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Nov. 26, 2021 · 9 min read

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1. Who Are The Johns Hopkins Center for Health Security And Why Did They Publish A Document Called The SPARS Pandemic 2025-2028 In 2017

If you like 🐰 🍷 then you're in the right place.

You'll also need a coffee as there is a lot to unpack so take your time.

New 🧵 1/42



2. In 1998 The Johns Hopkins Center for Health Security (CHS) was set up. It is an independent, nonprofit organization of the Johns Hopkins Bloomberg School of Public Health.

The Center works to protect people's health from epidemics and pandemics.

3. Its Director is Tom Inglesby, a member of the World Economic Forum (WEF).

In 2018 he wrote an article called "6 ways countries can prepare for the next

infectious disease pandemic". This was based on Clade X, which I'll cover later.

weforum.org/agenda/2018/07...

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Tom Inglesby

Director, Johns Hopkins University Center for Health Security

Most Popular



GLOBAL HEALTH

6 façons dont les pays peuvent se préparer à la prochaine pandémie

Lorsque la prochaine pandémie potentielle débutera, la détecterons-nous rapidement ?



GLOBAL HEALTH

6 ways countries can prepare for the next infectious disease pandemic

When Johns Hopkins researchers ran a simulation of the next disease outbreak, the results were darkly informative.

4. But who funds CHS. It primarily comes from the Open Philanthropy Project (OPP) who awarded a \$16 million grant in 2017 & then an additional \$19 Million in Oct 2019 (which was the same time Event 201 took place). OPP was founded by Dustin Moscovitz who also co-founded Facebook.

Center News

Open Philanthropy Project Awards \$16 Million to Center for Health Security

The Center for Health Security at the Johns Hopkins Bloomberg School of Public Health has been awarded a three-year, \$16 million grant from the [Open Philanthropy Project](#) to support the Center's work on strengthening health security and public health preparedness and on preventing and preparing for the most serious global biological risks.

The grant will focus on strengthening the understanding of and response to serious biological risks; assessing how new technologies could reduce or deepen those risks; improving biosafety norms and approaches internationally; and increasing the awareness of policymakers in the United States and internationally about the most important biosecurity and pandemic challenges.

"It is gratifying to see a philanthropic organization committing such substantial new resources to issues we care so deeply about – research and advocacy on biosecurity and global biological risk," says Tom Inglesby, MD, director of the Center. "This grant will have a transformative impact on our work and our ability to make a difference."

The Johns Hopkins Center for Health Security's mission is to protect people's health from the consequences of epidemics and disasters and ensure that communities are resilient to major challenges. The Center studies the policies, organizations, systems and tools needed to prevent and respond to epidemics and public health crises.

5. CHS has also received 52 grants from the Bill & Melinda Gates Foundation (BMGF) totalling \$138 million

GRANTEE Johns Hopkins University Bloomberg School of Public Health	DIVISION Global Development	DATE JULY 2016	REGION SERVED GLOBAL +2	COMMITTED AMOUNT \$65,949,194
	GRANT TOPIC Family Planning	DURATION (MONTHS) 68	GRANTEE LOCATION Baltimore, Maryland, United States	
GRANTEE Johns Hopkins University Bloomberg School of Public Health	DIVISION Global Development	DATE NOVEMBER 2015	REGION SERVED GLOBAL +2	COMMITTED AMOUNT \$8,447,741
	GRANT TOPIC Delivery of Solutions to Improve Global Health	DURATION (MONTHS) 91	GRANTEE LOCATION Baltimore, Maryland, United States	
GRANTEE Johns Hopkins University Bloomberg School of Public Health	DIVISION Global Development	DATE JUNE 2020	REGION SERVED GLOBAL +1	COMMITTED AMOUNT \$6,527,704
	GRANT TOPIC Global Health and Development Public Awareness and Analysis	DURATION (MONTHS) 36	GRANTEE LOCATION Baltimore, Maryland, United States	
GRANTEE Johns Hopkins University Bloomberg School of Public Health	DIVISION Global Development +1	DATE JUNE 2020	REGION SERVED GLOBAL	COMMITTED AMOUNT \$4,842,122
	GRANT TOPIC Delivery of Solutions to Improve Global Health +3	DURATION (MONTHS) 36	GRANTEE LOCATION Baltimore, Maryland, United States	
GRANTEE Johns Hopkins University Bloomberg School of Public Health	DIVISION Global Development +1	DATE DECEMBER 2020	REGION SERVED GLOBAL +3	COMMITTED AMOUNT \$4,601,100
	GRANT TOPIC Maternal, Neonatal and Child Health +1	DURATION (MONTHS) 35	GRANTEE LOCATION Baltimore, Maryland, United States	

