

Audio recording leaked from AstraZeneca: Covid was classified a national security threat by the US Government/DOD on February 4, 2020.

Recorded at an internal executive meeting at the end of 2020. This recording has not been published previously anywhere.



SASHA LATYPOVA

FEB 7, 2024



593



484



113

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On Feb 4, 2020 - AstraZeneca and other pharma companies participating in the DOD Pandemic Preparedness consortium received a phone call from the DOD saying that “**novel covid virus posed national security threat**”. This explains why PREP Act declaration in the US was made retroactive to Feb 4. The US Government organized itself for war, but lied to the public that it was a zoonotic virus and a healthcare event. Anyone who suggested otherwise was heavily censored and surveilled online, including me. They continue to pretend it was/is a natural virus evolution to this day. It appears that the DOD initiated the covid plandemic and did not tell Trump until after. **Jeffrey Tucker at Brownstone has a very good hypothesis on how that likely occurred.** Trump made a U-turn on his position on lock down between March 9 and 11. However, he is on video **getting surprised by Mike Pompeo’s “live exercise” comment** on March 20, 2020. It is likely that he was “convinced” to lock down by a concocted story, a lucrative deal or blackmail, or all of the above.

Also of interest: the audio confirms that the DOD pandemic pharma consortium was established in 2017 and the DOD, (not pharmas) was, and remains in charge of it. I knew this based on the covid contracts analysis, but it’s good to have a definitive confirmation. The AZ execs are musing that at the time they thought the DOD’s pandemic preparedness plan - from “discovering” new viruses to making new drugs for them in 60 days - sounded like science fiction. That’s because it is science fiction, even

though I am sure most people involved in it believe their own insane delusions. It appears that the DOD money was very green and quickly dulled the skepticism of AZ execs. The CEO of AstraZeneca, Pascal Soiro, is on record stating that millions of people in the world cannot be vaccinated by mRNA shots because they have autoimmune conditions and other vulnerabilities. They always knew.

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The recording contains both video and audio, but I am releasing the audio portion for now. The video does not add much additional information, and this is an extra precaution on my part to protect the whistleblowers (transcript below).

Audio:



Related: my post about Col Matt Hepburn, who is mentioned in this conversation and is one of the key figures in the US DOD Pandemic Preparedness Racket:



"Pandemic Preparedness" - a Government Protection Racket

SASHA LATYPOVA · FEBRUARY 15, 2023

[Read full story](#) →

Related [from Katherine Watt's 2022 collection](#). DOD funds and manufactures biological and chemical weapons by simply renaming them into “biomedical research”, “drug

delivery technologies”, “vaccines”, and “pandemic preparedness”:

2021/11/17 - US-HHS added “SARS-CoV/SARS-CoV-2 chimeric viruses resulting from any deliberate manipulation of SARS-CoV-2 to incorporate nucleic acids coding for SARS-CoV-2 virulence factors” to the list of “biological agents and toxins listed in this section [that] have the potential to pose a severe threat to public health and safety” to 42 CFR 73.3. [NOTE: This classification change relates to Bailiwick’s long report about how US HHS is at the center of the American branch of the World Health Organization under the 2005 International Health Regulations,²⁷⁰ such that WHO already is the bankers’ one-world-government and the US government has already been rendered moot until US withdraws as a member state from WHO. US-HHS definition change may also be an attempt to forestall accountability efforts by preemptively reclassifying bioweapons as legally identical to pandemics, to block international law claims brought under the theory that SARS-CoV-2 is a bioweapon, and not a pandemic, thus nullifying the PHEIC pretext for sovereignty-removal issued by Tedros on Jan. 30, 2020 and still in effect, and instead bringing international laws prohibiting chemical and biological weapons to bear.]

2021/12/01 - Second batch of Pfizer clinical trial data released in PHMPT v. FDA.

2021/12/13 - Third batch of Pfizer clinical trial data released in PHMPT v. FDA. FDA then tries to get the court to allow documents to be released at a rate of 500 pages per month, to be completed in 75 years. Source: Aaron Siri (PHMPT attorney) Substack.

