

denis bider

Various thoughts

Nothing about the "novel" coronavirus is new: Dr. David Martin with Reiner Fuellmich

July 11, 2021

This might be one of the [more important videos](#) regarding the Covid-19 pandemic. I provide the video and summarize the statements below:

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720p

Dr. David Martin and his work:

- Chairman of M-CAM International Risk Management
- World's largest underwriter of intangible assets used in finance in 168 countries
- Their underwriting systems include the entire corpus of all patents, patent applications, federal grants, procurement records, e-government records
- They track what is happening, who is involved in what's happening, and monitor thematic interests for clients and their own commercial use
- They maintain three global equity indices which are top-performing large-cap and mid-cap equity indexes worldwide

- Their business is to monitor innovation around the world, especially its economic significance

On SARS coronavirus:

- They have reviewed over 4,000 patents issued around SARS coronavirus
- Done a comprehensive review of the financing of manipulations of coronavirus which gave rise to SARS
- They took reported gene sequence which was reportedly isolated as the novel coronavirus, as indicated by the International Committee on the Taxonomy of Viruses of the WHO, and reviewed those against patent records available as of spring 2020
- They found over 120 patented pieces of evidence to suggest the declaration of a novel coronavirus is entirely false. There was no novel coronavirus, there are countless very subtle modifications of coronavirus sequences that have been uploaded. But there was no single identified novel coronavirus
- They found patent records of sequences attributed to novelty going to patents that were sought as early as 1999

Early research:

- Until 1999, the patent activity around coronavirus was uniquely applied to veterinary sciences
- The first vaccine ever patented for coronavirus was sought by Pfizer and specifically included the "S" spike protein – the same thing that we allegedly rushed into invention. The first application was filed January 28, 2000
- The idea that we mysteriously stumbled on the way to intervene on vaccines is not only ludicrous, it is incredulous. Timothy Miller, Sharon Klepfer, Albert Paul Reed and Elaine Jones, on January 28, 2000, filed what ultimately was issued as US Patent 6372224, which was the spike protein virus vaccine for the canine coronavirus
- Early work until 1999 was largely focused on vaccines for animals. The two receiving the most attention were probably Ralph Baric's work on rabbits and the rabbit cardiomyopathy that was associated with significant problems among rabbit breeders; and canine coronavirus in Pfizer's work to develop "S" and spike protein vaccine target candidates
- Obvious evidence says neither the coronavirus concept of the vaccine, nor the principle of the coronavirus itself as a pathogen of interest with respect to the spike protein's behavior, is anything novel at all, in fact it's 22 years old based on patent filings
- Anthony Fauci and NIAID found malleability of coronavirus to be a potential

- Anthony Fauci and NIAID found malleability of coronavirus to be a potential candidate for HIV vaccines
- SARS is not a natural progression of a zoonotic modification of coronavirus. In 1999, Anthony Fauci funded research at University of North Carolina at Chapel Hill. From patent application filed April 19, 2002, the NIAID built an infectious replication-defective coronavirus targeted for the human lung epithelium. In other words, we made SARS and we patented it before there was ever an alleged outbreak in Asia, which followed that by several months. This US patent 7279327 clearly lays out in very specific gene sequencing that we knew of the ACE receptor, the ACE-2 binding domain, the S1 spike protein and other elements of Covid-19
- This was engineered and could be synthetically modified in a laboratory using gene sequencing technologies, taking computer code and turning it into a pathogen, or an intermediate of the pathogen
- In the early days, this technology was funded exclusively as a means by which we could harness the coronavirus as a vector to distribute HIV vaccine

SARS outbreak 2002 - 2003:

- Martin's organization was asked to monitor biological and chemical weapons treaty violations in early 2000s
- Anthrax events in September 2001 - Martin's organization was part of an investigation that gave rise to congressional inquiry into anthrax origins and unusual behavior around Bayer's ciprofloxacin drug, which was used as a potential treatment for anthrax poisoning. Throughout the fall of 2001, they began monitoring an enormous number of bacterial and viral pathogens that were being patented through NIH, NIAID, USAMRIID, and other agencies internationally. Their concern was that coronavirus was seen not only as a potential manipulable agent for use as a vaccine vector, but also as a biological weapon candidate
- M-CAM's first public reporting on this took place prior to the SARS outbreak in late 2001
- Disappointed to be sitting here 20 years later, having 20 years earlier pointed that there was a problem looming on the horizon with respect to the coronavirus
- SARS outbreak is "alleged": coronavirus is not new to human condition or to the last 2 decades
- Alleged SARS outbreak that took place in China in 2002-2003 gave rise to a problematic April 2003 filing by US CDC
- They filed for patent on the entire gene sequence on what became SARS coronavirus, a violation of 35 USC section 101 - you cannot patent a naturally occurring substance
- This was patent 7220852 with derivative patents including 46502702n 7776521

- This was patent 7220032, with derivative patents including 40592705p, 7770321
- These patents also covered the means of detecting coronavirus using RT-PCR
- This is problematic because if you both own the patent on the gene itself, and on its detection, you have a cunning advantage to be able to control 100% of the provenance of not only the virus itself and its detection. You have entire scientific and message control
- This patent sought by the CDC was allegedly justified by their public relations team as being sought so that everyone would be free to research the coronavirus. This is a lie because the patent office twice rejected the patent on the gene sequence as unpatentable – the patent office found 99.9% identity with the already existing coronavirus in the public domain. Over the rejection of the patent examiner, and after having to pay an appeal fine in 2006 and 2007, the CDC overrode the patent office's rejection and ultimately in 2007 got the patent on SARS coronavirus
- Every statement the CDC has made that this was in the public interest is falsifiable by their own paid bribe to the patent office. They paid an additional fee to keep their application private
- All of that is available in the public patent archive record which any member of the public can review

Fact checkers:

- Fact checkers have repeatedly stated that the novel coronavirus SARS-CoV-2 is distinct from the CDC patent
- The gene sequence filed by CDC in 2003, 2005 and 2006, has identity in 89 - 99% of the sequence overlapping SARS-CoV-2
- The core designation of SARS coronavirus, and the subclade SARS-CoV-2, have to overlap from a taxonomic point of view

Grounds for RICO:

- On April 28, 2003, Sequoia Pharmaceuticals in Maryland filed for US patent 7151163 on antiviral agents of treatment and control of infections by coronavirus. This was 3 days after CDC filed the patent on SARS coronavirus
- Sequoia Pharmaceuticals and ultimately Ablynx Pharmaceuticals became rolled into proprietary holdings of Pfizer, Crucell, and Johnson & Johnson
- How would one have a patent on a treatment for a thing that had been invented 3 days earlier?
- The Sequoia patent on coronavirus treatment was issued and published before the CDC patent on coronavirus was allowed. The only way Sequoia could know

information in CDC patent is by insider means, because CDC had paid to keep it secret. This is the definition of criminal conspiracy, racketeering and collusion. This is not a theory, it is evidence. This is a RICO case

- The RICO pattern established in April 2003 for the first coronavirus was played out to same schedule with SARS-CoV-2. Moderna got the spike protein sequence by phone from the vaccine research center at NIAID prior to the definition of the novel subclade. How do you treat a thing before you actually have the thing?

73 patents covering all novel aspects of later SARS-CoV-2:

- On June 5, 2008 – which was around the time that DARPA took an active interest in coronavirus as a biological weapon – Ablynx, now part of Sanofi, filed a series of patents targeting what we've been told are novel features of SARS-CoV-2. They targeted the polybasic cleavage site for SARS-CoV, the novel spike protein and the ACE-2 receptor binding domain. These are allegedly novel to SARS-CoV-2, and all of these were patented on June 5, 2008. The patents were issued between November 24, 2015 (US patent 9193780; this came out after the moratorium on gain-of-function research, after the MERS outbreak in the Middle East), followed in 2016, 2017, 2019 by a series of patents covering not only RNA strands but also sub-components of gene strands, all issued to Ablynx and Sanofi.
- Crucell, Rubius Therapeutics, Children's Medical Corporation, and numerous others including Ludwig Maximilian's Universität in Munich, Protein Science Corporation, Dana Farber Cancer Institute, University of Iowa, University of Hong Kong, Chinese National Human Genome Center in Shanghai, all identified in patent filings ranging from 2008 to 2017, every attribute that was allegedly uniquely published by the single reference publication "The Novel Bat Coronavirus", the paper that has been routinely used to identify the novel virus.
- If you actually take what they report to be novel, you find 73 patents issued between 2008 and 2019 which have the elements that were allegedly novel in SARS-CoV-2. Specifically the polybasic cleavage site, the ACE-2 receptor binding domain and the spike protein.
- There was no outbreak of SARS because we had engineered all the elements of that. By 2016, a paper by Ralph Baric was funded during the gain-of-function moratorium, saying SARS coronavirus was poised for human emergence. At that time, it was not only poised for human emergence, but was patented for commercial exploitation 73 times
- Fuellmich: Ralph Baric gave a video clip in which he told the audience you can make a lot of money with this. Martin: Yes, we can, and he has made a lot of money doing this

- Martin's favorite quote of the Covid-19 pandemic – statement made in 2015 by Peter Daszak; of EcoHealth Alliance, who relayed NIAID funding to Wuhan lab, later the only American sent with WHO to investigate same lab; statement reported in a National Academies Press publication February 12, 2016: *"We need to increase public understanding of the need for medical countermeasures such as a pan-coronavirus vaccine. A key driver is the media and the economics will follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of the process."*
- Peter Daszak, the person who was independently corroborating the Chinese non-lab-leak non-theory because there wasn't a lab leak, this was an intentional bio-weaponization of spike proteins to inject into people to get them addicted to a pan-coronavirus vaccine. This has nothing to do with a pathogen that was released and every study that's ever been launched to try to verify a lab leak is a red herring
- There is nothing that is new; zero. 73 patents on everything clinically novel, all issued before 2019
- Patent 7279327 on the recombinant nature of lung-targeting coronavirus was transferred from UNC Chapel Hill to the NIH in 2018. Under the Bayh-Dole act, the US government already has a march-in right: if the US government has paid for research, they are entitled to benefit from it. So why, in 2017 and 2018, did NIH have to take ownership of the patent they already had rights to, held by UNC Chapel Hill? Why file a certificate of correction to ensure it was legally enforceable, correcting a typographical error? On the single patent required to develop the NIH mandate shared between UNC Chapel Hill and Moderna in November 2019, when UNC Chapel Hill, NIAID and Moderna began sequencing of a spike protein vaccine – a month before an outbreak ever happened?
- We know of 117 patents with the ACE-2 receptor targeting mechanism for the SARS coronavirus. It's in publications going back to 2008, in weaponization conferences that took place in Slovenia, all across Europe and the DARPA infrastructure. We've known about that since 2013, its isolation and amplification.

New normal:

- The script for this was written first January 6, 2004, by Merck, at a conference called "SARS and bioterrorism"
- Merck introduced the notion of what they called "the new normal", which became a branded campaign adopted by the WHO, the Global Preparedness Monitoring Board, which was the board upon which the Chinese director of (their?) center for disease control, Dr. Elias of the Gates Foundation, and Anthony Fauci sat together. The first introduction of the "new normal" campaign, which was about getting people to accept a universal pan-influenza, pan-coronavirus vaccine, was adopted January 6, 2004.