6. I decided to look at the CHS Annual Report from 2019 where I found this interesting piece of information.

"With Tianjin University's Centre for Biosafety Research and Strategy, we gathered government and...

7. ...scientific experts from China and the United States to examine potential governance approaches that would encourage innovation while reducing risks in the rapidly expanding field of synthetic biology"

Interesting that CHS is working with China.

centerforhealthsecurity.org/who-we-are/ann...

8. But what work have CHS carried out? Aside from producing multiple reports they also carried out 4 pandemic tabletop exercises over the last twenty years.

Operation Dark Winter, Atlantic Storm, Clade X & Event 201

9. Operation Dark Winter 2001 was a pandemic exercise which portrayed a fictional scenario depicting a covert smallpox attack on US citizens.

centerforhealthsecurity.org/our-work/event...



Dark Winter

Overview

The *Dark Winter* exercise, held at Andrews AFB, Washington, DC, June 22-23, 2001, portrayed a *fictional* scenario depicting a covert smallpox attack on US citizens. The scenario is set in 3 successive National Security Council (NSC) meetings (Segments 1, 2 and 3) that take place over a period of 14 days. Former senior government officials played the roles of NSC members responding to the evolving epidemic; representatives from the media were among the observers of these mock NSC meetings and played journalists during the scenario's press conferences.

Related content

- [Dark Winter](#)
- [About the Exercise](#)
- [Dark Winter Script \(PDF\)](#)

10. Four years later Atlantic Storm took place in 2005. The exercise used a fictitious scenario designed to mimic a summit of transatlantic leaders forced to respond to a bioterrorist attack.

The bioweapon was also smallpox.

centerforhealthsecurity.org/our-work/event...

11. Interestingly the BBC back in 2005 ran a program on Newsnight about Atlantic Storm.

It is only 11 minutes long but worth watching. It spoke of a smallpox outbreak where the vaccine was seen as the solution.

Transport was stopped to areas...

12...where there was an outbreak and borders were closed. It had a huge effect on economies. Eventually the vaccine was mass mandated. Masks also appeared in the short video.

It sounds remarkably similar to what we are experiencing today

centerforhealthsecurity.org/our-work/event...

13. 2018 was Clade X. It was an exercise to illustrate high-level strategic decisions & policies that USA & the world would need to pursue in order to prevent a pandemic or diminish its consequences should prevention fail.

centerforhealthsecurity.org/our-work/event...

14. It also got substantial MSM coverage in The Washington Post, New Yorker, New England Journal Of Medicine etc. The 4 min video gives a good summary.

You would almost get the impression that the media were trying to warn the public of what was coming

washingtonpost.com/news/to-your-h...

15. The most famous pandemic exercise of all was Event 201. Event 201 predicted the Covid-19 outbreak and happened in Oct 2019, 3 months before the outbreak.

What was also significant about it was that CHS hosted it in conjunction with BMGF & WEF.

centerforhealthsecurity.org/event201/scena...

An invitation-only audience of nearly 130 people attended the exercises, and a livestream of the event was available to everyone. Video coverage is available [here](#).

Exercise team

Eric Toner, MD, is the exercise team lead from the Johns Hopkins Center for Health Security. Crystal Watson, DrPH, MPH and Tara Kirk Sell, PhD, MA are co-leads from the Johns Hopkins Center for Health Security. Ryan Morhard, JD, is the exercise lead from the World Economic Forum, and Jeffrey French is the exercise lead for the Bill and Melinda Gates Foundation.

