

Challenging the Pandemic Narrative and the Mask Wearing Mandate

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Now is the time for us to neither blindly comply nor automatically rebel... Compliant parts can put us at risk of becoming blind sheeple in the midst of corrupt leaders that could silence us when we need to be speaking out. Rebellious parts can behave like tantruming toddlers who feel entitled to freedoms they're not entitled to when public health is at risk.... We also need to question the dominant narrative until we have better science—and better morals—informing those in positions of leadership.¹

—Lissa Rankin, MD

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¹ <https://lissarankin.com/17-things-we-dont-know-and-shouldnt-pretend-to-know-about-covid-19/>

0. Introduction

How This All Started

The paper you are reading now initially started as a brief attempt to push back on the mask-wearing recommendations coming from the CDC, which have flip-flopped over the last several months. Soon it ballooned into this more comprehensive work, which focuses on challenging the underlying assumptions leading to the “pandemic proclamation” that are being used to enforce such a mandate. As such, for the main body of this paper I am primarily addressing the many inconsistencies and agendas underlying the pandemic rationale that may be opaque to the average citizen who is only relying on mainstream news sources.

This manuscript is regularly updated and may contain sections still in development. To make sure you have the latest version, go to <http://tiny.cc/PandemicHeterodoxy> (see version date under title on page 1).

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Appreciation First

First, I hope it is clear that most people pushing for others to wear masks or to observe social distancing measures are doing so out of a sense of concern for the common welfare. We should always keep that in mind and have respect and appreciation for such efforts, even when we disagree with their reasons for doing so. If we feel the mask wearing mandate is harmful, we should avoid ascribing negative motivations to the people in our social circles who are promoting it. I am, rather, hoping to inspire curiosity and courteous dialogue among all involved, respect for each other’s boundaries, and a reduction of fear surrounding the realities of disease and death.

To cut to the quick, I am saying: People who want to wear masks should be allowed to do so, without any social repercussions. People who are not ill and do not wish to wear masks should be allowed not to, without any social pressure. This paper will explore the reasons why.

The Challenge of Challenging Orthodoxy

Pushing back against the requirement or strong admonition to wear masks (or against any of the other pandemic measures) is a complex and somewhat difficult task. Part of why is that many of the assumptions, beliefs, and paradigms upon which such a “reasonable” mandate is based are either not visible or are taken as self-evident truths (e.g., because the authorities said so). The result is that any questioning is met with a kind of reflexive disbelief, ridicule, scorn or worse, which on the surface may seem justified but upon deeper inspection reveal the operation of numerous unconscious confirmation biases. It is the purpose of this treatise to have a stab at revealing and exploring such biases. This is not intended as a judgment against any individuals, but more as a diagnosis of what is taking place across our culture at this time.

To engage in collective sense-making in good faith, both sides would need to be willing to go as deeply as possible into the underpinnings of such assumptions and paradigms and to research all available lines of inquiry. Unsurprisingly, one rarely encounters this level of openness or willingness.

The more typical response I receive is what I have come to call *Choicelessland* or the “no-choice scenario.” In *Choicelessland*, there is only one option, and if you do not follow it you are told that “people will die.” This mindset is for most people brought on by the proximate trauma caused by the daily counts of people dying from an invisible pathogen and the fear that such news induces. As with all traumas, the mind gets locked into the reptilian brain of survival and fight-or-flight. Such thinking strongly inhibits access to the higher cognitive and creative functions of the brain and its capacity to navigate uncertainty, perceive nuances or consider heterodox perspectives. Instead, the mind defaults to a more black-and-white, right-or-wrong absolutist approach. Driven by the need to avoid uncertainty and death, only one answer and only one way seem to be correct. So if you question the CDC and the official narrative, you are told that people will die. If you discuss alternative treatments, you are told people will die. If you think it's time to come out of quarantine, you are told people will die.

This binary is something I often observed during the death penalty repeal work that I was involved with for a number of years, where one side is caught in “killing the killer is the only option, everything else is wrong.” This makes sense to the part of the brain that is traumatized by the reality of murder, but once the higher moral, cognitive and social centers are fruitfully engaged and a fuller picture revealed, the reaction starts to appear as what it is: inhumane and unnecessary (and in too many cases, actually innocent people are executed).

