

BIOWEAPON

How the COVID "Virus" Was Engineered to Kill and Maim



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The History of Biowarfare and Bioterrorism

When people think of war, they imagine battlefields plagued with heavy machinery and soldiers carrying weapons. That’s what movies depict anyway. What we often don’t picture is scientists sitting in a lab, creating extremely deadly strains of viruses and bacteria. But in reality, this is one of the main war tactics that governments are using today - Just take COVID for example.

But these bioweapons are not new. The practice of creating bioweapons started years ago, and whenever treaties were sought against the use of biological weapons, countries who were guilty of creating them responded by stating that they plan to use them only if they were attacked first.

The 1925 Geneva Protocol

This treaty was signed in 1925 by most countries around the world, ultimately banning the use of chemicals, poisonous gases, and bacteriological weapons for warfare. It was

negotiated as a means to prevent a repeat of the first World War where poisonous gases were used to cause horrific injuries and deaths.

The German army, in particular, used chlorine, bromine, mustard gas, and phosgene to attack their opponents. According to the United Nations, [since World War I, chemical weapons have caused more than one million casualties globally](#). [1]

One of the biggest loopholes in the treaty, however, is that it does not address [the production, storage, testing, and transfer of the forbidden weapons](#). [2] As a result, countries like the United States and the Soviet Union have continued to keep large supplies of both chemical and biological weapons.

The 1992 Chemical Weapons Convention

This treaty addressed the loophole in the 1925 Geneva Protocol and required countries to destroy all of their chemical weapon stockpiles and chemical weapons facilities. This convention lists chemical weapons that are banned as Schedule 3 chemicals.

The Biological Weapons Convention

Similar to the Chemical Weapons Convention, this convention prohibits [the development, production, acquisition, transfer, stockpiling, and use of biological and toxin weapons](#). [3] This includes the use of conotoxins and other venoms. [4]

According to UN.org, this worldwide treaty, states agreed to “never in any circumstances to develop, produce, stockpile or otherwise acquire or retain:

1. *Microbial or other biological agents, or toxins whatever their origin or method of production, of types and in quantities that have no justification for prophylactic, protective, or other peaceful purposes;*
2. *Weapons, equipment or means of delivery designed to use such agents or toxins for hostile purposes or in armed conflict.”*

Countries Continue to Create Biological Weapons

Let’s go back to 1975 when the CIA was outed for creating a deadly “Heart Attack” gun. They were proven guilty of developing this weapon that used shellfish toxins to mimic heart attack symptoms while killing the victim. And, the poison was frozen inside a small dart that dissolved inside their body.

During [a hearing conducted by a senate committee](#), the CIA Director, William Colby was interrogated by Senator Frank Church on this subject. [5] Colby admitted that this was true, and stated that they were keeping these weapons for defensive purposes.

However, Senator Frank Church shares concerns over the large quantity of poison kept by the CIA and stated that this amount cannot be solely for defense purposes.

Regardless of the current international treaties in place, various countries have slipped up, showing that they are undoubtedly working on biological weapons.

According to the Observer Research Foundation, there are [17 countries that are suspected of running biological weapons programs](#). [6] They include Canada, China, Cuba, France, Germany, Iran, Iraq, Israel, Japan, Libya, North Korea, Russia, South Africa, Syria, Taiwan, the United Kingdom, and the United States.

US Bioweapons Labs in Ukraine

One massive project that is believed to still be in operation is The Pentagon Biological Weapons Program which is headed by the US. Recently, evidence has surfaced to suggest that they have been running bioweapons labs in Ukraine.

This was revealed by Russian Defense Ministry spokesperson Igor Konashenkov. After Russian troops entered Ukraine, the [Kyiv government ordered an emergency destruction of pathogens such as plague and anthrax](#). [7] These are believed to be from US-funded labs close to the border of Russia.

This also came straight from the horse's mouth when the Undersecretary of State for Political Affairs Victoria Nuland testified during a Senate Foreign Relations Committee hearing on Ukraine. She stated that the US has been working with Ukraine to keep Russian troops from seizing biological "research material".

She reportedly stated, "[We are working with the Ukrainians on how they can prevent any of those research materials from falling into the hands of Russian forces should they approach...](#)" [8]

And this is just one of the many instances where governments have been caught out for developing biological weapons with the intention of using them for biological warfare.

Why Infectious Diseases Are No Coincidence

Dr. Judy Mikovitz

So, if syncytin virus envelope fuse cells are a tumor, they're also a pregnancy. How does your immune system tell the difference? Oh, it depends on which chromosomes, not which genes are expressed because our DNA is all tightly wrapped around and protected. The point is, our DNA has an insulation around it to keep the scientism out of it, to keep those, you know - imagine we've injected or ingested animal proteins, I mean people don't appreciate Hepatitis B got into our environment on bovine albumin and we use bovine albumin in a lot of these products and that's why supplements get bad and essentially all of the drugs, all of the cell lines, all of the cultures, all of the vaccines, and Dr. Sherri Tenpenny did this so well when she shows slides of all of the pathogens in chicken eggs. Well, they're not pathogens to chickens because chickens know, they're chicken and not human. But when you put chicken proteins and you inject it directly, everybody's all like, "Oh, it's eggs and you eat eggs, are you allergic to eggs?"

