

HIV Now Sets the Pace in the Bogus-vaxx Race

'HIV' and 'AIDS' are just as bogus as the 'novel coronavirus' and 'Covid.' Yet they're now setting the pace in the vaxx-development race.

Rosemary Frei, MSc

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HIV now sets the pace in the bogus-vaxx race (<https://www.bitchute.com/video/Nat5TAAJ3SsZ/>)



This month marks the 40th anniversary of the first report (https://www.cdc.gov/mmwr/hiv_aids20.html) of what was subsequently dubbed 'acquired immunodeficiency syndrome' or 'AIDS.'

Officials like Anthony Fauci are using the occasion to spread the message that vaccines for HIV, which is the virus said to cause AIDS, will soon be rolling out. Forty years of fruitless effort supposedly are suddenly successful thanks to the precedent of the lightening-speed and 'successful' development of Covid vaccines.

For example, Fauci said June 4 (https://archive.org/details/MSNBCW_20210605_G10000_The_Pachel_Madcow_Show/start/660/end/720) in an MSNBC interview by Rachel Maddow that because of “the technologies that have now been perfected, particularly the mRNA technology and other vaccine platforms that were perfected and used in Covid-19, I believe strongly we’ll go back and be able to really forward and advance the HIV [vaccine] effort.”

And a June 6 (<https://www.theguardian.com/society/2021/jun/06/anthony-fauci-hiv-aids-covid-vaccine-science-prevention>) *Guardian* article says that Fauci “holds out hope that the three HIV vaccines in advanced clinical trials will prove at least 50% efficacious, justifying a global roll out. But he now hopes mRNA or other advanced technologies could yield even more powerful HIV vaccines.”

Note that under Fauci, in July 2020 (<https://www.nih.gov/news-events/news-releases/nih-launches-clinical-trials-network-test-covid-19-vaccines-other-prevention-tools>) as part of Operation Warp Speed (<https://www.defense.gov/Explore/Spotlight/Coronavirus/Operation-Warp-Speed/>), four major NIAID-funded HIV global clinical-trials networks were retooled into the Covid-19 Prevention Network (C (<https://www.coronaviruspreventionnetwork.org/>)O (<https://www.coronaviruspreventionnetwork.org/>)VPN (<https://www.coronaviruspreventionnetwork.org/>)). People in the network help create vaxxes and other ‘treatments’ for both HIV and Covid.

And already by April 14, 2020 (<https://www.marketwatch.com/story/moderna-offers-update-on-vaccine-program-to-launch-studies-of-flu-hiv-vaccine-candidates-in-2021-2021-04-14>), mRNA ‘vaccine’ maker **Moderna had announced (<https://www.marketwatch.com/story/moderna-offers-update-on-vaccine-program-to-launch-studies-of-flu-hiv-vaccine-candidates-in-2021-2021-04-14>) that soon they’ll be conducting small human trials on their experimental jabs against HIV and the flu.**

So far, at least 26 different mRNA shots (<https://www.modernatx.com/pipeline>) are on the way from Moderna, in addition to their three types of Covid jabs. The shots in development range from two for HIV to one ‘personalized cancer vaccine.’

Among the main funders of Moderna’s mRNA HIV-vaxx development (<https://www.modernatx.com/pipeline>) is the Bill & Melinda Gates Foundation. AIDS is a special focus of Gates’s (<https://www.weforum.org/agenda/2020/07/bill-gates-hiv-aids-covid19/>), including through the Global Fund (<https://www.theglobalfund.org/en/overview/>) and especially for people in sub-Saharan Africa.

Vaccines are immensely profitable: the new, Covid jabs are topping (<https://www.barrons.com/articles/wall-street-is-changing-its-mind-on-covid-vaccine-revenues-it-now-expects-big-sales-next-year-51620747011>) the all-time charts for medical money-making (<https://www.businessinsider.com/pfizer-could-sell-96-billion-dollars-covid-vaccines-morgan-stanley-2021-5?op=1>). Plus vaccine makers have no liability (<https://www.law.cornell.edu/uscode/text/42/300aa-22>) for the illnesses and deaths they cause. Therefore using the name

'vaccine' for all 'treatments,' no matter what they contain, is a formula for making huge amounts of money with very little ~~conscience~~ *Rosemary Frei* (<https://www.rosemaryfrei.ca/>)

And the potential market for HIV 'vaccines' alone is very large. For example, an October 2020 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7529856/>) paper in the journal *Lancet HIV* – on the use of two experimental HIV vaccines made by Janssen in healthy, HIV-negative people, and funded by among others the Gates Foundation – starts with the sentence, "Current estimates of 37.9 million people living with HIV worldwide and 1.7 million new infections annually, with no cure on the horizon, make development of an effective prophylactic vaccine a global priority." (The paper's authors reported very high rates of adverse events to the vaccines, but still assessed the shots as being "generally safe and well-tolerated.")

