COVID cure or perpetual vaccination?: 30 cheap effective treatments of COVID-19 & variants, like ivermectin, or never-ending compulsory injection, with unsafe, genotoxic, infertilizing, injuring, crippling, handicapping, lethal, inefficient, ineffective, abortion-tainted, abortive, unethical, experimental gene-hacks, deceivingly called “vaccines”? Scientific proof of the PLANdemic with 1000 peer reviewed published references.

Hereby treatments were presented at the International Covid Summit.com (Italian Senate, Sep 2021).

Top 0.5% paper by 08 Oct 2021:

COVID cure or perpetual vaccination?: 30 cheap effective treatments of COVID-variants like ivermectin, or never-ending compulsory vaccination...

[QR Code]

http://bit.do/covidresearch
Why a link without DOI? Because of previous censorship:
120,000 views: https://doi.org/10.13140/RG.2.2.19397.47844/1
10,000 views: https://doi.org/10.6084/m9.figshare.13550030
http://doi.org/10.17605/OSF.IO/MSXBC

Author is opened to contributions from co-authors. The author is pro ethical vaccines and has no conflict of interests. This research didn’t receive funding. All links accessible by 08-Oct-2021.

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Abstract

What is 10x more lethal than COVID-19? Viral coviidiocy: 9 out of 10 COVID deaths were vaccinated in Argentina, where case fatality rate was 1300% higher for the vaccinated than for the un-vaccinated, plus a higher 40% contagion rate (5% if unvaccinated): the opposite of the narrative. Though not as drastic, Israel, UK, Chile, Uruguay and the USA, also showed worse outcomes for the vaccinated than the unvaxxed, because of different natural evolution of variant waves and due to different vaccine brands.

In the USA and Europe, 4 million adverse reactions and 70 thousand deaths were reported linked to COVID vaccines. Informed consent forms can’t protect COVID-19 vaccine manufacturers against legal actions, even under immunity by law, not only because they are not really “vaccines” but gene hacks to produce the S1 spike protein (or parts), nor because some or all the elements are secret, un-disclosed or hidden, but especially,
because the cure had been found, voiding Emergency Use Authorization (EUA): if you get COVID, especially if vaccinated, follow this successful evidence-based treatment: https://covid19criticalcare.com/covid-19-protocols/ (translations: https://covid19criticalcare.com/covid-19-protocols/translations/). Yet, there are many other options in this document.

This research is not “anti-vaccine”, but pro-sane-vaccines. Unlike insane vaccines, it stands for evidence based medicine, i.e. scientifically proven safe and effective treatments. 500 scientific citations prove a systemic bias against cheap effective cures and towards unethical, ineffective and/or unsafe vaccines.

Among dozens of effective treatments here reviewed, ivermectin is the best mass cure for COVID-19 variants. It had been scientifically proven beyond any reasonable doubt by May 2020, yet, instead of informing the public about the amazing results and going back to normal, there was a global scheme to block lifesaving information and promote lock downs, masks, restrictions, experimental vaccines and passports.

1 million dollars of ivermectin would end the pandemic compared to 16 thousand million dollars PER YEAR to keep a perpetual endemic disease, with vaccines always chasing new variants in a never ending lucrative arms race. It is not a matter of unsettled science: there are more RCT studies than for any other standard-of-care treatment. An insane “war on bugs” by legal drug cartels?

With COVID vaccines, Governments have turned a medical act into an administrative mandate. Yet, not a single medical association protested against this violation of the right of the physician to practice medicine, i.e. a customized treatment according to the best knowledge/possibilities?

Human rights continue to be systematically violated: to life, to informed consent, to fertility, to ethical treatments (where benefits are higher than harms), to healthcare (instead of sickening-care), to treatments for vaccine injuries, to compensation for injuries and death, to privacy (passes), to freedom (to work, move, assemble, worship), etc.

This research presents scientific evidence for a planned global genocide: COVID lab creation and release, vital information cover-up, deadly recommendations, COVID cure censorship and lethal disinformation to promote dangerous vaccines, which are the worst medical and epidemiological solution to the plandemic:

<table>
<thead>
<tr>
<th>MAY A PERSON: WITH COVID VACCINATION</th>
<th>WITH EFFECTIVE TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AVOID GETTING SICK FROM COVID?</strong></td>
<td>× No</td>
</tr>
<tr>
<td><strong>AVOID INFECTIONING OTHERS?</strong></td>
<td>× No</td>
</tr>
<tr>
<td><strong>AVOID HOSPITALIZATION?</strong></td>
<td>× No</td>
</tr>
<tr>
<td><strong>AVOID DYING FROM COVID?</strong></td>
<td>× No</td>
</tr>
<tr>
<td><strong>AVOID SIDE-EFFECTS LIKE INFERTILITY, MISCARRIAGE, DISABILITY OR DEATH?</strong></td>
<td>× No</td>
</tr>
<tr>
<td><strong>GET HEALTHCARE OR MANUFACTURER LIABILITY FOR INJURIES, DEATH OR NEGLIGENCE?</strong></td>
<td>× No</td>
</tr>
<tr>
<td><strong>HELP PROTECT OTHERS?</strong></td>
<td>× No</td>
</tr>
<tr>
<td><strong>HELP REDUCE THE SATURATION OF THE HEALTH SYSTEM?</strong></td>
<td>× No</td>
</tr>
</tbody>
</table>
From the systematic genocide of abortion, they moved on to the COVID genocide of the elderly blocking effective treatment, and then, to the mass genocide with experimental vaccines, starting with the elderly and ending with the babies, even the unborn (vaccinating the pregnant). The genocidal trend didn’t change, only the target population. Same serial killers, different weapons.

Hosea 4:6 “My people are dying for lack of knowledge…”

Super-i

Ivermectin, the “wonder drug”:
- One of the 100 most essential drugs recommended by the WHO
- Safe: it is an over the counter drug in most countries
- 4 billion doses taken by humans without reported severe side effects
- A nature derived medicine (from a bacteria)
- Huge supply, enough to immediately cover the global population of 8 billion human beings
- Expired patent
- Cheaper than aspirin
- Costs 1 dollar\(^1\) to treat COVID

Anti-“everything”\(^2\) (multipurpose):
- Malaria\(^3\)

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1 Sabeena Ahmed, Mohammad Mahbubul Karim, et. al., A five day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness, December 02, 2020, International Journal of Infectious Diseases, [https://doi.org/10.1016%2Fj.ijid.2020.11.191](https://doi.org/10.1016%2Fj.ijid.2020.11.191)


Updated 2021: [https://doi.org/10.1002/14651858.CD013117.pub2](https://doi.org/10.1002/14651858.CD013117.pub2) but based on only one badly designed study: Foy BD, Alout H, et al. Efficacy and risk of harms of repeat ivermectin mass drug administrations for control of malaria (RIMDAMAL): a cluster-randomised trial. 13 Mar 2019 Lancet. VOL 393, ISSUE 10180, P1517-1526, [https://doi.org/10.1016/S0140-6736(18)32321-3](https://doi.org/10.1016/S0140-6736(18)32321-3)

Funded by the Bill&Melinda Gates Foundation, the intervention group received a sub-dose and a too long 3-week interval and the control arm, also received ivermectin (but once), yet there was no control if they took it out of protocol when they got the infection (which usually happens with a drug showing success in an unblinded study). Despite this, the intervention group data showed longer time to first malaria episode, less malaria episodes and lower malaria incidence per person-year.
- Epilepsy
- Nonalcoholic Fatty Liver Disease
- Autism?: anecdotal evidence
- Anti-parasitic (broad-spectrum): Pinworm infection (enterobiasis), river blindness (onchocerciasis), eyeworm (Loa loa), threadworm (strongyloidiasis), whipworm (Trichuris trichiura), Lymphatic filariasis due to Wuchereria bancrofti, Brugia malayi, or Brugia timori, scabies, lice, bedbugs, rosacea (mites of the genus Demodex), blepharitis (eyelid inflammation), ascariasis, etc.
- Anti-bacterial
- Anti-cancer
- Anti-viral
  - DNA viruses
    1. Equine herpes type 1
    2. Polyomavirus BK
    3. Pseudorabies
    4. Porcine circovirus 2
    5. Bovine herpesvirus 1
  - RNA viruses
    1. Zika
    2. Dengue
    3. Yellow fever
    4. West Nile virus
    5. Hendra
    6. Newcastle
    7. Venezuelan equine encephalitis
    8. Chikungunya
    9. Semliki forest
    10. Sindbis
    11. Avian influenza A
    12. Porcine reproductive and respiratory syndrome
    13. HIV (human immunodeficiency virus type 1)
    14. Ebola virus (EBOV)?
    15. Coronavirus: SARS-Cov-2, SARS-Cov-1, MERS, etc.?  

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6 https://en.wikipedia.org/wiki/Ivermectin

7 Heiday et al., Ivermectin: a systematic review from antiviral effects to COVID-19 complementary regimen, The Journal of Antibiotics, 73, 593–602, doi:10.1038/s41429-020-0336-z (Review) (Peer Reviewed)


No other convenient drug has been tested as successfully for prophylactic and early COVID treatment.  

*Ivermectin is unbeatable* compared to any other treatment. Nobody could prove otherwise.

**Epidemiology with ivermectin**

An image is worth a thousand papers. Many counties and provinces started giving ivermectin for free, some even started producing them for less than 30 cents of a dollar, either through government generic drug factories or universities. For instance, Bangladesh started promoting ivermectin in June 2020:

Source: [https://ivmstatus.com/](https://ivmstatus.com/)

That was worth 1000 words? How about more?:

10 [http://IVMmeta.com](http://IVMmeta.com)
Mass ivermectin in different regions of Peru (2020)

Source: FLCCC based on JJ Chamie’s data

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Mass IVM under-vaxxed Slovakia v. anti-IVM full-vaxxed UK and the winner is: IVM

Note: Slovakia had much lower vaccination rates than the UK

- Uttarakhand’s covid cases which reached 9,642 in May, have dropped to less than 200. (-98%)
- Fatalities that went to 223 per day were 3 today. (-99%).
- The scary delta variant was controlled in weeks with ivermectin and natural medicine\(^\text{12}\)
- For every single person over 15 years old, 12 mg tablets twice daily for three days after breakfast and dinner: 72 mg (Goa 12 mg for five days: 60 mg).
- From 10 to 15, only 1 tablet daily.
- Excludes children below two years, pregnant women and those suffering from liver diseases.\(^\text{13}\)

\(\text{\cite{12}}\)
\(\text{\cite{13}}\)
COVID-19 Deaths in Delhi and London

Daily new confirmed COVID-19 deaths per million people Delhi (India)
Shown is the rolling 7-day average.

Daily new confirmed COVID-19 deaths per million people London (UK)
Shown is the rolling 7-day average.

India (ivermectin) v. UK (vaccination)

ARGENTINA, COLOMBIA, MEXICO COVID-19

ARGENTINA

COLOMBIA

MEXICO

Juan Charnie @jjcharnie
Source: worldometers.info/coronavirus/
Ivermectin, THE cure for COVID

Ivermectin patent-free molecule [http://www.3dchem.com/Ivermectin.asp#](http://www.3dchem.com/Ivermectin.asp#)

Eureka! The cure for COVID 19 has been found:
- as a prophylactic “vaccine” preventing sickness and contagion
- as a cure for both the viral and inflammatory stages of the disease

With ivermectin, COVID becomes just another flu, there's no need for any restrictions: back to the old normal.

Considering main stream media blackout, everybody would expect such a great discovery to be very recent. Here’s the surprise, it was first announced in April, 2020: “Ivermectin is an inhibitor of the COVID-19 causative virus (SARS-CoV-2) in vitro. A single treatment able to effect ~5000-fold reduction in virus at 48 in cell culture ... FDA-approved for parasitic infections, and therefore has a potential for repurposing ... widely available, due to its inclusion on the WHO model list of essential medicines.”

15 [https://www.who.int/publications/i/item/WHOMPMEPIAU2019.06](https://www.who.int/publications/i/item/WHOMPMEPIAU2019.06)

By May 2020, many doctors were trying ivermectin successfully in many developing countries where the drug was well known as human anti-parasitic.

Political authorities and health ministries and agencies from many governments started endorsing ivermectin as early as May 2020. The most ingenious tactic was applied in Paraguay stating that they were giving it, for free and without prescription, to the population as part of a massive anti-parasitic public health campaign. Considering it had pre-pandemic approve for such use, no health agency dared to question it.

By June 2020, very few doctors were prescribing ivermectin in the USA:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>April 21 - 22</th>
<th>April 27 - 29</th>
<th>May 3 - 5</th>
<th>May 11 - 13</th>
<th>May 17 - 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acyclovir</td>
<td>45</td>
<td>188</td>
<td>182</td>
<td>94</td>
<td>81</td>
</tr>
<tr>
<td>Anti-dote / anticoagulants</td>
<td>240</td>
<td>340</td>
<td>249</td>
<td>128</td>
<td>124</td>
</tr>
<tr>
<td>Anti-HIV drugs</td>
<td>480</td>
<td>680</td>
<td>681</td>
<td>681</td>
<td>574</td>
</tr>
<tr>
<td>Azithromycin or similar antibiotics</td>
<td>97</td>
<td>155</td>
<td>155</td>
<td>214</td>
<td>214</td>
</tr>
<tr>
<td>Blood pressure / norepinephrine / calcium channel blockers</td>
<td>87</td>
<td>145</td>
<td>145</td>
<td>256</td>
<td>256</td>
</tr>
<tr>
<td>Gamma-Globulin</td>
<td>92</td>
<td>145</td>
<td>152</td>
<td>225</td>
<td>225</td>
</tr>
<tr>
<td>Hydroxychloroquine or Chloroquine</td>
<td>126</td>
<td>202</td>
<td>202</td>
<td>225</td>
<td>225</td>
</tr>
<tr>
<td>Interferon-beta</td>
<td>74</td>
<td>152</td>
<td>152</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Ivermectin</td>
<td>42</td>
<td>87</td>
<td>87</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Oseitamivir (Tamiflu)</td>
<td>245</td>
<td>225</td>
<td>225</td>
<td>123</td>
<td>123</td>
</tr>
<tr>
<td>Remdesivir</td>
<td>230</td>
<td>175</td>
<td>175</td>
<td>175</td>
<td>175</td>
</tr>
<tr>
<td>Tecilizumab (Acterena)</td>
<td>234</td>
<td>301</td>
<td>301</td>
<td>301</td>
<td>301</td>
</tr>
<tr>
<td>Zinc</td>
<td>271</td>
<td>271</td>
<td>271</td>
<td>271</td>
<td>271</td>
</tr>
</tbody>
</table>

In June 2020, in Argentina, the IVER.CAR protocol from Dr. Hector Carvallo and Dr. Roberto Hirsh, was the first study to prove ivermectin worked as a vaccine: 788 health workers received a nasal spray of i-carrageenan and a drop of ivermectin in the tongue every 4 hours and 407, refused: 58% of these were infected, while of the ivermectin group, none.  

They also showed 11 to 0 outpatient reduction and also 7 to 1 death reduction in hospitalized patients. The IDEA protocol (Ivermectin, Dexamethasone, Enoxaparin, Aspirin), first published in early July, was the first to reduce COVID deaths to zero (out of 160 inpatients).  

On 8 May, the Peruvian Ministry of Health recommended using ivermectin, followed Bolivia’s Health Minister. on 12 May. The municipality of Natal, in Rio Grande Do Norte, Brazil, also promoted it as a preventative for health-care professionals and people at increased risk of severe illness from the virus.

The most comprehensive site about ivermectin proves that by July 2020, it was unquestionable that ivermectin was effective in reducing hospitalizations, stays and deaths. Even more, it was clear that ivermectin, worked better than the current vaccine published results.

Countries like Peru (28 May), El Salvador (1 Aug) and Guatemala (12 Aug) launched COVID Kits with ivermectin for at home early treatment, followed by the city of La Paz, Bolivia (21 Aug), with vitamins for kids and “medicines kit for adults”, including ivermectin, without mentioning COVID to avoid regulatory threats.

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18 There was only one death due to gastric ulcers, not because of the protocol but of an admission mistake for not writing that in the form, which would have required a change in the drug regimen.


20 https://c19ivermectin.com/
21 https://c19ivermectin.com/#prep
22 https://www.youtube.com/watch?v=sgGrYwRTzrY
23 https://amchambolivia.com/la-paz-revilla-el-kit-de-medicamentos-se-entrega-a-todos-tengan-sintomas-o-no/
Aspirin and Omeprazole: https://medlineplus.gov/druginfo/meds/a617014.html
Yet, some kits failed by design, like in Brazil due to an IVM dose, too low to be effective (3 x 6 mg tablets). The same for Ziverdo in India (3 x 12 mg) and Venezuela (14 Aug), with 4 x 6 mg tablets. Also, some kit instructed to take IVM without food, thus decreasing plasma and tissue concentration.

Also, by August 2020, in Australia, home of the discovery, famous Dr. Thomas Brody, promoted IVM.

On Dec 8th, results worldwide were so amazing that Pierre Kory M.D., Associate Professor of Medicine at St. Luke’s Aurora Medical Center, representing the FrontLine COVID-19 Critical Care (FLCCC) Alliance, enthusiastically testified at the US Senate Homeland Security and Governmental Affairs Committee.

On 3 Jan 2021, the Evidence-Based Medicine Consultancy Ltd (E-BMC) published a preliminary report and on 6 Jan issued the open letter intended to UK Prime Minister stating: “Ivermectin should be viewed as an essential drug to reduce the severity of illness and fatalities caused by the Covid-19 virus.”

On 13 Jan 2021 meta-analysis of 15 Randomized Control Trials (RCT) from the World Health Organization’s office for the Americas stated that “…pooled estimates suggest significant benefits with ivermectin…” while showing that ivermectin was more effective than any other drug or treatment in the same report, i.e. no other treatment showed this success:

26 https://www.ziverdokit.store/
27 https://twitter.com/PresidencialVE/status/1294388098198122500
30 https://en.wikipedia.org/wiki/Thomas_Borody
31 https://youtu.be/jxEDU3BoRm8 (4 min) https://youtu.be/jxEDU3BoRm8 (8 min)
32 https://www.hsgac.senate.gov/download/kory12-08-2020
34 Of course, Boris Johnson did (and still does) nothing. It is suspicious that his father was a prominent employee of the globalist World Bank and wrote extensively about the need of population control.
35 Of course, Boris Johnson did (and still does) nothing. It is suspicious that his father was a prominent employee of the globalist World Bank and wrote extensively about the need of population control.
38 https://en.wikipedia.org/wiki/Thomas_Borody
39 https://www.hsgac.senate.gov/download/kory12-08-2020
41 Of course, Boris Johnson did (and still does) nothing. It is suspicious that his father was a prominent employee of the globalist World Bank and wrote extensively about the need of population control.
44 https://en.wikipedia.org/wiki/Thomas_Borody
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47 Of course, Boris Johnson did (and still does) nothing. It is suspicious that his father was a prominent employee of the globalist World Bank and wrote extensively about the need of population control.
On 14 Jan 2021, due to the mounting pressure, the NIH (USA) passed from a negative to a "neutral" recommendation, which should have been positive, at least for Emergency Use Authorization.

The COVID-19 Treatment Guidelines Panel’s Statement on the Use of Ivermectin for the Treatment of COVID-19

"... reported shorter time to resolution of disease manifestations attributed to COVID-19, greater reduction in inflammatory markers, shorter time to viral clearance, or lower mortality rates in patients who received ivermectin than in patients who received comparator drugs or placebo."

Also, UNITAID, hosted by the World Health Organization and established by the governments of Brazil, Chile, France, Norway and the United Kingdom, funded another positive meta-analysis, published in 19 Jan 2021. Again, according to their own studies, no other treatment showed such an effective profile.

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37 https://en.wikipedia.org/wiki/Unitaid


18 Andrew Hill, Ahmed Abdulkarim, Sabeena Ahmed et al. Meta-analysis of randomized trials of ivermectin to treat SARS-CoV-2 infection, 19 January 2021, PREPRINT (Version 1) available at Research Square https://doi.org/10.21203/rs.3.rs-148845/v1
On 25 March 2021, the **British Ivermectin Recommendation Development** (BIRD) panel published the most comprehensive report about ivermectin: positive. 39

As early as January 2021, health agencies and medical organizations, if they really cared for people's lives, could have been repeating the above positive information on ivermectin in public recommendations: nobody could have accused them for partially quoting those (supposedly) authoritative organizations and they would be have saved thousands of lives. Yet, they did nothing.

By May 2021, ivermectin was being indicated as COVID treatment in Europe, Czechia and Slovakia, also, **hundreds of states/provinces in dozens of countries** 40 and **thousands of municipalities, involving hundreds of thousands of medical doctors and hundreds of millions of patients.** For instance: Dominican Republic (Sep 2020), Chiapas (Mx) (Nov 2020), North Macedonia (Dec 2020), Lebanon, Republic of Slovakia, Zimbabwe, Mexico City (Jan 2021).

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40 Argentina: Jujuy, Corrientes, Salta, Tucumán, Río Negro, etc. India: Uttar Pradesh, Goa, etc.

Global ivermectin adoption for COVID-19: 30% IVMstatus.com

Why not 100%? History of medicine and science will find hard to answer.

8 meta-analysis concur in IVM efficacy

Ivermectin for COVID-19: real-time meta analysis
Conclusion:

- 81% lower mortality for early treatment
- 96% lower mortality for prophylaxis
- Probability that an ineffective treatment generated results as positive is 1 in 2 trillion.

In spite of that, by mid-August 2021 the first large (15000) RCT in the world was announced involving Ivermectin, Fluvoxamine, and Fluticasone with the NIH ACTIV (Accelerating COVID-19 Therapeutic Interventions and Vaccines). 41 Considering the history of research corruption, the medical community doesn’t hold its breath for promising results.

41 https://trialsitenews.com/activ-6-ivermectin-study-finally-gets-going-kudos-to-dcri-for-taking-it-on/
IVM v. HCQ

HCQ is somewhat effective, especially in early treatment:

![Graph showing effects in all COVID-19 hydroxychloroquine studies]

Source: [https://c19hcq.com/](https://c19hcq.com/)

Ivermectin is not “the new HCQ” (supposedly discredited), as another global rehash media campaign was trying to push. Ivermectin is much more effective than HCQ at all stages:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mild</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>IVM</td>
<td>HCQ</td>
</tr>
<tr>
<td>Recovered</td>
<td>99</td>
<td>74</td>
</tr>
</tbody>
</table>

---


Is there a contraindication to use both drugs? On the contrary, in theory, there is a synergistic effect.  

What IVM and HCQ share in common, is that they are cheap and that both drugs had been attacked with similar coordinated strategies.

It is eye-opening to read or listen to the sworn testimony of Jane M. Orient M.D., Executive Director of the Association of American Physicians and Surgeons. Also, “Killing the cure: The strange war against hydroxychloroquine.” The story of hydroxychloroquine helps understand why THE cure to COVID-19, Ivermectin, has been ignored on purpose. It shows how deep the conspiracy has permeated all layers of power, from Big Pharma predatory practices to politics, health agencies, scientific and medical societies, journals, universities, etc.

Drugs like hydroxychloroquine and ivermectin were safely and effectively used off label for decades. Why did they suddenly became “dangerous” when they were proven to cure Covid?

Ivermectin safety

- No adverse events at COVID drug regimen
- One of the 100 most essential drugs recommended by the WHO
- 3.7 billion doses taken by humans without reported severe side effects
- So safe, that it is an over the counter drug in most countries
- A nature derived medicine (from a bacteria)

A review of 350 articles from scientific journals, concluded:
“It is noteworthy that no deaths have seemingly ever been reported after an accidental or suicidal overdose of ivermectin. No greater toxicity of ivermectin has been substantiated in elderly people despite repeated assertions that an ageing blood-brain barrier might lead to increased ivermectin toxicity level. The positive clinical experience accumulated with ivermectin administration led many medical experts to break away from early adamant contra-indications in pregnant women. Finally, several national pharmacovigilance networks around the world released information and opinions to ascertain ivermectin safety in human subjects. So far, there are no critical safety limitations to ivermectin prescription in current indications.”

1. Practically no contraindications at suggested dosage (cf. vaccine table below).
2. Safe at 10x low dose.
3. Practically no risk of self-medicated overdose (especially if distributed in dropper).
According to a World Health Organization document:

“Pharmacological strategies to increase the efficacy of ivermectin include:

a. The use of doses higher than the ones approved for onchocerciasis and LF (lymphatic filariasis);
b. Periodic re-dosing schemes;
c. Slow-release formulations suitable for administration in a single encounter;

... ivermectin has a remarkable safety profile. Limited data suggest that higher doses are also safe.

- 400 mcg/kg... four times a year ... is remarkably safe for humans weighing more than 15 kg
- More frequent administration has been recommended
- In fact, single doses as high as 2000 mcg/kg (10-fold the dose currently used for onchocerciasis) and cumulative doses of up to 3200 mcg/kg in 1 week have been well tolerated by healthy volunteers.

The central nervous system (CNS) is the primary target of ivermectin toxicity in all species examined. Preclinical safety studies have included 14 weeks of daily repeated administration in rats and dogs, establishing a “no observed adverse event level” (NOAEL) of 400 and 500 mcg/kg/day, respectively.

In another study using ascending doses in Rhesus monkeys, emesis was first observed at the 2000 mcg/kg dose—a level that is significantly higher than the exposure required to kill feeding mosquitoes. Phase I trials in healthy volunteers in the US have suggested that a single dose of up to 2000 mcg/kg is well tolerated.

Multiple-dose studies in human volunteers have shown that cumulative doses of up to 3200 mcg/kg in a week or quarterly doses of up to 800 mcg/kg are well tolerated. The adult dose approved by the US FDA for onchocerciasis and LF is 150–200 mcg/kg; multiple-dose regimens at this dose have been approved in Australia for scabies. Until March 2015, the cumulative number of ivermectin tablets used worldwide was 2.7 billion, accounting for more than 928 million patient-years of treatment (Hetty Wask MD, Merck, personal communication). Most of these tablets have been used in the context of MDA programmes for onchocerciasis or LF. With the standard dose of 150–200 mcg/kg, the most common, direct adverse events seen in disease programmes or field studies have been hypersensitivity and inflammatory/allergic reactions (arthralgia 9.3%, lymphadenopathy 1.2–12.6%, rash/pruritus 22.7% and fever 22.6%). Patients with existing hyperreactive onchodermatitis may be more likely to experience severe adverse reactions.

There are no published reports of life threatening immune reactions such as Stevens Johnson Syndrome, despite the fact that this possibility is noted on the label. Ivermectin MDAs at higher concentrations have been performed for NTDs. Ivermectin (400 mcg/kg) MDAs have been administered safely to thousands of people in India, Cameroon, Papua New Guinea and French Polynesia with minimal adverse events reported. Ramaiah et al. have conducted the largest human study to date of ivermectin MDA at 400 mcg/kg; in the study, five entire villages, roughly 10000 people, were treated by MDA nine times over an 11-year period. French regulatory authorities have recommended ivermectin (400 mcg/kg) MDA in selected areas. The primary safety concern is Loaloa-associated encephalopathy, which places a geographical restriction on the deployment of ivermectin.

However, the mechanism is not well understood. The clinical safety of ivermectin during pregnancy has not been appropriately studied. Preclinical studies in pregnant mice, rats and rabbits have shown teratogenicity at doses toxic to the mother (… 5000 mcg/kg and 3000 mcg/kg during pregnancy days 6–18, respectively). Ivermectin has been shown to produce delayed development and increase pup mortality in rats at maternal doses of 1600 mcg/kg. To track exposure in pregnancy, 1276 reports of inadvertent exposure in pregnant women have been filed, of which 442 were in the first trimester. Toxicology studies in neonatal Rhesus monkey shaves how no adverse reactions after 2 weeks of daily 100 mcg/kg doses. Safety in paediatric patients weighing less than 15 kg has not been evaluated, and this population is currently not included on the US FDA-approved label.

According to INCHEM.org, a WHO website for “Internationally Peer Reviewed Chemical Safety Information” 51: “Amounts approaching the therapeutic doses in animals (100 to 200 μg/kg bodyweight) are not hazardous to humans. Ingestions of large quantities (10 to 100 times the animal therapeutic dosage) may produce symptoms resembling those observed in animal toxicology studies at high toxic levels.”

Is the 15 kg base limit for children is a misunderstanding from this extreme case?: “A 16-month-old boy weighing 15 kg ingested approximately 100 to 130 mg (8.7 mg/kg = 130 mg/15 kg) of ivermectin (as an injectable solution). Ten hours post-ingestion he had mydriasis in one pupil, with frequent vomiting, pallor, 35°C temperature, tachycardia, somnolence and variable blood pressure. He developed urticaria the following day, and had recovered after three days (MSD, 1988).” The baby had swallowed near 10 times the highest dose recommended for COVID (800 mcg/kg).

Mutagenicity: not detected. Teratogenicity: “In a Liberian community-based ivermectin therapy programme, the incidence of major congenital malformations in children born both to ivermectin-treated and untreated mothers was about 2.5%, a figure comparable with rates previously reported in the population at large in Africa (WHO, 1990b). No adverse effects were reported when pregnant mares were given six oral doses of ivermectin 0.6 mg/kg paste at two-week intervals during organogenesis and early pregnancy, and six intramuscular injections of ivermectin at 0.6 mg/kg at two-month intervals during the last two trimesters. The foals born were also unaffected (Campbell & Benz, 1984). Ivermectin is teratogenic in rats, rabbit and mice at or near materno-toxic dose levels. The abnormalities are limited mainly to cleft palate. Mice are the most sensitive species to the effect of ivermectin with maternotoxicity at a dose of 0.2 mg/kg/day (MSD, 1988).”

Toxicodynamics: “Ivermectin acts on insects by potentiation of GABA-ergic neural and neuromuscular transmission but since mammals have only central GABA-ergic synapses which are to a large extent protected by the blood-brain barrier they are relatively resistant to ivermectin. Some penetration of the blood-brain barrier does occur at relatively high doses, with brain levels peaking between two and five hours after administration. Symptoms seen in a range of mammalian species are CNS depression, and consequent ataxia, as might be expected from potentiation of inhibitory GABA-ergic synapses (Hayes & Laws, 1991).”

“Should not be given to mothers who are breast-feeding until the infant is at least three months old” (less than 2% ends up in breast milk). 52

\[1 \text{ μg} = 1 \text{ microgram (mcg)} = 1/1,000,000 \text{ grams.} 1000 \text{ micrograms} = 1 \text{ milligram (mg)} = 1/1000 \text{ grams (g)}.\]

\[\text{https://inchem.org/documents/pims/pharm/ivermect.htm#SectionTitle:7.2%20Toxicity}\]

Anti-cure elite

The anti-ivermectin-elite base their irrational unscientific position in few objections, which prove incompetence, guilty ignorance, and/or corruption:

1. “Ivermectin is primarily intended for animal use.”
   - Since the 80s it is widely applied in livestock all over the world, without any objection to indirect human intake through meat or milk.
   - Since 1985 it was proven useful for humans as a broad spectrum anti-parasitic

2. “A virus is not a parasite. Ivermectin, being an anti-parasitic, shouldn’t work.”
   Ivermectin is a multi-purpose super drug:
   - It has a broad spectrum anti-viral effect against 20 DNA and RNA virus.
   - It has an anti-inflammatory function (which is useful for the excessive inflammation caused by COVID).

