

From: [Kei Shimaji](#)
To: [DPBH StateBOH](#)
Subject: JOB OFFER
Date: Monday, September 19, 2022 5:50:03 AM

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St. Thomas' Hospital UK
REF: HR/MED-004/06923

St. Thomas' Hospital UK is a large NHS teaching hospital in Central London, England. It is one of the institutions that compose the King's Health Partners, an academic health science Center. Administratively part of the Guy's and St Thomas' NHS Foundation Trust, together with Guy's Hospital and King's College Hospital, it provides the location of the King's College London GKT School of Medical Education.

It is ranked amongst the best Ten (10) hospitals in the United Kingdom with 840 beds. The hospital has provided healthcare freely or under charitable auspices since the 12th century. It is one of London's most famous hospitals, associated with names such as Sir Astley Cooper, William Cheselden, Florence Nightingale, Linda Richards, Edmund Montgomery, Agnes Elizabeth Jones and Sir Harold Ridley. It is a prominent London landmark – largely due to its location on the opposite bank of the River Thames to the Houses of Parliament.

The largest not-for-profit health system in the world, we provide high quality, personalized and compassionate care to our patients through our dedication to safety, rigorous self-assessment, performance improvement, corporate integrity and health service management. We are committed to being the per-eminent provider of acute inpatient and outpatient health care services.

DESCRIPTION: Following the COVID-19 outbreak, expansion and development in our hospital, we are currently recruiting and employing the services of Medical Professionals (Specialists, Consultants, General Practitioners) with relevant experiences to fill in the following below vacancies in our health care facility in the United Kingdom.

AREAS OF VACANCIES:

StH1. ALLERGY & IMMUNOLOGY StH2. ANAESTHESIOLOGY StH3. ANGIOLOGY
StH4. ANTHROPOSOPHIC MEDICINE StH5. BREAST SURGERY StH6. CARDIOLOGY
StH7. CRANIOSACRAL PRACTITIONER / THERAPIST StH8. CARDIOTHORACIC
SURGERY StH9. CARDIAC SURGERY

StH10. CRITICAL CARE MEDICINE StH11. DENTISTS StH12. DENTAL SURGEON
StH13. DERMATOLOGY StH14. ENDOCRINOLOGY

StH15. EMERGENCY MEDICINE StH16. GASTROENTEROLOGY StH17. GENERAL
SURGERY StH18. GENERAL PAEDIATRICS StH19. GENERAL MEDICINE StH20.

From: [William West](#) on behalf of [Division of Public and Behavioral Health](#)
To: [Autumn Blattman](#); [DPBH StateBOH](#)
Cc: [Sandra Perez](#); [Division of Public and Behavioral Health](#)
Subject: RE: NRS 449.103 Question
Date: Wednesday, September 7, 2022 10:23:00 AM
Attachments: [image001.jpg](#)

Thank you for the information and update.

DPBH INQUIRIES

Will West, Administrative Assistant
Nevada Department of Health and Human Services
Division of Public and Behavioral Health (DPBH)
4150 Technology Way, Suite 300 | Carson City, NV 89706
T: (775) 684-4200 | E: DPBH@health.nv.gov
www.dhhs.nv.gov | www.dpbh.nv.gov

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From: Autumn Blattman <a.blattman@health.nv.gov>
Sent: Wednesday, September 7, 2022 8:44
To: Division of Public and Behavioral Health <DPBH@health.nv.gov>; DPBH StateBOH <StateBOH@health.nv.gov>
Cc: Sandra Perez <saperez@dhhs.nv.gov>
Subject: RE: NRS 449.103 Question

Hi Will,

This is something for HCQC. I forwarded it on to their cultural competency email for Nathan or another staff member from HCQC to take a look and get into contact with her.

Thanks!

Autumn Blattman

Executive Assistant
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Administration
T: (775) 684-5850 | a.blattman@health.nv.gov
www.dhhs.nv.gov | www.division_website.nv.gov

From: William West <williamwest@health.nv.gov> **On Behalf Of** Division of Public and Behavioral Health
Sent: Wednesday, September 7, 2022 8:32 AM
To: DPBH StateBOH <StateBOH@health.nv.gov>
Cc: Autumn Blattman <a.blattman@health.nv.gov>; Sandra Perez <saperez@dhhs.nv.gov>; Division of Public and Behavioral Health <DPBH@health.nv.gov>
Subject: FW: NRS 449.103 Question

Good morning,

Please see the emails below regarding Dr. Susan Pintar. Can the Board of Health assist her with her regulatory questions?

Thank you,

DPBH INQUIRIES
Will West, Administrative Assistant
Nevada Department of Health and Human Services
Division of Public and Behavioral Health (DPBH)
4150 Technology Way, Suite 300 | Carson City, NV 89706
T: (775) 684-4200 | E: DPBH@health.nv.gov
www.dhhs.nv.gov | www.dpbh.nv.gov

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From: Sandra Perez <saperez@dhhs.nv.gov>
Sent: Tuesday, September 6, 2022 17:08
To: Division of Public and Behavioral Health <DPBH@health.nv.gov>
Subject: FW: NRS 449.103 Question

Good afternoon,

Please see the message below, advise if you can assist.

Thank you,



Sandra Perez
Administrative Assistant III
Nevada Department of Health and Human Services
Director's Office
400 W. King Street, Suite #300 | Carson City, NV 89703
T: (775) 684-5878 | F: (775) 684-4010 | E: saperez@dhhs.nv.gov
www.dhhs.nv.gov



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From: Shannon Litz <sdlitz@dhhs.nv.gov>
Sent: Tuesday, September 6, 2022 1:29 PM
To: Sandra Perez <saperez@dhhs.nv.gov>
Subject: RE: NRS 449.103 Question

Hi Sandra,

Could you please send this to DPBH? It is for Board of Health.

Thanks,
Shannon

Shannon Litz
Public Information Officer
Nevada Department of Health and Human Services
Director's Office
400 West King Street, Suite 300 | Carson City, NV 89703
sdlitz@dhhs.nv.gov | 775-684-4024 | DHHS.nv.gov
NV Health Response COVID-19 website: NVHealthResponse.nv.gov

From: Sandra Perez <saperez@dhhs.nv.gov>
Sent: Tuesday, September 6, 2022 12:40 PM
To: Shannon Litz <sdlitz@dhhs.nv.gov>
Subject: NRS 449.103 Question

Hello,

I received a call from Dr. Pintar regarding NRS 449.103, she says she called the Board of Medical Examiners for assistance and they told her to call our office. Her question is who is bound by this NRS 449.103? Is this something that you can assist with? I've provided her contact information below.

Dr. Susan Pintar
Phone: (775) 450-7882

Thank you,



Sandra Perez
Administrative Assistant III
Nevada Department of Health and Human Services
Director's Office
400 W. King Street, Suite #300 | Carson City, NV 89703
T: (775) 684-5878 | F: (775) 684-4010 | E: saperez@dhhs.nv.gov
www.dhhs.nv.gov



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From: [Pierron E. Tackes](#)
To: [DPBH StateBOH](#)
Cc: [Autumn Blattman](#); [Teresa Hayes](#); [Cody Phinney](#)
Subject: Re: State Meat Inspection
Date: Friday, October 7, 2022 7:24:40 AM

Autumn, I have copied Teresa and Cody here for some input from EHS.

I did a little digging and found that NRS Chapter 583 was updated in 2015 and removed all references to the Board of Health in statute. However, the corresponding regulations, which predate the change in 2015, reference regulations developed by the Board of Health. Interestingly, NAC 583.520 also references a cooperative agreement between DHHS and Dept of Ag. Teresa, do you have any knowledge of that agreement?

NAC 583.520 Adoption of federal regulations. ([NRS 583.535](#)) The cooperative agreement between the Health Division of the Department of Health and Human Services and the Consumer and Marketing Service of the Department of Agriculture contemplates that the status of slaughter and processing plants in Nevada will be equal to those required at plants under federal inspection. To accomplish this, the Board of Health hereby adopts as regulations the applicable sections of Part 302 to Part 320, inclusive, of the Regulations Governing Meat Inspection of the Department of Agriculture.

[Bd. of Health, Meat Inspection Reg. Art. VI, eff. 11-4-70]

Ultimately, I think it will be important to relay to Shayda that AB 77 (2015) removed any statutory authority of the BOH to pass regulations under NRS Chapter 583 and gave that authority to the Department of Agriculture. BOH does retain general authority to pass regulations relating to public health per NRS 439.200, as well as regulations over food establishments per NRS Chapter 446, and then lastly the Division has authority over the Food, Drugs and Comestics Act per NRS Chapter 585.

Teresa, let me know if you want to set up a time to talk through this.

Pierron

Pierron Tackes
Deputy Attorney General
Department of Health and Human Services
Division of Public and Behavioral Health
State of Nevada
Office of the Attorney General
(775) 684-1114 office
(775) 684-1145 fax
ptackes@ag.nv.gov

Pronouns: she/her

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From: DPBH StateBOH <StateBOH@health.nv.gov>
Sent: Thursday, October 6, 2022 3:16 PM
To: Pierron E. Tackes <ptackes@ag.nv.gov>
Subject: FW: State Meat Inspection

Hi Pierron,

I was wondering if this is something you can help me with?

When I look at the NAC referenced, it looks like BOH just adopts regs applicable to meat inspections. Is this correct? If so, do you have any recommendations on what info I can provide to her?

Thanks,

Autumn Blattman

Executive Assistant
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Administration
T: (775) 684-5850 | a.blattman@health.nv.gov
www.dhhs.nv.gov | www.division_website.nv.gov

From: Shayda Sanjideh <ssanjideh@agri.nv.gov>
Sent: Thursday, October 6, 2022 2:38 PM
To: DPBH StateBOH <StateBOH@health.nv.gov>
Subject: State Meat Inspection

Hello,

My name is Shayda Sanjideh and I am the Meat & Poultry Inspection Project Manager for the Nevada Department of Agriculture. I am currently working on establishing a state meat inspection program that is at least equal to USDA regulations. Upon reviewing NAC 583, I have noticed that it is written that the Board of Health is the listed authority (NAC 583.520) for meat inspection. Could I possibly get more information on this and the Board of Health's involvement in meat inspection?

Thank you!

Shayda Sanjideh
Meat & Poultry Inspection Project Manager | Division of
Administrative Services
Nevada Department of Agriculture
405 South 21st Street, Sparks, NV 89431
Office: 775-353-3601 | Mobile: 775-710-1723



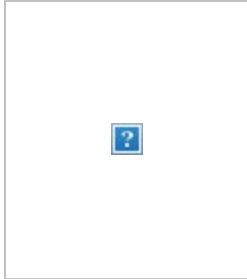
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From: [Shayda Sanjideh](#)
To: [DPBH StateBOH](#)
Subject: RE: State Meat Inspection
Date: Thursday, October 20, 2022 1:48:34 PM

Thank you so much for the info!



Shayda Sanjideh

Meat & Poultry Inspection Project Manager | Division of Administrative Services

Nevada Department of Agriculture
405 South 21st Street, Sparks, NV 89431
Mobile: 775-710-1723

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From: DPBH StateBOH <StateBOH@health.nv.gov>
Sent: Thursday, October 20, 2022 10:08 AM
To: Shayda Sanjideh <ssanjideh@agri.nv.gov>
Subject: RE: State Meat Inspection

Good morning Shayda,

The best person to contact would be Theresa Hayes. Please see her contact information below. She can clear up some of this information for you.

Teresa Hayes, R.E.H.S

Environmental Health Program Manager
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Environmental Health Section
500 Damonte Ranch Parkway, Suite 657 | Reno, NV 89521
T: (775) 546-5530 | E: thayes@health.nv.gov

Thank you!

Autumn Blattman

Executive Assistant

Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Administration
T: (775) 684-5850 | a.blattman@health.nv.gov
www.dhhs.nv.gov | www.division_website.nv.gov

From: Shayda Sanjideh <ssanjideh@agri.nv.gov>
Sent: Monday, October 17, 2022 1:51 PM
To: DPBH StateBOH <StateBOH@health.nv.gov>
Subject: RE: State Meat Inspection

Thank you, please let me know of any findings.



Shayda Sanjideh

Meat & Poultry Inspection Project Manager | Division of
Administrative Services
Nevada Department of Agriculture
405 South 21st Street, Sparks, NV 89431
Mobile: 775-710-1723

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From: DPBH StateBOH <StateBOH@health.nv.gov>
Sent: Friday, October 7, 2022 3:30 PM
To: Shayda Sanjideh <ssanjideh@agri.nv.gov>; DPBH StateBOH <StateBOH@health.nv.gov>
Subject: RE: State Meat Inspection

Good afternoon Shayda,

I am working with our staff to inquire additional information for you. I will get back to you as soon as

I can with more information.

Thanks,

Autumn Blattman

Executive Assistant

Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Administration

T: (775) 684-5850 | a.blattman@health.nv.gov
www.dhhs.nv.gov | www.division_website.nv.gov

From: Shayda Sanjideh <ssanjideh@agri.nv.gov>

Sent: Thursday, October 6, 2022 2:38 PM

To: DPBH StateBOH <StateBOH@health.nv.gov>

Subject: State Meat Inspection

Hello,

My name is Shayda Sanjideh and I am the Meat & Poultry Inspection Project Manager for the Nevada Department of Agriculture. I am currently working on establishing a state meat inspection program that is at least equal to USDA regulations. Upon reviewing NAC 583, I have noticed that it is written that the Board of Health is the listed authority (NAC 583.520) for meat inspection. Could I possibly get more information on this and the Board of Health's involvement in meat inspection?

Thank you!



Shayda Sanjideh

Meat & Poultry Inspection Project Manager | Division of
Administrative Services
Nevada Department of Agriculture
405 South 21st Street, Sparks, NV 89431
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From: [DPBH StateBOH](#)
To: [Mason Stackhouse](#)
Cc: [DPBH StateBOH](#)
Subject: RE: test
Date: Friday, October 7, 2022 3:29:54 PM

Good afternoon Mason,

Unfortunately, we do not. I would recommend reaching out to the Board of Medical Examiners, as they may be able to assist further: [Contact \(nv.gov\)](#)

Thank you,

Autumn Blattman

Executive Assistant
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Administration
T: (775) 684-5850 | a.blattman@health.nv.gov
www.dhhs.nv.gov | www.division_website.nv.gov

From: Mason Stackhouse <mgstackhouse61@gmail.com>
Sent: Monday, October 3, 2022 6:04 PM
To: DPBH StateBOH <StateBOH@health.nv.gov>
Subject: test

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Board of Health:

I'm wondering if you can help me...I had a nerve test done by Dr. Morton Hysom in Las Vegas. He was instructed to send it to my referring doctor, Dr. William Katschke, at Lincoln County Medical Associates. When I went to my follow up appointment with Dr. Katschke, he indicated that he hadn't received the results of the test. By this time, I had received notice that Dr. Hysom had retired. I hadn't acted on this information because I was unaware that the test results hadn't been sent.

That leads to my question to you. Is there a records repository in your department to which a retired physician submits their patient records for storage? Or, maybe they have to submit information to you in regards to the record storage elsewhere? I'm hoping that you can give me a lead on where to go to get the test results. Any assistance you can provide would be greatly appreciated.

Thank you,

--

Mason Stackhouse
775-962-3248

HEMATOLOGY StH21. HYPERTENSION SPECIALIST StH22. INTERNAL MEDICINE StH23. INFECTOLOGY StH24. MORPHOLOGY StH25. NEPHROLOGY StH26. NEUROSURGERY StH27. NEONATOLOGY StH28. ORTHOPAEDICS StH29. ORTHOPAEDIC SURGERY StH30. OTORHINOLARYNGOLOGY StH31. ORTHODONTIST StH32. OCCUPATIONAL MEDICINE StH33. ORAL AND MAXILLOFACIAL SURGERY StH34. PATHOLOGY

StH35. PLASTIC & RECONSTRUCTIVE SURGERY StH36. PNEUMOLOGY StH37. PAEDIATRIC SURGEON StH38. PSYCHOLOGIST StH39. PHYSIOTHERAPY StH40. PEDIATRICS StH41. PUBLIC HEALTH StH42. RADIOLOGY StH43. RHEUMATOLOGY StH44. REHABILITATION MEDICINE StH45. RESPIRATORY MEDICINE StH46. THORACIC SURGERY StH47. TRAUMATOLOGY StH48. TRICHOLOGIST StH49. UROLOGY

JOB LOCATION: London, United Kingdom

JOB COMMENCEMENT: 2022

EMPLOYMENT TYPE: Contract / Full-time

EMPLOYMENT BENEFITS:

Excellent Salary and Overtime Bonus, Health/life Insurance, Relocation expenses, Research and Educational assistance, Medical, Optical and Dental Care, Family/Single housing accommodation, 24/7 Official Vehicle, Scholarship for employee's dependent within UK schools.

Interested applicants are to send a detailed resume via email attachment along with medical graduation certificate(s) to: stthomashr@myyahoo.com

NOTE: APPLICATION IS OPEN TO INTERESTED PERSONS FROM ALL INTERNATIONAL LOCATIONS, ALL SUCCESSFUL APPLICANTS IN OUR RECRUITMENT PROCESS MUST BE WILLING TO RELOCATE TO THE UK FOR WORK.