All of this is despite the fact that HIV has not been detected by anything other than indirect methods such as antibody, T-cell and polymerase chain reaction (PCR) testing. HIV also has not been clearly shown to cause disease. Nor has it been isolated or rigorously imaged via electron microscopy. Isolation is a necessary step before sequencing – because otherwise the resulting sequences reflect a heterogeneous mix of material rather than pure virus. Details on this are below.

This also holds true for the novel coronavirus.

Phalanxes of officials such as Fauci censor these inconvenient facts. And they keep the public captive, overloaded and off-balance with an avalanche of complex and contradictory jargon, modelling and scientific studies.

The Myth of HIV and of AIDS

Kary Mullis won the Nobel Prize in 1993 for inventing PCR. He died in August 2019. There are many videos of him demolishing Fauci and/or the HIV-AIDS hypothesis. He also discusses this in his autobiography *Dancing Naked in the Mind Field* (<https://www.goodreads.com/work/quotes/1693477-dancing-naked-in-the-mind-field>).

For example, Mullis said the following in one of his video interviews (<https://www.bitchute.com/video/HKlu2DFKn0LV/>): "He [Fauci] doesn't know anything really about anything, and I'd say that to his face. Nothing! ... He doesn't understand electron microscopy, and he doesn't understand medicine, and he should not be in a position like he's in.... Tony Fauci does not mind going on television in front of the people [taxpayers] who pay his salary and lie directly into the camera."

Indeed, falsely claiming (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4172096/>) to have isolated HIV and imaged it with electron microscopy are key parts of the artifice (<https://www.sciencedirect.com/science/article/abs/pii/S0306987704002415>) used by Luc (<https://www.nejm.org/doi/full/10.1056/NEJMp038194>) Montagnier and (<https://www.nejm.org/doi/full/10.1056/NEJMp038194>) Robert (<https://www.nejm.org/doi/full/10.1056>

/NEJMp038194) Gallo (<https://www.nejm.org/doi/full/10.1056/NEJMp038194>) to assert in 1984 that they'd discovered HIV and that it causes AIDS (<https://www.rosemaryfrei.ca/>)

The same applies to the novel coronavirus. For example, one of today's top electron microscopy experts – Duke University pathology professor Sara Miller – herself failed (<http://ncbi.nlm.nih.gov/pmc/articles/PMC8007326/pdf/20-4337.pdf>) in an April 2021 paper to prove that an electron-microscopy image shows the novel coronavirus. She simply asserted it's the virus without giving information on, or even references to, the techniques used to show that it is. (If she had given information, it certainly would have relied on the use of antibodies, because they are the main tool for identification purposes. But as I document in my article *The Antibody Deception* (<https://www.rosemaryfrei.ca/the-antibody-deception/>), antibodies cross-react with many other things and therefore cannot accurately pick out the novel coronavirus.)

Mullis wrote the foreword to the very long but very important book *Inventing the AIDS Virus* (<http://www.bookdepository.com/Inventing-AIDS-Virus-Peter-Duesberg/9780895264701>). The book was published in 1996 and is by Peter Duesberg (<https://mcb.berkeley.edu/faculty/bbs/duesbergp.html>), a University of California, Berkeley, professor of biochemistry, biophysics and structural biology. It details the genesis of the HIV-AIDS myth and is still highly relevant today. (Note that Duesberg believes the virus exists but is harmless because it doesn't multiply in the body, while Mullis believed the virus doesn't exist at all.)[Note added June 14 after article posted: Mullis apparently did believe the virus exists. See for example this video (<https://www.bing.com/videos/search?q=mullis+on+hiv&docid=608045946204812753&mid=DE29AA94864F23D2120DDE29AA94864F23D2120D&view=detail&FORM=VIRE>), which a friend just emailed me. However, I stand by my assertion that HIV has never been conclusively isolated or imaged. Even Mullis's statements in that video can be seen as indicating HIV is virtually impossible to conclusively isolate or image.]