3. “The required higher in vivo dose to match the in vitro dose causes serious harm”
   The in-vitro model “ignores the immune component of the host and does not take into account the balance between drug concentration versus viral load.”
   The in vitro model couldn’t show that ivermectin:
   a) inhibits the clamp effect caused by blocking the binding of the virus to the red cells’ CD147 receptors (also melatonin does that and is showing promising results)
   b) inhibits the catch effect, where COVID spikes bind the red cells to vascular endothelium though the ACE2 receptors (same as azithromycin)

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https://inchem.org/documents/jecfa/jecmono/v27je03.htm
https://inchem.org/documents/jecfa/jecmono/v31je03.htm
https://inchem.org/documents/jecfa/jec/jeceval/jec_1246.htm
Peña-Silva R. et al., Pharmacokinetic considerations on the repurposing of ivermectin for treatment of COVID-19, 17 July 2020
https://doi.org/10.1111/bcp.14476
Momekov et al., Ivermectin as a potential COVID-19 treatment from the pharmacokinetic point of view: antiviral levels are not likely attainable with known dosing regimens, Journal Biotechnology & Biotechnological Equipment, 05 Jun 2020.
https://doi.org/10.1080/13102818.2020.1775118
https://www.microbe.tv/twiv/twiv-589/
CD147 as a Target for COVID-19 Treatment: Suggested Effects of Azithromycin and Stem Cell Engagement.
https://dx.doi.org/10.1007%2Fs12015-020-09976-7
The objective of the lower *in vivo* ivermectin dose is not to totally eliminate the virus as the *in vitro* saturation experiment, but to dampen viral replication rate and therefore letting the natural immune system outpace the infection, while generating "antibodies, in the manner of a vaccine produced by the body itself." Also, the *in vitro* model, doesn’t take into account synergistic effects with other cocktail drugs which potentiate ivermectin like azithromycin, melatonin or hydroxychloroquine.

There are many other *in vivo* mechanisms associated with ivermectin’ success that can’t be accounted *in vitro*.

4. "It doesn’t even match the epidemiological results of a vaccine"

Dr. Hirsh proved it surpasses vaccine efficacy, by naturally helping the immune system to generate long-term response. Moreover, vaccines are less effective against more transmissible COVID variants, showing “reduced duration of protection against infection.”

Those lies or half-truths were repeated time after time by *globalist mainstream media*, like following a dictated guideline. Philological analysis (linguistics) proves a mandated *global rehash* following the same pattern:

- The same outline (bullet points), sometimes even in the same order.
- Obfuscation strategy to hide the truth, involving the use of confusing and contradictory statements.
- Using wrong conclusions from published science.
- The same influencers, cited over and over, even from other countries where they had no relation nor authoritative position whatsoever.
- None of the articles showed the alternative point of view.

Fact-checkers are all controlled by the same elite. For instance, “Reuters “fact-checks” Facebook and Twitter posts about COVID vaccines — despite having ties to Pfizer, World Economic Forum and Trusted News Initiative. LinkedIn was purchased in 2016 for $26.2 billion by Microsoft, when the company’s co-founder Bill Gates was still at the helm. Microsoft’s COO and corporate vice president, Kirk Koenigsbauer, also serves on the board of Thomson Reuters. Gates, who is set to profit substantially from COVID vaccine sales, still owns stock in Microsoft — about $5.1 billion, according to recent estimates. In March, Gates stepped down from Microsoft’s board, but he continues to serve as technology adviser to the tech firm’s CEO, Satya Nadella.

WEF partners include: Pfizer, AstraZeneca, Johnson & Johnson, Moderna, Facebook, Google, Amazon, Bill & Melinda Gates Foundation and news organizations like TIME, Bloomberg and The New York Times.”

WEF also partners with TPG investment firm; Nielsen; McKinsey and Company and the Blackstone Group. Thomson Reuters’ current president, CEO and director, Steve Hasker, served as senior adviser to TPG Capital; CEO of CAA Global, a TPG Capital portfolio company; global president and CEO of Nielsen; and spent more than a

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61 Most probably, the editor would tell the journalist to write about a certain topic using the party mantras as skeleton while filling the flesh of that Frankensteine-article with comments from a closed shortlist of party members... Orwell’s 1984, 2021 version.
decade with McKinsey. In 2018, Thomson Reuters sold for $20 billion a 55% majority stake in its financial and risk business to private equity funds managed by Blackstone.”

Not surprisingly, Google’s search engine prioritizes Reuters’ fact checking articles.

War on science, war on humans

March 2020, globalist French Health Minister tweeted that taking anti-inflammatory drugs such as ibuprofen and cortisone could be an aggravating factor for COVID-19 infection, while studies showed the opposite!

18 Mar 2020, WHO EMA, UK NHS, Spanish Agency for Medicines and Health Products (AEMPS) Irish HPRA: “there is currently no evidence to support an aggravation of COVID-19 infection with ibuprofen or other non-steroidal anti-inflammatory drugs... does not advise to discontinue ongoing treatments with this medicine but, if treatment is initiated, prioritizes the use of paracetamol to treat symptoms of the infection.”

May 2020, Bolsonaro, President of Brazil, started promoting ivermectin, only to be mocked by media.

June 2020, Dr. Hector Carvallo sent the positive results of his clinical trials to the ministers of health of Argentina and two provinces, without any result, except that he was called by an employee from the ministry threatening him that if he did not quit his research and dissemination, he would be fired together with his colleagues at the Hospital. He resigned in order to protect his colleagues. He also sent the positive results to Howard Bauchner, Editor in Chief of JAMA, FDA, CDC, Nice.org.uk/NHS, Karolinska Institutet, healthtechconnect.org.uk, CIIMA/Universidad de Navarra, without any result.

27 Aug 2020, the USA NIH negative report should have been positive or at least neutral: among dozens that were not included on purpose, they only took into account one in vivo study using ivermectin against COVID19

A cure for COVID meaning the end of restrictions would have meant hope and Trump winning by even a larger margin, but that is another conspiracy fact, considering Zuckerberg (Facebook)’s 350 million USD linked to massive voting fraud.

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64 https://www.swissinfo.ch/spa/coronavirus-brasil_bolsonaro-promueve-ahora-tres-tipos-de-t%C3%A9nicos-para-tratar-la-covid-19-46657276

“Every legal ballot needs to be counted and every illegal ballot needs to be discarded”, leaving out the massive illegal votes, including ballot stuffing, disenfranchised voters, off-state voting, dead voting, blocking supervision, etc.: 1,302 Proven instances of voter fraud
1,125 Criminal convictions
https://www.heritage.org/voterfraud
Proof of wrongdoing? On the 3 Nov 2020 elections day update (an unbelievable coincidence or a subtle mobster message?), despite the accumulation of 30 more studies, the NIH kept repeating the same mantra: “The Panel recommends against the use of ivermectin for the treatment of COVID-19, except in a clinical trial (AII).” 67 “A” for strong and “III” for “expert opinion”.

How could the expert opinion be strong if it was based on only one study? Also, it was clear malpractice to rely on expert opinion, when there were enough studies for a robust meta-analysis (as proven by meta-analysis run by others). Of course, not a single employee in the supervision pyramid noticed the obvious trick.

10 Oct 2020 the government of Goa (India) launched a 'home isolation kit' including Ivermectin. Unbelievably, both drugs and zinc were removed in 10 Jun 2021 due to Union health ministry’s revised guidelines.

08 Dec 2020, the US senate hearing about “Early Outpatient Treatment: An Essential Part of a COVID-19 Solution” showed how there’s a systematic “omission” against repurposed cheap, safe and effective drugs like ivermectin or even hydroxychloroquine.

From March 2020 till January 2021, only one study on ivermectin had been reviewed and the conclusion hadn’t been changed. How could such a vital report, not signed by anybody, be followed as dogma by the

1 Video = 1000 words: https://www.stopworldcontrol.com/election/
“The allowable election error rate established by the Federal Election Commission guidelines is of 1 in 250,000 ballots (0.0008%). We observed an error rate of 68.05%. This demonstrated a significant and fatal error (note: 2 out of 3) in security and election integrity. The intentional errors lead to bulk adjudication of ballots with no oversight, no transparency, and no audit trail. This leads to voter or election fraud.”
100000 fake votes: https://welovetrump.com/2021/06/29/georgia-state-senator-i-think-we-can-as-k-for-our-16-electoral-votes-back/
https://krebs onsecurity.com/2020/12/u-s-treasury-commerce-depts-hacked-through-solarwinds-compromise/comment-page-1/
https://youtu.be/XO-vw9qbdw -- Michigan State Senate Committee on Oversight -- Dec. 1, 2020,
https://spectator.us/reasons-why-the-2020-presidential-election-is-deeply-puzzling
https://welovetrump.com/2021/05/24/new-hampshire-election-auditors-find-ballot-fold-issue/
https://welovetrump.com/2021/05/18/more-election-irregularities-this-time-in-a-small-pennsylvania-town/
https://welovetrump.com/2021/05/05/forensic-evidence-dominion-voting-machines-had-unauthorized-implant/
Zuckerberg funded hundreds of millions to rig elections: Wisconsin fraud and voting machines hack.
https://www.naturalnews.com/2021/03-08-there-is-no-way-biden-won-the-2020-election.html
https://www.naturalnews.com/2021/03-08-judge-marcopa-arizona-election-ballots-senate-audit.html
Former FBI special agent discovers trove of illegal absentee votes in Georgia
entire establishment? Of course, that anonymous expert and the supervising line responsible for genocide by wilful negligence will never pay for their crimes: their names are sealed by the deep state mafia.

The genocidal omission by the deep state costed all COVID deaths, at least since June 2020, not considering the damage of the lockdowns and restrictions, which wouldn’t be necessary if there had been massive access to ivermectin and other effective cheap drugs.

We are talking about a conspiracy to hide THE cure to COVID, which costed the lives of millions and ruined the lives of billions. US elections fraud wouldn’t be as massive without the pandemic which enabled massive voting by mail and blocking of access to close-filming ballot processing. Dark interests allowed the pandemic to extend up to elections, by blocking ivermectin and other cures.

14 Jan 2021 NIH update, the neutral statement was another scam:

1. They left out on purpose more than 40 studies, all of which were positive. 68

2. They left out all meta-studies, all of which are positive (more than 4, including 2 previously presented to NIH by:

2.1 WHO expert consultant, Dr. Andrew Hill. 69

2.2 The FLCCC Alliance. 70

3. They didn’t start their own meta-analysis. This a very serious omission, considering there were 2x patients involved in double-blind studies with ivermectin (5316 by Jun 2021), than with the 2104 patients who took dexamethasone in the UK study71 which established it as standard of care72.

4. NIH presents a bad excuse for not recommending ivermectin: lack of large scale blinded-placebo studies.

• It is unethical to give a placebo to a sick patient when you know the tested drug works. Cited authoritatively by Nature, the director of the Scripps Research Translational Institute said “You can’t do randomized trials for everything — and you shouldn’t. As clinical researchers are sometimes fond of saying, parachutes have never been tested in a randomized controlled trial, either.” 73

• BMJ and Cochrane review showed that the systematic (PRISMA/QUORUM) addition of several unbiased consistent precise small-scale observational and/or controlled studies reach the same conclusions than statistical robust large RCTs. 74

“Systematic reviews and meta-analyses present results by combining and analyzing data from different studies conducted on similar research topics. These research methods are powerful tools that can overcome the difficulties in performing large-scale randomized controlled trials.” 75

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68 http://c19ivermectin.com
69 https://www.researchsquare.com/article/rs-148845/v1
71 http://ivmmeta.com
72 With few exceptions, like prior strongyloidiasis, a parasitic worm infection, which gets worse with corticosteroids: https://www.who.int/news/item/17-12-2020-a-parasitic-infection-that-can-turn-fatal-with-administration-of-corticosteroids
74 https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade/
Cochrane Handbook for Systematic Reviews of Interventions https://training.cochrane.org/handbook
4.1. NIH refused grants to early studies when ivermectin was still unproven. Actually, it refused and still refuses grants to cheap repurposed drugs. Hypocrisy? Vested interests? Corruption?

4.2. Considering the overwhelming evidence for **ivermectin effectiveness involving over 10,000 patients in clinical trials, giving a placebo a malpractice**, the only ethical choice is statistical analysis comparing doses and frequency with disease stages and outcomes (apart from comparing patients which were left without ivermectin, through uninformed-consent, irrational patient refusal, suicidal patient, mistakes, mala praxis, patient abandonment, etc). It wouldn't be the first time the NIH violates basic bioethics principles... just as they recommend massive experimental vaccination without informed consent of severe side effects, recognized by the very NIH, from permanent disabilities to death, when there is a safe drug alternative like ivermectin (and others).

5. The FLCCC Alliance presented many other science-based counter-arguments. 76

Idiocy, lunacy or conspiracy? Whatever it is, it is international. Canadian Health authorities repeated the USA scam like copying and pasting. Just as the USA NHS, the PAHO/WHO neutral report failed to take into account prior studies (and still does) and to understand the difference between *in vitro* and *in vivo* results.77 Even Chaccour's RCT, which was cited in the report, had proven ivermectin was effective against COVID-19.

11 Feb 2021 was the last review on ivermectin from the US NIH: at least until the end of 2021, **they refused an update because the omission of the overwhelming evidence would prove its wrongdoing.** 78

8 Mar 2021, the site combatcovid.hhs.gov was still not even mentioning ivermectin.

22 Mar 2021, EMA advised against ivermectin because of lack of evidence but reluctantly recognized in a footnote that Czechia 79 and Slovakia 80 “have allowed the temporary use of the medicine for COVID-19”, which by the way is permanent.81 Of course, “the available data do not support its use for COVID-19 outside well-designed clinical trials”, yet the 46 cited references conveniently omitted the most positive and relevant ones. **Whore science cherry picking at its best...** paid by tax payers who keep voting their executioners.

22 Aug 2021, Bill Gates’ GAVI alliance publishes against ivermectin: “On the basis of current evidence, however, its use cannot be recommended.” 82

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Ivermectin is still rejected under one excuse: there is no large RCT. This is a huge double standard, especially if we consider that most expensive chemotherapy drugs, currently in use, were never tested with RCT using placebo or the scandalous approval of drugs which don’t prove any health improvement. When a drug is effective, it is unethical to give a placebo to a control group. Yet, Nature attacked ivermectin with the most stupid excuse: the drug was so widely used in Peru that there weren’t enough patients to enrol for placebo.

This table shows evidence for a bias, ill will, animosity and a political agenda against ivermectin:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Studies</th>
<th>Patients</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budesonide (UK)</td>
<td>1</td>
<td>1,779</td>
<td>17%</td>
</tr>
<tr>
<td>Remdesivir (USA)</td>
<td>1</td>
<td>1,063</td>
<td>31%</td>
</tr>
<tr>
<td>Casiri/imdevimab (USA)</td>
<td>1</td>
<td>799</td>
<td>66%</td>
</tr>
<tr>
<td><strong>Ivermectin (NOT APPROVED)</strong></td>
<td><strong>60</strong></td>
<td><strong>18,931</strong></td>
<td><strong>71%</strong></td>
</tr>
</tbody>
</table>

Note: unlike IVM, remdesivir proved ineffectiveness at later stages.

Conclusion: since the beginning of the pandemic, people were praying for a cure. Believers think the prayers were heard pretty fast: the cure was out there in April 2020, when the outbreak had just started in most countries. Instead, maybe they should be praying for the cure to be known in spite of the efforts of the anti-cure elite.

A study about the sales increase of human and animal ivermectin compared to pre-pandemic levels will show the real reach of this life-saving information against all odds.

**Merck’ scheme**

Following the disinformation playbook, on 4 Feb 2021 Merck issued public ivermectin misinformation stating:

- No scientific basis for a potential therapeutic effect against COVID-19 from pre-clinical studies;
- No meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease, and;
- A concerning lack of safety data in the majority of studies."

Merck’s misleading report detailed ivermectin’s possible side effects, conveniently forgetting to compare them with the placebo groups.

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84 | [Rodriguez Mega, E. Latin America’s embrace of an unproven COVID treatment is hindering drug trials, 20 Oct 2020 Nature 586, 481-482, [https://doi.org/10.1038/d41586-020-02958-2](https://doi.org/10.1038/d41586-020-02958-2)]
The statement was unconscionable: for decades Merck had been distributing billions of doses of ivermectin through the “profitable” Mectizan “donation” program.90
Even the NIH had stated in the 27 Aug 20 report that “ivermectin has been widely used and has demonstrated an excellent safety profile.” 91

Considering that the 400 mcg/kg FDA approved dose in Merck’s own ivermectin package insert92 is enough for early-treating COVID-19, some might consider a class action against Merck for mass murdering the sick with disinformation, considering the huge conflict of interest93 between patent-free ivermectin and the loss of investments in COVID vaccine producers, like Moderna94, and considering ivermectin’s broad spectrum antiviral potential, investments in antiviral vaccines95, antiviral and flu products. Plus:

• $ 10 billion USD/year for the Johnson&Johnson Janssen (JJJ) vaccine96, possibly failing due to blood clots. 97
• $ 10 billion USD from genotoxic98 molnupiravir99 (1.2 billion only in the first US order100), in spite of the drug being developed by Emory University as a non-profit (!) 101 Unlike ivermectin, it doesn’t block

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99 https://www.washingtonpost.com/business/2021/03/10/vaccine/profitability-
100 “One case occurred in a clinical trial and three cases occurred during the vaccine rollout in the USA. One of them was fatal.” https://www.eema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-6-9-april-2021
101 “found 7-fold and 14-fold increases in the overall substitution rate and the C to U mutation rate. rNHC showed a dose-dependent inhibition and mutagenic effect of SAR-CoV-2 in vitro. However, rNHC would be expected to be metabolized into the deoxycytidine pool (by host RNR), resulting in DNA mutation of dividing mammalian cells... clinical use should be carefully considered in light of its potential mutagenic effects”.
replication\(^{102}\), has no safety profile, it is mutagenic, has a near null supply\(^{103}\) but is extremely profitable, costing 200 times more\(^{104}\):

<table>
<thead>
<tr>
<th>Size</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.0mg</td>
<td>USD 90.0</td>
</tr>
<tr>
<td>50.0mg</td>
<td>USD 150.0</td>
</tr>
<tr>
<td>100.0mg</td>
<td>USD 250.0</td>
</tr>
<tr>
<td>200.0mg</td>
<td>USD 450.0</td>
</tr>
<tr>
<td>500.0mg</td>
<td>USD 950.0</td>
</tr>
<tr>
<td>1.0g</td>
<td>USD 1550.0</td>
</tr>
<tr>
<td>5.0g</td>
<td>USD 3650.0</td>
</tr>
<tr>
<td>10.0g</td>
<td>USD 4950.0</td>
</tr>
<tr>
<td>20.0g</td>
<td>USD 5950.0</td>
</tr>
</tbody>
</table>

Not to mention the “political” cost of:

- $356 million USD give-away contract by the chief scientific adviser to the Operation Warp Speed program\(^{105}\)
- $270 million USD “funding” from the US Government HHS Biomedical Advanced Research and Development (BARDA\(^{106}\)) for the development of JJ\(^{107}\)
- $425 million USD investment in the faltered MK-7110 (ex CD24Fc) for 100,000 doses
- 2 failed vaccines (V590 and V591)\(^{108}\)

Considering nothing changed to prevent it from happening again, what else is to be expected from the same immoral corrupt corporation behind the Vioxx genocide which costed and still costs the lives of hundreds of thousands?\(^{109}\) Serial genocidal behaviour as result of unrestrained predatory corporate greed?

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\(^{102}\) “The chemical compound on which molnupiravir is based—C9H13N3O6, or N4-hydroxycytidine—has been known for decades. Like idoxuridine, the herpes drug, it’s a nucleoside analogue... introduces errors into the virus’s RNA that are then replicated until it’s defunct... stopping the virus by creating errors in the genetic code or through other means can come with unintended consequences... in the other parts of the body. Pharmasset Inc. (a hepatitis C drugmaker Gilead bought in 2011) investigated molnupiravir’s main ingredient (in 2000), but abandoned development over concerns that it was mutagenic, meaning it could lead to birth defects. In 2016 he made it possible to use in pill form by modifying that chemical structure into a “prodrug,” which meant the compound would break down in the body, allowing the part that interferes with viral replication to be properly absorbed into the bloodstream.” [https://www.bloomberg.com/news/features/2021-03-25/merck-mrk-molnupiravir-pill-could-change-the-fight-against-covid](https://www.bloomberg.com/news/features/2021-03-25/merck-mrk-molnupiravir-pill-could-change-the-fight-against-covid)

\(^{103}\) [https://doi.org/10.21769/BioProtoc.3938](https://doi.org/10.21769/BioProtoc.3938)


\(^{106}\) [https://www.phe.gov/about/barda/Pages/default.aspx](https://www.phe.gov/about/barda/Pages/default.aspx)


\(^{109}\) Krumholz, H. M., Ross, J. S., Presler, A. H., & Egilman, D. S.. What have we learnt from Vioxx?. *BMJ (Clinical research ed.)*, Jan 30, 2007, 334(7585), 120–123. [https://doi.org/10.1136/bmj.39024.487720.68](https://doi.org/10.1136/bmj.39024.487720.68)

Moynihan R., Court hears how drug giant Merck tried to "neutralise" and "discredit" doctors critical of Vioxx. 6 Apr 2009, *BMJ* (Clinical research ed.), 338, b1432. [https://doi.org/10.1136/bmj.b1432](https://doi.org/10.1136/bmj.b1432)


Edward R. G.. Open conflict on the handling of the Merck drug Vioxx by editorial giants. Dec13, 2006, Reproductive biomedicine online, 13(6), 905. [https://doi.org/10.1016/s1472-6483(10)61040-1](https://doi.org/10.1016/s1472-6483(10)61040-1)
The Vaccine Industrial Complex

If a 10 billion dollar market for the Merck $10 vaccine, propelled Merck’s un-scientific attack on ivermectin, it is not hard to imagine the huge conflicts of interest with $35 Moderna, $20 Pfizer, $16 Novavax, $4 Astra-Zeneca (receiving 1, 2, 1.6, 1.2 billion from BARDA, respectively). 110

Those figures apply to the USA only. For instance, the EU gave away €2.7 billion to COVID vaccine producers (Pfizer, Moderna and Oxford, discriminating the rest), who lobbied the pandemic to milk each government separately, threatening them with putting them at the end of the priority list, which would mean more deaths due to the supply shortages and delays. 111

Globally, by 2021 there were over 37 vaccine developers, 138 vaccines in pre-clinical testing112 15 approved, 21 billion doses in production for 2021, 10 billion secured, with a price range from 3 to 44 USD. 113

Countries approving COVID-19 vaccines by supplier

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111 https://www.euronews.com/2021/04/02/how-many-vaccine-doses-have-arrived-in-eu-countries-and-how-do-they-get-there

$1/dose: https://news.virginia.edu/content/vaccines-developed-uv-a-tech-may-offer-broad-protection-coronaviruses
111 https://www.unicef.org/supply/covid-19-vaccine-market-dashboard
It is clear that Bill & Melinda Gates Foundation (backed) vaccines are winning the global market:

a) It is the most influential organization behind the WHO vaccine supply (COVAX, GAVI, etc.)

b) Only huge multinationals and a few countries like China and Russia, have enough resources to produce and to pay either the lobby power to sell vaccines to many governments, or to pay “commissions”, bribes, etc.

c) “Smaller biotechs that don’t have large cash stockpiles or supply deals already in place for their COVID-19 vaccines could be at a serious disadvantage in the fast-moving market. Larger pharmaceutical companies that have experienced setbacks with their vaccine rollouts could also find it difficult to keep up. Arguably the most likely to succeed in the variant-focused COVID-19 vaccine market are the drugmakers that have already been the most successful: Moderna and Pfizer. Why? their messenger RNA technology allows these companies to rapidly develop variant-specific vaccines. Moderna and Pfizer are already in testing with their respective variant-specific candidates.”

Could money explain the irrational behaviour towards ivermectin?

Is this a commercial genocide driven by suicidal corporate greed? Has the world been taken hostage by Big Pharma-mafia (PharmaFia)? Is feeding the monster with tax-money any different than paying dinner to a killer?

On one corner, CODIV-19 vaccine market is above 160 billion USD per year, four times all the other vaccines (42 bn.)

, mainly EPI vaccines (Expanded Programme on Immunization), but

rsters. Assuming another half to treat the sick with higher doses for up to 5

rers.

P

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, pregnant

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, milking cows:

should go down with competition and if more countr

As the JJJ vaccine requires only one dose, this is compensated because it has low efficacy and production

Gross estimation of 10 USD per dose, 2 doses per year for the current population of 8 billion (https://www.worldometers.info/world-population/). If the 4 USD Oxford vaccine is banned the average price should be higher. Prices should go down with competition and if more countries produce their own vaccines but Big Pharma is a cartel treating people as milking cows: https://theintercept.com/2021/03/18/covid-vaccine-price-pfizer-moderna/

Though the JJI vaccine requires only one dose, this is compensated because it has low efficacy and production. Some governments buy over 30% more doses than the population (disregarding resistance) most probably as a result of lobbies, corruption, logistical waste (n.b. cold chain) and expiring backup stock to guarantee supply. Finally, mutations turn stocks obsolete and new vaccines must be purchased so the estimated amount could be even higher.

Not to mention the deaths:

- From COVID which could have been avoided since June 2020.

On the other corner, losing to vaccine lobby punches by knock out, the cost for all the ivermectin to end the pandemic is 1 million dollars (not 1 billion, 1 million, not per year but only once and for all):

“In 2005, global adult human biomass was ... 287 million tonnes” but in 2012 the average human weight was 62 kg. Grossly assuming that average weight increase was roughly the same as toddlers, pregnant, recovered and ivermectin hesitant, a 7.9 billion global population implies 490 billion kg. Considering 2 drops per kg. (400 mcg/kg). it means 1225 kg of ivermectin. At 200 USD/kg. this means 245000 USD. Assuming 2 global campaigns per year, this means half a million dollars. Assuming another half to treat the sick with higher doses for up to 5 days, it means about 1 million USD to end the pandemic. Even if the ivermectin massive PrEP plan fails, even less is needed to cover the sick population only.

Compare the 1 million dollar final solution to the 160 billion dollar big fat cash cow fed on our taxes every single year for centuries to come. That kind of wallet can corrupt any democracy. Politicians need Big Pharma’s big money for their ever increasing campaign costs. Who is going to be able to get more funding for media coverage, influencers and door to door campaigns? Corrupt or honest politicians?

Even worse, compare the 1 million dollars solution with the 3.94 trillion USD of lost economic output (4.5% of the Global GDP) due to the not-evidence-based useless lock downs and restrictions.

Not to mention the deaths:

- From COVID which could have been avoided since June 2020.

115 Gross estimation of 10 USD per dose, 2 doses per year for the current population of 8 billion (https://www.worldometers.info/world-population/). If the 4 USD Oxford vaccine is banned the average price should be higher. Prices should go down with competition and if more countries produce their own vaccines but Big Pharma is a cartel treating people as milking cows: https://theintercept.com/2021/03/18/covid-vaccine-price-pfizer-moderna/

116 Though the JJI vaccine requires only one dose, this is compensated because it has low efficacy and production. Some governments buy over 30% more doses than the population (disregarding resistance) most probably as a result of lobbies, corruption, logistical waste (n.b. cold chain) and expiring backup stock to guarantee supply. Finally, mutations turn stocks obsolete and new vaccines must be purchased so the estimated amount could be even higher.


118 2012 WHO report: “Industrialized countries had 82% of the pie. Spectacular growth rate: 10-15% per year. Tripled in value from USD 5B in 2000 to almost USD 24 B in 2013. Global market projected to rise to USD 100 billion by 2025. More than 120 new products in the development pipeline. UN market 7.5 % of total vaccine sales. UNICEF annual vaccine procurement has increased five fold since 2000.

119 UNICEF 2012: buying 50% of the global volume of vaccine doses, mainly EPI vaccines (Expanded Programme on Immunization), but representing only 5% of total market value.” Bill & Melinda Gates Foundation (GAVI) behind funding.

https://www.who.int/influenza_vaccines_plan/resources/session_10_kaddar.pdf


https://www.worldometers.info/world-population/

From COVID of vaccinated patients who believe they are protected and don’t take ivermectin.

From all these COVID experimental vaccines.

From the lack of access to medical checks and treatments due to the restrictions.

From abortifacients and abortions induced by the avoidable economic crisis created by lock downs partially reflected in the up to 20% drop in births and the increase in maternal mortality (even in legal abortions, the later the abortion due to the restrictions the higher the surgical risk).

Ivermectin ruins all Emergency Use Authorizations, not only vaccines but also expensive treatments (monoclonal antibodies, antivirals) and blasts all the money already invested in R&D of costly drugs:

“Under section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), when the Secretary of HHS declares that an emergency use authorization is appropriate, FDA may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by CBRN threat agents when certain criteria are met, including there are no adequate, approved, and available alternatives. 120

With IVM, COVID is no longer life threatening: all COVID business sucking Government’s mammal glands would lose trillions of dollars... alcohol, masks, suits and ventilator manufacturers, alcohol producers, hospitals, contact tracers, apps, passport suppliers, etc.

On top of that, there is the vaccine oligopoly imposing unfair contracts to desperate competing nations, with clauses like in the Pfizer 10 or 30 years confidential contract, “which states that even if a drug will be found to treat COVID-19, the contract cannot be voided.” 121

On 3 Aug 2021, there was an interview with Dr. Fauci: “We’re here today to discuss the new $3.2 billion Antiviral Program for Pandemics launched by the Biden administration on June 17th... What does a product have to look like in order to be a winner in your view, when you take into consideration use, equity considerations, access? What are you telling people is the optimal profile?” Fauci lied: “I want a pill that blocks a specific viral function. I want to give it once a day if possible. I want it to be low in toxicity. And I want it to have very minimal drug-drug interactions. So orally administered, single pill, given for seven to 10 days, little drug-drug interaction, and low toxicity; give me that and I'll be really happy.” 122

As early as May 2020, Fauci had many silver bullets that complied with his “winner” definition (HCQ, IVM, Dexamethasone, Enoxaparin, Aspirin, etc.). Yet, he hid them from scratch, in spite of the scientific unanimity about the need for cheap repurposed drugs for early treatment. 123

Few governments in the world showed any interest in repurposing drugs for COVID. That shows how corruptible governments are to the Big Vax industry. With rare exceptions, not a single government really cared about avoiding deaths.

Not a single cent of those 3 billion went to study repurposed drugs. Most was a gift to monoclonal antibodies, which allow gene-hacks.

122 https://www.csis.org/analysis/conversation-dr-anthony-fauci-antiviral-program-pandemics
Conclusion: money doesn’t fully explain the complicity of authorities, media, political, scientific and medical establishment.

**Covid Kit**

COVID could be understood as a viral mediated autoimmune\(^{124}\) and blood clot cardiovascular disease which, with proper treatment, becomes a mild flu.

Monoclonal antibodies are very expensive and have limited effects with variants (e.g. bamlanivimab + etesevimab), with the apparent exception of tocilizumab+sarilumab\(^{125}\), sotrovimab, and casirivimab+imdevimab for delta.

Brazilian state of Ceará, early treatment kit for COVID-19:


\(^{126}\) [https://c19adoption.com/](https://c19adoption.com/)

Countries ordered by population: China, India, USA, Indonesia, Pakistan, Brazil, Nigeria, Bangladesh, Russia, Mexico, Japan, Ethiopia, Philippines, Egypt, Vietnam, DR Congo, Germany, Iran, Turkey, Thailand, United Kingdom, France, Italy, South Africa, Kenya, Myanmar, Colombia, South Korea, Spain, Uganda, Argentina, Algeria, Sudan, Ukraine, Iraq, Afghanistan, Canada, Poland, Morocco, Saudi Arabia, Angola, Peru, Uzbekistan, Malaysia, Ghana, Mozambique, Yemen, Nepal, Madagascar, Venezuela, Cameroon, Australia, Côte d'Ivoire, Niger, Taiwan.
Note: though other drugs seem to be more effective for early treatment, there is currently no other known drug, backed by so many studies and patients involved, and which works at all stages, including long COVID.

