Intent to Harm

"mRNA Vaccine Approval" was a farce. Deaths and injuries are real and intentional.

Sasha Latypova
Dec 13, 2022

Note: video presentation of this material is here. I am publishing this as a written piece since many people asked.

Totality of evidence to date points to the intentional harm by Covid-19 injections as well as all other "covid countermeasures". I am not going to spend much time demonstrating this in this article but will link extensive documented evidence sources. The shots as well as other "countermeasures" like lockdowns, suppression of effective early treatments, overuse of opioids behind the closed doors of hospitals and nursing homes, overuse of ineffective and harmful (but very profitable) remdesivir, finishing patients off on a ventilator, or simply starving them to death locked in the hospital "covid unit" are all nonsensical in the context of public health and are **toxic by design**. The mechanisms of injury are designed into C-19 injections. In layman terms, it simply trains your cells to attack and destroy themselves. It is only a matter of exposure – how much of this instruction is delivered where and in what amounts in your body, that determines whether you will drop dead from a heart attack or stroke within days to months or will deteriorate in slower and more painful (but profitable!) ways from cancer, neurodegeneration, autoimmune conditions, or other forms of chronic demise.

There is no safety nor efficacy in these products, instead we observe a horrific death and injury toll (VAERS, vSAFE, Eudravigilance, Yellow Card, etc. contain millions of reports). **Negative** efficacy, i.e. propensity to cause covid illness has been documented as well.

Meryl's COVID Newsletter

Negative vaccine efficacy keeps rearing its ugly head. Now Kaiser admits it.

Kaiser Permanente is both an insurance company and a healthcare provider company. It negotiates with employers once a year to set its health insurance rates. I wonder if Kaiser started getting worried at the amount of excess illness it was seeing. Once people are too sick to work, they lose their health insurance. But what if they are somewhat sick, …

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Then there is VERY bad manufacturing: Highly variable production, non-compliant with cGMP accompanied by no enforcement of cGMP by any agency anywhere. I will be republishing my extensive research on this topic on this substack in the the coming weeks.

Finally, all of this is maintained by a deeply malignant policy worldwide: government lies, cover-up, gaslighting of the injured, prosecution of dissent and whistleblowers, collusion with media, and massive perverse financing of the above.

If you do not see any of this by now, God help you, and I mean this with compassion.

If you DO see it, you are probably screaming at this point "I know!!! Why hasn't anything been done about this? Why are all regulators acting this way?" Here is why.

Key Legal Facts (read Katherine Watt's Bailiwick News if you want to survive this time in history):

Bailiwick News

American Domestic Bioterrorism Program

Research and organizing tool first posted April 28, 2022, subject to ongoing revision as new information comes to light. Last updated Dec. 07, 2022. Other formats: Sept. 2022 small-print PDF (67 pages); Sept. 2022 large-print PDF (101 pages); Nov. 2022…

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Congressional amendments to the 1938 FD&C Act and the 1944 PHS Act over decades had eliminated federal regulatory standards for production and use of products designated by the

FDA for “emergency use” during an HHS-declared, HHS-maintained “public health emergency.”

Specifically, 21 USC 360bbb-3(c) "Criteria for Issuance of Authorization": the law provides that the HHS Secretary may issue emergency use authorizations if he/she concludes:

- that, based on the totality of scientific evidence available to the Secretary, including data from adequate and well-controlled clinical trials, if available, it is reasonable to believe that—

- (A) the product may be effective in diagnosing, treating, or preventing—

> - (i) such disease or condition; or
>
> - (ii) a serious or life-threatening disease or condition caused by a product authorized under this section, approved or cleared under this chapter, or licensed under section 351 of the Public Health Service Act [42 U.S.C. 262], for diagnosing, treating, or preventing such a disease or condition caused by such an agent; and
>
> - (B) the known and potential benefits of the product, when used to diagnose, prevent, or treat such disease or condition, outweigh the known and potential risks of the product, taking into consideration the material threat posed by the agent or agents identified in a declaration under subsection (b)(1)(D), if applicable;

Note that the authority issuing emergency use authorizations is the HHS Secretary him/herself. There is also no applicable regulatory standard for issuing it other than the sole discretion of the HHS Secretary to make the determination of “may-be” efficacy. The scientific evidence does not need to be available to support this decision, and there are no hard scientific standards for assessing risks or benefits, “potential” is a sufficient standard here. There are also no stopping criteria or any process that would update/amend the decision of the HHS Secretary if and when new scientific data becomes available. What happens if more rigorous scientific data, for example larger datasets, collected over longer period become available and the findings contradict the decision made by the HHS Secretary based on small, hastily collected ones? There is no legal process defined to revise those decisions.

