

The Killing Fields of Samoa

What happened in Samoa in 2019 and why is it so important now?



Dr Ah Kahn Syed

Nov 19



364



296



Malo Lava!

We're going back in time today... not all the way back to [Ingersoll Lockwood times](#) but just a little bit. To 2019. Just before the "COVID-19 pandemic". Our location? The beautiful islands of Samoa.



And you're asking "What are you talking about? What happened in Samoa?"

A lot happened. All in one month in November 2019 - just before the PANDEMIC™ struck, and you will see that the similarities with the PANDEMIC™ are eerie - down to the same forced lockdowns and forced vaccinations that were only ever intended to

enforce medical fascism on a population - because every pandemic plan document prior to 2020 said [they were not helpful to contain a viral outbreak](#).

So let's then turn to Samoa (and neighbouring Fiji and Tonga) in 2019. Here is the timeline

April 2019 - MMR relaunched in Samoa after a pause on the vaccination program in 2018 after two vaccine-related deaths of children. The vaccine program was poorly received by the Samoan population and uptake was low.

1st Oct 2019 - UNICEF delivered 135,000 doses of measles vaccines to Fiji, 110,500 doses of measles vaccines to Samoa (as well as supplies of vitamin A) and 12,000 doses of measles vaccines to Tonga

18th Oct 2019 - Samoa declares a measles outbreak.

24th Oct 2019 - Tonga declares a measles outbreak.

7th Nov 2019 - Fiji declares a measles outbreak (archive [here](#))

15th Nov 2019 - State of emergency declared in Samoa after 1000 cases and 15 deaths (of which 14 were children under five)

Immediately the propaganda machine moves into action making the world believe that the problem is the fact that Samoa - for one year only - had a lower vaccination rate than the neighbouring islands...

- UNICEF is working closely with the Ministry of Health and WHO in Samoa to target children 6 months to 19 years of age and women who are not pregnant between 20-35 years.
- All schools have also been temporarily closed in Samoa and children under 17 years old have been advised by Government not to attend public gatherings to contain the spread of the disease.
- To further contain the outbreak, the Tongan Government announced the temporary closure of all government primary schools from 14 to 25 November
- Fiji has a measles coverage of 94 per cent in 2018 based on the WHO-UNICEF estimates of 94 per cent measles vaccination coverage*

Other estimates of vaccine coverage in the region actually put Fiji and Tonga at nearly 100% and the coverage in Samoa reached 100% in 2013 following which it started dropping. In other words, if the vaccines were working as promised herd immunity should have been reached years before. In fact, despite [global vaccination rates over 80%](#) it appears that the herd immunity promise has never eventuated for measles.



Figure: First-dose measles-containing-vaccine (MCV1) and second-dose measles-containing-vaccine (MCV2) coverage of Samoa, 2004–2018

No data for 2015. Reproduced from data extracted from WHO database.⁶

Confirmation of this was of course the fact that Fiji and Tonga both had measles outbreaks despite reported vaccination rates of near 100% - so the vaccines didn't prevent a massive bout of infections at all.



Government of Samoa
@samoagovt

A total of 32,743 vaccinations were completed before the Mass Vaccination Campaign.

Since the activation of the Campaign on 20 November 2019, the Ministry has successfully vaccinated 17,088 individuals.

Free vaccinations continue to be administered for the below target groups

MASS VACCINATION CAMPAIGN

PROTECTING PEOPLE **WHO** ARE AT THE HIGHEST RISK OF MEASLES IN SAMOA

6-19
months years old



All boys and girls

20-35
years old



Women, not pregnant

TIME: 8AM - 8PM (MONDAY - FRIDAY)
9AM-1PM (SATURDAY)

IN UPOLU

- TTM HOSPITAL
- FALEOLO DISTRICT HOSPITAL
- LEULUMOEKA DISTRICT HOSPITAL
- LUFILUFI HEALTH CENTER
- POUTASI DISTRICT HOSPITAL
- SAANAPU DISTRICT HOSPITAL

IN SAVAI'I

- MT2 HOSPITAL
- SAFOTU DISTRICT HOSPITAL
- SATAUA DISTRICT HOSPITAL
- FOAILALO DISTRICT HOSPITAL
- SATUPAITEA DISTRICT HOSPITAL

TIME: 9AM - 5PM (MONDAY - FRIDAY)
9AM - 1PM (SATURDAY)

