

Video: The Future of Vaccines

By [James Corbett](#)

Theme: [History](#), [Science and Medicine](#)

Global Research, December 29, 2020

[The Corbett Report](#) 23 December 2020

If the Gateses and the Faucis and the representatives of the international medical establishment get their way, life will not return to normal until the entire planet is vaccinated against SARS-CoV-2.

What many do not yet understand, however, is that the vaccines that are being developed for SARS-Cov-2 are unlike any vaccines that have ever been used on the human population before.

And, as radically different as these vaccines appear, they represent only the very beginning of a complete transformation of vaccine technology that is currently taking place in research labs across the planet.

*This is a study of **The Future of Vaccines**.*

Full transcript below.

Since the dawn of the corona crisis, we have been told over and over that the world has changed forever.

MARIA VAN KERKHOVE: What we're going to have to figure out, and I think what we're all going to have to figure out together, is what our new normal looks like. Our new normal includes physical distancing from others. Our new normal includes wearing masks where appropriate. Our new normal includes us knowing where this virus is each and every day, where we live, where we work, where we want to travel.

SOURCE: [What the New Normal Looks Like After Covid-19](#)

DUCEY: What we've gone through and the challenges that I'm sharing with you really is Arizona's new normal. And it's our new normal for the foreseeable future. I really want ask people to get their heads around that.

SOURCE: [Arizona Gov. Ducey Holds Coronavirus Briefing](#)

JUSTIN TRUDEAU: This pandemic has provided an opportunity for a reset. This is our chance to accelerate our pre-pandemic efforts to reimagine economic systems that actually address global challenges like extreme poverty, inequality and climate change.

SOURCE: [Coronavirus: Trudeau tells UN conference that pandemic provided “opportunity for a reset”](#)

This “New Normal” with which we are being threatened brings with it great uncertainty. Uncertainty over work. Uncertainty over travel. Uncertainty over what our lives will look like on the other side of this “Great Reset.”

But there is one thing that we *can* be certain about: If the Gateses and the Faucis and the representatives of the international medical establishment get their way, life will not return to normal until the entire planet is vaccinated against SARS-CoV-2.

GATES: It is fair to say things won’t go back to truly normal until we have a vaccine that we’ve gotten out to basically the entire world.

SOURCE: [Bill Gates on his 2015 ‘virus’ warning, efforts to fight coronavirus pandemic](#)

ZEKE EMANUEL: Realistically, COVID-19 will be here for the next 18 months or more. We will not be able to return to normalcy until we find a vaccine or effective medications.

SOURCE: [Dr. Zeke Emanuel On The Return To ‘Normal’](#)

DOUG FORD: The hard fact is, until we find a vaccine, going back to normal means putting lives at risk.

SOURCE: [Ontario announces \\$20 million for COVID-19 vaccine research](#)

JUSTIN TRUDEAU: This will be the new normal until a vaccine is developed.

SOURCE: [PM Trudeau on modelling data and federal response to COVID-19 - April 9, 2020](#)

GAVIN NEWSOM: As I said: normal it will not be, at least until we have herd immunity and we have a vaccine.

SOURCE: [California Gov. Newsom Holds Coronavirus Briefing](#)

ANTHONY FAUCI: So, if we get the overwhelming majority of people taking the vaccine, and you have, on the one hand, an effective vaccine, on the other hand, a high degree of uptake of the vaccine, we could start getting things back to relative normal as we get into the second and third quarter of the year, where people can start thinking about doing things that were too dangerous just months ago.

SOURCE: [Fauci: We’ll Get Back to Normal Gradually After Vaccine; You Don’t Know How Effective Vaccine Is for You](#)

NORMAN SWAN: The only thing that will really allow life as we once knew it to resume is a vaccine.

SOURCE: [Life will only return to normal when there’s a coronavirus](#)

[vaccine, Dr Norman Swan says](#)

This message has been repeated so frequently and so consistently by public health officials, political “leaders” and media commentators that many have begun to believe it. And now, the public is being prepared for an unprecedented global vaccination campaign. Taking the form of a military operation . . .

GENERAL GUSTAVE PERNA: It is this effort that I can look you in the face and say to you, “E.U.A. [Emergency Use Authorization] comes, 24 hours later vaccines will be distributed out to the American people and be ready for administration.”

SOURCE: [General Perna says vaccine distribution will begin 24 hours after Emergency Use Authorization](#)

. . .the plan is to rush a new generation of experimental vaccines to market and deliver them at “warp speed” before any long term testing has even been attempted. What many do not yet understand, however, is that the vaccines that are being developed for SARS-Cov-2 are unlike any vaccines that have ever been used on the human population before.