Though not as effective as ivermectin, other complementary (promising or proven) cheap (even patent-free) repurposed drugs have been neglected for early treatment at home, for the exclusive advantage of Big Pharma and Big Government:

**Early treatment studies (pooled effects)** c19early.com Oct 2021

<table>
<thead>
<tr>
<th>Drug</th>
<th>Improvement, RR [C]</th>
<th>Studies</th>
<th>Patients</th>
<th>Cost</th>
<th>Trials/Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proxalutamide</td>
<td>91% [0.04-0.19]</td>
<td>3</td>
<td>682 n/a</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Fluvoxamine</td>
<td>89% [0.01-0.65]</td>
<td>2</td>
<td>277 $4</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Molnupiravir</td>
<td>89% [0.01-0.90]</td>
<td>2</td>
<td>954 $700</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Nigella Sativa</td>
<td>84% [0.05-0.48]</td>
<td>3</td>
<td>915 $5</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Budesonide</td>
<td>82% [0.04-0.79]</td>
<td>1</td>
<td>146 $4</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Povidone-iod..</td>
<td>81% [0.10-0.37]</td>
<td>6</td>
<td>837 $1</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>80% [0.10-0.37]</td>
<td>5</td>
<td>898 $1</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Bromhexine</td>
<td>79% [0.06-0.72]</td>
<td>2</td>
<td>96 $5</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>79% [0.07-0.61]</td>
<td>2</td>
<td>240 $2</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Quercetin</td>
<td>79% [0.02-1.82]</td>
<td>2</td>
<td>194 $5</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Melatonin</td>
<td>78% [0.06-0.75]</td>
<td>2</td>
<td>91 $1</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Bamlanivimab</td>
<td>76% [0.12-0.50]</td>
<td>4</td>
<td>7,339 $1,250</td>
<td>very few trials/ events</td>
<td></td>
</tr>
<tr>
<td>Zinc</td>
<td>78% [0.04-0.17]</td>
<td>3</td>
<td>982 $1</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Curcumin</td>
<td>72% [0.09-0.91]</td>
<td>4</td>
<td>441 $5</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Casirivimab/imdemivab</td>
<td>67% [0.14-0.77]</td>
<td>4</td>
<td>12,710 $2,100</td>
<td>few trials/ events</td>
<td></td>
</tr>
<tr>
<td>Sotrovimab</td>
<td>67% [0.01-0.66]</td>
<td>1</td>
<td>533 $2,100</td>
<td>very few trials/ events</td>
<td></td>
</tr>
<tr>
<td>Ivermectin</td>
<td>66% [0.24-0.47]</td>
<td>29</td>
<td>26,538 $1</td>
<td>very few trials/ events</td>
<td></td>
</tr>
<tr>
<td>Hydroxychloroquine</td>
<td>64% [0.29-0.48]</td>
<td>32</td>
<td>54,621 $1</td>
<td>very few trials/ events</td>
<td></td>
</tr>
<tr>
<td>Nitazoxanide</td>
<td>49% [0.13-1.95]</td>
<td>5</td>
<td>1,414 $4</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Favipiravir</td>
<td>48% [0.36-0.76]</td>
<td>4</td>
<td>410 $20</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>46% [0.19-1.51]</td>
<td>2</td>
<td>208 $1</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Probiotics</td>
<td>34% [0.55-0.80]</td>
<td>2</td>
<td>323 $5</td>
<td></td>
<td>very few trials/ events</td>
</tr>
<tr>
<td>Conv. Plasma</td>
<td>-93% [0.47-7.87]</td>
<td>3</td>
<td>716 $5,000</td>
<td>very few trials/ events</td>
<td></td>
</tr>
</tbody>
</table>

Random effects meta-analysis of early treatment studies (pooled effects). Treatments with 3 or fewer studies are shown in grey. Pooled results across all outcomes are affected by the distribution of outcomes tested, please see detail pages for specific outcome analysis. [www.C19early.com](https://www.c19early.com): Proxalutamide, Fluvoxamine, Curcumin, Budesonide, Povidone-Iodine, Bromhexine, Vitamin D, Molnupiravir, Ivermectin, Bamlanivimab, Casirivimab/Imdemivab (2 monoclonal antibodies, Regeneron), Hydroxychloroquine, Nitazoxanide, Zinc, Favipiravir, Vitamin C.

- Mouth sanitisation: povidone-iodine, Chlorhexidine digluconate, Cetylpyridinium Chloride, Benzydamine.

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• Azithromycin: antibiotic with immunomodulation, binds to ACE2 receptors (500mg/day, 5 days)  
  https://doi.org/10.1177/095632020501600205


129 https://c19ic.com/


130 https://c19ic.com/


133 Durán, Nelson and Alonso, João Carlos Cardoso and Favaro, Wagner, Melatonin: What Do We Know so Far about the Activity of This Hormone against COVID-19? (February 10, 2021). http://dx.doi.org/10.2139/ssrn.3783206

Reynolds JL, Dubcovich ML, Melatonin multifaceted pharmacological actions on melatonin receptors converging to abrogate COVID-19, 23 Mar 2021, https://doi.org/10.1111/jpi.12732
• **Ibuprofen** and other Non-steroidal anti-inflammatory drug (NSAIDs): 72000 patients

• Fluvoxamine: selective serotonin reuptake inhibitor(anti-inflammatory antidepressant)

<table>
<thead>
<tr>
<th>Improvement, RR [CI]</th>
<th>Treatment</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenze (DB RCT)</td>
<td>93%</td>
<td>0.07 [0.00-1.28] progression</td>
</tr>
<tr>
<td>Seifal (QR)</td>
<td>84%</td>
<td>0.16 [0.01-3.29] death</td>
</tr>
</tbody>
</table>

**Early treatment** 89% 0.11 [0.01-0.85] 0/157 8/120

<table>
<thead>
<tr>
<th>Improvement, RR [CI]</th>
<th>Treatment</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reis (DB RCT)</td>
<td>29%</td>
<td>0.71 [0.37-1.29] death</td>
</tr>
</tbody>
</table>

**Late treatment** 29% 0.71 [0.37-1.29] 17/739 24/733

- All studies 63% 0.37 [0.09-1.47] 17/896 32/853

• Metformin: especially diabetes and women

• Low molecular weight heparins (e.g. enoxaparin)

• Indomethacin: antiviral as well as nonsteroidal anti-inflammatory drug inhibiting the production of prostaglandins, to reduce fever, pain, and swelling. “0 in 102 v. 20 out of 108 in the paracetamol arm developed desaturation.”

• Inhalable drugs
  - Niclosamide-Lysozyme Particles

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138 https://c19fluvoxamine.com


142 Hariyanto TI, Kurniawan A, Metformin use is associated with reduced mortality rate from coronavirus disease 2019 (COVID-19) infection, Elsevier Obesity Medicine, Volume 19, 2020, 100290, ISSN 2451-8476, https://doi.org/10.1016/j.obmed.2020.100290


149 Blake S, Shaabani N, et al. Saliyclanilides Reduce SARS-CoV-2 Replication and Suppress Induction of Inflammatory Cytokines in a Rodent Model. 02 Ago 2021. ACS Infectious Diseases Article ASAP. https://doi.org/10.1021/acsinfecdis.1c00253
- Sodium ibuprofenate: all stages, especially early stage, also for post-COVID fibrosis. Treatment of COVID-19 pneumonia with inhalational nebulized NaIHS was associated with rapid improvement in hypoxia and vital signs, with no serious adverse events attributed to therapy. Results show that after 24 h of nebulization with AHI, circulating platelets shows an increase about 40% at 24 h and reach 65% at 96 h. In patients with platelets content below 200,000 by microliter the increase was 24% and 31% at 24 and 96 h, respectively. In patients with platelets above 200,000 by microliter the increase was 49% and 79% at 24 and 96 h respectively.

- Naproxen
- other Non-steroidal Anti-inflammatory Drugs NSAIDs (nabulizable solution or dry powder).
- Gabrosidine and nifuroxazide for gastrointestinal COVID
- Nitric oxide nasal spray
- PUL-042
- Nebulized hydrogen peroxide + iodine and iodide
- Corticoids (anti-inflammatory): Budesonide (1mg/2cc solution via nebulizer twice a day, 7 days).

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151 https://articles.mercola.com/sites/articles/archive/2021/03/07/nebulized-peroxide.aspx

• Glucocorticoids to suppress the immune system and decrease inflammation: dexamethasone (6-12 mg/day, 7 days), prednisone (20 mg/twice a day, 7 days).

• Levamisole?

• Proxalutamide

<table>
<thead>
<tr>
<th>Source: <a href="https://c19proxalutamide.com/">https://c19proxalutamide.com/</a></th>
</tr>
</thead>
</table>

| Early treatment | 0.08 [0.04-0.18] |
| Late treatment | 0.09 [0.05-0.15] |
| All studies | 0.08 [0.05-0.13] |

*\[\tau^2 = 0.00, I^2 = 0.0%, Z = 10.74 (p < 0.0001)\]*

Nitroxanide

• Nitric oxide: naturally produced by the endothelial membranes throughout the body; especially the cardio-vascular system. Infection cause depletion in the arteries.

• Clarithromycin?

• Imitinib, mycophenolic acid and quinacrine dihydrochloride: promising treatments that were silenced

• Chlorine dioxide (ClO2)?


150 One of the antibiotics in the macrolide class (with azithromycin, “a weaker copy” and erythromycin). It has viral tropism and anti-inflammatory roles, which no antibiotic has. [https://www.lifesitenews.com/blogs/romanian-doctor-says-she-cures-100-percent-of-covid-patients](https://www.lifesitenews.com/blogs/romanian-doctor-says-she-cures-100-percent-of-covid-patients)


There should be compulsory government funding for clinical trials of any safe, cheap, over the counter drug that was being indicated for compassionate COVID treatment and was reported to show some effectiveness, at least according to patients, civil authorities or medical staff, like in clinicaltrials.gov.

Food, herbs, natural elements and supplements:

- The “sunshine vitamin” D\textsuperscript{153}, especially D\textsubscript{3} (10K IU 250mcg, 7 days, or 50K 1-2 days), cholecalciferol\textsuperscript{154}.

| 67 STUDIES BY 586 SCIENTISTS |
| 48 SUFFICIENCY STUDIES WITH 11,617 PATIENTS |
| 19 TREATMENT TRIALS WITH 14,752 PATIENTS |
| 62% IMPROVEMENT IN 19 TREATMENT TRIALS RR 0.38 [0.27-0.54] |
| 54% IMPROVEMENT IN 48 SUFFICIENCY STUDIES RR 0.46 [0.39-0.54] |
| 69% IMPROVEMENT IN 11 TREATMENT MORTALITY RESULTS RR 0.31 [0.19-0.51] |

SUFFICIENCY STUDIES ANALYZE OUTCOMES BASED ON SERUM LEVELS. 04/06/21. VDMETA.COM

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https://clinicaltrials.gov/ct2/show/NCT04409873
https://clinicaltrials.gov/ct2/show/NCT04621149

Ahmad A, Heumann C, et al., Mean Vitamin D levels in 19 European Countries & COVID-19 Mortality over 10 months, medRxiv 2021.03.11.21253361; https://doi.org/10.1101/2021.03.11.21253361


Ahmad A, Heumann C, et al., Mean Vitamin D levels in 19 European Countries & COVID-19 Mortality over 10 months, medRxiv 2021.03.11.21253361; https://doi.org/10.1101/2021.03.11.21253361


https://www.myfooddata.com/articles/high-vitamin-d-foods.php

https://www.webmd.com/diet/foods-high-in-vitamin-d3

\textsuperscript{153} https://www.myfooddata.com/articles/high-vitamin-d-foods.php

\textsuperscript{154} https://www.webmd.com/diet/foods-high-in-vitamin-d3
- **Zinc**: 50 mg/day. Zinc ionophores: ivermectin, HCQ (200 mg/twice a day, 7 days), Quercitin (500 mg/twice a day), or Epigallocatechin gallate (EGCG, 400mg/day, 7 days)

![Graph](https://vdmeta.com/)

9 zinc COVID-19 studies

<table>
<thead>
<tr>
<th>Author</th>
<th>Type</th>
<th>N</th>
<th>RR</th>
<th>CI</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darwand</td>
<td>death</td>
<td>518</td>
<td>0.21</td>
<td>[0.03-1.47]</td>
<td>0.03</td>
</tr>
<tr>
<td>Thomas (RCT)</td>
<td>recovery</td>
<td>105</td>
<td>0.89</td>
<td>[0.39-1.99]</td>
<td>0.16</td>
</tr>
<tr>
<td>Cariucci</td>
<td>death/hospice</td>
<td>932</td>
<td>0.62</td>
<td>[0.45-0.86]</td>
<td>0.00</td>
</tr>
<tr>
<td>Yao</td>
<td>death</td>
<td>242</td>
<td>0.66</td>
<td>[0.41-1.07]</td>
<td>0.00</td>
</tr>
<tr>
<td>Frontera</td>
<td>death</td>
<td>5,473</td>
<td>0.63</td>
<td>[0.44-0.91]</td>
<td>0.00</td>
</tr>
<tr>
<td>Abd-El-Salam (RCT)</td>
<td>death</td>
<td>191</td>
<td>0.99</td>
<td>[0.36-3.31]</td>
<td>0.00</td>
</tr>
<tr>
<td>Vasui</td>
<td>ventilation</td>
<td>20</td>
<td>0.07</td>
<td>[0.01-0.54]</td>
<td>0.00</td>
</tr>
<tr>
<td>Jothimani</td>
<td>death</td>
<td>47</td>
<td>0.10</td>
<td>[0.01-1.78]</td>
<td>0.00</td>
</tr>
<tr>
<td>Berrocal</td>
<td>death</td>
<td>120</td>
<td>0.55</td>
<td>[0.23-1.31]</td>
<td>0.00</td>
</tr>
<tr>
<td>Sufficiency</td>
<td></td>
<td></td>
<td>0.22</td>
<td>[0.05-0.96]</td>
<td>0.00</td>
</tr>
<tr>
<td>Taib</td>
<td>all</td>
<td>5,660</td>
<td>0.63</td>
<td>[0.53-0.74]</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Source: [c19zinc.com](https://c19zinc.com/)

- **Vitamin A**

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Ekeh F, Ekechukwu N, et al. Mixed vitamin C and zinc diet supplements co-administered with artemether drug improved haematological profile and survival of mice infected with Plasmodium berghei, Food Science and Human Wellness, Volume 8, Issue 3, 2019, Pages 275-282, ISSN 2213-4530, [https://doi.org/10.1016/j.fshw.2019.05.003](https://doi.org/10.1016/j.fshw.2019.05.003)

156 [http://www.kaarid.ca/uploads/1/2/6/7/12670943/oral_vitamin_a_c_d.pdf](http://www.kaarid.ca/uploads/1/2/6/7/12670943/oral_vitamin_a_c_d.pdf)
• Vitamin B 157
• Vitamin C: 1 g/day 158
• Vitamin E 159
• Vitamin K 160
• Selenium 161
• Lactoferrin
• Essential oils 162: Eucalyptus, Clove, Levomenthol, Juniper berry, Niaouli, Mint, Cajaput
• Omega 3 fatty acids 163
• Quercetin + Zinc + Vitamin C 164

Griffithsin, antiviral lectin protein from the red algae 165: “one of the most potent viral entry inhibitors discovered to date” 166 (even HIV 167). “Broad spectrum to bind to the glycoproteins of other viruses, such as...

158 https://c19vitamin.com/
159 Almoosawi S, Palla L, Association between vitamin intake and respiratory complaints in adults from the UK National Diet and Nutrition Survey years 1–8, BMJ Nutrition, Prevention & Health 2020; 000150. http://doi.org/10.1136/bmjnph-2020-000150
164 https://www.evms.edu/media/evms_public/departments/internal_medicine/Markik-Covid-Protocol-Summary.pdf

41 / 126
the coronavirus.” 168 “Binds to SARS-CoV spike… antiviral against Ebolavirus” 169 The University of KY and PA are working on Q-Griffithsin.

- Carvativir?: derived from thyme 170
- Triterpen molecule derived from ursolic acid? 171

Natural products/herbs: many, if not most, drugs, like aspirin, derive from plants and animals. WHO’s Africa office “supports scientifically-proven traditional medicine.”

- *Nigella sativa* 172

<table>
<thead>
<tr>
<th></th>
<th>Improvement, RR (C)</th>
<th>Treatment</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashraf (RCT)</td>
<td>82% 0.18 [0.04-0.80]</td>
<td>2/157</td>
<td>11/156</td>
</tr>
<tr>
<td>Al-Haidari (RCT)</td>
<td>96% 0.04 [0.00-0.70]</td>
<td>0/160</td>
<td>14/259</td>
</tr>
<tr>
<td>Kashk (RCT)</td>
<td>75% 0.25 [0.03-2.22]</td>
<td>1/91</td>
<td>4/92</td>
</tr>
</tbody>
</table>

- *Griffithsia (Gigartinaeae (Gigartina red algae): see Griffithsin above*
- *Artemisia Annua*: sweet wormwood, broad spectrum anti-viral (Herpes, Hep B, SARS) and anti-malarial 173

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170 Carvacrol or cimofenol (2-metil-5-(1-metiletil)-fenol) broad antiviral thyme and organum derived Isothymol, plus immune stimulator squalene drops for mouth every 4 hours.
176 https://c19ns.com/
181 Nair M.S., Huang Y., et al. Artemisia annua L. extracts inhibit the in vitro replication of SARS-CoV-2 and two of its variants, bioRxiv 2021.01.08.425825; https://doi.org/10.1101/2021.01.08.425825
Unrecommended Treatments

- Doxycycline (100mg/twice a day, 7 days): a study showed low effectiveness. Better, azithromicine.
- Paracetamol / acetaminophen (Tylenol): increases COVID-19 thrombosis, leading to death. The Italian ministry of health recommended it for COVID: it might have contributed to the severity of the pandemic.
- Lopinavir / ritonavir (Kaletra), anti-HIV medication, causing diarrhoea, not effective
- Codeine: stops coughing lung secretions, causing choking
- Oxygen: 20 liters causes acidosis, cerebral edema. Instead: 2-3 liters per minute, in short administrations, of 4 to 5 hours per day at most.

Long Covid (PASC)

Ivermectin solves some of the problems but not all.


175 https://www.ibtimes.sg/3000


177 Linkedin blocks accounts and Facebook and Instagram open first viral video: ivermectin cured COVID, even if just citing published papers. YouTube removes videos: https://www.breitbart.com/tech/2021/03/12/youtube-blacklists-30000-videos-it-claims-are-coronavirus-vaccine-misinformation/

178 Even the Internet Archive deletes politically incorrect archived content, like the blacklisting of pro-life leaders: https://web.archive.org/web/20210613200616/https://reaccionconservadora.net/


“Treatment of thousands of PASC patients with CCR5 antagonists to disrupt NCM mobilization and statins to inhibit binding to endothelial cells through the fractalkine pathway has resulted in over 90%.”

VIP plan

Dosage based on the standard approved “anti-parasitic” dose of 200 mcg/kg (6 mg for every 30 kg).

Instead of the anti-parasitic off-meals regimen, for COVID, to maximize bioavailability ivermectin, which sticks to fat, should be taken immediately after a meal, ideally with fat and little alcohol (pizza&beer, meat&wine).

“Vaccination” strategy

For the whole population (except less than 15 kg or 2 years of age or pregnant), incoming people and animal vectors:

2 uptakes of 2x the anti-parasitic dose, within 3 days.

Depending on the epidemic emergency level, repeat periodically (every week, month, semester) until reaching targeted low ICU demand: back to the old “normal” life, relying only in the next “fire-fighter” strategy.

Works as the best vaccine. Second dose boosts protection.  

Studies based on only one dose or lower dosage show weaker results. It’s like an arms race between the rates of the viral replication and the immune defense. First dose reduces viral load but leaves a part, which could reproduce faster than the immune response (depending on load size and immune strength). In that case, the second dose, if given on time, reduces viral load to manageable levels to allow the immune system to control the infection. If symptoms appear the next strategy is applied.

With effective out-patient treatment preventing hospitalization, infection is a non-issue. Epidemiologically, case statistics don’t matter because they don’t correlate with saturation of the in-patient system.

After the in-patient epidemic is eradicated, one yearly campaign should be enough. In non-tropical countries, it should be placed in the beginning of the winter season: being a broad spectrum antiviral, it is expected to reduce the epidemiology of the seasonal flu. Another side-benefit: it could reduce other epidemics such as Malaria, Dengue, Chagas (American trypanosomiasis), etc.

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181 “Severe COVID-19 patients are characterized by excessive inflammation and dysregulated T cell activation, recruitment, and counteracting activities. While PASC patients are characterized by a profile able to induce the activation of effector T cells with pro-inflammatory properties and the capacity of generating an effective immune response to eliminate the virus but without the proper recruitment signals to attract activated T cells. Statistically significant number of non-classical monocytes (NCM) contained SARS-CoV-2 S1 protein in both severe (P=0.004) and PASC patients (P=0.02) out to 15 months post-infection. No full length SARS-CoV-2 RNA sequences were identified, and no sequences that could account for the observed S1 protein were identified in any patient. Non-classical monocytes are capable of causing inflammation throughout the body in response to fractalkine/CX3CL1 and RANTES/CCR5.”

For years, several African governments gave ivermectin as a “vaccine” twice a year for deworming with no objections. Opposition to ivermectin “vaccination” strategy is a non-sequitur.

**Infection strategy**

Any COVID symptom: 1 drop/kg., especially if comorbidities. There’s no harm in giving ivermectin to a seasonal flu, but there could be huge harm by waiting 2 days for a lab result.

Anosmia to strong smells, like coffee or onions, even if an uncongested nose, is a clear symptom of COVID: up to 87% of patients. 183

1 uptake of 2x the anti-parasitic dose as soon as first symptoms detected (3x or even 4x if acute, 5x limit). If they persist, repeat within 12 - 24 hs, up to 5 days, together with the other proven early treatments.

Assume infection to close contacts: prophylactic 1x anti-parasitic dose every 24 hours for 5 days.

Oxygen saturation is important to assess the increase in the COVID kit’s dosage or frequency. If persistently under 90 while sitting in bed, hospitalization is needed. Yet, there’s no need to indicate the purchase of a home pulse oximeter to recommend ivermectin, since it is a broad antiviral and also useful to other viral infections with similar symptoms.

Considering ivermectin is innocuous, children should be given the above preventive dose, even without symptoms, especially after puberty: there might be un-symptomatic internal damage (n.b. cardiovascular and affecting sperm generation 184).

**Prophylactic strategy**

Recommended for comorbidities and irreplaceable workers, the rest should just take the infection dose after there are symptoms or if there’s close contact.

Some notable alternative strategies (do not combine) from the PrEP studies listed 185:

185 https://c19ivermectin.com/#prep
Which prophylactic strategy should be recommended for COVID19?

<table>
<thead>
<tr>
<th>Concept</th>
<th>COVID19 Vaccines The New Abnormal Forever</th>
<th>I~“Vaccine” (*) Back to Normal</th>
</tr>
</thead>
</table>
| Availability / Access | **Global shortage until 2023** for the required 2 doses. Ivermectin could bridge the gap until 2nd dose: opposing its use, creates more distrust and hesitancy.**  
- Developed nations hoarded 90% of 400 million vaccines in early 2021, only 10% left for the poorer.  
- 100 countries didn’t even start vaccination as of May/21. “38 million doses... A disaster in slow-motion would be a more apt description. And there doesn’t seem to be light at the end of the tunnel. At the moment, the prediction is that come June, COVAX will reach a mere 20% of its target for 2021.”  
- Too late: before full vaccination, most countries could develop natural herd immunity from recovery.  
- Only 18% of the world population will be fully vaccinated in 2021:  
  - Only RNA/DNA vaccines could adapt in time to mutations.  
  - Scarcity forces prioritizing certain groups (medical agents, elderly, etc.).  
  - Darwinian discrimination of the most poor and vulnerable.  
  - How many will die waiting? Not only due to enough supplies to immediately cover global population. Only one simultaneous global 3 day uptake required. |

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186 Behera et al. (2020)
189 Burki T, Equitable distribution of COVID-19 vaccines, 01 Jan 2021, The Lancet– Infectious Diseases, Volume 21, ISSUE 1, P33-34 https://doi.org/10.1016/S1473-3099(20)30949-X  
negligence in curing COVID with ivermectin but due to the lockdowns and restrictions which were not evidence based and killed more people than COVID (n.b. free Sweeden).
- Developed countries which represent 14% of the world population had purchased by Jan 2021, 53% of vaccines. This means there’s practically nothing left for dozens of countries where the only alternative is the i-vaccine and yet it is neglected.

**Best Case Scenario**

Eternal “seasonal” endemic disease, with compulsory vaccination at least once per year: a compulsory administrative rule, not based in medical and epidemiological evidence, which develops a perpetual billion dollar demand for recurrent vaccination for a now curable disease...just like the poxes.

COVID will keep evolving as an endemic zoonotic disease.
1. The capitalist race for NaziVaxxing shows zero understanding of the scientific meaning of the global “one health”\(^1\) approach.
There’s zero benefits in experimental vaccines when there’s a proven cheap effective cure.

**Spike mutations**

300000 sequenced mutations in 2020
- More cases, more mutation risk. Without ivermectin, vaccine ineffectiveness, inapplicability and overconfidence increases the chance of mutations.
- Proven ineffectiveness (>40%) against virulent spike variants\(^3\): requires new vaccines (6 week adaptation

VIP strategy: end of COVID19
- Vaccination strategy
- Infection strategy
- Prophylaxis strategy
Cf. above “VIP plan” section.

Ivermectin is the only viable and cost-effective solution for pets and livestock. It could even be used for natural reservoirs (wildlife).

Vaccines can’t do without ivermectin but ivermectin can do without vaccines... especially, experimental vaccines and genotoxic shots.

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\(^1\) World Health Organization. *What is ‘One Health’?* 21 Sep 2017 [https://www.who.int/news-room/q-a-detail/one-health](https://www.who.int/news-room/q-a-detail/one-health)
Center for Disease Control and Prevention, *One Health* [https://www.cdc.gov/onehealth/basics/index.html](https://www.cdc.gov/onehealth/basics/index.html)
One Health is considered part of biodefense: One Health Global Network Task Group, [http://www.onehealthglobal.net/working-groups/members/](http://www.onehealthglobal.net/working-groups/members/)


\(^3\) AY.1 (India’s B.1.617.2 Delta and Delta plus variants), B.1.1.7 (UK), B.1.351 (SouthAfrica), P.1 (Brazil) and California and Nueva York variants were of CDC concern.
for Pfizer) and new trials (even longer period). E.g. Moderna only 76% effective and Pfizer only 42% against infection with Delta. 194

- Most not tried against mutations like K417T195, N501Y, E484K196, etc. 197
- Waning immunity and low efficacy in infection prevention leads to more mutations. Incapacity to timely adapt global vaccines to local viral strains, means higher risk of viral adaptive mutation to vaccine artificial evolutionary pressure, leading to endemic persistence: a waste of healthcare money.
- Epidemiological failure of vaccination strategy:
  1. Vaccination doesn’t guarantee non-infection: getting another strain could result in worse symptoms. Once sick, you can’t reinforce with vaccines. If infection after vaccination, vaccines still require ivermectin.
  2. Niche replacement by other present strains: as seen with the HPV strains.
  3. Mutation rate: COVID-19 mutated fast, leading to a problem similar to the ineffective influenza vaccines. The lesson: never get in an endless arms race where we could never catch up. Vaccine intervention could worsen the problem.

Different variants of RNA and DNA virus. 198
- Proven prophylactic efficiency.
- Proven treatment efficiency in all stages of the disease, even severe inflammatory stage.
- Antibody-producing B-cells keep adapting (only takes a few days more).
- Unlike vaccines, which might prevent fewer overall infections against some of the variants, and might prevent severe infections, IVM does it for sure.
- Reinfection? reinforcement with IVM.
- Giving a cure is the only option for vaccine refusal: 60% in France, 24% in the USA199, 33% in US health agents, 40% of coerced Marines 200.

Mahase E, Covid-19: Novavax vaccine efficacy is 86% against UK variant and 60% against South African variant. BMJ2021;372:n296. https://doi.org/10.1136/bmj.n296 pmid:33526412
Puranik A, Lenehan PJ, et al. Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence. 06 Aug 2021 medRxiv 21261707; doi: https://doi.org/10.1101/2021.08.06.21261707

Covid-19: The E484K mutation and the risks it poses, BMJ 2021; 372 https://doi.org/10.1136/bmj.n359 (05 Feb 2021)
Covid-19: Where are we on vaccines and variants?, BMJ 2021; 372 https://doi.org/10.1136/bmj.n597 (02 Mar 2021)
The SouthAfrican was proven in Zimbabwe, the Brazilian in Belem and the UK strain proven in EU countries promoting ivermectin. 198
https://news.gallup.com/poll/350720/covid-vaccine-reluctant-likely-stay.aspx
Immunology type: Artificial:

- Trials were not designed to detect any improvement in severe cases, hospitalizations, or deaths. Instead, trials capture any mild COVID-19 cases as success.\(^{201}\)
- “Effectiveness” didn’t track if the vaccinated could still spread the virus: vaccines could have zero effectiveness in stopping contagion. Remember:
  - Several measles outbreaks occurred in 95% vaccinated populations.
  - The oral polio vaccine is still the main source of polio disease, not wild polio.\(^{202}\)
- Don’t prevent spreading, not even the AZ vaccine\(^{203}\) Even after achieving “60% vaccinated population target for herd immunity”, debunked lockdowns and masks will be still required by authorities (only distancing and ventilation effective in the short run).
- When the new strain is harmless, it would appear as if the vaccine is effective when in fact is useless.
  - Effective 50-60% first dose: at least 40% infectable
  - Effective 90-95% second dose

Sinovac Indonesia 68%, Brazil 78%, Turkey 91%. Real world showed ineffectiveness: Chile applied them to half the population\(^{204}\), yet had an infection and hospitalization surge.

Oxford: 70.4% in preventing hospitalizations

JJJ: 66% in symptom prevention (moderate to severe), 82-86% in preventing hospitalizations.

With 80% coverage, efficacy is supposed to be at least 70% to prevent an epidemic and at least 80% to eliminate other measures.

- “Effectiveness” could be even lower because it didn’t take into account prior personal and cross-immunity\(^{205}\): it isn’t the same if measured at the beginning or the end of an epidemic.

Boosted:

- 100% effectiveness in preventing sickness and contagion.
- Broad spectrum antiviral (20 RNA and RNA viruses): it works with mutations.
- More effective than any vaccine: not only antibodies but improves adaptive and innate immune response
- Lasts longer than vaccines, possibly years.
- Prevents spreading disease
- Reinfection is softer (unless mutation or underlying comorbidities or coinfections, just as vaccines).
- IVM prevents infection at the very gate. Vaccines might only work once the virus replicates in the bloodstream, thus letting the infection progress to more dangerous levels.
- Even with asymptomatic transmission, there’s no need to vaccinate, considering viral load elimination by ivermectin prophylactic and early

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203 Voysey M., Costa Clemens S. et al., *Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK*, December 08, 2020, The Lancet, ISSN: 0140-6736, [https://doi.org/10.1016/S0140-6736(20)32661-1](https://doi.org/10.1016/S0140-6736(20)32661-1)
Altmann D, Boyton R, SARS-CoV-2 T cell immunity: Specificity, function, durability, and role in protection, Science Immunology 17 Jul 2020, [https://doi.org/10.1126/sciimmunol.abd6160](https://doi.org/10.1126/sciimmunol.abd6160)
Nelde, A., Bilich, T., Heitmann, J.S. et al. *SARS-CoV-2-derived peptides define heterologous and COVID-19-induced T cell recognition* Nat Immunol 22, 74–85 (2021). [https://doi.org/10.1038/s41590-020-00808-x](https://doi.org/10.1038/s41590-020-00808-x) [https://doi.org/10.21203/rs.3.rs-35333/v1](https://doi.org/10.21203/rs.3.rs-35333/v1)
Ahmed Yaqinuddin, *Cross-immunity between respiratory coronaviruses may limit COVID-19 fatalities*, Medical Hypotheses,
COVID sickness could be as bad as having no vaccine or even worse: still requires ivermectin treatment.