Well, that's not the entire point. And this is what - So everybody just shuts up Bryan Ardis, 'cause of course, there's a bias of an MD over a chiropractor start. So, they called food supplements, no it's food. Arginine is an amino acid, it's a critical food. Our food is supposed to have Dimethylglycine, but it doesn't, it has glyphosate. So if you can't get Dimethylglycine, probably the most important nutrient for your epigenome, for the regulation of the expression, for the protection, for your frontline defense, if we're eating fake fats and synthetic fats, Canola oil, polyunsaturated fats, you know, what does that mean? That means there's no double bonds, see nobody's a chemist. They're just told something, and he kept showing Paxlovid.

Show me what Paxlovid is, show me the chemical structure, and show me all the other ingredients in the pill or in the solution that you're injecting. So Pierre injected IVIG into his daughter. Well, do you know what that is? Intravenous immunoglobulin, okay, that means antibodies. So he injected antibodies, he infused antibodies into his daughters 'cause his daughters don't make antibodies or they make autoantibodies and they make dozens of autoantibodies because when you dysregulate the innate immune system, and you inject directly into the brain and you bypass it, that's what they're doing. With everything they're doing, with every injection, they're bypassing 97% of your immunity and they know it, and I knew it, and Frank R. said he knew it. And the head of Johns Hopkins, one of the, I actually said the head, Johns Hopkins stalwart, Dr. Steven B. Bailen, it's all - you know, was literally an expert in the field of DNA methylation and epigenetic regulation.

And he and I essentially started that field. You know, well Barbara McClintock talked about it, so the whole idea - See, this is what people don't understand. They don't understand and so they're twisting or they're dropping or they're injecting as fast as they can, and creating these diseases and creating this fear.

They don't want you to know that all you have to do, is never inject again, as Christiane Northrup realizes. You know, how dumb are we when you get 6689 has nothing to do with it, or he dropped dead on the field. All those athletes we saw. Mitochondria also have a membrane, and so they get in and dysregulate on purpose, they attack your energy store, ATP, energy outside the cell is a dangerous signal. So, your energy outside the cell says, "Whoa, whoa, whoa, that cell is dying."

When ATP in the mitochondria releases energy outside the cell, it tells you that's necrosis, that's not apoptosis. There are different ways cells die that tell you what the insult was that killed them. And so, and it's the opposite where they stay turned on, but at the heart of everything, it's DNA methylation all the way down to the number one thing, your DNA is methylated the on/off switch, put a methyl group on it. What puts the methyl group on it? Oh, Dimethylglycine, S-Adenosylmethionine. Well, methionine is an essential amino acid that humans don't make.

So you get it from the soil. So, our soil and water - so our soil and water, contaminated, you get it from plants, you get it from food. But people think they're getting nutrients when they eat plants and foods, and they're not because our plants are toxic. So all the vegans they're laughing all the way to the bank, you have to think about why they want you to know. And I feel bad about this and I never say anything to Robin or anybody else, yes, she had to go heal herself and she knows how to detox lots of people, but juicers aren't going to help you and they know it. I've watched cancer patients die from juicers, why? Carrots are loaded with glyphosate, or IV - intravenous Vitamin C in Myers cocktails, magnesium, and things like that, they come from corn.

And so unless you know what's in that bag that you're injecting and he doesn't know, he can't. Look, IVIG, do you know what IVIG is? Want to see if it'll make you sick? It's 10 donors, normal donors, and they take their blood and they separate out the plasma and they get the antibodies out of the plasma and they basically just purify all the antibodies out of 10 "normal donors". Oh! Well, how many people just got injected with the most deadly synthetic virus of all time called the COVID vaccine? How many people just injected that and made their cells manufacture the spike protein, the spike protein they made that up. Spike protein, you know, it's the envelope protein, it's the only thing in a virus that sticks through the lipid bilayer.

So then they allow you to say, "There is no virus, they never isolated it." And then Pierre Kory answered exactly as you expect him to answer, "Yes, they isolated. I've seen pictures of it." Yes, they isolated it from the monkey cell line that grows in the fermenter every week, every year, that they add sugar and they add glyphosate and they add everything, bovine serum albumin, you have to grow up the monkey cell line.

So you're injecting the entire monkey genome, you're injecting bacteria, Babesia, Bacteria all those things that monkeys that have been in laboratories. You know, that monkey cell line, they don't pull the monkey in every week, I guarantee you. The reason they went to make mice, they did all their research in mice, monkeys cost too much money. So, when the groups sequenced the genome, they're like, "Ah, we're 97% identical in the code, ATC and G to monkeys.

