



Experimental Biological Agent

We are told that we just need to socially distance, wear protective masks, wash our hands, and wait until the vaccine arrives. Ok, but didn't we discover that the experts disagree on the effectiveness of masks with this coronavirus? Our mental state, as a population, is terror and fear also calling out people to 'see something, say something'. Some people are washing their hands incestuously and locking themselves indoors - away from living, loving, or laughing. We have become pawns in the game of mind control. Let's look at this vaccine...

First, let's call it as Dr. Simone Gold, MD has described it - an experimental vaccine or experimental biological agent. According To Dr. Gold, "Vaccines against COVID-19 are now being approved for experimental use. This will be the shortest time scientists have ever been able to develop a new vaccination for a major disease. It not only typically takes years to create a new vaccination, but very often, despite the best efforts of scientists, a successful vaccine proves impossible. For example, scientists (including Dr. Fauci) tried to create an HIV vaccine for more than forty years".

The technology used for the first COVID-19 vaccinations being brought to market by Pfizer and Moderna uses an "mRNA" or "messenger RNA" technique. The COVID-19 virus is an RNA virus, meaning that the viral genetic code is carried in the virus' ribonucleic acid or RNA. The messenger RNA is the instruction manual that cells use to manufacture proteins. The mRNA vaccine instructs human cells to manufacture a specific COVID-like protein. This protein, once formed, then stimulates our immune system to produce an antibody to fight against this COVID-19-like protein. The hope is that the

antibody would be ready to attack the real virus should it be encountered "in the wild." But will that happen?

Despite trying for decades, scientists have never been able to create a successful coronavirus vaccine. Whenever they think they have, the experimental coronavirus vaccine has failed and animals that got the experimental vaccine died. One of the known complications of vaccines is something called immune enhancement. One type of immune enhancement is known as Antibody Dependent Enhancement (ADE). This is a process where a virus leverages antibodies to aid infection. **In short, the antiCOVID antibodies, stimulated by a vaccine, amplify the infection rather than prevent its damage.** This paradoxical reaction has been seen repeatedly in other vaccines and animal development trials especially with coronavirus vaccine trials. Other known complications of vaccines include neurological diseases such as transverse myelitis, Bells' Palsy, multiple sclerosis, autism, and Guillain-Barre.

Vaccine with 5G

*The above information should be enough to give one pause in receiving this experimental vaccine. The additional danger is when this vaccine is added to the rollout of 5G radiation which is a brochure on its own. In short, 5G millimeter waves work with the top layer of your skin, expressing a coronavirus and a cytokine storm in people with low or suppressed immune systems. **Please note that on Halloween 2019 Wuhan, China was the first city in the world to receive 5G coverage citywide.***

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FOR THE 5G MOVIE AND VACCINE BLOG

<https://lebeauhealth.com/blog>

THE COVID-19 CONNECTION



The largest threat to our health will be unleashed in 2020-21...

This WAS MY BOLD STATEMENT in a brochure written on January 20, 2020 as I contemplated the new wireless technology (5G) about to be unleashed. I had no idea how it would be implemented, but my intuition found me feeling the need to follow the money, politics, and "experts". Exactly one year later, I find myself desperately trying to enlighten, educate and warn people of the mainstream narrative since the 'Plandemic', why no one is discussing the immune system, and more importantly, how to enhance it naturally to ward off all viruses.

China reported a cluster of pneumonia cases on December 31, 2019, but there were odd cases of people passing out in their streets as far back as the first week of November 2019. The first documented case of Coronavirus in the U.S. was officially January 20, 2020. President Donald Trump declared the U.S. outbreak a public health emergency on January 31. The first U.S. death was initially reported as March 9th, in Santa Clara, CA, but later back dated to mid-February. On March 6, Trump signed the Coronavirus Preparedness and Response Supplemental Appropriations Act. Closing the borders early to countries most affected seemed to be a prudent move, but what seemed to be a virus under control had moved beyond all expectations.

"It is easier to follow the crowd and be deceived, than be convinced you've been deceived"



MASKS – Good or Not Good?

Good question... World Health Organization officials on March 30, 2020 said they still recommend people not wear face masks unless they are sick with Covid-19 or caring for someone who is sick.