Exercise team members are Tom Inglesby, MD; Anita Cicero, JD; Randy Larsen, USAF (retired); Caitlin Rivers, PhD, MPH; Diane Meyer, RN, MPH; Matthew Shearer, MPH; Matthew Watson; Richard Bruns, PhD; Jackie Fox; Andrea Lapp; Margaret Miller; Carol Miller; and Julia Cizek.

Event 201 was supported by funding from the Open Philanthropy Project.



16. Controlling the narrative through social media censorship was openly discussed at it. To control the message you need to control the media.

This has been very evident over the last 20 months with global media singing from

the same hymn sheet.

[youtube.com/watch?v=AoLw-Q...](https://www.youtube.com/watch?v=AoLw-Q...)

17. It always seems to be the same players appearing. The WEF & BG in particular. Apart from BMGF funding CHS, Gates also recently warned of a smallpox attack which coincidentally was the outbreak that appeared in Dark Winter & Atlantic Storm

Just another coincidence

Bill Gates warns of smallpox terror attacks in bid for pandemic prevention funds

The Microsoft founder also called for the formation of a new billion-dollar World Health Organisation Pandemic Task Force



Bill Gates (Jeff J Mitchell/PA)



THU, 04 NOV, 2021 - 00:58

LUKE O'REILLY, PA

Bill Gates has warned that governments must prepare for future pandemics and smallpox terror attacks by investing billions in research and development.

Mr Gates made the warning during a Policy Exchange interview with the chair of the UK Health Select Committee Jeremy Hunt.

The Microsoft founder also called for the formation of a new billion-dollar World Health Organisation Pandemic Task Force.

18. But what about The SPARS Pandemic 2025-2028 that CHS published in 2017. Brief summary.

START. The SPARS Pandemic scenario features the outbreak of the fictional SPARS coronavirus. The virus was first identified in a US city in 2025 & then spread all over US & 40 countries.

19. The US repurposes a drug to treat the virus while federal regulators & a pharmaceutical company work to quickly produce a v.

The resulting v must then be distributed across the nation while dealing with strains on the U.S. healthcare system caused by the pandemic.

20. Now that you have a brief outline nothing will act as a substitute for reading the whole document. It's only 60 pages but worth it and is a real eye opener. There is a lot in it so I'm going to screen capture the points that I deem significant whilst also adding in..

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21. ...some commentary. These excerpts are very similar to what is going on since March 2020.

If you don't read the document please at least read the images as it will give you a feel for what it's about.

[...terforhealthsecurity.s3.amazonaws.com/spars-pandemic...](https://terforhealthsecurity.s3.amazonaws.com/spars-pandemic...)

22. In the preface CHS paint a picture of the significant role that technology has to play in a pandemic.

Even at the outset CHS realise many people will be relying on technology for information rather than traditional means.

The timeframe for the scenario (the years 2025-2028) was selected first, and then major socioeconomic, demographic, technological, and environmental trends likely to have emerged by that period were identified. Specifically, two dominant trends likely to influence regulatory and public responses to future public health emergencies were selected: one, varying degrees of access to information technology; and two, varying levels of fragmentation among populations along social, political, religious, ideological, and cultural lines. A scenario matrix was then constructed, illustrating four possible worlds shaped by these trends, with consideration given to both constant and unpredictable driving forces.

Scenario Environment

In the year 2025, the world has become simultaneously more connected, yet more divided. Nearly universal access to wireless internet and new technology—including internet accessing technology (IAT): thin, flexible screens that can be temporarily attached to briefcases, backpacks, or clothing and used to stream content from the internet—has provided the means for readily sharing news and information. However, many have chosen to self-restrict the sources they turn to for information, often electing to interact only with those with whom they agree. This trend has increasingly isolated cliques from one another, making communication across and between these groups more and more difficult.