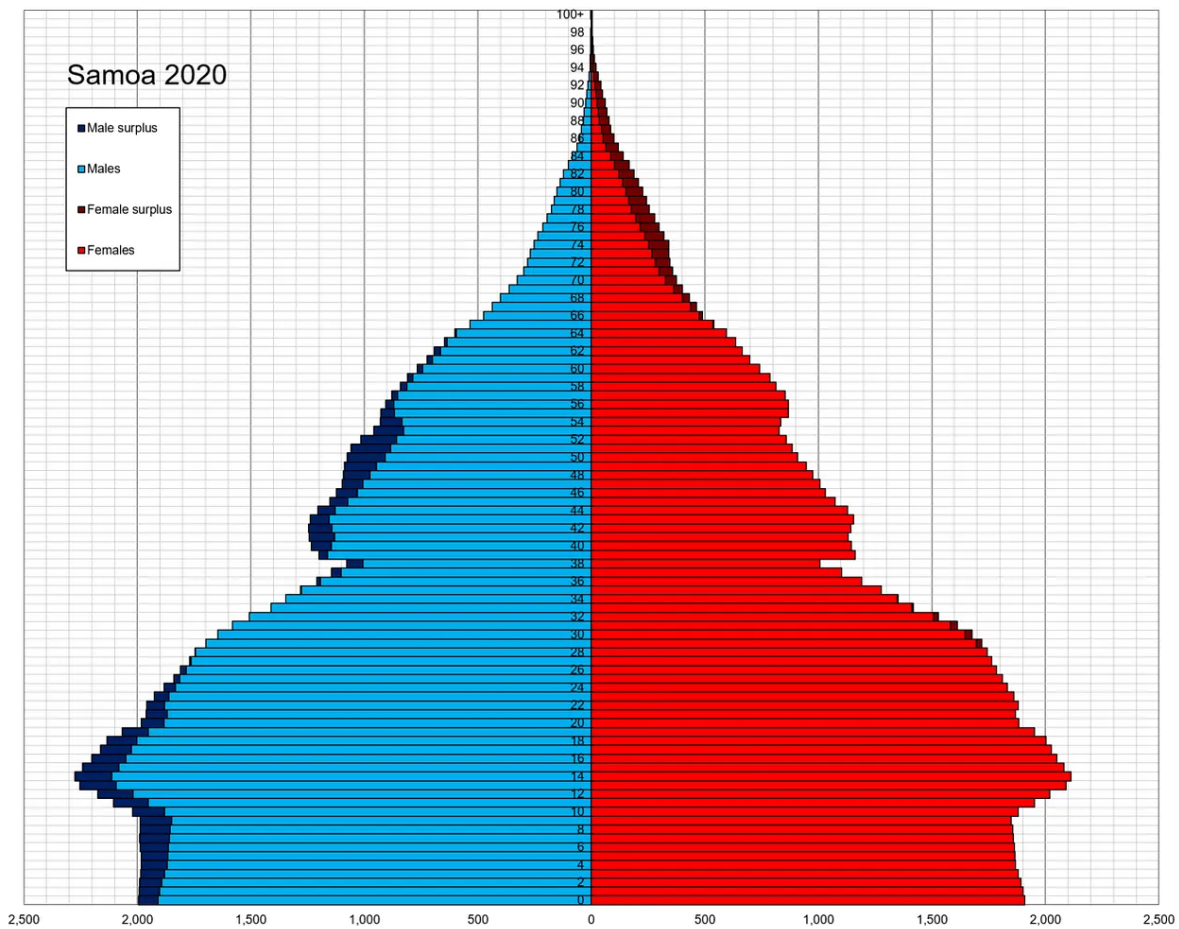
IN UPOLU

- SAMOA FAMILY HEALTH (MOTOOTUA)
- SAMOA RED CROSS SOCIETY (TUANAIMATO)
- MINISTRY OF TOURISM AUTHORITY (MULIVAI)
- YOUTH FRIENDLY CENTER (MATAGIALALUA)

8:04 AM · Nov 25, 2019

18 Likes 9 Retweets

And in fact, there was a mass vaccination campaign which had already provided 32,743 vaccinations (mostly children) before the outbreak - for a population of 200,000 people, of whom there are approximately 20,000 under-5s. In other words, enough of the Samoan population had been vaccinated by 2019 that they should have been “protected” from a fatal measles outbreak.