Mullis writes this in the forward:

“We [he and Duesberg] have not been able to discover any good reasons why most of the people on earth believe that AIDS is a disease caused by a virus called HIV. There is simply no scientific evidence demonstrating that it is true,” wrote Mullis in that foreword. “... We know that to err is human, but **the HIV/AIDS hypothesis is one hell of a mistake.**”

In the book, Duesberg documents that one main part of the trajectory toward the creation of the myth started in 1912, with the reorganization of the U.S.'s Public Health Service. Another key part was the creation in 1946 of the predecessor of the current CDC – with its predilection for deeming 'outbreaks' to be due to infectious diseases, and then testing, tracking and quarantining people under the premise of stopping the spread.

(Two of many valuable insights by Duesberg are on page 137-138: “The CDC has ... continued to exploit public trust by transforming seasonal flus and other minor epidemics into monstrous crises and by manufacturing contagious plagues out of noninfectious medical conditions.” And, “[E]pidemiologists have classically studied clusters of sick people as clues to subtle environmental hazards, not infectious agents. But when public health officials issue ominous

warnings about mysterious disease outbreaks, they terrify the public with visions of deadly pandemics.”)

 (https://www.rosemaryfrei.ca/)

Duesberg also details, on pages 174 to 188, the failure of HIV to fulfill Koch's postulates. And on page 202 he concludes that, “**AIDS fails all epidemiological criteria of an infectious disease.**”

(I believe the same is true for Covid.)

Duesberg points, in addition, to the reasons 'experts' give for why it's virtually impossible to directly detect the virus. For example, he writes on page 206 that:

“[I]f little or no HIV can be found in the body, scientists propose hidden reservoirs and special routes of infection. If only antibodies against HIV [rather than HIV itself] can be found, researchers call them 'nonneutralizing' (or ineffective) antibodies and assert that the virus mutates too fast for the antibodies to keep up.... All these hypotheses are constantly being disproved or shown to be irrelevant, but the reservoir of new evasions is inexhaustible.”

That of course parallels the pranks 'experts' are playing on the public with respect to the novel coronavirus and Covid.

There are many other prominent people who have spent decades exposing the HIV-AIDS hoax. They include: activist and journalist **John Lauritsen** in his many articles and his books (<http://paganpressbooks.com/jpl/RA-SHORT.HTM>) including The AIDS War: Propaganda, Profiteering and Genocide from the Medical-Industrial Complex; biophysicist **Eleni Papadopulos** in, among others, a 2004 paper (<https://www.sciencedirect.com/science/article/abs/pii/S0306987704002415>) detailing the fatal flaws in the HIV-AIDS hypothesis, a 1997 (<http://rpoth.at/docs/papadopulos.html>) interview and an October 2020 (<http://www.bitchute.com/video/MVabU0seKNMH>) interview [correction added June 28 - I'd originally incorrectly said she's a microbiologist]; journalist **Jon Rappoport** in dozens of blog posts including his (<http://blog.nomorefakenews.com/2021/03/08/my-hiv-aids-investigation-and-the-parallels-to-the-covid-hoax>) March 8, 2021 one (<http://blog.nomorefakenews.com/2021/03/08/my-hiv-aids-investigation-and-the-parallels-to-the-covid-hoax>), and in his 1988 book AIDS Inc. (<https://www.goodreads.com/book/show/3351293-aids-inc>); and Duesberg's colleague (<https://odysee.com/@DavidRasnick:f?view=about>) **David Rasnick** (<http://www.davidrasnick.com/index.html>) in many formats such as a 2009 article (<https://www.sciencedirect.com/science/article/pii/S0306987709004472?via%3Dihub>) they co-authored, and his blog, including this May 2021 (<https://odysee.com/@DavidRasnick:f/Cocktails-and-conversations-with-Dr.-Rasnick:c>) post. (Rappoport and Rasnick, among others, also have pointed out the striking parallels in the politics and deception surrounding HIV and AIDS and the novel coronavirus and COVID.)

