

4,000 PATENTS

Evidence that **COVID & Vaxx Bioweapons**
were Designed to Maim



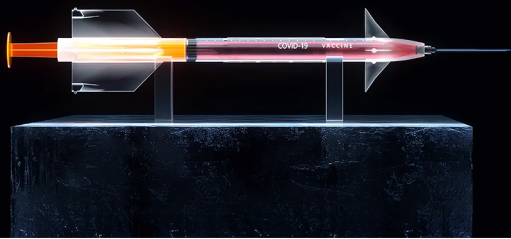
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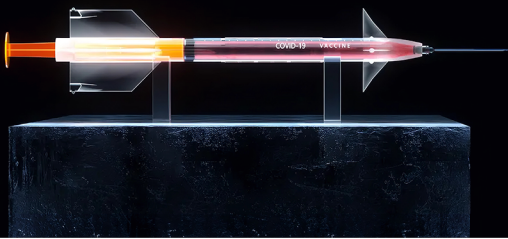


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INTRODUCTION

Three years have passed since the COVID-19 “plandemic” was put into motion by the global government. For three long years, we were led to believe that the SARS-CoV-2 came from the Wuhan wet market and were forced to take an alleged vaccine by the very same government that released this man-made pathogen to the world.

At first, we were unsure of what the truth really was, but the science and the evidence are finally emerging. Without a doubt, SARS-CoV-2 is a man-made pathogen that came from the Wuhan Lab, and a government paper in China revealed that Chinese scientists were optimizing the pathogen for military application. This government paper was dated last 2015, just 4 short years after the “plandemic” occurred.



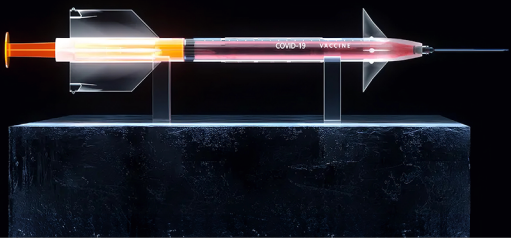
The mainstream media, Big Pharma, and the global government all said the same thing: SARS-CoV-2 is something which is new and something that the world has never seen before. However, this is not true, since the evidence on record would show otherwise.

Evidence reveals that since 2002, there have been some 4000 patents on the genome, vaccines, and detection of coronaviruses, such as in 2003 when the US Center for Disease Control and Prevention filed a patent on the genome of the SARS coronavirus. Even more surprising is that also in the same year, a patent was filed by Sequoia Pharmaceuticals for the treatment of the same virus.

Even further, documents reveal that both the global government and Big Pharma have patented the key features of SARS-CoV-2 as early as two decades ago, including the furin cleavage site on the spike protein which makes the virus more infectious.

However, this is not our only concern. World-renowned experts have revealed that both SARS-CoV-2 and the mRNA vaccines are actually bioweapons created to cause harm to mankind. They cause fertility issues, longer menstruation cycles, re-emerging cancer after complete remission, myocarditis, death, and the list goes on.

The “plandemic” was no coincidence or an accident. This was premeditated. And now we have the proof. We’ll deep dive into the evidence in this book.



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THE WHO ANNOUNCES A GLOBAL PANDEMIC: EVIDENCE SHOWS THIS WAS PLANNED WELL IN ADVANCE

Early Talk About Population Control

Do you remember when Bill Gates spoke about population control during a TED talk focused on discussion of the reduction of the world's carbon emissions?¹ Here's what he said:

"First, we've got population," he said during the talk organized by TED, a non-profit organization devoted to spreading ideas. *"The world today has 6.8 billion people. That's headed up to about nine billion. Now, if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by, perhaps, 10 or 15 percent. But there, we see an increase of about 1.3%."* - **Bill Gates**

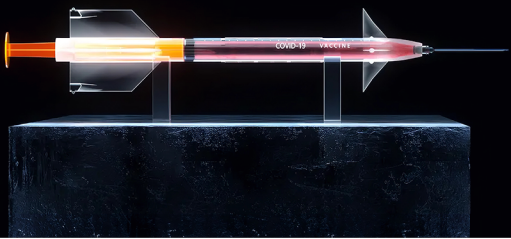
If you do a search on the internet, you'll see a bunch of "fact-check" articles that emphasize that his speech was taken out of context. But whichever context this is taken in, why would new vaccines contribute to lowering the population by 10 to 15 percent?

Many of our top natural medicine doctors, medical doctors, researchers and other experts have expressed their concerns about this statement. And how it is related to the 2019 Coronavirus "pandemic".

In one of my interviews with Robert F.Kennedy Jr, who is the author of *The Real Anthony Fauci* and is an American environmental lawyer, he shared insight into how Anthony Fauci and Bill Gates had been running simulations on how to respond to a public health crisis. And these began as early as 2000.



Image source: www.ted.com/talks/bill_gates_innovating_to_zero



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ROBERT F. KENNEDY JR.

Well I would not take that position, because I really don't know ultimately what the motive is. What I tried to do is to document what we do know. And what we do know indicates that for many, many years the health agency, Tony Fauci, Bill Gates, and some of the social media companies, but also the intelligence agencies and elements of the military have been practicing these simulations which are very strange.

They began around the year 2000 just before the anthrax attacks on the United States, the first of these simulations. And we've been able to... you mentioned Event 201 which occurred in October of 2019 at a time when we now know the coronavirus was already in circulation in Wuhan.

And the coronavirus according to the most recent intelligence began circulating around mid-September in Wuhan. And that's when there was an emergency in the Wuhan lab. And you started seeing hospital visits and a lot of chatter, that the intelligence agency now believes... The US intelligence agencies believe that that was the beginning of the pandemic.

So coronavirus was already circulating and Bill Gates runs this simulation in New York City. It's a simulation that is teaching people how to control social media during a pandemic. Which is odd, because if you're really preparing for a pandemic, why do you need to control social media?

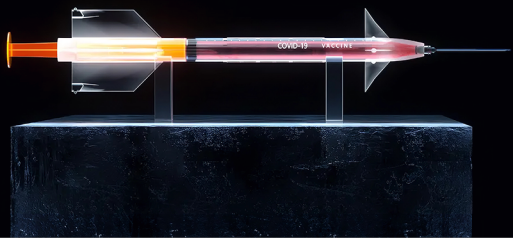


If somebody develops a protocol that saves lives, people will run to get that during a pandemic. You don't need to order people around, you don't need to stop people from talking, you don't need to control speech. You want to, in fact, have people talking about different ways to help each other.

And yet, it was a very... it appears if you look at that pandemic on video and the people who were involved, which were CIA people, why are they involved in public health? Why are you calling for censorship in a public health crisis?

*And the same thing was happening, what we found and what I detail in my book on Tony Fauci, *The Real Tony Fauci*, is that beginning around 2000 there were over a dozen and probably as many as 20 of these simulations and each one of them did the same thing. They simulated a very highly militarized response to a public health crisis. And they used the pretext of a pandemic to impose totalitarian controls, to control freedom of speech, to impose essentially a police state.*

And so you ask yourself, now what is the purpose of these simulations? And if you look at the history of them, they were simulations that were simulating all of the kinds of psychological warfare techniques that have been developed by our intelligence agencies in the United States.



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Both Fauci and Bill Gates publicly “predicted” global outbreaks well before the actual pandemic took place.

In a 2015 Ted talk, Gates shared a warning that he didn’t feel the world was prepared for a pandemic and warned that he believed something of this nature was looming. He even predicted that it would kill millions of people.²



Image source: www.ted.com/talks/bill_gates_the_next_outbreak_we_re_not_ready

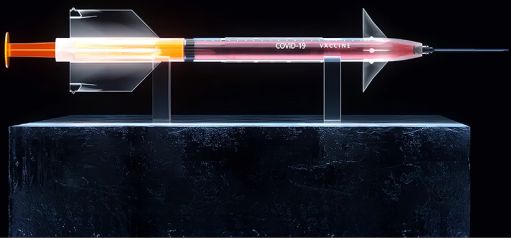
“If anything kills over 10 million people in the next few decades, it’s most likely to be a highly infectious virus rather than a war. Not missiles, but microbes.”

We know, however, that talks like these were strategically done to start instilling fear in the population. It’s techniques like these that got over 70% of the population to rush in and get highly experimental gene-altering poison shots, known as COVID vaccines.

What’s more chilling is that the rest of Gate’s talk really mirrors the image that was projected during the C-19 pandemic.

“You can have a virus where people feel well enough while they’re infectious that they get on a plane or they go to a market. The source of the virus could be a natural epidemic like Ebola or it could be bio-terrorism. And so there are things that would literally make things a thousand times worse.”

He also referred to the Spanish flu, which again was used as a model to create fear.



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“In fact, let’s look at a model of a virus spread through the air, like the Spanish flu back in 1918. So here’s what would happen. It would spread throughout the world very, very quickly. And you can see there’s over 30 million people die from that epidemic. So this is a serious problem. We should be concerned. But in fact, we can build a really good response system. We have the benefits of all the science and technology that we talked about here.