By Sdgedfegw - Own work, CC BY-SA 4.0,
<https://commons.wikimedia.org/w/index.php?curid=99613370>


So why was the Samoan outbreak such a problem that it was reported worldwide while the Fiji/Tongan outbreaks were ignored? Well, kids were dying. A lot. In fact, **the death rate in the Samoan measles outbreak of November 2019 was 40 times the usual death rate for measles in developed countries.**

Wait, what? Here's the official chart as at Dec 8, 2019 from the Samoan govt [twitter feed](#) when the population was “90% vaccinated”

Age group	Measles cases last 24 hours	Total measles cases	Total measles related deaths
0-5 months	3	335	9
6-11 months	12	572	19
1-4 years	38	1528	33
5-9 years	15	463	1
10-14 years	1	137	1
15-19 years	8	464	3
20-29 years	18	724	2
30-39 years	11	291	2
40-49 years	6	129	0
50+ years	0	19	0
missing age	0	31	0
Total	112	4693	70

** Table subject to update as new data becomes available*

In the under 10 category this was 62 deaths out of 2898, which is 2.1%¹. The typical death rate for measles in “Developed economies” is 0.05%. Here is a review from 2009 but there have been similar reviews since.



Measles case fatality ratios: a comprehensive review

2009

160KB · PDF File

Download

International Journal of Epidemiology 2009;38:192–205

Download

I’ve chosen an earlier review on purpose, despite the fact that it was funded by the WHO. It is hard to find a later review not funded by the Bill and Melinda Gates foundation. The authors concluded that there was trend to lower CFR (case fatality rate) in vaccinated populations but it wasn’t definitive and there may also have been a benefit of Vitamin A supplementation. The biggest underlying association with reported CFRs was in fact **where** the study was done, with rural and and urban areas showing higher CFRs on the basis that they were biased towards areas with a higher incidence of measles outbreaks.

We can assume therefore that the true CFR for measles should be much lower than 1%, in healthy populations irrespective of vaccination uptake. In fact the measles

vaccination is *supposed to prevent outbreaks* (i.e. infection) rather than the complications of the outbreak (e.g. death and pneumonia). It is therefore interesting to see what happens in completely unvaccinated populations and why victims might die - a clue given in [this study](#)

(83%) of the 6 deaths occurred in females, 3 of whom had underlying illnesses. The overall case-fatality rate was 1.2%. The case-fatality rate was 2% for females, 0.4% for males ($P = 0.22$), 1.7% for primary cases and 0.7% for secondary household cases ($P = 0.67$). Only one of the children who died had received medical care. Measles spread rapidly in this group, sparing few susceptible individuals. Lack of medical care and underlying disease appear to have contributed to the high case-fatality rate in the church communities.

The point being, that a rational overview of measles death rates should assess the medical care given to measles cases rather than simply relying on vaccination alone as a method to control measles fatalities. To underpin the point, despite measles vaccination programs reaching nearly every community of every country in the world, what is happening to the death rates from measles?



More than 140,000 die from measles as cases surge worldwide

Infants and young children most at risk of fatal complications, health agencies warn

5 December 2019 | Joint News Release | Reading time: 5 min (1369 words)

Astute readers would have already guessed this headline

Oops.

So there are two aspects to the devastating and fatal Samoa outbreak

1. Why did a measles outbreak occur in 3 neighbouring islands at the same time, just weeks after a delivery of UNICEF vaccines to those very islands?
2. Why did the death rate in the Samoan outbreak reach such high levels far in excess of what would be expected in a country with access to healthcare?

Well for (1) it is clear that the vaccine wasn't effective at preventing the outbreaks, which means that either the measles vaccines don't work (not just the current one they provided but those from the years prior that were supposed to give herd immunity) - or there was a new strain of measles introduced that was not covered by the vaccines.

For (2) it is reasonably clear from reports on the ground that there were major issues getting hold of medical treatments for those affected. It's really worth watching this episode of The Highwire from Dec 2019 which gives a very different view of the situation than the government and WHO reported.



The takeaway from reports in Samoa at the time was that basic medical care, including Vitamin A, Vitamin C and other supportive measures, was denied to the children of Samoa. It is almost as if it was *necessary* that a lot of children died to promote a narrative that then required government intervention “to sort out the problem”. To be clear, those children didn’t need to die. They died because the government needed to convince the population that they were in charge and dissent was not allowed. [Governments do this.](#)

In any case the desired intervention came swiftly in early December.