Coronavirus (COVID-19)- Stay at home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call-in advance. Follow the directions of your local health authority. Source: World Health Organization

Sincerely,

Agnes Cardella

Medical Recruitment Assistant

St. Thomas' Hospital
Guy's & St. Thomas NHS Foundation Trust
London, United Kingdom

Tel: +447 404383237

Fax: +447 404383237

St Thomas' Hospital UK incorporated in England, UK (Reg. No: 06160266) having its registered address at Westminster Bridge Rd, London SE1 7EH,

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: "CDC no longer recommends universal masking in health facilities"; why? Because the CDC knows that the COVID face masks were always ineffective and harmful, never worked, see my review below
Date: Thursday, September 29, 2022 10:16:09 PM

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Tp whom it may concern:

Take heed.

 https://palexander.substack.com/p/cdc-no-longer-recommends-universal-476?utm_medium=ios

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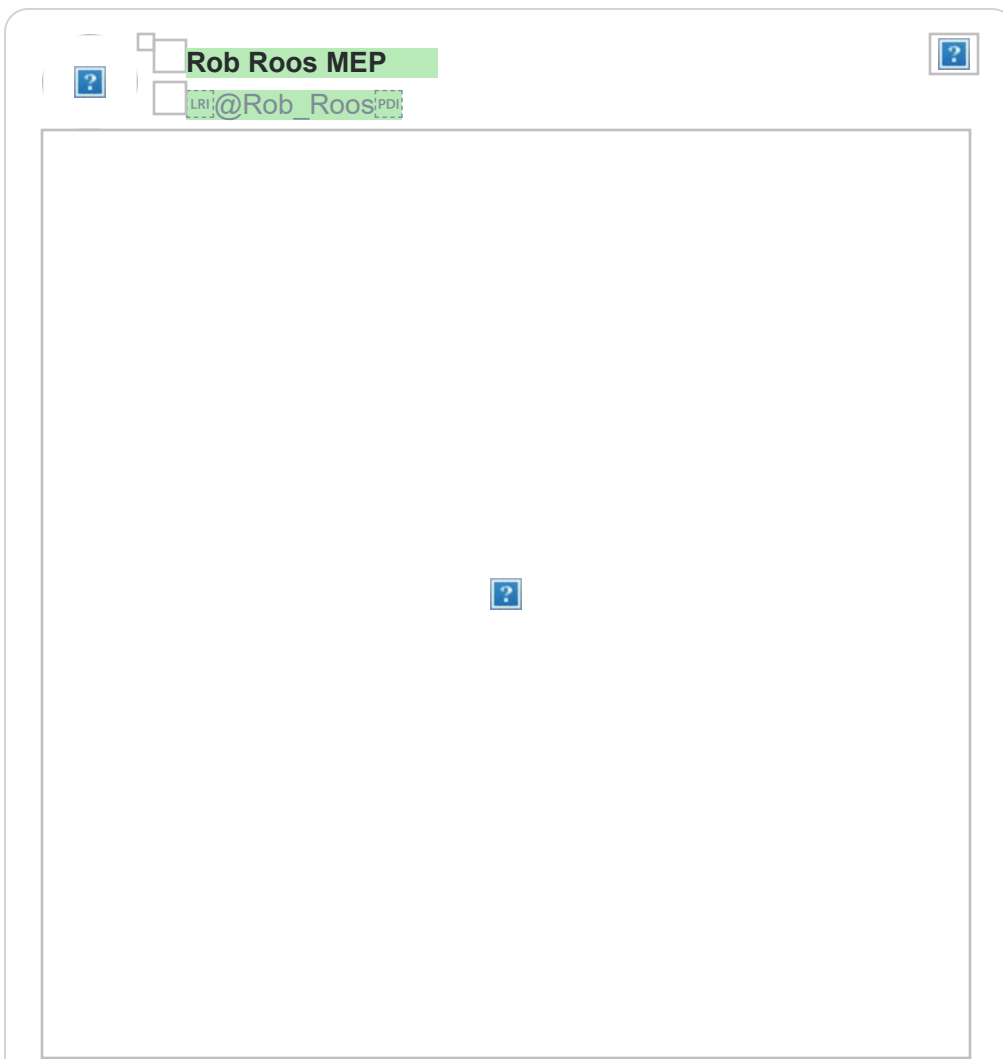
B. Foster
Sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: "Get vaccinated for others" was always a lie.
Date: Wednesday, October 12, 2022 9:48:59 AM

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To Whom it May concern:

Stop the death jab.....



Rob Roos MEP
LRI@Rob Roos.PDI

BREAKING:

In COVID hearing, [#Pfizer](#) director admits: [#vaccine](#) was never tested on preventing transmission.

"Get vaccinated for others" was always a lie.

The only purpose of the [\[redacted\]](#) passport: forcing people to get vaccinated.

The world needs to know. Share this video! ↷

pic.twitter.com/su1WqgB4dO

10/11/22, 2:04 AM

Reposted by,
B. Foster
Sparks

From: BRUCE FOSTER <grtdad53@sbcglobal.net>
Sent: Monday, October 3, 2022 7:26 PM
To: DPBH StateBOH
Subject: What? "Analyzing the potential for future bat coronavirus emergence in Myanmar, Laos, Vietnam"; Daszak of EcoHealt...

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To whom it may concern:

Take heed.

Reposted by,

B. Foster



 **What? "Analyzing the potential for future bat coronavirus emergence in Myanmar, Laos, Vietnam"; Daszak of EcoHealth Alliance Inc. given more US taxpayer NIH money to study bat coronavirus? 1.5 million**

Reposted by,

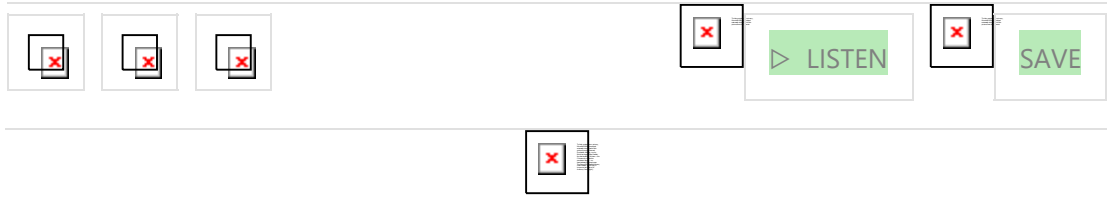
B. foster

We are living in an insane deranged world, where US taxpayer money is used to fund its own death; here we have a modern day version of Hess, Mengele, Barbi etc. running around as scientists killing us


 Dr. Paul Alexander



Oct 4



SOURCE:

 <https://www.dailymail.co.uk/news/article-11273773/Outcry-British-researcher-given-grant-NIH-investigate-COVID.html>



Outcry as British researcher is given ANOTHER US grant to investigate COVID - despite fears his initial work at Wuhan lab triggered pandemic: Peter Daszak is paid \$650,000 to study bat coronaviruses - and 'assess their ability to infect humans'



Substack Alexander COVID News evidence-based medicine is a reader-supported publication. To receive new posts and support my work, consider becoming a free or paid subscriber.

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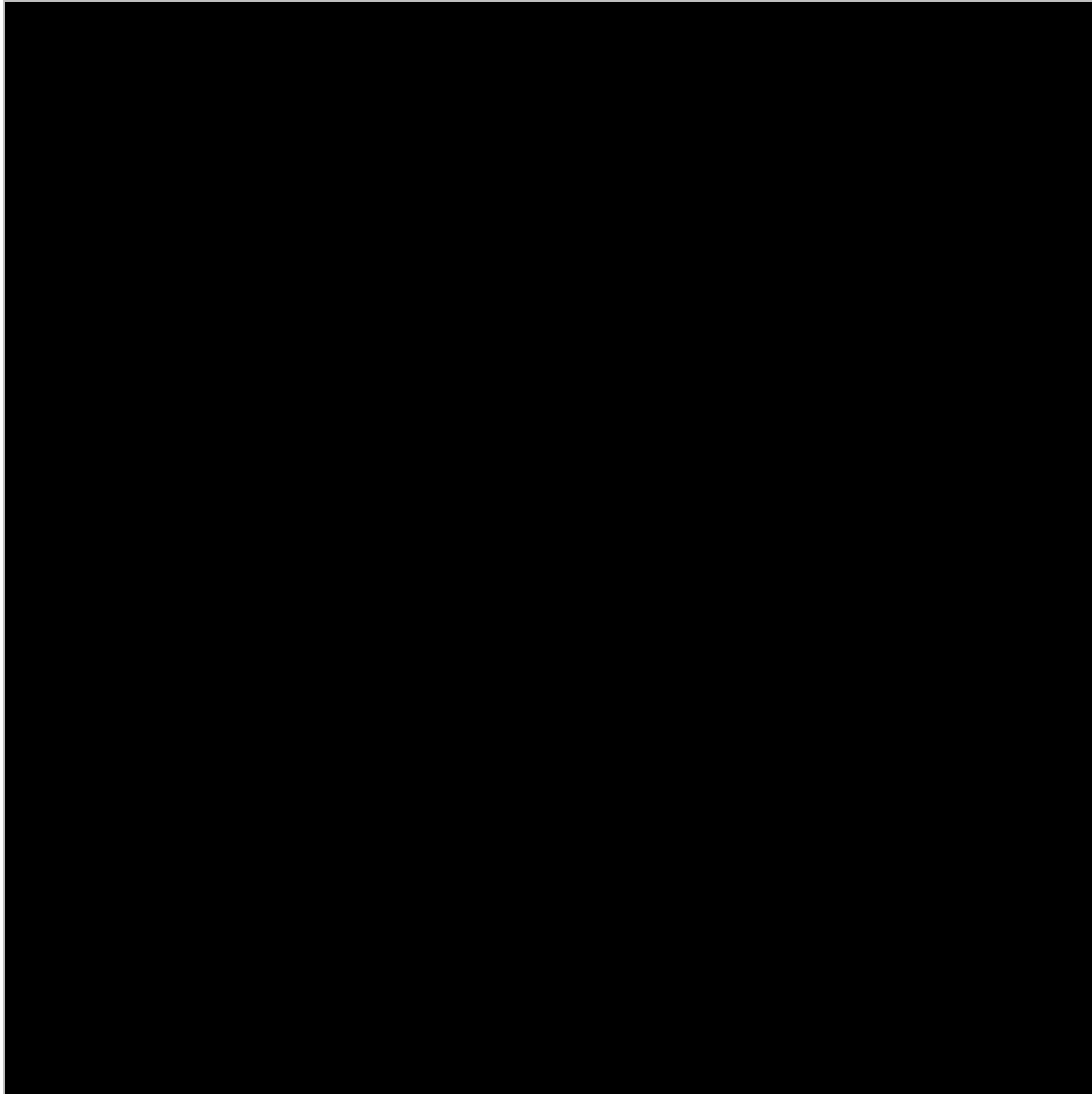


From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: "The Boundary is Children"
Date: Wednesday, October 12, 2022 2:56:38 PM

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Are we paying attention yet?

[Open in browser](#)



"The Boundary is Children"

We Must Remain Unified

[Robert W Malone MD, MS](#)



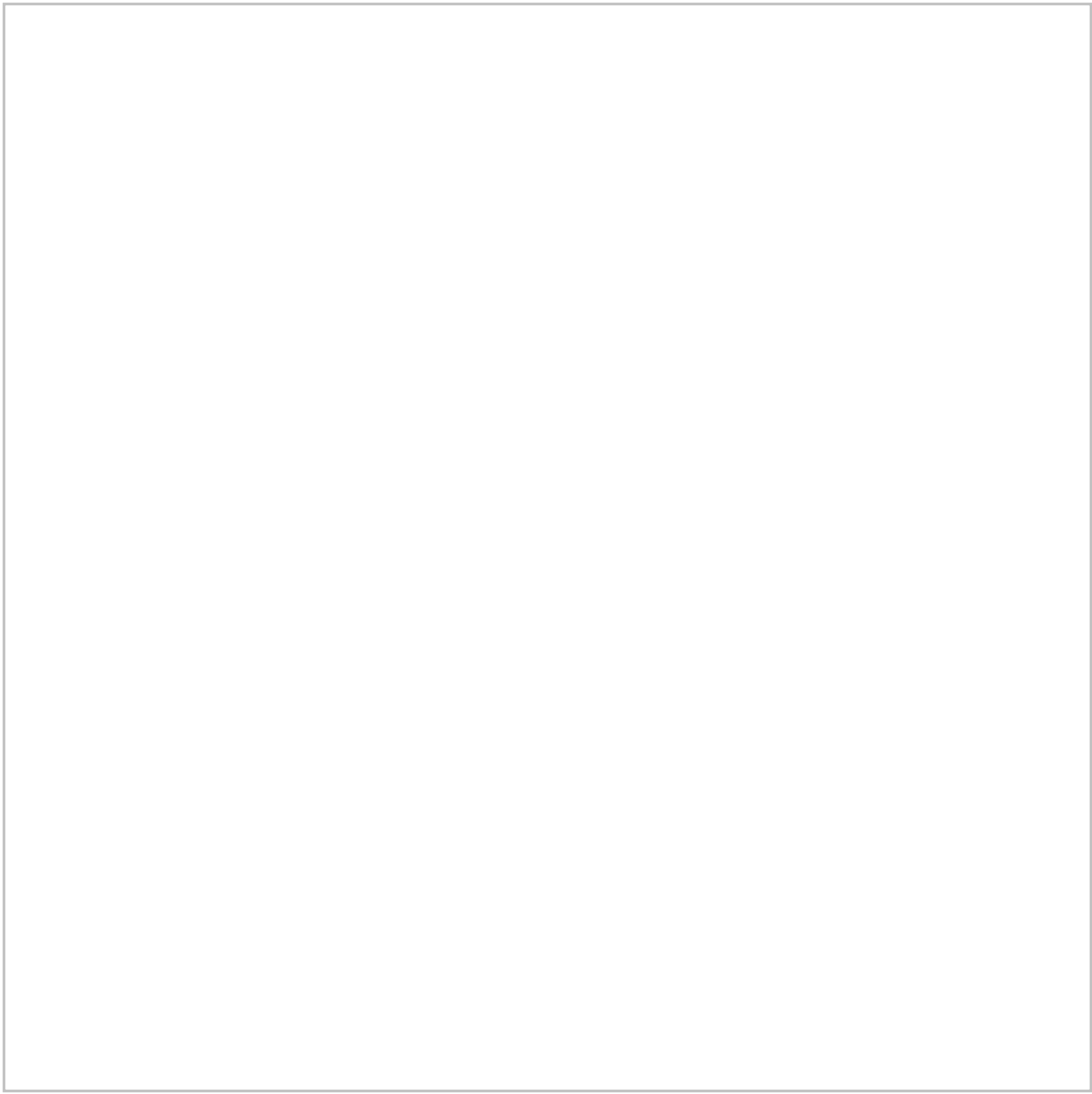
Oct 12



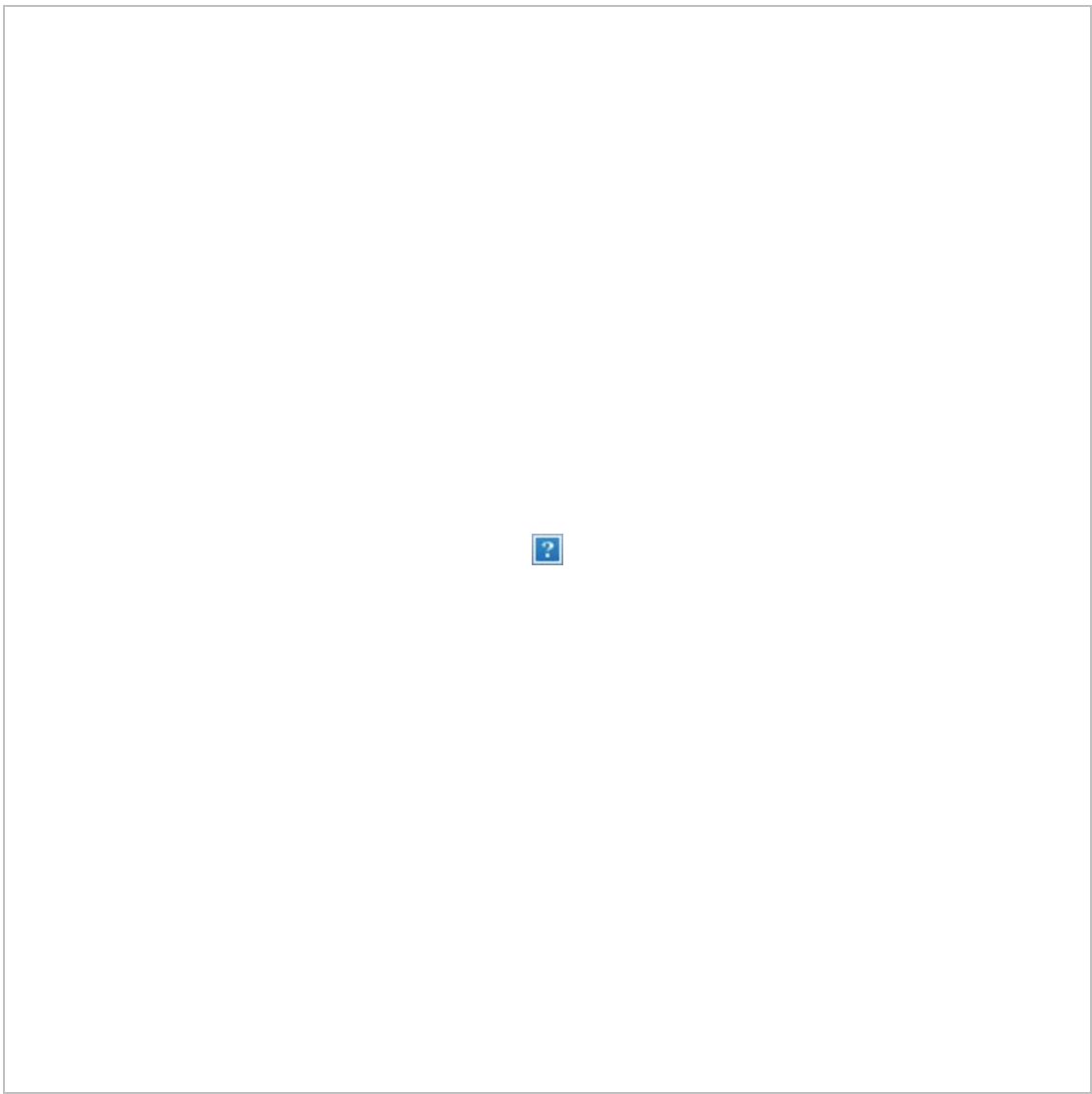
I was in Toronto last weekend for the screening of the new movie " ". During the pre-party, I was interviewed by Bright Lights News. Above is the interview.

“The boundary is children,” and a unified movement, through pragmatic and honest self-awareness, is pivotal to avoid the very divisive behaviors that gave rise to the global resistance. It is incumbent of us to remain unified if we are preserve a free world for our children.