A Dark History of Establishment Truths

Over the course of US history, there have been numerous examples of questionable public policy decisions supported by equally specious narratives advancing such moves as being “for the public good” but which turned out to be quite the opposite. For example: spraying children

with DDT²; doctors pushing cigarette smoking; fluoridating the water supply³; mercury fillings; the FDA food pyramid favoring the sugar, dairy and meat industries; false flags like the Gulf of Tonkin incident⁴, Iraqi WMDs and Operation Gladio⁵; vaccines that have caused deaths, neurological disorders and diseases, requiring billions in damage payouts⁶; glyphosate still pouring into the food and water supply despite being directly implicated in the explosion of cancer, chronic diseases and growing infertility – and the list goes on.

Each of these decisions has been pushed by individuals within governments and corporations, usually with one of more hidden agendas, as “the right thing to do.” Any opposition or heterodox inquiry has typically been virulently opposed with all the tools available, including mainstream media blackouts, character assassination, firings, lawsuits, imprisonment or worse. Few later admit how justified the dissenters were to question the received narrative. (It is often lamented that Americans in particular have short memories and never learn from such examples from history, making us vulnerable to the same kinds of manipulations, over and over again.)

We’re Telling You: Cows Don’t Fart

One personal anecdote is instructive: in the 1990s, I worked as a contract writer for the PBS program NOVA, producing educational materials for high schools around the country. For the NOVA show on global warming, I included information about how methane being emitted from cows was contributing to greenhouse gases. Despite such a claim being common knowledge and scientifically non-controversial, a major multinational meat producer who was funding PBS at the time didn't like that characterization and forced PBS, under threat of losing its funding, to send around a retraction to every high school in America (the hypocrisy did not escape many a science teacher). They also threatened to pursue me with legal actions. Such is the pervasive, often violent and yet typically totally invisible force of collective narrative control in our world.

The Heterodox Proposition

Thus it is that I offer you this heterodox proposition: wearing a mask out in public is not the only option, perhaps not the best option, and even, it will be argued, a counterproductive mandate. This is not because I don’t want people to be healthy but because, based on what we know as of today, the claims being made to support such a mandate are flawed and illegitimate. Also, secondarily, valid scientific randomized control studies of mask wearing do not support it.

Instead of the masking mandate being grounded in a fact-based world, for which fear or deep concern could be considered reasonable responses, I am asserting it is actually based on false

² <https://youtu.be/CUDVuugQmxE>

³ <http://fluoridealert.org>

⁴ <https://fair.org/media-beat-column/30-year-anniversary-tonkin-gulf-lie-launched-vietnam-war/>

⁵ <https://in-this-together.com/operation-gladio-false-flag-evidence/>

⁶ https://www.wellnessdoc.com/wp-content/uploads/2020/05/1200-studies-The-Truth-Will-Prevail-v2.6_05-05-20.pdf

data, inaccurate assumptions, contradictory claims and recommendations, lack of scientific transparency and rigor, numerous conflicts of interest, groupthink, politicization, willful misdirection, manipulation and fraud. This paper will attempt to make at least a preliminary case in support of such claims.

My ultimate aim is not to convince anyone or to “win the argument” but to provoke people to more deeply consider the validity of heterodox claims and of a heterodox approach to collective sense-making. As I always say: please *do not believe me*; just read, listen, absorb, inquire, do your own broad and deep research, and make up your own mind. And if you are so inspired, share your findings so we can all get smarter.

This is admittedly a more time-consuming path, but it is one that I believe will in the end yield more a more informed citizenry and more coherent and systemically relevant public policy decisions.

DISCLAIMER:

By reading this document, you are agreeing to be 100% responsible for your own health decisions and outcomes. I am not a doctor or scientist, and I am making no claims to special medical knowledge. Nothing I offer in any of the writing here is in any way intended to diagnose or cure disease, nor am I offering advice on starting, altering or stopping any medical treatment or any other health or disease prevention intervention. Please act responsibly and in accord with best health practices as you understand them. Please consult with your own physician or other medical practitioner if you have any health concerns.

Nope, I am not recommending you drink drain cleaner, either. So don't.