Government of Samoa

@samoagovt

In response to the current measles outbreak, the @samoagovt will be undertaking a 'Door to door Mass Vaccination Campaign' on Thursday 5th and Friday 6th December, 2019 from 7am to 5pm throughout the whole country. Read full notice at facebook.com/samoagovt/

MASS VACCINATION ALERT



8:26 PM · Dec 3, 2019

47 Likes 28 Retweets



Elizabeth Bell
@BethylJBell



Replying to @samoagovt

Absolute overreach of power and violation of freedoms and personal rights. You should be handing out the desperately needed [#VitaminA](#) and [#VitaminC](#) per WHO measles recommendations not force vaccinating people!!

3:38 AM · Dec 6, 2019 · Twitter for Android

What is it that this “crazy anti-vaxx conspiracy theorist” is claiming? Vitamin A and vitamin C treats measles? That’s crazy, right?

Wrong.



Trusted evidence.
Informed decisions.
Better health.

Access provided by

Cochrane Reviews ▾

Trials ▾

Clinical Answers ▾

About ▾

Cochrane Database of Systematic Reviews | Review - Intervention

Vitamin A for treating measles in children

✉ Rennie D'Souza, Ron RD D'Souza Authors' declarations of interest

Version published: 23 April 2001 Version history

<https://doi.org/10.1002/14651858.CD001479>

Just to clarify, it's better that children don't get measles at all but if they do, the correct supportive measures (as you would get in "developed" countries which still get measles despite 95%+ vaccination rates) reduce the risk of death. That's also [according to the WHO](#)

Severe complications from measles can be reduced through supportive care that ensures good nutrition, adequate fluid intake and treatment of dehydration with WHO-recommended oral rehydration solution. This solution replaces fluids and other essential elements that are lost through diarrhoea or vomiting. Antibiotics should be prescribed to treat eye and ear infections, and pneumonia.

All children diagnosed with measles should receive two doses of vitamin A supplements, given 24 hours apart. This treatment restores low vitamin A levels during measles that occur even in well-nourished children and can help prevent eye damage and blindness. Vitamin A supplements have also been shown to reduce the number of measles deaths.

Of course, Vitamin A supplementation became an "anti-vaxx conspiracy theory" in December despite the fact that UNICEF delivered vitamin A supplements to Samoa in November.



UNICEF Australia
@unicefaustralia

Health & communication staff were sent by @UNICEF to Samoa to boost the govt's immunization campaign, delivering (as at Tues) 110,500 vaccine doses & 30,000 Vitamin A tablets. Vaccines also sent to to Tonga, Fiji and N... @dfat #AustralianAid #VaccinesWork



canberratimes.com.au

Australia aids Samoa with measles outbreak

8:59 AM · Nov 21, 2019

7 Likes 1 Retweet

And in typical fashion, the very same twitter voices whose sole purpose was to remove accounts like ours providing this kind of additional (and potentially lifesaving) information in the COVID era [were at it](#) in the Samoa disaster.

