be pointed out.

Johnson & Johnson's 15 million doses of COVID-19 vaccine was destroyed because of a mix up in ingredients. To say nothing of the suspended use resulting from large numbers of people developing Blood Clots. You might ask, how could this happen? Good question! How long has Johnson & Johnson been in the pharmaceutical business? Well the answer is since 1959 when they acquired McNeil Laboratories and Cilag Chemie AG. That's 62 years. Does Johnson & Johnson's history qualify them to sell and distribute a version of the COVID-19 virus vaccination that is in reality a drug treatment? Could the U.S. Food and Drug Administration's granting them approval to bring this product to market be a major, major big blunder! Let's look into this a little. Johnson & Johnson is currently valued to be a 347 billion dollar business. Recently they have been hit with lawsuits requiring very, very enormous monetary settlements. These included antipsychotic drugs, the famous Talcum powder causing Ovarian Cancer and a patented Opium Poppy called "Norman." A jury in Philadelphia awarded eight billion dollars in punitive damages to a man claiming that Johnson & Johnson did not warn young men that taking its antipsychotic drug "Risperdal" would cause them to rapidly grow breasts. I found the court transcript very profound when the opposing lawyer stated, "Johnson & Johnson is a company which has lost its way and the jury had chosen to impose punitive damages on a corporation that valued profits over safety and profits over patients." Wow, that is a really profound statement. Further along in my research I came across this whopper. Johnson & Johnson failed to warn customers that its blood-thinner Xarelto increased dramatically the risk of internal bleeding. Some people died from this major

screw-up. But Johnson & Johnson along with its co-maker Bayer agreed to pay a settlement of 775 million dollars in this class-action lawsuit. On to the Talcum powder case. I found the original complaint. It seems that Johnson & Johnson had three different independent lab reports between 1972 and 1975 that stated the Talc contained very high levels of Asbestos. These reports were not made available to the FDA when seeking approval for use. Maybe the folders fell in the space between the file cabinets. It appears there might be some more missing lab reports as well. A Missouri jury ordered Johnson & Johnson to pay 4.69 billion dollars to 22 women. There are many U.S. state Talc cases still pending. Wait, I found more, can you believe it? Johnson & Johnson agreed to pay 117 million dollars to settle a deceptively marketed Pelvic Mesh product that supports a women's Prolapsed Pelvic Organs. But the device failed, caused many, many cases of bleeding, pain and infection. No incompetence or negligence compares to the company's role in the U.S Opioids Crisis that has cost 400,00 American lives. We are averaging between 40,000 and 50,000 deaths per year.

They paid two Ohio counties a total of 20 million dollars to avoid a federal trial. The settlement was not very big but it opened the door wide for payouts totaling billions of dollars to 2,000 plus counties, cities and Native American tribes all suing over damages caused by the crisis.

To sum it all up, there are 14,000 cases pending involving Risperdal, 15,000 Talcum Powder cases, 25,000 cases of Pelvic Mesh and a still growing list of tens of thousands of Opioid-related lawsuits. They can't litigate each case, they have to settle and it will cost multi-billions.

Now, what would be your odds of getting a bank car loan if you had a credit report like Johnson & Johnson? How under the sun, did the FDA grant these guys permission to create a drug that has already been injected into eight million Americans? And, it's unbelievable, I mean really unbelievable with all these pending and adjudicated lawsuits that the U.S. Congress gave them immunity to any lawsuits related to this Chinese Communist Party Virus a/k/a COVID-19 drug treatment/vaccine! Where do you go to find an answer to these questions? Looking at what I can find online about Johnson & Johnson's qualifications to be trusted too quickly, cutting out all normal test procedures, creating a safe injection for hundreds of millions of Americans - you would be crazy to do so, or doing so for some unknown reason? How could we ever trust the FDA?

Because the Johnson & Johnson vaccine was cheap, easy-to-transport, a one-dose injection it was the only global hope for many poor countries. One of the most devastated is South Africa where authorities paused use of the vaccine, the only one available in the country. In February, South Africa scuttled plans to use AstraZeneca which tested very poorly against the coronavirus variant that is dominant there and has also been linked to blood clots. Please take note, the South African variant has learned to skip over the boosted immunity system people have against the COVID-19 Variant. (We will cover this again, later)

There is a nearly worldwide discontinuing of the one-shot Johnson & Johnson vaccine because of Blood Clots. If you read my previous update dealing with the Johnson & Johnson vaccine, you will recall that it contained not only a slice of Democratic Republic of the Congo's Ebola Virus that would send your immunity system sky high, but also Trisodium Citrate Dihydrate. If you recall, that's "a sodium citrate." Sodium salts of citric acid are used as buffers and food preservatives. Yes, stuff that keeps food from rotting injected into your body. And, this stuff is used medically as Anticoagulants in stored blood, and for urine alkalization in the prevention of KIDNEY STONES. Why a need to put an anti-Kidney Stones drug in this injection or an Anticoagulant that is used for stored human blood and keeping it from clotting. I took a look at the American Red Cross blood storage system. Donated blood is divided up into three items. Red Blood Cells contain the Hemoglobin that carries oxygen throughout our bodies and that can be stored for up to 42 days in refrigeration at 6 degrees Celsius (42.8 Fahrenheit), Platelets stored at room temperature in an agitator (a mixer) for up to five days and Plasma stored in cryo-frozen freezers for up to one year. All with the Anticoagulant included. This ingredient