Well, fine. And we're 90% similar to mice in ATC and G, but monkeys don't have human chromosomes, monkeys don't have it organized the way it's organized and wrapped around histones, wrapped around proteins, you know, when you methylate when you put a methyl group and it's hard, I used to in vaccine cord, I used to draw it on a dry erase board, and if people really understood what they were talking about as far as their DNA, you know, so that's what the key is, what they keep showing you on Time Magazine and you know, 1999, that's really critical. Because 1999 is when I started leading the lab of antiviral drug mechanisms at the National Cancer Institute. And right when I came there, I isolated and identified a new Herpes virus that I called human Herpes virus 9.

And this virus would transform, cause cancer, and take B cells. Those are the cells that make antibodies and transform them, waving it, literally waving it and I didn't even have to put the virus in the cell, I didn't even have to inject it. See, this is their goal is to make it so we breathe it in, compromise us, but even when they made SARS-CoV-2, the monkey virus, it's a monkey virus. It's made in vero monkey kidney cells so I challenge everybody, "Show me. Show me the human virus from a human cell line?" 'Cause, you can do it from a human cell line.

Dr. Tau Braun

Some of the most poisonous neurotoxins come from bacteria. When people go for Botox, that's a venom from a bacteria. That's the botulism venom, a toxin, that has been extracted from bacteria. We might not call it a venom. Right. And certainly, what I think people need to know about from somebody like me, is that I trace back, and I'm sure it goes back even before this, but the best paper I found so far is from 1977. I found a paper where they took a coronavirus, and that was very important for me to see that this could be done with a coronavirus. And they took a coronavirus and they attached a

plant-based venom, which is called lectin. When a plant uses venom, we don't call it venom we just call it a lectin. Lectins and venoms have a relationship where, molecularly, they are similar and different but they bind to each other. And so, we also have lectins in our body and we eat lectins. There's people that are highly allergic to lectins in their diet. A lot of beans.

There's been documented cases of food poisonings and one particular bad one in the UK at a school, it wasn't cooked properly and a whole bunch of the kids got really sick and it was from these uncooked beans. And basically, it's lectin poisoning which is a form of venom. And so, you have a look at this paper I found from 1977, that spells out how they took a coronavirus and they successfully got a lectin, a former venom, to stick on that coronavirus. And so, you know, that to me is like, I shouldn't be trying to explain that to the public. The venom specialists need to be able to do this and they need to do the right thing. And unfortunately, they are very connected to the pharmaceutical industry and it's their bread and butter and their grants, and their labs. And so, I'm not sure that they're gonna speak up. It's even more complicated for them than it would be for somebody who works for a vaccine developer.

Understanding the Minds of “Modern” Mass Murderers

Dr. Tau Braun

So as I watch my son now, who's a year, develop, I'm reminded constantly of the things that are universal in all cultures in terms of child-rearing, and how also the same techniques that you do as a form of purposeful, intentional instruction are the same tools that would be used for nefarious purposes by tapping in to the childlike mind in all of us. So if you have a look at the vaccine being sold as safe and effective, and that message being said over and over and over, and that droning on, and every commercial and every store that you went in and every radio station, and if you think about how that wouldn't mean that much except if it was paired with some form of trauma that the person is having to bring down. And so it becomes a form of magical thinking, which is a childlike structure that helps children feel supernatural to eliminate their own inherent awareness and fear. That is a huge part of being intelligent and evolving.

So, for example, there's the story where Elon Musk solved his own fear of darkness by realizing that darkness was just the absence of light. And in a more practical way, I remember helping a young kid who was having a really hard time in getting a form of sort of generalized anxiety. And one of the things we did for that kid is give them a flashlight, right, so that the practical replaces just the theoretical or the magical thinking. If you're afraid and because you got a heightened sense of trauma, and so then everything becomes scary, then maybe the things that are truly scary, you can't control.

And so what you can do is you can start controlling the smaller things. So giving somebody a flashlight, giving a child a flashlight during a divorce and that becomes afraid of the dark is a great way for them to take an aspect of their lives and start controlling that, and then feeling better about that, and then that has a way of actually transferring onto other things that feel out of control, right, the ability to see it sort of work in a small way.

But the opposite of that can occur in a way of manipulating somebody. So, in other words, cause fear, and then give them magical thinking, give them the solution. In this case, tell them that the vaccine is going to be their way out. The vaccine is going to keep them alive. And that desperation, you may actually have got people to turn up. And instead of it being in a vial, you would say, "The way that this has to be done is that the actual snake has to bite you, or the cono snail has to sting you, or we're going to be using this neurotoxin from a bacteria as part of the treatment."

And so the equivalent of that is that, yes, that's Botox. I mean, to take a neurotoxin and use it from a syringe, you told somebody, "Smear this highly toxic, lethal bacteria over your body, and it'll take away your wrinkles" is less appealing than, "I will put it in this clinical-looking vial with a nice label on it, and I'll administer it." I mean, the ability to make things look cleaner and pacify people in that way through a clinical approach is probably one of the oldest tricks in history.