And, as radically different as *these* vaccines appear, they represent only the very beginning of a complete transformation of vaccine technology that is currently taking place in research labs across the planet.

This is a study of **The Future of Vaccines**.

You’re tuned in to [The Corbett Report](#).

For almost the entirety of 2020, a traumatized public has been told that nothing resembling our pre-corona lives will return until there is a COVID vaccine.

So it is no surprise that the same media sources that have been promoting this talking point would celebrate the hopeful pronouncements of the Big Pharma manufacturers regarding their COVID vaccine candidates.

BECKY QUICK: Welcome back to Squawk Box everybody. We have some breaking news from Pfizer. Meg Tirrell joins us right now. Meg, good morning.

MEG TIRELL: Good morning, Becky. This is the news that we’ve been waiting to hear.

Pfizer and BioNTech reporting the first results from their phase 3 vaccine trial saying that in this interim look the vaccine showed to be more than 90 percent effective.

SOURCE: [Pfizer, BioNTech announce Covid-19 vaccine candidate is 90% effective](#)

JAKE WHITTENBERG: Well, we begin with breaking news this morning. The push to find a coronavirus vaccine. This morning, Moderna says its vaccine is more than 94 percent effective.

SOURCE: [BREAKING: Moderna coronavirus vaccine “more than 94%](#)

effective”

TIM STENOVEC: Vaccine headlines are rolling in. One of AstraZeneca’s doses stopped an average of 70 percent of patients from falling ill and that even rose to 90 percent with additional regimens now the head of the government’s operation warp speed is saying that quote hopefully vaccinations in the u.s will start in less than three weeks.

SOURCE: [AstraZeneca-Oxford Vaccine Found Effective in Preventing Covid](#)

But lost amid the hype of this media-led celebration are some sobering facts.

Firstly, these news stories were not generated on the back of publicly accessible data, but [literal corporate press releases](#). This announcement-by-press-release style of corporate self-reporting was [immediately exposed as a sham](#) when AstraZeneca was found to have given an “unintentionally” lower dose to one group of trial participants and then touted the results of that smaller dose group without clarifying the confusion.

FRANCINE LACQUA: I’m not really sure what to make of this AstraZeneca-Oxford trial there’s confusion about whether it’s 60 efficacy whether it’s 90 what exactly happened.

ANDREW PEKOSZ: Well it is a little bit unclear, but let’s start with what we think we know. which is some of the patients that were in their phase three clinical trial ended up getting a half-dose of their of the initial inoculation and it turns out that the group that got that half dose followed by a boost had a much higher rate of protection from covid19 disease than the group that got the dosing schedule that the company wanted to give to everybody

SOURCE: [AstraZeneca Vaccine Trial Likely Needs a Restart: Johns Hopkins](#)

Secondly, the “success” of these vaccines is not being measured by their ability to prevent infection with SARS-CoV-2, as many in the general public believe, but merely to lessen the severity of the symptoms associated with COVID-19, like coughs and headaches.

ANJALEE KHEMLANI: Do you anticipate that the first sets of vaccines out the door will be more of a less effective blocker of the virus?

FAUCI: Well that’s the primary—that’s a great question, and that’s the primary endpoint of most of the virus, is to prevent clinical disease. To prevent symptomatic disease, not necessarily to prevent infection.

SOURCE: [Fauci Happy if Vaccine Permits Infection w/ Fewer Symptoms](#)

Thirdly, the studies are touted as involving tens of thousands of people, but in Pfizer’s trial, only 170 of them were reported as being “diagnosed with COVID-19” during the trial. Of those, 162 were in the placebo group and eight were in the vaccine group. From this, it is inferred that the vaccine prevented 154/162 people from developing the disease, or “95%”. But as even the *British Medical Journal* [points out](#), “a relative risk reduction is being reported, not absolute risk reduction, which appears to be less than 1%.”

Fourthly, the trials are still ongoing. Although several countries have now issued “emergency use authorization” allowing these companies to begin distributing these vaccines to the public, the [stage III trials of the vaccines](#) are ongoing, with several of the planned “endpoints” for the data not being collected for 24 months after injection. As a result, as even the UK’s own “[Information for UK Healthcare Professionals](#)” pamphlet regarding Pfizer’s vaccine points out, “Animal reproductive toxicity studies have not been completed,” meaning that, “It is unknown whether COVID-19 mRNA Vaccine BNT162b2 has an impact on fertility.”

Even more chillingly, it is not healthcare professionals who are leading the charge to deliver this vaccine to the world, but the military

MURRAY BREWSTER: He commanded Canada’s NATO mission in Iraq. Now he’s in charge of making sure Canadians get the COVID vaccine.

