

Covid and Marburg Weapons Systems

Tomahawk missile systems are not tomahawks.



SASHA LATYPOVA

MAY 28, 2023



332



240



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I received a number of questions about “Marburg virus”. I will try to summarize everything I was able to find on it, and also provide some current working theories.

Three years of non-stop propaganda of “covid” everything, but few people realize that in fact, we have had 2 “scary scary virus” epidemics since 2020: covid AND Marburg! Did you know that?

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Effective Feb. 04, 2020, HHS Secretary Azar issued a Notice of Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19. The Covid-19 PREP Act declaration has been extended continuously since and amended eleven times, most recently by HHS Secretary Xavier Becerra effective May 11, 2023. In addition, on December 9, 2020, HHS Secretary Alex Azar issued another PREP Act coverage declaration for countermeasures and

activities related to "Marburg virus". Interestingly, this declaration happened just a few days before "covid-19 vaccines" were shipped in the US and worldwide.

remedy under section 319F-4 of the PHS Act. Through the PREP Act, Congress delegated to me the authority to strike the appropriate Federal-state balance with respect to particular Covered Countermeasures through PREP Act declarations.²⁵

XII. Effective Time Period

42 U.S.C. 247d-6d(b)(2)(B)

Liability protections for any respiratory protective device approved by NIOSH under 42 CFR part 84, or any successor regulations, through the means of distribution identified in Section VII(a) of this Declaration, begin on March 27, 2020 and extend through October 1, 2024.

Liability protections for all other Covered Countermeasures identified in Section VI of this Declaration, through means of distribution identified in Section VII(a) of this Declaration, begin on February 4, 2020 and extend through October 1, 2024.

Liability protections for all Covered Countermeasures administered and used in accordance with the public health and medical response of the Authority Having Jurisdiction, as identified in Section VII(b) of this Declaration, begin with a Declaration of Emergency as that term is defined in Section VII (except that, with respect to qualified persons who order or administer a routine childhood vaccination that ACIP recommends to persons ages three through 18 according to ACIP's standard immunization schedule, liability protections began on August 24, 2020), and last through (a) the final day the Declaration of Emergency is in effect, or (b) October 1, 2024, whichever occurs first.

Liability protections for all Covered Countermeasures identified in Section VII(c) of this Declaration begin on the date of this amended Declaration and last through (a) the final day the Declaration of Emergency is in effect, or (b) October 1, 2024, whichever occurs first.

XIII. Additional Time Period of Coverage

42 U.S.C. 247d-6d(b)(3)(B) and (C)

I have determined that an additional 12 months of liability protection is reasonable to allow for the manufacturer(s) to arrange for disposition of the Covered Countermeasure, including return of the Covered Countermeasures to the

manufacturer, and for Covered Persons to take such other actions as are appropriate to limit the administration or use of the Covered Countermeasures.

Covered Countermeasures obtained for the SNS during the effective period of this Declaration are covered through the date of administration or use pursuant to a distribution or release from the SNS.

XIV. Countermeasures Injury Compensation Program

42 U.S.C 247d-6e

The PREP Act authorizes the Countermeasures Injury Compensation Program (CICP) to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of the Covered Countermeasures, and benefits to certain survivors of individuals who die as a direct result of the administration or use of the Covered Countermeasures. The causal connection between the countermeasure and the serious physical injury must be supported by compelling, reliable, valid, medical and scientific evidence in order for the individual to be considered for compensation. The CICP is administered by the Health Resources and Services Administration, within the Department of Health and Human Services. Information about the CICP is available at the toll-free number 1-855-266-2427 or <http://www.hrsa.gov/cicp/>.

XV. Amendments

42 U.S.C. 247d-6d(b)(4)

Amendments to this Declaration will be published in the **Federal Register**, as warranted.

Authority: 42 U.S.C. 247d-6d.

Dated: December 3, 2020.

Alex M. Azar II,

Secretary of Health and Human Services.

[FR Doc. 2020-26977 Filed 12-8-20; 8:45 am]

BILLING CODE 4150-37-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Declaration Under the Public Readiness and Emergency Preparedness Act for Countermeasures Against Marburgvirus and/or Marburg Disease

SUMMARY: The Secretary is issuing this Declaration pursuant to section 319F-3 of the Public Health Service Act to provide limited immunity for activities

related to countermeasures against marburgvirus and/or Marburg disease.