- Lower immunity duration than natural: requires periodical booster shots.
- Vaccines generate bloodstream antibodies: useless against a nose-mouth infection, which requires more selective antibodies for mucosal surfaces.
- Elderly (≥60): supposedly, this group is the main reason behind mass vaccination but vaccine immune response is in inverse proportion to age (which means higher risk of mutations due to replication errors). “NaziVaxxers” think it is ethical to use the whole population as human guinea pig shields for the elderly, even if there’s a cure.
- Overconfidence in vaccine efficacy will increase demand for antibiotics, thinking the symptoms couldn’t be COVID-19, leading to resistant bacteria.

<table>
<thead>
<tr>
<th>Effectiveness delay</th>
<th>Pfizer 7-14 days after 2nd shot</th>
<th>Oxford: 14 days after 2nd shot, after 1 month of the 1st (ideally after 3 months). Repeat 2 doses after 6 months. Oxford: 3 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ineffectiveness</td>
<td>Insufficient immune response:</td>
<td>Effective in all cases (except not recommended groups)</td>
</tr>
<tr>
<td></td>
<td>COVID recovered (minimum 3 month waiting period)</td>
<td>2 hours (best bioavailability if taken liquid after fatty food and alcohol, like pizza and beer or stake &amp; wine).</td>
</tr>
<tr>
<td></td>
<td>Elderly</td>
<td>206 Pew Research, Covid-19: Do many people have pre-existing immunity? <a href="https://doi.org/10.1136/bmj.m3563">https://doi.org/10.1136/bmj.m3563</a></td>
</tr>
</tbody>
</table>
Obese: “inked to impaired immune function... lower vaccine responses for numerous diseases (influenza, Hepatitis B, tetanus).”  
Immunocompromised (HIV, etc.)  
Immunosuppressed (transplants)  

All of them are should still take ivermectin.  

Vaccines don’t solve the main issues (ivermectin does): 

- Children were quarantined for supposedly being spreaders.  
- One of the false excuses for lockdowns was the protection of risk groups like the elderly and the obese.  

Non-compliance risk  
The more shots required to achieve immunity (vaccination points) means more coordination problems, failures and delays.  
Vaccines do not achieve minimum effectiveness (FDA 50%) if abandoned after first shot. High risk of delivery delays and stock break before second shot.  
Abandonment increased if:  
- severe puncture local effects (n.b. Pfizer)  
- side effects after first shot (the more severe the higher risk of abandonment)  
- needle “phobia”  

Adding incentives ($) and disincentives (prosecution) achieves the opposite goal: mistrust and non-compliance.  

Contraindications  
- Pregnancy, even 2 months after  
- Lactating women  
- Preterm babies  

- One unique oral take, only reinforced if insufficient or persistent symptoms.  
- No needle. No pain.  
- No need to travel to an authorised facility (less carbon emmisions).  

**Contraindications**  
- Pregnancy, even 2 months after  
- Lactating women  
- Preterm babies  
- Ivermectin allergy (very rare)  
- Infants below 15 kg or 2

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- Corticoids (Sputnik)
- Severe allergies (Pfizer)

These are experimental vaccines: no long term trials, previously required, which are very important, as proven by the narcolepsy pandemic caused by the 2009 swine flu H1N1 influenza Glaxo vaccine.

Trials did not include enough studies on:
- COVID+ patients: sick or recovered
- Pregnant or breastfeeding women
- Children
- Adolescents (Moderna is testing 12-17 year olds)
- Elderly
- Persons with pre-existing comorbidities

This means no coverage for all those groups especially under 18 (Moderna) or 16 (Pfizer)

<table>
<thead>
<tr>
<th>Components</th>
<th>Dangerous components omitted in the package insert (corvelva.it analysis)</th>
<th>Fully disclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use of aborted foetal cell lines in research, production and quality testing.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Freedom</th>
<th>No freedom if given by government. Few facilities will have to use</th>
<th>Complete freedom of access</th>
</tr>
</thead>
</table>


214 Gyapong JO, Chinbuah MA, Gyapong M. Inadvertent exposure of pregnant women to ivermectin and albendazole during mass drug administration for lymphatic filariasis. Tropical Medicine and International Health 2003;8:1093-101.


allow you to choose vaccine brand. Freedom to chose other synergistic effective repurposed drugs. A cocktail reduces the rise of resistant variants.

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dumping obsolete stocks due to mutations or safety concerns, like millions of doses of the JJJ(^{217}) or AstraZeneca(^{218})</td>
</tr>
<tr>
<td>• Cold or supercold supply chain</td>
</tr>
<tr>
<td>• COVAX (Gates CEPI, GAVI, WHO) plan 5 billion USD for 2021 logistics but the costs are even higher.</td>
</tr>
<tr>
<td>• Cost of the time of doctors and nurses who prescribe apply the shots</td>
</tr>
<tr>
<td>• Cost of syringes, disinfectant, gauzes</td>
</tr>
<tr>
<td>• Disposal of pathogenic residues</td>
</tr>
<tr>
<td>• Vaccination control system (to become a passport)</td>
</tr>
<tr>
<td>• Low shelf life and cold chain requirements might mean losing millions of doses</td>
</tr>
<tr>
<td>• Cost to travel to and from a medical facility</td>
</tr>
<tr>
<td>• Minimum purchase lots combined with cold chain means losses (n.b. rural areas and small towns):</td>
</tr>
<tr>
<td>o 100 Moderna 10 dose vials</td>
</tr>
<tr>
<td>o 975 Pfizer 5 dose vials</td>
</tr>
<tr>
<td>• Open vial wastage: “if you open a 10-dose vial and only three people arrive to get vaccinated, you have to throw chuck the remaining seven doses because you have already contaminated the vial by opening it”. (^{219})</td>
</tr>
<tr>
<td>• No re-refrigeration of opened vials.</td>
</tr>
<tr>
<td>• To reduce the chance of buying vaccines which might turn out to be unsafe or ineffective, developed countries were buying more doses than the 2 needed, which will end up in the dump (as of Feb 2021):</td>
</tr>
<tr>
<td>o Canada 9.5 vaccine doses per person</td>
</tr>
<tr>
<td>o UK 5.3</td>
</tr>
<tr>
<td>o Chile 4.6</td>
</tr>
<tr>
<td>o USA 3.0</td>
</tr>
</tbody>
</table>

| • Less than 1 USD per treatment, only when symptoms (once every 3 years?) |
| • Over the counter. |
| • Ubiquitous if massively produced and distributed by governments like in Africa for anti-parasitic campaigns or Latin America and India for COVID. |
| • A Global uptake (except recovered patients), 2 uptakes in 2 weeks, might achieve the complete obliteration of COVID 19: maximum 6 billion USD only once (no hidden or additional costs). |
| • Vaccines cost at least 600% more per person in the first year. |
| • The net present value of 38 billion per year mean an unnecessary big fat milking cow of 4 trillion dollars for Bill Gates & Co., a golden calf for human sacrifices of the vaccine-injured at the altar of fake science paid by pirate corporations.\(^{220}\) |


\(^{218}\) Not authorized in Denmark and halted in Norway and Finland.


| Environmental problems | • Excess production, waste and disposal of vaccines cause biohazard environmental problems. E.g. AstraZeneca destroyed 60 million doses. 221  
• Worst case scenario: billions of vaccine doses have to be disposed because of a viral mutation which makes them obsolete. | No environmental problems: no excess disposal |
|------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Shelf life             | • Oxford: 6 months (2–8°C)  
• Moderna: 6 months (-4° to -20°), 30 days after thawing in fridge, **12 hours at room temperature**  
• Pfizer: 6 months, -70°, 5 days after thawing in fridge  
• J&J: 3 months at 5° and 2 years at -20°C | **1 year at room temperature** without direct sunlight (3 years beyond expiration date if liquid and stored properly) |
| Supply loss risks      | • Cold chain loss: especially in countries with unreliable electric grid or using intermittent energy 222.  
• Very unstable components: low shelf life | • Large shelf life  
• Stable at room temperature |
| Freedom                | • Employees getting fired 223 or forced to quit 224 for refusing compulsory vaccination.  
• COVID-1984 Police State through VaxPass: once there are enough doses to mandate vaccination it could mean the impossibility to travel by bus, airplane, ship, train, etc., to work or study, to access health insurance, social security, driver’s license, ID, passport, unless compulsory vaccination. It is already a 2018 law in Argentina. Similar initiatives in other countries or states (n.b. California). 225 | No cost, no police state, no insanitary dictatorship. Complete freedom and privacy. |
| Transparency           | Partial or zero (in some countries, not even physicians are allowed to know the vaccine components by penalty of the law asked by Big Pharma).  
RNA vaccines supposedly work the same but no one answers why one has 300% more “code” than the other: there’s no functional open source policy! | Full |


225 [https://www.co.rock.wi.us/rockhaven](https://www.co.rock.wi.us/rockhaven)


225 [https://articles.mercola.com/sites/articles/archive/2021/02/24/covid-vaccine-passport.aspx](https://articles.mercola.com/sites/articles/archive/2021/02/24/covid-vaccine-passport.aspx)
<table>
<thead>
<tr>
<th>Liability</th>
<th>Zero by law <strong>asked by Big Pharma</strong>: no consumer protection for no/low effectiveness and for side effects. Employers, who mandate vaccination o threat to sack employees whether expressly or implicitly, are liable for resulting harms.</th>
<th>Full (no need)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National interests</td>
<td><strong>Balance of Trade / Balance of payments</strong>: except few countries like the USA, EU, China, India, Russia, little or zero local production. This means eternal dependency and risk of supply failure in case of another strain pandemic, lack of funds, catastrophe, war, etc. <strong>Abusive clauses</strong> imposed for vaccine provision: for example, Pfizer forced several countries to accept a) to be compensated for the cost of any future civil lawsuits including negligence for its own mistakes in vaccine distribution and delivery, b) international insurance to pay for those cases, c) <strong>sovereign assets as collateral, including central bank and national bank reserves abroad, embassy buildings and military bases</strong>.226 Billions spent by corrupt Governments in payments to “guarantee supply” of a then unproven product. AstraZeneca/Oxford, Moderna y Pfizer/BioNTech received over 5 billion USD in advances, without any guarantee of safety and effectiveness. No “money-back” guarantee. What would people think if that money had been spent in a “snake oil miracle potion all healing medicine”? No big difference. Nothing was learned from the governments hoarding of <strong>Tamiflu</strong>227 for the swine-flu fake “pandemic”. Crime always pays. Nothing changed to prevent the same fraud under disinformational terror campaigns.</td>
<td>Local formulation and production. Zero contingencies against national sovereignty and financial stability. No vested interests in a patent-free cheap repurposed drug.</td>
</tr>
<tr>
<td>Patent corruption</td>
<td></td>
<td>No patents. No difficulty in production.</td>
</tr>
</tbody>
</table>

(*) ivermectin works as a vaccine. Scientific data proved Dr. Hirsch’ hypothesis.

**Long term efficacy**

Natural immunity (convalescent proxy) v. vaccine immunity

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Swine-flu vax scandal

June 2009: the WHO declared the H1N1 pandemic.

October 2009: only 4 months later (not the usual 4 years), with full liability indemnity for the manufacturers, vaccines were globally rolled out, while guaranteed to have no serious side effects by the US National Institutes of Health (Fauci), and in the UK, the Department of Health, the British Medical Association, and the Royal Colleges of General Practitioners. Unbelievably, Europe approved “based on data from pre-pandemic “mock-up” vaccines produced using a different virus (H5N1 influenza)”.

By 2014 several studies had pointed out the link to narcolepsy.

In 2018 due to a lawsuit for narcolepsy which got the information, the BMJ was the only journal publishing the death data that health authorities had from the beginning and did nothing but approval:

228 Doshi Peter, associate editor, The BMJ, Pandemrix vaccine: why was the public not told of early warning signs? 20 Sep 2018, BMJ 2018;362:k3948 https://doi.org/10.1136/bmj.k3948


https://pubmed.ncbi.nlm.nih.gov/?cmd=link&linkname=pubmed_pubmed_reviews&log%24=relatedreviews&logdbfrom=pmc&from_uid=27867997
After a hundred million doses and billions cashed by Glaxo, it took a decade of deaths and handicapping to phase it out and only because of a lawsuit.

There’s no explanation why Pandemrix was approved, even after showing 5x more deaths and 7x more serious adverse events than Arepanrix and the unadjuvanted vaccine.


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230 [https://www.bmj.com/content/bmj/suppl/2018/09/20/bmj.k3948.DC1/pandremix1809.ww2.pdf](https://www.bmj.com/content/bmj/suppl/2018/09/20/bmj.k3948.DC1/pandremix1809.ww2.pdf)
“The presence of 146N in large relative amounts in Pandemrix and the wild type virus and in lower relative quantities in Arepanrix or other H1N1 vaccines may have affected predisposition to narcolepsy.” "

Vaccine trials

Not a single COVID vaccine has been approved. They are only provisionally authorized for emergency use. For instance:

<table>
<thead>
<tr>
<th>Trial ID</th>
<th>Company</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT04368728</td>
<td>Pfizer</td>
<td>Recruitment phase by Jul 2021</td>
</tr>
<tr>
<td>NCT04614948</td>
<td>JJ</td>
<td>May 2023</td>
</tr>
<tr>
<td>NCT04516746</td>
<td>AstraZeneca</td>
<td>Feb 2023</td>
</tr>
<tr>
<td>NCT04470427</td>
<td>Moderna</td>
<td>Oct 2022</td>
</tr>
</tbody>
</table>

Vaccine carnage

Ivermectin is safe. By May 2021, there were more deaths from Covid vaccines in 5 months, than all vaccines in the past 20 years.  

Not counting 45,000 deaths hidden by the CDC in the USA.

- EudraVigilance Database (EU/EEA/Switzerland) to 14 Aug 2021:
  - 21,766 deaths related to Covid-19 injections, including:
    - 1000 babies under 2 years of age, who had zero risk of dying because of COVID
    - 2000 teens (12-17 y.o., Pfizer) who had near zero risk of dying because of COVID
    - 2 million injuries

- MHRA Yellow Card Scheme (UK) to 21 July 2021:
  - 1,517 deaths related to Covid-19 injections
  - over 1.1 million injuries

- VAERS database (USA) to 23 July 2021: 11,940 deaths related to Covid-19 injections and over 2.4 million injuries.

- TOTAL for EU/UK/USA – 34,052 deaths related to Covid-19 injections and over 5.46 million injuries reported as at 1 August 2021

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233 https://www.clinicaltrials.gov/ct2/show/NCT04614948?term=NCT04614948&draw=2&rank=1
235 https://www.clinicaltrials.gov/ct2/show/NCT04470427
236 https://www.wnd.com/2021/05/cdc-many-people-died-covid-19-vaccines-vaccines-last-20-years-combined/
From 1 Dec to 15 Apr 2021: 7,100 deaths according to EMA’s EudraVigilance:\(239\):
- 4036 Pfizer
- 1922 Moderna
- 1234 AstraZeneca
- Injuries: 200,000

From 14 Dec 2020 to 2 July 2021, U.S. CDC VAERS database for COVID vaccines: 240
- 9048 deaths. By July 20, 12313 (30% growth in 18 days)
- 7822 life threatening
- 7463 permanent disability
- 26754 hospitalized
- 56915 ER/doctor
- 80268 (doctor’s) office visit
- 239 birth defect
- 41015 serious injuries
- 438441 reports of adverse events

“Deaths are also a much higher proportion of total reports for Covid vaccines as compared with Influenza vaccines: approximately 5% as compared with about 0.8%.” 241

RNA vaccines: thousands of deaths, permanent disabilities and hospitalizations. 242

Deaths have been shown to be underreported by as much as 99%. 243 This could easily be amended by:
- Designing a minimum effort system for patients (email, toll free number, social media, elective low field e-form) and for medical staff (once registered, minimum patient information required with their username, follow ups and form completion should be done with the patient or relatives, trying to avoid wasting medical time).
- Promoting contact information to the reporting system (e.g. in the informed consent form, vaccination card, and COVID pass).
- Giving incentives to report to medical staff and to patients (tele-medicine, free treatments to vaccine injuries and hospital travel compensation).

Currently, there are only disincentives for doctors, their costly time (half hour for reporting each patient) and fear of getting in trouble, for something nearly useless, considering their prior efforts haven’t changed a rigged system and that authorities have shown no interest in improvements.

Pfizer: brain damage in 17 minutes and death in 10 hours? 244
In Mexico, Pfizer supplied 1/3 of the doses, but accounted over 95% of adverse events, compared to AstraZeneca, SinoVac, Sputnik V, CanSino. Sinovac deaths.

**Thrombosis caused by COVID vaccines**

AstraZeneca vaccine deaths: “62 cases of cerebral venous sinus thrombosis and 24 cases of splanchnic vein thrombosis reported in the EU drug safety database (EudraVigilance) as of 22 March 2021, 18 of which were fatal. The cases came from spontaneous reporting systems of the EEA and the UK... As of 4 April 2021, a total of 169 cases of CVST and 53 cases of splanchnic vein thrombosis were reported. Around 34 million people had been vaccinated in the EEA and UK by this date... The Pharmacovigilance Risk Assessment Committee of the European Medicines Agency, has confirmed the benefits of the AstraZeneca vaccine in preventing COVID-19 overall outweigh the risk of side effects.”

That statement proved the corruption of EMA:

1. With ivermectin not even one death is acceptable, not counting lifelong disabilities caused by thrombosis.
2. Spontaneous reporting has been proven to report only 10% of the cases. Cases tripled in just 12 days, not administered vaccines, which proves huge under-reporting.
3. When citing 34 million vaccinated people they are possibly counting all brands and only doses. Fully vaccinated (2 doses) are much less. Most severe cases come after the 2 doses. 92 million doses have arrived by that date and most haven’t even been applied.
4. Thrombosis cases could be more than 1 in 10,000 which is totally unacceptable even if there wasn’t a cure.

“The EU regulator also started a review to assess five reported cases of a rare disorder called capillary leak syndrome ... in which fluid leaking from blood vessels causes tissue to swell and blood pressure to drop. The J&J, Astra and Sputnik shots all use an adenovirus -- the cause of some common colds -- to deliver the coronavirus antigen and generate an immune response. Adenovirus technologies such as that used by AstraZeneca and others have been associated with clotting in other settings, so if this is the reason for the rare side effects observed with the Astra vaccine, shots from J&J, Sputnik and Chinese drugmaker CanSino Biologics Inc. would also be at risk.”

About 20 countries halted vaccination with the AZ vaccine, most resumed with the false excuse that the benefits were greater than the risks (never quantifying both). Australia was the only one to include blood clots in the informed consent forms to be signed by each human guinea pig receiver. The blatant violation of informed consent on blood clots increases distrust in informed consent forms and in the system. Even worse, most countries don’t even provide informed consent forms!

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245 https://www.bitchute.com/video/ENSVWP8pQBMw/
AstraZeneca and JJJ vaccines are based on chimpanzee and human adenovirus, respectively. Yet, they cause the same type of blood problems, especially in the 60+ females along 3 weeks after vaccination. Confirming the worse suspicions, EMA issued a similar statement, about the JJJ vaccine:

In fact, “thromboembolic events including those with thrombocytopenia have been reported with all COVID-19 vaccines.”

Conclusion: EMA and other agencies from many countries are accomplice to genocide. They can’t be trusted in vaccine approval and follow up but also in approving competing drugs like ivermectin which undermine the vaccine cartel.

Vaccine unsafety

Double-shot trials leave out those who abandoned after even mild reactions after the first shot: this proves that the injury ratios are worse than reported.

No longterm testing of the new biotech platforms:
- DNA (Oxford, Sputnik): adenovirus vectors were originally used for gene therapy insertions into DNA
- RNA (Pfizer, Moderna): RNA stem cell chain reaction? RNA artificial longevity into DNA? Epigenetic effects? Silencing protein production? Switching on protein production? Autoimmune diseases? COVID susceptible progeny? New COV-spike-chimerical virus? This is very important considering a mother with 1 Pfizer shot has passed antibodies to her unborn baby: no guarantee that RNA coding wasn’t passed as well.

No tracking of the impact of prior coronavirus or influenza or other vaccines. There could be severe side effects. For instance, HPV vaccines require not to have had a prior HPV infection. There’s growing scientific literature linking flu shots and severe COVID19 sympthoms (cf. below).

Transverse myelitis: permanent paralysis of arms and legs, brain inflammation (encephalitis), frequent seizures, decreased muscle strength, and difficulty breathing half an hour after the Pfizer shot.

Severe allergies

Foetal DNA debris linked to brain damage and autism.

Getting 2 doses but of different brands by mistake, might increase severe side effects. No studies.

Swelling in lymph nodes caused by vaccination looks similar to breast cancer in mammograms: to avoid false positives 4-6 weeks after last vaccine is recommended. Some might skip scheduled screening or even yearly screening, thus increasing the risk of metastasis.

FDA sought side effects-for COVID19 vaccines:


252. Gilbert P., Rudnick C., Newborn Antibodies to SARS-CoV-2 detected in cord blood after maternal vaccination, preprint 05/02/2021, medRxiv 2021.02.03.21250579; [https://doi.org/10.1101/2021.02.03.21250579](https://doi.org/10.1101/2021.02.03.21250579)


255. [https://www.fda.gov/media/143557/download](https://www.fda.gov/media/143557/download)
• Guillain-Barré syndrome
• Acute disseminated encephalomyelitis
• Transverse myelitis
• Encephalitis/myelitis/encephalomyelitis/ meningoencephalitis/meningitis/ encephalopathy
• Convulsions/seizures
• Stroke
• Narcolepsy and cataplexy
• Anaphylaxis
• Acute myocardial infarction
• Myocarditis/pericarditis
• Autoimmune disease
• Deaths
• Pregnancy and birth outcomes
• Other acute demyelinating diseases
• Non-anaphylactic allergic reactions
• Thrombocytopenia
• Disseminated intravascular coagulation
• Venous thromboembolism
• Arthritis and arthralgia/joint pain
• Kawasaki disease
• Multisystem Inflammatory Syndrome in Children
• Vaccine enhanced disease

As of March 9th, 2021, Sputnik V vaccine was still not approved by the European Medicines Agency, which raises concerns over either the safety and efficacy or EMA’s corruption to favour other countries against Russia.

mRNA Myocarditis

“mRNA vaccines present several problems, for instance:

1. **Instability:** mRNA vaccines are very temperature unstable and require storage at ultra-cold temperatures. Any human error can have high impact on the vaccine efficacy or safety.

2. **Effectiveness:** the dose of spike protein that is produced by the hacked cell is not standardized. The muscle tissue produces spike protein for an unknown period and in unknown quantities. Every person produces different amounts of spike protein.

3. **Safety:** the glycosylation process, in which cells add sugar molecules on a protein, which defines the pharmacology of the vaccine, is not standardized. Patients with chronic diseases produce abnormal glycosylation processes that have been associated with the promotion of cancer and autoimmune diseases. There’s no safety data, being a new vaccine platform, not sufficiently tested.”

• “In May 2021, the CDC started an investigation into a possible link between mRNA vaccines and myocarditis after Israel’s health ministry said in April it was monitoring a small number of cases of people developing heart inflammation after getting Pfizer’s vaccine. At the time, there were also reports that the Pentagon was tracking 14 cases of heart inflammation among people vaccinated through the military healthcare system.
• On 1 Jun 2021, Israel’s health ministry said that the small number of myocarditis cases that were found in mainly young men who received the COVID-19 Pfizer vaccine were likely linked to the vaccination.

256 [https://www.jp2mri.org/faq-institute-covid19-research](https://www.jp2mri.org/faq-institute-covid19-research)
• On 25 Jun 2021 the FDA added a warning about the risk of developing heart inflammation—either myocarditis or pericarditis—to patient and provider fact sheets for the mRNA-based Moderna and Pfizer CCP virus vaccines. Pericarditis is inflammation of the outer lining of the heart. The CDC said that more than 1200 cases of heart inflammation in adolescents and young adults who received the Pfizer or Moderna CCP virus vaccine have been reported. The majority of the patients were male, and after the second dose.

• Dr. Shimabukuro, a CDC official, had presented the data to the CDC’s vaccine advisory committee. According to his presentation, heart inflammation occurred at a rate in 12- to 39-year-olds of “12.6 cases per million second doses of any mRNA vaccine in the 21 days following vaccination,” with rates higher in males. The fact sheets warned of potential onset of myocarditis and pericarditis within a few days after receiving the vaccine, and “particularly following the second dose.”

• Between 14 Dec 2020 and 18 Jun 2021 there have been 1342 cases of myocarditis and pericarditis in all age groups: 835 Pfizer, 458 Moderna and 45 Johnson & Johnson’s. In 12- to 17-year-olds, 237 reports with 234 Pfizer’s.

• The real results were 5x higher than expected: 1 in 23000 myocarditis detected within 4 days after first dose after having COVID or after second dose of RNA Pfizer (30%) and Moderna (70%) vaccines among military, with a median age of 25.

• Also, in Israel, the Pfizer vaccine has been associated with myocarditis in 16-18 yo boys.

Ethical considerations

Authorities inflate COVID deaths stats by taking into account only the final cause, while omitting the primary cause of death (underlying condition which unchained the course of events leading to death, like cancer). Yet, in deaths from vaccination, they do exactly the opposite: vaccines can never be the cause of death, only the pre-existing comorbidity. For instance, when huge percentages die after vaccinating nursing homes, it is never the vaccine but that they were old and they were going to die anyway from age or prior sickness. Vaccine deaths are the tip of the iceberg, showing that the injuries mounted high enough to kill the person. This doesn’t mean that those lucky enough to avoid death were not injured and that the underlying injuring mechanism isn’t still causing damage.

258 https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&VAX=COVID19
259 https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&VAX=COVID19&VAXMAN=PFIZER/BIONTECH
267 https://www.infobae.com/politica/2021/06/11/murio-una-mujer-de-86-anos-luego-de-recibir-la-segunda-dosis-de-la-vacuna-sputnik-v-2/
Considering there’s a cure, it is completely immoral to vaccinate, even with the minimum risk of harm. One of the basic rules of medical ethics is precisely: “do no harm”.

Doctors have reported reduced injury impact with prior ivermectin. Also, some doctors treat vaccine injuries with **N-acetyl-cysteine (Glutathione)**. Authorities refuse to conduct large RCTs on treating something that officially does not exist: vaccine injuries. By denying vaccine hazards, authorities deny compensation and treatments to vaccine injuries.

**Ethical standards**

Ivermectin poses no ethical problems while COVID vaccines:

1. **Violation of informed consent**: unapproved vaccines (emergency use is not approval) means that they were not tested enough to know medium and long term risks. 263 Requiring vaccination is a violation of human rights (life, safety, informed consent, freedom, etc.). Even requiring information of who vaccinated is a violation of privacy and potential base for discrimination lawsuits.

2. **Vaccine passport**: loss of privacy and civil rights. Biometric surveillance tied to freedom of travel, digital ID, banking, insurance and social security. 264

3. **Abortion link**: use of cancerous cell lines derived from babies in elective abortions (involving live dissection) either for development, production or testing. 266 Considering there is an ethical alternative to unethical COVID vaccines, it is immoral to recommend them. It is an objective sin according to the Christian Churches, especially Catholicism. Even without religion and without knowing about the availability of ethical cures, many are not getting vaccinated because of the abortion link. 267

4. **Contraception excuse**: the requirement of no pregnancy after 2 months of vaccination is used as an excuse to push contraceptives while violating informed consent because of hiding:
   - They are considered immoral by certain philosophies and religions (Catholicism/some Christians)
   - They are abortifacients (except barrier methods without spermicide)
   - They could cause severe side effects (death, thrombosis, stroke, cancer, depression, permanent infertility... cf. package insert)
   - They are less effective than some natural awareness methods like naprotechnology.com, which pose no ethical problems.

263 https://www.ncbcenter.org/messages-from-presidents/covid-19-vaccines
https://stm.sciencemag.org/content/11/523/eaay7162
https://www.sciencemag.org/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/
https://cogforlife.org/2021/04/25/cell-lines-from-miscarriages-nonsense/
266 https://cogforlife.org/guidance/
https://lifefacts.lifesitenews.com/vaccines/vaccines-from-aborted-fetal-cells/
267 https://www.lifesitenews.com/opinion/why-i-can-never-take-the-covid-vaccine
Patent corruption

Much of pharmaceutical innovation is created by government “free money” paid by taxes (including the inflation tax): over 230 billion USD in the USA.\(^{268}\) It’s a circular scam where “the people” buys with taxes, products enabled with taxes. Even worse, corporations are granted monopolistic profits for public patents robbed to “the people” by their corrupt governments.

“Governments have given vaccine developers billions for research while “forgetting” to ask for a percentage of the patents. Yet, Big Vax keep all the excess profits derived from a monopoly granted by Government and they refuse to share the knowledge so that other vaccine manufacturers, which have idle capacity\(^{269}\), could cover the population they are not able to supply. In one word: collusion.”\(^{270}\)

For instance, the mRNA tech was basic research by the NIH and the Department of Defense. Peter Maybarduk, director of Public Citizen’s Access to Medicines program, told Scientific American. “Federal scientists helped invent it and taxpayers are funding its development. ... It should belong to humanity.”\(^{271}\) Pfizer’s COVID mRNA vaccine, where Bill Gates made a 600 million USD profit from an income of 3.5 billion by March 2021 and expects “durable demand” like flu vaccines, reaching 26 billion USD by Dec 2021.\(^{272}\)

Oxford’s vaccine patent is a “wonderful” paradigm. Considering the R&D was funded by the UK government, they wanted to release it to the public domain, yet Bill Gates “convinced” them to give it to AstraZeneca for profit corporation.\(^{273}\) It is not a surprise that globalists like Bill Gates insisted that Governments shouldn’t temporarily lift COVID vaccine patents.\(^{274}\)

Why is it that the Bill (ex) Melinda Gates Foundation owns so many vaccine patents and doesn’t release them to the public domain? Why did it invest in CureVac and other vaccine companies instead of giving it grants in exchange for future vaccine price reduction or vaccine donations? Why do they decline to answer?\(^{275}\)

What’s really difficult to understand is that these gene injections “legally” got away with hiding the ingredients as “trade secrets” even from doctors, even if they are not vaccines.

Vaccine obstinacy

There’s no ethical justification to vaccinate healthy immune population with experimental vaccines, especially the young, for whom the virus is just another flu. Patients with comorbidities could only be targeted for trials, but never imposed experimental vaccine.

Vaccination obstinacy raises concerns about a hidden agenda.


\(^{269}\) https://apnews.com/article/drug-companies-called-share-vaccine-info-22d92afbc3ea9ed519be007ff8887bfc6


\(^{271}\) https://www.scientificamerican.com/article/for-billion-dollar-covid-vaccines-basic-government-funded-science-laid-the-groundwork/


\(^{274}\) https://www.wired.com/story/opinion-the-world-loses-under-bill-gates-vaccine-colonialism/

\(^{275}\) https://www.thenation.com/article/society/bill-gates-foundation-covid-vaccines/
Why outpatient early treatments at home with many cheap effective drugs, being a better option to experimental vaccines, were censored by Governments, Health and Media? The fact that Governments still push vaccination after the discovery of the cure for COVID is a huge red light, among many.

