

# The Worldwide “Pandemic Treaty” and the Covid-19 Vaccine: Countering Propaganda with Truth. William Makis and Naomi Wolf

## Part II

By [Michael Welch](#), [Dr. William Makis](#), and [Dr. Naomi Wolf](#)

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– Dr. William Makis (From this week’s interview)

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“Imagine Disease X is as infectious as measles with the fatality rate of Ebola [67%]. Somewhere in the world, it’s replicating, and sooner or later, somebody will start feeling sick” [1]

This is the type of messaging that has been circulating in mainstream media in recent months. It is also a warning consistent with Bill Gates, the guru of all things immunological.

“We’ll have another pandemic. It will be a different pathogen next time.” [2]

As past episodes of the Global Research News Hour, and articles all over Global Research have indicated, the ‘vaccine’ seems not to be quite as safe and effective as the major health organizations and mainstream media have broadcast. And awareness of this comes from people and their loved ones and their experiences with getting the jab. (See for example the experiences relayed by the [National Citizens Inquiry: Canada’s Response to COVID-19.](#))

In spite of these experiences, the guardians of the major Health Care authorities now seemingly bought and paid for by Big Pharma continue the standard verse that the COVID-19 Vaccines are safe and effective and that anyone who says otherwise is passing on “dis-information.” [3][4]

People the second time around may not be as anxious as the first to take the vaccine.

Could the next pandemic, if and when it comes, have another trick up it’s sleeve to cause even the most hesitant to get the jab? This is just one of many other factors we share this week on the Global Research News Hour.

In our first half hour, we touch base with Dr. William Makis. The physician who has dedicated significant tabulating the sudden deaths of physicians, athletes, mothers and so on as being possibly related to the COVID vaccination tabulates his conclusions about the “Big One” that is being promoted in mainstream media today. He also talks about how we can separate a real pandemic from a “Pharma-profit” motivated fake one.

In our second half hour, we cross paths with renowned author Naomi Wolf. She talks about new information from the confidential Pfizer report revealed through a Freedom of Information Report. She also speaks about her latest book, [Facing the Beast: Courage, Faith and Resistance in a New Dark Age](#), which reveals the price she appears to have paid for digging too deep into the forbidden COVID vaccine story.

*Dr. William Makis is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General’s Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.*

*Dr. Naomi Wolf is a former political consultant and Co-Founder of the [DailyClout](#), a platform that empowers democracy-building. She is the author of the best-selling [The Beauty Myth](#), which launched her reputation as a leading voice within Third Wave feminism, and she authored the 2023 book [Facing the Beast: Courage, Faith and Resistance in a New Dark Age](#) (Chelsea Green Publishing.)*

(Global Research News Hour episode 413)

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Transcript of Dr. William Makis, December 11, 2023

Global Research: You blame COVID for a lot of the deaths due to turbo cancer, heart attacks of youth and dying suddenly. How did you first become convinced that these deaths, though tragic, were positively linked to the shot?

William Makis: So, I started looking into excess mortality figures for all the highly COVID vaccinated countries. You're looking at excess mortality in Canada, for example, since the vaccines were rolled out. The excess mortality in 2022 is on the level of about 1 in 1,000. So, we have excess deaths of about 30-35,000 in Canada.

Here in Alberta, the province where I live, it was in the mainstream media that in 2021, the number one cause of death was "Cause unknown." And I can tell you I've spoken to many doctors and, you know, they all tell me that doctors are not allowed to conduct autopsies. They are not allowed to conduct proper autopsies. And if they do, they are not allowed to do the proper staining of the tissues or the spike proteins, for example, for the vaccine spike protein. Or even for the other viral proteins. So, doctors are not allowed to search for a cause of death that may be due to long COVID or that may be due to vaccine. They are not allowed to do it.

And that's the fascinating phenomenon about this, is you see similar excess mortality figures in the United States, on the order of 1 in a 1,000, so yeah, last year that would be about 300,000 excess deaths. There's a number of publications that talk about that. United Kingdom excess deaths, Australia, Japan, Germany, these are all highly COVID vaccinated countries with a high excess mortality that no one is able to explain. And when you see it in the mainstream media, when they ask the health authorities, they have no answer for it.