Events prior to Covid-19:

- Moderna knew it was going to be placed in the front of the line with respect to development of a vaccine in March 2019. At that time, for reasons that are not transparent, they amended a series of rejected patent filings to specifically make reference to a deliberate or accidental release of coronavirus. They amended 4 failed patent applications to begin the process of coronavirus vaccine development. They began dealing with a problem they had, which was that they relied on technology they did not own. Two Canadian companies, Arbutus and Acuitas, actually own the patent on the lipid nanoparticle envelope that's required to deliver the injection of the mRNA fragment. Those patents have been issued in Canada, the US and around the world. Moderna knew it did not own the rights and began negotiating with Arbutus and Acuitas to get a resolution of LNP technology available to put into a vaccine. In November, they entered into a cooperative R&D agreement with UNC Chapel Hill with respect to getting the spike protein to put inside the LNP, so that they actually had a candidate vaccine before we had a pathogen allegedly running around.
- Their due process is similar to other pharmaceutical companies where they evergreen applications and continually modify applications to enjoy the earliest priority dates available.
- From 2016 until 2019, at every one of NIAID advisory council board meetings, Anthony Fauci lamented that he could not find a way to get people to accept the universal influenza vaccine, which was his favorite target to get the population to engage in this process
- By March of 2019, in the amended patent filings of Moderna, we see there's an epiphany that says "What if there was an accidental or intentional release of a respiratory pathogen?" The phrase is exactly recited in the book *A World at Risk*, which is the scenario put together by the WHO in September 2019 – months before there was an alleged pathogen – which says "We need a coordinated global experience of a respiratory pathogen release, which by September 2020 must put in place a universal capacity for public relations management, crowd control and the acceptance of a universal vaccine mandate." The language of an intentional release of a respiratory pathogen was written into the scenario that "must be completed by September 2020."
- This is the Global Preparedness Monitoring Board's unified statement. There are a number of people who have taken credit and then backed away from credit for it.

Not a vaccine:

- Any assertion that this pathogen is somehow unique or novel falls apart on the actual gene sequences which are published in the patent record. More egregiously, we have Peter Daszak himself stating that we need to create public hype to get the

we have Peter Dabzan himself stating that we need to create public hype to get the public to accept the medical countermeasure of a pan-coronavirus vaccine. What makes that most ludicrous is that the WHO declared coronavirus a dead interest – that we had eradicated coronavirus as a concern. So why, after having eradicated it in

2007 and 2008, did we start spending billions of \$ globally on a vaccine for a thing that had been eradicated by declaration in 2008?

- This was seen as a highly malleable bioweapon. By 2005, it was unquestionably a weapon of choice. The illusion that we continue to see well-meaning people get trapped in, is conversations about whether we're having a vaccine for a virus. We're not. We're injecting a spike protein mRNA sequence which is the result of a computer simulation, not derived from nature, of a sequence which has been known and patented for years.
- The ludicrous nature of the story that this is somehow prophylactic or preventative flies in the face of 100% of the evidence. The evidence makes it 100% clear that there has been no effort by any pharmaceutical company to combat the virus. This is about getting people injected with the known-to-be-harmful S1 spike protein.
- The cover story is that if you get an expression of spike protein you're going to have general symptomatic relief. But there has never been an intent to vaccinate a population as defined by the vaccination universe. When Anthony Fauci tried desperately to get some of his "synthetic RNA" vaccines published, he had his own patents rejected by the Patent Office. Quote from the Patent Office: *"These arguments are persuasive to the extent that an antigenic peptide stimulates an immune response that may produce antibodies that bind to a specific peptide or protein, but it is not persuasive in regards to a vaccine. The immune response produced by a vaccine must be more than merely some immune response, but must also be protective. As noted in the previous office action, the art recognizes the term "vaccine" to be a compound which prevents infection. Applicant has not demonstrated that the instantly claimed vaccine meets even the lower standards set forth in the specification, let alone the standard art definition for being operative in regards. Therefore, claims 5, 7 and 9 are not operative as the anti-HIV vaccine [which is what he was working on] is not patentable utility."*
- Anthony Fauci himself was told by the Patent Office themselves that what he was proposing as a vaccine does not meet the patentable standard, the legal standard or the clinical standard.
- Dr. Martin raised these issues beginning in 2002, after the anthrax scare, and the tragedy is, we are now sitting in a world where we have hundreds of millions of people who are being injected with a pathogen-stimulating computer sequence, which is being sold under what the Patent Office, the medical profession and the FDA in its own clinical standards would not suggest is a vaccine. But by using the term, we are now subjecting hundreds of millions of people to what was known to be by

Problems of detection:

- There is no such thing as an alpha, beta, gamma or delta variant. What is desperately sought is a degree to which individuals can be coerced into accepting something they would not otherwise accept. There has not been, in any of the published studies on what has been reportedly the delta variant, a population R0 calculated, which is the actual replication rate. What has been estimated are computer simulations. If you look at GISAID, the public source of uploading any one of a number of variations, there has been no ability to identify any clinically altered gene sequence which has then a clinically expressed variation.
- This has been a problem all along in the alleged pandemic: we do not have any evidence that a gene sequence alteration had any clinical significant whatsoever. There has not been a single paper published by anyone, that has established that anything novel since November 2019 has clinical distinction from anything that predates November 2019.
- The problem with the 73 patents previously described is they all contain what was reported to be novel in December 2019 and January 2020. Even if we were to accept that there are idiopathic pneumonias, that there are some set of pathogen-induced symptoms, we do not have a single piece of published evidence that tells us that anything about the subclade SARS-CoV-2 has clinical distinction from anything that was known and published prior to November 2019, in 73 patents dating to 2008.
- There is no evidence that the "Delta variant" is somehow distinct from anything else on GISAID. The fact that we are looking for a thing doesn't mean that there is a thing, because we are looking at fragments of things. If we choose any fragment, I could say I'm looking at this sub-strand of either DNA or RNA, or even a protein, and I could run around the world going "Oh my gosh! Fear the Omega variant!"
- The way we currently sequence genomes is a compositing process, an interleaving. Because of this, we have no point of reference to actually know whether or not the thing we're looking for is in fact distinct in even a clinical or genomic sense.
- If you go and look at the papers that isolated the Delta variant, and ask the question "Is the Delta variant anything other than the selection of a sequence in a systematic shift of an already disclosed other sequence?" – the answer is, it's just an alteration in when you start and stop what you call a reading frame. There is no novel anything.
- We actually look at published sequences and realize that depending on where you clip the sequence string, you'll have the same thing or a different thing, based on nothing more than on where you decide to parse the clip.
- In the patent application [for US patent 7279327], when they talk about the DNA strands which they call sequence ID numbers, they specifically say the organism is