DATES: The Declaration is effective as of November 25, 2020.

FOR FURTHER INFORMATION CONTACT:

Robert P. Kadlec, MD, MTM&H, MS, Assistant Secretary for Preparedness and Response, Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; Telephone: 202-205-2882.

SUPPLEMENTARY INFORMATION: The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of Health and Human Services (the Secretary) to issue a Declaration to provide liability immunity to certain individuals and entities (Covered Persons) against any claim of loss caused by, arising out of, relating to, or resulting from the manufacture, distribution, administration, or use of medical countermeasures (Covered Countermeasures), except for claims involving "willful misconduct" as defined in the PREP Act. This Declaration is subject to amendment as circumstances warrant.

The PREP Act was enacted on December 30, 2005, as Public Law 109-148, Division C, Section 2. It amended the Public Health Service (PHS) Act, adding Section 319F-3, which addresses liability immunity, and Section 319F-4, which creates a compensation program. These sections are codified at 42 U.S.C. 247d-6d and 42 U.S.C. 247d-6e, respectively.

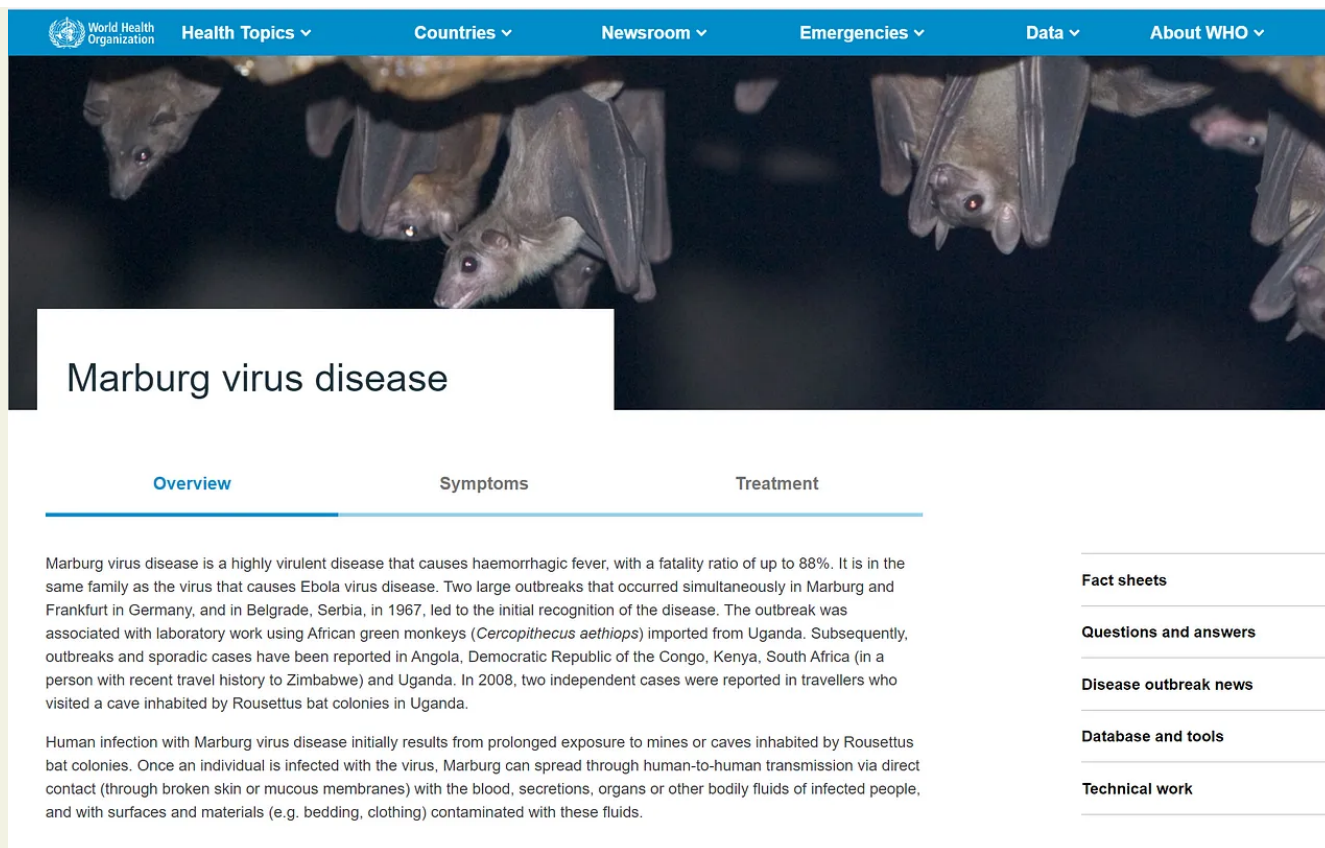
The Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law 113-5, was enacted on March 13, 2013. Among other things, PAHPRA added sections 564A and 564B to the Federal Food, Drug, and Cosmetic (FD&C) Act to provide new authorities for the emergency use of approved products in emergencies and products held for emergency use. PAHPRA accordingly amended the definitions of "Covered Countermeasures" and "qualified pandemic and epidemic products" in Section 319F-3 of the Public Health Service Act (PREP Act provisions), so that products made available under these new FD&C Act authorities could be covered under PREP Act Declarations. PAHPRA also extended the definition of qualified pandemic and epidemic products that may be covered under a PREP Act Declaration to include products or technologies intended to enhance the use or effect of a drug, biological product, or device used against the pandemic or epidemic or against adverse events from these