PCR pandemic

The inventor of the PCR said it wasn’t useful for diagnosis. The PCR enhances any genetic material in the sample. The more cycles, the more false positives. After 45 cycles, 100% positiveness? WHO only recommended to reduce cycles when vaccines were rolled out, so the reduction in contagion and deaths would be attributable to vaccines. The CDC recognized that all PCR tests were based on a computer model, not a real isolated virus. The president of Tanzania tried the PCR on Papaya and motor oil and they turned positive on the WHO machine, and kicked them out of the country. The CDC established that the vaccinated shouldn’t be controlled for PCR.

Open air: forbidden for no reason

In February 2020, the WHO concluded: “In an analysis of 75,465 COVID-19 cases in China, airborne transmission was not reported.”

In November 2020, among ten million residents of Wuhan, there was no outdoors spread. Meta-analysis concurred. Yet, by October 2021, free outdoor activities were still forbidden in many countries, especially, religious pilgrimages.

If there’s no spread open air, why were masks mandated?

Mask as psy-op muzzles

Slow-motion ultra-resolution video and science prove that regular masks don’t protect. COVID aerosols less than 5 microns (µm) are smaller than cigarette smoke: 281

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279 https://www.bitchute.com/video/ypLjmXQoLygi/
280 “Mask mandates reduced case growth 0- 1.8%, and COVID death rates 0.7 - 1.9%, with an increase in deaths 21-40 days after the mandate went into effect. Indoor dining bans decreased case growth 0.1 - 0.4% with an increase in cases in four time periods the bans were implemented. Restaurant bans were associated with a slight growth in COVID mortality... states impose masks when cases are rising. Cases naturally peak after that, then decline. So the study may be giving masks credit for something that happens naturally.” https://www.lifesitenews.com/news/cdc-finds-masks-indoor-dining-bans-dont-stop-virus-but-media-ignores
Guy G Jr., Lee F, et al., Center for Disease Control and Prevention, Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020, 12 Mar 2021 / 70(10);350–354. MMWR.  
https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm#T1_down

“CDC released data, Sep 11 2020, on 314 people with and without COVID-19 and their use of masks 14 days before the onset of illness. The numbers are about the same for each group.”

https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf

CDC: “irrespective of whether the person with COVID-19 or the contact was wearing a mask”


CDC meta-analysis: https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

Bundgaard H, Bundgaard J, et al., Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers. A Randomized Controlled Trial. Annals of Internal Medicine, Annals.org 18 Nov 2020
https://doi.org/10.7326/M20-6817

https://doi.org/10.1056/NEJMoa2029717

https://doi.org/10.1111/jpc.14936

https://doi.org/10.1111/j.1600-0404.2005.00560.x

https://bmjopen.bmj.com/content/5/4/e006577.full
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/
https://ClinicalTrials.gov/ct2/show/NCT00173017
https://clinicaltrials.gov/ct2/show/NCT00173017
https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article#tnF2
https://twitter.com/surgeon_general/status/12337725785283932160?lang=en

https://doi.org/10.1126/science.abc9149
If you can smell it, you can get it, but you need a viral load of 1000 viral particles. Yet, the smaller the aerosol, the further the dispersion and lower the concentration.

No study solved the following warnings from the UK government:

- Effectiveness of face coverings as a source control after longer duration wearing, including analysis of the influence of moisture on the performance of different types of face coverings.
- Analysis of the potential risk of transmission due to contaminated face coverings (during and after removal).
- Assessment of the prevalence of skin complaints associated with face coverings, including an understanding of the factors that contribute and potential mitigation.
- Analysis of user acceptability of face coverings for long duration use in different settings. \(^\text{282}\)

Note: studies like that, which define N95 masks as Respiratory Protective Equipment (RPE), common cloth masks as “face covering” and surgical masks as “masks” tend to show higher effectiveness than the ones that take “masks” for cloth masks or any mask.

Air tighter masks are insufferable and unenforceable in a short lapse, since they cause lack of oxygen and excess carbon dioxide in blood. Still, they are not 100% effective. Not even the best HEPA filters can filter all COVID aerosols \(^\text{283}\), which could be as small as 0.1 micron:

<table>
<thead>
<tr>
<th>MERV Rating</th>
<th>Average Particle Size Efficiency in Microns</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>3.0 - 10.0 less then 20%</td>
</tr>
<tr>
<td>6</td>
<td>3.0 - 10.0 49.9%</td>
</tr>
<tr>
<td>8</td>
<td>3.0 - 10.0 84.9%</td>
</tr>
<tr>
<td>10</td>
<td>1.0 - 3.0 50% - 64.9%, 3.0 - 10.0 85% or greater</td>
</tr>
<tr>
<td>12</td>
<td>1.0 - 3.0 80% - 89.9%, 3.0 - 10.0 90% or greater</td>
</tr>
</tbody>
</table>

\(^{282}\) Duration of Wearing of Face Coverings EMG-NERVTAG 15 Sep 2020

\(^{283}\) [https://www.epa.gov/indoor-air-quality-iaq/what-hepa-filter-1](https://www.epa.gov/indoor-air-quality-iaq/what-hepa-filter-1)
Allowing flights, where air is recirculated with HEPA filters, was completely inconsistent with enforcing tighter lock downs: it is another proof that those measures had a political objective.

Similar to the insane lock down narrative, some argue that even if masks are not 100% effective, they are somewhat effective and that saves lives. Though common masks may reduce case risk for a brief period, with such a contagious virus, in a few months, statistics show they don’t make any difference in every single county, province or country. For instance, we negative correlation where the increase in mask use leads to more cases:

![Image of face mask usage survey](https://www.statista.com/statistics/1114248/wearing-a-face-mask-outside-in-the-uk/)

In the next wave, 100% mask usage is followed by a huge wave of cases while the usage drop leads falling cases:

![Image of COVID cases](https://ourworldindata.org/grapher/uk-daily-new-covid-cases?time=2020-03-30..2021-01-03)
Of course, correlation is not causation. In a UK government study\textsuperscript{284}, they insisted that masks were effective, yet they divided the stats of into usual, occasional and non-mask-users in outdoors, without taking into account confounding factors like being recovered, vaccine type and dose, and that many non-users avoid surveys. They cherry picked only one fortnight (Sep 2021) in the whole pandemic and hid that there are other periods with exactly the opposite result and that even in that fortnight, there’s no correlation with outcomes like


Pritchard E, Jones J, the COVID-19 Infection Survey Team. Monitoring populations at increased risk for SARS-CoV-2 infection in the community 5 Sep 2021 medRxiv 2021.09.02.21263017; https://doi.org/10.1101/2021.09.02.21263017
hospitalization and deaths. Tax money dumped by globalist politicians into mercenary scientists reminds us of the worst days of soviet science.

All the studies stating that masks were effective in preventing the pandemic are concoctions designed to fool the masses: case data shows no country was able to stop contagion except the ones which provided massive early treatment with ivermectin and other drugs. All of those studies reverse their conclusions if they increase the period studied.

For instance, the ministry of health of Argentina recognized they had no scientific basis for recommending common masks. The minister even recognized that masks “have an effect of social discipline... social control“.

Masks don’t protect contagion through the eyes and have the same ineffectiveness as transparent plastic face shields. Yet, in every single country with mask mandates, people were rejected, rebuked or fined when wearing visors instead of masks. Why is transparent politically incorrect?

Some of the psy-op purposes of face cancelling might be:
1. Show fear of others: they are a potential threat to you
2. Create fear in others: you are a potential threat to them
3. Create psychological distancing
4. Dehumanization
5. Destroying individuality (the face makes us unique)
6. Massification
7. Reduce social interaction and communication
8. Induce and show massive compliance: social pressure towards the rebels
9. Reinforce political and police authority
10. Increase acceptance of an unquestionable police state

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Masks:
1. Reduce oxygen intake
2. Increase carbon dioxide intake
3. Increase re-inoculation when infected by virus, bacteria or fungi
4. Increase bacterial and fungal colonies
5. Cause cytotoxic contamination when sterilized with graphene oxide

The false concept of a pre-symptomatic or asymptomatic spreader was based on false positives from the PCR tests due to:

a) Excess amplification cycles: more cycles eventually show 100% positivity.
b) Cross positivity with other strains: one of the reasons flu stats in most countries dropped to zero was that flu cases were classified as COVID ones.

Symptoms are the expression of higher viral loads: no symptoms means no contagion risk.

Massive masking was never justified on the asymptomatic.

On the symptomatic and the risk groups, masks might have been a tolerable measure in the first month of the pandemic, to buy time to understand the transmission and find effective treatments. Since the effective treatments were proven in May 2020, there was no excuse whatsoever to enforce masking, just as there’s no practical reason to mandate masks with the common flu.

The big question: if the masking narrative was true, why nobody mandated N95 masks? Wouldn’t saving lives justify the discomfort? The answer: it would trigger massive resistance. Masks are not about saving lives but about controlling lives… with muzzles.

Vaccines can’t prevent spread

Saliva viral load is a strong predictor of disease severity and mortality. Unlike naturally developed immunity, vaccines can’t generate immune response in the oropharyngeal mucosa (e.g. immunoglobulin A). Therefore, current COVID vaccines can’t generate herd immunity (i.e. prevent contagion and spreading).

This could be solved by innovations like the Finnish nasal spray vaccine but little interest has been shown… maybe because it is not a Trojan?

Why were mask mandates reversed after massive double vaccination? Masks weren’t about spread, but about vaxxing.

Vaccine arms race against immune escape

Vaccinating amidst a pandemic increases evolutionary artificial selection a niche effect promoting variants.

Experts have been warning of the possibility of this “immune escape”. Dr. Geert Vanden Bossche, vaccine developer and Senior Ebola Program Manager said: “Given the huge amount of immune escape that will be provoked by mass vaccination campaigns and flanking containment measures, it is difficult to imagine how human interventions would not cause the COVID-19 pandemic to turn into an incredible disaster for global and individual health.” 290

Robert Malone, inventor of the mRNA vaccines wrote: “At a practical level, this also means that the RNA genome of a coronavirus can be infectious; the RNA alone, if transferred into a cell, can cause that cell to produce complete and infectious new coronaviruses. This is why mRNA vaccines only use a fragment of the mRNA genome, so that the mRNA cannot reproduce virus. Note: he is recognizes that the vaccine RNA is infectious, just like a virus.

Using RNA as the genetic material is very efficient (a single strand is easier and cheaper to make than two!), but it is also very likely to develop errors during replication relative to using double stranded DNA (like human beings use). Among other problems with this viral strategy is that this means that viruses that use RNA often mutate very fast. Good thing that human beings use DNA to store their genetic information!

RNA viruses make this high mutation rate work for them. The high mutation rate of RNA viruses is one reason why it is difficult to make effective vaccines against many of these types of viruses.

Positive-sense291 RNA viruses account for a large fraction of all known human viruses, including many well-known pathogens such as HIV (the AIDS virus), hepatitis C virus (liver cancer), rhinoviruses (common cold), West Nile virus, Dengue virus, Zika, SARS and MERS coronaviruses, and COVID-19. Even though the single stranded RNA strategy comes with the problem of high mutation rate, these viruses replicate so efficiently, and produce so many viruses so fast, that it does not slow them down. In fact, the high mutation rate is sort of an advantage for viruses- it makes it easy for them to evolve and adapt to a new host (you and me) very rapidly, and to adapt to escape immunity in the animals that they infect (including us).

There have been reports of the virus’ genome being different at various time points within an individual. Another RNA virus with this capability that we are all familiar with is HIV.

For those of you paying attention, smash these ideas together with 1) escape mutants against a vaccine and 2) why we don’t have a vaccine for HIV and the common cold…” 292

Note: he is recognizing mRNA vaccines are not effective with a high mutating virus like COVID19.

“The Delta variant possesses mutations in the spike protein (including 104 L452R and T478K) that makes the virus less susceptible to neutralizing antibodies generated by current vaccines or natural infection.” 293

By Aug 2021, the AZ vaccinated had 251 times the Delta viral load compared to the unvaccinated Alpha. 294 This shows that the vaccines weakened the immune system and that the vaccinated were turned into superspreaders: the Delta wave is a vaccinated wave. 295

290 https://childrenshealthdefense.org/defender/vanden-bossche-mass-vaccination/
291 Physicist Deni Hogan wrote that mutation is “also about helicity, chirality and subatomic forces. The helicity of a particle in particle physics is defined as the projection of a spin vector in the direction of its momentum vector, Therefore, if a particle’s spin vector points in the same direction as the momentum vector, the helicity is positive, and if they point in opposite directions, the helicity is negative.” https://www.linkedin.com/feed/update/urn:li:activity:6839540985089863681?commentUrn=urn%3Ali%3Acomment%3A%28activity%3A6839540985089863681%2C6839577367028084736%29
292 03 Sep 2021 https://www.linkedin.com/posts/rwmalonemd_research-science-biotech-activity-6839540985089863681-1w3j
293 03 Sep 2021 https://www.linkedin.com/posts/rwmalonemd_research-science-biotech-activity-6839540985089863681-1w3j
294 Some might argue that this shows Delta is not as deadly, since only one in 62 required oxygen, but in Vietnam, ivermectin is widely used so we can’t rule out treatment effectiveness.
War on the recovered or the unvaxxed?

It is clear that masks were the first step in a gradual plan to mandate a police-state COVID pass: forbidding outdoor circulation, and after easing the lock downs, denying entrance without masks was aimed to gradually increase tolerance to passports, an **unsane insane dictatorship**.

Harder to deploy, the second phase was lock downs with passes for “essential” workers (including abortion workers) and, of course, the elite.

The third step is war on the unvaxxed. The war on the recovered is the proof that governments are following a guided plan to gradually enforce a global lock down on the unvaccinated, in a typical Overton-window strategy, which will end up locking down the unvaxxed in “house arrest” solitary confinement, allowed by the universal minimum income, dependent upon not having children. It’s a “wither and die” strategy both for the unvaccinated and the vaccinated, since vaccines cause infertility, disabilities and death.

On August 2021 the Biden administration forbid the entrance of unvaccinated foreigners. European Covid Digital Certificate (EUDCC) is being used across borders not only for foreigners but for EU citizens. Thirteen EU countries mandate passes for hospitality (bars, restaurants, museums, indoor sports venues, and other cultural/entertainment sites). In Italy, the **freemason** prime minister Draghi mandated a COVID Green Pass to access venues with public: one dose, 9 month pass, recovered get only 6 months even if they have more immunity, PCR tested get only 48 hours. This, in spite 63% of the 12+ population got 2 shots and it is estimated that 60% are recovered, yet they want to reach 80% vaccinated. Even the Vatican required it to access the Vatican gardens, even if it is proven there’s no outdoors’ risk! An Argentine provincial law (Jujuy), mandated all state employees to be vaccinated or else, no wage, as if their bodies had been confiscated by the State, even if all COVID vaccines were not approved by ANMAT (the Argentine FDA), though they had Emergency Use Authorization.

Some passes (e.g. Slovenia), allow access to hospitality venues if a negative COVID test is provided. The same, for entering a Country (e.g. Argentina) or province (Jujuy, Argentina). In those countries or states/provinces where the test has to be paid by the user, entering the region or venue is unaffordable, if the test has to be done periodically (for instance 72 or 48 hours prior to entrance). Also, long term immunization is not recognized to the recovered.

5 Feb 2021, after 8 months it was clear that natural immunity was far better than any vaccine induced response, which can’t achieve IgA memory. The same conclusion was reached after 1 year.

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300 [https://coronavirus.gimbe.org/vaccini.it](https://coronavirus.gimbe.org/vaccini.it)
301 [https://coronavirus.gimbe.org/vaccini.it-IT.html](https://coronavirus.gimbe.org/vaccini.it-IT.html)
302 [https://doi.org/10.1126/science.abf4063](https://doi.org/10.1126/science.abf4063)

"Memory B cells against SARS-CoV-2 spike actually increased between 1 month and 8 months after infection. Spike IgA was still present in the large majority of subjects at 6 to 8 months after infection. Among the memory B cell responses, IgG was the dominant isotype, with a minor population of IgA memory B cells. Although ~70% of individuals possessed detectable CD8+ T cell memory at 1 month after infection, that proportion declined to ~50% by 6 to 8 months after infection. For CD4+ T cell memory, 93% of subjects had detectable SARS-CoV-2 memory at 1 month after infection, and the proportion of subjects positive for CD4+ T cells (92%) remained high at 6 to 8 months after infection. SARS-CoV-2 spike-specific memory CD4+ T cells with the specialized capacity to help B cells [T follicular helper (TFH) cells] were also maintained.”

Dan JF, Mateus J, et al. **Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection.** 5 Feb 2021 Science Vol 371, Issue 6529 [https://doi.org/10.1126/science.abf4063](https://doi.org/10.1126/science.abf4063)
IgM antibodies start being detected at 1 to 2 weeks after infection, peak at 4 to 6 weeks, and last minimum 6 months. Why did they insist in tracing waning neutralizing antibodies for the recovered, instead of long-term natural immunization (B and T cells, CD4 & CD8)?

Considering natural immunity is much better than vaccination, why were the recovered denied passes? Why did governments require the recovered to have PCR testing and not the vaccinated? Why did Switzerland consider that the recovered had a 6 month pass while the vaccinated a yearlong?

24 Aug 2021, after following 670,000 people, vaccinated and unvaccinated, an Israel study concluded: “Natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the Pfizer two-dose vaccine-induced immunity... vaccinated individuals had 27 times higher risk of symptomatic COVID infection compared to those with natural immunity from prior COVID disease”.

6 Sep 2021, the Delta variant was 6x less sensible to antibodies from the recovered, compared to 8x of the double-vaxxed AstraZeneca and Pfizer. But the researchers didn’t disclose that the majority of the recovered were vaccinated, because it didn’t cross their minds that vaccines could actually reduce immune capability.

By December 2020 it was clear from the Pfizer trial data that the recovered didn’t need a shot. Why was there an insistence of vaxxing COVID 0+ when there was no scientific evidence of any benefit in terms of long term immunity?

Why did the WHO insist that the vaccinated didn’t need immunity? An insistence of vaxxing COVID 0+ when there was no scientific evidence of any benefit in terms of long term immunity?

One argument for vaxxing the recovered comes from a bad interpretation of the study about IgG(S-RBD) antibody response to mRNA SARS-CoV-2 vaccination in individuals with and without prior infection.
Why is there such a scattered pattern in the recovered as baseline? Because they are not discriminated according to lapse since prior infection and vaccination (it takes time for immune response), and are not considering B and T-cells. What this graph really shows is that the recovered achieve maximum antibody levels with first shot, just as a reinfection would trigger T-cell production of antibodies to maximum capacity. That’s why the second shot doesn’t change the antibody level. The proof is that the lower part of the recovered baseline, reaches nearly the same level as the upper.

This is confirmed by an Israeli study: recovered react to first shot as a double vaccinated would react to a viral infection. 308 Green passes were given to the recovered, too. 309

Unlike natural immunity, some of the lower dots of vaccinated after dose 1 and 2, never reach desired antibody response even with an average 42 years of age, which proves that some will get little or zero benefit from vaccination, while taking a measurable risk of serious adverse events: hiding ivermectin from them is even more criminal, not only because they are told they can go around without any prophylaxis while they are more prone to infection, but because the lower the immune response to vaccination, the lower the response to the vaccine injuries.

“Reinfections are rare events and patients who have recovered from COVID-19 have a lower risk of reinfection. Natural immunity to SARS-CoV-2 appears to confer a protective effect for at least a year, which is similar to the protection reported in recent vaccine studies.” 310 Very few cases were reported of recovered patients reinfected with a mild disease. Even fewer, with severe symptoms but all of them were due to pre-existing comorbidities or immune problems. On the contrary, vaccines showed worse outcomes than natural immunity.

A Cleveland study involving over 52 thousand health employees (the double the ones in the Pfizer and Moderna trials but for 10 months), proved the recovered needed no vaccination at all, showing better protection than the vaccinated, which had 0.7% reinfection: didn’t find a single incident of COVID-19 reinfection in participants who previously had the infection.  

In Israel, among 96,845 second wave unvaxxed recovered, 880 reinfected with only 2 seriously ill (2 in 100,000), while among 184,969 third wave unvaxxed recovered, 796 reinfected (0.43%), 9 grave (5 in 100,000). There was practically no difference with recovered with one dose o with the uninfected with 3 doses. Among the 1.46 million double vaccinated in January the rate was 55 per 100,000 by September 2021, suggesting rapid waning effectiveness. The study omitted the first wave recovered because the difference with the vaccinated was probably stronger. Another study with 32000 Israeliites showed natural immunity was 13x more effective than vaccines in preventing infections and 27x preventing symptoms.

After 8 months, the recovered showed more immunity against common human coronaviruses as well as SARS-CoV-1 and therefore are probably immune to SARS-CoV-2 variants. “Spike IgG+ memory B cells increase and persist. Durable polyfunctional CD4 and CD8 T cells recognize distinct viral epitope regions.”

Why is there discrimination towards the recovered, even if the vaccinated and the unvaccinated become equally infectious? (Delta viral load was similar)

On the other hand, previous COVID-19 infection, is associated with increased severe adverse events following vaccination with Pfizer: headache, fatigue, myalgia, lymphadenopathy, etc.

Why did the CDC, the WHO and many public health experts like Fauci, say people who’ve previously been infected still should get vaccinated? Why did the social networks (twitter, Facebook) and fact checkers censor opposing science-based view without any scientific evidence?

Why did the NHS and the CDC use unscientific models to promote lock downs? Why were masks, lock downs and vaccines, all intended to the uninfected, mandated to the recovered?

Why did governments omit that the recovered and those who took monoclonal antibodies or plasma, should not be vaccinated for 3 to 6 months because the high antibody level interferes with the vaccine efficacy?

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1. Shrestha NK, Burke PC, et al. Necessity of COVID-19 vaccination in previously infected individuals, 01 Jun 2021 medRxiv 21258176; https://doi.org/10.1101/2021.06.01.21258176
Considering scarcity, why did governments hid that the COVID recovered didn’t need vaccines and should not be vaccinated due to bad outcomes? 318

Why do they hide that the recovered have better immunity than the fully vaccinated 319, even more than the Pfizer vaccine? 320

Why did the CDC authorize the vaxxed, visits without restrictions to the unvaxxed, while not granting the same rights to the recovered and the ivermectin treated or treatable patients? "all the unvaccinated people are at low risk of severe Covid-19 illness, no prevention measures are needed, so these visits could happen indoors with no mask or physical distancing ... fully vaccinated people are less likely to have asymptomatic infection, and therefore potentially less likely to transmit SARS-CoV-2 to others." 321 Mercenaries and ideologues, not science, run health agencies these days.

We have accepted the unscientific foundations of greenpass bio-police states. The logic behind vaccine passes is not nudging but directly pushing forced vaccination through unscientific incentives and disincentives. For example, IBM’s Excelsior Pass only allows the vaccinated and recently tested, while discriminating the recovered. Other passes also assume vaccine 100% efficacy while asking for antibody count for the recovered, which is higher than with vaccination, but wanes along months (like in vaccines). What matters is antibody producing T and B cell count322, where the recovered show far better results than the vaccinated, but natural immunity is not taken into account. With an effective cure like ivermectin, there’s no justification for passes (if there ever is). It depends on us if biosecurity dictatorships (infactorships) are here to stay.

WHO changed the definition of herd immunity to justify compulsory unneeded vaccination. 323 The new anti-science Orwellian definition says that the only ethical way to achieve herd immunity is through vaccination. Defying the most basic concept of immunology, the WHO excludes natural immunity, even if achieved through a


Hall VJ, Foulkes S, et al. SARS-CoV-2 infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN), 09 Apr 2021 https://doi.org/10.1016/S0140-6736(21)00675-9

Turner, J.S., Kim, W., Kalaidina, E. et al. SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans. 20 Dec 2021, Nature. https://doi.org/10.1038/s41586-021-03647-4


321 Plüddemann A, Aronson J, What is the role of T cells in COVID-19 infection? Why immunity is about more than antibodies? Oct 19, 2020 Centre for Evidence-Based Medicine, Nuffield Department of Primary Care Health Sciences, University of Oxford https://www.cebm.net/covid-19/what-is-the-role-of-t-cells-in-covid-19-infection-why-immunity-is-about-more-than-antibodies/

322 “Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.” https://web.archive.org/web/20201101161006/https://www.who.int/news-room/q-a-detail/coronavirus-disease-2019-serology

“Herd immunity”, also known as ‘population immunity’, is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached. Herd immunity is achieved by protecting people from a virus, not by exposing them to it. Vaccines train our immune systems to create proteins that fight disease, known as ‘antibodies’, just as would happen when we are exposed to a disease but — crucially — vaccines work without making us sick. Vaccinated people are protected from getting the disease in question and passing it on, breaking any chains of transmission.” https://web.archive.org/web/20201223100930/https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/herd-immunity-lockdowns-and-covid-19
mild disease, cross-immunity or even medical immunity where a severe disease becomes mild thanks to medicines, like ivermectin. **With ivermectin, there’s no need to vaccinate at all.**

In December 2020 Fauci announced 20% natural herd immunity in the USA but the need to vaccinate 85% of the population in order to go back to normal: 105% while experts say 65% is enough but taking into account natural herd immunity. Instead of vaccinating 45% of the population (65%-20% natural herd immunity), the new definition of WHO justifies compulsory vaccination of 100% of the population, even those who had achieved natural immunity for life and don’t need any vaccine and even if the vaccines could cause more severe reactions in those already infected.

In March 2021 Fauci established 80% was enough but in order to achieve it, children had to be vaccinated. **324** This is an obvious manipulation to make believe that vaccines are the only way out:

- By May, 81% of individuals had pre-existing T-cells that cross-reacted with SARS-CoV-2 epitopes**325**
- Natural immunity is more effective against a particular strain and more lasting than vaccine induced immunity.
- Through cross-immunity, natural immunity is more effective against new strains and new viruses from the same family. Bio-staticians believe cross-immunity is the answer to why severe cases went down in countries with infection rates as low as 20%. Four coronavirus in the flu season are harmless (except immuno-compromised): HCoV-229E, HCoV-NL63, HCoV-HKU1 and HCoV-OC43. Dangerous strains are extinct or rare: SARS-CoV (2002-2003) and MERS-CoV (2012-present).
- By the end of August 2021, 67% of the US population had antibodies (herd immunity), according to the American Academy of Pediatricians.

Some passes (Italy, Austria) recognize some COVID recovered but not all and in the near future, none.

Vaccine passports are defined to include those vaccinated (antibodies last 3 months**326**) and those recovered with current antibodies (last 3 to 6 months). **Immmunity duration is not defined by antibodies but immune cells (T, B)**, which last years**327** and produce antibodies in response to an infection. They also exclude those with genetic immunity (like north-western Europeans). **328 Passports’ anti-scientific definition shows a clear bias against natural immunity and towards vaccination.**

Why do they insist in calling them **vaccine passports and not immunity passports**? Nobody can rule out that it could be argued that unlike “proven” updated vaccines, it would still be unproven that natural immunity would cover variants and new SARS-CoV viruses. By the time it would be proven otherwise, a new “more contagious” variant will be already included in the vaccine update… in a vicious circle until scientists and doctors just get exhausted from fighting for scientific truth. Game over: COVID vaccine mandate even for the recovered?

Robert W. Malone: “Please ask yourself this question: Why does the US require vaccination for everyone, with an obsolete vaccine, when many are already infected, have recovered and have developed natural immunity? Stop, think about it. Why this censorship? Why the orders? Why the permanent propaganda?”

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**326** In the case of RNA vaccines, it may last longer: until the artificially infected cells die exhausted from producing antibodies?

**327** https://www.statnews.com/2021/03/05/adapative-biotechnologies-covid19-test-microsoft/

Lockdowns for a reason, not health, not science.

Just as with masks, all studies showing that lock downs were effective in reducing deaths, are fundamentally flawed because they omit:

- that epidemic waves tend to fall anyway
- the mid run trends
- the introduction of effective treatments
- the manipulation of statistics, for example, mixing deaths with COVID together than deaths from COVID, using PCR with high cycles instead of blood analysis, etc.
- the increase in deaths caused by the lockdowns, especially for lack of access to lab analysis and healthcare

By April 2020 it was clear that COVID was affecting the elderly only. There was no justification for general lock downs.
Global stringency (black) has no correlation to deaths (red). 329

“Rapid border closures, full lockdowns, and wide-spread testing were not associated with COVID-19 mortality per million people.” 330 “average fatality rate of countries with a shorter period of lockdown is significantly lower than countries having a longer period of lockdown... lockdowns of longer duration have generated negative effects on GDP growth: average contraction of GDP from second quarter 2019 to second quarter of 2020 in countries applying a longer period of lockdown (i.e., about two months) is about −21%, whereas it is −13% in countries applying a shorter period of lockdown of about 15 days.” 331

In 27 countries, “15 days after the lockdown... there was no significant decline in the prevalence and mortality.” 332

226 countries: “Less disruptive and costly non-pharmaceutical interventions (NPIs) can be as effective as more intrusive, drastic, ones (for example, a national lockdown).” 333

Most studies “are based on data from the first semester of 2020, they fail to capture the incidence of lockdown fatigue, namely, non-linear effects due to the cumulative economic and psycho-sociological burden of the restrictions and the diminishing degree of compliance... Using data from 152 countries from the onset of the pandemic through 31 December 2020. Even if restrictions played a role early on, they had a one-off effect that would be hard to replicate going forward.” 334

In epidemiology textbooks nothing justifies general lockdowns. Sweden was one of the few countries in the world that kept its head cold.

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329 https://www.pandata.org
https://app.powerbi.com/view?r=eyJrIjoiMGVjYjhkMjMtMzhjMy00OWRkLWJjNWJtMi0xNjU1Mi0xOTI1LTI3MjM2MGIwMDM4MCJ9


20 studies and free Sweden prove lockdowns were not necessary, especially after the first few weeks, when HCQ and other drugs were proven effective. 335

Lockdowns had four main objectives:
1. Bankrupt the economy to purchase companies and assets for nothing or destroy the competition which didn’t have access to funding from the globalist elite controlled governments or banks
2. Increase government debt and political dependence from the globalist elite
3. Fear mongering the population into vaccines as the only way out of misery
4. Pushing parents into accepting children vaccination as the only way into schooling

Was it all about the children?

CDC COVID-19 Survival Rates Age 0-19: 99.997%, infection fatality ratio 0.00003 (30 per million) 336

It has been falling. In the UK, about 800 reviewed papers show contraindication towards vaccinating children 337, especially, under 11:

“Mortality rate was 2 per million population, compared with 255 per million for all other causes of death during the study period. The majority of SARS-CoV-2 deaths occurred in children >10yo (72%).
Six (24%) SARS-CoV-2 related deaths occurred in previously healthy children and 19/25 (76%) in children with underlying comorbidities. The most common comorbidity was an underlying complex neurological condition (13/25, 52% including 8/25 (32%) with neurological as well as respiratory comorbidity) followed by chronic respiratory disease (12/25, 48%). Over half (15/25, 60%) of children who died of SARS-CoV-2 had an underlying life-limiting condition. No deaths due to SARs-CoV-2 occurred in children with isolated cystic fibrosis, asthma, Trisomy 21, epilepsy, or type 1 diabetes.” 338

“Transmission in families occurs very infrequently, and the number of unreported cases is low in this age group. These observations do not support school closures as a strategy fighting the pandemic...” 339

“Singapore-based study investigated the role of children in the transmission of SARS-CoV-2 and found no evidence of children acting as a community reservoir of infection.” 340

In July 2021, the BMJ published an article proving it is immoral to vaccinate children. 341 Yet, YouTube removed Family Research Council video about vaccinating minors against parental consent. 342 This is even worse than...
facts being considered as fake news. This is about **denying a basic human right (informed consent)** by labelling it as “medical misinformation”:

An act from Washington D.C. City Council authorized school vaccination to even 11 year old children without parental consent and allowed schools to seek reimbursement directly from the child’s insurer without parental knowledge, even if Federal law allows religious objections and mandates that parents receive Vaccine Information Statements to guarantee informed consent. Massachusetts adopted a similar policy but all ages. 343

Due to UK lockdown, **five times more children committed suicide than died with COVID.** 344

There’s no need for a vaccine if a sickness, such as COVID in children, is moderate or asymptomatic. **COVID impacts children like the flu, but against the flu, there’s no home & school lock downs and compulsory vaccination for kids.** 345 Even with vaccination, kids will need ivermectin against thrombotic complications caused by the virus. 346 There’s no need for vaccination if there’s a more effective and safer strategy like ivermectin.