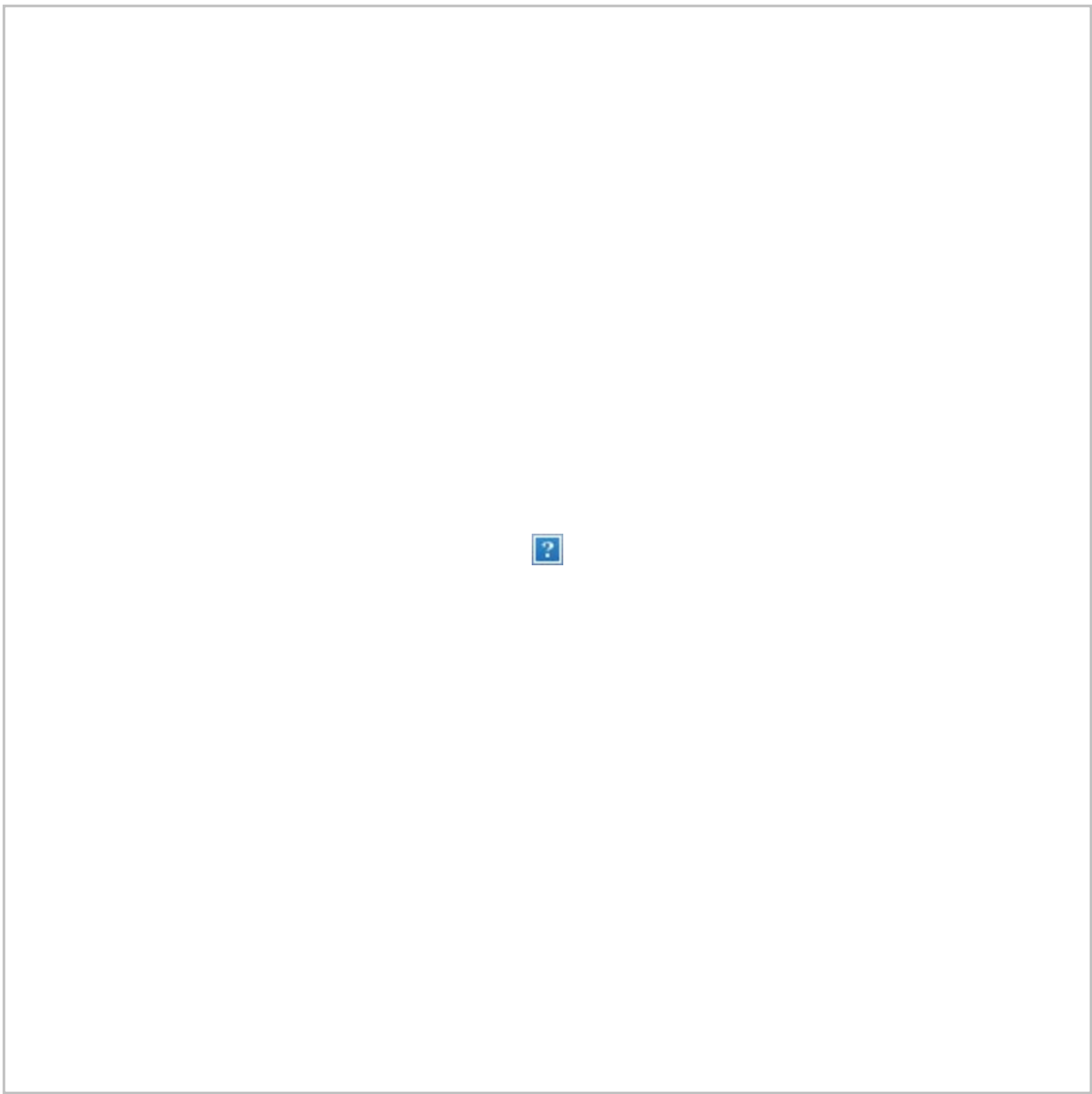
Dr. Byram Bridle also Headlined the Toronto Premiere of Uninformed Consent. You can hear him speak about t . Dr. Bridle is a true scientist, a gentleman, and another key leader/COVID hero of the global health freedom movement.

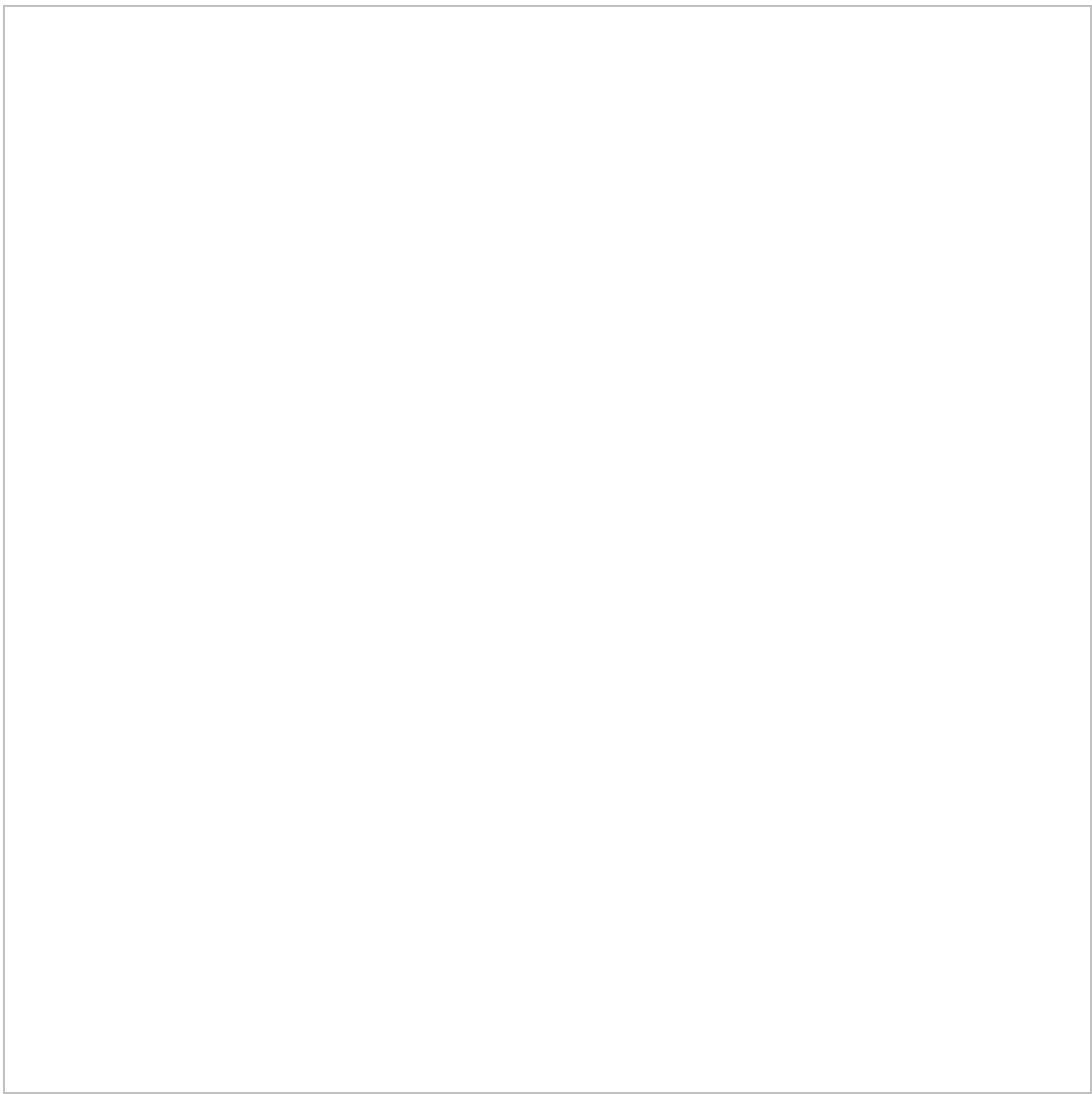


The fantastic Dr. Sam Dube is pictured below (our interview is coming soon) and also pictured is Glen Jung, who did such a great job in the interview above.



Finally, for those interested here after the screening of the film.





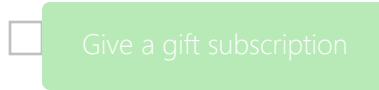
[Another link to the movie Uniformed Consent](#). Please set aside some time to watch this documentary which reflects a Canadian point of view.

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B. Foster
sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: American Red Cross Under Scrutiny After Confessing It Does Not Separate Vaccinated from Unvaccinated Blood - Becker News
Date: Thursday, September 29, 2022 10:17:33 PM

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To whom it may concern:

Take heed.

 <https://beckernews.com/american-red-cross-under-scrutiny-after-confessing-it-does-not-separate-vaccinated-from-unvaccinated-blood-47026/>

Reposted by,

B. Foster
Sparks

From: BRUCE FOSTER <grtdad53@sbcglobal.net>
Sent: Thursday, October 6, 2022 11:04 AM
To: DPBH StateBOH
Cc: Washoe311
Subject: COVID Jab mRNA Detected in Human Breastmilk

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To whom it may concern:

When is the Covid tyranny to end?

COVID Jab mRNA Detected in Human Breastmilk

CDC director Rochelle Walensky continues to claim 'there's no bad time to get a COVID vaccine,' but this new study proves otherwise.



[Dr. Joseph Mercola](#)



14 hr ago



97
[107](#)



[Rochelle Walensky, MD, MPH @CDCDirector](#)

 There is NO bad time to get a #COVID19 vaccine. Whether you are thinking about having a baby, currently pregnant, recently delivered your baby, or are breastfeeding, it is safe for you to get vaccinated. Protect yourself and your growing family:  [vaccines.gov](https://www.vaccines.gov).


7:25 PM · Sep 30, 2021

[628Likes275Retweets](#)

STORY AT-A-GLANCE

- As recently as late September 2022, Centers for Disease Control and Prevention director Dr. Rochelle Walensky claimed it's perfectly safe for pregnant and nursing women, and those planning a pregnancy, to get the COVID jab. According to Walensky, "There's NO bad time to get a COVID vaccine"
- Meanwhile, Pfizer's data show the risk of miscarriage could be as high as 87.5%
- Safety for nursing mothers was not evaluated in the initial clinical trials, and subsequent investigations have been scarce. In mid-July 2021, a small study found no trace of mRNA vaccine in breastmilk, but a September 2022 study did find mRNA in breastmilk for up to 48 hours post-jab
- These studies did not analyze the breastmilk for the presence of spike protein. Even if the mRNA is only transferable during the first 48 hours post-jab, that does not mean it's safe to breastfeed thereafter. The breastmilk could potentially also transfer spike protein produced by the mother's body, and that production, we know, can continue for at least four months, and likely longer
- Walensky also continues to claim the COVID shots have no adverse effects on fertility, even though birth rates have plummeted since the rollout of the shots, raising alarm across the world. A Pfizer-BioNTech rat study found the injection more than doubled the incidence of infertility



Advertisement


Despite mountains of evidence showing the COVID jabs are a lethal disaster that shouldn't be given to anyone, let alone pregnant women, Centers for Disease Control and Prevention director Dr. Rochelle Walensky continues to spread the death cult gospel, boldly


claiming:  

“There’s NO bad time to get a COVID vaccine. Whether you’re thinking about having a baby, currently pregnant, recently delivered your baby, or are breastfeeding, it is safe for you to get vaccinated. Protect yourself and your growing family.”

In that same interview, Walensky also spoke out of both sides of her mouth when she added that pregnant women who develop COVID symptoms should get monoclonal antibodies to prevent severe infection. If that’s the case, why do they need the mRNA jab, which we know doesn’t prevent infection?

Criminal Cover-Up

The fact that Walensky keeps insisting pregnant women get this experimental injection is beyond unconscionable. In her interview, she insists the data supports it, but where is that data? They must be hidden somewhere, because the data that are actually available to the public tell a very different story.

Pfizer’s own data show the risk of miscarriage could be as high as 87.5% — a shocking conclusion reviewed in an August 20, 2022, Substack article by Dr. Pierre Kory.

Kory, after diving into one of the Pfizer data dumps, brought attention to Section 5.3.6, Page 12, of a document called “Cumulative Analysis of Post-Authorization Adverse Event Reports,” which states there were 270 pregnancies in vaccinated women during the first 12 weeks of the vaccine campaign.

No outcome was provided for 238 of those women, which leaves 32 pregnancies for which the outcome was reported. However, even for those 32, outcomes were only specified for 29: 26 ended in some form of miscarriage, two were premature births with neonatal death (meaning the babies died shortly after being born early), and one birth was normal.




Kory points out that the report is nebulous and unclear about the other three pregnancy outcomes, but were we to count those as live births, we’re looking at 28 deaths out of 32 pregnancies, which means 87.5% of pregnant women (for whom they had data) lost their babies.

For the record, the failure to record and report the outcomes of 238 out of 274 pregnancies during a drug trial is simply unheard of. It’s shockingly unethical and criminally fraudulent.


And the fact that both the Food and Drug Administration and the CDC accepted this, and claim there's "no evidence" of harm to pregnant women and their babies is proof positive of reprehensible malfeasance.

2021 — 'No mRNA Found in Breastmilk'

I also sincerely doubt the FDA and CDC have corroborating data to support the COVID jab for nursing mothers, seeing how that was not part of the initial clinical trials, and follow-up has been scarce.


In mid-July 2021, Reuters reported  that "no trace of mRNA vaccine" could be found in breastmilk, according to one small study.  Based on analysis of 13 breastmilk samples obtained from seven breastfeeding women who had received an mRNA COVID jab, the researchers concluded that while antibodies are known to pass from mother to child via breastmilk, no mRNA is transferred through this route. As reported by Reuters at the time: 

"The World Health Organization recommends that breastfeeding mothers be vaccinated against COVID-19 and does not advise stopping breastfeeding afterward.

Many mothers have declined vaccination or discontinued breastfeeding due to concern that the vaccine may alter breast milk. Writing in JAMA Pediatrics,  the authors of the new study said more data is needed to better estimate the vaccines' effect on breastfeeding.

But the new results 'strengthen current recommendations that the mRNA vaccines are safe in lactation, and that lactating individuals who receive the COVID vaccine should not stop breastfeeding,' coauthor Dr. Stephanie Gaw of the University of California, San Francisco, said in a statement."

2022 — mRNA Found in Breastmilk

Fast-forward to September 22, 2022, and mRNA has been — you guessed it — detected in breastmilk or 48 hours post-jab. The study, also published in JAMA Pediatrics, notes: 

“The Centers for Disease Control and Prevention recommends offering the COVID-19 mRNA vaccines to breastfeeding individuals, although the possible passage of vaccine mRNAs in breast milk resulting in infants’ exposure at younger than 6 months was not investigated.

This study investigated whether the COVID-19 vaccine mRNA can be detected in the expressed breast milk (EBM) of lactating individuals receiving the vaccination within 6 months after delivery.”

Here, 11 lactating mothers were enrolled. The first breastmilk samples were collected before getting the shot, to establish a baseline control. Samples were then collected after receiving either the Moderna or Pfizer shots, for up to six months post-delivery. As explained by the authors:

“A total of 131 EBM [expressed breastmilk] samples were collected 1 hour to 5 days after vaccine administration. Extracellular vesicles (EVs) were isolated in EBM using sequential centrifugation, and the EV concentrations were determined by ZetaView (Analytik).

The presence of COVID-19 vaccine mRNA in different milk fractions (whole EBM, fat, cells, and supernatant EVs) was assayed using 2-step quantitative reverse transcriptase–polymerase chain reaction. The vaccine detection limit was 1 pg/mL of EBM.

Of 11 lactating individuals enrolled, trace amounts of BNT162b2 and mRNA-1273 COVID-19 mRNA vaccines were detected in 7 samples from 5 different participants at various times up to 45 hours postvaccination.

The mean (SD) yield of EVs isolated from EBM was 9.110 (5.010) particles/mL, and the mean (SD) particle size was 110.0 (3.0) nm. The vaccine mRNA appears in higher concentrations in the EVs than in whole milk. No vaccine mRNA was detected in prevaccination or postvaccination EBM samples beyond 48 hours of collection ...

The limitations of this study include the relatively small sample size and the lack of functional studies demonstrating whether detected vaccine mRNA is translationally active. Also, we did not test the possible cumulative vaccine mRNA exposure after frequent breastfeeding in infants.

We believe it is safe to breastfeed after maternal COVID-19 vaccination. However, caution is warranted about breastfeeding children younger than 6 months in the first 48 hours after maternal vaccination until more safety studies are conducted.

In addition, the potential interference of COVID-19 vaccine mRNA with the immune response to multiple routine vaccines given to infants during the first 6 months of age needs to be considered. It is critical that lactating individuals be included in future vaccination trials to better evaluate the effect of mRNA vaccines on lactation outcomes.”


Does Spike Protein Transfer Through Breastmilk?


Now, it's important to keep in mind that mRNA and spike protein are two different things. The mRNA is what instructs your cells to produce the spike protein. When a mother breastfeeds in the days after her injection, she may be transferring the actual mRNA into her newborn infant, whose cells might then begin to produce spike protein.


However, this study did not analyze the breastmilk for the presence of spike protein. Even if the mRNA is only transferable during the first 48 hours post-jab, that does not mean it's safe to breastfeed thereafter.

The breastmilk could potentially also transfer spike protein produced by the mother's body, and that production, we know, can continue for at least four months, and likely longer.

Spike Antibodies Transfer and That Could Be a Bad Thing

Studies  ¹⁰ have shown SARS-CoV-2 antibodies, i.e., antibodies against the spike protein being produced by the COVID jab, do transfer through breastmilk, and contrary to popular belief, that may not be a good thing. Why?





Because it may trigger immune imprinting. As discussed in “ [Original Antigenic Sin — The Hidden Danger of COVID Shots](#),” immune imprinting, also known as original antigenic





sin, describes a process in which the first antibodies produced against a given virus starts to predominate, making antibodies against newer strains less and less effective at neutralizing the virus. 


In short, the fear is that repetitive boosting might make you less and less able to ward off new variants, and thus more prone to symptomatic infection. If a baby is exposed to anti-spike antibodies every day for months on end, will that render them more prone to infection as the SARS-CoV-2 virus mutates? We don't know, but it's a concern that can't simply be dismissed with a shoulder shrug.

Fertility Is Clearly Being Impacted


Walensky also continues to cling to the claim that the COVID shots have no adverse effects on fertility, even though real-world data from around the world are screaming that something has gone terribly wrong. Birth rates have plummeted since the rollout of the shots, raising alarm across the world.