We’ve got cell phones to get information from the public and get information out to them. We have satellite maps where we can see where people are and where they’re moving. We have advances in biology that should dramatically change the turnaround time to look at a pathogen and be able to make drugs and vaccines that fit for that pathogen.”

These statements are too precise to be coincidental predictions.

Then Anthony Fauci also talked about predictions of an upcoming pandemic in January 2017 during his ‘Pandemic Preparedness in the Next Administration’ speech.³

During this speech, Fauci appeared to warn the government about an upcoming pandemic:

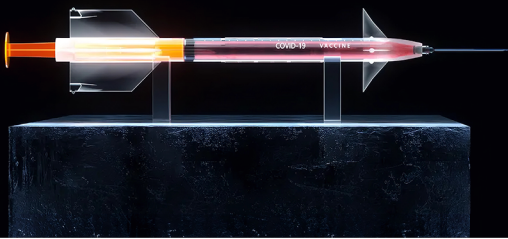
*“If there’s one message that I want to leave with you today that is based on my experience... there is no question that there will be a challenge [for] the coming administration in the arena of infectious diseases.” - **Anthony Fauci***



He continued to state that there would without a doubt be a surprise outbreak that would pose challenges for the healthcare system and government that ‘their predecessors were faced with’.

He even went as far as to state that he believed this “outbreak” would be the ‘natural occurrence of an influenza pandemic and the ongoing plague of HIV rather than a bioterror attack’.

It certainly doesn’t feel like a coincidence that both Gates and Fauci made public statements years before the so-called pandemic took place. And that these statements so accurately described what appeared to happen.



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The Fallacies of the Global “Pandemic”



Here’s a few things we’ve discovered about the supposed pandemic. In Gates’ and Fauci’s respective statements about an upcoming pandemic, they both pushed the fear narrative and emphasized the government’s role in responding to a global health crisis.

Bill Gates predicted that it would be a highly infectious disease that would be responsible for killing over 10 million people globally.

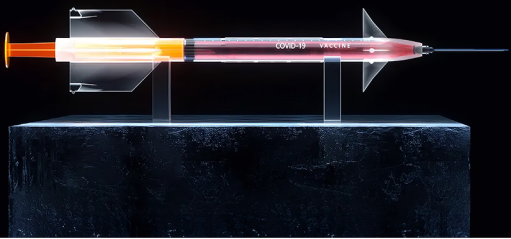
According to Statista, 6.68 million people have died worldwide from COVID-19 to date.⁴

Many people believe this is accurate, but many experts have proven that it is not. This is one of the first fallacies that were used to drive people into fear to take the deadly COVID shot.

There is an abundance of evidence that proves that these numbers were manipulated through unethical methods. One of them being to declare someone had died from COVID when their death was related to something else.

In fact, this sick agenda is still in place. People with COVID are given a deadly mandated COVID protocol that’s killing them.

One of our experts, Dr. Bryan Ardis was one of the first major whistleblowers about this agenda after the very same protocol killed his father-in-law.



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DR. BRYAN ARDIS

I'm a chiropractor, acupuncturist and nutritionist. I retired in 2018, after 16 years of practice and spent my entire career educating and treating patients from around the world on how to actually heal the body, reverse auto immunity and diseases.

That's what I specialized in. My father-in-law walked into a hospital in February with fever and headache. He was murdered over a 9-day period in a hospital here in Dallas, Texas because of the protocols they used to drug him to death, which is what they did. I want to convey something. And when I say that the hospital protocols are actually, what are killing people and you guys are convinced it's actually a virus. I can actually send you this entire presentation if you like it. It's every research study in chronological order that actually shows you what the entire plan was from the beginning.

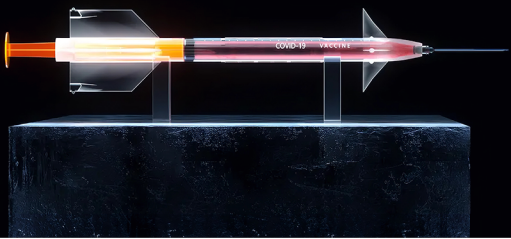
In March of 2020, the maker of the one and only drug that was given the contract by our federal government to be the only drug pumped in all Americans. In March of 2020, they conducted their own study on COVID-19 patients, 53 of them, and they gave them 10 days of the drug Remdesivir. This is before May, when Anthony Fauci declared this is the only drug we're gonna use.

In that study, Gilead published their findings, and it was that 23.1% of everybody within 10 days on that drug experienced what's called multiple organ dysfunction syndrome. That's multiple organ failure. By definition, that medical term, multiple organ dysfunction syndrome is actually been defined as the number one cause of death in all ICUs in America. That's before the study ever was ever done.

That actual diagnosis is a diagnosis of hospital protocols shutting down organs in ICUs. And it was defined way before the COVID pandemic started, but that's a side effect of Remdesivir and acute kidney failure. That 23% of people that developed acute kidney failure and multiple organs syndrome dysfunction, that's the exact same number of everyone who's died in hospitals in America being treated with Remdesivir. So the whole thing was a great setup.

So I have been nonstop in the media, helping people to understand the virus is not what's killing people. The majority of people dying in America is not from a virus being spread to people or going into children that they easily get rid of. Most children live throughout any respiratory viruses of any kind, including this one. The actual deaths have been perpetuated, accelerated, and exaggerated, and they're using numbers of people being killed in hospitals with a drug called Remdesivir.

And then they are telling people in the media, including all of you on this phone call that these people in America are dying from a virus. No, they're not. They're dying from the treatment from the supposed virus. And they're saying to the masses more and more people every day are dying from complications of COVID-19 in hospitals. Well, look at their death certificates. It actually states they're dying from complications of the SARS-CoV-2 virus or COVID-19, second cause of death is acute kidney failure, third is secondary pneumonia. You just have to know,



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when you shut down the kidneys of someone with a drug like Remdesivir, you flood their lungs with water and then the medical profession in the hospitals are being told to call it COVID pneumonia. It's not COVID pneumonia, it's pulmonary edema. Pulmonary means lungs, edema means water.

The kidneys release water from the body in the form of urine. When you shut them down with the drug, the actual water accumulates in the abdomen, then into your heart and then into your lungs and you drown these people to death and you have to vent them. So I have been nonstop in the media since May 2020, trying to warn the entire world that you were all being lied to.

The virus was never as deadly as they're telling you it was, the worst place on the planet you can go is into a hospital. They have protocols put in and they're being incentivized. Those hospitals are being paid by our own CMS, Centers for Medicare & Medicaid Services. They have a 20% bonus payout to all hospitals in this country. If you'll just poison all Medicare patients with Remdesivir, we'll give you a 20% bonus payout rather than treating them with some other drug proven to be more safe or effective. So I've been trying to warn people nonstop and we have documentation on all of this. And anyway, that's what I do. I spend all my time now. And speaking engagements, I'm in the media nonstop. We're testifying before legislatures in multiple states because we wanna bring an awareness to people of the truth. You do not have to fear COVID-19 or any of its variants, particularly children or anyone younger than 50."

The truth is that many of the doctors we've interviewed since the so-called pandemic started have been using early treatments to dramatically reduce the death rate in their COVID patients.

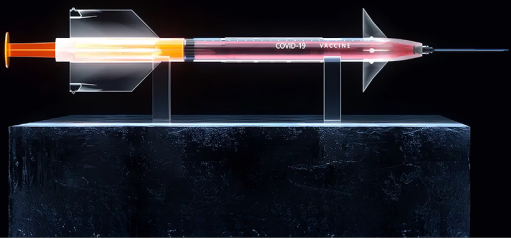
Dr. Ben Marble, the doctor who started My Free Doctor to help people get access to the correct early treatments had an incredible success rate in preventing COVID-related deaths:

"I am Ben Marble. I founded myfreedoctor.com. Well, let me backtrack. I was trained in family practice, did a family practice residency. Then I worked in the emergency room for 20 years, 21 years, and then the pandemic started. I founded myfreedoctor.com. We started treating patients for free all over America, all 50 states.

We've delivered over 300,000 free doctor visits to America. We've only lost six patients total. We have a 99.99% survival rate using multiple drug early treatment. So we've settled the science. Multiple drug early treatment works."

Other doctors have shared the same success rates, with many of them not losing a single patient to COVID. This proves that firstly, there was never a need for a "vaccine" and secondly, COVID was never as deadly as the global government and the media portrayed it to be.

This exposes another fallacy that the global government and media pushed, that there was no way to treat COVID. And when the world started learning about these early treatments, the government and media demonized, censored and banned them. Everything that they did was part of a mass psychosis agenda to get the population to get their deadly vaccine- the real population control tool and bioweapon.