an artificial sequence, meaning it is not a sequence that has a rule based in nature, not manifest for a particular natural-derivative protein or mRNA sequence that was isolated. Every one of these is in fact a synthetic artificial sequence. If you look at each one of them, the sequences are contiguous in many instances but overlapping

in others, where it is merely a caprice determination that says something is or is not part of an open reading frame, or part of a particular oligonucleotide sequence.

- This is important because if we're going to examine what is being injected into individuals, we need the exact sequence – not a kind-of, similar-to. If you look at FDA, European, and rest of the world's regulatory environments, for reasons that cannot be explained, the exact sequence inside the mRNA injections seems to be elusive. As much as we can be told that there are clinical trials and other things going on, we have no way of verifying that a complete sequence is, has been, or could be manufactured into the LNP envelope that is injected. As far back as 2002, all the way through patent filings in 2003 and weaponization filings that began in 2008, fragments are identified, but without specificity, so we don't have direct terminal ends of the fragments. We have fragments with hypothecated gaps, into which anything could be placed.
- One reason why fact checkers are not actually checking facts when it comes to patent matters is because the actual sequences are not represented in a digital form that makes it easy to do this comparison. Martin's group had to take images of submitted typed paper and code those in to do their own assessment. You have to reconstruct gene sequences by hand and compare them to what's uploaded. That's where you find that the question of novelty was something that was not addressed – this was a manufactured illusion.
- If what we're looking for is something we've decided is worth looking for, then we'll find it in a bunch of places. And if we've decided that we're no longer looking for a thing, then we don't find it, because we're not looking for it.
- Martin looked at every one of the regulatory submissions to the FDA to figure out what was the gold standard to get the Emergency Use Authorization, and what fragment of SARS-CoV-2 was the official fragment that was the comparative standard. The problem is that you can't get a single standard. So what is it you actually find? If I'm looking for CCACGCTTTG, do I add the next strand G, or do I go – no no, the next bit is GTTTAGTTCG? Where I choose to start and stop, I can say "I found it!" or "I didn't find it," and I didn't find a match that I projected onto the data, because I chose to look at the data in a way that I could not find a match.

Previous attempts:

- Influenza did not leave the human population. Influenza was a failed decade-long pan-influenza vaccine mandate that was desperately promoted by governments around the world. They failed and they decided if the influenza doesn't deliver on the

around the world. They failed and they decided if the influenza doesn't deliver on the public promise of getting everybody to get an injection, let's change the pathogen.

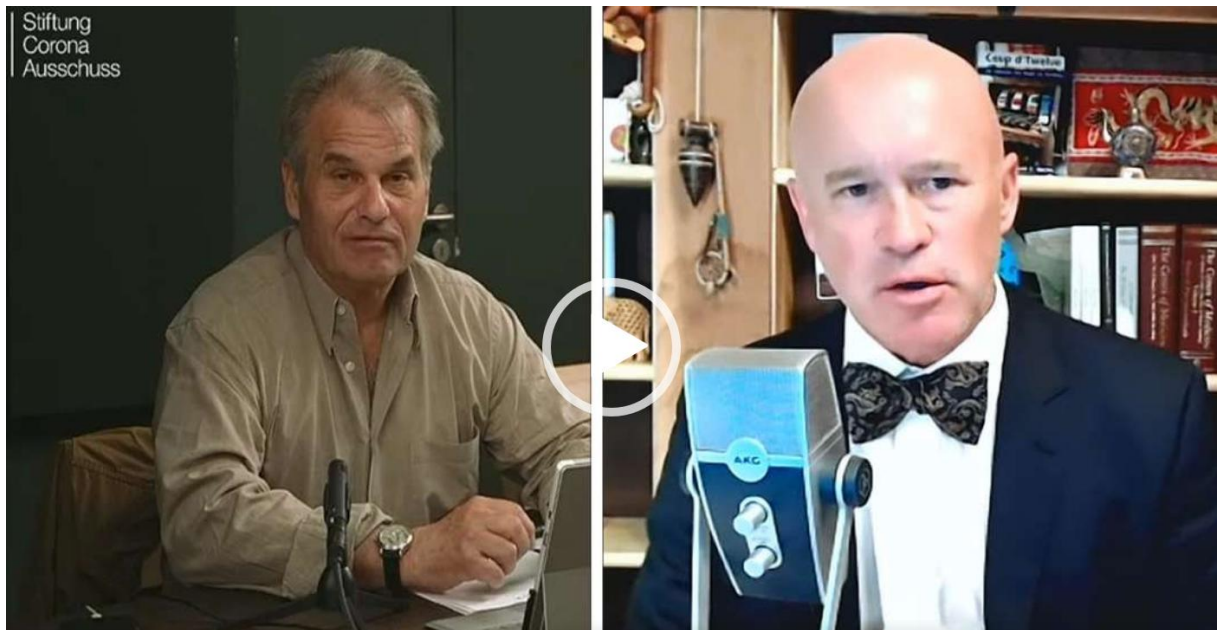
- You need to create the illusion of demand, and there is nothing right now that does a better job creating the illusion of demand than the urgency of an event you've manufactured.
- Part of the reason it was so easy for Martin to monitor and track this particular campaign of coercion and terror is that they've done it before. When solving the anthrax outbreak, there were hundreds of thousands of military people in the Middle East, allegedly getting even for the events of September 11, 2001, we had two postal inspectors investigating anthrax. The largest bioweapons attack on US soil, and we had two postal inspectors. You can't genuinely believe that two postal inspectors are the crime-stopping, mind-bendingly powerful individuals in the universe. I have nothing against postal inspectors, but I can guarantee if I was investigating a bioterror attack, I would not have the Post Office having two postal inspectors as their crack team doing the investigation. It was disingenuous, and Congress knew it.
- Martin's group published an intelligence briefing on every violation of biological and chemical weapons treaties that people have signed around the world. It says where, who, who's funding. So for them, it wasn't hard to figure out that this was not a public health crisis. This was an opportunistic marketing campaign to address a stated objective.
- The simplest explanation is suggested by Occam's Razor. The perpetrators themselves said, they needed to get the public to accept a pan-coronavirus vaccine countermeasure, and they needed the media to create the hype, and investors would follow where they see profit.