23. Chpt 1. Deals with the outbreak which is a novel coronavirus although initially it was confused with flu.

CHS also refers to a rapid diagnostic test to be used as well as hand washing, the symptoms from the virus as well as it spreading for a week before showing symptoms.

Given that flu season was just getting underway and that a rapid diagnostic test for SPARS-CoV infection was not yet available, CDC officials could not be sure if these were, in fact, true cases of SPARS.

As transmission of SPARS was determined to occur via droplet spread, the CDC initially recommended that everyone diligently maintain hand hygiene and frequently disinfect potentially contaminated surfaces. CDC officials further urged anyone with severe flu-like symptoms to seek immediate medical attention.

medical treatment. Mild cases of the disease, which produced symptoms including cough, fever, headaches, and malaise, were often perceived as the flu by the people who had them and consequently often went untreated and undiagnosed by medical personnel. As a result, early case fatality estimates were inflated. By late November, the CDC reported an initial estimated SPARS case fatality rate of

FDA approval, despite some concerns about potential adverse side effects. The lack of concrete information regarding potential treatments in the face of the increasingly rapid spread of SPARS prompted demands from the media, the public, and political leaders for the FDA to be more forthcoming with information on potential treatment options.

24. Chpt 2. CHS talks of a potential cure called Kalocivir but its efficacy or safety profile hadn't been determined. PPE mentioned also.

Transmission was due to asymptomatic individuals which increased cases.

There was also a lack of information regarding potential treatments.

that antiviral pharmaceuticals may provide benefit. Based on previous trials in other coronavirus patients, the antiviral Kalocivir is the leading candidate; however, neither the efficacy nor safety profile has been determined for SPARS cases. Further guidance regarding personal protective equipment (PPE) and clinical care protocols are delineated below.

Early in the SPARS pandemic, public health and medical professionals were hopeful that the outbreak could be contained through case identification and isolation. It quickly became clear, however, that this strategy was not as effective as initially hoped. First, challenges in identifying mild cases limited the impact of isolation programs. Because the initial symptoms of SPARS closely resembled influenza, many who contracted SPARS did not immediately seek care, assuming they merely had the flu.

Midwest. Second, SPARS transmission was accelerated by infectious individuals who had not yet become symptomatic. Together, these factors led to significant spikes in the number of reported cases.

FDA approval, despite some concerns about potential adverse side effects. The lack of concrete information regarding potential treatments in the face of the increasingly rapid spread of SPARS prompted demands from the media, the public, and political leaders for the FDA to be more forthcoming with information on potential treatment options.

25. Chpt 3. Trials on animals were examined but they frequently lead to adverse effects and often death.

Sounds familiar , doesn't it.

Shortly after authorizing expanded access to Kalocivir for select patients, the FDA received reports of an animal vaccine developed by GMI, a multinational livestock conglomerate operating cattle and pig farms in, among other places, Southeast Asia. Since 2021, ranchers had been using the vaccine to prevent a SPARS-like respiratory coronavirus disease in cows and pigs in the Philippines and other Southeast Asian countries. Data provided by GMI suggested that the vaccine was effective at preventing SPARS-like illnesses in cows, pigs, and other hooved mammals, but internal trials revealed several worrisome side effects, including swollen legs, severe joint pain, and encephalitis leading to seizures or death. Because any animals experiencing these side effects were immediately killed, and because animals were typically slaughtered within a year of vaccination, further information regarding the short- and long-term effects of the GMI vaccine was unavailable.

26. Chpt 4. The FDA issue an Emergency Use Authorisation (EUA) it was shown that Kalocivir didn't prevent or reduce transmission

With regards to media, govt agencies sent out messages about Kalocivir as did local & national organisations

EUA for Covid. Who would have thought.