²⁵ 42 U.S.C. 247d-6d(b)(7) provides that "[n]o court of the United States, or of any State, shall have subject matter jurisdiction to review, whether by mandamus or otherwise, any action by the Secretary under this subsection."

What is Marburg virus? Information on it is [very sparse and dates back to 1967](#). It is stated to be a virus similar to ebola, “clinically indistinguishable” but deadlier. CDC is saying it transmits by blood/body fluids, not airborne. Advertised "significant outbreaks" were in 3 labs: 2 in Germany and 1 in Yugoslavia (a Soviet satellite) in 1967, and they occurred simultaneously. Most cases were in Germany (30-ish between 2 labs), only 2 in Yugoslavia.

The official “infection” story: the 3 labs received a shipment of infected monkeys (riiiight! them monkeys!) and 25 people got infected while doing autopsies (although the correct term would be necropsies) on the monkeys. The only way to get infected by a blood born pathogen during an autopsy, is when you cut yourself. So, 25 people did that simultaneously in 3 different labs??? Then 6 cases were "secondary" - transmitted from the primary infections (to family members?). Secondary cases were non-lethal as, of course, if anything is picked up from shedding it is less dangerous. Of course, no verification of any of this is possible.

WHO says Marburg comes from bats and that one needs to have a “prolonged exposure” to the bats in caves in Africa to acquire this disease. Yet another remote and unprovable origination point. What happened to monkeys? Do monkeys sit in bat caves for prolonged periods of time? I think not. Maybe we should ask Michael Callahan, ~~the CIA agent~~, famous infectious disease specialist - he probably knows as he is always first on the scene in those “outbreaks”.



Marburg virus disease

Overview Symptoms Treatment

Marburg virus disease is a highly virulent disease that causes haemorrhagic fever, with a fatality ratio of up to 88%. It is in the same family as the virus that causes Ebola virus disease. Two large outbreaks that occurred simultaneously in Marburg and Frankfurt in Germany, and in Belgrade, Serbia, in 1967, led to the initial recognition of the disease. The outbreak was associated with laboratory work using African green monkeys (*Cercopithecus aethiops*) imported from Uganda. Subsequently, outbreaks and sporadic cases have been reported in Angola, Democratic Republic of the Congo, Kenya, South Africa (in a person with recent travel history to Zimbabwe) and Uganda. In 2008, two independent cases were reported in travellers who visited a cave inhabited by Rousettus bat colonies in Uganda.

Human infection with Marburg virus disease initially results from prolonged exposure to mines or caves inhabited by Rousettus bat colonies. Once an individual is infected with the virus, Marburg can spread through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids.

Fact sheets

Questions and answers

Disease outbreak news

Database and tools

Technical work

Yet, as the Federal register shows, we have had a Marburg epidemic in the US since December 2020. The PREP act declarations and EUAs remain in place for both Covid and Marburg. To keep the money and weapons and psy-op cycles flowing.