Thanks to Claudia's comment for link to Dr. Martin's supporting documentation:

[The Fauci/COVID-19 Dossier](#)

As I write (July 16), this document contains 20+ pages of analysis, followed by ~180 pages of referenced patents.

View on BrandNewTube:



July 20: David Martin recently appeared in a [follow-up interview](#) on the Stew Peters show. He describes the same things in a less technical manner, and references some of his other experiences working with the federal government.

I don't necessarily endorse the Stew Peters show – I'm skeptical of the graphene theories – but this is a good episode.

Covid-19

health

politics

United States

vaccines



Joe Data said...

I haven't watched the whole video, but this claim is obviously bogus: "The only way Sequoia could know information in CDC patent is by insider means, because CDC had paid to keep it secret."

This is completely nuts. If you look at the [Sequoia patent he mentions](#), it says where they got the information from: "The genome sequence of SARS-CoV (Urban) is available from GenBank at the Web site for the National Center for Biotechnology Information, National Library of Medicine <http://www.ncbi.nlm.nih.gov/>. The accession number for the sequence of SARS-CoV (Urban strain) is ay278741. The present inventors have used these sequence data to identify molecular targets that can be exploited to

design safe and effective novel antiviral therapies that can be used to treat SARS and to stem the tide of the growing epidemic."

And, if you look at the [CDC patent](#), it references four sequences in Genbank: [AY274119](#), [AY278491](#), [AY278554](#), and [AY278741](#). One by a Canadian group, one by the CDC, and two by two different groups in Hong Kong. All

published in April 2003. The Canadian group and the CDC group also published the genomes in Science magazine in May 2003: [1](#), [2](#).

By the way, I've never looked at these patents before today, nor have I ever looked up *anything* in GenBank before this morning, but it only took me a few minutes to find this information. Either Dr. Martin is an idiot, or he is deliberately trying to mislead you. You be the judge. The fact that he claims that the gene sequences are not available in machine-readable format makes me think he's just stupid. (I haven't got that far in the video, but I'll assume you're right when you say that.)

His arguments about it not being novel are based on extremely shallow analysis. It's like saying that OpenSSL and OpenSSH are the same. "Their names share six out of seven letters. They're both written in C. They both use protocols. They both use public key encryption. They both use symmetric key ciphers. Etc." They sound identical at this superficial level, yet **you** know that the protocols are different and the code is mostly different and they are written by two different groups of people. Martin's arguments are on that level.

His claims about the percent of DNA that are the same are [not compelling](#).

12 July, 2021 12:14



[Moe Sizzle](#) said...

Hey Joe, what about this claim:

"In other words, we made SARS and we patented it before there was ever an alleged outbreak in Asia, which followed that by several months. This US patent 7279327 clearly lays out in very specific gene sequencing that we knew of the ACE receptor, the ACE-2 binding domain, the S1 spike protein and other elements of Covid-19"

12 July, 2021 13:20



[denis bider](#) said...

Joe – yes, if the CDC is patenting something that's already in the public domain, then it's obvious how Sequoia would have access to that information: it's in the public domain. To me, it's interesting the patents were filed only a few days apart, and how Sequoia then got rolled up into organizations now making the Covid-19 "vaccine".

If this was all there was, it would be an interesting coincidence, but the claim that every "novel" feature of Covid-19 can be found in a collection of 73 patents across 2 decades seems significant.

Regarding machine readability, the way the information is presented by the USPTO may have changed. It may well be true that Martin's team needed to manually transcribe sequences at some point. It may also still be true for some of the other patents, seeing as he lists the patent numbers for a few, but claims there are hundreds more.

Regarding OpenSSH and OpenSSL, they do indeed have much in common. :) If I said that OpenSSH and OpenSSL have related provenance, that would be true.

12 July, 2021 14:25



denis bider said...

Joe – another thing I wanted to share relating to your claims that "PCR false positives" narrative is bogus. Here's a document, supposed to be from Belfast Health and Social Care Trust:

https://1.bp.blogspot.com/-iDSYWHB7HeE/YOyXcd_iLjl/AAAAAAAAABWc/656zayb-8C8ha-DGJ3bxHgzcgPcyX65mQCLcBGAsYHQ/s0/20210701-BelfastHealth-PCRTestingAndCovid-FreedomOfInformationResponse.jpeg

Note the following information in the document:

- Dated July 1, 2021

- They're still doing PCR at 40 - 45 cycles. According to Fauci in July 2020, this is "dead nucleotides, period:"

https://youtu.be/a_Vy6fgaBPE?t=260

- Only two (2) of their death certificates are noting Covid-19 alone and no other comorbidities during the ENTIRE period from March 1, 2020, to June 30, 2021.