In Germany, birth rates were 10% below the annual norm during the first quarter of 2022.  Sweden was a 14% drop that same quarter.   According to Gunnar Anderson, a Swedish professor in demographics at Stockholm University, “We have never seen anything like this before, that the bottom just falls out in just one quarter.” 


Between January and April 2022, Switzerland's birth rate was 15% lower than expected, the U.K.'s was down by 10% and Taiwan's was down 23%.    Hungary saw a 20% drop in birth rate during January 2022, compared to January 2021. 

In a July 5, 2022, Counter Signal article, Mike Campbell reported that in the five countries with the highest COVID job uptake, fertility has dropped by an average of 15.2%, whereas the five countries with the lowest COVID job uptake have seen an average reduction of just 4.66%. Below is a chart from Birth Gauge  on Twitter comparing live birth data for 2021 and 2022 in a large number of countries.









Similar trends are seen in the U.S. as well, which Walensky ought to be well aware of. Provisional data from North Dakota show a 10% decline in February 2022, 13% reduction in March and an 11% reduction in April, compared to the corresponding months in 2021.  21


Other Disturbing Evidence



In addition to real-world data showing fertility is suddenly in freefall, there's scientific evidence suggesting  [the shots could affect fertility](#) in both women and men.

“A Pfizer-BioNTech rat study found the injection more than doubled the incidence of infertility.”

For example, a Japanese biodistribution study for Pfizer's jab showed the spike protein from the shots accumulate in female ovaries and male testes,  22  23 and there's credible concern that the  [COVID jabs will cross-react with syncytin](#) (a retroviral envelope protein) and reproductive genes in sperm, ova and placenta in ways that may impair fertility and reproductive outcomes.


A Pfizer-BioNTech rat study  24 found the injection more than doubled the incidence of preimplantation loss (i.e., the risk of infertility), and led to mouth/jaw malformations, gastroschisis (a birth defect of the abdominal wall) and abnormalities in the right-sided aortic arch and cervical vertebrae.  25  26

We're also seeing a sudden uptick in infant mortality. The Exposé  27 recently highlighted data from Scotland, showing neonatal deaths in March 2022 were 119% higher above the annual norm.

Male fertility is also under attack by these bioweapons. Israeli research  28  29 published in the journal Andrology found the Pfizer COVID jab temporarily but significantly impairs male fertility, dropping sperm concentration by 15.4% and total motile count by 22.1%, compared to baseline pre-jab.

Both eventually recovered, some three months after the last jab, but if you destroy a man's sperm for three months every time he gets a COVID shot, you're significantly reducing the

probability of him fathering a child for a good part of any given year and the stats reviewed above support this.

Remember, the mRNA shots are recommended at three-month intervals for the original series, and boosters are now being recommended at varying intervals thereafter. In the video below, Amy Kelly, project director for the Daily Clout's Pfizer document analysis team, reviews this study and other post-job male fertility concerns. 




End the COVID Shots Now, Before It's Too Late to Recover

As noted by Kory in his August 20, 2022, Substack article: 


“... when a new medicine or device is introduced, you must first assume any adverse effects or deaths reported to be related to the intervention until proven otherwise ...

We must assume the vaccines are impacting fertility unless some other provable or credible explanations for a sudden drop in month to month birth rates. So stop the shots until you can prove they are not ...

Too many young people dying,  too many becoming disabled, too many pregnancies resulting in fetal or neonatal death ... and now we find out that if we continue with this vaccine obsession, they will not be replaced. This is a humanitarian catastrophe heaped atop the one caused by dangerous gain-of-function research.

When will the world wake up to this rapidly unfolding horror? For those of us who know what is going on, it is hard not to feel helpless as we are forced to watch increasingly apparent and widespread needless death. But we will continue to try to get these truths out despite the massive censorship and propaganda overwhelming the globe.

We have a moral and ethical obligation and take that responsibility seriously no matter what befalls us. Stop the vaccines, now. And if we can't stop them, we must try to convince everyone we know to no longer agree to get vaccinated. Their lives and our future depend on it."

At this point, it appears we're looking at a certain  [depopulation event](#). The question then is, are you willing to accept the risks? Are you willing to risk your fertility, even if only temporarily? Are you willing to risk the life of your baby? Are you willing to risk your own? If not, the answer is simple. Don't take the jab, and if you've already taken one or two (or three), never take another.


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 [Twitter Rochelle Walensky September 30, 2022](#)

 [2](#)

 [What to Expect September 23, 2022](#)



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[What to Expect September 23, 2022](#)



[4](#)



[Pierre Kory Substack August 20, 2022](#)



[5](#)



[Reuters July 19, 2021](#)



[6](#)



[JAMA Pediatrics 2021; 175\(10\): 1069-1071](#)



[7](#)



[Reuters July 19, 2021](#)



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[9](#)



[JAMA Pediatrics September 26, 2022 DOI: 10.1001/jamapediatrics.2022.3581](#)



[10](#)




[Pediatrics November 2021; 148\(5\): e2021052286](#)




[11](#)


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 [Expose News July 18, 2022](#)


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 [The Counter Signal July 5, 2022](#)

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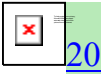
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[20](#)



[Twitter Birth Gauge June 3, 2022](#)



[21](#)



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[22](#)



[Children's Health Defense June 3, 2021](#)



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[24](#)



[Reproductive Toxicology August 2021; 103: 28-35](#)



[25](#)



[Science, Public Health Policy, and the Law November 2021; 4:130-143, page 135](#)



[26](#)



[The Expose August 7, 2022](#)



[27](#)




[The Expose August 7, 2022](#)




[28](#)


 [Andrology June 17, 2022 DOI: 10.111/andr.13209](#)


 [29](#)


 [Expose June 26, 2022](#)

 [30](#)

 [Daily Clout August 16, 2022](#)

 [31](#)

 [Pierre Kory Substack August 20, 2022](#)

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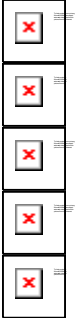
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Guillermou



14 hr ago

The lies of Biden, Fauci and Walensky are being exposed. Dr. Naomi Wolf indicted the perpetrators of the Wuhan coronavirus pandemic, accusing them of conspiring to commit mass murder. Wolf named Tony Fauci, Rochelle Walensky of the CDC, and Francis Collins of the NIH as co-conspirators in the genocide.

The fact that people like Rochelle Walensky, Dr. Fauci, Dr. Collins, all the 'influencers' who were paid, as we now know, said 'safe and effective', this requires criminal charges. This could be a conspiracy to murder. And members of the media could also be complicit in the murder.”

Joe Biden, Anthony Fauci, Vivek Murthy, Rochelle Walensky change topics so much that even those who still listen to them begin to see them for what they really are. Dictator Biden and CDC Director Rochelle Walensky pushed for seditious vaccine mandates, months after assuring the American people there would be no mandates. Never before in history has a US president resorted to such measures, which many see as treason and seditious conspiracy.

Dr. Jane Ruby said that Dr. Rochelle Walensky, who heads the CDC, is among the Wuhan coronavirus co-conspirators, people and agencies that planned the mandatory injection program in 2015. She added that everything the CDC has done and published on its website and other official communications amounts to fraud and lies in the conspiracy to commit acts of murder and terrorism against the people of the United States of America.



<https://www.thegatewaypundit.com/2021/09/didnt-age-cdc-chief-says-will-no-forced-federal-vaccine-mandates/>



<https://www.brighteon.com/4b8b8668-8247-46a9-bed8-ca3265bcfca7> (03/14/2022)

23Reply



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14 replies




Wendy



11 hr ago

Walensky is apparently not aware of the Supreme Court statement that all vaccines are unsafe: “I've been studying vaccines for 24 years. In 2010, The U.S. Supreme Court in Wyeth v. Bruesewitz ruled that all vaccines are unavoidably unsafe. The U.S. Supreme Court ruled this in 2010, but yet on the tell-a-lie-vision ... they tell you they're safe and effective.” — Christopher Key, vaccine researcher




Wolensky needs to be fired and the CDC and their criminal partners and mass murderers arrested, tried, convicted and imprisoned in a federal pen for the rest of their miserable lives.


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  [Executive Order Advances Biotech-Transhumanist Agenda](#)  September 12, 2022, an executive order was signed by the Biden Administration with the purported goal of advancing biotechnology and biomanufacturing.

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SEP 25


529 

[226](#)




  [More Studies Confirm the COVID Jab Does More Harm Than Good](#)  A peer-reviewed scientific review calls for the immediate suspension of all COVID shots as real-world data show they cause more harm than good.

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OCT 3

524 

[171](#)

  [The Right Response to Mandates, Propaganda and Censorship](#)  In this interview, Dr. Meryl Nass shares astonishing figures on the blatant PCR testing and case count frauds that occurred during the pandemic.

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SEP 23

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Subject: Covid Tyranny on Channel 2/ A Bioweapon
Attachments: IMG_2631.jpg

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May Concern:

Is Channel 2,4 and 8 colluding with the CCP/ Big Pharma by
promoting genocide in the USA/ (World)?

The WCHD?

The State Health Board?



(60 Minutes bankrolled by Phfzer) Can you spell E-V-I-L?

Subject: Covid channel 2



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Naomi Wolf Exposes the “Vaccine,” Using “Facts” From Her Book, “The Bodies of Others” Eric Metaxas Podcast



[Naomi Wolf Exposes the "Vaccine," Using Facts From Her Book, "The Bodies of Others" - The Eric Metaxas Show \(metaxastalk.com\)](#)

Respectfully,

B. Foster
Sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: COVID-19 Vaccines Didn't Work, so the CDC Changed the Definition of Vaccines
Date: Tuesday, September 20, 2022 5:30:19 PM

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COVID-19 Vaccines Didn't Work, so the CDC Changed the Definition of Vaccines

BY JENNIFER MARGULIS AND JOE WANG. SEPTEMBER 1, 2022

Everything that you will read below is the absolute truth. This is what happened during the pandemic and how Drs were silenced and treatment banned. And how the public was lied to about the virus, to keep the mass vaccination campaign going.

In early 2020 when the public first learned that a novel virulent virus was making people sick in China and around the world, it made sense to institute public health measures to protect against it.

But, instead of encouraging doctors and [scientists](#) to look for ways to treat the virus and ways to keep sick people from healthy people, as has been done with [other pandemics](#) in modern human history, government authorities [actually actively prevented doctors from treating patients.](#)

Tech companies quickly censored and [de-platformed doctors](#) who discussed [potentially-effective treatment options.](#) Scientific [debate was silenced.](#)

Instead of any open, honest discussion about the effectiveness of preventative measures and the different treatment options, the world was told that the only way out of the coronavirus crisis was via mass vaccination. If the public understood that there were options for treating COVID-19 and that the infection was likely to be mild in over 99 percent of the people who got it, they wouldn't be as motivated to get a vaccine.

As someone born and raised in China, I (Joe Wang) saw firsthand how the Chinese Communist Party (CCP) runs a well-oiled machine, controlling every aspect of people's lives, not for the good of the country, but for the personal gain of CCP party members. In the West, too, [drawing from CCP's playbook](#), some quickly realized that they could capitalize on human fear and turn the pandemic into [opportunity for profit.](#) The CCP used COVID-

19 as yet another way to expand authoritarian control, which was not surprising. But Western countries, too, weaponized people's fear in order to roll out unprecedented control over people's freedom in an unprecedented way.

Profits Over People

Fear, it seems, is more contagious than any given infection. An imminent—or ongoing—apocalypse sells newspapers, blows up social media platforms, and can be parlayed into a breathtaking amount of financial gain.

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According to Forbes, 493 people became billionaires in 2021. China minted 205 of these. The United States, in second place, had 98. Sixty-one of the world's newest billionaires were in healthcare fields.

Among those: an Italian billionaire whose family makes the glass vials for COVID-19 vaccines; an Indian medical doctor whose hospital chain doubled its stock when it shifted its focus to COVID-19; the co-founder of BioNTech, the German company that worked with Pfizer to make the vaccine; as well as the CEO of the American-based pharmaceutical giant Moderna.

The Doctor Will Lie to You Now

So, when Jerry Daniels, founder of the Brothers Media Group, opened a panel during the Conservative Political Action Conference (CPAC) in Dallas, Texas, with the insight that, “COVID has everything to do with marketing,” for a session entitled, “The Doctor Will Lie to You Now,” it is not surprising that practically the entire audience was nodding in agreement. “What is marketing supposed to do?” Daniels continued. “It’s supposed to influence people to take action and do something.” And much of public health’s job is “messaging,” that is, marketing the behaviors they want the public to adopt.

In the case of coronavirus, the action people have been most influenced to take was to get vaccinated. The marketing campaign surrounding the COVID-19 vaccines has been so

effective that, as of August 29, 2022, [more than 12.5 billion shots](#) have been put in people's arms.

Given the [growing body of scientific evidence](#) that shows quite clearly that the vaccines do not work to stop the spread of coronavirus, as well as the [hundreds of studies](#) and [clinical testimonials](#) showing that they have severe and even devastating health consequences, [especially for young people](#), the fact that so many people continue to accept them is baffling. It is, according to Daniels, a triumph of marketing.

The Vaccine Doesn't Work, So the Definition Was Changed

For nearly 15 years, from November 2007 to August 2021, the Centers for Disease Control and Prevention (CDC)'s working definition of a vaccine was, "A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from the disease. [Vaccines](#) are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose."

But in September of 2021, according to Daniels, American public health authorities changed the definition of vaccines.

The new definition, which the curious reader can find under the title, "Vaccine Basics," at the CDC [BAM! website](#), a classroom resource for teachers, became: "A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose."

The CDC has deleted a key part of the definition of vaccines. You will no longer find the assertion that a vaccine "stimulates a person's immune system to produce immunity to a specific disease, protecting the person from the disease," anywhere on the CDC website. However, a 2015 World Health Organization (WHO) document ([pdf](#)) cites the old CDC vaccine definition.

Reposted by,
B. Foster
Sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: EXCLUSIVE: FDA Withholding Autopsy Results on People Who Died After Getting COVID-19 Vaccines
Date: Thursday, September 29, 2022 10:18:59 PM

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To whom it may concern:

Take heed.

https://www.theepochtimes.com/mkt_app/exclusive-fda-withholding-autopsy-results-from-people-who-died-after-getting-covid-19-vaccines_4763765.html

Reposted by,

B. Foster
Sparks

From: BRUCE FOSTER <grtdad53@sbcglobal.net>
Sent: Tuesday, October 11, 2022 10:02 AM
To: DPBH StateBOH
Subject: Fw: The Calm COVID Truth of Dr. Joe Ladapo


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Are we paying attention?




The Calm COVID Truth of Dr. Joe Ladapo

Florida Surgeon Generals' remarkable calm in issuing updated mRNA vaccine guidance


 Robert W Malone MD, MS

 Oct 10



 [LISTEN NOW · 17:14](#)

I often hear complaints about how few physicians and medical care providers have spoken out regarding the toxicities and risks associated with the COVID-19 genetic vaccines. In my experience, one of the most remarkable Medical Doctors that I have encountered during the last three years has been Dr. Joseph A. Ladapo, who

currently serves as Surgeon General of the State of Florida. To those who are lately finding it fashionable to criticize physicians who did not immediately recognize and call out the risks associated with these hastily Emergency Use Authorized products, it will be hard to find fault with Dr. Ladapo, who was an early member of Americas Frontline Doctors. Even though  Wikipedia has to put their spin on his bio, his integrity and bravery through the last three years shines through in remarkable contrast to the vast majority of academic physicians.

Ladapo was born in Nigeria, the son of a microbiologist. He immigrated to the United States at age five along with his family. He earned a Bachelor of Arts degree in chemistry from Wake Forest University in 2000. Ladapo received a MD from Harvard Medical School and a PhD in Health Policy from Harvard Graduate School of Arts and Sciences in 2008. Ladapo completed clinical training in internal medicine at Beth Israel Deaconess Medical Center, a teaching hospital of Harvard Medical School. He is certified by the American Board of Internal Medicine.


During the COVID-19 pandemic, Ladapo had promoted unproven treatments — hydroxychloroquine and ivermectin —, questioned the safety of vaccines, opposed lockdown mandates, and associated with America's Frontline Doctors, a far-right group known for promoting falsehoods about the pandemic. In a March 24, 2020, opinion column in *USA Today*, Ladapo argued against lockdowns deriving from his experience in treating COVID-19 patients at UCLA, an assertion he repeated in a later column published by the *Wall Street Journal*.

With passage of time, he became a vocal supporter of Governor of Florida, Ron DeSantis' COVID-19 policies that ran against mainstream medical consensus. On September 21, 2021, he was appointed to be the Surgeon General of the state....



On appointment, Ladapo critiqued the "senseless" fear-driven cult of vaccination — characterizing vaccines as one of the many *equally* preventative arms of pandemic management — and would repeal quarantine rules for schoolchildren exposed to COVID-19 as his first executive action. The next month, Ladapo courted controversy after refusing to wear a mask while in a meeting with State Senator Tina Polsky, who had been diagnosed with breast cancer and was set to undergo radiation therapy; he defended his actions on the ground that masking hindered effective communication. Ladapo was confirmed by the Senate on

February 23, 2022; during background checks, his former UCLA supervisor refused a positive recommendation, noting that Ladapo's "hands-off" approach towards tackling COVID-19 had violated the Hippocratic oath and had distressed colleagues.

In March, Ladapo recommended that healthy children in Florida not be vaccinated against COVID-19; thus, Florida became the first state to contradict relevant guidelines by CDC and the American Academy of Pediatrics. All of the "experts" who were cited by Ladapo were not consulted in the process; they disagree with the recommendation and accuse him of de-contextualizing their arguments. Since then, Ladapo has shifted focus to transgender healthcare — holding professional organizations such as the American Academy of Pediatrics and the Endocrine Society as politically motivated, he has restricted gender-affirming counseling, hormonal therapies, and related medications for transgender and nonbinary children.