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NOTE:

The bulk of the material in this paper comes from research done in May and June 2020; much has transpired since that has only strengthened the evidence for the hypotheses I put forward. Readers are strongly encouraged to do their own additional research.

Due to the exorbitant amount of censorship by YouTube, some of the outgoing links in this document are no longer available. I have left many of these links in the footnotes so the reader can get a better sense of the levels of censorship we are currently seeing. For most of these censored references, I have added alternative sources for the footnoted information.

I. The Pandemic: Faulty Projections and Real Impacts

Starting Off on the Wrong Foot

When SARS-CoV-2 began to develop into the COVID-19 epidemic in China, Neil Ferguson of UK's Imperial College put forth a wildly speculative projection that as many as 2.2 million people would die in the United States, and with as many as 9.3% of those infected over 80 years old dying.⁷ Despite immediate calls to reveal the algorithms upon which such a projection was based, he refused to do so.

Over the ensuing weeks and months, this projection has been greatly reduced, not once but several times, to where we now have a projection more closely aligned to the observed facts⁸, or about 95% lower than the original projection.

The Pandemic Response

Based on the initial Imperial College projections, and despite hesitance on the part of the Trump Administration to validate this prognosis, Ferguson's dire predictions became the basis for an overarching pandemic response by the US government and other governments around the world. This response has resulted in the loss of employment for over 42 million people in the US alone, the interruption of school for millions of students, and the closing of almost all public-facing businesses, with many going bankrupt and many others being shuttered for good. The ultimate cost to the citizens and businesses of the US and other countries is currently unknown but certain to be unprecedented and catastrophic.

The pandemic proclamation has forced citizens into quarantine and mandated that they comply with social distancing measures and wear masks in order to engage in public activities. This has severely curtailed individual rights such as freedom of assembly and freedom of movement. Free-speech rights have also been severely impacted, not only as a consequence of wearing a

⁷ <https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2020-03-16-COVID19-Report-9.pdf>

⁸ <https://www.advisory.com/daily-briefing/2020/05/15/covid-projections>

facial covering and being prevented from socializing, but as a consequence of mainstream news, Internet, and social media censorship being ramped up to unprecedented levels.⁹

Meanwhile, despite the faulty prediction of the impacts COVID-19, a 24/7 fear-disease-death narrative has come to be relentlessly pushed by the government and the mainstream media. While the indeterminacy of initial projections may have made such caution advisable in the early weeks, continuing with these mandates no longer has any basis in data or observed reality.

The problem began early on when the World Health Organization predicted a case fatality rate (CFR) in the area of 3.4% for COVID-19¹⁰, based on comparing early observed fatalities to the small number of people being tested (the CFR projections in China started even higher). Such early tests were necessarily limited to those who were actively symptomatic and sick enough to warrant going to a hospital, rather than the far larger pool of people who might have been infected but were asymptomatic or only had mild symptoms. This is called the “denominator problem,” since you cannot calculate the actual case fatality rate (CFR) without having an accurate count of the total number infected.

Since then, a number of studies testing for antibodies in the general population in places like California¹¹, New York and in several foreign countries¹² have shown that as much as 35% or more of the population has been infected and of that number, 80% or more either get only mildly sick or remain completely asymptomatic. With this larger denominator the CFR drops to between .1% and .3% – similar to a severe seasonal flu at its upper limit. Even Anthony Fauci, despite his contradictory public claims, predicted as much in an article he co-authored in the New England Journal of Medicine:

*This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively.*¹³

Despite this non-pandemic-level projection now proving to be scientifically valid, the government and mainstream news narrative continues to sound the pandemic alarm. It is as if no one has ever heard of death.

⁹ <https://articles.mercola.com/sites/articles/archive/2020/05/05/youtube-censorship.aspx>

¹⁰ <https://www.sciencealert.com/covid-19-s-death-rate-is-higher-than-thought-but-it-should-drop>

¹¹ <https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v1.full.pdf>

¹² <https://www.wbur.org/npr/863944333/antibody-tests-point-to-lower-death-rate-for-the-coronavirus-than-first-thought>

¹³ <https://www.nejm.org/doi/full/10.1056/NEJMe2002387>

Panic more than Pandemic

By mid-May the CDC came out with a new report that estimated the actual death rate for COVID-19, under its “current best estimate” scenario, to be .26%.¹⁴ This is based on an overall projection of a 35% rate of asymptomatic infection in the larger population, and a potential .4% fatality rate among those who are symptomatic.