Following limited evidence of success in treating SPARS patients with Kalocivir, the FDA issued an Emergency Use Authorization (EUA) for this drug as a SPARS therapeutic in the United States.

stomach cramping in a statistically significant number of adult cases. Additionally, while initial hopes had been that Kalocivir would, in addition to treating the disease, prevent or reduce transmission, this was not the case. Nevertheless, due to high public demand for access to viable SPARS treatments,

In addition to the government agencies' official channels of communication, messages about Kalocivir were also distributed by national and local media organizations. Depending on the particular government source(s) these news agencies used, their reports differed slightly. When these messages were, in turn, shared via social media, they continued to diverge. Some individuals on social media, citing the CDC spokesperson's interview, claimed that Kalocivir had not been thoroughly tested and was potentially unsafe. Others, citing parts of the CDC and NIH announcements, incorrectly claimed

27. CHS talk of people being sceptical about the treatment and the side effect profile of it.

They also use the Navajo Indians as an example of an ethnic group reluctant to take it and using their leader to ram fear home.

Look what's happening to the Aborigines in Australia

While some claimed the drug was effective and even life-saving, most reported no effect and claimed that the drug had caused additional side effects, such as headaches, nausea, and body aches. The social

In addition, not all members of the public responded to the SPARS in the same way. Small groups of individuals spread throughout the country, for example, who felt that natural cures such as garlic and vitamins would be more effective at treating SPARS than an “untested” drug, were much less likely to accept Kalocivir as a treatment option or even seek medical attention for SPARS-like symptoms. Similarly, some ethnic minorities, and particularly ethnic groups who lived close together in large, tight-knit communities, also rejected Kalocivir.

In early February 2026, the newly instated director of the Navajo Area Indian Health Service (NAIHS) took messaging provided by the CDC and modified this so it was more fear-based. His methods

28. Chpt 5. They use an example of a video going viral after a child suffered from side effects and how the authorities responded on social media to it.

We have seen examples of this happening in the last 20 months.

Reports of negative side effects associated with Kalocivir began gaining traction in February 2026. Despite the negative response, public health agencies continued to make progress until February, when a video of a three-year-old boy in North Carolina — who was hospitalized with SPARS and began projectile vomiting immediately after taking a dose of Kalocivir — went viral. In the video clip, the boy's physician administers a pediatric dose of liquid Kalocivir; a few moments later, the boy begins vomiting profusely, chokes, and then faints while his mother shrieks in the background.

In the following weeks, officials from the FDA, CDC, and other government organizations attempted to promote positive, accurate information about Kalocivir on several traditional and social media platforms in order to quell public fear. This messaging, however, was less than optimal both in terms of timing and dissemination. While the government took

29. Chpt 7. Now that trust in Kalocivir was waning the focus moved to the new v, Corovax & how they would reach the public. Yet again social media was deemed essential as was the use of celebrities.

We have seen celebrities endorse the v non stop for the last year

In order to overcome the public's disinterest, the CDC and FDA, in concert with other government agencies and their social media experts, began developing a new public health messaging campaign about SPARS, Kalocivir, and the forthcoming vaccine, Corovax. The purpose of this campaign was to create a core set of messages that could be shared by all public health and government agencies over the next several months during which time the SPARS vaccine would be introduced. Even though the disease was less fatal than initially thought, it remained expensive to treat in its severe form and even mild cases had substantial impacts on economic productivity across the country.

all relevant government agencies' internet and social media accounts. In an effort to further reach certain population subgroups, agency officials enlisted the help of well-known scientists, celebrities, and government officials to make short videos and Zap clips and, in a few cases, give interviews to major media outlets. Among those chosen were former President Jaclyn Bennett; BZee, a popular hip-

30. Chpt 9. With the release of RCT data for Corovax, govt organisations & scientists praised the FDA & CDC for their responses & guidelines yet it was a different story on Social Media.

That has been exactly what has taken place since March 2020.

Immediately following the release of the RCT data, current US President Archer, HHS Secretary Nagel, officials from other government organizations, and scientists across the country publicly praised the FDA and CDC for their responses and updated guidelines. The response on social media, however, was largely negative. Citing the vomiting video, reports about VMax from Europe, and the communication blunders made by President Bennett and BZee, citizens across the country took to Twitter, Facebook, Tumblr, Vine, and ZapQ to assert that the changing messages merely proved that scientists knew very little about how to deal with SPARS. Common social media messages shared during this time included #FakeScience and #GoNatural. The response was particularly vitriolic from the burgeoning natural medicine movement.