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DR. RICHARD BARTLETT

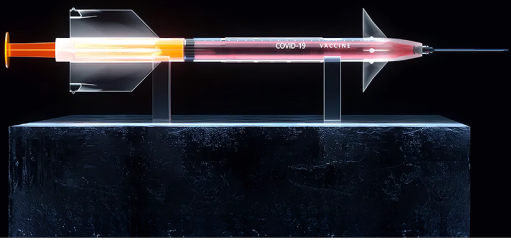
“Well in the beginning of the pandemic, we were told there’s nothing you can do, just hide. Shelter in place, wait for a few government leaders to come up with a vaccine that would be the silver bullet, the final answer. And that was the only solution that was offered to us. As a matter of fact, every person in the United States was told if you have mild to moderate symptoms from COVID just stay home and tough it out with Tylenol. And people would come to the emergency room very ill, and if their oxygen level wasn’t low enough, they’d be sent back home. In other words, it was late care only that healthcare was offering. Ventilators, when we were told we didn’t have enough ventilators, we needed more ventilators to treat COVID like that was our strategy. And we saw that was a disaster. Initially 90% died that were put on ventilators, and then 80%. And so it’s still a high percentage of the patients with COVID that end up on a ventilator that die. And so that’s not a winning strategy.”

And at the beginning of the pandemic, working as an emergency room doctor, I found a strategy that was working and that was early treatment. And we also could use this medicine, an inhaled steroid called budesonide to stabilize patients, even help people in late disease. Because with COVID, if they end up in the hospital, they have Acute Respiratory Distress Syndrome, ARDS. And that’s a condition that causes you to have low oxygen and inflammation in the lungs. And that’s exactly what we’re seeing with late disease of COVID, yet this inhaled steroid is indicated for that.

And so when we saw the success we were having and started doing interviews, I did an interview on America, Can We Talk? with Debbie Georgatos. And that interview went viral, 5 million views in 2 weeks, and YouTube pulled it and said it was dangerous. And that was a shock to me because I thought everybody would be excited that there was a solution to this problem because budesonide, this inhaled steroid, is readily available, it’s at every pharmacy on every corner in the United States. It’s in every town on the planet, it’s inexpensive, it costs \$3 for the full cash price for the medicine for a treatment. \$3, nobody’s gonna get rich off of it. It’s so safe it’s used on 2-pound premature babies in the NICU for decades, and nobody bats an eye. And that’s as delicate a human on the planet that you’ll find is a 2-pound premature baby in the NICU.

And so we had something safe, inexpensive, readily available that was effective. And when I started doing interviews, I was suppressed and censored by Instagram Live. My live audio was cut while I was being interviewed by RFK Jr. on his Instagram Live. The YouTube censored and suppressed the message. Facebook, every major institution that is for multimedia at the time, was suppressing or putting out misinformation. We had Khou of Houston doing a fact check, putting a big X up there saying it was not accurate information. We had the main newspapers, and all the press was putting out information saying this was not factual.

And to be icing on the cake, Anthony Fauci, he recruited Matthew McConaughey, an A-list actor, to get the message out, his message, on the internet, in an interview where Matthew asked him, “What about budesonide? People think that works against COVID.” And Anthony Fauci said to Matthew McConaughey, “Well in reality, Matthew, it’s just a placebo. It doesn’t really work,” but he did not offer any science. He just said that without anything to back it up. But months later, Oxford University, the oldest university in the English speaking world, since 1096 with 72 Nobel Prize laureates, did 2 randomized controlled trials, the STOIC trial, and the PRINCIPLE Trial studying 1



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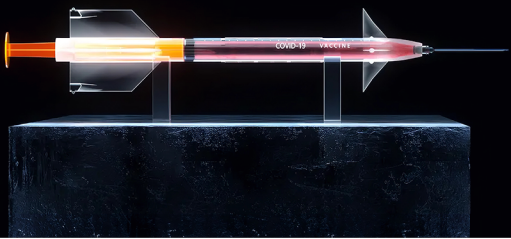
medicine inhaled budesonide against 1 disease COVID, and they stopped the studies early because the evidence was overwhelming.

They said it would be unethical to continue the study and give people who have COVID placebos when there's something that could save their life, budesonide that was uncovered during the study. And Oxford university concluded that 90% of hospitalizations and ER visits, and even urgent care visits, could be prevented with just one medicine used early budesonide, an inhaled steroid, for COVID. And so that was overwhelming evidence, but I've never heard Anthony Fauci print a retraction, correct his misinformation. And when you talk about misinformation, that is dangerous, when he said that it was just a placebo and it's out there on the internet, anyone can find that, that is misinformation from someone who's supposed to be leading our fight against this deadly pandemic. I think that's inexcusable. At least he should be fired. At least he should be corrected.

When you look at 90%, most people die in the hospital. And if you look at the numbers that were reported for deaths from COVID, 90% of hospitalizations could be prevented. And if most people are dying in the hospital, does that mean 90% of the total death could have been prevented? I think it's amazing that this type of information is so effectively suppressed, but the good news is it has been used around the world. In Uttar Pradesh, the province in India that was being hit by COVID, and we were being warned that there was a total disaster that was developing there, their health advisors put out information to the doctors in that whole province saying use hydroxychloroquine, ivermectin, and budesonide, and the numbers just plummeted. It totally crushed the wave of COVID that was developing in that province of 240 million souls.

And so we're talking about two-thirds of the United States population in that one province of Uttar Pradesh, and the overwhelming success of early treatment. And so why is that not on the mainstream news? I think we all know why. There's definitely an agenda against early effective treatment, but we have heroes that have arisen during this time, like Governor Ron DeSantis, whose message has been, early treatment saves lives. And so everybody that's thinking logically, scientifically, is coming to the same conclusion. Our way out of this is the way out of every disease. We stabilize patients with respiratory viral illnesses, stabilization. I'm an advanced trauma life support instructor. That's a course that every doctor has to be certified in if they're gonna work in the emergency room, at any emergency room. And so I teach doctors how to stabilize patients and in advanced trauma life support, we teach stabilizing the airway, breathing, circulation, the ABCs of taking care of patients in a crisis.

And so with COVID, we all know, every elementary school kid knows, that this is a problem with breathing. And so we need to stabilize breathing. Hey, I'm an expert in that. I teach emergency room doctors how to stabilize breathing. And so we have a tool, there are many tools out there that have been proven to be effective, but one of them is inhaled budesonide, which stabilizes the breathing. There's a study at the NIH database, that's the government database, that shows that using nebulized budesonide for patients on the ventilator, in the ICU with Acute Respiratory Distress Syndrome, benefit greatly, that it's an overwhelming success. And they document it in their study that it does 4 benefits. One, it improves the blood oxygen. That's why people are in the hospital. If they didn't need the oxygen, they wouldn't be in the hospital with COVID.



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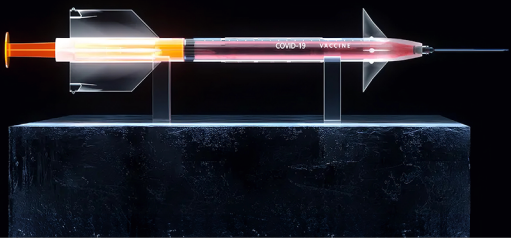
Secondly, it stops the release of the cytokines from the source. They drew blood and they showed tumor necrosis factor. And several of the interleukin cytokines went to zero. They plummeted in their levels in the blood, when they were given just an inhaled steroid in the lungs. Very safe with not a lot of side effects, not a lot of risk, very low risk compared to all the other things that are done in the hospital. It also stopped the remodeling or scarring of the lung tissue, permanent damage. It also reversed the edema or swelling in the lung tissue. All of those are good. If it just did one of those things, that would be wonderful. But to suppress this information is criminal, in my mind, that's my opinion. And so many people have died that should not have died. That's very clear.

I remember recently speaking with Dr. Ben Carson, who has been a leader who has served the American public on many levels, a brilliant man. He was asking me, "How many people do you think have died from COVID that should not have died, doctor?" And I told him, "At least 90%, based on all the evidence that we have, that it should be the rare exception that people die." And so, you know, we talked about Gov. DeSantis being a hero on this, because he was promoting early effective outpatient treatment. His message has been the same as mine, early treatment saves lives. And so, he actually did a PSA recently that said early treatment saves lives. And he listed the things that are effective in big bold letters during that 30-second Public Service Announcement. That is the way you get the message out. That's how you save lives.

You let people know what the solution is, you don't suppress it. And so, the treatments that he promoted in that PSA are, inhaled budesonide, that makes sense. Now Oxford University has proven it with 2 randomized controlled trials and then there's studies at the NIH showing that it's effective. But he also mentioned monoclonal antibodies. And so that also is very effective. 90% success with early treatment with budesonide, but here's another tool, monoclonal antibodies, antibodies made against the virus. And so I'm familiar with that idea, that technique as well, because that's a strategy that's been around -- a technology that's been around for 40 years now, making monoclonal antibodies, antibodies to a specific disease. We use that kind of technology in antivenom for rattlesnake bites. I've treated rattlesnake bites in the emergency room. And so we give antivenom. Antivenom is antibodies against the proteins in the venom.

And so that's a critical part of treating someone who has been injured with a rattlesnake bite. So it's not a new idea to use monoclonal antibodies. Monoclonal antibodies to COVID have been overwhelmingly effective. In fact, the statistics are now that 81% of death and hospitalization, could be prevented with that 30-minute investment in time that it takes to get an infusion of monoclonal antibodies by the brand Regeneron. And so I was involved in setting up and actually taking care of patients in a Regeneron monoclonal antibody infusion center in West Texas. And at the very beginning, 11-hour days, 6 days a week, in the full universal precautions, I was totally immersed in only highly contagious COVID patients on purpose, no matter what the variant is. And we were going through the Delta variant wave. And so that would be ridiculous, that would be crazy to do that, unless you knew you had a solution that was worth the risk of putting yourself in harm's way. But, I also had recovered from COVID.

