

Comment on the Regulations.gov Document - OMB-2021-0007: Determination Regarding the Revised Safer Federal Workforce Task Force Guidance for Federal Contractors and the Revised Economy and Efficiency Analysis

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2021-12-15

Useful Quotes on the Sordid History of Vaccinations/Serums/Inoculations

“This brief statement of the early history of vaccination has been introduced here in order to give what seems to be a probable explanation of the remarkable fact that a large portion of the medical profession accepted, as proved, that vaccination protected against a subsequent inoculation of small-pox, when in reality there was no such proof, as the subsequent history of small-pox epidemics has shown. The medical and other members of the Royal Commission could not realize the possibility of such a failure to get at the truth. Again and again they asked the witnesses above referred to to explain how it was possible that so many educated specialists could be thus deceived. They overlooked the fact that a century ago was, as regards the majority of the medical profession, a pre-scientific age; and nothing proves this more clearly than the absence of any systematic “control” experiments, and the extreme haste with which some of the heads of the profession expressed their belief in the lifelong protection against small-pox afforded by vaccination, only four years after the discovery had been first announced. This testimony caused Parliament to vote Jenner £10,000 in 1802.

“Ample proof now exists of the fallacy of this belief, since vaccination gives no protection (except perhaps for a month or two) as will be shown later on. But there was also no lack of proof in the first ten years of the century; and had it not been for the unscientific haste of the medical witnesses to declare that vaccination protected against small-pox during a whole lifetime—a fact of which they had not and could not possibly have any evidence—this proof of failure would have convinced them and have prevented what is really one of the scandals of the nineteenth century. These early proofs of failure will be now briefly indicated.

“Only six years after the announcement of vaccination, in 1804, Dr. B. Moseley, Physician to Chelsea Hospital, published a small book on the cow-pox, containing many cases of persons who had been properly vaccinated and had afterward had small-pox; and other cases of severe illness, injury, and even death resulting from vaccination; and these failures were admitted by the Royal Jennerian Society in their Report in 1806. Dr. William Rowley, Physician to the St. Marylebone Infirmary, in a work on “Cow-pox Inoculation” in 1805, which reached a third edition in 1806, gave particulars of 504 cases of small-pox and injury after vaccination, with seventy-five deaths. He says to his brother medical men: “Come and see. I have lately had some of the worst species of malignant small-pox in the Marylebone Infirmary, which many of the faculty have examined and know to have been vaccinated.” For two days he had an exhibition in his Lecture Room of a number of children suffering from terrible eruptions and other diseases after vaccination.

-*The Wonderful Century: Its Successes and Its Failures* By Alfred Russel Wallace, 1899, pages 218-219, <https://archive.org/details/wonderfulcentury028485mbp/mode/2up>

“With the increased use of therapeutic serums in the past twenty years, much has been written of the various manifestations of anaphylaxis. Urticaria, arthralgia, adenopathy and cardiac collapse are well known complications of serum therapy. Coma and occasionally death have been reported following serum injection. Many reports of multiple neuritis and myelitis following the use of Pasteur treatment have appeared, and encephalitis following vaccination is well known. Another unpleasant complication of prophylactic efforts, and fortunately one less frequently seen, is multiple neuritis.”

-George Wilson, M.D. and Samuel B. Hadden, M.D., Neuritis and Multiple Neuritis Following Serum Therapy, *JAMA*. 1932;98(2):123-125, January 9, 1932 [<https://jamanetwork.com/journals/jama/article-abstract/1153665>]. Also archived at <https://archive.vn/Nw4nq>.

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

–page 17 of the US Food and Drug Administration (FDA): Vaccines and Related Biological Products Advisory Committee October 22, 2020 Meeting Presentation By Steve Anderson, PhD, MPP lists the aforementioned for “FDA Safety Surveillance of COVID-19 Vaccines: DRAFT Working list of possible adverse event outcomes”; <https://www.fda.gov/media/143557/download> {**Please Note:** That link is no longer available from the original URL, but it is archived at <https://web.archive.org/web/20201126033341/https://www.fda.gov/media/143557/download> [Recovered with the Internet Archive: Wayback Machine]}

“It is estimated that approximately (b) (4) doses of BNT162b2 were shipped worldwide from the receipt of the first temporary authorisation for emergency supply on 01 December 2020 through 28 February 2021.