What Are the Real Causes of 'AIDS'?

Duesberg makes the strong case that 'AIDS' is actually 30 conditions inappropriately lumped

into the single category. And he demonstrates that the main causes are: toxicity from AZT and other meds given to people who test positive for HIV (more on this below); toxicity from recreational drugs like nitrite inhalants – AKA ‘popper’s’; and overuse of antibiotics. (<https://www.rosemaryfrei.ca/>)

In countries such as Africa, the causes also include poverty, malnutrition, lack of indoor plumbing and tropical infections.

Lauritsen (<http://paganpressbooks.com/jpl/RA-SHORT.HTM>) also details this in his 1993 book The AIDS War.

“AIDS’ ... is defined entirely in terms of *other*, old diseases, in conjunction with dubious test results and even more dubious assumptions. Although people are undeniably sick, ‘AIDS’ itself does not really exist; it is a phoney construct,” Lauritsen states on page 180 of the book.

Yet virtually all the funding for the vast HIV/AIDS research-administrative-medical-industrial complex assumes HIV is the cause of ‘AIDS.’

In 1984, just three years after the first report of what later would be dubbed AIDS, Fauci became the head of NIAID.

AIDS made him a star: he’s good at grabbing the spotlight with his gift of glib gab, and under his tenure NIAID ballooned thanks to a huge inflow of AIDS-related funding.

Just three years later, in 1987, the first medication for HIV went on the market: AZT (<http://paganpressbooks.com/jpl/RA-SHORT.HTM>), which is highly toxic (<https://pubmed.ncbi.nlm.nih.gov/18690875/>).

AZT has killed huge numbers of people, thanks in large part to Fauci pushing the message that it is ‘safe and effective.’

“I would say there were hundreds of thousands of people killed by AZT. And many -- perhaps most -- of them were perfectly healthy before they were put on the drugs,” Lauritsen told me in a telephone interview from his home in Boston. “They got a positive result on the worthless HIV tests, and then they were told to put time on their side and take AZT. And of course it killed them.”

AZT made a (<https://www.independent.co.uk/arts-entertainment/rise-and-fall-azt-it-was-drug-had-work-it-brought-hope-people-hiv-and-aids-and-millions-company-developed-it-it-had-work-there-was-nothing-else-many-who-used-azt-it-didn-t-2320491.html>) mint (<https://www.independent.co.uk/arts-entertainment/rise-and-fall-azt-it-was-drug-had-work-it-brought-hope-people-hiv-and-aids-and-millions-company-developed-it-it-had-work-there-was-nothing-else-many-who-used-azt-it-didn-t-2320491.html>) for its first manufacturer, Burroughs-Wellcome (<https://pink.pharmaintelligence.informa.com/PS022838/BURROUGHS-WELLCOME-AZT-AFTERTAX-PROFITS-PROJECTED-AT-13-BIL>), and then for its second and current maker, GlaxoSmithKline (which bought Burroughs Wellcome (<https://wellcome.org/who-we-are/history-wellcome>) in 199 (<https://wellcome.org/who-we-are/history-wellcome>)⁵ (<https://wellcome.org>))

/who-we-are/history-welcome)).

Fauci and other powerful officials have also pushed other deadly drugs, such as Bristol-Myers Squibb's didanosine (ddl). [\(https://www.rosemaryfrei.ca/\)](https://www.rosemaryfrei.ca/)

Duesberg and Lauritsen detail how the U.S. Food and Drug Administration was pressured into giving ddl fast-track approval in 1991 – despite clear evidence that it is toxic, and that there were no placebo-controlled safety or efficacy studies conducted on it.

Even Wikipedia (</media/rosemary/Backup%20Plus/Vaccines/Articles%20June%2011%2021%20-%20Bristol-Myers%20Squibb>), which usually censors information that criticizes big pharma, states that about one-quarter of people taking ddl develop peripheral neuropathy. And in 2010 (<https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fda-drug-safety-communication-serious-liver-disorder-associated-use-videxvidex-ec-didanosine>) the FDA issued a warning that a serious liver disease can occur in people taking ddl.