To my mind, every one of these “controversial” positions demonstrate that Joe is precisely the type of medical leader that we so desperately need in these times. But based on my personal experience, what is most remarkable about Dr. Ladapo is his calm, unflappable demeanor and impeccable moral compass in the face of the hurricane of criticism which he has withstood. The contrast to the Federal HHS and global “leaders” is profound. This is the type of leader that I can follow. What you hear in the Megyn Kelly interview at the top of this essay is the Joe Ladapo that I know, as usual without any affectation or artifice. As we see other physicians who seek to be identified as central leaders suffering from the effects of egotism and a desire to commercialize newfound fame, Joe has maintained an even keel and steady eye on the horizon, and has continued to maintain a calm and steady hand at the tiller. Keep that in mind as you read the  press announcement and associated epidemiological analysis which he has recently announced to the world. This man is the polar opposite of Drs. Anthony Fauci, Deborah Birx, and Rochelle Walensky. No grandstanding, no self-aggrandizement. Refreshingly not narcissistic.


Today I was asked by One America News to comment on the new study which Joe and his colleagues released three days ago on October 07, 2022. Here are the key findings, according to the press release:

Tallahassee, Fla. — Today, State Surgeon General Dr. Joseph A. Ladapo has announced new guidance regarding mRNA vaccines. The Florida Department of Health (Department) conducted an  analysis through a  self-controlled case series, which is a technique originally developed to evaluate vaccine safety.

This analysis found that there is an 84% increase in the relative incidence of cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination. With a high level of global immunity to COVID-19, the benefit of vaccination is likely outweighed by this abnormally high risk of cardiac-related death among men in this age group. Non-mRNA vaccines were not found to have these increased risks.

As such, the State Surgeon General recommends against males aged 18 to 39 from receiving mRNA COVID-19 vaccines. Those with preexisting cardiac conditions, such as myocarditis and pericarditis, should take particular caution when making this decision.


“Studying the safety and efficacy of any medications, including vaccines, is an important component of public health,” said **Surgeon General Dr. Joseph Ladapo**. “Far less attention has been paid to safety and the concerns of many individuals have been dismissed – these are important findings that should be communicated to Floridians.”



When the press release and associated study results were released, there were the usual attacks. Charlie Christ, running for Governor in opposition to sitting Governor Ron DeSantis, stated "our quack Surgeon General Ladapo is back with more misinformation. When I'm governor, I'll appoint a surgeon general who isn't a partisan ideologue and who will provide sound medical advice." To which the current Governor's spokesperson Christina Pushaw replied "Billboard lawyer who failed the bar twice thinks he knows more about science than a Harvard MD/PhD who was previously a professor at UCLA Medical School". Ball is in your court, Mr. Crist.  Thank you for your coverage of this dustup, Newsweek.




And then we have Twitter, the censors of which promptly shot themselves in the foot, twice, by first deleting Dr. Ladipo's accurately summarizing the study results:

"Today, we released an analysis on COVID-19 mRNA vaccines the public needs to be aware of. This analysis showed an increased risk of cardiac-related death among men 18-39. FL will not be silent on the truth," Ladapo tweeted, citing an analysis conducted by Florida's health department that stated that the vaccine poses a "high risk" of death.

And then, for some strange reason, someone apparently rethought the atmospherics of this, and  Twitter later confirmed that the tweet has been restored.

On the other side, there was  much joy in Mudville as instead of striking out, Dr. Ladapo appeared to have  hit a grand slam.

So, in preparing for recording the One America News broadcast, I wanted to avoid the risk of just gushing about the analysis because it confirmed my own bias. I took the time to carefully review the paper, read the references, and consider the long list of limitations which the authors carefully noted and disclosed. After assembling my own opinion, I called up Dr. Ladapo, who kindly took my call and for forty five minutes we discussed the various nits and concerns which I had based on both the listed limitations as well as my own observations.

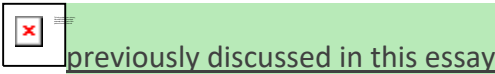
As usual, no hyperbole from Dr. Ladipo. Just his usual calm, collected demeanor. The (non-peer reviewed) manuscript " Risk of death following SARS-CoV-2 infection or COVID-19 vaccination in young people in England: a self-controlled case series study." which was cited in the Florida summary, and which contradicted the findings of the current study (claiming no adverse cardiac effects), was for a different age cohort (12-29) and blended the two (yes, only two) genders - which will quench the observed cardiotoxicity most strikingly observed in males aged 18-39. That study also selected a different (shifted later) timeframe. Of the two, the Florida study appears more rigorous and much better designed to get at the underlying truth of the question.

As our discussion proceeded, what I found most compelling is that the current Florida study is consistent with the “preponderance of evidence”. In study after study, including even from the CDC and FDA, it has been clear that the mRNA COVID-19 vaccine products which use non-viral gene therapy methods to express spike protein in the cells of the recipient, are associated with cardiac damage, including disease and death from that damage.

The aspect of the study which I find most troubling is that it essentially focused on inoculation #2 for the analysis. The data employed were from fairly early in the course of “vaccine” deployment, and did not cover what happens after inoculations 3, 4, 5 or 6. When asked about this, Dr. Ladipo agreed that this was a limitation, and indicated that he hopes to address these effects in future studies of the Florida data. I hypothesize that when data concerning these additional doses are analyzed, one is likely to observe an even more striking incidence of adverse effects and death.

The other observation which Florida and Dr. Ladipo has chosen to not highlight is this:

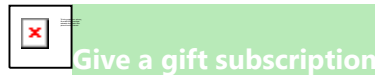
“Non-mRNA vaccines were not found to have these increased risks.”


Badda boom. Now, I have not reviewed the primary data, but it could well be that the relatively low numbers of patients in the study meeting the criteria of “not mRNA\unknown” resulted in significantly lower statistical power for analysis of these groups, and that this observation could be an artifact of the statistical analysis due to this. However, this issue certainly merits a deeper dive and more comprehensive analysis (perhaps of the court ordered, newly disclosed CDC V-Safe data?), as if this observation withstands more rigorous testing, then one would have to hypothesize that the Spike protein is not the main cause of the cardiac toxicity, and then we are left with the possibility that the mRNA delivery platform is the problem. This may seem an “inside baseball” nuance (notice I am staying with Casey at Bat?), but as we  previously discussed in this essay, the **FDA is using the COVID-19 Vaccines as a "Platform Technology" for mRNA Vaccine Trials.** Which would mean that every male patient aged 18-39 enrolled or about to be enrolled in those trials could be at risk for an 84% increase in the relative incidence of cardiac-related death.

I just hope that these subjects are being provided with a balanced and accurate disclosure of risk as they are presented with their “informed consent” paperwork.

In sum, well done, Joe. Keep on doing what you do. We need more grand slams.

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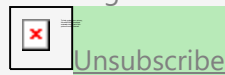


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Virginia



From: BRUCE FOSTER <grtdad53@sbcglobal.net>
Sent: Thursday, October 20, 2022 10:21 AM
To: DPBH StateBOH
Subject: Fw: The Real Anthony Fauci movie

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Are we paying attention yet?

This movie is free for the next 10 days – it's pretty awesome.



[The Real Anthony Fauci \(therealanthonyfaucimovie.com\)](http://therealanthonyfaucimovie.com)





Trailer: The Real Anthony Fauci

B. Foster
Sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: Fw: Well Being: The #1 Killer in the USA, Ages 18-45
Date: Thursday, October 6, 2022 10:35:17 AM

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To whom it may concern:

My son lost a very good friend to this evil drug. So what are we doing about it?

Reposted by,
B. Foster
Sparks

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Well Being: The #1 Killer in the USA, Ages 18-45

Lives ruined, Families and communities decimated by fentanyl

[Robert W Malone MD, MS](#)
Oct 6



LISTEN

LISTEN TO POST · 23:45



Fentanyl is number one killer in the USA for most age cohorts. Unfortunately, the CDC doesn't track deaths in a timely manner to confirm that easily... But here is their position: They will say that they don't really "know", because "overdose deaths are spread out across four different death categories: accidents, suicide, homicide and undetermined."

The implication of this CDC spokesperson statement is that we live in some reality where the 1950s never ended. Where it is either too painful, shameful or irrelevant for our society to track drug overdoses in a meaningful way. For me, I think the answer is obvious. I think we can probably all know cultural shame when we "see" it. The definition of shame is well known.

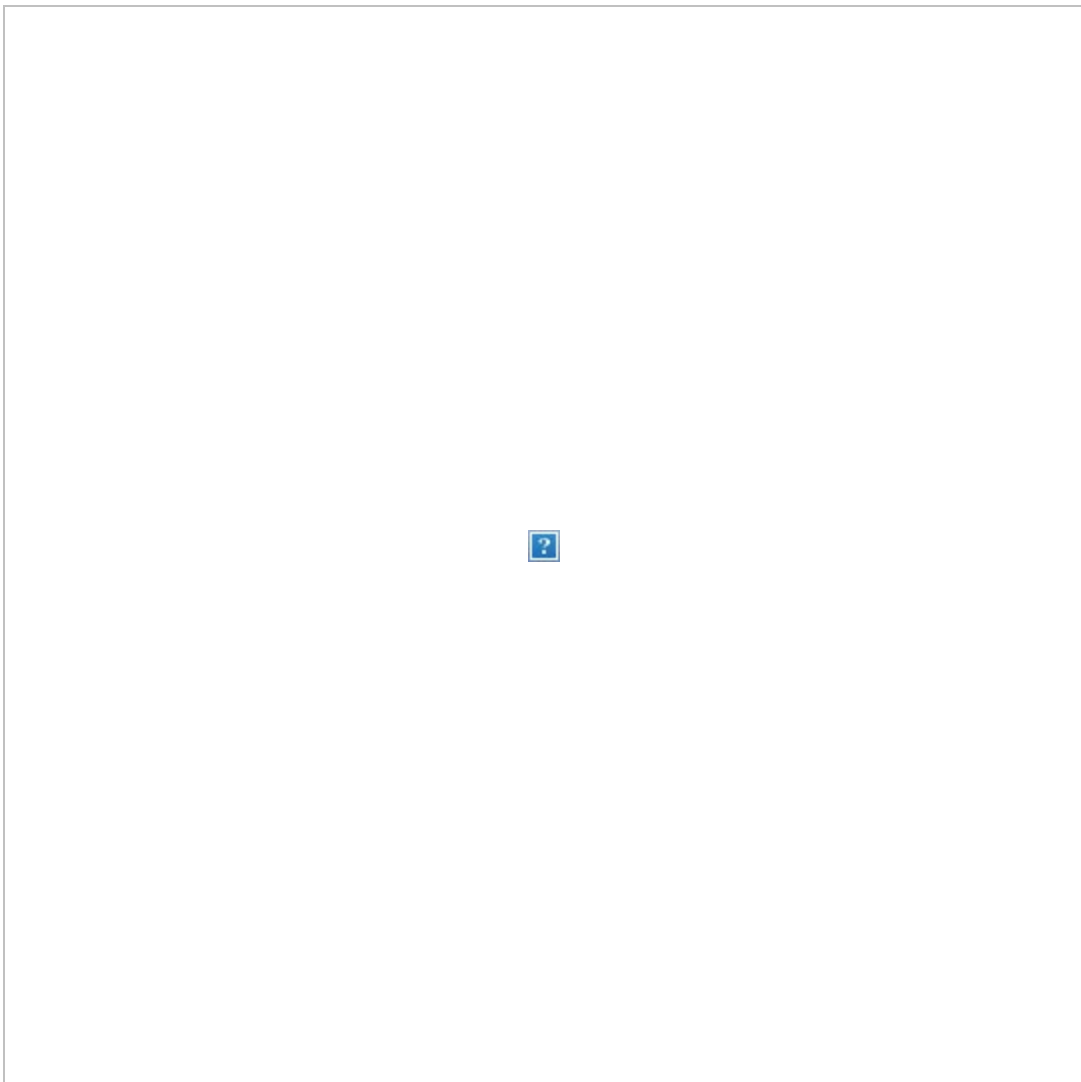
Shame: [noun] a painful emotion caused by consciousness of guilt, shortcoming, or impropriety. the susceptibility to such emotion.

OK - but here is where it gets weird. Searching and shifting through the CDC webpages - it turns out that the CDC writes that it does track overdose deaths through a system called SUDORS and another program called [DOSE](#). These are programs that extract data from state death reports. It is a complex program and fairly new, but they basically extract IC-10 death codes and other relevant data from state death reports. But many (most) states don't track overdose deaths by drug. So, there is a "which comes first, chicken or egg?" problem in fentanyl death data tracking.

Could it be that the CDC is hiding the data? Now that has never happened before *<sarcasm>*. We all know that during the COVIDcrisis, the CDC was caught numerous times hiding analyzed data as well as not not analyzing data or reporting data. My fear that that maybe this behavior is not new. That the CDC doesn't want the American public to know that real numbers.

So, I am reading pages and pages on the CDC website about how overdose deaths can be tracked (which is quite complex) and this whole systems appears to be a "work around" because tracking deaths from overdosing from fentanyl does not appear to be a primary CDC objective.

I have a goal. I am searching for numbers - fresh numbers. Numbers that support the claims that we are now are 300 deaths per day from fentanyl overdoses (a number I never could verify). Because that is the number that is "out there" in the press. But on the CDC site - the actual numbers are STILL buried. For instance, at the bottom on one report - there is a link: "[Drug Overdose Deaths](#)" and where does it take me?



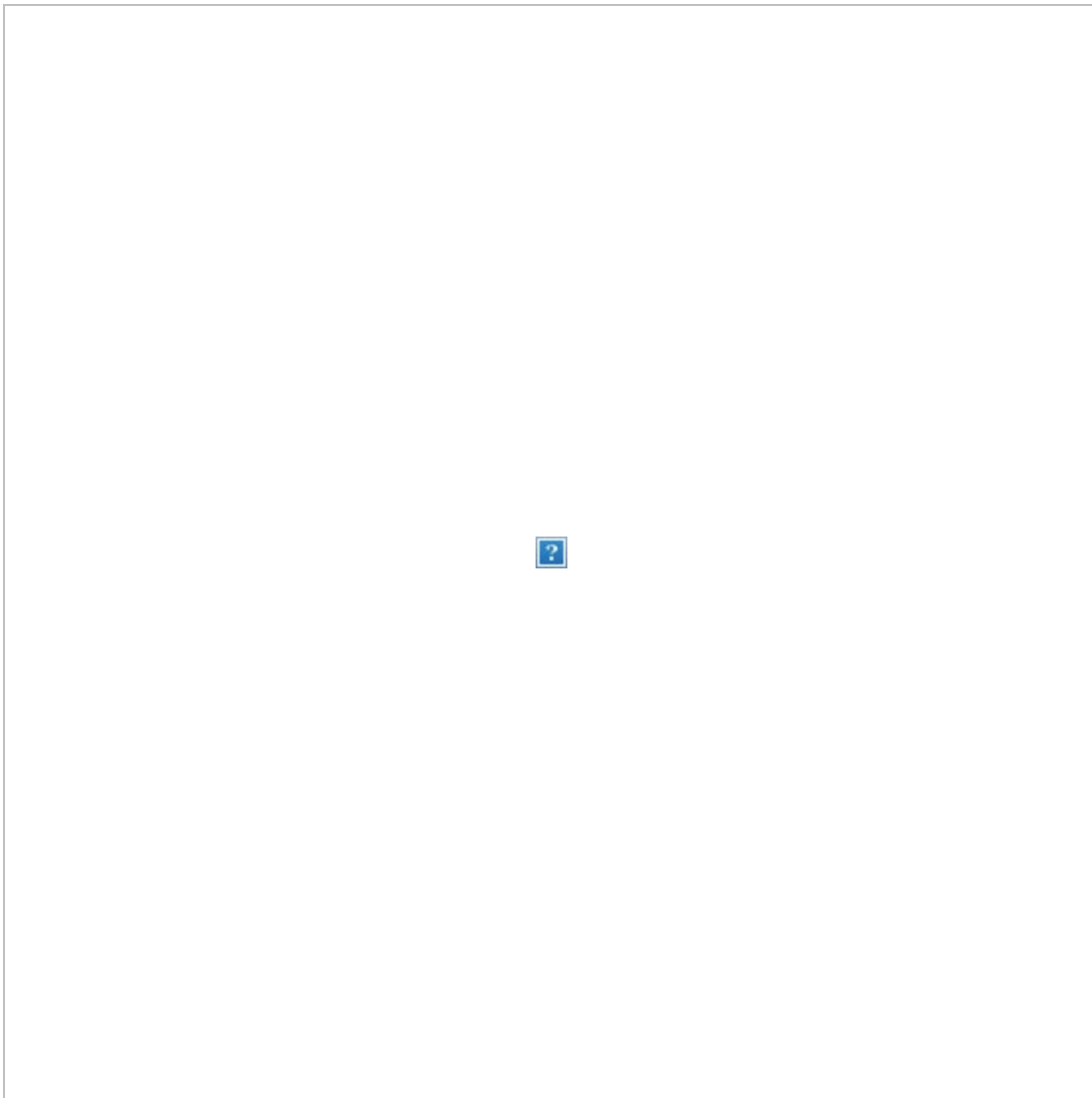
Then I find what appears to be **it. The page with my answers. A June 2022 report** - and... the data on the June 2022 report is that from 2020... another dead end.

OK- so the CDC most up to date report on drug overdoses is from deaths in 2020.

OK - enough of this.

At this point, I have to give up on the CDC for answers as to how fast this epidemic is growing. I have to trust that the non-profit groups working on this issue have numbers that are trustworthy because our government, near as I can tell, is either completely incompetent or playing "hide the data." You decide. I know which answer I am betting on.