And that brings us to another point that if you've recovered from COVID, you have natural immunity, which is effective and durable and long lasting. And so that's been proven over and over again. And so I knew I had protection, but I also knew it was worth being totally immersed in highly contagious COVID patients to save their lives.



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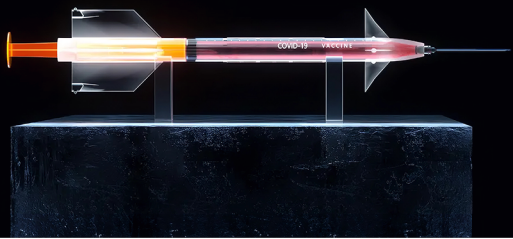
81% decrease in hospitalization and death with a 30-minute investment of time where you get Regeneron monoclonal antibody infusion. And we had people in 3 weeks, we infused approximately a thousand patients, that caused all the hospitals in the area to no longer be overwhelmed with COVID patients, no longer on diversion. Meaning that if someone had a heart attack or a stroke, or was in a car wreck, they would be able to be treated in those hospitals, 'cause they were no longer overwhelmed and non-diversion. People were having to be sent with a heart attack to another county or another state, because the hospitals would not accept them and transfer. Until we opened up the hospitals with these early treatment strategies in West Texas.



But now we have normal healthcare again. And so, monoclonal antibodies save lives, Regeneron monoclonal antibodies, there's different brands, but I know that one is effective. And so I would watch - I would start IVs on patients and watch them through the whole course because we had to be careful. And people would tell me the same thing over and over again. They didn't know that they were, that I had just heard that 10 minutes ago. They would say, "My headache I've had for 5 days just stopped. My body aches is gone. The fatigue I had has lifted. I feel so much better," during the 30-minute infusion. So, that's 81% decrease in risk of hospitalization and death with that. But add 90% effectiveness with budesonide, add an aspirin to prevent the clotting, add an antibiotic to protect you from secondary bacterial pneumonia, and you've got an overwhelmingly successful strategy.

The oldest I've treated 95 years old, and she's doing great. She recovered at home quickly with early effective treatment. I've said that if someone receives the infusion, many times I see them crawl in and walk out, is the joke that I say, because they're so much improved during that 30-minute investment of the infusion. And I also say, keep it boring. If you could treat it early, you're not gonna have an exciting story of a near death experience. You're gonna recover quickly. And so we're not helpless, we're not hopeless. There are effective early outpatient treatment strategies that save lives that are inexpensive and readily available."

All of the research and evidence and testimonials we've been hearing about through our work over the past 3 years has proven that this has been no coincidence. This is a mass genocide initiated on the population by the government, and the one's who control the government- the elites.



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SARS-CoV-2: The Result of Gain of Function Research

For years, the global government misled the public by asserting that the SARS-CoV-2 is a novel, never before seen pathogen which allegedly originated from a bat in the Wuhan Wet Market. It denied any and all claims that SARS-CoV-2 was man-made, that it was modified in a lab in Wuhan, and any sort of collaboration or funding.

However, the emerging evidence is clearly pointing to the fact that the SARS-CoV-2 is man-made and a creature of the collaboration of two countries: the funding of America's National Institutes of Health (NIH) and China's Wuhan Institute of Virology.



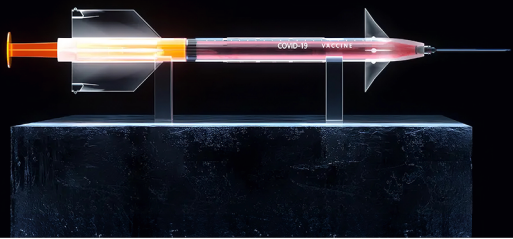
Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases (NIAID), repeatedly denied to Congress and to the public that neither he nor the NIH funded the SARS-CoV-2. Under oath and testimony, Fauci denied the funding of any gain-of-function research in China related to SARS-CoV-2. However, Fauci's claims were later on proved to be lies.

First, shortly after Fauci's denial last May 2021, NIH's principal deputy director Lawrence A. Tabak admitted last October 2021 that the NIH was funding China's gain-of-function research on SARS-CoV-2. Tabak admitted that its experiments were *'limited to testing whether the spike proteins from bat coronaviruses were capable of binding to the human ACE2 receptors'*.

Prior to Fauci's denial in Congress, Fauci defended NIH's funding and collaboration with EcoHealth on its coronavirus study. EcoHealth Alliance received a total of \$3.7 million from NIH from 2014 to 2020, with at least \$600,000 going to the Wuhan Institute of Virology to fund the bat coronavirus research.

To defend the funding of EcoHealth, Fauci testified that it would be a 'dereliction of duty' if the NIH would not collaborate with China on studying coronaviruses. He also admitted that the NIH had a 'modest collaboration with very respectable Chinese scientists who were world experts on coronavirus.'

The evidence is clear: SARS-CoV-2 is not a naturally-occurring pathogen. It was a product of gain-of-function research which made the virus more transmissible and more lethal.



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The Discovery of 4,000 Patents: Why This is Significant

A major role player in researching and revealing the dark history of this pandemic has been Dr. David Martin, the founder of M-CAM International. He was recently interviewed by Dr. Joseph Mercola who shared key insights into Dr. Martin's revelations in a recent article.⁵

Dr. Martin has been doing research on bioweapons for years now and already during the 2000s he started discovering patents that violated the laws on biological and chemical weapons.

He has recently revealed key findings about the premeditation of COVID-19 as a vaccine vector. According to Martin, in 1999, Fauci funded research to create "an infectious replication-defective recombinant coronavirus."



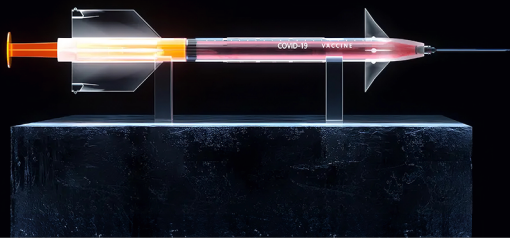
And then, in 2002 Ralph Baric who is a Professor in the Department of Epidemiology, and a Professor in the Department of Microbiology and Immunology at the The University of North Carolina at Chapel Hill, along with his colleagues, filed a patent on recombinant coronavirus. One year later, in 2003, the world saw the first coronavirus outbreak, the SARS pandemic.

Dr. Martin also mentions that since 2002, there have been a total of 4,000 patents filed on the genome, vaccines and detection of coronavirus. Martin believes that this proves that the concern about this is that these patents wouldn't have been filed if there was no intention to commercialize them.

I recently interviewed Dr. Brian Hooker, a biochemical engineer who shared Martin's concerns. He shared the dangers of these so-called COVID "vaccines". And then he explains in detail how these jabs are gene-altering technology designed for destruction.

The biggest difference there is this is the first time that we've had a genetic therapy where we're not delivering the protein or the antigen that directly stimulates the immune system... we're delivering a genetic code. And that genetic code has been shown to be able to reverse transcribe into DNA and incorporate into the human genome.

He also shares how concerning it is that Dr. Ralph Baric, the patent holder of the COVID spike protein, is a collaborator with the Wuhan Institute of Virology in China.



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DR. BRIAN HOOKER

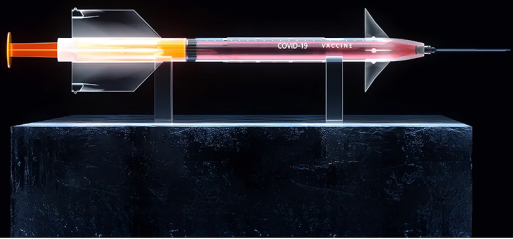
Well, very recently, even the **FDA has admitted that the Pfizer vaccine is associated with blood clots in circulation**. This was probably, as of two days ago, and it's December 2022, for this interview. And so, even the FDA is coming around to notice that the vaccines, the Pfizer vaccine, which is the one that was probably the most widely distributed in the United States, is associated with blood clotting. Of course, they had that revelation early on with the Johnson & Johnson vaccine, and it could have been expected that the same would be true for the Pfizer and the Moderna vaccine, but the FDA has been dragging their heels in making this particular assertion.

We know specifically that circulatory problems, there's been an increase in strokes, there's been an increase in myocardial infarctions, an increase in disorders associated with clotting like pulmonary embolism and deep vein thrombosis that has been confirmed in vaccinated versus unvaccinated populations in the peer-reviewed literature. And so, there's a whole host of circulatory problems, not to mention cardiac problems. There are many, many studies that **associate the COVID-19 vaccine with myocarditis and pericarditis**.

Myocarditis is a direct inflammation of the heart muscle. Pericarditis is an inflammation of the pericardium, which surrounds a heart muscle. And this has been shown to be directly related to the COVID-19 vaccine. And when you look at the nature of how the spike protein is being produced once the body has been given this genetic therapy, it makes perfect sense that this would initiate an autoimmune response and it also would initiate a clotting response that would be very, very bad for heart muscle and heart tissue.