“Cumulatively, through 28 February 2021, there was a total of 42,086 case reports (25,379 medically confirmed and 16,707 non-medically confirmed) containing 158,893 events. Most cases (34,762) were received from United States (13,739), United Kingdom (13,404) Italy (2,578), Germany (1913), France (1506), Portugal (866) and Spain (756); the remaining 7,324 were distributed among 56 other countries.

“... the System Organ Classes (SOCs) that contained the greatest number ($\geq 2\%$) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).”

There were 1,223 fatalities reported during that period.

–5.3.6 Cumulative Analysis of Post–Authorization Adverse Event Reports of PF–07302048 (BNT162B2) Received Through 28–Feb–2021 Report Prepared by: Worldwide Safety Pfizer [<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>]

“The Ministry of Health, Labour and Welfare (MHLW) {in Japan} announced on October 22, 2021 that they received a total of 1308 reports of death after inoculation of COVID-19 vaccine by October 15, (1268 and 44 reports after Pfizer’s and Moderna’s, respectively). These death cases include 3 teens (all males) for whom brief case-reports are available.”

–COVID-19 vaccination: 3 teens died: Causal link is suspected By Med Check Editorial Team {Translated and revised from Web-MedCheck in Japanese No 197 (Oct. 30, 2021)}; Appeared in *Med Check*, August–December 2021, Volume 7, Number 21–22 [<https://www.npojip.org/english/MedCheck/Med%20Check%20Tip-20-2021-08&12.pdf>]

Direct Response to the Notice of Determination

I began this Public Comment with relevant quotes about the sordid history of the modern-vaccination policy so that people have a greater understanding of the death and destruction that has followed these medical procedures since the late 1700s up to the present-day.

Regarding the Determination Regarding the Revised Safer Federal Workforce Task Force Guidance for Federal Contractors and the Revised Economy and Efficiency Analysis, it is important to note that the clinical trials for the ModernaTX, Inc. experimental gene therapy injection (falsely called a “vaccine”) won’t end until **October 27, 2022** [<https://clinicaltrials.gov/ct2/show/NCT04470427>] and the clinical trials for the Pfizer-BioNTech experimental gene therapy injection (falsely called a “vaccine”) won’t end until **July 30, 2023** [<https://clinicaltrials.gov/ct2/show/NCT04848584>].

Thus, Office of Management and Budget (OMB), why is an experimental medical product/device being mandated, for compliance, for federal contractors and/or federal subcontractors to prevent a non-existent dis-ease? [Please note that there is no dis-ease called “COVID-19” as there has not been a properly isolated and purified viral specimen that has been shown to be the only possible cause of anyone’s illness and/or death anywhere on the planet. Please refer to the *Questioning the “germ theory of disease causation”*, *Proof of Isolation of the SAR-COV-2 virus Questions & Proof of Isolation of the SAR-COV-2 virus Resources* for questions and resources that expose the scientific fallacy of the “germ theory of ‘dis-ease’ causation.”]

How does ensuring that both federal contractors and/or federal subcontractors receive an experimental medical product/device that has the potential of causing the following, but not limited to, adverse reactions {according to Appendix 1. List of Adverse Events of Special Interest of the 5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021 Report Prepared by: Worldwide Safety Pfizer [<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>]};

“1p36 deletion syndrome; 2-Hydroxyglutaric aciduria; 5’nucleotidase increased; Acoustic neuritis; Acquired C1 inhibitor deficiency; Acquired epidermolysis bullosa; Acquired epileptic aphasia; Acute cutaneous lupus erythematosus; Acute disseminated encephalomyelitis; Acute encephalitis with refractory, repetitive partial seizures; Acute febrile neutrophilic dermatosis; Acute flaccid myelitis; Acute haemorrhagic leukoencephalitis; Acute haemorrhagic oedema of infancy; Acute kidney injury; Acute macular outer retinopathy; Acute motor axonal neuropathy; Acute motor-sensory axonal neuropathy; Acute myocardial infarction; Acute respiratory distress syndrome; Acute respiratory failure”

