

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, population control, experimental genetic-hacks, deceptively called vaccines instead of haccines? **Scientific proof of the genocidal PLANdemic with 2000 peer reviewed references.**

Hereby treatments were presented at the [International COVID Summit.com](https://www.internationalcovidsummit.com) (Italian Senate, Sep 2021): the Rome declaration against the genocidal denial of effective treatment was signed by 50 thousand doctors. Also, ICS France 2022: <https://youtu.be/SOIs42o5A18?t=30585>

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COVID cure or perpetual vaccination?: 30 cheap effective treatments or never-ending ineffective unsafe injections... Scientific proof of the PLANdemic with 1000 peer reviewed published references.

COVID-19 cure or perpetual vaccination?, 2021

What is 10x more lethal than COVID-19? Viral coidiocy: 9 out of 10 COVID deaths were vaccinated ... more ▾

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10 000 views: <https://doi.org/10.6084/m9.figshare.13550030>

Disclaimer: the author is pro ethical vaccines, had no funding and has no conflict of interests. ISO 31, period decimal separator. All links accessible by 4 Apr 2020.

Prof. Federico A. Nazar <https://orcid.org/0000-0003-2433-9204> *f.nazar at gmail.com* +1 (424) 279-8030

Abstract

What is 10x more lethal than COVID-19? Viral coidiocy. 9 out of 10 COVID deaths were vaccinated in the K, Israel, Chile and Argentina, where case fatality rate was 1300% higher for the vaccinated than for the unvaccinated, plus a higher 40% contagion rate (5% if unvaccinated): the opposite of the narrative. The USA, also showed worse outcomes for the vaccinated than the unvaxxed. COVID waves seem to have receded due to the increase of herd immunity of the recovered, both vaccinated and unvaccinated.

In the USA and Europe, 5 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

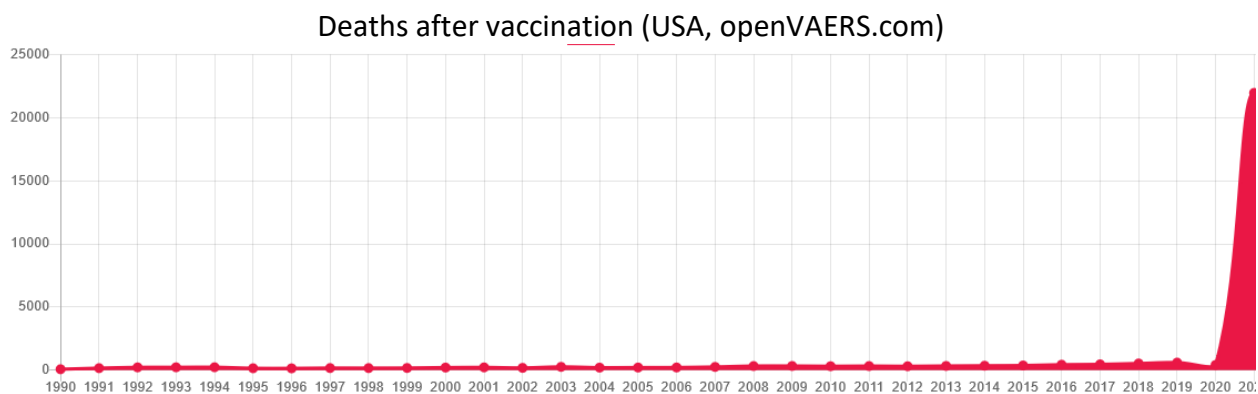
under immunity by law, not only because **they are not really “vaccines” but gene hacks to produce the S1 spike protein** (or parts), nor because some or all the elements are secret, un-disclosed or hidden, but especially, because **the cure had been found, voiding Emergency Use Authorization (EUA): 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 160 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?** **It was an un-treatment pandemic designed to push vaccines and expensive monoclonal antibodies as the only option.**

The pandemic proved that there is neither quality control nor pharmacovigilance in any country of the world, especially the USA. In spite of more deaths linked to COVID vaccines than all deaths reported since 1990 from all vaccines, there was no real follow up of cases, no studies about subclinical side effects like myocarditis and thrombosis, no interest in public health:



With COVID vaccines, Governments have turned a medical act into an administrative mandate. Yet, practically **no 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 strong **scientific evidence for a planned global genocide:**

MAY A PERSON :	WITH COVID VACCINATION	WITH EFFECTIVE TREATMENT
AVOID GETTING SICK FROM COVID?	× No	✓ Yes
AVOID INFECTING OTHERS?	× No	✓ Yes
AVOID HOSPITALIZATION?	× No	✓ Yes
AVOID DYING FROM COVID?	× No	✓ Yes
AVOID SIDE-EFFECTS LIKE INFERTILITY, MISCARRIAGE, DISABILITY OR DEATH?	× No	✓ Yes
GET HEALTHCARE OR MANUFACTURER LIABILITY FOR INJURIES, DEATH OR NEGLIGENCE?	× No	✓ Yes
HELP PROTECT OTHERS?	× No	✓ Yes
HELP REDUCE THE SATURATION OF THE HEALTH SYSTEM?	× No	✓ Yes
GENERATE HERD IMMUNITY?	× No	✓ Yes
HELP TO END THE PANDEMIC?	× No	✓ Yes
REDUCE THE GENERATION AND SPREAD OF VARIANTS?	× No	✓ Yes
AVOID COOPERATION WITH VACCINES PRODUCED WITH ABORTION CELL LINES?	× No	✓ Yes
GIVE INFORMED CONSENT WITH A PACKAGE INSERT LISTING ALL THE INGREDIENTS?	× No	✓ Yes
AVOID UNDISCLOSED GENE-HACKING, NANO-TAMPERING AND BLUETOOTH CHIP?	× No	✓ Yes

From the systematic genocide of abortion, they moved on to the 7 COVID genocides:

1. Engineering and releasing of the infertilizing, handicapping and lethal virus.
2. Maximizing spread (delaying alerts with open borders, forbidding open air activities, cloth masks, lock downs, vaccination).
3. Lethal recommendations (the above plus banning autopsies, pre-term delivery/c-sections, mother-baby separation).
4. Censoring, defunding and persecuting effective treatments.
5. Unneeded deadly treatments (ventilation, Remdesivir).
6. Infertilizing, handicapping and lethal vaccines and haccines (especially during pregnancy, breastfeeding and childhood).
7. Magnetoxic attacks: graphenation of haccines, food and beverages, EMF blasts from satellites, towers and phones, etc.

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 dollar¹ to treat COVID

Anti-“everything”² (multipurpose):

- Malaria³
- Epilepsy⁴
- Nonalcoholic Fatty Liver Disease⁵
- Autism?: anecdotal evidence from an MD⁶ (please contact the author if you’ve got any)
- Anti-parasitic (broad-spectrum): Pinworm infection (enterobiasis), river blindness (onchocerciasis, *Onchocerca volvulus*), eyeworm (*Loa loa*), threadworm (strongyloidiasis), whipworm (*Trichuris trichiura*),

¹ Sabeena Ahmed, Mohammad Mahbulul 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/j.ijid.2020.11.191>

² Crump, A. **Ivermectin: enigmatic multifaceted ‘wonder’ drug continues to surprise and exceed expectations**. 15 Feb 2017 J Antibiot 70, 495–505 (May 2017). <https://doi.org/10.1038/ja.2017.11>

Crump, A., & Ōmura, Satoshi. **Ivermectin, 'wonder drug' from Japan: the human use perspective**. 2011 *Proceedings of the Japan Academy. Series B, Physical and biological sciences*, 87(2), 13–28. <https://doi.org/10.2183/pjab.87.13>

³ Chaccour, C; Rabinovich, N, **Advancing the repurposing of ivermectin for malaria**, 2019. The Lancet, Elsevier BV, ISSN: 0140-6736, Vol: 393, Issue: 10180, Page: 1480-1481, PMID30878223, [https://doi.org/10.1016/s0140-6736\(18\)32613-8](https://doi.org/10.1016/s0140-6736(18)32613-8)
[www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(20\)30056-6.pdf](http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(20)30056-6.pdf)

De Souza DK, Larbi I, Boakye DA, Okebe J. **Ivermectin treatment in humans for reducing malaria transmission**. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD013117. <https://doi.org/10.1002/14651858.CD013117>

Updated 2021: <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.

⁴ Pinilla-Monsalve G.D., Moscote-Salazar L.R. **Potential interactions with ivermectin as adjuvant therapy for refractory epilepsy**. 01/04/2018 REV NEUROL 2018;66:251, PMID: 29557551, <https://doi.org/10.33588/rn.6607.2017487>

⁵ Jin, L., Feng, X., Rong, H., Pan, Z., Inaba, Y., Qiu, L., et al. (2013). **The antiparasitic drug ivermectin is a novel FXR ligand that regulates metabolism**. Nat. Commun. 4, 1937. <https://doi.org/10.1038/ncomms2924>

Jin, L., Wang, R., Zhu, Y. et al. **Selective targeting of nuclear receptor FXR by avermectin analogues with therapeutic effects on nonalcoholic fatty liver disease**. Sci Rep 5, 17288 (2015). <https://doi.org/10.1038/srep17288> Spanish: <https://spa.kyhistotechs.com/selective-targeting-nuclear-receptor-fxr-avermectin-analogues-with-therapeutic-effects-nonalcoholic-fatty-73571809>

Massafra V., Pellicciari R., et al., **Progress and challenges of selective Farnesoid X Receptor modulation**, *Pharmacology & Therapeutics*, Volume 191, 2018, Pages 162-177, ISSN 0163-7258, <https://doi.org/10.1016/j.pharmthera.2018.06.009>

Caihua Wang, Chunpeng Zhu, et.al., **"Role of Bile Acids in Dysbiosis and Treatment of Nonalcoholic Fatty Liver Disease"**, *Mediators of Inflammation*, vol. 2019, Article ID 7659509, 13 pages, 2019. <https://doi.org/10.1155/2019/7659509>

⁶ <https://web.archive.org/web/20210507184328/http://mamaayudame.com/>

<https://madridmarket.es/la-doctora-mariana-maffia-ha-conseguido-que-su-hijo-lucas-epileptico-y-autista-sea-hoy-un-nino-practicamente-normal/>

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.⁷

- Anti-bacterial
- Anti-cancer
- **Anti-viral**⁸
 - DNA viruses
 1. Adenovirus (HAdV)⁹
 2. Equine herpes type 1
 3. Polyomavirus BK
 4. Pseudorabies
 5. Porcine circovirus 2
 6. Bovine herpesvirus 1
 - RNA viruses
 1. Influenza, both human and avian influenza A¹⁰
 2. Coronavirus¹¹: SARS-Cov-2¹², SARS-CoV-1, MERS, etc.?
 3. Rotavirus (zinc ionophore)¹³
 4. Hepatitis¹⁴
 5. Zika
 6. Dengue
 7. Chikungunya
 8. Yellow fever
 9. West Nile virus
 10. Hendra
 11. Newcastle
 12. Venezuelan equine encephalitis
 13. Semliki forest
 14. Sindbis
 15. Porcine reproductive and respiratory syndrome
 16. HIV (human immunodeficiency virus type 1)
 17. Ebola virus (EBOV)?¹⁵

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

⁷ <https://en.wikipedia.org/wiki/Ivermectin>

⁸ 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)

⁹ King CR, Tessier T M., Dodge, et al. **Inhibition of Human Adenovirus Replication by the Importin α/β 1 Nuclear Import Inhibitor Ivermectin**. 31 Aug 2020 *Journal of virology*, 94(18), e00710-20. <https://doi.org/10.1128/JVI.00710-20>

¹⁰ "Treatment with ivermectin completely abrogated nuclear import of all different (influenza) vRNPs (viral ribonucleoprotein) resulting in no detectable reporter activity (in vitro)."

Götz V, Magar L, et al. **Influenza A viruses escape from MxA restriction at the expense of efficient nuclear vRNP import**. 18 Mar 2016. *Sci Rep*. 2016; 6: 23138 <https://doi.org/10.1038/srep23138>

¹¹ Han, Y. J., Lee, K. H., et al. **Treatment of severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and coronavirus disease 2019 (COVID-19): a systematic review of *in vitro*, *in vivo*, and clinical trials**. 1 Jan 2021 *Theranostics*, 11(3), 1207–1231. <https://doi.org/10.7150/thno.48342>

¹² <http://IVMmeta.com>

¹³ te Velhuis, A. J., van den Worm, S. H., et al. **Zn(2+) inhibits coronavirus and arterivirus RNA polymerase activity in vitro and zinc ionophores block the replication of these viruses in cell culture**. 2010 *PLoS pathogens*, 6(11), e1001176. <https://doi.org/10.1371/journal.ppat.1001176>

¹⁴ Arévalo, A.P., Pagotto, R., Pórfido, J.L. et al. **Ivermectin reduces in vivo coronavirus infection in a mouse experimental model**. 30 Mar 2021 *Sci Rep* 11, 7132. <https://doi.org/10.1038/s41598-021-86679-0>

¹⁵ O'Shea, M. K., Clay, K. A., et al. **A Health Care Worker with Ebola Virus Disease and Adverse Prognostic Factors Treated in Sierra Leone**. 6 Apr 2016 *The American journal of tropical medicine and hygiene*, 94(4), 829–832. <https://doi.org/10.4269/ajtmh.15-0461>

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:

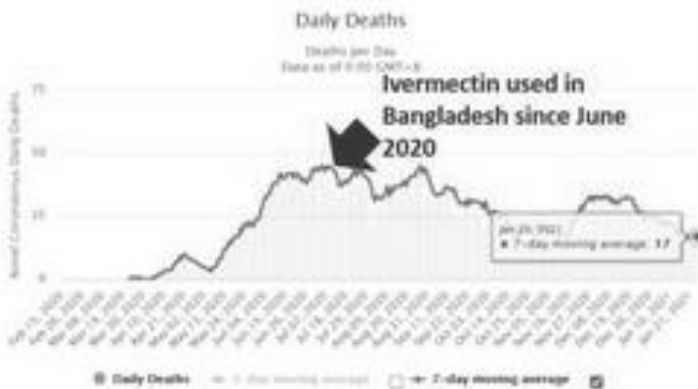
Have Bangladeshi doctors developed a miracle cure for Covid-19?

By Momen Abdallah

Published at 12:23 pm June 25th, 2020

USA 1,293 DEATHS PER MILLION
UK 1,438 DEATHS PER MILLION
MEXICO 1,154 DEATHS PER MILLION
IRELAND 598 DEATHS PER MILLION
ISRAEL 482 DEATHS PER MILLION
INDIA 111 DEATHS PER MILLION
Bangladesh 49 DEATHS PER MILLION

Daily New Deaths in Bangladesh



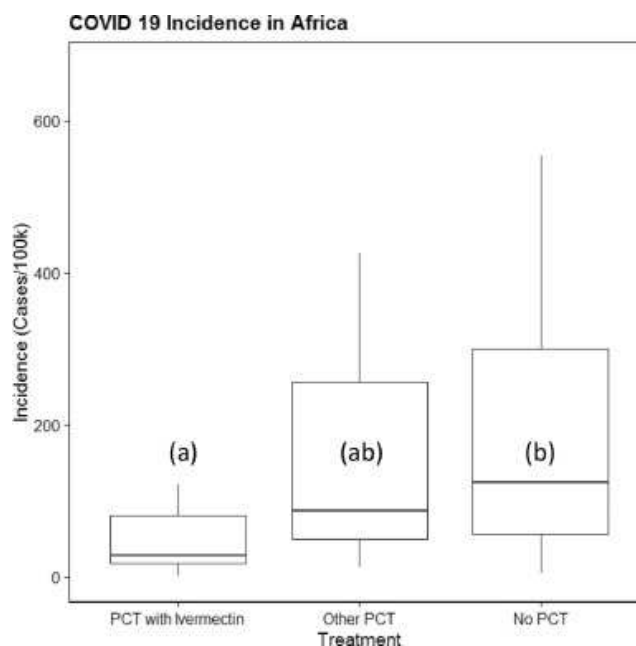
Bangladesh has a population twice the size of Germany,

Germany has 636 deaths per million versus Bangladesh 49

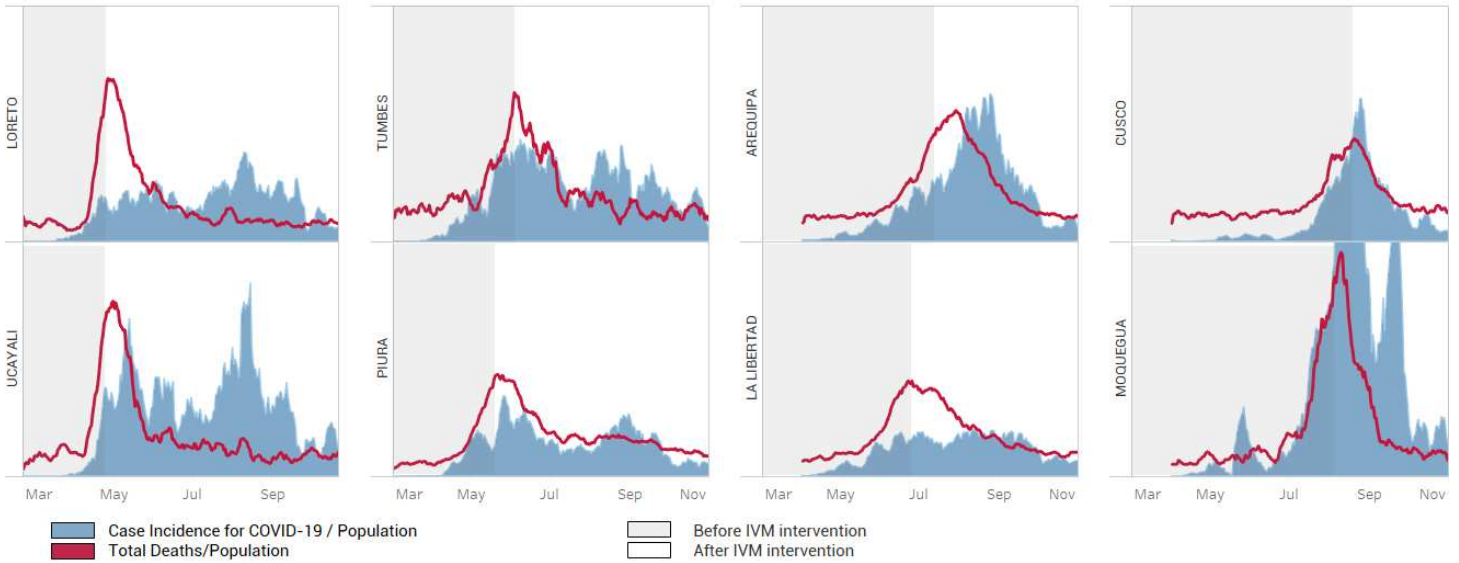
Ivermectin used in Bangladesh since June 2020

Source: <https://ivmstatus.com/>

That was worth 1000 words? How about more?:



Mass ivermectin in different regions of Peru (2020)

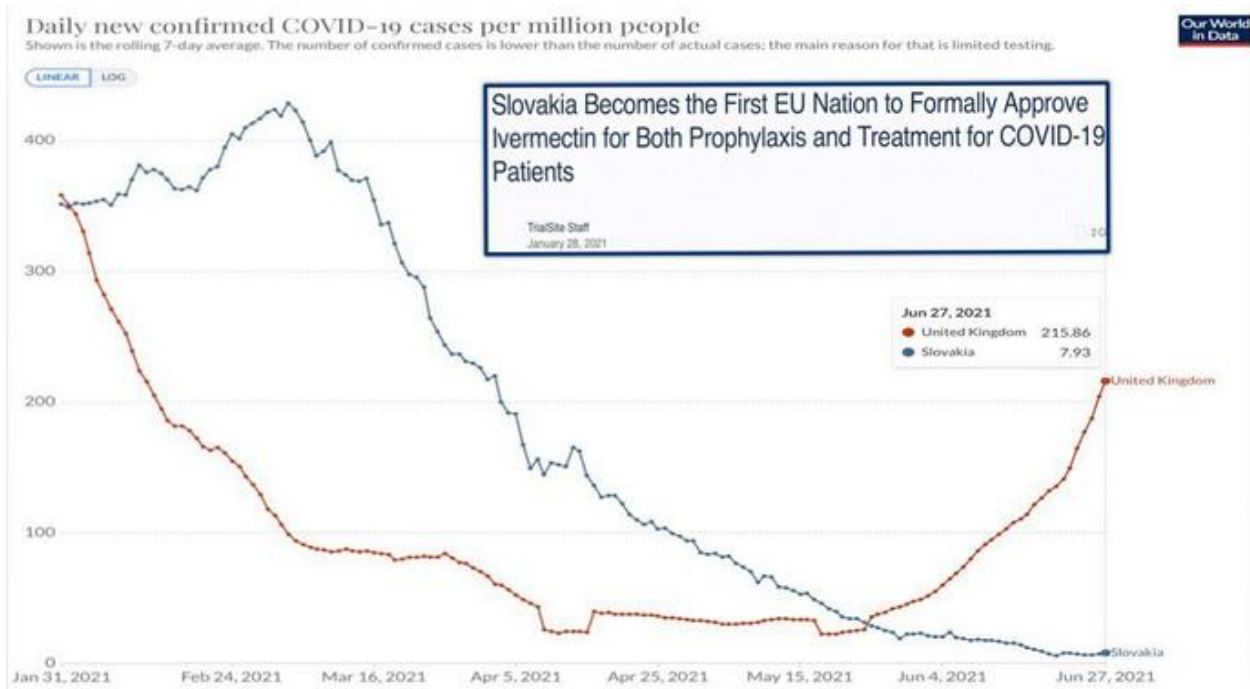


x-axis: Total Deaths/Population from 0.000% to 0.065%. Case Incidence for COVID-19 / Population from 0.00% to 0.10%

Source: Datos Abiertos Gobierno de Perú SINADef_DATOS_ABIERTOS_08112020 Data Analyst: Juan Chamie @jjchamie

Source: FLCCC based on JJ Chamie's data

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

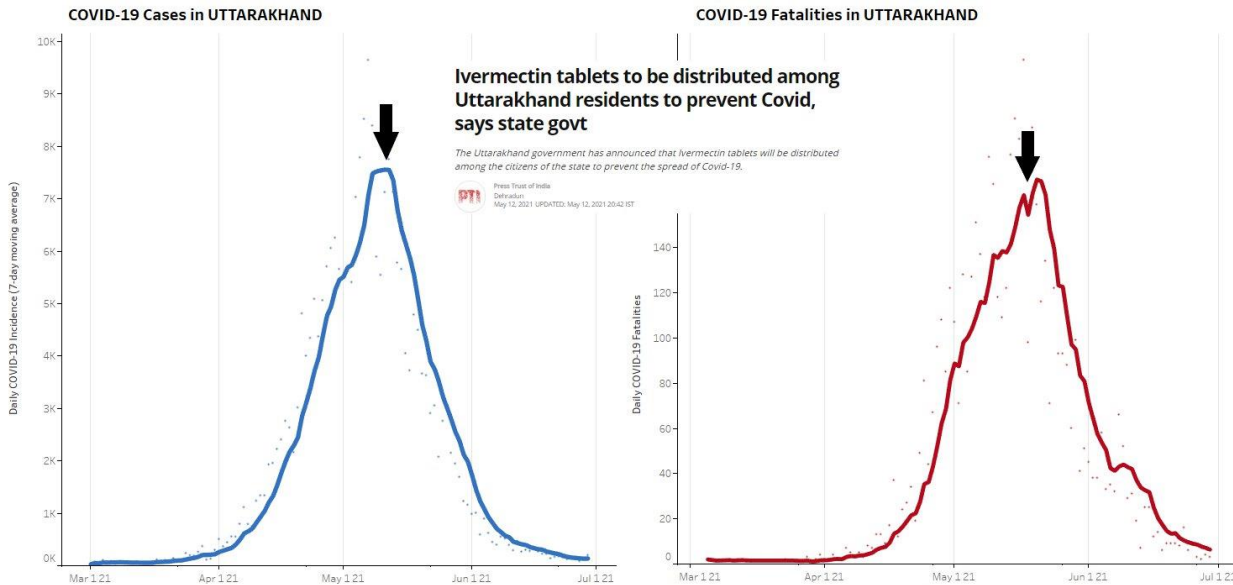


Note: Slovakia had much lower vaccination rates than the UK

¹⁶ Hellwig M, Maia A, **A COVID-19 prophylaxis? Lower incidence associated with prophylactic administration of ivermectin**, *International Journal of Antimicrobial Agents*, Vol. 57, Issue 1, Jan 2021, 106248, <https://doi.org/10.1016/j.ijantimicag.2020.106248>

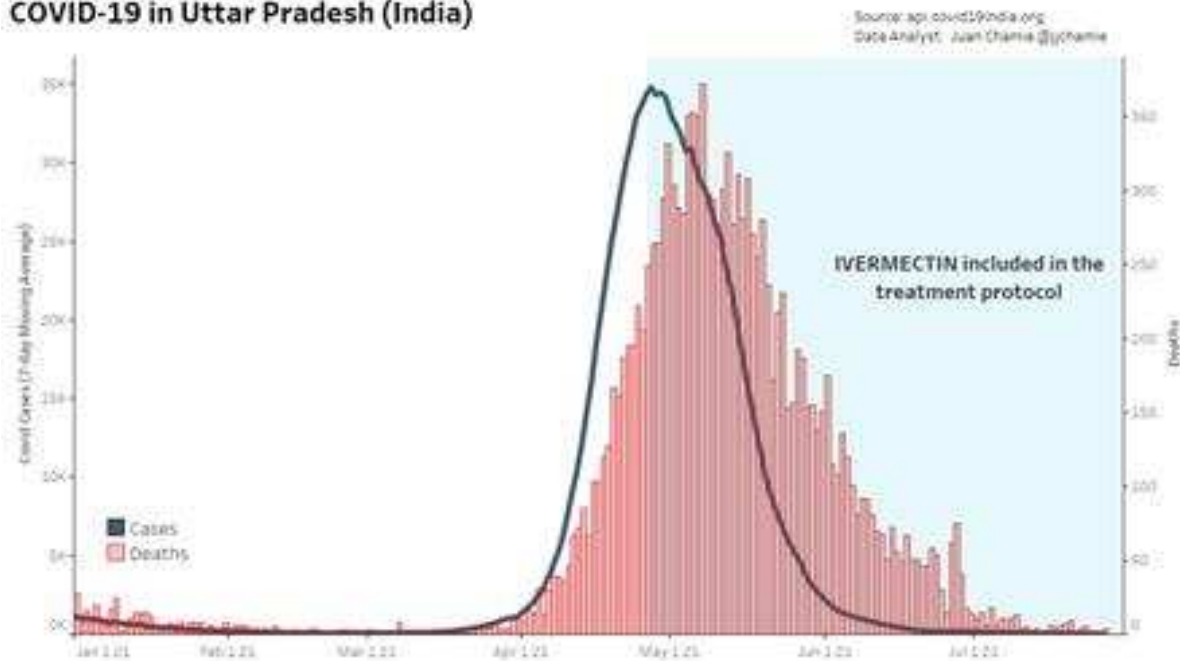
COVID-19 in India

Source: api.covid19india.org
Data Analyst: Juan Chamie @jjchamie



- 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 medicine¹⁷
- 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. ¹⁸

COVID-19 in Uttar Pradesh (India)



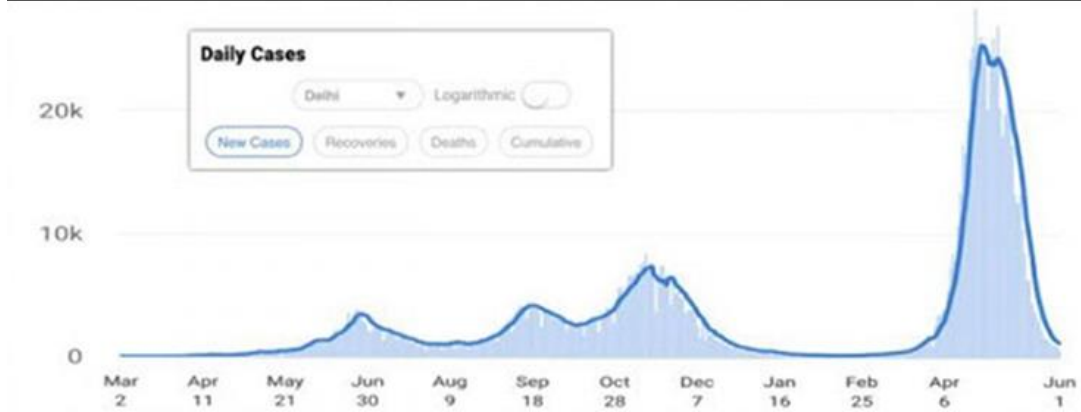
Jun 2021: IVM kills COVID in Delhi

¹⁷ <https://twitter.com/jjchamie/status/1410023102399102981/photo/1>

¹⁸ <https://www.indiatoday.in/coronavirus-outbreak/story/ivermectin-tablet-uttarakhand-residents-prevent-covid-govt-1801863-2021-05-12>

Ivermectin obliterates 97 percent of Delhi cases

A 97% decline in Delhi cases with Ivermectin is decisive - period. It represents the last word in an epic struggle to save lives and preserve human rights. This graph symbolizes the victory of reason over corruption, good over evil, and right over wrong. It is as significant as David's victory over Goliath. It is an absolute vindication of Ivermectin and early outpatient treatment. It is a clear refutation of the WHO, FDA, NIH, and CDC's policies of "wait at home until you turn blue" before you get treatment.

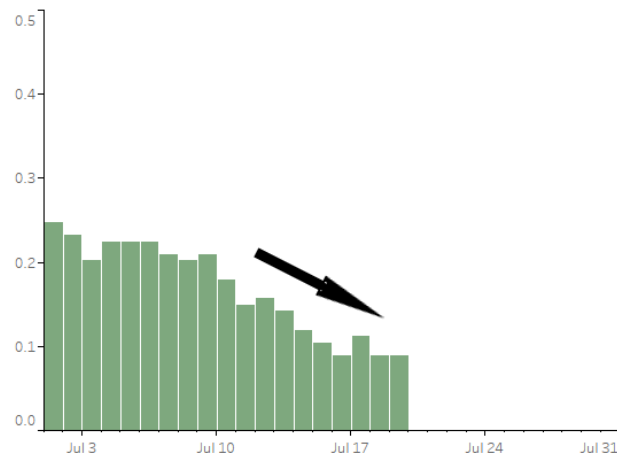


COVID-19 Deaths in Delhi and London

Source: api.covid19india.org
Data Analyst: Juan Chamie @jjchamie

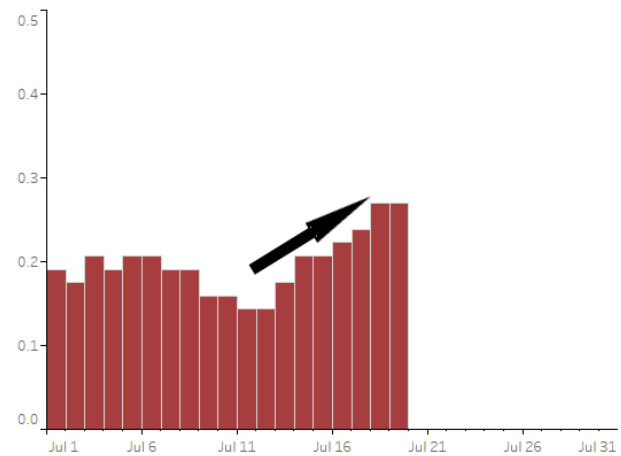
Daily new confirmed COVID-19 deaths per million people DELHI (INDIA)

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.

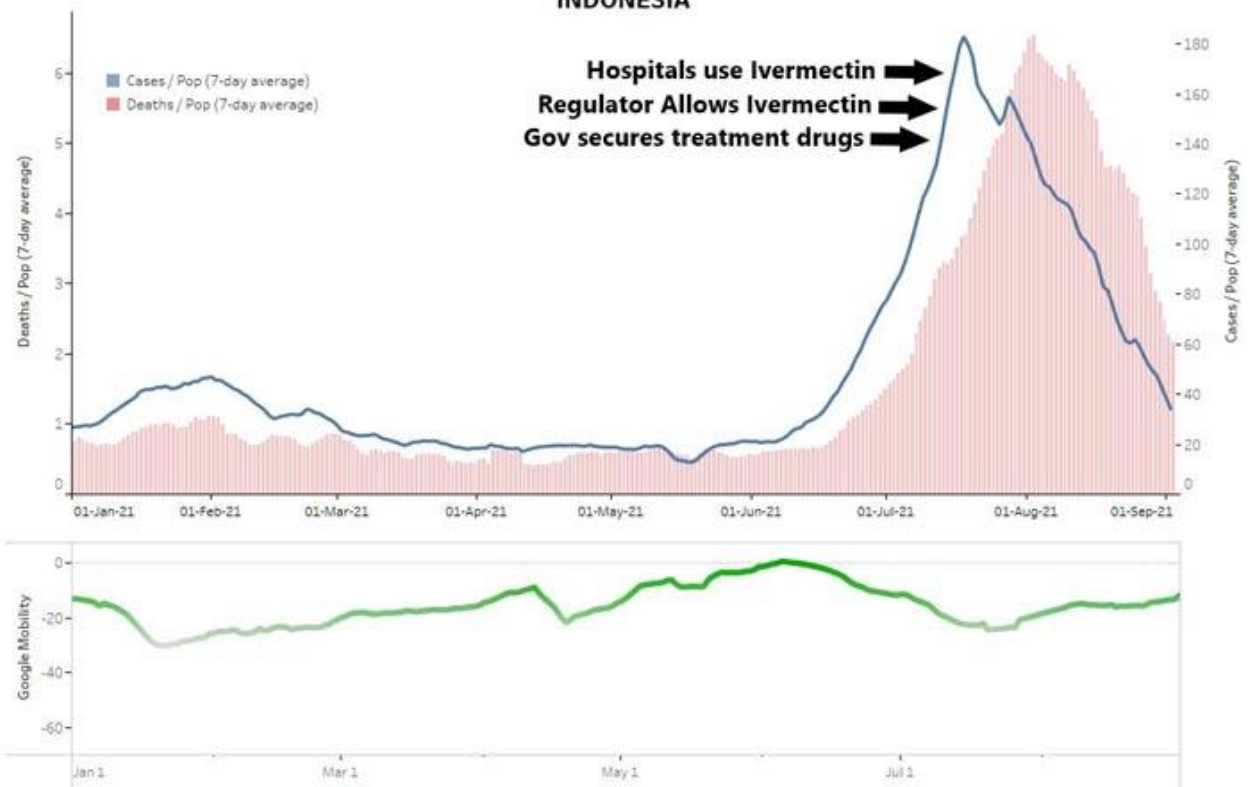


India (ivermectin) v. UK (vaccination)

COVID-19

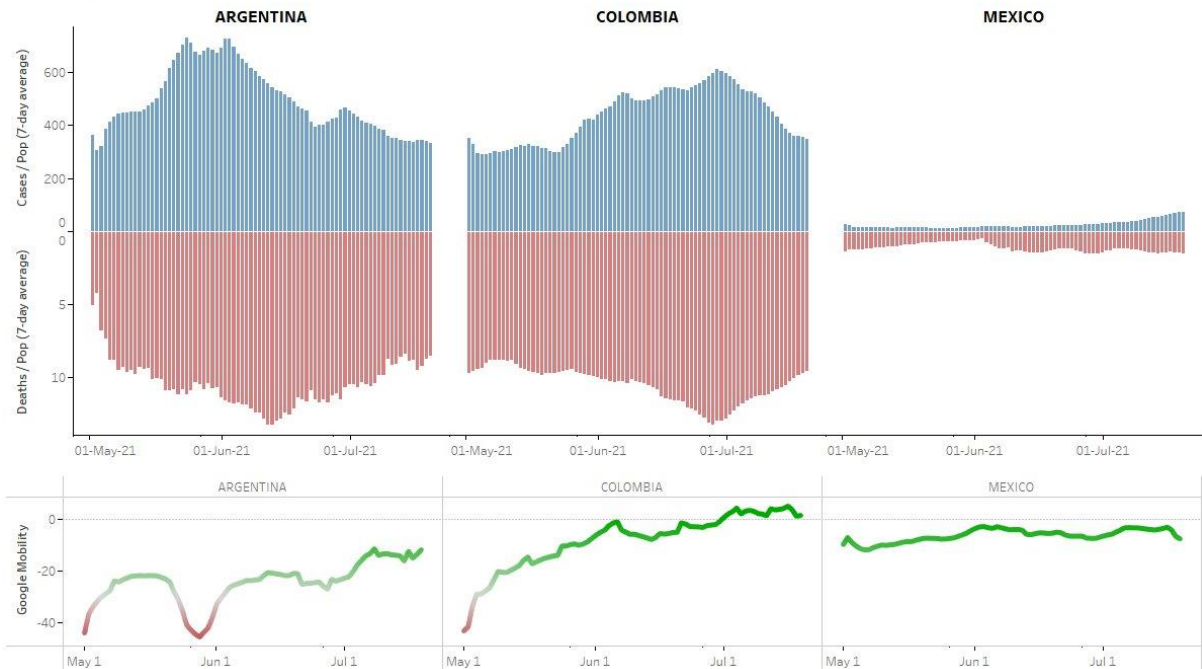
Juan Chamie @jjchamie
Source: worldometers.info/coronavirus/

INDONESIA



ARGENTINA, COLOMBIA, MEXICO COVID-19

Juan Chamie @jjchamie
Source: worldometers.info/coronavirus/

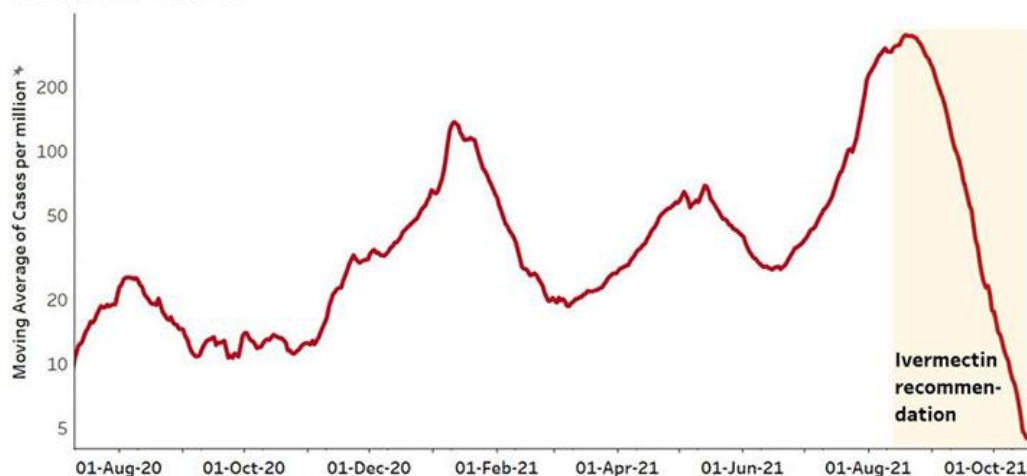


Covid Cases Plummet After Ivermectin Recommended

COVID-19 in Tokyo - Japan

Analyst: Juan J Chamie
Source: Ministry of Health, Labor and Welfare of Japan

COVID-19 Cases



On August 13 [Tokyo Medical Association](#) announced that **Ivermectin** is amazingly effective at stopping COVID-19.

They recommend to ALL Doctors in Japan using Ivermectin to treat COVID.

Ivermectin, *THE* cure for COVID



Ivermectin patent-free molecule <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 announced¹⁹ on **3 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**²⁰.”²¹

¹⁹ <https://www.isglobal.org/en/ivermectin-news>

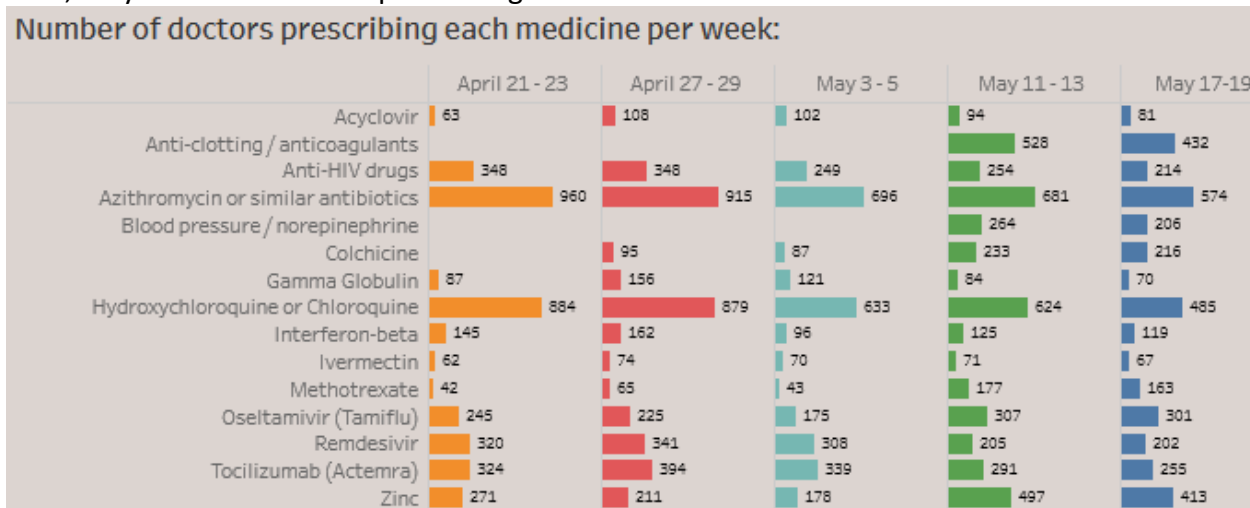
²⁰ <https://www.who.int/publications/i/item/WHOMVPPEMPIAU2019.06>

²¹ Caly L, Druce J, *et al.*, **The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 *in vitro***, 3 Apr 2020 *Antiviral Research*, Vol. 178, June 2020, 104787. <https://doi.org/10.1016/j.antiviral.2020.104787>

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:



Fuente: <https://public.tableau.com/profile/jchamie#!/vizhome/WhatisthebestmedicinetofightCOVID-19/DRUGS>

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.²²

They also showed 11 to 0 outpatient reduction and also 7 to 1 death reduction in hospitalized patients. **“An epidemic without grave cases stops being an epidemic.”**²³ 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).²⁴

²² Carvallo, H., Hirsch R. *et al.*, **Study of the Efficacy and Safety of Topical Ivermectin + Iota-Carrageenan in the Prophylaxis against COVID-19 in Health Personnel**, November 17, 2020, Journal of Biomedical Research and Clinical Investigation, Volume 2, Issue 1.1007m, ISSN:2633-8653, <https://doi.org/10.31546/2633-8653.1007>

The study could be attacked based on the assumption that nasal infection triggers an early response avoiding cytokine storm: Porta-Etessam, J. *et al.* **COVID-19 anosmia and gustatory symptoms as a prognosis factor: a subanalysis of the HOPE COVID-19 (Health Outcome Predictive Evaluation for COVID-19) registry.** *Infection* 2021 Mar 1;1-8. <https://doi.org/10.1007/s15010-021-01587-9>

But this is refuted by the fact that half of the infections ends up advancing to the nervous system and other parts: Gómez-Iglesias P, Porta-Etessam J, Montalvo T, *et al.* **An Online Observational Study of Patients With Olfactory and Gustatory Alterations Secondary to SARS-CoV-2 Infection.** *Front Public Health.* Mayo 2020. <https://doi.org/10.3389/fpubh.2020.00243>

²³ “Éviter les formes graves est l’objectif majeur de santé publique: une épidémie sans forme grave n’est plus une épidémie” épidémiologiste Mahmoud Zureik, directeur de la structure Epi-Phare, qui associe l’Assurance maladie (Cnam) et l’Agence du médicament (ANSM). <https://www.courrier-picard.fr/id239516/article/2021-10-11/lefficacite-des-vaccins-contre-le-covid-19-confirmer-par-une-etude-en-france>

²⁴ 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.

Carvallo, H., Hirsch R. *et al.*, **Safety and Efficacy of the combined use of ivermectin, dexamethasone, enoxaparin and aspirin against COVID-19**, Sep 15, 2020, medrxiv.org, <https://doi.org/10.1101/2020.09.10.20191619>

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.²⁵

The most comprehensive site about ivermectin²⁶ 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.²⁷

Countries like Peru (28 May)²⁸, El Salvador (1 Aug) and Guatemala (12 Aug) launched COVID Kits with ivermectin for at home early treatment²⁹, 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.³⁰



Yet, some kits failed by design, like in Brazil due to an IVM dose, too low to be effective (3 x 6 mg tablets).³¹ The same for Ziverdo in India (3 x 12 mg)³² and Venezuela (14 Aug), with 4 x 6 mg tablets³³. 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.³⁴

8 Dec 2020, 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.**³⁵

²⁵ Rodríguez 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>

²⁶ <https://c19ivermectin.com/>

²⁷ <https://c19ivermectin.com/#prep>

²⁸ <https://www.youtube.com/watch?v=sgGrYwRTzrY>

<https://saludconlupa.com/entrevistas/eduardo-gotuzzo-las-medicinas-usadas-para-pacientes-covid-19-leves-y-hospitalizados/>

<https://saludconlupa.com/noticias/essalud-gasto-25-millones-de-soles-en-cuatro-medicinas-sin-eficacia/>

In Oct 2020 due to bad study, Peru discontinued IVM: <https://gestion.pe/peru/coronavirus-peru-minsa-retira-la-azitromicina-ivermectina-e-hidroxiclороquina-del-tratamiento-contr-el-covid-19nndc-noticia/>

In Jan 2021 backed it again, but not for free distribution: <https://lpderecho.pe/ivermectina-kit-tratamiento-pacientes-covid/>

²⁹ <https://saludconlupa.com/noticias/el-salvador-guatemala-y-bolivia-ofrecen-kits-de-medicinas-para-covid-19-sin-prever-reacciones-adversas/>

³⁰ <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>

³¹ <https://elpais.com/sociedad/2021-03-23/los-hospitales-de-brasil-aun-distribuyen-cloroquina-en-kits-de-tratamiento-preventivo-contr-la-covid-19.html> <https://www.msf.org.ar/actualidad/covid-19-brasil-los-pacientes-empeoran-por-culpa-de-la-desinformacion>

³² <https://www.ziverdokit.store/>

³³ <https://twitter.com/PresidenciaVE/status/1294388098198122500>

³⁴ <https://www.bloomberg.com/press-releases/2020-08-19/ivermectin-triple-therapy-protocol-for-covid-19-to-australian-gp>

https://www.skynews.com.au/details/_6188680157001

https://en.wikipedia.org/wiki/Thomas_Borody

³⁵ <https://youtu.be/jxEDU3BoRm8?t=7210> (4 min)

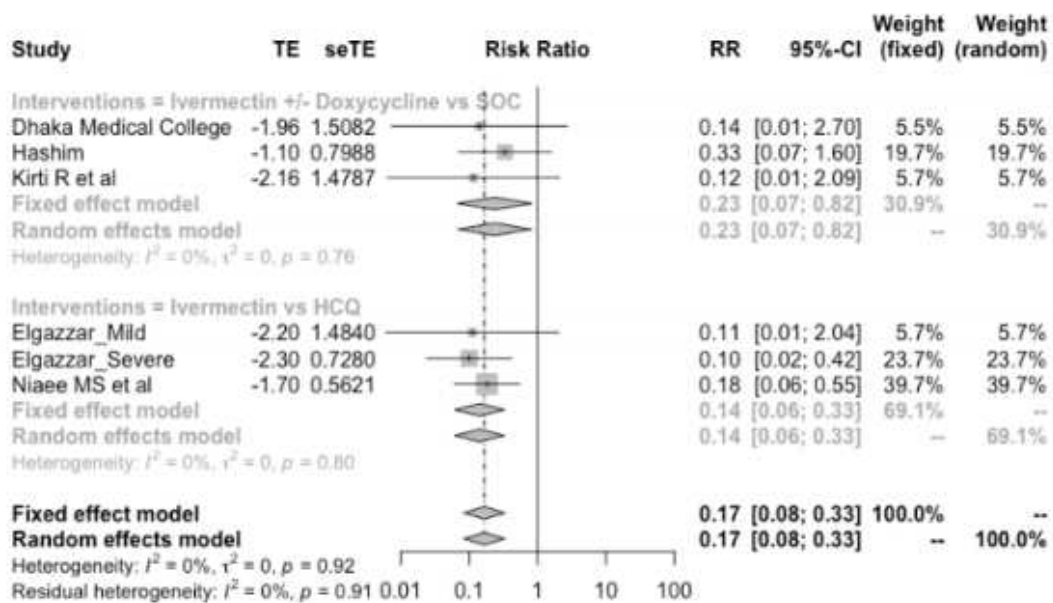
<https://youtu.be/jxEDU3BoRm8?t=2059> (8 min)

<http://www.hsgac.senate.gov/download/kory12-08-2020>

3 Jan 2021, the Evidence-Based Medicine Consultancy Ltd (E-BMC) published a preliminary report³⁶ and on 6 Jan issued the open letter intended to UK Prime Minister³⁷ stating: **“Ivermectin should be viewed as an essential drug to reduce the severity of illness and fatalities caused by the Covid-19 virus.”**³⁸

13 Jan 2021 meta-analysis of 15 Randomized Control Trials (RCT) from the **World Health Organization’s** office for the Americas³⁹ stated that “...pooled estimates suggest significant benefits with ivermectin...”⁴⁰ 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:**

Figure 17: Mortality in randomized studies comparing ivermectin with standard of care in patients with COVID-19



14 Jan 2021, due to the mounting pressure, the **NIH (USA)** passed from a negative to a "neutral"⁴¹ 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**,^{16,17} **shorter time to viral clearance**,^{11,16} or **lower mortality rates** in patients who received ivermectin than in patients who received comparator drugs or placebo.^{11,16,18}⁴²

³⁶ Lawrie, T. (2021). Ivermectin reduces the risk of death from Covid-19 – a rapid review and meta-analysis in support of the recommendation of the Front line Covid-19 Critical Care Alliance. E-BMC Ltd report, 3 January, at www.e-bmc.co.uk

³⁷ 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://b3d2650e-e929-4448-a527-4eeb59304c7f.filesusr.com/ugd/593c4f_65b1901681ae4fcc9fde91f36c94b201.pdf

³⁹ https://en.wikipedia.org/wiki/Pan_American_Health_Organization

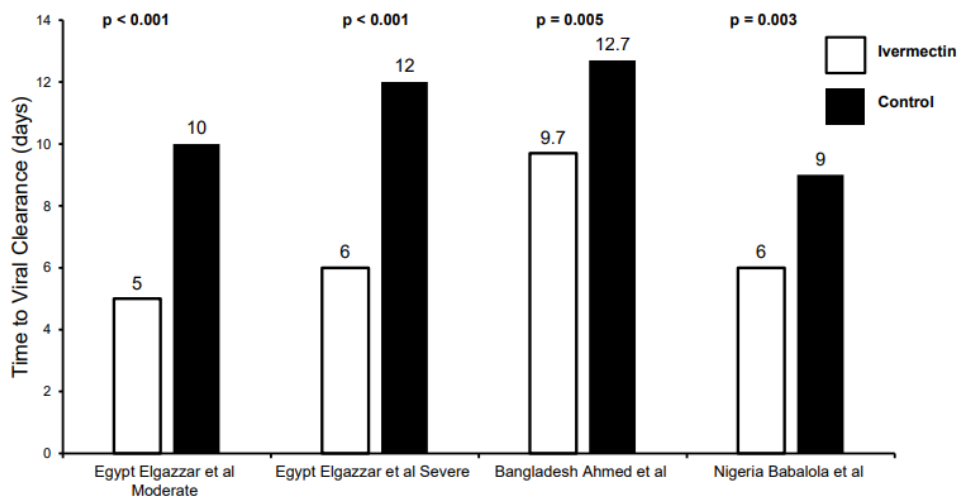
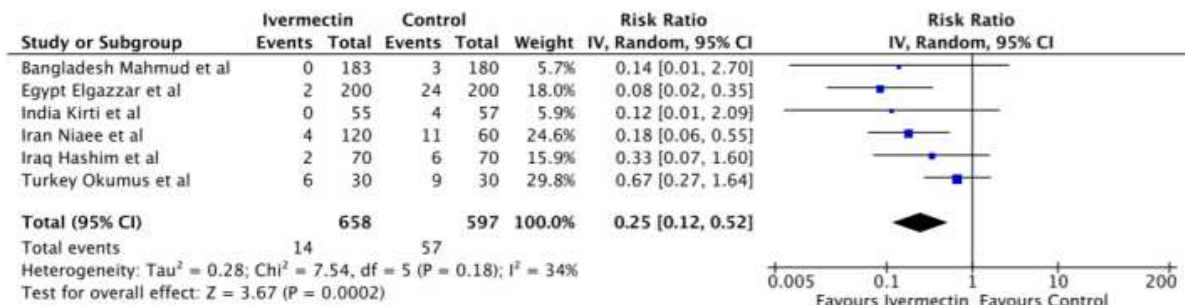
⁴⁰ Pan American Health Organization (World Health Organization), **Ongoing Living Update of COVID-19 Therapeutic Options: Summary of Evidence**, Rapid Review, 13 January 2021, pg 39 https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19210001_eng.pdf

⁴¹ <https://www.covid19treatmentguidelines.nih.gov/statement-on-ivermectin/> accessed 22 Jan 2021

⁴² 11. Ahmed S, Karim MM, Ross AG, et al. **A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness.** Int J Infect Dis. 2020;103:214-216. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/33278625>.

16. Elgazzar A, Hany B, Youssef SA, Hafez M, Moussa H, eltaweel A. **Efficacy and safety of ivermectin for treatment and prophylaxis of COVID-19 pandemic.** Research Square. 2020;Preprint. Available at: <https://www.researchsquare.com/article/rs-100956/v2>.

19 Jan 2021 UNITAID⁴³, 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**. Again, according to their own studies, **no other treatment showed such an effective profile:**⁴⁴



The author's university received 40 million USD (UNITAID, funded by The Bill & Melinda Gates Foundation), to muzzle the lead author, Andrew Hill, and his team, changing the positive conclusion into a negative one.⁴⁵

25 Mar 2021, the **British Ivermectin Recommendation Development (BIRD)** panel published the most comprehensive report about ivermectin: positive.⁴⁶

<https://web.archive.org/web/20210114173701/https://www.covid19treatmentguidelines.nih.gov/statement-on-ivermectin/>
 17. Niaee MS, Gheibi N, Namdar P, et al. **Ivermectin as an adjunct treatment for hospitalized adult COVID-19 patients: a randomized multi-center clinical trial**. Research Square. 2020;Preprint. Available at: <https://www.researchsquare.com/article/rs-109670/v1>.
 18 Khan MSI, Khan MSI, Debnath CR, et al. **Ivermectin treatment may improve the prognosis of patients with COVID-19**. Arch Bronconeumol. 2020;56(12):828-830. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/33293006>.

⁴³ <https://en.wikipedia.org/wiki/Unitaid>

<https://fr.wikipedia.org/wiki/Unitaid>

⁴⁴ Andrew Hill, Ahmed Abdulmir, 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>

⁴⁵ <https://rumble.com/vwfa3-a-letter-to-andrew-hill-dr-tess-lawrie-oracle-films.html>

"The Story of Ivermectin, COVID 19 & the Cover Up" <https://rumble.com/vw4ls3-the-story-of-ivermectin-covid-19-and-the-cover-up.html>

"WHO killed ivermectin" <https://rumble.com/vwcovh-episode-257-who-killed-ivermectin.html>

⁴⁶ <https://trialsitenews.com/british-ivermectin-recommendation-development-panel-response-to-ema-statement-on-ivermectin-for-covid-19/>

British Ivermectin Recommendation Development (BIRD) panel (2021). Recommendation on the Use of Ivermectin for Covid-19 – Executive Summary. <https://tinyurl.com/xcbh6d8>

25 Apr 2021 The closing address of the 1st International IVM conference by Dr. Tess Lawrie was remarkable.⁴⁷

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.

9 Feb 2021, Haruo Ozaki, president of the Tokyo Metropolitan Medical Association, in a press conference recommended ivermectin as COVID-19 treatment.⁴⁸ 23 Aug 2021, he authorized doctors to prescribe it.⁴⁹ Until then, there was a strong correlation between vaccination and COVID deaths: **with ivermectin, the epidemic was over in less than a month.**⁵⁰

By May 2021, ivermectin was being indicated as COVID treatment in Europe (Czechia and Slovakia)], also, **hundreds of states/provinces in dozens of countries**⁵¹ 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).

8 Jul 2021, in spite of its campaign considering ivermectin a horse dewormer unsuitable for COVID, the FDA includes it as “**Antiviral Agents Under Evaluation for the Treatment of COVID-19**”, yet no update by Oct 2021 (no surprise, the page on ivermectin was updates since 11 Feb 2021⁵²):

Characteristics of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of COVID-19⁵³

Ivermectin

Adults:	<ul style="list-style-type: none">• Generally well tolerated• Dizziness• Pruritis• GI effects (e.g., nausea, diarrhea)• Neurological AEs have been reported when IVM has been used to treat parasitic diseases, but it is not	<ul style="list-style-type: none">• Monitor for potential AEs.	<ul style="list-style-type: none">• Minor CYP3A4 substrate• P-gp substrate	<ul style="list-style-type: none">• Generally given on an empty stomach with water; however, administering IVM with food increases its bioavailability.²• A list of clinical trials is available
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[6] British Ivermectin Recommendation Development (BIRD) panel (2021). The BIRD Recommendation on the Use of Ivermectin for Covid-19. Full report. <https://tinyurl.com/u27ea3y>

⁴⁷ [https://youtu.be/xi2cY -GMSU](https://youtu.be/xi2cY-GMSU)

⁴⁸ https://www.nikkei-com.translate.goog/article/DGXZQOFB25AALOV20C21A1000000/?_x_tr_sl=ja&_x_tr_tl=en&_x_tr_hl=es-419
<https://www.nikkei.com/article/DGXZQOFB25AALOV20C21A1000000/>

<https://twitter.com/brenontheroad/status/1429624844379824129>

⁴⁹ <https://www.tokyo-np.co.jp/article/123988>

<https://rclutz.com/2021/09/05/japanese-medical-chairmen-doubles-down-on-ivm/>

⁵⁰ <https://www.msn.com/en-us/health/medical/vaccines-masks-japan-puzzling-over-sudden-virus-success/ar-AAPE6ID>

⁵¹ Argentina: Jujuy, Corrientes, Salta, Tucumán, Río Negro, etc. India: Uttar Pradesh, Goa, etc.

<https://trialsitenews.com/goa-game-changer-indian-states-health-authority-approves-distributes-ivermectin-doxycycline-to-treat-covid-19-as-prophylaxis/>

⁵² <https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ivermectin/>

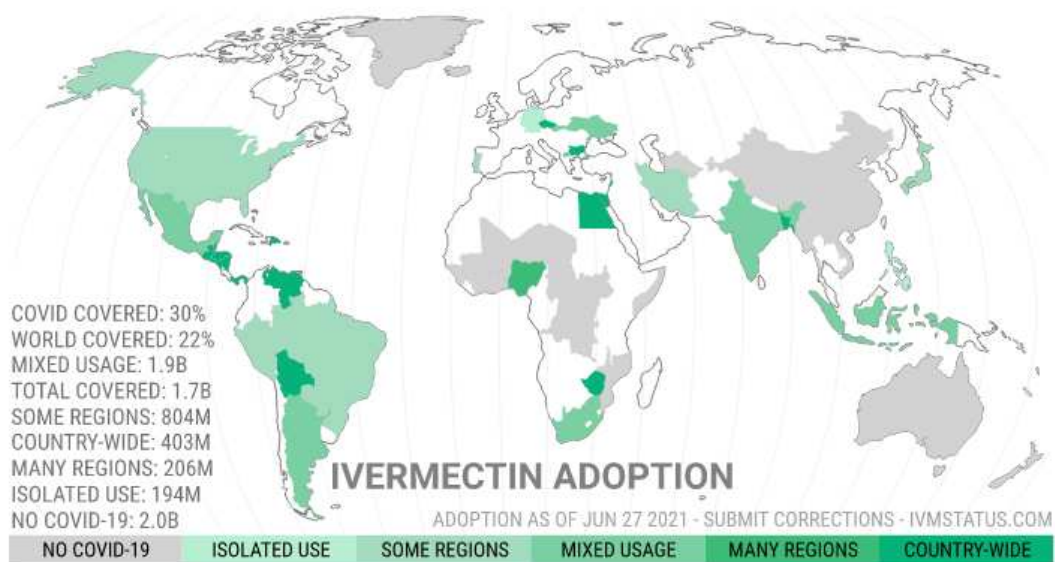
⁵³ <https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/> Last Updated: July 08, 2021 by 12 Oct 2021

single dose
or as a
once-daily
dose for up
to 5 days.

clear whether these
AEs were caused by
IVM or the underlying
conditions.

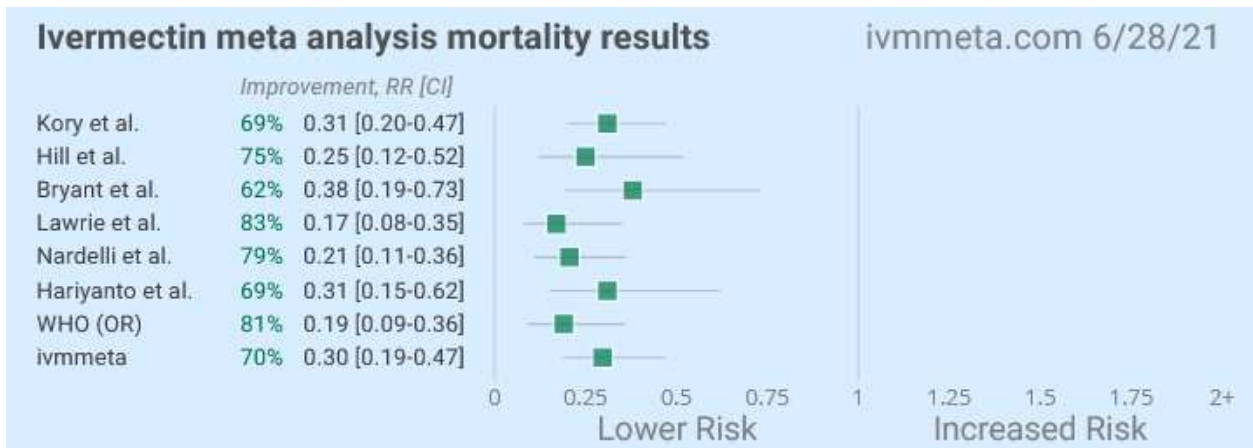
here: [Ivermectin](#)

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



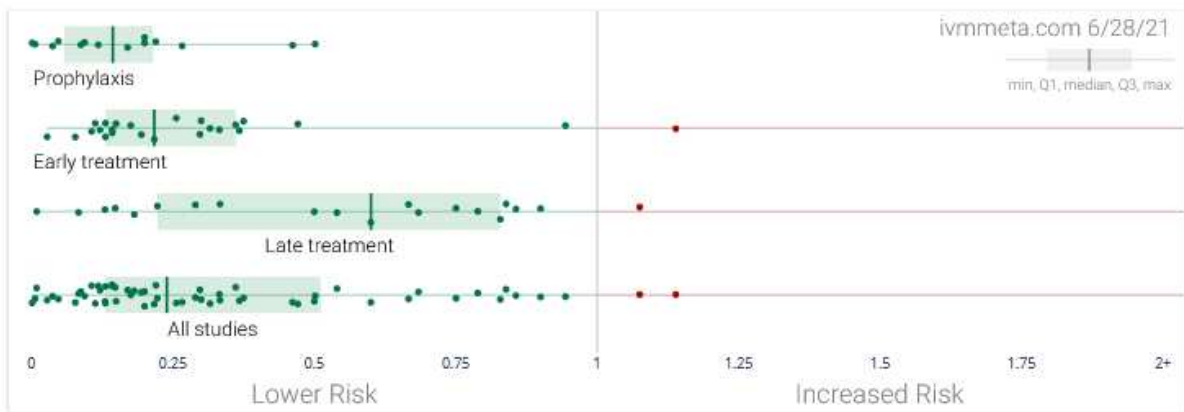
Why not 100%? History of medicine and science will find hard to answer.

8 meta-analysis concur in IVM efficacy



Ivermectin for COVID-19: real-time meta analysis

Treatment time	Number of studies reporting positive effects	Total number of studies	Percentage of studies reporting positive effects	Probability of an equal or greater percentage of positive results from an ineffective treatment	Random effects meta-analysis results
Early treatment	23	25	92.0%	0.0000097 1 in 103 thousand	76% improvement RR 0.24 [0.14-0.41] p < 0.0001
Late treatment	19	21	90.5%	0.00011 1 in 9 thousand	46% improvement RR 0.54 [0.41-0.71] p < 0.0001
Prophylaxis	14	14	100%	0.000061 1 in 16 thousand	85% improvement RR 0.15 [0.09-0.25] p < 0.0001
All studies	56	60	93.3%	0.00000000000045 1 in 2 trillion	71% improvement RR 0.29 [0.23-0.38] p < 0.0001



Ivermectin COVID-19 early treatment and prophylaxis studies

ivmmeta.com 6/28/21

	Improvement, RR [CI]	Treatment	Control	Dose (4d)	
Chowdhury (RCT)	81% 0.19 [0.01-3.96]	hosp.	0/60 2/56	14mg	OT ¹ CT ²
Espitia-Hernandez	97% 0.03 [0.01-0.11]	viral+	0/28 7/7	12mg	CT ²
Carvallo	88% 0.12 [0.01-1.06]	death	1/33 3/12	36mg	CT ²
Mahmud (DB RCT)	86% 0.14 [0.01-2.75]	death	0/183 3/183	12mg	CT ²
Szente Fonseca	-14% 1.14 [0.75-1.66]	hosp.	340 377	24mg	
Cadegiani	78% 0.22 [0.01-4.48]	death	0/110 2/137	42mg	
Ahmed (DB RCT)	85% 0.15 [0.01-2.70]	symptoms	0/17 3/19	48mg	
Chaccour (DB RCT)	53% 0.47 [0.19-1.16]	symp. prob.	12 12	28mg	
Afsar	92% 0.08 [0.00-1.32]	symptoms	0/37 7/53	48mg	
Babalola (DB RCT)	64% 0.36 [0.10-1.27]	viral+	40 20	24mg	OT ¹
Kirti (DB RCT)	89% 0.11 [0.01-2.05]	death	0/55 4/57	24mg	
Bukhari (RCT)	82% 0.18 [0.07-0.46]	viral+	4/41 25/45	12mg	
Samaha (RCT)	86% 0.14 [0.01-2.70]	hosp.	0/50 3/50	12mg	
Mohan (DB RCT)	62% 0.38 [0.08-1.75]	no recov.	2/40 6/45	28mg	
Biber (DB RCT)	70% 0.30 [0.03-2.76]	hosp.	1/47 3/42	36mg	
Elalfy	87% 0.13 [0.06-0.27]	viral+	7/62 44/51	36mg	CT ²
López-Me. (DB RCT)	67% 0.33 [0.01-8.11]	death	0/200 1/198	84mg	
Roy	6% 0.94 [0.52-1.93]	recov. time	14 15	n/a	CT ²
Chahla (CLUS. RCT)	87% 0.13 [0.03-0.54]	no disch.	2/110 20/144	24mg	
Mourya	89% 0.11 [0.05-0.25]	viral+	5/50 47/50	48mg	
Loue (QR)	70% 0.30 [0.04-2.20]	death	1/10 5/15	14mg	
Merino (QR)	74% 0.26 [0.11-0.61]	hosp.	population-based cohort	24mg	
Faisal (RCT)	68% 0.32 [0.14-0.72]	no recov.	6/50 19/50	48mg	
Aref (RCT)	63% 0.37 [0.22-0.62]	recov. time	57 57		
Krolewiecki (RCT)	-152% 2.52 [0.11-58.1]	ventilation	1/27 0/14	168mg	
Early treatment	76% 0.24 [0.14-0.41]		30/1,673 204/1,709		76% improvement

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.**

There are 80 studies which were informed as clinical trial. A few are not finished yet.⁵⁴

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).⁵⁵ Considering the history of research corruption, the medical community doesn't hold its breath for promising results.

IVM v. HCQ

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

Because they were cheap and effective, both drugs had been attacked with similar coordinated strategies.

HCQ was the first promising drug according to 2019 Chinese papers. That's why it was banned from over-the-counter in the UK and France as early as Dec 2019 and Jan 2020, respectively.

Also, Big Pharma tried to stop its use to treat COVID, e.g. Sanofi's Plaquenil, in Europe, Africa, etc.⁵⁶

In order to destroy HCQ, governments funded trials with a dose they knew it was going to be lethal: up to 50% of the volunteers died.

Scientists and physicians were muzzled with money: Dr. Rick Bright was similar to the A. Hill case.⁵⁷

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.⁵⁸ Also, “**Killing the cure: The strange war against hydroxychloroquine.**”⁵⁹

The history 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.**

HCQ is somewhat effective, especially in early treatment:

⁵⁴ <https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=ivermectin&cntry=&state=&city=&dist=&Search=Search>

⁵⁵ <https://trialsitenews.com/activ-6-ivermectin-study-finally-gets-going-kudos-to-dcri-for-taking-it-on/>

⁵⁶ <https://lb.sanofi.com/en/media/information-on-plaquenil-and-covid-19>

⁵⁷ <https://rumble.com/vwqa9b-murderous-treason-dr-rick-bright-hcq.html>

⁵⁸ <https://www.hsgac.senate.gov/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution-part-ii>

⁵⁹ <https://www.palmerfoundation.com.au/killing-the-cure-the-strange-war-against-hydroxychloroquine/>

231 TRIALS, 3,695 SCIENTISTS, 200,929 PATIENTS

64% IMPROVEMENT IN 25 EARLY TREATMENT TRIALS RR 0.36 [0.25-0.51]

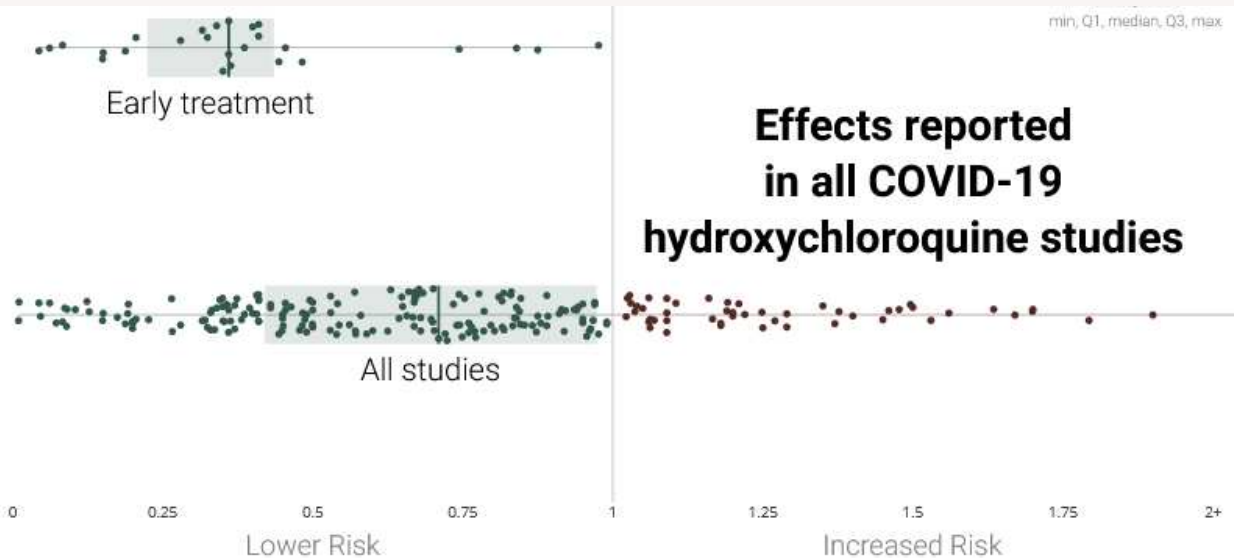
73% IMPROVEMENT IN 10 EARLY TREATMENT MORTALITY RESULTS RR 0.27 [0.16-0.46]

49% IMPROVEMENT IN 6 EARLY TREATMENT RCT RESULTS RR 0.51 [0.32-0.82]

23% IMPROVEMENT IN 158 LATE TREATMENT TRIALS RR 0.77 [0.71-0.83]

28% IMPROVEMENT IN 29 RANDOMIZED CONTROLLED TRIALS RR 0.72 [0.57-0.90]

SUMMARY OF RESULTS REPORTED IN HCQ STUDIES FOR COVID-19. 04/06/21. HCQMETA.COM



Source: <https://c19hcq.com/>

Ivermectin is not “the new HCQ” (supposedly discredited), as another global rehash media campaign was trying to push.⁶⁰ Ivermectin is much more effective than HCQ at all stages:

Symptoms	Mild		Severe	
	IVM	HCQ	IVM	HCQ
Recovered	99	74	94	50
Improved	1	22	4	30
Died	0	4	2	20

Source: <https://www.researchsquare.com/article/rs-100956/v1>

⁶⁰ 27 Jun 2021 <https://www.healio.com/news/rheumatology/20210527/new-covid19-drug-same-playbook-like-hydroxychloroquine-ivermectin-lacks-strong-data>

19 Jun 2021 <https://www.forbes.com/sites/siladityaray/2021/05/19/is-ivermectin-the-new-hydroxychloroquine-online-interest-in-unproven-covid-drug-surges-as-experts-urge-caution/>

15 Apr 2021 <https://www.devex.com/news/devex-checkup-is-ivermectin-the-new-hydroxychloroquine-99631>

08 Apr 2021 <https://www.washingtonpost.com/health/2021/04/08/ivermectin-covid-drug/>

11 Jun 2020 <https://theconversation.com/hydroxychloroquine-for-covid-19-a-new-review-of-several-studies-shows-flaws-in-research-and-no-benefit-137869>

Is there a contraindication to use both drugs? On the contrary, in theory, there is a synergistic effect.⁶¹

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.**”⁶²

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 document⁶³:

“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 kg⁶⁴
- More frequent administration has been recommended⁶⁵

⁶¹ Patrì, A., Fabbrocini, G. **Hydroxychloroquine and ivermectin: A synergistic combination for COVID-19 chemoprophylaxis and treatment?** 10 Apr 2020. Journal of the American Academy of Dermatology, 82(6), e221. <https://doi.org/10.1016/j.jaad.2020.04.017>

⁶² Descotes J, Bernard C, **Medical safety of ivermectin**, Mar 2021 Expert Review preprint, MedinCell, InmunoSafe. https://www.medincell.com/wp-content/uploads/2021/03/Clinical_Safety_of_Ivermectin-March_2021.pdf

⁶³ World Health Organization, **Malaria Policy Advisory Committee Meeting**, Background document for Session 9, WHO Headquarters, Geneva 30 March–1 April 2016. <https://www.who.int/malaria/mpac/mpac-sept2016-ivermectin-session9.pdf?ua=1>
WHO, **Malaria Policy Advisory Committee meeting report** (Sep 2016), <https://www.who.int/malaria/publications/atoz/mpac-report-september-2016/en/>

⁶⁴ Merck&Co., **Stromectrol. FDA approved package insert** 2009.

http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/050742s026lbl.pdf (Accessed June, 2015)

⁶⁵ Merck&Co., **Stromectrol. TGA-Australia approved Package insert** 2014.

<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2011-PI-02659-3&d=2016071016114622483>
(Accessed July, 2016).

- 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 1week have been **well tolerated** by healthy volunteers.”⁶⁶

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 150–200mcg/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 in 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 Loa loa-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 shows how no adverse reactions after 2weeks 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”⁶⁷: “Amounts approaching the therapeutic doses in animals (100 to 200 μ g/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 = 130mg/15kg) of ivermectin (as an injectable solution). Ten hours post-ingestion he had mydriasis in one pupil, with frequent vomiting, pallor, 35°C temperature,

⁶⁶ Guzzo CA, Furtek CI, Porras AG, Chen C, Tipping R, Clineschmidt CM, Sciberras DG, Hsieh JY, Lasseter KC: **Safety, tolerability, and pharmacokinetics of escalating high doses of ivermectin in healthy adult subjects**. J Clin Pharmacol 2002, 42:1122-1133.

⁶⁷ 1 μ g = 1 microgram (mcg) = 1/1,000,000 grams. 1000 micrograms = 1 milligram (mg) = 1/1000 grams (g) .

<https://inchem.org/documents/pims/pharm/ivermect.htm#SectionTitle:7.2%20Toxicity>

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).⁶⁸

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- ⁶⁸ Ali BH, Bashir AA (1990) Ivermectin in human filariasis: a mini review. *Vet Hum Toxicol*, 32: 110-113.
- Awadzi K, Dadzie KY, Shulz-Key H, Haddock DRW, Gilles HM, Aziz MA (1985) The chemotherapy of onchocerciasis X. An assessment of four single dose regimes of MK-933 (ivermectin) in human onchocerciasis. *Ann Trop Med Parasitol*, 79: 63-78.
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- Chiou R, Stubbs RJ & Bayne WF (1987) Detection of ivermectin in human plasma and milk by high-performance liquid chromatography with fluorescence detection. *J Chromatogr*, 416(1): 196-202.
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- Iliff-Sizemore SA, Partlow MR, Kelley ST (1990) Ivermectin toxicology in a Rhesus Macaque. *Vet Hum Toxicol*, 23(6): 530-532.
- Merck Sharp & Dohme (1988) *Poison Control Monograph. ivermectin.* Division of Merck & Co Ltd, West Point, Pennsylvania, 18 pp.
- Reynolds JEF (Ed) (1993) *Martindale. The extra pharmacopoeia.* 29th Edition. Pharmaceutical Press, London.
- Reynolds JEF (Ed) (1993) *Martindale. The extra pharmacopoeia.* 30th Edition. Pharmaceutical Press, London.
- WHO (World Health Organization) (1990a) *Drug Information, Vol4(2):* 48-49.
- WHO (World Health Organization) (1990b) *Drug Information, Vol4(49):* 162-163.
- <https://inchem.org/documents/jecfa/jecmono/v27je03.htm>
- <https://inchem.org/documents/jecfa/jecmono/v31je03.htm>
- https://inchem.org/documents/jecfa/jecval/jec_1246.htm

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"⁶⁹

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."⁷⁰

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 receptors⁷¹ (also melatonin does that and is showing promising results)
- b) inhibits the *catch* effect, where COVID spikes bind the red cells to vascular endothelium through the ACE2 receptors⁷² (same as azithromycin)

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."⁷³

Also, the *in vitro* model, doesn't take into account synergistic effects with other cocktail drugs which potentiate ivermectin like azithromycin, melatonin or hydroxychloroquine.⁷⁴

⁶⁹ 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-599/>

Bray et al. (2020-06). **Ivermectin and COVID-19: A report in Antiviral Research, widespread interest, an FDA warning, two letters to the editor and the authors' responses**. *Antiviral Research*. <https://dx.doi.org/10.1016/j.antiviral.2020.104805>

⁷⁰ <https://www.argentina.gob.ar/noticias/un-estudio-demuestra-la-respuesta-antiviral-de-la-ivermectina-en-pacientes-con-covid-19>

⁷¹ CD147 as a Target for COVID-19 Treatment: **Suggested Effects of Azithromycin and Stem Cell Engagement**. <https://dx.doi.org/10.1007/s12015-020-09976-7>

⁷² Scheim, David, **Ivermectin for COVID-19 Treatment: Clinical Response at Quasi-Threshold Doses Via Hypothesized Alleviation of CD147-Mediated Vascular Occlusion** (June 26, 2020). Available at SSRN: <https://ssrn.com/abstract=3636557>

⁷³ <http://pharmabaires.com/1767-salta-y-corrientes-adoptan-ivermectina-en-sus-protocolos-covid.html>

It Inhibits the binding of the coronavirus with importins α / β 1, which make it enter the cell.

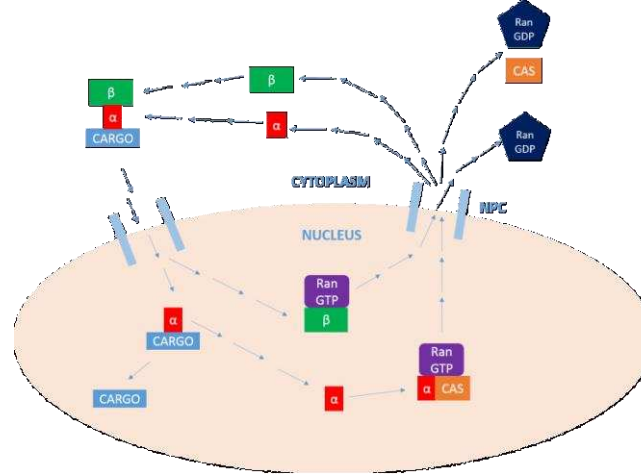
K.M. Wagstaff, et al. **An AlphaScreen(R)-based assay for high-throughput screening for specific inhibitors of nuclear import**, *J. Biomol. Screen*, 16 (2) (2011), pp. 192-200

K.M. Wagstaff, et al. **Ivermectin is a specific inhibitor of importin alpha/beta-mediated nuclear import able to inhibit replication of HIV-1 and dengue virus**, *Biochem. J.*, 443 (3) (2012), pp. 851-856

Yang et al., **The broad spectrum antiviral ivermectin targets the host nuclear transport importin α / β 1 heterodimer**, *Antiviral Research*, Volume 177, May 2020, 104760. <https://doi.org/10.1016/j.antiviral.2020.104760>

⁷⁴ Patri et al., **Hydroxychloroquine and ivermectin: A synergistic combination for COVID-19 chemoprophylaxis and treatment?**, *Journal of the American Academy of Dermatology*, Volume 82, ISSUE 6, e221, June 01, 2020. <https://doi.org/10.1016/j.jaad.2020.04.017>

There are many other *in vivo* mechanisms associated with ivermectin's success that can't be accounted *in vitro*.⁷⁵



Source: wikipedia

Note: Adenovirus and the influenza virus, also use the Imp- α/β 1 proteins to get inside the nucleus.

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."⁷⁶

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.⁷⁷

Fact-checkers are all controlled by the same elite. For instance, "Reuters "fact-checks" Facebook and Twitter post about COVID vaccines, despite having ties to Pfizer, World Economic Forum (WEF) 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

Bobrowski T, Chen L, et al. **Synergistic and Antagonistic Drug Combinations against SARS-CoV-2**, *Molecular Therapy*, Volume 29, Issue 2, 2021, Pages 873-885, ISSN 1525-0016, <https://doi.org/10.1016/j.ymthe.2020.12.016>

⁷⁵ Zaidi, A.K., Dehgani-Mobaraki, P. **The mechanisms of action of Ivermectin against SARS-CoV-2: An evidence-based clinical review article**. 15 Jun 2021 *J Antibiot*. <https://doi.org/10.1038/s41429-021-00430-5>

⁷⁶ <https://www.msn.com/en-us/money/companies/this-ominous-warning-from-moderna-could-shake-up-the-covid-vaccine-market/>

⁷⁷ 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 Frankenstein-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.”⁷⁸

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-inflammatories 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.”⁷⁹ : **paracetamol turned out to aggravate the disease!**

May 2020, Bolsonaro, President of Brazil, started promoting ivermectin, only to be mocked by media.⁸⁰

June 2020, Dr. Hector Carvalho 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, CIMA/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

⁸¹ 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 fraud⁸².

⁷⁸ <https://childrenshealthdefense.org/defender/reuters-fact-check-covid-social-media-pfizer-world-economic-forum/>

⁷⁹ <https://www.paho.org/en/documents/ibuprofen-and-covid-19-washington-dc-18-march-2020>

⁸⁰ https://www.swissinfo.ch/spa/coronavirus-brasil_bolsonaro-promueve-ahora-tres-tipos-de-t%C3%A9-ind%C3%ADgenas-para-tratar-la-covid-19/46657276

⁸¹ <https://web.archive.org/web/20201221081253/https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>

⁸² The practice of no-excuse mail-in ballots, put in place by Democrats right before the corrupt 2020 Election, has been ruled UNCONSTITUTIONAL by the Pennsylvania Commonwealth Court: if widespread mail-in balloting is unconstitutional now, how could mail-in balloting have been constitutional in the 2020 Presidential Election then?

<https://www.jurist.org/news/2022/01/pennsylvania-court-declares-state-mail-in-voting-law-unconstitutional/>

<https://www.breitbart.com/politics/2021/06/28/lawsuit-silicon-valley-billionaire-recruited-election-officials-to-accept-grants-from-zuckerberg>

<https://www.lifesitenews.com/news/mayor-of-madison-wisconsin-charged-with-election-bribery-by-accepting-mark-zuckerbergs-money/>

<https://welovetrump.com/2021/10/07/maricopa-county-officials-admit-under-oath-that-they-deleted-2020-election-data/>

<https://welovetrump.com/2021/08/15/california-democratic-city-councilman-among-6-charged-with-election-fraud/>

<https://www.washingtonexaminer.com/opinion/the-latest-government-report-15-million-mail-ballots-in-2020-that-are-unaccounted-for>

<https://www.thegatewaypundit.com/2021/06/breaking-exclusive-box-flash-drives-went-missing-arizona-weeks-2020-election/>

<https://www.lifesitenews.com/news/135k-fake-votes-accidentally-counted-in-nyc-mayoral-primary>

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 (AIII).**”⁸³ “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.

“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

<http://www.whitehouse.gov/sites/whitehouse.gov/files/docs/pacei-voterfraudcases.pdf>

<https://www.heritage.org/voterfraud>

<https://www.texasattorneygeneral.gov/sites/default/files/images/admin/2020/Press/SCOTUSFiling.pdf>

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.”

<https://www.scribd.com/document/488107901/Antrim-Michigan-Forensics-Report-121320-v2-REDACTED>

[http://www.supremecourt.gov/DocketPDF/20/20-](http://www.supremecourt.gov/DocketPDF/20/20-816/163876/20201215165004182_Georgia%20Pearson%20v.%20Kemp%20Notice%20of%20Supplemental%20Authority.pdf)

[816/163876/20201215165004182_Georgia%20Pearson%20v.%20Kemp%20Notice%20of%20Supplemental%20Authority.pdf](http://www.supremecourt.gov/DocketPDF/20/20-816/163876/20201215165004182_Georgia%20Pearson%20v.%20Kemp%20Notice%20of%20Supplemental%20Authority.pdf)

100000 fake votes: <https://welovetrump.com/2021/06/29/georgia-state-senator-i-think-we-can-ask-for-our-16-electoral-votes-back/>

<https://www.lifesitenews.com/blogs/the-electoral-college-will-today-certify-joe-biden...but-heres-why-he-wont-be-president>

<https://krebsonsecurity.com/2020/12/u-s-treasury-commerce-depts-hacked-through-solarwinds-compromise/comment-page-1/>

<https://www.breitbart.com/clips/2021/07/15/watch-allegations-of-georgia-voter-fraud-highlighted-by-fncs-tucker-carlson/>

<https://youtu.be/DSDZkXxFVEU> -- Pennsylvania State Legislative Hearing, Nov. 25, 2020

<https://youtu.be/rri6flxaXww> -- Arizona State Legislative Hearing, Nov. 30, 2020

<https://youtu.be/X0-vyw9qbdw> -- Michigan State Senate Committee on Oversight -- Dec. 1, 2020,

<https://youtu.be/eUjTOSDZ0BE> -- Michigan House Oversight Committee – Dec. 2, 2020

<https://youtu.be/Bu-gt5VzD48> -- Georgia Senate Government Oversight Committee Meeting on Election Fraud – Dec. 3, 2020

<https://spectator.us/reasons-why-the-2020-presidential-election-is-deeply-puzzling>

<https://thefederalist.com/2020/11/23/5-more-ways-joe-biden-magically-outperformed-election-norms/>

<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://www.washingtonexaminer.com/news/michigan-attorney-phantom-ballots-antrim-county-2020-election-case>

<https://welovetrump.com/2021/05/10/trump-vindicated-after-judge-ruled-mi-secretary-of-state-broke-the-law-on-absentee-order/>

<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.dailysignal.com/2021/04/14/investigative-reporter-uncovers-disturbing-facts-about-presidential-election-in-wisconsin/>

<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-maricopa-arizona-election-ballots-senate-audit.html>

<https://www.naturalnews.com/2020-12-07-lin-wood-evidence-election-stolen.html>

Former FBI special agent discovers trove of illegal absentee votes in Georgia

<https://www.naturalnews.com/2020-12-06-fbi-discovers-trove-illegal-absentee-votes-georgia.html>

<https://www.lifesitenews.com/news/evidence-seems-to-indicate-algorithm-manipulation-in-the-2020-election>

⁸³ National Institutes of Health, COVID-19 Treatment Guidelines Panel. **Coronavirus Disease 2019 (COVID-19) Treatment Guidelines.** 3 Nov 2020 update <https://www.covid19treatmentguidelines.nih.gov/antiviral-therapy/ivermectin/>

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 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.** ⁸⁴
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. ⁸⁵
 - 2.2 The FLCCC Alliance . ⁸⁶
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 study⁸⁷ which established it as standard of care⁸⁸.
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.” ⁸⁹

⁸⁴ <http://c19ivermectin.com>

⁸⁵ <https://www.researchsquare.com/article/rs-148845/v1>

⁸⁶ Kory P, Marik PE, **Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19.** Accepted: 13 Jan 2021. Front. Pharmacol. <https://doi.org/10.3389/fphar.2021.643369> Now in:

<https://web.archive.org/web/20210113112944/https://www.frontiersin.org/articles/10.3389/fphar.2021.643369/abstract>

⁸⁷ <http://ivmmeta.com>

⁸⁸ 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>

⁸⁹ Peeples, Lynne. **Face masks: what the data say.** Nature 586, 186-189 (2020) <https://doi.org/10.1038/d41586-020-02801-8>

- 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.**⁹⁰

“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.**”⁹¹

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.⁹²

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.⁹³ 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.**

In that review they refused to include many positive studies, and many of those included, were misinterpreted on purpose to show no positive results. For instance, reference 24 was classified as showing “no benefits or worsening of disease after ivermectin use”⁹⁴, in spite of the opposite abstract: “**a significant difference was found in patients with higher median plasma IVM levels**”⁹⁵ and NIH review.⁹⁶

⁹⁰ <https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade/>

Liberati A, Altman D G, Tetzlaff J, Mulrow C, GÅ_tzsche P C, Ioannidis J P A et al. **The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration** BMJ 2009; 339 :b2700 <https://doi.org/10.1136/bmj.b2700>

Cochrane Handbook for Systematic Reviews of Interventions <https://training.cochrane.org/handbook>

⁹¹ Ahn, E., & Kang, H. (2018). Introduction to systematic review and meta-analysis. Korean journal of anesthesiology, 71(2), 103–112. <https://doi.org/10.4097/kjae.2018.71.2.103>

Manchikanti, L., Datta, S., Smith, H, & Hirsch, J. A. (2009). Evidence-based medicine, systematic reviews, and guidelines in interventional pain management: part 6. Systematic reviews and meta-analyses of observational studies. Pain physician, 12(5), 819–850.

⁹² <https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-Response-to-the-NIH-Guideline-Committee-Recommendation-on-Ivermectin-use-in-COVID19-2021-01-18.pdf>

⁹³ <https://covid19criticalcare.com/i-mask-prophylaxis-treatment-protocol/faq-on-ivermectin/>

⁹⁴ <https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ivermectin/>

⁹⁵ Krolewiecki A, Lifschitz A, et al. **Antiviral effect of high-dose ivermectin in adults with COVID-19: A proof-of-concept randomized trial.** The Lancet. EClinicalMedicine Volume 37, July 2021, 100959 <https://doi.org/10.1016/j.eclinm.2021.100959>

⁹⁶ Median percentage of Viral Load reduction by C_{max} concentration vs. control (P = 0.0096) was 72% (IQR 59% to 77%) in >160 ng/mL group (n = 9), 40% (IQR 21% to 46%) in <160 ng/mL group (n = 11), and 42% (IQR 31% to 73%) in SOC arm.

Median viral decay rate (P = 0.04) was 0.64 day⁻¹ in >160 ng/mL group, 0.14 day⁻¹ in <160 ng/mL group, and 0.13 day⁻¹ in SOC arm.

<https://www.covid19treatmentguidelines.nih.gov/tables/table-2c/>

By the way, that study is important for establishing the parenteral dosage of ivermectin, reaching a plasma concentration of: >160 ng/mL

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 Czechia⁹⁷ and Slovakia⁹⁸ “have allowed the *temporary* use of the medicine for COVID-19”, which by the way is permanent.⁹⁹ 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.

Tax money propaganda to murder the taxpayer:

You are not a horse. You are not a cow. Seriously, y'all. Stop it.



You are not a horse. You are not a cow. Seriously, y'all.
Stop it.



Why You Should Not Use Ivermectin to Treat or Prevent COVID-19
Using the Drug ivermectin to treat COVID-19 can be dangerous and even lethal. The FDA has not approved the drug for that purpose.
🔗 fda.gov

8:57 AM · Aug 21, 2021



👍 117.7K 💬 13.9K 🔗 Copy link to Tweet

Note: 120,000 bots liking the message or covidiot's acting like bots?

https://twitter.com/US_FDA/status/1429050070243192839

⁹⁷ <https://www.sukl.cz/leciva/informace-o-povoleni-pouzivani-neregistrovaneho-leciveho-5>

⁹⁸ <https://trialsitenews.com/slovakia-becomes-the-first-eu-nation-to-formally-approve-ivermectin-for-both-prophylaxis-and-treatment-for-covid-19-patients/>

⁹⁹ <https://www.ema.europa.eu/en/news/ema-advises-against-use-ivermectin-prevention-treatment-covid-19-outside-randomised-clinical-trials>

Why You Should Not Use Ivermectin to Treat or Prevent COVID-19

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<https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>

22 Aug 2021, **Bill Gates' GAVI alliance publishes against ivermectin**: "On the basis of current evidence, however, its use cannot be recommended."¹⁰⁰

18 Feb 2022, a Malaysian government funded RCT study with ca. 500 patients reached the following conclusion: "a 5-day course of oral ivermectin administered during the first week of illness **did not reduce the risk of developing severe disease compared with standard of care alone**. Meaning **The study findings do not support the use of ivermectin for patients with COVID-19.**" This was echoed by mainstream media, but not a single one mentioned that the in same study the **ivermectin group showed better outcomes, reducing ICU admission by 25%, ventilation by 60% and deaths by 70%**:

- "Mechanical ventilation occurred in 4 (1.7%) vs 10 (4.0%)" (in the non-ivermectin control group)
- "Intensive care unit admission in 6 (2.4%) vs 8 (3.2%)"
- "28-day in-hospital death in 3 (1.2%) vs 10 (4.0%)"¹⁰¹

Yet, "52 of 241 patients (21.6%) in the ivermectin group and 43 of 249 patients (17.3%) in the control group progressed to severe disease" (hospitalization)

The 4% difference was not statistically significant and is negligible compared to the above positive results with real severe disease.

Still, the results with ivermectin should have been even better compared to statistically significant RCTs involving over 10 thousand patients in ivmmeta.com

The reason could be found in the study design flaws. They didn't check for important confounding variables:

- It only accepted patients with comorbidities. If someone got hospitalized, they could have been hospitalized *anyway* even without COVID: they checked in with COVID, not from COVID but from the comorbidity.
- They didn't describe the distribution of comorbidities among both arms.
- They didn't show natural immunization status, for instance, if the ivermectin group had zero prior exposure to coronaviruses (cross immunity) or COVID19 variants, it would show more hospitalizations.
- They didn't describe vaccination status. If the ivermectin group was double or triple vaxxed, especially with the more harmful brands, it would show more hospitalizations, since COVID vaccination increases hospitalization and death outcomes, especially in people with comorbidities.
- The same analysis applies to distribution of characteristics which have huge impact on COVID outcomes: sun/vitamin D deficiency/uptake, nutritional deficiencies (vitamin A, C, D, zinc), melatonin deficiency/uptake, ACE2 receptors in serum concentration, blood type, type of comorbidity, behavioral medicine problems like

¹⁰⁰ <https://www.gavi.org/vaccineswork/ivermectin-why-potential-covid-treatment-isnt-recommended-use>

<https://theconversation.com/ivermectin-why-a-potential-covid-treatment-isnt-recommended-for-use-157904>

¹⁰¹ Lim SCL, Hor CP, Tay KH, et al. **Efficacy of Ivermectin Treatment on Disease Progression Among Adults With Mild to Moderate COVID-19 and Comorbidities: The I-TECH Randomized Clinical Trial**. JAMA Intern Med. Published online February 18, 2022. <https://doi.org/10.1001/jamainternmed.2022.0189>

smoking or blue screening before sleeping, etc. By playing with those factors in cherry picking participants in both arms, you could make any treatment work or fail.