²⁷⁰ <https://bailiwicknews.substack.com/p/legal-walls-of-the-covid-19-kill?s=w>

Transcript of the AstraZeneca meeting audio, notes added:

Pascal Soriot (CEO of AstraZeneca): ...[Mark] Esser [1] who has been the architect of the long-acting antibody against Covid-19. Mark, back to you. [not sure if there are two men called Mark in the meeting]

Speaker 2 [I believe that’s Mark Esser]: Excellent! So, thank you for the introduction, Mark, and it’s really a pleasure to share with all of you a little bit of the journey that the “long-acting antibody” team has taken in 2020, but actually our story begins back in 2017 in the basement of a Quality Inn in Tysons Corner VA at the Defense Department Industry Day [BARDA runs “industry days” on regular basis]. There, I met Col. Matt Hepburn, who is actually the architect of the Pandemic Prevention Program or P3, and the goal of P3 was going from the discovering a novel virus to producing drugs in less than 60 days – something that would normally take 6 years at best. To me that sounded more like science fiction than science, but we signed up in a small and

committed team of virologists and molecular biologists and engineers and started working in 2018 on new technologies to discover and manufacture antibodies against viruses. The team has actually been pretty successful on the early discovery engine piece and had won a biopharma R&D award about this time last year. So, in January we were all anxiously following the emerging news from China about the new disease. **It wasn't a surprise to me when I got a call on February 4th from the Defense Department here in the US saying that the newly discovered Sars-2 virus posed a national security threat.** We needed to stop everything we were doing on our model system influenza, and put everything onto Sars-2. Fortunately, our top 2 virologists, Patrick [?] were already a step ahead, having cloned and expressed the virus protein soon after the virus sequence was published on January 21st. Of course, the task was formidable: we had to learn everything we could about the new virus, the immune response to the virus, and the disease called "Covid-19". What we and others quickly learned was that the critical protein on the virus is called the "spike protein" and this is the protein on the virus that allows the virus to infect cells by binding to the ACE-2 receptor, and what we also learned was that it could exist in active and an inactive form. In the active form it expressed a special domain called a Receptor Binding Domain, or the RBD, and what we quickly figured out was that RBD was going to be the "Achilles' heel" of the virus. So, we decided that our best strategy was to come up with two antibodies against this Receptor Binding Domain, and we set out with a three-pronged approach to discover those antibodies. First, we tried to isolate these B-cells from the blood taken from Covid-19 patients. Second, we immunized humanized mice with different constructs of spike protein to elicit those magical B-cells, and third, we ran a huge screen using our traditional Cambridge antibody technology phage display library. All in all, we screened tens of thousands of antibodies, and then discovered about 1500 that bound the spike protein and whittled it down to our top 100 by the end of March. The team worked late into the night, weekends – their commitment was inspiring, and they surprised me with their "top 12" neutralizing antibodies on my birthday, April 10th. The next challenge was to down-select from these 12 neutralizing antibodies to our "top 2". The best way I can describe this is like trying to put together a jigsaw puzzle while blindfolded, but at the end the team selected two very distinct, two very potent antibodies that showed synergistic activity. When I say, "synergistic activity", it was 1% + 1% actually equaled 93% neutralization. At the same time, our protein engineers, who are in my mind are

some of the best in the world, made key enhancements to the antibodies to extend their half-lives so that a single dose could afford up to 6 to 12 months of protection, ensure high yield production in 15,000 liter bioreactors, and be stable up to 1 year in a refrigerator. So, all in all, all this was done in just 99 days - 1 day ahead of schedule. So, our last hurdle to overcome was to accelerate that normal kind of 2 to 3 year early development timeline into 2 months, and we basically did that by running everything in parallel, and making significant investments at risk. Two notable examples were manufacturing of the Cho-cell pools and starting out tech transfer to our tech transfers to our manufacturing partners before we had even selected our top clones. Our clinical and regulatory teams worked around the clock, and we dosed our first patient on August 21st [2020], and I am happy to report that we started our two Phase 3 studies: PROVENT last week, and yesterday we dosed first patient in my favorite study, "Storm Chaser" yesterday. It's really been astonishing to see how everyone in the company has pulled together and risen to the challenge, and I've had the good fortune working with everyone in Biopharma R&D, Precision Medicine, Legal, Business Development, Procurement, Project Management, Ops [Operations], IT [information technology], Commercial and the all-important Government Affairs, and I'd like to take this moment to thank everyone. So, clearly, fighting a virus like Sars-2 in a worldwide pandemic is not for the faint of heart, but clearly, we are all in this fight to the finish. Also, very grateful to Pascal [Soriot, the CEO], Mene (Sir Menelaus Pangalos, an AZ board member) and Nessel (sp) for their leadership, and I am very proud to be part of the company that not only follow the science but is putting patients first and doing what is right thing for the whole world. Just like the antibody we are "better together" and I look forward to being with many of you in a healthier and happier 2021. So, thank you and over to you, Pascal.