Of particular interest is a special category of products designated by the Department of Defense (DOD) as “prototype countermeasures”.

> - 10 USC 4022(a)(1) - “[T]he Director of [] (DARPA), the Secretary of a military department, or any other official designated by the Secretary of Defense may, under the authority of section 4021 of this title, carry out prototype projects that are directly relevant to enhancing the mission effectiveness of military personnel and the supporting platforms, systems, components, or materials proposed to be acquired or developed by the Department of Defense, or to improvement of platforms, systems, components, or materials in use by the armed forces.”

The language above is a lot of words that do not describe anything specific. These are simply "things that DOD needs". You don't need to know what they are. Because you already know what they are – they are weapons. Those are the things the DOD needs most of the time.

Final Piece of Legal Puzzle:

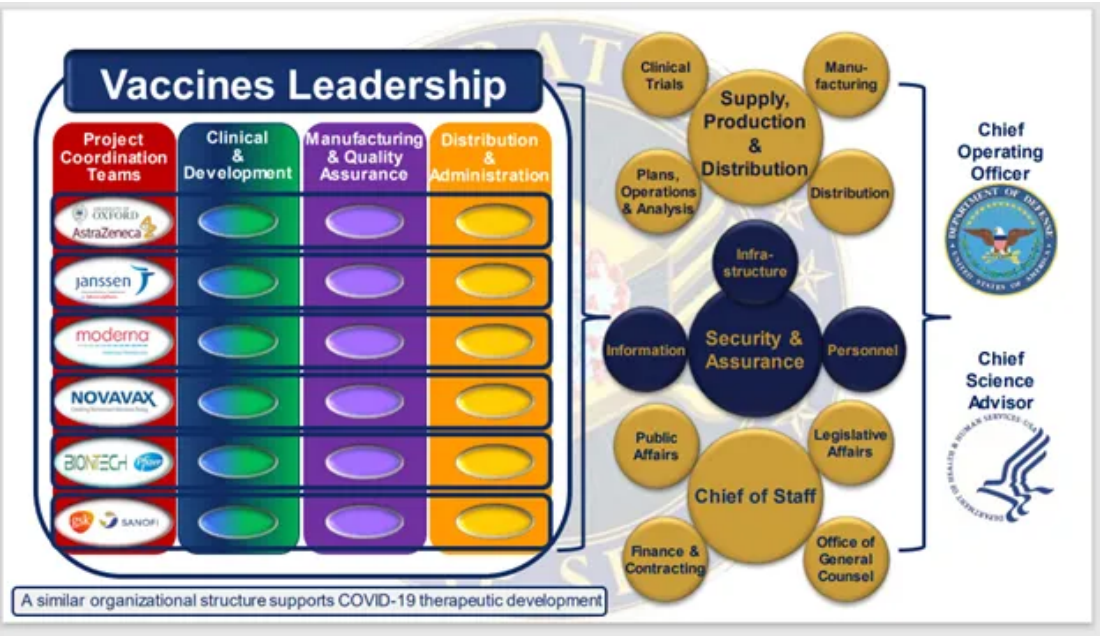
21 USC 360bbb-3(k): use of EUA-covered medical countermeasure (MCM) products, once designated as such by the Secretary of Health and Human Services (March 10, 2020, retroactive to February 4, 2020) "**shall not be considered to constitute a clinical investigation.**" 21 USC 360bbb-3(k). EUA law, adopted 1997 and amended 2003, 2004, 2005, 2013, 2017.

Countermeasures are legally NOT pharmaceutical products.

The FDA has no authority over them and cannot enforce any regulations. They only pretend that they do. This answers the question WHY the regulators are acting this way. They are acting. As in "theater acting".