TRUDEAU: Major General Dany Fortin will be heading up the logistics and operations within the centre.

SOURCE: [Senior military commander to lead Canada’s COVID-19 vaccine distribution](#)

SAMANTHA GALVEZ: Operation Warp Speed is a Department of Defense / CDC operation to distribute 300 million vaccines to the US.

MATTHEW YIENGST: As soon as the FDA authorizes an emergency use, if they chose to do so, we will move vaccine to all jurisdictions within 24 hours.

SOURCE: [Adams County native plays vital role in military operation to distribute vaccine](#)

RICHARD PASCOE: You know, we’re about to turn the corner here into 2021 and I think the American public should be very proud of what the army and the Department of Defense and our partners on the science side have done to bring these vaccines to the market.

SOURCE: [Operation Warp Speed and US Army Role in Vaccine Distribution](#)

BREWSTER: How much more involved the military will get is unclear. Public Health is still developing its plan. Defense Minister Harjit Sajjan acknowledges it is not beyond the realm of possibility in some parts of Canada troops could be running clinics and administering vaccine.

SOURCE: [Senior military commander to lead Canada’s COVID-19 vaccine distribution](#)

And most importantly, as incredible as this headlong rush to push an experimental vaccine on the majority of the world’s population is, it is even more incredible when it is revealed that Moderna and Pfizer’s vaccines are not, in fact, “vaccines” as anyone in the general public understands them. They are mRNA vaccines, a novel method of vaccination that has never before been approved for human use.

RHIJU DAS: So the concept of an RNA vaccine is: Let's inject the RNA molecule that encodes for the spike protein.

ANGELA RASMUSSEN: It's making your cell do the work of creating this viral protein that is going to be recognized by your immune system and trigger the development of these antibodies.

DAS: Our bodies won't make a full-fledged infectious virus. They'll just make a little piece and then learn to recognize it and then get ready to destroy the virus if it then later comes and invades us.

[. . .]

DAS: It's a relatively new, unproven technology. And there's still no example of an RNA vaccine that's been deployed worldwide in the way that we need for the coronavirus.

RASMUSSEN: There is the possibility for unforeseen, adverse effects.

AKIKO IWASAKI: So this is all new territory. Whether it would elicit protective immune response against this virus is just unknown right now.

SOURCE: [Can Scientists Use RNA to Create a Coronavirus Vaccine?](#)

To be sure, the new mRNA vaccines work on an entirely different principle than any other vaccine that has ever been used on the human population. In order to understand that, it is important to understand the history of vaccine technologies.

The concept of "inoculation" has been around for centuries, with one of its earliest instances in China several centuries ago, where dried-out scabs of lightly infected smallpox sufferers were powdered and then blown up the nostrils of healthy people. The procedure aimed to infect the patient with a mild strain of smallpox, thus conferring immunity on them. This practice was brought over to Europe via Turkey and was eventually adopted around the world.

"Vaccination" developed in the late 18th century when Edward Jenner discovered that those who had been exposed to cowpox—a less virulent relative of smallpox—were themselves immune from smallpox. He "vaccinated" a boy with a cowpox vesicle from a milkmaid and then inoculated him with smallpox two months later. The boy did not develop smallpox, and the procedure was hailed as a breakthrough of medical science. The term "vaccination," derived from the Latin word for cow, eventually came to refer to the general process of introducing immunogens or attenuated infectious agents into the body in order to stimulate the immune system to fight infections.

But this is not how mRNA vaccines function. In contrast to vaccination, which involves introducing an immunogen into the body, mRNA vaccines seek to introduce messenger RNA into the body in order to "trick" that body's cells into *producing* immunogens, which then stimulate an immune response.

ELENA GUOBYTE: Two types of genetic vaccines are being investigated for COVID-19: mRNA and DNA. mRNA needs to reach the cytoplasm of host cells, while DNA needs to enter the nucleus. Then this genetic material gets taken up by the cell's machinery, and the cell expresses the spike protein. These spike proteins are then recognized by the immune system, hopefully stimulating a

protective response.

SOURCE: [Coronavirus Vaccines - An Introduction](#)

PAUL OFFIT: So the way this is going to work, the mRNA vaccine is—it's the mRNA that codes for that coronavirus spike protein. You're inoculated with that small little piece of genetic material. That genetic material then enters your cells and is translated into a protein—in this case, the coronavirus spike protein—which is then excreted from the cell. So, in essence, your body makes the spike protein and then your body makes antibodies to the spike protein, all because it's been instructed to do that. Your cells have been instructed to do that by this little piece of messenger RNA.