- There was no control whether the infected in the control group started taking ivermectin or other 30 effective treatments by themselves, without informing the research team.
- Raphael Stricker commented the paper: “In this study, the enrollment period was within 7 days of symptom onset. The mean duration of symptoms at enrollment was 5.1 days with a standard deviation of 1.3 days. Thus, most participants began treatment after the first 2 days of symptoms, and ivermectin was not predominantly evaluated within the first 24-72 hours of symptom onset. Viral replication may not be the driver of symptoms/worsening disease after 5-7 days. The duration of symptoms before treatment should be considered in interpreting the study results.”
- Isss Maaa commented: “In the ivermectin group, there were 232 people who completed 5 doses and 9 people who received 4 doses or less. How many of the 9 people who received 4 doses or less required mechanical ventilation? Were there any deaths in this group?”
- The criminal intent of the study was proven by the fact that the government refused to provide the raw data.

Ivermectin was still rejected under one excuse: there was 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.¹⁰²

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.**¹⁰³

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

Evidence base used for other COVID-19 approvals - IVMmeta.com

Medication	Studies	Patients	Improvement
Budesonide (UK) ¹⁰⁴	1	1,779	17%
Remdesivir (USA) ¹⁰⁵	1	1,063	31%
Casiri/imdevimab (USA) ¹⁰⁶	1	799	66%
<i>Ivermectin (NOT APPROVED)</i>	60	18,931	71%

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.**

¹⁰² <https://arstechnica.com/science/2021/06/advocacy-org-calls-for-ouster-of-fda-officials-after-alzheimers-drug-approval/>

¹⁰³ Rodríguez 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>

¹⁰⁴ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/04/C1253-interim-position-statement-inhaled-budesonide-for-adults.pdf>

¹⁰⁵ <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-emergency-use-authorization-potential-covid-19-treatment>

¹⁰⁶ <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-monoclonal-antibodies-treatment-covid-19>

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 attack



Following the **disinformation playbook**¹⁰⁷, on 4 Feb 2021 **Merck issued public ivermectin misguidance** 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.”¹⁰⁸

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

The statement was unconscionable: for decades Merck had been distributing billions of doses of ivermectin through the “profitable” Mectizan “donation” program.¹⁰⁹

Even the NIH had stated in the 27 Aug 20 report that “**ivermectin has been widely used and has demonstrated an excellent safety profile.**”¹¹⁰

¹⁰⁷ Union of Concerned Scientists, **The Disinformation Playbook: How Business Interests Deceive, Misinform, and Buy Influence at the Expense of Public Health and Safety**, Oct 10, 2017, Updated May 18, 2018 <https://www.ucsusa.org/resources/disinformation-playbook>

¹⁰⁸ Merck, **Merck Statement on Ivermectin use During the COVID-19 Pandemic**, February 4, 2021 <https://www.merck.com/news/merck-statement-on-ivermectin-use-during-the-covid-19-pandemic/>

¹⁰⁹ Collins K. (2004). **Profitable gifts: a history of the Merck Mectizan donation program and its implications for international health. Perspectives in biology and medicine**, 47(1), 100–109. <https://doi.org/10.1353/pbm.2004.0004>

¹¹⁰ Omura S, Crump A. **Ivermectin: panacea for resource-poor communities?** Trends Parasitol. 2014;30(9):445-455. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25130507>
<https://web.archive.org/web/20201221003012/https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>

What's the "political" cost of a competing solution to COVID?

- **\$ 356 million** USD give-away contract by the chief scientific adviser to the Operation Warp Speed program)¹¹¹
- **\$ 270 million** USD "funding" from the US Government HHS Biomedical Advanced Research and Development (BARDA¹¹²) for the development of JJJ¹¹³
- **\$ 425 million** USD investment in the faltered MK-7110 (ex CD24Fc) for 100,000 doses
- **2 failed vaccines** (V590 and V591)¹¹⁴

Considering that the 400 mcg/kg **FDA approved dose in Merck's own ivermectin package insert**¹¹⁵ 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 interest**¹¹⁶ between patent-free ivermectin and the loss of investments in COVID vaccine producers, like Moderna¹¹⁷, and considering ivermectin's broad spectrum antiviral potential, investments in antiviral vaccines¹¹⁸, antiviral and flu products. Plus:

- **\$ 10 billion** USD/year for the Johnson&Johnson Janssen (JJJ) vaccine¹¹⁹, showing blood clots and other severe side effects.¹²⁰
- **\$ 10 billion** USD from **genotoxic**¹²¹ molnupiravir¹²²: "**Merck's new COVID pill**" implied **1.2 billion only in the first US order**¹²³), in spite of the drug being developed by Emory University as a non-profit (!)¹²⁴ Unlike

¹¹¹ <https://www.fiercebiotech.com/biotech/merck-s-must-do-a-new-trial-for-faltering-425m-covid-drug-u-s-government-asked-it-to-buy>

¹¹² <https://www.phe.gov/about/barda/Pages/default.aspx>

¹¹³ <https://www.europeanpharmaceuticalreview.com/news/144762/merck-to-manufacture-janssens-covid-19-vaccine/>

¹¹⁴ <https://www.bloomberg.com/news/articles/2021-01-25/merck-shuts-down-covid-vaccine-program-after-lackluster-data>

¹¹⁵ http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/050742s026lbl.pdf (Accessed June, 2015)

¹¹⁶ Hirsch LJ. **Conflicts of interest, authorship, and disclosures in industry-related scientific publications: the tort bar and editorial oversight of medical journals.** Mayo Clin Proc. 2009 Sep;84(9):811-21. Erratum in: Mayo Clin Proc. 2010 Jan;85(1):102.. [https://doi.org/10.1016/S0025-6196\(11\)60491-6](https://doi.org/10.1016/S0025-6196(11)60491-6)

Hirsch LJ. **Conflicts of Interest, Authorship, and Disclosures in Industry-Related Scientific Publications—Reply—**I. Mayo Clin Proc. 2010 Feb;85(2):201–3. <https://doi.org/10.4065/mcp.2010.0005>

¹¹⁷ <https://www.cnbc.com/2020/12/02/drugmaker-merck-divests-its-investment-in-moderna.html>

¹¹⁸ <https://www.merckvaccines.com/>

¹¹⁹ 968 million doses (500 Covax, 200 USA, 200 EU, 38 Canada, 30 UK) at 10 USD per dose:

<https://www.bbc.com/news/world-us-canada-56226979>

<https://www.washingtonpost.com/business/2021/03/10/vaccine-biden-johnson-johnson/>

<https://observer.com/2020/08/covid19-vaccine-price-comparison-moderna-pfizer-novavax-johnson-astrazeneca/>

¹²⁰ "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.ema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-6-9-april-2021>

¹²¹ "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 SARS-CoV-2 in vitro. However, rNHC would be expected to be metabolized into the deoxynucleotide 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**".

Zhou S, Hill C, et al. **rNHC inhibits SARS-CoV-2 in vitro but is mutagenic in mammalian cells**, Conference on Retroviruses and Opportunistic Infections (CROI 2021), 6 - 10 Mar, 2021 NOVEL TREATMENTS FOR SARS-CoV-2: STARTING AT THE BENCH, Abstract 384

<https://www.croiconference.org/abstract/rnhc-inhibits-sars-cov-2-in-vitro-but-is-mutagenic-in-mammalian-cells/>

¹²² Sheahan, T, Sims A, et al. **An orally bioavailable broad-spectrum antiviral inhibits SARS-CoV-2 in human airway epithelial cell cultures and multiple coronaviruses in mice.** 29 Apr 2020, Science Translational Medicine, Vol. 12, Issue 541, <https://doi.org/10.1126/scitranslmed.abb5883>

Wahl, A., Gralinski, L.E., Johnson, C.E. et al. **SARS-CoV-2 infection is effectively treated and prevented by EIDD-2801.** 18 Set 2020, Nature 591, 451–457 (2021). <https://doi.org/10.1038/s41586-021-03312-w>

Cox, R.M., Wolf, J.D. & Plemper, R.K. **Therapeutically administered ribonucleoside analogue MK-4482/EIDD-2801 blocks SARS-CoV-2 transmission in ferrets.** 03 Nov 2020 *Nat Microbiol* 6, 11–18 (2021). <https://doi.org/10.1038/s41564-020-00835-2>

Painter, W et al. **Human Safety, Tolerability, and Pharmacokinetics of Molnupiravir, a Novel Broad-Spectrum Oral Antiviral Agent with Activity Against SARS-CoV-2.** Antimicrob. Agents, Chemother. (2021). <https://doi.org/10.1128/AAC.02428-20>

Abdelnabi R, Foo C, et al. **The combined treatment of Molnupiravir and Favipiravir results in a marked potentiation of antiviral efficacy in a SARS-CoV-2 hamster infection model**, 10 Mar 2021, bioRxiv, <https://doi.org/10.1101/2020.12.10.419242>

ivermectin, it doesn't block replication¹²⁵, had no safety profile, it is mutagenic, has a near nul supply¹²⁶ but is extremely profitable because it has very low production costs, costing a 700 USD per course (4 capsules twice a day for five days, 40 pills).¹²⁷

Initially, it costed even more:¹²⁸

Size	Price
25.0mg	USD 90.0
50.0mg	USD 150.0
100.0mg	USD 250.0
200.0mg	USD 450.0
500.0mg	USD 950.0
1.0g	USD 1550.0
5.0g	USD 3650.0
10.0g	USD 4950.0
20.0g	USD 5950.0

Another mantra for the VacciNazi fundamentalists: in spite of alleged 50% less hospitalization due to Molnupiravir “vaccines remain necessary to prevent the spread of infections. **Molnupiravir cannot prevent infection** (unlike ivermectin). We need both methods to lower the disease burden of Covid” according to Malaysia Health Minister after a juicy direct contract for 150K courses¹²⁹: even the FDA recognized that current vaccines can't prevent spread. The same goes for Australia (300K courses), South Korea (38K), Singapore, New Zealand and more rich anti-ivermectin countries lining up.¹³⁰

Are patents modern Letters of Marque?

Painter W, Sheahan T, et al. **Reduction in infectious SARS-CoV-2 in treatment study of COVID-19 with Molnupiravir**, Conference on Retroviruses and Opportunistic Infections (CROI 2021), 6 - 10 Mar, 2021 SARS-CoV-2 treatment: clinical interventions, Abstract 777

<https://www.croiconference.org/abstract/reduction-in-infectious-sars-cov-2-in-treatment-study-of-covid-19-with-molnupiravir/>

<https://www.businesswire.com/news/home/20210305005610/en/>

¹²³ <https://www.msn.com/en-us/health/medical/us-to-buy-1-7-million-courses-of-merck-s-covid-pill/>

¹²⁴ <https://www.merck.com/news/ridgeback-biotherapeutics-and-merck-announce-preliminary-findings-from-a-phase-2a-trial-of-investigational-covid-19-therapeutic-molnupiravir/>

¹²⁵ “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>

Zhou, S., Hill, C. S., Clark, M. U., Sheahan, T. P., Baric, R., & Swanstrom, R. (2021). **Primer ID Next-Generation Sequencing for the Analysis of a Broad Spectrum Antiviral Induced Transition Mutations and Errors Rates in a Coronavirus Genome**. *Bio-protocol*, 11(5), e3938. <https://doi.org/10.21769/BioProtoc.3938>

¹²⁶ 10-20 million courses (twice a day over five days, ten capsules) by 2021

<https://www.bloomberg.com/news/articles/2021-04-09/eu-regulator-investigating-blood-clots-after-j-j-covid-vaccine>

¹²⁷ <https://www.bloomberg.com/news/articles/2021-10-12/merck-s-covid-pill-is-already-being-snapped-up-by-some-countries>

¹²⁸ <https://www.medkoo.com/products/37616> accessed 10 Apr 2021

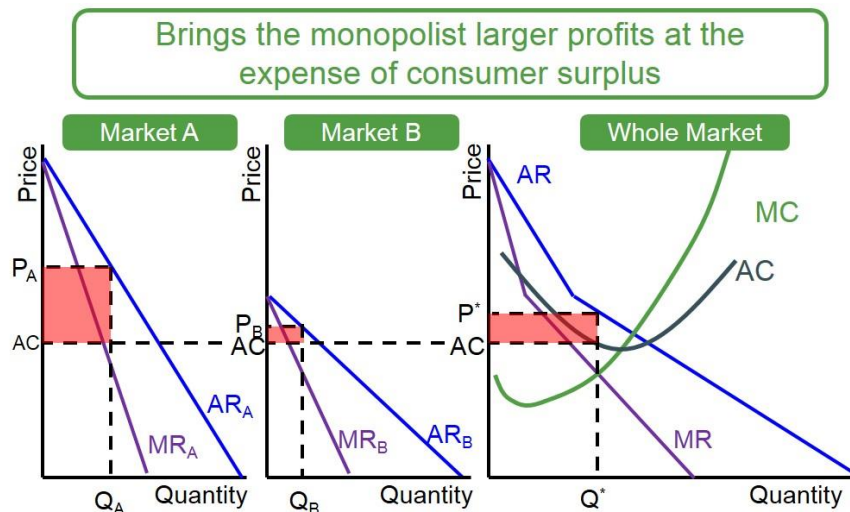
¹²⁹ <https://www.bloomberg.com/news/articles/2021-10-07/malaysia-to-buy-new-merck-covid-pill-to-boost-treatment-options>

¹³⁰ <https://www.nytimes.com/2021/10/07/world/asia/asia-australia-merck-covid-pill.html>



Modern “Legal” drug cartels? 700 USD in 1 USD pills. Credit: Merck & Co.

12 Oct 2021, skimming¹³¹ countries artificially driven into despair by co-opted health agencies (FDA, EMA and all those which didn't approve treatments) not being ethical enough, humanitarian Merck generously decided to lower the price to poorer countries by implementing “a tiered pricing approach based on World Bank income criteria” through Medicines Patent Pool and Unitaid, i.e. **the dirty old trick of demand discrimination in a Government created inelastic market to maximize private profits?**



<https://www.ezyeducation.co.uk/ezyeconomicsdetails/ezylexicon-economic-glossary/1197-3dpd.html>

A mobster selling you protection for whatever money you've got, while pointing a gun at your head? **The “business” of being the only one authorized to sell you premium bottled water from the previously free oasis spring, after the authorities pushed you in the desert?**

Serial genocidal behaviour as result of unrestrained predatory corporate greed? Considering nothing changed to prevent it from happening again, what is to be expected from the same corporation behind the Vioxx genocide which costed and possibly *still costs* the lives of hundreds of thousands?

Historians will definitely judge this generation as complete covidiot. The convicted felon for selling lethal snake oil promises to “behave” and comes up with another miracle oil which “science proves” 50% effective in reducing hospitalizations based on a single study designed and paid by the criminal himself, yet the authorities are happy to fast-track approve it, while disregarding 120 clinical studies, most, from heroic frontline physicians, with 73-84% efficacy.¹³²

¹³¹ <https://www.companywizard.co.uk/blog/pricing-your-products-and-services>

https://en.wikipedia.org/wiki/Cream_skimming

¹³² 13 Oct 2021 <https://ivmmeta.com/#bbc>

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).¹³³

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.¹³⁴

Globally, by 2021 there were over 37 vaccine developers, 138 vaccines in pre-clinical testing¹³⁵ 15 approved, 21 billion doses in production for 2021, 10 billion secured, with a price range from 3 to 44 USD.¹³⁶

Countries approving COVID-19 vaccines by supplier

¹³³ <https://observer.com/2020/08/covid19-vaccine-price-comparison-moderna-pfizer-novavax-johnson-astrazeneca/>

¹³⁴ <https://www.euronews.com/2021/04/02/how-many-vaccine-doses-have-arrived-in-eu-countries-and-how-do-they-get-there>

¹³⁵ University of Oxford, Clover Biopharmaceuticals/Dynavax/GlaxoSmithKline, Heat Biologics Inc./University of Miami, Inovio Pharmaceuticals Inc, Janssen Pharmaceutical, Sanofi Pasteur/GlaxoSmithKline (GSK), Moderna/NIAID, Novavax, Sanofi Pasteur/Translate Bio Inc., Vaxart Inc., Altimune, Medicago, BioNTech/Pfizer/Fosun Pharma, GeoVax/BravoVax, Arcturus Therapeutics/Duke-NUS, CanSino Biological Inc/Beijing Institute of Biotechnology, Takis Biotech/Applied DNA Sciences/Evvivax, Cobra Biologics/Karolinska Institute, Zydus Cadila, Codagenix/Serum Institute of India, Greffex, ExpreS2ion Biotechnologies ApS, Vaxil Bio Therapeutics, Flow Pharma Inc, AJ Vaccines, Generex Biotechnology/EpiVax, Immunomic Therapeutics/EpiVax/PharmaJet, iBio Inc/CC-Pharming Ltd/Infectious Disease Research Institute, VIDO-InterVac/University of Saskatchewan/International Vaccine Institute, Tonix Pharmaceuticals/Southern Research, IAVI/Batavia Biosciences, Curevac, Imophoron Ltd/University of Bristol, BioNet Asia, Sinovac/Dynavax, BIOCAD, University of Pittsburgh. <https://www.marketwatch.com/press-release/coronavirus-covid-19-vaccine-market-size-2020-global-business-trends-modest-analysis-statistics-forecast-2020-2026-2020-12-16>

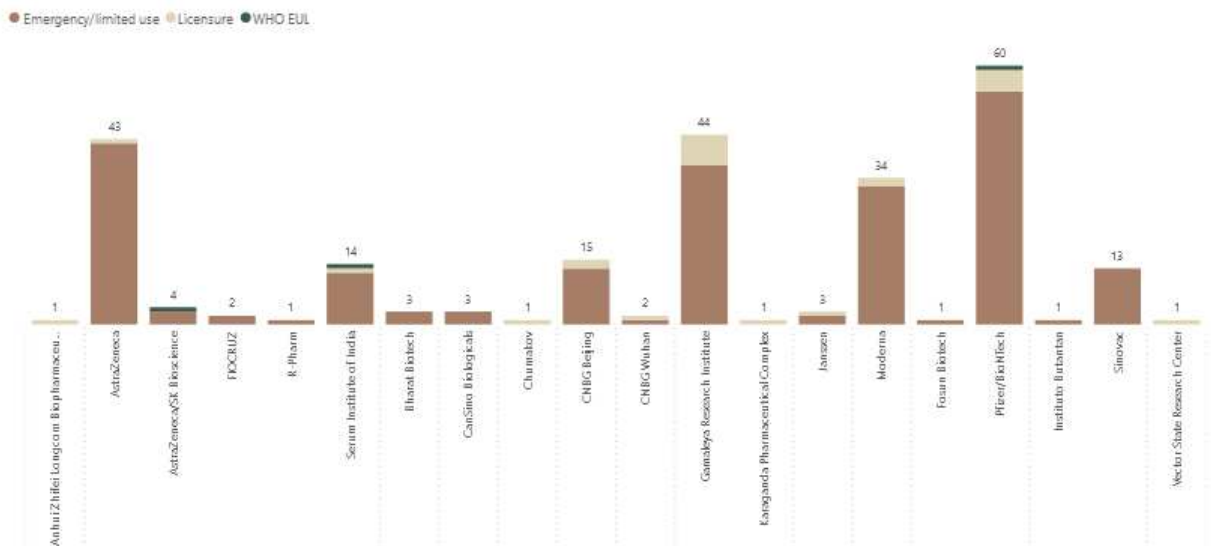
Cuba is testing 13 vaccines, 2 in Phase III: <https://www.infobae.com/america/ciencia-america/2021/04/15/como-funcionan-las-dos-vacunas-cubanas-contr-el-covid-19-que-llegaron-a-la-fase-iii-pero-que-aun-no-recibieron-aprobaciones-de-los-reguladores/>

Argentine vaccine: <https://www.infobae.com/salud/ciencia/2021/04/23/la-vacuna-argentina-en-fase-preclinica-contr-el-covid-19-ya-tiene-nombre-arvac-cecilia-grierson/>

Zeichner S, Meng X, et al. **Killed whole genome-reduced bacteria surface-expressed coronavirus fusion peptide vaccines protect against disease in a porcine model**, 15/03/2021 bioRxiv <https://doi.org/10.1101/2021.03.15.435497>

\$1/dose: <https://news.virginia.edu/content/vaccines-developed-uva-va-tech-may-offer-broad-protection-coronaviruses>

¹³⁶ <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>

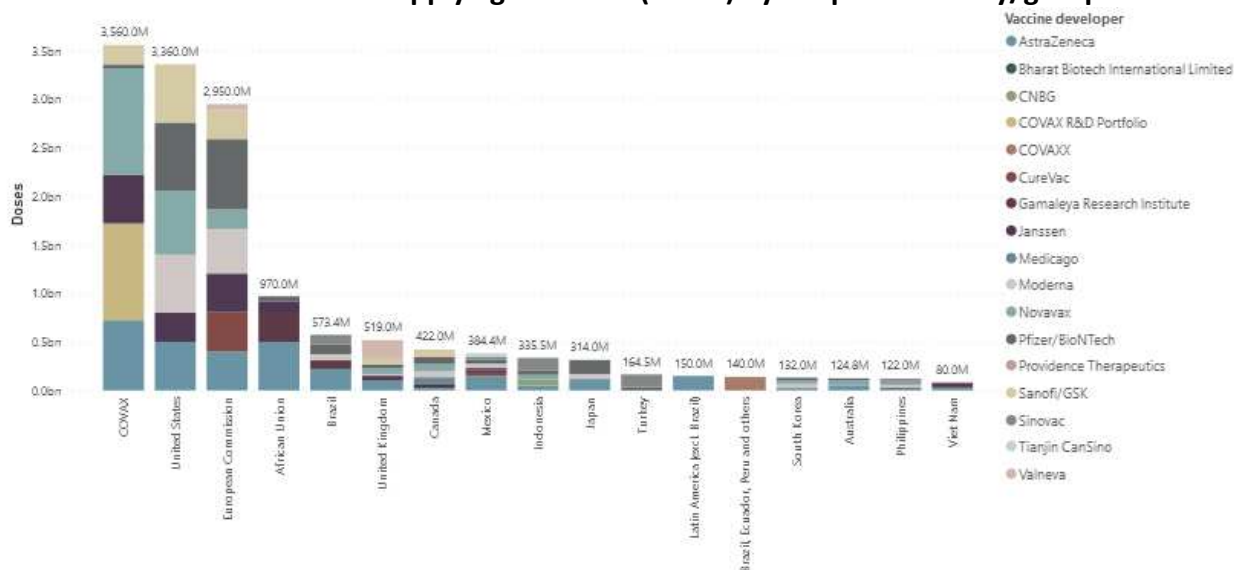


Source: <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard> (accessed 13/02/2021)

It is clear that Bill & Melinda Gates Foundation (backed) vaccines won 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. Yet, China and Russia couldn’t get their vaccines approved in the richest countries (USA, Europe).
- 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.”¹³⁷

COVID-19 vaccine supply agreements (doses) by recipient country/group



Source: <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard> (accessed 13/02/2021)

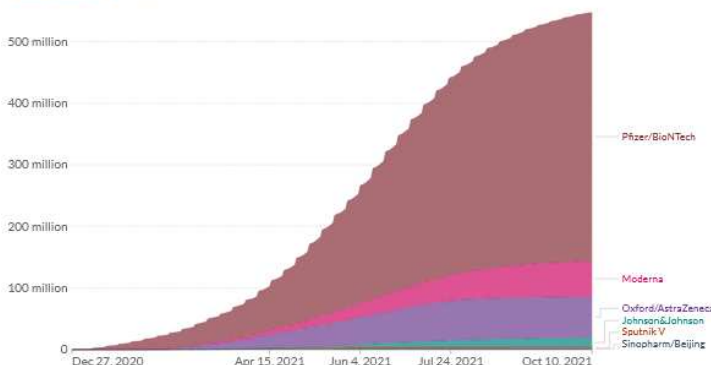
137

<https://www.msn.com/en-us/money/companies/this-ominous-warning-from-moderna-could-shake-up-the-covid-vaccine-market/ar-AAKD1ah?ocid=winp1taskbar>

COVID-19 vaccine doses administered by manufacturer, European Union

For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.

Change country Relative

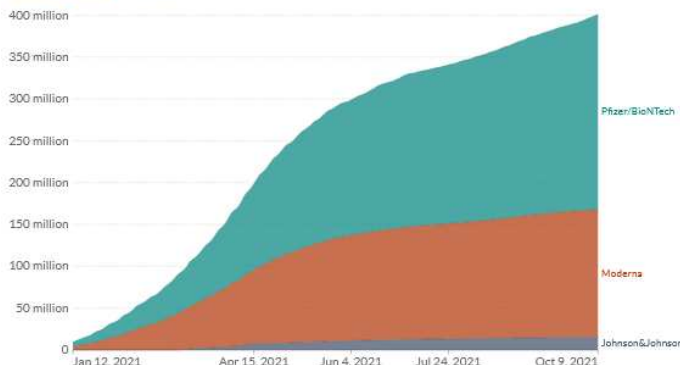


Our World in Data

COVID-19 vaccine doses administered by manufacturer, United States

For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.

Change country Relative



Our World in Data

<https://ourworldindata.org/grapher/covid-vaccine-doses-by-manufacturer?country=~European+Union>

<https://ourworldindata.org/grapher/covid-vaccine-doses-by-manufacturer?country=~USA>

The COVID industrial complex

The vaccines industrial complex is a fraction of the vested interests. A huge economic system had been engineered to co-opt or bribe the scientific and medical system. Hospitals were thousands of dollars extra per COVID patient, so they had a huge incentive to classify any patient behind their doors as COVID. Even worse, they were paid even more per ICU and intubated patients, so there was a direct incentive to murder patients for money.

As seen with the Andrew Hill case, research centres were bribed to block lifesaving cheap generic drugs.

Trillions were spent in overprized useless stuff and services fakely related to "COVID emergency".
urgent direct s

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**¹³⁸, four times all the other vaccines (42 bn.)¹³⁹, because the latter are not given to the whole population and are not required for passes yet. COVID

¹³⁸ 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 JJJ 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.**

¹³⁹ In 2018, 41.61 billion USD. The USA had more than half the market, with 22 bn.

<https://www.globenewswire.com/news-release/2021/02/18/2177812/0/en/Vaccines-Market-Size-to-Reach-USD-93-08-billion-with-10-7-CAGR-by-2026-Launch-of-Novel-Vaccines-will-Augur-Healthy-for-the-Industry-Fortune-Business-Insights.html>)

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.

is used as an excuse to require **endless periodical booster shots**.¹⁴⁰ ECDC recommended vaxxing every 6 months.
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Due to proven fast waning immunity and immune escape (n.b. Israel), nobody can rule out a profitable future scenario of **a shot per semester to every single human being from birth to death... the largest cash cow in the business history of the world... Big Pharma's dream come true.**

On the other corner, and 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 population¹⁴² 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.¹⁴³

Not to mention the deaths:

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

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

¹⁴⁰ <https://www.msn.com/en-us/money/companies/this-ominous-warning-from-moderna-could-shake-up-the-covid-vaccine-market/>

¹⁴¹ <https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-sars-cov-2-situation-november-2021>

¹⁴² <https://www.worldometers.info/world-population/>

¹⁴³ <https://www.statista.com/topics/6139/covid-19-impact-on-the-global-economy/>

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.**¹⁴⁴

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.**"¹⁴⁵

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.**"¹⁴⁶

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.¹⁴⁷

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.

Conclusion: money doesn't fully explain the complicity of authorities, media, political, scientific and medical establishment.

COVID Kit

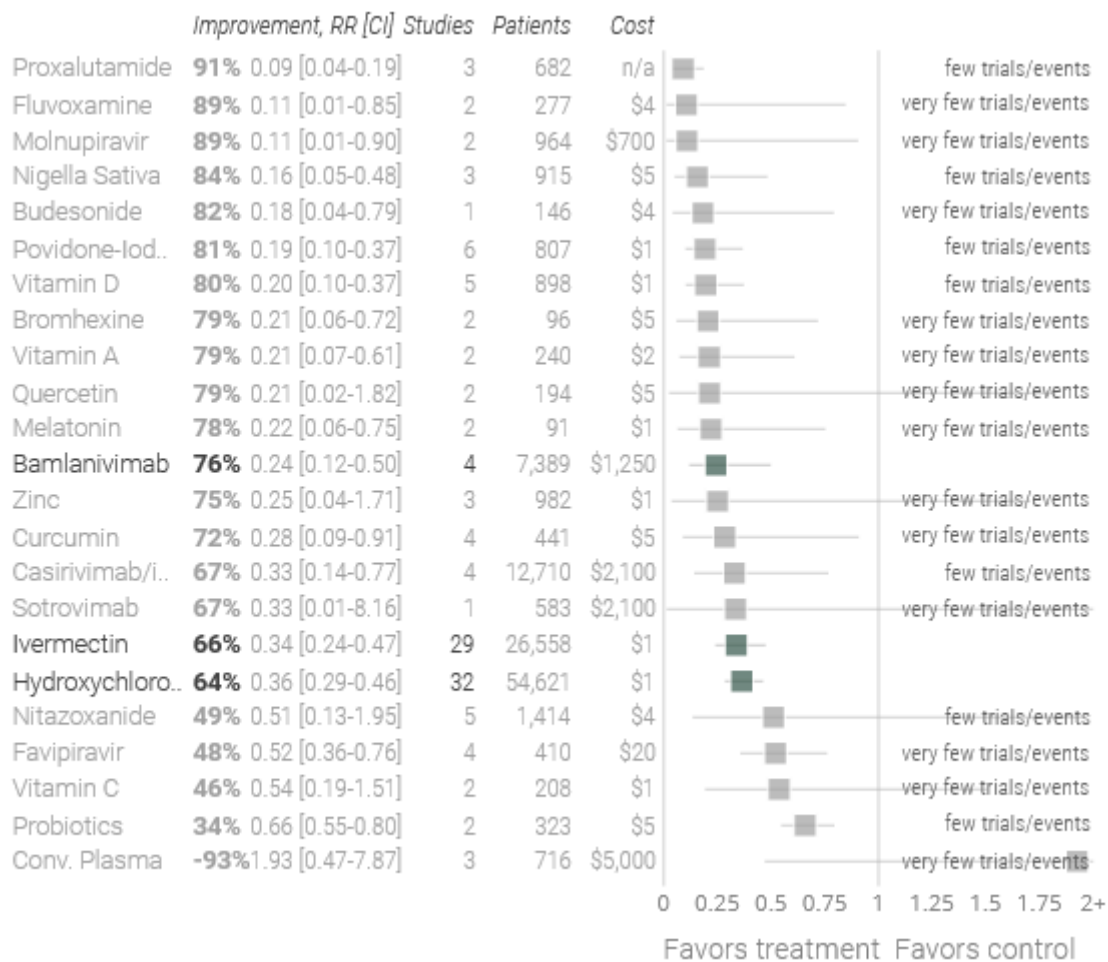
COVID could be understood as a viral mediated autoimmune and blood clot cardiovascular disease which, with proper treatment, becomes a mild flu.

¹⁴⁴ <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

¹⁴⁵ <https://americasfrontlinedoctors.org/frontlinenews/information-security-expert-on-revealed-pfizer-agreements-theres-good-reason-pfizer-fought-to-hide-the-details-of-these-contracts/>

¹⁴⁶ <https://www.csis.org/analysis/conversation-dr-anthony-fauci-antiviral-program-pandemics>

¹⁴⁷ Stoller C, Voiculescu EM, Krähenbühl S, **Value-added medicines: how repurposed medicines bring value to patients and pharmacists.** 2017 Generics and Biosimilars Initiative Journal (GaBI). Vol 6 Iss 3 Pg 141-6 <https://doi.org/10.5639/gabij.2017.0603.027>



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: Proxalutamide, Fluvoxamine, Curcumin, Budesonide, Povidone-Iodine, Bromhexine, Vitamin D, Molnupiravir, Ivermectin, Bamlanivimab, Casirivimab/imdevimab (2 monoclonal antibodies, Regeneron), Hydroxychloroquine, Nitazoxanide, Zinc, Favipiravir, Vitamin C.

- Mouth sanitisation¹⁵⁰: povidone-iodine, Chlorhexidine digluconate, Cetylpyridinium Chloride, Benzylamine.
- Azithromycin: antibiotic with immunomodulation, binds to ACE2 receptors (500mg/day, 5 days)¹⁵¹
- Colchicine: 0.6 mg 3 times/day for 7 days¹⁵²

¹⁵⁰ Ather A, Parolia A and Ruparel NB. Efficacy of Mouth Rinses Against SARS-CoV-2: A Scoping. 09 Mar 2021. Review. *Front. Dent. Med.* 2:648547. <https://doi.org/10.3389/fdmed.2021.648547>

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Meister TL, Brüggemann Y, et al., Virucidal Efficacy of Different Oral Rinses Against Severe Acute Respiratory Syndrome Coronavirus 2, 15 Oct 2020 *The Journal of Infectious Diseases*, Volume 222, Issue 8, Pages 1289–1292, <https://doi.org/10.1093/infdis/jiaa471>

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<https://doi.org/10.1177/095632020501600205>

¹⁵¹ Scherrmann, J. Intracellular ABCB1 as a Possible Mechanism to Explain the Synergistic Effect of Hydroxychloroquine-Azithromycin Combination in COVID-19 Therapy. *AAPS J* 22, 86 (2020). <https://doi.org/10.1208/s12248-020-00465-w>

¹⁵² <https://c19colchicine.com/>

Lopes MI, Bonjorno LP, Giannini MC, et al., Beneficial effects of colchicine for moderate to severe COVID-19: a randomised, double-blinded, placebo-controlled clinical trial, *RMD Open* 2021;7:e001455. <https://doi.org/10.1136/rmdopen-2020-001455>

<https://www.icm-mhi.org/en/pressroom/news/colchicine-reduces-risk-covid-19-related-complications>

- Iota-Carrageenan nasal spray: derived from red algae¹⁵³
- **Steam** (inhalable warm vapor)¹⁵⁴
- **Ozone**: also worked with Ebola and proved to reduce viral load in AIDS.¹⁵⁵
- Hyperbaric chamber
- **Melatonin**: natural element produced by the human body which blocks CD147 binding¹⁵⁶
- **Aspirin**: derived from a tree¹⁵⁷
- **Ibuprofen** and other Non-steroidal anti-inflammatory drug (NSAIDs): 72000 patients¹⁵⁸
- **Fluvoxamine**: selective serotonin reuptake inhibitor(anti-inflammatory antidepressant)¹⁵⁹

¹⁵³ <https://c19ic.com/>

Bansal S, Jonsson C, et al. **Iota-carrageenan and Xylitol inhibit SARS-CoV-2 in cell culture**, 19/08/2020 bioRxiv <https://doi.org/10.1101/2020.08.19.225854>

¹⁵⁴ la Marca, G., Barp, J., et al. **Thermal inactivation of SARS COVID-2 virus: Are steam inhalations a potential treatment?**. 21 Nov 2020. *Life sciences*, 265, 118801. <https://doi.org/10.1016/j.lfs.2020.118801>

Chin A, Chu J, et al. **Stability of SARS-CoV-2 in different environmental conditions**. 02 Apr 2020. *The Lancet Microbe*. Volume 1, ISSUE 1, e10, May 01, 2020 [https://doi.org/10.1016/S2666-5247\(20\)30003-3](https://doi.org/10.1016/S2666-5247(20)30003-3)

¹⁵⁵ <http://www.internationalcovidsummit.com> 12 Set 2021 Rome Dr. Testar Tobar reported wonderful results in Chile and shared:

Rowen RJ, Robins H. **A Plausible "Penny" Costing Effective Treatment for Corona Virus - Ozone Therapy**. 2020 *Infectious Diseases and Epidemiology*. Volume 6 Issue 2 ISSN: 2474-3658 <https://doi.org/10.23937/2474-3658/1510113>

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Sozio E, De Monte A et al. **CORonavirus-19 mild to moderate pneumonia Management with blood Ozonization in patients with Respiratory failure (CORMOR) multicentric prospective randomized clinical trial**. 12 Jun 2021 *International immunopharmacology*, 98, 107874. <https://doi.org/10.1016/j.intimp.2021.107874>

Chirumbolo S, Valdenassi L, et al. **Insights on the mechanisms of action of ozone in the medical therapy against COVID-19**. 11 May 2021 *International immunopharmacology*, 96, 107777. <https://doi.org/10.1016/j.intimp.2021.107777>

Marconcini S, Giammarinaro E et al. **The timeliness of ozone in the COVID era**. 2020 *European review for medical and pharmacological sciences*, 24(9), 4625–4626. https://doi.org/10.26355/eurrev_202005_21146

Franzini M, Valdenassi L, et al. **Oxygen-ozone (O2-O3) immunocellular therapy for patients with COVID-19. Preliminary evidence reported**. 8 Aug 2020 *International immunopharmacology*, 88, 106879. <https://doi.org/10.1016/j.intimp.2020.106879>

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¹⁵⁶ 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>

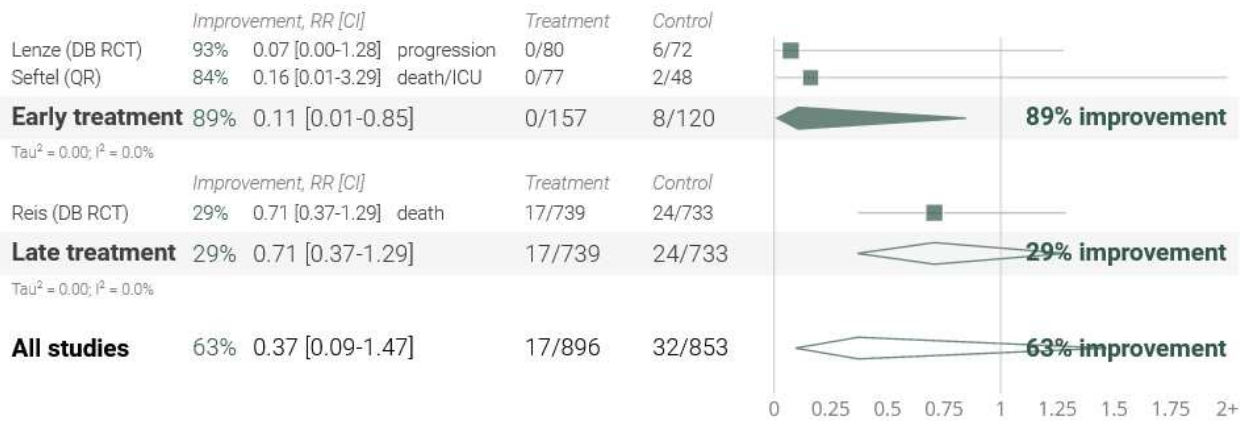
Reynolds JL, Dubocovich ML, **Melatonin multifaceted pharmacological actions on melatonin receptors converging to abrogate COVID-19**, 23 Mar 2021, <https://doi.org/10.1111/jpi.12732>

¹⁵⁷ Chow J, Khanna, A, et al. **Aspirin Use Is Associated With Decreased Mechanical Ventilation, Intensive Care Unit Admission, and In-Hospital Mortality in Hospitalized Patients With Coronavirus Disease 2019**, *Anesthesia & Analgesia*: April 2021 - Volume 132 - Issue 4 - p 930-941 <https://doi.org/10.1213/ANE.0000000000005292>

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¹⁵⁸ Drake TM, Fairfield CJ et al. **Non-steroidal anti-inflammatory drug use and outcomes of COVID-19 in the ISARIC Clinical Characterisation Protocol UK cohort: a matched, prospective cohort study**. 7 May 2021 online. *Lancet Rheumatol*. [https://doi.org/10.1016/S2665-9913\(21\)00104-1](https://doi.org/10.1016/S2665-9913(21)00104-1)

¹⁵⁹ <https://c19fluvoxamine.com/>



- Metformin: especially diabetes¹⁶⁰ and women¹⁶¹
- 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.”¹⁶²
- Inhalable drugs
 - **Niclosamide-Lysozyme Particles**¹⁶³
 - **Sodium ibuprofenate**: all stages, especially early stage, also for post-COVID fibrosis¹⁶⁴: “Treatment of COVID-19 pneumonitis with inhalational nebulized NaIHS was associated with **rapid improvement in**

¹⁶⁰ Crouse AB, Grimes T, et al. **Metformin Use Is Associated With Reduced Mortality in a Diverse Population With COVID-19 and Diabetes**. 13 Jan 2021 Front. Endocrinol. 11:600439. <https://doi.org/10.3389/fendo.2020.600439>

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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>

Samuel SM, Varghese E, Büsselberg D, **Therapeutic Potential of Metformin in COVID-19: Reasoning for Its Protective Role**, Trends in Microbiology, Vol 29, Issue 10, 2021, Pages 894-907, ISSN 0966-842X, <https://doi.org/10.1016/j.tim.2021.03.004>

¹⁶¹ Bramante CT, Ingraham NE, et al. **Metformin and risk of mortality in patients hospitalised with COVID-19: a retrospective cohort analysis**. 3 Dec 2020 The Lancet Healthy Longevity. Vol 2, ISSUE 1, e34-e41, Jan 1, 2021 [https://doi.org/10.1016/S2666-7568\(20\)30033-7](https://doi.org/10.1016/S2666-7568(20)30033-7)

¹⁶² Ravichandran R, Mohan SK, et al. **Use of Indomethacin for mild and moderate Covid -19 patients A Randomized Control Trial**. 24 Jul 2021 medRxiv <https://doi.org/10.1101/2021.07.24.21261007>

¹⁶³ Smyth H, Brunaugh A, et al. **Broad-Spectrum, Patient-Adaptable Inhaled Niclosamide-Lysozyme Particles are Efficacious Against Coronaviruses in Lethal Murine Infection Models**. 24 Sep 2020 bioRxiv <https://doi.org/10.1101/2020.09.24.310490>

Brunaugh, A. D., Seo, H., Warnken, Z., Ding, L., Seo, S. H., & Smyth, H. (2021). **Development and evaluation of inhalable composite niclosamide-lysozyme particles: A broad-spectrum, patient-adaptable treatment for coronavirus infections and sequelae**. PloS one, 16(2), e0246803. <https://doi.org/10.1371/journal.pone.0246803>

Backer V, Sjöbring U, et al. **A randomized, double-blind, placebo-controlled phase 1 trial of inhaled and intranasal niclosamide: A broad spectrum antiviral candidate for treatment of COVID-19**. 6 Apr 2021 The Lancet Regional Health Europe <https://doi.org/10.1016/j.lanepe.2021.100084>

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¹⁶⁴ García, N. H., Porta, D. J., Alasino, R. V., Muñoz, S. E., & Beltramo, D. M.. **Ibuprofen, a traditional drug that may impact the course of COVID-19 new effective formulation in nebulizable solution**. 7 Jul 2020 Medical hypotheses, 144, 110079. <https://doi.org/10.1016/j.mehy.2020.110079>

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Muñoz, A. J., Alasino, R. V., Garro, A. G., Heredia, V., García, N. H., Cremonuzzi, D. C., & Beltramo, D. M. (2018). **High Concentrations of Sodium Chloride Improve Microbicidal Activity of Ibuprofen against Common Cystic Fibrosis Pathogens**. *Pharmaceuticals (Basel, Switzerland)*, 11(2), 47. <https://doi.org/10.3390/ph11020047>
<https://cysticfibrosisnewstoday.com/inhalable-ibuprofen-may-reduce-lung-inflammation-in-cystic-fibrosis-patients/>

hypoxia and vital signs, with no serious adverse events attributed to therapy.”¹⁶⁵ “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 49% and 79% at 24 and 96 h respectively**. In patients with platelets above 200,000 by microliter the increase was 24% and 31% at 24 and 96 h, respectively.”¹⁶⁶

- Naproxen¹⁶⁷
- other Non-steroidal Anti-inflammatory Drugs NSAIDs¹⁶⁸ (nebulizable solution or dry powder).
- Gabrosidine and nifuroxazide for gastrointestinal COVID
- Nitric oxide nasal spray¹⁶⁹
- PUL-042¹⁷⁰
- Nebulized hydrogen peroxide + iodine and iodide¹⁷¹
- Corticoids (anti-inflammatory): Budesonide (1mg/2cc solution via nebulizer twice a day, 7 days).

<https://clinicaltrials.gov/ct2/show/NCT04382768>

Wang M, Wisniewski A, et al. **Comparison of three inhaled non-steroidal anti-inflammatory drugs on the airway response to sodium metabisulphite and adenosine 5'-monophosphate challenge in asthma**. 1996 Thorax 51:799-804. <https://thorax.bmj.com/content/51/8/799>

Manrique J, Martínez F, **Solubility of Ibuprofen in Some Ethanol+ Water Cosolvent Mixtures at Several Temperatures**, 26 Jul 2006 Latin American Journal of Pharmacy, 26(3): 344-354 (2007) https://www.researchgate.net/profile/Fleming_Martinez/publication/235570432_Solubility_of_ibuprofen_in_some_ethanol_water_cosolvent_mixtures_at_several_temperatures/links/5551345e08ae12808b39127c.pdf

Bolten D, Lietzow R, Türk M, **Solubility of Ibuprofen, Phytosterol, Salicylic Acid, and Naproxen in Aqueous Solutions**. 06 Feb 2013 Chemical Engineering Technology Vol 36, Issue3 March, 2013 Pages 426-434 <https://doi.org/10.1002/ceat.201200510>

¹⁶⁵ Salva, O., Doreski, P.A., Giler, C.S. et al. **Reversal of SARS-CoV2-Induced Hypoxia by Nebulized Sodium Ibuprofenate in a Compassionate Use Program**. 30 Aug 2021 Infect Dis Ther. <https://doi.org/10.1007/s40121-021-00527-2>

¹⁶⁶ Salva O, Alasino R, Doresky A, Beltramo D et al. **Nebulization with alkaline hipertonic ibuprofen induces a rapid increase in platelets circulating in COVID-19 patients but not in healthy subjects**, 22 Aug 2021 Platelets, <https://doi.org/10.1080/09537104.2021.1967918>

¹⁶⁷ Terrier O, Dilly S, et al., **Broad-spectrum antiviral activity of naproxen: from Influenza A to SARS-CoV-2 Coronavirus**. 30/04/2020 bioRxiv <https://doi.org/10.1101/2020.04.30.069922>

Lagzian M, Valadan R, et al. **Repurposing naproxen as a potential antiviral agent against SARS-CoV-2**. 07 Apr 2020, ResearchSquare.com <https://doi.org/10.21203/rs.3.rs-21833/v1>

<https://clinicaltrials.gov/ct2/show/NCT04325633>

<https://www.clinisciences.com/en/buy/cat-sars-cov-2-naproxen-therapeutic-5118.html>

¹⁶⁸ Chen J, Madel M, et al. **Nonsteroidal Anti-inflammatory Drugs Dampen the Cytokine and Antibody Response to SARS-CoV-2 Infection**. Journal of Virology Mar 2021, 95 (7) e00014-21; <https://doi.org/10.1128/JVI.00014-21>

Yousefifard, M., Zali, A., et al. **Non-steroidal anti-inflammatory drugs in management of COVID-19; A systematic review on current evidence**. 14 Jun 2020. International journal of clinical practice, 74(9), e13557. <https://doi.org/10.1111/ijcp.13557>

¹⁶⁹ <https://www.businesswire.com/news/home/20210315005197/en>

¹⁷⁰ <https://www.fpm.org.uk/blog/inhalation-therapies-for-covid-19/>

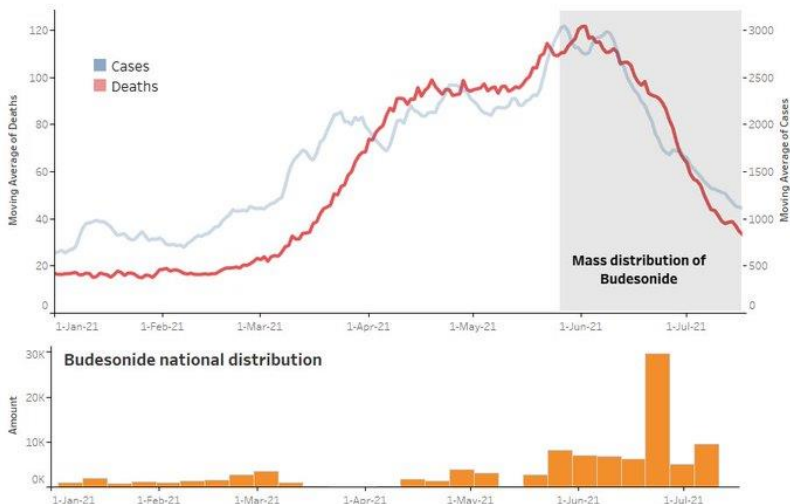
The Use of PUL-042 Inhalation Solution to Reduce the Severity of COVID-19 in Adults Positive for SARS-CoV-2 ClinicalTrials.gov. <https://clinicaltrials.gov/ct2/show/NCT04312997>

¹⁷¹ <https://articles.mercola.com/sites/articles/archive/2021/03/07/nebulized-peroxide.aspx>

<https://articles.mercola.com/sites/articles/archive/2021/04/04/nebulized-hydrogen-peroxide.aspx>

COVID-19 IN PARAGUAY

Source: meps.gov.py/reporte-covid19.html
Data Analyst: Juan Chamie @jjchamie



- Glucocorticoids to suppress the immune system and decrease inflammation: dexamethasone (6-12 mg/day, 7 days), prednisone (20 mg/twice a day, 7 days).
- TMPRSS2 blockers: camostat
- Levamisole?
- Proxalutamide



Source: <https://c19proxalutamide.com/>

- **Nitazoxanide** (antiparasitic but also antiviral)

- | | | | | |
|--|---|--|---|--|
| <p>Adults:</p> <ul style="list-style-type: none"> • Doses reported in COVID-19 studies range from NTZ 500 mg PO 3 times daily to 4 times daily.^{3,4} Higher doses are being studied (<i>ClinicalTrials.gov</i> Identifier | <ul style="list-style-type: none"> • Generally well tolerated • Abdominal pain • Diarrhea • Headache • Nausea • Vomiting • Urine discoloration • Ocular discoloration | <p>NIH¹⁷²</p> <ul style="list-style-type: none"> • Monitor for potential AEs. | <ul style="list-style-type: none"> • Drug-drug interactions may occur if NTZ is administered concurrently with other highly plasma protein-bound drugs due to competition for binding sites.⁵ | <ul style="list-style-type: none"> • NTZ should be taken with food. • The oral suspension is not bioequivalent to the tablet formulation. • A list of |
|--|---|--|---|--|

¹⁷² <https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/> Last Updated: July 08, 2021 by 12 Oct 2021

- [NCT04746183](#)). (rare)
- Doses used for antiprotozoal indications range from NTZ 500 mg to 1 g PO twice daily.
- If NTZ is coadministered with other highly protein-bound drugs with narrow therapeutic indices, monitor the patient for AEs. clinical trials is available here: [Nitazoxanide](#)
- Nitric oxide ¹⁷³ : naturally produced by the endothelial membranes throughout the body; especially the cardio-vascular system. Infection cause depletion in the arteries.
- Clarithromycin ? ¹⁷⁴
- Imatinib, mycophenolic acid and quinacrine dihydrochloride: promising treatments that were silenced ¹⁷⁵
- Chlorine dioxide (ClO₂) ? ¹⁷⁶

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 ¹⁷⁷, especially D3 cholecalciferol (10K IU 250mcg, 7 days, or 50K 1-2 days) ¹⁷⁸

¹⁷³ Winchester, S., John, S., Jabbar, K., & John, I. **Clinical efficacy of nitric oxide nasal spray (NONS) for the treatment of mild COVID-19 infection.** 13 May 2021. *The Journal of infection*, 83(2), 237–279. <https://doi.org/10.1016/j.jinf.2021.05.009>
<https://www.humann.com/nutrition/nitric-oxide-foods/>

¹⁷⁴ 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>

¹⁷⁵ Han, Y., Duan, X., Chen S. et al. **Identification of SARS-CoV-2 inhibitors using lung and colonic organoids.** 05 May 2020 *Nature* 589, 270–275 (2021). <https://doi.org/10.1038/s41586-020-2901-9>

¹⁷⁶ Insignares-Carrione E, Bolano Gomez B, Kalcker A. **Chlorine Dioxide in COVID-19: Hypothesis about the Possible Mechanism of Molecular Action in SARS-CoV-2.** *J Mol Genet Med* 14 (2020): 468. <https://www.hilarispublisher.com/open-access/chlorine-dioxide-in-covid19-mechanism-of-molecular-action-in-sarscov2.pdf> / <https://clinicaltrials.gov/ct2/show/NCT04343742>

Insignares-Carrione E, Bolano Gomez B, et al. **Determination of the Effectiveness of Chlorine Dioxide in the Treatment of COVID 19.** Volume 15, Issue 3 (2021) *Journal of Molecular and Genetic Medicine* ISSN: 1747-0862

<https://www.hilarispublisher.com/open-access/determination-of-the-effectiveness-of-chlorine-dioxide-in-the-treatment-of-covid-19.pdf>

Kály-Kullai, K, Wittmann M, et al. **Can chlorine dioxide prevent the spreading of coronavirus or other viral infections? Medical hypotheses** (31 Mar 2020) *Physiology International Physiol. Int.*, 107(1), 1-11. <https://doi.org/10.1556/2060.2020.00015>

Zhu Z, Guo Y, Yu P, Wang X, Zhang X, Dong W, Liu X, Guo C. **Chlorine dioxide inhibits the replication of porcine reproductive and respiratory syndrome virus by blocking viral attachment.** *Infect Genet Evol.* 2019 Jan;67:78-87. Epub 2018 Nov 3. PMID: 30395996. <https://doi.org/10.1016/j.meegid.2018.11.002>

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

¹⁷⁷ <https://www.myfooddata.com/articles/high-vitamin-D-foods.php>

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>

67 STUDIES BY 586 SCIENTISTS

48 SUFFICIENCY STUDIES WITH 11,617 PATIENTS

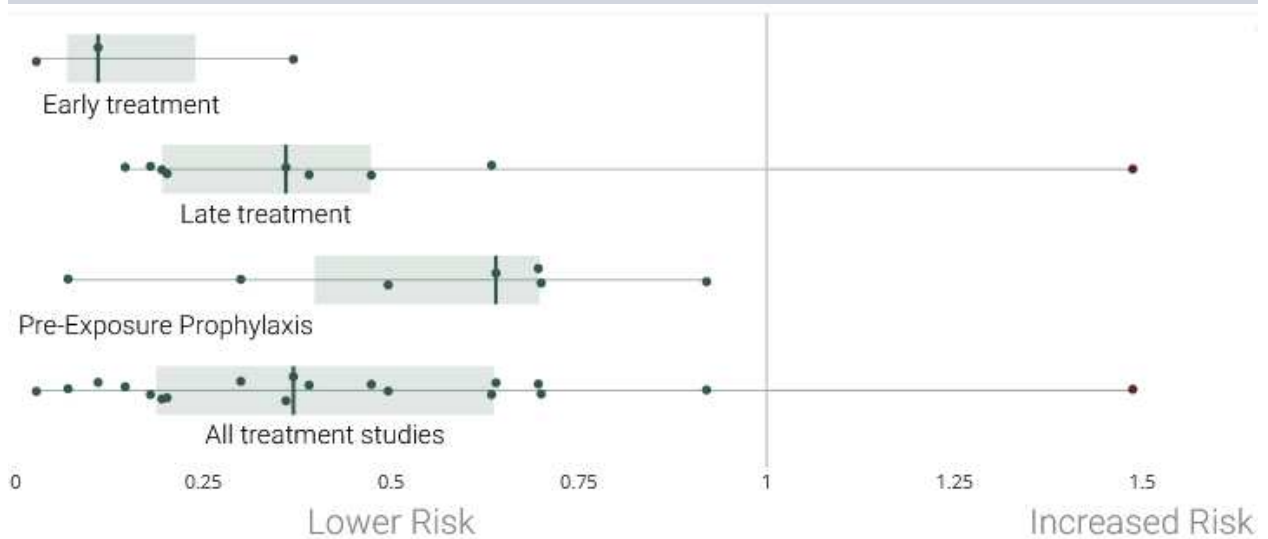
19 TREATMENT TRIALS WITH 14,752 PATIENTS

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



Source: <https://vdmeta.com/>

“Meta-analysis of **seven systematic reviews showed strong evidence that vitamin D supplementation reduces (52%) the risk of mortality** in COVID patients. It was also observed that supplementation **reduces (65%) the need for intensive care and (46%) mechanical ventilation** requirement. ... supplements (oral and IV) are well tolerated, safe and effective in COVID patients..”¹⁷⁹

- Zinc¹⁸⁰: 50 mg/day. Zinc ionophores: ivermectin, HCQ (200 mg/twice a day, 7 days), Quercetin (500 mg/twice a day), or Epigallocatechin gallate (EGCG, 400mg/day, 7 days)

Meltzer DO, Best TJ, et al., **Association of Vitamin D Levels, Race/Ethnicity, and Clinical Characteristics With COVID-19 Test Results.** JAMA Netw Open. 2021;4(3):e214117. <http://doi.org/10.1001/jamanetworkopen.2021.4117>

¹⁷⁸ <https://www.webmd.com/diet/foods-high-in-vitamin-d3>

¹⁷⁹ K Shah, V P Varna, U Sharma, D Mavalankar, **Does vitamin D supplementation reduce COVID-19 severity?: a systematic review,** 15 Feb 2022 *QJM: An International Journal of Medicine*, 2022;, hcac040, <https://doi.org/10.1093/qjmed/hcac040>

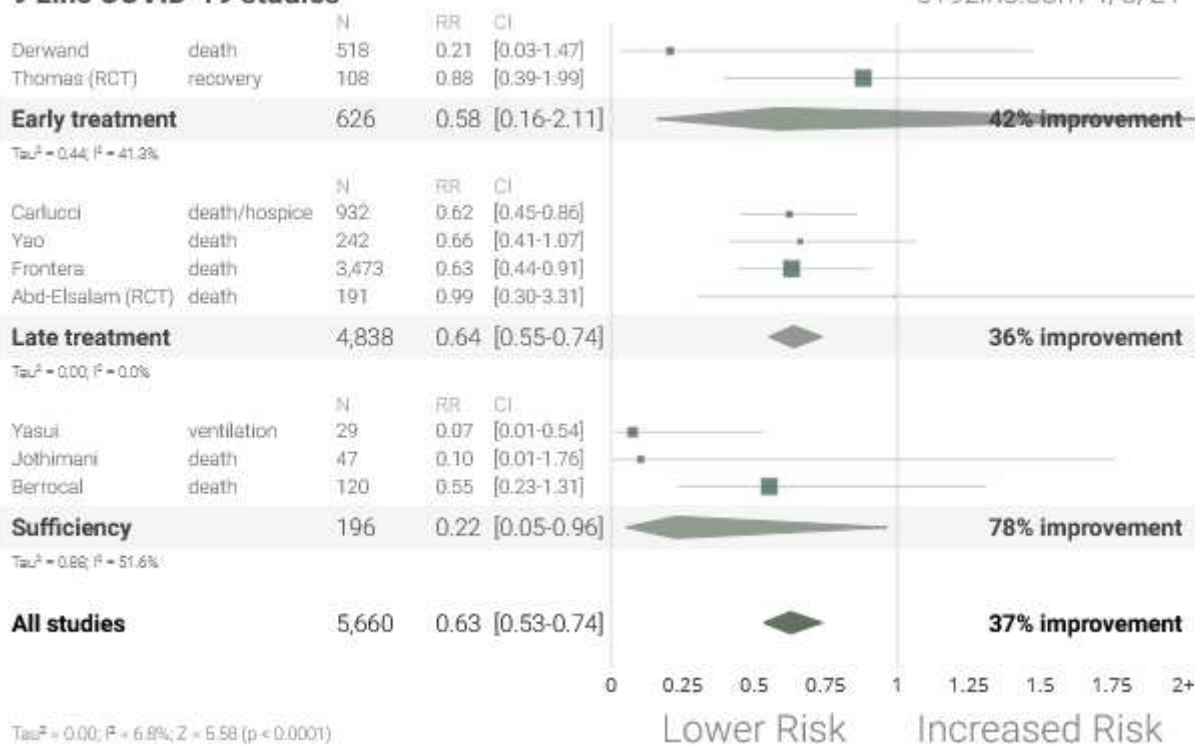
¹⁸⁰ Men 11 mg/day, Women 8. <https://www.healthline.com/nutrition/best-foods-high-in-zinc>

Thomas S, Patel D, et al. **Effect of High-Dose Zinc and Ascorbic Acid Supplementation vs Usual Care on Symptom Length and Reduction Among Ambulatory Patients With SARS-CoV-2 Infection: The COVID A to Z Randomized Clinical Trial.** JAMA Netw Open. 2021;4(2):e210369. <https://doi.org/10.1001/jamanetworkopen.2021.0369>

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>

9 zinc COVID-19 studies

c19zinc.com 4/5/21



Source: <https://c19zinc.com/>

- Vitamin A ¹⁸¹
- Vitamin B ¹⁸²
- Vitamin C: 1 g/day ¹⁸³
- Vitamin E ¹⁸⁴
- Vitamin K ¹⁸⁵
- Selenium ¹⁸⁶
- Lactoferrin
- Essential oils ¹⁸⁷: Eucalyptus, Clove, Levomenthol, Juniper berry, Niaouli, Mint, Cajaput
- Omega 3 fatty acids ¹⁸⁸
- Quercetin + Zinc + Vitamin C ¹⁸⁹

¹⁸¹ http://www.kaarid.ca/uploads/1/2/6/7/12670943/oral_vitamin_a_c_d.pdf

¹⁸² Beigmohammadi, M.T., Bitarafan, S., et al. Impact of vitamins A, B, C, D, and E supplementation on improvement and mortality rate in ICU patients with coronavirus-19: a structured summary of a study protocol for a randomized controlled trial. 06 Jul 2020 *Trials* 21, 614 (2020). <https://doi.org/10.1186/s13063-020-04547-0>

¹⁸³ <https://c19vitaminc.com/>

¹⁸⁴ 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>

¹⁸⁵ Samad N, Dutta S, et al. Fat-Soluble Vitamins and the Current Global Pandemic of COVID-19: Evidence-Based Efficacy from Literature Review. 21 May 2021 *J Inflamm Res.* 2021;14:2091-2110 <https://doi.org/10.2147/JIR.S307333>

¹⁸⁶ Shakoor H., Feehan J. et al. Immune-boosting role of vitamins D, C, E, zinc, selenium and omega-3 fatty acids: Could they help against COVID-19? 09 Aug 2020 *Maturitas*, 143, 1–9. <https://doi.org/10.1016/j.maturitas.2020.08.003>

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¹⁸⁷ Silva, J., Figueiredo, P., et al. Essential Oils as Antiviral Agents. Potential of Essential Oils to Treat SARS-CoV-2 Infection: An In-Silico Investigation. *International journal of molecular sciences*, 2020. 21(10), 3426. <https://doi.org/10.3390/ijms21103426>

¹⁸⁸ Doaei, S., Gholami, S., et al. The effect of omega-3 fatty acid supplementation on clinical and biochemical parameters of critically ill patients with COVID-19: a randomized clinical trial. 29 Mar 2021 *J Transl Med* 19, 128. <https://doi.org/10.1186/s12967-021-02795-5>

Asher A, Tintle N, et al. Blood omega-3 fatty acids and death from COVID-19: A pilot study, Prostaglandins, Leukotrienes and Essential Fatty Acids, Mar 2021, Volume 166, ,102250, ISSN 0952-3278, <https://doi.org/10.1016/j.plefa.2021.102250>

- **Griffithsin**, antiviral lectin protein from the red algae¹⁹⁰: “one of the most potent viral entry inhibitors discovered to date”¹⁹¹ (even HIV¹⁹²). “Broad spectrum to bind to the glycoproteins of other viruses, such as the coronavirus.”¹⁹³ “Binds to SARS-CoV spike... antiviral against Ebolavirus”¹⁹⁴ The University of KY and PA are working on Q-Griffithsin.
- Carvativir?: derived from thyme¹⁹⁵
- Triterpen molecule derived from ursolic acid?¹⁹⁶

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

¹⁸⁹ https://www.evms.edu/media/evms_public/departments/internal_medicine/Marik-Covid-Protocol-Summary.pdf
 Colunga Biancatelli RML, Berrill M, Catravas JD and Marik PE. **Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2**. 9 Apr 2020 Front. Immunol. 11:1451. <https://doi.org/10.3389/fimmu.2020.01451>

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Weng, Z., Zhang, B., et al. (2012). **Quercetin is more effective than cromolyn in blocking human mast cell cytokine release and inhibits contact dermatitis and photosensitivity in humans**. *PloS one*, 7(3), e33805. <https://doi.org/10.1371/journal.pone.0033805>

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Boots, A. W., Haenen, G. R., & Bast, A. (2008). **Health effects of quercetin: from antioxidant to nutraceutical**. *European journal of pharmacology*, 585(2-3), 325–337. <https://doi.org/10.1016/j.ejphar.2008.03.008>

¹⁹⁰ Lee C. (2019). **Griffithsin, a Highly Potent Broad-Spectrum Antiviral Lectin from Red Algae: From Discovery to Clinical Application. Marine drugs**, 17(10), 567. <https://doi.org/10.3390/md17100567>

Besednova NN, Zvyagintseva TN, et al. (2019). **Marine Algae Metabolites as Promising Therapeutics for the Prevention and Treatment of HIV/AIDS. Metabolites**, 9(5), 87. <https://doi.org/10.3390/metabo9050087>

¹⁹¹ Lusvardi, S., & Bewley, C. A. (2016). **Griffithsin: An Antiviral Lectin with Outstanding Therapeutic Potential**. *Viruses*, 8(10), 296. <https://doi.org/10.3390/v8100296>

¹⁹² Emau P, Tian B, et al. (August 2007). **Griffithsin, a potent HIV entry inhibitor, is an excellent candidate for anti-HIV microbicide**. *Journal of Medical Primatology*. 36 (4–5): 244–53. <https://doi.org/10.1111/j.1600-0684.2007.00242>

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¹⁹³ O’Keefe BR, Giomarelli B, et al. (March 2010). **Broad-spectrum in vitro activity and in vivo efficacy of the antiviral protein griffithsin against emerging viruses of the family Coronaviridae**. *Journal of Virology*. 84 (5): 2511–21. <https://doi.org/10.1128/JVI.02322-09>

¹⁹⁴ Barton C, Kouokam JC, et al. (2014). **Activity of and effect of subcutaneous treatment with the broad-spectrum antiviral lectin griffithsin in two laboratory rodent models**. *Antimicrobial Agents and Chemotherapy*. <https://doi.org/10.1128/AAC.01407-13>

¹⁹⁵ 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.
 Laboratorio Farmacológico de Venezuela (LABFARVEN), **Eficacia antiviral y mecanismo de acción del compuesto isotimol recombinado bajo la marca comercial denominada carvativir contra el agente sars-cov-2 causante de la enfermedad covid-19**, Sep, 2020 <https://www.cambio16.com/wp-content/uploads/2021/01/475449743-Actividad-Antiviral-e-Inmunomoduladora-Del-Compuesto-Isotimol-Recombinado-Contra-El-Agente-SARS-CoV-2-1.pdf>

Ojeda Rondón Raúl, Campos Jheam, et al., **Fase I y II. Actividad Antiviral Del Isothymol en Pacientes COVID-19** (Spanish) Sep 11, 2020 <https://www.amazon.com/Actividad-Antiviral-Isotimol-Pacientes-COVID-19/>

Ojeda Rondón R, **Actividad antiviral e inmunomoduladora del compuesto isotimol recombinado contra el agente SARS-COV-2**, 2020. Scribd.com link no longer available.

¹⁹⁶ Xiao, S., Tian, Z., Wang, Y., et al. (2018). **Recent progress in the antiviral activity and mechanism study of pentacyclic triterpenoids and their derivatives**. *Medicinal research reviews*, 38(3), 951–976. <https://doi.org/10.1002/med.21484>

Mlala S, Oyedeji AO, et al. **Ursolic Acid and Its Derivatives as Bioactive Agents**. *Molecules*. 2019; 24(15):2751. <https://doi.org/10.3390/molecules24152751>
<https://www.siicsalud.com/covid/noticias.php/665>
<https://academianacionaldemedicina.org/publicaciones/cv-el-nuevo-medicamento-anti-covid-19-dr10-que-anuncia-el-gobierno-nacional-26-10-2020/>

○ ***Nigella sativa***¹⁹⁷



- *Griffithsia (Gigartinaceae (Gigartina red algae): see Griffithsin above*
- *Artemisia Annua*: sweet wormwood, broad spectrum anti-viral (Herpes, Hep B, SARS) and anti-malarial¹⁹⁸
- *Thymus serpyllum*: thyme (cf. Carvativir above)
- *Rheum emodi*: rhubarb¹⁹⁹
- Other herbs²⁰⁰
- Curcumin/Turmeric?
- *Glycyrrhiza glabra* root (liquorice, Glycyrrhizin)?
- Cinnamon?
- Squalene: immune response booster, derives from shark cartilage
- Other derived products²⁰¹

Why has this vital information been neglected by science, mainstream media and governments? Why do nations tolerate Big Media and Big Tech censorship?²⁰² Some say it's either mass idiocy or a huge conspiracy... or both.

¹⁹⁷ <https://c19ns.com/>

¹⁹⁸ Li, S.-Y.; Chen, C.; et al. **Identification of natural compounds with antiviral activities against SARS-associated coronavirus.** *Antivir. Res.* 2005, 67, 18–23. <http://doi.org/10.1016/j.antiviral.2005.02.007>

Islam, M.T.; Sarkar, C.; et al.. **Natural products and their derivatives against coronavirus: A review of the non-clinical and pre-clinical data.** *Phytother. Res.* 2020, 34, 2471–2492. <http://doi.org/10.1002/ptr.6700>

Haq, F. U., Roman, M., et al., **Artemisia annua: Trials are needed for COVID-19.** *Phytotherapy research : PTR*, 34(10), 2423–2424. <https://doi.org/10.1002/ptr.6733>

Trendafilova L, Moujir L, **Research Advances on Health Effects of Edible Artemisia Species and Some Sesquiterpene Lactones Constituents**, 30 Dec 2020. *Foods*. <https://doi.org/10.3390/foods10010065>

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>

Chuanxiong N, Trimpert J, et al., **In vitro efficacy of Artemisia extracts against SARS-CoV-2**, Feb 15, 2021. bioRxiv preprint. <https://doi.org/10.1101/2021.02.14.431122>

<https://clinicaltrials.gov/ct2/show/NCT04530617>

¹⁹⁹ Rolta, R.; Salaria, D.; et al., **Phytochemicals of Rheum emodi, Thymus serpyllum and Artemisia annua inhibit COVID-19 binding to ACE2 receptor: In silico approach.** *Res. Sq.* 2020, in press. <http://doi.org/10.21203/rs.3.rs-30938/v1>

²⁰⁰ <https://www.ibtimes.sg/3000-coronavirus-patients-cured-by-herbal-remedy-claims-cameroon-archbishop-46984>

<https://www.aa.com.tr/en/africa/madagascar-opens-first-herbal-medicine-factory/1993916>

<https://www.voanews.com/covid-19-pandemic/nigerian-biotechnologist-touts-potent-herbal-covid-19-treatment>

<https://nef.org/do-african-herbal-medicines-hold-hope-for-covid-19/>

<http://news.bbc.co.uk/2/hi/africa/1683259.stm>

<https://www.eclecticschoolofherbalmedicine.com/covid-19/>

²⁰¹ Zhonglei W, Liyan Y, **Turning the Tide: Natural Products and Natural-Product-Inspired Chemicals as Potential Counters to SARS-CoV-2 Infection**, 2 Jul 20, *Frontiers in Pharmacology*, Vol.11, <https://www.doi.org/10.3389/fphar.2020.01013>

²⁰² LinkedIn and Facebook blocked accounts and Instagram blocked any positive post about ivermectin, 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/>

Long Covid

Ivermectin solves some of the problems but not all.

“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%.”²⁰³

The FLCCC has developed I-RECOVER Management Protocol for Long Haul COVID-19 Syndrome (LHCS).²⁰⁴

Unrecommended Treatments

- **Paracetamol / acetaminophen (Tylenol):** increases COVID-19 thrombosis, leading to death.²⁰⁵ The Italian ministry of health recommended it for COVID: **it has contributed to the severity of the early pandemic in northern Italy.**
- Doxycycline (100mg/twice a day, 7 days): a study showed low effectiveness²⁰⁶. Better, azithromycin.
- 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.²⁰⁷

VIP plan

Even the Internet Archive deletes politically incorrect archived content, like the blacklisting of prolife leaders:

<https://web.archive.org/web/20210613200616/https://reaccionconservadora.net/> <http://altavocesnews.com/informe-feminista/>

²⁰³ “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.**”

Patterson, B. K., Guevara-Coto, J., et al. **Immune-Based Prediction of COVID-19 Severity and Chronicity Decoded Using Machine Learning.** 28 Jun 2021. *Frontiers in immunology*, 12, 700782. <https://doi.org/10.3389/fimmu.2021.700782>

²⁰⁴ <https://covid19criticalcare.com/covid-19-protocols/i-recover-protocol/>

²⁰⁵ Pandolfi S, Simonetti V, Ricevuti G, Chirumbolo S. **Paracetamol in the home treatment of early COVID-19 symptoms: A possible foe rather than a friend for elderly patients?** 25 Jun 2021. *J Med Virol*. <https://doi.org/10.1002/jmv.27158>

“Antifebrile, giving an illusory feeling of improvement, while the virus continues to spread. To metabolise Paracetamol, glutathione, an antioxidant substance is consumed, but is essential to combat the oxidation caused by the virus in tissues.”

<https://www.lifesitenews.com/news/italian-doctors-association-is-successfully-treating-covid-at-home-with-hcq-and-vitamin-d>

²⁰⁶ Ahmed S, et al., **A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness**, Dec 02, 2020. *International Journal of Infectious Diseases*, Vol. 103, P214-216, Feb 01, 2021 <https://doi.org/10.1016/j.ijid.2020.11.191>

Hashim HA, Maulood MF, Rasheed AW, Fatak DF, Kabah KK, Abdulmir AS. **Controlled randomized clinical trial on using ivermectin with doxycycline for treating COVID-19 patients in Baghdad, Iraq.** medRxiv. 2020;Preprint. Available at: <https://www.medrxiv.org/content/10.1101/2020.10.26.20219345v1/>

²⁰⁷ <https://www.lifesitenews.com/blogs/romanian-doctor-says-she-cures-100-percent-of-covid-patients>

Dosage based on the standard approved “anti-parasitic” dose of 0.2 mg/kg = 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, pregnant or **blood-thinner users**), 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.**²⁰⁸

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.**

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-sequitor*.

Infection strategy

Any COVID symptom: 2 drops/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.²⁰⁹

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.

²⁰⁸ Behera P. et al., **Role of ivermectin in the prevention of COVID-19 infection among healthcare workers in India: A matched case-control study**, Nov 03, 2020, medRxiv 2020.10.29.20222661; <https://doi.org/10.1101/2020.10.29.20222661>

²⁰⁹ Bagheri S.H.R., Asghari A.M., Farhadi M., Shamshiri A.R., Kabir Ali, Kamrava S.K. **Coincidence of COVID-19 Epidemic and Olfactory Dysfunction Outbreak**. medRxiv. 2020 <https://doi.org/10.1101/2020.03.23.20041889>

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 generation²¹⁰).

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 listed²¹¹ :

- a) 0.3 mg/kg, 72 hours apart. Repeat monthly (All-India Institute of Medical Sciences)²¹²
- b) 0.2 mg/kg, every 2 weeks²¹³
- c) One 0.2mg drop on tongue per person (*not* per kg.) every 4 hours together with i-carrageenan spray in nose (it might be replaced with ivermectin spray in mouth and nose but hasn't been tried).²¹⁴

²¹⁰ Ming Yang, Shuo Chen et al., **Pathological Findings in the Testes of COVID-19 Patients: Clinical Implications**, May 31, 2020, European Urology Focus, Volume 6, ISSUE 5, P1124-1129, September 15, 2020 <https://doi.org/10.1016/j.euf.2020.05.009>
Frida Entezami, Marise Samama, et al., **SARS-CoV-2 and human reproduction: An open question**, August 2020, EClinicalMedicine, Volume 25, 2020, 100473, ISSN 2589-5370, <https://doi.org/10.1016/j.eclinm.2020.100473>
Xiu-Wu Bian, The COVID-19 Pathology Team, **Autopsy of COVID-19 patients in China**, *National Science Review*, Volume 7, Issue 9, September 2020, Pages 1414–1418, <https://doi.org/10.1093/nsr/nwaa123>
Achua JK, Chu KY, Ibrahim E, Khodamoradi K, Delma KS, Iakymenko OA, Kryvenko ON, Arora H, Ramasamy R. **Histopathology and Ultrastructural Findings of Fatal COVID-19 Infections on Testis**. *World J Mens Health.*, Nov 03, 2020; 38:e56. <https://doi.org/10.5534/wjmh.200170>
Zafar, M.I., Li, H. , **COVID-19 and impairment of spermatogenesis: Implications drawn from pathological alterations in testicles and seminal parameters**, Volumes 29–30, December 2020, 100671, EClinicalMedicine, The Lancet ISSN 2589-5370, <https://doi.org/10.1016/j.eclinm.2020.100671>
Navarra Annalisa, Albani Elena, et al., **Coronavirus Disease-19 Infection: Implications on Male Fertility and Reproduction**, 17 November 2020, *Frontiers in Physiology*, VOLUME 11, 2020, ISSN 1664-042X <https://doi.org/10.3389/fphys.2020.574761>
Ruixuan Zhu, Yaqian Shi, et. al., **ACE2 Expression on the Keratinocytes and SARS-CoV-2 Percutaneous Transmission: Are They Related?**, October 14, 2020 <https://doi.org/10.1016/j.jid.2020.09.019>
Honggang Li, Xingyuan Xiao, et al., **Impaired spermatogenesis in COVID-19 patients**, October 23, 2020, Volume 28, 100604, 01 Nov 2020 <https://doi.org/10.1016/j.eclinm.2020.100604>

²¹¹ <https://c19ivermectin.com/#prep>

²¹² Behera et al. (2020)

²¹³ Kory P, Meduri U, et. al., **Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19**, Front-Line Covid-19 Critical Care Alliance, updated Jan 12, 2021. <https://covid19criticalcare.com/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/>

²¹⁴ Speare R, Durrheim D, **Mass treatment with ivermectin: an underutilized public health strategy**, *Bulletin of the World Health Organization*, Volume 82, Number 8, August 2004, 559-636 <https://www.who.int/bulletin/volumes/82/8/editorial30804html/en/>
<https://trialsitenews.com/goa-game-changer-indian-states-health-authority-approves-distributes-ivermectin-doxycycline-to-treat-covid-19-as-prophylaxis/>
<https://www.lifesitenews.com/news/india-develops-covid-treatment-kit-for-less-than-3-per-person-with-miraculous-ivermectin>
<https://covid19criticalcare.com/i-mask-prophylaxis-treatment-protocol/epidemiologic-analyses-on-covid19-and-ivermectin/>

Which prophylactic strategy should be recommended for COVID19 ?

CONCEPT	COVID19 VACCINES THE NEW ABNORMAL FOREVER	I-“VACCINE” (*) BACK TO NORMAL
Availability / Access	<ul style="list-style-type: none"> • Global shortage until 2023 for the required 2 doses.²¹⁵ 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.”²¹⁶ • 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 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 Sweden). • 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. 	<p>Enough supplies to immediately cover global population.</p> <p>Only one simultaneous global 3 day uptake required.</p>
Best Case Scenario	<p>Eternal “seasonal” endemic disease, with compulsory vaccination at least once per year: a compulsory administrative rule, not based in medical and</p>	<p>VIP strategy: end of COVID19</p> <ul style="list-style-type: none"> • Vaccination strategy • Infection strategy

²¹⁵ 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](https://doi.org/10.1016/S1473-3099(20)30949-X)

²¹⁶ <https://corporateeurope.org/en/2021/04/big-pharma-lobbys-self-serving-claims-block-global-access-vaccines>

	<p>epidemiological evidence, which develops a perpetual billion dollar demand for recurrent vaccination for a now curable disease...just like the poxes.</p> <p>COVID will keep evolving as an endemic zoonotic disease.</p> <ol style="list-style-type: none"> 1. The capitalist race for NaziVaxxing shows zero understanding of the scientific meaning of the global “one health”²¹⁷ approach. 2. Zero “Integrated Vector Management”²¹⁸: No vaccines for vectors. <p>There’s zero benefits in experimental vaccines when there’s a proven cheap effective cure.</p>	<ul style="list-style-type: none"> • Prophylaxis strategy Cf. above “VIP plan” section. <p>Ivermectin is the only viable and cost-effective solution for pets and livestock. It could even be used for natural reservoirs (wildlife).</p> <p>Vaccines can’t do without ivermectin but ivermectin can do without vaccines... especially, experimental vaccines and genotoxic shots.</p>
<p>Spike mutations</p> <p>300000 sequenced mutations in 2020</p>	<ul style="list-style-type: none"> • More cases, more mutation risk. Without ivermectin, vaccine ineffectiveness, inapplicability and overconfidence increases the chance of mutations. • Proven ineffectiveness (>40%) against virulent spike variants²¹⁹: requires new vaccines (6 week adaptation for Pfizer) and new trials (even longer period). E.g. Moderna only 76% effective and Pfizer only 42% against infection with Delta.²²⁰ 	<ul style="list-style-type: none"> • Near zero hesitancy. • Effective against many mutations: works through several mechanisms dampening replication of different variants of RNA and DNA virus.²²⁴

²¹⁷ World Health Organization. **What is ‘One Health’?** 21 Sep 2017 <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>
Ryan K, **Why global health is good for everyone.** Apr 5 2019. <https://www.one.org/us/blog/global-health-good-for-everyone/>
One Health is considered part of biodefense: One Health Global Network Task Group, <http://www.onehealthglobal.net/working-groups/members/>

²¹⁸ World Health Organization. **"Handbook for Integrated Vector Management"** (PDF). http://apps.who.int/iris/bitstream/10665/44768/1/9789241502801_eng.pdf Retrieved 23 Mar 2021
World Health Organization. **Vector-borne disease". The Health and Environment Linkages Initiative (HELI).** Geneva, Switzerland. <https://www.who.int/heli/risks/vectors/vector/en/>
Dalton K, Preliminary **Findings from the Ongoing Veterinary and Animal Care Workers' Perceived Risk and Willingness to Respond to the COVID-19 Pandemic** Study. 1 Nov 2020. Department of Environmental Health and Engineering, Johns Hopkins University Bloomberg School of Public Health <https://worldonehealthcongress.org/mega-programme>

²¹⁹ 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.
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](https://pubmed.ncbi.nlm.nih.gov/33526412/)
Collier, D.A., De Marco, A., Ferreira, I.A. *et al.* **Sensitivity of SARS-CoV-2 B.1.1.7 to mRNA vaccine-elicited antibodies.** *Nature* (11 Mar 2021). <https://doi.org/10.1038/s41586-021-03412-7>
Garcia-Beltran W., Lam E., Denis K., **“Circulating SARS-CoV-2 variants escape neutralization by vaccine-induced humoral immunity”.** 18 Feb 2021, medrxiv. <https://doi.org/10.1101/2021.02.14.21251704>
Souza, W., Amorim M., *et al.*, **“Levels of SARS-CoV-2 Lineage P.1 Neutralization by Antibodies Elicited after Natural Infection and Vaccination”**, 1 Mar 2021, *The Lancet*, <https://doi.org/10.2139/ssrn.3793486>
Madhi S., Baillie V., *et al.*, **Safety and efficacy of the ChAdOx1 nCoV-19 (AZD1222) Covid-19 vaccine against the B.1.351 variant in South Africa**, medRxiv 2021.02.10, 21251247, <https://doi.org/10.1101/2021.02.10.21251247>. Funded by Bill & Melinda Gates Found.

²²⁰ 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>

	<ul style="list-style-type: none"> • Most not tried against mutations like K417T²²¹, N501Y, E484K²²², etc.²²³ • 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: <ol style="list-style-type: none"> 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. <i>Niche</i> 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. 	<ul style="list-style-type: none"> • 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 <i>might</i> prevent fewer overall infections against some of the variants, and <i>might</i> 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 USA²²⁵, 33% in US health agents, 40% of coerced Marines²²⁶.
<p>Immunity type Efficacy</p>	<p>Artificial:</p> <ul style="list-style-type: none"> • Trials were not designed to detect any improvement in severe cases, hospitalizations, or deaths. Instead, trials capture any mild COVID-19 cases as success.²²⁷ • "Effectiveness" didn't track if the vaccinated could still spread the virus: vaccines could have zero effectiveness in stopping contagion. Remember: <ul style="list-style-type: none"> ○ Several measles outbreaks occurred in 95% vaccinated populations. ○ The oral polio vaccine is still the main source of polio disease, not wild polio.²²⁸ • Don't prevent spreading, not even the AZ vaccine²²⁹ 	<p>Boosted:</p> <ul style="list-style-type: none"> • 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

²²⁴ The SouthAfrican was proven in Zimbabwe, the Brazilian in Belem and the UK strain proven in EU countries promoting ivermectin.
²²¹ Sabino E, Buss L, et al., **Resurgence of COVID-19 in Manaus, Brazil, despite high seroprevalence**, The Lancet, 27 Jan 2021, [https://doi.org/10.1016/S0140-6736\(21\)00183-5](https://doi.org/10.1016/S0140-6736(21)00183-5)
²²² Covid-19: **The E484K mutation and the risks it poses**, BMJ 2021; 372 <https://doi.org/10.1136/bmj.n359> (05 Feb 2021)
²²³ Covid-19: **Where are we on vaccines and variants?**, BMJ 2021; 372 <https://doi.org/10.1136/bmj.n597> (02 Mar 2021)
²²⁵ <https://news.gallup.com/poll/350720/covid-vaccine-reluctant-likely-stay.aspx>
²²⁶ <https://edition.cnn.com/2021/04/09/politics/marines-coronavirus-vaccines/index.html>
²²⁷ <https://www.icandecide.org/wp-content/uploads/2020/11/2020-11-06-Final-Cover-Letter-and-Petition.pdf>
²²⁸ Andrew L. Valesano, Mami Taniuchi, et al., **The Early Evolution of Oral Poliovirus Vaccine Is Shaped by Strong Positive Selection and Tight Transmission Bottlenecks**. *Cell Host & Microbe*, 2020; [HTTPS://DOI.ORG/10.1016/j.chom.2020.10.011](https://doi.org/10.1016/j.chom.2020.10.011)

	<p>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).</p> <ul style="list-style-type: none"> • 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 • Reported effectiveness of 90-95% second dose, proved to be a scam: Sinovac Indonesia 68%, Brazil 78%, Turkey 91%. Real world showed ineffectiveness: Chile applied them to half the population²³⁰, 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-immunity²³¹: it isn’t the same if measured at the beginning or the end of an epidemic. • 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 	<ul style="list-style-type: none"> • 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 treatments.
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²²⁹ 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)

²³⁰ <https://www.infobae.com/america/america-latina/2021/04/08/cuantas-dosis-de-vacunas-contra-el-covid-y-de-que-laboratorios-han-llegado-a-chile-hasta-el-momento/>

²³¹ Petrova G, Ferrante A, et al. **Cross-reactivity of T cells and its role in the immune system.** (2012) Crit Rev Immunol 32, 349-372, <https://doi.org/10.1615/critrevimmunol.v32.i4.50>

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>

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/10.21203/rs.3.rs-35331/v1>

Ahmed Yaqinuddin, **Cross-immunity between respiratory coronaviruses may limit COVID-19 fatalities**, Medical Hypotheses, Volume 144, 2020, 110049, ISSN 0306-9877, <https://doi.org/10.1016/j.mehy.2020.110049>

Doshi P., **Covid-19: Do many people have pre-existing immunity?**, 17 September 2020, BMJ 2020; 370 <https://doi.org/https://doi.org/10.1136/bmj.m3563>

Lipsitch, M., Grad, Y.H., Sette, A. et al. **Cross-reactive memory T cells and herd immunity to SARS-CoV-2.** 6 October 2020, Nat Rev Immunol 20, 709–713 (2020). <https://doi.org/10.1038/s41577-020-00460-4>

	<p>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.</p> <ul style="list-style-type: none"> • Overconfidence in vaccine efficacy will increase demand for antibiotics, thinking the symptoms couldn’t be COVID-19, leading to resistant bacteria. <p>²³²</p>	
Effectiveness delay	<p>Pfizer 7-14 days after 2nd shot 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.</p>	2 hours (best bioavailability if taken liquid after fatty food and alcohol, like pizza and beer or stake & wine).
Ineffectiveness	<p>Insufficient immune response:</p> <ul style="list-style-type: none"> • COVID recovered (minimum 3 month waiting period) • Newly born • Breast-feeders • Babies • Children (>3) • Down syndrome (<18) ²³³ • Elderly • Obese: “inked to impaired immune function... lower vaccine responses for numerous diseases (influenza ²³⁴, Hepatitis B ²³⁵, tetanus ²³⁶).” ²³⁷ 	Effective in all cases (except not recommended groups)

²³² Pew Research, **Could Efforts to Fight the Coronavirus Lead to Overuse of Antibiotics? Study shows more than half of hospitalized COVID-19 patients in U.S. received antibiotics in pandemic’s first six months.** Mar 10, 2021. <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/03/could-efforts-to-fight-the-coronavirus-lead-to-overuse-of-antibiotics>

²³³ De Toma, I., Dierssen, M. **Network analysis of Down syndrome and SARS-CoV-2 identifies risk and protective factors for COVID-19.** Elsevier. *Sci Rep* **11**, 1930 (2021). <https://doi.org/10.1038/s41598-021-81451-w>

Ashley Kieran Clift, Carol A.C. Coupland, Ruth H. Keogh, et al. **COVID-19 Mortality Risk in Down Syndrome: Results From a Cohort Study Of 8 Million Adults.** *Ann Intern Med.* [Epub ahead of print 21 October 2020]. <https://doi.org/10.7326/M20-4986>

Hüls A, Costa A, et al., **Medical vulnerability of individuals with Down syndrome to severe COVID-19—data from the Trisomy 21 Research Society and the UK ISARIC4C survey.** Feb 22, 2021. *The Lancet. EClinical Med.* <https://doi.org/10.1016/j.eclinm.2021.100769>

²³⁴ Neidich, S. D., Green, W. D., Rebeles, J., Karlsson, E. A., Schultz-Cherry, S., Noah, T. L., Chakladar, S., Hudgens, M. G., Weir, S. S., & Beck, M. A. (2017). **Increased risk of influenza among vaccinated adults who are obese.** *International journal of obesity* (2005), 41(9), 1324–1330. <https://doi.org/10.1038/ijo.2017.131>

²³⁵ Weber DJ, Rutala WA, Samsa GP, Santimaw JE, Lemon SM (1985) **Obesity as a predictor of poor antibody response to hepatitis B plasma vaccine.** *JAMA* 254: 3187-3189. <https://doi.org/10.1001/jama.1985.03360220053027>

Simó Miñana J, Gaztambide Ganuza M, Fernández Millán P, Peña Fernández M (1996) **Hepatitis B vaccine immunoresponsiveness in adolescents: a revaccination proposal after primary vaccination.** *Vaccine* 14: 103-106. [https://doi.org/10.1016/0264-410X\(95\)00176-2](https://doi.org/10.1016/0264-410X(95)00176-2)

Young MD, Gooch WM 3rd, Zuckerman AJ, Du W, Dickson B, et al. (2001) **Comparison of a triple antigen and a single antigen recombinant vaccine for adult hepatitis B vaccination.** *J Med Virol* 64: 290-298. <https://doi.org/10.1002/jmv.1049>

²³⁶ Eliakim A, Schwindt C, Zaldivar F, Casali P, Cooper DM (2006) **Reduced tetanus antibody titers in overweight children.** *Autoimmunity* 39: 137-141. <https://doi.org/10.1080/08916930600597326>

	<ul style="list-style-type: none"> • Immunocompromised (HIV, etc.) • Immunosuppressed (transplants) <p>All of them are should still take ivermectin.</p> <p>Vaccines don't solve the main issues (ivermectin does):</p> <ul style="list-style-type: none"> • 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	<p>The more shots required to achieve immunity (vaccination points) means more coordination problems, failures and delays.</p> <p>Vaccines do not achieve minimum effectiveness (FDA 50%) if abandoned after first shot. High risk of delivery delays and stock break before second shot.</p> <p>Abandonment increased if:</p> <ul style="list-style-type: none"> • severe puncture local effects (n.b. Pfizer) • side effects after first shot (the more severe the higher risk of abandonment) • needle "phobia" <p>Adding incentives (\$) and disincentives (prosecution) achieves the opposite goal: mistrust and non-compliance.</p>	<ul style="list-style-type: none"> • 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 emissions).
Contraindications	<ul style="list-style-type: none"> • Pregnancy²³⁸, even 2 months after • Lactating women • Preterm babies • Corticoids (Sputnik) • Severe allergies (Pfizer) <p>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.</p> <p>Trials did not include enough studies on:</p> <ul style="list-style-type: none"> • COVID+ patients: sick or recovered 	<ul style="list-style-type: none"> • Ivermectin allergy (very rare) • Infants below 15 kg or 2 years of age (could be breastfed or use carrageenan spray IVERCAR protocol) • No evidence of teratogenic side effects in pregnancy.²⁴⁰ • No problems with renal insufficiency (unless severe kidney failure). • Hepatic? Good for NAFLD

²³⁷ Center for Disease Control and Prevention, **Overweight & Obesity** <https://www.cdc.gov/obesity/data/obesity-and-covid-19.html> (accessed 22 Mar 2021)

²³⁸ U.K. government "Reg 174 Information for UK Healthcare Professionals". https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940565/Information_for_Healthcare_Professionals_on_Pfizer_BioNTech_COVID-19_vaccine.pdf

<https://thevaccinereaction.org/2021/03/jj-to-test-covid-19-vaccine-on-babies-pregnant-women-and-the-immunocompromised/>

²⁴⁰ 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.

	<ul style="list-style-type: none"> • Pregnant or breastfeeding women • Children • Adolescents (Moderna is testing 12-17 year olds) • Elderly • Persons with pre-existing comorbidities <p>This means no coverage for all those groups especially under 18 (Moderna) or 16 (Pfizer) ²³⁹</p>	<ul style="list-style-type: none"> • WHO bulletin: adverse reactions are mild to moderate and transient.²⁴¹ • Due to loiasis (n.b. over 30000 mf/ml), endemic in West and Central Africa, there could be severe adverse events like encephalitis and death²⁴², preventable by discriminating the Loa infected and by eliminating the parasitosis.
Components	<ul style="list-style-type: none"> • Dangerous components omitted in the package insert (corvelva.it analysis) • Use of aborted foetal cell lines in research, production and quality testing. 	Fully disclosed
Freedom	No freedom if given by government. Few facilities will allow you to choose vaccine brand.	Complete freedom of access Freedom to chose other synergistic effective repurposed drugs. A cocktail reduces the rise of resistant variants.
Cost	<ul style="list-style-type: none"> • Dumping obsolete stocks due to mutations or safety concerns, like millions of doses of the JJJ²⁴³ or AstraZeneca²⁴⁴ 	<ul style="list-style-type: none"> • Less than 1 USD per treatment, only when symptoms (once every 3

²³⁹ <https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

²⁴¹ Heukelbach J, Winter B, et al. **Selective mass treatment with ivermectin to control intestinal helminthiasis and parasitic skin diseases in a severely affected population.** Bulletin World Health Organization. 2004 Aug;82(8):563-71. Epub 2004 Sep 13. PMID: 15375445; PMCID: PMC2622929. <https://pubmed.ncbi.nlm.nih.gov/15375445/>

²⁴² WHO, The Mectizan Expert Committee and The Technical Consultative Committee: **Recommendations for the treatment of Onchocerciasis with Mectizan in areas co-endemic for Onchocerciasis and Loiasis.** (<http://www.who.int/apoc/publications/englishmectccloarecs-june04.pdfed> . (accessed July 2016).