And it's been specifically shown that in adolescent males, the chances of having myocarditis after a COVID-19 vaccine has increased to 1 case in every 2,700 needle sticks given. So, that's a very, very high rate of a single adverse event. I've also seen evidence that the spike protein actually can make it into the circulatory system in the brain. There has been some autopsy evidence that has done brain sectioning and staining for the spike protein that shows that the spike protein does make it into the blood vessels and capillaries. And what that does is it activates a cell type, the immune cells of the brain, which are called microglia, and these microglia when activated can cause direct neuronal damage.



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So, looking at neurodegenerative diseases for the central nervous system as well as the peripheral nervous system, that has been shown in the literature as well. Another thing that has been shown has been an increase **in incidence of shingles, and I believe that's due to the immune suppression**, the suppression of the innate immune system due to the COVID-19 vaccine. It is stimulating the acquired immune system, but it's suppressing the innate immune system, so latent viruses like chickenpox, which eventually cause shingles in adults then can be reactivated by a lowering of the immune response.

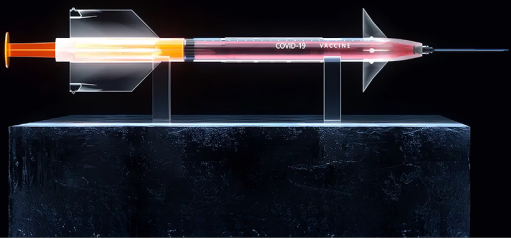
I also believe that this suppression of the innate immune system can lead to certain forms of cancer and can lead to the recurrence of certain cancers. And that's also been shown in the open literature, so there's lots to talk about, not even mentioning issues like **fertility issues that have been reported widely on the CDC's Vaccine Adverse Events Reporting System.** Menstrual issues that I've published on directly, not only in vaccinated individuals, but in those individuals who are in close contact with vaccinated individuals.

Even mainstream medicine studies have shown **an increase in the length of menstrual periods after individuals have gotten the COVID-19 shot.** And I don't take that type of information lightly. If somebody has an increase in menstrual period, that could be an underlying issue that needs to be addressed. And so, the issues surrounded the COVID-19 vaccine, the injuries associated with the COVID-19 vaccine are myriad. It's sort of a multisystemic failure that is being caused by the mRNA technology delivering the genetic code for the spike protein. And it's obviously something of cataclysmic concern and I really think we've only seen the tip of the iceberg, especially given the fact that more and more boosters are always making their way down the line and people are getting boosted every 4 to 6 months.

Most of the boosters contain the original Wuhan strain of the spike protein, that genetic sequence. Now there's what's called a bivalent booster, and by the way, the bivalent booster was never tested in humans. It was authorized by the FDA through what's called an immune bridging study where they looked at an antibody response in a sum total of 8 mice, and that was used for FDA approval for this particular vaccine. That booster is unique because it encodes the original Wuhan strain as well as the Omicron strain of the COVID-19 spike protein.

But, again, it has not been adequately tested. It was recently, as recent as December 8, 2022, approved for use in infants as young as 6 months of age. And when you see this grand medical experiment where we're injecting these gene therapy "vaccines" into individuals without any human testing whatsoever, then this does not end well. The sum total of the approval, and it was not a full FDA approval, it was an emergency use authorization for the bivalent booster that is being touted right now as the booster of choice because it encodes for Omicron, which is a more recent, although not in circulation, it's a more recent strain of COVID-19.

Now, it was tested on 8 mice and it never entered into any type of human trial before it was authorized by the FDA. Looking at the original clinical trial data, the two that I'm most familiar with are the Pfizer vaccine and the Moderna vaccine, and I'm peripherally familiar with the Johnson & Johnson vaccine. They were tested in populations, I know the Pfizer was tested in a group of about 18,000 vaccinated individuals and 18,000 unvaccinated individuals against what was gladly a true saline placebo. It was a placebo control. However, it was tested for an amount of mere weeks.



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The initial testing phase that led to the emergency use authorization of the Pfizer vaccine and the Moderna vaccine, they were tested for only 10 to 14 weeks post vaccination. So, we know that in some instances in that particular point in time, which was a very, very narrow range of time after vaccination, there was immunity, albeit waning immunity, towards the original Wuhan strain of COVID-19, and it did prevent some cases of COVID-19 and that was the extent of the testing.

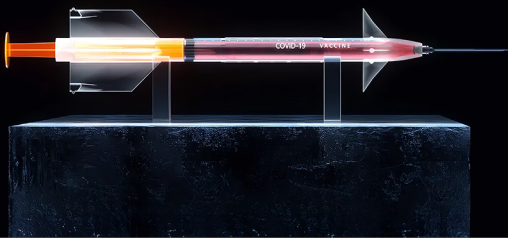
They did not have a sufficient length of time nor sufficient numbers in their cohort to see if it would prevent severe cases of COVID and prevent death from COVID. In fact, in the case of the Pfizer vaccine, if you looked at all-cause mortality, more people died on the vaccine arm of the study than died in the placebo control arm of the study. I believe that 26 people in the Pfizer vaccine study died versus 17 people in the placebo control. And so, from all-cause mortality, it did not bode well for the Pfizer vaccine. And the thing that was most disconcerting was they just did not look at the long-term effects in terms of immunogenicity, was it still preventing COVID-19?

It definitely showed that the immunity was waning very quickly and then the long-term safety, there was very little to no data on what long-term safety is, and it was impossible to do that type of study within 10 to 14 weeks. Normally testing vaccines for full FDA approval could be anywhere from 5 to 10 years. So, this is a very, very long period of time, and you would follow an individual cohort in a phase of those tests for a minimum of 12 to 14 months. So, compressing this down to a matter of mere weeks is just wholly insufficient to judge the safety and the immunogenicity of this particular vaccine. The difference between the COVID-19 vaccines and something like the flu shot is twofold.

This is the first time in the case of the Pfizer and the Moderna vaccine that a genetic therapy is actually being given that encodes the spike protein. It's not the vaccine or the spike protein that's being given itself, it is a messenger RNA, and then the human cells read that messenger RNA and the human cells become a spike protein production factory and the human cells then become studded. The spike protein actually attaches to the outside of the human cells, and then the spike protein itself then ends up on the endothelium or on the surface of things like the blood circulatory system, other endothelial surfaces.

And so the spike protein is being exposed to lots and lots of different cell types. It's being exposed to blood circulation. So, the biggest difference there is this is the first time that we've had a genetic therapy where we're not delivering the protein or the antigen that directly stimulates the immune system, we're delivering a genetic code. And that genetic code has been shown to be able to reverse transcribe into DNA and incorporate into the human genome. There were liver cell studies using human liver cells that showed that was an actuality. That it wasn't just a possibility, but it was actually happening. The other big difference is that all of the vaccine technologies, including the AstraZeneca and the Johnson & Johnson focus on the spike protein, which is a very, very toxic component of SARS-CoV-2 in the first place.

If you look at the original virus, the portion of the virus that does a significant amount of damage is the spike protein. So, it's counterintuitive to make a vaccine that would either introduce a spike protein or introduce the genetic material responsible for making this spike protein, given the fact that the spike protein activates cell types like platelets, which would cause clotting. It also interacts with other human cells through a cell receptor called ACE2 that can cause cellular damage to other human cells. And so this sort of one-two punch where you've got a



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genetic therapy that's been untested in a vaccine platform like this in the first place, and then you're basing it on a spike protein, which is very, very toxic, to me, it's really a recipe for disaster.

There have been gene therapies that have been used in other applications. None have been really fully FDA-approved before, not to my knowledge. I mean it has been a while since I've looked at that, so I would need to double-check that, but to my knowledge, there hasn't been an FDA-approved genetic therapy similar to this, especially using messenger RNA technology. But gene therapies have been developed before. They've been used as a treatment for different diseases like hemophilia, severe combined immunodeficiency, but they've been used in limited trials on a very, very limited population. If you compare to what's going on now where you've got population-wide messenger RNA vaccines that are being given on a repeated basis to the entire global population, it's just astounding that this type of technology would be able to get through and is rather insidious.

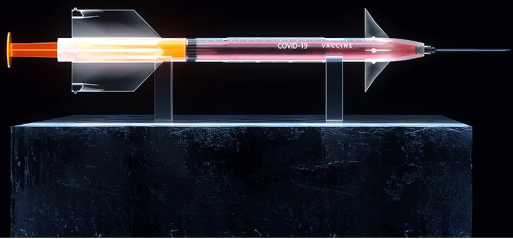
I find it odd that one of the patent holders for the COVID spike protein itself was at the center of this entire controversy. A gentleman by the name of Dr. Ralph Baric, who is at the University of North Carolina, who is a collaborator with the Wuhan Institute of Technology, I'm sorry- the Wuhan Institute of Virology in Wuhan, China. If you look at the patent literature, he actually owns the patent and filed the patent for the coronavirus spike protein back in 2014. That predates the pandemic by 6 years. And so, it's odd in looking at the patent literature, that's one of the very few patents that Ralph Baric has, but he has a patent on the way the spike protein would've been produced in the Wuhan laboratory.