Pascal Soriot: Thank you, Mark, and congratulations again to you and the team. This long-acting antibodies are quite unique because this is the only combination that potentially will last more than 6 months, up to potentially 12 months and protect people for a long period of time. **And for those of you who may not be totally familiar with antibodies, you know, you have to know a number of people cannot be vaccinated, like if you have an immune disease, lupus or some other immune condition... or multiple sclerosis, you cannot be vaccinated. So, there are millions of people in the world that will need the protection that cannot be coming from a vaccine, so the long-acting antibody has the enormous potential.**

Additional Information:

About LAAB:

<https://www.astrazeneca.com/media-centre/press-releases/2020/covid-19-long-acting-antibody-laab-combination-azd7442-rapidly-advances-into-phase-iii-clinical-trials.html#!>

9 October 2020 21:30 BST

Two trials of AZD7442 will enroll over 6,000 adults for the prevention of COVID-19 with additional trials enrolling ~4,000 adults for the treatment of SARS-CoV-2 infections

US Government to invest ~\$486m for development and supply of up to 100,000 doses and can acquire another one million doses

AstraZeneca's long-acting antibody (LAAB) combination, AZD7442, will advance into two Phase III clinical trials in more than 6,000 participants at sites in and outside the US that are due to begin in the next weeks. The LAABs have been engineered with AstraZeneca's proprietary half-life extension technology to increase the durability of the therapy for six to 12 months following a single administration. The combination of two LAABs is also designed to reduce the risk of resistance developed by the SARS-CoV-2 virus.

The Company has received support of around \$486m from the US Government for the development and supply of AZD7442 under an agreement with the Biomedical Advanced Research and Development Authority (BARDA), part of the Office of the Assistant Secretary for Preparedness and Response at the US Department of Health and Human Services, and the Department of Defense Joint Program Executive Office for Chemical, Biological, Radiological and Nuclear Defense.

[1] Mark T. Esser, VP and Head of Microbial Sciences, AZD7442, Global Product Development Leader

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Art for today: **Yellow Rose, oil on panel, 8x10 in.**



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Margaret Anna Alice Margaret Anna Alice Through the... Feb 7 Liked by **Sasha Latypova**

"a number of people cannot be vaccinated, like if you have an immune disease, lupus or some other immune condition... or multiple sclerosis, you cannot be vaccinated"

They knew. And yet they coerced people like my mom—who has lupus—to get injected.

Mistakes Were NOT Made

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JC Feb 8 Liked by **Sasha Latypova**

A reply from a 19 year experienced RN to a recent Dr. David Cartland tweet:

RAISED BY WOLVES

@dogmomjenn

56m

Replying to @CartlandDavid

26 of us from the "covid unit" were fired in '21 for refusing the experimental shot. 6 charge RNs included. Some of the best nurses I've worked with.

We saw what the "pandemic" was (crickets chirping) and what happened after the shot came out (ER exploded with business).

Besides personally knowing a respiratory therapist who got fast growing esophageal cancer out of the blue and died, my friends healthy 20 year old dropped dead and was found by his dorm mate. No conclusions by autopsy. He was an athlete. I'm sure he had an arrhythmia that caused his heart to stop from spike protein damage.

I've been an RN 19 years. I've worked in acute hospital care my entire career. Much of that has been in the float pool, so I see all the adult specialties: cardiac, neuro, surgery, oncology, orthopedics, general medical.

I keep track of all my patients' c-19 Vax history and their hospital presentation. Most have had 2-8 shots at this point. The more shots they've had, the worse off they are, it seems. Many head toward comfort/hospice.

I could recite countless stories of what I've seen over the past three years, but there are hippa laws that prevent me from doing so. It's all the usual stuff: heart attacks, strokes, new
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