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Gardon J, Gardon-Wendel N, Demanga N, Kamgno J, Chippaux JP, Boussinesq M: **Serious reactions after mass treatment of onchocerciasis with ivermectin in an area endemic for Loa loa infection.** Lancet 1997, 350:18-22

Wanji S: **Rapid assessment procedures for loiasis: report of a multi-centre study.** Edited by: Wanji S. 2001, Geneva, UNDP/World bank/WHO Special Programme for Research & Training in Tropical Diseases, TDR/IDE/RP/RAPL/01.1.

Awadzi K. **Clinical picture and outcome of serious adverse events in the treatment of onchocerciasis.** Filaria Journal 2003;2 Suppl:S6. Available from: <http://filariajournal.com/content/2/S1/S6>

²⁴³ <https://www.msn.com/en-us/health/medical/millions-of-johnson-johnson-covid-19-vaccines-are-set-to-expire-this-month-and-states-are-scrambling-to-use-up-their-stockpiles-or-send-them-abroad/ar-AAKRIG6>

²⁴⁴ Not authorized in Denmark and halted in Norway and Finland.

	<ul style="list-style-type: none"> • Cold or supercold supply chain • COVAX (Gates CEPI, GAVI, WHO) plan 5 billion USD for 2021 logistics but the costs are even higher. • Cost of the time of doctors and nurses who prescribe apply the shots • Cost of syringes, disinfectant, gauzes • Disposal of pathogenic residues • Vaccination control system (to become a passport) • Low shelf life and cold chain requirements might mean losing millions of doses • Cost to travel to and from a medical facility • Minimum purchase lots combined with cold chain means losses (n.b. rural areas and small towns): <ul style="list-style-type: none"> ○ 100 Moderna 10 dose vials ○ 975 Pfizer 5 dose vials • 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”.²⁴⁵ No re-refrigeration of opened vials. • 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): <ul style="list-style-type: none"> ○ Canada 9.5 vaccine doses per person ○ UK 5.3 ○ Chile 4.6 ○ USA 3.0 	<p>years?)</p> <ul style="list-style-type: none"> • 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.²⁴⁶
<p>Environmental problems</p>	<ul style="list-style-type: none"> • Excess production, waste and disposal of vaccines cause biohazard environmental problems. E.g. AstraZeneca destroyed 60 million doses.²⁴⁷ • Worst case scenario: billions of vaccine doses have to be disposed because of a viral mutation which makes them obsolete. 	<p>No environmental problems: no excess disposal</p>
<p>Shelf life</p>	<ul style="list-style-type: none"> • Oxford: 6 months (2–8°C) • Moderna: 6 months (-4° to -20°), 30 days after thawing in fridge, 12 hours at room temperature 	<p>1 year at room temperature without direct sunlight (3 years beyond expiration date)</p>

²⁴⁵ <https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

²⁴⁶ https://en.wikipedia.org/wiki/Letter_of_marque

²⁴⁷ <https://www.reuters.com/article/us-health-coronavirus-usa-johnson-johnso/us-fda-asks-jj-to-discard-60-million-vaccine-doses-made-at-baltimore-plant-nyt-idUSKCN2DN1Q7>

	<ul style="list-style-type: none"> • Pfizer: 6 months, -70°, 5 days after thawing in fridge • J&J: 3 months at 5° and 2 years at -20°C 	if liquid and stored properly)
Supply loss risks	<ul style="list-style-type: none"> • Cold chain loss: especially in countries with unreliable electric grid or using intermittent energy²⁴⁸. • Very unstable components: low shelf life 	<ul style="list-style-type: none"> • Large shelf life • Stable at room temperature
Freedom	<ul style="list-style-type: none"> • Employees getting fired²⁴⁹ or forced to quit²⁵⁰ 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).²⁵¹ 	No cost, no police state, no insanitary dictatorship. Complete freedom and privacy.
Transparency	<p>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).</p> <p>RNA vaccines supposedly work the same but no one answers why one has 300% more "code" than the other: there's no <i>functional</i> open source policy!</p>	Full
Liability	<p>Zero by law asked by Big Pharma: no consumer protection for no/low effectiveness and for side effects.</p> <p>Employers, who mandate vaccination o threat to sack employees whether expressly or implicitly, are liable for resulting harms.</p>	Full (no need)
National interests	<p>Balance of Trade / Balance of payments: 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.</p>	<p>Local formulation and production.</p> <p>Zero contingencies against national sovereignty and</p>

²⁴⁸ <https://qz.com/africa/1987773/the-sun-will-power-large-parts-of-africas-covid-19-vaccination-program/>

²⁴⁹ <https://thehill.com/policy/healthcare/530963-federal-agency-says-employers-can-require-workers-to-get-covid-19-vaccine>
<https://www.jsonline.com/story/news/2021/01/15/wisconsin-nursing-home-employees-laid-off-not-taking-covid-vaccine-rock-haven/4180247001/>
<https://www.co.rock.wi.us/rockhaven>

²⁵⁰ <https://www.channel3000.com/nursing-home-staffer-says-nearly-a-dozen-have-left-since-employee-covid-19-vaccine-mandate/>

²⁵¹ <https://articles.mercola.com/sites/articles/archive/2021/02/24/covid-vaccine-passport.aspx>

	<p>Abusive clauses 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) sovereign assets as collateral, including central bank and national bank reserves abroad, embassy buildings and military bases.²⁵²</p> <p>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 Tamiflu²⁵³ for the swine-flu fake “plandemic”. Crime always pays. Nothing changed to prevent the same fraud under disinformational terror campaigns.</p>	<p>financial stability.</p> <p>Zero government spending in helping to prove efficacy in RCTs or in scientific literature review (FDA, CDC, EMA, etc.).</p> <p>No vested interests in a patent-free cheap repurposed drug.</p>
<p>Patent corruption</p>		<p>No patents. No difficulty in production.</p>

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

Vaccine trials

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

NCT04368728	Pfizer	Recruitment phase by Jul 2021 ²⁵⁴
NCT04614948	JJJ	May 2023 ²⁵⁵
NCT04516746	AstraZeneca	Feb 2023 ²⁵⁶
NCT04470427	Moderna	Oct 2022 ²⁵⁷

²⁵² <https://www.wionews.com/world/how-pfizer-tried-to-bully-argentina-and-brazil-in-exchange-for-vaccines-366037>

²⁵³ <https://articles.mercola.com/sites/articles/archive/2020/01/28/tamiflu-fraud-stole-billions.aspx>

²⁵⁴ <https://clinicaltrials.gov/ct2/show/results/NCT04368728?term=NCT04368728&rank=1>

²⁵⁵ <https://www.clinicaltrials.gov/ct2/show/NCT04614948?term=NCT04614948&draw=2&rank=1>

²⁵⁶ <https://clinicaltrials.gov/ct2/show/NCT04516746?term=AZD1222&draw=3&rank=3>

²⁵⁷ <https://www.clinicaltrials.gov/ct2/show/NCT04470427>

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.**²⁵⁸

Not counting 45000 deaths hidden by the CDC, denounced by a whistle-blower in the USA:²⁵⁹

- 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) related to Covid-19 injections by 21 July 2021:
 - **1,517 deaths**
 - **over 1.1 million injuries**

Yellow Card Summary to 6th October 2021

	Pfizer/ BioNTech	AstraZeneca	Moderna	Unspecified	Totals
Rollout Start Date	08/12/20	04/01/21	07/04/21	n/a	n/a
1st Doses Administered (millions)	22.7	24.9	1.5	n/a	49.1
2nd Doses Administered	19.8	24.0	1.2	n/a	45.0
Adverse Reactions	339,672	832,283	53,584	3,452	1,228,991
Deaths	562	1,106	20	31	1,719

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

Note: by October the numbers didn't increase much because most were already double vaccinated by July.

TypeofReaction(SystemofCare)	Reactions	Deaths
General disorders	351 353	577
Nervous system disorders	244 649	255
Muscle&tissue disorders	147 036	1
Gastrointestinal disorders	115 269	31
Skin disorders	82 509	3
Respiratory disorders	44 193	190
Reproductive & breast disorders	43 969	1
Infections	27 654	193
Psychiatric disorders	25 668	8
Eye disorders	20 413	0
Blood disorders	20 055	16
Vascular disorders	19 182	83
Cardiac disorders	16 092	276
Investigations	15 805	4
Ear disorders	15 218	0
Injuries	15 069	3
Immune system disorders	5 096	7
Renal & urinary disorders	3 664	12

²⁵⁸ <https://www.wnd.com/2021/05/cdc-many-people-died-covid-19-vaccines-vaccines-last-20-years-combined/>

<https://dijhmedia.com/rich/do-you-know-how-many-americans-died-after-getting-the-covid-vaccine-according-to-the-cdc-and-fda/>

²⁵⁹

Surgical & medical procedures	1 222	1
Pregnancy conditions	1 154	29
Metabolic disorders	1 092	5
Neoplasms (cancer?)	717	14
Endocrine disorders	651	0
Hepatic disorders	646	9
Social circumstances	620	0
Congenital disorders	167	1
Total	1 219 163	1 719

<https://ukfreedomproject.org/covid-19-vaccines-yellow-card-analysis/>

- 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**²⁶⁰

From 1 Dec to 15 Apr 2021: **7,100** deaths according to EMA’s EudraVigilance²⁶¹:

- 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:²⁶²

- **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%.”²⁶³

RNA vaccines: thousands of deaths, permanent disabilities and hospitalizations.²⁶⁴

Deaths have been shown to be **underreported by as much as 99%**.²⁶⁵ This could easily be amended by:

²⁶⁰ <https://www.globalresearch.ca/does-the-virus-exist-the-sars-cov-2-has-not-been-isolated-biggest-fraud-in-medical-history/>

²⁶¹ <http://www.adrreports.eu/en/index.html>

²⁶² <https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes>
<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&SERIOUS=ON>
<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

²⁶³ <https://www.bmj.com/content/372/bmj.n393/rr-4>

²⁶⁴ <https://www.lifesitenews.com/news/facebook-posts-provide-evidence-of-link-between-covid-vaccinations-and-deaths>

²⁶⁵ Centers for Disease Control and Prevention, **Surveillance for Adverse Events Following Immunization Using the Vaccine Adverse Event Reporting System (VAERS)**, 2021 <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt21-surv-adverse-events.html>

- Mandating reporting with severe penalties.
- 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 a useless database, considering their prior efforts haven't changed a rigged system and that authorities have shown no interest in following cases and making improvements.**

Clearly **the CDC prefers a 1% reporting system than a 100%.** The Lazarus study concluded: "Unfortunately, there was never an opportunity to perform system performance assessments because the necessary HHS contacts were no longer available and **the HHS consultants responsible for receiving data were no longer responsive to our multiple requests** to proceed with testing and evaluation."

Pfizer: brain damage in 17 minutes and death in 10 hours? ²⁶⁶

In Mexico, **Pfizer supplied 1/3 of the doses, but accounted over 95% of adverse events,** compared to AstraZeneca, SinoVac, Sputnik V, CanSino. ²⁶⁷

Sinovac deaths. ²⁶⁸

VigiAccess

WHO VigiAccess by 13 Oct 2021: **20,000 deaths out of 5 million adverse events = 4 per thousand. It is getting worse as many reported events turn into deaths. Considering that the USA and Europe report over 20 K each, and there's still the whole world to count, it is obvious that the vax death toll is has been ridiculously tweaked. Even if it was one in a million, it's no excuse: there wouldn't be any event when there's treatment instead of vaccines!**

General disorders and administration site conditions	1.354.618	25 %
Nervous system disorders	959.323	18 %
Musculoskeletal and connective tissue disorders	651.320	12 %
Gastrointestinal disorders	457.755	9 %

2011 Harvard Pilgrim study found that vaccine adverse events and deaths are underreported by a factor of 100 (though this factor doesn't extrapolate to deaths alone). 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the FDA.

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<http://rickjaffeesq.com/wp-content/uploads/2021/02/r18hs017045-lazarus-final-report-20116.pdf>

²⁶⁶ <https://www.bitchute.com/video/RbZByU7Ux2pA/>

Why did they stop filming? <https://www.bitchute.com/video/EN5VWPBpQBMw/>

²⁶⁷ <https://www.infobae.com/america/mexico/2021/04/08/de-que-laboratorio-son-las-vacunas-que-han-causado-mas-reacciones-alergicas-a-la-poblacion-en-mexico/>

²⁶⁸ <https://www.scmp.com/news/hong-kong/health-environment/article/3124522/coronavirus-hong-kong-leader-experts-say>

Skin and subcutaneous tissue disorders	305.368	6 %
Investigations	299.972	6 %
Respiratory, thoracic and mediastinal disorders	234.945	4 %
Infections and infestations	150.015	3 %
Vascular disorders	120.206	2 %
Cardiac disorders	109.471	2 %
Injury, poisoning and procedural complications	107.481	2 %
Psychiatric disorders	104.931	2 %
Blood and lymphatic system disorders	89.696	2 %
Reproductive system and breast disorders	87.539	2 %
Eye disorders	81.511	2 %
Ear and labyrinth disorders	74.271	1 %
Metabolism and nutrition disorders	50.527	1 %
Immune system disorders	31.105	1 %
Surgical and medical procedures	19.741	0 %
Renal and urinary disorders	17.832	0 %
Social circumstances	15.476	0 %
Pregnancy, puerperium and perinatal conditions	4.967	0 %
Hepatobiliary disorders	4.414	0 %
Product issues	3.659	0 %
Neoplasms benign, malignant and unspecified (also cysts and polyps)	3.284	0 %
Endocrine disorders	3.037	0 %
Congenital, familial and genetic disorders	1.200	0 %
Total	5.343.664	100 %

Classified as deaths: **20 000**

1. Death (11784)
2. Sudden death (1377)
3. Sudden cardiac death (152)
4. Brain death (101)
5. Cardiac death (84)
6. Unborn baby deaths (4000, cf. "Depopulation vaccines" below)

Events which cause premature death (examples):

1. Cardiac disorders: **110 000**

1. Myocardial infarction (4184)
2. Acute myocardial infarction (2163)
3. Cardiac arrest (2766)
4. Cardiac failure (2145)
5. Cardiac failure acute (357)
6. Cardio-respiratory arrest (1037)
7. Myocardial ischaemia (253)
8. Atrioventricular block (235)
9. Cardiac tamponade (132)
10. Cardiopulmonary failure (91)
11. Right ventricular failure (74)

12. Left ventricular failure (118)
13. Acute left ventricular failure (58)
14. Acute right ventricular failure (1)

2. Blood system disorders

90 000

1. Pulmonary embolism (15784)
2. Pulmonary thrombosis (798)
3. Acute respiratory failure (1197)
4. Respiratory arrest (652)
5. Acute respiratory distress syndrome (356)
6. Arterial thrombosis (187)
7. Arteriosclerosis coronary artery (112)
8. Intracardiac thrombus (213)
9. Coronary artery thrombosis (204)
10. Coronary artery occlusion (203)
11. Circulatory collapse (1635)

3. Vaccination failure (on site unresponsive patient immediately after vaccination)

15 000

1. Multiple organ dysfunction syndrome (407)
2. Organ failure (57)

This means that the 20 000 deaths could turn into 235 000 in the next few months. The problem is that most of them are not denounced by the doctors because they don't link them to vaccination.

1 in 1000 adverse events and 1 in 100K deaths. ²⁶⁹

Permanent disabilities:

Cerebrovascular accident (8723)
 Ischaemic stroke (2777)
 Cerebral infarction (2428)
 Cerebral haemorrhage (2007)
 Cerebral venous thrombosis (510)
 Haemorrhagic stroke (452)
 Infarction (262)

Hypertension (21941)
 Deep vein thrombosis (11194)
 Thrombosis (10144)
 Haemorrhage (5259)
 Haematoma (4164)
 Hypertensive crisis (2497)
 Cyanosis (1776)

Vision blurred (18088)

Eye pain (12950)
 Visual impairment (10734)

Blindness (2067)

Ear pain (10071)
Ear discomfort (3582)
Deafness (2887)
Hypoacusis (2882)
Deafness unilateral (1491)
Sudden hearing loss (1038)
Deafness neurosensory (457)
Ear disorder (274)
Auditory disorder (215)
Deafness bilateral (203)
Ear haemorrhage (127)

Myalgia (312710)
Arthralgia (208045)
Pain in extremity (164655)
Back pain (36368)
Muscle spasms (19845)
Muscular weakness (16847)
Musculoskeletal stiffness (14968)
Mobility decreased (9935)
Bone pain (8288)
Joint swelling (6648)
Musculoskeletal pain (5950)

Anaphylactic reaction (10631)
Anaphylactic shock (1662)

Foetal malformation (17)

Renal pain (3162)
Acute kidney injury (1866)
Renal failure (897)

Magnetism is not included but some managed to find this field: Electromagnetic interference (6)

COVID vaccines = clot shots

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.”²⁷⁰

²⁷⁰ <https://www.ema.europa.eu/en/news/astrazenecas-covid-19-vaccine-ema-finds-possible-link-very-rare-cases-unusual-blood-clots-low-blood>

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.²⁷¹
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**”.²⁷²

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.²⁷³ **The blatant violation of informed consent on blood clots increases distrust in informed consent forms and in the system. Even worse, many countries don't even provide informed consent forms!**

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.”**²⁷⁴

Conclusion: **EMA, the CDC (center for disease continuance), the FDA (fraudulent drug approval) 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.

The clot problem is indisputable: **Pfizer even added a blood thinner to the paediatric vaccine** in order to reduce detection of cardiovascular side effects.²⁷⁵

FDA approved of a blood thinner for children as early as²⁷⁶

Pellets for children from **3 months to 12 years of age**, and capsules for children age 8 years and older.

²⁷¹ <https://www.euronews.com/2021/04/02/how-many-vaccine-doses-have-arrived-in-eu-countries-and-how-do-they-get-there>

²⁷² <https://www.bloomberg.com/news/articles/2021-04-09/eu-regulator-investigating-blood-clots-after-j-j-covid-vaccine>

²⁷³ <https://www.abc.net.au/news/2021-05-06/tga-blood-clots-astrazeneca-covid-vaccine-hospital/100121336>

²⁷⁴ <https://www.fiercepharma.com/pharma/johnson-johnson-s-covid-19-vaccine-spotlight-at-ema-after-4-serious-cases-unusual-blood>

²⁷⁵

²⁷⁶

Vaccine unsafety

10 Dec 2021, Stéphane Bancel the CEO of Moderna quietly explained that they skipped phase 1 and went directly to phase 2: "If you want ten years of hindsight, you will have to wait ten years" They started phase 2 without having finished phase 1. FDA agreed to save time (and \$30M): "On phase 1, we carried out the safety test but not that of antibodies."²⁷⁷

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.²⁷⁸

"Combination of the viral spike protein and serum ACE-2 can lead to autoimmune response in a small subset of the population:

1. Death due to severe autoimmune response in lungs
2. Metastatic cancer due to vaccine-mediated macrophage activation
3. Massive increase in dementia in 10 years
4. Tuberculosis in the elderly through impaired macrophage function post-vaccine"²⁷⁹

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 symptoms. One study showed that influenza vaccines cause virus interference, making vaccine recipients 36% more likely to be infected with currently circulating coronaviruses.²⁸⁰ Many governments started aggressive flu vaccination during lockdowns, which might explain the second wave.

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 shot²⁸¹

Severe allergies²⁸²

Foetal DNA debris linked to brain damage and autism.

²⁷⁷ "Si vous voulez dix ans de recul, faudra attendre dix ans... Sur la phase 1, on a réalisé le test de sécurité mais pas celui des anticorps."
https://www.linkedin.com/posts/cathy-melot-773686224_st%C3%A9phane-bancel-le-pdg-de-moderna-activity-6875051434040143872-d-BH

²⁷⁸ 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>

²⁷⁹ Mcmillanresearch.org

²⁸⁰ Wolff G. G. **Influenza vaccination and respiratory virus interference among Department of Defense personnel during the 2017-2018 influenza season.** 10 Oct 2019 *Vaccine*, 10 Jan 2020 38(2), 350–354. <https://doi.org/10.1016/j.vaccine.2019.10.005>

²⁸¹ <https://newsdol.com/chileeng/mexico-will-study-cases-of-doctors-with-encephalitis-after-pfizer-vaccination-health-and-wellness/>
<https://d.elhorizonte.mx/nacional/doctora-con-sintomas-graves-por-vacuna/2983793>

²⁸² The RNA vaccines from BioNTech/Pfizer contain polyethylene glycol (PEG). 70% of people develop antibodies against this substance.
<https://dryburgh.com/mike-yeardon-coronavirus-vaccine-safety-concerns-petition/>

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: ²⁸³

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- **Transverse myelitis**
- **Encephalitis/myelitis/encephalomyelitis/ meningoencephalitis/meningitis/ encepholopathy**
- 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 problems

“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

²⁸³ <https://www.fda.gov/media/143557/download>

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.”²⁸⁴

mRNA Myocarditis

- **Myocarditis** is inflammation of the heart muscle.
- **Pericarditis** is inflammation of the lining around the heart.
- **Myopericarditis** is both conditions at once.

“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.

31 May 2020, it was clear there was a problem but there was no official statement:

Characteristics of preliminary myocarditis/pericarditis reports to VAERS following mRNA vaccination (data thru May 31, 2021)

Characteristics	Dose 1 (n=216)	Dose 2 (n=573)
Median age, years (range)	30 (12–94)	24 (14–87)
Median time to symptom onset, days (range)	3 (0–33)	2 (0–80)
Sex (%)		
Male	140 (65)	455 (79)
Female	73 (34)	113 (20)
Not reported/not available	3 (1)	5 (1)



* Includes total reports identified through VAERS database searches for reports with myocarditis/pericarditis MedDRA codes and pre-screened VAERS reports with signs and symptoms consistent with myocarditis/pericarditis (and with dose number documented); Follow-up, medical record review, application of CDC working case definition, and adjudication is ongoing or pending

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.

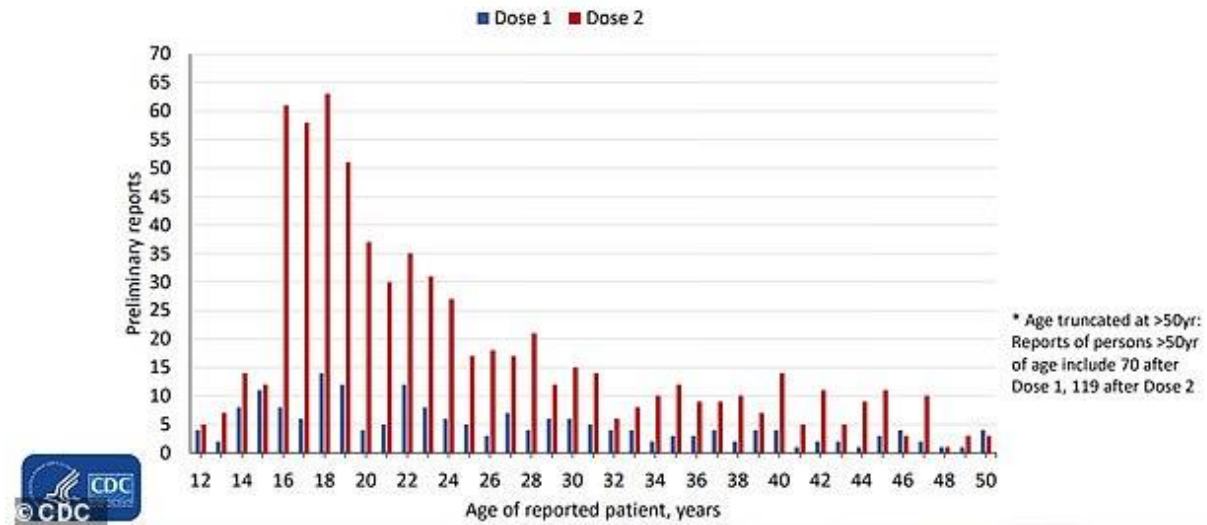
2 Jun 2021, in Israel, the Pfizer vaccine had been associated with myocarditis in 16-18 yo boys.²⁸⁵

11 Jun 2021, the CDC COVID-19 Vaccine Safety Technical (VaST) Work Group recognized increased risk of myocarditis:

²⁸⁴ <https://www.jp2mri.org/faq-institute-covid19-research>

²⁸⁵ Snapiri O, Rosenberg D, et al. **Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine**, The Pediatric Infectious Disease Journal: June 2, 2021 – Volume Online First – Issue – <https://doi.org/10.1097/INF.0000000000003235>

Preliminary reports of myocarditis/pericarditis to VAERS after mRNA COVID-19 vaccination by age and dose number* (as of Jun 11, 2021)



<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/02-COVID-Oster-508.pdf>

To play down the numbers, the CDC *mischievously* increased the expected cases and *whimsically* only considered cases before 21 days after vaccination, while the median delay was 33 days in a 195 days range, thus leaving out the vast majority of the cases and hiding 1 in 10.000 myocarditis in the short run, especially in a group age without much impact from COVID, proving a risk-benefit against the interest of the younger cohorts. The numbers will be even worse as symptoms flourish with time.²⁸⁶

Preliminary myocarditis/pericarditis reports to VAERS following dose 1 mRNA COVID-19 vaccination, Exp. vs. Obs. using 21-day risk window (data thru Jun 11, 2021)

Age groups	Females			Male		
	Doses admin	Expected ^{*,†}	Observed [*]	Doses admin	Expected ^{*,†}	Observed [*]
12–17 yrs	3,777,097	1–13	4	3,569,239	2–21	32
18–24 yrs	6,830,706	2–23	9	5,863,268	3–34	47
25–29 yrs	5,198,356	2–18	3	4,685,036	3–27	18
30–39 yrs	11,505,068	7–66	15	10,391,499	6–60	17
40–49 yrs	11,996,507	7–69	9	10,513,258	6–60	8
50–64 yrs	21,957,007	13–126	22	19,270,825	11–111	18
65+ yrs	24,795,212	14–143	13	20,473,779	12–118	15
Not reported	—	—	2	—	—	4

^{*} Assumes a 21-day post-vaccination observation window (i.e., symptom onset from day of vaccination through Day 20 after vaccination)
[†] Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. Vaccine. 2021 May 14;50(26):410X(21)00578-8. Expected counts among females 12–29 years adjusted for lower prevalence relative to males by factor of 1.7 (Fairweather, D. et al, *Curr Probl Cardiol.* 2013;38(1):7-46).

²⁸⁶ Sharff KA, Dancoes DM, et al. **Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods.** 27 Dec 2021 medRxiv 2021.12.21.21268209; <https://doi.org/10.1101/2021.12.21.21268209>

Preliminary myocarditis/pericarditis crude reporting rates to VAERS following mRNA COVID-19 vaccination (data thru Jun 11, 2021)

Age groups	Overall reporting rate per million doses			Reporting rate in females per million doses			Reporting rate in males per million doses		
	All doses	Dose 1	Dose 2	All doses	Dose 1	Dose 2	All doses	Dose 1	Dose 2
12-17 yrs	18.1	5.3	37.0	4.2	1.1	9.1	32.4	9.8	66.7
18-24 yrs	15.9	4.8	28.4	3.6	1.5	5.5	30.7	8.7	56.3
25-29 yrs	6.7	2.5	10.8	2.0	0.8	2.6	12.2	4.5	20.4
30-39 yrs	4.2	1.7	5.6	1.8	1.4	1.8	6.9	2.0	10.0
40-49 yrs	2.7	0.9	3.8	2.0	0.9	2.8	3.5	1.0	5.1
50-64 yrs	1.7	1.0	2.0	1.6	1.0	1.8	1.9	1.0	2.3
65+ yrs	1.1	0.7	1.3	1.1	0.6	1.2	1.2	0.7	1.4



Myocarditis/pericarditis reports per million mRNA vaccine doses administered by sex and dose number with no restrictions on post-vaccination observation time ²⁹

Another method to minimize the numbers was “to only include a very narrow window of time after vaccinations started in the 12-15 age group, thus omitting the vast majority of second doses, which is when about 75% or more of the myocarditis cases occur.” ²⁸⁷

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. 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.” ²⁸⁸

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. ²⁸⁹

²⁸⁷ <https://childrenshealthdefense.org/defender/link-heart-inflammation-pfizer-moderna-covid-vaccines-cdc-advisory/>

²⁸⁸ https://www.theepochtimes.com/myocarditis-higher-than-expected-among-male-military-members-after-2nd-mrna-covid-19-vaccine-dose-study_3880473.html

²⁸⁹

[https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS\[\]=Myocarditis+%2810028606%29&SYMPTOMS\[\]=Pericarditis+%2810034484%29&VAX=COVID19](https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&SYMPTOMS[]=Pericarditis+%2810034484%29&VAX=COVID19)

[https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS\[\]=Myocarditis+%2810028606%29&SYMPTOMS\[\]=Pericarditis+%2810034484%29&VAX=COVID19&VAXMAN=PFIZER/BIONTECH](https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&SYMPTOMS[]=Pericarditis+%2810034484%29&VAX=COVID19&VAXMAN=PFIZER/BIONTECH)

[https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS\[\]=Myocarditis+%2810028606%29&SYMPTOMS\[\]=Pericarditis+%2810034484%29&VAX=COVID19&VAXTYPES=COVID-19&VAXMAN=PFIZER/BIONTECH&WhichAge=range&LOWAGE=12&HIGHAGE=18](https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&SYMPTOMS[]=Pericarditis+%2810034484%29&VAX=COVID19&VAXTYPES=COVID-19&VAXMAN=PFIZER/BIONTECH&WhichAge=range&LOWAGE=12&HIGHAGE=18)

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 25.²⁹⁰

13 Aug 2021, **Advisory Committee on Immunization Practices**, where at least one member **reported conflict of interests by having “institutional research support from Pfizer, Sanofi Pasteur, Merck, GlaxoSmithKline, and Protein Science (now Sanofi Pasteur)”**, recognized:

“Three medical conditions have been reported in temporal association with receipt of COVID-19 vaccines. Two of these (**thrombosis with thrombocytopenia syndrome [TTS]**, a rare syndrome characterized by venous or arterial thrombosis and thrombocytopenia, and **Guillain-Barré syndrome [GBS]**, a rare autoimmune neurologic disorder characterized by ascending weakness and paralysis) have been reported **after Janssen COVID-19 vaccination**. One (**myocarditis**, cardiac inflammation) has been reported after Pfizer-BioNTech COVID-19 vaccination or Moderna COVID-19 vaccination, particularly after the second dose;”

A proof of the lack of objectivity: “ACIP continues to **recommend COVID-19 vaccination in all persons aged ≥12 years**.” Yet, they state that “morbidity and mortality outweigh the risks for these rare serious adverse events in adults aged ≥18 years;”²⁹¹ in spite **the “balance of benefits and risks” doesn’t benefit the underaged!**

2 Dec 2021, **CDC shows 10x more incidences in males**, in spite of a *wanton* 7-day window period:

**Vaccine Adverse Event Reporting System (VAERS):
Reporting rates (per 1 million doses administered) of myocarditis after
mRNA COVID-19 vaccines, 7-day risk period**

▪ Reporting rates exceed background incidence*

Ages	Pfizer (Males)		Pfizer (Females)	
	Dose 1	Dose 2	Dose 1	Dose 2
12-15	4.2	39.9	0.4	3.9
16-17	5.7	69.1	0.0	7.9
18-24	2.3	36.8	0.2	2.5
25-29	1.3	10.8	0.2	1.2
30-39	0.5	5.2	0.6	0.7
40-49	0.3	2.0	0.1	1.1
50-64	0.2	0.3	0.3	0.5
65+	0.2	0.1	0.1	0.3

* An estimated 1–10 cases of myocarditis per 100,000 person years occurs among people in the United States, regardless of vaccination status; adjusted for the 7-day risk period, this estimated background is 0.2 to 1.9 per 1 million person 7-day risk period



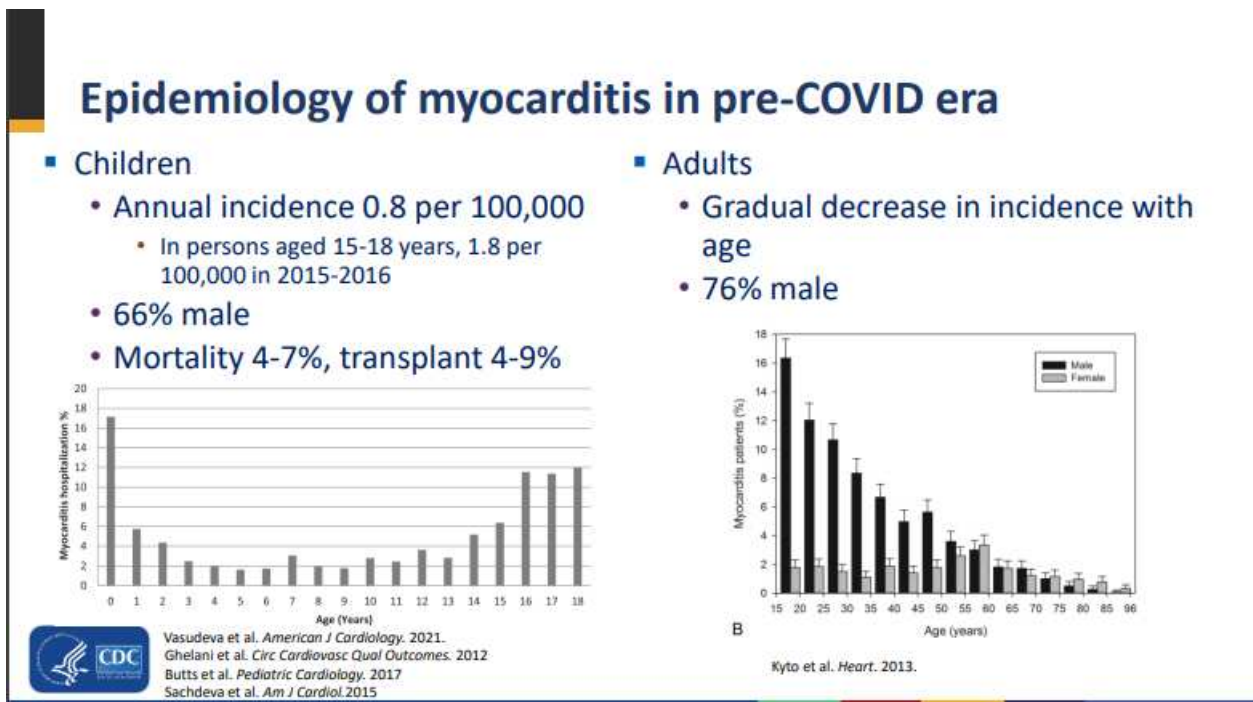
<http://cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-2-3/04-COVID-Oster-508.pdf>

To play down the numbers, they overstated the background noise: “An estimated 1–10 cases of myocarditis per 100,000 person years occurs among people in the United States, regardless of vaccination status; adjusted for the 7-day risk period, this estimated background is 0.2 to 1.9 per 1 million person 7-day risk period”. **It’s**

²⁹⁰ Montgomery J, Ryan M, Engler R, et al. **Myocarditis Following Immunization With mRNA COVID-19 Vaccines in Members of the US Military**. JAMA Cardiol. Published online June 29, 2021. <https://doi.org/10.1001/jamacardio.2021.2833>

²⁹¹ Rosenblum, H. G., Hadler, S. C., et al. **Use of COVID-19 Vaccines After Reports of Adverse Events Among Adult Recipients of Janssen (Johnson & Johnson) and mRNA COVID-19 Vaccines (Pfizer-BioNTech and Moderna): Update from the Advisory Committee on Immunization Practices - United States, July 2021**. 13 Aug 2021 MMWR. Morbidity and mortality weekly report, 70(32), 1094–1099. <https://doi.org/10.15585/mmwr.mm7032e4>

impossible the vaccines improve the cardiac epidemiology: 1.9 is above most of the age groups. This proves that once again the CDC mischievously minimized the heart risk:



<http://cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-2-3/04-COVID-Oster-508.pdf>

Yet, in spite of the efforts to hide the evidence, it is obvious that for the 16-17 years old males, **1 in 10,000 in just 7 days after vaccination was completely unacceptable. Teen vaccination should have stopped immediately. Even more if we consider that for ages 12 to 17 there were zero deaths (Mar-April 2021) and the hospitalization rate was 10 times less for COVID than for myocarditis: 1 in 100,000 (Apr 2021) v. 1 in 10,000.**

In the first graph above, it is clear that those under 12 represent the majority of paediatric myocarditis cases, yet **they were excluded from the post-vax myocarditis tables. It is unconscionable that children under 12 were vaccinated without any studies.** Also, considering the peak 0-1 year babies, it's difficult to understand why, after vaccine spike proteins were proven to be transmitted to breastfeeding babies (and possibly the genetic hack as well), there were no in depth studies involving autopsies, after so many cases of deaths were reported.

In another study, "92.7% of the patients were male. 76.8% of patients received the Pfizer-BioNTech vaccine, and 23.2% received the Moderna vaccine. **88.5% developed symptoms after the second dose.** Most of the patients had late gadolinium enhancement on MRI"²⁹² i.e. **myocardial necrosis/fibrosis, an indicator of long term injury.**

"... **Takotsubo cardiomyopathy, myocardial infarction, myocardial infarction with non-obstructive coronary arteries, and isolated tachycardia** were also reported... **myocarditis was the most commonly reported adverse cardiac event** associated with mRNA COVID-19 vaccines, which presented as **chest pain** with a rise in cardiac biomarkers."²⁹³ (CK-MB, troponin, and NT-proBNP).

²⁹² Matta, A., Kunadharaju, R., et al. **Clinical Presentation and Outcomes of Myocarditis Post mRNA Vaccination: A Meta-Analysis and Systematic Review.** 3 Nov 2021 *Cureus*, 13(11), e19240. <https://doi.org/10.7759/cureus.19240>

²⁹³ Fazlollahi, A., Zahmatyar, M., et al. **Cardiac complications following mRNA COVID-19 vaccines: A systematic review of case reports and case series.** 17 Dec 2021 *Reviews in medical virology*, e2318. <https://doi.org/10.1002/rmv.2318>

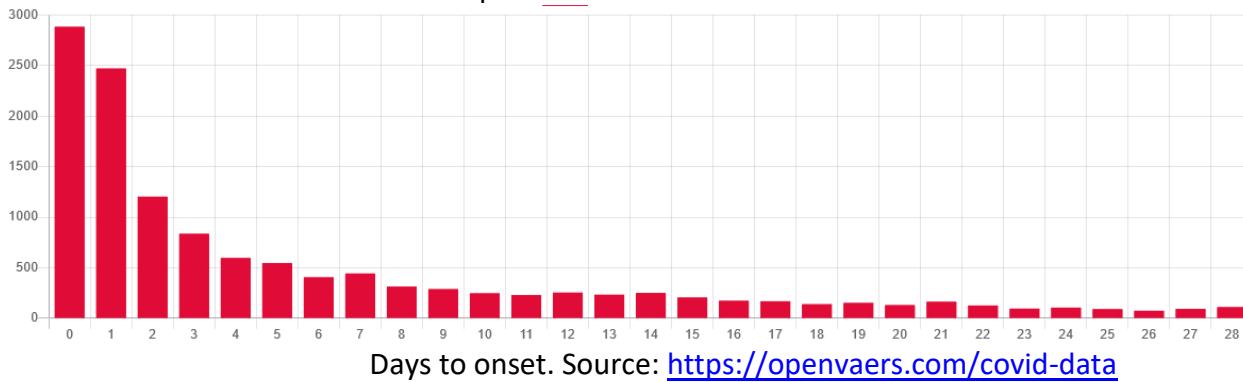
To cover up the myocarditis pandemic, British media propelled the unsupported story that among 3 million suffering from mental “Post Pandemic Stress Disorder”, 300 thousand were having thrombosis and heart related illnesses because of PPSD. ²⁹⁴

What You Need to Know

- Cases of myocarditis reported to the [Vaccine Adverse Event Reporting System \(VAERS\)](#) have occurred:
 - After mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), especially in male adolescents and young adults
 - More often after the second dose
 - Usually within a week of vaccination

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html> 1 Apr 2022

Reported deaths after COVID vaccination USA




By only focusing on a 7 day period, the CDC is leaving out of the study, up to 40% of the deaths.


Myocarditis from all COVID vaccines

COVID spike protein produced by the cells hacked by the COVID vaccines, causes inflammation of the heart muscle (myocarditis), i.e. increased risk of arrhythmias and therefore, cardiac arrest: it is no surprise that vaccines flooding the body with similar proteins achieve the same result.:

²⁹⁴ <https://www.standard.co.uk/news/health/post-pandemic-stress-disorder-heart-conditions-covid-london-physicians-b969436.html>

COVID-19 myocarditis among pediatric patients

		Myocarditis Diagnosed (%)	Myocarditis NOT Diagnosed (%)
	COVID-19 (without MIS-C)	78 (0.02%)	356,721 (99.98%)
	MIS-C	203 (8.10%)	2303 (91.90%)

		Myocarditis Diagnosed (%)	Myocarditis NOT Diagnosed (%)
	COVID-19 (without MIS-C)	20 (0.08%)	24,144 (99.92%)
	MIS-C	172 (9.04%)	1730 (90.96%)



<https://www.epic.com/software#Cosmos>

<https://www.childrenshospitals.org/phis>

<http://cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-2-3/04-COVID-Oster-508.pdf>

The more stress on the heart, the higher the risk of arrhythmias. Why aren't the COVID sick and the vaccinated warned against drugs, alcohol, hormonal contraception, demanding sports or physical activity (including dancing)?

Myocarditis is a subclinical (no symptoms) disease: there was a **surge in cardiovascular events after vaccination, especially in the younger population, professional athletes (already confirmed), concerts/parties**²⁹⁵, etc.

Dr. Meryl Nass, MD: "if you're going to get myocarditis, over 80% get it after the second dose, not after the first dose... people who got it after the first dose, many of them had already been infected with COVID."²⁹⁶

The CDC reported the following symptoms of myocarditis and pericarditis after vaccination:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Most don't show symptoms until they force the heart. That's why there were over **1000 professional athletes who reported heart conditions after vaccination**, during demanding practices or games, even if they were all previously allowed to play after cardiovascular tests and checks: **they were OK before** the vaccination. The most prominent figure was Sergio (alias Kun) Agüero, who had to retire after a dashing career in international soccer.

A site published a comprehensive list, including each name and circumstances (though they reported that they are 600 entries behind).²⁹⁷

Considering professional athletes are in the thousands (not millions), statistically, **myocarditis is not a rare side effect** at all.

²⁹⁵ 2021 Travis Scott Astroworld concert (Houston, Texas): 11 cardiac arrests

²⁹⁶ <https://stevekirsch.substack.com/p/robert-malones-doctor-had-her-license>

²⁹⁷ <https://www.notonthebeeb.co.uk/post/surge-of-sports-people-worldwide-suffering-unexpected-ill-health>

Even discarding the availability of a cure for COVID, the following **CDC recommendation is a proof of criminal intent (25 Jun 2021)**:

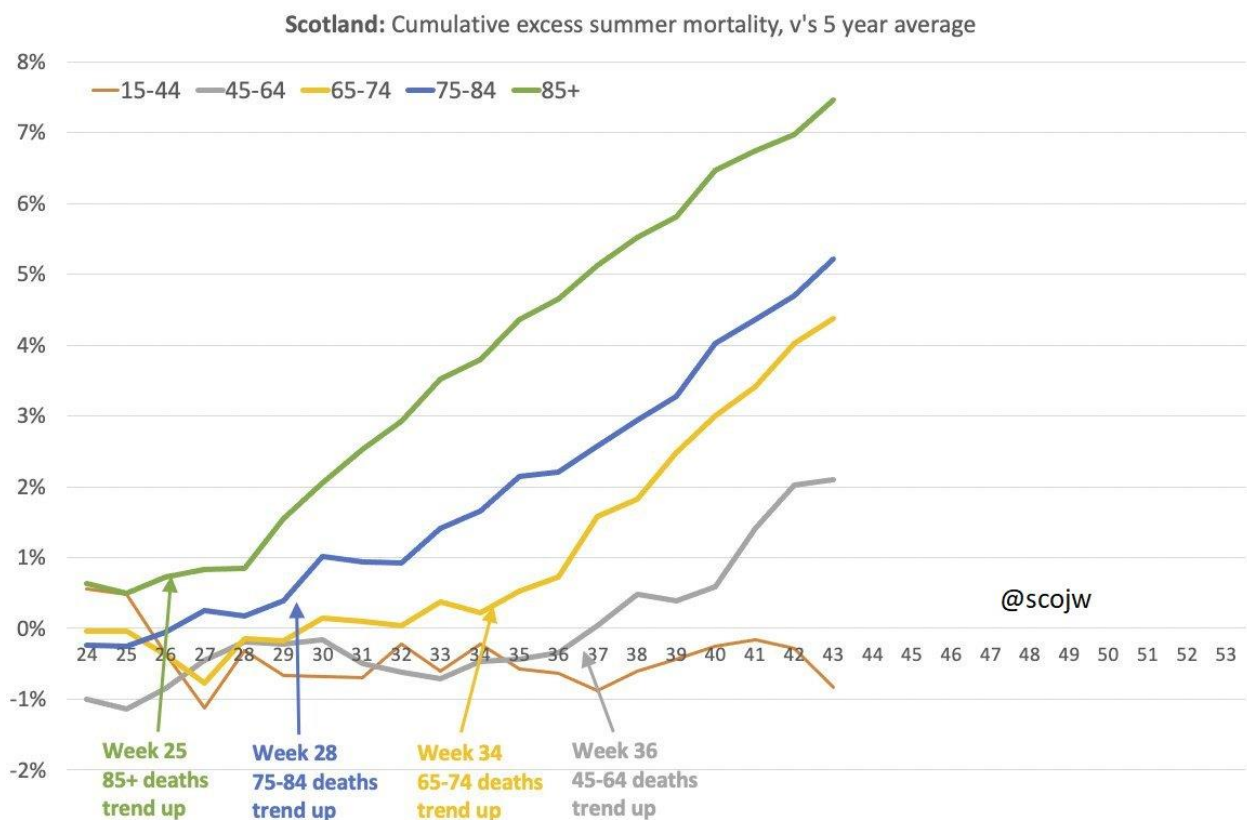
- People with a history of pericarditis will be encouraged to receive any FDA-authorized COVID vaccine.
- Anyone with a history of myocarditis will be encouraged to receive an FDA-authorized COVID vaccine if their heart has recovered.
- People with a history of myocarditis after the first dose of an mRNA vaccine will be encouraged to defer the second dose until more information is known, but if the heart has healed, a second dose could be considered.

Scenario	Recommendation
Pericarditis prior to COVID-19 vaccination	Receive any FDA-authorized COVID-19 vaccine
Pericarditis after 1 st dose of an mRNA COVID-19 vaccine but prior to 2 nd dose	Proceed with a 2 nd dose of mRNA COVID-19 vaccine after resolution of symptoms. Discuss with patient, guardian, and clinical team
Myocarditis prior to COVID-19 vaccination	Receive any FDA-authorized COVID-19 vaccine if heart has recovered
Myocarditis after 1 st dose of an mRNA COVID-19 vaccine but prior to 2 nd dose	Defer 2 nd dose of mRNA COVID-19 vaccine until more information is known However, if heart has recovered, could consider proceeding with 2 nd dose under certain circumstances. Discuss with patient, guardian, and clinical team



Prions

Other subclinical problems leading to excess mortality



Change points match vaccine rollout.

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.²⁹⁸ 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.²⁹⁹

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.

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

²⁹⁸ <https://legemiddelverket.no/Documents/English/Covid-19/20210128/Reported/suspected/adverse/reactions/corona/vaccine.pdf>
<https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/sicherheitsberichte/sicherheitsbericht-27-12-bis-31-01-21.pdf>
<https://www.bloomberg.com/news/articles/2020-12-09/u-k-says-those-with-severe-allergy-shouldn-t-get-pfizer-vaccine>

²⁹⁹ <https://www.brusselstimes.com/news/belgium-all-news/151678/14-deaths-after-vaccination-in-belgium-causality-not-established/>
<https://www.lavanguardia.com/vida/20210202/6216751/brote-residencia-lagartera-toledo-deja-nueve-fallecidos.html>
<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/>

does not exist: vaccine injuries. By denying vaccine hazards, authorities deny compensation and treatments to vaccine injuries.

Ethical standards

Effective and safe COVID treatments pose 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.³⁰⁰ 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.³⁰¹
3. **Abortion link:** use of cancerous cell lines derived from babies in elective abortions (involving live dissection³⁰²) either for development, production or testing.³⁰³
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.³⁰⁴
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.

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.³⁰⁵ It’s a circular scam where “the people” buys with taxes, products

³⁰⁰ <https://www.nbccenter.org/messages-from-presidents/covid-19-vaccines>

³⁰¹ <https://www.forbes.com/sites/mattperetz/2020/03/18/bill-gates-calls-for-national-tracking-system-for-coronavirus-during-reddit-ama/>
<https://stm.sciencemag.org/content/11/523/eaay7162>

<https://www.scientificamerican.com/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/>

³⁰² <https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf>

<https://cogforlife.org/2021/04/25/cell-lines-from-miscarriages-nonsense/>

³⁰³ <https://cogforlife.org/guidance/>

<https://lifefacts.lifesitenews.com/vaccines/vaccines-from-aborted-fetal-cells/>

³⁰⁴ <https://www.lifesitenews.com/opinion/why-i-can-never-take-the-covid-vaccine>

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 capacity³⁰⁶, could cover the population they are not able to supply. In one word: collusion.”³⁰⁷

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.”³⁰⁸ 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 2021.³⁰⁹

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.³¹⁰ It is not a surprise that globalists like Bill Gates insisted that Governments shouldn’t temporarily lift COVID vaccine patents.³¹¹

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?³¹²

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.

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.

³⁰⁵ Cleary E, Jackson M, Ledley F, **Government as the First Investor in Biopharmaceutical Innovation: Evidence From New Drug Approvals 2010–2019**, 5 Aug 2020, Working Paper No. 133, <https://doi.org/10.36687/inetwp133>

³⁰⁶ <https://apnews.com/article/drug-companies-called-share-vaccine-info-22d92afbc3ea9ed519be007f8887bcf6>

³⁰⁷ <https://articles.mercola.com/sites/articles/archive/2021/05/11/bill-gates-covid-vaccine-patent.aspx?>

³⁰⁸ <https://www.scientificamerican.com/article/for-billion-dollar-covid-vaccines-basic-government-funded-science-laid-the-groundwork/>

³⁰⁹ <https://www.bbc.com/news/business-56979406>

³¹⁰ <https://articles.mercola.com/sites/articles/archive/2021/05/11/bill-gates-covid-vaccine-patent.aspx?>

³¹¹ <https://www.wired.com/story/opinion-the-world-loses-under-bill-gates-vaccine-colonialism/>

³¹² <https://www.thenation.com/article/society/bill-gates-foundation-covid-vaccines/>

No symptoms, no epidemic risk

Dr. Philip McMillan wrote: “The virus infects the nose and has a 10 hour replication cycle before spreading to the airways and lungs. Within the first 48 to 72 hours there is no interferon response because the virus is infecting cells and blocking this action, evidenced by the lack of nasal stuffiness which would normally occur with a typical cold coronavirus. The interferon response mainly occurs when virus has reached the blood stream. Symptoms of fever, cough and fatigue would occur. By this time the virus is all over the lungs after about 4 replication cycles. Additionally, a significant proportion of infections are subclinical (asymptomatic), only found incidentally by swabs or imaging. If the virus can spread via aerosol to the lungs by breathing in, it can also spread to others breathing out. Asymptomatic spread is the reason this is a pandemic which cannot be fully controlled even with a lockdown

Lung inflammation was a part of the asymptomatic subclinical phase. Only 6 histopathological examinations of lung tissue in asymptomatic patients were done during the whole pandemic. 47 papers help to clarify the point. To see the full spectrum of infection, COVID-19 challenge studies in macaques.”

There’s a problem with the definition of asymptomatic: except with AIDS and immunodeficiency, there is always an immune response to an infection. This response means a symptom, whether easy to observe or not (subclinical): there’s no such thing as an infected without symptoms. An asymptomatic spreader only means ignorance or impossibility to detect symptoms.

Also, to spread a contagious disease, there must be a minimum viral load. Otherwise, the immune system would control the infection before it reaches more people. So a low or under-symptomatic spreader doesn’t necessarily mean an epidemiological risk.

The asymptomatic or pre-symptomatic false narrative was promoted by the WHO, CDC, et al., where people were suspects even without symptoms, even if it was proven that the lack of them meant:

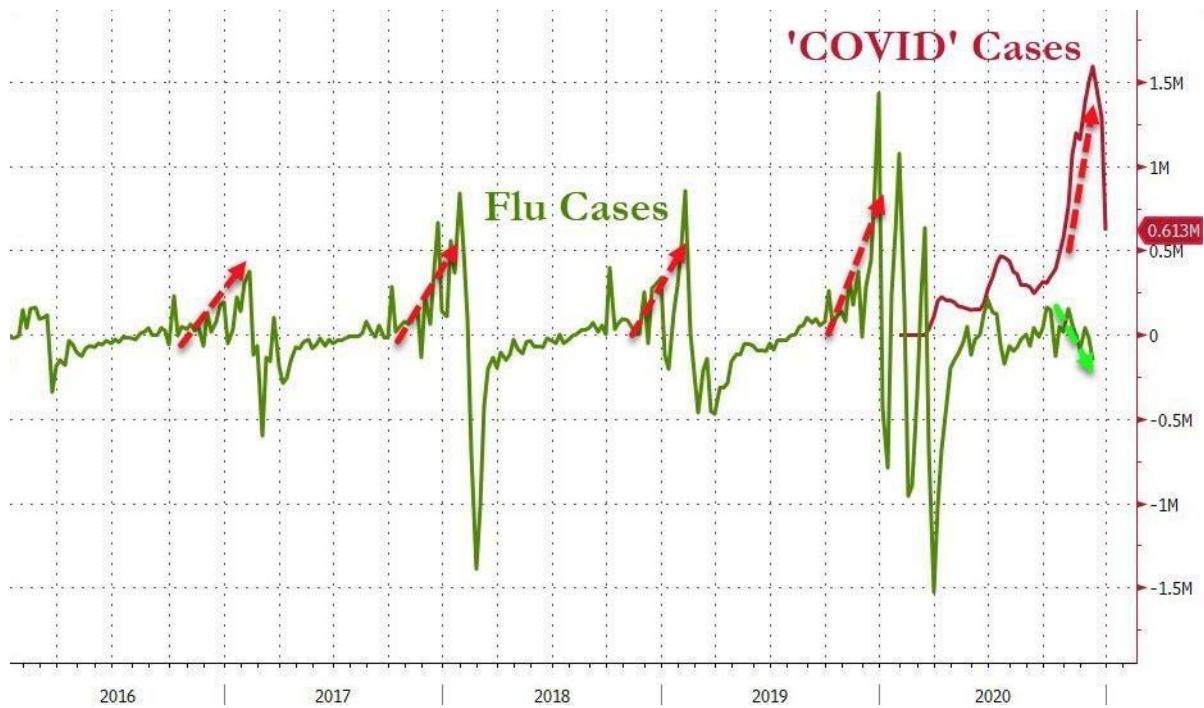
- Zero COVID19 load
- Non-contagious load or
- Low-contagious load (near zero R_0)

The fake-demic had to be based on two huge lies: the asymptomatic and PCR threats.

PCR casedemic, not COVID

Up to 50% of COVID cases could be false positives by PCR tests taking influenza as COVID: ³¹³

³¹³ <https://www.zerohedge.com/covid-19/great-2020-seasonal-fluinfluenza-disappearing-act>



The inventor of the PCR said it wasn't useful for diagnosis.

The PCR enhances any genetic material in the sample. The more cycles, exponentially the more false positives, even reaching 100% false positives. False positivity greatly increases after 45 cycles. 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 **FDA granted EUA of PCR tests by only testing negative cross-reactivity with MERS-CoV**, not other influenza genetic material: "The panel contains one heat-inactivated SARS-CoV-2 strain and one heat-inactivated MERS-CoV strain in cell culture media... The blinded samples (T2 to T5) are also tested per a protocol provided by the FDA, to confirm the LoD determined for T1 and evaluate cross-reactivity with MERS-CoV virus... assessment of assay performance using the FDA SARS-CoV-2 Reference Panel allows for a consistent determination of the relative sensitivity of these tests and cross-reactivity with MERS-CoV virus.

While the FDA SARS-CoV-2 Reference Panel helps determine the comparative performance among authorized tests, **the panel is not a replacement for the analytical and clinical validation recommendations the FDA has provided in the EUA templates**³¹⁴. **For example, the panel only includes one strain of SARS-CoV-2 and one cross-reactant, MERS-CoV. (Even if MERS is quite different to COVID19, in some tests) Cross-reactivity with MERS-CoV was observed.**"³¹⁵

The CDC established that the vaccinated shouldn't be controlled for PCR.

³¹⁴ <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas# covid19ivdTemplates>

³¹⁵ <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-reference-panel-comparative-data>

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CDC Biorepository

Biological Risk Assessment: General Considerations for Laboratories

07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing



Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Alert

After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.

[Visit the FDA website](#) for a list of authorized COVID-19 diagnostic methods. For a summary of the performance of FDA-authorized molecular methods with an FDA reference panel, [visit this page](#).

In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses. Such assays can facilitate continued testing for both influenza and SARS-CoV-2 and can save both time and resources as we head into influenza season. Laboratories and testing sites should validate and verify their selected assay within their facility before beginning clinical testing.

21 Jul 2021, the CDC recognized the PCR tests take influenza as COVID19: “After December 31, 2021, CDC will **withdraw** the request to the U.S. Food and Drug Administration (FDA) for Emergency Use **Authorization (EUA)** of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 ... CDC encourages laboratories to **consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses.**”³¹⁶

PCR gives false positive by cross-reactivity with influenza, prior influenza and harmless non-COVID19 coronaviruses (even a year before): for no scientific reason, **false positive people were being prosecuted like lepers, untouchables, escaped convicts or bio-terrorists.** Even worse, **their close contacts were presumed guilty without any proof and without any chance to prove viral-innocence.** Contact tracing was a man-hunt machine built for bio-terrorizing the population.

Why did the FDA authorize PCR testing without even challenging the test against influenza... in over a year?

This explains why influenza disappeared in most countries with high PCR testing: it was a false positive PCR plandemic, involving all authorities. Otherwise, how could it be explained that after that July notice not a single state sued the federal government for huge economic damages, for establishing **draconian measures based on nothing?**

What about those who were quarantined for 15 days for nothing, taken as COVID by the PCR test. The whole school class or the office/factory personnel had to stay at home 15 days because of a single false PCR!

Under a US Presidential order, **all in-flying passengers were and are required a PCR test before boarding and since 1 Nov 2021, with only a 3-days prior to boarding for double jabbed and 1-day for the sub-human rest, even if they know the PCR doesn't work, preventing thousands to lose their business or vacation travel because of a more than certain false positive.**

³¹⁶ https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html

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.”³¹⁷

In November 2020, among **ten million** residents of Wuhan, there was no outdoors spread.³¹⁸ Meta-analysis concurred.³¹⁹ 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?:

Masks as psy-op muzzles



Slow-motion ultra-resolution video³²⁰ and science³²¹ prove that regular masks don’t protect. COVID aerosols less than 5 microns (μm) are smaller than cigarette smoke:³²²

³¹⁷ **World Health Organization. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)** 16-24 Feb 2020 [Internet]. Geneva: World Health Organization; 2020 <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

<https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

<https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

³¹⁸ Cao, S., Gan, Y., Wang, C. *et al.* **Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China.** 20 Nov 2020. *Nat Commun* **11**, 5917 (2020) <https://doi.org/10.1038/s41467-020-19802-w>

³¹⁹ Cevik M, Tate M, et al. **SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis**, Jan 2021. *The Lancet Microbe*, ISSN 2666-5247, [https://doi.org/10.1016/S2666-5247\(20\)30172-5](https://doi.org/10.1016/S2666-5247(20)30172-5)

³²⁰ <https://www.bitchute.com/video/ypljmXQoLygi/>

³²¹ “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>

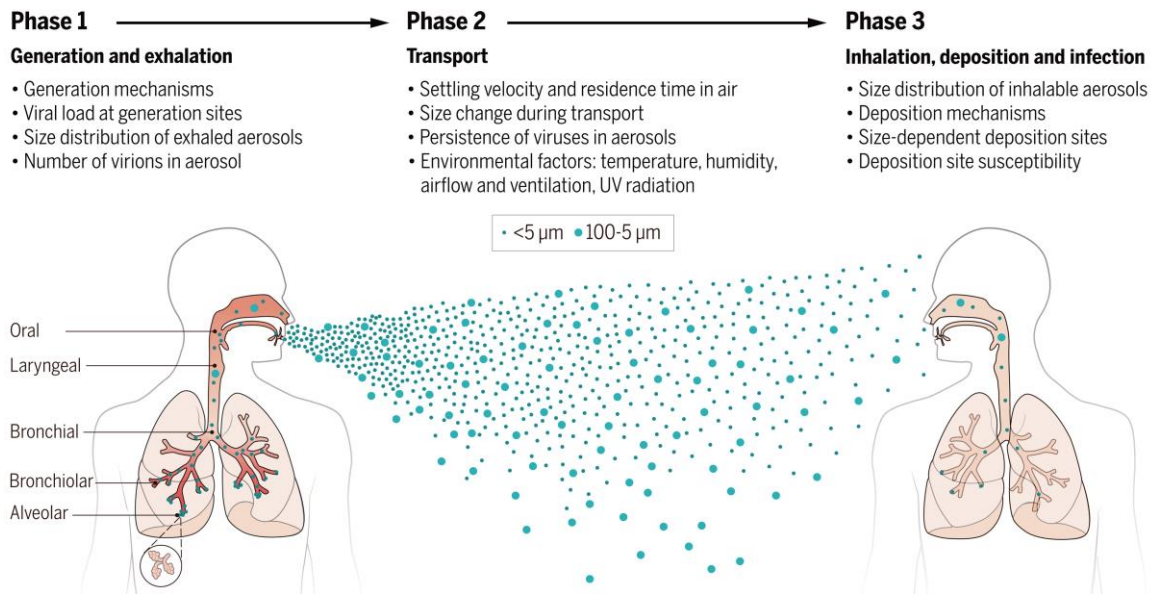
Guy G Jr., Lee F, et al., Center for Disease Control and Prevention, **Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020**, 12 Mar 2021 / 70(10);350–354. *MMWR*. https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm#T1_down

“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://heartlanddailynews.com/2020/10/do-masks-protect-people-from-covid-19/>

<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”



<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

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>

Letizia, A. G. et al. **SARS-CoV-2 Transmission among marine recruits during quarantine.** 11 Nov 2020. *N. Engl. J. Med.*

<https://doi.org/10.1056/NEJMoa2029717>

Isaacs, D, Britton, P, et al. **Do facemasks protect against COVID-19?** Jun 2020. *Journal of paediatrics and child health*, 56(6), 976–977.

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

Lim EC, Seet RC, et al. **Headaches and the N95 face-mask amongst healthcare providers.** *Acta Neurol Scand.* 2006 Mar;113(3):199-202.

PMID: 16441251; PMCID: PMC7159726. <https://doi.org/10.1111/j.1600-0404.2005.00560.x>

Radonovich LJ, Simberkoff MS, et al. **N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial.** 3 Sep 2019. *JAMA.* 2019;322(9):824–833. <http://doi.org/10.1001/jama.2019.11645>

<https://bmjopen.bmj.com/content/5/4/e006577.full>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>

<https://pubmed.ncbi.nlm.nih.gov/18500410/>

<https://pubmed.ncbi.nlm.nih.gov/15340662/>

<https://clinicaltrials.gov/ct2/show/NCT00173017>

<https://pubmed.ncbi.nlm.nih.gov/18331781/>

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article#tnF2

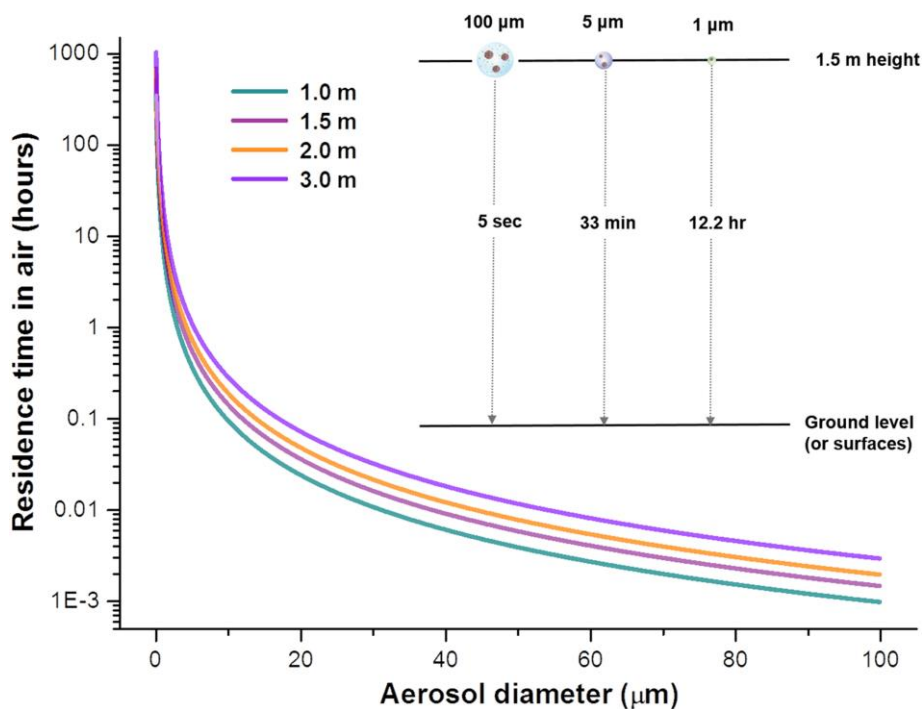
<https://fox6now.com/2020/05/29/who-guidance-healthy-people-should-wear-masks-only-when-taking-care-of-coronavirus-patients/>

https://twitter.com/surgeon_general/status/1233725785283932160?lang=en

<https://www.conservativereview.com/news/horowitz-kids-lives-matter-stop-national-coronavirus-child-abuse/>

³²² Wang C, Prather KA, et al. **Airborne transmission of respiratory viruses.** 27 Aug 2021 *Science* Vol 373, Issue 6558.

<https://doi.org/10.1126/science.abd9149>



The smaller the aerosol, the further the dispersion and lower the concentration. **If you can smell it, you can get it, but you still need an average viral load of 1000 viral particles to get sick:** after contact tracing on all of its 21821 reported SARS-CoV-2 cases, “epidemiologically validated infector-infectee pairs enabled us to determine an average transmission bottleneck size of 103 SARS-CoV-2 particles”.³²³

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.³²⁴

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 aerosols³²⁵, which could be as small as 0.1 micron:

MERV Rating Average Particle Size Efficiency in Microns

1-4 3.0 - 10.0 less than 20%

³²³ Popa A, Genger JW et al. **Mutational dynamics and transmission properties of SARS-CoV-2 superspreading events in Austria.** 17 Jul 2020 BioRxiv preprint <https://doi.org/10.1101/2020.07.15.204339>

Popa A, Genger JW et al. **Genomic epidemiology of superspreading events in Austria reveals mutational dynamics and transmission properties of SARS-CoV-2.** 9 Dec 2020. Science Translational Medicine. <https://doi.org/10.1126/scitranslmed.abe2555>

³²⁴ Duration of Wearing of Face Coverings EMG-NERTVAG 15 Sep 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923607/s0760-4a-duration-wearing-face-coverings-170920.pdf

³²⁵ <https://www.epa.gov/indoor-air-quality-iaq/what-hepa-filter-1>

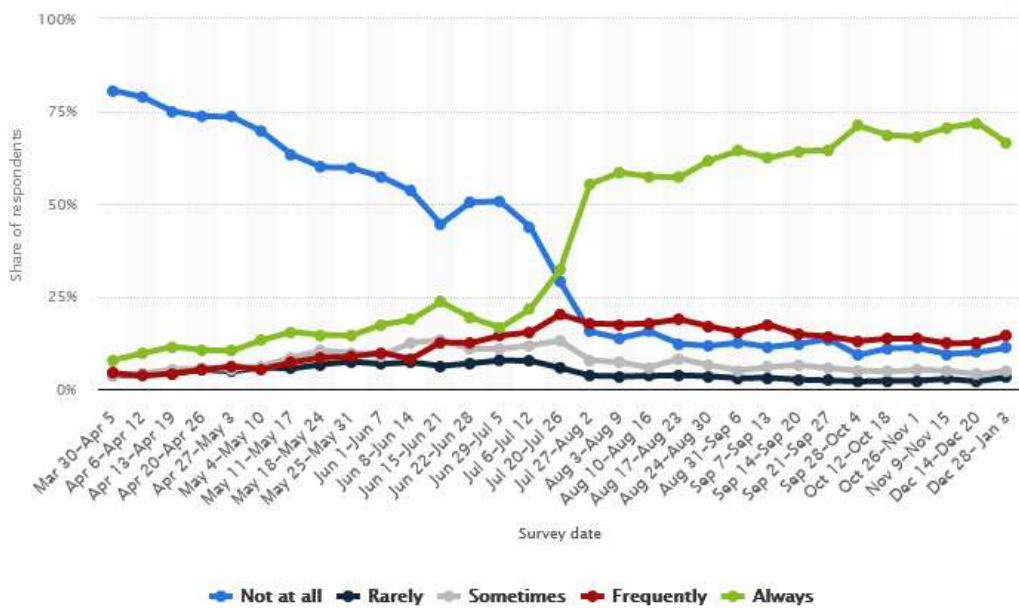
MERV Rating Average Particle Size Efficiency in Microns

6	3.0 - 10.0	49.9%
8	3.0 - 10.0	84.9%
10	1.0 - 3.0	50% - 64.9%, 3.0 - 10.0 85% or greater
12	1.0 - 3.0	80% - 89.9%, 3.0 - 10.0 90% or greater
14	0.3 - 1.0	75% - 84%, 1.0 - 3.0 90% or greater
16	0.3 - 1.0	75% or greater

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.

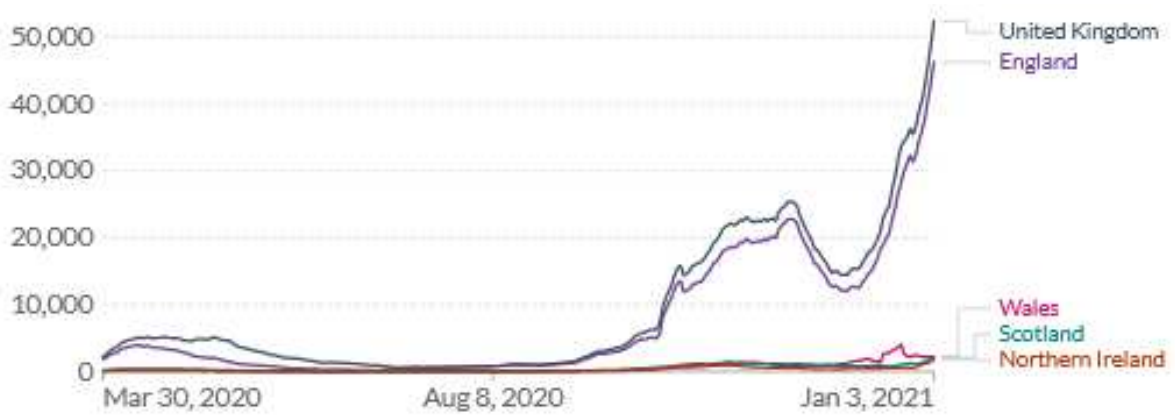
Similar to the insane lock down narrative, **some argue that even if masks are not 100% effective, they are somewhat effective, and at least save some lives.** Though common masks may reduce case risk for a brief period, with such a contagious virus, in a few months, statistics show they don't make any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

How often have you worn a face mask outside... ?



<https://www.statista.com/statistics/1114248/wearing-a-face-mask-outside-in-the-uk/>

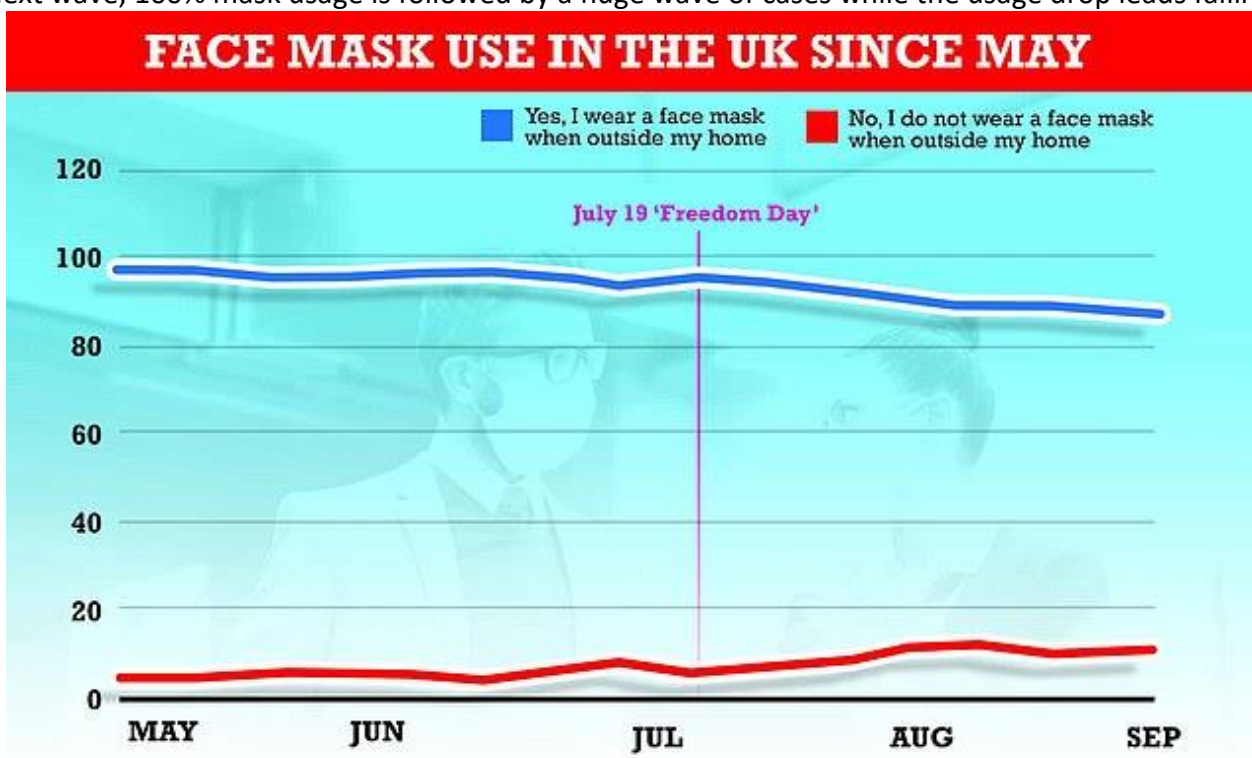
COVID Cases rolling 7-day average



Source: UK Government Coronavirus (COVID-19) Dashboard - Last updated 29 September, 18:02 (London time)
OurWorldInData.org/coronavirus • CC BY

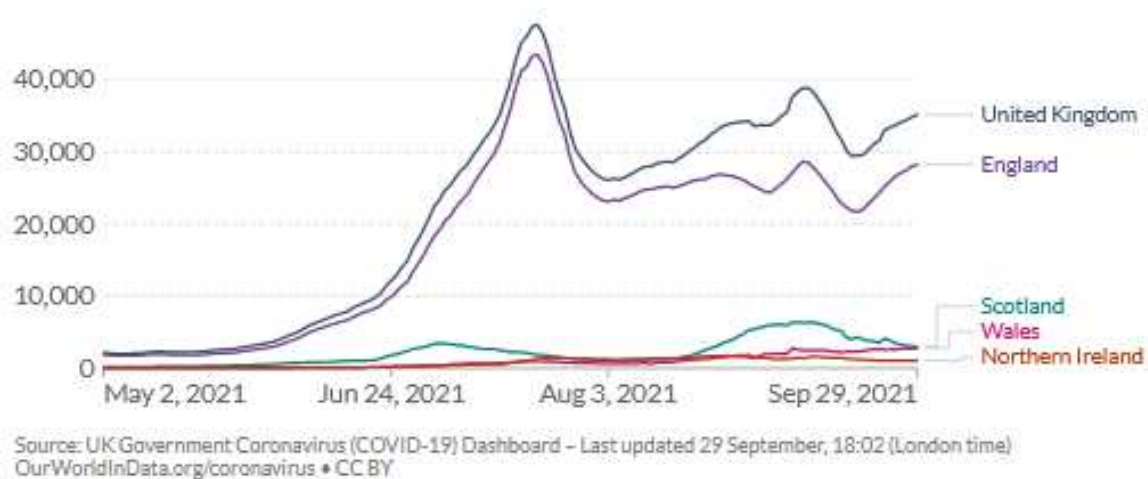
<https://ourworldindata.org/grapher/uk-daily-new-covid-cases?time=2020-03-30..2021-01-03>

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



<https://www.dailymail.co.uk/news/article-10032777/People-dont-wear-face-masks-TWICE-likely-test-positive-Covid-data-suggests.html>

COVID Cases rolling 7-day average



Many states like Texas and Florida showed that dropping mask mandates was correlated with lower cases.³²⁶ Of course, correlation is not causation. In a very much publicized UK government study³²⁷, 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, that many non-users avoid surveys and that non-whites were not answering the questionnaire. **No correlation with outcomes like hospitalization and deaths. Cherry picking: 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 masses³²⁸ : 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”.³²⁹

³²⁶ <https://www.naturalnews.com/2021-10-14-florida-covid-cases-plunged-88percent-no-mandates.html>

³²⁷ In partnership with the University of Oxford, University of Manchester, Public Health England and the globalist Wellcome Trust: Yapp R, Willis Z and Jones J, **Coronavirus (COVID-19) Infection Survey technical article: analysis of populations in the UK by risk of testing positive for COVID-19**, 27 Sep 2021 UK Office for National Statistics.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19infectionsurveytechnicalarticle/analysisofpopulationsintheukbyriskoftestingpositiveforcovid19september2021>

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>

³²⁸ Fischer CB, Adrien N, et al. **Mask adherence and rate of COVID-19 across the United States**. PLoS ONE 16(4): e0249891. 14 Apr 2021 <https://doi.org/10.1371/journal.pone.0249891>

Guy GP Jr., Lee FC, Sunshine G, et al. **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**. 5 Mar 2021 MMWR Morb Mortal Wkly Rep;70:350–354. <http://dx.doi.org/10.15585/mmwr.mm7010e3>

Ginther DK, Zambrana C. **Association of Mask Mandates and COVID-19 Case Rates, Hospitalizations, and Deaths in Kansas**. JAMA Netw Open. 2021;4(6):e2114514. <https://doi.org/10.1001/jamanetworkopen.2021.14514>

Wei Lyu W and Wehby GL, **Community use of face masks and COVID-19: evidence from a natural experiment of state mandates in the US**. 16 Jun 2020 Health Affairs Vol. 39, No. 8 <https://doi.org/10.1377/hlthaff.2020.00818>

³²⁹ <https://www.perfil.com/noticias/periodismopuro/gines-gonzalez-garcia-el-ultimo-lugar-que-va-a-parecerse-mas-a-lo-normal-sera-el-amba.phtml>



Masks don't protect contagion through the eyes and have the same ineffectiveness as transparent plastic face shields³³⁰. 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

Cloth civilian masks:

1. **Increase contagion by keeping the virus active for a longer time due to moisture**
2. **Increase re-inoculation when infected by virus, bacteria or fungi**
3. **Reduce oxygen intake**
4. **Increase carbon dioxide intake**
5. **Increase bacterial and fungal colonies**
6. **Cause cytotoxic damage when tampered with graphene oxide**
7. **Include sterilizing agent ethylene oxide (EO) classified by EPA as a human carcinogen in Dec 2016.**³³¹
 - Cancers of the white blood cells, including non-Hodgkin lymphoma, myeloma, and lymphocytic leukemia. (especially in females), breast cancer, peritoneal mesothelioma in testicular mesothelium

³³⁰ <https://plushealthsupply.com/en/shop/gesichtschutz-face-shield/> <https://www.pinterest.cl/pin/794533559263953598/> <https://www.pinterest.cl/pin/458663543304957171/> <https://www.prnewswire.com/news-releases/virushield-launches-the-virushield-ghost-as-new-innovative-solution-to-cloth-mask-301093199.html> <https://www.flexpackmag.com/articles/90691-riken-suntory-liquors-and-toppan-printing-collaborate-on-face-shields-for-eating-and-drinking> <https://www.speisenverteilung.info/cover-covid/en/produkt/cover-covid-mini-face-shield-premium/> <https://www.tradeshopdirect.co.uk/transparent-hospitality-half-face-shield-visor> <https://www.walmart.com/ip/20pcs-Reusable-Protective-Visor-in-White-Mouth-and-Nose-Cover-Anti-Saliva-Anti-Splash-Facial-Protection-Face-Shield-for-Men-Women/907579840> <https://www.workwearworld.co.uk/product/shakoshield-baseball-cap-splash-shield-visor-pack-of-10/>

³³¹ <https://www.epa.gov/hazardous-air-pollutants-ethylene-oxide/frequent-questions-health-information-about-ethylene-oxide> <https://www.epa.gov/sites/default/files/2016-09/documents/ethylene-oxide.pdf>

Vincent MJ, Kozal JS, **Thompson, William J**, et al. **Ethylene Oxide: Cancer Evidence Integration and Dose-Response Implications**. 11 Dec 2019 Dose-response: a publication of International Hormesis Society, 17(4). <https://doi.org/10.1177/1559325819888317>

Jinot, J., Fritz, J. M., Vulimiri, S. V., & Keshava, N. **Carcinogenicity of ethylene oxide: key findings and scientific issues**. *Toxicology mechanisms and methods*, 21 Dec 2017. Jun 2018. 28(5), 386–396. <https://doi.org/10.1080/15376516.2017.1414343>

CDC, Coene RF, **Ethylene Oxide (EtO): Evidence of Carcinogenicity**. May 1981, DHHS The National Institute for Occupational Safety and Health (NIOSH) Current Intelligence Bulletin 35 Publication Number 81-130 <https://www.cdc.gov/niosh/docs/81-130/default.html>

<https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/ethylene-oxide>

- EtO is mutagenic (i.e., it can change the DNA in a cell), especially for children and unborn babies (malformations, defects)
- Damage to the brain and nervous system

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 low contagion risk.

Massive masking was never justified on the asymptomatic.

11 Sep 2020, CDC showed that in 11 hospitals, 85% of the sick reported ‘always’ or ‘often’ use of mask or cloth face covering, for 14 days before illness onset.³³²

15 Oct 2020, the CDC finally recognized: “At no time has CDC guidance suggested that masks were intended to protect the wearers.”³³³

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.**

COVID vaccines can’t prevent spread

Pfizer: “Effectiveness against infections declined from 88% during the first month after full vaccination to 47% after 5 months.”³³⁴

Saliva viral load is a strong predictor of disease severity and mortality.³³⁵ 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).

³³² Department of Health and Human Services / CDC, Fisher KA; Tenforde MW, CDC COVID-19 Response Team. **Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities — United States, July 2020.** 11 Set 2020 Morbidity and Mortality Weekly Report 1258 Vol. 69 No. 36 US. <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>

³³³ <https://www.foxnews.com/media/tucker-carlson-responds-cdc-mask-wearing>

³³⁴ Tartof SY, Slezak JM, et al. **Effectiveness of mRNA BNT162b2 COVID-19 vaccine up to 6 months in a large integrated health system in the USA: a retrospective cohort study,** 4 Oct 2021 The Lancet Vol 398, ISSUE 10309, P1407-1416, 16 Oct 2021 [https://doi.org/10.1016/S0140-6736\(21\)02183-8](https://doi.org/10.1016/S0140-6736(21)02183-8)

³³⁵ Silva, J., Lucas, C., et al. **Saliva viral load is a dynamic unifying correlate of COVID-19 severity and mortality.** *medRxiv : the preprint server for health sciences*, 04 Jan 2021. <https://doi.org/10.1101/2021.01.04.21249236>

Fajnzyblber, J., Regan, J., Coxen, K. *et al.* **SARS-CoV-2 viral load is associated with increased disease severity and mortality.** 30 Oct 2020 *Nat Commun* 11, 5493. <https://doi.org/10.1038/s41467-020-19057-5>

Yoon, J. G., Yoon, J., et al. **Clinical Significance of a High SARS-CoV-2 Viral Load in the Saliva.** 20 May 2020. *Journal of Korean medical science*, 35(20), e195. <https://doi.org/10.3346/jkms.2020.35.e195>

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? ³³⁶

In spite of massive vaccination, there was more spread, not less:

- 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. ³³⁷
- In the UK, COVID cases rose despite 8 out of 10 vaccinated adults. ³³⁸ Even worse in Israel.
- **The vaccinated got 900% more infected than the unvaxxed** in a massive Government study in Argentina. ³³⁹

By the way, if even the CDC said the vaccinated still needed masks, why were mask mandates reversed after massive double vaccination? As we've seen, **masks weren't about spread, but about social control.**

Why did cases go down after vaccination in certain countries and periods? For the same reason they went down after the first wave: epidemics behave in waves because of an increase of herd immunity and death of hosts, leads to a valley, which is then followed by another wave propelled by viral evolution and the disease finding new hosts (for example other neighbourhoods or cities in the geographical unit being gauged).

In the classic epidemiological models, the second and third waves are always lower than the first. Why is COVID the only exception to the rule? Vaccines increased the subsequent waves by debilitating the immune response to variants.

By the way, in countries like Argentina, cases went dramatically down, not because of massive vaccination, but because the government practically ceased to test in September 2021 three weeks before October elections, proving that it is a PCR plandemic.

Injected immunization can't prevent contagion and spread of aerosol viruses (lack of IgA in respiratory tract). Yet:

- COVID-positive nurses could work if they were vaxxed.
- COVID-negative nurses couldn't work unless vaxxed.

Conclusion: when we let the insane push insane products, sanitary science becomes insanity.

Vaccine arms race against immune escape

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

Pfizer shot had 41 times less antibody response with Omicron variant and that's why they had an updated release by March 2022. ³⁴⁰

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

³³⁶ https://yle.fi/uutiset/osasto/news/finnish_nasal_spray_vaccine_protects_against_viral_variants_developers_say/

³³⁷ <https://www.barnstablecountyhealth.org/newsroom/7-30-21-cdc-morbidity-and-mortality-weekly-report>

³³⁸ <https://www.livemint.com/news/world/uk-virus-cases-surge-even-as-8-in-10-have-received-shots-11623958350491.html>

³³⁹ Nazar, F. **Caso Argentino: genocidio COVID basado en evidencia**. 15 July 2021, preprint Academia.edu

https://www.academia.edu/50940224/Caso_Argentina_genocidio_COVID_basado_en_evidencia

³⁴⁰ <https://www.forbes.com/sites/alisondurkee/2022/01/10/chile-latest-country-to-roll-out-4th-covid-vaccine-shots---but-pfizer-ceo-still-unsure-whether-theyre-necessary/>

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.”³⁴¹

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-sense³⁴² 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...**³⁴³

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.”³⁴⁴

By Aug 2021, **the AZ vaccinated had 251 times the Delta viral load compared to the unvaccinated.**³⁴⁵ This shows that **the vaccines weakened the immune system** and that **the vaccinated were turned into super-spreaders: the Delta wave was a vaccinated wave.**³⁴⁶

³⁴¹ <https://childrenshealthdefense.org/defender/vanden-bossche-mass-vaccination/>

³⁴² 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>

³⁴³ 03 Sep 2021 https://www.linkedin.com/posts/rwmalonemd_research-science-biotech-activity-6839540985089863681-1w3j

³⁴⁴ 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.

Chau NVV, Ngoc NM, et al. **Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam**. Hospital for Tropical Diseases, 10 Aug 2021, 31 Pages Preprint SSRN/The Lancet, <http://dx.doi.org/10.2139/ssrn.3897733>

³⁴⁶ Farinholt T, Doddapaneni H, et al. **Transmission event of SARS-CoV-2 Delta variant reveals multiple vaccine breakthrough infections**. 12 Jul 2021, MedRxiv. <https://doi.org/10.1101/2021.06.28.21258780>

In December 2021, there was a media campaign blaming low vaccination rates for the new variants, when it was just the opposite: they spread even more with vaccination. Also, many variants were detected after vaccination: Epsilon, Zeta, Theta, AT.1, AV.1, AZ.5, B.1.616, B.1.630, B.1.640, C.1.2, C.36.3, P.3, R.1, etc.³⁴⁷

“We’re vaccinating for a virus that is gone. We have no benefit from the mRNA (obsolete spike protein), we have only problems from it.”³⁴⁸

Vaccine efficacy?

Real world efficacy should be measured against the wild disease, by

- a) animal models
- b) epidemiological tracing

Both methods proved vaccines didn’t work: **the animal model showed deadly VADER, while vaccination correlated with a worse wave than the previous wild one.**

It is unconscionable that academia, media and health agencies have fully aligned with vax makers’ propaganda. Vaccine efficacy has been *conveniently* redefined as

- a) antibody levels to the vaccine antigen created out of a computer model provided by the Chinese Communist Party, where the studies, cherry picked clinical population and cherry picked results are defined and paid by the manufacturer
- b) by statistical models where the downward slope is attributed to vaccines, “forgetting” that is a natural evolution of an epidemic.

Epidemiology text books explain that epidemics move in waves because the recovered susceptible population develops herd immunity, while the disease moves on to the uninfected susceptibles, so a second wave or season has usually a lower peak and involves other groups or areas. For instance, this happened in the 1968 Hong Kong Influenza Pandemic.³⁴⁹

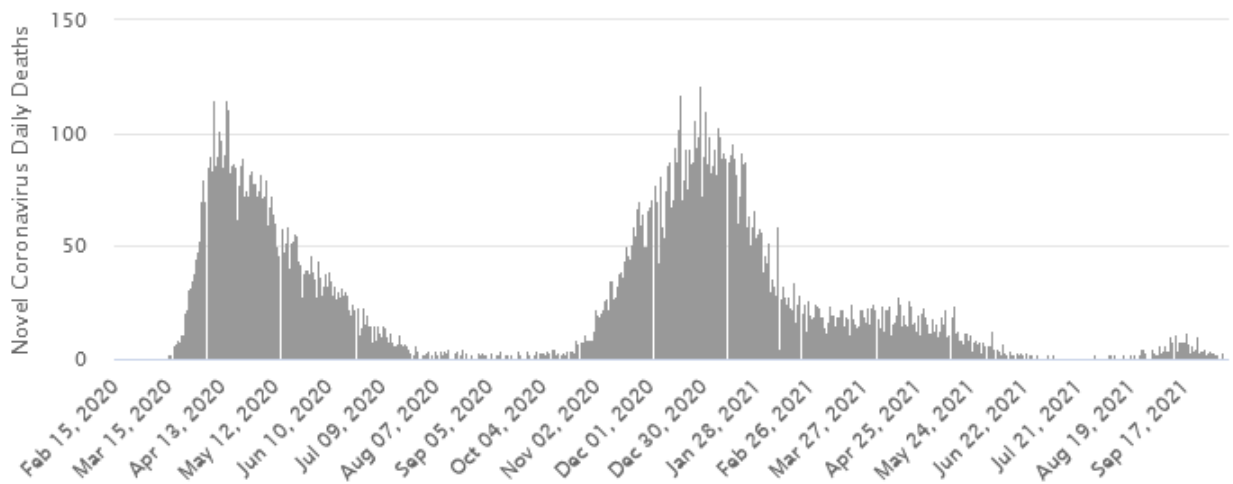
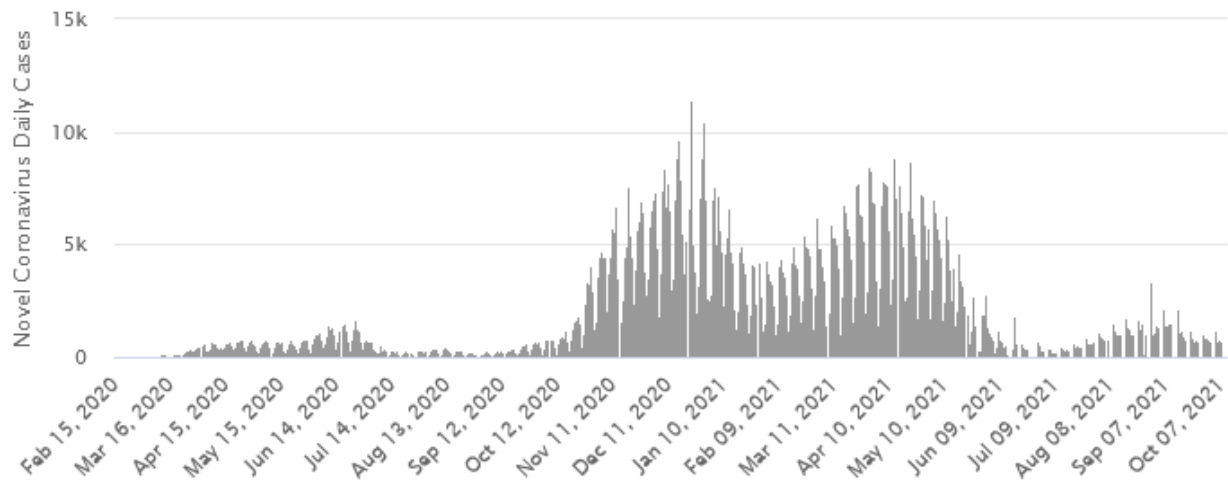
Most studies³⁵⁰ that show high efficacy only take into account just before a wave peak, which was “doomed” to go down anyway, even without any intervention: **cherry picking or poisoned apple?**

As most countries, Sweden shows no correlation between the fall of the waves and vaccination rates:

³⁴⁷
³⁴⁸ <https://stevekirsch.substack.com/p/robert-malones-doctor-had-her-license>

³⁴⁹ Viboud C, Grais RF, et al. **Multinational Impact of the 1968 Hong Kong Influenza Pandemic: Evidence for a Smoldering Pandemic**, The Journal of Infectious Diseases, Volume 192, Issue 2, 15 July 2005, Pages 233–248, <https://doi.org/10.1086/431150>

³⁵⁰

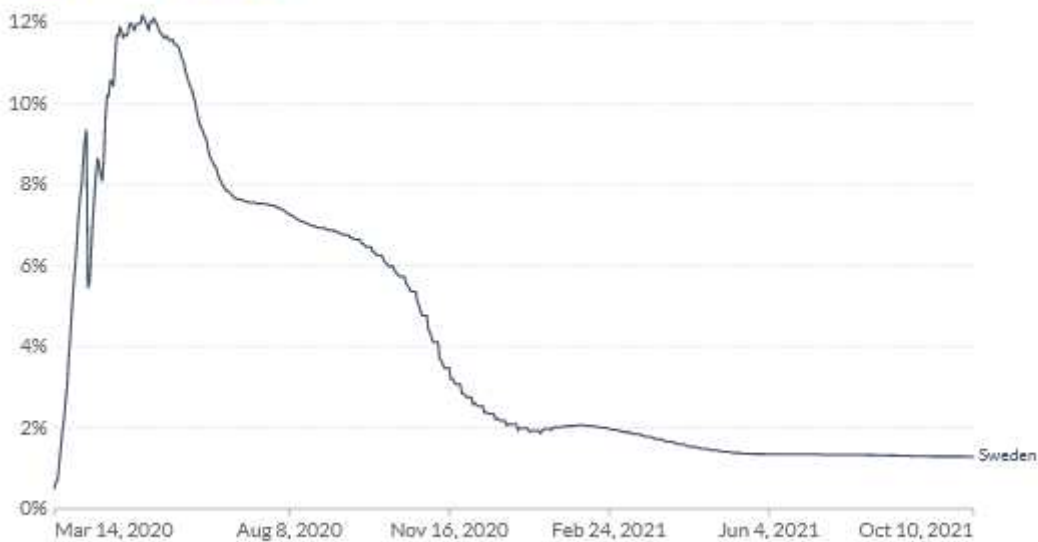


Case fatality rate of COVID-19

The case fatality rate (CFR) is the ratio between confirmed deaths and confirmed cases. The CFR can be a poor measure of the mortality risk of the disease. We explain this in detail at [OurWorldInData.org/mortality-risk-covid](https://ourworldindata.org/mortality-risk-covid)



LINEAR LOG + Add country



Source: Johns Hopkins University CSSE COVID-19 Data

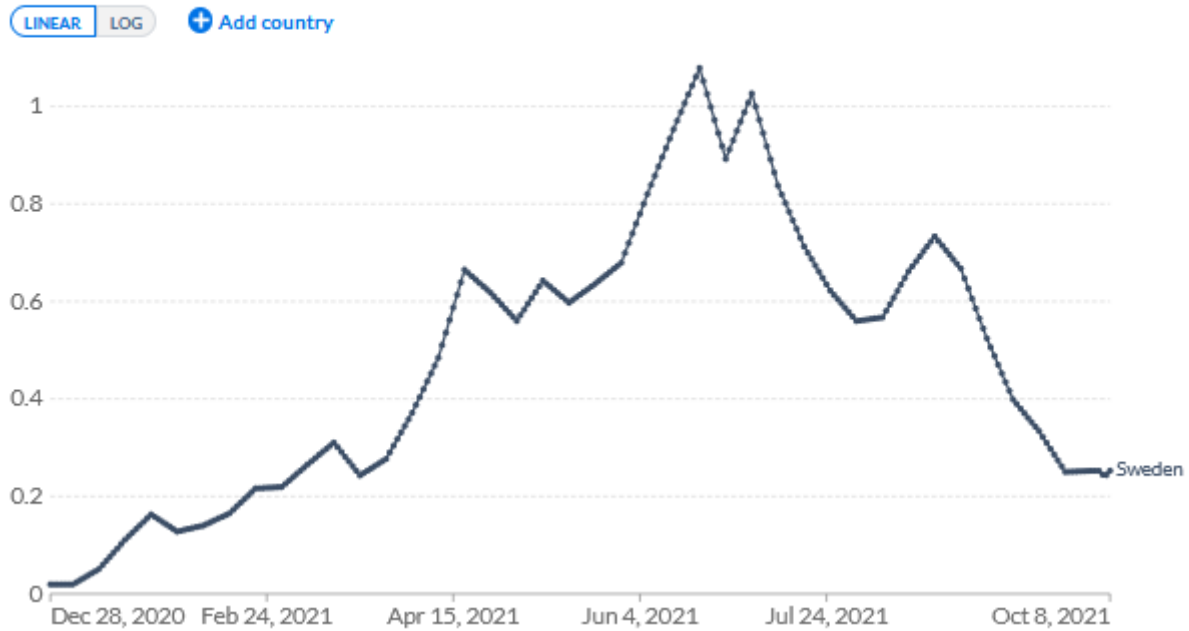
CC BY



Note: cases and deaths went down without mandatory masks, lockdowns and herd-immunity vaccination:

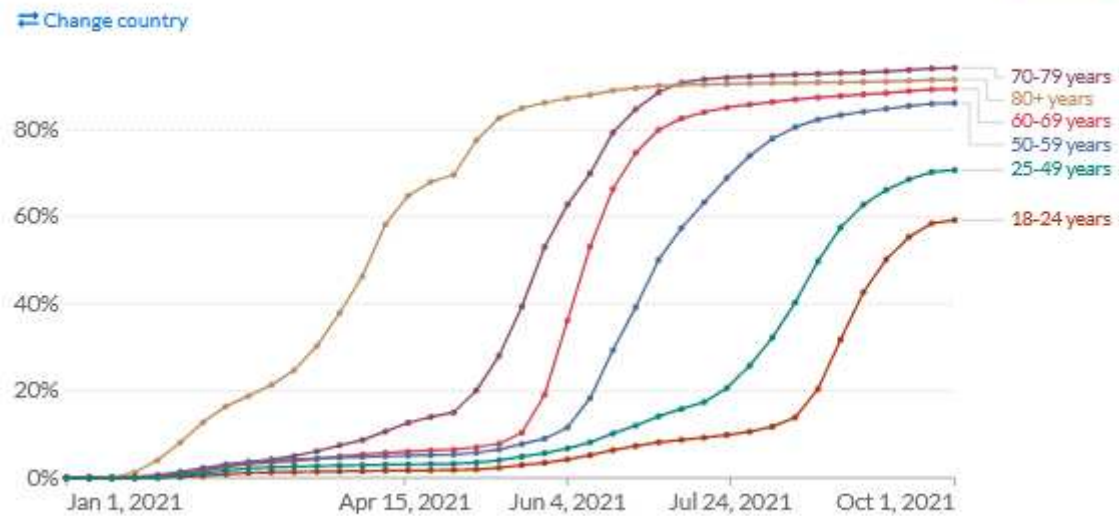
Daily COVID-19 vaccine doses administered per 100 people

Shown is the rolling 7-day average per 100 people in the total population. For vaccines that require multiple doses, each individual dose is counted.