DOD is in Charge of the Covid-19 Countermeasures Production:

Operation Warp Speed was advertised as a "collaborative" effort of the DOD and HHS to produce "safe and effective" Covid-19 vaccines. However, according to the organizational chart, the DOD was formally the Chief Operating Officer, while HHS had the Chief Science Advisor position. The orgchart below is from a document "VRBPAC-10.22.20-Meeting-Presentation-COVID19-Vaccine-Development-Portfolio".



Notably, the next senior most layer of organization is entirely US Government and includes all supervisory roles for manufacturing, clinical trials, distribution, public affairs, contracting, legal cover (of course!) Remember that DOJ lawyers were arguing on behalf of Pfizer in court, defending their "commercial secrets" as they were trying to hide clinical trial data for 75 years.

It all makes sense now. It is a US Government, specifically US Military-Government Enterprise. The pharmas are a third level down in this organization and a "fulfilling the orders". For "demonstrations" and "prototypes". Note that "a similar org structure supports therapeutics development" – all covid countermeasures were ordered and organized this way. It's all managed under the same DOD-lead operation.

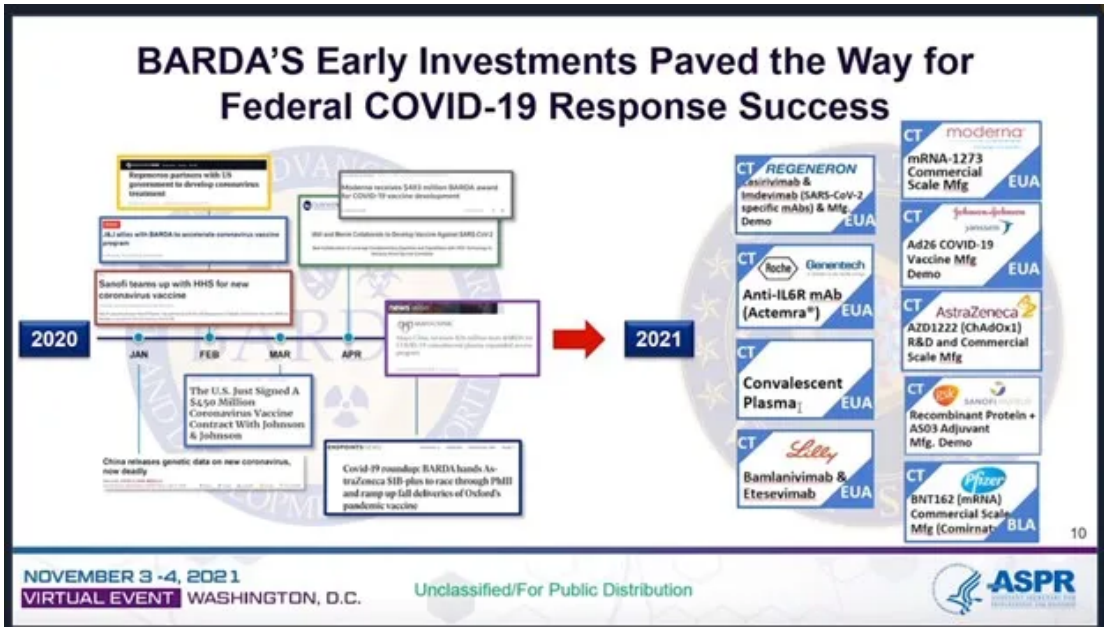
Here is a great early research piece by Whitney Webb (she saw it waaay earlier than I did) discussing the DOD leadership and ownership of Warp Speed. Another report by STAT pointed that out of roughly 90 leadership positions on the org chart, only 29 were not employed by the DOD.

Review of DOD Contracts for Covid Countermeasures:

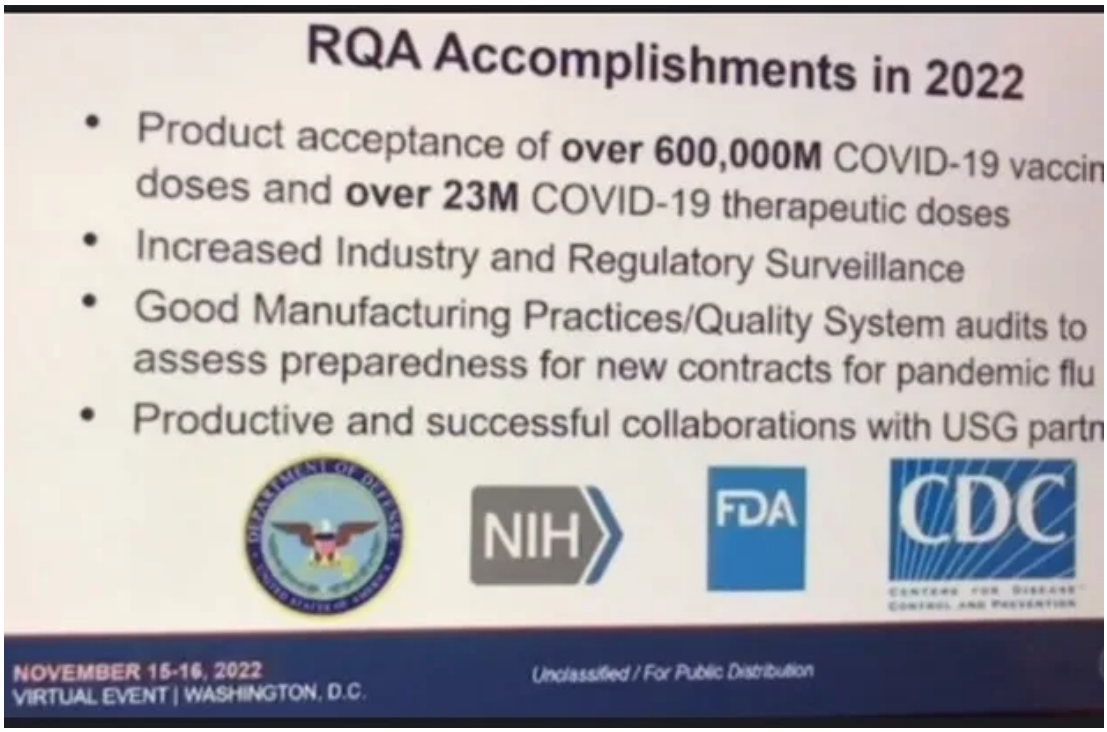
Other Transaction Authority (OTA) is a method of contracting particularly favored by the Department of Defense, which allows to order otherwise regulated products bypassing any such regulations, as well as accountability of standard government contracting, and other laws that regulate disclosure and IP derived from publicly funded research. This should surprise nobody. "Other" is a catchall category that is not a contract, not a research grant, not a procurement, etc., not any normally regulated/accountable government contracting.

DOD uses OTA to order vaguely defined "prototypes", "demonstrations" that are not subject to any regulatory scrutiny. DRAPA (within DOD) and BARDA (technically within HHS, but outside the FDA) distribute mega-dollars in various forms, including venture finance. BARDA recently reported that in 2020-2021 they have distributed $47.5 billion in R&D funding for "covid countermeasures", $33B of it for the covid-19 injections. Many DOD/BARDA contracts have been released in redacted form. For perspective, the entire US pharma R&D spend in roughly $100 billion per year, therefore BARDA controls the entire pharma R&D industry (50% from a single buyer is more than enough to control the whole).

Furthermore, in BARDA's own report, all this lavish spending was for "demonstrations" or at best "large scale manufacturing", not for "proven safe, effective, cGMP compliant products" – see language on the right-hand side of this chart. These technicalities and curious wording are very important.



It is also important to note that BARDA is NOT a pharma regulator in the US, the FDA is. It was a surprise to me when I watched a public BARDA event (BARDA Industry Day, November 15-16, 2022), where a BARDA representative claimed that their RQA (regulatory and quality assurance) department tested and released 600M covid vaccine doses and 23M therapeutic doses in the US, as well as increased "regulatory industry surveillance" and performed quality audits of the manufacturers. Huh? I want to find out which act of Congress transferred the FDA authority onto BARDA and when did that happen? The speaker presenting this material was Tremel Faison, Director of Regulatory and Quality Affairs Division of BARDA.



