

From: Christine Massey [REDACTED]
Sent: October 6, 2020 5:03 PM
To: ZZG-RegionalClerk <zzg-regionalclerk@peelregion.ca>; Lockyer, Kathryn <kathryn.lockyer@peelregion.ca>
Subject: Re: How CDC/WHO will fake the effects of the COVID vaccine to make it look like a success

CAUTION: EXTERNAL MAIL. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS YOU DO NOT TRUST.

Dear Clerk,

I request that the email and attachment below be added to Council's next meeting agenda.

Thank you,
Christine

On Tue, Sep 22, 2020 at 10:51 AM Christine Massey [REDACTED] wrote:
Dear Everyone,

Be advised of the following "heads-up" from investigation reporter Jon Rappoport, below.

Note that #1 ("*Rework the definition of a "COVID case"*") was already done **multiple** times in recent months for "COVID-19" in Ontario, in the direction of increasing the number of so-called "confirmed cases" by loosening the diagnosis criteria in the province's "Case Definition" documents.

[February 26 2020](#)

Confirmed Case A person with laboratory confirmation of COVID-19 infection performed **at a reference laboratory** (e.g. The National Microbiology Laboratory or Public Health Ontario Laboratory) and consists of positive real-time PCR on **at least two specific genomic targets, or a single positive target AND additional detection with nucleic acid sequencing**. Positive laboratory tests at a non-reference laboratory require additional testing at a reference laboratory for confirmation.

[August 6 2020](#)

Confirmed Case A person with laboratory confirmation of SARS-CoV-2 infection using a validated assay, consisting of positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least **one specific genome target**. Laboratory confirmation is performed at reference laboratories (e.g., The National Microbiology Laboratory or Public Health Ontario Laboratory) **or non-reference laboratories (e.g., hospital or community laboratories)** (see footnote 7).

OR

A person with a **positive detection of serum/plasma immunoglobulin G (IgG) antibodies** to SARS-CoV-2 from a laboratory in Ontario that is licensed to conduct serology testing for clinical purposes (see footnote 10).

REFERRAL TO _____
RECOMMENDED _____
DIRECTION REQUIRED _____
RECEIPT RECOMMENDED _____

And every single instance of this so-called "COVID-19 testing" across the planet has been based on nothing more than fraud.

THERE ARE NO VALIDATED ASSAYS. VALIDATION OF AN ASSAY REQUIRES ISOLATION OF ACTUAL SARS-COV-2 VIRUSES FROM UNADULTERATED PATIENT SAMPLES - WHICH HAS NEVER HAPPENED ANYWHERE ON THE PLANET, EVER, AS EVIDENCED BY THE 13 [FREEDOM OF INFORMATION RESPONSES](#) I HAVE COLLECTED FROM AROUND THE WORLD, attached.

Dr. Andrew Kaufman has exquisitely revealed another example of COVID-19 SCIENTIFIC FRAUD recently published in the prestigious journal Nature, just one example of the rampant "monkey business" of mixing patient samples with monkey kidney cells, fetal bovine serum, antibiotics, etc. and passing this off as "virus isolation" - an act of fraud committed by dozens of research teams around the world including one right here in [Ontario](#).

ZERO Evidence that COVID Fulfills Koch's 4 Germ Theory Postulates

https://www.youtube.com/watch?time_continue=1&v=sSBQUIEUbQ8&feature=emb_logo

Christine Massey, M.Sc.

----- Forwarded message -----

From: Jon Rappoport <info@nomorefakenews.com>

Date: Tue, Sep 22, 2020 at 9:48 AM

Subject: How CDC/WHO will fake the effects of the COVID vaccine to make it look like a success

To: [REDACTED]

nomorefakenews.com
The Real News



How CDC/WHO will fake the effects of the COVID vaccine to make it look like a success

by Jon Rappoport

*(To read about Jon's mega-collection, **The Matrix Revealed**, [click here](#).)*

Making a vaccine look like it's a champion isn't difficult for public health agencies. There are a number of strategies.

Of course, these fraudulent strategies would be serious crimes. But when has that stopped the CDC or the World Health Organization?

In no particular order----

ONE: Rework the definition of a "COVID case." Presently, the CDC absurdly allows doctors to diagnose a person with COVID who has a cough, or chills and fever, and lives in an area where cases are being claimed. No test necessary.

So change this practice, once the vaccine is approved. Demand testing for a diagnosis. State that cough alone is not enough. Chills and fever must also be present. Require fever to be above 100.

These and other changes would automatically shrink the number of cases. The drop in numbers would be attributed to the vaccine.

This "definitional shrinking" was, in fact, deployed in the 1950s, after the introduction of the polio vaccine.

TWO: Order a change in the way the PCR diagnostic test is done. The practice of amplifying the original test sample from the patient occurs in cycles, or jumps. The greater the number of cycles, the more likely the test will result in a COVID diagnosis. Therefore, order a reduced number of cycles for all testing labs.

Outcome? Fewer COVID diagnoses. Fewer case numbers. "The vaccine is working."

THREE: Quietly restrict the present hospital practice of arbitrarily writing "COVID" on patient case and death files.

FOUR: Cook up and publish false studies showing more and more people are developing immunity to the virus. Attribute this to the vaccine.

FIVE: Another type of false study---"the transmission of the virus from person to person is slowing, thanks to the vaccine."

SIX: Pump up the success of issuing Immunity certificates after

vaccination. "People are feeling safer now. More businesses are reopening..."

SEVEN: Using the compliant press, simply issue bald declarations that the vaccine is a success.

EIGHT: Hide the many instances of injury and death from the vaccine. When necessary, claim COVID was the cause.

NINE: Warn that the wonderful vaccine-derived immunity is not permanent, and frequent booster shots are necessary.

TEN: Rework the definition of "vaccine-acquired immunity." Even a very weak antibody response from the shot would qualify as "protective immunity."

ELEVEN: Huge numbers of people with ordinary flu-like illness, pneumonia, and other traditional lung infections are being called "COVID." Change this practice. Go back to calling many of these people "flu," "pneumonia," etc. COVID case numbers will drop. Claim the drop is the effect of the vaccine.

TWELVE: Presently, millions of so-called COVID cases have "co-morbidities." These are prior serious health conditions which are, in fact, the true causes of illnesses and death. Of course, this is denied. But after the vaccine is introduced... scale back the practice of counting all these ill and deceased co-morbid patients as "COVID." Case and death numbers will drop. Claim the vaccine is the reason.

THIRTEEN: After the vaccine is introduced, slow down testing for a brief period. This will automatically reduce the rate of new cases. Attribute the decline to the vaccine.

Committing these crimes are a walk in the park for public health agencies.

And appointing official mouthpieces to carry lies to the public is as easy as training little Faucis to sit up and bark.

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(The link to this article posted on my blog is [here](#).)

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*Use [this link to order](#) Jon's Matrix Collections.*

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### **Jon Rappoport**

The author of three explosive collections, THE MATRIX REVEALED, EXIT FROM THE MATRIX, and POWER OUTSIDE THE MATRIX, Jon was a candidate for a US Congressional seat in the 29th District of California. He maintains a consulting practice for private clients, the purpose of which is the expansion of personal creative power. Nominated for a Pulitzer Prize, he has worked as an investigative reporter for 30 years, writing articles on politics, medicine, and health for CBS Healthwatch, LA Weekly, Spin Magazine, Stern, and other newspapers and magazines in the US and Europe. Jon has delivered lectures and seminars on global politics, health, logic, and creative power to audiences around the world.

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*You can find this article and more at [NoMoreFakeNews](#).*

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