SOURCE: [How Do mRNA Vaccines Work?](#)

NARRATOR: Protein factories in the cytoplasm, called ribosomes, bind to the messenger RNA. The ribosome reads the code in the messenger RNA to produce a chain made up of amino acids. There are 20 different types of amino acid. Transfer RNA molecules carry the amino acids to the ribosome. The messenger RNA is read three bases at a time. As each triplet is read, a transfer RNA delivers the corresponding amino acid. This is added to a growing chain of amino acids. Once the last amino acid has been added, the chain folds into a complex 3D shape to form the protein.

SOURCE: [From DNA to protein - 3D](#)

Any and all questions about this rushed, experimental vaccine technology are being labeled by the pharmaceutical manufacturers and the corporate press that runs on their advertising dollars as “anti-vax misinformation” and being actively censored. But despite the straw man argument that opposition to the vaccine comes solely from ignorant members of the public who are worried about being “injected with microchips,” there are genuine concerns about the long-term safety of these vaccines coming from within the scientific community, and even from whistleblowers from within the ranks of the Big Pharma manufacturers themselves.

On December 1st, the former chair of the Parliamentary Assembly of the Council of Europe Health Committee, Dr. Wolfgang Wodarg, joined Dr. Michael Yeadon, a former Vice-President and Chief Scientific Officer at Pfizer Global R&D, to file [a petition](#) calling on the European Medicine Agency to halt the Phase III clinical trials of the Pfizer mRNA vaccine until they are restructured to address critical safety concerns associated with this experimental technology.

DEL BIGTREE: There is a petition now to try and stop the vaccine from being released in Europe and stop the trials in their tracks until some serious errors are fixed. The complaints are the potential dangers, if they are not rectified, of this vaccine. Let me very quickly just read through these before I bring on my next guest.

Here are the four major elements that are being pointed out by Dr. Wodarg and Dr. Yeadon.

- The formation of so-called “non-neutralizing antibodies” can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, “wild” virus after vaccination. This so-

called antibody-dependent amplification, ADE, has long been known from experiments with corona vaccines in cats, for example. In the course of these studies all cats that initially tolerated the vaccination well died after catching the wild virus.

- The mRNA vaccines from BioNTech/Pfizer contain polyethylene glycol (PEG). 70% of people develop antibodies against this substance – this means that many people can develop allergic, potentially fatal reactions to the vaccination.
- The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain syncytin-homologous proteins, which are essential for the formation of the placenta in mammals such as humans. It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as otherwise infertility of indefinite duration could result in vaccinated women.
- The much too short duration of the study does not allow a realistic estimation of the late effects. As in the narcolepsy cases after the swine flu vaccination, millions of healthy people would be exposed to an unacceptable risk if an emergency approval were to be granted and the possibility of observing the late effects of the vaccination were to follow. Nevertheless, BioNTech/Pfizer apparently submitted an application for emergency approval on December 1, 2020.

We've just updated you that that vaccine has been approved for the UK as we speak.

[. . .]

BIGTREE: What is it that people can do what—your fellow scientists and doctors—what do we need to do to make sure we don't make one of the greatest scientific errors in human history?

WOLFGNG WODARG: Protect yourself and protect all your neighbors and friends so that they don't get this vaccine. and you have to be—you have to show up, you have to tell the politicians that you will blame them for what they do with this. I think what what's happening, it's a great betrayal. We are betrayed. And people who betray normally are punished, and we won't forget this if they go on doing this with us.

SOURCE: [Health Expert: "Stop COVID Vax Experiments"](#)

Before the combined weight of the pharmaceutical manufacturers, global health bodies, governments and the corporate media combined to suppress any questions about this unprecedented rush for a globally-distributed, experimental vaccine, there were widespread calls for caution from within the heart of the scientific community.

Even mainstream publications like *Scientific American* were [compelled to note](#) back in June of this year that there are reasons for concern over the way the COVID-19 vaccines are being rushed to market:

Telescoping testing timelines and approvals may expose all of us to unnecessary dangers related to the vaccine. While preclinical trials to evaluate the potential safety and efficacy of vaccine candidates are likely to include tens of thousands of patients, it is still unclear whether that number will be large enough and a trial will last long enough to evaluate safety for a drug that would be administered to so many. The US alone plans to vaccinate hundreds

of millions of people with the first successful candidate. One serious adverse event per thousand of a vaccine given to 100 million people means harm to 100,000 otherwise healthy people.