A US study showed that the very few children above 12 years old died less if vaccinated. What they “forgot” to show is that the majority of the unvaccinated were poor (which have more hospitalization rates in worse hospitals and with worse treatments and outcomes), or with more comorbidities (maybe because parents learned about the CDC study showing that the vaccinated children with prior problems have worse outcomes?).

Why are children being vaccinated against COVID knowing the vaccine causes injuries and deaths?

The answer is gruesome. They want to use children as vaccinated-shields when in fact, they are natural shields:

- “Another factor that may feed into a lower herd immunity threshold for COVID-19 is the role of children in viral transmission. Preliminary reports find that children, particularly those **younger than 10 years, may be less susceptible and contagious than adults**, in which case they may be partially omitted from the computation of herd immunity.” 348

- Children are less likely to transmit COVID-19 than adults. 349 Yet “public health leaders say, parents must ‘vaccinate the young to protect the old.’ Given the federal government’s estimate that one vaccine injury

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345 [https://healthchoice4actionma.org/](https://healthchoice4actionma.org/)

346 Smith C, Odd D, et al. **Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data,** 7 Jul 2021, PREPRINT (Version 1) Research Square [https://doi.org/10.21203/rs.3.rs-689684/v1](https://doi.org/10.21203/rs.3.rs-689684/v1)


348 Aguilera-Alonso D, Murias S, et al. **Prevalence of thrombotic complications in children with SARS-CoV-2,** 30 Apr 2021 Archives of Disease in Childhood. [https://doi.org/10.1136/archdischild-2020-321351](https://doi.org/10.1136/archdischild-2020-321351)


350 Fontanet, A., Cauchemez, S. **COVID-19 herd immunity: where are we?.** 9 Sep 2020. Nat Rev Immunol 20, 583–584. [https://doi.org/10.1038/s41577-020-00451-5](https://doi.org/10.1038/s41577-020-00451-5)

results from every 39 vaccines administered, it seems clear that \textit{officials expect children to shoulder 100\% of the risks of COVID vaccination in exchange for zero benefit.}  

Without an effective treatment (which isn’t the case), the \textit{best cost-effective strategy would be to vaccinate the risks groups and let the low risk population achieve natural herd immunity with a moderate disease, just as the initial strategy used with the flu shots.} Yet, countries are aggressively pushing vaccines on children, who suffer COVID with moderate symptoms, just as flu.

We are repeating the same mistake as with the children poxes, which might have severe effects in adulthood, turning a moderate disease into a severe one.

If vaccines worked, vaccinating children, turn the unvaxxed into a risk group when they grow old. Unlike pox parties, kids will not find wild COVID around to get natural immunity, because of vaccine induced herd-immunity, and eventually will be forced into vaccination (unless finding out about ivermectin, which doesn’t exist according to the official narrative).

Just as with the poxes, COVID vaccination of children proves the intention of creating eternal vaccine dependency. Info-terrorism and the unscientific school shut downs, even when classes were proven to pose no epidemiological risk, show the \textit{plandemic was all about yearly universal vaccination.} They are getting away with the ideology that \textit{children must be used as vaccine-cannon fodder, collateral damage, acceptable unintended civilian casualties of dirty vaccines in the dirty war against the virus.}

Is it the \textit{human pride or plain anti-scientific stupidity} to think we can eradicate a high mutating virus through vaccination? Is it Big Business (Big Corruption)? Is it a conspiracy for depopulation, either by killing, crippling or infertility? A bit of all?

\textbf{Do COVID vaccines hide a depopulation agenda?}

“The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain \textit{syncytin}-homologous proteins, which are essential for the formation of the placenta in mammals such as humans. It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as otherwise infertility of indefinite duration could result in vaccinated women.

According to section 10.4.2 of the Pfizer/BioNTech trial protocol, \textit{a woman of childbearing potential (WOCPB) is eligible to participate if she is not pregnant or breastfeeding, and is using an acceptable contraceptive method as described in the trial protocol during the intervention period (for a minimum of 28 days after the last dose of study intervention).}  

\begin{itemize}
  \item Lazarus R, Klompas M, \textit{Electronic Support for Public Health - Vaccine Adverse Event Reporting System 12/01/07 - 09/30/10}, The Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services
  \item https://healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system
  \item https://childrenshealthdefense.org/news/vaccine-injuries-ratio-one-for-every-39-vaccines-administered/
\end{itemize}
“Alignment of the endogenous elements Syn1 found on human chromosome 7, or Syn2 found on chromosome 6, or HERV-K expressed from chromosome 6, all show a number of sequence motifs with significant similarity to nCoV2019 spike protein.”

“The syncytio trophoblast is the outermost layer of the placenta, the part that is pressed against the uterus. It’s literally a layer of cells that have fused together, forming a wall...This wall of cells keeps mom and baby working in harmony and not killing each other. There’s no other structure like this anywhere else in the body.”

Despite the warnings about physiological consequences, clinical trials and authorities didn’t trace permanent infertility and “miscarriages” possibly caused by any of the COVID vaccines.

Why were pregnant women vaccinated without any safety studies?

Why were all vaccines neglected clinical tracing of infertility, miscarriage or mutagenic, teratogenic and crippling side effects?

Planned Parenthood is an organization whose main purpose is population control, through abortion, sex ed disinfection, failing contraception (thrusting abortion demand and causing an STD pandemic), abortifacients called contraceptives and mammographies to hide that abortion and contraceptives are the main culprits of the breast cancer pandemic. How is it that if their name is related to family planning, they reject natural family planning, even if they are free and that naprotechnology proved to be more effective than all contraceptives and without their deadly side effects? Planned Parenthood only promotes death (by the way, with 3 billion dollars per year of tax money). A huge warning sign is that Planned Parenthood started to actively promote COVID vaccines and even offering them in their centers: a possible connection to population control and deaths?

Interestingly, the Oxford vaccine was “co-developed by Adrian Hill, who has long-term ties to the British eugenics movement through his work with the Wellcome Trust’s Centre for Human Genetics and affiliation with the Galton Institute, formerly the U.K. Eugenics Society. Members of the Galton Institute have called for population reduction in Latin America, South and Southeast Asia and Africa, the very areas where the AstraZeneca vaccine is being promoted.” Development was paid by British taxpayers, yet all the patents ended up in Vaccitech, owned by “Google Ventures, the Wellcome Trust, the Chinese branch of Sequoia Capital, the Chinese drug company Fosun Pharma and the British government.” AstraZeneca has the right to make profits on the vaccine, once the pandemic is over... according to its own definition?

Until publishing, Prof. Sarah Gilbert, designer of the Oxford vaccine, didn’t answer a 13 Aug 2020 email asking about possible infertility issues, lack of infertility tracing and of production control against vaccine tampering.

Distrust

354 https://why.org/segments/the-placenta-went-viral-and-protomammals-were-born/
Also, newsletter sent 2 Apr 2021.
Lock downs were justified with Government funded fake studies, like the Oxford or the German\textsuperscript{359} models. Lock downs were clearly intended to drive the terrorized covi-sheeps towards vaccination.

It takes at least two years of clinical data to approve a vaccine. Why are COVID vaccines recommended as safe, when there’s no guarantee?

After all COVID vaccines failed for over a decade, isn’t it suspicious that \textit{all of a sudden}, most COVID vaccines developed in months were declared effective and, even worse, that \textit{all} were defined safe?

Obviously on purpose, neither the clinical studies nor the population experiment were analysed by comorbidity groups. It would be clear that certain groups would show unacceptable levels of inefficacy and unsafety, for instance, the higher the age, vaccines fail to produce adequate immunogenicity while the side effects become more severe.

Unlike any other medical treatment, how can a vaccine be generally mandated without detailing contraindications for certain groups or substances like alcohol? Without any study? \textbf{This is a clear attack on vulnerable groups.} For example, individuals with AIDS, Polyglandular autoimmune syndrome (PAS) or rare autoimmune diseases, like hashimoto, pernicious anemia, and Addison's. \textbf{Without any proof, the WHO and UNICEF recommend vaccinating} those groups.\textsuperscript{360}

Why did the president of Belarus say that the World Bank offered a rolling billion dollars to impose unscientific damaging measures like lockdowns/masks/poice state?\textsuperscript{361} Why did other countries which accepted such “COVID relief aid” didn’t disclose those draconian conditions? Why do governments hide that such globalist institutions are acting as sugar daddies with sweet money to impose COVID vaccines? “The WHO offered the President of Madagascar a 20 million USD bribe to poison the government COVID-19 cure made from \textit{Artemisia}.”\textsuperscript{362} \textbf{“Bill Gates offered a 10 million USD bribe for forced vaccination in Nigeria.”}\textsuperscript{363} “The Tanzanian President kicked out WHO from the country after goat and papaya samples came COVID-19 PCR positive.” \textsuperscript{364} “Days after, Burundi also kicked out WHO Coronavirus Team from the country for interference in internal matters.”\textsuperscript{365}

Why is it that although Argentina promised legal immunity against anything, Pfizer rejected supplying vaccines because it didn’t cover \textit{negligence}? Isn’t it telling that this was “solved” by a presidential decree overruling Congress?

Children don’t suffer severe symptoms were not allowed to go to church because they were unvaccinated: \textbf{when there’ll be enough vaccines, then they will be mandated/required to attend schools and churches?}

Why did the head of the CDC make a statement about “vaccinated don’t carry, can’t spread Virus” with Pfizer and Moderna “gene-jections”\textsuperscript{366} and a few months later, the CDC recognized the opposite?

\textsuperscript{359}https://greatgameindia.com/germany-hired-scientists-fake-coronavirus-model/
\textsuperscript{361}https://tg-news.com/covid-19/belarusian-president-lukashenko-states-that-imf-offered-a-billion-usd-to-impose-lockdown/
\textsuperscript{362}https://greatgameindia.com/who-offered-20m-bribe-to-poison-covid-19-cure-madagascar-president/
\textsuperscript{363}https://greatgameindia.com/bill-gates-offered-10-million-bribe-for-forced-vaccination-in-nigeria/
\textsuperscript{365}https://greatgameindia.com/burundi-kicks-out-who-coronavirus-team/

Why do authorities insist in unscientific lies?:

“On the journey to FDA approval, each COVID-19 vaccine had to pass through the same thresholds of research & testing as every other vaccine. And it’s important to know that all three of the approved COVID-19 vaccines were proven to be safe and 100% effective in preventing hospitalization and death in the clinical trials. Discover all the facts at Michigan.gov/COVIDvaccine.”

Why did authorities like the FDA break Federal Law? For example, on 24 Mar 2021, the Informed Consent Action Network (IcanDecide.org) presented a petition, requesting that it enforces manufacturers and distributors to correctly inform that:

a. “All descriptive printed matter, advertising, and promotional material, relating to the use of the [] COVID-19 Vaccine[s] shall be consistent with the authorized labeling, as well as the terms set forth in [each] EUA…”;

b. “All descriptive printed matter, advertising, and promotional material relating to the use of the Janssen COVID-19 Vaccine clearly and conspicuously shall state that: This product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 18 years of age and older…”; and

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368 https://www.facebook.com/michiganhhs/posts/10157742846626746
c. “[I]ndividuals to whom the product is administered are informed of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.” 369

Why do they stick to ineffective measures to increase fear and consequent demand for vaccines, like masks and lockdowns?

Why are infection cases (instead of ICU excess capacity) used in a way to instil fear and panic in the population? Ater ivermectin, it is really a PCR-plandemic.

Who controls WHO? From the COVID onset until 2021, Bill Gates’ Foundation is the biggest funder. 370
Why did the WHO give so many bad recommendations, costing millions of lives, without any responsibility? Since inception in 1948, why is it unaccountable for damages? Not even WHO’s personnel? Not even those NGOs establishing policies and actions through external funding, like Bill Gates? 371

In April 2020 Gates wrote: “We need to manufacture and distribute at least 7 billion doses of the vaccine ... possibly 14 billion, if it’s a multidose vaccine” (noe: at that time there were no trials proving 2 or 3 shots were necessary) ... “I suspect the COVID-19 vaccine will become part of the routine newborn immunization schedule.” 372 Not even now there’s scientific evidence of vaccine safety in babies: that statement proves a vaccine agenda rather than vaccine obstinacy?

On purpose, WHO chose to study few antivirals for hospitalized patients (the inflammatory stage) in order to prove their ineffectiveness, when it was obvious that they had more potential in the viral stage, particularly hydroxychloroquine. 373

Then, after wasting one year (millions of deaths caused by their wilful omission), instead of the long list of promising treatments provided above, they chose only three infliximab, imatinib, artesunate.

Why wasn’t ivermectin included in the WHO Solidarity and UK’s RECOVERY studies? There’s proof they knew the data. The answer is simple: to hide the cure.

Why do governments spend billions in unneeded testing when there’s a ubiquitous cure? 10 billion USD for US schoolchildren 2021 tests 374 would cover the whole world’s need of ivermectin and other cheap cures for a hundred years. Needless to mention the waste of the 1.9 trillion USD COVID 2021 package 375, of 1700 million USD to detect new COVID19 strains. 376

That’s just the USA. The amount spent globally is breath-taking. For instance, in the UK, mass COVID testing in schools costed £120,000 for every positive case found. 377
Isn’t it suspicious that not a cent is spent in repurposing cheap drugs to treat COVID, yet billions in vaccines and monoclonal antibodies?

Yet, unlike ivermectin, monoclonal antibodies may produce allergic reactions such as: “fever; chills; nausea; headache; shortness of breath; low blood pressure; wheezing; swelling of your lips, face, or throat; rash, including hives; itching; muscle aches; and/or dizziness... interfere with your body's ability to fight off a future infection of SARS-CoV-2... reduce your body’s immune response to a vaccine for SARS-CoV-2.”

Having spent zero in funding studies and providing ivermectin, the US government spent 1 billion to promote vaccination, announcing child coverage even before vaccines were approved for those ages. Followed by the announcement of 3 billion to fight vaccine hesitancy.

The funding of social engineering schemes involving media, political and racial targeting, and even religious leaders to convince the hesitant is even more suspicious.

Deaths exclusively caused by COVID are rarer than dying because of a flu: unlike the flu, COVID doesn’t affect children. No country ever applied quarantines and shutdowns on a flu. All deaths from COVID were caused by comorbidities. Most of those patients would have died anyway in the short run from other causes.

Only fear mongering explains:

- Why do statistics don’t discriminate between deaths “from COVID” (extremely rare) and not “with COVID”?
- Why hospital/ICU beds occupancy/vacancy rates by region are never shown? Because they are now worrying? Wasn’t the health system saturation the excuse for the draconian measures?

CDC: “Fully vaccinated people with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19” (at least for the first three months post–full vaccination). To avoid quarantine, vaccines could be mandated several times per year whereas with ivermectin, no quarantine.

Why were health agencies mandating distancing, masks and other measures even after “effective” vaccination? Worse: even after the cure was found.

How could it be explained that Biden, President of the USA, announced Dec 8th 2021, the target of 100 million applied shots in 100 days before they had any vaccine emergency-approved?

In some countries the law asked by Big Pharma forbids to know the components and secrecy will not expire ever, not even in 50 years: physicians could be sanctioned for asking a lab analysis of what they inject in their patients!

Johnson&Johnson, manufacturer of the Jensen vaccine paid:

230 million USD for its responsibility in the opioid market abuse (thousands of deaths).

Big Pharma multinationals, including vaccine manufacturers, have a long list of scandals manipulating approval, even if they knew their products would be deadly or cause permanent disabilities or severe illness. Nobody ever went to jail. 20 billion dollar fines were lower than profits (including several billions for Pfizer

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380 https://www.prri.org/research/religious-vaccines-covid-vaccination/
382 Peru, Chile, Argentina (law 27573)
383 https://apnews.com/article/new-york-opioids-government-and-politics-health-business-2d38d2d0f93ef61f75d95f08f0f9e0cb
384 https://www.youtube.com/watch?v=nGxrjDOcZh0
and AstraZeneca\textsuperscript{387}). \textbf{Nothing changed in the system to prevent repetition.} With minor changes, some of those poisons like Vioxx are still being sold by the corrupt “\textit{merchants of death}”.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|}
\hline
Company* & Total Financial Penalties ($ millions) & Percent of Total$^\text{*}\text{*} & Number of Settlements$^\text{**}\text{**}\text{**} \\
\hline
GlaxoSmithKline & $7,901 & 20.4\% & 32 \\
Pfizer & $4,728 & 12.2\% & 34 \\
Johnson & Johnson & $2,857 & 7.4\% & 20 \\
Teva & $1,990 & 5.1\% & 16 \\
Merck & Co. & $1,840 & 4.8\% & 22 \\
Abbott & $1,840 & 4.8\% & 16 \\
Eli Lilly & $1,742 & 4.5\% & 15 \\
Schering-Plough & $1,339 & 3.5\% & 6 \\
Novartis & $1,275 & 3.3\% & 21 \\
Mylan & $1,180 & 3.1\% & 22 \\
AstraZeneca & $1,035 & 2.7\% & 13 \\
Amgen & $901 & 2.3\% & 12 \\
TAP & $875 & 2.3\% & 1 \\
Bristol-Myers Squibb & $815 & 2.1\% & 14 \\
Serono & $704 & 1.8\% & 1 \\
Purdue & $646 & 1.7\% & 5 \\
Allergan & $601 & 1.6\% & 2 \\
Daichi Sankyo & $586 & 1.5\% & 8 \\
Boehringer Ingelheim & $441 & 1.1\% & 16 \\
Cephalon & $425 & 1.1\% & 1 \\
Other$^\text{***}\text{***} & $4,100 & 10.6\% & 196 \\
Total & $37,822 & 97.9\% & 473 \\
\hline
\end{tabular}
\end{table}


There’s a huge conflict of interests: corruption involving Big Pharma, governments, international organizations.\textsuperscript{388}

\textbf{Big Vax (also Big Pharma):}

- Designs the trials (biased selection)
- Instead of saline water, uses other vaccines with huge side effects as placebo (HPV vaccine)
- Pays millions to the medical centers
- Process raw data (not the medical center)
- If they don’t like the data, keeps the right to change the protocols
- Forces human guinea pigs to sign draconian forms including prosecution if they publicly disclose side effects (which are “confidential”)

https://en.wikipedia.org/wiki/List_of_largest_civil_only_pharmaceutical_settlements
386 https://www.corp-research.org/pfizer
387 https://www.corp-research.org/astrazeneca
- **Pays the wages of expert panels** (in the past 40 years, 100% of incident reports said there was no link between severe side effects and vaccination trials, even if they were later proven wrong, like the narcolepsy case).
- **Financial ties between Big Vax and trial coordinators, panels, authorities, politicians**

Governments take Big Vax tainted reports for granted:
- There’s no trial replication even with small scale RCTs.
- There’s **no testing or reporting on sub-populations**, the average hides unacceptable death and injury rates in patients with comorbidities, especially the eldest. Precedent: in 2004 the CDC hid in averages that the MMR vaccine caused high autism rates in African Americans and even higher in babies who had other underlying complications (700%!).
- **Subgroups are being left out in studies.** For instance, in clinical trials only healthy people from certain age groups were followed. In the 2004 precedent, the CDC left out of the study all children which had other problems and inconveniently showed 700% higher autism rate after MMR vaccination.
- There’s **no access to “private” clinical records of injuries.**
- There’s **no reaction after massive claims of injured patients, even if they go public.**
- Death-avoidance efficacy could be much lower if the vaccinated population was granted better healthcare access (which reduces deaths) while neglecting the control group. Now, with ivermectin, there’s no death avoidance with vaccines: **zero benefit.** Places with widespread ivermectin use were left out of vaccine testing: the control groups would show no difference in death and severity reduction.
- Studies show that poor populations and minorities have lower access to COVID care and higher death rates. Control groups have not been randomized for those 2 factors.
- Governments never checked RCTs manipulation schemes typically used by Big Pharma.
- **On purpose** there’s no trial follow up or Government control on ADA and infertility among other important issue.
- Infection-prevention could be much lower since PCR testing could mean over 30% **false negatives** and trials didn’t use blood samples which is more trustworthy.
- Sickness-prevention could be much lower since PCR testing could mean over 30% **false positives**.
- **There is no transparent information about the side effects:** the 4 reported deaths, 2 permanent disabilities, few hospitalizations (17 days with Pfizer due to hepatic injury) are exceptions which show there’s no public record.
- The **delayed reaction to the brain damage and narcolepsy caused of the Glaxo vaccine for the swine flu (2006)** is paradigmatic.
- In September, AstraZeneca and Oxford stopped trials in the UK after a volunteer experienced a terrible unexplained disability, but **did not announce the hiatus until it was reported in the media. The FDA was clueless about the incident because it was not previously informed by AZ.**
- **In spite of the severe side effects in phase II, AZ started full production of hundreds of millions of doses, assuming it would be approved even if phase III didn’t even start.**
- **Why would the elite simulate getting vaxxed?**

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389 https://www.youtube.com/watch?v=sGQtDVlIkUc
https://www.youtube.com/watch?v=JI3gw53PSPk

380 They could take saline water and you wouldn’t be able to tell the difference, but they are so hypocrites that they prefer no needles:
https://www.bitchute.com/video/JnaeNogvZcPD/ Kamala Harris (VP of Biden)
https://www.bitchute.com/video/WNnWCUNb03UU/ Fauci
https://www.bitchute.com/video/pXoYIhkY5Ly/ Canadian Health Minister
https://www.bitchute.com/video/yrYzShdDiFlxV/ at timestamp 1.40 see the Queensland premier fake a vaccine jab
https://www.bitchute.com/video/OgIsVrRrIO1F/
https://worldstar.com/video.php?v=wshh2pRCV2Li7i2B1kW
https://www.bitchute.com/video/WB9de7dNACc4/
For VIPs, no one controls if the liquid injected is the actual vaccine. Influencers (politicians, church leaders) could be getting a placebo or a different/better vaccine without their knowledge.

Epidemiological efficacy could be manipulated by regulating PCR cycles: more amplification cycles (24 max), more false positives (ideal to generate terror), less cycles, less positives (ideal to show vaccines work). 391

“WHO reminds IVD (In Vitro Diagnostic Medical Device) users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases. This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.” 392

Then in August 2021, “skipping stage 3 trials and ignoring data on injuries and deaths” 393, the FDA announced the approval of the Pfizer vaccine but it was a fraud: the vaccine did not exist by then, the announcement didn’t even indicate the place where it would be made nor the ingredients, the doses in stock were still allowed under EUA. 394

Considering all this, it is obvious why vaccine resistance has reached unprecedented levels. You can easily find comments like: "The real bioweapon is the vaccine which is the goal of scaring people with the pandemic. The vaccine will sterilize the population.” 395

To those voices, authorities look like following a manual for all the things they shouldn’t do to increase vaccine hesitancy, rational concerns and paranoia.

Bat-Gate

The hiding of the true origin of the virus, is the most obvious case of propaganda (coordinated disinformation campaign). Without any scientific evidence, globalist mercenary science (The Lancet 396, Science Mag 397, Fauci 398) and media funnelled the theory of bat-pangolin-human inexplicable jump, while social media (including social science platforms 399) blocked as fake the real truth about a “gain-of-function” designed in the Wuhan Institute of Virology P4 Lab 400, proven to be a Chinese bio-warfare facility with ties to the highest Chinese authorities, a lab

https://www.bitchute.com/video/vnVcFdxb0IHM/
https://www.bitchute.com/video/6TSSt23t9JVD/
391 https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/
393 https://www.naturalnews.com/2021-08-25-fda-fraudulently-grants-full-approval-comirnaty-vaccine.html
395 https://www.brighteon.com/46f6bc00-92e9-4ede-b7d8-d1fa4591ed92
396 Calisher C, Daszak Peter, Statement in support of the scientists, public health professionals, and medical professionals of China combating COVID-19, 19 Feb 2020 The Lancet, https://doi.org/10.1016/S0140-6736(20)30418-9
398 4 Jun 2021 Tucker: Why did they lie to us for so long https://www.youtube.com/watch?v=32V-e7sag60
5 Jun 2021 Tucker: Two-faced Fauci pushed draconian measures despite data https://www.youtube.com/watch?v=C1RHy6U9MY
https://www.foxnews.com/opinion/tucker-carlson-fauci-media-lie-covid-origins
395 15 Feb 2020 Twitter blocked the paper: https://twitter.com/OSINTHK/status/1228664201452765185 Two Chinese scientists published a now deleted paper on ResearchGate that we were able to retrieve. It claims #COVID2019 / #nCoV2019 may have originated from accidental Wuhan Center of Disease Control and Prevention leakage due to high risk behavior and bad operational security. 400 https://mygenomix.medium.com/the-origin-of-sars-cov-2-is-a-riddle-meet-the-twitter-detectives-who-aim-to-solve-it-5050216fd279
https://thebulletin.org/2021/05/the-origin-of-covid-did-people-or-nature-open-pandoras-box-at-wuhan/
https://www.wsj.com/articles/the-science-suggests-a-wuhan-lab-leak-11622995184
built by the French and funded by the Fauci (USA) military industrial complex, the Canadian BSL4 lab, and the Bill & Melinda Gates Foundation, obsessed with SARS bioweapons. Why would China spend in 2014, 58 million dollars on “Batwoman” Shi Zhengli’s project to gather coronavirus from bats and only 42 million in the P4 lab for 300 scientists without training to use it? Why did Shi fear that the virus had escaped from her lab? Obviously they needed first a suitable weaponizable virus to work with.

Why would freemason-buddy French-premier Bernard Cazeneuve visit the lab invited by lab director Yuan Zhiming in February 2017? Tourism or planning? A person without any scientific training gains no insight from visiting a lab, especially when they chose what to show and what not.

Lead by Gates foundation, event 201 had the purpose of fine tuning the social engineering systems to lead the masses to the vaccine as the only lead-life-saver, by a “novel coronavirus” to “prepare public and private leaders for pandemic response.” Mounting evidence points to the virus release on purpose. There is unequivocal evidence of collusion between China, WHO and deep state agents like Fauci, in allowing the virus to spread and blocking the information about the cures.

Suddenly after one year, the lab origin was un-freezed: did they keep the lid until it blew off? To hide that the “leak” was in fact “dissemination” and that the Chinese Communist Party spread the virus on purpose? Or was it because a high ranking Chinese defector confessed it, and therefore, continuing the charade would discredit mainstream media?

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https://articles.mercola.com/sites/articles/archive/2021/06/03/media-sinking-ship.aspx
https://twitter.com/SharrlMarkson/status/1399934149666934784
https://www.lifesitenews.com/blogs/why-i-was-banned-from-facebook
https://www.lifesitenews.com/blogs/is-biden-helping-china-cover-up-its-covid-crimes
https://greatgameindia.com/coronavirus-bioweapon/

Scientists, in anonymity, sustain that super-ivm-woman and wonder-drug-man beat batgirl and Vax VADER, but not the evil global-man.

https://www.centerforhealthsecurity.org/event201/media

DeMoe, J. COVID-19: A Pandemic of Ignorance, Fear, Hysteria and “Official-Truth” Lies - An independent scientific review fails to confirm the central claims of the CDC, WHO, NIH, FDA, alarmist media & political tyrants. NaturalEnergyWorks.net Oregon, USA, 2021


https://www.flemingmethod.com/documentation

Summary: https://www.algora.com/Algora_blog/2021/06/06/dr-fleming-covid-19-undisputably-a-bioweapon
https://redstate.com/jenvanlaar/2021/06/04/exclusive-high-ranking-chinese-defector-has-direct-knowledge-of-several-chinese-special-weapons-programs-n391238
https://twitter.com/adamhousley/status/1400670631562076161


The motives? For China: legal and political immunity against sanctions for creating and delaying the global response to the virus? Getting arch-enemy Trump out of the way and bringing friendly-Biden (who stopped the investigation on COVID Chinese origin) to undo all Trump’s trade measures against China which means billions of dollars? Selling the vaccine? Reducing bordering countries’ populations and economies? For Freemasonic WHO and deep state: reducing the global population? Compulsory vaccination with hidden depopulation function? Ruining the economy as the excuse for a tyrannical global reset? Messing with candidates and elections? Getting rid of anti-globalist Trump?

Fauci is so implicated, that under the request of Chinese scientists, the NIH deleted a scientific file proving the virus originated prior to the alleged Hunan wet market initial contagion. The NIH answer: an undisclosed scientist supposedly deleted it to repost it later, but that reposting never occurred. The deletion of a file in a NIH scientific repository is unprecedented and it shouldn’t even be possible: in science, traceability is key to credibility, reproducibility and falsifiability. This also questions an accidental lab leak theory.

Other evidences for a lab origin:

- In many countries (Spain, Argentina, etc.) COVID-19 was detected in sewage waters at least one month prior to the alleged Dec 2020 wet market spread, but not before Nov 2020.
- 31 Dec 2019 China informed the WHO, but minimized the threat.
- 30 Jan 2020 WHO declared a public health emergency of international concern (PHEIC)
- 6 Feb 2020: China cancelled domestic flights, yet fought against international bans, with the WHO as accomplice.
- 11 Mar 2020 WHO announced the pandemic.
- China prevented the investigation about COVID-19 origins to the point of threatening Australia with economic sanctions and forbidding the WHO to send an investigative team, and only allowing it nearly a year later, after tampering with the evidence, deleting records, hiding information and forbidding access to key elements.
- As a precedent, a lab origin of SARS-CoV-1 is still unrebuted. Like in the batgate, palm civet (Paguma larvata) and the raccoon dog (Nyctereutes procyonoides) were blamed, yet nobody could explain how SARS 1 coronavirus gained HIV genomes.
- Three Nobel prizes declared that SARS-CoV-2 was genetically engineered.

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414 https://www.centerforhealthsecurity.org/event201/
415 “After the total lockdown the average traffic density fell to below 10% in Wuhan and Shanghai during February and below 5% in Beijing. While implementing a total domestic lockdown in February, China kept assuring the world that the situation was not serious and fully under control.” https://economictimes.indiatimes.com/blogs/Whathappensif/how-china-locked-down-externally-for-covid-19-but-pushed-foreign-travel/
• Luc Montagner, discoverer of the HIV, said it is impossible that a coronavirus would gain HIV genetic information. Proven insertion of HIV sequences. Even a detracting research recognizes “100% match between the insertion 1 and 2 sequences and the HIV sequences were found in 19 entries... detection of completely matched sequences of 1 and 2 insertions... four insertion homolog sequences could (...) be independently found in different HIV-1 genomes”. 

• The Australian vaccine was cancelled due to the unexpected result of HIV false-positive testing after vaccination.

• In spite of all that, many believe the virus hasn’t been isolated when there’s undisputable evidence.

The evidence points to SARS-CoV-2 being originated by recombination and “gain of function” enhancement as a bioweapon in the P4 Wuhan lab.