31. Chpt 10. With the v ready for production they ramped up capacity as the demand was so high.

Certain groups also wanted to be prioritised such as doctors and nurses.

Gosh, where have we seen that happen where a demand and supply issue has been created in the media.

In late June 2026, Corovax entered the final stage of its expedited review in the United States. After passing FDA safety reviews, production of the completed vaccine had begun and was on schedule. Ten million doses were expected to be available by mid-July, with another twenty million doses due by the end of August. With SPARS continuing to spread both within the United States and around the world, demand for a vaccine was still moderately high in spite of recent social media debacles, and every effort was made to increase domestic production capacity. Given the demonstrated morbidity and mortality of SPARS, and in anticipation of initial vaccine shortages, the CDC Advisory Committee on Immunization Practice (ACIP) identified the following priority groups for immunization: children aged 1-18, young adults 19-22 with chronic respiratory conditions, and pregnant women.

This plan was met with skepticism among certain groups. Doctors and nurses, for example, expressed concerns that they were not included as a priority group. In Milwaukee, healthcare providers even

Other groups harboring concerns about ACIP's vaccine prioritization plan included parents of children under the age of one, adults over the age of 22 with chronic medical conditions, and people across the country who opposed vaccination generally. During the initial stages of the SPARS vaccine campaign, all of these groups (with the exception of the anti-vaccinators) were sparsely organized and had limited contact with one another, reducing the need for any type of formal response from the public health community.

32. Chpt 11. They refer to peoples private healthcare records being accessed and how the govt reacted to the outrage by using traditional MSM and then social media to explain the distribution process by using short statements and videos.

Familiar again.

To determine how to best distribute limited doses of Corovax to members of priority groups across the country, the US government resorted to new, controversial tactics; notably, having healthcare providers access patients' electronic health records (EHRs) to determine the number of individuals in high-risk populations receiving care in particular areas. Due to widespread increases in EHR use since

The use of EHRs was not without controversy, however. Some US citizens were upset because they believed the federal government was accessing private patient data. This stemmed from a

CDC, FDA, and other government agencies. The US government attempted to rectify this misunderstanding by posting, tweeting, and Zapping short statements and videos explaining the vaccine distribution process. These messages successfully reached citizens who subscribed to government news feeds or relied on traditional media coverage based on government sources.

During early stages of the US vaccination campaign, social media also played a key role in vaccine distribution. In communities like Austin, Texas, Facebook Live, Snapchat, Twitter, and ZapQ helped alert members of the public when vaccine dispensing was occurring. In many cases, this led to rapid

33. Chpt 12. Just as Corovax was about to be released for distribution there was a power outage.

You will undoubtedly remember numerous stories of power outages in 2020 and 2021. I covered this in a WEF thread I did on what they have planned for us next.



🇮🇪 & 🇬🇧 COVID 📄 📄 📄

@ThreadslrIrish



1. "What Have The World Economic Forum Got Planned For Us Next ?"

The WEF are making quite the name for themselves when it comes to predicting events. New 📄 1/25



10:08 AM · May 15, 2021



[Read the full conversation on Twitter](#)



1.2K



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On July 9, 2026, a week before Corovax was released for distribution in the United States, the power grid at the Grand Coulee Dam in eastern Washington State experienced a catastrophic failure. While the event did not destroy any infrastructure or result in any deaths, it did cause widespread power outages in Washington, Oregon, Idaho, Montana, and British Columbia. Though power was restored within a day of the initial outage, blackouts continued plaguing these areas over the next three weeks.

34. Chpt 13. As Corovax was rolled out, anti-v groups appeared.

They claimed the v was "inadequately tested & had unknown, long-term side effects & that natural immunity resulting from contracting the disease was a more effective means of conferring protection"

Spot on again.