Keep in mind that this death rate reflects treatments currently accepted for standards of care, and does not take into account interventions with “unauthorized” treatments that have been successfully used around the world, which would drop the rate even lower, perhaps by as much as 50%. (See Part IV for more on this topic.)

If the asymptomatic infection rate in the overall population turns out to be higher, as it has in some counts of confined populations¹⁵, the overall fatality rate would drop lower still. If one adjusts the rate to account for infections and deaths working their way through nursing homes (a primary risk factor)¹⁶, the fatality rate for those not so confined drops even further, perhaps to 0.1% or 1 in 1000. The CDC estimates the death rate from COVID-19 for those under 50 to be 1 in 5000 if you have symptoms.¹⁷

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R₀ Source: Preliminary COVID-19 estimates, ASPR and CDC	2	2	3	3	2.5
Symptomatic Case Fatality Ratio, stratified by age Source: Preliminary COVID-19 estimates, CDC	0-49 years: 0.0002 50-64 years: 0.001 65+ years: 0.006 Overall: 0.002	0-49 years: 0.0002 50-64 years: 0.001 65+ years: 0.006 Overall: 0.002	0-49 years: 0.001 50-64 years: 0.006 65+ years: 0.032 Overall: 0.010	0-49 years: 0.001 50-64 years: 0.006 65+ years: 0.032 Overall: 0.010	0-49 years: 0.0005 50-64 years: 0.002 65+ years: 0.013 Overall: 0.004

What this means is: if you're generally healthy, you're just as likely to die in a car accident as to be killed by COVID-19. If you are a healthy child, you are more likely to get struck by lightning than to be killed by COVID-19.¹⁸

On June 2 Neil Ferguson, the UK professor who came up with the initial projection of 2.2 million dying in the United States, was forced to admit that the British policy of shutdown and

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html> (taking the .4 symptomatic fatality rate x 65% to account for the CDC's “current best estimate” of the 35% infected but asymptomatic – see p. 5)

¹⁵ <https://www.conservativereview.com/news/horowitz-now-know-majority-contract-covid-19-asymptomatic-changes-everything/>

¹⁶ According to one count, by 5/22 62% of all COVID-19 deaths took place in the six states which placed COVID-19 patients back into nursing homes: <https://twitter.com/boriquagato/status/1263846555007639553/photo/1>

¹⁷ <https://www.conservativereview.com/news/horowitz-cdc-confirms-remarkably-low-coronavirus-death-rate-media/>

¹⁸ Ibid.

quarantining worked no better than the Scandinavian policy of keeping everything open, saying “I have the greatest respect for scientists there [in Sweden]. They came to a different policy conclusion but based really on quite similar science.”¹⁹

No Lockdown, Little Difference

As of September 14, the country of Sweden, which declined to quarantine its population or close schools or businesses, has seen a cumulative death rate of 574 per million of population²⁰, placing it at #11 overall. The top ten countries in death rate, all of whom – with the exception of Chile – have quarantined their populations²¹, are shown here:²²

	Confirmed deaths (absolute)	Daily increase (# deaths) ¹	Population (in millions)	Deaths per million
Peru	30,710	366	31.99	960.01
Belgium	9,925	8	11.42	868.93
Bolivia	7,344	151	11.35	646.87
Ecuador	10,903	154	17.08	638.19
Chile	11,949	168	18.73	637.99
Spain	29,747	48	46.72	636.66
Brazil	131,625	2,103	209.47	628.37
United Kingdom ²	41,628	20	66.49	626.09
USA ²	193,498	2,262	327.17	591.43
Italy	35,610	23	60.43	589.26
Sweden	5,846	3	10.18	574.08

¹⁹ <https://www.dailymail.co.uk/news/article-8379769/Professor-Lockdown-Neil-Ferguson-admits-greatest-respect-Sweden.html>

²⁰ Keep in mind that the death rate is based on current standards for attributing deaths to COVID-19, which in addition to being extremely problematic as detailed in the next section, are not standardized across countries. These numbers should therefore be taken with a grain of salt, but may be useful for making general comparisons.