was added because Johnson & Johnson knew there was a serious risk of Blood Clotting - they had to know! The question was how much to add. Too much and people would be at risk to bleed to death internally (a stomach ulcer becomes fatal!) since their blood would not be able to coagulate normally. The other side would be too little of the drug and people would develop Blood Clots that have the impact of a stroke, paralysis and death. They opted for the lesser amount. I don't think this company would have put this drug treatment on the market if they had legal exposure and could be sued.

I have been working and researching for a number of weeks on all three phases of this update. I intended them to be the last Virus update for a lengthy period of time, at least until new events require an update. The above statement about Johnson & Johnson was written over a week ago. I awoke today eager to finally email this first Phase to you. But, checking the morning's early news I was totally stunned, but NOT totally surprised by what I found in the Richmond, Virginia news. Here it is:

"The Baltimore factory hired to help make Johnson & Johnson's COVID-19 vaccine was dirty, didn't follow proper manufacturing procedures and had poorly trained staff, resulting in contamination of material going into a batch of shots, U.S. regulators said Wednesday.
The Food and Drug Administration released a statement and a 13-page report detailing findings from its just-completed inspection of the idled Emergent BioSciences factory.
Agency inspectors said a batch of bulk drug substance for J&J's single-shot vaccine was contaminated with material used to make COVID-19 vaccines for another Emergent client, AstraZeneca. The batch, reportedly enough to make about 15 million J&J vaccine doses, had to be thrown out.
Nothing made at the factory for J&J has been distributed, the FDA noted. The nearly 8 million doses of J&J vaccine given in the U.S. came from Europe."

How many of the eight million people inoculated were told the "shot" they were getting "shot" with was made in Europe? Um, where in Europe? Why was it necessary to have it "Made in Europe" when you are one of the biggest drug manufacturers in the United States capable of producing the product in great massive numbers? Was it cheaper to have it made in Europe even with the added cost of shipping to the USA.? Which country or what group of countries produced the "shots"? Who was responsible for inspecting the safety of the manufactured European "shots"? Did the FDA approve manufacturing of the "shot" being made in Europe or were they smuggled into the United States like some kind of "Drug Deal." (Pardon the pun!) Did the FDA oversee or monitor the safety of the European manufacturing? If not, who did? How could the United State government allow this to go on without "public disclosure"? The questions go on and on!!!! Will these questions be asked at the next White House press briefing? Will the President of the United States speak to these questions? Will our so-called Free Press launch an investigation into how Johnson & Johnson was cleared to "Shoot" eight million healthy Americans with a foreign-made "shot" of possible unknown quality? How could we believe that a drug manufacturing facility in Baltimore, Maryland that screwed up 15 million doses didn't manufacture, lets say, 20 million doses prior to screwing up the 15 million? Is the FDA "story" that none of the Baltimore products were released in the U.S. a "cover-up" to run in concert with the Biden administration to have 200 million Americans "shot" by May? I mean when just one head of Romaine Lettuce turned up with E-coli the FDA went crazy pulling all Romaine Lettuce off store shelves no matter what farm grew them! The questions abound! Who do we trust to get the answers - the Truth!

"Our freedom and liberty is not secured by a strong militia alone but rather by a free press and informed people"! Benjamin Franklin

"By the skillful and sustained use of propaganda, one can make a people see even heaven as hell or an extremely wretched life as paradise"! Adolf Hitler

More nations worldwide are ceasing to use AstraZeneca and Johnson & Johnson drug treatment due to the blood clot issue.

Did you know, approximately 40% of U.S. Marines are declining COVID-19 injections. This is the first branch to disclose service-wide numbers on acceptance and declination. About 48,000 Marines have chosen not to receive vaccines, that's a rate of 38.9%. The declination rate at Camp Lejeune, North Carolina was far higher at 57%. Data shows that of the 26,400 Marines, 15,100 have chosen not to receive the injection. Sources say the total U.S. Military rate of declining is averaging about 50%. I mention this because we all should be very concerned if those declining are "ordered" to receive the injection. A member of the U.S. armed forces has a right to justifiably disobey an order deemed to be illegal. An order of this sort would need to come from the President of the United States and could rip all branches of our military to pieces. The outcome is yet to be seen.

My research has resulted in finding the three most active and most advanced countries in terms of researching a solution to COVID-19. They are:

1. The United States
2. Israel
3. Great Britain.

The rest of the world falls far behind.

We are seeing an increase in the number of under 21 year olds being admitted to hospitals with COVID-19. It's the Variant B.1.1.7 from the UK. It's becoming the main strain in the U.S. It's more contagious than the original. Is it possible that the B.1.1.7 variant is smart enough to have figured out how to break through the strong natural immunity system of youth?