Yet, the U.S. intelligence report of August 2021 said that the coronavirus was not a bioweapon. If they said it was weaponized by China, China could have showed it was funded by the USA and accused it of the release. Either there is no US “intelligence” or too obvious counter-intelligence, with a ridiculous cover up through the Washington Post (bought by globalist Bezos “for no reason”), echoed by global mainstream media.

Anti-cure vaccine agenda

Social media helped censoring the truth by labelling it “fake news”. For instance, by September 2021, Youtube and LinkedIn kept blocking accounts and messages, while Instagram, Twitter and Facebook blocked any message citing positive papers on ivermectin. They are accomplice to genocide and yet, they will never face a legal challenge.

In 2021 Facebook started using a new algorithm that classifies users who post anything remotely negative against vaccines into three “hesitancy” tiers (even if posts that are scientifically correct, accurate and truthful, like “Denmark did not approve the AstraZeneca vaccine”). The test removed “hesitant” comments by 42.5% but also demoted the messages in other tiers. On 06/06/2021 the link to this research was blocked by Facebook as fake news.


Harcourt, J., Tamin, A, et al. Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States. Emerging Infectious Diseases 26(6), 1266-1273. June 2020 https://doi.org/10.3201/eid2606.200516


425 https://articles.mercola.com/sites/articles/archive/2021/05/31/facebook-censoring-vaccine-hesitancy.aspx
Considering how countries were driven towards ineffective and suicidal measures like lock downs and how effective treatments like ivermectin were overlooked, rejected, retracted, defunded, froze, un-approved (even for compassionate care), censored and politically boycotted, and how vaccines are pushed as a lead life-saver, many are seeing there are solid scientific grounds to pass from conspiracy theory to proven conspiracy towards a global culling hidden behind an artificially created and driven “panic-demic”.

What exactly is informed consent?

Bioethical consensus supports elective and scientifically-proven safe and effective treatments with prior informed consent (which involves verifiable patient adjusted understanding of updated objective information, not tainted by the supplier) comparing available medical treatments, adjusted to personal circumstances, health indicators and clinical records in a holistic approach to health and well-being, including general and especially personal/ized (adjusted to personal urgency, comorbidities, financial situation, ability to follow treatment, etc.):

1. **Risks**: considering current vaccines could cause severe adverse reactions, even death. Risks of rejecting vaccination/medication adjusted to reduction or complete reversal by other treatments (n.b. globulins).
2. **Benefits**: Is the treatment really necessary? Do you have natural immunity or cross-immunity from prior infections so you don’t need a vaccine? Is it necessary now?: local (not national) epidemiology.
3. **Personal effectiveness**: including sex adjusted treatment, bioavailability, interaction with other treatments, food, drinks, behaviours, etc. Includes behavioural medicine.
4. **Evaluation of “no treatment” option or procrastination risk-benefit curve.**
5. **Costs**: direct and indirect costs (including transportation).
6. **Physical access**: personal mobility limitations, facility limitations, etc.
7. **Financial access**: personal financial situation, personal accessibility to financial/governmental aid
8. **Treatments of the risks of accepting/rejecting each treatments recommended by the doctor**: same items as above
9. **Cost/Benefit analysis of all alternatives customized to each patient.** For example, if you don’t vaccinate and you get infected, what is the efficacy, safety and cost of the available treatments.

All of the bioethical minimum conditions for informed consent are violated in COVID vaccination consent forms.

COVID Vaccines: worse than the disease

COVID vaccines can’t prevent all deaths. “In a world where every single person had been vaccinated, 100% of Covid deaths would be of vaccinated people.” 425 But what is really horrific is when the vaccinated show much more deaths than the unvaccinated.

Also, since vaccination of the elderly was prioritized, it wouldn’t be surprising a higher death rate than the younger unvaccinated. “Due to their age, a vaccinated 70-year-old is still at greater risk from COVID-19 than an unvaccinated 35-year-old. Given this, it isn’t surprising that more vaccinated people are dying of COVID-19 than unvaccinated people.” 426

Both arguments fail when we find that the same age group showed that 92% of the COVID deaths were vaccinated and when taking all ages, 98% of deaths were vaccinated (Argentine case). The only explanation for this is that the vaccines are making the disease worse.

23 Jun 2021 Public Health England (PHE) technical report showed that 43% of recent COVID deaths were fully vaccinated people. 60% received at least one dose.  

Third dose scam

Obviously, after the third dose antibodies levels rise but antibodies to parts of the alpha variant, not the real world disease. They hide the T and B response to real infection.

Also, companies hide if the third dose has been adapted to variants and to which ones. Most haven’t, therefore generating no benefit against wild variants, but side effects.

Pfizer stated it has adapted to Delta but this variant is non-existent in many countries, e.g. in Latin America where the Andean variant seems to have blocked Delta’s niche, yet Pfizer sells its third dose as if it was equally effective.

Some vaccine manufacturers are already trying to integrate the COVID vaccine with influenza. It is an obvious milking cow strategy, where the influenza-COVID shot will be mandated for all ages every single year. As with the flu shot, manufacturers will lose the arms race against viral mutations, especially in poorer countries which don’t justify an investment into adapting the vaccines.

Ineffective or partial effective vaccines promote natural selection of worse variants and could trigger VADER:

VADER (not lord)

Virus Antibody Dependent Enhancement (or Amplification) Response is well documented as a very serious side effect, turning vaccines more lethal than the epidemic, by worsening clinical disease.

“ADE occurs when the antibodies generated during an immune response recognize and bind to a pathogen, but they are unable to prevent infection. Instead, these antibodies act as a “Trojan horse,” allowing the pathogen to get into cells and exacerbate the immune response.

ADE has resulted from vaccination:

- Respiratory syncytial virus (RSV) — RSV is a virus that commonly causes pneumonia in children. A vaccine was made by growing RSV, purifying it, and inactivating it with the chemical formaldehyde. In clinical trials, children who were given the vaccine were more likely to develop or die from pneumonia after infection with RSV. The trials stopped, and the vaccine was never submitted for approval or released to the public.
- Measles — An early version of measles vaccine was made by inactivating measles virus using formaldehyde. Children who were vaccinated and later became infected with measles in the community developed high fevers, unusual rash, and an atypical form of pneumonia. Upon seeing these results, the vaccine was withdrawn, and (without any scientific basis) those who received this version of the vaccine were

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427 https://www.livemint.com/news/world/uk-virus-cases-surge-even-as-8-in-10-have-received-shots-11623958350491.html
recommended to be vaccinated again using the live, weakened measles vaccine, which does not cause ADE and is still in use today.

- Dengue virus — If a person is infected by one serotype of dengue virus, they typically have mild disease and generate a protective immune response, including neutralizing antibodies, against that serotype. But, if that person is infected with a second serotype of dengue virus, the neutralizing antibodies generated from the first infection may bind to the virus and actually increase the virus’s ability to enter cells, resulting in ADE and causing a severe form of the disease, called dengue hemorrhagic fever.

In 2016, a dengue virus vaccine was designed to protect against all four serotypes of the virus. The hope was that by inducing immune responses to all four serotypes at once, the vaccine could circumvent the issues related to ADE following disease with dengue virus. The vaccine was given to 800,000 children in the Philippines. (At least) fourteen vaccinated children died after encountering dengue virus in the community. It is hypothesized that the children developed antibody responses that were not capable of neutralizing the natural virus circulating in the community. As such, the vaccine was recommended only for children greater than 9 years of age who had already been exposed to the virus.”

“In seronegative children, the likelihood of hospitalization or severe virologically confirmed dengue was much greater in vaccine recipients than those who received placebo. Seropositive vaccine recipients had a lower likelihood of hospitalization or severe disease compared with placebo recipients.”

Many vaccines were discontinued because of this effect, which caused more deaths than the disease they were supposed to prevent: Syncytial Respiratory Virus vaccine (1960s), Sanofi dengue vaccine (2017, including criminal charges) etc.

Since 2003, SARS-CoV-1 and MERS vaccines had failed because of VADER in animal testing: they got a much worse disease after getting infected than the infected unvaccinated. Yet, humans were still used as guinea pigs with the Oxford vaccine!

In spite of the early warnings and emerging data, there’s no antibody-dependent amplification follow up with people who got infected before or after being vaccinated. There’s 3 times more side effects after vaxxing the recovered. Women worse than men.

“Other viral vaccines that target multiple types of a virus have been safely used, including vaccines against polio (3 types), rotavirus (5 types), and human papillomavirus (9 types).”

https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/antibody-dependent-enhancement-and-vaccines

https://www.medpagetoday.com/special-reports/exclusives/91648


Tseng CT, Sbrana E, et al. Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the SARS Virus. 2012 PLOS ONE 7(8) https://doi.org/10.1371/annotation/2965cfae-b77d-4014-8b7b-236e01a35492

“Using molecular modelling approaches, we show that enhancing antibodies have a higher affinity for Delta variants than for Wuhan/D614G NTDs... in the case of the Delta variant, neutralizing antibodies have a decreased affinity for the spike protein, whereas facilitating antibodies display a strikingly increased affinity. Thus, ADE may be a concern for people receiving vaccines based on the original Wuhan strain spike sequence (either mRNA or viral vectors). Under these circumstances, second generation vaccines with spike protein formulations lacking structurally-conserved ADE-related epitopes should be considered.”

Scientists have recommended COVID testing prior to vaccination because of the higher risk of VADER, when an already infected person is vaccinated. In spite of that, without any valid reason, the FDA stated: “Antibody tests should not be used at this time to determine immunity or protection against COVID-19 at any time, and especially after a person has received a COVID-19 vaccination.”

“SARS-CoV-2 antibodies bound to Fc receptors on macrophages and mast cells may represent two different mechanisms for ADE in patients. These two different ADE risks have possible implications for SARS-CoV-2 B-cell vaccines for subsets of populations based on age, cross-reactive antibodies, variabilities in antibody levels over time, and pregnancy. These models place increased emphasis on the importance of developing safe SARS-CoV-2 T cell vaccines that are not dependent upon antibodies.”

This risk is obscured on purpose in informed consent forms.

It is not a theoretical risk. COVID-19 vaccines have been proven to cause VADER. Yet, no government conducted a large follow up study, e.g. taking blood samples, to determine if the vaccinated developed ADE.

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438 The formation of so-called “non-neutralizing antibodies” can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, “wild” virus after vaccination. This so-called antibody-dependent amplification, ADA, has long been known from experiments with corona vaccines in cats, for example. In the course of these studies all cats that initially tolerated the vaccination well died after catching the wild virus. https://dryburgh.com/mike-yeadon-coronavirus-vaccine-safety-concerns-petition/
439 King’s College research: https://archive.is/WTmN#selection-71.15-71.86
Vaxxed v. unvaxxed

Public Health England: 446

50% of cases and 65% of COVID deaths were vaccinated (1+ dose), compared to the unvaccinated within 28 days of PCR+, from February to July, 2021.

Fully vaccinated compared to unvaccinated:
- 500% greater chance of dying
- 50% greater chance of being hospitalized

The protein bomb

Once the cell is hacked by the vaccine vector, no one informs how much and for how long it will produce spike protein (full or parts). Each hacked cell acts exactly the same as if it had been hacked by the virus but worse: since the cell is not alien to the body, the immune system might:
- confuse the protein as part of its normal function: this means no damage-control of the spike protein, or the opposite,
- trigger an auto-immune response, thinking that the other unhacked similar cells are the enemy.

The real bio-weapon is the “vaccine” or shall we call them a hackcine (hackxine) or vaxhack: a gene-hack to turn humans into S-protein human bombs. 447

Real vaccines like Sinopharm are still dangerous because they inject millions of S-proteins. Yet, you know that sooner or later they are going to wane off and you can minimize damage with appropriate treatment.

“Everything we’ve been watching over the last 20 months has been a globalist-led effort to convince billions of people to exterminate themselves without them knowing it.

See, waging an open kinetic war on humanity would meet instant resistance. People tend to fight back when they’re being attacked and slaughtered with bullets and bombs. So globalists had to figure out a way to carry out mass slaughter on a planetary scale without alerting the masses to what they were doing.

All they needed was a spike protein nanoparticle weapon system combined with fake PCRs, media collusion and Big Tech censorship. From the globalist point of view, the real genius in all this is how they’ve managed to get people to beg for their own vaccine death shots. It’s completely obvious that the real goal is mass extermination of the human race.

In a sane world where globalists weren’t trying to exterminate the human race, ivermectin would be celebrated as a safe, effective, low-cost medical intervention. Vitamin D would be recommended for nearly everyone. Fauci and the other bioweapons criminals would be indicted and charged with crimes against humanity. And the science journals wouldn’t be run by communist China.

But our world is not sane. It is ruled by a completely insane globalist death cult that seeks the total destruction of the human race. That’s why everything you’re seeing unfold makes no sense unless you realize the goal really is depopulation / genocide against humanity. In that context, suddenly it all makes sense: the gain-of-


447 https://www.ddponline.org/2021/07/24/a-bioterrorist-attack/
function research, the media’s psychological operations, health agencies and hospitals\textsuperscript{448} faking covid numbers to “scare” the public, the science journals scheming to attack ivermectin and hide the origins of the spike protein, the incessant pushing of covid vaccine mandates, the economic lockdowns that destroy lives, etc. Once you understand that the goal is total death and destruction, suddenly it all makes sense.” \textsuperscript{449}

**Trojan Horses?**

There’s a proven link between vaccination and population control:

- **Depopulation:** causing infertility on purpose through hCG\textsuperscript{450}, syncytin\textsuperscript{451} or HPV vaccines\textsuperscript{452} and other devious schemes, like causing miscarriages by vaxxing during pregnancy.\textsuperscript{453}

Satish Kumar Gupta, Abhinav Shrestha & Vidisha Minhas, Milestones in contraceptive vaccines development and hurdles in their application, 2014 Human Vaccines & Immunotherapeutics, 10:4, 911-925, https://doi.org/10.4161/hv.27202
Kumar S, Research into anti-fertility vaccine continues despite protests. 07 Nov 1998 The Lancet. ScienceDirect Volume 352, ISSUE 9139, P1528 https://doi.org/10.1016/S0140-6736(05)60336-4
\textsuperscript{453} https://dryburgh.com/mike-yeadon-coronavirus-vaccine-safety-concerns-petition/
\textsuperscript{454} https://www.acpe.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine
\textsuperscript{455} http://theothersideofvaccines.com/2019/03/vaccines-infertility/
Ethnic cleansing: Melinda Gates, whose foundation is the leader of the vaccine industrial complex, answering which group should be prioritized after health care workers, “that would be black people” next, quite honestly, and many other people of color. Through neglecting proper treatment and deep-state censoring of the cure, the poor, women and USA racial minorities (African American and Hispanics) have had the largest death toll: voluntary or not, the racial genocide is a fact. Not surprisingly, the largest vaccine refusal groups in the USA were the African American (only 23% vaccinated by June 2021) and Hispanics (27%), compared to whites (32%) and Asian (42%). The Gates Foundation is also behind malaria (PATH) and polio vaccines (Rotary) mainly targeting Africa.

- Deadly vaccines: for example, among others, the flu vaccines (influenza), for which the US Vaccine Adverse Events Reporting System (VAERS) informed 1,748 related deaths, 3,558 disabilities and 14,062 hospitalizations. Complications include brain inflammation and neurological damage, convulsions, Bell’s palsy, neuropathy, shock, wheezing/asthma and other breathing problems, Guillain Barré Syndrome (GBS), temporary or permanent paralysis and death, not to mention miscarriages, because flu shots are mandated in certain countries to pregnant women without any safety study, even if they contain aluminium and thimerosal, a mercury derivative, which are neurotoxic.

In 2013, the Federal Advisory Commission on Childhood Vaccines (ACCV) voted to add GBS to the Vaccine Injury Table (VIT) within the federal Vaccine Injury Compensation Program (VICP), which was officially added

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454 https://time.com/5847483/melinda-gates-covid-19/
460 https://covid.cdc.gov/covid-data-tracker/#/vaccination-demographics-trends
in 2017. As of September 1, 2019, there have been 6,441 VICP claims, including 188 deaths and 6,256 severe injuries following influenza vaccination.³⁵⁸

Not counting corporate monopolistic profits, vaccine injuries are a high price to pay for a low benefit: little or no epidemiological effectiveness, according to the FDA³⁵⁹, Cochrane review⁴⁶⁰ and the Lancet⁴⁶¹. Prior flu vaccination was related to more severe COVID19 symptoms and deaths.

- Handicapping vaccines: causing permanent disabilities. Two examples (apart from the flu shot, there are many more):

  1. FDA and EMA fast-tracked HPV vaccines were removed from vaccine schedule in Japan (Jun 2013), India and Peru, after careful analysis by expert doctors of uncountable clinical records of girls becoming permanent disabled after vaccination⁴⁶², thousands on wheelchairs or bedridden⁴⁶³.

    Official documents recognize that governments pretend to vax male pre-pubescent children to use them as future human shields for girls when they become sexually active, while assuming all end up affected by promiscuity (some may engage in lifelong fidelity, others will screen before sex, a few, may never have sexual interactions). They say HPV male cancer justifies this. Yet, the epidemiological records are so low that it is clear that the main purpose is indirect protection, a concept which is completely unethical when considering severe side effects, even if they were statistically insignificant (which are not).

    Also, cost-benefit analysis clearly show HPV vaccination is a waste of resources and a clear proof of “deep state” government corruption: even if they were eventually effective (it would take over 10 years to

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³⁵⁹ https://www.cdc.gov/flu/vaccines-work/past-seasons-estimates.html
⁴⁶⁸ http://www.asahi.com/ajw/articles/aj201607280028.html
⁴⁶⁹ “We are victims, not antivaxxers” https://www.youtube.com/watch?v=8qKUhprIA4w http://www.aavp.es/
⁴⁷⁰ https://www.facebook.com/groups/27930816227803/
prove there was no ecological niche effect), women still need to act as if unvaccinated, and take yearly pap tests, since vaccines don’t cover 30 HPV carcinogenic strains.

2. **Vaccines made from cancerous human cell-lines**, obtained from live butchered babies in procured abortions, contaminated with human DNA, even in excess of 2000% of the FDA 10 ng. limit, cause brain damage and even autism (exponential growth with 14 matching change points in 14 different countries in 14 different moments), with higher impact in African descent, as proven in 2004 by the CDC (an then censored).

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466 [https://www.youtube.com/watch?v=jcoESgHTkc](https://www.youtube.com/watch?v=jcoESgHTkc)
[https://www.youtube.com/watch?v=lyk3RBGM6V8](https://www.youtube.com/watch?v=lyk3RBGM6V8)
US Government officially recognizes, to the point of compensating with 1,500,000 dollars each child, that vaccination could trigger autism in children with prior mitochondrial diseases. Of course, there are no requirements to mitochondrial assessment before vaccination: Big Pharma makes a profit while Big Government pays the damages.

Why are many governments giving all newly born babies a compulsory unjustified “medicine” against a sexually transmitted infection (STI) which cause brain injury? Hepatitis B vaccines made from foetal cell-lines are a clear example of unethical “over-zealous” treatment, i.e. “medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome”. Corporate greed funnels government leeching and medical corruption even to the point of therapeutic cruelty.

Source: https://doi.org/10.5897/JPHE2014.0649

469 Catechism of the Catholic Church, 2278 http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm
• **Gender dysphoria. Hypothesis:**
  o Glyphosate, present in vaccines as a contaminant, is an endocrine disruptor
  o Opposite sex aborted fetal tissue cells in vaccines derived from aborted babies, present in many vaccines introduced within the first year of life: MRC-5 is a male and WI-38 is a female cell line.

**Polio-Gates**

**Polio from vaccines**

According to WHO, **the Oral Polio Vaccine, unlike the injected one, caused more polio cases than wild polio**, because it was an attenuated virus but not completely inactive. By 2018, Gates Foundation polio vaccine accounted for 75% of global polio and left half a million children paralyzed from 2000-2017. In 2010 it funded a GSK malaria vaccine, killing 151 and injuring 1000 African children.

**Polio vaccine contamination and intentional dissemination**

**SV40-gate:** “vaccines made in the USA between 1955 and 1961 were found to be contaminated with SV40 (simian vacuolating virus 40 or simian virus 40), from the growth medium (rhesus monkey kidney cell culture) and from the original seed strain. Like other polyomaviruses, SV40 is a DNA virus that has the potential to cause tumors by suppression of the transcriptional properties of tumor suppressor p53 in humans by the SV40 large T antigen and SV40 small T-antigen. Tumor suppressor p53 is responsible for initiating regulated cell death (apoptosis), or cell cycle arrest when a cell is damaged. A mutated p53 gene may contribute to uncontrolled cellular proliferation, leading to a tumor.”

In 1960 Ben Sweet and Maurice Hilleman found 10-30% of polio vaccines in the USA were contaminated with SV40. **Why did they hide that 100% of the vaccines they made were contaminated?** From 1960 until at least 1989, until now(?), vaccine manufacturers kept using monkey tissue and distributing those vaccines **after the cancer link was proven**: why? Why wasn’t this in informed consent forms? Why did the Government allow it? Why isn’t there a huge global class action?

Why aren’t current cancer patients screened for SV40 and given free treatment? Why aren’t all the vaccinated prior to 1985 checked for latent SV40 and given preventive treatment? For instance, it should be routinely added in blood analysis for such group.

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470 [https://www.momsacrossamerica.com/glyphosate_in_childhood_vaccines](https://www.momsacrossamerica.com/glyphosate_in_childhood_vaccines)
471 Laraine Abbey-Katzev RN, MS, CNS—Certified Nutrition Specialist, email 10-Jul-21. Who also commented: “Gender dysphoria likely from various pesticides including atrazine, as well as hormones injected into feed animals.”
474 [https://en.wikipedia.org/wiki/SV40#Polio_vaccine_contamination](https://en.wikipedia.org/wiki/SV40#Polio_vaccine_contamination)
475 [https://www.momsacrossamerica.com/glyphosate_in_childhood_vaccines](https://www.momsacrossamerica.com/glyphosate_in_childhood_vaccines)
476 [https://doi.org/10.1073/pnas.061029998](https://doi.org/10.1073/pnas.061029998)
SV40 means there were at least 19 other viruses detected. Why aren’t they tested for cancer and other diseases?

HIV created out of vaccines

The vaccine developed by Hilary Koprowski from globalist Rockefeller Foundation and Wistar Institute, creator of cell lines used in vaccines, from babies dissected alive and murdered, to replace contaminated monkey kidneys. The virus was grown in tissues from rhesus monkeys contaminated with SIV (Simian Immunodeficiency Virus), tried in a million people in Rwanda, Burundi, and Congo. SIV turned into HIV. **SIV and SV40 tend to go together because SV40 only becomes virulent and more contagious in monkeys with SIV**: “SV40 is dormant and is asymptomatic in rhesus monkeys. The virus has been found in many macaque populations in the wild, where it rarely causes disease. However, in monkeys that are immunodeficient—due to, for example, infection with simian immunodeficiency virus—SV40 acts much like the human JC and BK polyomaviruses, producing kidney disease and sometimes a demyelinating disease similar to progressive multifocal leukoencephalopathy.”

There was an organized cover-up. Why?

“In order for a virus to infect a different species, it is helpful to reduce the resistance of the new host's immune system. Koprowski’s polio vaccine was given to many children less than one month old, before their immune systems were fully developed. Indeed, in one trial, infants were given 15 times the standard dose in order to ensure effective immunisation.”

“After SV40 was discovered, vaccine makers switched from Indian rhesus monkeys to African green monkeys. But in the early 1980s, researchers discovered that many such monkeys were infected with a retrovirus related to human immunodeficiency virus (HIV), the one that caused AIDS in humans. This retrovirus cousin of HIV, called simian immunodeficiency virus (SIV), could have been present in any vaccine made from the tissues of these monkeys before 1985, the year when sophisticated testing was instituted.

A 1989 article in the Journal of the Royal Society of Medicine which, while discussing a possible cross-species epidemic caused by a live-virus vaccine, asserted in part, ”It would appear that the AIDS epidemic may be just one of the latest of several mammalian cross-species viral transfers triggered by the techniques of virology developed in the 20th century, which subsequently spread out of control in the new host species.

A 1989 letter from Japanese researchers to the journal AIDS noting that most live oral polio vaccines worldwide are still made in kidney-cell cultures from African green monkeys. They recommended that monkeys naturally infected with SIV should not be used to make vaccines.

Kyle theorized that the AIDS epidemic among American male homosexuals could have been accidentally started in the mid-1970s by an experimental treatment for herpes lesions used in New York and California. The treatment: double doses, twice as often as used for polio vaccination, of the Sabin oral polio vaccine. Lederle has sometimes found SIV in early stages of its vaccine production process.”

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477 [https://en.wikipedia.org/wiki/SV40#Other_animals](https://en.wikipedia.org/wiki/SV40#Other_animals)

Haslam ET, Dr. Mary’s monkey: how the unsolved murder of a doctor, a secret laboratory in New Orleans and cancer-causing monkey viruses are linked to Lee Harvey Oswald, the JFK assassination and emerging global epidemics. 2014 Trine Day ISBN978-1-937584-59-7
**Promotion of HIV** fitted the depopulation agenda through:

- Millions of deaths in poor countries (n.b. Africa)
- Lower fertility (stable coupling and children are much harder for the HIV-sick)
- Comprehensive Sexuality Education (infertili, disabling, lethal, anti-natal)

Most comprehensive bibliography: https://www.bmartin.cc/dissent/documents/AIDS/

**RNA coding**

All this begs the question about the source code for RNA vaccines. Considering both work by using our cells to produce the same protein it is surprising that Moderna has 300% (more coding instructions?) than Pfizer: “Each dose of the Moderna vaccine will contain more vaccine (100 micrograms) than each dose of the Pfizer/BioNTech vaccine (30 micrograms).”

**Trojan coding?** Governments don’t control the source code, or that the code hasn’t been tampered in each batch. Is it possible that RNA vaccines not only encode the spike proteins but something else?

**Fact: these vaccines cause severe side effects which are not related to COVID19 spikes.**

Vaccine manufacturers answer that the events are random, not connected to vaccination, yet a) the comparatively few events known happened close to vaccination and b) the same unusual effects repeat in many patients, which is statistically improbable or impossible.

Also, why Big Pharma forbids (by contract and under severe penalties) that trial patients make side-effects public? Why do they require indemnity by law and that the components are not to be known, not even by Government? If everything is supposed to be so transparent why is it so obscure?

65% of Oxford doses will be non-profit for poor countries, which coincidentally have highest fertility… just as the hCG depopulation vaccines were given nearly for free for “humanitarian” purposes.

**DNA vaccines**

Unlike RNA, DNA is more stable and doesn’t require freezing. **Unlike RNA, which has a limited duration and stays in the cell’s cytoplasm, DNA vaccines reach the cell core and allow permanent hacking of the cell’s DNA.**

DNA easily allows immunization combos (including other diseases such as Zika, RSV, etc.) and adaptation to variants (flu). We can expect yearly inoculation for the whole population. **DNA vaccines are the future for biohacking.** Who’s involved? Globalist Wistar Institute and new players:

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https://doi.org/10.1016/0140-6736(92)90876-5
https://quod.lib.umich.edu/c/cohenaids/5571095.0245.013?rgn=main;view=fulltext

https://doi.org/10.1089/aid.1996.12.455


https://doi.org/10.1016/j.coi.2020.01.006
<table>
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<th>Vaccine</th>
<th>Developer</th>
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<td>ZyCoV-D</td>
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<td>India</td>
<td>Skin</td>
<td>Approved for emergency use</td>
</tr>
<tr>
<td>INO-4800</td>
<td>Inovio and partners(^484)</td>
<td>United States</td>
<td>Skin</td>
<td>Phase II/III</td>
</tr>
<tr>
<td>AG0302-COVID19</td>
<td>AnGes, Osaka University, Takara Bio</td>
<td>Japan</td>
<td>Muscle</td>
<td>Phase II/III</td>
</tr>
<tr>
<td>GX-19N</td>
<td>Genexine</td>
<td>South Korea</td>
<td>Muscle</td>
<td>Phase I/II</td>
</tr>
<tr>
<td>GLS-5310</td>
<td>GeneOne Life Science</td>
<td>South Korea</td>
<td>Skin</td>
<td>Phase I/II</td>
</tr>
<tr>
<td>COVID-eVax</td>
<td>Takis, Rottapharm Biotech</td>
<td>Italy</td>
<td>Muscle</td>
<td>Phase I/II</td>
</tr>
<tr>
<td>AG0301-COVID19</td>
<td>AnGes, Osaka University, Takara Bio</td>
<td>Japan</td>
<td>Muscle</td>
<td>Phase I/II</td>
</tr>
<tr>
<td>Covigenix VAX-001</td>
<td>Entos Pharmaceuticals</td>
<td>Canada</td>
<td>Muscle</td>
<td>Phase I</td>
</tr>
<tr>
<td>CORVax12</td>
<td>OncoSec, Providence Cancer Institute</td>
<td>United States</td>
<td>Skin</td>
<td>Phase I</td>
</tr>
<tr>
<td>bacTRL-Spike</td>
<td>Symvivo</td>
<td>Canada</td>
<td>Oral</td>
<td>Phase I</td>
</tr>
<tr>
<td>COVIGEN</td>
<td>BioNet, Technovalia, University of Thailand, Sydney</td>
<td>Australia</td>
<td>Skin muscle</td>
<td>or Phase I</td>
</tr>
</tbody>
</table>

**Murderous nano tampering**

CoronaVac\(^485\), Covaxin\(^486\) and Epivac\(^487\) contain aluminum salts as adjuvants, in spite they are neurotoxic.

In 2014 an article promoted the use of a “supramagnetic nanoparticle” for the delivery of genetic material in gene injections. “The use of superparamagnetic iron oxide nanoparticles (SPIONs) to deliver genes via magnetofection shows promise in improving the efficiency of gene delivery both in vitro and in vivo ... Naked SPIONs often lack sufficient stability, hydrophilicity, and the capacity to be functionalized. In order to overcome these limitations, polycationic polymer was anchored on the surface ... Polyethylenimine was chosen to modify the surface of SPIONs to assist the delivery of plasmid DNA into mammalian cells due to the polymer’s extensive buffering capacity through the "proton sponge" effect.” \(^488\)

The first public denunciation of tampering vaccines with nano particles designed to make people sick was done in 2017 by renowned Italian researchers: the veterinarian vaccine had no contaminants! \(^489\)

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\(^{483}\) Mallapaty S. *India’s DNA COVID vaccine is a world first – more are coming.* 02 Sep 2021 Nature 597, 161-162.  
[https://doi.org/10.1038/d41586-021-02385-x](https://doi.org/10.1038/d41586-021-02385-x)

[https://doi.org/10.1038/s41467-020-16505-0](https://doi.org/10.1038/s41467-020-16505-0)


\(^{487}\) [https://www.vidal.ru/drugs/epivaccorona](https://www.vidal.ru/drugs/epivaccorona)

[https://doi.org/10.1007/978-1-4939-0410-5_12](https://doi.org/10.1007/978-1-4939-0410-5_12)

Reduced Graphene Oxide (rGO)

It hasn’t been approved by any health agency in the world due to its high toxicity, yet it has been detected in the vaccinated, especially by sticking metal stuff (clips, cutlery), things with an EMF (cell phones), or neodymium magnets.\(^{490}\)

As early as 2016 several papers promoted rGO as a powerful vaccine adjuvant.\(^{491}\) In 2017, as an efficient genome editing delivery method (nanocarrier).\(^{492}\)

In China Pfizer patented the use of graphene oxide in vaccines.\(^{493}\)

In June 2021, it was discovered in the University of Almería as a hidden component of a Pfizer vial.\(^{494}\) Then confirmed in all brands of vaccines by Dr. Young\(^{495}\) and other studies.