And so, you look at the origins of that and how that has come to fruition as the major component or the major basis for vaccination worldwide, then it does raise a lot of questions. I do know that the EcoHealth Alliance, Anthony Fauci and the head of the EcoHealth Alliance, Dr. Peter Daszak, were all involved in the early stages of the pandemic, and their mission was to indemnify the Wuhan Institute of Virology and make sure that when things like the Great Barrington Declaration came out, which was very pointed about the possibilities of a lab leak at Wuhan, that Fauci enacted Daszak and some of his other lieutenants in order to create enough dissension in the scientific community.

And Fauci was pulling the strings in the background to do this. I mean emails have surfaced through the Freedom of Information Act where he was working very, very hard to discredit the lab leak, but it's a known fact that Dr. Fauci funded experiments, gain-of-function experiments, in the Wuhan Institute of Virology, and it's incumbent that we get to the bottom of this. It did involve Peter Daszak and also Dr. Ralph Baric at the University of North Carolina, who was one of the chief collaborators with the Wuhan Institute of Virology, especially around gain-of-function experiments around coronaviruses.

And so all of this, it all sort of flirts with the fringes of what could have possibly happened, but there needs to be a full investigation of this, and I hope there is a full and congressional investigation in the offing.

It seemed like a very, very gross conflict of interest given the EcoHealth Alliance's relationship with the Wuhan Institute of Virology and also Dr. Baric's relationship with the Wuhan Institute of Technology. To me, it seemed like the fox guarding the henhouse. And so, rather than having Mr. Daszak investigate this, why didn't they put him



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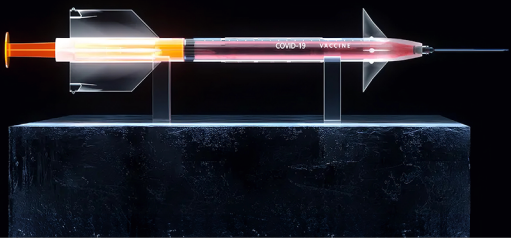
under oath and ask him specifically what happened and ask him to then intimate the specific documents and turn over the specific documents that would show what type of research was EcoHealth Alliance doing at Wuhan and what type of research were they doing specifically with gain-of-function around coronaviruses?

It is available to the public. You can search for the patent and pull down the full-text patent at the US Patent and Trademark Office website, uspto.gov, and you can get the full patent and it discloses the nature of the spike protein and what they call the chimeric spike protein, which was genetically modified. And all of those details are fully disclosed by the US Patent and Trademark Office. In order to get technology patented, it does have to be on the public domain. And so we're still trying to establish what happened where, however, I believe it's not gonna be difficult to establish that given the fact that Baric and- I forget the name of the Wuhan researcher... Li Fang Zheng?

But the paper trail is pretty easy to find for those studies that came out of the Wuhan laboratory where Baric was a collaborator, he was a co-author on many of those studies. I don't like to speculate regarding the nefarious nature of different laboratories, but it's very dangerous science to be playing with in the first place by taking something that is not indigenous to human populations. And then, running it through the evolutionary gamut in order to make it infective in human populations. You could say in theory it would be trying to outsmart evolution by coming up with prophylaxis, coming up with vaccines, I guess, to prevent against the potential spread.

It perhaps gives information on how viruses evolve in the first place, but again, it is a very, very slippery slope to something like a lab leak at Wuhan and the devastation that this pandemic has done. And so, regardless of where you stand on the lab leak theory, just the possibility of something like that happening, the possibility that an entity like that, that can infect human populations has been created gives me pause. And I hate to say that there are more insidious motives to this type of lab release or this type of research, but it's very difficult to imagine that didn't come into play.





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How **Venom** is Linked to The COVID Bioweapons

DR. BRYAN ARDIS

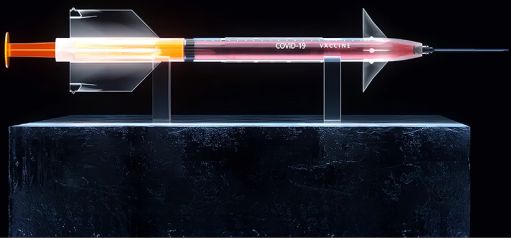
It has been a relentless attempt to try to save lives around the world, and now it's turned its focus to trying to explain how the vaccines are injuring people, the COVID-19 vaccine. So, we'll explain that here, right? We start with the question, what about these patents and these spike proteins? Absolutely, there are patents that exist. I actually haven't looked at Ralph Baric's patents personally. I haven't seen them. I have never even looked at them, but I do know Ralph Baric is involved in this gene therapy experiment. However, when I start speaking to this, and we can get other people to talk on those patents, I'm sure, but I'm not going to be the guy to talk on that topic.

The patents with Ralph Baric's name on it, because people ask me all the time, "Do you see Ralph Baric's name showing up on all your research studies you keep showing in relationships to the spike proteins?" I keep saying, "No, I'm shocked. I've never seen his name come up once." I keep looking. I keep waiting. I think he's actually someone on the tail end of a whole bunch of people's already established work over the last many decades leading up to Ralph Baric's patents. I'm talking about since like 1904, the research to isolate, manufacture, and instruct human beings how to make spike proteins, this type of technology, they have been working out and constructing since 1904, but really ramped up in the 1940s. That's when it really started.

There's enough evidence there. This is how Ralph Baric or anybody else in trying to create a bioweapon using spike proteins, they got all this information from the research of Stanley Cohen. They got it from a whole lot of people, Sanders in the 1950s, the 1960s, 1970s. Also, a guy out of Australia named Dr. Bryan Fry. A lot of this spike protein technology comes directly from these researchers, and another researcher named Paul F. Reid. Paul F. Reid actually does have patents. He's got a patent in 2010 for the spike protein identical to be used as a large scale antiviral vaccine, and he was paid for by our United States government from 1993 to 1996 in Fort Dietrich, Maryland.

His job was to isolate the spike protein, find out how to mass produce it synthetically in bacteria and yeast systems for the intent to be delivered to humans in a vaccine form for a viral infection. That is what he was awarded in 2010 for a patent for his work he was paid for with grants from our government, our tax dollars to do this in a mass scale from 1993 to 1996. And yes, they have been manufacturing spike proteins for a long time. This is way before Baric. They've known this for decades. They know how to get bacteria, yeast, baculovirus, and mammal cell lines to synthetically manufacture spike proteins. So, this has been a long time coming. I've gone through documents after documents with Dr. Henry Ealy, Jonathan Otto.

We've done tons of presentations on this, but in audiences around the world, for sure, this has been a long time coming. They know everything about this technology. The entire technology of spike proteins and the mRNA technology to get the human body, mammal cells, to make spike proteins is nothing more, it is nothing more than 100% everything they know how to do and how to create snake venom peptides, and get those microorganisms



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to make it. mRNA technology, spike protein technology, all of it is simply snake venom research and technology. Every way in which the spike proteins hurt the human body are identical to every single toxic component of snake venoms or any venoms, scorpion venoms, bee venoms, spider venoms, snake venoms.

All of them have the same toxic effects, and they're 3-fold. All the injuries from the vaccines have 3 ways they're going to hurt you, the same 3 ways all venoms hurt a human also. That is hemotoxic, meaning it's going to injure your blood vessels, hurt your red blood cells, your platelets, cause blood clotting, cause strokes, cause hemorrhaging. That is a venom side effect to the blood. They're also seeing that reported. They call this the clot shot for a reason because it's causing blood clots. Well, snake venom, there's a specific component in snake venom. It's called a procoagulating Factor Va protein in venom.

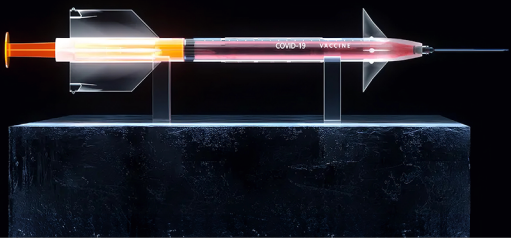
That is exactly what scientists have known for years causes blood clotting without needing the human body's blood clotting factors to initiate the blood clots. It's totally independent of the human's body's ability to make blood clotting. This is why, when you see elevated D-dimer test in vaccinated patients, which they're finding in over 60% of people getting these shots, elevated D-dimers, if you look at medscape.com right now, it says all medical doctors to interpret elevated D-dimers all you need to do is look for snake venom poisoning because it causes blood clotting, and you'll see elevated D-dimers as a result.

So, everyone should be looking for venom, and the people that created these shots, they use snake venom in their gene editing therapy research to do mRNA injections. Katalin Karikó herself, at the University of Pennsylvania, who created the mRNA technology for COVID-19 shots, she says openly in her interviews that since 1978, they've been taking components of snake venom, wrapping it in lipid nanoparticle hydrogel since 1978 to protect the mRNA from degradation or being destroyed by RNase. RNase they also use in their vaccines. RNase is a component of all snake venoms. It's what destroys RNA and DNA, and they somehow need to get their mRNA into your nucleus.