You know, they'll speculate, they'll say, 'Well, maybe it's long COVID, or maybe it's the stress of the lockdowns. Maybe it's missed appointments, missed doctor appointments,' because a lot of doctor appointments were cancelled. That's the way they're trying to explain away the excess cancer deaths, for example. But no one really seems to have an explanation.

But the smoking gun there is that, you know, if you want to have an explanation, all you have to do is conduct the proper autopsies on all these sudden and unexplained deaths.

And I wanted to clarify just, you know, with your introductory statement is that I do not claim that these deaths are due to the vaccine, because we don't know. It is the number one suspicion that I have on my differential diagnosis. So, as a physician, whenever you're faced with a medical issue you take all the available information you have and you put together a differential diagnosis of the potential things that might be causing that issue, and then you conduct the investigations to prove what is causing the problem. And the proof that is required here are the autopsies and they're not being done.

And so, I have my suspicions. And as a medical professional, you know, I put all the information together and I'm allowed to have my differential diagnosis. And you know what? Long COVID is on my differential diagnosis as a possibility. But we need to then conduct the proper investigations and those are not being done, and I can tell you, no one is doing them. The autopsies are not being done in Canada, they are not being done in the United States, they are not being done in UK, they are not being done in Australia, New Zealand. And the publications that have come out in the literature on autopsies where they did conduct such staining, there are a few reports from South Korea, from Japan, from Germany, and you know, a couple of research places in the United States. But in terms of the general public having access to that kind of autopsy

being done, it is not allowed.

And that is a huge red flag and a huge smoking gun for me, in that I believe the reason why these autopsies are not being allowed is because, I believe, most of them would show the vaccine as the cause of death. I believe the spike protein would be found in damaged tissues like the heart, like the brain. Or it would be found in tumours. That would mean that the vaccines would immediately have to be taken off the market and you've got a multi-hundred billion dollar industry that would come to a crashing halt immediately and I think that's why the autopsies are simply not being done. There is too much money in this technology and in these pharmaceutical products.

GR: Yeah. Okay, well getting back to your article, you listed a number of possible culprits: Nipah, Marburg and Ebola, Disease X, or a combination between one of those and influenza or RSV. Are you seeing more recent signs hinting at the particular form that the next pandemic is going to take? I mean, is it visible yet?

WM: No, I don't believe that it is visible. I listed these possibilities for several reasons: I believe that the next variant, whether – like, the next COVID variant is not scaring anybody. You know, you will have – let's look at the vaccine updates right now. We've got a new variant, now it's JN.1. We've had recent variants like the Kraken variant, XDB.1.5. And these were actually what the latest booster shots were designed for. The booster shots that just came out in the past month or two. The vaccine update, right now, of the latest booster – and we're being told that, you know, the original vaccines are off the market, you know, they're not available anymore and now you have to take the tailored booster which is specifically tailored to the recent variants. The uptake is 10 percent. It's —

GR: Yeah.

WM: — plateaued at about 10 percent, give or take a percent, right?

GR: Yeah.

WM: And that is true for Canada, which you would expect the uptake to be much higher given the propaganda that the health authorities have engaged in. They're expecting uptake of 70, 80, 85 percent, the same uptake that we had with the initial vaccines, and the uptake is about 10 percent. The same uptake – you know, you have the same uptake in the United States, in the UK, Australia. You know, there is only a very small group of people who are terrified enough to continue taking these vaccines. They're on their sixth shot or they're on their seventh shot. That number is only down to 10 percent, which means 90 percent of people have no interest in taking these vaccines anymore even if the health authorities are recommending them. For all age groups, down to six months old in Canada. And I believe the United States as well for pregnant women, and so on.

So, well you have a problem here is that – the problem for the authorities is that no one is afraid of the new COVID variants anymore. And no one wants the COVID vaccines anymore. You got only 10 percent is not enough to sustain, you know, this multi-hundred billion dollar industry that has grown up around this mRNA lipid nanoparticle technology. Certainly not enough to sustain all the factories that are

being built around the world that will be producing mRNA vaccines, each factory producing hundreds of millions of shots. There is no demand for it. And so, you're not going to scare people with the new Covid variant.