Share of people fully vaccinated against COVID-19 by age, Sweden

Share of the population in each age group that have received all prescribed doses of the vaccine.



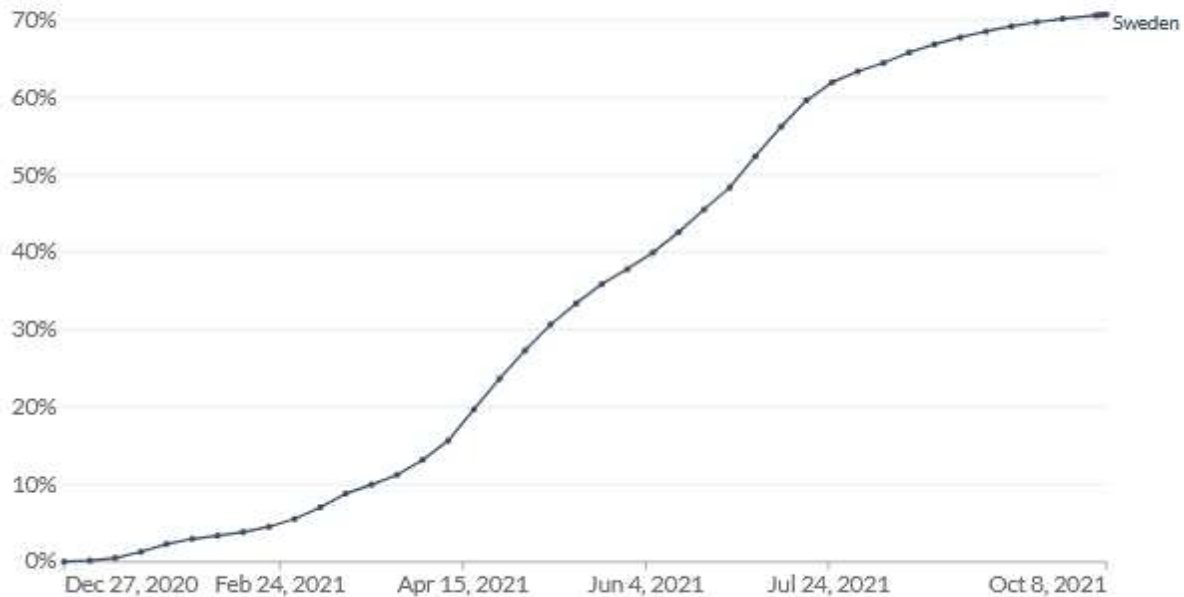
Source: Official data collated by Our World in Data. OurWorldInData.org/coronavirus • CC BY
 Note: In some territories, vaccination coverage may include non-residents (such as tourists and foreign workers) so per-capita metrics may exceed 100%.

Share of people who received at least one dose of COVID-19 vaccine

Total number of people who received at least one vaccine dose, divided by the total population of the country.



+ Add country



Source: Official data collated by Our World in Data - Last updated 11 October 2021, 16:30 (London time)

OurWorldInData.org/coronavirus • CC BY

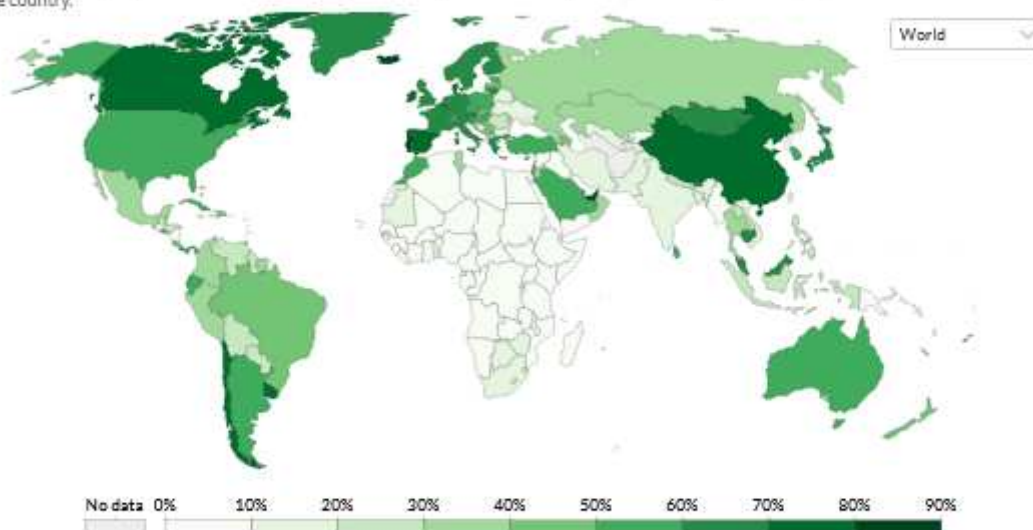
▶ Dec 27, 2020 ◯ Oct 8, 2021

Note: 70% is unconscionable because it considers all population, including recovered, babies and children, which shouldn't be vaccinated.

Many countries with very low vaccination coverage show that COVID was a non-issue (n.b. India, Africa). On the contrary, most countries with high vaccination rates show higher recurring waves:

Share of the population fully vaccinated against COVID-19, Oct 10, 2021

Total number of people who received all doses prescribed by the vaccination protocol, divided by the total population of the country.



Source: Official data collated by Our World in Data - Last updated 11 October 2021, 16:30 (London time)

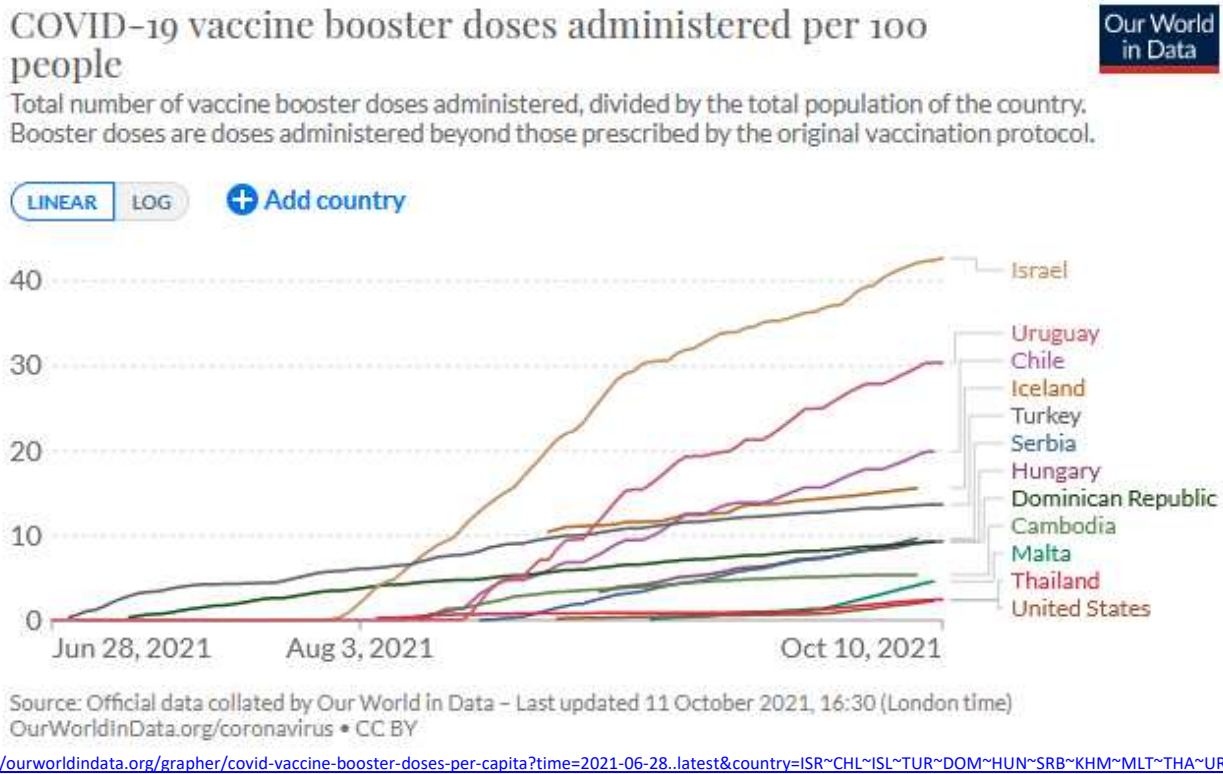
OurWorldInData.org/coronavirus • CC BY

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

▶ Dec 27, 2020 ◯ Oct 10, 2021

That's why the NWO was desperate to vax Africa: with a rate of 5% and no pandemic, it is a living proof that the vax narrative is false. In Dec 2021, Moderna decided to grant 110 million doses at the lowest price, while testing an omicron adapted vaccine with 14000 HIV patients: a hostage market to raise the vaccination rate. Due to COVID passes restricting access to healthcare and life supporting HIV cocktails, the HIV population could easily be forced into vaccination. Africa accounts for 70% of HIV infections of the world, 8.2 million people (in South Africa, 13% of the population).

More vaccination, more deaths:



How is it possible that studies allegedly show high vaccine efficacy but at the same time hospitalizations increase in the vaccinated and governments move on to the third or fourth dose?

Is the **immune escape a false excuse to hide that there is no long vaccine efficacy?** not even 6 months!

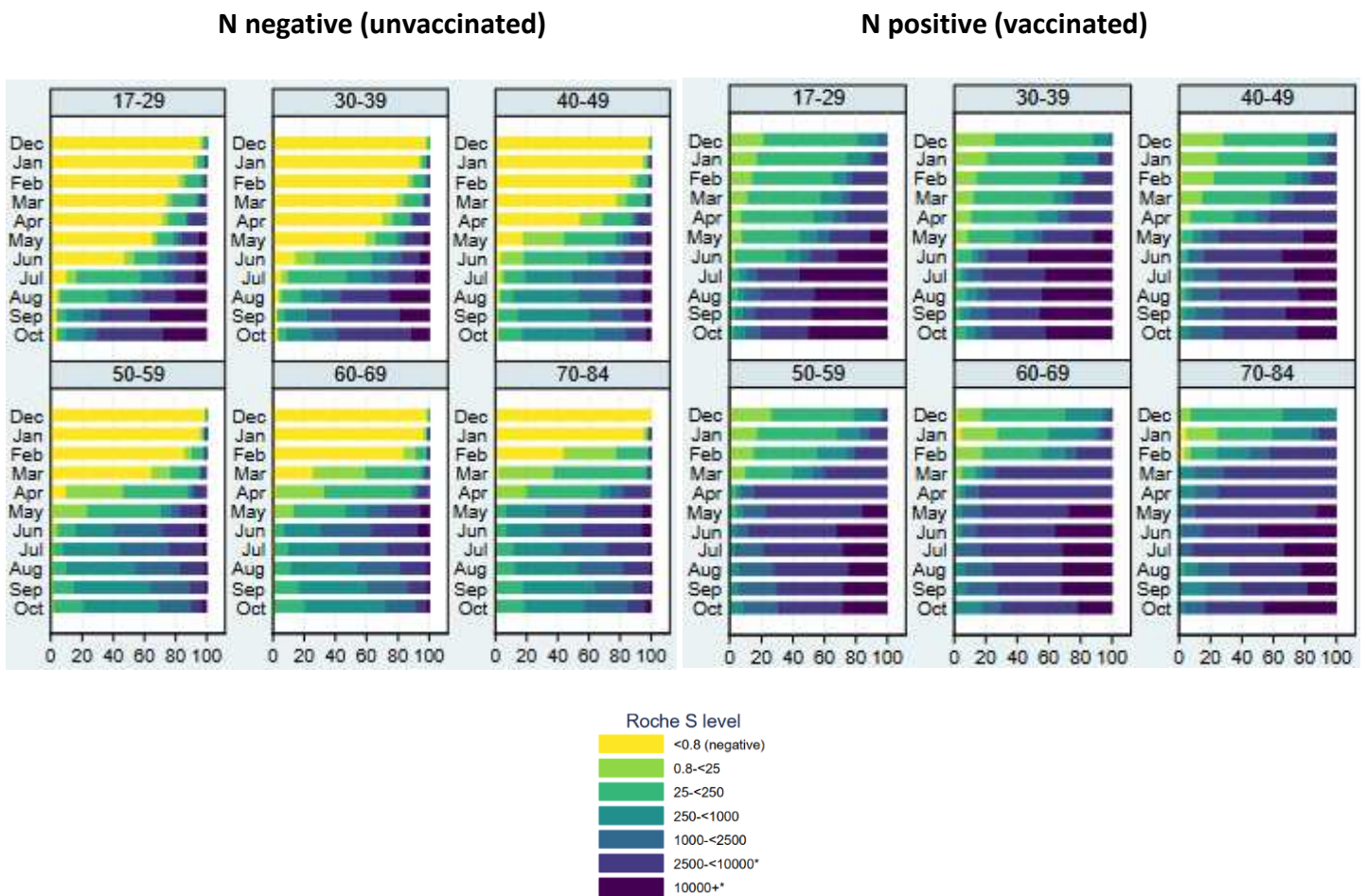
It is unconscionable that regulatory agencies don't require new clinical trials for COVID vaccines adapted to new variants, unlike the studies required to the HPV vaccines. Emergency can't be an excuse for lack of efficacy and safety control!

War on the recovered or the unvaxxed?

21 Oct 2021, UK Health Security Agency (UKHSA) honestly recognize they are clueless: "Researchers across the globe are working to better **understand what antibody levels mean in terms of protection against COVID-19.** Current thinking is that there is no threshold antibody level that offers complete protection against infection, but instead that **higher antibody levels are likely to be associated with lower probability of infection.**"

“N-antibody positive individuals, (are) those likely to have experienced past infection... **the overall higher profile of antibody levels in those who have experienced past infection is evident**”.³⁵¹

Categorised Roche S antibody levels by age group and month in N negative v. N positive samples (%)³⁵²



*levels were capped at 2500 in samples taken before 11 May 2021
December 2020 to October 2021

Conclusion: **the recovered beat the double jabbed in every single age group and also have less waning immunity** (the darker the better immune response).

That is not all: **unlike the recovered, the vaccinated don't produce many N antibodies, because the vaccine weakens the immune response: "N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination."**³⁵³

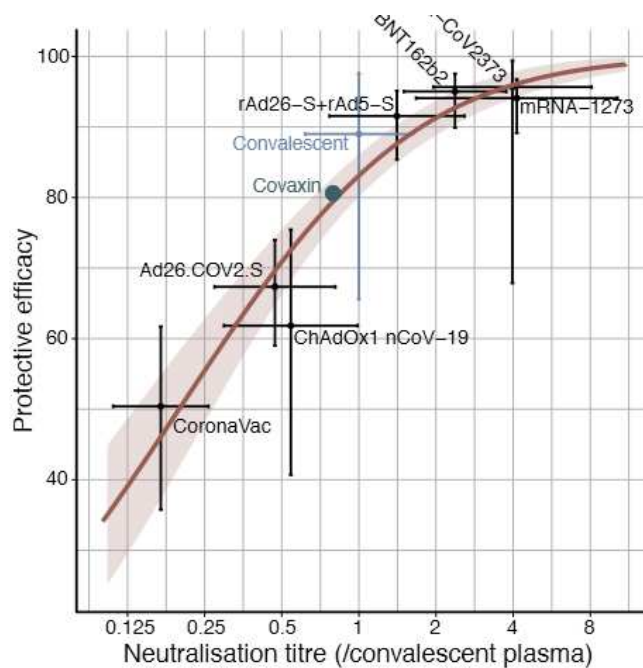
From the first vaccine clinical trials, it was clear that natural immunity was more effective:

Natural immunity (convalescent proxy) v. vaccine immunity

³⁵¹ UK Health Security Agency, **COVID-19 vaccine surveillance report – week 42**, 21 Oct 2021, Publishing reference: GOV-10227, p.24 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027511/Vaccine-surveillance-report-week-42.pdf

³⁵² Ibid. p.25

³⁵³ Ibid. p.23



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-window³⁵⁴ 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.³⁵⁵ 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).³⁵⁶ In Italy, the **freemason** prime minister Draghi³⁵⁷ 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.³⁵⁸ 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

³⁵⁴ https://en.wikipedia.org/wiki/Overton_window
³⁵⁵ <https://www.lifesitenews.com/news/biden-administration-to-require-all-legal-visitors-from-outside-the-u-s-to-be-vaccinated/>
³⁵⁶ <https://www.euronews.com/travel/2021/07/26/green-pass-which-countries-in-europe-do-you-need-one-for>
³⁵⁷ <https://www.lifesitenews.com/opinion/vigano-considerations-on-the-great-reset-and-the-new-world-order/>
³⁵⁸ <https://coronavirus.gimbe.org/vaccini.it-IT.html>

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.³⁵⁹ The same conclusion was reached after 1 year.³⁶⁰

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)?³⁶¹

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”**.³⁶²

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**.³⁶³ 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**.

³⁵⁹ “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>

Poon MML, Yu Kato KR et al. **SARS-CoV-2 infection generates tissue-localized immunological memory in humans**. 7 Oct 2021 Science Immunology <https://doi.org/10.1126/sciimmunol.abl9105>

Mrunal Sakharkar C, Garrett Rappazzo WF et al. **Prolonged evolution of the human B cell response to SARS-CoV-2 infection**, Science Immunology, 6, 56, (2021). <https://doi.org/doi/10.1126/sciimmunol.abg6916>

Vanshylla K, Di Cristanziano V, et al. **Kinetics and Correlates of the Neutralizing Antibody Response to SARS-CoV-2**, SSRN Electronic Journal, (2021). <https://doi.org/10.2139/ssrn.3808085>

³⁶⁰ Dobaño C, Ramírez-Morros A, **Persistence and baseline determinants of seropositivity and reinfection rates in health care workers up to 12.5 months after COVID-19**, BMC Medicine, 19, 1, (2021). <https://doi.org/10.1186/s12916-021-02032-2>

³⁶¹ Reynolds C, Pade C, et al. **Prior SARS-CoV-2 infection rescues B and T cell responses to variants after first vaccine dose**, 30 Apr 2021, Science Mag <https://doi.org/10.1126/science.abh1282>

Leier H, Bates T, et al. **Previously infected vaccines broadly neutralize SARS-CoV-2 variants**, 29 Apr 2021, medRxiv; <https://doi.org/10.1101/2021.04.25.21256049>

Stamatatos L, Czartoski J, **mRNA vaccination boosts cross-variant neutralizing antibodies elicited by SARS-CoV-2 infection**, 25 Mar 2021, Science Mag <https://doi.org/10.1126/science.abg9175>

Nayak, K., Gottimukkala, K., Kumar, S., Reddy, E. S., Edara, V. V., Kauffman, R., Floyd, K., Mantus, G., Savargaonkar, D., Goel, P. K., Arora, S., Rahi, M., Davis, C. W., et al. **Characterization of neutralizing versus binding antibodies and memory B cells in COVID-19 recovered individuals from India**. 5 Mar 2021. Virology, 558, 13–21. <https://doi.org/10.1016/j.virol.2021.02.002>

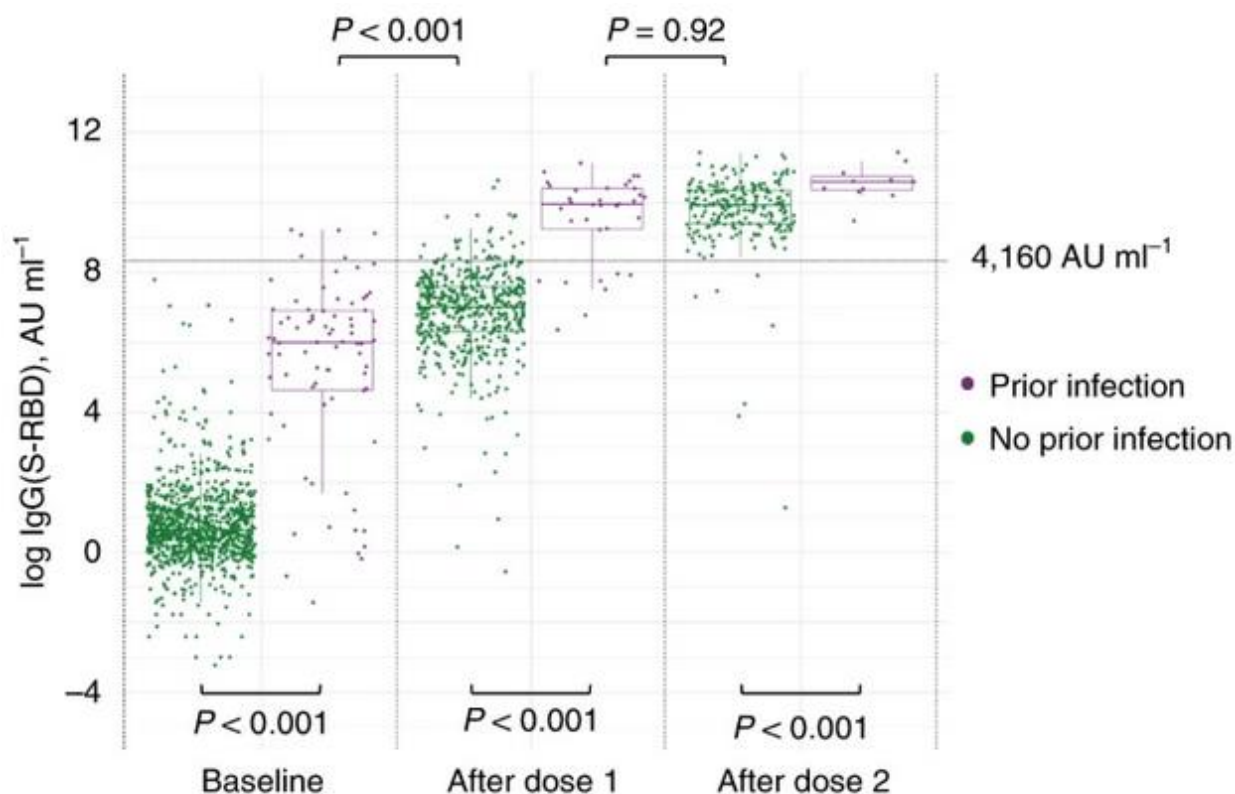
³⁶² Gazit S, Shlezinger R, et al. **Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections**. 24 Aug 2021 medRxiv 21262415; <https://doi.org/10.1101/2021.08.24.21262415>

³⁶³ Ilcochova, P., Kemp, S., Dhar, M.S. et al. **SARS-CoV-2 B.1.617.2 Delta variant replication and immune evasion**. 6 Sep 2021 Nature. <https://doi.org/10.1038/s41586-021-03944-y>

By December 2020 it was clear from the Pfizer trial data that the recovered didn't need a shot.³⁶⁴ 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 to prove immunity for passports? Proof of injection would be enough even in patients with immune deficiency by diabetes, cancer or being immunosuppressed or transplanted, known for failing to produce sufficient immune reaction after vaccination!

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.³⁶⁵



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.³⁶⁶ Green passes were given to the recovered, too.³⁶⁷

³⁶⁴

³⁶⁵ Ebinger J, Fert-Bober J, et al. **Antibody responses to the BNT162b2 mRNA vaccine in individuals previously infected with SARS-CoV-2.** 23 Feb 2021. Nat Med. <https://doi.org/10.1038/s41591-021-01325-6>

³⁶⁶ Jabal Kamal, Hila B et al. **Impact of age, ethnicity, sex and prior infection status on immunogenicity following a single dose of the BNT162b2 mRNA COVID-19 vaccine: real-world evidence from healthcare workers, Israel, December 2020 to January 2021.** Euro Surveill. 2021;26(6):pii=2100096. <https://doi.org/10.2807/1560-7917>

³⁶⁷ <https://www.loc.gov/law/foreign-news/article/israel-with-half-the-population-vaccinated-ministry-of-health-issues-covid-19-certificates-of-vaccination-or-recovery-and-green-passes/>

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.**”³⁶⁸ 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.**³⁶⁹

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 or 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.³⁷⁰ The study omitted the first wave recovered because the difference with the vaccinated was probably stronger. Another study with 32000 Israelites showed natural immunity was 13x more effective than vaccines in preventing infections and 27x preventing symptoms.³⁷¹

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.”³⁷²

Why is there discrimination towards the recovered, even if the vaccinated and the unvaccinated become equally infectious? (Delta viral load was similar)³⁷³

On the other hand, **previous COVID-19 infection, is associated with increased severe adverse events following vaccination** with Pfizer: headache, fatigue, myalgia, lymphadenopathy, etc.³⁷⁴

³⁶⁸ Vitale J, Mumoli N, Clerici P, et al. **Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy.** *JAMA Intern Med.* Published online May 28, 2021. <https://doi.org/10.1001/jamainternmed.2021.2959>

³⁶⁹ 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>

³⁷⁰ <https://www.haaretz.com/israel-news/israeli-study-recovered-covid-patients-with-one-vaccine-protected-like-three-doses-1.10195989>

³⁷¹ Gazit S, Shlezinger R, et al. **Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections.** 24 Aug 2021 medRxiv <https://doi.org/10.1101/2021.08.24.21262415>

³⁷² Cohen K, Linderman S, et al. **Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells,** 14 Jul 2021 Cell Reports Medicine, Elsevier. <https://doi.org/10.1016/j.xcrm.2021.100354>

³⁷³ Riemersma K, Grogan BE, et al. **Vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the SARS-CoV-2 delta variant,** 31 Jul 2021 medRxiv 261387; <https://doi.org/10.1101/2021.07.31.21261387> https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf

³⁷⁴ Raw R, Kelly A, et al. **Previous COVID-19 infection, but not Long-COVID, is associated with increased adverse events following BNT162b2/Pfizer vaccination,** 29 May 2021, Journal of Infection, <https://doi.org/10.1016/j.jinf.2021.05.035>

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, without any scientific evidence, censor scientific messages?**

Why did the NHS and the CDC³⁷⁵ 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?

Considering scarcity, why did governments hid that the COVID recovered didn't need vaccines and should not be vaccinated due to bad outcomes?³⁷⁶

Why do they hide that the recovered have better immunity than the fully vaccinated³⁷⁷, even more than the Pfizer vaccine?³⁷⁸

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."³⁷⁹ **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 count³⁸⁰, where the recovered show far better results than the vaccinated, but natural immunity is not

³⁷⁵ Johansson MA, Quandelacy TM, Kada S, et al. **SARS-CoV-2 Transmission From People Without COVID-19 Symptoms.** 7 Jan 2021 JAMA Netw Open. 2021;4(1):e2035057. <http://doi.org/10.1001/jamanetworkopen.2020.35057>

³⁷⁶ Stein E., **Can Antibody Tests Help Save Millions of Doses of Vaccine?** Inter-American Development Bank, February 8, 2021 <https://blogs.iadb.org/ideas-matter/en/can-antibody-tests-help-save-millions-of-doses-of-vaccine/>

³⁷⁷ Alfego D, Sullivan A, et al., **A population-based analysis of the longevity of SARS-CoV-2 antibody seropositivity in the United States,** 24 May 2021, The Lancet, EClinicalMedicine, <https://doi.org/10.1016/j.eclinm.2021.100902>

Wang Z, Muecksch F, et al., **Naturally enhanced neutralizing breadth to SARS-CoV-2 after one year,** 07 May 2021, bioRxiv.443175; <https://doi.org/10.1101/2021.05.07.443175>

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](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>

Goldberg Y, Mandel M, et al. **Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel,** 20 Apr 2021 medRxiv.21255670; <https://doi.org/10.1101/2021.04.20.21255670>

³⁷⁸ Goldberg Y, Mandel M, et al. **Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel,** 24 Apr 2021 medRxiv.21255670; <https://doi.org/10.1101/2021.04.20.21255670>

³⁷⁹ CNN Health, **Fully vaccinated people can visit unvaccinated family and friends, but one household at a time, CDC official says,** 22 Mar 2021, <https://edition.cnn.com/2021/03/22/health/fully-vaccinated-coronavirus-cdc-advice-wellness/index.html>

³⁸⁰ 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/>

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 (infectorships) are here to stay.**

WHO changed the definition of herd immunity to justify compulsory unneeded vaccination.³⁸¹ 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 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.³⁸²

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 epitopes³⁸³
- 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 immunocompromised): 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 Pediatrics.

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 months³⁸⁴) and those recovered with *current* antibodies (last 3 to 6 months). **Immunity duration is not defined by antibodies but immune cells (T, B),** which last years³⁸⁵ and produce antibodies in response to an infection. They also exclude those with genetic

³⁸¹ "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-covid-19-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>

³⁸² <https://edition.cnn.com/2021/03/18/health/us-coronavirus-thursday/index.html>

³⁸³ Grifoni, A. et al. **Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals.** *Cell*, (2020) <https://doi.org/10.1016/j.cell.2020.05.015>

Braun, J. et al. Presence of SARS-CoV-2 reactive T cells in COVID-19 patients and healthy donors. (2020) medRxiv, 2020.2004.2017.20061440, <https://doi.org/10.1101/2020.04.17.20061440>

³⁸⁴ In the case of RNA vaccines, it may last longer: until the artificially infected cells die exhausted from producing antibodies?

³⁸⁵ <https://www.statnews.com/2021/03/05/adapative-biotechnologies-covid19-test-microsoft/>

immunity (like north-western Europeans).³⁸⁶ **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?"

Waning immunity or zero yearly effectiveness?

If immunity was the point, why did they reject testing it and comparing it to the recovered? Because vaccines fail, miserably.

In a 3.5 million people Pfizer-Kaiser Permanente study "Vaccine effectiveness against the Delta variant was 93% after the first month, declining to **53% after four months.** Against other coronavirus variants, efficacy declined to 67% from 97%." ³⁸⁷ Before 6 months, it was below the 50% standard.

27 Oct 2021: unlike the immunity of the recovered, it was proven that: "immunity against the delta variant of SARS-CoV-2 waned in all age groups a few months after receipt of the second dose of vaccine." ³⁸⁸

Fulfilling this research's 1 Jan 2021 prophecy of COVID semestrial vaccination:

- 03 Aug 2021, at least eleven countries started third dose rollout. ³⁸⁹
- 29 Aug 2021, Israel offers booster to all the double vaxxed. ³⁹⁰
- 03 Oct 2021, Israel was the first country to require third dose for green pass. ³⁹¹
- 10 Nov 2021 A fake modelling study: "... **biannual boosters** are required to limit subsequent epidemic peaks an reduce the pressure on public health services.", funded by the same who opposed treatments: **Wellcome Trust, UKRI JUNIPER** modelling consortium and the Rapid Assistance in Modelling the Pandemic, National Institute for Health Research (**NIHR**), Engineering and Physical Sciences Research Council, Biotechnology and Biological Sciences Research Council, and CoMMInS. ³⁹²

³⁸⁶ Langton, DJ, Bourke, SC, et al. **The influence of HLA genotype on the severity of COVID-19 infection.** 25 Apr 2021 HLA. 2021; 1– 9. <https://doi.org/10.1111/tan.14284>

³⁸⁷ <https://www.reuters.com/business/healthcare-pharmaceuticals/pfizerbiontech-covid-19-vaccine-effectiveness-drops-after-6-months-study-2021-10-04/>

³⁸⁸ Goldberg Y, Mandel M, et al. **Waning Immunity after the BNT162b2 Vaccine in Israel.** 27 Oct 2021. New England Journal of Medicine <https://doi.org/10.1056/NEJMoa2114228> <https://www.nejm.org/doi/full/10.1056/NEJMoa2114228>

³⁸⁹ <https://www.firstpost.com/health/from-israel-to-britain-which-countries-are-planning-to-give-covid-19-vaccine-booster-shots-9859111.html>

³⁹⁰ <https://www.reuters.com/world/middle-east/israel-offers-covid-19-booster-shots-all-vaccinated-people-2021-08-29/>

³⁹¹ <https://blogs.shu.edu/thediplomaticenvoy/2021/10/12/israel-to-require-booster-shots-for-fully-vaccinated-individuals/>
<https://www.nytimes.com/2021/10/03/world/israel-covid-booster.html>

³⁹² Keeling MJ *et al.* **Waning, Boosting and a Path to Endemicity for SARS-CoV-2.** 10 Nov 2021 Preprint at medRxiv <https://doi.org/10.1101/2021.11.05.21265977>

- 17 Nov 2021, Argentina was the second country to announce the third booster to the whole population after 6 months of the last shot. ³⁹³
- 23 Nov 2021, the **ECDC recognized vaccines didn't protect for more than 6 months and that semestrial boosters were desirable.** ³⁹⁴
- 26 Nov 2021, another bad science paper promoting the third booster in order to be fully vaccinated. ³⁹⁵
- 02 Dec 2021 *Nature* lies "boosters should therefore help to move case numbers downwards" while shamelessly admitting "... **boosters might have to be taken every 6 to 12 months** to avoid surges in hospital admissions and deaths... but their durability, impact and ability to quash the new variant are unknown." ³⁹⁶

Yet, on 3 Jan 2022, professor Andrew Pollard, head of the U.K.'s Committee on Vaccination and Immunization, who helped create the Oxford-AstraZeneca shot, said: "We can't vaccinate the planet every four or six months. It's not sustainable or affordable." ³⁹⁷

Would the definition of "fully vaccinated" will go from one or two doses to perpetual boosters?

It depends on the resistance. Did the NWO change the plan, starting 2022? ³⁹⁸

³⁹³ <https://www.ambito.com/informacion-general/covid-19/carla-vizzotti-anuncio-que-se-aplicara-una-tercera-dosis-vacunas-n5305478>
<https://www.infobae.com/salud/2021/11/17/vizzotti-toda-la-poblacion-va-a-recibir-una-dosis-de-refuerzo/>

³⁹⁴ <https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-sars-cov-2-situation-november-2021>

³⁹⁵ Gardner BJ, Kilpatrick AM. **Third doses of COVID-19 vaccines reduce infection and transmission of SARS-CoV-2 and could prevent future surges in some populations: a modeling study.** 26 Nov 2021 Preprint at medRxiv <https://doi.org/10.1101/2021.10.25.21265500>

³⁹⁶ Dolgin E, **Omicron is supercharging the COVID vaccine booster debate.** 02 Dec 2021. <https://doi.org/10.1038/d41586-021-03592-2>

³⁹⁷ <https://www.telegraph.co.uk/news/2022/01/03/fourth-covid-jab-cant-vaccinate-planet-every-six-months-says/>

³⁹⁸ 04 Jan 2022 https://www.linkedin.com/posts/johndrockefeller_we-cant-vaccinate-the-planet-every-six-activity-6884189704900661249-2-m3



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Public Health Officer, Infectious Disease Epidemiologist, Dartmouth Geisel M...
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"We can't vaccinate the planet every four to six months. It's not sustainable or affordable," Professor Andrew Pollard, the director of the Oxford Vaccine Group and head of the UK's Committee on Vaccination and Immunization, told The Daily Telegraph in an interview published Tuesday.

Pollard also stressed the "need to target the vulnerable" going forward, rather than administering doses to everyone age 12 and older. More data is needed to ascertain "whether, when and how often those who are vulnerable will need additional doses," he said.

Pollard also said he thought further evidence was needed before offering a fourth Covid-19 shot to people in the UK, which is currently rolling out third shots to healthy people 18 and older, and at-risk people 16 and older.



'We can't vaccinate the planet every six months,' says Oxford vaccine scientist — CNN

It's even worse: vaccine effectiveness is measured by antibody response to artificial vaccine spike parts, not complete immunoglobulin response. So it's obvious that any booster will get a response to that particular vaccine spike, but that doesn't necessarily mean protection against the real wild virus.

Relative effectiveness to a randomized control group (initially 90%) proved to be useless to predict real life impact. **Absolute effectiveness was 0% or even negative.** **Real world** cases and deaths, after vaccinating up to 60-80% of the population (not counting up to 50% herd immunity from recovery) prove that vaccines didn't work in less than a year. **Stats prove that vaccines were useless against wild COVID in less than 6 months**, especially against variants. Most manufacturers have failed their promises to update vaccine composition and deploy.

Omicron: the best vaccine

By Jan 2022, it was clear COVID vaccines weren't effective with Omicron.³⁹⁹

Even Pfizer's CEO was quoted saying "he still [doesn't] know whether there's a need for them" since their effectiveness hasn't been fully studied yet.⁴⁰⁰

In spite of this, using Omicron as excuse, Turkey pushed for the fifth dose, while Israel, Chile and Denmark the fourth, and dozens of countries were going for the third.⁴⁰¹

³⁹⁹ Pfizer, Moderna: <https://www.timesofisrael.com/israeli-trial-worlds-first-finds-4th-dose-not-good-enough-against-omicron/>

⁴⁰⁰ <https://www.forbes.com/sites/alisondurkee/2022/01/10/chile-latest-country-to-roll-out-4th-covid-vaccine-shots---but-pfizer-ceo-still-unsure-whether-theyre-necessary/>

Omicron variant:

- doesn't affect the lower lungs
- presents low "adverse events", especially with proper treatment (n.b. ivermectin)
- has lower death rates than the seasonal flu
- has low hospitalization rates
- has lower case mortality ratio than any other variant
- is 100% free (a bad word for the legal Drug Cartel)
- Quickly reaches 95% Herd Immunity Threshold⁴⁰²
 - provides cross immunity against prior or future variants
 - reduces circulation of prior variants (niche effect)
 - it has the fastest deployment rate

it might end up working as the best vaccine and the first vaccine that actually works.

An infection is never good and shouldn't be promoted, yet if people are infected something good can come out of it: the end of the pandemic and the beginning of COVID as an endemic mild infection, just as the other non-COVID coronavirus which are part of the seasonal flu and nobody cares about them.

18 Feb 2022 **Bill Gates** said "**SADLY (!), the virus itself, particularly the variant called Omicron, is a type of vaccine, that is, it creates both B cell and T cell immunity. And it has done a better job of getting out to the world population than we have with vaccines.** If you do surveys of African countries, you get well over 80% of people have been exposed either to the vaccine or to various variants. What that does is it means the chance of severe disease, which is mainly related to **being elderly and having obesity or diabetes, those risks are now dramatically reduced because of that infection exposure.**"⁴⁰³

Pandemic of the vaccinated, not the unvaccinated

School closures aimed to nudge child vaccination

"children born during the pandemic have significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic... males and children in lower socioeconomic families have been most affected. Results highlight that even in the absence of direct SARS-CoV-2 infection and COVID-19 illness, **the environmental changes associated with the COVID-19 pandemic is significantly and negatively affecting infant and child development.**"⁴⁰⁴

Sep 2020, the British Columbia Center for Disease Control (BCCDC) reported "that:

⁴⁰¹ <https://www.forbes.com/sites/alisondurkee/2022/01/10/chile-latest-country-to-roll-out-4th-covid-vaccine-shots---but-pfizer-ceo-still-unsure-whether-theyre-necessary/>

<https://www.forbes.com/sites/dereksaul/2022/01/12/denmark-first-in-europe-to-offer-4th-covid-vaccine-dose/>

⁴⁰² García-García, D., Morales, E., Fonfría, E.S. et al. **Caveats on COVID-19 herd immunity threshold: the Spain case.** 12 Jan 2022 Sci Rep 12, 598 (2022). <https://doi.org/10.1038/s41598-021-04440-z>

⁴⁰³ <https://www.youtube.com/watch?v=U70Q9WqbMFM>

⁴⁰⁴ Deoni, S. C., Beauchemin, J., Volpe, A., Dâ Sa, V., & RESONANCE Consortium (2021). **Impact of the COVID-19 Pandemic on Early Child Cognitive Development: Initial Findings in a Longitudinal Observational Study of Child Health.** 11 Aug 2021 medRxiv : the preprint server for health sciences, 2021.08.10.21261846. <https://doi.org/10.1101/2021.08.10.21261846>

- i) children comprise a small proportion of diagnosed COVID-19 cases, have less severe illness, and mortality is rare
- ii) children do not appear to be a major source of SARS-CoV-2 transmission in households or schools, a finding which has been consistent globally
- iii) there are important differences between how influenza and SARS-CoV-2 are transmitted. School closures may be less effective as a prevention measure for COVID-19
- iv) school closures can have severe and unintended consequences for children and youth
- v) school closures contribute to greater family stress, especially for female caregivers, while families balance child care and home learning with employment demands vi) family violence may be on the rise during the COVID pandemic, while the closure of schools and childcare centres may create a gap in the safety net for children who are at risk of abuse and neglect.”⁴⁰⁵

Lockdowns for a reason, not health, not science.

June 2020, freemason Klaus **Schwab**, founder and executive chairman of the World Economic Forum at Davos, launched the Great Reset, exploiting the pandemic to build new foundations for the **economic, social, geopolitical, environmental, technological, microeconomic, industrial and individual reset, under a global government, increasingly suppressing national sovereignty.**⁴⁰⁶

Yet, in his book, **he recognized that there was no pandemic**: “The corona crisis is (so far) one of the least deadly pandemics the world has experience over the last 2000 years. In all likelihood, unless the pandemic evolves in an unforeseen way, the consequences of COVID-19 in terms of health and mortality will be mild compared to previous pandemics. At the end of June 2020 (at a time when the outbreak is still raging in Latin America, South Asia and much of the US), COVID-19 has **killed less than 0.006% of the world population.**”⁴⁰⁷

He was misattributed: “**The COVID-19 outbreak is the first big step towards unprecedented control over mankind**”.⁴⁰⁸ But would it make any difference?: his book about “The fourth industrial revolution” is clear about that (cf. Bluetooth vaccines).

Lock downs were justified with Government funded fake studies, like the Oxford or the German⁴⁰⁹ models. Lock downs were clearly intended to kill more people and drive the terrorized covi-sheeps towards vaccination.

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 and lifestyle changes (behavioural medicine)
- 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

⁴⁰⁵ http://www.bccdc.ca/Health-Info-Site/Documents/Public_health_COVID-19_reports/Impact_School_Closures_COVID-19.pdf

⁴⁰⁶ <https://www.weforum.org/great-reset>

<https://www.weforum.org/agenda/2020/07/covid19-this-is-how-to-get-the-great-reset-right>

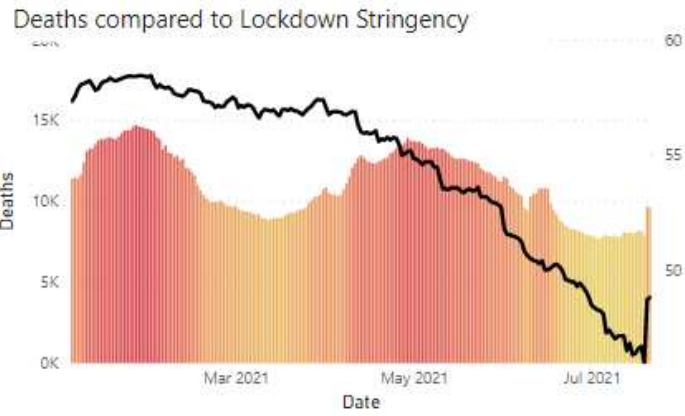
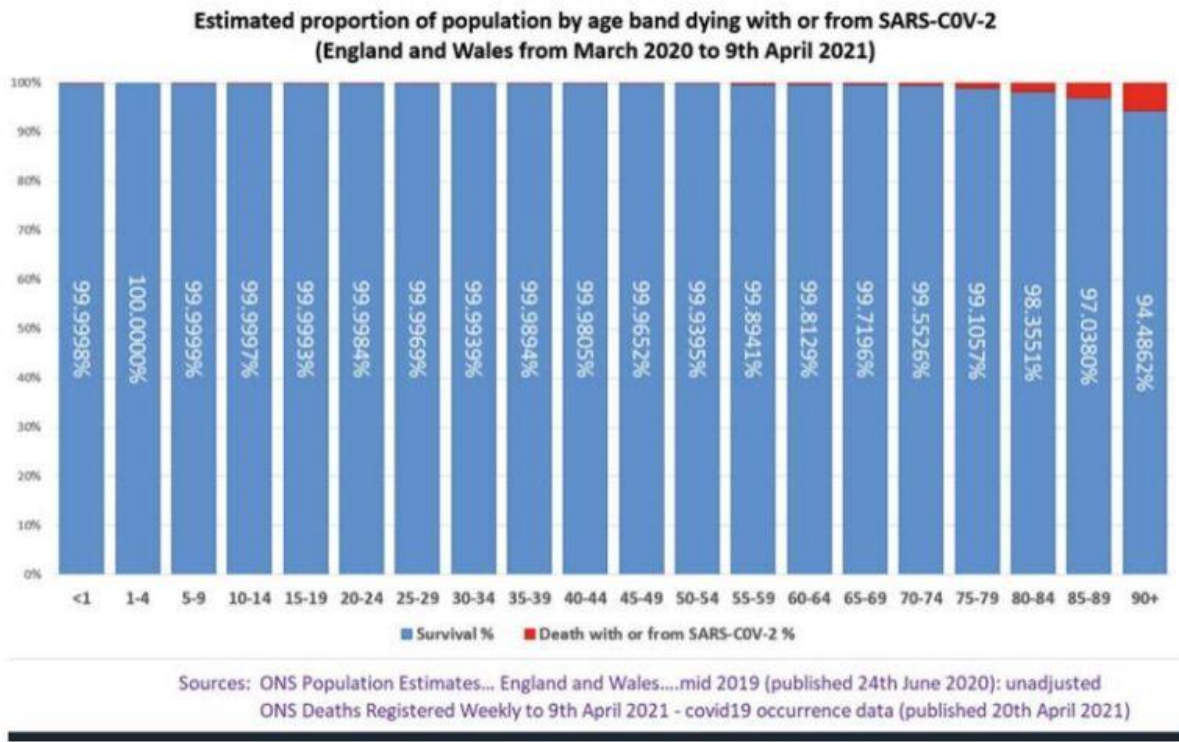
⁴⁰⁷ Schwab K, Malleret T, **COVID-19: The Great Reset** 9 Jul 2020, World Economic Forum, Forum Publishing ISBN 978-2-940631-12-4

⁴⁰⁸ <https://newzealandtimes.live/health/klaus-schwab-the-cov-19-outbreak-is-the-first-big-step-towards-unprecedented-control-over-mankind/>

<https://www.civilianintelligencenetwork.ca/2021/06/30/klaus-schwab-declares-pandemic-over/>

⁴⁰⁹ <https://greatgameindia.com/germany-hired-scientists-fake-coronavirus-model/>

By April 2020 it was clear that COVID was affecting the elderly and people with metabolic diseases (obesity, diabetes). There was no justification for general lock downs.



Global stringency (black) has no correlation to deaths (red).⁴¹⁰

“Rapid border closures, full lockdowns, and wide-spread testing were not associated with COVID-19 mortality per million people.”⁴¹¹ **“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**

⁴¹⁰ <https://www.pandata.org>
<https://app.powerbi.com/view?r=eyJrIjoiaMGVjYjYjYkhkMjMtMzhjMy00OWRkLWJINWItNjM0NzI0NjhiNTIklwiidCI6IjlkZWYwNTBILTEtMDUtNDk1ZC1iInZUzLWRhOGRIZTc5MGVmNyJ9>

⁴¹¹ Chaudhry R, Dranitsaris G, et al. **A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes**, 21 Jul 2020. The Lancet EClinicalMedicine. <https://doi.org/10.1016/j.eclinm.2020.100464>

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.”⁴¹²

Statistics of all countries showed no correlation between stringency index and cases, in fact, the setup of first lockdowns correlated with a wave increase in cases (the opposite of the narrative), while the removal of lockdowns didn't result in an increase. Low lockdown Africa showed the lowest case counts and deaths in the world.

In 27 countries, “15 days after the lockdown... there was no significant decline in the prevalence and mortality.”⁴¹³

“After subtracting the epidemic and lnNPI effects, we find no clear, significant beneficial effect of mNPIs on case growth in any country.”⁴¹⁴: England, France, Germany, Iran, Italy, Netherlands, Spain, South Korea, Sweden and the United States.

226 countries: “Less disruptive and costly non-pharmaceutical interventions (NPIs) can be as effective as more intrusive, drastic, ones (for example, a national lockdown).”⁴¹⁵

400 studies proved lockdowns and stringent measures didn't work.⁴¹⁶

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.”⁴¹⁷

In epidemiology textbooks nothing justifies general lockdowns. Sweden and Taiwan were the only developed countries in the world that kept its head cold.

20 studies and free Sweden prove lockdowns were not necessary, especially after the first few weeks, when HCQ and other drugs were proven effective.⁴¹⁸

On Jan 2022, the “lockdown science” was settled with a Johns Hopkins University meta-analysis identifying 18,590 studies: “Lockdowns have had little to no public health effects; they have imposed enormous economic

⁴¹² Coccia M. **The relation between length of lockdown, numbers of infected people and deaths of Covid-19, and economic growth of countries: Lessons learned to cope with future pandemics similar to Covid-19 and to constrain the deterioration of economic system.** 12 Feb 2021 *The Science of the Total Environment*, 775, 145801. <https://doi.org/10.1016/j.scitotenv.2021.145801>

⁴¹³ Meo, SA, Abukhalaf, AA, et al. **Impact of lockdown on COVID-19 prevalence and mortality during 2020 pandemic: observational analysis of 27 countries.** 10 Nov 2020. *Eur J Med Res* 25, 56. <https://doi.org/10.1186/s40001-020-00456-9>

⁴¹⁴ Bendavid, E, Oh, C, Bhattacharya, J, Ioannidis, JPA. **Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19.** 5 Jan 2021 *Eur J Clin Invest.* 2021; 51:e13484. <https://doi.org/10.1111/eci.13484>

⁴¹⁵ Haug, N., Geyrhofer, L., Londei, A. et al. **Ranking the effectiveness of worldwide COVID-19 government interventions.** 16 Nov 2020. *Nat Hum Behav* 4, 1303–1312 (2020). <https://doi.org/10.1038/s41562-020-01009-0>

⁴¹⁶ <https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/>

⁴¹⁷ Goldstein P, Yeyati EL, Sartorio L. **Lockdown fatigue: The declining effectiveness of lockdowns.** 30 Mar 2021.

<https://voxeu.org/article/declining-effectiveness-lockdowns>

<https://growthlab.cid.harvard.edu/publications/lockdown-fatigue-diminishing-effects-quarantines-spread-covid-19>

⁴¹⁸ <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>

and social costs where they have been adopted". In Europe and the United States COVID mortality was reduced by only 0.2%, which is not statistically significant.⁴¹⁹

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
5. Destroying religious attendance

<https://www.pewforum.org/chart/religious-attendance/>

26 Jun 2020, The New England Journal of Medicine (NEJM): "The authors recommend states first introduce a voluntary vaccine provision and if that proves "unsuccessful" then impose a vaccine mandate. This is necessary since "principles of public health ethics support trying less burdensome policies before moving to more burdensome ones."⁴²⁰

The genocidal intentions were proven with the use of the most burdensome policies were lockdowns and experimenting vaccines on the whole population, instead of treatments and lifestyle changes.

Anti-religion lockdowns

Being luciferian, freemasons are enemies of all organized religions, especially the ones based on the Bible.

Social engineering to de-religionize was achieving remarkable results, but the plandemic was a mortal blow, especially in Europe and the USA:

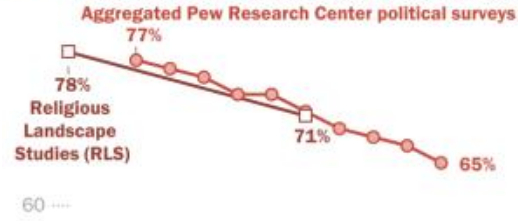
⁴¹⁹ <https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf>

⁴²⁰ Mello MM, Silverman RD, Omer SB. **Ensuring Uptake of Vaccines against SARS-CoV-2** 2020/06/26 New England Journal of Medicine 2020/10/01, Massachusetts Medical Society <https://doi.org/10.1056/NEJMp2020926>

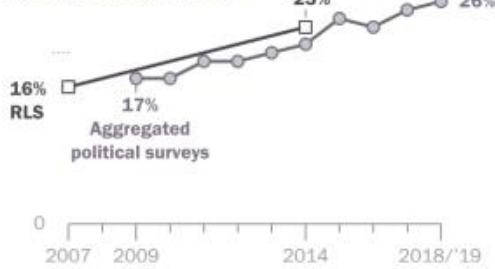
In U.S., smaller share of adults identify as Christians, while religious 'nones' have grown

% of U.S. adults who identify as ...

... Christian



... religiously unaffiliated



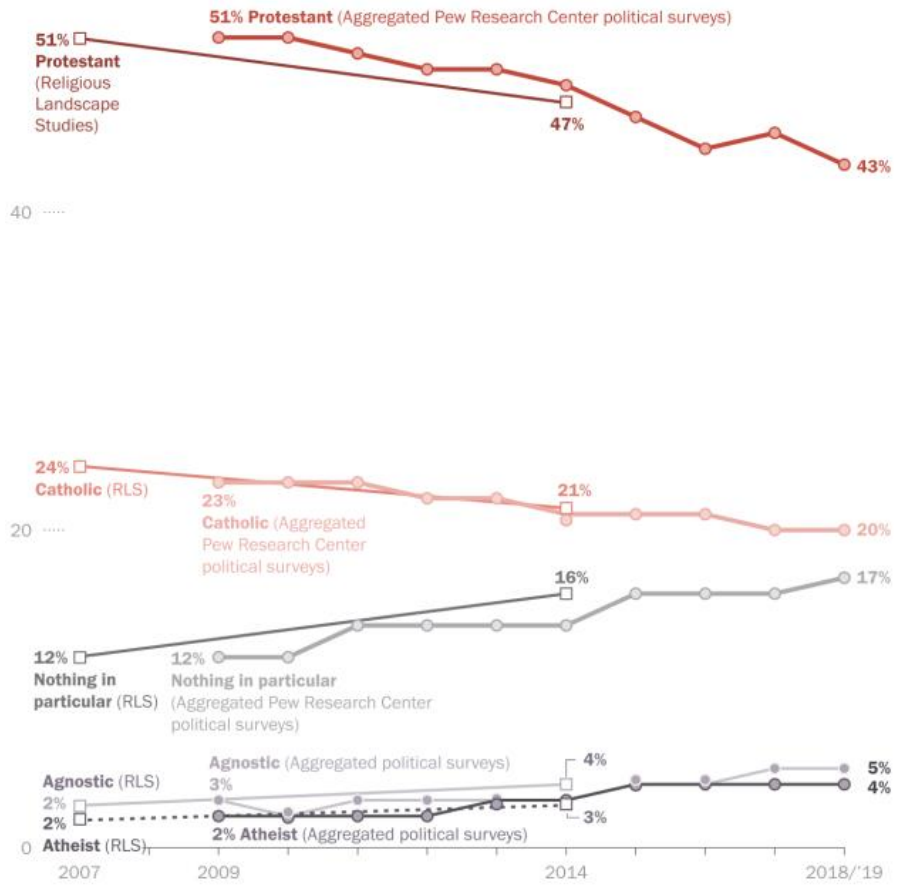
Source: Pew Research Center Religious Landscape Studies (2007 and 2014), Aggregated Pew Research Center political surveys conducted 2009-July 2019 on the telephone.

"In U.S., Decline of Christianity Continues at Rapid Pace"

PEW RESEARCH CENTER

Protestants and Catholics shrinking as share of U.S. population; all subsets of 'nones' are growing

% of U.S. adults who identify as ...



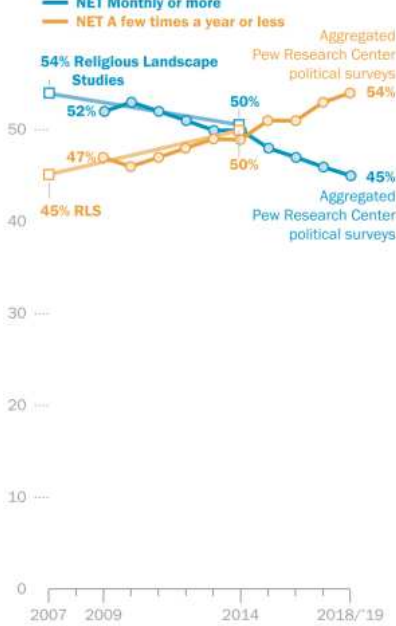
Source: Pew Research Center Religious Landscape Studies (2007 and 2014), Aggregated Pew Research Center political surveys conducted 2009-July 2019 on the telephone.

"In U.S., Decline of Christianity Continues at Rapid Pace"

PEW RESEARCH CENTER

In U.S., church attendance is declining

% of U.S. adults who say they attend religious services ...



Source: Pew Research Center Religious Landscape Studies (2007 and 2014), Aggregated Pew Research Center political surveys conducted 2009-July 2019 on the telephone. "In U.S., Decline of Christianity Continues at Rapid Pace"

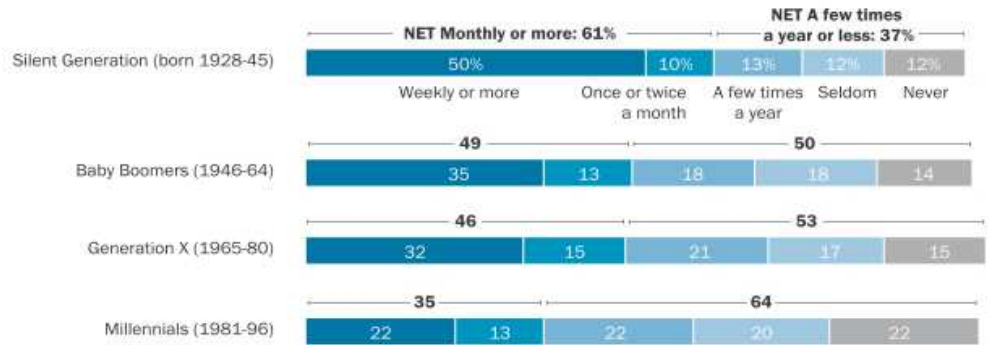
PEW RESEARCH CENTER

Large generation gap in American religion

In 2018/2019, % of U.S. adults who identify as ...



In 2018/2019, % of U.S. adults who say they attend religious services ...



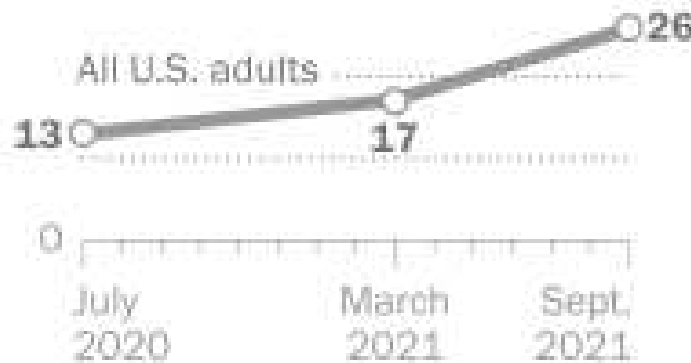
Note: Don't know/refused not shown.

Source: Aggregated Pew Research Center political surveys conducted January 2018-July 2019 on the telephone. "In U.S., Decline of Christianity Continues at Rapid Pace"

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<https://www.pewforum.org/2019/10/17/in-u-s-decline-of-christianity-continues-at-rapid-pace/>

% of US adults who say they have attended religious services in person at least last month:

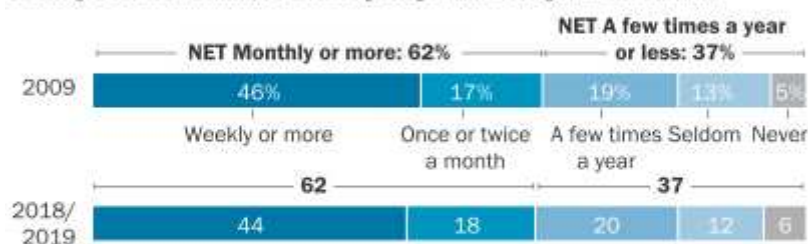


<https://www.pewforum.org/2021/10/15/most-americans-who-go-to-religious-services-say-they-would-trust-their-clergys-advice-on-covid-19-vaccines/>

COVID info-terrorism destroyed the habit of religious worship from 45% to 26%. With a starting point of 0% with the first lockdown, it is still 43% lower than pre-COVID. Only 3 out of 10 adults go to a religious service once a month. If we add minors, by September 2021, monthly religious attendance was reduced by more than half: the majority of church assembly was lost.

Among Christians, little change in rates of church attendance

Among U.S. Christians, % who say they attend religious services ...



Source: Aggregated Pew Research Center political surveys conducted 2009 and January 2018-July 2019 on the telephone.

"In U.S., Decline of Christianity Continues at Rapid Pace"

PEW RESEARCH CENTER

<https://www.pewforum.org/2019/10/17/in-u-s-decline-of-christianity-continues-at-rapid-pace/>

By the end of 2019, only 1 out of 10 adults (26% times 44%) attended Christian services each week. By Jan 2022, with few notable exceptions, most of the **religious leadership was still compliant with the health dictatorship and nothing is changed to reverse the trend.**

For the Catholic Church, it was even more incoherent, because the Code of Canon Law says that pastors can't refuse giving the sacraments to the faithful, yet they violated it unpunished. Also, Catholics are taught in the Catechism that missing Sunday Mass for no grave reason is a grave sin. If they knew that COVID is no grave reason, **9 out of 10 would go to eternal Hell** (unless repenting before dying). Also, in the Catholic "economy of salvation", among all charitable acts, the Mass is the most powerful way to collect God's infinite graces and apply them to history, especially to pay for sins and avoid their individual and collective punishment on earth (i.e. disgrace). The blow against Mass attendance meant a huge reduction in the level of graces, drained by increasing sin.

Destroying communities and religious funding (proportionate to attendance) was a side objective. Individualism, detached from cultural roots, reduces the chance of organized opposition. That's why, when occupying a country, the Nazis first aimed at cultural leaders and activities (e.g. Poland).

When the light of faith withers, darkness overcomes. The plandemic was the physical manifestation of a metaphysical problem (growing evil): the genocide wouldn't have been possible if the light of love had stood its ground against corruption and selfishness.

COVID vaccine, a grave sin?

The following 7 topics haven't been taken into account by the Christian leaders recommending haccination (genetic injections which hack the cells to produce the lethal spike protein, wrongly called vaccines):

1. Do no harm to yourself

1 Cor 3

16 Do you not know that you are the temple of God, and that the Spirit of God dwells in you?

17 If anyone destroys God's temple, God will destroy that person; for the temple of God, which you are, is holy.

1 Cor 6
19 Do you not know that your body is a temple of the holy Spirit within you, whom you have from God, and that you are not your own?
20 For you have been purchased at a price. Therefore, glorify God in your body.

2 Cor 6
16 What agreement has the temple of God with idols? For we are the temple of the living God...

Every Christian should take care of his own body for it is the "temple of the Holy Spirit". Counting with cheap effective treatments, it is unconscionable to accept experimental vaccines which cause injuries or even death, no matter how supposedly low the risk of injury may be (which isn't actually the case).

2. Do no harm to others

Also, Christians should abstain from anything that hurts others (Rm 14:15), by:

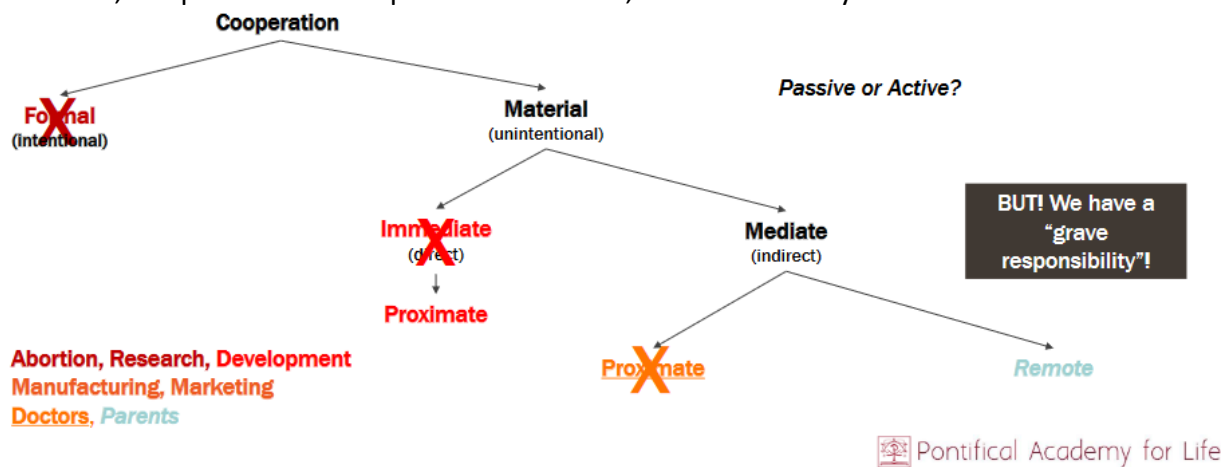
- Allowing the implementation of health passes unnecessarily restricts human rights and freedom.
- Allowing tracking systems through Trojan nano-routers injected with the vaccines (which indirectly show that the unvaxxed are not emitting the desired Bluetooth and Ultrasonic signal with privacy information such as whereabouts, contacts, vaccines taken and body information).
- Transferring spike proteins through breast-milk (hundreds of baby deaths) or the umbilical cord (thousands of miscarriages).
- Being more prone to get infected, with higher mouth viral load, thus causing more infections to others (compare Africa with near zero vaccination and COVID, with highly vaccinated countries with high COVID cases).
- Being more prone to other contagious diseases through a vaccine-weakened immune system.
- Being at risk of higher COVID hospitalization and death rates, thus causing an avoidable social and economic burden to family and community.
- Being at 40% higher risk of death from all causes (presumably from vaccine side effects).
- Encouraging dangerous experimental vaccination to non-risk groups, without real informed consent
- Forcing children in spite they don't die from COVID and they have 52 times more death risk than unvaxxed⁴²¹).

421

<https://www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fbirthsdeathsandmarriages%2fdeaths%2fdatasets%2fdeathsbyvaccinationstatusengland%2fdeathsoccurringbetween1januaryand31october2021/referencetable31.xlsx>
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland>

3. Passive remote cooperation with abortion

If a person, knowingly and willingly, receives an abortion tainted vaccine, without strongly protesting to lack of ethical alternatives, the person is accomplice of that crime, even if remotely.



<https://cogforlife.org/wp-content/uploads/ITEST-Talk-Moral-Calculus-and-Scandal.pdf>

Most people understand remote cooperation when they pay taxes, knowing part of them will fund abortion. Yet they don't know that all COVID vaccines (except one) are made with cell lines derived from murdered babies.⁴²²

2005 ETHICAL GUIDELINES:

- there is a **grave responsibility** to use alternative vaccines and to make a conscientious objection with regard to those which have moral problems;
- as regards the vaccines without an alternative, the **need to contest so that others may be prepared** must be reaffirmed, as should be the lawfulness of using the former in the meantime inasmuch as is necessary in order to avoid a serious risk not only for one's own children but also, and perhaps more specifically, for the health conditions of the population as a whole—especially for pregnant women;
- the lawfulness of the use of these vaccines should not be misinterpreted as a declaration of the lawfulness of their production, marketing and use, but is to be understood as being a passive material cooperation and, in its mildest and remotest sense, also active, morally justified as an *extrema ratio* due to the necessity to provide for the good of one's children and of the people who come in contact with the children (pregnant women);
- **such cooperation occurs in a context of moral coercion** of the conscience of parents, who are forced to choose to act against their conscience or otherwise, to put the health of their children and of the population as a whole at risk. **This is an unjust alternative choice, which must be eliminated as soon as possible.**⁴²³

⁴²² <https://s27589.pcdn.co/wp-content/uploads/2020/12/CHART-Analysis-of-COVID-19-Vaccines-02June21.pdf>

<https://cogforlife.org/wp-content/uploads/CovidCompareMoralImmoral.pdf>

<https://lozierinstitute.org/update-covid-19-vaccine-candidates-and-abortion-derived-cell-lines/>

<https://cogforlife.org/vaccines-abortion/>

<https://www.cbruk.org/newsandmedia>

⁴²³ <https://www.immunize.org/talking-about-vaccines/vaticandocument.htm>

<https://cogforlife.org/2015/02/03/conscientious-objection-vaccinations/>

Pontifical Academy for Life Statement: **Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Foetuses**. 13 Aug 2019 Linacre Q. 2019 May; 86(2-3): 182–187. <https://doi.org/10.1177/0024363919855896>

Remote cooperation with evil is tolerable if:	No excuses to use experimental abortion tainted vaccines:
There's an unavoidable need.	Except untreatable comorbidities (provided vaccines are safe and effective, which is not the case).
There's a grave and proportionate reason.	No reason to cooperate with evil, if there are abortion untainted vaccines (Covaxin? ⁴²⁴).
There are no good alternatives to the lesser evil.	There are cheap and effective treatments.
There are protests against the lesser evil, asking for an ethical alternative.	There's no formal complaint and there's no effort to produce or certify ethical vaccines, while condemning abortion with "maximum determination".

This analysis doesn't change when we learn that most (if not all) cell lines were produced from born children who were dissected alive: murder is murder, being inside or outside the womb. ⁴²⁵

"All of this gives rise to various ethical problems with regard to **cooperation in evil** and with regard to scandal." ⁴²⁶ "Furthermore, the moral requirements must be safeguarded that there be **no complicity in deliberate abortion and that the risk of scandal be avoided.**" ⁴²⁷

"In reality, the duty to avoid cooperation in evil and scandal relates to their ordinary professional activities, which they must pursue in a just manner and by means of which they **must give witness to the value of life by their opposition** to gravely unjust laws." ⁴²⁸

Padre Pio said: "**When you see a soul that announces abortion as a benign act, you will know that in it the prince of darkness reigns** and that it is in danger of eternal death. Woe to us if we consent with that miserable and mortal sin! We dare not take the place of the Creator and let no man do it. And **let us not be complicit in this cursed crime because of our silence or our lukewarmness.**" ⁴²⁹

4. Voluntary participation in Satanic sacrifice

Knowing that those who really control the COVID vaccine manufacturers are Satanists, some consider abortion tainted vaccines as no different from eating meat or blood from **a human victim offered to Satan in a ritual murder**, where we indirectly partake in the sacrifice.

St. Paul's passages seem to be very clear that Christians should abstain from abortion tainted vaccines:

Here he refers from voluntary participation, which is not the general case, unless someone, choses a tainted vaccine on purpose, having an ethical choice:

1 Cor 10

20 No, I mean that what they sacrifice, [they sacrifice] to demons, not to God, and I do not want you to become participants with demons.

⁴²⁴ <https://www.crisismagazine.com/2021/is-covaxin-the-pro-life-covid-vaccine-catholics-have-been-waiting-for>

<https://www.lifesitenews.com/news/745139/>

⁴²⁵ <https://fetaltissue.org/live-harvesting/>

⁴²⁶ Dignitas personae (2008), 34

⁴²⁷ Dignitas personae (2008), 35

⁴²⁸ Donum vitae (1987), 83

⁴²⁹ <http://www.catholicityblog.com/2019/11/abortion-is-double-crime-padre-pio.html>

21 You cannot drink the cup of the Lord and also the cup of demons. You cannot partake of the table of the Lord and of the table of demons.

22 Or are we provoking the Lord to jealous anger? Are we stronger than he?

23 “Everything is lawful,” but not everything is beneficial. “Everything is lawful,” but not everything builds up.

“The explanation Paul offers in 1 Cor 10:20 is drawn from Dt 32:17: the power behind the idols, with which the pagans commune, consists of demonic powers hostile to God... all sacrifices, Christian (1 Cor 10:16–17), Jewish (1 Cor 10:18), or pagan (1 Cor 10:20), establish communion. But communion with Christ is exclusive, incompatible with any other such communion (1 Cor 10:21; 1 Cor 6:15).”⁴³⁰

5. Involuntary participation in Satanic sacrifice

Here, St. Paul is clear: even involuntary participation should be avoided in order not to cause scandal on the weak which, through our bad example, could trivialize abortion and Satanism:

1 Cor 8

7 But not all have this knowledge. There are some who have been so used to idolatry up until now that, when they eat meat sacrificed to idols, their conscience, which is weak, is defiled.

8 Now food will not bring us closer to God. We are no worse off if we do not eat, nor are we better off if we do.

9 But make sure that this liberty of yours in no way becomes a stumbling block to the weak.

10 If someone sees you, with your knowledge, reclining at table in the temple of an idol, may not his conscience too, weak as it is, be “built up” to eat the meat sacrificed to idols?

11 Thus through your knowledge, the weak person is brought to destruction, the brother for whom Christ died.

12 When you sin in this way against your brothers and wound their consciences, weak as they are, you are sinning against Christ.

13 Therefore, if food causes my brother to sin, I will never eat meat again, so that I may not cause my brother to sin.

1 Cor 10

28 But if someone says to you, “This was offered in sacrifice,” (similar to “this cell line comes from a satanic sacrifice”) do not eat it on account of the one who called attention to it and on account of conscience;

29 I mean not your own conscience, but the other’s. For why should my freedom be determined by someone else’s conscience?

30 If I partake thankfully, why am I reviled for that over which I give thanks? (Importance of pre-blessing whatever we take, especially a vaccine or medicine)

31 So whether you eat or drink, or whatever you do, do everything for the glory of God.

32 Avoid giving offense, whether to Jews or Greeks or the church of God,

33 just as I try to please everyone in every way, not seeking my own benefit but that of the many, that they may be saved.

Rm 14

14 I know and am convinced in the Lord Jesus that nothing is unclean in itself; still, it is unclean for someone who thinks it unclean.

15 If your brother is being hurt by what you eat, your conduct is no longer in accord with love. Do not because of your food destroy him for whom Christ died.

⁴³⁰ <https://bible.usccb.org/bible/1corinthians/10>

6. Witchcraft

There's a famous exorcism case in Argentina where a Catechist was possessed just by eating, without knowing, a previously spelled meal: "**nothing is unclean in itself**" (Rm 14:14) and "**all things are pure**" (Rm 14:20; 1 Cor 10:25-27) but food could become linked to a demonic influence through an evil spell.

Some think it isn't possible to discard that the Satanists hexed abortion cell lines or the vaccine batches. There could be spiritual damage: it strikes them how most vaxxed have like a spiritual blindfold that keeps them from understanding facts and scientific information.

7. Avoiding scandal

The above objections cause scandal, which could be a grave sin particularly for Christian authorities:

Catholic Catechism 2285 *"Scandal takes on a particular gravity by reason of the authority of those who cause it or the weakness of those who are scandalized. It prompted our Lord to utter this curse: "Whoever causes one of these little ones who believe in me to sin, it would be better for him to have a great millstone fastened round his neck and to be drowned in the depth of the sea." Scandal is grave when given by those who by nature or office are obliged to teach and educate others. ..."*

For the sake of avoiding scandal of those with feeble faith or of non-believers, St. Paul is clear: scandal (receiving an abortion tainted shot) should be avoided even if the person believes there's no reason to change behaviour:

1 Cor 10:28: "if someone present explicitly raises the question of the sacrificial origin of the food; eating in such circumstances may be subject to various interpretations, some of which could be harmful to individuals. Paul is at pains to insist that the enlightened Christian conscience need not change its judgment about the neutrality, even the goodness, of the food in itself (1 Cor 10:29–30); yet the total situation is altered to the extent that others are potentially endangered, and this calls for a different response, for the sake of others." ⁴³¹

Conclusion

Objectively, in order for a sin to be grave, the matter should be grave.

Subjectively, the person should previously know it is grave and should freely will to sin.

Christians expect a scientific, theological and detailed answer to the seven topics which involve grave matters.

The science is clear. ⁴³² Why are churches not following it?

Vax child abuse

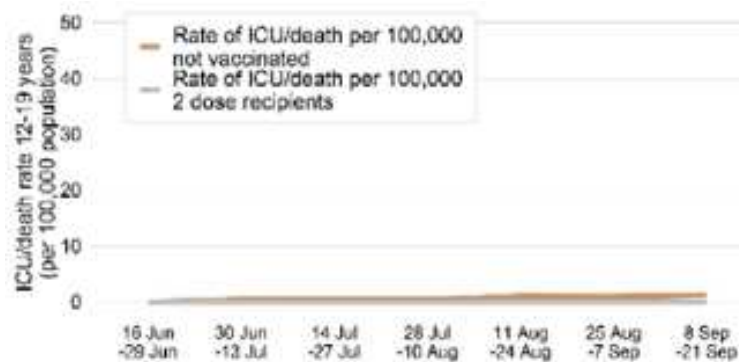
⁴³¹ <https://bible.usccb.org/bible/1corinthians/10>

⁴³²

https://www.academia.edu/45000293/COVID_cure_or_perpetual_vaccination_30_cheap_effective_treatments_or_never_ending_infective_unsafe_injections_Scientific_proof_of_the_PLANdemic_with_1000_peer_reviewed_published_references



Vaccination among COVID-19 cases in the New South Wales (Australia) Delta outbreak ⁴³³



The stats showed that the unvaccinated teens had nearly the same death rate as the double vaccinated: both near zero.

In 2004, after a brave BBC documentary about New York children’s homes where the kids were used as guinea pigs for pharmaceutical AIDS drug trials and 200 of them died, the Bill & Melinda Gates Foundation bribed The BBC into submission with 42 million dollars. This continued in coordination with other foundations. ⁴³⁴

In 2011 Bill Gates said in a CNN interview:

“... progress can be made in both inventing new vaccines and making sure they get out to *all the children...* and then you would have all the tools to reduce childhood death, reduce population growth, and everything -- the stability, the environment -- benefits from that.” He continued misinforming by denying any connection between vaccines and autism or deaths, while accusing parents of vaccine-injured children as murderers of the babies who died because of non-vaccination. ⁴³⁵

⁴³³ Higher cases in the unvaccinated could be explained because the vaccinated are not periodically tested for passes. Data shows about 20% of cases are undefined and therefore could possibly be vaccinated.

<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/in-focus/covid-19-vaccination-case-surveillance-051121.pdf>

⁴³⁴ <https://www.youtube.com/watch?v=is6Dtx8bXSU>

<https://politicsthisweek.wordpress.com/2021/11/04/not-the-bcfm-politics-show-presented-by-tony-gosling-64/>

⁴³⁵ <http://edition.cnn.com/2011/HEALTH/02/03/gupta.gates.vaccines.world.health/index.html>

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” (note: 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.**”⁴³⁶ **Not even now there’s scientific evidence of vaccine safety in babies: that statement proves a vaccine agenda rather than vaccine obstinacy?**

CDC: COVID survival rates age 0-19: 99.997%, infection fatality ratio 0.00003 (30 per million)⁴³⁷

By November 2021, children between 5 and 11 had a ratio of 0.00009 of deaths *with* COVID (172 in 2 million infected) and zero deaths *from* COVID. Only 4% of total infections (2 out of 49 million) and 0.02% of COVID deaths (172/743000). If we consider that **the cohort is 28 million, 172 deaths means 0%.**

In the UK, about 800 reviewed papers show contraindication towards vaccinating children⁴³⁸, 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.**”⁴³⁹ Yet, defying the science, **countries prioritized vaccination of disabled children, proving an eugenics agenda.**

BMJ: “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...”⁴⁴⁰

“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.”⁴⁴¹

In July 2021, the BMJ published a well-informed article proving it is immoral to vaccinate children: “Should society be considering vaccinating children, subjecting them to any risk, not for the purpose of benefiting them but in order to protect adults? We believe the onus is on adults to protect themselves.... it is ethically dubious to pursue a hypothetical protection of adults while exposing children to harms, known and unknown. The risk/benefit consideration may be different in children at relatively higher risk of severe disease, such as those

⁴³⁶ <https://www.gatesnotes.com/Health/What-you-need-to-know-about-the-COVID-19-vaccine>

⁴³⁷ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html#table-1> 10 Sep 2019

⁴³⁸ <https://dontforgetthebubbles.com/evidence-summary-paediatric-covid-19-literature/>

⁴³⁹ 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**, 07 Jul 2021, PREPRINT (Version 1) Research Square <https://doi.org/10.21203/rs.3.rs-689684/v1>

⁴⁴⁰ Kirsten C, Unrath M, et al., **SARS-CoV-2 seroprevalence in students and teachers: a longitudinal study from May to October 2020 in German secondary schools**. BMJ Open, 10 Jun 2021 <https://bmjopen.bmj.com/content/11/6/e049876>

Gandini SM, Rainisio ML, et al. **A cross-sectional and prospective cohort study of the role of schools in the SARS-CoV-2 second wave in Italy**. Lancet Reg Health Eur 5: 10009, <https://doi.org/10.1016/j.lanepe.2021.100092>

⁴⁴¹ Lu, L., C. T. Koh, et al. **Role of Asymptomatic Children in Community Severe Acute Respiratory Syndrome Coronavirus 2 Transmission**. 2021 The Journal of infectious diseases 223(10): 1834-1836.

who are obese or immunocompromised.”⁴⁴² Yet, YouTube removed Family Research Council video about **vaccinating minors against parental consent**.⁴⁴³ 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”:

26 Oct 2021, with one abstention, a **FDA 17-member death panel unanimously approved Pfizer for 5 year old children under the blatant lie that benefits were higher than risks!**



They recognized that a COVID death rate of 1 in half a million was too low for justifying vaccination, but justified their nonsense by using the kids as human shields for the elderly, even if the CDC had recognized vaccines didn't generate any herd protection, while using the very few children with immune diseases as a sentimental low blow.

Now compare 2 per million COVID deaths with 13 cases per million of cerebrovenous sinus thromboses (CVST) per year, caused by COVID vaccines.⁴⁴⁴

Of course, clinical trials in children and adolescents involved such a few cases that the risk of severe side effects couldn't be assessed. By the way, did the CDC Dr. Peter Marks inflate the death numbers from less than 100 to 172 from 29 Oct to 01 Nov 2021?

They hid to the public that the alleged 8300 hospitalizations (one third ICU) were all related to comorbidities: most if not all of those children would have been hospitalized anyway due to the other conditions.

⁴⁴² Abi-Jaoude E, Doshi P, Michal-Teitelbaum C, **Covid-19 vaccines for children: hypothetical benefits to adults do not outweigh risks to children**, 13 Jul 2021 <https://blogs.bmj.com/bmj/2021/07/13/covid-19-vaccines-for-children-hypothetical-benefits-to-adults-do-not-outweigh-risks-to-children/>

⁴⁴³ <https://www.frcaction.org/updatearticle/20210720/social-overload>
<https://rumble.com/vk1qj9-mary-holland-warns-of-the-dangers-of-removing-parental-protections-from-chi.html>
<https://www.globenewswire.com/news-release/2021/07/13/2262296/0/en/Children-s-Health-Defense-Files-Lawsuit-Challenging-District-of-Columbia-Act-Allowing-Children-to-be-Vaccinated-Without-Parental-Knowledge-or-Consent.html>

⁴⁴⁴ Seferovic PM, Ponikowski P, Anker SD, et al. **Clinical practice update on heart failure 2019: pharmacotherapy, procedures, devices and patient management. An expert consensus meeting report of the heart failure association of the European Society of cardiology.** Eur J Heart Fail 2019;21:1169–86. <http://doi.org/10.1002/ejhf.1531> pmid: <http://www.ncbi.nlm.nih.gov/pubmed/31129923>

They also hid that with such low hospitalization and death rates it is statistically impossible to prove any efficacy in real life, unless millions are involved in the trials. Mercenary science approved by mercenary politics health agencies!:

- Pfizer claimed 93% efficacy in hospitalization prevention (12 - 18 y.o.) and 91% elimination of symptoms in children (which were statistically insignificant already) and 100% in adolescents: no vaccine manufacturer ever has claimed 100% efficacy.
- Moderna claimed 93% efficacy after 2 weeks of the first dose (yet recommended a second dose), after only studying 3700 teens (12-17 y.o.), where the unvaccinated arm *reportedly* got 4 infection cases.

Coincidentally, **COVID cases and deaths in adolescents rose *pari passu* with their vaccination.** The USA approved teen vaccination by May 2021. Many US school boards voted to make the jab mandatory to attend class. By the end of July, 42% of 12 to 17-year-olds had received their first dose and 32% their second dose of either the Pfizer or Moderna shots.⁴⁴⁵

Out of 6.2 million infected children and teens since the beginning of 2020, 1.1 million Delta cases (18%!) occurred in the 6 weeks from mid-September to 21 Oct 2021, with **nearly half of all the COVID deaths in the short vaccination period** (316 deaths by May 2021 according to the American Academy of Pediatrics, 630 by the end of October).

Both manufacturers claim that vaccinated children got the same level of antibodies as adults, which could be very worrying if this is measured in absolute and not in relative terms.

*"Sola dosis facit venenum"*⁴⁴⁶ means that a substance can produce the harmful effect associated with its toxic properties only if it reaches a susceptible biological system within the body in a high enough concentration.⁴⁴⁷

Unbelievably, doses are not reduced for vaccines like the HPV vaccine, which is given with the same dose for adults and for 11 year olds. **Yet, Pfizer discovered that adolescents from 12 to 15 years old had severe cardiovascular problems with the adult COVID dose.**

Pfizer had to reduce the dose by a staggering 67% for children (from 30 to 10 mg) in order to reduce reactogenicity, i.e. lethal side effects proven to be caused by COVID vaccines. For example, Multisystem Inflammatory Syndrome in Children (MIS-C), a condition where heart, lungs, kidneys, brain, skin, eyes, gastrointestinal organs and other body parts could become inflamed.⁴⁴⁸



The first MIS-V (vaccination) from January 2021 was reported in the BMJ.⁴⁴⁹ Followed by more studies.⁴⁵⁰

<https://www.bmj.com/news/health-58516207>

Coronavirus Revisited: The Dose Concept in a Complex World. Basic & clinical pharmacology & toxicology, 24 Jun 2016.

<https://doi.org/10.1111/bcpt.12622>

Dose Makes the Poison on (Yale, 2011)

[http://web/20110202055026/http://learn.caim.yale.edu/chemsafe/references/dose.html](https://web/20110202055026/http://learn.caim.yale.edu/chemsafe/references/dose.html)

<https://www.cdc.gov/mis/index.html>

⁴⁴⁹ Nune A, Iyengar KP, Goddard C, et al. **Multisystem inflammatory syndrome in an adult following the SARS-CoV-2 vaccine (MIS-V).**

Jul 2021. BMJ Case Reports CP 2021;14:e243888. <http://dx.doi.org/10.1136/bcr-2021-243888>

⁴⁵⁰ Salzman MB, Huang C, O'Brien CM, et al. **Multisystem Inflammatory Syndrome after SARS-CoV-2 Infection and COVID-19 Vaccination.** 25 May 2021 Emerging Infectious Diseases.;27(7):1944-1948. <http://doi.org/10.3201/eid2707.210594>

https://wwwnc.cdc.gov/eid/article/27/7/21-0594_article

Grome HN, Threlkeld M, Threlkeld S, et al. **Fatal Multisystem Inflammatory Syndrome in Adult after SARS-CoV-2 Natural Infection and COVID-19 Vaccination.** 24 Sep 2021 Emerging Infectious Diseases. 2021;27(11):2914-2918. <http://doi.org/10.3201/eid2711.211612>

https://wwwnc.cdc.gov/eid/article/27/11/21-1612_article

24 Aug 2021, the Danish Medicines Agency reported a case of MIS-C in a 17 year old after Pfizer vaccination: "MIS-C can be a very serious condition if it is not treated in time. Common symptoms are persistent severe fever sometimes with symptoms affecting many other parts of the body such as diarrhoea, vomiting, stomach pain, headache, tiredness, chest pain and difficulty breathing."⁴⁵¹ Coincidentally, those very symptoms are reported after COVID vaccines.

Pfizer and Moderna are already testing on 6 months babies and plan massive rollout by 2022. Another Pharma child abuse!

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.⁴⁵²

Due to UK lockdown, **five times more children committed suicide than died with COVID.**⁴⁵³

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.**⁴⁵⁴ **Even with vaccination, kids will need ivermectin against thrombotic complications caused by the virus.**⁴⁵⁵ **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?).

There are no deaths *from* COVID, only deaths *with* COVID.⁴⁵⁶ **Why are children being vaccinated against COVID knowing the vaccine causes injuries and deaths?**

Salzman MB, Huang C, O'Brien CM, et al. **Multisystem Inflammatory Syndrome after SARS-CoV-2 Infection and COVID-19 Vaccination.** 25 May 2021 Emerging Infectious Diseases.;27(7):1944-1948. <http://doi.org/10.3201/eid2707.210594>

https://wwwnc.cdc.gov/eid/article/27/7/21-0594_article

⁴⁵¹ <https://laegemiddelstyrelsen.dk/en/news/2021/danish-medicines-agency-investigates-a-case-of-inflammatory-condition-reported-after-covid-19-vaccination/>

<https://laegemiddelstyrelsen.dk/en/news/themes/reported-side-effects-for-covid-19/>

<http://dkma.dk>

⁴⁵² <https://www.lifesitenews.com/news/massachusetts-legislature-mulls-allowing-kids-of-any-age-to-be-vaccinated-without-parental-knowledge-or-consent>

<https://healthchoice4actionma.org/>

⁴⁵³ 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>

⁴⁵⁴ Ramaswamy A, Brodsky N, et al. **Immune dysregulation and autoreactivity correlate with disease severity in SARS-CoV-2-associated multisystem inflammatory syndrome in children,** 13 Apr 2021 *Cell*, Volume 54, ISSUE 5, P1083-1095.e7, May 11, 2021

<https://doi.org/10.1016/j.immuni.2021.04.003>

⁴⁵⁵ 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>

⁴⁵⁶ <https://off-guardian.org/2020/07/02/no-one-has-died-from-the-coronavirus-president-of-the-bulgarian-pathology-association/>

<https://principia-scientific.com/top-pathologist-no-one-has-died-from-the-coronavirus/>

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**⁴⁵⁷, in which case they may be partially omitted from the computation of herd immunity.”⁴⁵⁸**
- **Children are less likely to transmit COVID-19 than adults.⁴⁵⁹ Yet “public health leaders say, parents must ‘vaccinate the young to protect the old.’ Given the federal government’s estimate that one vaccine injury results from every 39 vaccines administered⁴⁶⁰, it seems clear that **officials expect children to shoulder 100% of the risks of COVID vaccination in exchange for zero benefit.**”⁴⁶¹**

Without an effective treatment (which isn’t the case), **the best cost-effective strategy would be to reduce comorbidities through behavioural medicine and treatments (vitamin deficiency, smoking, obesity, sleep hypoxia⁴⁶²), and if not possible, to vaccinate the risks groups and let the low risk population achieve natural herd immunity with a mild to moderate disease, just as the initial strategy used with the flu shots. Yet, countries are aggressively pushing vaccines on children, who suffer COVID with mild flu-like symptoms.**

We are repeating the same mistake as with the children poxes, which are mild in children, who then develop herd immunity. By vaccinating them, there’s no herd immunity, turning the disease into a severe one in adults. The poxes are a clear case where vaccination created a monster, turning a kitty into a deadly tiger.

The official (false) narrative claims that vaccines work and 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 *plandemic* was all about yearly *universal* vaccination. They are getting away with the ideology that **children must be used as vaccine-cannon fodder, collateral damage, acceptable unintended civilian casualties of dirty vaccines in the dirty war against the virus.**

⁴⁵⁷ Goldstein, E., Lipsitch, M. & Cevik, M. **On the effect of age on the transmission of SARS-CoV-2 in households, schools and the community.** Preprint at medRxiv <https://doi.org/10.1101/2020.07.19.20157362> (2020)

⁴⁵⁸ 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>

⁴⁵⁹ Lee B, Raszka W, **COVID-19 Transmission and Children: The Child Is Not to Blame.** Pediatrics Aug 2020, 146 (2) e2020004879 <https://doi.org/10.1542/peds.2020-004879>

⁴⁶⁰ “715,000 patients. A total of 1.4 million vaccine doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (**2.6 percent of vaccinations**) were identified. This is an average of **1.3 events per clinician per month**. The team concluded that it is possible to automatically detect adverse events in defined ways, and to electronically report them to VAERS. Decision support functions can be repurposed, so that in addition to detecting reportable diseases, they can detect events that are related to vaccination, as potential vaccine adverse events.”