Make something look clean, but it's just as dirty, if not more lethal, in the way that you're giving it because there's also no barriers, like you're saying. There's no psychological barriers to send somebody running when it doesn't look like it can heal you. It's part of an extension of the doctor's white coat as that level of authoritarianism, the idea that good marketing... there's certain colors that are used for medicines that are soothing and are less scary. You see a lot of pastels, for example. There's so much manipulation that is so primary, that on such basic levels that, when done correctly, you really can get somebody to suicide like a cult person by signing up for it because it's well marketed.

So my formal background was a clinical psychologist, and I found my way to clinical psychology by being interested in being a medical doctor. I'd always been involved in the medical profession. That's the thing. I think I had the nickname Doc from super young onwards. I was involved in my science lab as a kid. I won awards for biology. That was my thing. I was never a sports guy. I was also constantly solving sort of small medical problems for people with being qualified in different first aid and taking a lifeguard course at 10. It's the thing that I've found the most meaningful and stimulating.

And so becoming a psychologist, for me, there's an interesting story that got me really into being stimulated by psychology and made me feel like I would enjoy it even more than traditional medicine. And the short version of that is that one of my first professors

told a story about dying of a drug overdose. The mechanisms of a drug overdose and the lethality of a drug overdose is not always just related to the substance and to the strength of that substance. When somebody overdoses and dies, they are very often using the same substance that's not contaminated by something. There's nothing extra.

What happens is the missing piece to the puzzle are the rituals that precede taking the drug and that the body, over time, learns a whole system, a developed system to change different levels to compensate for what the drug's about to do. And so, for example, when a drug addict goes over to the chest of drawers, takes out a leather belt that they're going to strap around their arm when they start looking to tap what vein that they're going to tap into, that is enough time. The body's working super quick to get itself ready. For example, if that drug creates tachycardia, meaning a high heart rate that can kill the person, those rituals that the body is doing during that time are going to create a slower heart rate. And so the person is naturally- their body has learned, and that's not on a conscious level. That system that the organism has developed over time, that complicated system of noticing, " Oh, this person's about to take these drugs" is a deep, deep form of learning, probably one of the highest levels of survival intelligence.

And it was that lecture that made me decide I want to be a clinical psychologist. I want to understand the biological processes that drive what we call mental illness. I want to understand that when somebody says that somebody's depressed, what does that mean and what does that mean chemically? What does that mean for the outcome? Clinical psychology is the combination of medical, and biological knowledge and how the psyche, the person's experience in this planet is interacting with biological systems.

And so the wind-up for me, coming into this pandemic, was having a really broad knowledge in both of those sciences, right? I mean, many clinical psychologists go off and they specialize in treatment therapy to change somebody's behavior. And you'll have another clinical psychologist who works on a ward and helps people to deal with their hypertension by teaching them how they can control their own heart rate with breathing techniques. And so it's this constant check-in around what practical steps can a person do, what tools are available to compensate or to change the biology that is causing distress or disease.

And so moving to the States, the sort of interesting timing of that that I think played a role in me getting ready and being prepared for this role that I'm playing in this pandemic is that I moved to the States at possibly one of the most important moments in US history, which was 9/11. I was in South Africa. My passport was at the consulate when those towers fell, and coming back to the States to live here permanently just after that took place is obviously a huge part of a defining moment of deciding, "What am I going to do with this degree? What am I going to do with my psychology? How am I

going to practice?" And I found myself not willing to go back to school to bridge the gap that would've been needed to have the same title and practice in the same way. And so I got into the wellness space and peak performance as the sort of this next step.

But my real desire had always been the dark side of human behavior, understanding pathology, understanding the madness that I'd seen in psychiatric facilities, chronic and acute, understanding... I worked in a maximum security prison as one of my rotations and so working with those clients in a maximum security prison who were there for the most heinous... I mean, this was people serving out life sentences for the most heinous acts and then spending the most intimate time talking through their lives, understanding them, getting them to reveal their secrets, to really get into their heads.

And it gave me the ability to start working with psychopaths to understand what is a psychopath, which is an entire- society has taken the concept of psychopathy, and we have diluted it with words like a sociopath, which clinically, has no relevance. The form of giving somebody a diagnosis of being a psychopath is actually just like any other measurable, itemized sort of disorder, categorized disease. There's a way to define the level that somebody is displaying in terms of their psychopathy.

And so the entry point into wanting to be part of all the systems that are built to stop things like school attacks or the Boston Marathon bombing or 9/11 or terrorism attacks around the world comes from the theoretical knowledge, comes from the clinical practice and understanding the sort of chemical and biological functions that drive pathology in the body, including in the mind, and then taking that and then specializing in understanding what is involved?

What mechanisms are involved that lead somebody along a trajectory to go out and do a mass killing, right? And I think that what is always lost on the general public around this pretty heavy and, for a lot of people, very uncomfortable topic, what is often lost on the mass is we are still more comfortable to use things like what was their motive? What was their motive in doing that, rather than looking at the act as the motive in terms of body count, simply doing the act to get as many dead people as possible as the agenda when everything else that leads to that and sort of all the rational threads that can be taken from that are really just a way of explaining this goal achievement that this person was able to do?