- The average age of death involving Covid during the same period was 79 years.

Now look at the average age of people dying from vaccines.

I've been looking at the EudraVigilance reports the past few weeks. In the past two weeks, they added 500-700 deaths per week, and removed ~160 deaths per week.

Why are they removing deaths from the public adverse reactions database? 2/3 of the removed death reports were marked as reported by a health care professional.

12 July, 2021 14:32



denis bider said...

Joe, I don't know who you are, but it's interesting that you're engaging in "poisoning the well" tactics, i.e. you point out some minor flaw in someone's presentation and you extrapolate that they must be lying or misleading about everything. Meanwhile, you whitewash all the obviously false official

information.

It leaves me wondering if you are self-brainwashing, or if you're a paid agent. Just wondering. :)

12 July, 2021 14:35



denis bider said...

I mean, the most obvious argument that should persuade everyone is the lie about asymptomatic transmission. You can look at Mike Yeadon, former Pfizer VP, to explain how asymptomatic transmission just does not happen:

<https://www.bitchute.com/video/eqzgyTMssFvn/>

To have transmission, a person has to have a viral load. If a person has a viral load, it means their tissues are making the virus. If their tissues are making the virus, then the person will have symptoms. If you have no symptoms, it means you have low viral load, which means you're not an effective spreader.

You have studies showing that if people have symptoms, transmission occurs say at 12%, whereas with no symptoms, it's at 1% or lower. It could even be zero, though I bet a low random chance still exists.

So, we **know**:

- Asymptomatic transmission is negligible, it's a lie
- Very few children and young people develop Covid-19 symptoms
- Therefore children and young people are not a factor in spreading Covid-19

So why vaccinate them?!

Why this crazy push to vaccinate infants?!

It is obvious why, and you have to wear blinders or be a paid propagandist to close your eyes to it.

12 July, 2021 14:43



denis bider said...

To clarify, though, I do believe your opinions are honestly held. If Linus Torvalds can convince himself everyone should get vaxxed, then probably anyone can.

I think engineers and administrators (people involved in building and organizing), as opposed to scientists and researchers (people involved in discovery of what truth is), have a bias toward vaccine acceptance because it seems like an engineering project to them.

It is not, it is in fact a truth discovery project. As such, its results will be exceedingly funny. :)

12 July, 2021 15:43



denis bider said...

Here's Dr. Sucharit Bhakdi trying to teach you basics of the immune system. He's referencing the most recent studies to pretend we know something "new", so you won't fear the virus:

<https://www.brighteon.com/3054c651-c43a-4a02-8aa3-3333a08a7689>

It seems likely that the only reason he's saying this information is "new" is so he doesn't have to tell you that you've been lied to for a year, which would be to call you stupid, which would raise your defenses and prevent you from comprehending the point.

13 July, 2021 01:49



Claudia said...

Thank you for taking the time and effort to make notes on the presentation. It was a lot to take in, so those are extremely helpful. I'm going to have to watch the video a few times, just to make sure that I truly understand what's being said.

I don't know what else to say. I'm absolutely shocked.

13 July, 2021 23:32



denis bider said...

Thanks Claudia! It means a lot.

14 July, 2021 16:14



gwyn said...

do you have a copy of all the written published documentation of fact presented here by Dr Martin?? I would like to find out how to get a written published copy as he refers to in this video. It will be vital to have in days to come; as we havent seen anything yet. They will unleash more of this hell on us.

15 July, 2021 10:39



Unknown said...

Thank you so much, Dennis! Your summary is just perfect. Very useful!

15 July, 2021 11:50



Unknown said...

This is fascinating, thank you for sharing. Do you know how Dr. Martin might explain what is making people sick who are diagnosed with covid?

15 July, 2021 14:04



Claudia said...

FYI, Dr Martin's supporting documentation can be found here:

https://www.davidmartin.world/wp-content/uploads/2021/01/The_Fauci_COVID-19_Dossier.pdf

Denis, maybe you could add the link in your write-up?

15 July, 2021 16:45



Unknown said...

Sounds like Joe Data got the jab.

15 July, 2021 17:43



steakman said...

Denis. An absolutely fascinating discussion. REINER has this ability to seek out those with a usual BOMBSHELL testimony. This is the 2nd of his I've watched (3 times now)...and I would pay to see him in action in NUREMBERG. Heck, I'll even donate my time and effort on building the many Gallows that would be required.

thank you for your notes...big time help..!!

I find David Martin's deposition 100% believable. I nor my wife have taken the JAB for the simple reason that we've yet to see a DEMONSTRABLE NEED...?? And now with the Coercive attitude of Govt's/MSM and the Health Fascists with ~20,000 Dead and ~ 1.3M adverse reactions..???....yea, not a hope in hell.

I find this current all hands on deck coercion to be akin to what the Nazi's told the Jews to to entice them to embark on the Cattle Cars: "Arbeit Macht Frei".

Same stuff - Identical intent + Profit

Cheers from Calgary Alberta.

15 July, 2021 21:46



denis bider said...

Claudia - thanks for the link! I added it to the post.

Unknown - I also tend to believe Dr. Martin more than disbelieve.

Joe's modus operandi seems to be to make a "debunking" comment which points out the low-hanging fruit, then he doesn't show up for the substantial arguments. :) Even so – the pointing out of low-hanging fruit is useful, as long as it is honest.

I **definitely** agree that there is no reason to take the vax except to give into coercion; but to give into coercion is to compromise with terrorists. The vax has **no** medical advantage, and many proven disadvantages.

I don't think the evidence at this point even shows that it protects from Covid:

<https://alexberenson.substack.com/p/vaccines-reasons-for-concern-part>

To take the vax is to give into pressure that comes from people who are either (1) as close as we know to evil, or (2) willfully ignorant and insane.

16 July, 2021 00:55



denis bider said...