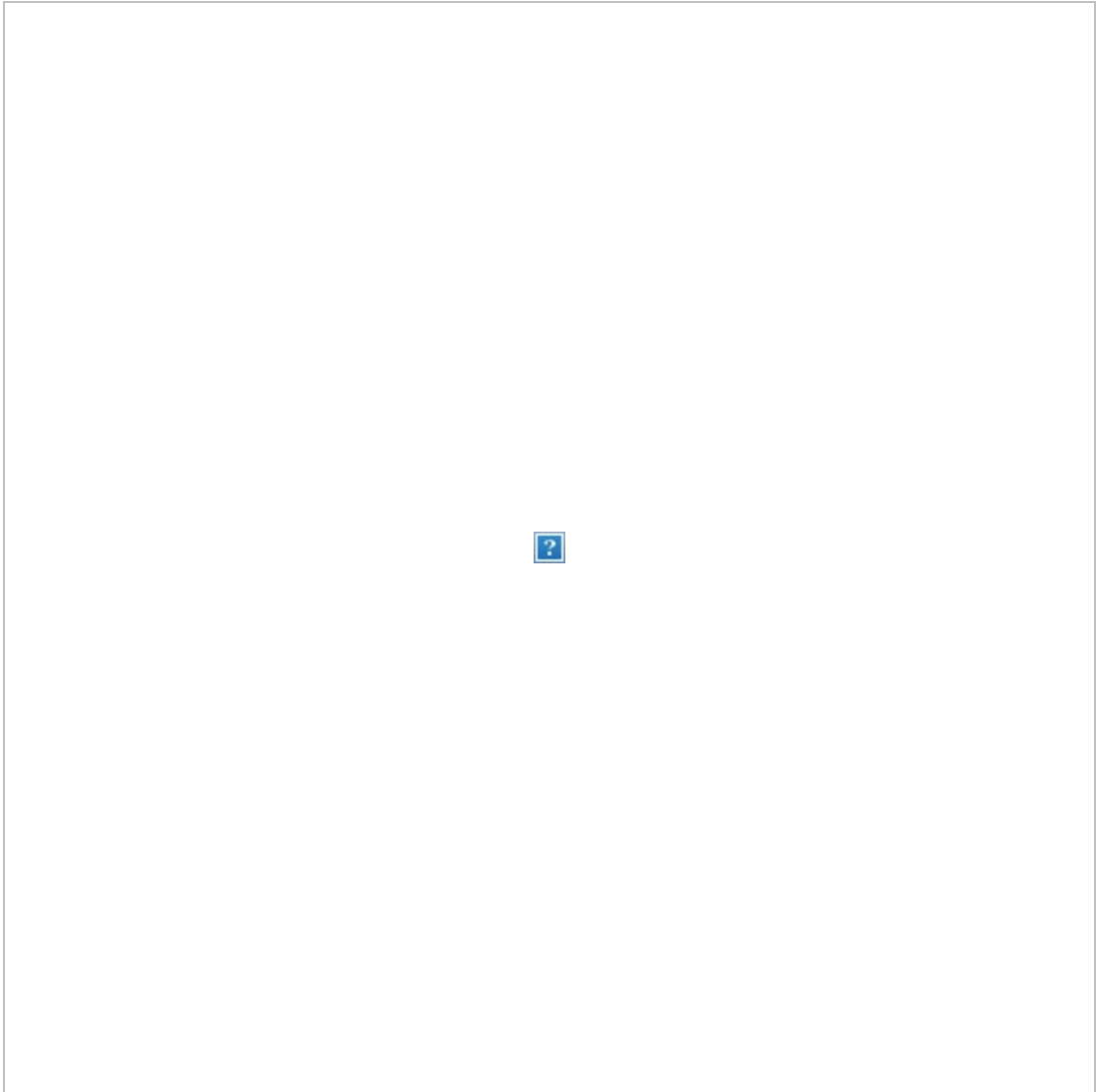
Then finally, when digging around - I find some more recent data from a CDC website (it turns out there are data on combined drug overdoses).



Basically, about 120,000 people will die from drug overdoses in 2022 (the downturn of the curve in 2022 is a reporting bias - as it is an incomplete data set). That is 334 deaths per day. Now we know where the 300 deaths per day came from!

To put this in perspective, right now -the 7 day rolling average for COVID-19 deaths in the USA is 304 deaths per day.

“Houston we have a problem.”



In the meantime, by extrapolating IC-10 death codes from the CDC databases, various groups have come up with some numbers.

Which don't always match the official numbers or each other's numbers.

Fentanyl overdoses have surged to the leading cause of death for adults between the ages of 18 and 45, according to an analysis of U.S. government data.

Between 2020 and 2021, nearly 79,000 people between 18 and 45 years

old — 37,208 in 2020 and 41,587 in 2021 — died of fentanyl overdoses, the [data analysis](#) from opioid awareness organization Families Against Fentanyl shows. [FOX NEWS](#)

Fentanyl overdoses have become No. 1 cause of death among US adults, ages 18-45.

This is something everyone agrees on.

NOT COVID-19. Not car accidents. Not suicides.

FENTANYL.

This is a national crisis.

Even CDC will (sort of) admit it.

"If one assumes that the other synthetic narcotics category for those 18 to 45 is 90% fentanyl, then one can argue that unintentional fentanyl overdose is likely the leading cause in that age group. However, because we don't have exact numbers of fentanyl deaths for that age category, we cannot say for certain that this is accurate."

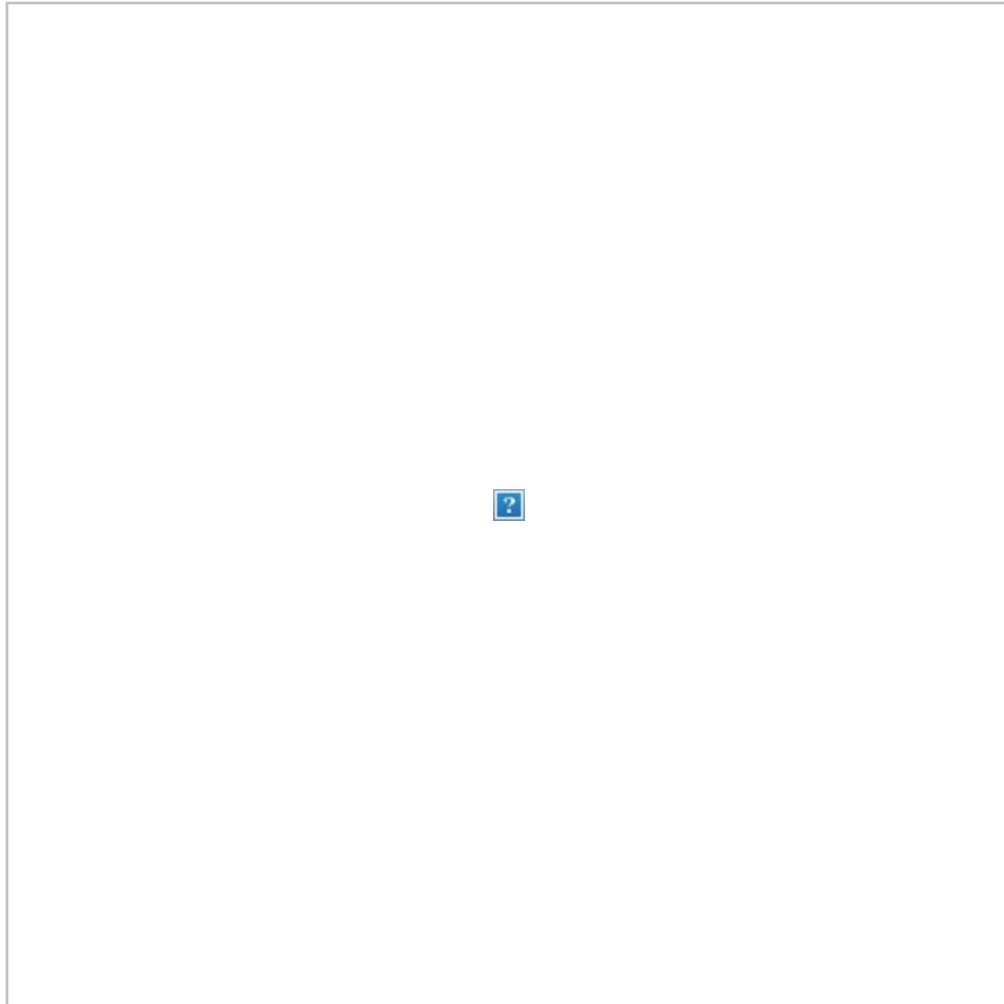
- [CDC spokesperson](#)

Despite all of the CDC tracking programs, the truth is that most state crime laboratories and coroner's offices do not track fentanyl-related deaths, and official fentanyl death statistics can be difficult to come by. This may or may not be why the CDC hedges.

But what everyone can agree on is that is why the numbers produced by the CDC can only be an underestimate of the true death rate.

One thing that shocked me in looking at this data, was that this is not teenagers "overdosing."

These deaths are adults, mostly between the ages 25-64! These are our parents and grandparents. These are our adult family members dying of drug overdoses.



What is going on?

In reading about fentanyl, it is clear that the problem is multi-factorial. Fentanyl is extremely cheap and extremely potent. It is easily cut into other drugs, so that the newly formulated product potency is much greater than the actual product.

Because the potency of fentanyl is so high, it is hard to meter out correctly. The tiniest amount can be lethal. Combine this with the fact that there are some drugs, like marijuana, where people view the product as not having significant toxicity. Basically they smoke a lot. So, on the weekend maybe -

they smoke “a bunch of weed” and don’t realize they have ingested a lethal dose of fentanyl. Yes, this actually happens.

This is important. For me, I don’t smoke. Heck, I rarely have a drink. I prefer to keep my mind clean. However, I am from California and I have a lot of friends and family that “used” to, or maybe still do smoke. What comes to my mind is that one thing people can do to protect themselves, other than quitting - is to ensure a safe source of Marijuana or other drug product. But Marijuana in particular is problematic. Maybe it is time for some people to invest in an aero garden? Better yet, quit. Marijuana is a drug that people use recreationally. It is not in my place to lecture, but knowing this risk is out there, is it worth it?

The other issue is that fentanyl is being cut into cocaine, and this is now a fairly routine practice. Near where I live, there was recently a news story of multiple overdoses, which resulted in a conviction.

BAILEY’S CROSSROADS, VA — On Wednesday, a Dumfries man was convicted by a federal jury for six overdoses, including one death in Bailey's Crossroads.

According to prosecutors, Michael Vaughn, 28, **distributed cocaine laced with fentanyl at a party in the Skyline area of Bailey's Crossroads**. He was convicted on charges of distribution of fentanyl resulting in death and serious bodily injury, and possession with the intent to distribute fentanyl.

Then there is this fact:

Powdered fentanyl looks just like many other drugs. It is commonly mixed with drugs like heroin, cocaine, and methamphetamine and made into pills that are made to resemble other prescription opioids. Fentanyl-laced drugs are extremely dangerous, and many people may be unaware that their drugs are laced with fentanyl.

Synthetic opioids such as fentanyl are now the most common drugs involved in overdose deaths in the US. The percentage of opioid-related

deaths involving fentanyl increased from 14.3% in 2010 to 59% in 2017.

Then there is the fact that fentanyl has “cut into, or even replaced entirely, the supply of heroin and other opiates (wiki).” **Fentanyl is mainly coming from Chinese factories and is then trafficked to other countries for illicit production and sale. In the United States, a lot of the fentanyl is coming in through Mexican cartels - having been imported from China.** Although it is unclear how much is coming directly from China into the USA and then added directly to other products for distribution. This is a border security issue. And the current executive branch (and UN Agenda 2030) position is pro- “open borders”. **To a significant extent, the flood of fentanyl that is killing as many or more Americans than COVID currently on a daily basis is a consequence of USG Executive Branch policies. Which may account for the reluctance of the CDC to provide timely data.**

But let’s face it. A lot of people were abruptly weaned off of oxycodone when the prescription crack down occurred in 2014 and they have found fentanyl to be a good substitute. There are many who are chose this drug because they are already addicted to prescription opioids or heroin. Most addicts hold jobs, have families, or go to school. They are people that we interact with daily. They maintain their addiction through time - and are careful to keep their addiction under wraps.

A dear friend of mine who lives in rural Georgia lost her daughter in 2016 to oxycodone. The backstory was that her daughter had been addicted, got clean through the help of an inpatient rehab. Soon after release, she went to a wedding where a cousin brought over her stash. They got high together. So, she took the same amount of oxycodone that she had been taking prior to getting clean. Because her body was no longer acclimated to the drug, it was a lethal dose. This death changed my friend and her family forever. It is cliché to say that that there is nothing worse than losing a child, but in this case it was true.

I have another friend who we have known since 2003, who has been suffering from addiction for the past decade. Like many now addicted to opioids, she “used” to be an alcoholic. After almost losing her marriage, and

months in and out of rehab to the tune of \$100,000+ dollars, she kicked alcohol. Only to find opioids the year after. This addiction has cost her marriage. Her husband of 20 years finally gave up after a decade of watching her decline and doing everything possible to save her. Finally, he had to save himself. I have watched her go from a promising young scientist, with a passion for horses and gardening to a shell of herself. And she is a shell. Her mind is blown. Her body is wasted. Jill and I have had her stay with us - have tried to help her over the years, but she just can't escape her addiction. The end stage of this addiction is not pretty, not for the faint of heart to witness. It is devastating.

The impact of losing a functioning adult with years of potential left is enormous. An adult who has a family, maybe with children - who is unable to function normally in society or dead. Children who have to watch their parents unconscious on the couch, unable to cook dinner day after day. These drugs cause real damage not only to those addicted but to those who love them, live with them and are with them. We all know this. But what to do? That is the question.

Unfortunately, at the individual level - the "help" all seems to center around expensive rehab centers.



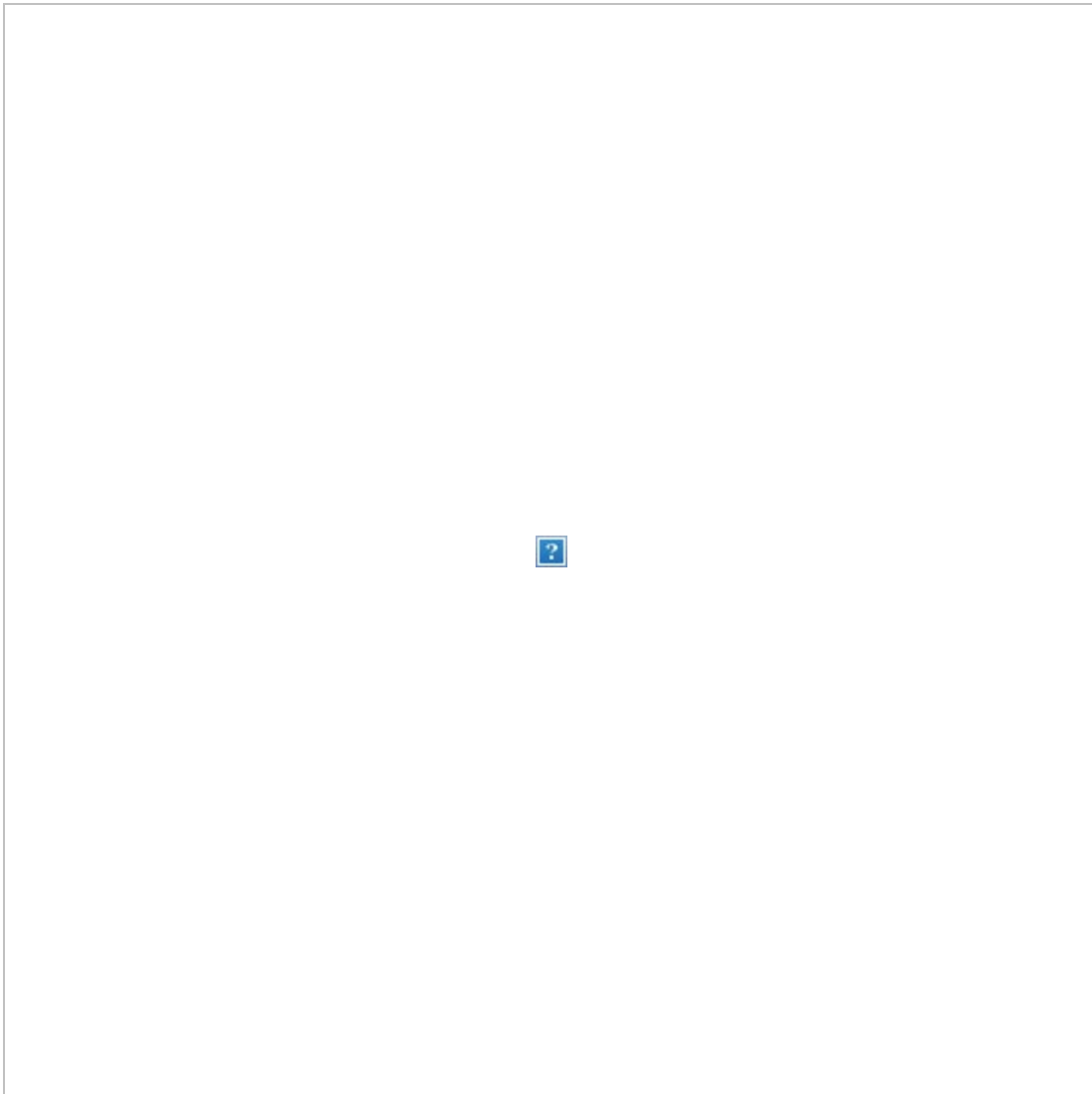
Outpatient centers are generally thought to be good transitions from in-patient to outpatient. But not so good for actual detox.

I tried it hard to find “the official” number of people who regularly use or are addicted to opioids. That number is curiously elusive. For instance, HHS cites the following numbers but fails to include fentanyl in their [survey instrument](#).

In 2019, an estimated 10.1 million people aged 12 or older misused opioids in the past year. Specifically, **9.7 million people misused prescription pain relievers** and 745,000 people used heroin.

They also write that, **1.27 million** Americans are receiving [medication-assisted treatment](#) (this data appears to be from 2019).

The average cost of treatment per episode are enormous.



Hypothetical numbers: If each episode cost \$32,000 and five million people were treated - that would be 160 billion dollars per year.

There are 14,000+ in substance abuse facilities in the USA.

In the end, on a national level - what can be done.

The non-profit group, Families Against Fentanyl argues that **Congress**

must call fentanyl a “weapon of mass destruction.” That the war on drugs must be taken to the next level. That would mean of course, World Health Organization and United Nations involvement.

To me, that seems extreme for what is a homegrown societal problem, **aided by countries like China and Mexico.**

Even if we shut down all of these drugs from entering through Mexico, how does the US government stop entry through the Chinese shipping channels? I don't see an answer to stopping the flow of fentanyl in the USA by involving the United Nations. I do believe that negotiations with China to stop drug production must be a priority for the administrative state. But that is only part of the answer.