But the goal is the dead people. The goal is not, "I want to get my message out," or, "I want to depopulate the world because it will be better for the planet." The goal for these people, including those that are using that excuse currently, is just body count. There's no secondary goal for them when one of the first questions mass killers ask is, "How many people did I kill?" And if you listen to the interviews from the Colorado killer, who's known for the attack on the Batman movie in the theater, if you listen to his interviews,

he's probably the person that articulates it in the most meaningful way where he says, when the psychiatrist asked him sort of, "What would've been enough for you, if it was death toll? What would've been enough? What number?" And he throws out a number.

But then the psychiatrist is quite confused by his lack of interest in the injured. The casualties mean nothing to those that I call soul collectors. They look out on the battlefield, and they want to see death. They don't want to hear them moaning and they don't want to hear that people can recover. They are only interested in what James Holmes, that killer, what he defined as ones and zeros.

I think what's fascinating, too, is how much overlap there is, so James Holmes's personal symbol for his killing was the infinity sign sideways, which is the sign for the metaverse.

This idea that the desire, there is the desire for a lot of mass killers is a really weird sense of their own immortality based on legacy from creating death, right? The idea that Mark Zuckerberg and Martine Rothblatt and Dr. Fenta, some of the big names that are leading people to eventually suicide and enter into a digital space, their satisfaction and what makes them tick, in my opinion, and what gives them the energy is knowing that they are going to be successful at the world's biggest mass killing through various techniques. But ultimately, that the death toll, the amount of people, is what's relevant to them. Not whether you can get 10 or 100. It's going for a record. It's being the best. It's the goal achievement that is truly a drive of any ambitious person.

I mean, it's what makes all of us tick. It's what makes me get up each day and want to be the best person at being able to prevent and respond and teach the prevention and response of mass killings. I'm an ambitious person. I want to be the best in that field. And so I can relate to the fact that somebody can wake up each day and they want to be the best at creating this entire new transhumanist planet that will ultimately lead to more death and destruction than anyone can imagine, and that is, ultimately, a deep driving desire for them that is fairly unstoppable in terms of its role as an obsession.

Jonathan:

Wow. So the transhuman agenda, its end goal is not necessarily for us all to be machines, but rather for us all to simply to die.

Dr. Braun:

Yeah, absolutely. Yeah. I mean, I can't summarize it any better than one of the leaders in the transhumanist movement, which started off as Dr. Martin Rothblatt, who's now Dr. Martine Rothblatt who's the founder of XM radio, who has spent a career deep, as an

attorney, in government contracts and a huge, huge amount of the ability to use technology in a way that is order, sort of borders on this way of, "Wow, this is a useful tool," but also, it provides massive amounts of the imposition on people's freedoms and rights and makes for a dangerous world.

It's no surprise for me, for example, the 2 headlines that I have paid the most attention to recently is the death of a Putin ally's daughter in a recent, very targeted car bomb, which just took place and also, taking out a terrorist via drone. The US likes to boast about the terrorists that they can take out from the skies using a drone and that it doesn't surprise me that there'll be a series of assassinations, very public assassinations currently using technology, using the ability to pinpoint someone.

And because I think that part of it is that the same people that lead these movements of death, they also have access to the kind of things that mostly, people just think of in movies, like the ability to trace somebody these days is shown by, "Oh, I know exactly where they are. We can fly the drone over their house because I can see where they by use of their phone." I think most people forget that XM radio, for example, is installed in most vehicles and as a feature that you don't sign up for. The ability to have your car connect to a satellite at all times and know where your vehicle is at all times is the work of Dr. Martine Rothblatt who is a founding leader of the transhumanist movement.

And in my opinion, his/her agenda is ultimately to get people to the equivalent suffering that he/she has felt in their human body, a discomfort with being alive in a body, in the wrong body for them, and then feeling like- the best way I could put it in the most simple way possible is misery loves company. This idea that if I had this experience, you should have it too, and if I am going to die miserable, then I'm going to help you die miserable. And ultimately, there's the sick part about it is not just the idea of creating a replicated form of suffering, but the profiteer that profits off that pathway, whether it's Hitler, whether it's any of the people that might come up in this discussion, the ability to profit while you're driving the trajectory is like another whole level of psychopathic behavior that very few psychopaths actually master.

The ability to use their own deep desire to create pain and suffering, and then, in the entire way through, milk it until it ends, and then, it generally ends with their suicide. If you look at the historical mass killers that have very cult-like movements, they generally suicide just like a school attacker. When the cops arrive, they suicide, and that is the end of the game for them. And as long as they have had some death, they feel successful in terms of not only their own demise.