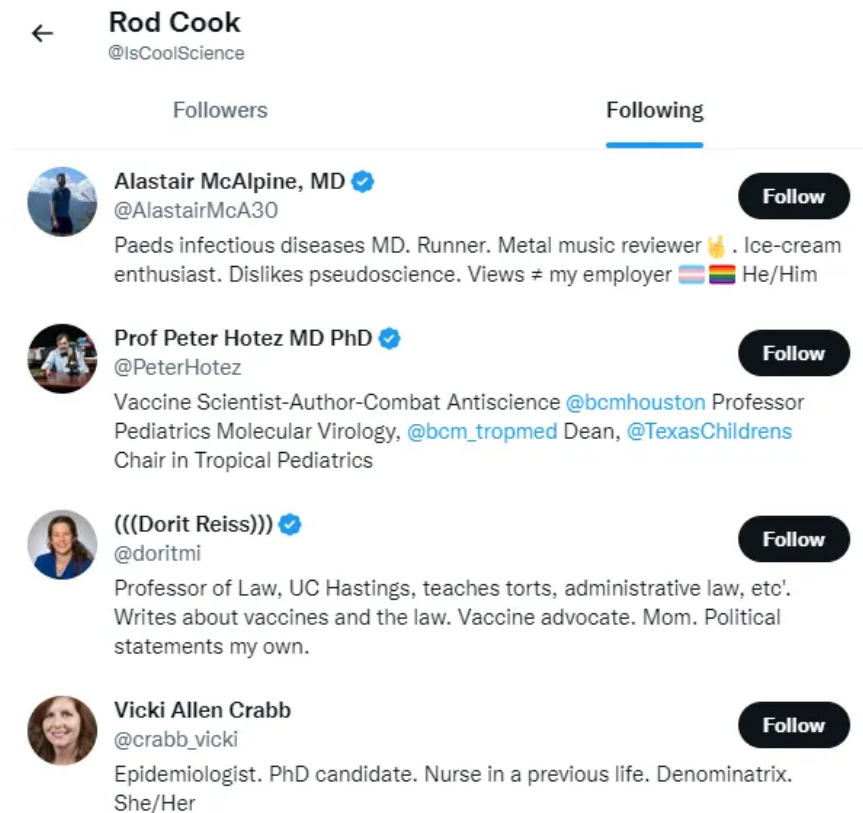


Rod Cook
@IsCoolScience

All you [#AntiVaxxer](#) Karens on Social Media sharing info about [#Samoa](#), [#Measles](#) & [#VitaminA](#), have any of you even been to Samoa, and have any of the serology of those Samoan people you want to give Vitamin A to, to determine that each of them is Vitamin A deficient?

12:52 AM · Dec 13, 2019

8 Likes 5 Retweets



Yeah, I know, predictable huh?

Isn't this just the same scenario we have seen over the last 3 years?

1. **A viral outbreak suspiciously appears**
2. **Repurposed and safe drugs (including vitamins) are denied as adjunctive treatment to people who would likely benefit from them at zero risk**
3. **The vaccine people come along to pretend to save the day (and likely make the situation worse because vaccinating the population during an outbreak is usually a really bad idea)**
4. **[Social media nudge units](#) move into action to denigrate anybody suggesting anything other than what BigPharma and BigGovt suggest as the solution, then many more people die than should have.**

I will take this opportunity to point out that these nudge units are insidious. They are the dark side of science and medicine and whilst they are allowed to do what they do, often [sponsored by governments](#) (as a means to coercive control of the population), people will continue to be forced into medical interventions in a way that is no

different to that of Nazi Germany. The result has been an [excessive level of death around the world](#) and I want to reinforce that without these parasite foot soldiers of the nudge units, many hundreds of thousands of deaths could have been prevented. I have been [writing about them](#) for over a year.



It is really worth your time to read the whole transcript of this grub's speech. It is typical of the elitism that we are faced with, underpinned by the banks and the WEF. Remember that these people think that you (the proletariat) should not have a vote and you are useless eaters. Therefore your opinion is irrelevant and they will decide what is best for you.

It got worse in Samoa because, once the unusual and unusually deadly measles outbreak happened, things escalated quickly. What did the Samoan government do? **They mandated measles vaccination** and brought in the Chinese army to help (note that any reference to the Chinese army's presence in Samoa has been scrubbed from the internet ²). The population was told to put a red flag outside their house to identify them as unvaccinated. Are you getting the [Warsaw-ghetto](#) picture now?

PACIFIC / SAMOA

Samoa to make measles vaccination compulsory

9:58 am on 19 December 2019

Share this



From next month, it will be compulsory for every child in Samoa to be vaccinated against measles when they reach the eligible age of six months.



In fact it was so bad that there was a campaign against it on twitter using the hashtag [#NaziSamoa](#). Good luck finding any dissenting tweets with that reference now.

But as the case and death counts continued to climb, officials took an extra measure to mark the homes of the unvaccinated.

"The public is hereby advised to tie a red cloth or red flag in front of their houses and near the road to indicate that family members have not been vaccinated," **a government announcement released Tuesday read.** "The red mark makes it easier for the teams to identify households for vaccinations."

Anti-vaccine advocates, meanwhile, are protesting the vaccination campaign and have **compared the government to Nazis**, using the hashtag #NaziSamoa on Twitter.

And of course, to “nudge” any Samoan dissenters into the government directive, the government also locked the country down with school closures and bans on gatherings. Sound familiar?

HEALTH

Red Flags to Fly Above Homes of Unvaccinated in Samoa As Government Shuts Down and Measles Death Toll Rises

BY **KASHMIRA GANDER** ON 12/4/19 AT 5:35 AM EST

Is this the final piece of the puzzle?

There is one piece of the puzzle of Samoa that has been bothering me. That is, why did a relatively vaccinated population manage to fare so badly with a measles outbreak? In order for that to happen it had to be an unusual strain. However, the official line was that the strain was a **D8 strain**, not a "vaccine-related A strain".