... to

“Vascular graft thrombosis; Vascular pseudoaneurysm thrombosis; Vascular purpura; Vascular stent thrombosis; Vasculitic rash; Vasculitic ulcer; Vasculitis; Vasculitis gastrointestinal; Vasculitis necrotising; Vena cava embolism; Vena cava thrombosis; Venous intravasation; Venous recanalisation; Venous thrombosis; Venous thrombosis in pregnancy; Venous thrombosis limb; Venous thrombosis neonatal; Vertebral artery thrombosis; Vessel puncture site thrombosis; Visceral venous thrombosis; VIth nerve paralysis; VIth nerve paresis; Vitiligo; Vocal cord paralysis; Vocal cord paresis; Vogt-Koyanagi-Harada disease; Warm type haemolytic anaemia; Wheezing; White nipple sign; XIth nerve paralysis; X-ray hepatobiliary abnormal; Young’s syndrome; Zika virus associated Guillain Barre syndrome”

reduce absenteeism due to illness and/or death of the contracted and/or subcontracted person; decrease the labor costs associated with the contracted and/or subcontracted people themselves (and their respective employers); promote economy (other than increasing the economic activities associated with caring for a sick person or for a deceased person; and/or promote efficiency?

Has any OMB legal experts reviewed this Determination Regarding the Revised Safer Federal Workforce Task Force Guidance for Federal Contractors and the Revised Economy and Efficiency Analysis to ensure that all components of the Nuremberg Code are satisfied (as the medical technologies being mandated by the Safer Federal Workforce Task Force guidance are experimental & the clinical trials are ongoing, thus this is medical research/experimentation being done on the global populace).

The following sections provide either more questions and/or more resources to solidify the reasoning behind my disapproval of the Determination Regarding the Revised Safer Federal Workforce Task Force Guidance for Federal Contractors and the Revised Economy and Efficiency Analysis Notice of Determination.

Genetic Engineering and Nanotechnology Questions

- 1) Do any of the Food & Drug Administration (FDA) Emergency Use Authorization (EUA) “vaccinations” contain genetically engineered components?
- 2) If so, then which ones do?

- 3) If so, then is this information provided to the general public as well as to the FDA? If it's not being provided to both the general public and the FDA, then why not?
- 4) Do any of the Food & Drug Administration (FDA) Emergency Use Authorization (EUA) "vaccinations" contain nanotechnology, including, but not limited to, {self-assembling} nanoparticles? ¹
- 5) If so, then which ones do?
- 6) If so, then is this information provided to the general public as well as to the FDA? If it's not being provided to both the general public and the FDA, then why not?
- 7) Are any of the Food & Drug Administration (FDA) Emergency Use Authorization (EUA) "vaccine\$" (and/or any of the other "vaccines" administered around the world) created using gene editing technology?
- 8) If so, then which ones are? If so, then is this information provided to the general public as well as to the FDA?
- 9) If it's not being provided to both the general public and the FDA, then why not?
- 10) Are the genetically engineered mosquitoes that have been approved for release in Florida (and elsewhere?) been given the ability to inject the unsuspecting public with any "COVID-19" "vaccine(s)"?
- 11) If so, then which "vaccine(s)"?
- 12) Does the FDA recommend any technique(s) so that people can remove the genetically-altered particles and/or nanotechnology resulting from being injected by the "vaccines" from our bodies safely and effectively?
- 13) If not, then why not since the FDA has allowed this contamination to enter the EUA "vaccines" (and possibly previous vaccines)?
- 14) As it has been previously documented that genetic engineering is not completely safe, then why has the FDA allowed genetically engineered ingredients in vaccines?
- 15) As it has been previously documented that nanotechnology is not completely safe, then why has the FDA allowed nano ingredients in vaccines?

Genetic Engineering of Foods to Genetically Engineered Vaccination\$ (Including Nanotechnology) Resources

<https://store.globalresearch.ca/store/seeds-of-destruction/>

Seeds of Destruction: Hidden Agenda of Genetic Manipulation

By F. William Engdahl [<http://www.engdahl.oilgeopolitics.net/> – Geopolitics — Geoeconomics]

<https://academic.oup.com/intimm/article/33/10/521/6194108>

Development of COVID-19 vaccines utilizing gene therapy technology

By Hironori Nakagami, *International Immunology*, Volume 33, Issue 10, October 2021, Pages 521–527. Also archived at <https://archive.vn/LEJMd>

<https://pubs.acs.org/doi/10.1021/acspsci.0c00071>

Double-Barreled CRISPR Technology as a Novel Treatment Strategy For COVID-19

By Dhanusha A. Nalawansa and Kusal T. G. Samarasinghe, *ACS Pharmacol. Transl. Sci.* 2020, 3, 5, 790–800. Also archived at <https://archive.ph/FYsnF>