The potential dangers of these vaccines—not just the mRNA vaccines that hijack your body’s cells to begin producing proteins to stimulate an immune response, but vaccines like AstraZeneca’s that uses a chimpanzee adenovirus to express the SARS-CoV-2 spike protein—are numerous. Not only do these vaccines present the potential for the [antibody-dependent enhancement](#) phenomenon that makes people *more* susceptible to the wild virus after having been vaccinated against it—which is a problem [common to previous coronavirus vaccine candidates](#)—but their potential impact on fertility has, even by the UK government’s [own admission](#), not been tested at this point and remains “unknown.”

But even more fundamental than these particular safety concerns about these particular vaccines is the way that this fanatical, reckless and unprecedented headlong rush to push (and potentially even mandate) these vaccines on billions of people worldwide—women and children, young and old, healthy and unhealthy alike—is setting the most dangerous public health precedent in the history of humanity, a precedent that threatens to undermine our most cherished health freedoms in the name of a panic-induced “emergency.”

One of these core freedoms is the ability to refuse an experimental medical procedure, a freedom that was acknowledged in the [Nuremberg Code of 1947](#) and enshrined in the [International Covenant on Civil and Political Rights](#), which states that “no one shall be subjected without his free consent to medical or scientific experimentation.”

Despite the fact that the clinical trials surrounding these experimental vaccines are ongoing and that the FDA itself [admits](#) that there is “currently insufficient data to make conclusions about the safety of the vaccine in subpopulations such as children less than 16 years of age, pregnant and lactating individuals, and immunocompromised individuals” and “risk of vaccine-enhanced disease over time, potentially associated with waning immunity, remains unknown,” governments around the world are contemplating making these vaccinations mandatory, or compelling people to take them against their will by restricting their access to public life until they subject themselves to this medical experimentation.

ANCHOR: It’s a controversial idea that could end up being the law: “no jab, no job,” with some businesses considering making the COVID-19 vaccine mandatory for employees.

SOURCE: [Coronavirus: Businesses considering making vaccine mandatory | 9 News Australia](#)

CHRISTINE ELLIOTT: There may be some restrictions that may be placed on people that don’t have vaccines for travel purposes, to be able to go to theaters and other places. But that will be up to the individual person to decide.

SOURCE: [COVID-19 vaccine won’t be mandatory, but those who don’t get it could face restrictions: Elliott](#)

JO LING KENT: So here’s how it works: The app gives you a health pass to show before you go into big stadiums like this to streamline the process to make it safer and faster to get to your seat.

SOURCE: [NBC Nightly News Broadcast \(Full\) - December 7th, 2020 | NBC Nightly News](#)

TRACY GRIMSHAW: Alan, when there is a vaccine are you going to require all of your passengers to be vaccinated before they get on a plane?

ALAN JOYCE: Yeah we are looking at changing our terms and conditions to say for international travellers that we will ask people to have a vaccination before they can get on the aircraft.

SOURCE: [Qantas boss says COVID-19 vaccination compulsory for international flights](#)

The threat of forcing or compelling people to become unwilling guinea pigs in an ongoing medical experiment is immoral on its face. But even the prospect of enforcing such mandates would entail the erection of a surveillance and tracking system that further threatens basic rights and liberties. After all, in order to determine who has been vaccinated—and thus who is allowed to board an airplane or access a stadium or enter a store with a vaccine policy—there will need to be a system for identifying and tracking each vaccine recipient.

Whereas in days past, such tracking systems might have worked with [identification papers](#), [special badges](#) to identify people's status or other [outwardly identifying marks](#), in the modern age, such schemes will take the form of digital apps and other technologically advanced methods for tracking, categorizing and identifying billions of people and their movements in real time.

There are already apps like IBM's Digital Health Pass and CLEAR's Health Pass that envision a world where our biometric ID will be linked via our smartphones to our health data in order to grant or deny access from public spaces and public events

NARRATOR: Here's how Jane opens the CLEAR app and verifies her identity with a photo and real-time health insights. CLEAR's developed touchless technology can take her temperature and confirm Jane is Jane so she can walk in with confidence

SOURCE: [CLEAR Health Pass](#)

NARRATOR: Your COVID-19 status will efficiently display as green, amber or red, dependent on your test results. This allows us to go about our daily activities in a safer way. We can all use health passport ireland in many ways, such as travel, hospitality, education, health care, construction, offices, entertainment, visits and much, much more.

SOURCE: [Health Passport Ireland](#)

Once the COVID vaccines are widely distributed, it would simply be a question of linking one's vaccination record to the health pass app to prevent the unvaccinated from accessing any given space.