Early on in the Corovax vaccination campaign, anti-vaccination groups began emerging on social media platforms. These groups initially came from four primary sources: Muslim groups across the

With the exception of this last group, none of the anti-vaccination movements were cohesively organized initially, existing primarily in small, isolated pockets across the country. The general anti-vaccination proponents, however, existed as a core, national group long before the SPARS pandemic. Following the 2015 measles outbreak in the United States, this group united online. By 2016, they had created several primary Facebook groups and numerous Twitter accounts and began using hashtags like #NoVaccines4Me and #VaccinesKill. The anti-vaccination movement migrated to ZapQ upon its

When Corovax distribution began, the anti-vaccination movement mobilized their resources. Citing select quotes from the CDC, NIH, and other government agencies, anti-vaccine proponents began spreading the message that Corovax was inadequately tested and had unknown, long-term side effects

PTER THIRTEEN

and that natural immunity resulting from contracting the disease was a more effective means of conferring protection. Many of these messages also contained suggestions (once again drawing on

35. The US govt also had to respond to the anti-v groups claiming they suffered from confirmation bias

They also spoke of pneumonia in children 4-6 months after contracting the virus & high rates of morbidity.

In 2020/2021 it was the elderly who got the v first instead of kids.

While the US government attempted to respond to claims raised by the anti-vaccination super-group, their messages did not reach many members of the anti-vaccination groups because they had already tailored their social media and news feeds to reflect only the opinions of those with whom they agreed. On the other hand, the government messages were effective among some segments of the general US population who had not limited their news feeds, and more importantly, they served to galvanize a burgeoning pro-vaccination campaign.

advent of Corovax, the pro-vaccination movement found renewed purpose. By the time Corovax distribution began in July 2026, it was clear that not only did SPARS infect children more frequently and severely, but even mild cases of the disease often gave rise to secondary bacterial pneumonia in children. These infections often occurred between four and six months after initial infection with SPARS, resulting in greater rates of pediatric morbidity and mortality from the disease.

Concern about SPARS was quite high among many parents of young children, and when anti-vaccination campaigns began threatening vaccine uptake, some of these parents began to mobilize. Parents who were once active in the pro-vaccination campaigns of 2015 began repurposing communication channels developed at that time, including Facebook pages and Twitter accounts.

36. Chpt 16. Corovax production continued for all ages. "Efforts to vaccinate the entire US population were actively underway"

A new, targeted aggressive advertising campaign was rolled out to get the sceptics onboard. To do this the govt had to work with IT companies.

Really.

Corovax production continued throughout the fall and winter. By mid-December, vaccines were no longer limited to priority populations, and by January 2027, efforts to vaccinate the entire US population were actively underway. Global vaccination efforts up to this point were limited by vaccine supply, and while they had a moderate effect on SPARS incidence rates, the disease continued to spread steadily worldwide.

To reach members of these groups—which, with the exception of the pocketed communities, were largely spread throughout the country—the US government added a new, aggressive advertising campaign to its pro-vaccination efforts. This campaign provided targeted internet advertisements to individuals as they conducted web searches or visited anti-vaccination websites. If someone searched Google for “Corovax side effects,” for example, a sidebar advertisement appeared on the results page explaining the benefits of the vaccine. Likewise, if someone wished to view the Kalocivir vomiting

of SPARS or a clip of Paul Farmer’s explanation of Corovax’s benefits. This advertisement campaign required government officials to leverage relationships in the information technology industry, including the many companies involved with social media, but the impact was worth the effort. Vaccination rates eventually began increasing across all targeted demographics except the most recalcitrant anti-vaccine activists.

37. Chpt 17. V injuries and adverse side effects emerged & parents began to insist the liability shield protecting the pharmaceutical companies was removed.

Many compensation claims were filed and a blogger began to collate anecdotes & VAERS was also used.