¹ <https://science.house.gov/imo/media/doc/Fauci%20Testimony.pdf> | Anthony S. Fauci, M.D., The Role of the National Institute of Allergy and Infectious Diseases in Research on Influenza Vaccine Innovation Testimony before the House Committee on Science, Space, and Technology

<https://www.medcraveonline.com/IJVV/IJVV-04-00072.pdf>

New Quality–Control Investigations on Vaccines: Micro– and Nanocontamination

By Antonietta M Gatti and Stefano Montanari, *International Journal of Vaccines and Vaccination*, Volume 4 Issue 1 – 2017

<https://news.mit.edu/2016/programmable-rna-vaccines-0704>

Engineers design programmable RNA vaccines: Tests in mice show the vaccines work against Ebola, influenza, and a common parasite.

By Anne Trafton, July 4, 2016. Also archived at <https://archive.ph/kgMrp>

<https://www.anhinternational.org/news/what-s-in-the-jabs-they-re-so-desperate-to-give-us/>

Alliance For Natural Health International: What's in the jabs they're so desperate to give us?

By Rob Verkerk PhD, 8 December 2021

<https://www.drrobertyoung.com/post/why-are-cytotoxic-carbon-nanotubes-or-nanoworms-found-in-mrna-vaccines>

Why Are Cytotoxic Carbon NanoTubes or NanoWorms Found In mRNA Vaccines?

By Robert O Young DSc, PhD, Apr 24, 2021

<https://www.globalresearch.ca/video-graphene-oxide-a-toxic-substance-in-the-vial-of-the-covid-19-mrna-vaccine/5750340>

Video: Graphene Oxide: A Toxic Substance in the Vial of the COVID-19 mRNA Vaccine

By Ricardo Delgado and Prof Michel Chossudovsky, Global Research, July 17, 2021

<https://news.mit.edu/2018/single-injection-vaccine-polio-virus-0521>

A single-injection vaccine for the polio virus: Nanoparticles could offer a new way to help eradicate the disease worldwide.

By Anne Trafton, May 21, 2018. Also archived at <https://archive.ph/lbaPg>

<https://www.greenmedinfo.com/blog/bill-gates-and-intellectual-ventures-funds-microchip-implant-vaccine-technology1>

Bill Gates and Intellectual Ventures Funds Microchip Implant Vaccine Technology

Written By Celeste McGovern, April 14th 2020

<https://news.mit.edu/2017/one-vaccine-injection-could-carry-many-doses-0914>

One vaccine injection could carry many doses: Microparticles created by new 3-D fabrication method could release drugs or vaccines long after injection.

By Anne Trafton, September 14, 2017. Also archived at <https://archive.ph/Z1Nfl>

<https://greatgameindia.com/flying-syringes-bill-gates-mosquitoes-vaccines/>

Flying Syringes — Bill Gates Wants To Release Genetically Modified Mosquitoes To Inject You With Vaccines, February 26, 2021

<https://gcgh.grandchallenges.org/grant/production-transgenic-mosquito-flying-syringe-deliver-protective-vaccine-saliva>

Global Grand Challenges Awarded Grant: Production of a Transgenic Mosquito, as a Flying Syringe, to Deliver Protective Vaccine via Saliva. Also archived at <https://archive.ph/cJCnZ>

<https://www.dailymail.co.uk/news/article-9460389/Pentagon-scientists-invent-microchip-senses-COVID-19-body-symptoms.html>

Pentagon scientists reveal a 'gel sensor' that detects infection in your body BEFORE you show symptoms and a filter that extracts the COVID-19 virus from blood

By Harriet Alexander For Dailymail.com, 11 April 2021. Also archived at <https://archive.vn/LRdXn>

<https://www.scientificamerican.com/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/>

Invisible Ink Could Reveal whether Kids Have Been Vaccinated: The technology embeds immunization records into a child's skin

By Karen Weintraub on December 18, 2019. Also archived at <https://archive.ph/2Kx6D>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361141/>

Quantum dots as a promising agent to combat COVID-19

By Selvambigai Manivannan and Kumar Ponnuchamy, *Appl Organomet Chem.* 2020 Jun 26: e5887. Also archived at <https://archive.ph/Jq0l4>