What has always niggled me is that I have not been able to find any genomic confirmation of the Samoa measles strain in Genbank. The [only strain documented](#) from 2019 is from Western Samoa, not Samoa. So how do we know that it was a "natural" measles strain? We don't.

Now comes the insidious bit. The bit that links the fact that there is emerging evidence that [SARS-CoV-2 appeared before December 2019](#).

Imagine that the world's worst psychopaths (that is, gain-of-function virologists ³) were to create a chimaera of one of the most infectious viruses known to man (aka measles) and SARS-Cov-2. Well they did it, and I've been banging on about it for a year. It's this little gem:

Mutant Measles morbillivirus strain MeVvac2-SARS2-S(H), complete genome

GenBank: MW090971.1

[FASTA](#) [Graphics](#)[Go to:](#)

LOCUS MW090971 19800 bp cRNA linear SYN 02-NOV-2020
 DEFINITION Mutant Measles morbillivirus strain MeVvac2-SARS2-S(H), complete genome.
 ACCESSION MW090971
 VERSION MW090971.1
 KEYWORDS .
 SOURCE Measles morbillivirus
 ORGANISM [Measles morbillivirus](#)
 Viruses; Riboviria; Orthornavirae; Negarnaviricota; Haploviricotina; Monjiviricetes; Mononegavirales; Paramyxoviridae; Orthoparamyxovirinae; Morbillivirus.
 REFERENCE 1 (bases 1 to 19800)
 AUTHORS Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S., Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., **Baric,R.S.** and Muehlebach,M.D.
 TITLE A Highly Immunogenic and Effective Measles Virus-based Th1-biased COVID-19 Vaccine
 JOURNAL Unpublished
 REFERENCE 2 (bases 1 to 19800)
 AUTHORS Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S., Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S. and Muehlebach,M.D.
 TITLE Direct Submission
 JOURNAL Submitted (09-OCT-2020) Abteilung Veterinaermedizin, Paul-Ehrlich-Institut, Paul-Ehrlich-Str. 51-59, Langen, Hessia 63225, Germany
 COMMENT ##Assembly-Data-START##

Psychopaths are often proud of their work. Hence they like to author it

That's right. A measles-SARS-CoV-2 chimera. The measles component is supposedly taken from [this paper](#) and uses a construct from Roberto Cattaneo ([Genbank MH144178](#)) published in 2015. So, why would they use this one?

➤ [Proc Natl Acad Sci U S A. 2020 Dec 22;117\(51\):32657-32666. doi: 10.1073/pnas.2014468117.](#)
 Epub 2020 Nov 30.

A highly immunogenic and effective measles virus-based Th1-biased COVID-19 vaccine

Cindy Hörner ^{1 2}, Christoph Schürmann ¹, Arne Auste ^{1 2}, Aileen Ebenig ¹, Samada Muraleedharan ¹, Kenneth H Dinnon 3rd ³, Tatjana Scholz ⁴, Maike Herrmann ⁵, Barbara S Schnierle ⁴, Ralph S Baric ^{3 6 7}, Michael D Mühlebach ^{8 2}

Affiliations [+](#) expand

PMID: 33257540 PMCID: [PMC7768780](#) DOI: [10.1073/pnas.2014468117](#)

[Free PMC article](#)

The publication is marked Dec 2020 but it was submitted in July 2020 and included mice studies, which usually take months. It's therefore very possible - and entirely in keeping

with Baric's MO - that this construct was made before December 2019.

Now, that strain is supposed to be an inactive strain A measles. The only problem is that, when we run a BLAST on this strain (or on the Chimera) we get a pretty good match to a D8 strain measles - apart from multiple SNPs (which can be induced in a lab by additives such as [APOBEC](#) protein or molnupiravir). In other words, it is quite possible that this "vaccine strain" was the novel strain of measles affecting Samoa. Of course, I'm happy to be proven wrong if anyone has the genomic sequence of the Samoa strain to prove it (they don't).