What you need, if you're going to scare people – and this comes out of, you know, various literature around vaccine hesitancy and so on, is you're going to have to scare people with a virus that has a 30, 40, 50, 60 percent fatality rate. And there's very few viruses that can actually do that. And they're the ones that, you know, you've just mentioned: Ebola, Marburg, Nipah virus. All of those can get up to 50, 60 percent fatality. There is also influenza H5N1. And there may be a couple of other really exotic viruses like Lassa virus. There's Zika, there's some really, you know, exotic ones. But there's very few viruses that will give you that kind of a fatality rate and usually, you know, they are viruses that don't spread easily.

So, you know, you've got your Ebola outbreaks in certain locations in Africa. They are usually very contained to a small geographical area, they are self-limiting, you know, they don't spread. And so, if they want, if the pharmaceutical industry, for example, and all the people that they've bribed, all the politicians that they've bribed, the media that they've bribed to scare people into taking vaccines, if they want people to come back and start taking mRNA vaccines again, they are going to need to scare people to such a degree that those people who said, 'I don't want anymore COVID booster shots,' are going to say, 'No, I need to get this new mRNA vaccine.' And the only thing that can do that is something with a very high case fatality rate.

GR: What if an actual thing, an actual pandemic came out that was not influenced by big pharmaceuticals and the pandemic? Wouldn't that end up taking a very different direction than the direction we're seeing right now?

WM: Well, you know what, I mean it is always possible that, you know, there will be an outbreak of some novel pathogen with, you know, with new mutations and so on. Obviously, you know, we haven't seen it to date. Where the interesting situation arises is that, there is gain of function research being done on a lot of these pathogens to actually make them more virulent and to be able to spread more easily among humans.

And so, for example, for Nipah virus there is gain of function being researched – now there was Senate, US Senate, testimony last year about this, that there is evidence that, in the Wuhan lab – in the same lab that we suspect there may have been a leak of the COVID-19 virus, that had gain of function research on it – that they were working on gain of function research to enhance the transmissibility and fatality rate of the Nipah virus, for example. And I believe the Canadian Winnipeg lab was involved in sending some samples to Wuhan again with the Nipah virus.

GR: That's the Winnipeg lab, right?

WM: That's the Winnipeg lab. So unfortunately, there is ongoing gain of function research going on in labs around the world. And so, we might be facing a situation again where, you know, there is an outbreak of a novel pathogen and we're again stuck wondering, well, is it something that's arisen naturally out of a – sort of a natural evolution among, you know, animals and then it makes the jump to humans? Or is it again something that has been released accidentally or intentionally that was a gain

of function experiment that scientists had been working on for years? And we might be faced, you know, with the same conundrum all over again.

But again, I think it is important for people to understand that you have to be – you have to question these things. And you have to question every official narrative, because when it came to COVID-19, we were lied to about everything that was part of the official narrative, we were lied to from the very beginning. And then, of course, once the vaccines were rolled out, we were lied to about the vaccines: about the safety, about the efficacy, and so on.

So, my point is that, question – don't approach, you know, any new pandemic with fear. Approach it with an inquisitive nature, ask the hard questions, and sort of peer back beyond the propaganda to see what's really hiding behind what the mainstream media wants us to believe.

GR: So, are you saying you have like a pandemic protocol as such? A way to, you know, how are you going to address it and then how do you address it for yourself and for your loved ones?

WM: Yes. It's basically almost like a logical exercise. You know, I sort of call it sort of a three-step guide to Dr. Makis's guide to new pandemics. But it really is just a mental exercise. And the mental exercise is as follows: you look at whatever pathogen is being talked about as – let's say there's an outbreak of a new pathogen and they tell us. It's Nipah virus, it started in this local village. Several hundred people are sick, WHO is flying people out there and so on. Well, learn about the Nipah virus, what is it, and so on. But more importantly, has there been any gain of function research done about that particular virus and I think that's very important. And you know, you can find that information.

So number 1) Has there been gain of function research done recently? Number 2) Have there been simulation exercises already done on this virus? And interestingly, for example, there was a big tabletop exercise done by John Hopkins, I believe it was 2018, on the Nipah virus. And it was supposed to be like a hybrid between a Nipah virus and like an influenza, so that it was more easily transmissible through, you know, as an airborne pathogen because the Nipah virus, you have to get exposed to it with physical contact of contaminated, you know, fruit or saliva from the bats or what have you. But if it's been modified in some ways that it's much more easily transmissible through the air, that can only been done through gain of function research, for example.