<https://stm.sciencemag.org/content/11/523/eaay7162>

Biocompatible near-infrared quantum dots delivered to the skin by microneedle patches record vaccination

By McHugh, Kevin J. and Jing, Lihong and Severt, Sean Y. and Cruz, Mache and Sarmadi, Morteza and Jayawardena, Ha-puarachchige Surangi N. and Perkinson, Collin F. and Larusson, Fridrik and Rose, Sviatlana and Tomasic, Stephanie and Graf, Tyler and Tzeng, Stephany Y. and Sugarman, James L. and Vlastic, Daniel and Peters, Matthew and Peterson, Nels and Wood, Lowell and Tang, Wen and Yeom, Jihyeon and Collins, Joe and Welkhoff, Philip A. and Karchin, Ari and Tse, Megan and Gao, Mingyuan and Bawendi, Mounqi G. and Langer, Robert and Jaklenec, Ana, *Science Translational Medicine*, Volume 11, Number 523, 2019. Also archived at <https://archive.ph/jKG8U>

Troubling Questions About the Scientific Validity of the Test\$

- 16) Was the PCR (polymerase chain reaction) test created to diagnose “dis-ease”? If not, then why is it being used to attempt to diagnose “dis-ease”?
- 17) Has any “health” authority in the world been successful at isolating the “SARS-CoV-2 virus” (“coronavirus”) from “patient-zero” in Wuhan, China? If not, then why not? ²
- 18) Has that isolated “virus” been used in the production of all of the “COVID-19” “dis-ease”-confirming tests? If not, then why not? If not, then what genetic material, if any, is being used in the test kits? ³
- 19) If the “SARS-CoV-2 virus” has yet to be properly isolated, what genetic material is being used in the (RT)-PCR tests & the antibody tests [a protein is created in a response to what genetic material]?
- 20) Which primer(s) are being used with the specific (RT)-PCR test that was used on you?
- 21) How many cycles were used in the specific (RT)-PCR test that was used on you?
- 22) What does a positive and/or negative (RT)-PCR test actually mean since there is no isolated and then purified “SARS-CoV-2 virus” to detect in you?
- 23) Which antibodies are to be identified with the specific antibody test that was used on you?
- 24) What does a positive and/or negative antibody test actually mean since the whole idea of antibodies is derived from the fraudulent “germ theory of disease causation”? ⁴
- 25) Are the test\$ a back-door method of vaccinating unsuspecting people? If so, is that ethical? If so, is that legal? If so, then who is legally liable for any adverse reactions from this method of vaccination? ⁵
- 26) Who is legally liable for any adverse reactions from any of the tests?
- 27) Who is legally liable for our DNA after it is processed & possibly sold to third-parties?

²https://www.questionuniverse.com/BMJ_rapid-response_Not_Accepted.html | Questioning the “germ theory of disease causation” (Letter to Editor Not Accepted by The BMJ) By Irucka Embry

³https://www.questionuniverse.com/BMJ_rapid-response_Not_Accepted.html | Questioning the “germ theory of disease causation” (Letter to Editor Not Accepted by The BMJ) By Irucka Embry

⁴<https://whatreallymakesyouill.com/antibodies-immunity-dispelling-two-more-myths/> | What Really Makes You Ill: Antibodies & Immunity: Dispelling Two More Myths By Dawn Lester, 5th October 2020

⁵<https://greatreject.org/vaccinated-via-pcr-test/> | Johns Hopkins University confirms: You can be vaccinated with a PCR test, even without knowing by GreatReject, 18/02/2021; <https://principia-scientific.com/are-pcr-tests-secret-vaccines/> | Are PCR Tests Secret Vaccines? Written by John O’Sullivan, Published on December 2, 2020; <https://hub.jhu.edu/2020/11/25/theragrripper-gi-tract-medicine-delivery/> | Johns Hopkins researchers take inspiration from parasitic work for medicine delivery: “Theragrippers” are tiny, shape-changing machines that deliver medicine efficiently to the GI tract By Patrick Smith / Published Nov 25, 2020. Also archived at <https://archive.vn/TOIHH>

- 28) Why is the DNA of all Human Beings & all other Biological Life wanted? What is the ultimate end game of having everyone's genetic material?
- 29) Why was a sample of the following items positively confirmed as "COVID-19" positive via the PCR test for the not-ever isolated nor purified "SARS-CoV-2 virus" ("coronavirus"): a) a goat, b) a papaya, c) a quail, and d) a can of Coca-Cola?