Today there are at least 46 FDA-approved drugs (<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/fda-approved-hiv-medicines>) for people who have tested positive for HIV, according to this list (<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/fda-approved-hiv-medicines>). (The list includes AZT – but for some reason not ddl, even though it's apparently <http://www.aids.org/2010/09/didanosine/> still on the market.) (https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021183s028lbl.pdf)

The most popular of these meds are for '**pre-exposure prophylaxis** (<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>)' (**PrEP**)(also known as 'treatment as prevention' or TasP).

Sound familiar? It's like the billions of perfectly healthy people who are taking the Covid shots.

Most PrEP is combinations of several drugs, many of which are repurposed, older, HIV (<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/fda-approved-hiv-medicines>)meds (<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/fda-approved-hiv-medicines>).

The latter include drugs as tenofovir, lamivudine and emtricitabine. These are a type of drug known as nucleoside analogues (AKA nucleoside inhibitors or nucleoside reverse transcriptase inhibitors). And they have the same, and potentially very dangerous, mechanism of action as AZT and ddl: that is, they stop DNA synthesis (https://en.wikipedia.org/wiki/Nucleoside_analogue) from taking place in cells throughout the body.

[Full disclosure: in the mid- to late 1990s as a freelance medical writer I co-wrote marketing materials for HIV drugs such as lamivudine and tenofovir through a Toronto, Ontario, marketing agency called Jeffrey Simbrow Associates (<https://strategyonline.ca/1999/04/26/25299-19990426/>). Then later, until the mid-2000s, as a medical journalist I wrote many stories for trade publications about HIV drugs. I somehow was completely unaware of the controversy surrounding these drugs and HIV and AIDS.]

Today tens of millions of healthy people are taking PrEP because they've been led to believe this will either prevent infection, or lower their HIV levels to undetectable (the latter goes by the slogan 'U=U' for 'undetectable = untransmissible'). And information is suppressed (https://www.gscene.com/news/controversial-hiv-film-takes-prestigious-award-at-new-york-film-festival/) that many people who have tested positive for HIV but haven't taken any medication remain healthy for decades.

Over the last year, PrEP sales have been sliding (https://www.croiconference.org/abstract/impact-of-covid-19-on-prep-prescriptions-in-the-united-states-a-time-series-analysis/) somewhat, as has HIV testing (https://www.croiconference.org/abstract/impact-of-covid-19-on-commercial-laboratory-testing-for-hiv-in-the-united-states/). 'Experts' are blaming this (https://www.theguardian.com/society/2021/jun/06/anthony-fauci-hiv-aids-covid-vaccine-science-prevention) on the curtailment of usual accessible care during the pandemic. (And they're also telling scary tales (https://www.columbian.com/news/2021/jun/07/as-covid-19-collides-with-hiv-aids-the-pandemic-may-be-taking-an-ominous-turn/) of untreated 'HIV/AIDS' potentially interfering with efforts to quash Covid.)

Enter the news about HIV vaxxes being on the horizon -- and their potentially huge market.

There are tens of millions of people who have tested positive, and many many more being tested every day.

Plus, most people would prefer an HIV vaxx instead of a daily pill; pills are expensive and inconvenient.

Central Players in the HIV and Novel Coronavirus Capers

Not surprisingly, there are major overlaps between the key figures in the HIV-AIDS and novel coronavirus-COVID agendas. And they're not just the usual suspects such as Bill Gates.

They include names such as **Larry Corey, Myron Cohen and Lindsey Baden**.

Corey leads the HIV Vaccine Trials Network (https://www.hvtn.org/en/about/hvtn-leadership/corey-larry.html), a position he's held since 1999, and which now is the operational center (https://www.nih.gov/news-events/news-releases/nih-launches-clinical-trials-network-test-covid-19-vaccines-other-prevention-tools) for the COVID-19 Prevention Network (COVPN - mentioned earlier). He also is co-leading vaccine testing at the COVPN -- which started, last summer, with a Phase 3 study (https://www.nih.gov/news-events/news-releases/nih-launches-clinical-trials-network-test-covid-19-vaccines-other-prevention-tools) of one of Moderna's mRNA Covid jabs.

Cohen is director of the Institute for Global Health and Infections Diseases, and a prof of medical microbiology, immunology and epidemiology at University of North Carolina in Chapel Hill.