I read a Department of Homeland Security memo on Marburg, basically stating we don't really know anything about it, but it's definitely a scary scary virus, and here are some numbers that we made up just to generate some official sounding text. Statistics on lethality are all over the place. Some sources claim 90%+, WHO says 88%, but calculating from the 25 primary cases/7 deaths - 28%, some other sources claim 50%.

Whatever that Marburg thing is - it needs to be injected to "work". Highly lethal = it doesn't really spread.

Using Proper Mental Frameworks:

It begins to make more sense if mentally, one stops thinking about Covid and Marburg as names of microbes, and start thinking of them as brand names of weapons systems (like Predator drone, Hellfire missiles or F-22 jet)

The US Government's Chemical and Biological Warfare Program used to be housed in the Department of Defense (DOD). After the US signed on to the bioweapons convention it was not terminated. On the contrary, banning things makes them so much more profitable! The program was transferred to the Public Health Emergency-Emergency Use Authorization-Medical Countermeasures program, now housed in the Department of Health and Human Services (HHS) and jointly operated by DOD, HHS, Department of Homeland Security, Department of State, most other federal agencies and their subordinate departments, divisions, offices, authorities, enterprises, committees, advisory boards and employees. A giant spigot of money opened up, especially since the anthrax “attack” (ahem-ahem) post 9/11, and grew into a trillion dollar industry - the racket of Biodefense.

Rebrand war as a “public health emergency”, rebrand weapons as “countermeasures”, rebrand killing as “saving lives”. It is that simple.

Importantly, the declarations of nationwide emergency by Trump and subsequent HHS PREP Act declarations for Covid and Marburg make much more sense if we interpret them as what they really are: a declaration of bio-chemical (with possible extension to radiological-nuclear) war, and subsequent announcement of the use of two specific weapons systems, i.e. Covid and Marburg by HHS. They need those PREP Act declarations in order to provide the same liability coverage to civilians deploying weapons on their fellow countrymen/women/children, and in many cases on themselves, as military would get in a combat zone destroying some brown people in a 3rd world country.

My working theory about Marburg weapons system is based on what I found in the affiliated parties research interests. It is described [here](#) by the late Dr. Rashid Buttar.

To be sure, I do not believe this kind of tech works on mass scale, precisely and reproducibly on everyone. However, even a hoax technology can be adapted to sort of work in narrow applications, and with money, fear, propaganda and help from Hollywood can be utilized for mass blackmail. The idea of an injected substance with a remote activation trigger is the obsession of many prestigious places such as Charles Lieber's (Harvard) and [Robert Langer's](#) (MIT) labs, but they are not the only ones of course being funded by Pentagon and CIA.

“Drug delivery” technologies is a mega industry with very little legitimate medical need. The vast majority of it is concerned with poisoning people at a distance of space and time for military/intelligence/political blackmail purposes. And I am pretty sure this is how Marburg is produced or at a minimum, simulated. The 2nd vector activates the release of whatever it is they are injecting through the 1st, by covid shots, but this could be already in other vaccines and injections - avoid all injected substances unless absolutely necessary. The 2nd vector triggers fever, malaise, pain, bleeding from eyes, ears, nose - to have the visual effects of Marburg. Bleeding is already a major recorded side effect of covid injections (blood clots everywhere, including in the eyes, huge nose bleeds, etc). It could be that injecting as much DARPA hydrogel as possible in as many people as possible was the primary goal.

The goal maybe twofold - kill off whatever % they can do with plausible deniability in the first round of covid/injections where approximately 5% of vials/doses end up being extremely toxic. By doing this, they identify the population that can tolerate the injections of hydrogel materials, the ones that don't die off right away, and that are brainwashed and obedient enough to continue jabbing themselves. Then "demonstrate" the 2 vector and tell them - we can control you now. I doubt the tech really works, but it only has to work on a small % of the population for demonstration purposes and continued psy-op. Derrick Rossi, another co-founder of Moderna is a movie producer at Castle Rock Entertainment. If needed, Hollywood can help out with special effects, crisis actors and fake blood, no doubt.

Art for today: Walnuts, oil on linen, 36x36 in



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