Measles virus genotype D8 strain MVi/Villupuram.Ind/13.06[D8], complete genome

Sequence ID: [MW916931.1](#) Length: 15894 Number of Matches: 3

Range 1: 1 to 9179 [GenBank](#) [Graphics](#)

▼ [Next Match](#) ▲ [Previous Match](#)

Score	Expect	Identities	Gaps	Strand
15245 bits(8255)	0.0	8872/9180(97%)	2/9180(0%)	Plus/Plus
Query 1	ACCAAACAAAGTTGGGTAAGGATAGTTCAATCAATGATCATCTTCTAGTGCACTTAGGAT	60		
Sbjct 1	ACCAAACAAAGTTGGGTAAGGATAGTTCAATCAATGATCATCTTCTAGTACACTTAGGAT	60		
Query 61	TCAAGATCCTATTATCAGGGACAAGAGCAGGATTAGGGATATCCGAGATGGCCACACTTT	120		
Sbjct 61	TCAAGATCCTATTATCAGGGACAAGAGCAGGATTAGAGATATCCGAAATGGCCACACTTT	120		
Query 121	TAAGGAGCTTAGCATTGTTCAAAAGAAACAAGGACAAACCCATTACATCAGGATCCG	180		
Sbjct 121	TAAGGAGCTTAGCATTGTTCAAAAGAAACAAGGACAAACCCATTACATCAGGATCCG	180		
Query 181	GTGGAGCCATCAGAGGAATCAAAACACATTATTATAGTACCAATCCCTGGAGATTCTCAA	240		
Sbjct 181	GTGGAGCCATCAGAGGAATCAAAACACATTATTATAGTACCAATCCCTGGAGATTCTCAA	240		
Query 241	TTACCACTCGATCCAGACTTCTGGACCGGTTGGTGAGGTTAATTGGAAACCCGATGTGA	300		
Sbjct 241	TTACCACTCGATCCAGACTATTGGACCGGTTGGTGAGGTTAATTGGAAACCCAGATGTGA	300		
Query 301	GCGGGCCCAAACCTAACAGGGGCACTAATAGGTATATTATCCTTATTTGTGGAGTCTCCAG	360		
Sbjct 301	GCGGACCCCAAACCTAACAGGGGCACTAATAGGTATATTATCCTTGTGGAGTCTCCAG	360		
Query 361	GTCAATTGATTAGAGGATCACCGATGACCTGACGTTAGCATAAGGCTGTTAGAGGTTG	420		
Sbjct 361	GTCAATTGATTAGAGGATCACCGATGACCTGACGTTAGCATAAGGCTGTTAGAGGTTG	420		
Query 421	TCCAGAGTGACCAAGTCAATCTGGCCTTACCTTCGCATCAAGAGGTACCAACATGGAGG	480		
Sbjct 421	TCCAGAGTGACCAAGTCAATCTGGCCTTACCTTCGCATCAAGAGGTACCAACATGGAGG	480		
Query 481	ATGAGGCGGACCAATACTTTTACATGATGATCCAATTAGTAGTGATCAATCCAGGTTCCG	540		
Sbjct 481	ATGAGGCGGACCAATACTTTTACATGATGATCCAAGTAGTAGTGATCAATCCAGGTTCCG	540		
Query 541	GATGGTTCGGGAACAAGGAAATCTCAGATATTGAAGTGCAAGACCCTGAGGGATTCAACA	600		
Sbjct 541	GATGGTTCGAGAACAAGGAAATCTCAGATATTGAAGTGCAAGACCCTGAGGGATTCAACA	600		
Query 601	TGATTCTGGGTACCATCTAGCCCAAATTTGGGCTTCTGCTCGCAAAGGCGGTTACGGCCC	660		
Sbjct 601	TGATTCTGGGTACCATCTAGCCCAAATTTGGGCTTCTGCTCGCAAAGGCGGTTACGGCCC	660		
Query 661	CAGACACGGCAGCTGATTTCGGAGCTAAGAAGGTGGATAAAGTACACCCAACAAAGAAGGG	720		
Sbjct 661	CAGACACGGCAGCTGATTTCGGAGCTAAGAAGGTGGATAAAGTACACCCAACAAAGAAGGG	720		
Query 721	TAGTTGGTGAATTTAGATTGGAGAGAAAATGGTTGGATGTGGTGAGGAACAGGATTGCCG	780		
Sbjct 721	TAGTTGGTGAATTTAGATTGGAGAGAAAATGGTTGGATGTGGTGAGGAACAGGATTGCCG	780		

So... here we have a very unusual set of circumstances. Let me recap:

1. An unusually virulent measles outbreak occurs in 3 neighbouring Pacific islands after delivery of a vaccine from UNICEF
2. On one of the islands, the death rate of the outbreak is unusually high (and of the order of magnitude of the first COVID wave)
3. The outbreak is used to test the compliance of the population for lockdowns and forced vaccinations. There is very little resistance.
4. Around the time of this outbreak, Ralph Baric - implicated in the origin of SARS-Cov-2 - is involved in the construction ⁴ of an unusual measles-coronavirus chimera in which the measles component is homologous to strain D8 measles (the strain declared in Samoa).
5. When Samoa gets its first official wave of COVID infections there are no deaths suggesting a prior immunity ⁵.