Cohen also is co-principal investigator of the another of the four networks that form COVPN, the HIV Prevention Trials Network (<https://www.hptn.org/>) (HPTN) (<https://www.hptn.org/index.php/about/leadership/myror-s-cohen>). (The other two are the Infectious Diseases Clinical Research Consortium (<https://idrc.org/>) and the AIDS Clinical Trials Group (<https://actgnetwork.org/>).

They're testing PrEP drugs and antibodies. The latter includes the AbCellera/Eli Lilly antibody bamlanivumab (<https://www.rosemaryfrei.ca/the-antibody-deception/>).

The results of one of those studies, on bamlanivumab for workers and residents in care homes, were announced on Jan. 21 (<https://investor.lilly.com/news-releases/news-release-details/lillys-neutralizing-antibody-bamlanivumab-ly-cov555-prevented>) by Lilly via a press release. They were published in the prominent *Journal of the American Medical Association* on June 3, 2021 (<https://pubmed.ncbi.nlm.nih.gov/34081073/>), with Cohen as the lead author. (In my *The Antibody Deception* (<https://www.rosemaryfrei.ca/the-antibody-deception/>) article I described how it's virtually impossible for bamlanivumab to be an effective treatment for anything.)

Baden is the deputy editor (<http://fda.gov/media/122451/download>) of the *New England Journal of Medicine* (NEJM), a position he's had since 2005. And he's also a long-time associate prof (<http://researchfaculty.brighamandwomens.org/BRIPProfile.aspx?id=1843>) at the Harvard Medical School.

He has been working toward HIV vaxxes since at least 2007 (<https://pubmed.ncbi.nlm.nih.gov/17049679/>)

Baden's pushing both the HIV and Covid agendas forward at warp speed. For example, he's the first author on the Dec. 30, 2020 (<https://www.nejm.org/doi/full/10.1056/NEJMoa2035389>), NEJM paper that concluded (https://www.nejm.org/doi/full/10.1056/NEJMe2035557?query=recirc_curatedRelated_article) that one of Moderna Covid vaccines has "94.1% efficacy at preventing Covid-19 illness."

Baden is funded by, among many others, Moderna, the Gates Foundation, Wellcome Trust, Janssen, the Military HIV Research Program and NIAID (see pages 2 and 3 of the disclosure forms (https://www.nejm.org/doi/suppl/10.1056/NEJMoa2035389/suppl_file/nejmoa2035389_disclosures.pdf) for the paper's authors).

There also are many other ways that the money pipers call Baden's tune.

For example, since February 2020 (<https://pubmed.ncbi.nlm.nih.gov/32101683/>) Baden has been giving once-weekly audio interviews for NEJM, together with the journal's editor-in-chief Eric Rubin. The pair use this prominent pulpit to, among other things, endorse mass vaccination for Covid including in minorities (<https://pubmed.ncbi.nlm.nih.gov/33789019/>), pregnant women (<https://pubmed.ncbi.nlm.nih.gov/33882211/>) and children (<https://www.nejm.org/doi/full/10.1056/NEJMe2109334>).

And Baden, Corey and Cohen were among the co-authors of a March 2021

(<https://pubmed.ncbi.nlm.nih.gov/33730454/>) NEJM paper titled, 'Two randomized trials of neutralizing antibodies to prevent HIV-1 acquisition.' **in other, using antibodies for PrEP** (<https://www.rosemaryfrei.ca/>)

There are hundreds of other key players in the parallel HIV-COVID play. You can use PubMed to look up the papers and conflicts of interest of prominent scientists in your area who have been among those pushing the Covid agenda.

They include everyone from the infamous Neil Ferguson (<https://pubmed.ncbi.nlm.nih.gov/?term=ferguson+n+hiv&sort=date>) to one of the two co-chairs of the Canadian COVID-19 Immunity Task Force (<https://www.covid19immunitytaskforce.ca/leadership-group/>), Catherine Hankins (<https://pubmed.ncbi.nlm.nih.gov/?sort=date&term=Hankins+CA>).

They're all engaged in the gold rush for bogus 'vaccines' and other 'treatments' for an array of **After obtaining an MSc in molecular biology from the Faculty of Medicine at the University of Calgary, Rosemary Frei became a freelance writer. For the next 22 years she was a medical writer and journalist. She pivoted again in early 2016 to full-time, independent activism and investigative journalism. Her website is RosemaryFrei.ca (<https://www.rosemaryfrei.ca/>).**

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