And while this future—sold through glossy corporate advertising but rejected by the vast majority of the public—may seem like a science-fiction dystopia, such systems are already

being used to control the movements of people in China, where access to certain building or the ability to leave one's own neighbourhood can be restricted to those whose phone-based apps show a "green" immunity status.

Worse, the COVID vaccine presents governments, intelligence agencies and corporations that have a direct interest in suppressing dissent, monitoring dissidents and controlling their populations with the perfect opportunity to make such systems a permanent fixture of daily life. After the immediate "threat" of the declared public health crisis subsides, the public is already being warned that these apps will be transitioned seamlessly into general monitoring of the population.

ANCHOR 1: Well during the summer spike, Palm Beach County launched something called a Combat COVID app. they spent a huge chunk of CARES Act money to do it. The app can alert you if you come into contact with a COVID positive person.

ANCHOR 2: The problem is it only works if there's widespread use and there isn't. So was this just a big waste of money?

[. . .]

DANIELLE WAUGH: Palm Beach County officials would not make anybody available for an interview for this story but I did get a written statement from a county spokesperson, who tells me they will still have use for this app even after the pandemic is over. He says they plan on transitioning its functions to be a more general community app.

SOURCE: [Palm Beach County COVID app: Big investment, few users](#)

As chilling as these "immunity passports" opening the door for governments to implement persistent digital tracking of their entire population is, it represents only the most visible privacy invasion that is being enacted on the back of this unprecedented vaccine rollout.

As viewers of the "[Who Is Bill Gates?](#)" documentary will know, these smartphone apps and voluntary reporting mechanisms will eventually be replaced by an even more invasive technological means of certifying vaccination. Not the "microchip" strawman that the fact checkers use to attempt to debunk these concerns, but the verifiable existence of a program to develop quantum dot tags to instantly identify who has received a given vaccine.

Late last year, Gates once again turned to [Robert Langer and his MIT colleagues](#) to investigate new ways to permanently store and record the vaccination information of each individual. The [result of their research](#) was a new vaccine delivery method. They found that by using "dissolvable microneedles that deliver patterns of near-infrared light-emitting microparticles to the skin," they could create "particle patterns" in the skin of vaccine recipients which are "invisible to the eye but can be imaged using modified smartphones."

Rice University [describes](#) the quantum dot tags left behind by the microneedles as "something like a bar-code tattoo."

So who was behind this development? As lead researcher Kevin McHugh explains:

“The Bill and Melinda Gates Foundation came to us and said, ‘Hey, we have a real problem—knowing who’s vaccinated [. . .] So our idea was to put the record on the person. This way, later on, people can scan over the area to see what vaccines have been administered and give only the ones still needed.’”

SOURCE: [Who Is Bill Gates?](#)

Experimental vaccine technologies. Rushed testing. Mandates and health apps. And, eventually, quantum dot tags and biometric IDs. The future that is coming into view on the back of this COVID nightmare is truly dystopian.

But as worrying as all of this, the most worrying aspect is the precedent that it sets for a new era of biosecurity. An era in which public health authorities will claim to have the right to force rushed, untested and experimental technologies on the public in the name of public “health.”

At the moment, these new technologies—like mRNA vaccines which reprogram cells to produce antigens or the DNA vaccines that seek to insert foreign genetic material directly into the cells’ nucleus and that even biotech giant Moderna [admit](#) “have a risk of permanently changing a person’s DNA”—are still understood by the public as “vaccines.” But they bare as little resemblance to the vaccines that have previously been given to the public as Edward Jenner’s cowpox vaccine bore to the old Chinese art of blowing smallpox scabs up the nose. And the medical technologies that are emerging now will once again utterly transform our understanding of “vaccines.”

One such technology is being actively developed by Profusa, Inc., a company that in 2016 received [a \\$7.5 million grant](#) from DARPA—the research and development agency of the US military—to “develop implantable biosensors that can continuously monitor multiple body chemistries.” Earlier this year, Profusa [announced](#) a study that will examine how the company’s technology—including a “wireless reader that adheres to the skin and collects and reports tissue oxygen levels” and a [3mm string of hydrogel](#), which can be inserted under the skin with a syringe and programmed to send “a fluorescent signal outside of the body when the body begins to fight an infection”—can be used to “develop an early identification system to detect not only disease outbreaks, but biological attacks and pandemics up to three weeks earlier than current methods.” The study is expected to be completed next year.