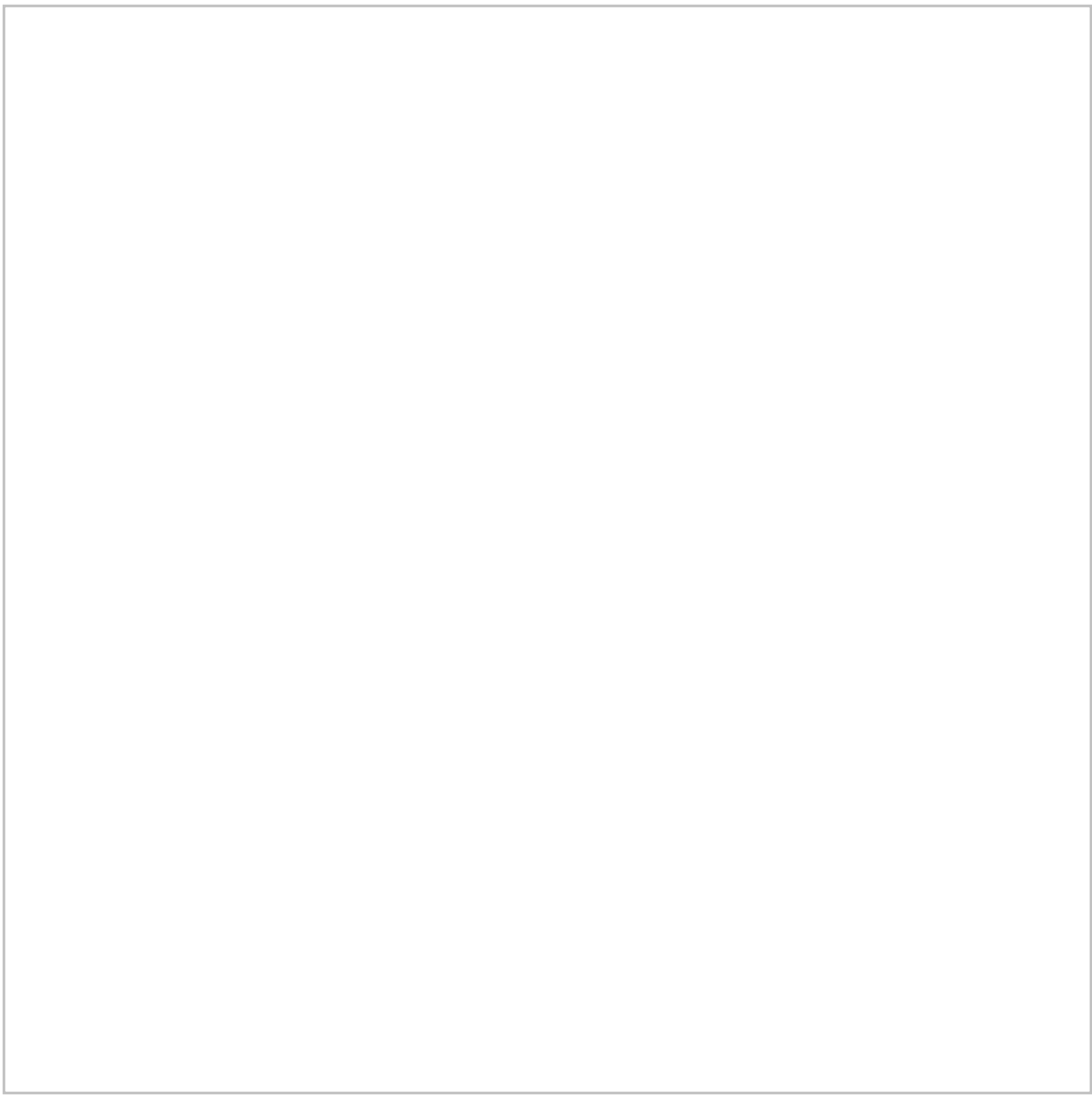
The bigger issue, the elephant in the room is **“how does America stop its drug addiction problem?”** This is “our” problem - we must own it, before we can fix it.

In researching this article, I discovered that the CDC puts little effort into understanding this crisis. Outdated webpages and outdated statistics. Government pages that have different statistics from differing years. The lack of solutions and cohesion on these pages is astounding. To say there is a lack of resources coming from the US government is the under statement of the year. This isn't a “war on drugs.” **Our government seems to have opened the flood gates on drugs coming in overseas.**

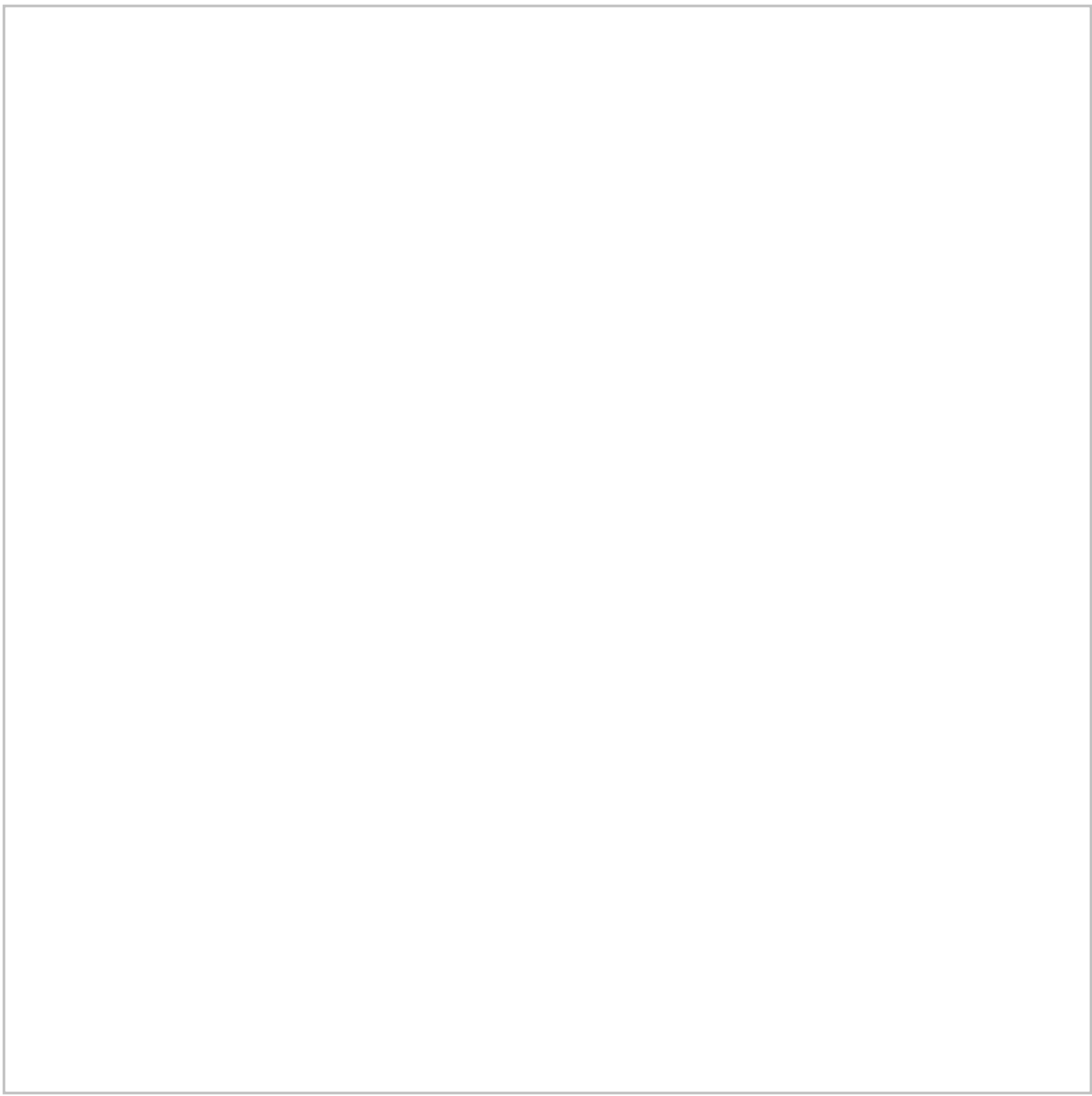
Fentanyl addiction is the elephant in the room that the CDC and the US government have virtually ignored for years.

To end, below are a few resources and some ideas about what to do and not do if you suspect an overdose.

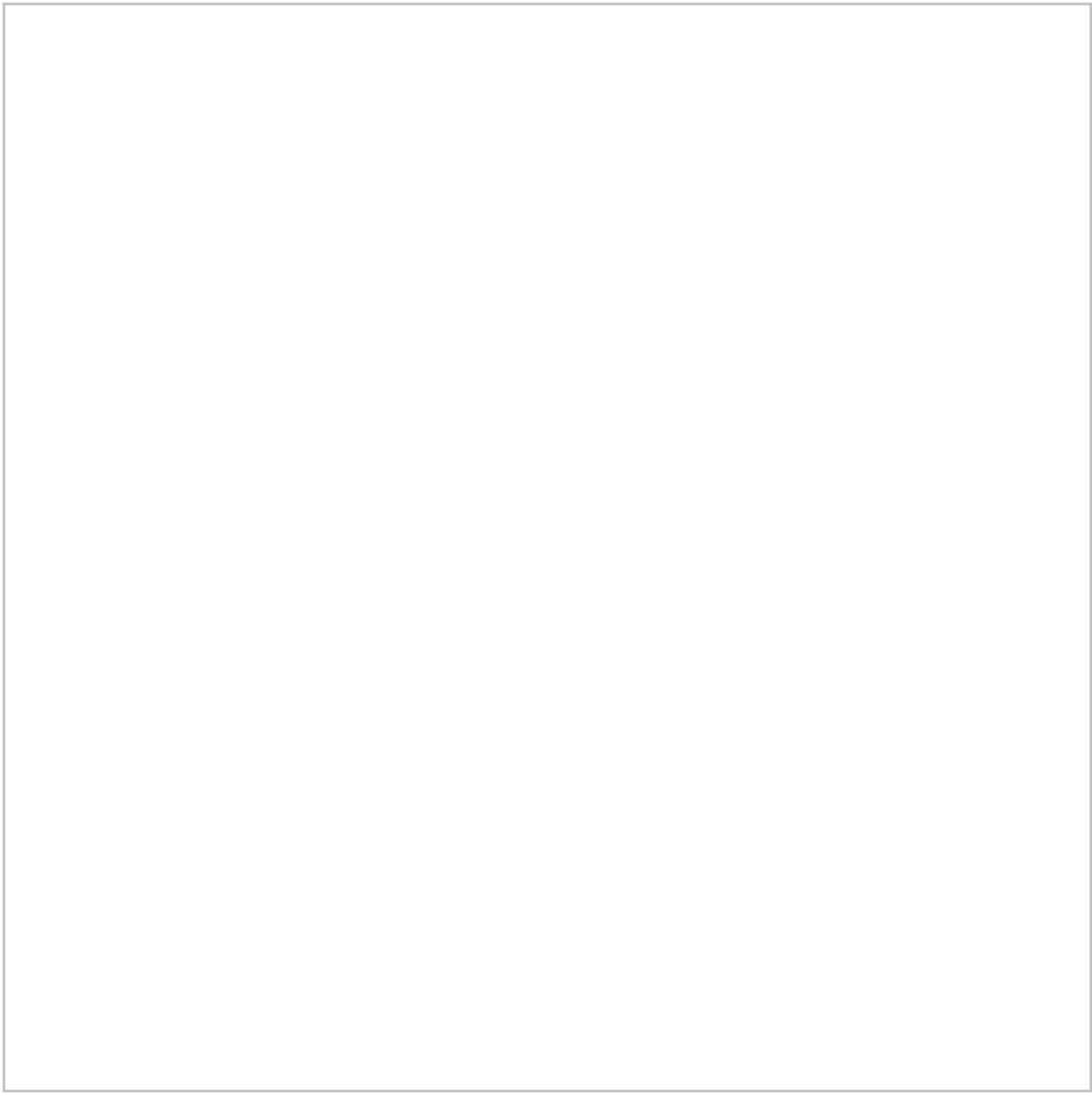




If you suspect an overdose, lay the person on their side to prevent choking.



About narcan (naloxone):



There is no happy note to conclude this essay with except to love your family and friends, discuss the issue of fentanyl addiction with everyone you know, and keep careful watch.

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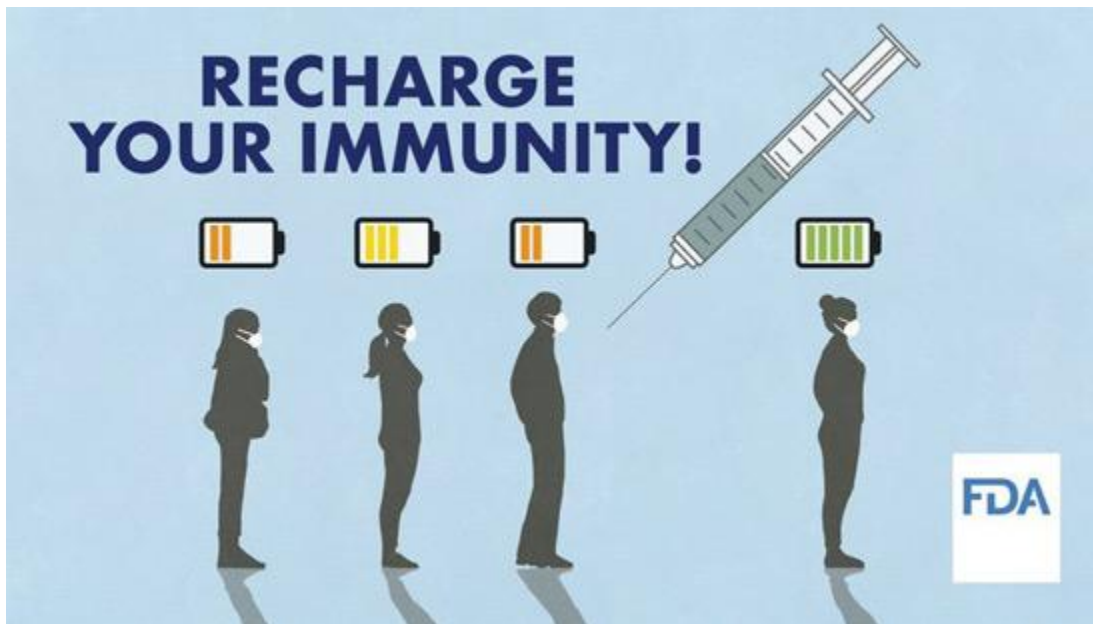
From: BRUCE FOSTER <grtdad53@sbcglobal.net>
Sent: Tuesday, September 20, 2022 9:56 AM
To: DPBH StateBOH
Subject: Latest COVID Shots Sold as Genetic Software Update- USDA/ FDA

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ladies and Gentlemen:

Take heed of the fraud that is being perpetuated against us.....

"It's time to install that update! #UpdateYourAntibodies with a new #COVID19 booster." "1 "Don't be shocked! You can now #RechargeYourImmunity with an updated #COVID19 booster."



<https://articles.mercola.com/sites/articles/archive/2022/09/20/covid-booster-antibody-update.aspx>

Reposted by,

B. Foster
Sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Cc: [Washoe311](#); [Kristopher XL Dahir](#)
Subject: Hundreds of Thousands of Americans Sought Medical Care After COVID-19 Vaccination: CDC Data
Date: Wednesday, October 5, 2022 3:21:45 PM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To Whom it May Concern:

Are we paying attention yet?

The CDC Caught Lying about the Vax "Death Signal" with Steve Kirsch and John Amanchukwu

Charlie welcomes back to the show, vaccine watchdog Steve Kirsch, to discuss his newest Substack article, "Proof that the CDC is deliberately ignoring the safety signals from the COVID vax." Steve walks through how he told the CDC the formula they use to trigger safety signals was seriously flawed in Aug 2021. They ignored him. But even using their own flawed formula, "death" should have triggered a signal. Steve is sounding the alarm on what is either severe incompetence

or a bombshell coverup at the highest levels of the medical establishment.

https://podcast.app/the-cdc-caught-lying-about-the-vax-death-signal-with-steve-kirsch-and-john-amanchukwu-e320924663/?utm_source=ios&utm_medium=share

Hundreds of Thousands of Americans Sought Medical Care After COVID-19 Vaccination: CDC Data-Epoch Times

https://www.theepochtimes.com/hundreds-of-thousands-of-americans-sought-medical-care-after-covid-19-vaccination-cdc-data_4772435.html

Reposted by,

B. Foster
Sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: ICAN DEMANDS ANSWERS FROM THE CDC ABOUT SPIKE IN RSV RATES - ICAN - Informed Consent Action Network
Date: Monday, November 7, 2022 10:16:51 PM

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Stop the Covid fascism now!

 <https://icandecide.org/press-release/ican-demands-answers-from-the-cdc-about-spike-in-rsv-rates/>

Reposted by,

B. Foster
Sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: Meet the CDC Officials Who Added the mRNA Shot to the Official Childhood Schedule
Date: Friday, October 21, 2022 11:55:17 AM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ladies and Gentlemen:

I trust that you will NOT force this experimental Clot shot on our youth as there is absolutely no science behind it! This regime in Washington is between a rock and a hard place by moving in this direction by protecting Big Pharma against any liability.

As reported.

In a shocking story we've been warning you about here on The Charlie Kirk Show, the CDC voted today (just shortly after the recording of this episode, though the outcome was a foregone conclusion) to add the COVID-19 "vaccine" onto the official childhood immunization schedule. Charlie goes through the list of the 15 CDC officials who voted unanimously to approve the experimental vaccine, and after you hear their backgrounds this outcome will all start to make perfect sense.

https://podcast.app/meet-the-cdc-officials-who-added-the-mrna-shot-to-the-official-childhood-schedule-e321977012/?utm_source=ios&utm_medium=share

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) on Thursday voted unanimously to add a COVID-19 booster to the official schedule of childhood vaccines though the jabs continue to remain highly controversial and not universally accepted.

Previously, on Wednesday, the board voted to make the vaccine "more affordable for families, should they choose to vaccinate their child," according to WFTS in Tampa, via the Vaccines for Kids program.