Lazarus R, Klompas M, **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**

<https://healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>

<https://childrenshealthdefense.org/news/vaccine-injuries-ratio-one-for-every-39-vaccines-administered/>

⁴⁶¹ <https://childrenshealthdefense.org/defender/herd-immunity-myth-covid-vaccines-kids-deceptive-dangerous/>

⁴⁶² Pena Orbea C, Wang L, et al. **Association of Sleep-Related Hypoxia With Risk of COVID-19 Hospitalizations and Mortality in a Large Integrated Health System.** 10 Nov 2021 *JAMA Netw Open.* 4(11):e2134241. <https://doi.org/10.1001/jamanetworkopen.2021.34241>

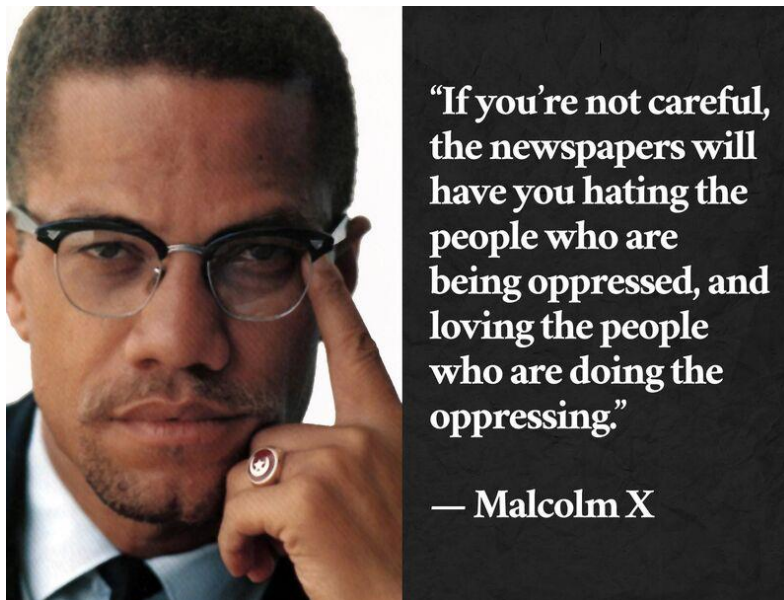
Is it the **human pride or plain anti-scientific stupidity** to think we can eradicate a high mutating virus through vaccination? Is it Big Business (Big Corruption)? Is it a conspiracy for depopulation, either by killing, crippling or infertility? A bit of all?

50000 of Doctors spoke out: nothing happened!

September 2020, over 500 German doctors in the Außerparlamentarischer Corona Untersuchungsausschuss (ACU, Corona Extra-Parliamentary Inquiry Committee): **“The Corona panic is a play. It’s a scam. A swindle. It’s high time we understood that we’re in the midst of a global crime.”** ⁴⁶³

September 2021, over 50 thousand medical doctors and professionals signed the Rome declaration.

Pandemic of the unvaccinated?

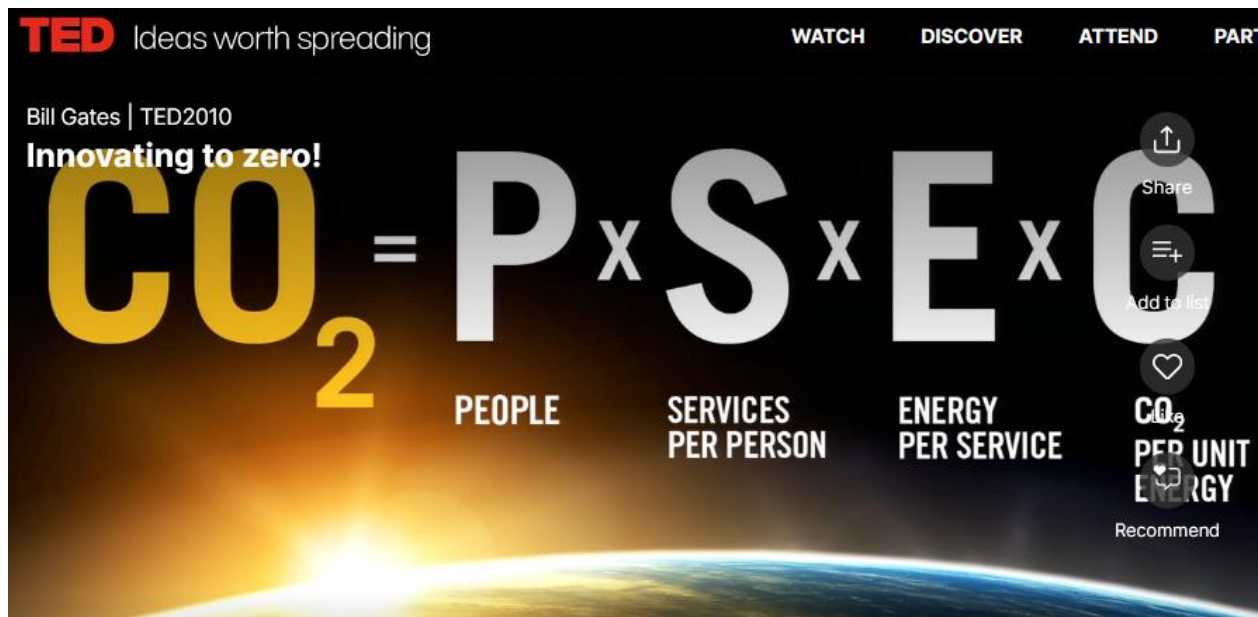


Data scientist, Behzad Nikzad wrote: “If the unvaccinated who are being hospitalized are almost always above 50 years old, then how exactly will a person under 50 getting vaccinated reduce the strain on hospital beds?” ⁴⁶⁴

Do COVID vaccines hide a depopulation agenda?

⁴⁶³

⁴⁶⁴ 06 Jan 2022 https://www.linkedin.com/posts/behzad-nikzad_i-am-a-data-scientist-i-like-data-i-like-activity-6884573853335506944-s6X0



In 2010 **Bill Gates** said in a TED talk promoting decarbonisation by population culling as a solution to the weather change fake crisis: “So you’ve got a thing on the left, **CO2**, that you want to get to zero, and that’s going to be based on the number of people, the services each person is using on average, the energy, on average, for each service, and the CO2 being put out per unit of energy... The world today has 6.8 billion people. That’s headed up to about 9 billion. Now, **if we do a really great job on new vaccines**, health care, reproductive health services (i.e. murdering unborn babies through abortion and abortifacients promoted by the Bill&Melinda Gates Foundation), **we could lower that by, perhaps 10 or 15 percent**”.⁴⁶⁵

In 2011, he said, following **Darwin and Malthus** ideologies, that he entered public health in 1997 to focus on contraception⁴⁶⁶: “the answer lay in population control” “vaccines made no sense”, but in 1999 he found out that **vaccination lead to less birth rates**: “We moved pretty heavily into vaccines once we understood that” **Population control is the only thing that motivates Gates’ “philanthropy”**. His definition of power is clear: “When you have the ability to not just solve a problem but also to create a sustainable market that addresses it.”⁴⁶⁷ Like solving the population problem by terrorizing the world to buy unneeded COVID vaccines?

Despite global fertility rate is below workforce replacement level and that, since 2017, each year fewer babies are being born than the previous one, his depopulation agenda is even clearer in his latest book.⁴⁶⁸

Despite the warnings about physiological consequences⁴⁶⁹, clinical trials and authorities didn’t trace permanent infertility and “miscarriages”⁴⁷⁰ found to be caused by *all* 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?

⁴⁶⁵ https://www.ted.com/talks/bill_gates_innovating_to_zero?language=en

<https://singjupost.com/innovating-to-zero-bill-gates-full-transcript/>

⁴⁶⁶ 18 Feb 2012 <https://www.gatesnotes.com/about-bill-gates/a-conversation-with-bill-gates-population-growth>

⁴⁶⁷ <https://www.forbes.com/sites/matthewherper/2011/11/02/the-second-coming-of-bill-gates/>

⁴⁶⁸ Gates, W. **How to Avoid a Climate Disaster: The Solutions We Have and the Breakthroughs We Need**. 16 Feb 16, 2021 Alfred A. Knopf N.Y. Toronto.

⁴⁶⁹ America’s Frontline Doctors White Paper On Experimental Vaccines For COVID-19

<https://img1.wsimg.com/blobby/go/99d35b02-a5cb-41e6-ad80-a070f8a5ee17/SMDwhitepaper.pdf>

⁴⁷⁰ <https://www.lifesitenews.com/news/frontline-doctor-fbi-broke-down-my-door-in-swat-team-raid-of-20-men-guns-blazing>

Planned Parenthood is an organization whose main purpose is population control, through abortion, “comprehensive sexuality education” (CSE) disinformation, 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 US 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?** ⁴⁷¹

Similarly, a **Planned Parenthood** funded foundation in Argentina for AIDS, *Fundación Huesped*, was not only responsible for the national government CSE and abortion programs, but also for **commanding the government for all lockdowns and mask mandates. It was also in charge of the clinical trials of supposedly competing vaccines, like Sinopharm and AstraZeneca.**

Burroughs Wellcome (later GlaxoSmithKline) moved from America to Britain & the British Society of the Elect

Interestingly, the **AstraZeneca 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 Genetics⁴⁷² 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.**” ⁴⁷³ AstraZeneca kept the right to make profits on the vaccine, once the pandemic is over... according to its own definition of it being over?

One of the founders of the weather change fear set a 1.6 billion global population target.⁴⁷⁴
The globalist Georgia stones: 500 million.

Infertilizing women through COVID vaccination

According to section 10.4.2 of the Pfizer/BioNTech trial protocol, “**a woman of childbearing potential (WOCBP) is eligible to participate if she is not pregnant or breastfeeding, and is using an acceptable contraceptive**

⁴⁷¹ <https://www.plannedparenthood.org/learn/health-and-wellness/covid-19-new-coronavirus/covid-19-vaccine>

Also, newsletter sent 2 Apr 2021.

⁴⁷² “1880: Burroughs, Wellcome & Co is established by Silas Burroughs and Henry Wellcome in London, UK

1936: Henry Wellcome dies and his various interests around the world are brought together as Wellcome Foundation, owned by the Wellcome Trust

1985: Wellcome Trust sells the first shares in Wellcome Foundation, which is renamed Wellcome Plc

1995: Wellcome Plc is bought by Glaxo to form GlaxoWellcome, which later becomes GlaxoSmithKline

1995: The Wellcome Trust – or now just Wellcome – has become an independent charitable foundation”

<https://wellcome.org/who-we-are/history-wellcome>

Typically freemason: all their personal fortunes end up in a freemason foundation, because they are just figureheads. Just as with Bill Gates, Warren Buffet and The Giving pledge. **Notice how a non-profit became a for-profit (Wellcome Plc). This is illegal in many countries.**

⁴⁷³ <https://articles.mercola.com/sites/articles/archive/2021/03/13/oxford-astrazeneca-eugenics-links.aspx>

<https://unlimitedhangout.com/2020/12/investigative-series/developers-of-oxford-astrazeneca-vaccine-tied-to-uk-eugenics-movement/>

⁴⁷⁴ Strong, Maurice; Kofi Annan (2001). **Where on Earth are We Going**. New York, London: Texere. ISBN 1-58799-092-X.

method as described in the trial protocol during the intervention period (for a minimum of 28 days after the last dose of study intervention).”⁴⁷⁵

“The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain **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.

“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.”⁴⁷⁶

“The syncytiotrophoblast 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.”⁴⁷⁷



Until publishing, Prof. Sarah Gilbert, designer of the Oxford/AstraZeneca 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. Unanswering proves a compromising answer: **37 000 menstrual and ovarian issues in the UK alone.**

COVID-19 VACCINE ADVERSE DRUG REACTIONS TO 29/09/2021

GYNAECOLOGICAL REACTIONS

Type of Condition	Reactions	Deaths
Foetal complications	1737	3
Exposures associated with pregnancy, delivery and lactation	3463	0
Spontaneous Abortions and Stillbirths	606	19
Menstrual and Ovarian Issues	36755	0
Total	42561	22

Total Adverse Reactions: 1,222,565 (6,969 this week) Total Deaths: 1,698 (16 this week)

 **Yellow Card** Source: coronavirus-yellowcard.mhra.gov.uk  **UK Freedom Project**

One of the reasons that **women represent 70% of adverse events** worldwide, according to WHO VigiAccess, is because of they had a higher life expectancy (more age, more adverse events) but also because of “**Reproductive system and breast disorders: 87,539 cases, of which 80 000 were reproductive** by 13 Oct 2021.”⁴⁷⁸

⁴⁷⁵ https://2020news.de/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf

⁴⁷⁶ Feb 2020 <https://virological.org/t/response-to-ncov2019-against-backdrop-of-endogenous-retroviruses/396>

⁴⁷⁷ <https://why.org/segments/the-placenta-went-viral-and-protomammals-were-born/>

⁴⁷⁸ <http://vigiaccess.org/>

It is a long list, but people need to go through them and answer before vaccination: **am I willing to risk even one of these consequences of inoculation for a disease which has over 30 effective, safe and cheap treatments which avoid hospitalization?:**

Heavy menstrual bleeding (22546), Menstruation delayed (13137), Menstrual disorder (11816), Menstruation irregular (11604), Dysmenorrhoea (10212), Intermenstrual bleeding (7603), Vaginal haemorrhage (6019), Amenorrhoea (5363), Polymenorrhoea (4916), Breast pain (4900), Postmenopausal haemorrhage (2089), Hypomenorrhoea (1818), Oligomenorrhoea (1631), Breast swelling (1277), Pelvic pain (1055), Breast tenderness (858), Breast mass (625), Erectile dysfunction (601), Premenstrual syndrome (560), Adnexa uteri pain (527), Testicular pain (501), Vaginal discharge (468), Premenstrual pain (453), Suppressed lactation (348), Menstrual discomfort (330), Endometriosis (329), Menometrorrhagia (322), Breast discomfort (315), Breast enlargement (312), Nipple pain (307), Uterine haemorrhage (302), Uterine spasm (251), Ovulation pain (241), Vulvovaginal pain (228), Menopausal symptoms (225), Uterine pain (223), Ovarian cyst (192), Breast inflammation (170), Genital haemorrhage (164), Testicular swelling (149), Abnormal withdrawal bleeding (133), Abnormal uterine bleeding (129), Polycystic ovaries (120), Breast cyst (118), Genital pain (104), Prostatitis (103), Vulvovaginal pruritus (98), Lactation disorder (95), Infertility (93), Pruritus genital (89), Vulval haemorrhage (83), Genital rash (81), Breast oedema (79), Breast discharge (77), Premature menopause (76), Vulvovaginal burning sensation (75), Genital ulceration (74), Vulvovaginal discomfort (72), Vulval ulceration (71), Pelvic haemorrhage (69), Haemospermia (68), Breast engorgement (64), Scrotal pain (61), Vaginal ulceration (60), Sexual dysfunction (59), Gynaecomastia (57), Vulvovaginal swelling (57), Vulvovaginal dryness (56), Ovarian cyst ruptured (55), Galactorrhoea (51), Withdrawal bleed (50), Genital burning sensation (49), Organic erectile dysfunction (49), Prostatomegaly (48), Penis disorder (45), Genital swelling (44), Pelvic discomfort (43), Scrotal swelling (42), Nipple swelling (41), Genital discomfort (40), Lactation puerperal increased (39), Adenomyosis (38), Breast induration (38), Breast disorder (37), Ovulation disorder (36), Premenstrual dysphoric disorder (36), Premenstrual headache (36), Benign prostatic hyperplasia (34), Priapism (33), Galactostasis (32), Testicular disorder (32), Erection increased (31), Ovarian vein thrombosis (31), Vaginal cyst (31), Uterine polyp (30), Genital blister (28), Penile haemorrhage (28), Breast disorder female (27), Breast haematoma (27), Coital bleeding (27), Vulval disorder (27), Ejaculation disorder (26), Endometrial thickening (26), Penile swelling (26), Ejaculation failure (25), Genital lesion (25), Penile pain (24), Spontaneous penile erection (24), Vaginal lesion (24), Vulvovaginal rash (24), Premature ovulation (23), Dyspareunia (22), Genital tract inflammation (21), Nipple disorder (21), Perineal pain (21), Uterine inflammation (21), Balanoposthitis (19), Breast milk discolouration (19), Penile vein thrombosis (19), Genital erythema (18), Labia enlarged (18), Breast discolouration (17), Genital paraesthesia (17), Haemorrhagic ovarian cyst (17), Oedema genital (17), Ovarian disorder (17), Ovarian haemorrhage (17), Vulvovaginal inflammation (17), Penile oedema (16), Vulvovaginal erythema (16), Vulvovaginal ulceration (16), Cervix haemorrhage uterine (15), Infertility female (15), Testis discomfort (15), Vaginal odour (15), Ovarian enlargement (14), Uterine disorder (14), Noninfective oophoritis (13), Breast haemorrhage (12), Fibrocystic breast disease (12), Genital hypoaesthesia (12), Nipple inflammation (12), Vaginal disorder (12), Varicocele (12), Endometrial hyperplasia (11), Nipple exudate bloody (11), Prostatic pain (11), Uterine enlargement (11), Adnexal torsion (10), Bartholin's cyst (10), Orchitis noninfective (10), Penile rash (10), Prostatic disorder (10), Scrotal oedema (10), Anisomastia (9), Cervical polyp (9), Menopausal disorder (9), Menopause delayed (9), Ovarian mass (9), Pelvic congestion (9), Penile blister (9), Penile discomfort (9), Penile erythema (9), Polymenorrhagia (9), Testicular oedema (9), Painful ejaculation (8), Painful erection (8), Penile discharge (8), Peyronie's disease (8), Retrograde menstruation (8), Vulval oedema (8), Cervical discharge (7), Cervical dysplasia (7), Endometrial disorder (7), Hydrosalpinx (7), Pelvic haematoma (7), Scrotal erythema (7), Shortened cervix (7), Uterine tenderness (7), Adnexa uteri mass (6), Breast hyperplasia (6), Cervix disorder (6), Ejaculation delayed (6), Female reproductive tract disorder (6), Genital discharge (6), Ovarian failure (6), Penile curvature (6), Perineal disorder (6), Semen discolouration (6), Testicular mass (6), Uterine cyst (6), Aspermia (5), Breast calcifications (5), Ectropion of cervix (5), Female sexual dysfunction (5), Mammary duct ectasia (5), Pelvic fluid collection (5), Penile burning sensation (5), Retracted nipple (5), Scrotal dermatitis (5), Scrotal discomfort (5), Testicular atrophy (5), Vaginal mucosal blistering (5), Atrophic vulvovaginitis (4), Breast atrophy (4), Cervix

inflammation (4), Cervix oedema (4), Epididymal enlargement (4), Fallopian tube disorder (4), Female genital tract fistula (4), Feminisation acquired (4), Genital cyst (4), Genital discolouration (4), Haematosalpinx (4), Haemorrhagic breast cyst (4), Metrorrhoea (4), Nipple enlargement (4), Pelvic floor muscle weakness (4), Perineal rash (4), Plasma cell mastitis (4), Retrograde ejaculation (4), Testicular retraction (4), Testicular torsion (4), Uterine prolapse (4), Varicose veins pelvic (4), Vulva cyst (4), Artificial menopause (3), Bleeding anovulatory (3), Cervical cyst (3), Clitoral engorgement (3), Enlarged clitoris (3), Genital disorder (3), Genital hyperaesthesia (3), Infertility male (3), Mastoptosis (3), Nipple oedema (3), Ovarian hyperstimulation syndrome (3), Penile vascular disorder (3), Poor milk ejection reflex (3), Prostatic haemorrhage (3), Scrotal exfoliation (3), Superovulation (3), Testicular cyst (3), Uterine mass (3), Vaginal prolapse (3), Breast fibrosis (2), Breast milk odour abnormal (2), Breast necrosis (2), Cervix erythema (2), Cervix haematoma uterine (2), Epididymal cyst (2), Epididymal disorder (2), Hydrometra (2), Male sexual dysfunction (2), Nocturnal emission (2), Ovarian necrosis (2), Pelvic prolapse (2), Penile haematoma (2), Penile size reduced (2), Prostatic obstruction (2), Prostatism (2), Scrotal angiokeratoma (2), Scrotal disorder (2), Spermatic cord haemorrhage (2), Spontaneous ejaculation (2), Uterine cervical pain (2), Vaginal erosion (2), Vaginal haematoma (2), Vaginal polyp (2), Acquired hydrocele (1), Acquired phimosis (1), Adnexa uteri cyst (1), Asherman's syndrome (1), Azoospermia (1), Breast disorder male (1), Cervical friability (1), Cystocele (1), Endocervical mucosal thickening (1), Endometrial atrophy (1), Epididymal tenderness (1), Fallopian tube cyst (1), Fallopian tube obstruction (1), Fallopian tube spasm (1), Female sexual arousal disorder (1), Genital dysaesthesia (1), Genital odour (1), Genitals enlarged (1), Heterogeneous testis (1), Hypospermia (1), Inadequate lubrication (1), Male reproductive tract disorder (1), Ovarian adhesion (1), Ovarian hyperfunction (1), Ovarian oedema (1), Ovarian rupture (1), Penile erosion (1), Penile exfoliation (1), Perineal cyst (1), Perineal erythema (1), Perineal haematoma (1), Perineal ulceration (1), Prostate tenderness (1), Prostatic calcification (1), Prostatic cyst (1), Rectocele (1), Scrotal haemorrhage (1), Scrotal inflammation (1), Spermatocele (1), Spermatorrhoea (1), Testicular appendage torsion (1), Testicular haemorrhage (1), Testicular infarction (1), Testicular microlithiasis (1), Thrombosis corpora cavernosa (1), Uterine cervix hyperplasia (1), Uterine cervix stenosis (1), Uterine obstruction (1), Varicose veins vaginal (1), Varicose veins vulval (1), Vulval haematoma (1), Vulvar dysplasia (1), Vulvar erosion (1), Vulvovaginal exfoliation (1).

Add:

Anovulatory cycle (141)

Premature menarche (46)

This means millions of women will never conceive or will find it difficult to conceive, even worse, with semestrial booster shots.

Murdering babies through bad recommendations

In a comprehensive review of ca. 500 studies involving 28,952 mothers with covid-19 who sought hospital care, funded by the "German Federal Ministry of Health (BMG) covid-19 Research and development support to the World Health Organization and the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)":

1. Mother-baby transmission was as rare as 0.1% in North America (1% globally due to unreliable data).
2. Those percentages could be halved if we consider the huge rate of PCR false positives.
3. COVID19 didn't affect babies due to their extremely low ACE-2 receptor density.

Conclusion, there was no problem with COVID at all during pregnancy and breastfeeding.

"SARS-CoV-2 RNA is detected in amniotic fluid, placenta, vaginal fluid, and breast milk, but **detection of virus in these biological specimens may not necessarily indicate infection in the baby.** The observed association

between postnatal diagnosis of maternal SARS-CoV-2 and neonates who test positive could also be attributed to horizontal transmission from the mother, caregivers, or health workers, or from the neonate's environment.

We did **not find any association between breastfeeding practice and SARS-CoV-2 positivity** in neonates, consistent with **rare findings of RT-PCR positivity in breast milk samples**.

... amniotic fluid, placenta, and vaginal secretions, finding a pathogen in such samples does not necessarily correlate with infection of the fetus.

No associations were shown between SARS-CoV-2 positivity in babies and the trimester of maternal infection (third versus first or second trimester), preterm birth, mode of delivery, breastfeeding, or mother-baby separation at birth." ⁴⁷⁹

Not counting the horror of experimental vaccination on pregnant and breastfeeding women, every single recommendation for them was lethal for the babies:

- Pre-term delivery
- C-section
- Mother-baby separation
- Forbidding of breastfeeding
- Abortion considered an *essential* activity during lock downs
- Death of pregnant woman by denial of lifesaving treatments or recommendation of lethal protocols (ventilator)

Murdering babies through vaxxed breastmilk

Many lactating babies died a few hours or days after mother was vaccinated.

8974 breast disorders (VigiAccess): Breast pain (4900), Breast swelling (1277), Breast tenderness (858), Breast mass (625), Breast discomfort (315), Breast enlargement (312), Breast inflammation (170), Breast cyst (118), Breast oedema (79), Breast discharge (77), Breast engorgement (64), Breast induration (38), Breast disorder (37), Breast disorder female (27), Breast haematoma (27), Breast discolouration (17), Breast haemorrhage (12), Breast hyperplasia (6), Breast calcifications (5), Breast atrophy (4), Breast fibrosis (2), Breast necrosis (2).

Also, milk disorders: Breast milk discolouration (19), Breast milk odour abnormal (2), Poor milk ejection reflex (3)

Murdering babies through a needle

In the UK above table, vaccination was linked to:

- **3463 problems with pregnancy, delivery and lactation**
- **1737 fetal complications** (risk of **lifelong disability and death**)
- **606 deaths of unborn babies**. Interesting consequence of "legal" abortion: "spontaneous" abortions were not classified in the "Deaths" column⁴⁸⁰, only stillbirths⁴⁸¹

⁴⁷⁹ Allotey J, Chatterjee S, et al. **SARS-CoV-2 positivity in offspring and timing of mother-to-child transmission: living systematic review and meta-analysis** 2022 BMJ; 376 :e067696 <https://doi.org/10.1136/bmj-2021-067696>

⁴⁸⁰ <https://www.linkedin.com/feed/update/urn:li:share:6852859487619973120>

⁴⁸¹ In the UK, "A stillbirth is when a baby is born dead after 24 completed weeks of pregnancy. It happens in around 1 in every 200 births in England. If the baby dies before 24 completed weeks, it's known as a miscarriage or late foetal loss."

<https://www.nhs.uk/conditions/stillbirth/>

7 Jan 2022, **VAERS (USA) was reporting 3594 miscarriages: for safety reasons, pregnant women were excluded from all phases in clinical trials but there was no problem in pushing them into massive COVID experimental vaccination without any prior safety data.**

WHO VigiAccess shows 5000 pregnancy issues. Obviously, **the database is heavily under-reported**, considering there are 5000 in the UK alone.

Still, both numbers are statistically huge:

The number of pregnancy problems is smaller than others, like thrombi, which are massive. Yet, in proportion they are much higher, because **the number of pregnancies is small in comparison to the whole population, and vaccinated pregnancies were even smaller** (started by mid 2021).

Also, problems in pregnancy have a huge impact on

The following should have triggered a red alert and halted all vaccination to pregnant women, and yet there was not a single reaction in any country of the world:

Abortion spontaneous (3008), **Pregnancy** (338), **Foetal death** (257), **Abortion missed** (127), **Premature labour** (113), **Haemorrhage in pregnancy** (106), **Abortion** (103), **Foetal hypokinesia** (93), **Premature delivery** (89), **Uterine contractions during pregnancy** (85), **Foetal growth restriction** (80), **Morning sickness** (77), **Premature baby** (77), **Stillbirth** (77), **Delivery** (76), **Ectopic pregnancy** (68), **Premature separation of placenta** (55), **Pre-eclampsia** (53), **Premature rupture of membranes** (52), **Induced labour** (50), **Live birth** (50), **Gestational diabetes** (46), **Anembryonic gestation** (42), **Uterine hypertonus** (41), **Uterine contractions abnormal** (37), **Preterm premature rupture of membranes** (36), **Postpartum haemorrhage** (29), **Pelvic girdle pain** (28), **Abortion threatened** (22), **Placental disorder** (22), **Complication of pregnancy** (20), **First trimester pregnancy** (18), **Gestational hypertension** (18), **Amniorrhoea** (17), **Decidual cast** (15), **HELLP syndrome** (15), **Foetal disorder** (14), **Subchorionic haematoma** (14), **Threatened labour** (14), **Abortion early** (13), etc.

Add:

Foetal cardiac arrest (17)

Cardiac arrest neonatal (1)

Tachycardia foetal (21)

Bradycardia foetal (10)

Foetal heart rate disorder (3)

Foetal heart rate deceleration abnormality (2)

Foetal heart rate acceleration abnormality (1)

Foetal arrhythmia (1)

Foetal heart rate acceleration abnormality (1)

Sinusoidal foetal heart rate pattern (1)

In sum, **those 4000 baby deaths could have been avoided by using treatments when necessary, instead of turning pregnant women and their babies into involuntary guinea pigs.** Also, vaccines disabled many babies for life.

Castrating men?

“In the United States, a miscarriage is usually defined as loss of a baby before the 20th week of pregnancy, and a stillbirth is loss of a baby at or after 20 weeks of pregnancy.” <https://www.cdc.gov/ncbddd/stillbirth/facts.html>

Untreated COVID results in its spike proteins reaching male genitalia, linked to low sperm count. COVID injections hack cells to produce clotting spike proteins (or parts). Cases were reported that after vaccination thrombi went to male genitals, thus impeding sexual intercourse (impotence) or lowering semen and quantity.

Conclusion

Those numbers are just the tip of the iceberg:

- **WHO tracks only a few countries.**
- **Most cases are not denounced.**
- **Numbers could be 100 times higher or more, considering they were just starting to vax the pregnant and will be 1000x more after semestrial booster shots.**

Why aren't medical societies denouncing this? Why are obgyn and paediatricians going public? Are they all accomplices to global culling by cowardice or guilty ignorance?

Distrust

Dr. Breggin's research shows this is not about conspiracy theories but proven conspiracies:

“Why did they:

- Plan Operation Warp Speed for a SARS-CoV pandemic years before it came?
- Distribute mRNA and DNA vaccines that killed lab animals and now humans?
- Collaborate with the Chinese making pandemic viruses & bioweapons?
- Hide the origin of SARS-CoV-2 in the Wuhan Institute?
- Let China spread the virus around the world on passenger planes?
- Give so much power to Dr. Anthony Fauci?
- Pay all vaccine company expenses, market unsafe experimental vaccines, force vaccines on children who don't need them, protect the drug companies from liabilities and ignore unprecedented astronomical numbers of vaccine deaths?
- Focus their draconian public health efforts on destroying Western democracies?

Why do they continue to:

- Prohibit cheap, available, safe and effective COVID-19 treatments?
- Impose draconian closures on our society and economy?
- Disproportionately harm or destroy small businesses and churches?
- Make us wear masks and distance ourselves from each other?
- Exaggerate the death rate from COVID-19 to frighten us?
- Hide the high and growing vaccine death rate from all of us?
- Make experimental “vaccines” that turn our bodies against ourselves?”⁴⁸²

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?

⁴⁸² Breggin PR, Ross G, **COVID-19 and the global predators: we are the prey**.30 Sep 2021, ISBN 978-0-9824560-6-4
<https://www.wearetheprey.com/>

After all COVID vaccines failed for over a decade, isn't it suspicious that *all of a sudden*, most COVID vaccines developed in months were declared effective and, even worse, that **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? **This is a clear attack on on vulnerable groups.** For example, individuals with AIDS, Polyglandular autoimmune syndrome (PAS) or rare autoimmune diseases, like hashimoto, pernicious anemia, and Addison's. **Without any proof, the WHO and UNICEF recommend vaccinating** those groups.⁴⁸³

Why did the president of Belarus say that the World Bank offered a rolling billion dollars to impose unscientific damaging measures like lockdowns/masks/police state?⁴⁸⁴ 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 *Artemisia*."⁴⁸⁵ **Bill Gates offered a 10 million USD bribe for forced vaccination in Nigeria.**⁴⁸⁶ "The Tanzanian President kicked out WHO from the country after goat and papaya samples came COVID-19 PCR positive."⁴⁸⁷ "Days after, Burundi also kicked out WHO Coronavirus Team from the country for interference in internal matters."⁴⁸⁸

Why is it that although Argentina promised legal immunity against anything, Pfizer rejected supplying vaccines because it didn't cover *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: **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"**⁴⁸⁹ and a few months later, the CDC recognized the opposite?

Why do authorities insist in unscientific lies?:⁴⁹⁰

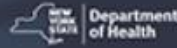
⁴⁸³ 14 Apr 2021 <https://www.unicef.org/montenegro/en/stories/people-autoimmune-diseases-can-receive-covid-19-vaccine>
⁴⁸⁴ <https://tg-news.com/covid-19/belarusian-president-lukashenko-states-that-imf-offered-a-billion-usd-to-impose-lockdown/>
⁴⁸⁵ <https://greatgameindia.com/who-offered-20m-bribe-to-poison-covid-19-cure-madagascar-president/>
⁴⁸⁶ <https://greatgameindia.com/bill-gates-offered-10-million-bribe-for-forced-vaccination-in-nigeria/>
⁴⁸⁷ <https://greatgameindia.com/tanzania-kicks-out-who-after-goat-papaya-samples-came-covid-19-positive/>
⁴⁸⁸ <https://greatgameindia.com/burundi-kicks-out-who-coronavirus-team/>
⁴⁸⁹ <https://nymag.com/intelligencer/2021/03/cdc-data-suggests-vaccinated-dont-carry-cant-spread-virus.html>

Thompson M, Burgess J, et al. Center for Disease Control and Prevention, **Morbidity and Mortality Weekly Report (MMWR), Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021**, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e3.htm>

⁴⁹⁰ New York's web and social media campaign stated that Covid vaccines had no serious side effects.
<https://www.icandecide.org/wp-content/uploads/2021/02/Letter-to-NYSDOH.pdf>

The COVID-19 vaccine is safe and effective.

The COVID-19 vaccine went through the same rigorous approval process that all vaccines go through.



“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.”⁴⁹¹



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

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**

⁴⁹¹ <https://www.facebook.com/michiganhhs/posts/10157742846626746>
<http://www.icandecide.org/wp-content/uploads/2021/03/Letter-to-Michigan-DOH.pdf>

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.”⁴⁹²

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? After ivermectin, **it is really a PCR-plandemic.**

Who controls WHO? From the COVID onset until 2021, Bill Gates' Foundation is the biggest funder.⁴⁹³

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?⁴⁹⁴

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.⁴⁹⁵

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 tests⁴⁹⁶ 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**⁴⁹⁷, of **1700 million USD to detect new COVID19 strains**⁴⁹⁸.

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.**⁴⁹⁹

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.”**⁵⁰⁰

⁴⁹² <http://paramountcommunication.com/ct/57831509:s4z1xCdNb:m:1:2386562749:3C671B449F3DFE20A5E66329CF673904:r>

⁴⁹³ <https://articles.mercola.com/sites/articles/archive/2020/04/21/bill-gates-political-power.aspx>

⁴⁹⁴ <https://www.aljazeera.com/program/featured-documentaries/2018/12/15/trust-who-the-business-of-global-health>

<https://www.nationalreview.com/2017/06/world-health-organization-corrupt-wasteful/>

⁴⁹⁵ Also discarding interferon, remdesivir and HIV drugs lopinavir & ritonavir.

⁴⁹⁶ <https://www.npr.org/sections/coronavirus-live-updates/2021/03/17/978262865/white-house-announces-10-billion-for-covid-19-testing-in-schools>

⁴⁹⁷ <https://edition.cnn.com/2021/03/11/politics/biden-sign-covid-bill/index.html>

⁴⁹⁸ <https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/16/fact-sheet-biden-administration-announces-1-7-billion-investment-to-fight-covid-19-variants/>

⁴⁹⁹ <https://www.telegraph.co.uk/news/2021/03/31/mass-covid-testing-schools-costing-120000-every-positive-case/>

⁵⁰⁰ <https://combatcovid.hhs.gov/i-have-covid-19-now/monoclonal-antibodies-high-risk-covid-19-positive-patients>

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.**⁵⁰¹ **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.⁵⁰²

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**).⁵⁰³ 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 2020, the target of 100 million applied shots in 100 days **before they had any vaccine emergency-approved?**

Abusive contracts



Legal immunity means lethal immunity. Think the Vioxx genocide without responsibility: it means more lethal drugs, especially through small corporations, driven into bankruptcy at no cost, after all the profits have been cashed out. **Why did Vax Pharma requested complete immunity? Never in the history of medicine a corporation was granted immunity for even negligence!**

⁵⁰¹ <https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/04/fact-sheet-president-biden-to-announce-goal-to-administer-at-least-one-vaccine-shot-to-70-of-the-u-s-adult-population-by-july-4th/>

⁵⁰² <https://www.prii.org/research/religious-vaccines-covid-vaccination/>

⁵⁰³ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html> accessed 28 Mar 2021

In some countries⁵⁰⁴ 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!

Vaccine approval corruption

There's a huge conflict of interests: corruption involving Big Pharma, governments, international organizations.⁵⁰⁵

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 research protocols
- Forces human guinea pigs to sign draconian forms including prosecution if they publicly disclose side effects (which are "confidential")
- **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 or Japan withdrawing the HPV vaccine).
- **Shows financial ties with trial coordinators, panels, authorities, politicians**
- Has no responsibility of follow up for adverse events (phase IV)

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%!)**.⁵⁰⁶
- **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.

⁵⁰⁴ Peru, Chile, Argentina (law 27573)

⁵⁰⁵ <https://www.bmj.com/content/bmj/340/7759/Feature.full.pdf>

https://www.globaljustice.org.uk/sites/default/files/files/resources/pharma_covid-19_report_web.pdf

⁵⁰⁶ <https://www.youtube.com/watch?v=sG0tDVilkUc>

<https://www.youtube.com/watch?v=Jl3gw53P5pk>

- **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?**⁵⁰⁷
- 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).⁵⁰⁸
- "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."⁵⁰⁹

What kind of objectivity can you expect in vaccine clinical trials?: "Pfizer was responsible for the design and conduct of the trial, data collection, data analysis, data interpretation, and the writing of the manuscript. BioNTech was the sponsor of the trial, manufactured the BNT162b2 clinical trial material, and contributed to the interpretation of the data and the writing of the manuscript."⁵¹⁰

Truth will out, but took a year: "Revelations of poor practices at a contract research company helping to carry out Pfizer's pivotal covid-19 vaccine trial **raise questions about data integrity and regulatory oversight... the company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events...** Staff who conducted **quality control checks were overwhelmed by the volume of problems** they were finding... Since Jackson reported problems... to the FDA in September 2020, Pfizer has hired

⁵⁰⁷ 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/WNrWCUNb03UU/> Fauci

<https://www.bitchute.com/video/pXoYIXhkY5Lv/> Canadian Health Minister

<https://www.bitchute.com/video/yRzShdDiFlxV/> at timestamp 1.40 see the Queensland premier fake a vaccine jab

<https://www.bitchute.com/video/QglsVrRrIO1F/>

<https://worldstar.com/video.php?v=wshhovV69fxiPzI4LYzn>

<https://worldstar.com/video.php?v=wshhZpRCV2L1p7i2B1kW>

<https://www.bitchute.com/video/WB9de7dNACc4/>

<https://www.bitchute.com/video/vnVcFdxboIHm/>

<https://www.bitchute.com/video/6TS5T23t9JVD/>

⁵⁰⁸ <https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/>

⁵⁰⁹ <https://www.who.int/es/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

⁵¹⁰ Polack F, Thomas SJ, et al. **Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine.** 10 Dec 2020. New England Journal of Medicine 2603-2615, 383, 27. <https://doi.org/10.1056/NEJMoa2034577> <https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>

Ventavia as a research subcontractor on four other vaccine clinical trials (**covid-19 vaccine in children and young adults, pregnant women, and a booster dose, as well an RSV vaccine trial...**)⁵¹¹

“It's hard to understand how we can trust the safety data provided by Pfizer; we can see that the official package insert approved by the FDA for Comirnaty⁵¹² states that acute allergic reactions (including anaphylaxis) have been reported only in post-marketing surveillance (including EUA); while in the real world⁵¹³ the observed rate of acute allergic reactions is close to 2% (1.95% [95% CI, 1.79%-2.13%]) and the observed rate of anaphylaxis is close to 1/3700 for mRNA Covid-19 vaccines (Pfizer 0.027% [95% CI, 0.011%-0.056%]). It's impossible to miss that in a cohort of 21,700 vaccinated individuals in a clinical trial.”⁵¹⁴

Then, in August 2021, “**skipping stage 3 trials and ignoring data on injuries and deaths**”⁵¹⁵, the FDA announced the approval of Comirnaty (not the then available 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.⁵¹⁶

There were many other red alerts, including those from Peter Doshi (BMJ)⁵¹⁷ but no reaction from authorities or judges. The unchecked system will continue to repeat pharmaceutical fraud.

Considering all this, it is obvious why vaccine resistance had reached unprecedented levels. You can easily find comments like: “**The real bioweapon is the vaccine which is the goal of scaring people with the plandemic. The vaccine will sterilize the population.**”⁵¹⁸

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. **The real anti-vaxxers are the Nazi-vaxxers:** even if there ever is a safe and effective vaccine, **they did all they could to scare people away from any vaccine.**

Zero pharmaco-vigilance

⁵¹¹ Thacker P D. **Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial** 2 Nov 2021 BMJ; 375 :n2635 <https://doi.org/10.1136/bmj.n2635>

⁵¹² COMIRNATY® (COVID-19 Vaccine, mRNA) suspension for injection, for intramuscular use; Initial U.S. Approval: 2021; section 6.2 page 13 <https://www.fda.gov/media/151707/download>

⁵¹³ Blumenthal KG, Robinson LB, et al. **Acute Allergic Reactions to mRNA COVID-19 Vaccines.** 20 Apr 2021 JAMA 325(15):1562-1565. <https://doi.org/10.1001/jama.2021.3976>

⁵¹⁴ ARBY, S. Comment 02 November 2021 <https://www.bmj.com/content/375/bmj.n2635/rapid-responses>

⁵¹⁵ <https://www.naturalnews.com/2021-08-25-fda-fraudulently-grants-full-approval-comirnaty-vaccine.html>

⁵¹⁶ <https://www.naturalnews.com/2021-09-05-fda-approves-covid-vaccine-that-doesnt-exist.html>

⁵¹⁷ Doshi P, **Feature: Will covid-19 vaccines save lives? Current trials aren't designed to tell us,** 21 October 2020 BMJ 2020; 371 <https://doi.org/10.1136/bmj.m4037>

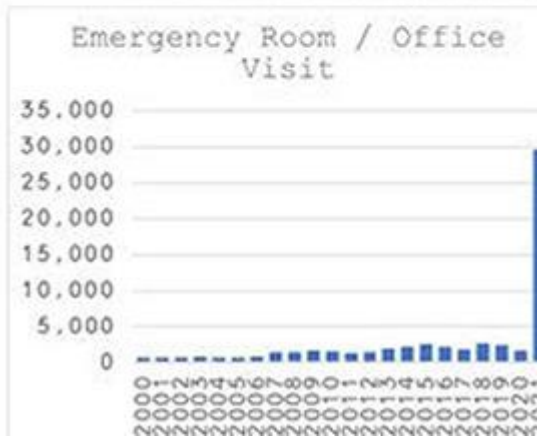
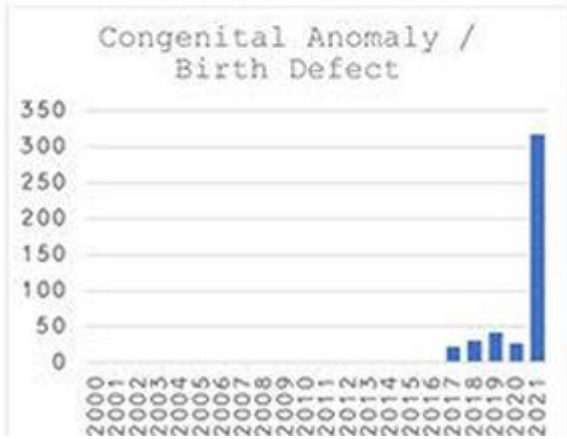
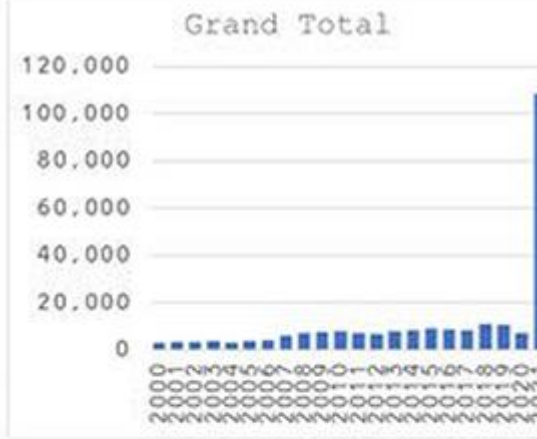
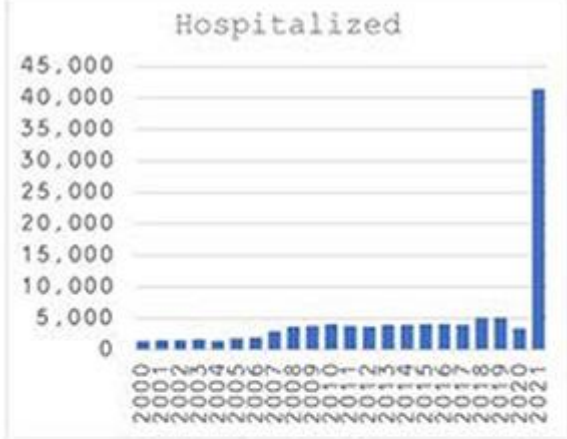
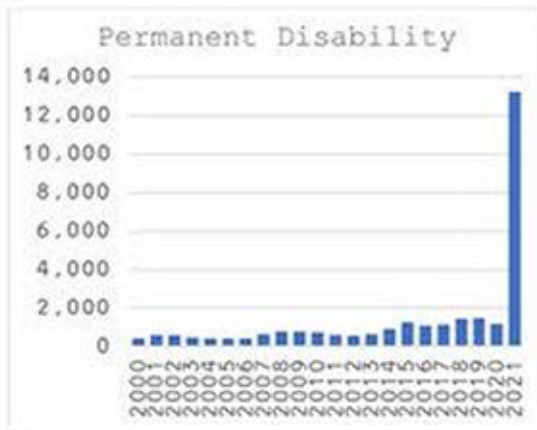
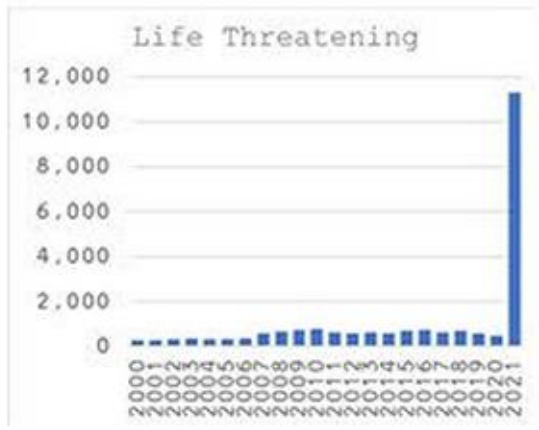
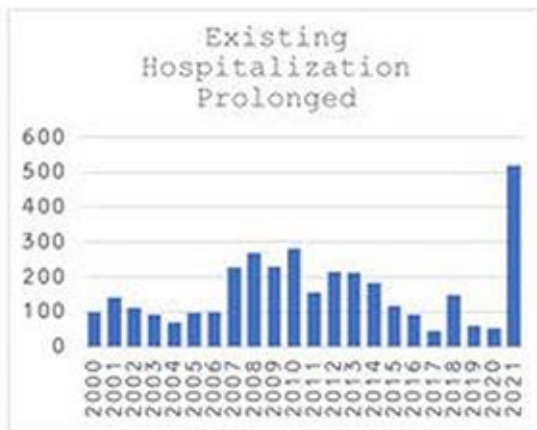
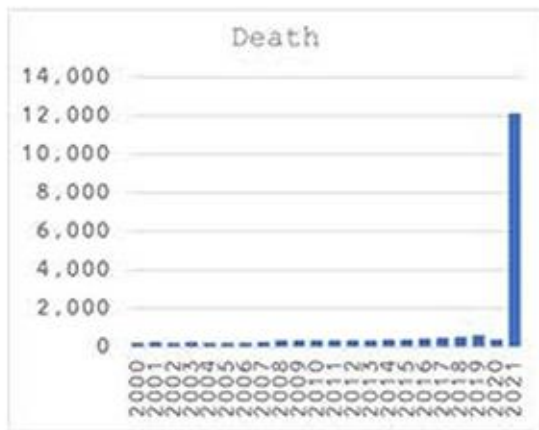
<https://blogs.bmj.com/bmj/2020/11/26/peter-doshi-pfizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data/>

Doshi P, **Covid-19 vaccines: In the rush for regulatory approval, do we need more data?**, 18 May 2021 BMJ 2021; 373 <https://doi.org/10.1136/bmj.n1244>

<https://blogs.bmj.com/bmj/2021/08/23/does-the-fda-think-these-data-justify-the-first-full-approval-of-a-covid-19-vaccine/>

⁵¹⁸ <https://www.brighteon.com/46f6bc00-92e9-4ede-b7d8-d1fa4591ed92>

Serious Vaccine Adverse Event Reports, 23rd July
<https://wonder.cdc.gov/>



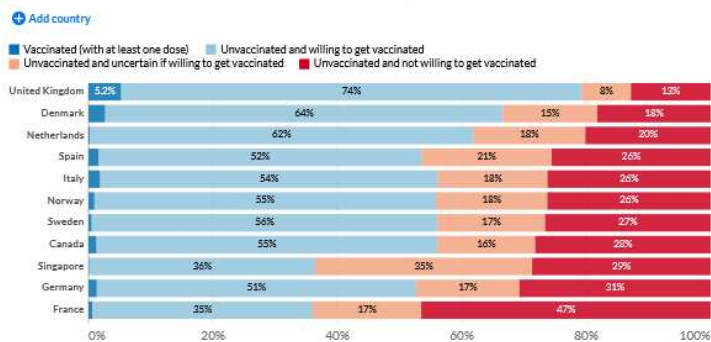
VAERS, from when it started in 1990 until 22 Oct 2021, half of all reports are for products targeting Covid-19 (837,595/1,673,647) ⁵¹⁹ and two-thirds of all reports where patient died (17,619/26,680) ⁵²⁰ in just over 10 months: these are gigantic safety signals, and we may not be reassured if regulators (still) overlook them.” ⁵²¹

Social engineering

The engineering strategies were successful. Vax resistance is withering away with restrictions or passes:

Willingness to get vaccinated against COVID-19, Jan 15, 2021

Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



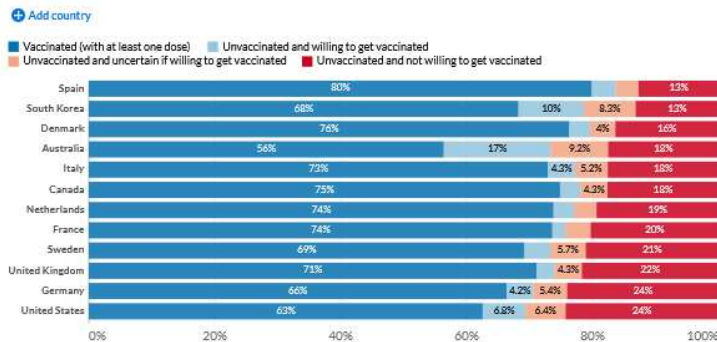
Source: Imperial College London YouGov Covid-19 Behaviour Tracker Data Hub - Last updated 5 October 2021, 09:30 (London time)
 Note: Months containing fewer than 100 survey respondents are excluded. We infer willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.
 OurWorldInData.org/coronavirus • CC BY

▶ Dec 15, 2020 ◯ Sep 15, 2021

Our World in Data

Willingness to get vaccinated against COVID-19, Sep 15, 2021

Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



Source: Imperial College London YouGov Covid-19 Behaviour Tracker Data Hub - Last updated 5 October 2021, 09:30 (London time)
 Note: Months containing fewer than 100 survey respondents are excluded. We infer willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.
 OurWorldInData.org/coronavirus • CC BY

▶ Dec 15, 2020 ◯ Sep 15, 2021

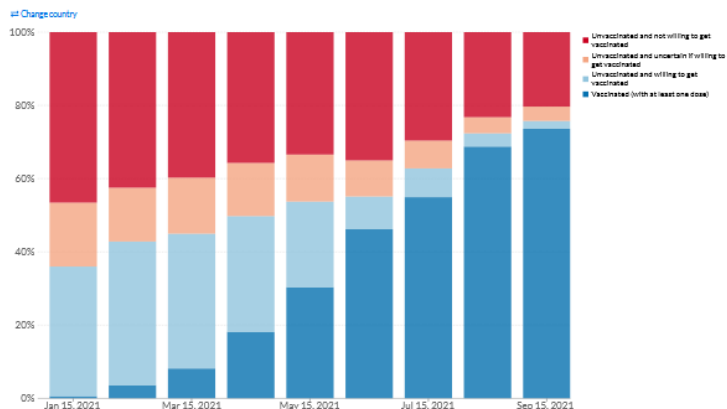
Our World in Data

<https://ourworldindata.org/grapher/covid-vaccine-willingness-and-people-vaccinated-by-country?time=2021-02-15&country=USA~GBR~DEU~FRA~CAN~NOR~SGP~KOR~ESP~SWE~ITA~JPN~NLD~DNK~AUS>

The stringier the pass, the lower the resistance. France is a leading case study: resistance went from 57% to 20% in less than a year. The USA seems to be the last bastion with 24%, probably because there are a lot of recovered who realize they don't need any, yet it started with 33%, and will probably follow France if similar restrictions are deployed.

Willingness to get vaccinated against COVID-19, France, Jan 15, 2021 to Sep 15, 2021

Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.

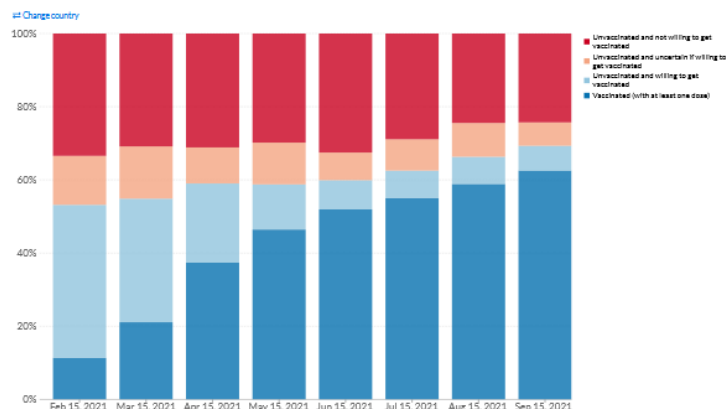


Source: Imperial College London YouGov Covid-19 Behaviour Tracker Data Hub - Last updated 5 October 2021, 09:30 (London time)
 Note: Months containing fewer than 100 survey respondents are excluded. We infer willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.
 OurWorldInData.org/coronavirus • CC BY

Our World in Data

Willingness to get vaccinated against COVID-19, United States, Feb 15, 2021 to Sep 15, 2021

Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



Source: Imperial College London YouGov Covid-19 Behaviour Tracker Data Hub - Last updated 5 October 2021, 09:30 (London time)
 Note: Months containing fewer than 100 survey respondents are excluded. We infer willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.
 OurWorldInData.org/coronavirus • CC BY

Our World in Data

⁵¹⁹ <https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP=AGE&EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19>

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP=AGE&EVENTS=ON>

⁵²⁰ <https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP=AGE&EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&DIED=Yes>

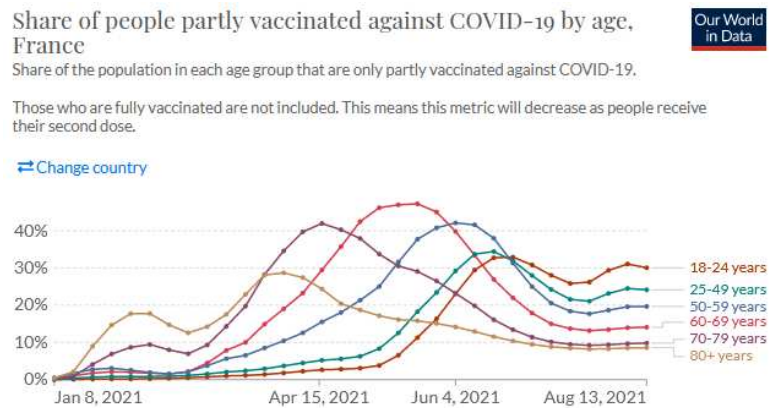
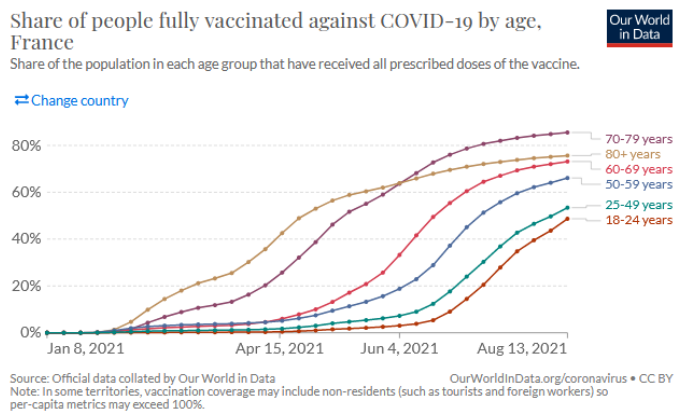
<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP=AGE&EVENTS=ON&DIED=Yes>

⁵²¹ Stone J, UK Editor AgeofAutism.com, comment 05 Nov 2021 <https://www.bmj.com/content/375/bmj.n2635/rapid-responses>

<https://ourworldindata.org/grapher/covid-vaccine-willingness-and-people-vaccinated-by-month?country=~FRA>
<https://ourworldindata.org/grapher/covid-vaccine-willingness-and-people-vaccinated-by-month?country=~USA>

In the end, under the threat of losing their livelihoods, a diminishing minority will remain unvaxxed. Yet, resistance could grow to 3rd, 4th and semestrial booster shots and towards vaxxing children, especially after acquaintances show side effects and word of mouth warning.

By fighting school and university vaccine mandates, the vaccine resistance should focus on younger groups which haven't been vaxxed yet and who don't feel threatened by COVID:



<https://ourworldindata.org/grapher/covid-fully-vaccinated-by-age?country=~FRA>
<https://ourworldindata.org/grapher/covid-partly-vaccinated-by-age?country=~FRA>

The virus exists

Many believe, especially in homeopathic and Germanic medicine, that viruses don't exist and that they are non-contagious exosomes.⁵²² Those who don't believe in viruses ignore how the tobacco plant Mosaic virus was isolated and separated from bacteria through porcelain filters and how healthy plants were infected by it, which proved it was the infectious agent⁵²³

"It took more than 20 years to appreciate its implications because it was inconsistent with the prevailing dogma of the time-Koch's postulates. Although these 'rules' were actually conceived of as guidelines upon which to

⁵²² <https://off-guardian.org/2020/11/17/covid19-evidence-of-global-fraud/>
<https://virusesarenotcontagious.com/>
<https://www.sharetrening.com/coronavirus-dr-andrew-kaufman-and-the-exosomes-28092.html>
<https://www.amazon.com/Truth-About-Contagion-Exploring-Theories-ebook/dp/B08X6HXC5C>

⁵²³ Creager ANH, Scholthof KBG, et al. **Tobacco Mosaic Virus: Pioneering Research for a Century**, 1 Mar 1999 The Plant Cell, Volume 11, Issue 3, March 1999, Pages 301–308, <https://doi.org/10.1105/tpc.11.3.301>

Lecoq H. Découverte du premier virus, le virus de la mosaïque du tabac: 1892 ou 1898? [Discovery of the first virus, the tobacco mosaic virus: 1892 or 1898?]. Oct 2001 Comptes rendus de l'Academie des sciences. Serie III, Sciences de la vie, 324(10), 929–933. [https://doi.org/10.1016/s0764-4469\(01\)01368-3](https://doi.org/10.1016/s0764-4469(01)01368-3)

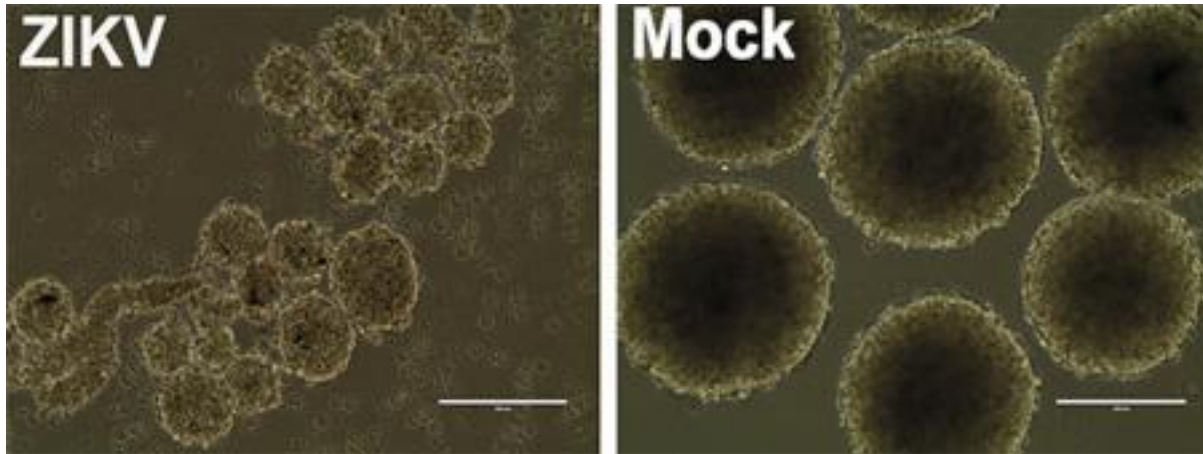
Oldstone M. (2014). **History of Virology**. Encyclopedia of Microbiology, 608–612. 28 Aug 2019 <https://doi.org/10.1016/B978-0-12-801238-3.00078-7>

Lumata JL, Ball D, Shahrivarkevishahi A, et al. **Identification and physical characterization of a spontaneous mutation of the tobacco mosaic virus in the laboratory environment**. 23 Jul 2021 Sci Rep 11, 15109 (2021). <https://doi.org/10.1038/s41598-021-94561-2>

establish microbial causality and their implementation resulted in many new discoveries, they also had the unintended effect of limiting the interpretation of novel findings.”⁵²⁴

If there were no viruses, why would governments spend billions in virus weaponization through gain of function? What are those thousands of researchers doing all day?

Anti-viralists accuse that experiments are never conducted with a control group. Yet, this study⁵²⁵ compares Zika impact on cells, with an uninfected sample:



Others do believe viruses exist, but SARS-CoV-2 has never been isolated.⁵²⁶ Yet, the evidence is undisputable:

In Jan 2020, the first isolation published in the world was from patients with pneumonia in Wuhan to study it in cell cultures.⁵²⁷

One of the first phylogenetic trees⁵²⁸

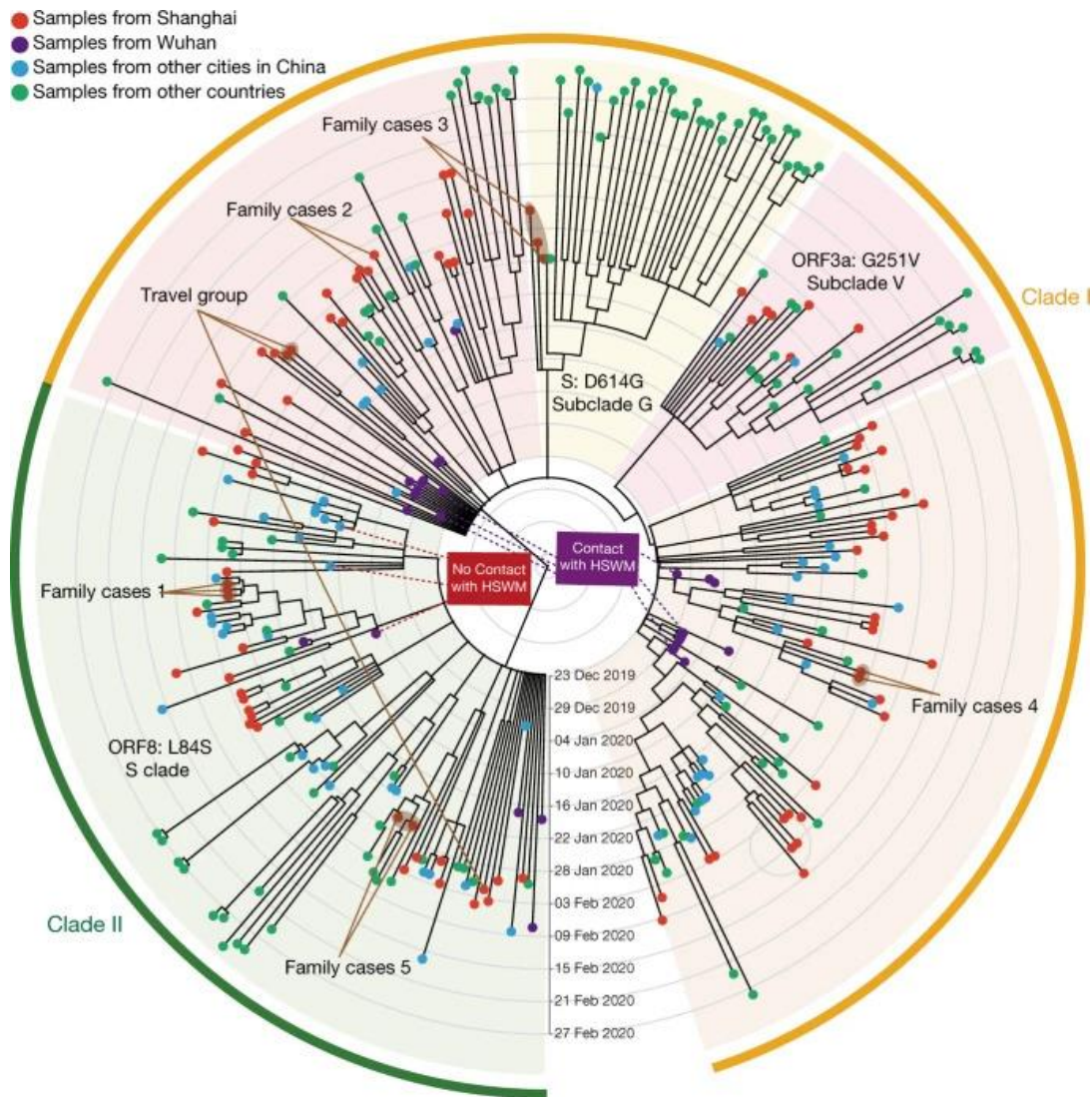
⁵²⁴ Artenstein A. W. **The discovery of viruses: advancing science and medicine by challenging dogma**. Jul 2012 International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases, 16(7), e470–e473. <https://doi.org/10.1016/j.ijid.2012.03.005>

⁵²⁵ Cugola, F., Fernandes, I., Russo, F. et al. **The Brazilian Zika virus strain causes birth defects in experimental models**. Nature 534, 267–271 (2016). <https://doi.org/10.1038/nature18296>

⁵²⁶ <https://www.globalresearch.ca/does-the-virus-exist-the-sars-cov-2-has-not-been-isolated-biggest-fraud-in-medical-history/>

⁵²⁷ Zhu, N., Zhang, D., China Novel Coronavirus Investigating and Research Team. **A Novel Coronavirus from Patients with Pneumonia in China, 2019**. 24 Jan 2020. The New England journal of medicine, 382(8), 727–733. <https://doi.org/10.1056/NEJMoa2001017>

⁵²⁸ Zhang, X., Tan, Y., Ling, Y. et al. **Viral and host factors related to the clinical outcome of COVID-19**. 20 May 2020 Nature 583, 437–440 (2020). <https://doi.org/10.1038/s41586-020-2355-0>



Without isolation, we'd never been able to discover ivermectin as a cure. The second isolation outside China was in Australia in 1 April 2020: only 2 days later, they proved that ivermectin obliterated viral load in the viral cultures.⁵²⁹

There are worldwide COVID19 sequence databases like the Global Initiative to Share Data on Avian Influenza (GISAID)⁵³⁰ and the Virus Pathogen Resources⁵³¹, which allows building Phylogenetic Trees.

For instance, in Spain, 22 Jan 2021, the Ministry of Health and Instituto de Salud Carlos III published "Integration of genomic sequencing in SARS-CoV-2 surveillance", which is regularly updated.⁵³² About 30 institutions forming the SeqCOVID initiative have grown the virus and sequenced more than 23,000 SARS-CoV-2 samples in Spain.⁵³³

How could Covaxin be developed, since it's based on inactivated virus, previously isolated?

⁵²⁹ Caly L, Druce J, et al. **Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia.** 1 Apr 2020. Med J Aust 2020; 212 (10): 459-462. <https://doi.org/10.5694/mja2.50569>

⁵³⁰ <https://www.gisaid.org/>

⁵³¹ <https://www.viprbrc.org/brc/home.spg?decorator=corona>

⁵³²

[https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Integracion de la secuenciacion genomica-en la vigilancia del SARS-CoV-2.pdf](https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Integracion_de_la_secuenciacion_genomica-en_la_vigilancia_del_SARS-CoV-2.pdf)

⁵³³ <https://seqcovid.csic.es/es/>

Quoting a Mercola article:

- SARS-CoV-2 has been isolated, photographed, genetically sequenced, and exists as a pathogenic entity
- The U.S. Centers for Disease Control and Prevention grows the virus in cell culture to ensure widespread availability for researchers who want to study it
- At least part of the confusion appears to be rooted in how the term “isolated” is defined. Some insist a virus is not isolated unless it’s also purified, while others say a virus doesn’t have to be purified in order to be “isolated”
- Another sticking point for some is whether or not SARS-CoV-2 has ever been isolated from a human subject without passing it through animal cells, as such media could be contaminated and therefore the source of the virus
- Researchers have verified that the genetic sequence of the virus obtained from the American Type Culture Collection, a global resource center for reference microorganisms, is an exact match to the virus found in people with symptomatic COVID-19

Some define that a virus is not isolated unless it’s also purified, while others (Dr. Robert Malone and Dr. Li-Meng Yan) say a virus doesn’t have to be purified in order to be isolated.

If we only consider direct “isolation” from humans, not passing through monkey kidney cells, some argue that SARS-CoV-2 doesn’t exist: one of the most counterproductive arguments of the health freedom movement? ⁵³⁴

The virus has been photo-micrographed⁵³⁵, whole-genome sequences of the various strains are available⁵³⁶, and with the appropriate credentials anyone can obtain the virus: CDC grows the virus in cell culture to ensure widespread availability for antiviral research, vaccine development, virus stability research and pathogenesis research.⁵³⁷

The sequence of the virus obtained from ATCC [the American Type Culture Collection, a global resource center for reference microorganisms] matched exactly what people who had the virus: *“Study participants underwent testing for SARS-CoV-2 from fecal samples by whole genome enrichment NGS [next-generation sequencing] (n = 14), and RT-PCR nasopharyngeal swab analysis (n = 12). The concordance of SARS-CoV-2 detection by enrichment NGS from stools with RT-PCR nasopharyngeal analysis was 100%. Unique variants were identified in four patients, with a total of 33 different mutations among those in which SARS-CoV-2 was detected by whole genome enrichment NGS”* ⁵³⁸

A paper detailed the isolation and full-length genome of the virus taken from COVID-19 patients in Italy: *“At the beginning of March 2020, the first nasopharyngeal swabs positive for SARS-CoV-2 started to be detected in the Northern Eastern Region of Friuli-Venezia Giulia ... Swab contents were seeded on Vero E6 cells and monitored for cytopathic effect and by an RT-PCR protocol using primers for the N region. Cell culture supernatants from passage 1 (P1) of four isolates were collected, and RNA was extracted with QIAamp viral RNA minikit (Qiagen) and quantified with an in vitro-transcribed RNA standard ... The quantity and quality of the RNA were assessed ... For each sample, 100 ng of total RNA was processed using Zymo-Seq RiboFree ribosomal depletion library preparation kit (Zymo Research).*

⁵³⁴ <https://www.jeremyhammond.com/2021/03/09/interview-counterproductive-claims-from-the-health-freedom-movement/>

⁵³⁵ <https://stevekirsch.substack.com/p/has-the-virus-been-isolated-yes>

<https://www.npr.org/sections/goatsandsoda/2020/01/24/798661901/wuhan-coronavirus-101-what-we-do-and-dont-know-about-a-newly-identified-disease>

⁵³⁶ <https://www.ncbi.nlm.nih.gov/nuccore/MT318827>

<https://www.atcc.org/microbe-products/virology/animal-viruses/coronavirus>

⁵³⁷ <https://www.cdc.gov/coronavirus/2019-ncov/lab/grows-virus-cell-culture.html>

⁵³⁸ Papoutsis A., Hazan S. et al. **Detection of SARS-CoV-2 From Patient Fecal Samples by Whole Genome Sequencing.** Gut Pathog 13, 7 (2021). <https://doi.org/10.1186/s13099-021-00398-5>

All the obtained libraries passed quality check and were quantified before being pooled at equimolar concentration and sequenced ... Sequenced reads that passed the quality check (Phred score ≥ 30) were adaptor and quality trimmed, and the remaining reads were assembled de novo using Megahit (v.1.2.9) with default parameter settings.

Megahit generated in all cases 7 contigs with more than 1,000 bp and 100 \times coverage; all of these assembled contigs were compared (using BLASTn) against the entire nonredundant (nr) nucleotide and protein databases.

In all cases the longest and more covered contigs were identified as MT019532.1,⁵³⁹ 'Severe acute respiratory syndrome coronavirus 2 isolate BetaCoV/Wuhan/IPBCAMS-WH-04/2019, complete genome,' with 99% identity and 0 gaps.

The longer sequences were named hCoV-19/Italy/FVG/ICGEB_S1, _S5, _S8, and _S9 and were deposited in GISAID ... Sequence analysis showed an uneven coverage along the SARS-CoV-2 genome, with an average range from 126 to 7,576 reads and a mean coverage per sample of 1,169 \times ... Phylogenetic trees were inferred using the maximum likelihood method ...

The first sequences deposited in GISAID (EPI_ISL_410545 and EPI_ISL_410546) were collected in Rome from a Chinese tourist from Hubei province who got infected before visiting Italy, and another one (EPI_ISL_412974) was from a test-positive Italian citizen returning from China.

Only two sequences were reported from the Lombardy cluster (EPI_ISL_412973 and EPI_ISL_413489). In this report four additional sequences from cases epidemiologically linked to northern Italy have been examined ... Sequence analysis showed a good coverage along the SARS-CoV-2 genome for all four isolates.

Based on the marker variant S D614G, all four sequences grouped in the Bavarian rooted subclade G, which is dominant in Europe, including the sequence from Lombardy, but distinct from the three sequences mentioned above originating directly from China.

Intriguingly, the new isolates were more closely related to EPI_ISL_412973, while EPI_ISL_413489 was more distant. No evidence could be found for the putative 382-nucleotide (nt) deletion in ORF8 detected in Singapore, which has been proposed to indicate an attenuated phenotype."⁵⁴⁰

The complete genome sequence of the virus taken from a German woman who tested positive but had no symptoms at the time of the test was used to isolate the strain. Table 1 in the paper compares the nucleotide variants found in the sampled virus and those of a reference strain already logged in the gene bank.⁵⁴¹

Another paper isolated the virus from ocular secretions of an Italian COVID patient:

"The patient, a 65-year-old woman, travelled from Wuhan, China, to Italy on 23 January 2020 and was admitted on 29 January 2020, 1 day after symptom onset. At admission to the high isolation unit ... she presented with nonproductive cough, sore throat, coryza, and bilateral conjunctivitis. She had no fever until day 4, when fever (38 °C), nausea, and vomiting began.

Infection with SARS-CoV-2 was confirmed by performing real-time reverse transcription polymerase chain reaction (RT-PCR) assay on sputum samples (cycle threshold value [Ct], 16.1) on the admission day, followed by viral M gene sequencing (GenBank accession number MT008022), and virus isolation on Vero E6 cell line (2019-nCoV/Italy-INMI1).

The full genome sequence was obtained from either clinical sample or culture isolate (GISAID accession numbers EPI_ISL_410545 and EPI_ISL_410546)."⁵⁴²

⁵³⁹ <https://identifiers.org/resolve?query=insdc:MT019532.1>

⁵⁴⁰ Licastro D, Rajasekharan S, et al, **Isolation and Full-Length Genome Characterization of SARS-CoV-2 from COVID-19 Cases in Northern Italy.** 18 May 2020 Journal of Virology <https://doi.org/10.1128/JVI.00543-20>

⁵⁴¹ Pfefferle, S., Huang, J., et al. **Complete Genome Sequence of a SARS-CoV-2 Strain Isolated in Northern Germany.** 4 Jun 2020. Microbiology Resource Announcements, 9(23), e00520-20. <https://doi.org/10.1128/MRA.00520-20>

⁵⁴² Colavita F, Lapa D, et al. **SARS-CoV-2 Isolation From Ocular Secretions of a Patient With COVID-19 in Italy With Prolonged Viral RNA Detection.** 4 Aug 2020 Annals of Internal Medicine <https://doi.org/10.7326/M20-1176>

SARS-CoV-2 has also been isolated from the urine of a COVID-19 patient.⁵⁴³ Another study found SARS-CoV-2 RNA “in all naso/oropharyngeal swabs and saliva, urine and stool samples collected between Days 8 and 30 of the clinical course.”⁵⁴⁴

Viable SARS-CoV-2 was also found in the nasal washes of ferrets that had been inoculated with urine or stool from a COVID-19 patient. The virus has also been isolated by researchers in the USA⁵⁴⁵, China⁵⁴⁶, India⁵⁴⁷, Canada⁵⁴⁸, Turkey⁵⁴⁹, Korea⁵⁵⁰ and more.

A Colombian paper read:

“Objective: To describe the isolation and characterization of an early SARS-CoV-2 isolate from the epidemic in Colombia. Materials and methods: A nasopharyngeal specimen from a COVID-19 positive patient was inoculated on different cell lines.

To confirm the presence of SARS-CoV-2 on cultures we used qRT-PCR, indirect immunofluorescence assay, transmission and scanning electron microscopy, and next-generation sequencing.

Results: We determined the isolation of SARS-CoV-2 in Vero-E6 cells by the appearance of the cytopathic effect three days post-infection and confirmed it by the positive results in the qRT-PCR and the immunofluorescence with convalescent serum.

Transmission and scanning electron microscopy images obtained from infected cells showed the presence of structures compatible with SARS-CoV-2. Finally, a complete genome sequence obtained by next-generation sequencing allowed classifying the isolate as B.1.5 lineage.

*The evidence presented in this article confirms the first isolation of SARS-CoV-2 in Colombia. In addition, it shows that this strain behaves in cell culture in a similar way to that reported in the literature for other isolates and that its genetic composition is consistent with the predominant variant in the world.”*⁵⁵¹

If Virus Exists, Why Aren't Certain Studies Done?

“Give the vaccine to the animals, wait, then expose them to the virus”. Does it prevent infection and transmission, or does it make the animals more prone to infection? If the animals got sicker, that would be evidence of ADE, a problem that has plagued coronavirus vaccine research for decades.

⁵⁴³ Sun J., Zhu A, et al. **Isolation of infectious SARS-CoV-2 from urine of a COVID-19 patient.** Dec 2020. Emerging microbes & infections, 9(1), 991–993. <https://doi.org/10.1080/22221751.2020.1760144>

⁵⁴⁴ Jeong HW, Kim SM, et al. **Viable SARS-CoV-2 in various specimens from COVID-19 patients.** 23 Jul 2020. Clinical microbiology and infection. European Society of Clinical Microbiology and Infectious Diseases, 26(11), 1520–1524. <https://doi.org/10.1016/j.cmi.2020.07.020>

⁵⁴⁵ Harcourt J, Tamin A, et al. **Isolation and characterization of SARS-CoV-2 from the first US COVID-19 patient.** 7 Mar 2020. bioRxiv, 2020.03.02.972935. <https://doi.org/10.1101/2020.03.02.972935>

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

⁵⁴⁶ Yong Zhang, Cao Chen, et al. **Isolation of 2019-nCoV from a Stool Specimen of a Laboratory-Confirmed Case of the Coronavirus Disease 2019 (COVID-19).** 15 Feb 2020. China CDC Weekly, 2020, 2(8): 123–124. <https://doi.org/10.46234/ccdcw2020.033>

⁵⁴⁷ Sarkale, P., Patil, S., et al. **First isolation of SARS-CoV-2 from clinical samples in India.** Feb 2020. The Indian journal of medical research, 151(2 & 3), 244–250. https://doi.org/10.4103/ijmr.IJMR_1029_20

⁵⁴⁸ Banerjee, A., Nasir, J. A., et al. **Isolation, Sequence, Infectivity, and Replication Kinetics of Severe Acute Respiratory Syndrome Coronavirus 2.** Sep 2020 *Emerging infectious diseases*, 26(9), 2054–2063. <https://doi.org/10.3201/eid2609.201495>

⁵⁴⁹ Taştan, C., Yurtsever, B., et al. **SARS-CoV-2 isolation and propagation from Turkish COVID-19 patients.** 21 Jun 2020. Turkish journal of biology = Turk biyoloji dergisi, 44(3), 192–202. <https://doi.org/10.3906/biy-2004-113>

⁵⁵⁰ Kim, J. M., Chung, Y. S., et al. **Identification of Coronavirus Isolated from a Patient in Korea with COVID-19.** Feb 2020. *Osong public health and research perspectives*, 11(1), 3–7. <https://doi.org/10.24171/j.phrp.2020.11.1.02>

⁵⁵¹ Díaz, F. J., Aguilar-Jiménez, et al. **Isolation and characterization of an early SARS-CoV-2 isolate from the 2020 epidemic in Medellín, Colombia.** Aislamiento y caracterización de una cepa temprana de SARS-CoV-2 durante la epidemia de 2020 en Medellín, Colombia. 30 Oct 2020. *Biomedica : revista del Instituto Nacional de Salud*, 40(Supl. 2), 148–158. <https://doi.org/10.7705/biomedica.5834>

It's why we don't have a vaccine against the common cold, caused by coronaviruses. Remarkably, **this animal research has never been done for the COVID shots.** Why? Kirsch believes the answer is because "nobody wants to know the answer ... The top management of the FDA knows it would kill the vaccine program if they did this." On the other hand, the vaccinated, just like the unvaccinated, tend to experience only mild symptoms with Omicron. The shots aren't causing ADE with Omicron (which could turn even a milder variant into something deadly).

Clearly, these shots are associated with a dramatically increased risk of cardiovascular, cardiac and neurological problems. These too could be confirmed through animal studies — rather than testing on our children — and we wouldn't even need an isolated virus for that.

It's scientifically accurate to claim that SARS-CoV-2 has been isolated, genetically sequenced, and that it exists as a pathogenic entity. Getting too far into the weeds of theories that refute the existence of viruses altogether will only slow down and hamper the truth movement rather than aid it along, and I would strongly discourage anyone from engaging in this highly unproductive narrative.⁵⁵²

Bat-Gate

	<p>Scott Gottlieb On the left is the former FDA commissioner in charge of regulating Pfizer. On the right is a current member of the Board of Directors of Pfizer.</p>
	<p>Stephen Hahn On the left is the former FDA commissioner in charge of regulating Moderna. On the right is the current Chief Medical Officer of Flagship Pioneering - the venture capital firm behind Moderna.</p>
	<p>James C. Smith On the left is the CEO of Reuters in charge of informing people about the COVID-19 vaccines. On the right is a current member of the Board of Directors of Pfizer.</p>
	<p>Anthony Fauci On the left is the NIAID Director under the National Institutes of Health. On the right is the funder of bioweapons research on gain of function bat coronaviruses at the Wuhan Institute of Virology.</p>

tritorch.com

⁵⁵² <https://articles.mercola.com/sites/articles/archive/2022/01/17/sars-cov-2-real-virus.aspx>

The hiding of the true origin of the virus, is the most obvious case of propaganda (coordinated disinformation campaign).

“Between 2007 and 2017, the lab had [created](#) 8 new chimeric coronaviruses with various receptor binding motifs in spike protein. Such research was still going on in 2019, which was also funded by the US govt. For example, this 2008 [paper](#) talks about Manipulation of the coronavirus genome using targeted RNA recombination. A 2019 [paper](#) by scientists from Wuhan Institute of Virology and University of Minnesota in the USA had said this while describing the objectives of their study on Coronavirus: “In vitro and in vivo characterization of SARSr-CoV spillover risk, coupled with spatial and phylogenetic analyses to identify the regions and viruses of public health concern. We will use S protein sequence data, infectious clone technology, in vitro and in vivo infection experiments and analysis of receptor binding”.

It may be noted that “Infectious clone technology” means creating live synthetic viral clones. In vitro means study on micro-organisms done in test tubes, and in vivo means the same study done in lab animals.”⁵⁵³

Without any scientific evidence, globalist mercenary science (The Lancet⁵⁵⁴, Science Mag⁵⁵⁵, Fauci⁵⁵⁶) and media funnelled the theory of bat-pangolin-human inexplicable jump, while social media (including **social science platforms**⁵⁵⁷) blocked as fake the real truth about a “gain-of-function” designed in the Wuhan Institute of Virology P4 Lab⁵⁵⁸, proven to be a Chinese bio-warfare facility with ties to the highest Chinese authorities, a lab built by the French and funded by the Fauci (USA) military industrial complex⁵⁵⁹, the Canadian BSL4 lab⁵⁶⁰ and the **Bill & Melinda Gates Foundation**, obsessed with SARS bioweapons.⁵⁶¹

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?⁵⁶² Why did Shi **fear** that the virus had escaped from her lab?⁵⁶³ Obviously they needed first a suitable weaponizable virus to work with.

⁵⁵³ <https://www.opindia.com/2021/06/indian-scientists-had-found-unique-insertions-in-covid-19-virus-genome/>

⁵⁵⁴ Calisher C, Dazsak Peter, **Statement in support of the scientists, public health professionals, and medical professionals of China combatting COVID-19**, 19 Feb 2020 **The Lancet**, [https://doi.org/10.1016/S0140-6736\(20\)30418-9](https://doi.org/10.1016/S0140-6736(20)30418-9)

⁵⁵⁵ Cohen J, **Scientists ‘strongly condemn’ rumors and conspiracy theories about origin of coronavirus outbreak**, 19 Feb 2020, **Sci. Mag** <https://www.sciencemag.org/news/2020/02/scientists-strongly-condemn-rumors-and-conspiracy-theories-about-origin-coronavirus>

⁵⁵⁶ 4 Jun 2021 Tucker: Why did they lie to us for so long <https://www.youtube.com/watch?v=32V-e7saq60>

5 Jun 2021 Tucker: Two-faced Fauci pushed draconian measures despite data <https://www.youtube.com/watch?v=C1RHyr6U9MY>

<https://www.foxnews.com/politics/fauci-china-travel-ban-coronavirus-transparency-criticizes-trump-response>

<https://www.foxnews.com/media/hilton-video-dr-fauci-lied-gain-of-function-experiments-wuhan-lab-coronavirus>

<https://www.foxnews.com/opinion/tucker-carlson-fauci-media-lie-covid-origins>

⁵⁵⁷ 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.”

⁵⁵⁸ <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.vanityfair.com/news/2021/06/the-lab-leak-theory-inside-the-fight-to-uncover-covid-19s-origins>

<https://www.wsj.com/articles/the-science-suggests-a-wuhan-lab-leak-11622995184>

<https://www.bloombergquint.com/business/what-the-world-wants-china-to-disclose-in-wuhan-lab-leak-probe>

<https://articles.mercola.com/sites/articles/archive/2021/06/03/media-sinking-ship.aspx>

<https://www.lifesitenews.com/news/tucker-carlson-fauci-committed-perjury-might-be-under-criminal-investigation-already>

<https://www.lifesitenews.com/news/fauci-knew-about-possible-covid-lab-leak-evidence-gain-of-function-concerns-emails-reveal>

<https://twitter.com/SharriMarkson/status/1399934149666934784>

⁵⁵⁹ <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>

⁵⁶⁰ <https://greatgameindia.com/coronavirus-bioweapon/>

⁵⁶¹ <https://greatgameindia.com/italian-state-media-in-2015-exposed-chinese-biological-experiments-with-coronavirus/>

⁵⁶² https://www.washingtonpost.com/world/asia_pacific/wuhan-lab-covid-china/2021/09/07/

⁵⁶³ <https://www.scientificamerican.com/article/how-chinas-bat-woman-hunted-down-viruses-from-sars-to-the-new-coronavirus1/>

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

Why would freemason-buddy ⁵⁶⁴ 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.

30 Nov 2017: the Wuhan lab Dr. Zhengli Shi published that bat coronaviruses Rs4841 and Rs4874 could bind to human ACE2 receptors ⁵⁶⁵ (just as SARS-CoV-2).

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.” ⁵⁶⁶

No one would shoot his own foot before using armoured boot. The fact that there was no cure supports a lab leak, yet evidence shows that once out, even if it was premature, it triggered the plans prepared for a deliberately released pandemic. ⁵⁶⁷

There is unequivocal evidence of collusion between China, WHO and deep state agents like Fauci ⁵⁶⁸, in allowing the virus to spread outside China and blocking the information about the cures. ⁵⁶⁹

Suddenly after one year, in early 2021 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? ⁵⁷⁰ Or was it because a high ranking Chinese defector confessed it, and therefore, continuing the charade would discredit mainstream media?

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. ⁵⁷¹ 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.

⁵⁶⁴ <https://blogs.lexpress.fr/lumiere-franc-macon/2015/01/22/cazeneuve-invite-a-dejeuner-des-grands-maitres/>

⁵⁶⁵ Hu B, Zeng L-P, et al. **Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus.** 30 Nov 2017 PLoS Pathog 13(11): e1006698. <https://doi.org/10.1371/journal.ppat.1006698>

⁵⁶⁶ <https://www.centerforhealthsecurity.org/event201/media>

DeMeo, 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

⁵⁶⁷ Fleming, Richard M., **Is COVID-19 a Bioweapon? A Scientific and Forensic investigation.** Skyhorse (September 7, 2021), ISBN13: 9781510770195

<https://www.flemingmethod.com/documentation>

Summary: https://www.algora.com/Algora_blog/2021/06/06/dr-fleming-covid-19-undisputably-a-bioweapon

⁵⁶⁸ <https://redstate.com/jenvanlaar/2021/06/04/exclusive-high-ranking-chinese-defector-has-direct-knowledge-of-several-chinese-special-weapons-programs-n391238>

<https://www.lifesitenews.com/news/chinese-defector-says-china-is-producing-covid-variants-to-cover-up-wuhan-lab-leak-report>

⁵⁶⁹ <https://twitter.com/adamhousley/status/1400670631562076161>

3 Jun 2021 <https://www.vanityfair.com/news/2021/06/the-lab-leak-theory-inside-the-fight-to-uncover-covid-19s-origins>

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?