I don't know when the lawsuit or the cease and desist letter will arrive from Martine Rothblatt, but I'm quite comfortable to say that, as an opinion, I think that Martine Rothblatt has been on this trajectory for a long time and has built a very nice group

around the world powered not only by volunteers, but she has built very similar to lobbying groups mechanisms to put followers and specifically transgender people into roles in Health and Human Services. And they don't even realize they are literally just there to be the gatekeepers, the lever pullers of her final act. There's no surprise that there's a pattern going on currently because-

I think the best part about this, for me, is that it would be hard for Dr. Martine Rothblatt to deny any of this when she wrote a manifesto that states all of this. I mean, she has a manifesto that is transgender as a pathway to transhumanism. She's given out the manual ahead of time, just like most mass killers. Hitler wasn't shy about his plan. That's the most bizarre part about this level of psychopathic behavior is that you would think that they would be playing a game that is so mysterious that you would only see it after the fact, but they enjoy dropping bread crumbs. Because it's a game of cat and mouse, and they enjoy trolling all the way through.

COVID-19: A Biological Weapon Using Poisonous Venoms

Dr. Judy Mikovits

Jonathan Otto:

With COVID it seems like they've just taken it to that next step with the vaccines. They have more of the venom peptides. For example, I'm sure that you're very familiar with the Italy study that showed the 36 different toxin-like peptides, almost identical to venoms from animals. And I suppose you'd believe this is a completely legitimate study, correct?

Dr. Judy Mikovits:

There absolutely are all these peptides because God made each creature according to its kind, but we don't eat them, but we need them for an ecosystem and for a biosystem. So, yeah, there are a lot of different kinds according to their environments.

Jonathan Otto:

And they're showing up in people's blood, urine, and feces. In this case, 36 different types. And, these people are from Italy and they have the Eastern brown snake and the Malayan krait and the Uruguayan coral snake and the California Pacific cone. How is that possible? These have to be synthetically engineered then for somebody in Italy to have them in their blood. And then, they have to get to them in some form. How are they getting them into people? Is it through the water, through the air, through aerosol?

Dr. Judy Mikovits:

Oh, no. It's every single injection since 1986. No safety studies.

Jonathan Otto:

So you think injection versus the other way?

Dr. Judy Mikovits:

It's both because there are other things in the water like I mentioned glyphosate. Well, these microparticulates, these plastics that are in the water, in the masks. Our salt from the water is poisoned, and so we know that, so there's a couple of papers I show with the phospholipases. So yes, there's more than one thing, component in snake venom in different snakes from different areas, but absolutely these are being injected. And this is what David Martin was trying to tell all of us. These aren't viruses. They're sequences in a gene bank. And all they have to do is make a synthetic, an infectious molecular clone, and then inject that clone where you change just one or two base pairs, and you can change something from a cancer-causing spike protein to a Parkinson's disease-causing spike protein. Two codons. And they know that. That's the laws they're writing right now is, "Okay, they're biologicals, so now we can change a base pair or two, and we don't have to retest them." Oh, 'cause they don't want you to know.

We've done those experiments in the lab to see how we can evade certain people, like Black people, like Hispanic people. How can we make it more dangerous for certain populations with certain God-given genetic protection for the environment they're in. Like Blacks or people living near the equator have much more Vitamin D, you see much more light. So light converts inactive Vitamin D to active Vitamin D outside the cell with sunlight. So, if you grow up with lots of sunlight and you have dark skin, that's so that the signal transmitted to the nucleus of the cell acts like a resistor, meaning one molecule equals 0.00111000.

Dr. Bryan Ardis

So, the French researcher said the actual nicotinic acetylcholine receptors which are ACE-2 receptors which we all hear about that the spike protein of SARS-Cov-2 enters or inserts into ACE-2 receptors and that the spike protein acts like the key to the ACE-2 receptor to unlock the cell that allows the coronavirus into the cell to cause disease. This French study and the Italy study are the two things that have answered more things about COVID-19 to me than anything else I've read. I'm not kidding, for the whole two and a half years. Inside the French study, they said this could answer these two venom peptides, target nicotinic acetylcholine receptors in the brain that controls respiration and breathing and heartbeats. And as the venoms attached to those, it suppresses the body's ability to breathe and contract the heart, leading to respiratory failure.

And then they said this, "What's interesting about that is the spike proteins target ACE-2 receptors." And I have heard people talk about this the whole two and a half years. I've heard medical doctors galore talk about the fact that the spike protein which is attached to a coronavirus that we're all breathing in is getting into the lungs and the spike protein is inserting into the ACE-2 receptor in the lungs, getting into the lung cells and causing an infection that way. Do you know what's amazing about the French study? They actually say in April 2020 that the ACE-2 receptors don't exist in the lungs. They're only in the brain, the heart, the kidneys and your intestines.