So, they are suggesting the use and have been for decades to use snake venom components that we know shred membranes. That's what they're using, the technology of venom. How do you use that to carry out their nefarious agenda? There's 3 ways these spike protein shots will hurt you. You're either going to have blood toxicity effects called hemotoxic effects or you're going to have neurological effects. These are called neurotoxins. How many neurological problems are we seeing after COVID-19 injections or with COVID-19 infection?

Well, if the spike protein on COVID is what was causing the most disease of 28 different tissues in the human body, which is what Salk Institute said, they said the spike protein by itself without the virus causes disease and injury to 28 different tissues in the human body. Well, now you're injecting people with millions, maybe billions of spike proteins into the human body with the Johnson & Johnson, AstraZeneca, and Novavax shots. It's just the spike protein. They're injecting those inside of you. They're telling you worldwide that the COVID-19 spike protein on COVID is so deadly, you can't even stand within 6 feet of another person, but you should inject the spike proteins inside of you? It's so weird and evil.

The mRNA shots, Pfizer and Moderna, are actually mRNA instruction shots. They are actually telling your cells to make spike proteins. Now, you can keep calling them spike proteins all you want, but the spike proteins were



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identified to be what are called glycoproteins. Glycoproteins, by nature, all venom proteins are glycoproteins. French researchers in April of 2020 confirmed with genetic testing that the spike protein's gene sequence, every nucleic acid is perfectly identical to cobra toxin of king cobra venom and krait snake venom called Bungarotoxin. They said each of these are neurotoxins. Okay, great. So, we know snake venoms cause neurotoxicity. They also cause blood toxicity. They also cause what's called cytotoxicity. This means venoms will destroy all and any cells in the human body.

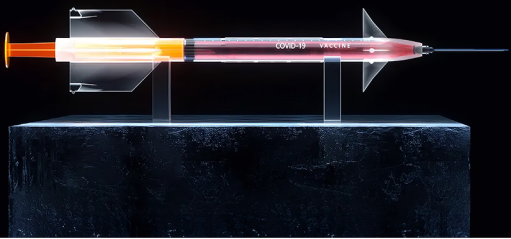
That includes red blood cells, muscle cells, nerve cells, spleen cells, liver cells, kidney cells, intestinal cells. This is what spike proteins and what venoms are designed to do. They're designed to create harm. What is really disgusting though is that for decades, they've been working out creating antiviral vaccines from venoms of all creatures around the world, and they are now instituting what they've been creating for decades. So, they are either injecting you with the spike proteins, which really are just spike glycoproteins identical to snake venoms and other venoms, or they're instructing your cells with the instruction called mRNA to make spike proteins. So, to explain this to you, if venom is bad for you, just imagine what venom in the body does.

It is identical to what these COVID-19 shots are doing. But if they're instructing your cells to make venom, small amounts of venom every day, you can see how there's going to be a long-term reaction in a whole lot of healthy people as their body makes more and more of these toxic spike proteins that are neurotoxic, blood toxic, and cell toxic. You're going to see every single disease process you can imagine, and I'm talking brain tumors like glioblastomas. I'm talking multiple sclerosis. I'm talking dementia leading to Alzheimer's, worsening Alzheimer's. I'm talking all mood disorders, schizophrenia, bipolarism, manic depression, depression, you name it, obsessive compulsive disorder. You're going to see massive amounts of all of this. You're also going to see seizures.

These are all published side effects of the COVID-19 spike proteins and the COVID-19 vaccine spike proteins. You'll also see other neurotoxic effects which are paralytic. Now, just so you know, venom's neurotoxins are only primarily designed to paralyze their prey. What was the first published side effect of the COVID-19 shots by the FDA before they even released them? In October of 2020, 2 months before they released the shots, they had a meeting, and they showed a screen that had 22 different diseases these shots were going to cause. The very first one was Guillain-Barre syndrome, which is paralyzed leg than a paralyzed arm, sometimes half of your faces. It looks like Bell's palsy.

But there have been tons of examples of people having parts of their body paralyzed either temporarily or permanently as a reaction to the COVID-19 shots. The neurotoxic effects of these spike proteins are identical to the venom peptides found in all venomous creatures. They are designed solely to actually cause harm and injury, but there's this weird, twisted idea in medicine and in pharma that we can take poisons and toxins to treat an unhealthy person with to restore them back to health. Similar to someone with cancer, let's inject them with a really toxic substance called chemotherapy. Hopefully, it won't kill all of the good healthy cells at the same time we're killing the unhealthy cells, and maybe the patient can recover.

No, no, no. They're doing the same things with antiviral drug therapy right now. They've been mastering this for decades. They are convinced in the pharmaceutical world that venoms can actually bind to the same receptors of



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your cells that viruses do, ACE2 receptors, nicotine receptors, and they say, as long as we can get enough venom into the human body with vaccines or drugs made from venom, they are homologous. This is what it states in all the research studies. Snake venom components are homologous to viruses, meaning they have the same evolutionary origin or they are identical or so similar, you can't really tell them apart.

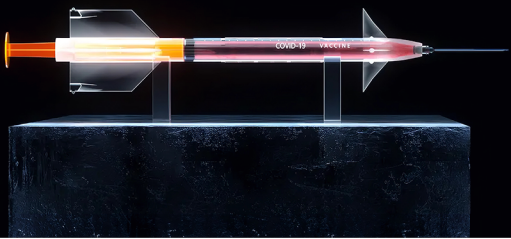
So, they believe if they can actually get venoms on the outside of your cells' receptors, then the viruses floating around introduced to your body can't bind to the cell to move in and infect your cell because venom's sitting there. The only twisted notion about that is venom was evolutionarily designed or created by God to do one thing, protect the snake and kill its prey so it can eat it. So, I have a ton of concerns about the impact of these. Oh, in fact, when you get to the receptors that venoms target, it explains every immune deficiency reaction you're seeing with COVID-19 vaccine injuries. You're seeing the destruction of alpha interferon, tumor necrotic factor, toll-like receptors, all of which help control cancer growth in your body.

Venoms target those and turn them off so you can't protect yourself from cancer spreading. Also, T-cells, which are our antibodies that fight infections, they have nicotinic acetylcholine receptors on every single one of them. Venom kills the T-cells by binding to those receptors, and we are seeing massive amounts of T-cell destruction and inability to fight future infections or current infections after the vaccines. One of the things that's really nefarious, in my opinion, is when I've discovered that not only did scientists around the world say the origins of COVID were from snake and snake venom, not only were they saying it, once I discovered that in Italy in June of 2020, they ran the blood, urine, and feces samples of all positive COVID-19 patients and negative COVID patients.

They published their finding that they found 36 different animal venoms inside the blood and feces of all the COVID-19 patients, and they didn't find any venoms inside of the negative COVID-19 group, the control group. Inside of that study was listed 15 different venoms from these weird snails I'd never heard of in the ocean called cone snails. They're called conotoxins. Then they also identified several king cobra venom neurotoxins called alpha cobra toxin, which is exactly what they found was the spike protein in France and what they discovered in China in January of 2020, the 1st month of the pandemic.

So, when I figured out that they were isolating and finding these proteins from the venoms of cone snails, cobras, a whole bunch of snakes in COVID-19 patients, I wanted to know if they know that they can use venoms to cause illness that looks like a respiratory infection. What else are they doing with these venoms? I couldn't believe it, just last year in 2021- Sorry, it's now 2023, I know, but in 2021, there's a published study online I shared with Jonathan Otto and with Henry Ealy. I will be showing this to the whole world as we go along. They actually published that when they introduce into the human body alpha conotoxins and alpha cobra toxin, the same thing you're finding in COVID-19 patients.

When they introduce that into the human body injected inside of you, it crosses the blood-brain barrier, and when it does, the researchers were wanting to know, "What receptor sites in the brain do they target in a mammal?" It actually says that, in mammal cells. What they found was it specifically targets 1st what are called glial cells and astrocytes, which are in the basal ganglia of the base of your brain, the brainstem. Now I found this interesting. They target C6 glial cells, and what would happen is when the venom attached to those nicotine receptors, they're



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called alpha-7 nicotinic acetylcholine receptors in the glial part of the brain. When the venom hit those receptors and bound to them, they actually cause the glial part of the brain to lay down new neurons really, really quick.

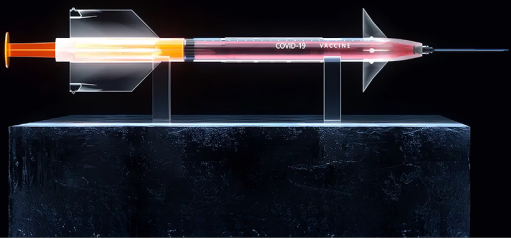
They call that proliferation, and they actually timed it. They wanted to know after 24 hours, 48 hours, 72 hours, how quickly is the body replicating new neurons when we introduce venom into the glial part of the brain? They proved that within 72 hours, they could create a glioblastoma, a brain tumor with venoms. Then in the abstract and in the conclusion of the study, it had one sentence. It said, "When we administered less than 1 milligram for every 2.2 pounds of body weight of nicotine, it had 0 effect on the tumor or on the glial cell being proliferated." It didn't stop it. It didn't stop its growth. It didn't have any impact. That was the only statement.