6

Questioning the "germ theory of disease causation"

This next section questions the "germ theory of disease causation" which is the foundation of vaccines. It is my opinion, through many years of research, that this theory has never been proven and that the founder of the modern adaptation of the theory, Louis Pasteur, was a known fraud during his lifetime.

The following questions were posed in a rapid response to a couple of articles from *The BMJ*; however, my response was not accepted. The full response, of which the following questions are an excerpt, can be found online at https://www.questionuniverse.com/BMJ_rapid-response_Not_Accepted.html.

- 30) Has anyone actually proved that "germs" cause "dis-ease" thus confirming all of Robert Koch's Postulates as well as Thomas M. River's Postulates? Has this been reproduced?
- 31) Has anyone actually proved that the "SARS-CoV-2 virus" ("coronavirus") causes the "dis-ease" named "COVID-19" thus confirming all of Robert Koch's Postulates as well as Thomas M. River's Postulates? Has this been reproduced? If not, then why not? And if not, then why has the world been so drastically changed?
- 32) Has any "health" authority in the world been successful at isolating the "SARS-CoV-2 virus" ("coronavirus") from "patient-zero" in Wuhan, China? If not, then why not?
- 33) Has that isolated "virus" been used in the production of all of the "COVID-19" "dis-ease"-confirming tests? If not, then why not?
- 34) Was that isolated "virus" used in the production of the numerous "COVID-19" vaccines? If not, then why not? If not, then what genetic material, if any, is being used in the vaccines?
- 35) If "viruses" are not alive, then how are they attenuated? Do "viruses" actually exist or are they exosomes?
- 36) If "germs" don't cause "dis-ease", then through what process(es) do we become sick/ill?
- 37) How many people have been adversely affected, including dying, from the applications of the fraudulent "germ theory of disease causation" and its affiliates (antibiotics, antibacterials, vaccines/serums/inoculations/anti-toxins, etc.) over the past several centuries?

Proof of Isolation of the SAR-COV-2 virus Questions

This section requests proof of the isolation of the "SARS-CoV-2 virus" which is the basis for the FDA EUA and other government responses, including this notice of determination.

⁶<https://greatgameindia.com/tanzania-kicks-out-who-after-goat-papaya-samples-came-covid-19-positive/> | Tanzania Kicks Out WHO After Goat & Papaya Samples Came COVID-19 Positive, May 11, 2020; https://www.youtube.com/watch?v=0-aGdBh_sXI&t=271s | Unfassbar: Cola positiv auf Corona getestet!, Premiered Dec 10, 2020. Also archived at <https://archive.vn/umlcc>

Please note that on 2 November 2020, the Centers for Disease Control and Prevention (CDC) [<https://www.fluoridefreepeel.ca/wp-content/uploads/2020/11/USA-CDC-Virus-Isolation-Response-Scrubbed.pdf>] stated that “**A search of our records failed to reveal any documents pertaining to your request.**” in response to a FOIA request for records concerning the isolation of the same “SARS-CoV-2 virus”. If the CDC does not have any records of isolating the “SARS-CoV-2 virus” (“coronavirus”), how did it determine that that “virus” is the cause of “COVID-19”? How did the CDC rule out other possibilities?

Below is a useful quote concerning the lack of isolation and purification of the “SARS-CoV-2 virus”:

- “Test performance can be affected because the epidemiology and clinical spectrum of infection caused by 2019-nCoV is not fully known. For example, clinicians and laboratories may not know the optimum types of specimens to collect, and, during the course of infection, when these specimens are most likely to contain levels of viral RNA that can be readily detected.
- “Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.
- “The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.
- “The performance of this test has not been established for screening of blood or blood products for the presence of 2019-nCoV.
- “This test cannot rule out diseases caused by other bacterial or viral pathogens.

...

“The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies. **Since no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed and this study conducted**, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/μL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen. Samples were extracted using the QIAGEN EZ1 Advanced XL instrument and EZ1 DSP Virus Kit (Cat# 62724) and manually with the QIAGEN DSP Viral RNA Mini Kit (Cat# 61904). Real-Time RT-PCR assays were performed using the Thermo Fisher Scientific TaqPath™ 1-Step RT-qPCR Master Mix, CG (Cat# A15299) on the Applied Biosystems™ 7500 Fast Dx Real-Time PCR Instrument according to the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel instructions for use. [my emphasis]

...