Hydrogels—networks of crosslinked polymer chains—are [increasingly being turned to](#) by proponents of these new technologies as [potential delivery devices](#) for drugs, cells, proteins, and bioactive molecules. In 2013, for instance, a team of European researchers announced a novel method for injecting a vaccine-containing hydrogel sphere to a spot beneath the skin, which could be released at a later time by swallowing a “stimulusresponsive biohybrid material.” Touted as a [“remote-controlled vaccine delivery system,”](#) the researchers proved their concept by injecting mice with a hydrogel containing human papillomavirus vaccine and later giving them a pill containing fluorescein, which dissolved the hydrogel mesh and released the vaccine. The research on this vaccine delivery method continues, with a Chinese team [publishing research](#) just this year on a self-adjuvanted hydrogel which “had both adjuvant potential and the ability to sustained release antigen.”

As viewers of the [“Who Is Bill Gates?”](#) documentary will know, the idea of implanting remote-controlled vaccines in large populations has been around since at least 2012, when,

according to [MIT Technology Review](#), Bill Gates personally asked MIT researcher Robert Langer to create an implantable birth control device that could be turned on or off remotely. The resulting device—a wireless birth control microchip that, as the *National Post* noted in 2014, “can be turned on and off with a remote control and that is designed to last up to 16 years”—was developed by Microchips Biotech, now [part of Daré Bioscience](#), and has so far received \$17.9 million in grant funding from the Bill & Melinda Gates Foundation.

From [bioelectronics](#) to [nanorobotics](#) to [synthetic biology](#), ever more incredible technologies are being pioneered that, whether or not they are marketed to the public under the catch-all term of “vaccine,” will operate in ways that are fundamentally unlike anything before used on the human population.

University of Ottawa researchers are working on creating “[edible vaccines](#).”

Researchers at Harvard Medical School are developing [autonomous DNA nanorobots](#) capable of transporting molecular payloads directly into cells.

A team of scientists at Johns Hopkins University are working on shape-changing microdevices called “[theragrippers](#)” that can reside in the GI tract to aid in extended drug delivery.

Nanobots. Shape-changing bioelectronic devices. Remote-controlled vaccines. This is not the stuff of science fiction but of science fact, and the precedent that is being set during the COVID era to rush experimental and unproven medical technologies into use on the back of a declared crisis is the same precedent that could be used to foist these injectable technologies on the public in the future.

And, as Catherine Austin Fitts—former United States Assistant Secretary of Housing and Urban Development and founder of [Solari, Inc.](#)—explains, these injectables are part of an elaborate system of biological, economic, and political control that is being bankrolled into existence by powerful special interests.

CATHERINE AUSTIN FITTS: So let me go through where I think he’s going. I think where they’re going—and they’re they’re prototyping tons of technology, so I don’t think they have it yet—but where they want to go is they want to download a Microsoft Office system into your body, into your brain, and hook it up to the Jedi cloud contract and the Amazon Cloud contract at the CIA. And if they can get seven people seven billion people hooked up directly to their cloud contracts and use viruses—I mean, it’s very clever—use viruses to keep those updates coming. You know, just keep those updates coming.

So you saw my most recent article, “[The Injection Fraud](#).” I think it’s a fraud to call these vaccines they’re not vaccines, they’re not medicine. But I think it’s the exact same model you used in the computers and the ideas. Just like Bill Gates made it possible for the intelligence agencies to get a backdoor into our—you know, our data—and our computers. They want a backdoor into our mind and it’s very hard if you haven’t if you haven’t looked into the creepy technology, the Charles Lieber kind of technology, it’s hard to fathom but we’re beginning to fathom it.

[. . .]

So what we have are people who have unimaginable liabilities for what they’ve done in the health area and what they’ve done in the financial area. And what

they're trying to do is they're trying to do two things: one is to load an operating system into our bodies—I call it the injection fraud because they're calling it a vaccine and under law a vaccine is medicine, this is not medicine, so to me what they're up to is a fraud. And then the second thing they're trying to do is implement contract tracing so they they can have—before they get the operating system in everybody they can have complete control. You know, kidnap you, put you in prison with no warrants, break into your house, take your kids.

And I keep saying to people: “Do you notice that it's the people who flew Epstein Air who all want contract tracing? Why is that?” You know, why would you want the people who did Epstein Air to be able to come into your house and kidnap your kids?

SOURCE: [Catherine Austin Fitts Exposes The Injection Fraud](#)

Despite the protestations of those like Bill Gates who have a financial interest in these experimental vaccines, and the Big Pharma corporations that are selling these vaccines, and the governments that are [being bribed](#) by the international public health cartel to purchase these vaccines and pressure their public to accept them, and the corporate media who relies on these Big Pharma corporations for their advertising dollars, some facts about these novel coronavirus vaccines are indisputable:

- They are the most rushed vaccines ever developed.
- The manufacturers have been given [total immunity](#) from liability if their experimental vaccines cause injury.
- The clinical trials testing the safety of these injections are not finished, meaning that every member of the public who takes one is now a human guinea pig in an ongoing medical experiment with the population of the planet.
- The Pfizer and Moderna mRNA vaccines are themselves part of an experimental class of injection that has never before been given to the public;
- These vaccines have not been tested for their ability to prevent infection or spread of SARS-CoV-2 and are not intended to do so.
- And there is absolutely no long-term data about these vaccines to determine what their effects may be on fertility, the potential for [pathogenic priming](#), or any other serious adverse reaction.