And they actually did this tabletop exercise, it was done for a whole day hosted by John Hopkins. It was called Disease X. And you know, now we hear about Disease X in the media, but a lot of people will not go back and find out that, well, there was a tabletop exercise, a simulation. And that simulation, you know, I think over 20 months they simulated a 150,000,000 deaths. They simulated shutting down travel. They simulated shutting down even travel state-to-state within the United States, so people were not allowed to go from one state to the other. Of course, there were new vaccines that they simulated and there was, you know, the vaccines – well, there was a limited number of vaccines, so you know, you have to give it to health care workers and you have to decide who to give it to and so on. Obviously, economic chaos and turmoil, political turmoil. And I believe in that particular simulation, what came out of

it was that they had to nationalize the US health care system. So, bring it completely under the government – under government control.

Now these are interesting things to know about and there have been other simulations on other pathogens in the last five years. I think that's important to look at.

And the last one which I think is really important, which is where a lot – you know, the smoking gun is going to be is: is there an mRNA vaccine that is already in trials for this pathogen or infrastructure has been put in place to quickly roll out an mRNA vaccine for this new outbreak? And we've been told by the CEOs of Pfizer and Moderna that they have put infrastructure into place to be able to roll out any new mRNA vaccine for any new outbreak in less than six months. And they have distribution infrastructure in place as well in collaboration with Gavi or the Bill and Melinda Gates Foundation to be able to roll out hundreds of millions of doses of a new mRNA vaccine to the broader population. People have to be aware of this. And to me, these are red flags and warning signs.

And seeing as to the injuries and deaths that we've seen from the COVID vaccines, you know, I personally would not trust any mRNA vaccine no matter what the pathogen is when they roll it out.

GR: Okay. I've only got about 30 seconds left, but I just wanted to get your take on the National Citizens Inquiry which you participated in, as did I. I mean, are you comfortable with the process and all of the recommendations they put forward?

WM: Absolutely. Now the National Citizens Inquiry, what's incredible about it is the testimonies. The testimonies are key. There was over 300 testimonies, you had doctors, most of the freedom fighting doctors testified, including myself. I gave a three-hour testimony. Scientists who have been, you know, very honest about their work. There were people who were harmed by the vaccine mandates. There were military, there were lawyers. I encourage people to look at some of those testimonies, you know, pick some of the testimonies that interest you, look at them. The recommendations are very extensive and it's basically an overhaul of our court systems, an overhaul of the way we approach health care. You know, the colleges that block doctors from being able to treat patients and so on. Like, there is a tremendous amount in terms of the recommendations which will obviously be extremely difficult to implement and I think a lot of politicians will be scared to – one important thing to note that I want to note, is that 63 politicians were invited to give testimony on behalf of the federal government and the provincial government and they refused. They did not give testimonies to justify the measures that they took during the pandemic, to justify the roll out of the vaccines and so on. So, that is a key thing to note is that government officials refused to participate in this.

GR: Well, we'll be snapping on our safety belts this winter. Dr. Makis, it's indeed been a great pleasure speaking with you and thanks for appearing on the show.

WM: Thank you very much for having me.

Transcript of Naomi Wolf, December 7, 2023

Global Research: So, you spoke to us about the report findings back in May. Is there

more information you've gotten in the last six months that you would feel obliged to share with our listeners?

Naomi Wolf: Oh, gosh, so much more. Right now, probably when I last spoke with you, we had about 50 reports. And for viewers who are not sure about the details of that, I oversee a project called the War Room/DailyClout Pfizer Documents Research Analysts and it's 3,250 doctors and scientists who have joined forces as volunteers to read through the 450,000 pages of Pfizer internal documents released under a court order by a successful lawsuit against the FDA. And of course, the FDA had asked the court to keep these hidden for 75 years; now we know why.

So, probably when I last spoke with you, I was already reporting that they - these volunteers have found in these documents evidence - overwhelming evidence - of the greatest crime against humanity in recorded history. And I don't say that lightly as the granddaughter of someone who lost nine siblings to the Holocaust. But in terms of scale, this is bigger.