And what does this all prove?

Nothing. It proves nothing. But what is does is ask this question:

Was Samoa the testing ground for a release of a SARS-like coronavirus in November 2019 - via a UNICEF sponsored vaccine - that proved that the population of the world could be intimidated and coerced into accepting mandatory vaccinations?

Given the way the WHO, UNICEF, the WEF and the UN have conducted themselves over the last 3 years - I think we all know the answer, don't we?

If you were Samoa in November 2019 and have any more information, please drop a comment below. In the meantime...

Tofa Soifua

“Goodbye”

- 1 The final death toll was 83. https://en.wikipedia.org/wiki/2019_Samoa_measles_outbreak
- 2 Although the Chinese army’s direct involvement in Samoa has been scrubbed from the internet, China’s involvement the Western Pacific’s measles vaccination program has not. Note the involvement of the World Bank. <https://archive.ph/wip/IMEW6>
- 3 Yes, gain-of-function virologists are psychopaths. Not only do they not give a shit about whether their creations escape but they have no difficulty lying about them, and express no emotion when people die as a result. The people that cover up for them are just as bad. You know who you are.
- 4 I’ll direct the reader to this very important post regarding the origins of COVID

Arkmedic's blog

How to BLAST your way to the truth about the origins of COVID-19

I’ve been meaning to write this blog for ever. Well, at least since Prashant Pradhan (a wonderful, honest and brave genomics scientist) raised the possibility back in February 2020 that the SARS-Cov2 virus was man made. And we have seen multiple confirmatory pieces that the virus was made in a lab, one of the better ones here on...

[Read more](#)

a year ago · 300 likes · 374 comments · Dr Ah Kahn Syed

- 5 A solid summary of this is provided by our great friend and proteomics guru Daoyu Zhang on the micevmutton telegram group [here](#). He points to the unusually low death rate from COVID in Samoa recorded at ourworldindata [here](#).

In addition the first recorded case of COVID in Samoa was in November 2020 - nearly a year later than China.

Pacific's Samoa records first case of coronavirus

Island nation says a sailor tested positive for coronavirus after returning from Europe via New Zealand.



Aljazeera - 19th Nov 2020

296 Comments



Write a comment...



Edwin Tamasese Writes Edwin's Newsletter Nov 19 · edited Nov 19 📌 Pinned

Robert Kennedy Junior played a significant role in putting together a medical advisory team to try to make sense of the death rate and assist with treatment protocols. What I was seeing personally on the ground was that 6-7 days post vaccination huge outbreaks were occurring in the villages that the vaccination vans were entering. We were very careful to take statistics when we were going in to try to identify trends. When we assessed our numbers, 98% of those that were getting ill had been vaccinated consistently 6 to 7 days prior to illness. The excuse was that the vaccine did not have time to become effective. However according to an immunologist on the team assisting, the 6-7-day period was also the length of time it would take an under attenuated vaccine to make the recipient sick. In addition, the tests as I have mentioned sent to Australia were coming back negative for wild type measles in the majority of the samples. So, what was making so many ill? Everything seemed to be pointing to a contaminated vaccine. One of the Doctors on the advisory team requested I get a vial of vaccine to send to him so he could get it analyzed, however we were never able to do this. The security around the vaccines was quite tight with each vial both logged out and the empty vial logged back in, something that according to staff was unusual. Normally the empty vials would just be discarded once used.

The real tragedy is that despite the possibility that we were dealing with a contaminated vaccine, the children never would have died if the treatment protocols we were promoting were used. We fine-tuned a treatment protocol developed by the late Dr Archie Kalokerinos used on children in Northern Territory, Australia on indigenous children using high dosing of vitamin C and A. Not a single life should have been lost.

It was later demonstrated in a court of law how ineffective the UN/WHO sanctioned treatments were by a prosecution witness none the less.

♡ 55 Reply Collapse

9 replies



kitten seeking answers Writes "Kitten's Secret Garden" Nov 19 ♡ Liked by Dr Ah Kahn Syed

wishing the Samoans had given UNICEF the same treatment that the Hawaiians gave Captain Cook.

♡ 76 Reply Collapse

6 replies

294 more comments...

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