The 15 CDC board members are:

Lynn Bahta, RN, MPH, CPH
Beth P. Bell, MD, MPH
Oliver Brooks, MD, FAAP
Wilbur H. Chen, MD, MS, FIDSA, FACP
Sybil Cineas, MD, FAAP, FACP
Matthew F. Daley, MD
Camille N. Kotton, MD, FIDSA, FAST
James Loehr, MD, FAAFP
Grace M. Lee, MD, MPH
Sarah S. Long, MD
Veronica V. McNally, J.D.
Katherine A. Poehling, MD, MPH
Pablo J. Sanchez, M.D.
Nirav D. Shah, MD, JD
Helen Keipp Talbot, MD, MPH

The Post Millennial [noted](#):

Speaking earlier in the morning, Dr. Patricia Wodi said that the Covid-19 vaccine has been placed as a recommendation from 6 months of age and older.

During a question period, one member of the committee raised questions over the vaccine being included on the schedule when it's been recommended for use under an Emergency Use Authorizations, to which Wodi said they spoke with the Office of General Counsel, who said that it would be okay to add.

On Wednesday afternoon, the CDC fought back against claims that the move to place the Covid-19 vaccine on the schedule would mean that the vaccine is now required by children.

“Thursday, CDC’s independent advisory committee (ACIP) will vote on an updated childhood immunization schedule. States establish vaccine requirements for school children, not ACIP or CDC,” they wrote on Twitter.

But in fact, at least a dozen states have laws mandating the automatic adoption CDC guidelines to vaccine schedules for kids before they are

allowed to attend public and, in many cases, private schools.

Fox News host Tucker Carlson explained:

“More than a dozen states follow the CDC’s immunization schedule to set vaccination requirements, not suggestions, requirements for children to be educated,” Carlson note on his program. “The point is the CDC sets the standard, and then it becomes required across the country, and of course, they already know that.”

Naturally, there are going to be many states who are opposed to the addition of a COVID jab to the children’s vaccine schedule, including Florida.

“Regardless of what @CDCgov votes tomorrow on whether COVID-19 vax are added to routine child immunizations – nothing changes in FL. Thanks to @GovRonDeSantis, COVID mandates are NOT allowed in FL, NOT pushed into schools, & I continue to recommend against them for healthy kids,” Florida Surgeon General Joseph Ladapo tweeted this week.

Reposted by;
B. Foster
Sparks

From: [BRUCE FOSTER](#)
To: [DPBH StateBOH](#)
Subject: Phizer Advent Calendar
Date: Friday, November 11, 2022 9:37:25 PM
Attachments: [1668231359009blob.jpg](#)

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Reposted by;
B. Foster
Sparks

From: BRUCE FOSTER <grtdad53@sbcglobal.net>
Sent: Wednesday, November 23, 2022 4:31 PM
To: DPBH StateBOH
Subject: Every Way the COVID Jab Poisons Your Body/ Dr. Ryan Cole

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Ladies and Gentlemen:

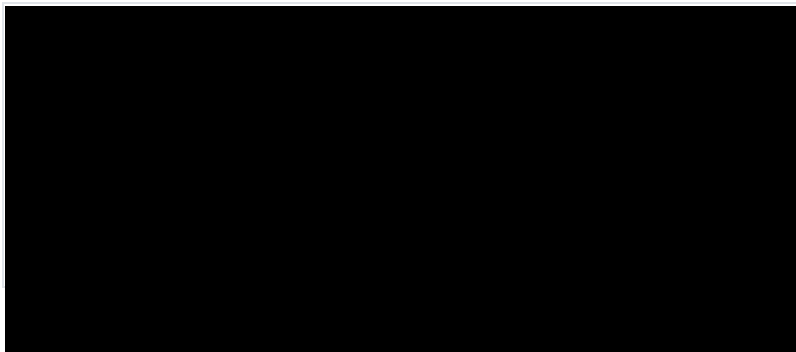
Please heed!

Every Way the COVID Jab Poisons Your Body | Guest: Dr. Ryan Cole

Dr. Ryan Cole, our wizard pathologist from Idaho, explains all of the ways the shots can still cause sudden death months later. It is a low-dose poison circulating around the body, causing latent heart inflammation, turbocharging cancers, suppressing the immune system, poisoning immune responses, preventing the body's DNA from repairing itself, and even causing harm to the most basic cells of life. Dr. Cole answers some of the most commonly asked questions about the COVID shots, such as shedding, long-term damage for those who feel no symptoms, and where we go from here. The good news is that many of the original shots were duds, so a lot of the people who didn't get boosters will likely be spared. Daniel Horowitz/ Conservative Review

[Medical Laboratory | Idaho | Cole Diagnostics](#)

[Every Way the COVID Jab Poisons Your Body | Guest: Dr. Ryan Cole | 11/23/22 - Conservative Review with Daniel Horowitz](#)



**Every Way the COVID Jab Poisons Your Body | Guest:
Dr. Ryan Cole | 11/23...**

OK, well, not quite every way, because then this show would be days long. But Dr. Ryan Cole, our wizard patholog...

Reposted by;
B. Foster
Sparks

From: BRUCE FOSTER <grtdad53@sbcglobal.net>
Sent: Thursday, November 24, 2022 9:07 PM
To: DPBH StateBOH
Subject: Fw: The vaccinated now account for a majority of COVID deaths.

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Take heed.

<https://technofog.substack.com/p/the-vaccinated-now-account-for-a>

Reposted by;

B. Foster
Sparks

From: BRUCE FOSTER <grtdad53@sbcglobal.net>
Sent: Thursday, November 24, 2022 9:06 PM
To: DPBH StateBOH
Subject: V-Safe Part 1: After 464 Days, CDC Finally Coughed up Covid-19 Vaccine Safety Data Showing 7.7% of People Reported Needing Medical Care

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Take heed.

https://aaronsiri.substack.com/p/v-safe-part-1-after-464-days-cdc?utm_campaign=post

Reposted by;

B. Foster
Sparks

From: Marcy <imgersh@cox.net>
Sent: Monday, November 28, 2022 3:50 PM
To: DPBH StateBOH
Subject: Question regarding gyms

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon,

Would you be the state agency that oversees the cleanliness of gyms?

We take classes on a turf area at UFC Fit gym located at 5651 Centennial Center Blvd., in Las Vegas and it is absolutely filthy! We have asked management multiple times to please have the turf cleaned (not just vacuumed) and it has fallen on deaf ears.

Our hands are filthy black after a one-hour class and to me this is unhealthy.

Please advise what steps I need to take to get them to listen to our concerns and have the turf thoroughly cleaned and disinfected.

Thank you,
Marcia Gershin
702-612-8312

Sent from Marcy's iPhone

From: [Jessie Jin](#)
To: [DPBH StateBOH](#)
Subject: Review of Mission Possible Montessori School
Date: Tuesday, November 29, 2022 4:14:46 PM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To The Southern Nevada Board of Health:

My two children have been attending Mission Possible Montessori School since July 2022. They absolutely love it there.

For a couple years, I struggled with finding the right school for my 6-year-old, special needs daughter. One that would be able to adapt to her learning differences without ostracizing her. MPMS has done an outstanding job. Not only is she learning, but her confidence and social-emotional skills have soared in these past few months.

My 3-year-old son is also learning so much. Listening to him sing the songs he learns at school is adorable. And he's found a love of puzzles and animals.

The kids have so much outdoor time too, which we believe is vital to a happy spirit. At pick up they never want to leave!

In our family, learning is more than letters, numbers, and grades. I sought an alternative school because I wanted more for my children than what a traditional school setting could offer. In this school, they are learning life skills. From things like cooking and cleaning, to writing get-well cards for friends.

We are so fortunate to have found Mission Possible Montessori School and the whole Microschooling community. I love that my children are receiving a well-rounded education, in a comfortable environment, with caring educators.

Best,

Jessie Jin

From: [Nicole Jawhari](#)
To: [DPBH StateBOH](#)
Subject: Letter of Support for Mission Possible Montessori
Date: Tuesday, November 29, 2022 10:48:56 PM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

To Whom it May Concern,

Below please find my letter of support as a parent and an educator for Mission Possible Montessori.

<https://drive.google.com/file/d/16DOi9ntUszW9JJRVPjvNbRI1Hb4VXKJX/view?usp=sharing>

Please reach out with any wonderings or questions.

Thank you,

Nicole Jawhari

--

Nicole Jawhari, M.Ed.
Elementary ELA/ Mathematics Project Facilitator
Southern Nevada Regional Professional Development Program (SNRPDP)
515 West Cheyenne Ave Suite C
N. Las Vegas, NV 89030
(c) 719-640-3461



October 11, 2022

To Whom It May Concern:

Our family joined the Mission Possible Montessori School at the start of this 2022-2023 school year. Our daughter, Layla began in the Stepping Stones class. This was a tough decision for us to make. Layla attended Kindergarten for the 2021-2022 school year at a local Charter school; she began the year loving learning and excited for school but by a month into the school year, even though academically she was doing "fine," she was losing her love for learning. Every day was a struggle for her and she would not want to go to sleep each night because she was worrying about the next school day. At the Charter school her teacher was kind and the school did it's best; but, teaching 26 students at the same time and pace did not meet Layla where she was in her learning. As the year came to an end knew we needed to make a change.

As an educator myself, working for the Southern Nevada Regional Professional Development Program (SNRPDP) as a Project Facilitator servicing PreK-5 teachers throughout Southern Nevada, I travel to schools throughout Southern Nevada daily and work with administrators and educators to best meet teachers and the schools needs. Even with my vast knowledge of schools in the area, I struggled to find a place that would be a good fit. I knew that Layla needed more time but the Charter or Public school gave me the opportunity to either hold Layla back; requiring Layla to relearn everything she already learned in Kindergarten or begin first grade where she would struggle, given she was not at that level yet. Neither option felt like it would help Layla learn from where she was.

We were at a loss of what to do when I found Mission Possible. From the moment we toured the school, I knew this was the right choice for us. When you enter you instantly feel like you are entering a safe, calm learning environment. The teachers care deeply and communicate with families regularly in a true partnership to help their students.

Since we began at MP this year, Layla's entire attitude towards school has shifted. She doesn't want to leave school each day she loves being there so much. Each night instead of her breaking down crying, not wanting to go to school the next day, Layla will instead write stories and read as many books as she can (without any prompting to do so) before falling asleep. Prior to Mission Possible, Layla was not reading or interested in reading. Layla has recovered and gained a deeper love of learning. Mission Possible is able to give Layla the love and attention she needs, meeting her where she is at and helping to continue to propel her forward. I can not imagine where we would be without Mission Possible this year. Mission Possible Montessori School has changed Layla's life and that of our families. We are so grateful.

Thank you,

Nicole Jawhari
Mission Possible Montessori School Parent

From: charnisa bradley <charnisab@yahoo.com>
Sent: Tuesday, November 29, 2022 9:41 PM
To: DPBH StateBOH
Subject: Statement on behalf of MPM
Attachments: Untitled document.pdf

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[Sent from Yahoo Mail on Android](#)

Dear Department of Childcare Licensing,

My name is Charnisa Bradley and I am the parent of Madison Smith who has just started her second year of microschooled at Mission Possible. I was saddened to learn that the Department of Childcare Licensing has an issue with the micro schooling program taking place at a residential location.

Mission Possible has changed not only my daughter's life but my whole family lives as well. Being in the midst of a pandemic made me realize just how flawed the public school system is and thus our homeschool journey began. Before Mission Possible I felt overwhelmed and stressed because although I was fully capable of homeschooling my child I still wanted her to experience the social aspect of learning. While visiting my local homeschooling fair I discovered Mission Possible. Sending my child there has been the best decision and investment that I could ever make. My daughter has made tremendous improvement, especially in her reading. I believe the learning environment has a lot to do with that because it is a home away from home and my daughter gets to have one on-one time with her teacher. All MPM students have their own individual work plans which demonstrates that MPM understands that not all children do well learning the same material at the same pace. My main goal for my child is to continue to thrive in an environment that pushes her to master whatever task she is faced with. Mission Possible is not only a school house but a safe haven as well. Taking this unique opportunity away from our children would only further perpetuate the misconceptions of homeschooling.

Thank you
All my best
Charnisa

From: Hammond4Nevada Assembly <hammond4nevada@gmail.com>
Sent: Wednesday, November 30, 2022 8:42 AM
To: DPBH StateBOH
Subject: Mission possible Montessori microschool
Attachments: MPM Sen Hammond BoH.docx

Follow Up Flag: Follow up
Flag Status: Flagged

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Sent from my iPad

November 30, 2022

Jon Pennell, DVM
Chair
Nevada Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Carson City, NV 89706

Dear Dr. Pennell:

I understand that Mission Possible Montessori, a valued microschool here in Clark County, is on your board's December 2 agenda for a possible regulatory variance.

I had the opportunity to visit Mission Possible Montessori, a microschooling option supporting homeschooling families, in the Las Vegas area during the previous school year.

It was a warm and welcoming environment. The children, all being safely cared for, were happy and engaged in various learning activities. I spoke with these children about their microschooling experience, and it was clear how much Mission Possible Montessori means to them.

I was delighted to learn that one of the children attending Mission Possible is a recipient of the TOTS grant that I passed during the 2021 legislative session. I couldn't be happier that this particular parent found such an appealing option for her special needs child.

I support the work being done and Mission Possible Montessori and many microschools serving learners here in Nevada. They have taken it upon themselves to create a homeschooling support program for the families they serve, and have turned this program into an environment that is treasured by the families they serve.

This is a resource that is serving a need in Southern Nevada, one that has strengthened their community, served children well, and provided hours of community service.

Sincerely,

Senator Scott Hammond
District 18

From: Holistic Healer <missfatimaxo@gmail.com>
Sent: Wednesday, November 30, 2022 11:45 AM
To: DPBH StateBOH
Subject: Mission Possible Montessori
Attachments: mpmnote.docx

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Attached is my statement for Mission Possible Montessori on 5765 W Wigwam Ave, Las Vegas, NV 89139.

Thank you!!☺

To Whom it May Concern,

My name is Fatima, and my daughter is Avery age 7. She started 1st grade this 2022 school year at Mission Possible Montessori. We were desperately searching for an alternative to public school after her year in kindergarten 2021-2022. I did not appreciate how the public school she attended handled important issues. My daughter also became bored in class as she was surpassing her peers. Many important things go unnoticed and ignored when you're a child amongst 20 plus other kids with one teacher.

When I found MPM, I knew this was the ideal school for our family. We appreciated how the student to teacher ratios were very small; therefore, more attention and focus can be provided for each child's mental, emotional, and academic well-being. I love the structure, cleanliness, and attention to detail this school has as well. It's so fulfilling to have my daughter come home happy, content, and wanting to go back the next day to MPM. Completely different from her year in public school, where she would be exhausted, unhappy, and asking "when is the weekend?"

She has excelled so much already in her short time at MPM, and it is all thanks to the time and effort from the teachers, and the healthy structure and program of MPM. This school is unlike any other private school or Montessori school we toured and tested, and we are eternally grateful!!!

Sincerely,

Fatima Berry

From: [Ilona Nowak](#)
To: [DPBH StateBOH](#)
Subject: Mission Possible Montessori Micro-School - Support Letter
Date: Thursday, December 1, 2022 12:02:53 PM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

We are a family of four, and our daughters (5yr and 7yr) attend Mission Possible Montessori ("MPM") since September 2021. Our girls' education, healthy and safe school environment are the most important priorities for us as a family. We have moved cities and states to make sure that our girls have an amazing school that focuses on their wellbeing, education and safety.

One of the reasons why we chose MPM is because it is home based and the preschool is in the same facility as the micro-school. This combination was extremely important to us, as well as a home based environment vs. commercial, location and setup. We pulled our girls from a private school so that they can attend MPM. Having both girls at the same place was most important. We had them at the same private school, in the same building, same hallway... however they were not able to spend any time together at a traditional commercial school. We sought the nontraditional education setting for many reasons some of which include: ability of the girls to interact with each other, home based setting that enables the kids to learn life skills like cooking, cleaning etc., teacher to student ratio and the way teachers focus on kids' individual needs. Kids at MPM learn to be respectful and helpful, younger kids learn from the older kids and vice versa. MPM is an amazing school, with amazing teachers and owners. My girls are excelling in every way possible socially and educationally. It is the safest and healthiest setting we have experienced school wise starting at public school, moving to private and finally finding MPM.

Forcing MPM to split up the micro-school and pre-school will cause a huge inconvenience and disruption to the parents and kids. We are not interested in a commercial setting as our kids thrive beyond expectations at MPM. As parents this should be our choice. Coming from a legal, risk and compliance background I cannot stress enough how well organized and safe MPM is and how much our family and kids love this school.

Respectfully,

Ilona Nowak JD
Robert Nowak

From: [shelby b](#)
To: [DPBH StateBOH](#)
Subject: Mission Possible Montessori - Parent Statement - Shelby Bell
Date: Thursday, December 1, 2022 12:32:54 PM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

My child started attending Mission Possible Montessori in late October of this year, which was the best decision I could have ever made for her.

I instantly noticed a difference in her compared to attending traditional schools. Previously my child attended a charter and public school in Nevada. Each experience has affected my child in some of the most unfortunate ways. For example, she has become very anxious and unmotivated to learn. The stress had led to panic attacks and overall affected her well-being. This became worse after the pandemic, as she fell behind. When she returned to school, the unrealistic expectation of continuing as if it had never happened was very hard to maintain. Both settings did not care to assist us with a solution, so we felt lost.

Thankfully, I researched micro-schooling in Nevada to seek an alternative solution for my child's development and learning. Mission Possible Montessori was our 1st choice. They are very attentive. They take the time to understand each child that attends truly. My daughter feels very welcomed at her new school, Mission Possible Montessori. They have created a safe learning environment. I have never seen my daughter so enthusiastic about learning compared to her in traditional school settings.

She is eager to explore and observe all that has been presented to her so far. She loves hands-on lessons, like cooking with her classmates. I am confident she will continue to thrive with Mission Possible Montessori support.

Although your time here has not been long, I have noticed so many improvements in our lives. We are thankful to have found Mission Possible Montessori. The staff has my child's best interest at heart and are supportive of helping her meet her educational goals.

Thank you,
Shelby Bell

Sent from my iPhone