Nicotine when administered at less than 1 milligram per kilogram body weight had no effect on the glial cells or the glioblastoma. Now, I kept seeing that. I was like, "Well, why are you saying that? What else did you try?" So, if you just read the summary and the conclusion, you would've never known that they actually used another dose of nicotine and tested it. If you read the study, the whole study was this, if we can create the tumor, what happens when we introduce nicotine at this dose and this dose? Let's publish the findings. When they used less than 1 milligram per kilogram of nicotine, there was 0 effect in the study. They actually even show pictures of the glioblastoma under electron microscope.

They show that when they went above 1 milligram per kilogram of body weight, the entire glioblastoma dissolved in less than 72 hours, the whole thing. What's amazing is they found what they were looking for. Does nicotine have an impact? Does it improve it even if we create it with venom? If we can create a brain tumor with it, will nicotine take it away at this dose or this dose? Why in the world did these authors of this study, why in the summary, at the very top of the study, which most medical doctors only look at, they want to know, well, what did the study find? Do I need to even go read it? Well, all they would've read was nicotine didn't have an effect. Well, the truth is it really did. They just didn't disclose which one, what the dose was in the summary or conclusion.

They didn't even state it had an effect that was positive, only the negative. So, I took those pictures. I downloaded that report. I cannot wait to share this with the masses. My concern is this. Over the last 20 years, there has been an exponential growth every year of glioblastoma tumors in the brain. Just published last year, they know how to make glioblastomas by introducing the same venom peptides they're finding in COVID-19 patients that were also found to be the spike protein of cobra toxin.

Now, they're publishing last year a study confirming they can take snail venoms found in COVID-19 patients, spike protein cobra toxin, and they can introduce that into the body through an injection and cause a glioblastoma and then publish that nicotine destroys it, but they didn't tell you that it did. You had to go inside the study to find it, and they have the pictures to prove it. To me, it is an outright obvious red flag that everyone should pay attention to that research studies and publication groups like PubMed, the New England Journal of Medicine, JAMA, the Lancet, they are all in cahoots to cover up natural remedies even when it's found in research studies to be so. They're not even going to allow you to publish that study on our site unless you take away that nicotine fixed it.



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You can keep it in the body, but don't put it in the summary or the conclusions. Why? Because no one hardly reads the whole studies. I do. I love finding all the nuggets in studies. There's a reason why they set up these studies in the first place. I'd like to know what they're doing. So, can the COVID-19 shots that either have spike proteins in them, Johnson & Johnson, AstraZeneca, Novavax, cobra vax out of India- It's called Corbevax, but it's actually cobra vax. Those are actually spike proteins. They're just injecting them inside of you. The spike proteins were determined to be venoms and rabies virus. So, they're injecting you with things they know are neurotoxic, like rabies is, too. All right. So, they know they're injecting this inside of you.

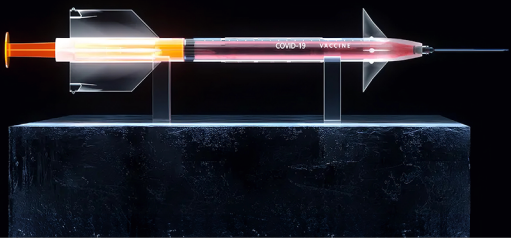
The Pfizer and Moderna shots are instructing your body to make them so, absolutely, the neurotoxic effects are out of this world scary. What I found was, when the French researchers identified the spike proteins were venom peptides, they said these venom sequences, these little bitty fractions of venom proteins, they target nicotine acetylcholine receptors, and they begged the governments around the world to do nicotine studies as a preventative and cure for COVID because smokers aren't ending up in hospitals dying from COVID. They haven't this whole time. They're the least demographic represented worldwide 3 years later of being hospitalized or dying from COVID are smokers. They noticed right away nicotine must be providing the benefit.

Well, I just showed you in this study or this study I'm talking about and will present to the world, they know they can reverse glioblastomas that are created by venoms, a neurological tumor using nicotine. They can make it be destroyed. This is the principle behind the nicotine part of this therapy. If people are injured, have long hauler COVID symptoms, it's because these spike proteins, these little fragments of synthetic venoms are bound to nicotine receptors 100% of the time. Your symptoms are 100% caused by venom peptides or glycoprotein, spike proteins, bound to nicotine receptors. When you take nicotine, God designed the body at these nicotine receptors to have the highest affinity to grab nicotine and let go of anything else.



So, a venom is there, a poison's there, a heavy metal's there. It doesn't matter. The body grabs nicotine and let goes of the venom, and then the nerve works again. So, your sensations of hearing, taste, and smell that a lot of people lost, hair loss, brain fog, a lot of that stuff is restored simply by putting nicotine into the body, and then the venom gets let go of those receptors or cells, and then the humans themselves have to do something to detoxify or denature the venom floating around in their body now. It's freely floating around.

If that venom, for example, is going around your bloodstream now because you've took nicotine, bound that to receptors, if the venom happens to be circulating through your blood and gets into your pancreas where B cells are, B cells are completely covered with alpha-7 nicotinic acetylcholine receptors. If the venom hits it, you're going to start having the inability to control blood sugar. Eventually, you'd be diagnosed as a diabetic. I mean this is exactly what venoms do. Whatever organ they get into, whatever tissue they target, they're going to injure it and cause harm, and then the symptom will be related to what organ it's bound to. So, the key is use nicotine to get it off.



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CONCLUDING THOUGHTS

It's hard to believe that with all this evidence that is available to the public, that the majority of the world still believes that this fabricated pandemic was an act of nature. That's because the majority of the population has been gaslighted.

There is proof that COVID is a result of gain-of-function research, there's proof that this was premeditated, there's proof that it was done so deliberately to get the majority of the world to accept a deadly, untested "vaccine".

And there's proof that everything was done strategically, supported by the sources people believe they can trust, like the media and popular news channels.

And the results have been devastating, doctors and experts who are trying to warn people about the dangers of this mass murder agenda have been mockingly labeled as "anti-vaxxers", "conspiracy theorists" and more.

Dr. Paul Marik, a pulmonologist who has been pushing for people to get access to early COVID treatments summed the reality up perfectly:

"Just to reinforce, people may not be aware of this and may think this is a conspiracy theory, but what is conspiracy theory today becomes conspiracy fact tomorrow. So, what I'm telling you is the absolute truth. There's absolutely no reason for me to exaggerate. This is the absolute truth and it's absolutely consistent across every single database or every single organization that's looked at the adverse events of these vaccines,"

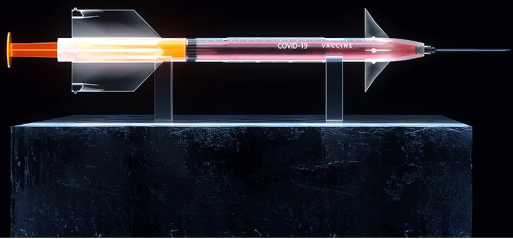
In fact, many of our experts have said that they're concerned about those who are vaxxed who don't do anything to get rid of the deadly spike glycoproteins, graphene oxide and who know what other ingredients out of their bodies.

And many have even said that they don't believe they will survive more than 5 years. The truth is that we don't know how much more damage can be done, but so far, close to billions are already suffering.

It's important to wake up now, and start questioning everything you're fed by the global government, health authorities, the media and anyone else in a place of authority. Because one thing is for certain. This is not the end of it.

Who knows the levels the global elitists are willing to go to in order to achieve their population reduction and population control agendas? We do know one thing for sure, when you know how to navigate their lies, and how to protect yourself, you don't need to live another day of your life in fear.

This is what my latest docuseries, Absolute Healing is about... Revealing the scary truth and the highly effective solutions to protect you and your loved .

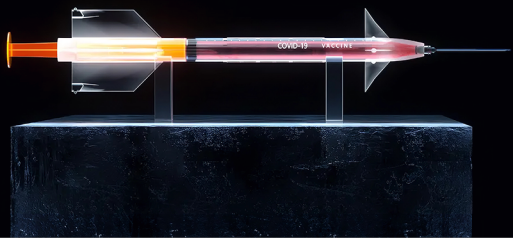


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ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

In addition to serving as a producer for ***The Truth About Cancer*** and ***The Truth About Vaccines***, Jonathan has created several highly-acclaimed, groundbreaking docuseries — ***Depression, Anxiety & Dementia Secrets***, ***Autoimmune Secrets***, ***Natural Medicine Secrets***, and ***Autoimmune Answers*** — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan’s unceasing quest to discover the root causes of debilitating diseases by interviewing over 120 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created **Well of Life**, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

When the global elite took away the human and medical rights of people around the world — and coerced billions into taking the toxic, experimental COVID “vaccines” — Jonathan was determined to get the truth out, despite being repeatedly censored and deplatformed.

He interviewed the world’s top medical doctors, health experts, and legal experts on vaccine injuries who risked their own careers to expose the lies behind the deadly COVID “vaccines” — which have caused deaths and injuries to millions of people — to create his newest docuseries, ***Vaccine Secrets***, ***COVID Secrets***, and ***Unbreakable: Destined to Thrive***.

Jonathan’s greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, **Young Citizen of the Year** and **International Volunteer of the Year**, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.