⁵⁷⁰ <https://www.breitbart.com/politics/2021/07/02/exclusive-sen-marsha-blackburn-i-am-just-livid-with-dr-fauci-potential-lab-leak-of-coronavirus-may-have-been-intentional-by-china/>

⁵⁷¹ Bloom, Jesse D., **Recovery of deleted deep sequencing data sheds more light on the early Wuhan SARS-CoV-2 epidemic,** 22 Jun 2021, BioRxiv preprint, <https://doi.org/10.1101/2021.06.18.449051>

More evidence of lab origin:

- In Oct 2019 the Bill & Melinda Gates Foundation co-hosted “Event 201”⁵⁷², in which 15 global business, government, and public health leaders took part in a simulation exercise based on responding to an international “coronavirus” pandemic. The first report of COVID-19 occurred in Nov 2019.⁵⁷³
- In many cities (Barcelona⁵⁷⁴, Buenos Aires⁵⁷⁵, Florianopolis⁵⁷⁶, etc.) COVID-19 was detected in sewage waters⁵⁷⁷ at least one month prior to the alleged Dec 2020 wet market spread, but not before Nov 2020, yet it is a proxy of about 2 weeks earlier than public PCR-case statistics.⁵⁷⁸
- 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.⁵⁷⁹
- 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 unrefuted.⁵⁸⁰ Like in the batgate, palm civet (*Paguma larvata*) and the raccoon dog (*Nyctereutes procyonoides*) were blamed⁵⁸¹, yet nobody could explain how SARS 1 coronavirus *gained* HIV genomes.⁵⁸²

⁵⁷² <https://www.weforum.org/press/2019/10/live-simulation-exercise-to-prepare-public-and-private-leaders-for-pandemic-response/>
<https://www.centerforhealthsecurity.org/event201/>

⁵⁷³ <https://www.lifesitenews.com/news/everything-you-need-to-know-about-the-coronavirus-from-a-china-expert>

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⁵⁷⁶ Fongaroa G, Hermes Stoco P, et al. **The presence of SARS-CoV-2 RNA in human sewage in Santa Catarina, Brazil, November 2019.** Elsevier, Science of The Total Environment Volume 778, 15 July 2021, 146198 <https://doi.org/10.1016/j.scitotenv.2021.146198>

⁵⁷⁷ Panchal D., Prakash O., et al. **SARS-CoV-2: sewage surveillance as an early warning system and challenges in developing countries.** 17 Mar 2021 Environmental Science and Pollution Research 28, 22221–22240. <https://doi.org/10.1007/s11356-021-13170-8>

⁵⁷⁸ Borney F, **Detection of SARS-CoV-2 in sewage in the Aosta Valley: results of one year of monitoring.** Nov 2021. Academia Letters. Article 3272 <https://doi.org/10.20935/AL3272>

⁵⁷⁹ “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-internally-for-covid-19-but-pushed-foreign-travel/>

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https://web.archive.org/web/20060321053357/http://www.jamestown.org/publications_details.php?volume_id=19&issue_id=673&article_id=4729

<https://www.theage.com.au/national/speculation-sars-leaked-from-bio-weapon-program-20030501-gdvmb.html>

<https://www.abc.net.au/news/2003-04-11/sars-could-be-biological-weapon-experts/1835010>

https://web.archive.org/web/20070706015342/http://www.news24.com/News24/World/News/0%2C6119%2C2-10-1462_1346560%2C00.html

⁵⁸¹ Guan, Y, Zheng, BJ, et al. **Isolation and characterization of viruses related to the SARS coronavirus from animals in southern China.** Science 2003;302:276-278. <https://doi.org/10.1126/science.1087139>

Ge, XY., Li, JL., Yang, XL. et al. **Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor.** Nature 503, 535–538 (2013). <https://doi.org/10.1038/nature12711>

⁵⁸² Marra MA, Jones SJM, et al., **The Genome Sequence of the SARS-Associated Coronavirus**, 30 May 2003, Science Vol. 300, Issue 5624, pp. 1399-1404 <https://doi.org/10.1126/science.1085953>

Kliger, Y., & Levanon, E. Y. (2003). **Cloaked similarity between HIV-1 and SARS-CoV suggests an anti-SARS strategy.** BMC microbiology, 3, 20. <https://doi.org/10.1186/1471-2180-3-20>

Wu Zhang, X., & Leng Yap, Y. (2004). **Structural similarity between HIV-1 gp41 and SARS-CoV S2 proteins suggests an analogous membrane fusion mechanism.** Theochem, 677(1), 73–76. <https://doi.org/10.1016/j.theochem.2004.02.018>

Campbell GR, To RK et al. **SARS-CoV-2, SARS-CoV-1, and HIV-1 derived ssRNA sequences activate the NLRP3 inflammasome in human macrophages through a non-classical pathway**, 23 Apr 2021, iScience, Volume 24, <https://doi.org/10.1016/j.isci.2021.102295>

- Three Nobel prizes declared that SARS-CoV-2 was genetically engineered.
- Luc Montagnier, discoverer of the HIV, said it is impossible that a coronavirus would gain HIV genetic information. Proven insertion of HIV sequences.⁵⁸³ 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”.⁵⁸⁴
- The Australian vaccine was cancelled due to the unexpected result of HIV false-positive testing after vaccination.
- 10 Sep 2021, it was proven that 26 out of the 27 scientists signing The Lancet letter about natural origin, had **failed to disclose that they were associated with the P4 lab of Wuhan.**⁵⁸⁵
- 20 Oct 2021: NIH sent a letter to U.S. Rep. James Comer, R-Ky., **“EcoHealth failed to report (it) was testing if spike proteins from naturally occurring bat coronaviruses circulating in China were capable of binding to the human ACE2 receptor in a mouse model (just as SARS-CoV-2)... similarity of RaTG13 and BANAL-52 bat coronaviruses to SARS-CoV-2 is close because it overlaps by 96-97%”** yet, without providing any evidence, Tabak, Principal Deputy Director, denied any connection with SARS-CoV-2.⁵⁸⁶
Richard H. Ebright, a molecular biologist who in March 2021 joined 26 world scientists in calling for a full forensic investigation into the origins of COVID, tweeted: **“NIH corrects untruthful assertions by NIH Director Collins and NIAID Director Fauci that NIH had not funded gain-of-function research in Wuhan. NIH states that EcoHealth Alliance violated Terms and Conditions of NIH grant AI110964.”**⁵⁸⁷ **“The NIH funded the construction of novel chimeric coronaviruses that combined spike gene of one SARS-related coronavirus with rest of genetic information of another, and that yielded viruses that exhibited 10,000-fold higher viral load and higher pathogenicity in humanized mice.”**⁵⁸⁸ “How many times can one grantee violate the Terms and Conditions of one NIH grant without being penalized? (Apparently, if the grantee is EcoHealth Alliance, the number is at least four)”⁵⁸⁹

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

⁵⁸³ Illanes-Álvarez F, Márquez-Ruiz D, et al. **Similarities and differences between HIV and SARS-CoV-2.** 01 Jan 2021 Int J Med Sci; 18(3):846-851. doi:10.7150/ijms.50133. Available from <https://www.medsci.org/v18p0846.htm>

Campbell GR, To RK et al. **SARS-CoV-2, SARS-CoV-1, and HIV-1 derived ssRNA sequences activate the NLRP3 inflammasome in human macrophages through a non-classical pathway,** 23 Apr 2021, iScience, Volume 24, <https://doi.org/10.1016/j.isci.2021.102295>

“four insertions found in the study are, GTNGTKR, HKNNKS, GDSSSG and QTNSPRRA”: Preprint withdrawn for revision but not on ResearchGate:

https://www.researchgate.net/publication/338957445_Uncanny_similarity_of_unique_inserts_in_the_2019-nCoV_spike_protein_to_HIV-1_gp120_and_Gag

Due to pressure it was never presented again, in spite that the results were confirmed:

<https://www.opindia.com/2021/09/26-of-27-scientists-that-dismissed-covid-19-lab-leak-theory-linked-to-wuhan-lab/>

Pradhan P, Pandey AK, et al. **Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag.** 31 Jan 2020. BioRiv. <https://doi.org/10.1101/2020.01.30.927871>

⁵⁸⁴ Xiao, C., Li, X., et al. **HIV-1 did not contribute to the 2019-nCoV genome.** 14 Feb 2020. Emerging microbes & infections, 9(1), 378–381. <https://doi.org/10.1080/22221751.2020.1727299>

⁵⁸⁵ <https://www.telegraph.co.uk/news/2021/09/10/revealed-scientists-dismissed-wuhan-lab-theory-linked-chinese/>

⁵⁸⁶ <https://twitter.com/randpaul/status/1450996489862459394?s=21>

⁵⁸⁷ https://twitter.com/R_H_Ebright/status/1450947395508858880

⁵⁸⁸ <https://thenewamerican.com/nih-confirms-fauci-lied-about-gain-of-function-subsidies-to-chinese-virus-lab/>

⁵⁸⁹ https://twitter.com/R_H_Ebright/status/1444086756895117312

Hvistendahl M, Lerner S, **NIH Bat Coronavirus Grant Report Was Submitted More Than Two Years Late. The unusual timing of a bat coronavirus grant report suggests that an earlier version may have been revised.** 1 Oct 2021

<https://theintercept.com/2021/10/01/nih-bat-coronavirus-grant-ecohealth-alliance/>

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/or accused the US of the release.**

7 Sep 2021, the Washington Post (bought by globalist Bezos “for no reason”), publishes a ridiculous cover up⁵⁹⁰ echoed by global mainstream media.⁵⁹¹



29 Oct 2021, the US intelligence community reaches no conclusion on the origins. Interestingly there is no “community” but a top council where heads are named not based on career track but by politics. Yet, interesting passages could be quoted:

- “Four IC elements and the National Intelligence Council assess with **low confidence that the initial SARS-CoV-2 infection was most likely caused by natural exposure** to an animal infected with it or a close progenitor virus—a virus that probably would be more than 99 percent similar to SARS-CoV-2. ...
- One IC element assesses with **moderate confidence that the first human infection with SARS-CoV-2 most likely was the result of a laboratory-associated incident**, probably involving experimentation, animal handling, or sampling by the Wuhan Institute of Virology. These analysts give weight to the inherently risky nature of work on coronaviruses.
- The IC—and the global scientific community—lacks clinical samples or a complete understanding of epidemiological data from the earliest COVID-19 cases. If we obtain information on the earliest cases that identified a location of interest or occupational exposure, it may alter our evaluation of hypotheses... **Beijing, however, continues to hinder the global investigation, resist sharing information** and blame other countries, including the United States.”⁵⁹²

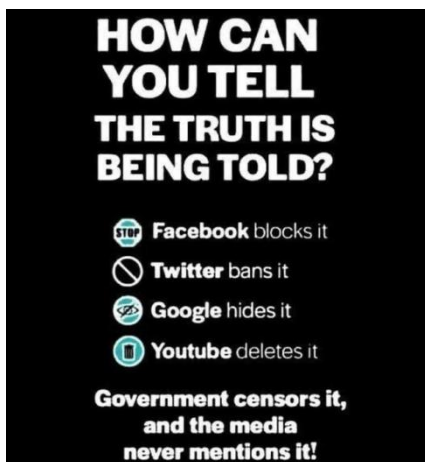
What does the Chinese **Communist** Party has to hide?: obviously, it’s not a problem of lack of US “intelligence” but of too obvious counter-intelligence.

⁵⁹⁰ https://www.washingtonpost.com/world/asia_pacific/wuhan-lab-covid-china/2021/09/07/

⁵⁹¹ <https://www.infobae.com/america/wapo/2021/09/07/al-interior-del-laboratorio-de-wuhan-ingenieria-francesa-virus-mortales-y-un-gran-misterio/>

⁵⁹² <https://www.dni.gov/files/ODNI/documents/assessments/Declassified-Assessment-on-COVID-19-Origins.pdf>

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.⁵⁹³ On 06/06/2021 **the link to this research was blocked by Facebook as fake news.**

Considering how countries were driven towards ineffective and suicidal measures like lock downs and how effective treatments like ivermectin were overlooked, rejected, retracted, defunded, frozen, 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”.**

If you aren’t paying for the product, somebody is paying for your mind: one of the most recent examples is the Netflix fakementary “The Social Dilemma”⁵⁹⁴. What people fail to understand is the message behind the message: the meta-propaganda.

The main argument is that AI in social networks maximizes screen addiction by promoting fake information and political manipulation, leading to division and riots. It is extremely clever how they explain conspiracy group growth as a result of uncontrolled AI manipulation, by exposing new conspiracy theories to gullible flat-earthers, without answering who’d benefit from that.

Why did the documentary conveniently hid that social media moguls invested over 300 million dollars to interfere in the US 2020 election?

Why would Netflix post it on YouTube⁵⁹⁵ allowing it to increase screen share and posting click bait?
Why would YouTube allow Netflix to use its platform to criticize its click bait tactics?

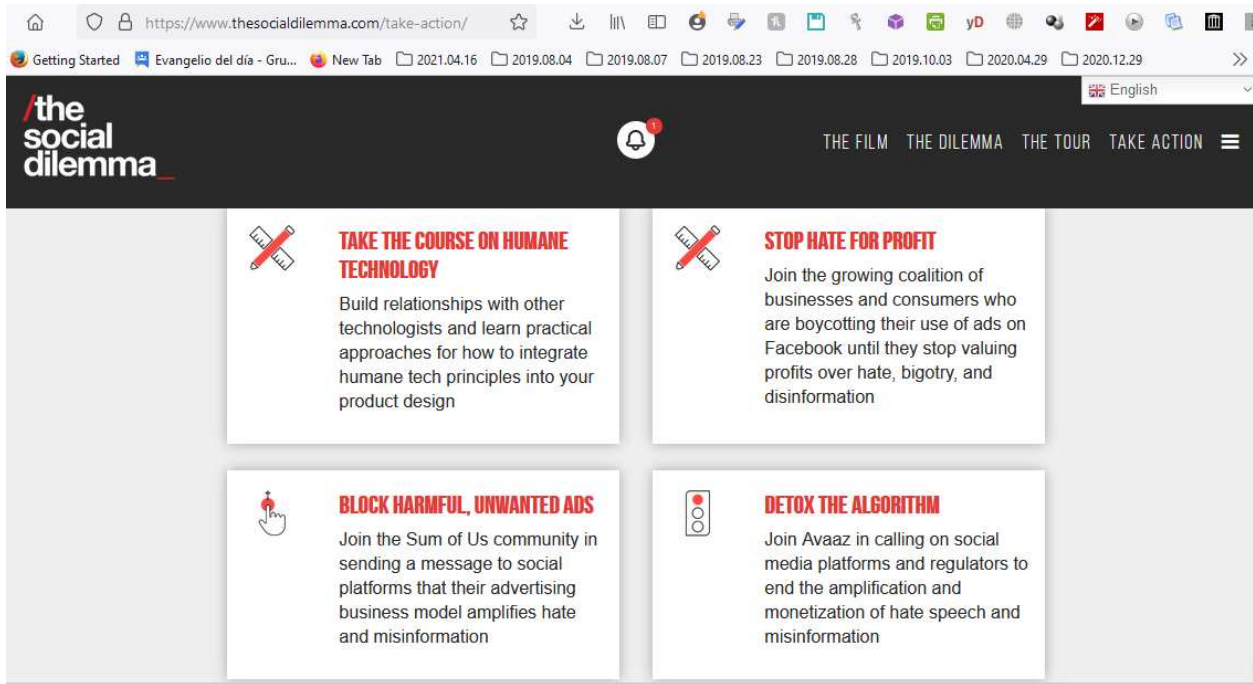
Netflix itself uses AI to maximize user screen time and promotes binge watching infomercials: why would Netflix shoot its foot? To increase Netflix usage while pushing people away from dissident friends in social networks?

The real reason behind all this apparent nonsense is to make believe that the growth of groups “believing” in deliberate dissemination of COVID, COVID vaccine harm and anthropogenic climate change hoax, isn’t the result of growth of truth and reasonable questions, but of AI fake news promotion in social networks. The result? People wouldn’t only dismiss truthful messages from friends because they see them as wacko conspiracy theorists but denounce them in the social platforms.

⁵⁹³ <https://articles.mercola.com/sites/articles/archive/2021/05/31/facebook-censoring-vaccine-hesitancy.aspx>

⁵⁹⁴ <https://www.thesocialdilemma.com>

⁵⁹⁵ https://www.youtube.com/watch?v=7mqR_e2seeM

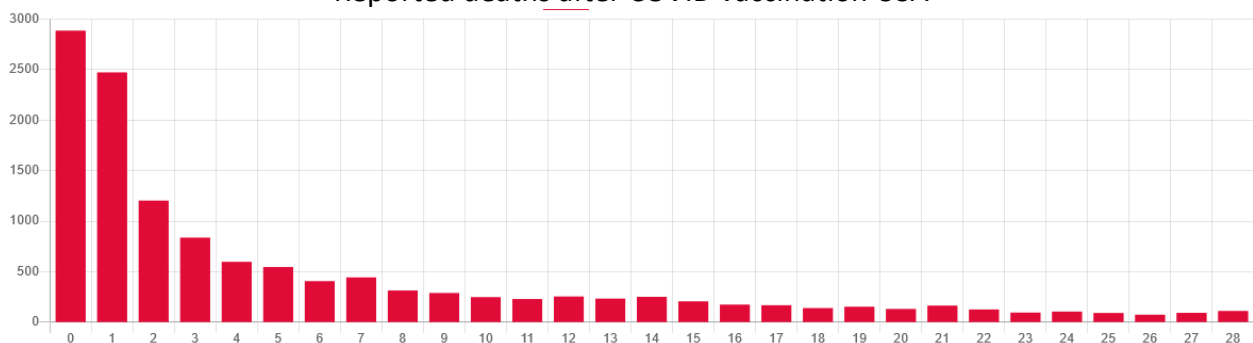


The call to action involves growing the humane tech movement by banning surveillance advertising (as it was the real enemy and not subliminal addictive tech), blocking lifesaving information like this research, and denouncing “hate speech and misinformation”, which means nudging people to act against truth thinking they are fighting for truth, especially when they classify quoting the Bible about homosex as hate speech, and any scientific research related to the pandemic as dangerous misinformation: **if you ain’t paying the product, they are making you a robot. The amazing exception here is that Netflix subscribers not only paid for their own brain washing but also for the YouTube watchers.**

COVID Vaccines: worse than the disease

Many governments tried to hide that the vaccinated were dying more than the unvaccinated, by defining that a person wasn’t really vaccinated until 14 days had passed since vaccination. If a person died before that, it would be an unvaccinated COVID death. The 14 day threshold left over 90% of deaths unreported.

Reported deaths after COVID vaccination USA



Days to onset. Source: <https://openvaers.com/covid-data>

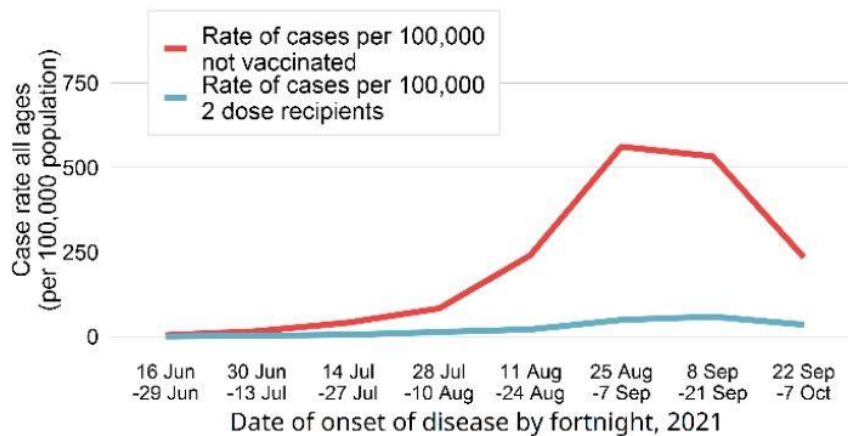
COVID vaccines can't prevent all deaths. "In a world where every single person had been vaccinated, 100% of Covid deaths would be of vaccinated people." ⁵⁹⁶ But what is really horrific is when the vaccinated show much more deaths than the unvaccinated.

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." ⁵⁹⁷

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. ⁵⁹⁸

30 Jun 2021 the Argentine Health Ministry finished a study: from January till June, **9 out of 10 COVID deaths were vaccinated**. For those over 60 years old, 10 out of 10 COVID deaths were vaccinated. ⁵⁹⁹



7 Nov 2021: **Sydney's Covid-19 wave shows less cases in the non-vaccinated population and that the vaccines didn't protect the risk groups:** "Of the 47 cases who died with COVID-19 who had two doses of vaccine, their average age was 82 years; 29 (61.7%) were residents of aged care facilities and the other 18 had significant comorbidities. Of the 30 admitted to ICU, 26 (86.7%) had significant co-morbidities and 4 had no reported comorbid conditions."

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.

⁵⁹⁶ <https://www.bbc.com/news/health-57610998>

⁵⁹⁷ <https://theconversation.com/covid-vaccine-weekly-more-vaccinated-than-unvaccinated-britons-are-now-dying-from-the-coronavirus-164526>

⁵⁹⁸ <https://www.livemint.com/news/world/uk-virus-cases-surge-even-as-8-in-10-have-received-shots-11623958350491.html>
<https://www.theguardian.com/theobserver/commentisfree/2021/jun/27/why-most-people-who-now-die-with-covid-have-been-vaccinated>

⁵⁹⁹ Spanish: <http://bit.do/VACUNAS>

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:

V.A.D.E.R.

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 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.”⁶⁰⁰

“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.”⁶⁰¹

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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)⁶⁰⁵, 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.⁶⁰⁶ Yet, humans were still used as guinea pigs with the Oxford vaccine!⁶⁰⁷

In spite of the early warnings and emerging data⁶⁰⁸, there’s no antibody-dependent amplification follow up⁶⁰⁹ with people who got infected before or after being vaccinated.⁶¹⁰ There’s 3 times more side effects after vaxxing the recovered. Women worse than men.⁶¹¹

“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**

⁶⁰⁰ “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>

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⁶⁰⁵ <https://www.sciencemag.org/news/2019/04/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines>

⁶⁰⁶ Jaume M, Yip M et al. **Anti-Severe Acute Respiratory Syndrome Coronavirus Spike Antibodies Trigger Infection of Human Immune Cells via a pH- and Cysteine Protease-Independent FcγR Pathway**. 21 Sep 2011, Journal of Virology, Vol. 85, No. 20, <https://doi.org/10.1128/JVI.00671-11>

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>

⁶⁰⁷ Folegatti P, Bittaye M, et al. **Safety and immunogenicity of a candidate Middle East respiratory syndrome coronavirus viral-vectored vaccine: a dose-escalation, open-label, non-randomised, uncontrolled, phase 1 trial**. 12 May 2020 TheLancet.com [https://doi.org/10.1016/S1473-3099\(20\)30160-2](https://doi.org/10.1016/S1473-3099(20)30160-2)

⁶⁰⁸ Farshadpour F, Taherkhani R. **Antibody-Dependent Enhancement and the Critical Pattern of COVID-19: Possibilities and Considerations**. 21 Apr 2021 Medical Principles and Practice. <https://doi.org/10.1159/000516693>

⁶⁰⁹ Huisman, W., Martina, B. E, et al. **Vaccine-induced enhancement of viral infections**. 18 Nov 2009 *Vaccine*, 27(4), 505–512. <https://doi.org/10.1016/j.vaccine.2008.10.087>

⁶¹⁰ 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-yeardon-coronavirus-vaccine-safety-concerns-petition/>

⁶¹¹ King’s College research: <https://archive.is/WTmNB#selection-71.15-71.86>

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.”⁶¹²

Scientists have recommended COVID testing prior to vaccination because of the higher risk of VADER, when an already infected person is vaccinated.⁶¹³ 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.”⁶¹⁴

“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.”⁶¹⁵

This risk is obscured on purpose in informed consent forms.⁶¹⁶

It is not a theoretical risk. **COVID-19 vaccines have been proven to cause VADER.**⁶¹⁷ Yet, no government conducted a large follow up study, e.g. taking blood samples, to determine if the vaccinated developed ADE.

Sooner or later vaccine deaths will be greater than COVID ones. Yet, indirect deaths caused by vaccination are already higher, compared to unvaccinated populations: this is explained VADER and/or other immune weakening side effects like the lowering of glutathione, graphene poisoning, etc.

V.I.O.T.I.

Vaccine Induced Overreaction To Infection: “A possible concern could be that some **mRNA-based vaccine** platforms induce potent type I interferon responses, which have been associated not only with inflammation but

⁶¹² Yahji, N., Chahinian, H., & Fantini, J. **Infection-enhancing anti-SARS-CoV-2 antibodies recognize both the original Wuhan/D614G strain and Delta variants. A potential risk for mass vaccination ?**. 9 Aug 2021 *The Journal of Infection*, S0163-4453(21)00392-3. Advance online publication. <https://doi.org/10.1016/j.jinf.2021.08.010>

Lee, W.S., Wheatley, A.K., et al. **Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies**. 09 Sept 2020. *Nat Microbiol* 5, 1185–1191 (2020). <https://doi.org/10.1038/s41564-020-00789-5>

⁶¹³ <https://noorchashm.medium.com/the-critical-importance-of-covid-19-antibody-tests-in-america-and-why-they-matters-for-your-e09f1c3364e7>

⁶¹⁴ <https://www.fda.gov/news-events/press-announcements/fda-brief-fda-advises-against-use-sars-cov-2-antibody-test-results-evaluate-immunity-or-protection>

⁶¹⁵ Ricke DO, **Two Different Antibody-Dependent Enhancement (ADE) Risks for SARS-CoV-2 Antibodies**. 24 Feb 2021. *Front. Immunol.* <https://doi.org/10.3389/fimmu.2021.640093>

⁶¹⁶ Cardozo T, Veazey R, **Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease**, *The International Journal of Clinical Practice*, 28 October 2020, <https://doi.org/10.1111/ijcp.13795>

⁶¹⁷ Scott B Halstead, Leah Katzelnick, **COVID-19 Vaccines: Should We Fear ADE?**, 15 Dec 2020, *The Journal of Infectious Diseases*, Volume 222, Issue 12, Pages 1946–1950, <https://doi.org/10.1093/infdis/jiaa518>

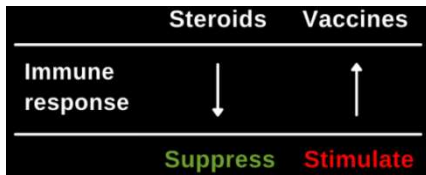
Li D, Edwards RJ, et al. **The functions of SARS-CoV-2 neutralizing and infection-enhancing antibodies in vitro and in mice and nonhuman primates**. 31 Dec 2020 bioRxiv <https://doi.org/10.1101/2020.12.31.424729>

Sunil Bhopal, Bayanne Olabi, Raj Bhopal, **Nature of Immune reaction and side effects of COVID-19 vaccines: synthesis of Information from Ten Phase II Trials for Planning Vaccination Programmes**, (2020) SSRN Electronic Journal, <https://doi.org/10.2139/ssrn.3732847>

Liu Y, Tuck Soh W, et al. **An infectivity-enhancing site on the SARS-CoV-2 spike protein targeted by antibodies**. 18 Dec 2020. bioRxiv <https://doi.org/10.1101/2020.12.18.423358> Cell 24 May 2021 <https://doi.org/10.1016/j.cell.2021.05.032>

also potentially with **autoimmunity**. Thus, identification of individuals at an increased risk of autoimmune reactions before mRNA vaccination may allow reasonable precautions to be taken.”⁶¹⁸

Bee sting analogy

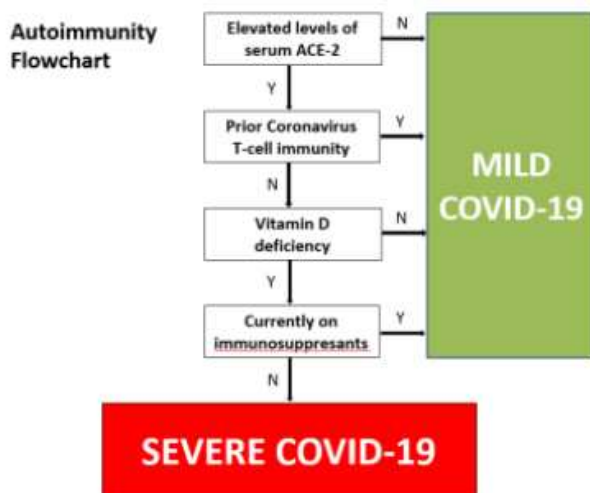


Across the world, every clinician and Health department prescribe steroids to manage severe COVID-19. In fact, the RECOVERY Trial (Oxford) was testing higher dose steroids in 2020 to see if further suppression of the immune system gives even better outcomes.

All bee stings produce an immune response. It is usually a small wheal on the skin where the bee venom has been injected. It hurts for a short time but resolves quickly.

In small number of people, the immune response to bee venom causes a severe hypersensitivity reaction which can lead to hospitalisation and be fatal in some circumstances.

SARS-COV2 produces an immune response in all persons, usually in the form of transient lung inflammation. In a significant percentage, it is subclinical or asymptomatic. A small number have an exaggerated immune response that is described as severe COVID-19 leading to hospitalisation and can be fatal in some circumstances.



Bee sting anaphylaxis and severe COVID-19 respond to steroids. What would happen if we combined higher dose steroids with antihistamines (Fluvoxamine - found to be beneficial and stabilizes mast cells) in severe COVID-19?

“You can’t have it both ways”. “Vaccines approach is likely to be fundamentally flawed if the primary treatment is immunosuppression. Water on an electrical fire can be a disaster even though it will work in most other circumstances. Severe COVID-19 (leading to hospitalisation and death) is a viral mediated autoimmune disease. It is therefore likely that vaccines will make the disease worse when targeting the spike protein, that produce spike proteins that also bind to serum ACE-2: **soluble rhACE-2 concentration is a proxy of future COVID severity, an overlooked comorbidity.**⁶¹⁹

Immune disarmament

COVID vaccines injure the immune system, causing death from bacterial, viral, parasitic or pathogenic infections. This is not about ADE, clot shots or auto-immunity but about immune blood markers showing a huge damage to the whole system.

⁶¹⁸ Pardi, N., Hogan, M., Porter, F. et al. **mRNA vaccines — a new era in vaccinology**. 12 Jan 2018. Nat Rev Drug Discov 17, 261–279.

<https://doi.org/10.1038/nrd.2017.243>

⁶¹⁹ McMillan P, Dexheimer T, Neubig RR and Uhal BD **COVID-19—A Theory of Autoimmunity Against ACE-2 Explained**. 23 Mar 2021.

Front. Immunol. 12:582166. <https://doi.org/10.3389/fimmu.2021.582166>

mcmillanresearch.com

Vaxxed v. unvaxxed

Public Health England: ⁶²⁰

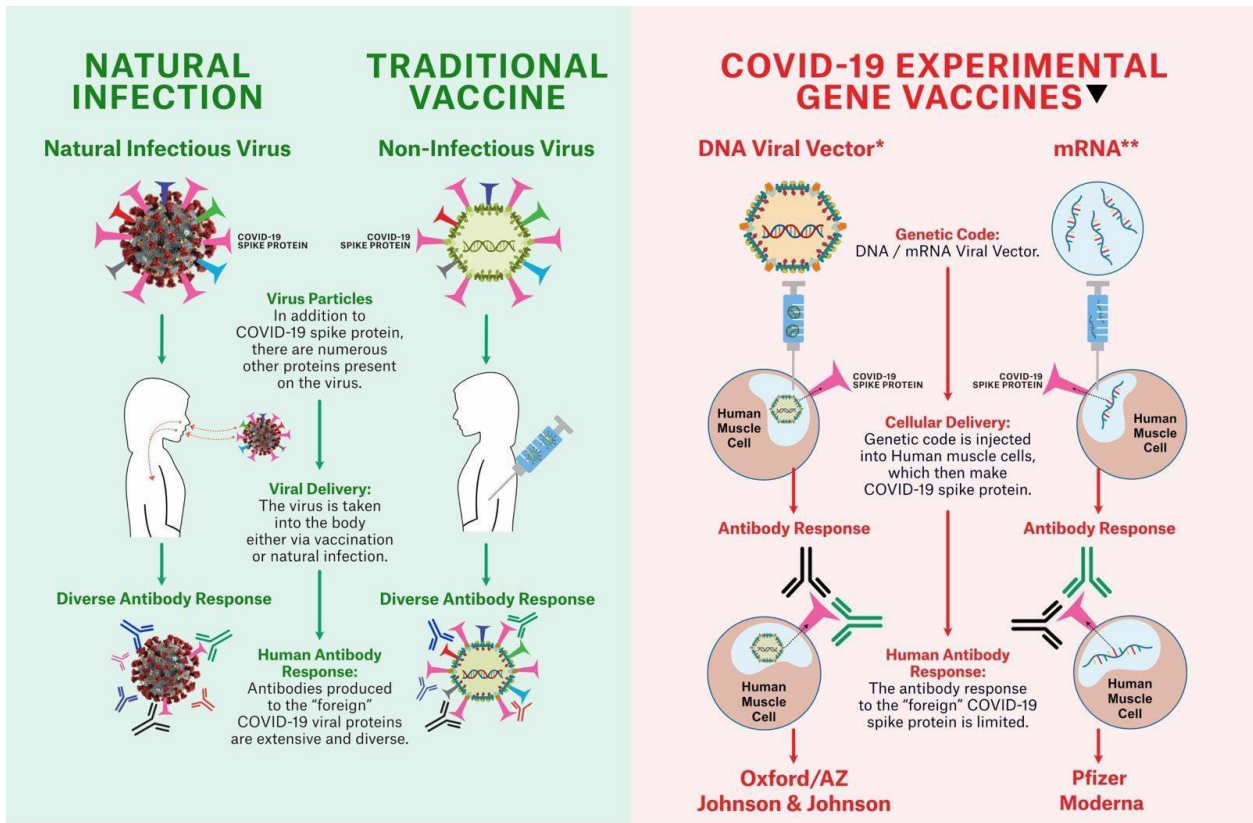
50% of cases and 65% of COVID deaths were vaccinated (1+ dose), compared to the unvaccinated within 28 days of PCR+, from February to July, 2021.

Fully vaccinated compared to unvaccinated:

- **500% greater chance of dying**
- **50% greater chance of being hospitalized**

But the big issue is not V v. UnV but leaving out of the analysis COVID recovery, age and comorbidities (n.b. Vitamin D).

The protein bomb



▼ This medicine is subject to additional safety monitoring. Please report suspected adverse reactions to the MHRA Yellow Card Scheme. The long-term health effects of experimental genetic mRNA & DNA Viral Vector vaccination is unknown.

*DNA: deoxyribonucleic acid
**mRNA: messenger ribonucleic acid

Source: <https://ukfreedomproject.org/>

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 haccine (hackcin) or vaxhack: a gene-hack to turn humans into S-protein human bombs.⁶²¹

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-function research, the media’s psychological operations, health agencies and hospitals⁶²² 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.”⁶²³

Trojan Horses?

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

- **Depopulation:** causing infertility on purpose through hCG⁶²⁴, syncytin⁶²⁵ or HPV vaccines⁶²⁶ and other devious schemes, like causing miscarriages by vaxxing during pregnancy.⁶²⁷

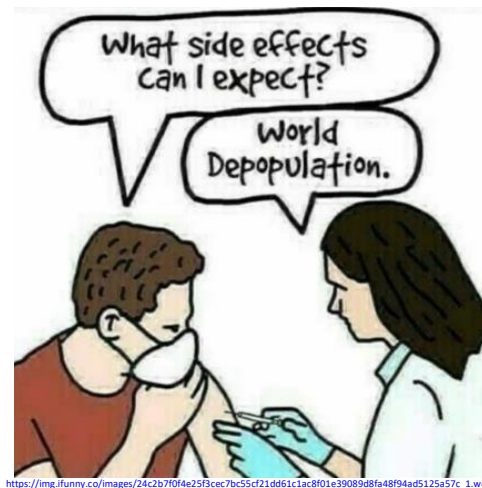
⁶²¹ <https://www.ddponline.org/2021/07/24/a-bioterrorist-attack/>

⁶²² <https://www.naturalnews.com/2021-09-13-hospital-administrators-caught-on-camera-scheming-to-fabricate-covid-numbers-scare-the-public.html>

⁶²³ <https://www.naturalnews.com/2021-09-14-vaxssassination-how-globalists-convicted-billions-of-people-to-exterminate-themselves-with-biological-weapons-presented-as-vaccines.html>

⁶²⁴ John W. Oller, Christopher A. Shaw, Lucija Tomljenovic, Stephen K. Karanja, Wahome Ngare, Felicia M. Clement, Jamie Ryan Pillette, **HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World**. 27 Oct 2017 Open Access Library Journal, Vol.4 No.10, e3937 ISSN Online: 2333-9721 Print: 2333-9705 <http://doi.org/10.4236/oalib.1103937>

Half a million people sterilized in many countries: Warren C, Abuya T, et al. **Evaluation of the impact of the voucher and accreditation approach on improving reproductive health behaviors and status in Kenya**. 23 Mar 2011 BMC Public Health 11, 177. <https://doi.org/10.1186/1471-2458-11-177>



https://img.junny.co/images/24c2b7f0fa253cec7bc55df21dd61c1ac8f01e39089d8fa48f94ad5125a57c_1.webp

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**”⁶²⁸ Through neglecting proper treatment and deep-state censoring of the cure, the poor⁶²⁹, women and USA racial minorities (**African American and Hispanics**) have had the **largest death toll: voluntary or not, the racial genocide is a fact.**⁶³⁰ Not surprisingly, the largest vaccine

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https://apps.who.int/iris/bitstream/handle/10665/61301/WHO_HRP_WHO_93.1.pdf

⁶²⁵ <https://dryburgh.com/mike-yeaton-coronavirus-vaccine-safety-concerns-petition/>

⁶²⁶ <http://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine>

<https://www.vaccinesrevealed.com/news/hpv-vaccine-american-college-of-pediatricians-issues-rare-warning-against-vaccine-due-to-premature-ovarian-failure/>

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Wetzstein C. HPV Vaccine Cited in Infertility Case, *The Washington Times*, November 11, 2013.

DeLong G, **A Lowered probability of pregnancy in females in the USA aged 25–29 who received a human papillomavirus vaccine injection**, *Journal of Toxicology and Environmental Health, Part A*, 2018, 81(14): 661-674]

⁶²⁷ <http://theothersideofvaccines.com/2019/03/vaccines-infertility/>

⁶²⁸ <https://time.com/5847483/melinda-gates-covid-19/>

⁶²⁹ Bianchi F, Bianchi G, Song D, **The Long-Term Impact of the COVID-19 Unemployment Shock on Life Expectancy and Mortality Rates**, December 2020, National Bureau of Economic Research, www.nber.org/papers/w28304 <https://doi.org/10.3386/w28304>

⁶³⁰ Karaca-Mandic P, Georgiou A, Sen S. **Assessment of COVID-19 Hospitalizations by Race/Ethnicity in 12 States**. *JAMA Intern Med*. 2021;181(1):131–134. doi:10.1001/jamainternmed.2020.3857

Michael Poulson, Miriam Neufeld, et al., **Intersectional Disparities Among Hispanic Groups in COVID-19 Outcomes**. *Journal of Immigrant and Minority Health*, 2020; [HTTPS://DOI.ORG/10.1007/s10903-020-01111-5](https://doi.org/10.1007/s10903-020-01111-5)

Enriquez D., Goldstein A., **COVID-19’s Socioeconomic Impact on Low-Income Benefit Recipients: Early Evidence from Tracking Surveys**, November 25, 2020 Research Article. *Socius: Sociological Research for a Dynamic World*. American Sociological Association. <https://doi.org/10.1177/2378023120970794>

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

<https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/>

<https://www.reuters.com/article/us-health-coronavirus-usa-race/african-americans-more-likely-to-die-from-coronavirus-illness-early-data-shows-idUSKBN2102B6>

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%).⁶³¹

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 in 2017. As of September 1, 2020, there have been [6,441](#) VICP claims, including **188 deaths and 6,256 severe injuries** following influenza vaccination.⁶³²

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 FDA⁶³³, Cochrane review⁶³⁴ and the Lancet⁶³⁵.
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 vaccination⁶³⁶, thousands on wheelchairs or bedridden⁶³⁷.

<https://www.reuters.com/article/us-health-coronavirus-new-york-deaths/coronavirus-deadliest-in-new-york-citys-black-and-latino-neighborhoods-data-shows-idUSKBN22U32A>

⁶³¹ <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

⁶³² <https://www.nvic.org/vaccines-and-diseases/influenza/overview.aspx>

⁶³³ <https://www.cdc.gov/flu/vaccines-work/past-seasons-estimates.html>

⁶³⁴ "Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or severe illness. At best, vaccines might be effective against only Influenza A and B, which represent ca. 10% of all circulating viruses." Jefferson T, Di Pietrantonj C, Rivetti A, Bawazeer GA, Al-Ansary LA, Ferroni E. **Vaccines for preventing influenza in healthy adults**. *Cochrane Database Syst Rev*. 2010 Jul 7;(7):CD001269. <https://doi.org/10.1002/14651858.CD001269.pub4>. Update in: *Cochrane Database Syst Rev*. 2014;3:CD001269. PMID: 20614424.

Black SB, Shinefield HR, France EK, Fireman BH, Platt ST, Shay D; Vaccine Safety Datalink Workgroup. **Effectiveness of influenza vaccine during pregnancy in preventing hospitalizations and outpatient visits for respiratory illness in pregnant women and their infants**. *Am J Perinatol*. 2004 Aug;21(6):333-9. <https://doi.org/10.1055/s-2004-831888>. PMID: 15311370.

⁶³⁵ Osterholm M., Kelley N., et al., **Efficacy and effectiveness of influenza vaccines: a systematic review and meta-analysis**, *The Lancet – Infectious Diseases*, Volume 12, ISSUE 1, P36-44, January 01, 2012, October 26, 2011 [https://doi.org/10.1016/S1473-3099\(11\)70295-X](https://doi.org/10.1016/S1473-3099(11)70295-X)

⁶³⁶ <https://www.prnewswire.com/news-releases/gardasil-attorneys-allege-hpv-vaccine-caused-girl-to-develop-pots-301176521.html>

Blitshteyn, S. **Human papillomavirus (HPV) vaccine safety concerning POTS, CRPS and related conditions**. *Clin Auton Res* **30**, 181–182 (2020). <https://doi.org/10.1007/s10286-019-00653-5>

Martínez-Lavín M, Amezcua-Guerra L. **Serious adverse events after HPV vaccination: a critical review of randomized trials and post-marketing case series**. *Clin Rheumatol*. 2017 Oct;36(10):2169-2178. <https://doi.org/10.1007/s10067-017-3768-5>. Epub 2017 Jul 20. Erratum in: *Clin Rheumatol*. 2017 Jul 29;: PMID: 28730271.

Tomljenovic L, Colafrancesco S, Perricone C, Shoenfeld Y. **Postural Orthostatic Tachycardia With Chronic Fatigue After HPV Vaccination as Part of the "Autoimmune/Auto-inflammatory Syndrome Induced by Adjuvants"**: Case Report and Literature Review. *J Investig Med*

Official documents recognize that governments pretend to vaccinate 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 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 abortions⁶³⁸, contaminated with human DNA, even in excess of 2000% of the FDA 10 ng. limit, **cause brain damage and even autism**⁶³⁹ (exponential growth with 14 matching change points in 14 different countries in 14 different moments)⁶⁴⁰, **with higher impact in African descent**⁶⁴¹, as proven in 2004 by the CDC (an then censored).

High Impact Case Rep. 2014 Mar 18;2(1):2324709614527812. <https://doi.org/10.1177/2324709614527812>. PMID: 26425598; PMCID: PMC4528866.

Blitshteyn S. **Postural tachycardia syndrome following human papillomavirus vaccination**. Eur J Neurol. 2014;21(1):135-9. <https://doi.org/10.1111/ene.12272>. Epub 2013 Sep 16. PMID: 24102827.

http://comunidadgrupogapg.com.ar/sites/default/files/trabajos_publicados/objeciones%20en%20relacion%20con%20ambas%20vacunas%20disponibles%20contra%20el%20virus%20del%20papiloma%20humano-29audisio.pdf

⁶³⁷ <http://www.asahi.com/ajw/articles/aj201607280028.html>

“We are victims, not antivaxxers” <https://www.youtube.com/watch?v=8qKUHPrIA4w> <http://www.aavp.es/>

<https://www.facebook.com/groups/279308162277803/>

⁶³⁸ <https://www.lifesitenews.com/news/babies-were-aborted-alive-placed-in-fridge-to-harvest-cell-lines-used-in-some-vaccines-researcher/>

⁶³⁹ <https://www.naturalnews.com/2021-03-02-ican-sues-cdc-over-statement-about-vaccines.html>

https://www.naturalnews.com/046566_autism_MMR_vaccine_CDC_whistleblower.html

⁶⁴⁰ <https://www.youtube.com/watch?v=jcoESgHTkc>

<https://www.youtube.com/watch?v=lyk3RBGM6V8>

Deisher T., Doan N. et al., **Impact of environmental factors on the prevalence of autistic disorder after 1979**, Journal of Public Health and Epidemiology, Vol.6(9), pp. 271-286 , September 2014 <https://doi.org/10.5897/JPHE2014.0649>

Deisher TA, Doan NV. **Sociological Environmental Causes are Insufficient to Explain Autism Changepoints of Incidence**. Issues Law Med. 2015 Spring;30(1):25-46. PMID: 26103707 <https://pubmed.ncbi.nlm.nih.gov/26103707/>

Deisher TA, Doan NV, Koyama K, Bwabye S. **Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Autism Spectrum Disorder Prevalence**. Issues Law Med. 2015 Spring;30(1):47-70. PMID: 26103708 <https://pubmed.ncbi.nlm.nih.gov/26103708/>

Jarzyna P, Doan NV, Deisher TA. **Insertional mutagenesis and autoimmunity induced disease caused by human fetal and retroviral residual toxins in vaccines**. Issues Law Med. 2016 Fall;31(2):221-234. PMID: 29108182 <https://pubmed.ncbi.nlm.nih.gov/29108182/>

⁶⁴¹ Hooker, B.S. **Measles-mumps-rubella vaccination timing and autism among young african american boys: a reanalysis of CDC data**. Transl Neurodegener 3, 16 (2014). <https://doi.org/10.1186/2047-9158-3-16>

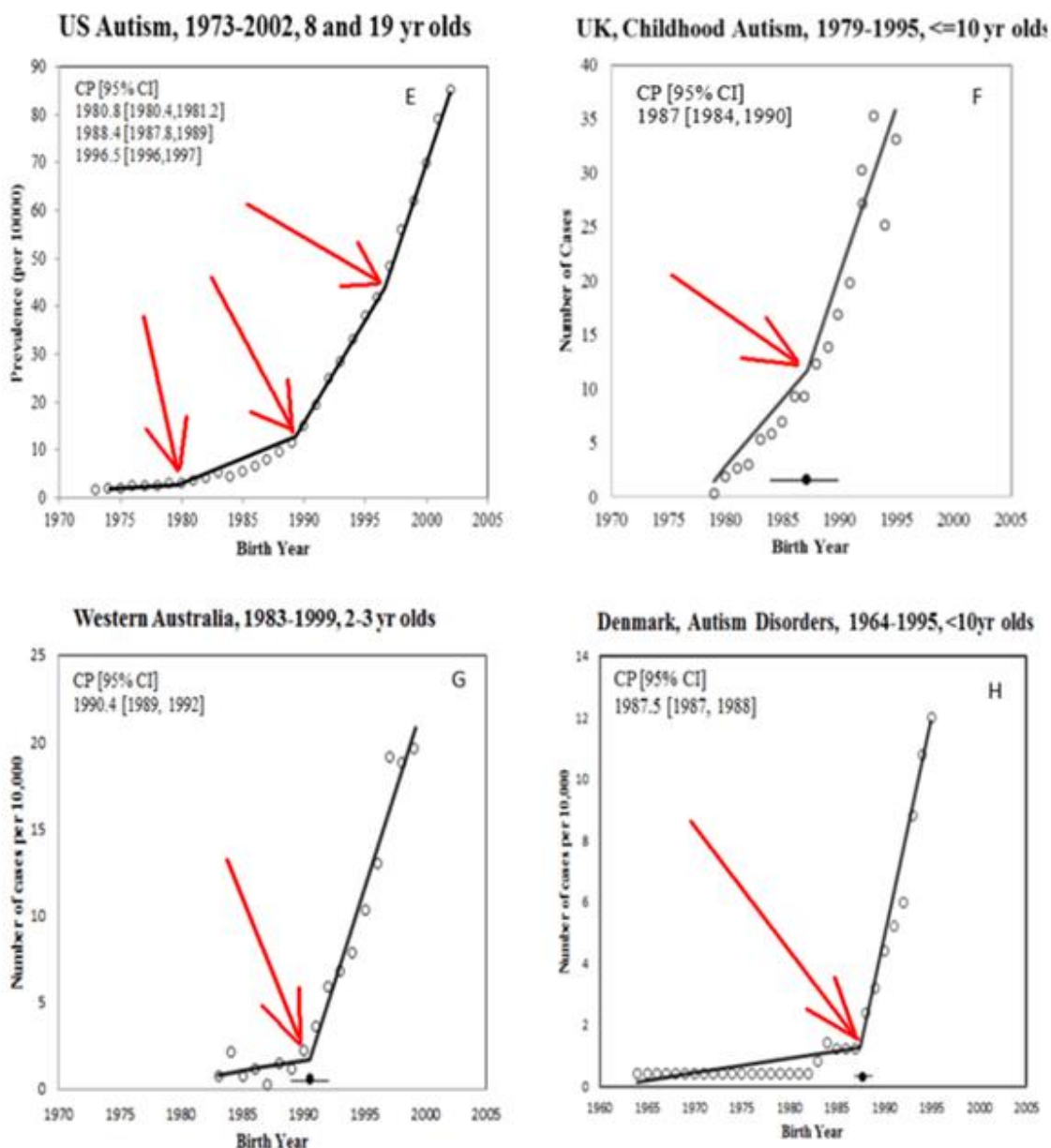


Figure 1. AD changepoint analysis robustness and results. Figure 1A shows AD changepoint results for the U.S., California, UK, Western Australia, and Denmark. Figure 1B shows a comparison of 'hockey' and 'segmented' fits for California AD 1970-1997 data. Both analyses yield changepoints with overlapping confidence intervals near 1988. However, 'segmented' analysis reveals a second changepoint near 1981.

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

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**.⁶⁴² 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**"⁶⁴³: Corporate greed funnels government leeching and medical corruption even to the point of **therapeutic cruelty**.

⁶⁴² <https://www.cbsnews.com/news/family-to-receive-15m-plus-in-first-ever-vaccine-autism-court-award/>

⁶⁴³ Catechism of the Catholic Church, 2278 http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm

- **Gender dysphoria. Hypothesis:**

- Glyphosate, present in vaccines as a contaminant, is an endocrine disruptor⁶⁴⁴
- 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.⁶⁴⁵

Polio-Gates

Polio from vaccines

1950 Live attenuated virus Oral Polio Vaccine (OPV) causing Polio in healthy persons.

According to WHO, **the Oral Polio Vaccine, unlike the injected one, caused more polio cases than wild polio⁶⁴⁶**, because it was an attenuated virus but not completely inactive.⁶⁴⁷ By 2018, Gates Foundation polio vaccine accounted for 75% of global polio and left half a million children paralyzed from 2000-2017.

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.”⁶⁴⁸

In 1960 Ben Sweet and Maurice Hilleman found 10-30% of polio vaccines in the USA were contaminated with SV40.⁶⁴⁹ Why did they hide that 100% of the vaccines they made were contaminated?⁶⁵⁰ 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.

⁶⁴⁴ https://www.momsacrossamerica.com/glyphosate_in_childhood_vaccines

⁶⁴⁵ 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.”

⁶⁴⁶ Blume, S., & Geesink, I. (2000). **A brief history of polio vaccines.** *Science (New York, N.Y.)*, 288(5471), 1593–1594.

<https://doi.org/10.1126/science.288.5471.1593>

⁶⁴⁷ Blower, S. M., Koelle, K., Kirschner, D. E., & Mills, J. (2001). **Live attenuated HIV vaccines: predicting the tradeoff between efficacy and safety.** *Proceedings of the National Academy of Sciences of the United States of America*, 98(6), 3618–3623.

<https://doi.org/10.1073/pnas.061029998>

⁶⁴⁸ https://en.wikipedia.org/wiki/SV40#Polio_vaccine_contamination

⁶⁴⁹ Sweet, B. H.; Hilleman, M. R. (November 1960). "The vacuolating virus, S.V. 40". *Proceedings of the Society for Experimental Biology and Medicine*. 105 (2): 420–427. <https://doi.org/10.3181/00379727-105-26128>

⁶⁵⁰ Eddy, B. E.; Borman, G. S.; Grubbs, G. E.; Young, R. D. (May 1962). "Identification of the oncogenic substance in rhesus monkey kidney cell culture as simian virus 40". *Virology*. 17: 65–75. [https://doi.org/10.1016/0042-6822\(62\)90082-x](https://doi.org/10.1016/0042-6822(62)90082-x)

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."⁶⁵¹
There was an organized cover-up. Why?⁶⁵²

"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."⁶⁵³

"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."⁶⁵⁴

⁶⁵¹ https://en.wikipedia.org/wiki/SV40#Other_animals

⁶⁵² Hooper, Edward. **The river: a journey to the source of HIV and AIDS.** Little, Brown and Company, Boston, 1999 ISBN 0-316-37261-7
<http://www.aidsorigins.com/>

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

⁶⁵³ <https://www.bmartin.cc/dissent/documents/AIDS/>

⁶⁵⁴ Tom Curtis <https://www.washingtonpost.com/archive/opinions/1992/04/05/did-a-polio-vaccine-experiment-unleash-aids-in-africa/>

Kyle W. S. (1992). **Simian retroviruses, poliovaccine, and origin of AIDS.** *Lancet* (London, England), 339(8793), 600–601.

[https://doi.org/10.1016/0140-6736\(92\)90876-5](https://doi.org/10.1016/0140-6736(92)90876-5)

<https://documents.uow.edu.au/~bmartin/dissent/documents/AIDS/Curtis92.html>

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 (infertilizing, disabling, lethal, anti-natal)

Most comprehensive bibliography: <https://www.bmartin.cc/dissent/documents/AIDS/>
<https://www.bmartin.cc/dissent/documents/AIDS/River/index.html>

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).”⁶⁵⁵

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 Institute⁶⁵⁶ and new players⁶⁵⁷:

<https://quod.lib.umich.edu/c/cohenaid/5571095.0245.013?rgn=main;view=fulltext>

⁶⁵⁵ <https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

⁶⁵⁶ Robinson HL, Lu S, et al. **DNA vaccines.** *AIDS research and human retroviruses*, 20 Mar 1996 12(5), 455–457.

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

Kutzler, M., Weiner, D. **DNA vaccines: ready for prime time?** Oct 2008 *Nat Rev Genet* 9, 776–788 <https://doi.org/10.1038/nrg2432>

Gary, E. N., & Weiner, D. B. **DNA vaccines: prime time is now.** Aug 2020 *Current opinion in immunology*, 65, 21–27.

<https://doi.org/10.1016/j.coi.2020.01.006>

Vaccine	Developer	Location	Route	Stage of trial
ZyCoV-D	Zydus Cadila	India	Skin	Approved for emergency use
INO-4800	Inovio and partners ⁶⁵⁸	United States	Skin	Phase II/III
AG0302-COVID19	AnGes, Osaka University, Takara Bio	Japan	Muscle	Phase II/III
GX-19N	Genexine	South Korea	Muscle	Phase I/II
GLS-5310	GeneOne Life Science	South Korea	Skin	Phase I/II
COVID-eVax	Takis, Rottapharm Biotech	Italy	Muscle	Phase I/II
AG0301-COVID19	AnGes, Osaka University, Takara Bio	Japan	Muscle	Phase I/II
Covigenix 001	VAX-Entos Pharmaceuticals	Canada	Muscle	Phase I
CORVax12	OncoSec, Providence Cancer Institute	United States	Skin	Phase I
bacTRL-Spike	Symvivo	Canada	Oral	Phase I
COVIGEN	BioNet, Technovalia, University of Sydney	Thailand, Australia	Skin muscle	or Phase I

Murderous nano tampering

CoronaVac⁶⁵⁹, Covaxin⁶⁶⁰ and Epivac⁶⁶¹ contain aluminum salts as adjuvants, in spite it is 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.”⁶⁶²

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!⁶⁶³

⁶⁵⁷ 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>

⁶⁵⁸ Smith, T.R.F., Patel, A., Ramos, S. *et al.* **Immunogenicity of a DNA vaccine candidate for COVID-19**. 20 May 2020 *Nat Commun* 11, 2601. <https://doi.org/10.1038/s41467-020-16505-0>

⁶⁵⁹ https://www.covidvaccine.gov.hk/pdf/CoronaVac_ENG_PI_brief.pdf

⁶⁶⁰ <https://www.bharatbiotech.com/images/covaxin/covaxin-fact-sheet.pdf>

⁶⁶¹ <https://www.vidal.ru/drugs/epivaccorona>

⁶⁶² Al-Deen, F. N., Selomulya, C., Ma, C., & Coppel, R. L.. **Superparamagnetic nanoparticle delivery of DNA vaccine**. 2014 *Methods in molecular biology (Clifton, N.J.)*, 1143, 181–194. https://doi.org/10.1007/978-1-4939-0410-5_12

⁶⁶³ Gatti AM, Montanari S. **New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination**. 2016 *Int J Vaccines Vaccin* 4(1): 00072. <https://doi.org/10.15406/ijvv.2017.04.00072>

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, also by using an inductive pole detector.⁶⁶⁴

Since 2016 several papers promoted rGO as a powerful vaccine adjuvant.⁶⁶⁵ In 2017, as an **efficient genome editing** delivery method (nanocarrier).

It was recommended as a nano carrier for drug delivery against COVID19.⁶⁶⁶

In China, Pfizer patented the use of graphene oxide in vaccines.⁶⁶⁷

The intranasal graphene vaccine tech could be used to contaminate and vaccinate people with the PCR.⁶⁶⁸

In June 2021, it was discovered in the University of Almería as a hidden component of a Pfizer vial.⁶⁶⁹ Then confirmed in all brands of vaccines by Dr. Young⁶⁷⁰ and other studies.

Electromagnetism has been detected all over the world with the following vaccine brands:⁶⁷¹

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

rGO becomes visible at plain sight with a magnet on the vial when the temperature rises.⁶⁷²

There are two easy ways to identify rGO apart from magnetized iron alloys:

1. The magnetic field is very strong, as if you have a huge magnet
2. It generates an alternate current which can be observed with a magnet⁶⁷³
3. It's fusion point is 3000° celcius: unlike magnetized iron or alloys, it can't be melted with a welding torch

⁶⁶⁴ https://en.wikipedia.org/wiki/Neodymium_magnet

⁶⁶⁵ Ligeng Xu, Jian Xiang et al. **Functionalized graphene oxide serves as a novel vaccine nano-adjuvant for robust stimulation of cellular immunity**. 13 Jan 2016 Nanoscale Issue 8, 3785-3795. <https://doi.org/10.1039/C5NR09208F>

Meng C, Zhi X, et al. **Graphene Oxides Decorated with Carnosine as an Adjuvant To Modulate Innate Immune and Improve Adaptive Immunity in Vivo**. Epub 19 Jan 2016 ACS Nano. 2016 Feb 23;10(2):2203-13. <https://doi.org/10.1021/acs.nano.5b06750>

Gao A, Hui Liang H, et al. **Designing a Novel Nano-Vaccine against SARS-CoV-2**, 28 Oct 2020. Nano Biomedicine and Engineering, <https://doi.org/10.5101/nbe.v12i4.p321-324>

⁶⁶⁶ Kaushik A, **Manipulative magnetic nanomedicine: the future of COVID-19 pandemic/endemic therapy, 14 Dec 2020** Expert Opinion on Drug Delivery, 2021 18:5, 531-534, <https://doi.org/10.1080/17425247.2021.1860938>

⁶⁶⁷ Karen Kingston, a former Pfizer employee and current analyst for the pharmaceutical and medical device industries.

⁶⁶⁸ Dong C, Wang Y, et al. **Intranasal vaccination with influenza HA/GO-PEI nanoparticles provides immune protection against homo- and heterologous strains**. 5 Apr 2021, Proceedings of the National Academy of Sciences May 2021, 118 (19) e2024998118 <https://doi.org/10.1073/pnas.2024998118>

⁶⁶⁹ https://diario16.com/wp-content/uploads/2021/07/MICROSCOPIA_DE_VIAL_CORMINATY_DR_CAMPRA_FIRMA_E_1_HORIZONTAL.pdf
<https://www.naturalnews.com/2021-07-14-spanish-study-pfizer-vaccine-toxic-graphene-oxide.html>
<https://beforeitsnews.com/opinion-conservative/2021/07/breaking-discovery-the-actual-contents-inside-pfizer-vials-exposed-3587380.html>

⁶⁷⁰ <https://www.bitchute.com/video/Z2sAH0Woz38r/>

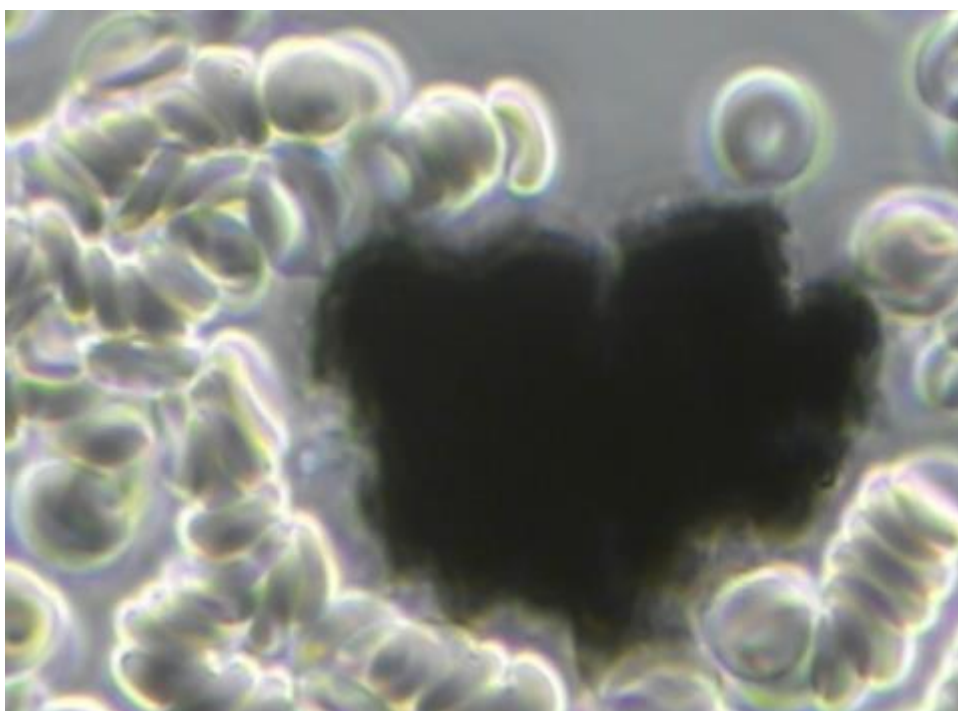
⁶⁷¹ <https://www.notonthebeeb.co.uk/post/the-luxembourg-report-on-vaccine-induced-magnetism>

⁶⁷² <https://www.bitchute.com/video/UbO7r1tnAAUp/>

⁶⁷³ Covid vaccinated person in Salta, Oct 2021. <https://youtu.be/J63DJrcpGi4>

Graphene detected by light microscopy, electron microscopy, and micro-Raman spectroscopy in Spain, South Africa, New Zealand, UK, USA, Japan, Chile, Ecuador, Argentina... and in blood of the vaccinated in France and Germany.

False checker Reuters says it is not rGO because it should be a darker liquid ⁶⁷⁴, yet it doesn't address the possibility that it is hidden by crystals or inside nano-lipids. Something strange is definitely there: even the globalist Fact-Checking Network (IFCN) member ⁶⁷⁵ recognizes that the image shows a "unidentified polymeric nano structure" (which is not RNA/DNA).⁶⁷⁶ Also, while recognizing that **rGO is diamagnetic**, they kept denying the possibility of a magnetic element⁶⁷⁷, 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.



"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) ⁶⁷⁸

Article on "More Effective Vaccines with Injectable Hydrogel" published 16 Sep 2020 scitechdaily.com/more-effective-vaccines-with-injectable-hydrogel/ ... Funded by the Gates Foundation, Stanford School of Medicine Immunity, Transplantation and Infection Seed Grant, and the National Science Foundation Graduate Research Fellowship. www.nutritruth.org/single-post/graphene-oxide-hydrogel-injecting-synth.

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

⁶⁷⁴ <https://www.acs.org/content/acs/en/policy/policyfellowships/fellows/matthew-diasio.html>

<https://www.reuters.com/article/factcheck-grapheneoxide-vaccine-idUSL1N2OZ14F>

⁶⁷⁵ <https://www.poynter.org/ifcn/>

⁶⁷⁶ "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/>

⁶⁷⁷ <https://maldita.es/malditobulo/20210710/video-luis-marcelo-martinez-grafeno-vacunas-magnetismo-iman/>

⁶⁷⁸ <https://www.databaseitalia.it/storage/2021/08/GrapheneOxideVaccinePaperUpdated.pdf>

<https://www.databaseitalia.it/rivelati-ingredienti-dei-vaccini-cov-19-microscopia-elettronica-a-scansione-e-trasmissione-rivela-ossido-di-grafene-acciaio-inossidabile-e-anche-un-parassita/>

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.

Graphene and magnetite are known to be common components in nanoparticles used in the pharmaceutical industry. Some examples: pubmed.ncbi.nlm.nih.gov/33212875 ~ pubmed.ncbi.nlm.nih.gov/33298980 ~ pubmed.ncbi.nlm.nih.gov/31852794 The use of graphene in nanomaterials has reported safety and toxicity problems, including inducing apoptosis (cell suicide), damaging DNA, changing the cytoskeleton. For instance: pubmed.ncbi.nlm.nih.gov/33808775 and pubmed.ncbi.nlm.nih.gov/30453526 "the strongest, thinnest and most conductive material on earth" ⁶⁷⁹ semiconductor

<https://www.graphenea.com/pages/graphene-uses-applications#.YSoino77RRY>

<https://renew.com/general96/graphene-oxide-is-toxic-to-human-blood.pdf>

<https://humansarefree.com/2021/07/graphene-based-brain-control-technology-is-real.html>

Graphene Oxide is reduced by ascorbic acid⁶⁸⁰ and N-acetyl cysteine⁶⁸¹, a precursor of glutathione. It seems Graphene is degraded and excreted and that's another reason why they want yearly shots.

Dr. Andreas Noack, arguably the maximum authority on Graphene in Europe, discovered that reduced Graphene Hydroxide was also present, with the potential to act as a razor cutting the arterial walls while flowing inside and producing constant wounds and thrombi.

Lethal swabs

⁶⁷⁹ <https://www.smithsonianmag.com/smart-news/graphene-coated-fabric-causes-mosquitoes-buzz-180973007/>

⁶⁸⁰ Marrani AG, Motta A, et al. **A comparative experimental and theoretical study of the mechanism of graphene oxide mild reduction by ascorbic acid and N-acetyl cysteine for biomedical applications.** 01 Sep 2020 Materials Advances Issue 8, <https://doi.org/10.1039/D0MA00456A>

⁶⁸¹ Palmieri V, Dalchiese E, et al. **Biocompatible N-acetyl cysteine reduces graphene oxide and persists at the surface as a green radical scavenger.** Chemical Communications Issue 29, 2019



rGO has been proven in nasal swabs used in PCR testing: unvaccinated have developed magnetism in nostril and under one eye. Swabs also showed radioactive elements, possibly tecneium.

Magnetism

- Not all vaccinated become magnetized because they need to be exposed to an EMF
- Vaccinated who take an MRI become magnetized
- Some magnetized didn't receive the COVID vaccine. Maybe the Flu shot? Food tampering?
- Babies were recently magnetized after 18 months shots.
- Do all magnetized emit Bluetooth? It doesn't seem so.
- Do all Bluetooth show magnetism?

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 stations⁶⁸² and water⁶⁸³ 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.⁶⁸⁴

Warning: vaccinated shouldn't be exposed to CT scans, MRIs, or any strong source of EMF.⁶⁸⁵

⁶⁸² https://youtu.be/d3d_EYHl8bg?t=589

⁶⁸³ <http://www.academicwino.com/2015/07/water-dowsing-science-magic-crazy-talk.html/>

⁶⁸⁴ <https://www.bitchute.com/video/mQZribR95qPN/>

⁶⁸⁵ Brittany Galvin: <https://www.bitchute.com/video/r2dd8uRg03Zl/> <https://www.bitchute.com/video/C2Lqgh8abGqm/>

EMFs causing COVID19?

Some think the symptoms were exclusively caused by EMFs.

“According to the terrain theory, magnetic fields, glyphosate and many toxins help make the manifestations and damage of Covid-19 more serious. In this study, we review the peer-reviewed scientific literature on the detrimental biological effects of **wireless communications radiation** (WCR) and identify several mechanisms by which WCR may have contributed to the COVID-19 pandemic as a toxic environmental cofactor. We present evidence that WCR can: (1) cause morphologic changes in erythrocytes, including echinocyte and rouleaux formation that may contribute to hypercoagulation; (2) disrupt microcirculation and reduce erythrocyte and hemoglobin levels, exacerbating hypoxia; (3) amplify immune system dysfunction, including immunosuppression, autoimmunity, and hyperinflammation; (4) increase cellular oxidative stress and free radical production that result in vascular injury and organ damage; (5) increased intracellular Ca we reviewed the peer-reviewed scientific literature on detrimental biological effects of WCR and **identified several mechanisms by which WCR may have contributed to the COVID-19 pandemic as an environmental cofactor.**”⁶⁸⁶

There’s no doubt that rGO contamination picking up EMFs contamination exacerbated the symptoms. Yet, some virus deniers say that rGO is the only explanation for the symptoms, without taking into consideration that many developed them without even being vaccinated or having GO contamination and living in rural areas without EMFs.

Bluetooth haccines

WEF desires “an unprecedented number of **sensors** attached to, **implanted within**, or ingested **into human bodies to monitor, analyze, and even modify human bodies and behavior**... to fully unleash the potential of the IoB”⁶⁸⁷

In his 2016 book “The fourth industrial revolution”⁶⁸⁸, Klaus Schwab explained the globalist agenda (emphasis added):

(We want to **fuse**) “**the physical, digital and biological worlds, impacting all disciplines, economies and industries, and even challenging ideas about what it means to be human.**”

“The tools of the fourth industrial revolution enable new forms of surveillance and other **means of control** that run **counter to healthy, open societies.**” Not to mention that Open Societies Foundations are run by globalist George Soros, to support closed societies: neo com prepaid totalitarian “revolutions” (green, pink, black, rainbow, intersectional, etc.) and population reduction through any means, like artificial crisis/conflict, usury, contraception, abortives, abortion, euthanasia, un-fertile sex like masturbation, oral, anal, homosex, paedophilia, etc.

⁶⁸⁶ Rubik, B., & Brown, R. R.. **Evidence for a connection between coronavirus disease-19 and exposure to radiofrequency radiation from wireless communications including 5G.** 29 Sep 2021 Journal of clinical and translational research, 7(5), 666–681. <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8580522/>

⁶⁸⁷ http://www3.weforum.org/docs/WEF_IoB_briefing_paper_2020.pdf
<https://www.weforum.org/agenda/2020/06/internet-of-bodies-covid19-recovery-governance-health-data/>

⁶⁸⁸ Schwab K, **The fourth industrial revolution**. 2016 World Economic Forum. Geneva, Switzerland ISBN-13: 978-1-944835-01-9

3 Jun 2020, he wrote:⁶⁸⁹

“To achieve a better outcome, the world must act jointly and swiftly to revamp all aspects of our societies and economies, from education to social contracts and working conditions. **Every country, from the United States to China**, must participate, and **every industry, from oil and gas to tech, must be transformed**. In short, we need a “Great Reset” of capitalism.”

“We must build entirely **new foundations for our economic and social systems**.”

“Clearly, the will to build a better society does exist. We must use it to secure **the Great Reset that we so badly need**. That will require **stronger and more effective governments**,”

In his book, *Covid-19: The Great Reset*⁶⁹⁰ he supports a globalist government:

“**If no one power can enforce order, our world will suffer from a ‘global order deficit’.**”

“In a nutshell, global governance is at the nexus of all these other issues. Therefore, the concern is that, without appropriate **global governance**, we will become paralyzed in our attempts **to address and respond to global challenges**, particularly when there is such a strong dissonance between short-term, domestic imperatives and long-term, global challenges.”

“The most effective form of tracking or tracing is obviously the one powered by **technology: it not only allows backtracking all the contacts with whom the user of a mobile phone has been in touch, but also tracking the user’s real-time movements**, which in turn affords the possibility to better enforce a lockdown and to warn other mobile users in the proximity of the carrier that they have been exposed to someone infected.”

“It is true that in the post-pandemic era, personal health and well-being will become a much greater priority for society, which is why **the genie of tech surveillance will not be put back into the bottle**.”

“Over the coming months and years, the trade-off between public-health benefits and loss of privacy will be carefully weighed, becoming the topic of many animated conversations and heated debates. Most people, fearful of the danger posed by COVID-19, will ask: Isn’t it foolish not to leverage the power of technology to come to our rescue when we are victims of an outbreak and facing a life-or-death kind of situation? They will then be willing to give up a lot of privacy and will agree that in such circumstances public power can rightfully **override individual rights**.”

“They will cite **health and safety as justification for increased surveillance**.”

“When confronted with it, some industry leaders and senior executives may be tempted to equate reset with restart, hoping to go back to the old normal and restore what worked in the past: traditions, tested procedures and familiar ways of doing things – in short, a **return to business as usual**. This won’t happen because **it can’t happen**.” (note: who’s got *that kind of power* to prevent returning to the old normal? Why is he counting on it?)

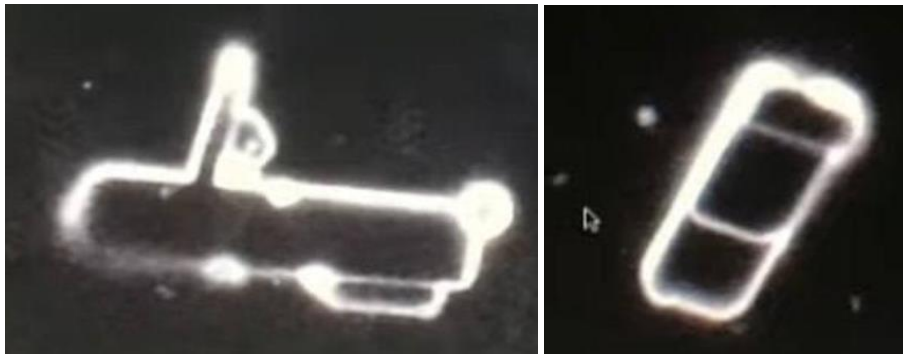
16 Nov 2020, just before the COVID vaccine rollout, Schwab said: “**What the fourth industrial revolution will lead to is a fusion of our physical, digital and biological identity**” merging man with machine with implantable microchips “**reading our thoughts and influencing our behaviour**”.⁶⁹¹

Sep 2021, under the electron microscope an apparent nano-chip in Pfizer COVID vaccine vial:

⁶⁸⁹ <https://www.weforum.org/agenda/2020/06/now-is-the-time-for-a-great-reset/>

⁶⁹⁰ Schwab K, Malleret T, **COVID-19: The Great Reset** 9 Jul 2020, World Economic Forum, Forum Publishing ISBN 978-2-940631-12-4

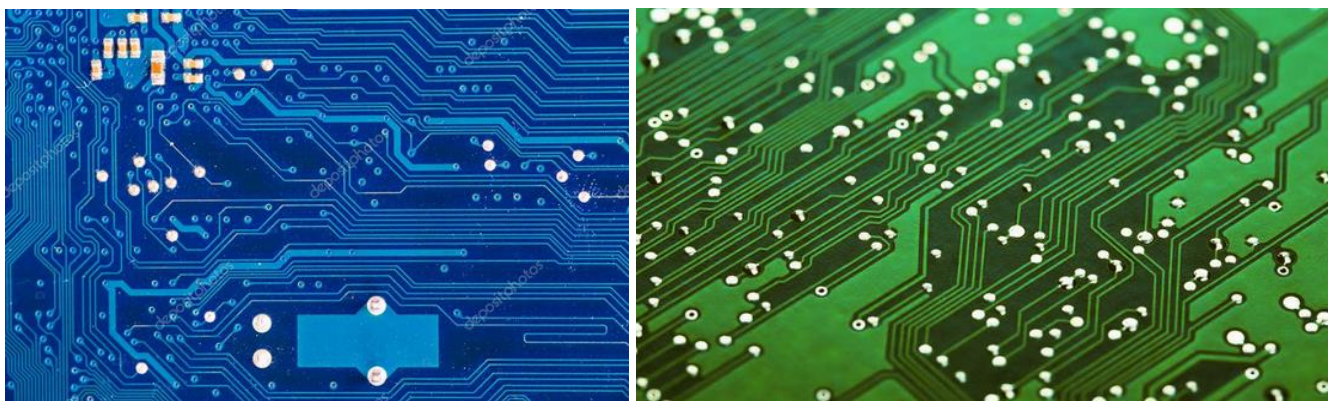
⁶⁹¹ <https://summit.news/2020/11/16/klaus-schwab-great-reset-will-lead-to-a-fusion-of-our-physical-digital-and-biological-identity/>



After it dried out

Source: <https://www.notonthebeeb.co.uk/post/german-pr>

Compare with a printed circuit board:



What have we found already:

- It looks under the electron microscope that we are dealing with nano chips with nano-carbon integrated circuits and antennas, forming a dispersed internal network.
- Particles of nano alloys and metals might play a role in antenna signal strength.
- No Bluetooth signal has ever been detected in unvaxxed
- In one test in Spain (Jul-Aug 2021), 86% (96/112) of the vaxxed have emitted a Bluetooth signal. ⁶⁹²
- Why didn't the rest emit? Loss of cold chain? Sunlight or heating of vial? Lack of magnetization? The person lies to avoid trouble?
- Chips don't emit when they are inside the vials. Hypothesis to test:
 - a. They could be coated in spheres (nano-lipids?), which might dissolve in the body and deploy the payload (nano-chips and antennas) or
 - b. They could be activated only under certain conditions inside a biological body: temperature? contact with an element?
 - c. X-ray the vials compared with a glass of water
 - d. MRI the vials compared with a glass of water
 - e. Vials under ultraviolet light
 - f. Repeat with vials under different temperatures

The haccinated emit a Bluetooth signal:

- a. Test by injecting animals with COVID vaccines and check for magnetism and Bluetooth
- b. 8 people with the Sinopharm emitted the same code

Longlasting: after charging the graphene nano-network with a strong Electro Magnetic Field (EMF) like nearby Cell Tower or MRI

On one subject, we observed that at the injection site in the arm, the neodymium magnet jumped from one place to the other, instead of sticking one pole. This indicates alternate current.

4.2. Shortlasting: while being in the presence of an EMF emitting device (cell phones, computer screens)

5. The cell phone detects a signal of hexadecimal code: 6 pairs of letters and numbers separated by :

5.1. The signal is not the international standard to identify a Bluetooth device using the first 3 pairs

5.2. The signal

The chips might be emitting in other frequencies

⁶⁹² <https://www.bitchute.com/video/ym7kAjZDWRd8/>

What is the purpose? 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 funding⁶⁹³), viruses (creating new plandemics), mRNA or lethal substances.

b) Asking the chip about your whereabouts or close contacts (patented and already used in epidemiological contact tracing⁶⁹⁴ and vaccine prioritization using Bluetooth exposure notification apps⁶⁹⁵). Microsoft already patented the ID2020⁶⁹⁶, 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.⁶⁹⁷ This is possible even with random MAC addresses in iOS, Android, Windows, Linux, etc.⁶⁹⁸

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

rGO and Bluetooth chips have been detected in **dentist anaesthesia** like lidocaine⁶⁹⁹, mepivacain, prilocain, bupivacain, articain and ropivacain⁷⁰⁰ and others.⁷⁰¹

Coca-Cola, supermarket meat and medication capsules have shown magnetism, too.

rGO is toxic

⁶⁹³ <https://nationalpost.com/news/bill-gates-funds-birth-control-microchip-that-lasts-16-years-inside-the-body-and-can-be-turned-on-or-off-with-remote-control>

⁶⁹⁴ <https://news.mit.edu/2020/bluetooth-covid-19-contact-tracing-0409>

https://en.wikipedia.org/wiki/MAC_address_anonymization

<https://www.zdnet.com/article/researchers-develop-bluetooth-transmitting-virus-to-improve-covid-19-tracking-accuracy/>

⁶⁹⁵ <https://www.youtube.com/watch?v=plhmbtTlaaM>

⁶⁹⁶ https://patentscope.wipo.int/search/en/detail.jsf?docid=WO2020060606&fbclid=IwAR1smn_fBz76-eGjOc_KsuGBmbzHaoWykP4wlvavSZAD76lqMal-O43LUC0

⁶⁹⁷ Bamford, James, **The Most Wanted Man in the World**. 13 Aug 2014 Wired: 4. <https://www.wired.com/2014/08/edward-snowden/>

⁶⁹⁸ Jouans L, Carneiro Viana A, et al. **Associating the Randomized Bluetooth MAC Addresses of a Device**. CCNC 2021 - IEEE Consumer Communications & Networking Conference, Jan 2021, Las Vegas, United States. <https://hal.archives-ouvertes.fr/hal-03045555/>

⁶⁹⁹ Li W, Zhang G, & Wei X. **Lidocaine-loaded reduced graphene oxide hydrogel for prolongation of effects of local anesthesia: In vitro and in vivo analyses**. 24 Jan 2021. Journal of biomaterials applications, 35(8), 1034–1042. <https://doi.org/10.1177/0885328220988462>
https://www.youtube.com/watch?v=RnvzRfI9WQ&ab_channel=CEVICAS

⁷⁰⁰ Zhang, Z., Zhang, X., Li, A., & Ma, C. **Development of bupivacaine decorated reduced graphene oxide and its local anesthetic effect- In vivo study**. 16 Jan 2018 Journal of photochemistry and photobiology. B, Biology, 180, 72–76. <https://doi.org/10.1016/j.jphotobiol.2018.01.012>

Johan KM (2013) Intraosseous Local Anesthesia in Dentistry Makes Sense. Int J Clin Anesthesiol 1: 1006.

<https://www.jsccimedcentral.com/Anesthesiology/Articles/anesthesiology-1-1006.php>

⁷⁰¹ Zhang Z, Wang X, et al. **Transdermal delivery of buprenorphine from reduced graphene oxide laden hydrogel to treat osteoarthritis**. 11 Feb 2021 Journal of biomaterials science. Polymer edition, 32(7), 874–885. <https://doi.org/10.1080/09205063.2021.1877065>

It has been proven to be highly cytotoxic and destroys the immune system.⁷⁰²

ARPE-19 cells were incubated with 200 µg/mL GO or RGOs for 72 h. Compared to the negative control, nearly 50% of cells died after incubation with GO, and over 80% of cells were killed by RGOs. These results confirmed the cell viability observed by the CCK-8 assay.

DNA damage

DNA damage in of ARPE-19 cells induced by GO or RGOs after 24 h was assessed by the alkaline comet assay. Compared to the negative control (Fig. 5G), a 9% DNA damage tail was visible in the GO-incorporated sample. <https://link.springer.com/article/10.1007%2Fs10856-021-06491-0>

[https://www.cell.com/molecular-therapy-family/molecular-therapy/fulltext/S1525-0016\(21\)00188-X](https://www.cell.com/molecular-therapy-family/molecular-therapy/fulltext/S1525-0016(21)00188-X)

A self-transcribing and replicating RNA (STARR)-based vaccine (LUNAR-COV19) has been developed to prevent SARS-CoV-2 infection.

Demagnetization

First, the person needs to distance himself from the EMF source: it reduces the incidence inverse exponentially (1/d²). Use the app **ElectroSmart** to detect radiation sources. Use apps to locate cell towers nearby and get away from them. Push for laws against EMF contamination.

Rooms could be turned into an EMF isolating Faraday box by using magnetic isolation paint and thin outer mesh over windows, everything grounded.

Magnetic charge is reduced by grounding. Walk barefooted wherever possible. Use shoes with non-plastic soles (leather, jute, etc.) because they isolate and stop electricity flowing to the ground.

You could use an anti-static wrist band on the ankle with a metal thread to the ground, even better, to the ground part of the plug (you can cut the other 2 legs), provided it's properly grounded and there's no returning electricity.

Though more cumbersome, it is possible to build:

1. Grounding soles
2. Grounding stations, where, after taking off your plastic sole shoes, you rest your feet on a grounded metal grill (plugged to the ground in the socket).⁷⁰³

⁷⁰² Lategan K, Alghadi H, et al. **Effects of Graphene Oxide Nanoparticles on the Immune System Biomarkers Produced by RAW 264.7 and Human Whole Blood Cell Cultures**. 24 Feb 2018 *Nanomaterials* (Basel), 8(2), 125. <https://doi.org/10.3390/nano8020125>

⁷⁰³ <https://www.youtube.com/watch?v=LjAEU2KIEIO>



Grounding sole



Grounding base

rGO detox

A Slovakia research team discovered under microscopy that Ivermectin halts the crystalline growth of Graphene Oxide Hydrogels. ⁷⁰⁴

The following is anecdotal evidence, yet worth trying:

“Glutathione via direct intravenous —or even orally as well— or with N-acetylcysteine (NAC) 600 mg or higher doses, people within hours began to recover their oxygen saturation”. ⁷⁰⁵

N-acetylcysteine or “NAC” is the precursor to glutathione and causes the body to secrete glutathione endogenously, just as it does when you do sports intensely. N-acetyl cysteine (NAC) comes from the amino acid L-cysteine and is used by the body to build antioxidants. Antioxidants are vitamins, minerals, and other nutrients that protect and repair cells from damage. You can get NAC as a supplement or a prescription drug.

Zinc in combination with NAC are essential antioxidants used to degrade graphene oxide. After those supplements, people with two doses of Pfizer who have become magnetic no longer have this symptom.

Also:

- Astaxanthin
- Melatonin
- Milk Thistle
- Quercetin
- Vitamin C
- Vitamin D3 ⁷⁰⁶

⁷⁰⁴ <https://www.nutritruth.org/single-post/analysis-of-test-sticks-from-surface-testing-in-the-slovak-republic-confirmation-of-genocide>

⁷⁰⁵ <https://www.orwell.city/2021/07/NAC-glutathione.html>

⁷⁰⁶ <https://www.holistichealthonline.info/product/graphene-removal/>

EMF charging

Wi-Fi 7 is intended to increase EMF exposure by increasing the energy in Hz, moving from the current 2.4 GHz to the 5 and 6 GHz spectrum, even more than C band 5G (3.7GHz to 4.2 GHz in the US and 3.3 GHz to 3.7 GHz in Europe). Except charging US, there's no technical reason for the USA to have more GHz and 3x more power than Europe (1600 W v. 600 W).⁷⁰⁷

Just as a cell phone battery could be wirelessly charged by EMFs, graphened people are charged by cell phone towers (n.b. 3G and 5G) and satellites (especially low orbit or balloon ones).

4G can reach 15 km, but 5G, only 500 meters. 4G serves as a collecting antenna for 5G.⁷⁰⁸ There's a need for ubiquitous repeaters every 5 blocks, from lamp posts to cars to every house router... until they turn cell phones into microwave repeaters? The battery power is the limit.

This is not only about surveillance but also about the capability of blocking transportation and access to any service.

Warren Buffett invested 47.4 billion, Bill Gates 627 million, Jeff Bezos 1.7 billion in companies that will benefit from 5G. Other globalists like Vanguard, BlackRock, J.P. Morgan, Goldman Sachs and Citigroup invest in 5G IoT companies which help create the Big Bro infrastructure.⁷⁰⁹ For instance, Inseego, offers detecting a harsh driver of in the corporate fleet or "connecting patients (and their devices) to medical professionals, connecting paramedics to hospitals, connecting pharmacists to delivery systems and more."⁷¹⁰

Their dream is our nightmare.

Internet of Bodies

Globalist World Economic Forum agenda: "84% of existing IoT deployments address, or have the power to advance, the (globalist) UN's Sustainable Development Goals."⁷¹¹

⁷⁰⁷ That's the reason why the landing conflict with 5G only happens in USA airports.

<https://blogs.timesofisrael.com/just-why-is-the-5g-roll-out-in-trouble-in-the-usa/>

⁷⁰⁸ <https://www.verizon.com/about/news/how-far-does-5g-reach>

<http://www.keepcellantennasawayfromoureikgrovehomes.org/science/range-of-a-5g-cell-antenna/>

⁷⁰⁹ <https://greenbullresearch.com/what-is-the-linchpin-device/>

<https://pro.strategictrendsinvestor.com/p/5G79TOORELTDSPESPESLTVPAREVAMP/LOREY205/Full?h=true>

⁷¹⁰ <https://inseego.com/industries/>

⁷¹¹ <https://www.weforum.org/agenda/2021/03/what-is-the-internet-of-things/>



Their freedom dream is our domination nightmare:

- Bluetooth intrabody nano-routers for the vaxxed, employees and every single human to discriminate us, the sub-human *untermensch*⁷¹².
- **A.I. health** to discriminate the unvaxxed and murder the vaxxed.
- **Spy Cities:** “more efficient use of natural resources, building better, fairer smart cities”: to block access to natural resources (fuel, gas, water, electricity, food, housing) to the non-compliant (un-chipped).
“Many cities now leverage license plate readers, traffic counters, red light cameras, radiation sensors and surveillance cameras to manage day-to-day operations.” Add self-driving cars which will only drive for the compliant chipped.
- **Internet for all** (but you)⁷¹³: after resetting the internet, it will only be for the chipped and the non-censored content/conversations.

On 9 Jan 2019⁷¹⁴, Google started preparing Android for the nano “Internet of Bodies” (IoB)⁷¹⁵, surely not an internet of persons, with the successor of Bluetooth (fluoride stack): Gabeldorsche, aka gd⁷¹⁶. Google likes open source, because it is ideal for getting the best minds to work for free for Google or to make Google’s paid engineers believe they work for a greater good. The misappropriation of open source Chromium by Chrome and

⁷¹² “Nazi term for non-Aryan "inferior people" often referred to as "the masses from the East", that is Jews, Roma, and Slavs (Poles, Serbs and later also Russians). The term was also applied to Mulatto and Black people. Jewish, Polish and Romani people, along with the physically and mentally disabled, were to be exterminated in the Holocaust. According to the Generalplan Ost, the Slavic population of East-Central Europe was to be reduced in part through mass murder in the Holocaust, with a majority expelled to Asia and used as slave labor in the Reich.” <https://en.wikipedia.org/wiki/Untermensch>

⁷¹³ https://www3.weforum.org/docs/WEF_Internet_for_All_Framework_Accelerating_Internet_Access_Adoption_report_2016.pdf

⁷¹⁴ <https://android-review.gogglesource.com/c/platform/system/bt/+864956>

⁷¹⁵ <https://www.weforum.org/agenda/2020/06/internet-of-bodies-covid19-recovery-governance-health-data/>

⁷¹⁶ <https://9to5google.com/2020/02/19/android-11-dp1-gabeldorsche-bluetooth/>

Linux by Android are examples on how these masterminds exploit us. Since Android 5 (Lollipop), has incorporated increasingly “secret” untrustworthy binary libraries, Google’s poison pills inside the cake.

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 Congress ⁷¹⁷

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 manipulated anthrax crisis, 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 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.” ⁷¹⁸

27 Jan 2020, US official date of pandemic outbreak.

28 Jan 2020, Harvard Prof., **Charles M. *Lieber** was arrested, together with two Chinese nationals ⁷¹⁹, 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.** ⁷²⁰ He had over 100 patents, especially **nano-bio-electronics**, funded by millions from NIH, DARPA, US Navy and US Army. Also **11 Chinese patents.** ⁷²¹

30 Jan 2020 (Thursday), WHO declares Coronavirus outbreak a **global health emergency.** Tedros *Adhanom Ghebreyesus ⁷²² 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**

⁷¹⁷ <https://aim4truth.org/2020/09/11/treasonous-attack-on-american-civil-liberties/>

⁷¹⁸ https://en.wikipedia.org/wiki/Alex_Azar

⁷¹⁹ “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.**” <https://www.thecrimson.com/article/2020/1/29/lieber-federal-charges/>
<https://www.thecrimson.com/article/2020/1/2/zheng-hms-research-smuggling/>

⁷²⁰ <https://www.justice.gov/opa/pr/harvard-university-professor-and-two-chinese-nationals-charged-three-separate-china-related>

⁷²¹ <https://www.science.org/news/2020/02/why-did-chinese-university-hire-charles-lieber-do-battery-research>

<https://patents.justia.com/inventor/charles-m-lieber>

⁷²² <https://twitter.com/drtdedros/status/1307015428787576833?lang=en>

- potentially requires a coordinated international response ⁷²³

31 Jan 2020 (Friday), in spite of zero deaths, the US emergency was proclaimed by Azar (Fauci at his side) ⁷²⁴, “inexplicably” **backdated to 27 Jan 2020**: the day the arrest order for Lieber, executed on the 28th?

This page last reviewed: January 31, 2020

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>

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.** ⁷²⁵

⁷²³ <https://www.who.int/ihr/procedures/pheic/en/>

⁷²⁴ <https://www.npr.org/sections/health-shots/2020/01/31/801686524/trump-declares-coronavirus-a-public-health-emergency-and-restricts-travel-from-c>

⁷²⁵ Cohen-Karni T, Lieber CM et al. **Graphene and Nanowire Transistors for Cellular Interfaces and Electrical Recording**. 5 Feb 2010. Nano Lett. 2010, 10, 3, 1098–1102 American Chemical Society <https://doi.org/10.1021/nl1002608>

Park, JU., Nam, S., Lieber CM et al. **Synthesis of monolithic graphene–graphite integrated electronics**. 20 Nov 2011. Nature Mater 11, 120–125 (2012). <https://doi.org/10.1038/nmat3169>

Gao N, Lieber CM, **Specific detection of biomolecules in physiological solutions using graphene transistor biosensors**, 5 Dec 2016 Proceedings of the National Academy of Sciences, 113 (51) 14633–14638; <http://doi.org/10.1073/pnas.1625010114>

Lieber CM, **Graphene transistors could make electronic bioprobes**, 9 Dec 2016 Nanotechweb.org.

<http://cml.harvard.edu/assets/Graphene-transistors-could-make-electronic-bioprobes-nanotechweb.pdf>

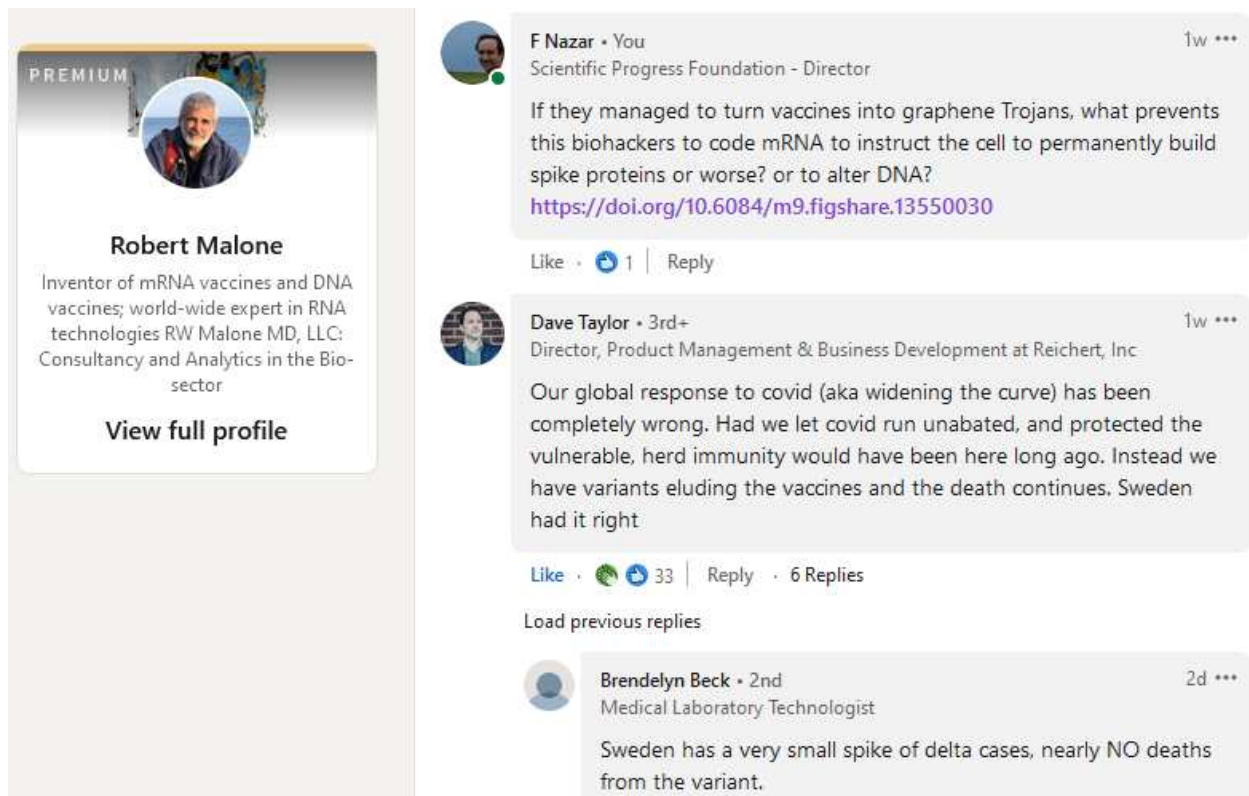
More on cml.harvard.edu

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).**



The screenshot shows a LinkedIn post by Robert Malone, inventor of mRNA vaccines, with three replies. The post asks what prevents biohackers from coding mRNA to permanently build spike proteins or alter DNA. The replies discuss the global response to COVID-19 and the effectiveness of vaccines.

Robert Malone
Inventor of mRNA vaccines and DNA vaccines; world-wide expert in RNA technologies RW Malone MD, LLC: Consultancy and Analytics in the Bio-sector
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F Nazar • You
Scientific Progress Foundation - Director
1w ***
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?
<https://doi.org/10.6084/m9.figshare.13550030>
Like · 1 | Reply

Dave Taylor • 3rd+
Director, Product Management & Business Development at Reichert, Inc
1w ***
Our global response to covid (aka widening the curve) has been completely wrong. Had we let covid run unabated, and protected the vulnerable, herd immunity would have been here long ago. Instead we have variants eluding the vaccines and the death continues. Sweden had it right
Like · 33 | Reply · 6 Replies
Load previous replies


Brendelyn Beck • 2nd
Medical Laboratory Technologist
2d ***
Sweden has a very small spike of delta cases, nearly NO deaths from the variant.

14 Sep 2021 LinkedIn thread to Robert Malone's post

https://www.linkedin.com/posts/rwmalonemd_research-science-biotech-activity-6839540985089863681-1w3j

We are reaching Soviet/communist 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 academia.edu link, it was immediately censored:


PREMIUM



Robert Malone

Inventor of mRNA vaccines and DNA vaccines; world-wide expert in RNA technologies RW Malone MD, LLC: Consultancy and Analytics in the Bio-sector

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 **Vahán Setyán, MS PhD** · 2nd
Oceti Sakowin Treaty Government - Sioux Nation 1w ***

Everyone is going to get Covid, vaccinated or not. The question is if one wants to go through it the hard way by not being vaccinated or less tedious way of being vaccinated. It's very simple.

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 **F Nazar** · You
Scientific Progress Foundation - Director 1w ***

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Transhumanism



14 Jan 2016, World Economic Forum transhumanist **Global Agenda**: “The **Fourth Industrial Revolution**, finally, will change not only what we do but also **who we are**. It will affect **our identity** and all the issues associated with it: **our sense of privacy**, our notions of ownership, our consumption patterns, the time we devote to work and leisure, and how we develop our careers, cultivate our skills, meet people, and nurture relationships. **It is already changing our health** and leading to a “quantified” self, and **sooner than we think it may lead to human augmentation.**”⁷²⁶

⁷²⁶ Schwab K, The Fourth Industrial Revolution: what it means, how to respond, World Economic Forum
<https://www.weforum.org/agenda/2016/01/the-fourth-industrial-revolution-what-it-means-and-how-to-respond/>
<https://www.foreignaffairs.com/articles/2016-12-12/fourth-industrial-revolution> (freemason media)



The plot disclosed

Famous Dr. Vladimir Zelenko, who successfully treated over 6000 patients (including presidents like Trump and Bolsonaro from Brazil), concluded that 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.⁷²⁷

Swine-flu vax scandal: pilot test for COVID vaccines

June 2009: the WHO **declared** the H1N1 pandemic.

October 2009: **only 4 months later (not 4 years, the bare minimum)**, 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)”.⁷²⁸

There were serious concerns about the new never-tested adjuvant, including squalene: only 12% of Germans said they would take the vax, yet the Government over-purchased 50 million doses (one per adult over 40⁷²⁹).