We found, at that point, 1,225 deaths in three months. Thousands of neurological damage cases. Strokes, heart attacks, blood clots, lung clots, thrombotic thrombocytopenia, dementia, Alzheimer's, cancers, turbo cancers. And many of these reports showed that the adverse events including deaths took place within 48 hours of the injection. The liver damage, the kidney damage report, the stroke report, the adverse events were temporally located shortly after the injection.

But the most concerning, to me, finding I may not have - well, I have new news for you since then: six months ago, we were starting to be aware that there is a focus, an intense focus, in the Pfizer documents on destroying human reproduction - quite intentionally. Whether it is their knowledge revealed in the documents that the lipid nanoparticles biodistributes, these are industrial fats coated in polyethylene glycol which is a petroleum product. You know, spokes- people said the material stays in your deltoid, in the injection site. They knew that was not true. These materials bio-distribute throughout the body. They traverse every membrane in the human body, but they also accumulate in the brain causing - or contributing to some of the cognitive changes people are seeing in their loved ones. They also accumulate in the liver, the adrenals, the spleen, and if you're a woman, in your ovaries.

So, what is happening now, I got de-platformed in 2021 and globally attacked, because I correctly reported that women were having menstrual problems upon getting this injection. And it's not surprising that if women are having menstrual problems in 2021, there will be fertility problems in 2023. And that's what we're seeing, a 13-20 percent drop in live births.

So, these industrial fats are accumulating in the ovaries. There is no way our volunteers have seen that they leave the body. So, the first injection some accumulate. The second injection, more accumulate. First booster, more accumulate. So now, nurses are reporting that women having abdominal surgery, even if it's not focused on their ovaries, that their ovaries are blocked, right? Depressing fertility. Also, messing with their hormones, but that's another story.

We know now that the lipid nanoparticles also traverse the placenta and Pfizer knew this. So, midwives and maternal fetal medicine specialist James Thorp, they've sent

me pictures and descriptions of compromised placentas that vaccinated women are having. De-calcifications caused by the lipid nanoparticles are keeping nutrients and oxygen from reaching the baby, and the placentas are flat and thin and shrunken. Unlike – I mean, not to be gross – but, you know, the cushy, comfy bed of placenta is supposed to be for a growing baby. And they're also – they're like two inches too small in diameter. So, babies are being delivered prematurely.

Or, think about when was the last time you saw since 2021 a truly, heavily pregnant woman, right? I mean, most of us, if we consider, we haven't – remember the way women used to look eight months, you know, almost at their due date, really there was a baby there basically. You only see very small baby bumps now, because these placentas are not big enough to hold a fully grown baby.

So, women are also dying in childbirth now. Forty percent rise in maternal deaths, because these placentas fall apart, and women have hemorrhages and infections just like in the 19<sup>th</sup> century in childbirth. Pfizer knew that there's something in the semen of vaccinated men that is dangerous to women of childbearing age. Pfizer confirms that you can transmit, or that exposure to the vaccine, can happen through skin contact or inhalation, or sexual intercourse with vaccinated men. And they warned the vaccinated men in their study to use two reliable forms of contraception or to abstain from sex with childbearing age women. So, something they still haven't told us is dangerous or damaging either to women or to the zygote – the implanted egg —

GR: Mm-hmm.

NW: — of the baby. Pfizer knew that the lipid nanoparticles degrade the testes of baby boys in utero. Remember, every membrane that the casing of the testes are a membrane. So, this is causing damage to sertoli cells and leydig cells in baby boys testes in utero. Those are the factories of masculinity that switch on in adolescence, causing things that we think of as masculine like, you know, facial hair or deep voices or broad shoulders or the ability to father a child. So, we don't know if these poor baby boys, who aren't even vaccinated, right – they're just in the their mom's stomach and their moms are vaccinated – whether those will be fertile men or even look like men when they grow up.

GR: Ah.

NW: Right – right? It's a war on – it's a war on gender, among other things, but it's certainly a war on babies.