That this represents the most reckless and brazen experiment in the history of the world is undeniable on its face. Never before have billions of people been pressured to submit to a completely experimental, invasive medical procedure on the basis of a disease with a greater than 99% survival rate.

But large-scale, emergency vaccination campaigns have been tried before with sobering lessons about the danger of such a wide-scale experiment that are being deliberately ignored right now.

In the late 1950s and early 1960s, hundreds of millions of people were injected with polio vaccines that, years later, were discovered to have been [contaminated with SV40](#), a [cancer-causing virus](#) found in the rhesus monkey kidney cells that were used to create the vaccine.

In 1976, twelve soldiers at Fort Dix were diagnosed with swine flu. This kicked off a round of [public health hysteria](#) that led the US government to mandate that every citizen in the country be vaccinated. In the end, [only one soldier at Fort Dix died](#) of the swine flu and no one outside of the base even tested positive for it, but the emergency immunization program went ahead. It was brought to an abrupt end after hundreds who had received the

rushed vaccine began to display severe neurological disorders.

MIKE WALLACE: Remember the swine flu scare of 1976? That was the year the U.S. government told us all that swine flu could turn out to be a killer that could spread across the nation, and Washington decided that every man, woman and child in the nation should get a shot to prevent a nation-wide outbreak, a pandemic.

Well 46 million of us obediently took the shot, and now 4,000 Americans are claiming damages from Uncle Sam amounting to three and a half billion dollars because of what happened when they took that shot. By far the greatest number of the claims - two thirds of them are for neurological damage, or even death, allegedly triggered by the flu shot.

SOURCE: [60 Minutes Mike Wallace Exposes the 1976 Swine Flu Pandemic Vaccine Injuries](#)

During the hysteria over swine flu in 2009, GlaxoSmithKline rushed a vaccine called Pandemrix to market in several European countries that was later associated with [increased risk of narcolepsy](#). Years later, it was admitted that the 2009 flu season was [no deadlier than any other flu season](#), but the British Medical Journal [revealed](#) that the body that advised the WHO on the declaration of the public health emergency that caused governments to purchase billions of dollars of vaccines was itself populated by advisors with direct financial ties to the Big Pharma vaccine manufacturers.

In each of these cases, the public was told to “follow the science,” and in each of these cases an unknown and perhaps unknowable number of people paid for that blind faith with their health. Now the revolver is once again being put to our heads and, with an assurance that that revolver probably contains a lot of empty chambers, the public is being asked to play Russian Roulette in the name of “trusting the science.”

NEIL DEGRASSE TYSON: I think we’re in the middle of a massive experiment worldwide. And that is—

STEPHEN COLBERT: —And we’re the guinea pigs?

TYSON: Maybe. The experiment is: will people listen to scientists?

SOURCE: [Neil deGrasse Tyson On Coronavirus: Will People Listen To Science?](#)

Surely those who wish to be the test subjects in this ongoing experiment should be free to make themselves into guinea pigs for the Big Pharma manufacturers. But every mandate or compulsion to force the vaccine on an unwilling recipient sets a dangerous precedent, a precedent that will one day lead to a tracked and surveilled population unable to resist the next generation of injectable bioelectronics.

This is not a game, this is not a test. Billions of people are being asked to participate in a gigantic experiment, not just an experiment in medical technology, but an experiment in compliance and blind trust.

The pressure to say yes and to go along with the crowd in this experiment is enormous. But

if we lose the freedom to say “no” to this, then we may lose control over our bodily autonomy—and, ultimately, our humanity—forever.

The choice is ours . . . but for how much longer?

*

James Corbett is an outstanding analyst of geopolitics and World Affairs.

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James Corbett is a Film Director and Producer based in Okayama, Japan. He started The Corbett Report (www.corbettreport.com) website in 2007 as an outlet for independent critical analysis of politics, society, history, and economics. It operates on the principle of open source intelligence and provides podcasts, interviews, articles and videos about breaking news and important issues from 9/11 Truth and false flag terror to the Big Brother police state, eugenics, geopolitics, the central banking fraud and more.

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