Note that BARDA website url is **https://medicalcountermeasures.gov/barda/** The DOD/BARDA contracts for "countermeasures" are run through a "manager". This manager is Advanced

Technology International (ATI) - ati.org. According to its website ATI is a "non-profit company" (That's a funny one!) Imagine "managing" gazillion dollars for building carriers, fighter jets and other DOD toys! Let me explain governmentspeak: "Non-profit" = "cost plus" = "guaranteed % profit x gazillion bucks" = better that peons in the private sector can ever dream of. Anyhow, ATI mostly manages R&D consortia for the Department of Defense for things like weapons manufacturing, metal casting and forging, ship production and technology aimed at "countering Weapons of Mass Destruction (WMDs)". Two of these consortia are "health" related, sort of.

Medical Technology Enterprise Consortium (MTEC) operating on behalf of the U.S. Army Medical Research and Development Command and includes tech for gene-editing, nanotechnology, "telehealth solutions," artificial limbs and brain implants. They are currently developing a wearable device to diagnose Covid-19 before symptoms appear. Really. They can tag you as a danger to society before you are infected with anything! Govern me harder please.

Medical CBRN Defense Consortium (MCDC) includes 318 large and small businesses and academic entities that "support the Department of Defense's (DoD) medical pharmaceutical and diagnostic requirements to counter Chemical, Biological, Radiological and Nuclear (CBRN) threat agents" and enable "prototype technologies for therapeutic medical countermeasures targeting viral, bacterial and biological toxin targets of interest to the DoD," including the development of vaccines.

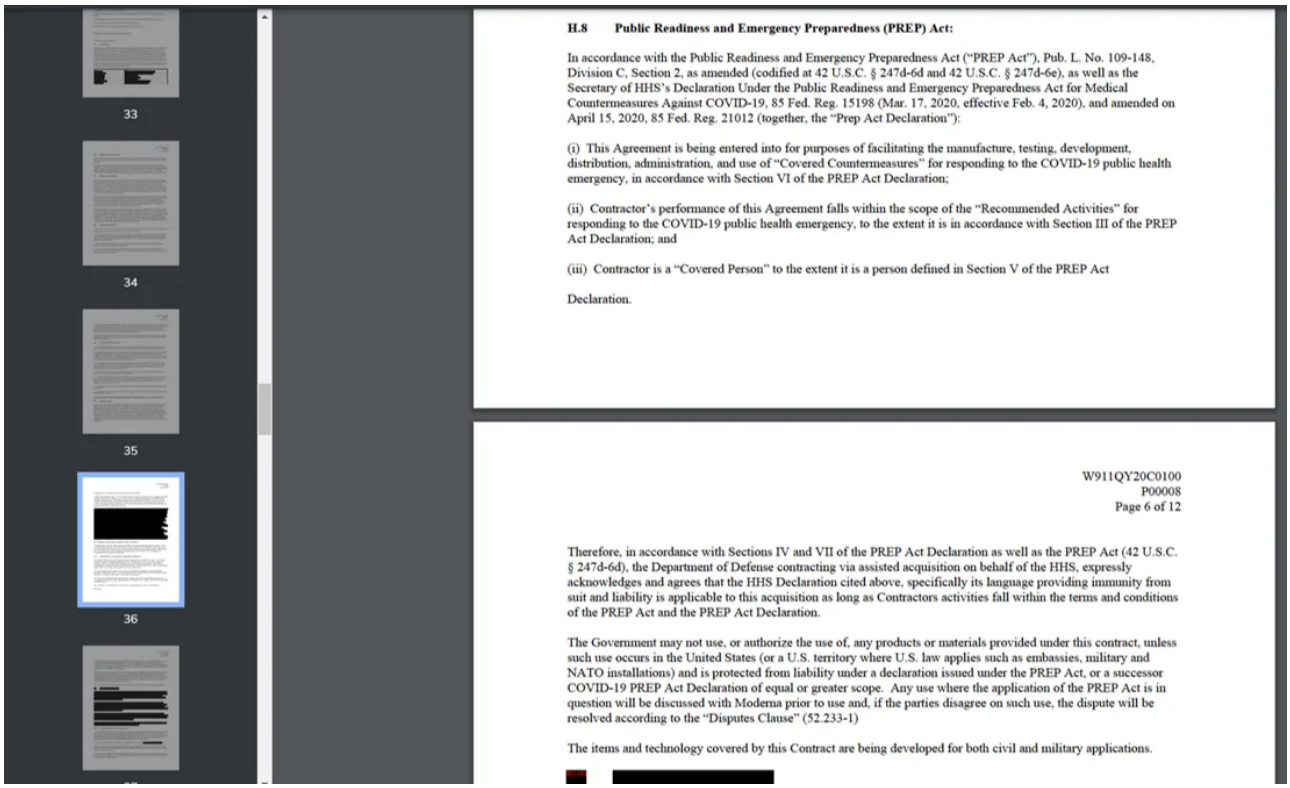
Through the mechanism of Other Transactional Authority, MCDC contracted with hundreds of companies to deliver all covid-related "countermeasures". Pfizer injections were ordered on July 20, 2020 through Base Agreement between Advanced Technologies Inc (ATI, a DOD vendor management co) and Pfizer, Inc., identified as MCDC Base Agreement No. 2020-532:

· July 21, 2020, MCDC Technical Direction Letter or Statement of Work (SOW) for "COVID-19 Pandemic - **Large Scale Vaccine Manufacturing Demonstration**" between Pfizer and DOD/Advanced Technologies Inc.

The review of Pfizer and Moderna contracts by which the DOD ordered hundreds of millions of Covid-19 injections revealed lack of real accountability for product safety, efficacy, or manufacturing quality from the pharma manufacturers, combined with a high degree of micromanagement and control from the contracting entity (DOD/BARDA). While the contracts are attempted to be described as "arms-length" deals, the control exerted by the DOD is overwhelming. Specifically, the contracts are for sums of money that would dwarf any existing legitimate medical product produced by pharma. Pfizer's contract was for $2 billion but extended to ~$10 billion, or up to 500 million doses. There is no real accountability other than "reasonable effort" standard applied to the manufacturer for quality or safety of the product. However, operational, data, FDA interactions and communications aspects of the contract are tightly micro-managed. The manufacturer is supposed to have daily calls/meetings with the DOD on the status of the project. Additionally, the communications of the pharma with the FDA are under tight control of the DOD. There is no possibility to have an independent

dialogue between pharma and the FDA (something all pharma companies are typically very sensitive about). Under OTA contracts, all communications with the FDA are reviewed and approved by BARDA, and any in person meetings are accompanied by up to four BARDA personnel.

Finally, the product is not serialized – i.e. unit doses are not barcoded and thus not traceable under normal pharmaceutical distribution rules which exist to flag any safety or quality issue in the supply chain. The product this is wide open to both falsification and adulteration. The product is shipped to DOD and handled through a "black box" DOD distribution system, ostensibly due to the cold chain storage requirements. The product is deemed "US Government property" until it is injected into a person. All persons performing any tasks along manufacturing, supply chain, distribution and administration of the shots are "covered persons" under PREP Act and are fully shielded from any liability as long as they follow orders. Regardless of place of employment, they are deemed US Government employees for purposes of this work. Furthermore, the DOD contracts describe these as "civil and military application". Here is the PREP Act clause from the Moderna contract. All DOD/HHS contracts have this clause:



Independent testing of the vials for verification of the product conformity to label is prohibited. In the US the vials are "US government property", and ex-US the purchasing contracts prohibit vial testing on importation explicitly.

The conclusion that emerges from these facts is that the regulatory development, clinical trials, review, and approval of data in relation to the "prototype countermeasures" is a sham, a farce, a theatrical performance designed to build a false sense of trust and thus fool the public into

injecting themselves with “prototypes” that lack disclosure or any way to assure safety, efficacy, conformity, purity, consistency and other characteristics expected of medical products.

The legal facts that any use of EUA covered medical countermeasures under PHE is not a clinical investigation were known to Pfizer executives who signed the July 2020 contracts, and also known to DOD/ATI and HHS officials signing those contracts. However, all these parties, including the FDA officials proceeded playing their role by pretend- "authorizing" the products.

Those legal facts were not known to the audience for the performance - the investigators, subjects and world public who were told that these were authentic clinical investigations and that the results were showing the products to be "safe and effective." The public in the US and worldwide was deceived by this sham theatrical performance.

Art piece for today is the Apocalypse. I do not believe we are living through the real-deal one, only a theatrical performance scripted to look like one. It is fundamentally a bluff by desperate (small) clique of deeply evil monsters. Do not fall for it. Oil on linen 24x30 inches.

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