By 2014 several studies had pointed out the **link to narcolepsy**.⁷³⁰

⁷²⁷ 18 Aug 2021 <https://rumble.com/vldbqxq-all-americans-must-listen-to-what-doctor-vladimir-zelenko-has-to-say.html>

⁷²⁸ 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>

⁷²⁹ <https://www.populationpyramid.net/germany/2009/>

⁷³⁰ Feltelius N, Persson I, Ahlqvist-Rastad J, et al. **A coordinated cross-disciplinary research initiative to address an increased incidence of narcolepsy following the 2009-2010 Pandemrix vaccination programme in Sweden.** J Intern Med. 2015 Oct;278(4):335-53. Epub 2015 Jun 30. PMID: 26123389. <https://doi.org/10.1111/joim.12391>

Ahmed SS, Volkmoth W, et al. **Antibodies to influenza nucleoprotein cross-react with human hypocretin receptor 2.** Sci Transl Med. 2015 Jul 1;7(294):294ra105. PMID: 26136476. <https://doi.org/10.1126/scitranslmed.aab2354>

Nellore A, Randall TD. **Narcolepsy and influenza vaccination-the inappropriate awakening of immunity.** Annals of translational medicine. 2016 Oct;4 (Suppl 1):S29. PMID: 27867997; PMCID: PMC5104623. <https://doi.org/10.21037/atm.2016.10.60>

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:

thebmj Visual summary

Adverse events: GSK pandemic influenza vaccines

The BMJ gained access to vaccine pharmacovigilance reports compiled by GSK (GlaxoSmithKline) during the 2009 H1N1 "swine flu" outbreak. The reports detail adverse events for three of the company's pandemic influenza vaccines: Pandemrix, Arepanrix, and an H1N1 vaccine without adjuvant (no brand name provided).

Despite similarities in the composition of Pandemrix and Arepanrix vaccines, the rates of adverse events reported differed substantially. Neither GSK nor health authorities seem to have made the information public during the H1N1 outbreak or in the eight years since.

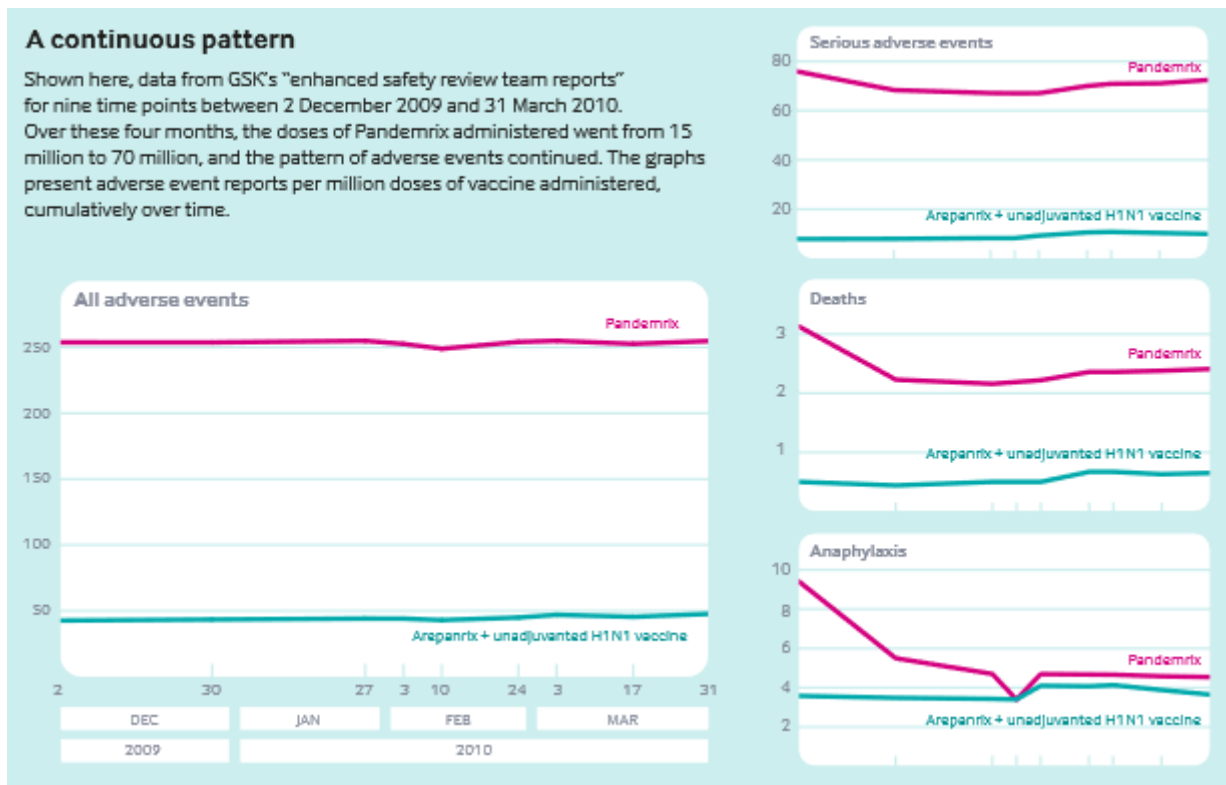


Sarkanen TO, Alakuijala APE, et al. **Incidence of narcolepsy after H1N1 influenza and vaccinations: Systematic review and meta-analysis.** Apr 2018. Sleep Med Rev.;38:177-186. Epub 2017 Jun 20. PMID: 28847694. <https://doi.org/10.1016/j.smrv.2017.06.006> .

Edwards K, Hanquet G, et al. Meeting report **narcolepsy and pandemic influenza vaccination: What we know and what we need to know before the next pandemic? A report from the 2nd IABS meeting.** 23 May 2019 Epub. Biologicals Jul 2019.;60:1-7. PMID: 31130313; PMCID: PMC6668612. <https://doi.org/10.1016/j.biologicals.2019.05.005>

Granath F, Gedeberg R, et al. **Change in risk for narcolepsy over time and impact of definition of onset date following vaccination with AS03 adjuvanted pandemic A/H1N1 influenza vaccine (Pandemrix) during the 2009 H1N1 influenza pandemic.** 6 May 2019 Epub. Pharmacoepidemiol Drug Saf. 2019 Aug;28(8):1045-1053. PMID: 31062443. <https://doi.org/10.1002/pds.4788>

https://pubmed.ncbi.nlm.nih.gov/?cmd=link&linkname=pubmed_pubmed_reviews&log%24=relatedreviews&logdbfrom=pmc&from_uid=27867997



Source: <http://bit.ly/BMJpan>

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.⁷³¹

"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."⁷³²

The Cabal trail

In France, most of the highest ranking members of the Mitterrand administration, like Jacques *Attali, were freemasons, as confessed by repented mason Maurice Caillet.⁷³³

⁷³¹ <https://www.bmj.com/content/bmj/suppl/2018/09/20/bmj.k3948.DC1/pandremix1809.ww2.pdf>

⁷³² Jacob L., Leib R, et al. **Comparison of Pandemrix and Arepanrix, two pH1N1 AS03-adjuvanted vaccines differentially associated with narcolepsy development.** 2015 *Brain, behavior, and immunity*, 47, 44–57. <https://doi.org/10.1016/j.bbi.2014.11.004>

⁷³³ Caillet, -maurice, J'étais franc-maçon, éditions Salvator 2009 (ISBN 978-2-7067-0706-3)



Attali, founder of the European Bank for Reconstruction and Development, attended the freemason global government Bilderberg Meeting in 1975⁷³⁴ and wrote in 2006⁷³⁵:

“In the future it will be a question of finding a way to reduce the population. We will start with the old man, because once he is over 60-65 years old, man lives longer than he produces and it costs society dearly.

Then the weak and then the useless who do not contribute anything to society because there will be more and more, and especially finally the stupid.

Euthanasia directed at these groups; euthanasia must be an essential instrument of our future societies, in all cases.

*Of course, we will not be able to execute people or organize camps. **We will get rid of them by making them believe that it is for their own good.** Too large a population, and for the most part unnecessary, is something economically too expensive. Socially, it is also much better for the human machine to stop abruptly rather than gradually deteriorate.*

We won't be able to pass intelligence tests on millions and millions of people, you can imagine!

*We will find something or cause it; **a pandemic** that targets certain people, a real economic crisis or not, **a virus that will affect the old or the elderly**, it does not matter; the weak and the fearful will succumb.*

⁷³⁴ <https://publicintelligence.net/1975-bilderberg-meeting-participant-list/>

⁷³⁵ Attali, Jacques . **Une brève histoire de l'avenir**. Fayard, Paris. Nov 2006 <https://archive.org/details/unebrevehistoire00atta>

Attali, Jacques. **A Brief History of the Future: A Brave and Controversial Look at the Twenty-first Century**. Skyhorse Publishing Inc. 2011 ISBN 9781611450132

The stupid will believe it and ask to be treated. We will have taken care of having planned the treatment, a treatment that will be the solution.

The selection of idiots will therefore be done by itself: they will go to the slaughterhouse alone.”

In 2009 he wrote:

“History teaches us that humanity only evolves significantly when it is really afraid: it then first sets up defence mechanisms; sometimes intolerable (scapegoats and totalitarianisms); sometimes futile (distraction); sometimes effective (treatments, if necessary discarding all previous moral principles). Then, once the crisis is over, it transforms these mechanisms to make them compatible with individual freedom and to make them part of a democratic health policy.

The [2009 H1N1 swine flu] pandemic that is beginning could trigger one of these structuring fears.

If it is no more serious than the two previous scares of the last fifteen years linked to a risk of pandemic (the mad cow crisis in Great Britain and the bird flu crisis in China), it will first of all have significant economic consequences (fall in air travel, fall in tourism and the price of oil); it will cost about 2 million dollars per infected person and will cause stock markets to fall by about 15%; its impact will be very short-lived (during the bird flu episode, China’s growth rate fell only in the second quarter of 2003, only to explode in the third quarter); it will also have organisational consequences (again in 2003, stringent police measures were taken throughout Asia; the World Health Organisation set up global alert procedures; and some countries, particularly France and Japan, stockpiled considerable amounts of medication and masks).

If the epidemic is a little more serious, which is possible since it is transmissible by humans, it will have truly global consequences: economic (models suggest it could lead to a loss of trillion (3000 billion) dollars, or a 5% drop in world GDP) and political (because of the risks of contagion, the countries of the North will have an interest in ensuring that those of the South do not become ill, and they will have to ensure that the poorest have access to the medicines currently stockpiled only for the richest); a major pandemic will then bring out, better than any humanitarian or ecological discourse, the awareness of the need for altruism, at least in self-serving terms.

And even if, as we must obviously hope, this crisis is not very serious, we must not forget, as with the [2008-2009] economic crisis, to learn from it so that before the next one — which is inevitable — prevention and control mechanisms are put in place, as well as logistical processes for the equitable distribution of medicines and vaccines. This will require the establishment of a global police force, global stockpiling and, therefore, global taxation. We will then come to the point, much more quickly than would have been possible on economic grounds alone, of putting in place the foundations of a true world government. In fact, it was through the hospital that the establishment of a real government began in France in the seventeenth century.

In the meantime, we could at least hope for the implementation of a genuine European policy on the subject.”⁷³⁶

⁷³⁶ <https://edwardpentin.co.uk/moving-forward-through-fear-jacques-attalis-ominous-yet-resonant-2009-article/>

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L'Histoire nous apprend que l'humanité n'évolue significativement que quand elle a vraiment peur ; elle met alors d'abord en place des mécanismes de défense ; parfois intolérables (des boucs émissaires et des totalitarismes) ; parfois futiles (de la distraction) ; parfois efficaces (des thérapeutiques, écartant si nécessaires tous les principes moraux antérieurs). Puis, une fois la crise passée, elle transforme ces mécanismes pour les rendre compatibles avec la liberté individuelle, et les inscrire dans une politique de santé démocratique.

La pandémie qui commence pourrait déclencher une de ces peurs structurantes.

Si elle n'est pas plus grave que les deux précédentes peurs liés à un risque de pandémie (la crise de la vache folle de 2001 en Grande Bretagne et celle de la grippe aviaire de 2003 en Chine), elle aura d'abord des conséquences économiques significatives (chute des transports aériens, baisse du tourisme et du prix du pétrole) ; elle coûtera environ 2 millions de dollars par personne contaminée et fera baisser les marchés boursiers d'environ 15% ; son impact sera très bref (le taux de croissance chinois n'a baissé que pendant le deuxième trimestre de 2003, pour exploser à la hausse au troisième) ; elle aura aussi des conséquences en matière d'organisation (En 2003, des mesures policières très rigoureuses ont été prises dans toute l'Asie ; l'Organisation Mondiale de la Santé a mis en place des procédures mondiales d'alerte ; et certains pays, en particulier la France et le Japon, ont constitué des réserves considérables de médicaments et de masques).

Si elle est un peu plus grave, ce qui est possible, puisqu'elle est transmissible par l'homme, elle aura des conséquences véritablement planétaires : économiques (les modèles laissent à penser que cela pourrait entraîner une perte de 3 trillions de dollars, soit une baisse de 5% du PIB mondial) et politiques (en raison des risques de contagion, les pays du Nord auront intérêt à ce que ceux du Sud ne soient pas malades et ils devront faire en sorte que les plus pauvres aient accès aux médicaments aujourd'hui stockés pour les seuls plus riches) ; une pandémie majeure fera alors surgir, mieux qu'aucun discours humanitaire ou écologique, la prise de conscience de la nécessité d'un altruisme, au moins intéressé.

Et, même si, comme il faut évidemment l'espérer, cette crise n'est très grave, il ne faudra pas oublier, comme pour la crise économique, d'en tirer les leçons, pour qu'avant la prochaine, inévitable, on mette en place des mécanismes de prévention et de contrôle et des processus logistiques de distribution équitable des médicaments et de vaccins. On devra pour cela mettre en place une police mondiale, un stockage mondial et donc une fiscalité mondiale. On en viendra alors, beaucoup plus vite que ne l'aurait permis la seule raison économique, à mettre en place les bases d'un véritable gouvernement mondial. C'est d'ailleurs par l'hôpital qu'à commencé en France au 17^{ème} siècle la mise en place d'un véritable Etat.

En attendant, on pourrait au moins espérer la mise en œuvre d'une véritable politique européenne sur le sujet. Mais là encore, comme sur tant d'autres sujets, Bruxelles est muet.

j@attali.com

https://blogs.lexpress.fr/attali/2009/05/03/changer_par_precaution/

Globalist Russian politician Anatoly Chubais at Rusnanotech 2011 (note the word nano when dealing with nano tampering of vaccines, water and food): reducing the planet's population from 7 billion to 2 or 1.5 billion is the only development scenario.⁷³⁷

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.”**

September, 2000, one year before 9/11, Neo-Con think tank, **“Project for the New American Century”** (PNAC)⁷³⁸ sustained: “the process of transformation, even if it brings revolutionary change, is likely to be a long one, absent some catastrophic and catalyzing event – like a **new Pearl Harbor**.” PNAC members included Bush Administration insiders such as Cheney, Rumsfeld, Wolfowitz, Libby and Perle.”⁷³⁹

2 planes, 3 towers? Along with much other evidence⁷⁴⁰, the fall of WTC7⁷⁴¹ proved 9/11 was a Pearl Harbor event planned by the globalists to make trillions but also to induce the taxpayer in accepting a surveillance police state, spending billions in mass digital surveillance of both citizens and foreigners as never before:

⁷³⁷ <https://bb.lv/statja/lifenews/2020/04/13/chubays-zayavil-o-planah-sokrashcheniya-naseleniya-zemli-s-7-mlrd-do-15-mlrd-chelovek>

⁷³⁸ <http://www.pnacinfo.us/doc/>

⁷³⁹ <http://www.truthmove.org/content/9-11-truth/>

⁷⁴⁰ <http://911research.wtc7.net/index.html>

Nowosielski R & Duffy J, **The Watchdogs Didn't Bark: The CIA, NSA, and the Crimes of the War on Terror**, Hot Books, 2018

Ruppert MC & Fitts CA, **Crossing the Rubicon: The Decline of the American Empire at the End of the Age of Oil**– September 15, 2004

<https://web.archive.org/web/20041214021343/https://www.greatconspiracy.ca/tgc.html>

<https://www.theguardian.com/world/2014/jul/21/government-agents-directly-involved-us-terror-plots-report>

<https://www.newsweek.com/cia-and-saudi-arabia-conspired-keep-911-details-secret-new-book-says-1091935>

<https://www.washingtonpost.com/world/national-security/new-poll-finds-majority-of-americans-believe-torture-justified-after-911-attacks/2014/12/16/>

Osama Bin Laden's reading list: **“The 2030 Spike: Countdown to Global Catastrophe”** by Colin Mason, **“America's War on Terrorism”** by Michel Chossudovsky, **“Bounding the Global War on Terror”** by Jeffrey Record, **“The Best Enemy Money Can Buy”** by Anthony Sutton, **“Black Box Voting, Ballot Tampering in the 21st Century”** by Bev Harris, **“Bloodlines of the Illuminati”** by Fritz Springmeier, **“Confessions**

- “Over the course of attacks, more than an hour and a half, [NORAD](#) air defense failed to intercept any of the hijacked aircraft. Fighter jets are stationed at bases throughout the US, often on “5 minute alert” to be “**scrambled**” and respond to domestic air emergencies. This failure was due to unexplained delays in reporting and responding, between the command authority, FAA, and military.
- Several [war games and drills](#) were being conducted on 9/11, including mock-hijackings and a mock plane crash.
- There were multiple, specific [warnings](#) from foreign governments of impending attacks, including potential targets and the names of several alleged 9/11 hijackers.
- The main members of the [9/11 Commission](#) all had major conflicts of interest. The Commission Report omitted and altered evidence that contradicted the official story (see Sibel Edmonds and WTC 7).
- Insider trading ([put options](#) on American, United and other 9/11-affected companies) was never properly investigated. The SEC could trace who made these trades.
- Reports of involvement by [Pakistani Intelligence \(ISI\)](#) were never officially acknowledged or investigated.
- Some [prominent travelers](#) such as San Francisco mayor Willie Brown and top Pentagon officials were reportedly warned not to fly on 9/11. Who warned them? What did they know? Other groups and individuals also received warnings or suspiciously changed plans or moved out of the WTC soon before 9/11.
- Several [FBI investigations](#) which could have uncovered the 9/11 plot were squashed and sabotaged by key FBI officials.
- In September, 2000, Neo-Con think tank, “**Project for the New American Century**” (PNAC) said of their imperialistic vision, “the process of transformation, even if it brings revolutionary change, is likely to be a long one, absent some catastrophic and catalyzing event – like a new Pearl Harbor.” PNAC members included Bush Administration insiders such as Cheney, Rumsfeld, Wolfowitz, Libby and Perle.
- There are many historical precedents of “[false flag](#)” and state sponsored terrorism. [Operation Northwoods](#) was a top secret US plan in the 1960s to carry out a campaign of terror, including blowing up airplanes, and blame it on Cuba as a pretext to invade and overthrow Castro.”⁷⁴²

It’s no coincidence that Fauci was saying that they needed a pandemic to force regular vaccination on adults.

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:

of an Economic Hit Man” by John Perkins, “**Conspirators’ Hierarchy: The Committee of 300**” by John Coleman, “Hegemony or Survival: America’s Quest for Global Dominance” by Noam Chomsky, “**Killing Hope: U.S. Military and CIA Interventions since World War II**” by William Blum, “**Project MKULTRA, the CIA’s program of research in behavioral modification.**” Joint hearing before the Select Committee on Intelligence and the Subcommittee on Health and Scientific Research of the Committee on Human Resources, United States Senate, 95th Congress, first session, August 3, 1977. “**Necessary Illusions: Thought Control in Democratic Societies**” by Noam Chomsky, “**New Pearl Harbor: Disturbing Questions about the Bush Administration and 9/11**” by David Ray Griffin, “**Secrets of the Federal Reserve**” by Eustace Mullins, etc. <https://www.marketwatch.com/story/the-surprising-books-on-osama-bin-ladens-reading-list-2015-05-20>

<http://usinfo.state.gov/media/Archive/2006/Jan/20-672210.html>

⁷⁴¹ <http://www.wtc7.net/>

⁷⁴² <http://www.truthmove.org/content/9-11-truth/>

“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.”⁷⁴³

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.”⁷⁴⁴

Patent trail

By 2021, there were 6000 suppressed patents by secrecy orders of the ARMY, NAVY, AF, DOE, NSA, DTSA, NASA, DARPA.⁷⁴⁵

Invention Secrecy Activity (reported by the Patent & Trademark Office)

	FY17	FY18	FY19	FY20	FY21
Total Secrecy Orders in Effect	5784	5792	5878	5915	5976

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 plandemic.⁷⁴⁶ The virus was going to be 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).

Not a novel coronavirus

“enormous number of bacterial and viral pathogens that were being patented through NIH, NIAID USAMRIID, the [US Army Medical Research Institute of Infectious Diseases] program, and a number of other agencies internationally that collaborated with them. And our concern was that coronavirus was being seen as not only a potential manipulable agent for potential use as a vaccine vector, but it was also very clearly being considered as a biological weapon candidate... in 1999, Anthony Fauci funded research at the University of North Carolina Chapel Hill, specifically, to create, and you cannot, you cannot help, but, you know, lament what I'm about to read because this comes directly from a patent application filed on April 19th, 2002, and you heard the date correctly, 2002, where the NIAID built an infectious replication defective coronavirus. It was specifically targeted for human lung epithelium. In other words, we made SARS. And we patented it on April 19, 2002

⁷⁴³ <https://www.weforum.org/agenda/2020/07/to-build-back-better-we-must-reinvent-capitalism-heres-how/>

⁷⁴⁴ <https://www.forbes.com/sites/worldeconomicforum/2016/11/10/shopping-i-cant-really-remember-what-that-is-or-how-differently-well-live-in-2030/>

⁷⁴⁵ <https://sgp.fas.org/othergov/invention/stats.html>

⁷⁴⁶ https://www.davidmartin.world/wp-content/uploads/2021/01/The_Fauci_COVID-19_Dossier.pdf

2014 <https://patents.google.com/patent/EP3172319B1/en>

before there was ever any alleged outbreak in Asia, which as you know, followed that by several months. That patent issued as **US Patent 7279327**, that patent clearly lays out in very specific gene sequencing, the fact that we knew that the ACE receptor, the ACE-2 binding domain, the S-1, spike protein, and other elements of what we have come to know as this scourge pathogen, was not only engineered, but could be synthetically modified in the laboratory, using nothing more than gene sequencing technologies, taking computer code and turning it into a pathogen, or an intermediate of the pathogen, and that technology was funded exclusively in the early days, as a means by which we could actually harness coronavirus as a vector to distribute HIV vaccine.”

April 2003 filing by the US CDC of SARS-Cov-X

“ filing the entire gene sequence on what became SARS coronavirus, which is actually a violation of 35 US Code section 101. You cannot patent a naturally occurring substance. The 35 US Code Section 101 violation was patent number 7220852. Now, that patent also had a series of derivative patents associated with it. These are patent applications that were broken apart, because they were of multiple patentable subject matters. But these include **US patent 46592703P**, which is actually a very interesting designation, **US patent [7776521]**. These patents not only covered the gene sequence of SARS coronavirus, but also covered the means of detecting it, using RTPCR. Now the reason why that's problem is, if you actually both own the patent on the gene itself, and you own the patent on its detection, you have a cunning advantage to being able to control 100% of the provenance of not only the virus itself, but also its detection, meaning you have entire scientific and message control. And this patent, sought by the CDC, was allegedly justified by their public relations team, as being sought so that everyone would be free to be able to research coronavirus. The only problem with that statement is it's a lie. And the reason why it's a lie is because the patent office not once, but twice rejected the patent on the gene sequence as un-patentable, because the gene sequence was already in the public domain. In other words, prior to CDCs filing for a patent, the patent office found 99.9% identity with the already existing coronavirus recorded in the public domain, and over the rejection of the patent examiner, and after having to pay an appeal fine in 2006 and 2007, the CDC overrode the patent office's rejection of their patent, and ultimately **in 2007, got the patent on SARS coronavirus**. So every public statement that CDC has made, that said that this was in the public interest, is falsifiable by their own, paid bribe to the patent office. This is not something subtle, and to make matters worse, they paid an additional fee to keep their application private... if you're trying to make information available for the public research, you would not pay a fee to keep the information private.

... if you look at the gene sequence that is filed by CDC in **2003**, again in 2005, and then again in 2006, what you find is identity in somewhere between **89-99% of the sequence overlaps that have been identified in what is called the novel subclade of SARS COV-2**. What we know is that the core designation of SARS coronavirus, which is actually the clade of the beta coronavirus family, and the subclade that has been called SARS COV-2, have to overlap from a taxonomic point of view. You cannot have SARS designation on a thing without it first being SARS.

Patenting the cure before the disease is discovered

3 days after CDC filed the patent, on the SARS coronavirus in 2003, 3 days later, Sequoia Pharmaceuticals, a company that was set up in Maryland (Sequoia Pharmaceuticals, and ultimately Ablynx Pharmaceuticals became rolled into the proprietary holdings of **Pfizer**, Crucel, and **Johnson & Johnson**), Sequoia Pharmaceuticals, on the 28th of April, 2003, filed a patent in antiviral agents of treatment and control of infections coronavirus. CDC filed 3 days earlier, and then the treatment was available 3 days later... **how would one have a patent on a treatment for a thing that had been invented 3 days earlier?**

The problem is, **it was issued and published before the CDC patent on coronavirus was actually allowed. So the degree to which the information could have been known by any means other than insider information**

between those parties is zero. Is not physically possible for you to patent a thing that treats a thing that had not been published, because CDC had paid to keep it secret.”

US patent office defined that gene hacks were not vaccines:

“The first vaccine ever patented for coronavirus was actually sought by Pfizer. The application for the first vaccine for coronavirus which was specifically this S Spike protein, so the exact same thing that allegedly, we have rushed into invention, the first application was filed January, 28th, 2000, 21 years ago... US Patent 6372224, which was the spike protein virus vaccine for the canine coronavirus, which is actually one of the multiple forms of coronavirus.”

“When Anthony Fauci, tried desperately to get some of his (HIV) 'synthetic RNA vaccines' published, he had his own patents rejected by the patent office. And I want to read what the patent office told him when NIAID's own Anthony Fauci thought that he could get an mRNA-like vaccine patented as a vaccine:

‘These arguments are persuasive to the extent that an antigenic peptide stimulates an immune response, that may produce antibodies that bind to a specific peptide or protein, but it is not persuasive in regards to a vaccine. **The immune response produced by a vaccine must be more than merely some immune response, but must also be protective**, as noted in the previous office action. The art recognizes **the term 'vaccine' to be a compound which 'prevents infection'**. Applicant has not demonstrated that the instantly claimed vaccine meets even the lower standard set forth in the specification, let alone the standard art definition for being operative in regards, therefore claims 5, 7 and 9 are not operative as the anti-HIV vaccine is not patentable utility.’

So Anthony Fauci himself, was told by the patent office themselves, that what he was proposing, as a vaccine, does not meet the patentable standard, the legal standard or the clinical standard.”⁷⁴⁷

The AIDS trail

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**⁷⁴⁸.

Money trail

⁷⁴⁷ David E. Martin testifies at the German Corona Inquiry Committee July 9th, 2021 Reiner Fuellmich interview

<https://odysee.com/@Corona-Ausschuss:3/Sitzung-60-Die-Zeit-ist-kein-flacher-Kreis-5-Martin:f>

Transcript of the above video interview: <https://drive.google.com/file/d/19o1BeQa6z9XD58GkYE1e-qiiNbnr5wTz/view>

https://brandnewtube.com/watch/a-manufactured-illusion-dr-david-martin-with-reiner-fuellmich-9-7-21_hpChWe1no7nxGDM.html

<https://beforeitsnews.com/health/2021/08/dr-david-e-martin-drops-shocking-info-on-canadians-3041225.html>

Stew Peters interviews with Dr. David Martin:

https://odysee.com/@Truth_Comes_to_Light:6/Dr.-David-Martin-w-Stew-Peters:b

<https://rumble.com/vk2bya-exclusive-dr.-david-martin-just-ended-covid-fauci-doj-politicians-in-one-in.html>

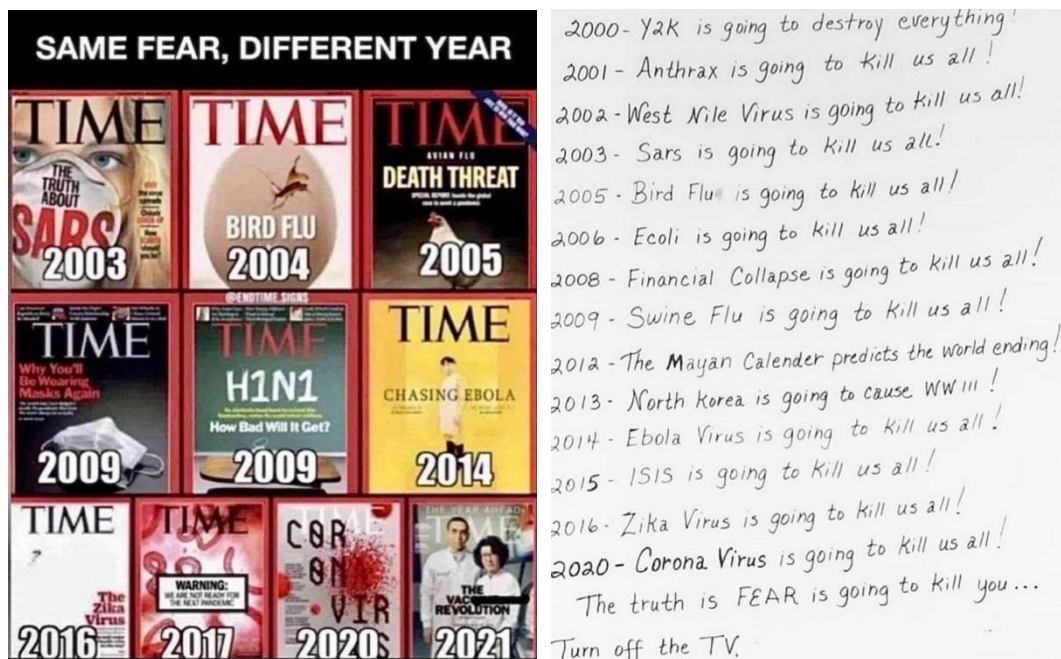
⁷⁴⁸ <https://www.ncbi.nlm.nih.gov/sites/books/NBK349040/>

Dr. Peter Daszak of EcoHealth Alliance (which funded the Wuhan lab), the leader of the article in The Lancet lying 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.” ⁷⁴⁹

11 Jan 2017, just 9 days prior to the inauguration of Trump’s presidency, globalist Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases, said **there is 'no doubt' Trump will be confronted with a surprise infectious disease outbreak during his presidency:** “There is no question that there will be a challenge to the coming administration in the arena of infectious diseases. ... (The) Trump administration will not only be challenged by ongoing global health threats such as influenza and HIV, but also a surprise disease outbreak. ... We will definitely get surprised in the next few years.” ⁷⁵⁰

When did the bio-war really start?

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://www.facebook.com/photo/?fbid=10159792661053383&set=a.52257383382>

⁷⁴⁹ Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: <https://www.ncbi.nlm.nih.gov/sites/books/NBK349040/>

⁷⁵⁰ Healio News, Fauci: ‘No doubt’ Trump will face surprise infectious disease outbreak. 11 Jan 2017, <https://www.healio.com/news/infectious-disease/20170111/fauci-no-doubt-trump-will-face-surprise-infectious-disease-outbreak>

Georgetown University Medical Center, Global Health Experts Advise Advance Planning for Inevitable Pandemic YouTube, Pandemic Preparedness in the Next Administration: Keynote Address by Anthony S. Fauci

1910 Rockefeller-funded Flexner report⁷⁵¹, used by Skull&Bones freemason William H. Welch⁷⁵², president of the American Medical Association, to destroy all non-pharma medical schools, which went from 160 in 1906 to 69 schools in 1944, turning medicine into the whore of Pharma money and Hospital/Government money:

a) **Organ medicine, instead of humane medicine**: the destruction of the holistic approach to medicine.

As early as 400 BC by Hippocrates said: “Let thy food be thy medicine and medicine be thy food”. Yet Flexner Med schools promoted organ based specialization: physiology of the organ, physiopathology of the organ, and treatments of the organ.

Specialization is more efficient in many human activities, for instance, fixing a car: it works best to have a workshop dealing with the engine, another with the electrical system, others, simply changing oil or tyres. Yet, we are not cars. The **Darwinian ideology that we are a sum of organs working together by chance is lethal !**

Instead of a holistic understanding of man as a spiritual being above the biology substrate (which is more than behavioural medicine, prevention, moral psychology), they promoted the hyper-specialization of medicine, a physiological focus on the organs or systems, losing the broad picture and complete understanding of the real origin and effective solutions to many diseases. **Medicine was maimed to cure and became pharma dependent, especially on palliative pharma, focused on the symptoms and not the root of the disease.**

The worst part of it is the deliberate replacement of the family doctor by the Hospital protocol: medicine became mercenary of hospital administrators.

b) **The pharmaddiction and corruption of medicine** through the money propelled dependence from **Big Pharma drug cartels**, killing millions with life threatening “medicines” and even more with life-risk contraceptives, adding sickening adjuvants and components in vaccines: neurotoxins (mercury, aluminium, graphene oxide), polysorbate 80, glyphosate, etc.

Vaccine manufacturers have a long “police” record. For instance, Johnson&Johnson, manufacturer of the Jensen vaccine paid: 230 million USD for its responsibility in the opioid market abuse (thousands of deaths).⁷⁵³

Big Pharma multinationals, including vaccine manufacturers⁷⁵⁴, have a long list of scandals⁷⁵⁵ manipulating approvals, even if they knew beforehand that their products would be deadly or cause permanent disabilities or severe illness. **Nobody ever went to jail**. 20 billion dollar fines⁷⁵⁶ were lower than profits (including several billions for Pfizer⁷⁵⁷ and AstraZeneca⁷⁵⁸). **Nothing changed in the system to prevent repetition**. With minor changes, some of those poisons like Vioxx are still being sold by the corrupt “merchants of death”.

⁷⁵¹ <https://www.cancertruth.net/ama-history/>

⁷⁵² <https://www.katedalleyshow.com/show-topics/notes-from-the-alex-jones-show-backstory-to-pharma-and-public-health-how-they-amassed-power/>

Silverman B. D. (2011). William Henry Welch (1850-1934): the road to Johns Hopkins. Proceedings (Baylor University. Medical Center), 24(3), 236–242. <https://doi.org/10.1080/08998280.2011.11928722>

⁷⁵³ <https://apnews.com/article/new-york-opioids-government-and-politics-health-business-2d38d2d0f93ef61f75d95f08f0f9e0cb>

⁷⁵⁴ <https://www.youtube.com/watch?v=nGxrjDOcZh0>

⁷⁵⁵ E.g. diethylstilbestrol to prevent miscarriages.

⁷⁵⁶ https://en.wikipedia.org/wiki/List_of_largest_pharmaceutical_settlements

https://en.wikipedia.org/wiki/List_of_largest_civil_only_pharmaceutical_settlements

⁷⁵⁷ <https://www.corp-research.org/pfizer>

<https://www.drugwatch.com/manufacturers/pfizer/>

⁷⁵⁸ <https://www.corp-research.org/astrazeneca>

<https://www.drugwatch.com/manufacturers/astrazeneca/>

Company*	Total Financial Penalties (\$ millions)	Percent of Total**	Number of Settlements***
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
Daiichi Sankyo	\$586	1.5%	8
Boehringer Ingelheim	\$441	1.1%	16
Cephalon	\$425	1.1%	1
Other****	\$4,100	10.6%	196
Total	\$37,822	97.9%	473

<https://www.lifesitenews.com/news/covid-vaccine-makers-disturbing-track-record-of-criminal-and-civil-liability>

Merck's first genocide to be known of, only came to the spotlight because there was a **witness protection program** in the USA (not available in most countries) and two brave **whistle-blowers**. Vioxx was launched in 1999 and was withdrawn in 2004 after injuring more than 20 million people worldwide. **Nothing changed. How could people still think that the science of medical approval is not corrupt?** Vioxx was reported to have caused at least 50 000 deaths in the USA, yet, it was swiftly relaunched with minor changes: is this snake oil still shoved down our throats by the corrupt medical societies and their puppet physicians?⁷⁵⁹

⁷⁵⁹ 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>

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>

Armstrong D., **How the New England Journal missed warning signs on Vioxx: medical weekly waited years to report flaws in article that praised pain drug; Merck seen as "punching bag"**. May 15 2006, *Wall Street journal (Eastern ed.)*, A1–A10. <https://pubmed.ncbi.nlm.nih.gov/16848016>

Edwards 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)

Prakash S., Valentine v., **Timeline: The Rise and Fall of Vioxx**, Nov 10, 2007, <https://www.npr.org/2007/11/10/5470430/timeline-the-rise-and-fall-of-vioxx>

Knox R., **Merck Tries to Move Beyond Vioxx Debacle**, Nov 12, 2007, <https://www.npr.org/templates/story/story.php?storyId=16211947>

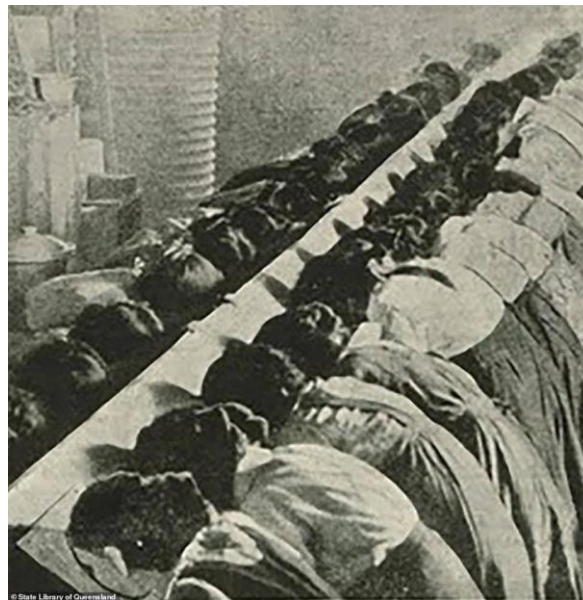
Union of Concerned Scientists, **Merck Manipulated the Science about the Drug Vioxx**, Oct 12, 2017, <https://www.ucsusa.org/resources/merck-manipulated-science-about-drug-vioxx>

Packer M. MD, **Shocker! Is Vioxx Coming Back... as an Orphan Drug?** May 2, 2018, *MedPage Today*, <https://www.medpagetoday.com/blogs/revolutionand revelation/72647>

Vioxx proves genocidal intent? Vioxx revenue was 11 billion USD compared to 6 bn in lawsuit compensation. Unlike the Ford Pinto illogic⁷⁶⁰, which still pervades all corporations⁷⁶¹, it wasn't about profits being greater than litigation costs: in this case, with their hidden internal data, of 3/1000 deaths and 1/100 thrombotic event (heart attack/stroke)⁷⁶², the cost-benefit analysis showed that the cost of such a high death risk was much higher than profits. Some could argue that it was just stupidity boosted by greed, that even large corporations commit suicide by bad analysis. It could happen in Ponzi schemes like Enron, but it's hard to believe in large long lasting multinationals like Merck.

Let's see some cases:

1918 "Spanish flu": neither Spanish, nor 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**⁷⁶³ Institute for Medical Research, presided by Frederick T. Gates⁷⁶⁴. **New Zealand set up inhalation chambers filled with zinc sulfate, causing damage to the lungs and throat, making people more susceptible to infection. In order to travel by train, people had to present papers proving that they had been treated.**



1924 Poisoning through leaded fuels: Rockefeller's Standard Oil (General Motors⁷⁶⁵ and DuPont) adding deadly lead, which wasn't taxed in the US until the 1970s (banned in the 1980s), and wasn't globally banned until 2021⁷⁶⁶. "For four decades, all studies of the use of tetraethyl lead were conducted by laboratories and scientists funded by the Ethyl Corporation and General Motors."⁷⁶⁷ Why would they poison themselves? Many cities are cleaned by the wind (also taking the acid rain inland): London, New York, etc. Cars/limos could be made more airtight. Some globalists live and work in the outskirts and could set downtown meetings to avoid peak hours, also using helicopters and private jets.

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⁷⁶² <https://pharmaceutical-journal.com/article/feature/still-feeling-the-vioxx-pain>

⁷⁶³ Brown, E Richard. **Rockefeller medicine men : medicine and capitalism in America**. University of California Press, Berkeley, CA 1979.

<https://www.dr-rath-foundation.org/2007/05/the-history-of-the-pharma-cartel/>

<http://www.profit-over-life.org/>

⁷⁶⁴ <https://plebeianpost.com/2021/06/08/genocide-for-profit-eugenics-nazis-the-rockefellers-and-the-gates>

⁷⁶⁵ <https://theeventchronicle.com/the-rothschild-bloodline-one-of-the-13-satanic-bloodlines-that-rule-the-world/>

⁷⁶⁶ <https://www.unep.org/news-and-stories/press-release/era-leaded-petrol-over-eliminating-major-threat-human-and-planetary>

⁷⁶⁷ <https://www.bbc.com/news/business-40593353>

There's no guarantee they are not adding more sophisticated poisons in all means of transportation, including fuel locomotives and airplanes.

Banning carcinogen asbestos hasn't been achieved, even if the US government recognized its risk since 1918.⁷⁶⁸ In the last two decades asbestos brake pads were replaced with other materials.⁷⁶⁹ Though there are similarities, it doesn't look like a plan, just simple corruption and incompetence, unlike planned deadly leaded fuels. The same applies to micro-plastics.⁷⁷⁰

1976 fake swine flu pandemic: under freemasons 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.⁷⁷¹

1984 prion poisoning. Bovine spongiform encephalopathy (BSE, also known as "**mad cow disease**"), and its human equivalent variant Creutzfeldt–Jakob disease (vCJD), possibly by meat-and-bone meal (MBM) protein, which used the remains brain and spinal cord tissue of cattle which had spontaneously developed the disease as well as sheep infected with scrapie, a similar disease in sheep. Since the 1988 UK ban, **thousands of tons were exported to 69 countries.**⁷⁷² "The original outbreak of vCJD only affected individuals with a particular genetic makeup; those who only make an M form of a particular protein. Studies of similar diseases in other parts of the world have shown that individuals with the M form tend to become ill quickly in a first wave, while individuals with the other, V form can be infected but asymptomatic for years or even decades. This has led some researchers including Graham Jackson of the University College London to warn that there could be a second wave of vCJD infections years later. In 2014, the first case was reported in an individual with the V form of the protein."⁷⁷³ The stealth epidemic is not over in spite of banning MBM.⁷⁷⁴

⁷⁶⁸ <https://www.mesotheliomahelp.org/asbestos/history/>
<https://www.mesothelioma.com/asbestos-exposure/jobsites/automobiles/>
<https://www.hse.gov.uk/mvr/mechanical-repair/asbestos.htm>

⁷⁶⁹ https://en.wikipedia.org/wiki/Brake_pad#Materials

⁷⁷⁰ <https://www.sciencealert.com/microplastics-in-the-wind-may-already-have-a-minor-impact-climate-change>

⁷⁷¹ https://www.lifesitenews.com/blogs/739968/?utm_source=top_news&utm_campaign=usa

⁷⁷² <https://www.independent.co.uk/life-style/health-and-families/health-news/britain-put-69-countries-at-risk-of-bse-5366577.html>

⁷⁷³ https://en.wikipedia.org/wiki/United_Kingdom_BSE_outbreak

⁷⁷⁴ MacKenzie, Debora (18 January 2017). "**Many more people could still die from mad cow disease in the UK**". New Scientist.

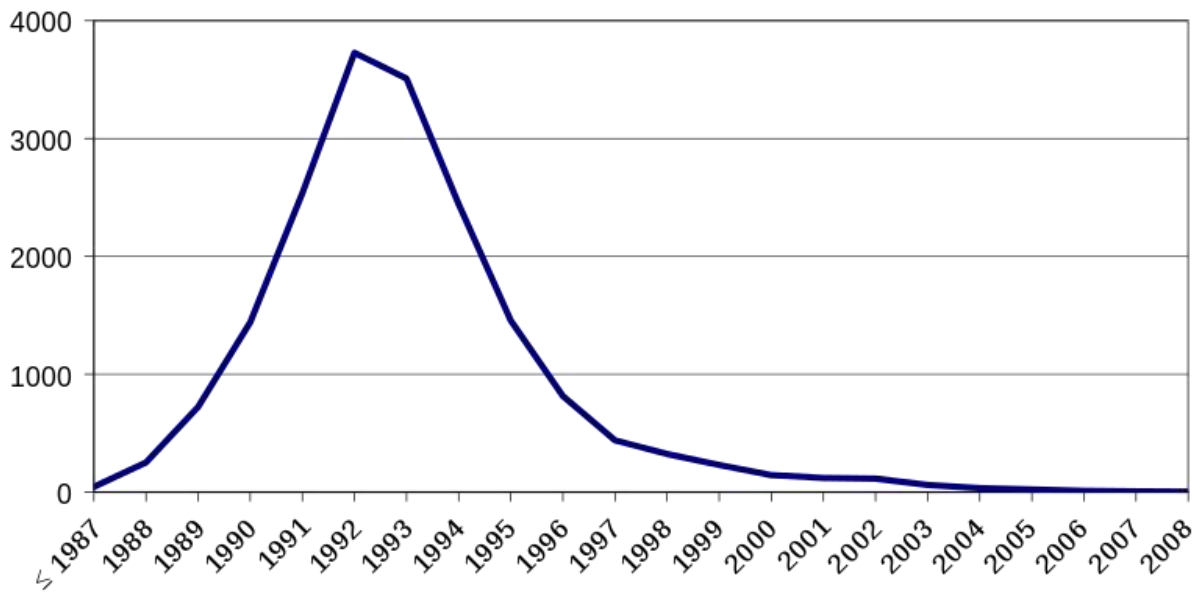
<https://www.newscientist.com/article/2118418-many-more-people-could-still-die-from-mad-cow-disease-in-the-uk/>

Toolis, Kevin (22 September 2001). "**Epidemic in waiting**". The Guardian.

<https://www.theguardian.com/education/2001/sep/22/highereducation.medicalscience>

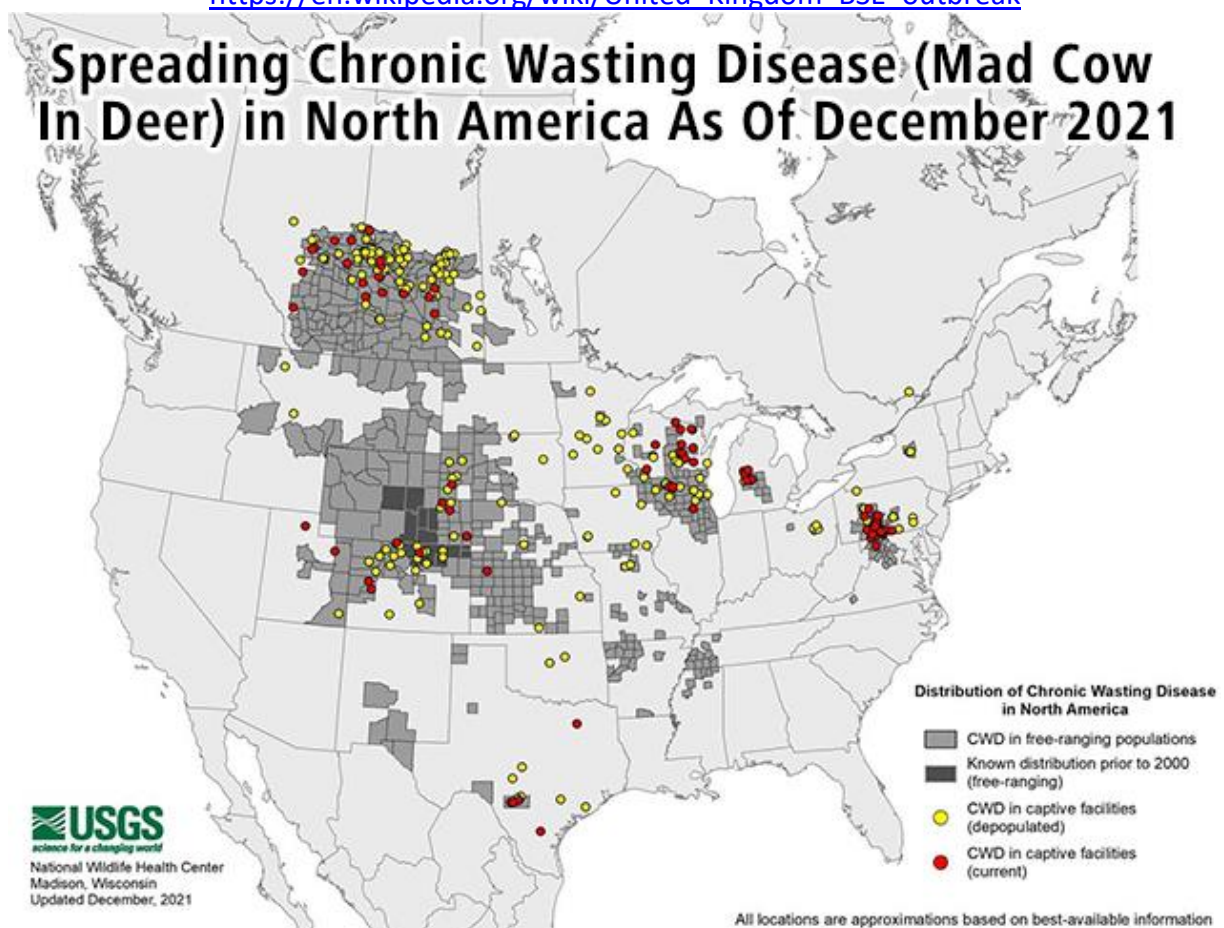
<https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/bovine-spongiform-encephalopathy-bse-questions-and-answers>

Number of cases of bovine spongiform encephalopathy (BSE) reported in the UK (1987-2008)



https://en.wikipedia.org/wiki/United_Kingdom_BSE_outbreak

Spreading Chronic Wasting Disease (Mad Cow In Deer) in North America As Of December 2021



1980s HIV created through SIV

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

1990s **Hendra virus plandemic by Pfizer**. “Horse owners were told that it was such a deadly virus (supposed to come from a bat) that just being near a horse could cause you to contract the virus and die. Coincidentally, people were threatened, coerced and bribed to inject the poison into their animals. Two shots, six weeks apart and then a booster every six months. Vets refused to treat sick horses unless proof of vaccination was provided. Horses weren't even allowed to attend shows unless they'd been given a dose. The 'medicine' was an experimental injection that has only received full approval in the last few years. Once injected with this poison horses died, became lame, had seizures and became mentally unstable. Funnily enough, none of this was listed as a side effect of the jab. As more boosters were given, previously healthy horses became sick. Eventually, owners started to wake up and realise they were doing more harm than good. It also came to light that unless you're horse was 100% healthy, it should not be given the jab because it targeted the weak spots in the immune system and made the animals worse. There is now a massive class action against the manufacture of the jab, Zoetis, who was a subsidiary of the one and only... Pfizer.” ⁷⁷⁵The virus “triggered a vasculitis in horses. Strongly suggests an autoimmune response and so injectable vaccines may also trigger a similar response. In diseases where the virus enters through the airway and causes this type of immune response, only mucosal immunity can prevent disease. Appropriate vaccine for this disease is nasal/oral.” ⁷⁷⁶



2001 Sep Anthrax enhanced crisis with “unusual behavior around **Bayer's Ciprofloxacin drug**, which was a drug use as a potential treatment for Anthrax poisoning.” ⁷⁷⁷

1999 coronavirus weaponization by US Government: gain-of-function research with the excuse to use coronavirus as a vaccine vector for HIV/AIDS.

2002 SARS-CoV-1: the HIV genome had been inserted into a coronavirus, creating the chimera as proven by the patent trail.

2003 Apr SARS-Cov-X: patent filing by the US CDC

2006 Jun 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. **They are presented as the solution to cervical cancer, while hiding that the main culprits are the oral contraceptive pills.**

2009 H1N1 swine flu plandemic under globalist Obama, 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.

⁷⁷⁵ Rochford Joseph, Rochford Developments, Perth, 9 Nov 2021 LinkedIn post https://www.linkedin.com/posts/rochfordjoseph_does-anyone-remember-the-hendra-virus-that-activity-6863779303482630144-29qj

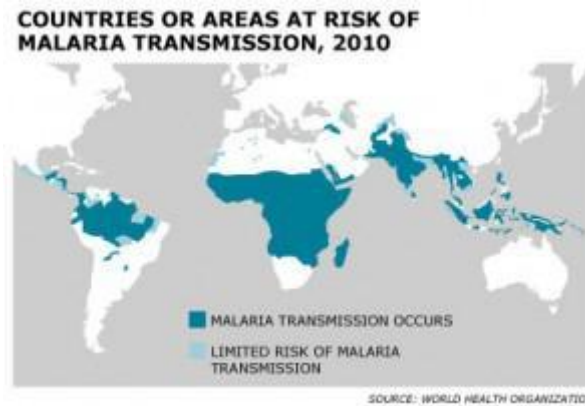
⁷⁷⁶ Dr. Philip McMillan MD LinkedIn comment 9 Nov 2021

<https://www.linkedin.com/feed/update/urn:li:activity:6863779303482630144?commentUrn=urn%3Ali%3Acomment%3A%28activity%3A6863779303482630144%2C6863833499506376704%29>

⁷⁷⁷ David E. Martin testifies at the German Corona Inquiry Committee July 9th, 2021 Reiner Fuellmich interview

<https://odysee.com/@Corona-Ausschuss:3/Sitzung-60-Die-Zeit-ist-kein-flacher-Kreis-5-Martin:f>

2010 Mosquirix malaria vaccine. Malaria was one of Gates major objectives. A vaccine could target the most fertile countries, involving half of the world's population:



With PATH, Gates funded Joe Cohen GSK's malaria vaccine, killing 151 and injuring 1000 African children. After the attempt to destroy in 2014 the alleged 80% effective vaccine developed in Colombia⁷⁷⁸, Glaxo started **Mosquirix** (RTS,S) trials in 2019, directly with 4 doses for 6 week babies (!) with the same narrative than COVID vaccines: they'd reduce disease severity. In spite of an efficacy of 30% against only one of Plasmodium variants (lower than the 75% WHO threshold), WHO supported it, without any studies on infertility.⁷⁷⁹ Of course, ivermectin is disregarded as a THE solution to malaria.

2012 MERS-CoV HIV chimera. The Middle East Respiratory Syndrome (MERS-CoV), connected to HIV genome.⁷⁸⁰ **Camel-gate?** What if a non-endemic virus is introduced in an animal to use it as a permanent vector to infect humans?⁷⁸¹

⁷⁷⁸ Aza-Conde J, Reyes C, et al. **The molecular basis for peptide-based antimalarial vaccine development targeting erythrocyte invasion by P. falciparum**, Jan 2021 Biochemical and Biophysical Research Communications, Volume 534, Pages 86-93, <https://doi.org/10.1016/j.bbrc.2020.11.090>

Molina-Franky J, Gómez M, et al. **Hotspots in Plasmodium and RBC Receptor-Ligand Interactions: Key Pieces for Inhibiting Malarial Parasite Invasion**. 2 Jul 2020 Int. J. Mol. Sci., 21(13), 4729; <https://doi.org/10.3390/ijms21134729>

Molina-Franky, J., Cuy-Chaparro, L., et al. **Plasmodium falciparum pre-erythrocytic stage vaccine development**. 3 Feb 2020 Malaria Journal 19, 56 (2020). <https://doi.org/10.1186/s12936-020-3141-z>

Lambraño J, Curtidor H, et al. **Preliminary Evaluation of the Safety and Immunogenicity of an Antimalarial Vaccine Candidate Modified Peptide (IMPIPS) Mixture in a Murine Model**. 30 Dec 2019 Journal of Immunology Research <https://doi.org/10.1155/2019/3832513>

Salamanca D, Gómez M, et al. **Plasmodium falciparum Blood Stage Antimalarial Vaccines: An Analysis of Ongoing Clinical Trials and New Perspectives Related to Synthetic Vaccines**. 3 Dec 2019 Frontiers in Microbiology <https://doi.org/10.3389/fmicb.2019.02712>

Patarroyo ME, Bermúdez A. et al. **Structural and Immunological Principles Leading to Chemically Synthesized, Multiantigenic, Multistage, Minimal Subunit-Based Vaccine Development**. 25 Mar 2011 Chemical Reviews., 111, 5, 3459–3507 <https://doi.org/10.1021/cr100223m>

<https://www.infobae.com/america/colombia/2021/10/07/manuel-elkin-patarroyo-aseguro-que-su-vacuna-contra-la-malaria-era-mejor-que-la-aprobada-por-la-oms-y-en-redes-no-lo-perdonan/>

<https://www.eltiempo.com/vida/ciencia/patarroyo-entregara-vacuna-perfeccionada-contra-malaria-173234>

<https://www.scidev.net/america-latina/news/cient-ficos-se-movilizan-por-cierre-de-laboratorio/>

⁷⁷⁹ <https://www.devex.com/news/the-trials-and-tribulations-of-the-world-s-first-malaria-vaccine-96724>

<https://www.premiumtimesng.com/news/top-news/488915-mosquirix-10-things-to-know-about-first-ever-approved-malaria-vaccine.html>

⁷⁸⁰ "Detection of MERS-CoV S and HIV-1 p24 protein expression"

Zhao G, Du Cuiqing Ma L, et al. **A safe and convenient pseudovirus-based inhibition assay to detect neutralizing antibodies and screen for viral entry inhibitors against the novel human coronavirus MERS-CoV**. Aug 2013. Virology Journal 10(1):266. <https://doi.org/10.1186/1743-422X-10-266>

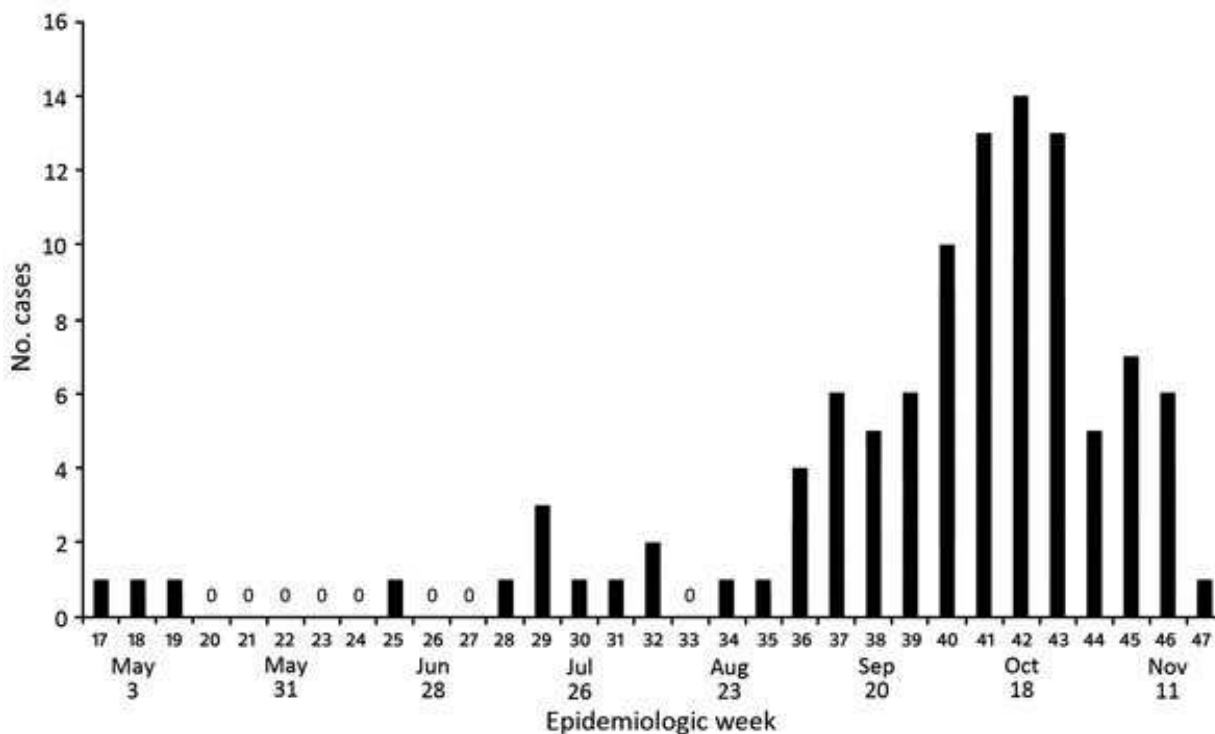
Wang, PG., Tang, DJ., et al. **Sunitinib reduces the infection of SARS-CoV, MERS-CoV and SARS-CoV-2 partially by inhibiting AP2M1 phosphorylation**. 13 Oct 2020. Cell Discov 6, 71. <https://doi.org/10.1038/s41421-020-00217-2>

⁷⁸¹ Dudas G, Carvalho L et al. **MERS-CoV spillover at the camel-human interface**, 16 Jan 2018 eLife <https://doi.org/10.7554/eLife.31257>

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

2015 Zika PCR was the first successful PCR-case-demic pushed by WHO.⁷⁸² The SCAMdemic in northern Brazil was used to promote abortions due to a planned exaggerated risk of microcephaly.⁷⁸³ **Thanks to PCR false positives, it was also the first time the asymptomatic were classified as part of an epidemic.** Only “15% of the patients with microcephaly were related to Zika virus infection”⁷⁸⁴ Considering Colombian half rates there could be other causes for microcephaly, like experimental or expired MMR vaccine batches, even given to pregnant⁷⁸⁵, or mosquito larvicide Pyriproxyfen, which was widely used in Brazilian water tanks.⁷⁸⁶

There was an inexplicable October 2015 peak (maybe related to total PCR tests?):⁷⁸⁷



Why was PCR the only method, when there were easy signs for a diagnosis?⁷⁸⁸ In a 13 baby study three was zero correlation between Zika and microcephaly.⁷⁸⁹ Also, the Health Ministry informed that, out of 4783 cases, only

⁷⁸² <https://www.who.int/emergencies/zika-virus-tmp/en/>

⁷⁸³ Dang J, Kant Tiwari S, et al. **Zika Virus Depletes Neural Progenitors in Human Cerebral Organoids through Activation of the Innate Immune Receptor TLR3.** 06 May 2016 Cell Stem Cell <https://doi.org/10.1016/j.stem.2016.04.014>

Rasmussen, S. A., Jamieson, D. J., et al. **Zika virus and birth defects—reviewing the evidence for causality.** New England Journal of Medicine, 374(20), 1981-1987. <https://doi.org/10.1056/NEJMs1604338>

Cugola, F., Fernandes, I., Russo, F. et al. **The Brazilian Zika virus strain causes birth defects in experimental models.** Nature 534, 267–271 (2016). <https://doi.org/10.1038/nature18296>

⁷⁸⁴ Antoniou, E., Orovou, E., et al. **Zika Virus and the Risk of Developing Microcephaly in Infants: A Systematic Review.** 2020 International journal of environmental research and public health, 17(11), 3806. <https://doi.org/10.3390/ijerph17113806>

⁷⁸⁴ <https://www.pbs.org/wgbh/frontline/article/as-brazil-confronts-zika-vaccine-rumors-shape-perceptions/>

⁷⁸⁵ <https://www.pbs.org/wgbh/frontline/article/as-brazil-confronts-zika-vaccine-rumors-shape-perceptions/>

⁷⁸⁶ http://www.reduas.com.ar/wp-content/uploads/downloads/2016/02/Informe-Zika-de-Reduas_TRAD.pdf

⁷⁸⁷ Microcephaly Epidemic Research Group (2016). **Microcephaly in Infants, Pernambuco State, Brazil, 2015.** Emerging infectious diseases, 22(6), 1090–1093. <https://doi.org/10.3201/eid2206.160062>

⁷⁸⁸ Van der Linden H, Moriyama LS et al. **Movement disorders in children with congenital Zika virus syndrome.** 16 Jul 2020 Brain and development, Vol 42, ISSUE 10, P720-729, November 01, 2020 <https://doi.org/10.1016/j.braindev.2020.06.016>

De Fatima Vasco Aragao M, van der Linden V, et al. **Clinical features and neuroimaging (CT and MRI) findings in presumed Zika virus related congenital infection and microcephaly: retrospective case series study.** 2016 BMJ Clinical research ed. 353:i1901. <https://doi.org/10.1136/bmj.i3182>

404 were confirmed (90% error?!).⁷⁹⁰ Another study showed 3% microcephaly of 165,241 cases in Brazil (Jan-Jun 2016).⁷⁹¹ **Women were aborting by confusing Zika symptoms with the flu.** In proportion to the population, Colombia had twice the Zika cases (107,870). Yet, **only 0,8% of pregnancies ended with microcephaly** (157/19956 Sep-2015 to Apr-2017)⁷⁹²... **not much higher than previous years and by 2022 there is still no proof yet that Zika causes microcephaly.** Among many governments, **Obama got 2.5 billion dollars**⁷⁹³ for managing **the Zika epidemic, which never hit the USA**, possibly because unlike underdeveloped science in Brazil and Colombia, they knew the US labs, could easily detect the Zika PCR scam. Surprise? ivermectin is still not recommended, only mosquito repellent, condoms, contraception and abortions... very suitable for population control.⁷⁹⁴

2018 Graphened flu shots. Adding graphene oxide to produce injury and infertility. 2.6 million doses of Moderna (all of them!) were recalled by the Japanese Government because of this magnetic reactant contaminant.⁷⁹⁵ **And there are thousands of videos proving magnetization of people, related to all other vaccine brands.**⁷⁹⁶

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.

Then the vaccine. They had to be based on the spike protein, which is damaging and lethal. COVID and lockdowns were just steps towards **the vaccine: the endgame 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 (Argentina) or sabotaged (Australia). This would explain why vaccines (not only COVID) include an electro-magnetic element. Also, vaccine donations could be viewed as an act of war:

⁷⁸⁹ Van der Linden, V., Pessoa, A., et al. **Description of 13 infants born during October 2015–January 2016 with congenital Zika virus infection without microcephaly at birth—Brazil.** 22 Nov 2016 Morbidity and Mortality Weekly Report, 65(47), 1343-1348.

<https://doi.org/10.15585/mmwr.mm6547e2>

⁷⁹⁰ <https://www.pbs.org/wgbh/frontline/article/new-link-between-zika-and-microcephaly-is-found-in-brazil/>

⁷⁹¹ Magalhães-Barbosa, M. C., et al. **Trends of the microcephaly and Zika virus outbreak in Brazil, January-July 2016.** 2016 Travel medicine and infectious disease, 14(5), 458–463. <https://doi.org/10.1016/j.tmaid.2016.09.006>

⁷⁹² Mattar, S., Ojeda, C., Arboleda, J. et al. **Case report: microcephaly associated with Zika virus infection, Colombia.** 13 Jun 2017. BMC Infect Dis 17, 423. <https://doi.org/10.1186/s12879-017-2522-6>

⁷⁹³ 600 million dollars repurposed from the fake US Ebola outbreak plus 1.9 billion extra funding:

28 Sep 2016, globalist pro-abortion **American College of Obstetricians and Gynecologists (ACOG)**, in the name of its 57000 members, praised the Senate for approving the funding package. Unbelievably, women trust the lives of their unborn to pro-murder or serial killer physicians.

<http://www.healio.com/family-medicine/infectious-diseases/news/online/%7Bb3f11849-e332-4c45-a5a8-6fd72e99457f%7D/senate-approves-11b-in-zika-funding-as-part-of-stopgap-spending-bill>

<https://www.usatoday.com/story/news/factcheck/2020/07/29/fact-check-2017-anthony-fauci-warned-potential-outbreak/5494601002/>

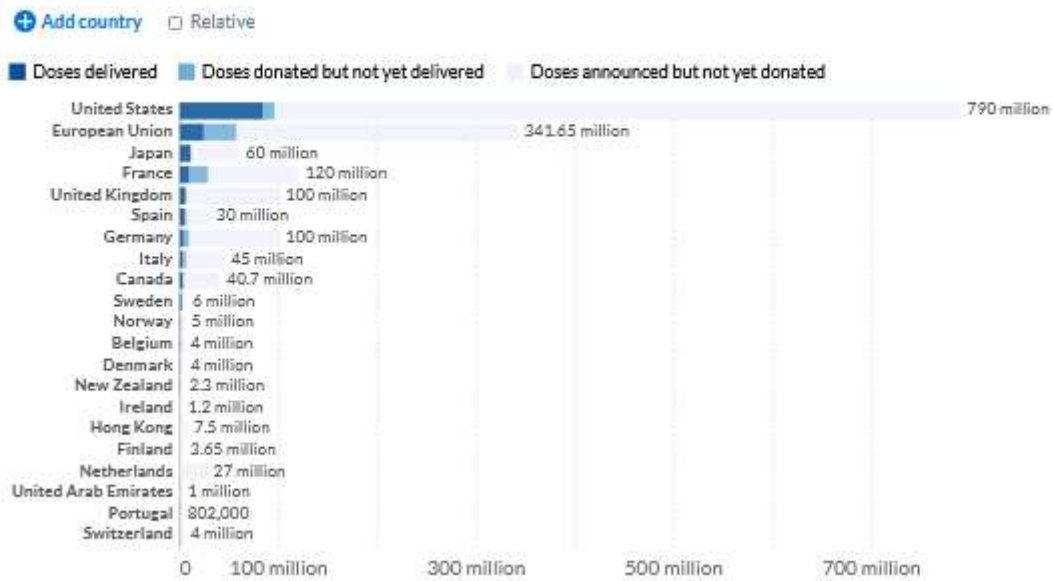
⁷⁹⁴ <https://www.nhs.uk/conditions/zika/>

⁷⁹⁵ <http://rockefellerfoundaiton.org/blog/innovating-for-a-bold-future/>

⁷⁹⁶ <https://www.bitchute.com/video/AkijlXASwGcV/>

COVID-19 vaccine doses donated to COVAX

Shown is the number of vaccine doses donated to the COVAX initiative by each country. Donations are broken down by whether they have been announced, donated, or delivered.



Source: COVAX, ACT-Accelerator Hub. Data as of September 24, 2021.

Note: COVAX is a worldwide initiative aimed at equitable access to COVID-19 vaccines. It is directed by Gavi, CEPI, and the WHO.

OurWorldInData.org/coronavirus • CC BY

<https://ourworldindata.org/grapher/covax-donations?country=FRA~ESP~SWE~USA~CAN~NOR~NZL~GBR~DNK~CHE~ITA~DEU~PRT~ARE~BEL~European+Union~JPN~NLD~FIN~HKG~IRL>

Adding a Bluetooth nano chips in the injection (one takes signal control over the others). Unlike RFID, the goal is to process external instructions :

- To reveal past whereabouts
- To reveal close chipped contacts
- To deliver a nano-payload: virus, more RNA/DNA hacking, infertilizing hormones, more nano-metals, poison, reactant to EMF?

Fact: all P4 bio-war labs in the world⁷⁹⁷ 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 Health⁷⁹⁸, University of North Carolina at Chapel Hill.

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**”.⁷⁹⁹

And should we add?:

Electric magnetic field (EMF) poisoning, including low orbit internet satellites (Google, Elon Musk, etc.): the damage could be reduced by grounding (walking barefoot or without plastic/wooden soles) avoiding traveling by e-cars, subways, e-trains, while living away from antennas/cell towers and using Faraday buildings, cars and hands off microphones.

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

⁷⁹⁷ Alibek K, Handelmann S, **Biohazard: The Chilling True Story of the Largest Covert Biological Weapons Program in the World--Told from Inside by the Man Who Ran It.** Dell Publishing. Random House. NY, NY 1999. ISBN 978-0-385-33496-9

⁷⁹⁸ <https://www.ic.gc.ca/eic/site/063.nsf/eng/97757.html>

⁷⁹⁹ <https://www.sueddeutsche.de/politik/coronavirus-pandemie-bill-gates-impfstoff-interview-1.5187121>

31 Jan 2021 <https://www.entrepreneur.com/article/364371>

<https://actualidad.rt.com/actualidad/381611-gates-pandemia-mala-futura-diez-veces-peor-preparados>

<https://www.brighteon.com/1ea82016-5615-4184-a56a-2cd8cec6370b>

coincidence Bill Gates is the largest individual farmland owner of the USA. Why else would they invest in such a low yield sector?

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

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 companies⁸⁰⁰ 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.
- 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 toxic 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. **Azodicarbonamide** (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.”⁸⁰¹ Long-term exposure of low doses of contaminants in water, food, and environment have significant chronic effects.⁸⁰²

The intelligence “community” is either “unbelievable” unintelligent⁸⁰³ or accomplice as we’ve seen with DARPA, 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).

Radiation bombing

Satellite cannons? Nuclear Power Plant leaks or venting? Nuclear weapons or military facilities?

“Busby’s thesis is that it is the interaction between the electromagnetic field of non-ionising radiation and the fast charged particle tracks caused by ionising radiation that result in adding energy from the EM field to the particle tracks resulting in an augmentation of conventional ionizing radiation dose. Experiments carried out with X-rays, electromagnetic fields and ferrous sulphate dosimeters at the University of Ulster were ambivalent but did show that an effect occurred, though in the wrong direction. Busby argues that even if a tiny fraction of the

⁸⁰⁰ <https://blog.technavio.com/blog/top-10-flavors-and-fragrances-companies-world>
<https://www.globenewswire.com/news-release/2020/03/10/1998277/0/en/Artificial-Flavors-Market-To-Reach-USD-15-20-Billion-By-2027-Reports-and-Data.html>
<https://www.owler.com/company/givaudan>
<https://thirdbridge.com/flavours-fragrances-givaudan-iff-firmenich/>

⁸⁰¹ <https://www.theguardian.com/us-news/2019/may/28/bread-additives-chemicals-us-toxic-america>

⁸⁰² Trautmann, N. **The Dose Makes the Poison--Or Does It?**, 1 Jan 2005. American Institute of Biological Sciences. BioScience, Volume 55, Issue 1, Pages 84–89, [https://doi.org/10.1641/0006-3568\(2005\)055\[0084:A\]2.0.CO;2](https://doi.org/10.1641/0006-3568(2005)055[0084:A]2.0.CO;2)

⁸⁰³ Alexandre, M. **SARS-CoV-2 Was Not A Strategic Surprise and the Belgian Intelligence Services Should Not Be Blamed**. The Lessons of the COVID-19 Pandemic for Intelligence. Research Institute for European and American Studies RIEAS. Department of Security and Intelligence Studies Coastal Carolina University. JOURNAL of EUROPEAN and AMERICAN INTELLIGENCE STUDIES AN INTERNATIONAL PEER-REVIEWED JOURNAL Volume 4 Number 1 July 2021 ISSN 2585-383X. <https://www.academia.edu/s/a6cb4a338b>

energy of the EM field were transferred to the electron tracks, the effect on dose could be enormous. Busby started a collaboration with Prof Olle Johansson at the Karolinska to discuss ways in which these researches could be funded, but immediately Prof Johansson lost all his funding and also his laboratory. Sweden is highly dependent on cellphone sales through the Swedish company Sony Ericsson.

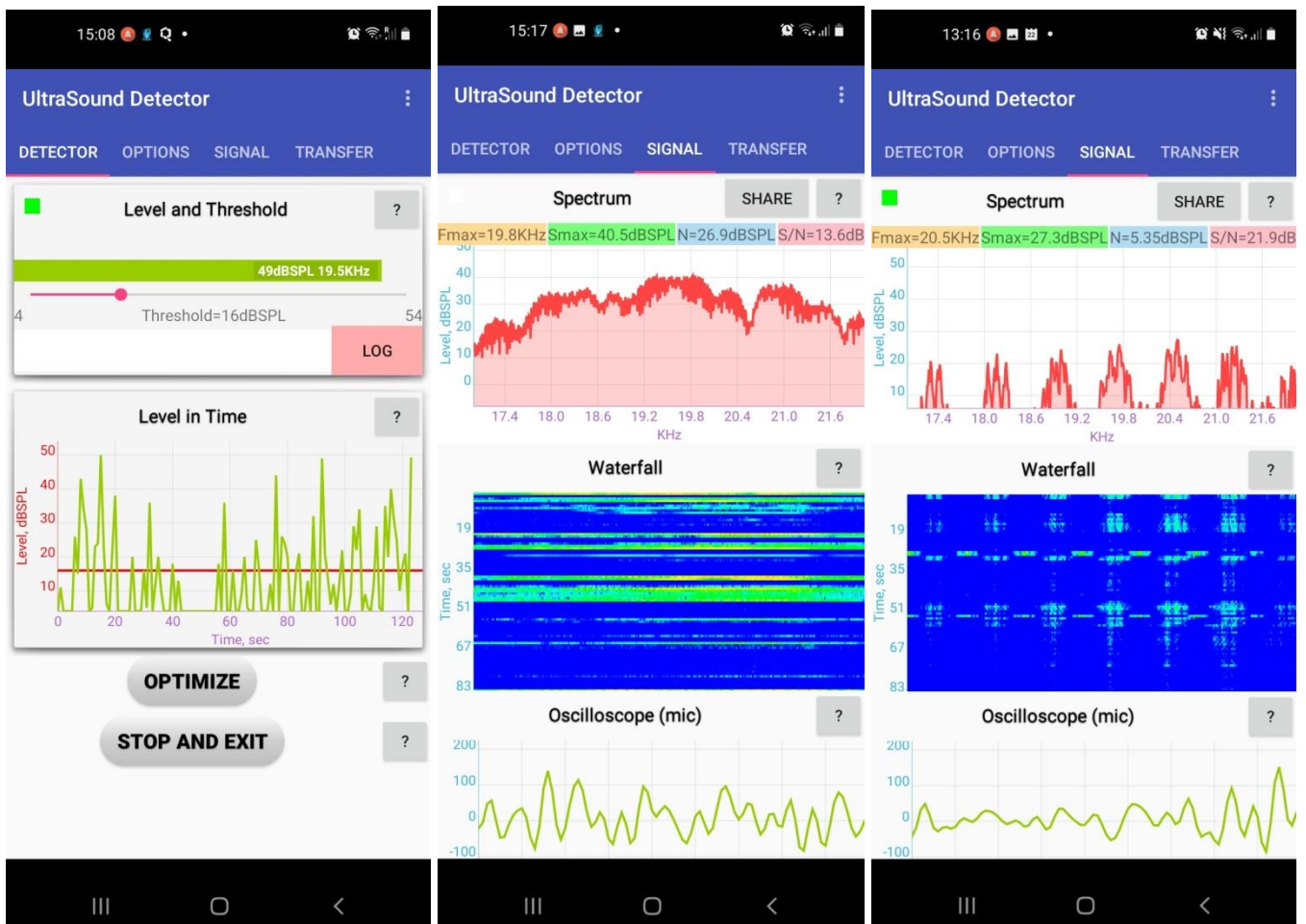
From 2009 Busby also managed to stop several cellphone transmitters being built in USA and the UK by threatening to carry out epidemiological research before and after the switching on of the base station.

Busby is currently expert witness in a case in South Africa involving non-ionising high voltage power line radiation.”⁸⁰⁴

UltraSonic phone attacks

Feb 2022 ethical hacker Diego Barrientos detected sonic attacks through smartphones, by using the Android app UltraSound Detector by Sergio Gudkov.

29 Mar 2022, the following two images were screen captured by Federico Nazar (the latter on 19 Mar):



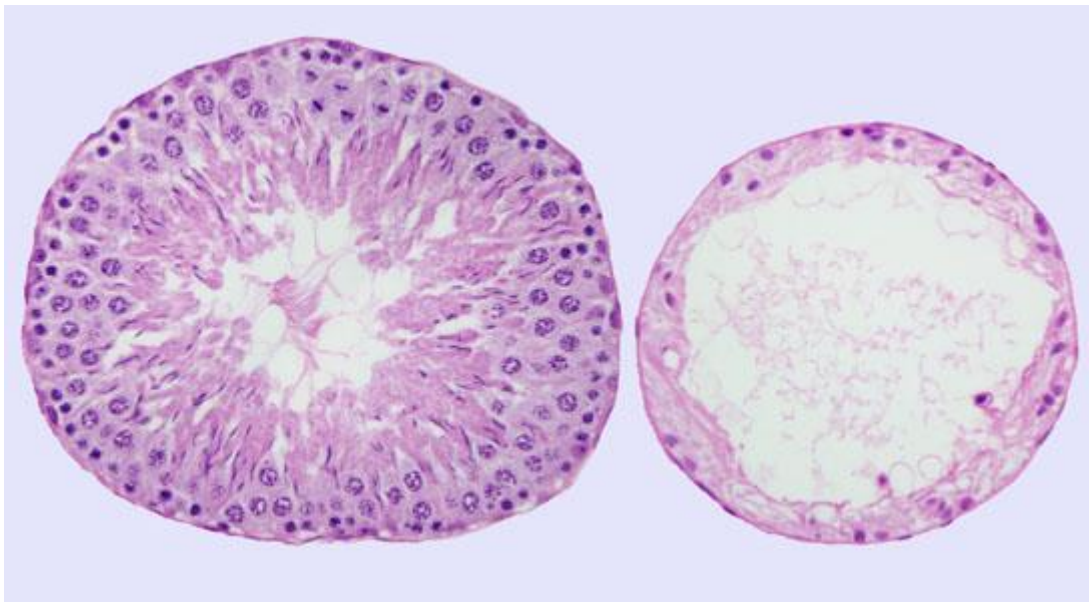
The first image shows a pulsating pattern and last one, that patters are artificially arranged along spectrum. Peaks reached 60 dBLSPL.

⁸⁰⁴ 118 scientific references:

https://wikispooks.com/wiki/Chris_Busby/Research_on_The_Health_Risks_of_Radiation#Mobile_phones_and_Non-ionising_Radiation

Complementary theories explaining the constant stealth sonic attacks:

1. They may be a protocol to communicate with the injected nano-routers.
2. Neuro-modulation
3. They excite graphene particles, causing injuries and powering the nano-routers.
3. They may cause female infertility and implantation problems, including ectopic pregnancies and miscarriages?
4. **Ultrasound sterilizes men:** two 15- minute treatments with 3 MHz ultrasound at 2.2 W/cm² through degassed 3% saline water at 37°C.⁸⁰⁵ Now 4 minutes every two months is enough.⁸⁰⁶ Microwaves and infrared, which were also detected from phones, have a synergistic effect to reduce fertility by heating the testicles.⁸⁰⁷ Microwaves and ultrasound enhance ionizing radiation, which was proven to come from satellites, causing hyperthermia of the testes.⁸⁰⁸



Seminiferous tubules (tubes of the testis) before (left) and after (right) ultrasound

⁸⁰⁵ Funded by the Parsemus Foundation and the **Bill & Melinda Gates Foundation**:

Tsuruta, J.K., Dayton, P.A., Gallippi, C.M. et al. **Therapeutic ultrasound as a potential male contraceptive: power, frequency and temperature required to deplete rat testes of meiotic cells and epididymides of sperm determined using a commercially available system.** 13 Jul 2011 *Reprod Biol Endocrinol* 10, 7 (2012). <https://doi.org/10.1186/1477-7827-10-7>

Fahim, M. S., Fahim, Z., Harman, J., Thompson, I., Montie, J., & Hall, D. G. (1977). **Ultrasound as a new method of male contraception.** *Fertility and sterility*, 28(8), 823–831. <https://pubmed.ncbi.nlm.nih.gov/407106/>

Mosinger, M., Imbert, R., & De Bisschop, G. **Le rôle de l'hyperthermie segmentaire en médecine physique; étude comparative des effets dus aux rayons infra-rouges, ondes centimétriques et ultra-sons** [Role of segmental hyperthermia in physical medicine; comparative study of the effects due to infrared rays, microwaves and ultrasounds]. 1958 *Journal de radiologie, d'électrologie & archives d'électricité médicale*, 39(11), 798–803. <https://pubmed.ncbi.nlm.nih.gov/13611762/>

⁸⁰⁶ https://www.upi.com/Odd_News/2021/10/15/germany-COSO-testicle-bath-James-Dyson-Award/8391634330489/

⁸⁰⁷ Fahim, M. S., Fahim, Z., Der, R., Hall, D. G., & Harman, J. **Heat in male contraception (hot water 60 degrees C, infrared, microwave, and ultrasound).** 1975 *Contraception*, 11(5), 549–562. [https://doi.org/10.1016/0010-7824\(75\)90109-2](https://doi.org/10.1016/0010-7824(75)90109-2)

⁸⁰⁸ Abadir, R., Harman, J., & Fahim, M. **Enhancement of ionizing radiation effect on the testes of rats by microwave or ultrasound-induced hyperthermia.** 1979 *Journal of medicine*, 10(1-2), 1–12. <https://pubmed.ncbi.nlm.nih.gov/290723/>

Kandeel, F. R., & Swerdloff, R. S. **Role of temperature in regulation of spermatogenesis and the use of heating as a method for contraception.** 1988 *Fertility and sterility*, 49(1), 1–23. [https://doi.org/10.1016/s0015-0282\(16\)59640-x](https://doi.org/10.1016/s0015-0282(16)59640-x)

5. Ultrasound causes **harm to the unborn baby** in the first trimester. Ultrasound causes harmful effects on tissue.⁸⁰⁹ Biological effects of ultrasound are dose-dependent.

Pulsed Doppler ultrasound should be used with extreme caution, especially the first weeks, when the baby is forming rapidly, according to the ALARA principle.⁸¹⁰ "First trimester ultrasound is associated with negligible rise in the **thermal index**. Increased acoustic output levels, as expressed by TI levels, are reached while performing obstetrical Doppler studies: **may reach above 1.5 (a known hazard)**. The mechanical index (MI) indicates the potential for the ultrasound to induce inertial cavitation in tissues."⁸¹¹: "the creation of **gas bubbles (cavitation) during ultrasound exposure is more likely to occur at lower rather than higher frequencies. Upon collapsing, such bubbles can induce haemorrhage (by the rupture of cells or tissues). Thus, acoustic inertial cavitation secondary to a 220-kHz MRI-guided focused ultrasound (MRgFUS) surgery is a serious safety issue... 220-kHz ultrasound is capable of inducing a thermal lesion in the brain of living swines without hemorrhage. Although the same acoustic energy can induce either a hemorrhage or a thermal lesion...**"⁸¹² High-intensity focused ultrasound (HIFU or MRgFUS) serves for surgery (ablation)⁸¹³

Ultrasound causes brain damage even to the point of autism: "exposure to first trimester ultrasound had **significantly decreased non-verbal IQ and increased repetitive behaviors** relative to male children with ASD".⁸¹⁴ "The neurons that form the brain are being developed, and they form in one area of the central nervous system and then have to travel to other places: mouse models suggest that, if you heat up the tissue and put pressure on it (while this is happening), they may end up in the wrong place... prolonged sound waves are causing atypical cell division and migration."⁸¹⁵ FDA approved ultrasound for bone fractures because it increases cell division."⁸¹⁶ "An Australian study on 1400 pregnant women showed that those who had 5 monthly ultrasound tests, as compared to women who only had one, gave birth **lower weight babies**, mostly left handed. Canadian Medical Association's Journal showed that in a study of 72 children with **delayed speech disorder**, more than 70% of the children were exposed to frequent ultrasounds during pregnancy. A study from Switzerland showed that mice who were exposed to extreme amounts of ultrasound during pregnancy birth mice that acted abnormally, not as

⁸⁰⁹ Houston, L. E., Odibo, A. O., & Macones, G. A. **The safety of obstetrical ultrasound: a review.** 2009 Prenatal diagnosis, 29(13), 1204–1212. <https://doi.org/10.1002/pd.2392>

⁸¹⁰ Salvesen KA, Lees C. **Ultrasound is not unsound, but safety is an issue.** 2009 Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology, 33(5), 502–505. <https://doi.org/10.1002/uog.6381>
Merritt CRB, Kremkau FW, Hobbins JC. **Diagnostic ultrasound: bioeffects and safety.** 1 Sep 1992 Ultrasound in obstetrics & gynecology Volume2, Issue5 Pages 366-374 <https://doi.org/10.1046/j.1469-0705.1992.02050366.x>

⁸¹¹ Charach, R., Abramowicz, J., Shoham-Vardi, I., & Sheiner, E. ["Is it safe for my baby?" **acoustic exposure of diagnostic ultrasound**] Jul 2011 Harefuah, 150(7), 588–616. <https://pubmed.ncbi.nlm.nih.gov/21874769/>

Kurjak A. **Are color and pulsed Doppler sonography safe in early pregnancy?** Jan 1999 Journal of perinatal medicine, 27(6), 423–430. <https://doi.org/10.1515/JPM.1999.057>

Smith, S. F., Miloro, P., Axell, R., Ter Haar, G., & Lees, C. **In vitro characterisation of ultrasound-induced heating effects in the mother and fetus: A clinical perspective.** May 2021 Ultrasound (Leeds, England), 29(2), 73–82. <https://doi.org/10.1177/1742271X20953197>

Helmy, S., Bader, Y., Koch, M., Tiringier, D., & Kollmann, C. **Measurement of Thermal Effects of Doppler Ultrasound: An In Vitro Study.** 2015 PloS one, 10(8), e0135717. <https://doi.org/10.1371/journal.pone.0135717>

⁸¹² Xu Z, Carlson C, et al. **Intracranial inertial cavitation threshold and thermal ablation lesion creation using MRI-guided 220-kHz focused ultrasound surgery: preclinical investigation.** Jan 2015 Journal of neurosurgery, 122(1), 152–161. <https://doi.org/10.3171/2014.9.JNS14541>

⁸¹³ Clark NA, Mumford SL, et al. **Reproductive impact of MRI-guided focused ultrasound surgery for fibroids: a systematic review of the evidence.** Jun 2014 Current opinion in obstetrics & gynecology, 26(3), 151–161. <https://doi.org/10.1097/GCO.000000000000070>
Bohlmann MK, Hoellen F, et al. **High-Intensity Focused Ultrasound Ablation of Uterine Fibroids - Potential Impact on Fertility and Pregnancy Outcome.** 2014 Geburtshilfe und Frauenheilkunde, 74(2), 139–145. <https://doi.org/10.1055/s-0033-1360311>

⁸¹⁴ Webb, S. J., Garrison, M. M., Bernier, R., McClintic, A. M., King, B. H., & Mourad, P. D. **Severity of ASD symptoms and their correlation with the presence of copy number variations and exposure to first trimester ultrasound.** Mar 2017 Autism research : official journal of the International Society for Autism Research, 10(3), 472–484. <https://doi.org/10.1002/aur.1690>

⁸¹⁵ <https://www.deseret.com/2016/10/4/20597482/why-some-experts-suggest-holding-off-on-first-trimester-ultrasounds>

⁸¹⁶ Galkowski V, Petrisor B, et al. **Bone stimulation for fracture healing: What's all the fuss?** 2009 Indian J Orthop. Apr-Jun; 43(2): 117–120. <https://doi.org/10.4103/0019-5413.50844>

explorative as the control group. Once matured they had difficulty in learning patterns, it took them more repetitions of simple tasks to learn that the task was always rewarded.”⁸¹⁷

WHO: “the mean **length of infants** exposed to Doppler was 0.26 cm **shorter... lower intellectual performance** scores and an increased risk of subnormal performance... There was a **statistically significant** association between a higher number of ultrasound exposures (3 + vs. 1) and **low birth weight** (OR 1.27; 95% CI, 1.02–1.58). **Mean length and head circumference... a weak association between exposure to ultrasonography and non-right handedness in boys**” (hint for early brain damage).⁸¹⁸ **65 studies mean a huge red alert.**⁸¹⁹

COVID pass: essential for the great reset

As of Feb 2022:

- “Austria threatens fined with of up to 3,600 EUR anyone over the age of 18 who refused to be vaxxed.
- In France, the vaccination card was compulsory (with 3 doses) to be able to carry out daily actions, such as a parent taking his child to the doctor at the hospital.
- Germany banned the unvaxxed from entering public and private facilities that the government deemed "unnecessary."
- Quebec (Canadian province) required the COVID-19 vaccine to attend religious services.
- Ecuador mandated to vaxx even 5 year old children.
- Italy required those over 50 to be vaccinated.
- In the US, Joe Biden tried to force 100 million workers but was stopped by the Supreme Court.
- Colombia mandated vaccination for employees facing the public.
- Costa Rica imposed compulsory vaccination for children.
- Argentina required the health pass for government paperwork, entering banks, employees who serve the public and even for medium and long distance trips.
- In Spain, many Autonomous Communities had applied the Covid passport since December, restricting access to leisure and restaurants to the unvaxxed. In schools, children over 12 years of age were forced to be vaxxed if they didn't want to be quarantined when they were in contact with a positive case in their class.”⁸²⁰

If we lose on vaccines we will completely lose the right to sovereignty over our own bodies. There is no such thing as freedom if we are not free to determine what is and is not injected into us.

A pass to be free, means you're like a thief. Where is “freedom” a reward for compliance? Prison or slavery. Same as passes. We've lost freedom due to massive scientific illiteracy... or among the majority of scientists and physicians, functional illiteracy.

The same Rockefeller Foundation which as early as 2009 planned a “lockstep scenario”⁸²¹, in 2020, stated that bio-threats were the perfect excuse to loose privacy rights.⁸²²

⁸¹⁷ https://www.wikilectures.eu/w/Effects_of_Ultrasound

⁸¹⁸ Torloni, M.R., Vedmedovska, N., et al. **Safety of ultrasonography in pregnancy: WHO systematic review of the literature and meta-analysis.** 17 Mar 2009 Ultrasound in Obstetrics and Gynecology, 33. <https://doi.org/10.1002/uog.6328>

⁸¹⁹ https://www.ultrasound-autism.org/?page_id=10

⁸²⁰ hazteoir.org

⁸²¹ <https://www.nommeraadio.ee/meedia/pdf/RRS/Rockefeller%20Foundation.pdf>

https://issuu.com/dueprocesstv/docs/scenario-for_the-future

<https://www.rockefellerfoundation.org/blog/innovating-for-a-bold-future/>

⁸²² Rockefeller Foundation, **National COVID-19 Testing Action Plan — Strategic Steps to Reopen Our Workplaces and Our Communities**, 21 Apr 2020. https://www.rockefellerfoundation.org/wp-content/uploads/2020/04/TheRockefellerFoundation_WhitePaper_Covid19_4_22_2020.pdf

It is no coincidence that the Gates Foundation funded Quantum Dots so that “Invisible Ink” could reveal whether a person has been vaxxed.⁸²³ **Why is there such a hurry to develop fail-proof expensive vaccine tracking systems? Why would you spend billions in e-passports if you don’t need to vax 100% to achieve herd immunity in any disease considering natural herd immunity?**

There’s no freedom without truth. There’s no truth without freedom (to pursue it).

If vaccines were as promised, there would have been a black market.

If passes were as promised, there wouldn’t be a black market.

Seven key issues that prove that COVID passes are not based on medicine and are a violation to human rights and ideological-political persecution:

1. COVID vaccination increased spread.

- Vaccines fail to produce IgA in nasopharyngeal mucosa). **Vaccines fail to create herd immunity.**
- In fact, **they’ve been proven to reduce herd immunity, sometimes by debilitating immune systems, thus increasing cases and deaths.** If the unvaccinated are forced for regular PCR testing, then the vaccinated should be mandated even more.
- Vaccination amidst a pandemic, **increased artificial selective pressure towards immune escape and worse variant waves.**

2. COVID vaccination increased hospitalizations and system collapse.

It is unethical to use passes to punish or reward being vaccinated, even more, because of their ineffectiveness to reduce spread, but also because of their **ineffectiveness to reduce hospitalization** (i.e. Israel went back to lockdowns, 9 out 10 COVID dead were vaccinated in Argentina, etc.).

3. There is effective treatment; ergo, no pandemic to justify passes.

- **There’s no epidemiological basis to vaccinate with lethal experimental vaccines**, those under 60 or without comorbidities.
- 30 available effective and safe treatments prevent hospitalizations and deaths from COVID, even in risk groups. The last redefinition of the term “pandemic” implies risk of massive deaths. Ergo, there is no pandemic and no reason for vaccinating anybody, least passes for a non-issue infection.
- **There's effective treatment that turns COVID into a simple flu: if there were never flu passes, why do they push passes?**

4. Follow the science, not the scientists, least, irrational politicians and doctors.

- Spike proteins are the reason of why COVID produces sickness, binding to receptors like ACE2 and CD147. With few exceptions (Sinopharm, Sinovac), all **COVID vaccines are not vaccines but “haccines”:** genetic hacks to force the cells produce, possibly until the cell dies, huge quantities of s-proteins parts, which have shown to reach nearly all organs, even the brain and genitalia. This explains why the gene-hack’s side effects match COVID’s. The S-protein acts like poison. Paracelsus defined that **“the dose makes the poison”:** no studies have assessed the impact of S-protein massive dosage through the gene-hacks **deceivingly called vaccines.** They are not even gene therapies, because therapy seeks to cure, and having treatment, this is applied without being sick and, counting with treatments, without necessity.
- Vaccines were not approved but only provisory authorized under Emergency Use Authorization: we are not human guinea pigs. **Governments shouldn’t enforce experimental vaccines which haven't been fully**

⁸²³ <https://www.scientificamerican.com/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/>

tested and proven safe, which could take until 2022/2023. There's no basis for EUA when there are proven treatments.