There's horrific documents called "Pregnancy and Lactation Report," it's eight pages long. And it was produced in April of 2021 and it shows that Pfizer knew they – two babies died in utero. And Pfizer concluded that the deaths were due to maternal exposure to the vaccine. So, they knew they were killing babies. And instead of stopping, they kept going. And they also have this – they knew that they were causing babies to suffer and get really sick from nursing vaccinated moms because the mRNA and the spike protein in the lipid nanoparticles were getting into mom's breast milk through the lymphatic system. So, they've got this chart showing these many thousands of babies are vomiting, these many thousands of babies have chills, you know, or fever. These many thousands have – their flesh is swelling, adema. You know, these babies have convulsions. One poor baby had multi-organ system failure and

died in the ER from nursing his vaccinated mom – or her vaccinated mom. So, this set of nightmare outcomes for babies and moms got sent on April 20<sup>th</sup> to the White House and the CDC.

Three days later, Rochelle Walensky at the CDC gave a press conference, a White House press conference, stating to women that the vaccine was safe and effective for pregnancy. That there was no bad time to get vaccinated: before you're pregnant, during your pregnancy, or after you have your baby. And she had this document showing how deadly it was.

There is another section of Pfizer documents that shows an 80 percent miscarriage or spontaneous abortion rate in vaccinated women. And there are now a million missing babies in Western Europe and in Western countries generally. Government databases show a dramatic drop in live birth.

GR: Yeah. Yeah, I don't know if you have maybe one more, like, breaking story, because I want to move on before our deadline. But is there anything else before I just —

NW: Gosh, there's so much. I mean I guess the other —

GR: Maybe give —

NW: — the other big – one more, sure. The other huge headline of the last few weeks is that – and it's not in the Pfizer documents – Kevin McKernan of Medicinal Genomics broke this story. And so did someone named Josh Guetzkow who is in Israel. So, the injections turn out, so those Pfizer-Moderna, to have undisclosed plasmids and fragments of DNA in them. And that wasn't disclosed to Health Canada. They have confirmed it wasn't disclosed to the FDA. And it's a result of mRNA is hard to grow at scale, for the giant amounts that they needed to inject everyone in the world. So, they cut corners by growing it in E. Coli, essentially using E. Coli to grow it, and this is a result. You know, this contamination is a result.

So, people are being injected with contaminated injections. And the way fragments of DNA and these plasmids react to your body is they can basically enter your cells and cause your body not to recognize or clear out invaders, and what that does is create turbo cancers according to Dr. Ryan Cole and other oncologists. So, I'm sure you've heard or people's loved ones have heard or experienced healthy people being diagnosed with cancer in April, dead by November. These super fast-growing cancers. So, yeah, the whole roll out was contaminated.

GR: I'm just going to play a clip because I actually interviewed Peter Hotez who is said to be a successor of Fauci. I'll just play a clip and, you know, as you to respond as you will:

GR: Pretty significant effects on pregnant women, the spontaneous abortions, miscarriages, and so on —

Peter Hotez: No. Again – again —

GR: Some fetal —

PH: No, no, this —

GR: — this was Pfizer.

PH: No, it's not the case. This was carefully reviewed by the Food and Drug Administration, again, which has an extraordinary track record of monitoring for safety and efficacy. They lifted the clinical trial data from, I think it was – I forget which one was 44 – I think it was 44 – 60,000 patients in the Pfizer study which is a pretty large study. Did not find those adverse effects. And in fact, now it's been well documented. There was no link between mRNA vaccines and infertility or miscarriages. But I'll tell you what there is a big link for: COVID-19 and pregnant women. We've lost many, many pregnant women to COVID-19 who did not get vaccinated, again, because of some of this weaponized communication that you are citing.

GR: So, yeah, basically – yeah, he's saying that the FDA study didn't and they didn't see any problems with it. And then, he switched over to, 'You got to get vaccinated,' because Covid-19 could interrupt their pregnancies. Your response?

NW: I mean, Michael, that man is going straight to Hell! I mean, he is – no, I'm sorry, I don't know what to say! Like, that's evil of such immense proportions, because he is lying, he knows he's lying! And he's lying in a way that's going to kill babies! And he doesn't stop! I mean, what he said is just a lie!

First of all, no one knows the denominator in the Pfizer clinical trials. It's not in the records. We know the adverse events, and there are over 42,000 adverse events in just three months. Second of all, there are two distinct places and we've issued multiple reports about this that have gotten tons of media that enumerate the dead babies and show – and Pfizer concluded that the babies died due to vaccine. So, how can – how can Hotez not know that?