"There is no specific evidence to suggest that the wearing of masks by the mass population has any potential benefit. In fact, there's some evidence to suggest the opposite in the misuse of wearing a mask properly or fitting it properly," Dr. Mike Ryan, executive director of the WHO health emergencies program, said at a media briefing in Geneva, Switzerland. Our CDC however said on April 3, 2020 that facemasks were recommended to supplemental hygiene and social distancing. Both agencies are considered the leaders in health care with top "experts" in their field. Throughout the spring the CDC and Dr. Fauci changed their minds at least twice regarding the effectiveness of face masks. As an "expert" shouldn't we have continuity and a level of confidence expected by the world in a pandemic?

Some governors implemented over 70 executive orders dealing with coronavirus, including fines for stepping out your front door without one! Yet, if you look at the actual science on masks and respiratory illness as Daniel Horowitz writes: "Because the virions of coronavirus are roughly 100 nanometers, 1/1000 the width of a hair and 1/30 the size of surgical mask filtrations (about 3.0 microns or 3,000 nanometers), surgical masks (not to mention cloth ones) do not

help...Surgical masks could possibly stop large droplets from those coughing with very evident symptoms, but would not stop the flow of aerosolized airborne particles, certainly not from asymptomatic individuals."

How about studies on breathing your own carbon dioxide? How about the people still testing positive that wear masks? In September, The Morbidity and Mortality Weekly Report by the U.S. Centers for Disease Control and Prevention shows that the majority of people who get sick with COVID-19 wear masks. "If you look at the numbers from the CDC, of people that actually got COVID in this sample, 70.6% of them ALWAYS wore a mask," stated one tweet, linking to numbers in the study. "And 3.9% NEVER wore a mask."

Guess where the first blue/white face masks, first available to the masses, were manufactured? China! Wuhan, China – the epicenter of this so called pandemic! I would advise anyone to look at the money funneling to the key players in this story. China, with the masks and possibly releasing the virus to weaken America's economy, Dr. Fauci's involvement with the Wuhan Laboratory, Bill Gates plan to vaccinate the entire planet, Big Pharma companies chosen to create the vaccine and people who own interest in them. At best, an intelligent observer would have more questions than the answers being given to us.

PCR Swab Test – Fools We Are

The biggest reason for small employers closing, layoffs, changes in our education system, social entertainment, venues for marriages, funerals, and celebrations is the reported "outbreaks" in positive PCR (polymerase chain reaction) testing. We are told to get tested when asymptomatic (no active symptoms) for coronavirus.

PCR was invented by Kary B. Mullis in 1985, but it was not invented with the purpose of detecting disease. Its primary intended applications included biomedical research and criminal forensics. He passed away in August of 2019. Thomas Cowan, MD, explains that the

PCR-test is a surrogate test, not a real test. Dr. Cowan states that the PCR-test allows the tester to choose which level of viral load he/she will infer as the threshold for being 'infectious'. That is why many countries have lots of 'infectious cases' - the countries with a so-called 'casedemic' - while other countries have basically none – as the latter have chosen a more stringent rule on which PCR-test levels should be called 'infectious'.

The explanation is simple...and the biggest questions in this type of testing should be in the amplification, or cycling, of each specimen from the lab conducting the test. These tests are usually amplified to see enough RNA fragments to study cases in the field of forensics. Why this test is not diagnostic for viruses is this very reason. It is widely known, among virologists, the more you cycle the test results, the higher probability you are looking at dead RNA fragments and the test will result in more false positives, especially when you cycle over 35 times; **at 60 cycles everyone is positive**. There are four important facts you cannot overlook:

1. Dr. Fauci, in an interview from this past year, confirmed that anything cycled over 35 times you will see dead RNA and with an individual that is asymptomatic, (s)he cannot contract or spread the coronavirus;
2. The CDC instructed the labs to cycle 40 times (1 trillion magnification) right before the largest "outbreaks" were reported last year;
3. One hour after Joe Biden was sworn in as the 46th president, the W.H.O. admitted that the PCR test cycling was set too high resulting in many false positives. They lowered the standard from 40-20;
4. Since that date, January 20, 2021 – exactly 1 year from the first documented case of coronavirus in the U.S. - the number of positive cases has gone down substantially. Is it such a surprise? Vaccines are ready now.