- Pfizer was approved in spite of a) lack of real life efficacy (cf. Israel already in the fourth dose) and b) over a million serious adverse events.
- **The World Health Organization doesn't recommend COVID vaccines for children**, due to lack of safety evidence (by November 2021). Their database for adverse events, VigiAccess.org, show **thousands of deaths and 5 million reported events, millions of which lead to death. Over 50 thousand deaths if adding other databases.**
- With near zero risk of hospitalization even without treatment, and **with zero risk of dying from COVID with proper treatment, there is no emergency for children and adolescents: why are authorities insisting in emergency shots, reported to cause serious adverse events? CDC data showed 107 times more reported deaths after vaccination than from COVID.** Vaccine indication for children and teens wasn't based on benefits versus risk analysis, but on vaccination obstinacy.
- Obsessive-compulsive disorder (OCD) is characterized by unreasonable thoughts and fears, including obsessions towards epidemics that lead to compulsive behaviours or forcing others into them. **Passes are based on media-hyped collective OCD psychosis, not cold science. Provoked mass psychosis has been proven to cause more deaths than COVID (lockdowns, masks, VADER, vaccine adverse events).**
- **For health concerns, Moderna, AstraZeneca, Sinopharm, Sputnik V and others are banned in first world countries after review by health authorities. Unlike those, why are other authorities lowering standards? Are they more corruptible by lobbies? Is it the same reason why they are rejecting cheap effective and safe COVID treatments? The corruption pandemic is much more lethal than COVID!**
- Scientists and doctors are regular human beings, who yield to coercion and corruption. It costs less to buy a regular person than a politician. If we follow the money, we'd find how Big G and Big Pharma co-opted into the official narrative, hospitals, doctors, scientists and government agents, with COVID related payments, incentives and disincentives.

5. Discrimination of the healthy.

- COVID passes are unethical. Still, if we follow the narrative, passes should only be reserved for the recovered, proven to have better immunity than the triple vaccinated and un-waning immunity (T and B cells) to COVID variants. **The discrimination of the recovered proves that green passes are political, not medical.**
- The same applies to **children and early adolescents, who have been proven not to be spreaders.**
- **What is the logic of restricting 99% of the population for the sake of 1% of identified risk population?**
- **PCR testing is useless as a massive tool:** it was proven to have huge rates of false positivity (even confusing COVID with influenza and other innocuous coronaviruses) and, **without symptoms and transmission assessment, it is not enough for determining a diagnostic.**
- **Without symptoms or with treatment, there is no epidemic**, since there's no exponential spread (R_0 is below 1, near zero): **people don't feel sick and are of no epidemiological concern.**
- It wasn't labelled "health pass" because people would realize it is considering the healthy to be sick, while discriminating the non-contagious or the non-lethal "sick" like children. **It is not a "COVID pass", because liberties are stumped upon, without even proving that a person is contagious or using a PCR test which is not reliable.**
- **Citizens are not presumed to be innocent, but guilty without charge of carrying bioweapons (virus), without even proving symptoms and hiding that**

6. Passes are political, not medical.

- Why are passes centred on COVID and not on other life-threatening contagious pandemics?: HIV, tuberculosis, Hepatitis B and C, HPV, Methicillin-resistant Staphylococcus aureus (MRSA), bacterial

meningitis, sexual infections resistant to antibiotics... even the flu could be lethal for the elderly and babies.⁸²⁴ Yet, unlike COVID, everyone is presumed bio-innocent unless proven guilty.

- **All civil liberties are stripped off, just because of a personal medical act turned into a political/administrative act.**
- Physicians have no access the components of the injections and the raw data for the approval (n.b. in children). So patients are injected with something they don't know what it is, without any possibility of previously checking for allergies and other serious side effects. **That's unheard of in the history of vaccination.**
- **Doctors were stripped of their right to practice medicine: to prescribe their patients the best treatments they can find.** They are not considered when contra-indicating vaccination, even if the patient had prior serious adverse reactions. They are threatened with malpractice if they dare to re-purpose drugs. They can't decide the protocols after hospitalization. **That's unheard of in the history of medicine!**

7. A string of Trojan Horses or nesting Matryoshka dolls

If passes were just about a 160 billion dollar yearly corruption, governments could just hoard the snake oil and let it expire as they did with Tamiflu and Glaxo vaccines in the false 2009 swine flu pandemic, then why the insistence on vaccination of the recovered and passes?

- **Vaccines have been proven to be used as Trojan horses for population control** (n.b. WHO/GAVI hCG tampering in 30 countries).
- Side effect reporting and studies are warning that COVID vaccines cause infertility and miscarriages, as well as permanent disabilities and hundreds of thousands of deaths. **Depopulation through vaccine genocide?**
- Japan withdrew all Moderna injections because of an undisclosed magnetic element. Graphene Oxide, a very dangerous cyto-toxic superconductor was detected in all brands: **the vaccinated should not be exposed to Electro Magnetic Fields (EMF), especially magnetic resonance or 5G cellular towers.** Also, strange nano-metal alloys were identified and what looks like a nano-chip, which would explain the emission of a Bluetooth signal in the few vaccinated who'd been exposed to strong EMFs.

The future is now

- **The unvaccinated are presumed bioterrorists**, convicted without trial, and punished with banishment to the land of oblivion: confinement in their own homes. There are already countries like Argentina where, by law, the unvaccinated **can't renew ID, driver's license, health insurance, and are not allowed to study, work or travel.** China is already doing it.⁸²⁵
- With the law of wallet and compulsory replacement of paper money with digital currency (Central Bank Digital Currency CBDC), the unvaxxed **won't be able to buy or sell**, either.
- **This is worse than being a social pariah. Everybody will be just one click away from e-murder. In a full digital world, there's not much difference between killing your digital persona and starving you to death. Most will succumb to vaccination. The ideal setting for the globalist dictatorship.** If the Bluetooth nano-chip has a payload to be released under instructions, the vaccinated could be one click away from being sterilized or murdered: it will pass as an unrelated natural or infectious disease.

⁸²⁴ IHSS Training Academy. **Understanding Common Communicable Diseases**
https://www.cdss.ca.gov/agedblinddisabled/res/VPTC2/6%20Universal%20Precautions/Understanding_Common_Communicable_Diseases.pdf

⁸²⁵ <https://www.laprensalatina.com/chinas-anti-covid-19-app-a-weapon-to-restrict-dissidents-travels/>

The death of nations through the health of nations. The threat of the International PLANdemic Treaty.

By 1946, it was clear that the World Health Organization was intended from inception by the powers that be, to be used as an instrument of global domination and social engineering, **not just health**:

1. **It was (and still is) the only UN organization with a legally binding Constitution.**

2. The Preamble of the World Health Organization Constitution is self-evident about **a fuzzy idea of health, easy to be stretched over all aspects of life**: “Health is a state of complete physical, mental and **social well-being** and not merely the absence of disease or infirmity. The enjoyment of the **highest attainable standard** of health is one of the fundamental rights of every human being... in a changing total **environment**...”⁸²⁶

3. The Constitution included many activities not directly related to basic health (art.2), like: (h) prevention of **accidental injuries**, (i) **nutrition, housing, sanitation, recreation, economic or working conditions** and other aspects of environmental hygiene, (l) maternal and child health and **welfare** and to foster the ability to live harmoniously in a changing total environment, (m) mental health, especially those affecting the **harmony of human relations**, (o) standards of **teaching** and training, (p) **social security**, (r) developing an **informed public opinion** ...

4. Art. 21 was preparing legal health regulations we saw with COVID19:

(a) **sanitary and quarantine requirements** and other procedures designed to prevent the international spread of disease;

(b) **nomenclatures with respect to diseases, causes of death** and public health practices (note: they can redefine diseases, invent new ones, and force their inclusion as causes of death even if they weren't primary causes);

(c) **standards with respect to diagnostic** procedures for international use (note: false positive PCR tests);

(d) standards with respect to the **safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce** (note: they can define that a vaccine is safe and effective when it's not, they can define product like ivermectin as dangerous and ineffective when it's not);

(e) advertising and **labelling of biological, pharmaceutical and similar products** moving in international commerce (note: they could label meat as a biological hazard because of cattle carbon emissions).

5. Art 22 is self-explanatory:

Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly **except** for such Members as may **notify the Director-General of rejection or reservations within the period** stated in the notice.⁸²⁷

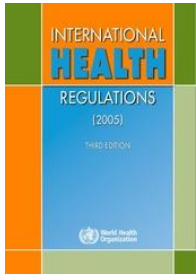
In 1978, the joint WHO and UNICEF International Conference at **Alma-Ata** adopted a Declaration on **Primary Health Care** (for them,) as a key to achieving “Health for All by the Year 2000”. **134 governments agreed “not only to advance the health of their own people** but to support WHO's cooperative initiatives to advance the

⁸²⁶ “Amendments adopted by the Twenty-sixth, Twenty-ninth, Thirty-ninth and Fifty-first World Health Assemblies (resolutions WHA26.37, WHA29.38, WHA39.6 and WHA51.23) came into force on 3 Feb 1977, 20 Jan 1984, 11 Jul 1994 and 15 Sep 2005 respectively.” Yet, the quote is in the original version: https://treaties.un.org/doc/Treaties/1948/04/19480407%2010-51%20PM/Ch_IX_01p.pdf

⁸²⁷ <https://www.who.int/about/governance/constitution> https://www.who.int/governance/eb/who_constitution_en.pdf

health of all the people in the world.”⁸²⁸ Alma-Ata was the cornerstone for a **global health care system**: the signing countries couldn’t have imagined that it would be **based on contraception, abortifacients, abortion, graphened medicines and syringes, maiming/lethal vaccination/haccination and nano-routers**.

In 1980, the freemasons engraved in stone a **world population target of only 500 million**: presumably there’s an excess of 7 billion to be vanished.⁸²⁹



The 2005 WHO Framework Convention on **Tobacco Control** was implemented to **reduce and hide the impact of the lethal clots caused by birth control pills and to prepare the legal framework to destroy the sovereignty of nations** through an international treaty: “Article 57 of the IHR (International Health Regulations⁸³⁰) expressly states that its Parties may conclude special treaties or arrangements in order to facilitate the implementation of the IHR.” They had to wait until the COVID perfect storm because all the previous PLANdemics failed to cause enough panic to accept subjecting sovereignty to an omnipotent WHO.⁸³¹

24 May 2011, at the 64th World Health Assembly, the pandemic influenza preparedness and response (PIP) framework was adopted,⁸³² “built on 3 fundamental pillars: virus sharing, benefit sharing and governance.. . overseen by the World Health Assembly, the Director-General and the independent Advisory Group...”⁸³³ to peddle the useless and injuring but very profitable flu vaccines. It wasn’t a legal instrument but a compulsory precedent.

By 2017, WHO made very clear that it intended to control **all** aspects of the political, social and economic life through the broadest definition of health, with an **impressive list including all fields of human behaviour (economics, agricultural production, industry, environment, etc.)**.⁸³⁴

An example of the impact of **fuzzy health** is the inclusion of self-perceived subjective psychological and social health, which is used to impose abortion on demand, under the excuse of the exception of mother’s health (not a certain risk to her life but just fuzzy health).

By mid 2020 most countries had emergency presidential decrees/bills or even laws tying emergency response to the WHO declaration of pandemic, which could be later used as a binding framework for future outbreaks.

The 2020 Global Preparedness Monitoring Board (GPMB) report, ‘A World In Disorder’, called for negotiations on an international framework agreement for health emergency preparedness and response.

18 Mar 2021 WHO presented a plan⁸³⁵ for a **“stronger WHO” with “Governance and oversight mechanisms” under “a legally-binding international framework. Making that commitment part of international law.”**

⁸²⁸ Grad, Frank P. (2002). **The Preamble of the Constitution of the World Health Organization**. Bulletin of the World Health Organization, 80 (12), 981 - 984. World Health Organization. <https://apps.who.int/iris/handle/10665/268691>

⁸²⁹ <https://www.michaeljournal.org/articles/world-government/item/limiting-the-world-population-to-500-million>

⁸³⁰ <https://www.who.int/publications/i/item/9789241580496>

<https://www.who.int/ihr/finalversion9Nov07.pdf>

⁸³¹ Nazar, Federico. **Scientific proof of the genocidal PLANdemic with 1000 peer reviewed references**, 2022. Preprint Academia.edu https://www.academia.edu/45000293/COVID_cure_or_perpetual_vaccination_30_cheap_effective_treatments_or_never_ending_infective_unsafe_injections_Scientific_proof_of_the_PLANdemic_with_1000_peer_reviewed_published_references

⁸³² <https://www.who.int/initiatives/pandemic-influenza-preparedness-framework>

⁸³³ <https://www.euro.who.int/en/health-topics/communicable-diseases/influenza/pandemic-influenza/pandemic-influenza-preparedness-pip-framework>

⁸³⁴ <https://www.who.int/news-room/questions-and-answers/item/determinants-of-health>

⁸³⁵ WHO, **A potential framework convention for pandemic preparedness and response**, 18 Mar 2021, Member States Briefing. https://apps.who.int/gb/COVID-19/pdf_files/2021/18_03/Item2.pdf

There's absolutely no need for a legal binding framework for global cooperation in cross-border issues, as proven by so many international bodies that range from atomic energy to Interpol.⁸³⁶

“A potential framework convention could help promote an **all-of-government**, whole-of society, one-health and sustainable approach to pandemic preparedness.” **The word “sustainable” is a Trojan concept for sought recession, depopulation and decarbonisation.**

“A treaty would be negotiated by the delegations of the **194 Member States** of WHO, and the final decision to adopt it would rest with them.” Note: once the treaty is approved by each Congress, it has Constitutional level, which means **placing the authority of WHO over “all-of-government”**.

WHO will have power to override governments and ministries of health to enforce measures like:

- **“Surveillance systems** hard to cope with high force of infection ... Case and cluster investigations, contact tracing and supported quarantine of contacts remain insufficient in most countries.”
- **Censorship, persecution and propaganda** under the excuse of “The infodemic of misinformation and disinformation, and a lack of access to credible information continue to **shape perceptions ...**”
- “Comprehensive preparedness and emergency response systems to protect populations from disease outbreaks, natural and human-made disasters, armed conflict, and other hazards ...” This means **WHO could intervene with its supreme authority under any excuse.**

30 Mar 2021, the dominated dominant media echoed the announcement for the plan for an “international treaty for pandemic preparedness and response”, **“rooted in the constitution of the World Health Organization”**, establishing **“International Health Regulations”**, under “the principle of **health for all**”⁸³⁷ where **nations give up their sovereignty to the WHO, whenever it whims a fake pandemic, epidemic or outbreak declaration, under fuzzy definitions of emergencies by “potential risk”. “Health for all” means death for all.**

We could naturally conclude that the new WHO treaty means:

- Fake diagnostics like PCRs (even if with 50% false positives)
- Global Digital ID and health passport with vaccination history and PCRs
- Closing of borders
- Health concentration camps
- General or targeted lock downs
- Home confinement of the asymptomatic, even if not contagious and not ill
- Forced experimental lethal treatments and haccination
- Check points
- Forced scanning to access transportation, stores, schools, companies, churches, etc.
- **Culling and prohibition of livestock**, under the guise of “a ‘One Health’ approach that connects the health of humans, animals and our planet.”
- **“A ban on wildlife markets”** and almost certainly, hunting.

⁸³⁶ Established in June 1945 by the Charter of the United Nations, the International Court of Justice (ICJ), has no real power. <https://www.icj-cij.org/en/court>

On the other hand, through the 1998 Rome Statute signed by 123 countries (as of 2022), the 2002 International Criminal Court (ICC or ICCT) is supranational and infringes sovereignty (thereby refused by 42 countries) but it is limited to genocide, crimes against humanity, war crimes and the crime of aggression: **it refused to consider abortion as genocide, in spite it matches the definition in the Rome Statute.** It's no surprise it also rejected the six COVID genocides. https://en.wikipedia.org/wiki/International_Criminal_Court

⁸³⁷ WHO, **COVID-19 shows why united action is needed for more robust international health architecture**, 30 Mar 2021, Op-ed commentary <https://www.who.int/news-room/commentaries/detail/op-ed---covid-19-shows-why-united-action-is-needed-for-more-robust-international-health-architecture>

WHO, **Global leaders unite in urgent call for international pandemic treaty.** 30 Mar 2021, News.

<https://www.who.int/news/item/30-03-2021-global-leaders-unite-in-urgent-call-for-international-pandemic-treaty>

“Pandemic preparedness needs global leadership for a global health system...” lists of 28 signees of the document, puppets of the New World Order:

Albania	Prime Minister	Edi Rama
Chile	President	Sebastián Piñera
Costa Rica	President	Carlos Alvarado Quesada
Croatia	Prime Minister	Andrej Plenković
European Council	President	Charles Michel
Fiji	Prime Minister	J. V. Bainimarama
France	President	Emmanuel Macron
Germany	Chancellor	Angela Merkel
Greece	Prime Minister	Kyriakos Mitsotakis
Indonesia	President	Joko Widodo
Italy	Prime Minister	Mario Draghi
Kenya	President	Uhuru Kenyatta
Korea	President	Moon Jae
Netherlands	Prime Minister	Mark Rutte
Norway	Prime Minister	Erna Solberg
Portugal	Prime Minister	António Luís Santos da Costa
Romania	President	Klaus Iohannis
Rwanda	President	Paul Kagame
Senegal	President	Macky Sall
Serbia	President	Aleksandar Vučić
South Africa	President	Cyril Ramaphosa
Spain	Prime Minister	Pedro Sánchez
Thailand	Prime Minister	Prayut Chan-o-cha
Trinidad and Tobago	Prime Minister	Keith Rowley
Tunisia	President	Kais Saied
Ukraine	President	Volodymyr Zelensky
United Kingdom	Prime Minister	Boris Johnson
World Health Organization	Director-General	Tedros Adhanom Ghebreyesus

It’s no coincidence that **most of those countries were the most stringent, and were those which banned the 30 cures for COVID.**⁸³⁸

31 May 2021, the 74th World Health Assembly (WHASS) decided a “**Special session** of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response.”⁸³⁹

Reports were prepared by:

- **Independent Panel for Pandemic Preparedness and Response (IPPR)**⁸⁴⁰, just as the Intergovernmental Panel on Climate Change (IPCC)⁸⁴¹, an anti-science NGO, *dependent* to Director-General (Tedros Ghebreyesus) in response to the World Health Assembly resolution 73.1 (May 2020).⁸⁴²

⁸³⁸

https://www.academia.edu/45000293/COVID_cure_or_perpetual_vaccination_30_cheap_effective_treatments_or_never_ending_infective_unsafe_injections_Scientific_proof_of_the_PLANdemic_with_1000_peer_reviewed_published_references

⁸³⁹ [https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74\(16\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(16)-en.pdf)

⁸⁴⁰ IPPR, **COVID-19: Make it the Last Pandemic**, May 2021

- **Review Committee on the Functioning of the International Health Regulations (2005)** during the COVID-19 Response, which begun on 8 Sep 2020 “reporting to the Director-General and WHO Governing Bodies to review the functioning of the IHR during the COVID-19 response and the status of implementation of the relevant recommendations of previous IHR Review Committees.”⁸⁴³

Both were ideologically dependent political bodies. Obviously, **they never criticized WHO’s lethal recommendations, which costed thousands of lives and trillions of dollars**⁸⁴⁴ and they couldn’t come up with a single early treatment solution in spite of the overwhelmingly scientific literature.⁸⁴⁵ A “democratic” way to prepare a global constitution: no science, no health, no international debate, no vote from member states.



29 Sep 2021, a guide for the treaty, stated: “A Conference of the Parties (COP) is the common type of governing body in most multilateral treaties. Matters commonly considered at an early stage are, inter alia: adoption of the Rules and Procedure and the **financial rules of the COP; decision on budget cycle** and adoption of the first budget; outlining areas and timelines of potential **protocols**, guidelines and similar instruments, particularly in the case of a framework convention; establishing a **system of national implementation reports; criteria and arrangement for the participation of observers... a permanent secretariat.**” The document proves the **strategy of legal entanglement with several international treaties like Nagoya: treaty after treaty, inadvertently, it will be harder to untie the legal knots.**⁸⁴⁶

The signing countries are usually unaware of the full legal implications and ramifications, especially when **terms are stripped from their common understanding.** For example, **sexual reproductive rights are never understood towards promoting reproduction** but just the opposite, they are un-reproductive rights: **a legal coup by stealth redefinition, backed by puppet national Supreme Courts.**⁸⁴⁷

28 Nov 2021, America, Europe, Africa and dozens of countries proposed the “**Establishment of an intergovernmental negotiating body (INB) to strengthen pandemic prevention, preparedness and response.**”⁸⁴⁸ Everything had been prepared before even meeting!

1 Dec 2021, at the **second extraordinary session since it was founded in 1948**, the World Health Assembly of 194 countries unanimously adopted a decision titled “The World Together”⁸⁴⁹ establishing the INB to draft and

https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf

⁸⁴¹ <https://www.ipcc.ch>

⁸⁴² <https://theindependentpanel.org/about-the-independent-panel/>

⁸⁴³ <https://www.who.int/teams/ihr/ihr-review-committees/covid-19/>

⁸⁴⁴ <http://bit.do/covidresearch>

⁸⁴⁵ <http://c19early.com>

⁸⁴⁶ Nikogosian H, Kickbusch I, et al. **A guide to a pandemic treaty. Things you must know to help you make a decision on a pandemic treaty.** 29 Sep 2021 Global Health Centre of the Graduate Institute of International and Development Studies (Geneva), p.39

<https://www.graduateinstitute.ch/library/publications-institute/guide-pandemic-treaty-things-you-must-know-help-you-make-decision>

https://repository.graduateinstitute.ch/record/299388?_ga=2.188832427.1057489622.1648440950-909200029.1648440947

⁸⁴⁷ Nazar, F. **Justice Ginsburg: will History miss her? The American abortion coup.** 28 Sep 2020. Catholic365.com

<https://www.catholic365.com/article/11744/justice-ginsburg-will-history-miss-her.html>

⁸⁴⁸ WHO, **The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response.** 28 Nov 2021 World Health Assembly, Second special session SSA2/CONF./1Rev.1 Provisional agenda item 2 https://apps.who.int/gb/ebwha/pdf_files/WHASSA2/SSA2_CONF1Rev1-en.pdf

Proposed by: Albania, Argentina, Australia, Bangladesh, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Egypt, Fiji, Georgia, Iceland, India, Indonesia, Israel, Japan, Member States of the African Group and of the European Union, Mexico, Monaco, Montenegro, Nepal, New Zealand, Norway, Pakistan, Panama, Paraguay, Peru, Republic of Korea, Republic of Moldova, Serbia, Singapore, Switzerland, Thailand, Trinidad and Tobago, Tunisia, Turkey, Ukraine, UK, USA, Uruguay and Vanuatu.

⁸⁴⁹ WHO, **The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response.** 1 Dec 2021 World Health Assembly, Second special session SSA2(5) Agenda item 2

negotiate the contents of the pandemic treaty under Article 19 of the WHO Constitution, which gives the World Health Assembly, with a two-third majority, the authority to adopt conventions about health.⁸⁵⁰

Tedros' closing speech⁸⁵¹ made very clear that **WHO's global governance will be based on "fuzzy risk", not scientific evidence: having the ability to close countries with the excuse of a perceived risk, not real deaths, not even adapting measures to the epidemiological status of each country, province or city.** For instance, he declared that Omicron "underlines how perilous... our situation is... Indeed, Omicron demonstrates just why the world needs a new accord on pandemics." Considering **Omicron** was already proven to be a mild variant, ideal for achieving natural immunity, it **demonstrates just why the world doesn't need this accord based on a blank check.**⁸⁵² **The pandemic treaty is not a backdoor to global governance but the front door to global tyranny.**

24 Feb 2022, the INB had its first meeting, scheduling the draft discussion for a second meeting on 1 Aug 2022.

Schedule:

- Intermittent public hearings, only with ideological NGOs funded by the globalists.
- 2023 a progress report to be presented to the 76th World Health Assembly.
- **2024** its outcome to be presented for consideration to the 77th World Health Assembly (probably in May).

History proves that freemasons, publish their goals only if they have low risk of failure, by previously counting on enough pre-corrupted authorities. Once they set their goals, they move swiftly: the WHO Constitution was ready in only 5 months (Feb - Jul 1946).

Conclusion, WHO could lock down any country or local government by simply inventing a health threat, a very powerful domination tool. If anything, COVID19 proved how the gullible public tolerates draconian measures. Two prior conditions are needed: indoctrination by dominant media and censorship of dissident voices that changed for the worse: after these two years, people are still yielding to haccinating even children and using masks.

World Death Organization

In the 60s, WHO was already promoting "modern" contraceptive methods, aligning with the culture of death.⁸⁵³ **It was the turning point where the World Health Organization became the World Death Organization.**

In the 70s it was evident that the legalization of abortion increased maternal mortality:⁸⁵⁴

[https://apps.who.int/gb/ebwha/pdf_files/WHASSA2/SSA2\(5\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHASSA2/SSA2(5)-en.pdf)

<https://www.who.int/news-room/events/detail/2021/11/29/default-calendar/second-special-session-of-the-world-health-assembly>

⁸⁵⁰ WHO, **World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, preparedness and response.** 1 Dec 2021 Geneva <https://www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response>

⁸⁵¹ <https://www.youtube.com/watch?v=QB7TQlgeRUA>

⁸⁵² Verkerk, Rob, **The WHO pandemic treaty: a backdoor to global governance?** 23 Feb 2022 Alliance for Natural Health International <https://www.anhinternational.org/news/the-who-pandemic-treaty-a-backdoor-to-global-governance/>

⁸⁵³ Cueto M, Brown T, Fee E. **The Transition from "Family Planning" to "Sexual and Reproductive Rights".** In **The World Health Organization: A History** (Global Health Histories, pp. 146-169). 1 Apr 2019 Cambridge: Cambridge University Press. <https://doi.org/10.1017/9781108692878.007>

Zahra A. & Strudwick, **the role of the World Health Organization in health related aspects of family planning.** International Journal of Health Services Vol. 3, No. 4, Special Issue: POPULATION GROWTH IN INTERNATIONAL PRESPECTIVE (fall 1973), pp. 701-707 (7 pages) Published By: Sage Publications, Inc. <https://www.jstor.org/stable/45132156>

⁸⁵⁴ Koch, E., Chireau, M., et al. **Abortion legislation, maternal healthcare, fertility, female literacy, sanitation, violence against women and maternal deaths: a natural experiment in 32 Mexican states.** 2015 BMJ open, 5(2), e006013.

<https://doi.org/10.1136/bmjopen-2014-006013>

(1) Decriminalization or legalization of any crime naturally increases the total yearly number of such crime, which tends to rise exponentially, until reaching full capacity.

(2) Even legal abortion implies death risks to the mother.

(3) That risk, multiplied by the absolute increase of (1), implies an exponential rise in maternal deaths, related to abortion complications.

(4) After the initial period of demand absorption equal to the previous hidden "dirty" illegal abortions (a couple of years), the total number of maternal deaths starts rising non-stop, if accounted properly, by including "all causes of deaths", which hides under-reported abortion related deaths, for instance Do-It-Yourself medical abortion.



Source: [www.Facebook.com/Hikmat Hanna](https://www.facebook.com/HikmatHanna)

In 2003, the WHO published its first abortion guidance, updated for the worse in 2012⁸⁵⁵ and 2022⁸⁵⁶. **Medicine is about saving lives, not murdering them**, yet murdering a living human being is considered health or even

Koch, Elard. **The epidemiology of abortion and its prevention in Chile**. 2015 *Issues in Law & Medicine*, Volume 30, Number 1, 71–85

<https://aaplog.wildapricot.org/Resources/Documents/Koch%20article%20-%20FINAL.pdf>

Koch, E., Thorp, J., et al. **Women's education level, maternal health facilities, abortion legislation and maternal deaths: a natural experiment in Chile from 1957 to 2007**. 2012 *PloS one*, 7(5), e36613. <https://doi.org/10.1371/journal.pone.0036613> translation of:

https://www.academia.edu/4547543/TRADUCCION_ESPA%3%91OL_Womens_Education_Level_Maternal_Health_Facilities_Abortio_n_Legislation_and_Maternal_Deaths_A_Natural_Experiment_in_Chile_from_1957_to_2007ESPA%3%91OL

Koch, E. **Impact of Reproductive Laws on Maternal Mortality: The Chilean Natural Experiment**. 2013 Dublin International Symposium on Maternal Health. Institute of Molecular Epidemiology (MELISA), Center of Embryonic Medicine and Maternal Health. *The Linacre Quarterly* 80 (2), 151–160 <https://doi.org/10.1179/0024363913Z.00000000022>

⁸⁵⁵ WHO human reproduction programme. **Safe abortion: technical and policy guidance for health systems**. Second edition. 2012 ISBN: 978 92 4 154843 4 https://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

Van Look, P. F., & Cottingham, J. **The World Health Organization's safe abortion guidance document**. 14 Feb 2013 *American journal of public health*, 103(4), 593–596. <https://doi.org/10.2105/AJPH.2012.301204>

WHO Lerberghe W, Manuel A, Matthews Z, Wolfeim C: **The World Health Report 2005, Overview. Make every mother and child count**. 2005 Geneva.

WHO Ahman E, Shah I. **Unsafe abortion. Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008**. Geneva.

Shah I, Ahman E. **Unsafe abortion in 2008: global and regional levels and trends**. 2010 *Reprod Health Matters*, 18:90-101.

healthy. **The right to life, was changed for the right to murder.** Under which rational justice is an innocent human being presumed guilty and condemned to death row unless the mother decides otherwise? The same as we ask how people could tolerate slavery, historians of 2040 will wonder in awe: “how could they have trusted serial-killer authorities promoting the abortion mass murder?”

8 Mar 2022, on Women’s day, WHO updated the 2012 guidelines to **help countries deliver unrestricted “universally accessible” abortion, while hiding mothers’ deaths due to its supposedly safe guidelines. And recommending do-it-yourself abortions⁸⁵⁷, i.e. “self-administration of (haemorrhaging) abortion-inducing drugs without the direct supervision of a doctor” especially “in countries where abortion is illegal or restricted.”⁸⁵⁸**

Abortion care guideline



World Health Organization



human reproduction programme
research for impact
UNEP UNFPA UNICEF WHO WORLD BANK

From the systematic genocide of abortion, they moved on to the 7 COVID genocides.⁸⁵⁹

1. Engineering and releasing of the infertilizing, handicapping and lethal virus.
2. Maximizing spread (delaying alerts with open borders, forbidding open air activities, cloth masks, lock downs, vaccination).
3. Lethal recommendations (the above plus, banning autopsies, pre-term delivery/c-sections, mother-baby separation).
4. Censoring, defunding and persecuting effective treatments.
5. Unneeded deadly treatments (ventilation, Remdesivir).
6. Infertilizing, handicapping and lethal vaccines and haccines (especially during pregnancy, breastfeeding and childhood).
7. Magnetoxic attacks: graphenation of haccines, food and beverages, EMF blasts from satellites, towers and phones, etc.

The international treaty gives WHO the power to force countries to adjust their laws and comply not only with the right to abort but all sorts of new rights which are wrongs. For instance, **WHO will attempt to enforce abortion denying conscientious objection, up to 9 months of gestation, in all signing countries, under the guise of:**

- **Sustainability:** “Universal access to sexual and reproductive health is essential not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people around the world and leads to realisation of their health and human rights.” The essence of UN’s *Sustainable Development Goals* (SDGs) is *sustainability*, which means population control through any means possible.⁸⁶⁰
- **Sexual and reproductive health and rights (SRHR):** “encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including

⁸⁵⁶ WHO Sexual and Reproductive Health and Research. **WHO issues new guidelines on abortion to help deliver lifesaving care.** 9 Mar 2022 <https://news.un.org/en/story/2022/03/1113612>

⁸⁵⁷ <https://www.who.int/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls>

WHO. **Abortion care guideline.** 8 Mar 2022 <https://www.who.int/publications/i/item/9789240039483>

<https://srhr.org/abortioncare/>

⁸⁵⁸ Fragosa, Alexis I. **The WHO pushes “de-medicalization” of abortion in updated self-care guidelines,** 22 Jul 2021

https://c-fam.org/friday_fax/the-who-pushes-de-medicalization-of-abortion-in-updated-self-care-guidelines/

⁸⁵⁹ <http://bit.do/covidresearch>

⁸⁶⁰ Oas, Rebecca. **No Matter the Question, Contraception’s the Answer.** 12 Jul 2018

https://c-fam.org/friday_fax/no-matter-question-contraceptions-answer/

contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents.”⁸⁶¹ According to their narrative, legal abortion would prevent maternal deaths by reducing dirty clandestine abortions. Also, mandatory infertiling and handicapping HPV vaccines would prevent cervical cancer.

- **Sexually Transmitted Infections:** a fake declaration of an STI epidemic (like Zika) could grant WHO the power to mandate tax funded distribution of condoms, legalization of prostitution (sexual workers’ rights), anti-science “**Comprehensive Sexuality Education**”, which achieves exactly the opposite of what it is supposed to avoid: more gender confusion (gender identity disorder), psychological disorders, promiscuity, porn, violence against women, rape, STIs, sickness (n.b. anal sex), unplanned pregnancies and abortions.⁸⁶²
- **Violence against women and girls:** for them, denying abortion “rights” means violence against women and girls, where “girls” includes the right of a 10 year old girl to abort without parental consent.
- **“Gender Equality lies at the heart of the 2030 Agenda for Sustainable Development”.**⁸⁶³ For them it means tax funded depopulation through:
 - Contraception, abortifacients and abortion, because women and girls should have equal right to men and boys, to enjoy sex without the possibility of unwanted child bearing, which would violate the right to study or work.
 - The right to castration and genital mutilation of boys and girls without parental consent with the constant push of CSE. Diversity and gender equality are understood as 100+ self-perceived gender diversity and equality of men and women in the sense of trans-interchangeability.

GENDER EQUALITY AS AN ACCELERATOR FOR ACHIEVING THE SUSTAINABLE DEVELOPMENT GOALS



⁸⁶¹ World Health Organization, **Sexual and reproductive health and rights: a global development, health, and human rights priority.** July 2014 https://www.who.int/reproductivehealth/publications/gender_rights/srh-rights-comment/en/

Temmerman M., Khosla R. Say L., **Sexual and reproductive health and rights: a global development, health, and human rights priority.** 17 Jul 2014. The Lancet, Elsevier. [https://doi.org/10.1016/S0140-6736\(14\)61190-9](https://doi.org/10.1016/S0140-6736(14)61190-9)

⁸⁶² <http://StopCSE.com> <https://www.comprehensivesexualityeducation.org>

⁸⁶³ United Nations Development Programme (UNDP). **Gender Equality as an Accelerator for Achieving the SDGs.** 4 Feb 2019 Research/Discussion papers. Topics: Agenda 2030, Sustainable Development Goals, Gender equality, Sustainable development, Poverty reduction and inequality, Inclusive growth. <https://www.undp.org/publications/gender-equality-accelerator-achieving-sdgs> [https://www.undp.org/sites/g/files/zskgke326/files/publications/Gender equality as an accelerator for achieving the SDGs.pdf](https://www.undp.org/sites/g/files/zskgke326/files/publications/Gender%20equality%20as%20an%20accelerator%20for%20achieving%20the%20SDGs.pdf)

Concluding, unless people put pressure on their representatives, vote accordingly and warn everybody about this threat, we are headed towards **the first global health tyranny in human history by the World Death Organization, a “sick-tatorship” disguised as sani-tatorship, leading the culture of death.**

Global government starts with global initiatives

They are working hard to destroy the free economy and nations through a global tax to fund:

- **Universal basic income (UBI)**, called unconditional basic income, basic living stipend, guaranteed annual income or universal income security program, which is good for the disabled, but bad for subsidizing the laziness of the abled and maxing taxes on the few who could find work not destroyed by AI or environmental overregulation. Meme: “if there was a barnyard election, the pigs would always vote for the person who feeds them (with universal income)... the same person who is going to slaughter them sooner or later”.
- **Global armed forces**

Carbon credit

The very essence of climate is change. Climate change is redundant. They coined the redundancy to hide that there’s no global warming and that huge weather changes have no relationship to greenhouse gases but are exclusively anthropogenic: chemtrails (aluminium, graphene, etc.) and droughts by dissolving clouds with satellite microwaves:⁸⁶⁴

The main greenhouse gas is water vapour (75%, including 25% clouds) and that mainly depends from solar activity, not humans. Carbon dioxide is only 0.04% (400 parts per million) of our atmosphere. Yet, in their twisted view, **we are all presumed eco-terrorists just by living.**

Net zero emissions means decarbonisation. Decarbonization means depopulation. Life is emissions, **targeting emissions is targeting life:**

- We exhale carbon dioxide.
- We eat products that produce emissions.
- We flatulate carbon dioxide and methane.⁸⁶⁵
- We excrement 20% of methane.⁸⁶⁶
- We emit by burning fuel (even renewable ones) but also by producing and using renewable energy.

For the eco-maniacs, we are carbon ticking bombs: the best man is a dead one. They want us dead but they refuse to go first. In 2013, Rick Heede found that 90 companies were responsible for two-thirds of all industrial carbon dioxide, more than most countries. Nearly all of those companies are owned by the globalist funds like BlackRock, Vanguard, etc.: “Do as I say, not as I do.” Of course, they’ll never stop using private jets or rockets.

⁸⁶⁴ https://youtu.be/2ii1SE_O3F0

Not only Starlink (200 km altitude): <https://satellitemap.space/> <https://www.ncdc.noaa.gov/gibbs/html/GRD-1/IR/2022-02-01-00>
Possibly, military satellites NATO and A-TRAIN (690 km in the magnetosphere), maybe to divert energy to the planet.

⁸⁶⁵ <https://www.healthtap.com/questions/1224096-the-flatulence-contain-methane-gas-and-butane-gas-or-only-methane/>
<https://en.wikipedia.org/wiki/Flatulence>

⁸⁶⁶ <https://medium.com/foot-notes-by-footprint/the-us-is-making-a-historic-push-to-slash-climate-warming-methane-emissions-94b802e579d8>

<https://medium.com/climate-conscious/do-humans-fart-more-methane-than-cows-a0f48c590fb0>

We are 20% carbon.⁸⁶⁷ Life is carbon: **just as trees are carbon sinks, so are we** (and cows), but that argument destroys the **carbon lethal ideology**. Life is a cycle and that includes carbon. Yet, they refuse to accept the whole picture: what we sink now, it's going to be released sooner or later.

One proof of their insanity is Carbon Capture tech.⁸⁶⁸ They spend millions in techie solutions which has a much lower decarb-return-on-investment than planting trees (or even using the wood to replace carbon-intensive competing materials such as ceramics). That's **the landmark of ideology: ideas are detached from rational economic analysis**.

Globalist UN Secretary General António Guterres disclosed their plans "The bottom line is, by 2030, we must cut global emissions by 45% compared to 2010 levels to get to net zero emissions by 2050. That is how we will keep the hope of 1.5 degrees alive."⁸⁶⁹

Under the 1992 United Nations Framework Convention on Climate Change (UNFCCC) resulting in the 1997 Kyoto Protocol, **carbon credits** were invented as a result of the fake idea of controlling greenhouse gas emissions (carbon dioxide, methane and nitrous oxide

There's even an EU Parliamentary commission studying a 100% digital payment system where for every purchase you'll be deducted from your monthly carbon quota.

- Carbon credits will be lowered year after year to achieve extinction.
- Kids are presumed guilty of generating a carbon footprint (the **intolerable crime of breathing**).
- Parents' quotas will be reduced by their children's carbon footprint, to extinction levels.
- **The globalist rich will be able to buy carbon credit from the poor** or Government auctions.⁸⁷⁰
- In their depopulation illogic, **the best way to prevent useless eaters (as they call us) is by preventing their birth** (not preventing their existence, because satanists need the abortion sacrifice to Satan); only the best will be needed; thus only genetically screened and **enhanced test tube babies will be promoted, the rest will be vanished like the 20 million Chinese heihazi**⁸⁷¹. The movie Gattaca came short.
- **Organs will be graciously exchanged for carbon credit. It will be considered a non-profit transaction although carbon credits will be more than money: power.**

The idea is to slowly increase the cost of living to unbearable pain.

The new inhuman rights

By 2030, they expect the digital wallet to include Chinese Communist **social-scoring and the acceptance of new "human" rights**, which in fact are a violation of them. The New World Order will enforce the culture of death with anti-natural rights paid by our taxes.

⁸⁶⁷ https://en.wikipedia.org/wiki/Composition_of_the_human_body

⁸⁶⁸ https://en.wikipedia.org/wiki/Carbon_capture_and_storage climeworks.com

⁸⁶⁹

⁸⁷⁰ "It doesn't matter. Even the policy doesn't change, as long as you have enough money to buy through, you can always have second or third kid." <https://www.theatlantic.com/china/archive/2013/11/i-was-an-illegal-second-child-in-china/281873/>

Few rich parents could "pay the fine and register the birth (thereby lifting the restrictions which characterize the lives of heihazi.)"

<https://en.wikipedia.org/wiki/Talk:Heihazi>

⁸⁷¹ <https://thediplomat.com/2015/03/chinas-hidden-children/>

<https://en.wikipedia.org/wiki/Heihazi>

- **Rights of planet earth:** decarbonisation by imposing severe taxes, quotas or prohibitions on energy, water, food. **Right of Governments to expropriate private property** due to the climate crisis.
- **Right to murder:** abortion, infanticide (botched abortion, mother's presumed pregnancy depression), assisted suicide (even of healthy children), omission of lifesaving treatments, artificial insemination (for each baby, at least 8 are murdered), abortifacients (including wrongly called contraceptives), test tube designer babies (right to be born without disabilities by murdering the "failed"), organ harvesting of living presumed donors (because of a false definition of brain death), etc.
- Depenalization of murder of the unborn by mother's assassin, etc.
- **Right to gender ideology:** penalization of refusing pronouns, indoctrination of children, pushing children into transitioning, punishment for offering treatment to gender identity disorder, etc.
- **Right to destroy "marriage"** by a redefinition lacking heterosexuality, faithfulness/exclusiveness, and stability: instant divorce, polyamory, open sexual relations, paedophilia, incest (n.b. paedophiles adopting children), zoo-philia.
- **Right to recreational drugs.**
- **Rights of the non-human persons** (animals, AI): forbidding livestock farming (replaced by bioreactors for meat/protein), re-swamping, re-wilding of farmland, reintroduction of life-threatening predators (wolf, jaguar), animal-human chimeras, etc.

Refusing to grant or denying any of those "wrongs" will be prosecuted and sanctioned with fines, imprisonment or e-execution (deletion of the e-wallet).

Also, they plan massive book burning (n.b. Bible), **especially e-burning the politically incorrect truth and science. Wikipedia, Archive.org, etc. are already erasing our digital history: the "beauty" of it is that they make us believe someone trustworthy is safekeeping it so that nobody tries to do it.**

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

"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."⁸⁷²

The following isn't a UN document (no link was provided), yet nearly all of those objectives could be proven by other means. Also, it's not the UN but the satanic freemasons using the UN administration among thousands of other organizations:

⁸⁷² Reflections on The Christ, Findhorn, 1978

This is not a conspiracy theory.

NEW WORLD ORDER UN Agenda 21/2030 Mission Goals



One World Government
One World cashless Currency
One World Central Bank
One World Military
The end of national sovereignty
The end of ALL privately owned property
The end of the family unit
Depopulation, control of population growth and population density
Mandatory multiple vaccines
Universal basic income (austerity)
Microchipped society for purchasing, travel, tracking and controlling
Implementation of a world Social Credit System (like China has)
Trillions of appliances hooked into the 5G monitoring system (Internet of Things)
Government raised children
Government owned and controlled schools, Colleges, Universities
The end of private transportation, owning cars, etc.
All businesses owned by government/corporations
The restriction of nonessential air travel
Human beings concentrated into human settlement zones, cities
The end of irrigation
The end of private farms and grazing livestock
The end of single family homes
Restricted land use that serves human needs
The ban of natural non synthetic drugs and naturopathic medicine
The end of fossil fuels

<https://www.facebook.com/photo.php?fbid=3222907331061092&set=a.319769908041530&type=3&theater>
posted by Vernon Adkison, Alaska, 9 May 2020

As research proved, COVID vaccines didn't prevent getting infected or infected others and, on the contrary, they promoted variants and spread. **The vax Pass was not about health, but about slavery. 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.** 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-weapons.

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 worshipping the dictator's ideology (just like 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).

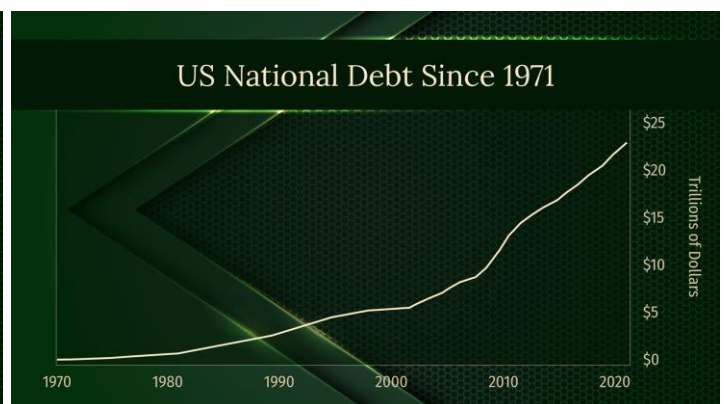
If you don't comply, it'll just take an "enter" to kill your e-persona with all your human and civilian rights. COVID passes are no different from ankle bracelets, they function as monitoring devices. Make no mistake: it won't be a "virtual" manslaughter but a real house arrest to starve you to death.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

Digital currency

After the 1907 guided financial panic, J.P. Morgan and other powerful masonic bankers created the Federal Reserve, the only private central bank in the world, to "save the financial system."⁸⁷³



In 1971 freemason Nixon left the gold standard to print unbacked fiat money, either through the Fed or bank money creation, counterfeiting and laundry, both ideal options to increase government funding (debt):



⁸⁷³ <https://www.federalreservehistory.org/essays/panic-of-1907>
<https://secure.brownstoneresearch.com/?cid=MKT602858&eid=MKT610546&assetId=AST221277&page=2>

The future

1. COVID vaccines will be FDA approved, even for babies
2. COVID vaccines could be mandated even more
3. COVID vaccines will include the flu and could be semestrially scheduled
4. More restrictions could apply to the unvaccinated leading to stringier passes
5. Green passes could include acceptance of the new human rights
6. Build Back Better will try to impose a global primary health care system to reduce the population (contraception, abortion, vaccines) based on foundations (BMGF), GAVI, country donations and eventually a global tax.

But the PLANdemic involves something broader than health: a huge economic crisis leading to e-currency (cf. IMF memo for an e-global currency) or a huge internet crisis leading to even more global censorship and impossibility of communication for the outcasts (cf. Davos preparedness for global cyber-attack)

The resistance is always reacting and lagging behind the powers that be. Is it time to be proactive?

What about a anti-globalist summit? or a conference about the future of the planet (including current depopulation trends and exposing unscientific environmentalism like climate change) ?

Corruption of the “fittest”

Freemasons print fake dollars and Euros with better quality than the originals. They launder it with their banks which aren't controlled because they infiltrate the controlling organisms. With that money, they corrupt everything by buying multinationals, competition, patents, media, universities, politicians, judges, and especially, silence.

In 2017 Charles Schwab recognized that the president of Argentina, France and Canada were their clique together with over half their cabinets.⁸⁷⁴

⁸⁷⁴ <https://rumble.com/vtlk9h-klaus-schwab-brags-of-penetrating-most-major-world-governments....html?mref=lzerp&mc=3ifeq>

Solutions



11/2019 the virus had been engineered patented and released on purpose

03/2020 we had HydroxyChloroquine

04/2020 we had Ivermectin

12/2020 we had lethal injections rolled out: 10 billion doses.

More people died because of the cover-up of treatments, vaccine ineffectiveness and side effects, than because of the 2 bioweapons: COVID19 and vaccines.

Disinformation was the deadliest of all bioweapons: death rates increased by 40% comparing the vaccine year (2021) to the COVID year (2020).

It was a planned genocide. Not just Big Pharma lethal business as usual.

Just as historians wondered how slaves could endure slavery, servitude or indenture, in a couple of decades **the historians of the future will be amazed about how NWO slaves could endure slavery without complaint or massive revolt.**

Most are still blind and voting their hitmen. It's like camp inmates cheering their guards. Like Jews voting for Hitler. **The only way out is stop freemasonic currency counterfeiting which corrupts EVERYTHING and direct democracy.**

There's an urgent need for a movement towards **direct democracy and direct budget**, where every voter decides where to spend in public/community projects every single cent of his share of the federal, state/provincial and county/municipal budget.

This would stop the ever growing budget and deficit (even faster if at least 50% of your budget allocation power derives from your paid taxes). **Vouchers** are the first step towards that goal: education, health, security, roof, food (if in the lower income), etc.

For example, OECD countries and most democratic countries **spend more per government educated student than the most exclusive private schools (2x more) and universities (3x)**. Divisible vouchers will reduce government inefficiency and corruption by increasing competition, teaching income (of those who really work), academic freedom and performance, while **moving from obese to lean government**. It would also lower the power of unions which take students as hostages: they'd have to deal with parents' choice.

Home school mothers, or parent/teachers coops, after passing a teaching validation, could cash the voucher provided a minimum academic performance of the students and a yearly medical and social services check. This could have a huge impact in many social indicators, reducing the burden for single-mothers, drop-out rate, crime, transportation/infrastructure costs, and life lasting psychological scares to children lacking parental presence.

In the meantime, there are other things we could do:

- Exposing the unscientific New World Order agenda
- Community **direct democracy**: neighbour/hood democracy, face to face, open vote (not secret), oath of allegiance for the common good, random authorities (n.b. ethical committee/jury). Code of Conduct with fines or even banning for increasing periods.
- **Market coop**: food security by self-production without toxic pesticides, ingredients and deliberate poisoning. A small % of transactions to increase infrastructure.
- Community **currency** based on real economy assets: 1 package of flour, 1 human hour/minute, 1 m3/km transportation, etc.
- **Educational coop**
- **Community-cations**: community training in uncensored communication platforms for when they block freedom in the internet (privacy tech, deep-dark web, etc.).
- Community **preparedness** for survival: including prepping for attacks in all fronts (n.b. medical or educational kidnapping).
- Community **health**: the unvaxxed were denied health services and admission to Hospitals (Spain), even for birth. We need to start our own clinics.

Thinking² : time to upgrade the corrupt scientific and medical system

Build Back Better: B³ Science

COVID proved there's an urgent need to rethink thinking, n.b. science. The following ideas are of common sense, yet, believe it or not, none of them has been systematized in science, even after so many centuries of scientific quest and so much progress in scientific methodology and technology. **Governments and corporations are not**

solving the rampant corruption of science, they are promoting it. There's an urgent need for laws and regulations to **make science great again.**⁸⁷⁵

Sharing science

There's a problem with **paywall science**. There is a need for a law that forbids private profiteering from government grants, even indirectly. **If 'we the people' fund it, it belongs to the people**, be "it" science, patents, careers, etc. Science shouldn't be hostage of corporations or the military-industrial complex. **People don't eat weapons, just the opposite. Whatever is funded by the people should benefit the people.**

Academic echo-chamber

The failure of all public health academic institutions to denounce the unscientific PLANdemic shows that something is very wrong with the academic system, completely co-opted by vested interests through corporate foundations, and corporate funded *puppeticians*, who in turn appoint puppet employees at government agencies.

For instance, in the USA there's the Council on Education for Public Health⁸⁷⁶, which, according to the Association of Schools and Programs of Public Health with 70 thousand current students (how are they all going to get Public Health jobs?), is supposedly an "*independent* agency recognized by the U.S. Department of Education to accredit schools of public health, and public health programs outside schools of public health."⁸⁷⁷ If we follow some of the money, we find the usual suspects: co-opted government agencies, and the globalist **Bill & Melinda Gates Foundation, Wellcome Trust, WK Kellogg foundation**, etc.⁸⁷⁸

When we analyse Public Health programs, they are not designed by frontline physicians but by desk clerks. Universities only accept CEPH graduates as professors, so there's a vicious circle, an **echo-chamber**.

The academics of medicine follows a similar pattern but even worse: there's an open un-ashamed interference from Big Pharma.

The same **Big money academic echo-system** is found in politically correct fields like environmental and climate science (key for the decarbonisation plandemic), bio and anthropological sciences (key for Darwinian anti-scientific narratives)⁸⁷⁹, education, etc.

⁸⁷⁵ MAGA = make academics great again?

⁸⁷⁶ <https://ceph.org/>

⁸⁷⁷ <https://www.aspph.org/study/what-is-ceph-accreditation/>

⁸⁷⁸ Agency for Healthcare Research and Quality (AHRQ), American Academy of Pediatrics (AAP), American Medical Association Foundation (AMA), American Society of Tropical Medicine and Hygiene (ASTMH), Bill & Melinda Gates Foundation, Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), Fahs-Beck Fund for Research and Experimentation, Fogarty International Center, NIH (FIC), Food and Nutrition Service, USDA (FNS), Health Effects Institute (HEI), Health Resource and Service Administration (HRSA), Human Impact Partners (HIP), Indian Health Service (IHS), The Kresge Foundation USA, National Association of County and City Health Officials (NACCHO), National Library of Medicine (NLM), NIH USA, National Network of Public Health Institutes (NNPHI), National Institutes of Health (NIH), The Robert Wood Johnson Foundation (RWJF), Rural Information Center, National Agricultural Library (RIC), Rural Health Information Hub, Substance Abuse & Mental Health Services Administration (SAMHSA), HHS, W.K. Kellogg Foundation (WKKF) USA, Wellcome Trust, William T. Grant Foundation.

⁸⁷⁹ Video: <https://odysee.com/@DocumentaryForKevin:d/Expelled---No-Intelligence-Allowed-%282008%29:1>

Audio: https://www.youtube.com/watch?v=x_Fn4wBBnxY
https://en.wikipedia.org/wiki/Expelled:_No_Intelligence_Allowed

Competing approaches

Competition gives agility: no contest to the status quo means something is wrong, especially funding.

Politically correct means politics, not science. Ideology means losing touch with reality. **Ideology draws the line between scientific consensus and nonsense.** Unfortunately, consensus is established by the hidden agenda of those funding science.

The academic-scientific system would greatly improve by accepting non-career professors and researchers and experts with hands-on, real-life experience, even if they have no academic accreditation or experience, and with them, innovative evidence-based practical curricular changes.

Reproducibility

This involves sharing all the information relevant to reproduce the same experiments/results. The concept of reproducibility should include bad results, raw data, specifications, source code, apps used, detailed procedure, theoretical models, equipment brands, last calibration, way of calibration, etc.

For instance, the disastrous Oxford COVID model, which was used to justify deadly lockdowns wouldn't have happened if it had followed **open science**: the errors could have been spotted sooner.

Publishing bottleneck

Due to new Ph.D. graduates, growing non-academic expert/technical publishing, improved research productivity (including referencing and writing apps), year after year, preprints grow exponentially, with the respective demand for journal publishing. Yet, the publishing frequency and number of new journals doesn't match the demand.

This delays important ground-breaking research, especially if it challenges the consensual model. Just think how many years it took Einstein to be taken seriously. **Delay should be intolerable in medicine: it means losing lives or extending the unbearable pain of patients.**

Also, some scientists or doctors can't afford translating or publishing, especially in the most read journals. It took Dr. Carvallo 4 precious months to finally publish in English, the solution for COVID, but since it was in a low impact journal, it wasn't read by many.

Finally, some scientists don't care about fame or don't want to invest their precious time in marketing their work, in order to focus in what they do best: science. Usually, **the more technical the field, the less the writing skills.** Sometimes a paper doesn't reach the deserved impact because the authors don't use a catchy title, or the abstract is unreadable (there's no need for large strings of confusing characters, especially confidence intervals). By the way, **it would save everybody's time if abstracts could allow tables, pictures and graphs (an image is worth a thousand words), and why not, short videos.**

Academia.edu has pioneered the way with automatized peer review of preprints, which is a very smart move to add another layer of checking before submission for printing... or never printing. **The way to go is automatic peer review and cooperation, qualified comments, eBay and Amazon qualification models, allowing continuous improvement to a perfecting preprint: let truth find its way in a new model of science without gate keepers.**

A Spectrum of Reasons for Failure

BLAMEWORTHY

DEVIANCE

An individual chooses to violate a prescribed process or practice.

INATTENTION

An individual inadvertently deviates from specifications.

LACK OF ABILITY

An individual doesn't have the skills, conditions, or training to execute a job.

PROCESS INADEQUACY

A competent individual adheres to a prescribed but faulty or incomplete process.

TASK CHALLENGE

An individual faces a task too difficult to be executed reliably every time.

PROCESS COMPLEXITY

A process composed of many elements breaks down when it encounters novel interactions.

UNCERTAINTY

A lack of clarity about future events causes people to take seemingly reasonable actions that produce undesired results.

HYPOTHESIS TESTING

An experiment conducted to prove that an idea or a design will succeed fails.

EXPLORATORY TESTING

An experiment conducted to expand knowledge and investigate a possibility leads to an undesired result.

PRAISEWORTHY

Sciencing failure

Failure is *good*, if *you* learn.

Failure is *common good*, if *we* learn.

Failure knowledge is an asset⁸⁸⁰: we need open science, opened to failure.

"Failure is my classroom." — Nick Vujicic⁸⁸¹

"You're never a loser until you quit trying." — Mike Ditka

"Losers quit when they fail. Winners fail until they succeed." — Robert Kiyosaki

"To be a good loser is to learn how to win." — Carl Sandburg

Think about how Edison tried so many materials for the electric bulb filament until finding the best one. If he'd published them, many others could have avoided wasting energies in repeating failure.

The reason that science didn't develop to capitalize failure was because of the cost of printing. Digitalization reduced the cost to near zero. There are no excuses to keep a Gutenberg-age model.

Few repeats are enough for reproducibility, yet **without record, failed trials could continue for ever**. Learning from failure means success. **There's never failure when it enables success**. In medicine, **publishing a failed treatment saves lives by focusing resources in alternatives, while not wasting life-saving time**.

Sharing dead ends, disproven hypothesis, bad results or methodologies, less sub or non-outcomes, saves time and resources for other researchers.

"**Positive failure**" requires systemizing failure documentation, not only by carefully describing and understanding what led to it, but by organizing **failure trees**.

Scientific growth seems to be slowly reaching an asymptote in some areas, where it isn't about standing on giants' shoulders anymore but about forming a human pyramid or relay racing.

Theoretical and basic science is doomed to fail: it always implies economic losses in the short run. Yet without it, many modern technologies like GPS smartphones wouldn't have been possible. The same goes for math. Still, in order to avoid wasteful redundancy and lack of strategic focus, governments need a return on investment plan, including the market value of potential discoveries (n.b. increasing output and productivity, cutting down design, testing, production and logistic costs).

Funding failure

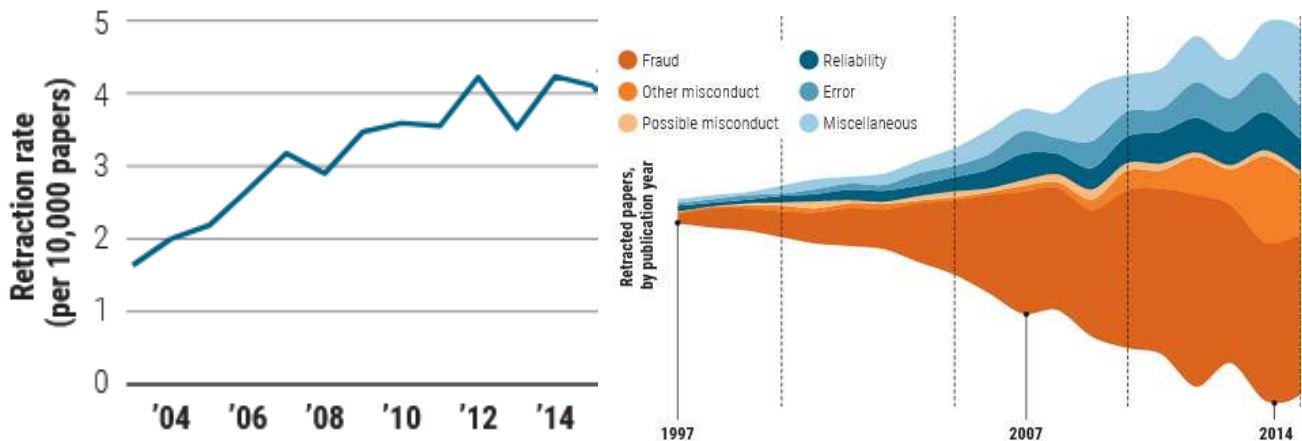
⁸⁸⁰ Edmondson AC, **Business failures. Strategies for Learning from Failure**. Harvard Business Review (April 2011) Reprint: R1104B <https://hbr.org/2011/04/strategies-for-learning-from-failure>

⁸⁸¹ <https://nickvujicic.com/>

Science opened to failure means opened to success. Sometimes, closing the possibility of exploration and failure implies shutting the door of innovation and creativity. If funding goes only to what looks fail proof, we'd lose so many discoveries which result from apparent failures or even accidents.

Retraction model

Nobody is perfect. Nobody can know it all. Science is a process, not a dogma. Even Isaac Newton could be retracted after Einstein.



<https://doi.org/10.5555/article.2408133> dead (retracted?) link from:

<https://www.science.org/content/article/what-massive-database-retracted-papers-reveals-about-science-publishing-s-death-penalty>

“A very small fraction (about 4 in 10,000) of peer-reviewed manuscripts are retracted – papers that are withdrawn from their original publication. Some are retracted because of honest errors – an error in a modelling equation, a mistake in patient data entry – and some are not, for instance intentional manipulation of data.

When a manuscript is retracted, the publisher removes the paper from the website (presumably there are still print copies in existence, if the journal offers a print format). Until recently, there was no systematic way to find retracted papers or comb the data on retractions.

Now, there is: the Retraction Watch Database, which contains information on over 18,000 retracted manuscripts⁸⁸², including the reasons for retraction:⁸⁸³

- Relatively few authors (about 500) are responsible for a disproportionate number of retractions.
- The majority of retractions have involved scientific fraud or other kinds of misconduct.
- The rate of retraction due to plagiarism looks to be stabilizing and possibly declining over the last 7 years.
- Retraction due to fake peer-review has increased steadily, and is the reason for about 20% of all retractions (as of 2015 data).⁸⁸⁴

It is very hard to continuously check for retractions for each single reference in a paper. If a paper includes 20 references and it would take 3 minutes to check each. **If a scientist is required to waste 1 hour per week per paper to keep his references updated, he'll never find time to do science!:**

⁸⁸² <https://retractionwatch.com/2018/10/25/were-officially-launching-our-database-today-heres-what-you-need-to-know/>

⁸⁸³ Brainard J, You J, What a massive database of retracted papers reveals about science publishing's 'death penalty': better editorial oversight, not more flawed papers, might explain flood of retractions. 25 Oct 2018

<https://www.sciencemag.org/news/2018/10/what-massive-database-retracted-papers-reveals-about-science-publishing-s-death-penalty>

⁸⁸⁴ <http://aimbiomedical.com/retraction-database/>

Version: 1.0.6.0
ISSN 2692-465X

The Retraction Watch Database
Please see this [user guide](#) before you get started

Author(s): Type to search	Country(s):	Original Paper	
Title: covid		From Date:	To:
Reason(s) for Retraction:		PubMedID:	mm/dd/yyyy
Subject(s):	Article Type(s):	DOI:	
Journal:		Retraction or Other Notices	
Publisher:		From Date:	To:
Affiliation(s):		PubMedID:	mm/dd/yyyy
Notes:		DOI:	
URL:		Nature of Notice:	Paywalled:

[Clear Search](#) [Search](#)

<http://retractiondatabase.org>

It is humanly impossible to read all the retraction news, which by the way, involve all fields of science. Academic repositories like ResearchGate.net, which automatically recognize all citations in a paper, don't include automatic email/sms retraction alerts for the authors. Even retractiowatch.com doesn't allow alerts by keywords: another simple improvement for science which inexplicably nobody implements. Authors could program a google alert, but not even doctorate professors teach that (another idea to implement). It would be so much easier to count on applications similar to plagiarism checkers.

There's an urgent need for open source retraction automatic tools.

Also, retraction shouldn't involve a whole article, but only the errors in the article, explaining the reason of that specific error. This would reduce the possibility of censorship and increases learning by other people's errors or repeating them.

Finally, the retracted paper should still be verifiable to avoid censorship and to help learn about avoiding the mistakes in good faith that led to the retraction. Some like Elsevier leaves the title and authors (not the abstract!), others, like ResearchGate and Figshare don't even leave a trace: no title, no authors, just an error page. History is re-written by deleting the e-trail.

Sciensorship

13 Jul 2019, just before the PLANdemic, The Lancet published an article about **scientific censorship of research** proving that abortion programs failed to "reduce deaths from unwanted pregnancies", even if it was previously tailored by the donors in order to reduce the risk of achieving that conclusion: the funding government agency **"deliberately use ethical and methodological arguments to undermine essential research. In a context of chronic underfunding of universities and their growing dependence on donor-driven research grants...**

(Donor) instructs the researchers to **omit important results** from their final report? Or puts pressure on them to **change the tenor of their conclusions?** Or ... **threatens the reputation of the researchers and their university if they publish negative findings?**...

(Current systems) are ill equipped to deal with challenges when researchers are less powerful than the research subjects ... partly **because of the intimidating environment ... a substantial reservoir of learning generated by more than 20 academic researchers over a 5-year period is not available to the public."** ...

(The authors proposed) **fully independent research project management committees** that can arbitrate conflicts of interest, as exist for clinical trials..., an independent **ombudsperson** to consider how to better balance protection of organisations' interests and the public interest, as specified in the UK Economic and Social Research

Council ethical guidance... (and) universities need **stronger research governance frameworks** to safeguard independence, but also on directly **challenging the power of external donors...** ⁸⁸⁵

Of course, **nothing changed. It became and becomes worse by the day.**

By Feb 2021, a hoard of published papers were screaming for book burning and witch hunting, claiming for government and social media censorship, supposedly, in order to save lives from misinformation, which was in fact true life-saving information (like ivermectin). ⁸⁸⁶

02 Aug 2021 Facebook blocked the account of French Prof. Christian Perronne, just for opposing with scientific arguments the COVID narrative. ⁸⁸⁷

29 Dec 2021 Twitter cancelled the accounts of Dr. Robert Malone, Dr. Vanden Bossche and other leading scientists and physicians. Even if anybody disagreed with the posts, there was no open scientific debate, just cancel un-culture and censorship. This is not only an attack to freedom of science but especially to freedom of thought and speech: doctors and nurses were not allowed to share their experiences and cite scientific papers.

In the COVID era, hard censorship has been rampant involving blacklisting of authors and papers, including thousands of preprints, which were deleted (even after 120 000 views⁸⁸⁸).

There's an urgent need for a modern free speech law, especially for science.

Soft censorship involved:

- **Last-listing**, either by de-ranking undesired research by previously tweaking the search algorithms (including the supposedly impersonal Artificial Intelligence) or up-ranking the preferred research.
- Editorial direct rejection of any submissions against the "official truth" (like JAMA with Dr. Carvallo's pioneer research proving the cure for COVID)
- Vague or even direct threats of cutting funding (grants) or sacking or losing a higher opening position.
- **Black-listing** or flagging an innocent link shortener to a pdf paper in Academia.edu⁸⁸⁹ as malware (sucuri.net), phishing site (CLEAN MX, Phishtank), malicious site (AutoShun)⁸⁹⁰ and suspicious site (Quttera). Because of that, posts with the link would be blocked in many disseminating platforms and social media.

⁸⁸⁵ Storeng KT, Palmer J. **When ethics and politics collide in donor-funded global health research.** 22 Mar 2019 The Lancet Viewpoint, Vol 394, ISSUE 10193, P184-186, July 13, 2019 [https://doi.org/10.1016/S0140-6736\(19\)30429-5](https://doi.org/10.1016/S0140-6736(19)30429-5)

⁸⁸⁶ Saiful I, Abu-Hena Mostofa K, et al. **COVID-19 vaccine rumors and conspiracy theories: The need for cognitive inoculation against misinformation to improve vaccine adherence.** 24 Feb 2021 PLOS May 12, 2021 <https://doi.org/10.1371/journal.pone.0251605>

⁸⁸⁷ <https://www.archyde.com/professor-perronnes-facebook-page-suspended-while-fake-pages-remain/>

⁸⁸⁸ <https://doi.org/10.13140/RG.2.2.19397.47844/1>

⁸⁸⁹ <http://bit.do/covidresearch> using

<https://securityscan.getastra.com/malware-scanner?site=https%3A%2F%2Fbit.do%2F%2Fcovidresearch#results>

<https://www.virustotal.com/gui/url/7be566d6c2ca2c8aac67b974ef87e0c136345a6356f62e75ef3b564dfdd18e80>

Results came clean with the direct link:

https://www.academia.edu/45000293/COVID_cure_or_perpetual_vaccination_30_cheap_effective_treatments_or_never_ending_infective_unsafe_injections_Scientific_proof_of_the_PLANdemic_with_1000_peer_reviewed_published_references

<https://urlscan.io/result/76cc76af-eb4e-4b1a-b1a6-70e09c0c0a3b/>

⁸⁹⁰ <https://www.virustotal.com/gui/url/7be566d6c2ca2c8aac67b974ef87e0c136345a6356f62e75ef3b564dfdd18e80>



Warning: Malware Detected

Infected with malware. Immediate action is required

Request Cleanup



Redirects to:

https://www.academia.edu/45000293/COVID_c...

IP address: 54.83.52.76

Hosting: Amazon AWS

Running on: Nginx

CMS: Unknown

Powered by: Unknown

[More Details](#)

Minimal

Low

Medium

High

Critical Security Risk

Defacement Found

<http://bit.do/covidresearch> ([More Details](#))

[Web site defaced: defacement.generic?175](#)

protein (full or parts). Each hacked cell acts exactly the same as if it had been hacked by the virus but worse:
Redirects to https://www.academia.edu/45000293/COVID_cure_or_perpetual_vaccination_10_cheap_effective_treatments_of_COVID_variants_like_ivermectin_or_never_ending_compulsory_vaccination_for_Google's_UA

<https://sitecheck.sucuri.net/results/bit.do/covidresearch>

Hard censorship involved:

- Harassment, firing, defunding.
- Blocking the re-login to scientific platforms and blocking research with DOI in their platforms (n.b. ResearchGate⁸⁹¹, Figshare⁸⁹²).
- **Stealth delisting: worse than book burning.** Unlike breaking into homes, forcibly extracting books and burning them in a huge fire and smoke everyone can see, the searcher has no clue showing that what he is looking for is banned.
- Social media blocking “fake news” which were actually scientifically correct.
- Email blocking, even if just citing scientific research: breaking privacy, they were read and blocked under the excuse of fake news fighting. The sender would never find out the email never reached destination (no bouncing), even more in egroups or lists.

The most effective censorship is the one no one knows about: people still believe they are free. You can't hate who you don't know. You can't fight what you can't identify. Even worse, while you think your enemy is your friend, he can do most damage, especially, if you think your friend is your foe and your foe is your friend, like with fake “fake news” which are actually a lifesaving truth.

In the rough lands of uncertainty, science is a pilgrimage to truth, up the road paved by scouters. **Science should be a friendly dialog, not a witch hunt. Editors shouldn't be hangmen seeking exemplary punishment. Due to political and economic pressure, for no scientific reasons, with bad or no excuses, journals rejected politically incorrect, yet scientifically correct papers.**

Journals usually took years to publish retractions but now **it takes one phone call from the powers that be, and a paper is immediately retracted without giving any explanation.** The increasing retraction trend is not only about a fight against “citation pollution” of bad science⁸⁹³ but about unscientific political persecution. **A proof of persecution/censorship? Over 1000 COVID papers have been retracted** as early as 18 Nov 2021, more than all

⁸⁹¹ <https://doi.org/10.13140/RG.2.2.19397.47844/1>

⁸⁹² <https://doi.org/10.6084/m9.figshare.13550030>

⁸⁹³ Van Der Walt W, Willems K, et al. **Retracted Covid-19 papers and the levels of 'citation pollution': A preliminary analysis and directions for further research.** Cahiers de la Documentation - Bladen voor Documentatie. 3 (4). <https://hdl.handle.net/10962%2F167732>

papers (946) in *all* fields of science in 2014.⁸⁹⁴ Yet, retractionwatch.com, which is reviewed by humans, only informs of 200.⁸⁹⁵

Such was the case for the FLCCC first paper on COVID treatments, involving ivermectin. **One of the studies used for their meta-analysis had been retracted, yet instead of automatically correcting the numbers of the meta-analysis, keeping the positive conclusions, the editor decided to “throw the baby with the bath tub”:**

a) As we’ve seen above, with current tech, it is not realistic to expect an author to check for retraction every single reference in his article.

b) If the retraction happened during the review process, it’s the reviewer’s job to check retractions, and they also subject to human limitations: there’s a need for an automatic retraction match of citations.


c) Especially in a meta-analysis, **if the retracted study, doesn’t change the main conclusions, there is no need to retract the whole research, the author just needs to remove the flawed study and recalculate.**











After accepting the paper and not correcting it at the peer review stage, instead of correcting it (*addendum*) or asking the authors to correct the errors (*corrigendum*)⁸⁹⁶, they just retracted and completely wiped it out, delaying publication by months and possibly costing thousands of lives.⁸⁹⁷

REVIEW ARTICLE

Front. Pharmacol. | doi: 10.3389/fphar.2021.643369

Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19

Provisionally accepted The final, formatted version of the article will be published soon.  [Notify me](#)

 Pierre Kory^{1*},  G U. Meduri^{2, 3},  Jose Iglesias⁴,  Joseph Varon⁵,  Keith Berkowitz⁶,  Howard Kornfeld⁷,
 Eivind Vinjevoll⁸,  Scott Mitchell⁹,  Fred Wagshul¹⁰ and  Paul E. Marik¹¹

Today, if anybody searches <https://doi.org/10.3389/fphar.2021.643369>, the result is:

⁸⁹⁴ <http://retractiondatabase.org/>

⁸⁹⁵ <https://retractionwatch.com/retracted-coronavirus-covid-19-papers/>

⁸⁹⁶ <https://www.atlantis-press.com/policies/article-retraction-and-withdrawal>

⁸⁹⁷ <https://www.the-scientist.com/news-opinion/frontiers-removes-controversial-ivermectin-paper-pre-publication-68505>



DOI Not Found

10.3389/fphar.2021.643369

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You may report this error to the responsible DOI Registration Agency using the form below. Include your email address to receive confirmation and feedback.

DOI:

DOI.org didn't list censorship as the reason for "DOI not found". By law any DOI should never be removed.

Another flawed argument for retracting it: a medical paper is recommending its own treatment. **If a doctor's observations seem to show that his treatment is working, it's ridiculous to ask him immolate himself in the altar of the idol of objectivity. This would destroy case studies, which are the base for conclusive meta-analysis.** It's the others job to prove or disprove reproducibility.

Another paper from Dr. Kory was retracted with the lame excuse that he only measured results (deaths) in a certain period and that if it was extended, the conclusions would remain but would be weaker.⁸⁹⁸ It is true that many scientist cherry pick study periods, especially with respect of vaccine efficacy. In the COVID run for life, there is no time to wait for longer periods. **Editors should ask for complete updated periods but not beyond submission. Also, instead of retraction, they should ask for updates.**

The most recent and scandalous unscientific retraction by Elsevier was Dr. Peter McCullough's paper proving a high risk of myocarditis in COVID vaccinated teens. Not even the abstract was left, only the title and authors.⁸⁹⁹ Of course, the "temporary" removal was made permanent, without any explanation.⁹⁰⁰

⁸⁹⁸ <https://retractionwatch.com/2021/11/09/bad-math-covid-treatment-paper-by-pierre-kory-retracted-for-flawed-results/>

⁸⁹⁹ Rose J, McCullough PA, **A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products**, 1 Oct 2021, Current Problems in Cardiology, Withdrawn Article in Press <https://doi.org/10.1016/j.cpcardiol.2021.101011> Full article here: <https://web.archive.org/web/20211007022704/https://www.sciencedirect.com/science/article/pii/S0146280621002267#>

⁹⁰⁰ <https://retractionwatch.com/2021/10/25/covid-19-vaccine-myocarditis-paper-to-be-permanently-removed-elsevier/>

TEMPORARY REMOVAL: A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products

Jessica Rose PhD, MSc, BSc ¹  , Peter A. McCullough MD, MPH ²

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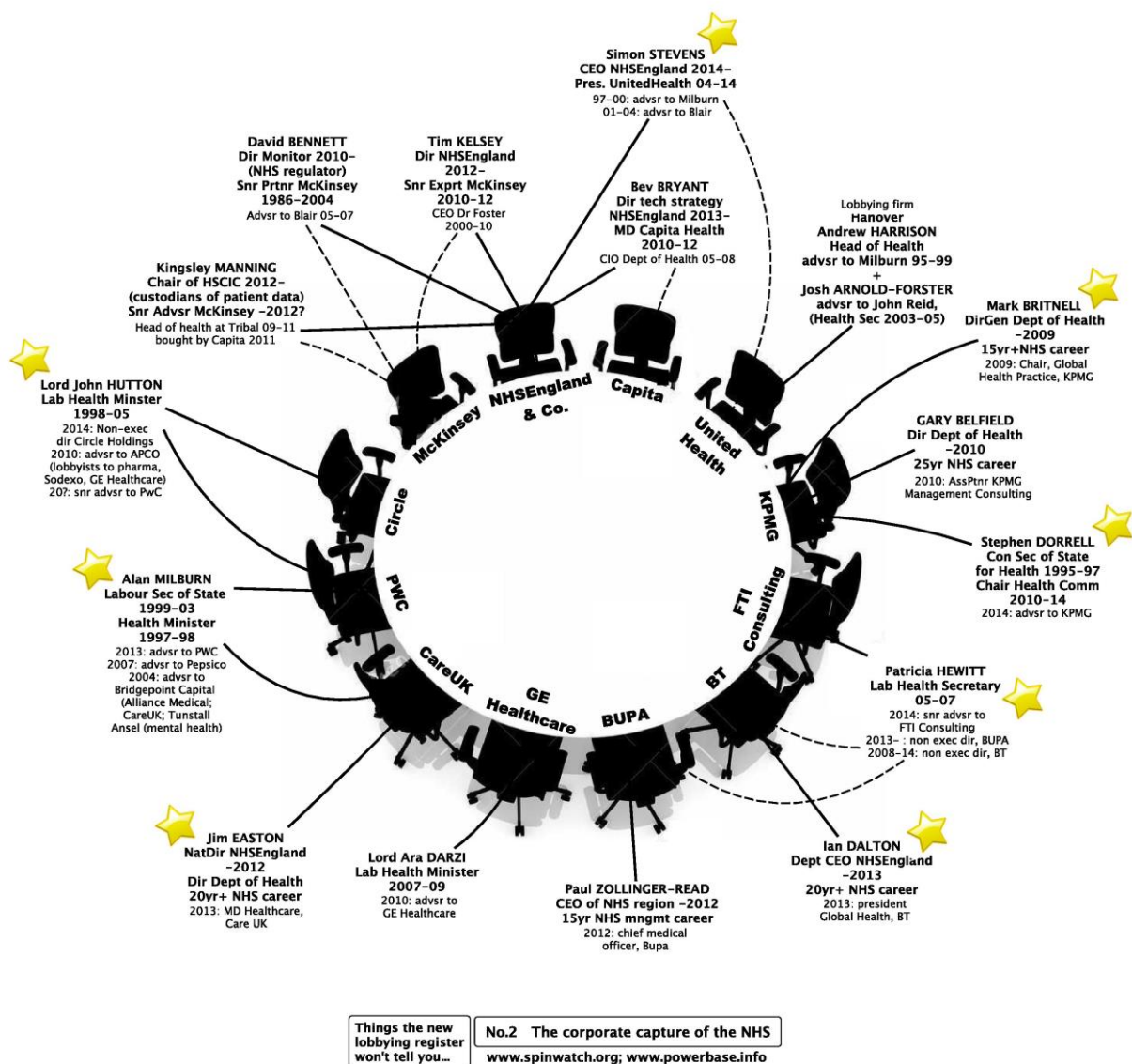
Government scensorship

08 Feb 2022, the United States Department of Homeland Security issued a bulletin defining as domestic terrorism any questioning (even scientific) of the COVID narrative.⁹⁰¹

“Authorities have cherry picked science and scientists... (in order to attack Doctor’s) ability to uphold the Hippocratic oath... to do no harm and always do the best for those in our care... (and to) stand up to **the medical tyranny**... we (should) form a **new World Health Organization**... optimizing human health and potential, **not contraception and population control**.”⁹⁰²

“It’s easier to get illegal drugs in USA than a lifesaving Nobel prize winning drug. How did we get here!? By allowing the creation of the 'administrative state.' That is, the 'independent agencies' of the federal government, like FDA, with all three functions of government placed in its hands: legislative, executive, and judicial. All run by persons the people do not elect.... What could go wrong?”⁹⁰³

Corporate capture of the UK NHS



⁹⁰¹ https://www.dhs.gov/sites/default/files/ntas/alerts/22_0207_ntas-bulletin.pdf

⁹⁰² Lawrie, Tess. **Final speech** at The First International Ivermectin for COVID Conference (IICC) 25 Apr 2021 <https://youtu.be/xi2cY - GMSU?t=274> <https://ratical.org/PandemicParallaxView/IICC-DrTessLawrieSpeech-042521.html>

⁹⁰³ <https://rumble.com/vwfia3-a-letter-to-andrew-hill-dr-tess-lawrie-oracle-films.html> Comments

Democratizing science

Science has become religion, including sacred texts, priests, human sacrifice, witch hunting and burning heretics.⁹⁰⁴ The basis for science is questioning. Rational reproducibility involves questioning and proving of hypothesis. If the god of scientific consensus is closed to questioning, it's not science. No questioning, no science, just power.

Mainstream medical and scientific systems were a complete failure in treating COVID. Some state like the FLCCC that the real pandemic was of untreatment. They proved to be slow, useless, extremely costly and corrupt. Others say it was a pandemic of ignorance and fear, which blocked common sense, especially among scientists and doctors.

COVID showed that some patients knew more than their doctors and that some doctors knew better than hospitals, medical associations and health authorities, i.e. lives were sacrificed to the unquestionable god of "scientific consensus", a terrible deity always threatening with lawsuits, malpractice, delicensing, sacking or banning. Badge science pushes bad science.

In the history of science, several cases showed that academic consensus was in fact scientific non-sensus. Science shouldn't be the whore of the powerful. Nothing changed since 1881, when the establishment ignored for 20 years, Cuban Dr. Carlos J. Finlay's proof that female *Aedes Aegypti* mosquitoes were responsible for the transmission of the yellow fever (virus)⁹⁰⁵: the arrogance of the powerful is the main enemy of scientific progress and costs lives.

Sovietization of science? Scientific structures based on political or ideological-money were responsible for the development of Frankenstein science, where enormous monsters are created by stitching rotten parts (unscientific/flawed papers, trash science). Even when the emperor is bare naked, few dare to denounce that Frankenstein is dead science from scratch. Even fewer dare to publish: too many vested interests, too much persecution of truth.

Some examples of Frankie-science: overpopulation, gender ideology, Darwinian theory of evolution, manmade global warming, decarbonisation for climate change, canonization of e-cars and so-called renewable energies, war on fossil fuels, cattle flatulence, incandescent bulbs, CFCs, etc.

There are cases when outsiders have out-mastered the most reputed academic authorities, especially, in hands-on technical areas. The academic system should be opened to degrees-by-publication, like in the UK. Journals should be opened to outsiders without "proper" credentials. Science is not about badges but about truth, whoever holds it.

⁹⁰⁴ <https://www.bitchute.com/video/apC8UrSllmki/>

⁹⁰⁵ Gardner, C. L., & Ryman, K. D. (2010). Yellow fever: a reemerging threat. 4 Mar 2015 *Clinics in laboratory medicine*, 30(1), 237–260. <https://doi.org/10.1016/j.cll.2010.01.001>

Ravenel, Mazýck P. Carlos Finlay and Yellow Fever. 1 Dec 1940 *American Journal of Public Health and the Nations Health*, 30 (no. 12), pp. 1478–1479 Published Online: 29 Aug 2011 <https://doi.org/10.2105/AJPH.30.12.1478>

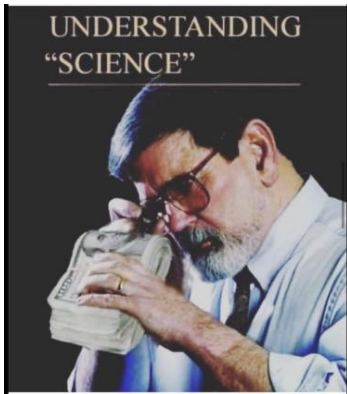
Faerstein, Eduardo; Winkelstein, Warren Jr, Carlos Juan Finlay, Rejected, Respected, and Right, *Epidemiology*: January 2010 - Vol 21 - Issue 1 - p 158 <https://doi.org/10.1097/EDE.0b013e3181c308e0>

Carlos J. Finlay (1833-1915) student of yellow fever. *JAMA*. 1966;198(11):1210–11.

<https://doi.org/10.1001/jama.1966.03110240118043>

Chaves-Carballo, Enrique, Carlos Finlay and Yellow Fever: Triumph over Adversity, October 2005, *Military Medicine*, Vol. 170, 10; p. 881 <https://academic.oup.com/milmed/article/170/10/881/4577690>

Funding science



Science has become a whore of a hidden dictatorship. Just like in soviet science, **there's plenty of funding for politically correct, yet scientifically incorrect, "research" and zero funding for politically incorrect, yet scientifically correct, research.**

It is unconscionable that all over the globe, there was and is zero government large trial funding for cheap effective and safe promising COVID drugs, shown here. Also, there's no funding for cataloguing native medicinal plants and testing them.

The Big Pharma model, has hijacked medicine and patients.

How is it possible that in double blind COVID vaccine trials, Big Pharma was allowed to use a neurotoxic element as placebo (aluminium), instead of water? The same goes for the HPV vaccine: to increase side effects in the placebo arm compared to the vaccinated, they've been using the vaccine excipients (including dangerous elements) instead of salty water.

Pharmaceutical corporations shouldn't be responsible for designing and running the trials, processing the information for treatment approvals. That should be done through an open process involving doctors (medical and Ph.D.s) and patient NGOs, since all medical societies funded by governments and corporations proved to be accomplice of quadruple genocide:

- COVID untreated (counting on effective treatments)
- COVID mala praxis (injuring or lethal treatments like paracetamol and intubation)
- Lethal vaccine promotion
- Lethal vaccine effects untreated

Funding could and should come from manufacturers and governments, but the money should go to transparent trusts lead by patient associations and frontline doctors.

Academic promotions should be linked to scientific useful production, not refried papers and PR skills. It's selection of the unfitest? "In the US, professors get tenure from landing lucrative grants. Another issue is the revolving door and open door between industry, academia, and government. Some work at all three, sometimes simultaneously." ⁹⁰⁶

Patents

Not even AIDS or COVID were life threatening enough to waive patents. There's something very wrong with the patent system: it's not designed to increase research and progress for the benefit of the people but to fill the pockets of the technocrats of Big Biz.

Patents should last fewer years, even less if the innovation would be anyway discovered by others soon. For example, it's ridiculous to accept Amazon's one click shopping patent or patents predating by months software developed through by open source. It's ridiculous to allow patenting of natural gene sequences.

Scientific monopoly = groupthink

Science needs open funding to become fully open source:

With growing digital only publication, to **avoid irreplaceable losses**, there's a need for redundant silos of knowledge by NGOs and Governments, especially if we consider a concentration of power in a few organizations, like PubMed/PMC/Medline/NCBI⁹⁰⁷, Google Scholar, Semantic Scholar and Web of Science⁹⁰⁸.

Archive.org's wayback machine has the monopoly for our digital history and has deleted politically incorrect but truthful scientific information, just like Orwell's Ministry of Truth.

Retraction is too serious: there shouldn't be an oligopoly which doesn't allow to know the reasons of retraction (retractiowatch.com, retractiondatabase.org): **there should be a second peer review to give a second verdict if there was really a reason for retraction.**

There's also a **risky concentration of indexing and scoring Impact factor**. The score of an academic journal, reflecting the yearly average number of citations of the journal's articles, can't be based on a few systems (Journal Citation Reports impact factors by Clarivate, CiteScore by Elsevier based on the Scopus database). **Is the divergence explained by indexing censorship?**

Parameter	JCR IF	CiteScore
Evaluation period (years)	2	4
Database	JCR	Scopus
No. indexed journals (2016)	11,000	22,000
Access	Subscribers	Anyone
Evaluated items	Articles, reviews	All publications

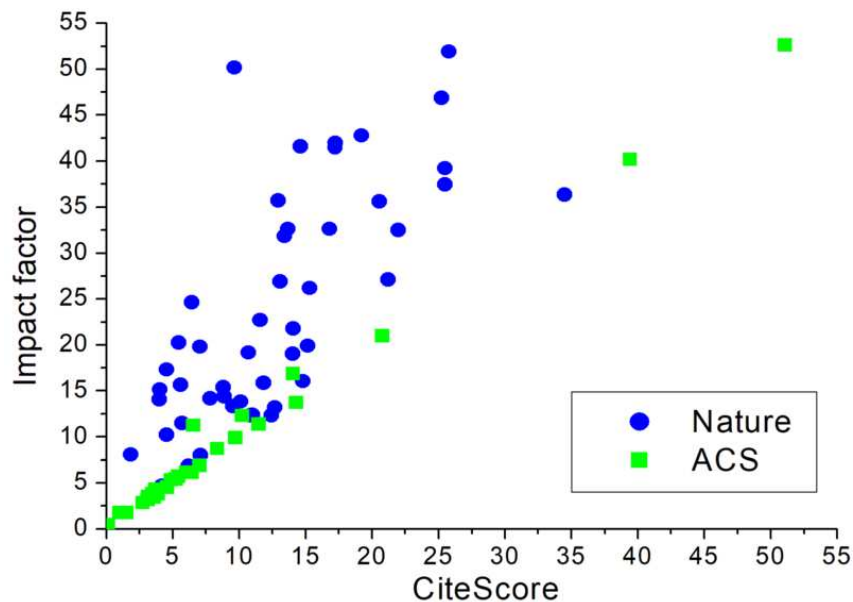
Note: also, different definitions of "number of publications" and "citable items".⁹⁰⁹

⁹⁰⁷ <https://www.nlm.nih.gov/bsd/difference.html>

⁹⁰⁸ <https://libguides.lib.msu.edu/pubmedvsgoogle scholar>

⁹⁰⁹ Van Noorden, R. **Controversial impact factor gets a heavyweight rival**. 2016 Nature. 540 (7633): 325–326. Bibcode:2016Natur.540..325V. <https://doi.org/10.1038%2Fnature.2016.21131>

Gray, E. **Comparison of Journal Citation Reports and Scopus Impact Factors for Ecology and Environmental Sciences Journals**. 2008 <https://doi.org/10.5062%2FF4FF3Q9G>



“CiteScore vs. Impact Factor for American Chemical Society (ACS, green) and Nature group journals (blue), 2017 data. The values for Nature journals lie well above the expected ca. 1:1 linear dependence because those journals contain a significant fraction of editorials.”⁹¹⁰ **Linear dependence to leading journals shows a potential problem in science objectivity:** few editors control science.

It is very worrying that several **globalist organizations are controlling science**, e.g. **Google Scholar and Microsoft Academic** (whose Open Data Commons license allowed to integrate Elsevier into the **Initiative for Open Citations, I4OC.org**, for “unrestricted availability of scholarly citation data”).

For instance, I4OC was endorsed **Wellcome Trust, the Bill And Melinda Gates Foundation and the Alfred P. Sloan Foundation**, being the founding partners **Wikimedia Foundation (another science censor)**, PLOS, OpenCitations, eLife, DataCite, etc.

I4OC is based on **Crossref.org**, “an official digital object identifier (DOI) Registration Agency of the **International DOI Foundation**” (Doi.org) has the power to censor research just by unlinking or relinking Digital Object Identifiers or by denying a DOI. The same as **PMC, PMID, S2CID**.

The same applies for the **Initiative for Open Abstracts (I4OA.org)**, “a sister initiative of I4OC aimed at promoting openness of abstracts of scholarly publications. I4OC and I4OA are managed by different teams, but these teams consist partly of the same individuals.”⁹¹¹

SCImago

SciencEthics

COVID has shown that there’s a need to an **ethical certification of scientists and academic/scientific processes**, including topics like disclosure of conflicts of interests and their investigation, plagiarism, cherry/model picking, etc. but also bioethics. For instance, scientists shouldn’t use humans as guinea pigs, yet they are still experimenting with living human beings (embryos), human-animal chimeras, children (n.b. COVID vaccines) and adults without informed consent.

⁹¹⁰

⁹¹¹ <https://i4oc.org/>

Bioethical consensus supports *elective* and *scientifically-proven* safe and effective treatments with prior informed consent (which involves *verifiable patient adjusted understanding* of updated objective untainted information, n.b. not tainted by the manufacturer) **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.

We need new laws

"Amnesty for the first 20 whistleblowers in the medical colleges, first 20 in the law societies, etc., so that the majority, those that committed the worst crimes consciously don't escape justice." ⁹¹²

Concluding remarks

Canadian law professor, Bruce Pardy, explains, "The COVID thing's very important, crucial and a crisis. And we have to get through the crisis but once the crisis is done, once we get rid of all the COVID rules, a lot of these problems will remain and people have to keep their attention on them and don't just think that we got rid of the problem. **We got rid of the symptom but the problem is still there.**" ⁹¹³

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.**

⁹¹² <https://rumble.com/vwfa3-a-letter-to-andrew-hill-dr-tess-lawrie-oracle-films.html> Comments

⁹¹³ <https://rumble.com/embed/vrvi25/?pub=3ehgr>

There's an urgent need to rethink how science is organized: **we urgently need to move towards pure science, from where science to un-corruptible virginal science.** Cited studies prove that meta-studies based on small samples show equal or higher confidence than large RCTs (especially, if funded by one "owner" with his/its own agenda).

Most scientific and bioethical standards have been violated by the COVID19 governmental measures. "Truth is the first victim in 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."⁹¹⁴ 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-conduct⁹¹⁵ 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.

⁹¹⁴ <https://articles.mercola.com/sites/articles/archive/2021/03/23/covid-19-vaccine-testing-on-children.aspx>

⁹¹⁵ <https://en.wikipedia.org/wiki/Kennkarte>

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.⁹¹⁶

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”⁹¹⁷ which has no prescriptive period (statute of limitations⁹¹⁸). Denying treatment is even more immoral than COVID vaccination.

How to stop them

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.⁹¹⁹ Freedom and right to:

⁹¹⁶ <http://youtu.be/JAhnCdXqPww>

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⁹¹⁷ 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://www.un.org/en/genocideprevention/genocide.shtml>

https://www.un.org/ar/preventgenocide/adviser/pdf/osapg_analysis_framework.pdf

<https://en.wikipedia.org/wiki/Genocide>

⁹¹⁸ https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.27_convention%20statutory%20limitations%20warcrimes.pdf

https://en.wikipedia.org/wiki/Statute_of_limitations

⁹¹⁹ https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20090520_legge-naturale_en.html

- 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 chimeras⁹²⁰, 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.⁹²¹

https://www.vatican.va/roman_curia/pontifical_academies/acdlife/documents/rc_pa_acdlife_doc_20020227_final-doc_en.html

https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20021124_politica_en.html

⁹²⁰ <https://www.lifesitenews.com/blogs/france-adopts-bioethics-law-that-will-introduce-chimeras-genetic-engineering-of-human-material>

⁹²¹ Spangler D. **Reflections on The Christ**, Findhorn, 1978