“In response to strong demand for higher throughput testing approaches as well as a global shortage of nucleic acid extraction reagents causing significant delays in testing, the CDC has evaluated specimen pooling and determined that pooling of up to 4 specimens is suitable for use with the 2019-nCoV Real-Time RT-PCR Diagnostic Panel.

“Specimen pooling may cause a slight reduction in test sensitivity and therefore may be most appropriate for screening or diagnostic testing when laboratory staff, equipment or reagents are insufficient to accommodate testing demand. Specimen pooling only presents a throughput advantage when the disease prevalence is low. Therefore, laboratories should monitor specimen positivity rates over time to determine if pooling of specimens continues to provide a test throughput advantage over individual specimen testing. ...

“While this procedure describes the process to prepare, process and test a pool size of up to 4 specimens, specimen pool sizes from 2-4 are authorized for use with the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. When using a pool size of less than 4 specimens, please use the following instructions as a model. Pooled specimen input volume and the pooled specimen to lysis buffer volume ratios must remain as prescribed below (not a lower proportion of lysis buffer) to ensure inactivation of SARS-CoV-2 in patient specimens. An N-pool specimen approach should include equal volumes of each of the N specimens pooled together to create the total pooled specimen input volume required under the below pooled specimen extraction instructions.”

-CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel For Emergency Use Only Instructions for Use Catalog # 2019-nCoV-EUA-01 1000 reactions For In-vitro Diagnostic (IVD) Use Rx Only, Effective 07/21/2021; pages 38, 40, and 58; <https://www.fda.gov/media/134922/download>. Also archived at <https://web.archive.org/web/20211128201404/https://www.fda.gov/media/134922/download> – Recovered with the Internet Archive: Wayback Machine

- 38) Has the Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH), and/or the FDA properly isolated the “SARS-CoV-2 virus” directly from a sample taken from a COVID-19-diseased patient where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells, liver cancer cells, etc.)?

Please note that I am using “isolation” in the everyday sense of the word: the act of separating a thing(s) from everything else. I am not referring to the “isolation of SAR-COV-2” as it relates to:

- the culturing of something,
- the performance of an amplification test (i.e. a [RT-]PCR test), or
- the sequencing of something.

I am asking, if the Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH), and/or the FDA has properly isolated the “SARS-CoV-2 virus” which was also present in “patient zero” in Wuhan, China?

If so, then how was this confirmation achieved? Does the CDC, NIH, and/or FDA have a sample of the isolated “SARS-CoV-2 virus” from “patient zero” in Wuhan, China? If not, then what was used for this confirmation?

Essentially, I am trying to determine if Postulate 2 of Robert Koch’s Postulates has been satisfied. Below I am enclosing his 4 postulates:

- The germ must be found in all cases of the disease.
 - The germ must be isolated from the host and grown in pure culture.
 - The purified germ must cause the disease again in another host.
 - The germ must then be isolated from the newly infected host.
- 39) Please provide the names of studies that indisputably show that “SARS-CoV-2 virus” has been proven to exist (complete purification, isolation and definition of biochemical properties plus electron micrograph).
- 40) Please provide the names of studies that indisputably show that the aforementioned “virus” causes a disease called COVID-19 (and also that other factors like malnutrition, toxins, etc. do not at least co-determine the course of disease). Please note that industrial poisons, various drugs (such as antipsychotics, opioid analgesics, anticholinergics, and/or antidepressants) may be a cause of respiratory diseases, such as pneumonia and thus also “COVID-19”.
- 41) Please note that on 2 November 2020, the Centers for Disease Control and Prevention (CDC) [<https://www.fluoridfreepel.ca/wp-content/uploads/2020/11/USA-CDC-Virus-Isolation-Response-Scrubbed.pdf>] stated that **A search of our records failed to reveal any documents pertaining to your request.** in response to a FOIA request for records concerning the isolation of the same “SARS-CoV-2 virus”. If the CDC does not have any records of isolating the “SARS-CoV-2 virus” (“coronavirus”), how did it determine that that virus is the cause of COVID-19? How did the CDC rule out other possibilities?
- 42) Please provide the names of at least two studies that indisputably show that “vaccinations”, including the “COVID-19 vaccines”, are completely safe and effective.
- 43) If the CDC, NIH, and/or FDA can not fully satisfy Robert Koch’s Postulates for the “SARS-CoV-2 virus”, then does an emergency actually exist?
- 44) If an emergency does not exist, then have employees and/or contractors of the CDC, NIH, and/or FDA committed scientific fraud using federal government funds?
- 45) If an emergency does not exist, then why are vaccine passports needed?