And this is when they said, "If this is a respiratory virus, we would expect to see smokers lined up in hospital beds around the world but that's not what we're finding. We're finding the least hospitalized are smokers, there must be some benefit of nicotine in smokers getting to the brain to these receptors and the nicotine supply in the body has a higher affinity to the nicotinic acetylcholine receptors and is not letting the venom spike proteins attach to them." They even say in the study that not only does nicotine bind to nicotinic acetylcholine receptors that with the highest affinity for those receptors, it's nicotine, it wants nicotine, it's built to take nicotine. They also mention in the study that reports around the world in April 2020, we're talking two years ago. They said there're reports coming in from around the world that ivermectin is stopping the replication of SARS-Cov-2, the virus, and stopping the disease process of COVID-19. And the scientist in France said, "Right underneath all the mentioning of the nicotine binding to these receptors, this is very interesting."

In light of the fact that ivermectin binds to alpha-7 nicotinic acetylcholine receptors in the brain stem. Nicotine -- the human body has an affinity to bind nicotine to these nicotine acetylcholine receptors that control smooth muscle contraction. The second highest affinity is ivermectin, the third, fourth, fifth would be the venoms that we're finding in these COVID-19. So, when I read these studies I was like, "Oh my g- This explains so much." Number one, if ACE-2 receptors aren't in the lungs which these scientists said they're not present in the lungs, they're calling this a lung disease, a respiratory virus going into our lungs. I already proposed, even by the time I got that deep into the study, that these are actually just weaponized snake venom peptides that they're somehow getting into our bodies and no different than if you got bit by a snake.

The only difference is the snake would have a higher concentration of venom and a compilation of their components of venom than it would be if you were exposed in water or in air, if you breathe it in, it's gonna be diluted in those mediums. But not if you concentrate it in a snake and puncture it right into your skin, you get a much higher dose of the venoms there, it's way more problematic and life-threatening.

Jonathan Otto:

Yeah, and it's bypassing all the natural ways that your body would counteract that.

Dr. Bryan Ardis:

Of course.

Jonathan Otto:

Right? So, your body will actually produce- Basically, it would work to produce anti-venom that because you've ingested it's going through the digestive tract, all this kind of thing if it was digested and your body's seeking to get rid of the poison.

Dr. Bryan Ardis:

And I am still convinced we're digesting it, I actually believe they're actually doing it through the water. Other medical doctors are convinced it is... The weaponized by proteins are weaponized venom peptides attached to a respiratory virus and floating in the air. Where the weapons coming from doesn't matter, it's the weapon because my whole intended bringing this to the world was just like the French researcher said, "We're begging-", they said in April 2020. They were begging governments around the world to do nicotine agent studies using patches and gums with people around the world to see will nicotine from those agents protect people from COVID-19 and these two spike proteins that look like venom, will those work as well as it appears smoking is working for the smokers? Well, the only difference was the rest of the world and the governments and powers that be decided to lie to the entire world as soon as that study came out.

And they said, "It is proven now that smokers are more hospitalized and dying from COVID-19 than any other demographic. There's no better time than now, America, to quit smoking." And they just pumped that out nonstop in the media, every newscast, every article, everything was written about, "You gotta quit smoking."

Which was awful because that's not what the research scientists were saying out of France. You correlate that with the Italy study and oh my goodness.

The French research scientist and geneticist and the Chinese scientist in January 2020 said it was only two venoms from two snakes and they both came up with the same one, Chinese krait venom, Chinese king cobra venom. But the Italy study when they ran blood, urine, and feces of COVID-19 patients versus blood, urine, and feces of non-COVID patients from multiple cities in Italy, two months later after the French study was published, when they ran the blood, urine, and feces, they didn't find just two venom components from two snakes.

They found 36 different toxin-like peptides identical to venoms of multiple creatures, 20 of them were 20 different snakes and they actually identify exactly what component of the venom it is.

Jonathan Otto:

Yeah, exactly. And for example the Eastern brown snake, there was four different types of Eastern brown snake.

Dr. Bryan Ardis:

Right.

Jonathan Otto:

So, several species within the 20 different types of venoms but multiple venoms of even one particular creature which shows the ability for them to be able to determine and see what- look at what they're - to be able to trace what they're looking at because they're basically, from my layman's understanding, one snake can produce different types of venom.

Dr. Bryan Ardis:

Yes.

Jonathan Otto:

And that's what they were observing, they had a different amino acid chain length, different aspects but it was completely... well not completely, almost identical to the venom from the animal.

Dr. Bryan Ardis:

Yeah. And what's interesting about the actual study is they ran it only for the first 36 is what they published. These are the first 36 venom peptides we isolated and identified.

Jonathan Otto:

So there's more?

Dr. Bryan Ardis:

So, there could have been more, they only published the first 36 which was 20 different snakes, 16 different shellfish venoms from the ocean. One was Crown-of-thorn starfish venom. And people on land who had COVID and then 15 conotoxin venoms.

Jonathan Otto:

Some of them were like the California Pacific cone, these were people from Italy. Did they just travel to California? Why was the Uruguayan coral snake in them, the Chinese spitting Cobra? Did they go to China? Do those Chinese cobras just go around their streets and they got bit but they didn't realize they did? There is no other way to explain this, this is smoking gun.