And the last thing is: you know, our team has taken two years to issue 92 reports. The FDA gave themselves one week to go through the documentation, it's 450,000 pages. So, they ensured that they would not see what they did not look for.

But, it's just – it's a lie, and it's not only a lie from our data sets, it's a lie from the VAERS database which is a government database, that is the FDA's and his job and the CDC director's job to monitor this signals more babies have been lost to the various databases in all for this vaccine, than all of the other vaccines combined, last I – last I was informed. There is a dramatic safety signal for pregnancy and childbirth. And also, look at government databases on who is being born. Something is killing babies in utero and it coincides with the roll out of the injection.

This man is just such a liar! The last thing I will say about his disgusting, horrible lies is: when he says – Oh, they always do this, it's a talking point – Oh, whatever you may say about whatever side effects you may mention, that same side effect happens to be caused much worse by COVID. Well, among the most important findings in the Pfizer documents is that one month after roll out, in November of 2020, Pfizer concluded that the vaccines did not work to stop COVID! Pfizer's language is, "Vaccine failure and failure of efficacy." And in fact, in the Pfizer documents, the third most common side effect of getting vaccinated is COVID.

And in fact, if they didn't use funny math to claim 95% effective, if they – they got to that math by removing 200 vaccinated infected people. If they had done the math honestly, Hotez would have to acknowledge that more people who were vaccinated got COVID than the unvaccinated arm of the trials.

So, it's meaningless for him to claim that, you know, women could save themselves by getting vaccinated because Pfizer concluded the vaccines did not work to stop COVID.

GR: Yeah. Well, you are an established journalist and I'm wondering, were you surprised by the way your report was treated, you know, not just by Hotez but by the establishment of the health services, by mainstream press, and by government? And by the way, you yourself were treated?

NW: Well, I'm certainly surprised at how I myself was treated because it's pretty shocking – and this is the subject of my new book *Facing the Beast* – it's, among other subjects, it's pretty shocking to be a journalist for 35 years, my beat being women's sexual and reproductive health primarily, and among other things, civil liberties.

And to have the same news outlets that had employed me for 35 years to be a commentator turn on me overnight with the same language, you know: "Conspiracy theorist," "crazy," et cetera. Like, that beggar's belief and seeing how my bio changed around the world overnight when I was de-platformed, that was hard to understand. Now we understand AI is deployed to, you know, smear people globally all at once. But, I can —

GR: If you step out of line on COVID, then they'll put, you know, 'He's a conspiracy theorist,' or 'She's a conspiracy theorist,' —

NW: Totally.

GR: — in the first line.

NW: Totally. And now other issues like Ukraine or, you know, climate or, you know, whatever is sacred, designated sacred. Now we know that it was the White House that was directing that smear campaign.

But what happened to me is not nearly as important as what happened to women and human beings around the world as a result of these discussions being silenced, right? You know, in response to the other part of your question, while I've been attacked and dumped out of my previous life – and I actually found a much better life which I go into detail about it in *Facing the Beast* – you know, in the rest of America, right, outside the liberal media bubble, it is silence, right? Like, this is the biggest story whether you like what I'm saying or not, whether you think I'm right or not. Issues of the New York Times, the Washington Post, they should be engaging with this, right? Debunk it, right? Try to debunk it. I mean, you can't, because all of the primary citations are right there embedded in the digital report, but like... that would be journalism, you know? Because this is the biggest story of our time. But it's been silenced.

To my knowledge, I don't know who brought up the miscarriages clip, they didn't attribute it to us but, you know, they dealt with the massive amount of legacy media, governments, you know, some very rare exceptions have dealt with the massive amount of evidence we have found, that we presented, you know, in beautifully

documented reports with silence.

GR: Yeah. I noticed in your book *Facing the Beast*, which I read very quickly, but you seem to – it's a collection of essays, essentially relating how the last three years altered the way you perceive people around you. And I think the way you present it is it's like these three years were painful as Hell. But at the same time, it sort of transformed your way of perceiving things and people. I mean, maybe I could ask you, like, you know, as a collection, how – what's the most important remark on all of these changes in the single book?