Electromagnestism has been detected all over the world with the following vaccine brands:\(^{496}\)

- Pfizer
- Moderna
- JJJ
- AstraZeneca
- Sputnik V
- Sinopharm

rGO becomes visible at plain sight with a magnet on the vial when the temperature rises.\(^{497}\)

False checker Reuters says it is not rGO because it should be a darker liquid,\(^{498}\) yet it doesn’t address the possibility that it is hidden by cristals or inside nano-lipids. Something strange is definitely there: even the globalist Fact-Checking Network (IFCN) member\(^{499}\) recognizes that the image shows a “unidentified polymeric nano structure” (which is not RNA/DNA).\(^{500}\) Also, while recognizing that rGO is diamagnetic, they kept denying the possibility of a magnetic element,\(^{501}\) even if Japan recalled all Moderna batches (ca. 2 million doses) because of “contamination” with an undisclosed magnetizable element. One day later, another million doses, but probably under the elite’s pressure, saying it was iron particles. One day later, the prime minister quits.

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\(^{490}\) https://en.wikipedia.org/wiki/Neodymium_magnet


\(^{494}\) https://www.bitchute.com/video/Z2sAH0Woz38r/

\(^{495}\) https://www.bitchute.com/video/UbO7r1tnAAUp/

\(^{496}\) "Muestran imágenes de TEM que podrían ser perfectamente compatibles con otras estructuras poliméricas nanométricas" https://maldita.es/malditaciencia/20210709/informe-universidad-almeria-vacuna-covid-19-pfizer-grafeno-oxido/

\(^{497}\) https://www.poynter.org/ifcn/

\(^{498}\) "Muestran imágenes de TEM que podrían ser perfectamente compatibles con otras estructuras poliméricas nanométricas" https://maldita.es/malditociencia/20210709/informe-universidad-almeria-vacuna-covid-19-pfizer-grafeno-oxido/

\(^{499}\) https://maldita.es/malditobulo/20210710/video-luis-marcelo-martinez-grafeno-vacunas-magnetismo-iman/
“Micrograph of a Carbon Cluster of Reduced Graphene Oxide (rGO) Viewed in the Live Unstained Human Blood with Phase Contrast Microscopy at 1500x. Note that the Red Blood Cells are Clotting in and Around the rGO Crystal in a Condition Known as Rouleau.” (scientific method and more images in the footnote link)


Dr. Jane Ruby joined Stew Peters to discuss a scientific report from the School of Engineering of the University of Almería in Spain entitled "Detection of graphene oxide in aqueous suspension: observational study in optical and electron microscopy ", Where each Pfizer injection dose was found to" contain 6 ng of RNA and 747 ng of graphene oxide, which is 99.103% of the drug.
She says: “These graphene sheets that the researchers found in the Pfizer bottle, when they enter your system and when they begin to penetrate your cells, they have a lipid nanoparticle that pushes them into your cells, they generate oxidative stress ... “It literally destroys everything inside the cell. It explodes the mitochondria. Create a situation where the body is in a fire truck with 10 alarms and inflammation, cytokines, chemokines. This incredibly violent... inflammatory storm comes in and has a particular affinity to create acute inflammation of the lungs, it creates an inflammatory storm in heart tissue and brain tissue.


“the strongest, thinnest and most conductive material on earth”

semiconductor

502 [https://www.databaseitalia.it/storage/2021/08/GrapheneOxideVaccinePaperUpdated.pdf](https://www.databaseitalia.it/storage/2021/08/GrapheneOxideVaccinePaperUpdated.pdf)
[https://www.databaseitalia.it/rivelati-ingredie.html](https://www.databaseitalia.it/rivelati-ingredie.html)

Contagious extreme magnetism, even with talc or a shirt? As you can watch from this couple’s testimony, they got magnetized without vaccination. They first found out a stake was magnetized. PCR tampering? she took one in 2019. Both reacted to the EMF of power stations 504 and water 505 but felt better inside their home with metal roof. Their pets were not magnetized.

For instance, there’s the case of 2 Spanish unvaxxed women who had taken the PCR and used surgical masks, both elements found to be “contaminated” with rGO. 506

**Warning:** vaccinated shouldn’t be exposed to CT scans, MRIs, Xrays or any strong source of EMF. 507

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506 [https://www.bitchute.com/video/mQZribR95qPN/](https://www.bitchute.com/video/mQZribR95qPN/)
507 Brittany Galvin: [https://www.bitchute.com/video/r2dd8uRg03Zl/](https://www.bitchute.com/video/r2dd8uRg03Zl/)  [https://www.bitchute.com/video/C2Lqqh8abGqm/](https://www.bitchute.com/video/C2Lqqh8abGqm/)
After it dried out
Source: https://www.notonthebee.co.uk/post/german-pr

It reminds a printed circuit board:
What is the purpose? One hypothesis is that rGO is used to harvest magnetic fields (e.g. from cellular antennas, especially 5G) to power Bluetooth chips inserted by the injection. Why Bluetooth and not RFID?: Bluetooth allows to receive a signal and process it, for example:

a) Telling the chips to release the payload: a gene-hack, 16 year duration contraception hormones (chip already developed by Bill Gates funding508), viruses (creating new plandemics) or lethal substances.

b) Asking the chip about your whereabouts or close contacts (patented and already used in epidemiological contact tracing509 and vaccine prioritization using Bluetooth exposure notification apps510). Microsoft already patented the ID2020511, the digital nano-biosensor, which is not based on a microchip but on quantum dots.

According to ex-spy Edward Snowden, the US National Security Agency has a system that tracks the movements of mobile devices in a city by monitoring MAC addresses.512 This is possible even with random MAC addresses in iOS, Android, Windows, Linux, etc.513

Who has the power to tamper a component supply to all those vaccines? GAVI, Bill & Melinda Gates Foundation, WHO vaccine supply chain? Infiltrated freemasons/satanists in all production companies? The director of Gamaleya in Russia?

COVID-graphene connection

Subverting democracy, little by little power had been legally transferred to the HHS, even above the President:

- 1944 - 2010 Public Health Service (PHS) Act
- 2006 Pandemic and All-Hazards Preparedness Act (PAHPA)
- 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)
- 2016 21st Century Cures Act
- 2019 S.1379 – Pandemic and All-Hazards Preparedness and Advancing Innovation Act 116th Congress514

Once the Secretary of Health and Human Services self-determines if an emergency (pandemic) is declared – not the President – he has superpowers in a “medical” martial law.

Globalist Alex *Azar, was secretary of the HHS. In the HHS “Azar played an important role in responding to the 2001 anthrax attacks, ensuring there was a vaccine ready for smallpox, and dealing with outbreaks of SARS and influenza.” (He also had an obscure past as lobbyist for a decade for the globalist Big Pharma, Eli Lilly) “In 2009, the company paid $1.415 billion to settle criminal charges regarding its promotion of antipsychotic drug Zyprexa (olanzapine) for off-label uses between 1999 and 2005... Also under Azar’s watch, Eli Lilly was one of three

https://en.wikipedia.org/wiki/MAC_address_anonymization
510 https://www.youtube.com/watch?v=phmbtT1aaM
511 https://patentscope.wipo.int/search/en/detail.jsf?docid=WO20200606066&fbclid=IwAR1smn_f8z76-eGIoe_KsuGBmbzHaoWykp4wlavSZAD76iqMal-043LUC0
companies accused in a class-action lawsuit of exploiting the drug pricing system to increase profits for insulin. Eli Lilly was also fined in Mexico for colluding on the price of insulin.”

27 Jan 2020, US official date of pandemic outbreak.

28 Jan 2020, Harvard Prof., Charles M. *Lieber was arrested, together with two Chinese nationals, for selling military nanotech know-how to the Chinese military. He was charged for not disclosing funding from Chinese government research programs at Wuhan University of Technology. He had over 100 patents, especially nano-bio-electronics, funded by millions from NIH, DARPA, US Navy and US Army. Also 11 Chinese patents.

30 Jan 2020 (Thursday), WHO declares Coronavirus outbreak a global health emergency. Tedros *Adhanom Ghebreyesus said: “The Chinese government is to be congratulated for the extraordinary measures it has taken to contain the outbreak, despite the severe social and economic impact those measures are having on the Chinese people. In many ways, China is actually setting a new standard for outbreak response.” Three criteria:

- extraordinary event
- constitutes a public health risk to other States through the international spread of disease
- potentially requires a coordinated international response

31 Jan 2020 (Friday), in spite of zero deaths, the US emergency was proclaimed by Azar (Fauci at his side), "inexplicably" backdated to 27 Jan 2020: the day the arrest order for Lieber, executed on the 28th?


515 https://en.wikipedia.org/wiki/Alex_Azar
516 "Ye reportedly identified herself falsely as a student on her visa application to study at Boston University and lied about her ongoing military service at the National University of Defense Technology in China, according to the Department of Justice press release. Zheng allegedly lied to Customs and Border Patrol agents in an attempt to smuggle 21 vials of biological research from Beth Israel Deaconess Medical Center to China.”
519 https://twitter.com/drtedros/status/1307015428787576833?lang=en
Was it to protect Lieber with the superpowers that declaration granted? Could they be using the case as an excuse for him not being questioned in other instances, like a subpoena issued by a congressional committee, where if he refused, he’d raise an investigation on vaccine tampering, or if he committed perjury (lying under oath), he could eventually be condemned for life for treason?

**Who ordered the MSM all over the world start a campaign stating that China hired him for developing e-car batteries, when it was clearly not his expertise? Why did they try to hide his connection with COVID vaccines?**

Lieber had several papers and patents involving graphene which could explain the **tampering of vaccines with graphene and nano Bluetooth transistors. Suddenly, he stopped publishing about graphene in 2016, when the plot started thickening.**

**Bio-hacking**

If they managed to turn vaccines into graphene Trojans, what prevents this biohackers to code mRNA to instruct the cell to permanently build spike proteins or worse? or to alter DNA?

Some might say it is not really a hack because the code editing has been legally authorized by the government and the patient: **like if you fear a computer virus and call computer guy to install an anti-virus.** The problem here is that **the “guy” is really a hacker and the app includes a Trojan.** Technically, it is not “authorized genetic editing” (app installation) when:

- The customer doesn’t know what the app is really doing (informed consent violation).
- The app is causing harm to other apps and the operating system (“do no harm” first bioethical law).
- There is no uninstall or factory reset button (the harm will continue for life).

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More on [cml.harvard.edu](http://cml.harvard.edu)
We are reaching Soviet science level of censorship. That comment included the link to my research’s DOI at figshare.com. Figshare immediately removed the paper and when I complained, shut down my account and blocked my IP address from reopening the closed support claim. It became impossible to get a DOI (which has less chances of being caught by censors like Linkedin). So when I posted the academica.edu link, it was immediately censored:
The plot disclosed

David E. Martin proved that since 1999, 73 patents back that SARS-CoV-2 is not a wild novel virus but a weaponized chimeric lab-created virus. Also, in 2016 the lipid nanoparticles British Columbia University technology, essential for mRNA vaccines, was getting ready for the pandemic. The virus was released on purpose to force vaccination, a lucrative conspiracy, which despite of the overwhelming evidence it is still not prosecuted under RICO (Racketeer Influenced and Corrupt Organizations Act). 523

Dr. Peter Daszak of EcoHealth Alliance (funded the Wuhan lab), who lied in The Lancet by saying the virus was natural, stated, prior to the pandemic (2016): “until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs (medical countermeasures) such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process.”

Famous Dr. Vladimir Zelenko, who successfully treated 6000 patients (including presidents like Trump and Bolsonaro), concludes this is a proven conspiracy lead by an elite who have neo-Nazi ideas where they are the ubermensch (super-men) destined to save the world from us, the untermensch (under-men), by killing us with COVID vaccines. 525

The plot wouldn’t be possible without Mainstream Media and fear drills: anthrax, West Nile virus, Sars-CoV-1, Bird flu, swine flu, Ebola, MERS, mad cow, Zika, etc. And the economic (2008) and ever present weather change fear mongering.

https://brandnewtube.com/watch/a-manufactured-illusion-dr-david-martin-with-reiner-fuellmich-9-7-21_hPChWe1no7nxGDM.html
Transcript of Interview: https://drive.google.com/file/d/19o1BeQa6z9XD58GkYE1e-qiiNbr5wTz/view
Stew Peters interviews with Dr. David Martin:
When did the bio-war really start?

1. “Spanish flu”: not Spanish, not a viral flu. The term “Spanish” was coined to hide the real origin: the virulence of a bacteria was tied to a massive US military vaccination under the patronage of the Rockefeller Institute for Medical Research, presided by Frederick T. Gates, behind the Flexner report, which destroyed all non-pharma medical schools, leading to:

2. Big Pharma, killing millions with dangerous “medicines” like Vioxx and even more with dangerous contraceptives, adding sickening adjuvants and components in vaccines: neurotoxins (mercury, aluminium, graphene oxide), polysorbate 80, glyphosate, etc.

3. The 1976 fake swine flu pandemic, under freemason US president Gerald Ford and CDC director David J. Sencer, lead to fast approval of 135 (now equivalent to 700) million USD for a vaccine causing neuro-damage applied to 46 million Americans. Some died. No one went to jail.

4. 1990s-present: adding of hCG as infertilizing agent and nano-toxic-metal compounds in vaccines, including radioactive Radon, as proven above.

5. HPV vaccines causing thousands of handicapped girls and millions with infertility problems: in spite the package inserts state that those with prior infection should not be vaccinated due to serious adverse events, nobody screens or even ask.


7. 2002 gain-of-function research paid by the US government was the excuse to use coronavirus as a vaccine vector for HIV/AIDS: this is when the HIV genome was inserted into a coronavirus, creating SARS-CoV-1.

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527 https://www.lifesitenews.com/blogs/739968/?utm_source=top_news&utm_campaign=usa
8. Lab designing and release of SARS-CoV-1 as proven by patents. The HIV related gain-of-function was first spotted in 2002 with SARS-CoV-1, which was used to start the second info-terrorist attack (800 deaths out of 8000 cases), for the following objectives: to try the first lock-downs (even Churches) and to make billions out of diverting tax payer money to useless-treatment hoarding (Tamiflu) from their own companies and by using the insider information to sell before the crisis and buy cheaper after the scare level was turned down through their media, leaving 50 billion USD of economic damage.

9. The 2009 H1N1 swine flu plandemic was a mock exam for media hype and vaccine EUA. Glaxo’s vaccine was hastily approved without proper testing, even knowing that it caused more deaths and permanent disabilities than the other vaccines, as shown in the respective chapter.

10. The 2012 Middle East Respiratory Syndrome (MERS-CoV), was also connected to HIV. Camel-gate? What if a non-endemic virus is introduced in an animal to use it as a permanent vector to infect humans?

11. 2014 Ebola outbreak in West Africa? the MSM handling begs the question.

12. The first successful PCR-case-demic pushed by WHO? The 2015 Zika PCR scamdemic in northern Brazil was used to promote abortions due to a planned exaggerated risk of microcephaly. Correlation is not causation but “15% of the patients with microcephaly were related to Zika virus infection” What if there was another cause? What if the PCR were having a huge rate of false positives like with COVID? Another study from the same period (Jan-Jun 2016) showed 3% microcephaly of 165,241 cases in Brazil. Women were aborting by confusing Zika symptoms with the flu. In proportion to the population, Colombia had more Zika cases (107,870). Yet, only 0,8% of pregnancies ended with microcephaly (157/19956 Sep-2015 to Apr-2017)... not much higher than previous years and by 2021 there is no evidence yet that Zika causes microcephaly. Surprise? Ivermectin is still not recommended, only mosquito repellent, condoms, contraception and abortions... very suitable for population control.

13. Adding an electro-magnetizable element (graphene oxide?) in 2018 flu shots to produce injury and infertility? 2,600,000 doses of Moderna were recalled by the Japanese Government because of this magnetic reactant contaminant. And there are thousands of videos related to all other brands.

14. Third time's the charm? SARS-CoV-2 was the first successful mass bioweapon. It was not a novel coronavirus: as proven above, 73 patents prior to 2020 prove it was completely lab designed.

529 https://www.ncbi.nlm.nih.gov/sites/books/NBK349040/
530 Detection of MERS-CoV S and HIV-1 p24 protein expression
539 http://rockefellerfoundaiton.org/blog/innovating-for-a-bold-future/
540 https://www.bit chute.com/video/AkjplXASwGcV/
15. Then the vaccine. They had to be based on the spike protein, which is also damaging and lethal. **The vaccine is the bioweapon:** either they hack the patient’s cells to produce spike proteins parts or they inject them directly. That’s why, in the beginning, it didn’t matter who designed the vaccines. Still, those not co-opted by the elite (by direct investments, grants, contracts, patents) were left out of deep state contracts or sabotaged (the Australian vaccine). This would explain why most of current vaccines include an electro-magnetic element.

16. Adding a Bluetooth nano chips in the injection (one takes signal control over the others). Unlike RFID, the goal is to process external instructions a) to reveal past movements? b) to deliver a payload? Virus, more RNA/DNA hacking, infertilizing hormones, more nano-metals, poison, something reactant to 5G?

17. Fact: all P4 bio-war labs in the world still continue operating and nobody enforces a global ban/moratorium on gain-of-function “research”, especially the ones directly involved in the creation of COVID19: Wuhan, Fort Dietrich, Canadian Science Centre for Human and Animal Health, University of North Carolina at Chapel Hill.

18. Self-fulfilling prophets? Just in case COVID19 and variants weren’t terrorizing enough to establish an immediate global government, “Bill Gates Warns That a Next Pandemic Could Be 10 times Worse”. And should we add?:

19. **BigAg:** lethal and endocrine disrupting pesticides (like glyphosate) that contaminate everything (even breastmilk). Also, unsafe transgenics with unknown consequences, which could easily be Trojans. It is not a coincidence Bill Gates is the largest individual farmland owner of the USA. Why else would they invest in such a low yield sector?

20. **Tab-water “pollution” by “omission”** (contraceptive hormones, toxic metals, glyphosate), or direct poisoning by commission (nano-particles?).

21. **Processed-food poisoning:**
   - Supplying ingredients at artificially subsidized prices. It is probable that nutritional additives and supplements get tampered, i.e. hide other undisclosed sickening components (trace amounts, nanotech): “enriched” flour, vitamins (n.b. dairy), sugar (noticed the ants don’t want it anymore?) and flavour&fragrances corporations (very few companies control the global market for both artificial and natural). Like in all markets, using fake money or credit with fake money, the globalist giants are buying the rest of the companies.

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541 [https://www.sueddeutsche.de/politik/coronavirus-pandemie-bill-gates-impfstoff-interview-1.5187121](https://www.sueddeutsche.de/politik/coronavirus-pandemie-bill-gates-impfstoff-interview-1.5187121)
543 [https://www.brighteon.com/1ea82016-5615-4184-a56a-2cd8ec6370b](https://www.brighteon.com/1ea82016-5615-4184-a56a-2cd8ec6370b)
546 [https://www.owler.com/company/givaudan](https://www.owler.com/company/givaudan)
Stealth contamination by the owners of BigFood corporations. It is no coincidence that the globalists are also investing big in bio-reactor synthetic meat and milk companies: they need to control all food supply, including the least processed, which will be banned with the weather change excuse.

Open contamination with artificial sweeteners, monosodium glutamate and so many other sickening substances which are allowed, that we’d need an encyclopaedia for that. For instance, "potassium bromate, a potent oxidizer that helps bread rise, has been linked to kidney and thyroid cancers in rodents. Azodiconarabonamide (ACA), a chemical that forms bubbles in foams and plastics like vinyl, is used to bleach and leaven dough – but when baked, it, too, has been linked to cancer in lab animals. The World Health Organization has recommended against adding potassium iodate to flour since 1965." 543

The intelligence “community” is either “unbelievable” incompetent or accomplice, either by commission (American and European agencies were founded by freemasons and are infiltrated) or omission (bribed or extorted into silence by the internal enemy, i.e. the freemason politicians or their mercenaries).

The passports: essential for the great reset

It is no coincidence that the Gates Foundation funded Quantum Dots so that “Invisible Ink” could reveal whether a person has been vaxxed. 545 Why is there such a hurry to develop fail-proof expensive vaccine tracking systems? Why would you spend billions in e-passports if an overdose is supposed to be harmless and if you don’t need to vax 100% to achieve herd immunity in any disease?

The same Rockefeller Foundation which as early as 2009 planned a “lockstep scenario” 546, in 2020, stated that bio-threats were the perfect excuse to loose privacy rights. 547

30 Jul 2020: the CDC found that 74% of the July COVID-19 infections were fully vaccinated people and that viral loads in fully vaccinated people were higher than in unvaccinated people in Massachusetts. 548 In the UK, COVID cases rise despite 8 out of 10 vaccinated adults. 549

Vaccines don’t prevent getting infected or infected others and, on the contrary, they promote variants and spread. The vax Pass is not about health, but about slavery. Green passes destroy the rule of law: unless vaccinated, no one is presumed innocent, no matter if asymptomatic or recovered: everyone is presumed guilty of bioterrorism unless vaccinated 550 Considering PCR false positive rate 35- 50%, the unbearable cost and
time of a weekly or 72 hour required frequency and swabs injury (not counting graphene insertion or Trojan inoculation) there’s no practical possibility of proving no possession of bio-arms.

They’ll be linked to e-wallets, hospital and credit records. If you don’t comply with the dictators’ whims, you won’t be “able”:

1. To renew ID, drivers licence, passport, health insurance. Already a law in Argentina (written and promoted by freemasons in 2018): many countries are following, under their power.
2. To travel by bus, train, airplane, ship... and by 2035 e-bikes, e-skates and e-cars (the only ones allowed).
   Many people are vaccinating just to be able to have a vacation abroad, as countries are requiring the shot for visitors.
3. To get a birth permit (state un-family planning, except for the *elite*).
4. To buy and sell without worshiping the dictator’s ideology (the Book of Revelations’ prophecy). There’s an IMF memo to ban paper currency and replace it with digital money.

All of those points are well advanced in communist China, the role model for the New World Order. Just as in communism, a wall ([vax pass]) is being built to keep the sheep inside their hunting ground. “The final COVID variant is communism.”

**Today, it’s about your right to your body; tomorrow, the rest of human rights, crumbling down like a house of cards**, including freedom of thought, of speech, of science, of rejecting school brain washing (gender ideology, abortion, “weather” change).

*If you don’t comply, it’ll just take an “enter” to kill your e-persona* with all your human and civilian rights. COVID passes are no different from ankle bracelets, they function as monitoring devices. Make no mistake: it won’t be a “virtual” manslaughter but a real house arrest to starve you to death. Not literally starving, since they plan a universal basic income, but starving all your ambitions in life depending on liberty, especially having children.

**Concluding remarks**

**COVID19 showed that mainstream science is actually whore science. Just as we have mercenary media, there’s whore medicine.** The same corruptible human beings after all. The *prostitution of scientists in pharmaceutical companies, journals, universities, medical associations and health agencies*, is funded by tax payers dollars diverted by a covert deep-state elite, together with elite foundations like the Bill & Melina Gates, whose money comes from illegal business practices legalized by the elite infiltrated state: corrupt judges, Government protected monopolies, unfair patents, abuse of dominant position, off-shore tax evasion, money laundering, behind the scenes court settlements, etc.

**Most scientific and bioethical standards have been violated by the COVID19 governmental measures. As usual, truth is the first victim in any war, the war against SARS-CoV-2 was no exception.**

Refusing immunization against dangerous contagious diseases is considered unethical because:

1. The unvaccinated have a higher chance of getting sick
2. Being sick means a burden to others or reduces resources needed to other sick/ness
3. Being sick means being contagious to others, especially the most vulnerable
4. Being vaccinated means not spreading disease
5. Vaccination is safer than treating the infection

**All those assumptions are false with a cure like ivermectin**, which even achieves immunization.
Provided a safe cure, it is *mal practice* to recommend or sell vaccines without the proper safety testing, which take years. With proven safe and effective *standard of care* and prophylactic treatments for any disease, it is unethical to vaccinate with any emergency-fast-tracked experimental vaccine, even less if they have a risk of mild, severe or deadly side effects, no matter how statistically low, even if only one person gets vaccine-injuries.

Whole populations have become *involuntary guinea pigs* due to disinformation and corrupt “Vaccine Industrial Complex” and “Deep State” schemes.

“The greatest tragedy here is that while COVID-19 kills already unhealthy elderly individuals who are just years from their natural death, the vaccines are killing the young and healthy who typically have many more decades to live. There’s no “greater good” argument that can ever make this type of tradeoff OK.” Yet, we are trading near zero deaths from COVID with ivermectin for millions of deaths with vaccines.

The anti-vaccination movement is in fact pro-science, an evidence-based medical movement, a pro-safe and pro-effective vaccines movement, which defends basic human rights against “Nazi vaxxers”, a powerful fundamentalist fake-science oppressive group lead by *occult* interests. The term anti-vaxxers has been coined to hide they are anti-fake, anti-dirty, anti-trojan and anti-injuring anti-murdering vaxxers. It is not a movement but science.

With enough doses, the vexing vaxxing tyranny will be global: following the gradual tendency, there will be nowhere on earth to escape to. Nazi “medical” experiments on prisoners of concentration camps have been replaced by human guinea pigging in the largest concentration camp ever: the globe. Having skipped phase 3 trials (which should have lasted till 2023 to measure long term impact), in terms of population, COVID vaccines are the largest phase IV trial in the history of mankind, manipulated with huge violations to human rights.

Nazi isolation cells were changed for isolation premises (home, hotels, facilities, hospitals). The Nazi *Kennkarte* safe-conduct has been replaced by passports for the “essential” workers and VIPs of the New World Order (n.b. the fake-vaccinated power elite and their puppet workers and abortion providers, considered essential in their depopulation schemes)and then, “green passes” for the vaccinated.

Humans are treated worse than cattle: with the anti-scientific notions of “sexual and reproductive health and rights” (including gender ideology) and “right to die with dignity”, Nazi ethnical cleansing has been replaced with *Darwinian depopulation strategies* (injuring and deadly contraceptives, abortifacients, abortion, depopulation vaccines, “sex-change” and “euthanasia”), soon to be a “basic healthcare” package of the *current* global government in the shadows, a secret cabal of Freemasons, anti-human “philanthropists”, corrupt politicians, government agents and doctors.  

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552 https://en.wikipedia.org/wiki/Kennkarte  
553 http://youtu.be/JAhnCdXqPww  
Abad-Gallardo, Serge. *La franc-maçonnerie démasquée*. Ed. La Bonne Nouvelle, 23 Nov 2017  
Abad-Gallardo, Serge. Fin de vie, les manoeuvres maçonniques pour le “droit à mourir”. Ed. Pierre Téqui, 4 Dec 2018  
By delaying deployment of the COVID cures, Governments committed the crime of genocide. Whoever censored, blocked or delayed such life-saving information was an accomplice of a “crime against humanity”\(^{554}\) which has no prescriptive period (statute of limitations\(^{555}\)). Denying treatment is even more immoral than COVID vaccination.

In France, most of the highest ranking members of the Mitterrand administration, like Jacques *Attali, were freemasons, as confessed by repentent mason Maurice Caillet.\(^{556}\)

In 1991, David *Rockefeller wrote: “The world is ready for a world government. The supranational sovereignty of an intellectual elite and world bankers is certainly preferable to the national self-determination practiced in past centuries.” And he added: “We are on the verge of a global transformation. All we need is the ‘right’ global crisis and the nations will accept the New World Order.”

Travel blocking and tracking, masks, distancing, quarantines, medical and school shut downs, depopulation vaccines, economic collapse, police state... it was never about a virus but about leading the masses to depopulation vaccines and green passes to support a fake-sanitary fascism justifying “the great reset” under a global tyranny. After placing the plotters and executioners in jail, there’s an urgent need for a complete change in the political, scientific, medical and media system to guarantee this genocide doesn’t ever happen again.

The purpose of “building back better” is to replace the old normal with a “new normal” by “reinventing capitalism”, the “New World Order”, according to the World Economic Forum: “A true recovery from COVID-19 will not be about putting things back together the way they were: we need to ‘build back better’, to ‘reset’, if we are to address the deep systemic vulnerabilities the pandemic has exposed. ... If we don’t seize this opportunity to build back better — to reset and reinvent rather than ‘return to normal’ — systemic risks and vulnerabilities will continue to accumulate, making future shocks both more likely and more dangerous. Despite the tragedy, we must leverage the COVID-19 pandemic, and make sure that it becomes the catalyst for a profoundly positive transformation of the global economy, taking us closer to a world in which everyone can live well, within planetary boundaries.”\(^{557}\)

Ida Auken, explains the green-communist freemasonic “great reset”: “Welcome to the year 2030. Welcome to my city — or should I say, "our city." I don’t own anything. I don’t own a car. I don’t own a house. I don’t own any appliances or any clothes. It might seem odd to you, but it makes perfect sense for us in this city. Everything you considered a product, has now become a service ... Once in a while I get annoyed about the fact that I have no real privacy. Nowhere I can go and not be registered. I know that, somewhere, everything I do, think and dream of is recorded. I just hope that nobody will use it against me. All in all, it is a good life.”\(^{558}\)

\(^{554}\) The United Nations Genocide Convention, defines genocide as “acts committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group, as such”. Convention on the Prevention and Punishment of the Crime of Genocide art. 2, 78 U.N.T.S. 277, 9 December 1948. 
https://en.wikipedia.org/wiki/Genocide


\(^{557}\) https://www.weforum.org/agenda/2020/07/to-build-back-better-we-must-reinvent-capitalism-heres-how/

Four basic ideas to fight the in-sane un-sane dictatorship:

1. **Real money**: fiat currency based on real assets, which reduces money counterfeiting (the source of their power), money laundering through multinational Banks they control, speculative attacks on country currencies (like George Soros attack on the British Pound, the Italian Lire, etc.) and corruption of media, politics, science, education, etc.

2. **Direct budget**: the tax payer chooses where every cent will be spent (this includes vouchers for food, security, health insurance and school/college), this reduces the diversion of trillions from the public budget for the globalist agenda (e.g. tainted vaccines, “green” energy, tech and food, which in fact damage the environment, gender ideology, abortion, contraception, IVF, etc.).

3. **Direct democracy**: the voter chooses if, who and for how long someone will represent him in face to face in town hall meetings (no censorship, no Artificial Intelligence deep fake).

4. **Human Rights**: certification of political candidates, educators and civil servants in human rights, including 4 inviolable and non-negotiable rights of natural law, the minimum base for an ethical society, above any national or international Constitution.  
   a. **Live**: from conception (starting with one naturally developing cell) till natural death.
   b. **Marry**: under the principle of the “best interests of the children”, promoting lifelong faithful heterosexual marriage.
   c. **Educate**: government may assist parents in educating their children, but can’t mandate against freedom of conscience or ideas (culture, philosophy, religion).
   d. **Common good**, against all forms of slavery like:
      
      i. Exploitation of humans: human-animal chimeras, embryonic manipulation and research, vaccines, medications and foods made with cell lines derived from murdered babies (partial-birth abortion, born alive infanticide from “failed” abortion, dissection inside or outside the womb).
      
      ii. Child abuse: reducing age of consent before pre-frontal cortex is mature (essential for risk evaluation and rational decision), pedophilia (already “legal” in Colombia), child marriage, vaccination, surgery (transitioning)
      
      iii. Exploitation of women: surrogate pregnancy (rental belly), prostitution, egg “donation”, nudged or forced abortion and “contraception”, etc.
      
      iv. Promotion of addictions and sickness: alcoholism, stupid-facient drugs, pornography, masturbation, unnatural sex, sex outside marriage, gambling, etc.

David Spangler, **Director of the United Nations Planetary Initiative Project**:

*No one will be part of the New World Order unless he carries out an act of worship to Lucifer. No one will enter the New Age unless he receives Luciferian initiation.*

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