Dr. Bryan Ardis: ([16:30](#))

It is for me.

Jonathan Otto: ([16:33](#))

Yes. Okay, now how would people discredit this study? For example, there is a relatively small number of people. There's 10 people in the control group, those that are not COVID positive.

Dr. Bryan Ardis: ([17:04](#))

Right.

Jonathan Otto: ([17:05](#))

By the way which actually does make me think, I think that you're right about the PCR test is actually rigged to pick up venom.

Dr. Bryan Ardis: ([17:15](#))

Oh, they've been using PCR tests for over 20 years in snake venom research to identify genetic material of snake venom.

Jonathan Otto: ([17:21](#))

So, it's actually correct, the PCR tests?

Dr. Bryan Ardis: ([17:23](#))

I know. The whole like relativity behind what I believe around COVID, I'm like, "Oh my God, we've been talking about this PCR test it's a fraudulent test and it doesn't identify viruses." Yeah, no kidding. "It doesn't diagnose respiratory viruses." No kidding. They were all right about that. But we kept saying it was fraudulent. However, before I even brought this out, every time I was looking at snake venom research they were using PCR tests and PCR amplification to identify venoms, stored venoms in vitro, venom in vivo, they always use PCR test to do this and I'm like, "Oh my goodness, they actually forced the whole world to use a test they were already using for decades to confirm genetic material from snake venom or venoms in general." And then for you, when you brought to me I had already known that conotoxins per that Italy study they found 15

different conotoxins which are marine snails venoms that are more toxic than Indian king cobra venoms to humans.

Dr. Bryan Ardis: ([18:28](#))

I already had research studies and produced them and showed them in my Mike Adams interview that they've been making conotoxins in factories since 1989 in mass quantities and already had tested it and it was just as biologically active and toxic as natural conotoxin. So, we've been making this stuff for years and then you showed me when you came to the house that the Department of Justice website has this 2012 article where they talk about conotoxin. They must have a lot of this stuff because they mentioned in there, this could be used as a bioterrorist weapon. Somebody could confiscate it, use it to target massive populations and they would do it through the air. They would just release the venom into the air.

Jonathan Otto: ([19:11](#))

Chemtrails, maybe?

Dr. Bryan Ardis: ([19:13](#))

Maybe, but they've obviously had these venoms. They didn't say it was conotoxin-like peptides, They said it's conotoxins that we can actually unleash on the world. They would most likely use it in a terrorist effort over populated areas where they would aerosolize it.

Jonathan Otto: ([19:28](#))

Yes. And it would be laboratory-made there.

Dr. Bryan Ardis: ([19:31](#))

And it would be made in a laboratory. They've been doing it since 1989, that I'm aware of.

Jonathan Otto: ([19:35](#))

Yeah, because it is a cumbersome process to try to milk all the snakes or whatever.

Dr. Bryan Ardis: ([19:40](#))

And no different than the snake venom peptides. Remember two days after my Watch the Water documentary dropped, Venomtech out of the UK, they make and manufacture snake venom peptides, they did a press release and they said - two days after Watch the Water dropped - they said, "We are one of the world's largest manufacturers of snake venom peptides. We are introducing to the pharmaceutical world that we now

have nanocarrier technology that we can bind with the snake venom peptides and you can deliver these snake venom peptides via water delivery."

Jonathan Otto: ([20:14](#))

Why would they say that?

Dr. Bryan Ardis: ([20:16](#))

The reason why they would say that is almost every snake venom drug right now is in a dry pill form, capsule or an injection. What they're now telling you is pharmaceutical companies, if you would like to use our snake venom peptides as a drug to sell to patients, all you got to do is put the snake venom drops in water and just have them drink it. You won't have to swallow a pill, do an injection, you can actually just drink it like its water. Well, I'm not sure that this company figured that out in 48 hours after my Watch the documentary dropped or Watch the Water documentary dropped. They've obviously had this research for years and any medical doctor and scientist on the planet who says you can't get snake venom past your gastric juices, there's like a hundred pharmaceutical drugs right now being sold for decades that are in dry tablet form that you swallow and it is made from snake venom. They have figured out for decades how to get snake venom past your gastric juices and into your bloodstream to affect our physiology.

Conclusion

It's terrifying to think that we live in a world with so much evil and destruction. It's also shocking that our global government, health authorities, and medical systems, who we're supposed to trust, are abusing this trust to carry out malicious agendas. But the reality is that they have been inflicting harm on us for years now and the so-called pandemic was a huge moment of awakening for all of us.

There is good to be taken from this though, and that's the opportunity for us to build systems that we can trust. The past three years have taught us about the key role that natural medicine plays in helping us to strengthen our immune systems and optimize our health - without the use of western medicines and intervention.

We've seen that with the right tools, we can overcome the global governments' evil agendas without having to live in fear. And although governments are using advanced technologies to create viruses and vaccines that can be deadly, we have equally as talented doctors who are uncovering the solutions and treatments to protect us.

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