Seriously.

messaging. As time passed and more people across the United States were vaccinated, claims of adverse side effects began to emerge. Several parents claimed that their children were experiencing neurological symptoms similar to those seen among livestock exposed to the GMI vaccine. By May 2027, parental anxiety around this claim had intensified to the point of lawsuits. That month, a group

affected by the Corovax vaccine in order to cover healthcare costs and other related expenses.^{2,9} Given the positive reaction to the federal government's response and the fact that the majority of US citizens willing to be vaccinated had already been immunized, the negative publicity surrounding adverse reactions had little effect on nationwide vaccination rates. The focus on adverse side effects, however, resulted in a considerable increase in the number of compensation claims filed, and many grew concerned about the long-term effects that Corovax could have on their health. This concern was

science blogger EpiGirl, for example, began posting interactive maps of the incidence of Corovax side effects in April 2027. To create the maps, EpiGirl collected anecdotes of adverse Corovax side effects using Facebook, Twitter and YouTube and combined them with data downloaded from the HHS Vaccine Adverse Event Reporting System (VAERS), a national vaccine safety surveillance program maintained by the CDC and FDA. EpiGirl also encouraged those among her subscribers who were

38. The federal govt were concerned about the blogger's claims. Over a couple of yrs people began to suffer additional SE especially those with underlying conditions.

The govt were put under huge pressure to award compensation despite their being no data to support the claims.

The federal government became concerned about the validity of EpiGirl's anecdotal data and the widespread sharing of patient information via the internet. EpiGirl's data showed a significantly higher incidence rate of nearly every reported side effect; however, federal officials believed that this was largely due to duplicate entries resulting from compiling data from multiple sources. Additionally, EpiGirl's data did not seek to address the cause of the reported side effects, only the incidence rate.

While the federal government appeared to have appropriately addressed concerns around the acute side effects of Corovax, the long-term, chronic effects of the vaccine were still largely unknown. Nearing the end of 2027, reports of new neurological symptoms began to emerge. After showing no adverse side effects for nearly a year, several vaccine recipients slowly began to experience symptoms such as blurry vision, headaches, and numbness in their extremities. Due to the small number of these

conducted. Furthermore, these cases arose from the initial cohort of vaccine recipients—those in high-risk populations, including those with other underlying health conditions—making it increasingly difficult to determine the extent to which these symptoms are associated with vaccination.

Despite relatively few reports of neurological symptoms, the social media response was immense. After experiencing initial success with PREP Act compensation policies and working diligently to ensure transparency throughout the claim request and evaluation process, HHS was caught off guard by the new round of negative publicity. They were pressured by the public and media to award compensation to those claiming long-term effects from Corovax despite having no data to support these claims. Displaying a fundamental misunderstanding of scientific research, many demanded proof that the vaccines did not cause long-term effects. HHS Secretary Nagel firmly and vocally supported the

39. Chpt 19. Conspiracy theories abounded on SM saying the virus was purposely created and it had escaped from a government lab secretly testing bioweapons.

Now where have we come across that before. Remember the document was written in 2017.

Conspiracy theories also proliferated across social media, suggesting that the virus had been purposely created and introduced to the population by drug companies or that it had escaped from a government lab secretly testing bioweapons.

40. Finally in the document they talk of "The very real possibility of a future SPARS pandemic necessitating continued commitment to vaccination programs" END

I mean there are no similarities at all between the futuristic SPARS outbreak & our present day Covid situation 😞

The very real possibility of a future SPARS pandemic necessitates continued commitment to vaccination programs as well as accurate, culturally appropriate, and timely communication from public health agencies across the planet. While the communication experiences of the SPARS pandemic of 2025-2028 offer some examples for how this communication can and should occur, they also identify practices that should be avoided, or at least modified, for responses to future public health emergencies.

41. By now it should be evident that everything has been wargamed to the most minute detail from Operation Dark Winter, Atlantic Storm, Clade X, Event 201 to the SPARS document over 20 yrs. Very little has been left to chance.

Or then again it's just a coincidence. You decide.

42. You know the drill 😁 I write these 🧵 in my spare time and would really appreciate if you could retweet the very 1st tweet. Likes are great but retweets are required to reach as large an audience as possible to expose what is really going on behind the scenes. Many thanks.

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