Here's CDC Director Rochelle Walensky stating in her own words that you need to vaccinate 1 million people to prevent ONE death:

<https://1.bp.blogspot.com/-9wzFa8QXQnA/YPEgBMWkewI/AAAAAAAAABXU/1OWEmAQ0Z10vEQrDU8RnObanUM4oNMPTQCLcBGAsYHQ/s0/20210624-Twitter-CDCDirector-RochelleWalensky-Vaccinate1Million12To17YearOlds-30To40MildCasesOfMyocarditis-ToPrevent1Death.png>

She sports a devilish smile as she says this 1 death is a benefit which "by far" outweighs the risks.

Meanwhile, the European drug safety database is adding 500+ deaths per week. Most of these (80%) are reported by health care professionals.

They also remove from the database 100-200 deaths per week, for some reason. Poof, gone. Most also reported by HCPs.

How many people are getting vaccinated in a week to account for 500+ deaths?

For Rochelle Walensky's math to make any sense, it would have to be the entire European population, getting the vax every week, for the "benefits" to outweigh the risks.

And that 1 death that 1 million vaccinations save? He's 79 years old with comorbidities.

16 July, 2021 01:02



Unknown said...

Bottom line is that Big Pharma has always been motivated by profits and not your health.

16 July, 2021 07:47



steakman said...

Yes. Strange isn't it

read..Strange ish it.

Wuhan Flu shots are free...cause "they care so much about our health"

Talk about flat out Bullshit.

If that were the case

I'd expect to see Insulin and Cancer treatments to be "free" too.

16 July, 2021 14:22



Josh said...

Joe probably died from the injection right after pressing return on his comment.

We really need to stop calling this a vax. Dr. Martin has made other videos in the past bringing to light SEC filings from Biotech and Moderna. They themselves refer to their product as gene therapy, just the lesser version. He even points out under emergency acts people are still held liable for misleading people.

I cannot find the original source of this info online anymore. But I have the source video saved. Ill post it shortly.

16 July, 2021 17:08



steakman said...

These jabs never made it into the realm of a true Vaccine, in fact from what I've learned is that there is little if any biological material contained therein.

"Synthetic Nano particulate untrained in a fatty emulsion" .

Which means what exactly..?? Nanites to create the spike protein..?? And Pfizer themselves did state, said shots would not immunize anyone...they're just something to "lessen the symptoms".

Seems to me thats PRECISELY their Goal: Humans with significant viral load, yet exhibiting little to no symptoms:

The PERFECT Stealth Viral Spreader - 21st Century Typhoid Mary's...by the billions...ones that will allow the powers that be to pile on the fascism while enforcing continued inoculation ad nausea for those same Billions.

Time to leave Canada - it's beyond redemption IMO, Mexico looking like a land of total sanity.

16 July, 2021 22:44



denis bider said...

It's important to maintain a positive and constructive vision of future life on this planet.

We want the entire Earth. There is no corner of the world that we want to let

be ruled by sociopaths, except perhaps as a sobering example.

Canada is in trouble, but it's not lost. Half of the United States is in trouble, but it's not lost. China has been in deep shit for a while, but it's not lost.

We can have the entire Earth. We can take it back from the psychopathic pretenders. :-)

17 July, 2021 15:07



Claudia said...

Thanks for adding the link to the dossier, Denis! Anyone skeptical, or anyone wanting to take a deeper dive, will find it very useful.

I am so sad and disillusioned with how easily our governments, and much of the medical community, have betrayed us. Thank goodness for those who are fighting the good fight to get the word out. I also have hope for the first time in a long time thanks to the good people at FLCCC, whose protocols are saving countless lives.

17 July, 2021 15:17



Josh said...

I agree with Denis about maintaining a positive outlook.

Our opponent seems to lack the ability of proving their claims scientifically and this has turned into a political war sadly.

My education is in applied physics but I have specialized in accuracy of indirect measurement.

I joined a really good group and learned a lot about what happening around the world: <https://matrix.to/#/!pzaMoAGsFKbtOCmwPF:matrix.org?via=matrix.org&via=unixhosting.cloud&via=midov.pl>

There is a discussion on a thought experiment on whether genetic therapy companies have followed best practices in the realm of determining accuracy of what they claim (trial test wise).

17 July, 2021 22:12



Josh said...

Source Video: <https://odysee.com/@ARGONAUT:d/davidmartin:8>

17 July, 2021 23:59



denis bider said...

The stupid thing doesn't even work. Gibraltar vaccinated almost all of its adult population, and then reports 32 Covid-positive cases out of population 33,681. Most are vaccinated:

https://1.bp.blogspot.com/-mygwccY52G0/YPS5AoM8BII/AAAAAAAAABYc/-i1oN2Ao-GkkYnl_OtoN_1XxbDWX9dc7iACI_eRGAcYHQ/s0/20210718-

<https://1.bp.blogspot.com/-pExsBKDXq78/YPS5Uck9bPI/AAAAAAAAABYk/sJwVklkRFY2usubzil3tRjAuKMQFU5DACLcBGAsYHQ/s0/20210718-HMSQueenElizabeth-100CovidPositiveCases-All3700CrewMembersWithBothCovid19Vaccinations.png>

HMS Queen Elizabeth reports 100 Covid-positive cases out of a crew of 3,700, all of whom received both Covid-19 vaccinations:

<https://1.bp.blogspot.com/-pExsBKDXq78/YPS5Uck9bPI/AAAAAAAAABYk/sJwVklkRFY2usubzil3tRjAuKMQFU5DACLcBGAsYHQ/s0/20210718-HMSQueenElizabeth-100CovidPositiveCases-All3700CrewMembersWithBothCovid19Vaccinations.png>

This is the real purpose, though:

https://1.bp.blogspot.com/-INPwp89xwq4/YPS5sRSnhHI/AAAAAAAAABYs/j5au6u2rD9UhhWV0RQbi2_FFxSkw4s1YgCLcBGAsYHQ/s0/20210718-Twitter-ElectionWiz-France-PresidentMacron-VaccinePassport-PrisonPenalties.jpeg

The goal is to condition access to everyone's basic daily needs with a digital passport which the globalists can turn off at any time.