- 46) If an emergency does not exist, then why have vaccines been rushed through without going through the usual approval process for a new vaccine?
- 47) If an emergency does not exist, then why are vaccines needed for every Human Being on this planet?
- 48) If an emergency does not exist and since people have died from the EUA vaccines in the ongoing clinical trials, then who is liable for the deaths of those people?
- 49) Also, who is liable for all of the people that have suffered other adverse reactions?

Proof of Isolation of the SAR-COV-2 virus Resources

I am enclosing the various resources that aided me in creating some of the questions in this section:

<https://rxisk.org/medications-compromising-covid-infections/>

RxISK: In the Midst of the SARS-COV-2 Pandemia, Caution is Needed With Commonly Used Drugs That Increase the Risk of Pneumonia

By Joan-Ramon Laporte, M.D. and David Healy MD FRCPsych

<https://andrewkaufmanmd.com/sovi/>

Statement On Virus Isolation (SOVI)

by Morell, Cowan & Kaufman

<https://www.whatdotheyknow.com/request/679566/response/1625332/attach/html/2/872%20FOI%20All%20records%20describing%20isolation%20of%20SARS%20COV%202.pdf.html>

WhatDoTheyKnow: Public Health England Documents held showing SARS-COV2 has been isolated and Causes COVID-19

<https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>

Fluoride Free Peel: FOIs reveal that health/science institutions around the world have no record of SARS-COV-2 isolation/purification, anywhere, ever

<https://www.torstenengelbrecht.com/en/virus-mania/>

Virus Mania: Corona/COVID-19, Measles, Swine Flu, Avian Flu, Cervical Cancer, SARS, BSE, Hepatitis C, AIDS, Polio, Spanish Flu: How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits at Our Expense

By Torsten Engelbrecht, Claus Köhnlein, MD, Dr. Samantha Bailey, MD, and Dr. Stefano Scoglio, pages 51 and 387, ISBN# 9783752629781

Collection of Resources Created by Irucka Embry, E.I.T. to provide more information related to this current crisis in perception

https://www.questionuniverse.com/oldway/electromagnetic_air_pollution.html

Electromagnetic Waves as an Indoor Air Pollutant

https://www.questionuniverse.com/oldway/electromagnetic_air_pollutions.pdf

Electromagnetic Waves as an Indoor Air Pollutant

https://www.questionuniverse.com/germs_disease_fraud.html

Germs Can Not & Do Not Cause Dis-ease: The “germ theory of disease causation” is a Fraud

https://www.questionuniverse.com/germs_disease_fraudD.pdf

Germs Can Not & Do Not Cause Dis-ease: The “germ theory of disease causation” is a Fraud

<https://www.questionuniverse.com/vaccination.html>

COVID-19 Vaccination/Experimental Gene Therapy & What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

<https://www.questionuniverse.com/vaccinationN.pdf>

COVID-19 Vaccination/Experimental Gene Therapy & What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

https://www.questionuniverse.com/face_hiding.html

Face Hiding For No Legitimate Reason (No “Coronavirus” Has Been Proven to Exist}

https://www.questionuniverse.com/face_hidingG.pdf

Face Hiding For No Legitimate Reason (No “Coronavirus” Has Been Proven to Exist}

https://www.questionuniverse.com/fake_test.html

COVID-19 Tests For Nothing (No “Coronavirus” Has Been Proven to Exist} & What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

https://www.questionuniverse.com/fake_testT.pdf

COVID-19 Tests For Nothing (No “Coronavirus” Has Been Proven to Exist} & What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

<https://www.questionuniverse.com/global.html>

What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

<https://www.questionuniverse.com/globals.pdf>

What You Are Not Being Told (This is Just the “Tip of the Iceberg”)

I want to thank you in advance for your time and consideration.

Irucka Embry, E.I.T.