NW: Most important remark? I guess the most important is that I concluded that we're in a non-human, non-normal period of history. I mean, it's not normal human history, is a better way to say it.

Starting in 2020, something happened on the planet that I can't explain using my normal, rigorous, highly educated analytical tools. It doesn't look like history as long as it's been recorded by human beings. And what I mean is: usually, always, when there is a tyrant, would-be tyrant, there are factions, there is dissent, there is backstabbing, there are people who don't go along with it. Things fall apart. The Nazis didn't figure, you know, think well in advanced about how cold the Russian winter was. Like, there is some human error. But what we saw since 2020 was no – like almost complete lockstep of evil, all over the same sound bites around the world. So, for me, I'm not asking anyone to believe this, I'm not proselytizing, but for me personally, I had to conclude that there is something spiritual going on, and that the political landscape, the material landscape is a symptom of what is really a battle between good and evil. Really a battle for the human soul and for humanity and this is kind of a time of a test, testing, you know, for human beings.

GR: Wow. Naomi, much of my recent reporting is focused on the possibility of a second pandemic, you know, potentially even worse than the first. Do you think that, well, between your book and speaking quietly now on the independent media margins will do enough to fend off yet another round of health, you know, enforcers and legacy media pounding into people's skulls to get vaccinated and, you know, distance and lockdowns and all the rest of it?

NW: No. I mean, I, you know, I do everything I can, but I'm still gigantically cancelled and continually more cancelled. Like, Naomi Klein wrote a whole book trying to cancel me and then I found out that Pharma was sending millions of dollars in the direction of her husband and his extended family.

No, but I do think that there is a resistance, you know, in the United States, in Canada, in the West. And a lot of people are determined not to be fooled again. And you know, look at the studies, people don't trust legacy media anymore. So, for sure they're going to try it, you know, they're already trying it. You know, the fear messaging about the white lung disease, which the dissident doctors I've interviewed think it's due to the vaccines and the masking or made worse by it. And kids having not had normal immune exposure because of all the isolation and lockdowns. They're going to try it. I hope and pray that people won't go for it, but it just literally is country-by-country, state-by-state.

For instance, I'm in New York state. Our governor keeps trying to establish quarantine

camps and she succeeded in defeating an appeal against quarantine camps. In Australia, people live in fear, you know. Their democracy is crushed. Canada is a catastrophe as you probably know. You know, people can have their bank accounts switched off. The truckers had their bank accounts switched off. You know, Central Bank Digital Currency is coming, the digital ID is coming. So, these people are not done with us by a long shot.

But I do think if enough people resist, it'll be very difficult to implement.

GR: Naomi, thank you very much. I have appreciated speaking to you again and best wishes to you in the future.

NW: Thank you so much. I appreciate it as well. Take care. Bye.

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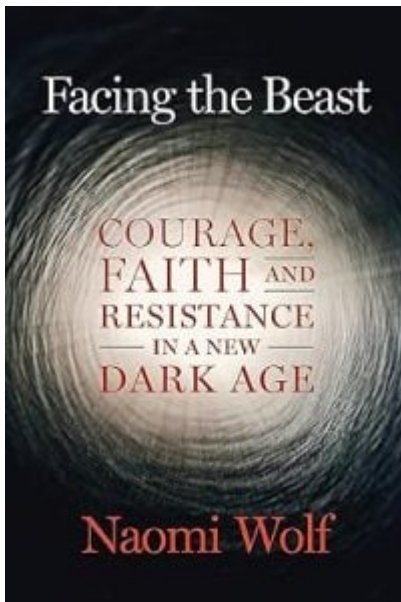
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Notes:

1. Alan Johnson (September 23, 2023), 'Disease X on the way and experts fear it will kill more people than Covid pandemic', The Mirror; <https://www.mirror.co.uk/news/world-news/disease-x-way-experts-fear-31009551>
2. <https://www.cnbc.com/2022/02/18/bill-gates-covid-risks-have-reduced-but-another-pandemic-will-come.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>
4. <https://www.cdc.gov/vaccines/covid-19/health-departments/addressing-vaccine-misinformation.html>



## **Facing the Beast: Courage, Faith, and Resistance in a New Dark Age Paperback - November 9, 2023**

by Naomi Wolf (Author)

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