This is why they have to vax the kids, too. There's absolutely no medical justification to do this:

<https://denisbider.blogspot.com/2021/07/please-dont-vaccinate-kids.html>

But everyone must get the digital ID to participate in the economy. There cannot be exceptions!

18 July, 2021 18:33



Josh said...

So an interesting thing to think about when those tell you Pfizer has a very high efficiency rate. Somewhere around low 90%. Thing is they state that that's a measurement of reduced symptom severity not the measurement of expected reduction in people actually getting sick.

So how would you go about attempting to accurately measure symptom severity after intervention?

Normally you would take random people and split them into two groups. setup a baseline with both of them than introduce intervention with the test group. Problem with that, to setup a baseline means you need to either know the future of how sick each person would get or infect them and wait and see. Determining this baseline info renders the test useless cause infecting someone and testing after they have recovered is not applicable and inaccurate for the major of the hosts that will take it. So if you cannot determine a baseline you cannot offer validation in the future report. You can however perform the same test with multiple groups multiple times and average the results and use that data to determine the repeatability between all the test results. Say you have 5 tests conducted, 90,89,25,76,68% which comes out to about 70% efficient. If governments saw that would they say yeah we'll pass. and if they saw the repeatability rate which would be off the charts would they be even more hesitant to accepting this. I would guess they performed one test until they got the results that wanted and

they performed one test until they got the results that wanted and submitted that. So now we have a test that is probably not performed enough to have the value to determine if we can repeat the test. nor do we have the reproducibility value so we cannot know exactly how much these symptoms were reduced. They are assuming with comparing the two groups that they are all equal and their expression of symptoms are linear. That would make for a very poor testing method.

19 July, 2021 00:40



denis bider said...

David Martin recently appeared in a follow-up interview on the Stew Peters show:

<https://www.redvoicemedia.com/2021/07/exclusive-dr-david-martin-just-ended-covid-fauci-doj-politicians-in-one-interview/>

He is describing mostly the same things, but in a less technical manner, and references some of his other experiences working with the federal government.

21 July, 2021 00:43



Lori Colley Praying Citizen said...

Great summary! Thank you.

21 July, 2021 09:54



Testblogger said...

Dr. Martin's claims are absolutely stunning. The cumulative evidence for patent positioning for 20 years before the current SARS-CoV-2 outbreak seems highly damning. However, it must be said that the devil is in the details.

Joe's observation that the Sequoia patent information was in the public domain cannot be dismissed out of hand as an attempt to poison the well. That slight crack in Dr. Martin's facade might indicate other problems.

I had a long career as a biochemist in one of the top ten Pharma companies in the US, and I have to say that as soon as Dr. Martin strays into his claims about sequences his language starts to get pretty fuzzy, and his claims about those sequences start to get pretty fuzzy too.

In fact, without seeing his evidence presented in a scientific seminar, I'd have to say I don't know what he's talking about. Notice that he very, very carefully parses his words about the delta variant. He claims that there is no scientific publication linking a clinically defined disease with a sequence variant, or something to that effect. He also claims, very specifically, that there is absolutely nothing different about the delta variant that is different from anything that was known in the prior 73 patents.

The delta variant is K417N mutation in the spike protein, which means that at position 417 in the spike protein sequence there is a lysine (K) to asparagine (N) mutation. That's a real, verifiable sequence change. So he is

claiming that somewhere in the previous 73 patents it was ALREADY known that K417N is a spike protein sequence that would turn up in patients in 2021. I'd like to see the patent where this was already known.

Also, claiming that there is no clinically defined disease attributed to this change is a clever deflection. How would he define a clinically defined disease? How would you prove a clinically defined disease?

If there were a magical way to perfectly measure infectivity, transmissability, viral load, organ damage, etc., in every person with delta variant as compared to the original strain, would that define a clinically defined disease? Or would it just indicate that the course of the same disease is somewhat different with the delta variant? How would you define these things?

Dr. Martin makes a lot of these kinds of nonsensical, gibberish claims, especially in the question segment of the interview at the end. For instance, in several places he repeatedly refers to the idea that sequences are computer simulations. I have no idea what that means. You can't engage in molecular biology without writing gene sequences into a computer, and you can't synthesize oligonucleotides without entering sequences into the computer that controls the synthesizer. Sequences are not phantoms, and they are not simulations.

Doctors are now curing childhood diseases with gene therapy. Are these genes just "simulations" because they were specified by writing them into a computer so that the genes could be synthesized for gene therapy?

<https://www.genetherapynet.com/diseases-treated-by-gene-therapy.html>

Given that a lot of his science is highly superficial, it makes you wonder about the rest of his narrative.

22 July, 2021 21:36



denis bider said...

Testblogger: Do you have any information to share about how the K-to-N mutation is significant? If it causes no significant change in how the virus operates or its clinical presentation, then it's not a consequential mutation – it's just a scaremongering tool. It's something new for the sake of something new, along the lines of "Covid-21", which was allegedly already part of Canada government plans in October 2020, as you can read here:

<https://thecanadianreport.ca/is-this-leaked-memo-really-trudeaus-covid-plan-for-2021-you-decide>

I originally saved this page in November 2020 and based on a quick skim it does not appear to have changed. That's the email that was allegedly leaked then, and the "delta variant" appears to be our Covid-21 today.

Meanwhile, Canada is marching forward with the elimination of Canada as we know it:

https://www.youtube.com/watch?v=OFBM_shsXUk

24 July, 2021 00:27

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