Scientists at Texas A&M University have identified a variant of the novel coronavirus that is potentially resistant to antibodies, the university announced in a statement.

The strain, BV-1, was found in one individual who had reported mild symptoms of COVID-19.

During lab tests, research showed that “several neutralizing antibodies are ineffective in controlling other variants with the same genetic markers as BV-1,” the university said. "We do not at present know the full significance of this variant, but it has a combination of mutations similar to other internationally noted variants of concern,” said Global Health Research Complex chief virologist Ben Neuman. "This variant combines genetic markers separately associated with rapid spread, severe disease and high resistance to neutralizing antibodies."

"We have not detected any more instances of this variant," he added. "We have not grown or tested this virus in any way. This announcement is based purely on the genetic sequence analysis done in the lab."

The genetic makeup of the BV-1 strain is comparable to the original variant found in the United Kingdom in September. Over 30 countries, including the United States, have identified cases of the UK coronavirus variant within their borders after the new strain made headlines just before Christmas.

The COVID-19 Chinese Communist Party Virus is turning into the smartest virus ever seen on Earth. It's showing us its mutation ability on a scale never before seen in natural science.

Brazil's P1 coronavirus variant, behind a deadly COVID-19 surge in the Latin American country that has raised international alarm, is mutating in ways that could make it better able to evade antibodies, according to scientists studying the virus.

Research conducted by the public health institute Fiocruz into the variants circulating in Brazil found mutations in the spike region of the virus that is used to enter and infect cells. Those changes, the scientists said, could make the virus more resistant to vaccines (we know them as Drug Treatments) which target the spike protein - with potentially grave implications for the severity of the outbreak in Latin America's most populous nation with fear of quick spreading.

"We believe it's another escape mechanism the virus is creating to evade the response of antibodies," said Felipe Naveca, one of the authors of the study and part of Fiocruz in the Amazon city of Manaus, where the P1 variant is believed to have originated. Naveca said the changes appeared to be similar to the mutations seen in the even more aggressive South African variant, against which studies have shown some vaccines have very substantially reduced efficacy. "This is particularly worrying because the virus is continuing to accelerate in its evolution," he added. Studies have shown the P1 variant to be as much as 2.5 times more contagious than the original coronavirus and more resistant to antibodies.

Our open southern border moving thousands of people from Latin America into the United States can speed the spread of P1 in America. The number of people crossing is skyrocketing beyond belief. Total so far, between January and March is 569,876. To give you an idea how fast these numbers are growing, 101,028 in February and 172,331 in March. The April numbers are projected to come close or go over 200,000. These numbers are from the U.S. Customs and Border Protection. According to the Biden Administration all these people are being tested for COVID-19. But, there are many who enter illegally in places the Wall is incomplete. A new report said that the spike in cases in Texas, Arizona, and California are competing in numbers with those blamed on reopening the economy.

“Evidence continues to mount that spikes in COVID cases in U.S. border states are due to successive waves of infected people fleeing Mexico's dysfunctional and overwhelmed hospitals to get American medical care at least as much, if not more than, to the re-opening of those states' economies,” said the latest border report from the Center for Immigration Studies.
There is a significant rise in COVID-19 among Border Patrol agents who also live in the border communities where there is a spike.
Mark Morgan, the acting commissioner of Customs and Border Protection said, "It is hard to determine, sometimes, whether the agents got it from the community spread outside of work or they got that while at work. But … they are out there everyday especially right now on the southwest border," Morgan said. "Not everybody is given up, an awful lot of these folks are running from the agents. They have to go chase them down, and get in close contact, high-risk contact that we could call it. So they are definitely exposed. We’ve had several hundred agents recently tested positive.”
If the P1 variant in Brazil works it's way up north into Latin America and Mexico this could be a whole new serious COVID-19 problem for the U.S.A.
I believe we are heading for a long war against this Virus! A very long war!

But here is some interesting good news:

Specially trained medical detection dogs may be able to recognize positive coronavirus samples with up to 96% accuracy, a new proof-of-concept study claims.

The research, carried out by professionals from the University of Pennsylvania School of Veterinary Medicine's Working Dog Center, found that dogs can be trained to identify saliva and urine samples of patients who tested positive for COVID-19.

The study was published on the Public Library of Science's website after having been peer-reviewed. EE"A unique odor associated with SARS-CoV-2 and COVID-19 infection present in human urine as well as saliva, provides impetus for the development of odor-based screening – either by electronic, chemical, or biological sensing methods," researchers stated in the study.

However, there is a certain concern for training such dogs, because since the ultimate goal would be for them to detect COVID-positive patients in a public setting and not from such samples, such training would be dangerous, as they would need to be trained around people who have tested positive for coronavirus.

However, researchers expressed concern over the method of providing samples used in training the dogs, as they could possibly get accustomed to specific samples rather than some sort of trademark scent of a COVID-positive sample.

"Future training of dogs and investigation into biological, chemical and electronic detectors should focus on increasing the number of relevant and novel samples," the study states.

There is much to think about. On to Phase Two soon.

End of Phase One