²¹ https://en.wikipedia.org/wiki/COVID-19_pandemic_lockdowns

²² <https://www.statista.com/statistics/1104709/coronavirus-deaths-worldwide-per-million-inhabitants/>

If one was reading Western newspapers or watching Western mainstream news this spring, one would have primarily heard that Sweden was doing it wrong and didn't care about its citizens. Or by early summer, one might have heard that on a daily basis, the death rate in Sweden was starting to overtake other countries, regardless of the overall rate. You would rarely hear the context just offered. Neither has one heard much coverage on countries like Japan, which also did not enforce a quarantine or lockdown, yet only experienced 12 deaths per million of population. Neither would you hear much about the many African countries which have similarly low death rates, perhaps due to wide over-the-counter access to hydroxychloroquine and its regular use as an anti-malarial prophylactic.²³

You will also not hear a discussion of the possibility that Sweden, Taiwan, S. Korea or Japan or other such countries could be developing herd immunity well in advance of other countries, and may therefore escape having to experience a severe spike or second wave of COVID-19 as has started to be observed in some areas because while lockdowns were effective at flattening the curve, they were also effective at interrupting the customary movement of the virus through the population.

Similarly, you will rarely hear that Italy came out after their initial stream of deaths to clarify that 88% of them could be attributed to one and often several pre-existing comorbidities, and not to the virus itself. It seems they did not get the CDC guidance in their country.

In May, Dr. Simon Thornley did a statistical analysis of the pandemic data and determined that the death probability from COVID-19 was about the same as normal life; that is to say, the average person dying from the virus is 80 years old or at average life expectancy. Let me repeat this: Approximately the same numbers of people are dying now as are dying each year, at approximately the same ages. His data shows that there was no variation in the death rate between US states with lockdown and states without, per unit of population. He found that the primary determinant of infection is *population density*.²⁴

Who is Suffering the Most Because of the Pandemic Proclamation?

What are we witnessing as the economic, interpersonal/social, intrapersonal/psychological, political, and environmental effects?

- Around 57 million Americans filed for unemployment from March through August, mostly due to lockdowns and impacts of COVID-19, with millions of jobs not expected to return.²⁵ As of September 3, around half still remained unemployed.²⁶ Permanent job

²³ <https://nypost.com/2020/09/04/scientists-cant-explain-puzzling-lack-of-coronavirus-outbreaks-in-africa/>

²⁴ https://youtu.be/-cB_DEbXrhE

²⁵ <https://www.fox6now.com/news/millions-of-jobs-lost-to-coronavirus-pandemic-could-take-years-to-return>

²⁶ <https://www.usatoday.com/story/money/2020/09/03/unemployment-benefits-job-layoffs-coronavirus-stimulus/5689859002/>

losses are project to reach nearly 9 million.²⁷ Many workers and their families also lost their health insurance.

- Many were forced to wait for weeks or months to get a response from overburdened state governments trying to handle the massive load of unemployment claims. Many have fallen between the cracks on unemployment compensation and will be forced out into the work world regardless, but if there are fewer businesses operating, fewer will be hiring. There is no guarantee that jobs will be there when the quarantines are lifted.
- Only about half of full-time workers have been able to work remotely, and only 39% of part-time workers.²⁸ The US has the worst levels of paid sick leave and other job protections among the rich nations.
- As of July, only 37% of workers furloughed in March, and 47% of those laid off in April, returned to their jobs. A quarter of the workers furloughed in March who were re-hired and went back to their jobs had their wages slashed by 10% or more.²⁹
- The pandemic has a much worse effect on people with lower incomes. Low income service workers are forced to continue to provide “essential services” with little incentive and often no extra pay. Amazon employees don't even get any health insurance. Reports show that low-income workers are more likely to have underlying health conditions and are less likely to be able to work remotely or to maintain social distancing measures.
- Between April and June, the country lost around 1.85 million businesses, according to Oxxford Information Technology, which projects as many as 4 million closures by the end of this year.³⁰ Not only are these entrepreneurs being thrown out of work, but so are all the people they employed. As of August, chain restaurants are expected to be permanently closing over 1800 locations.³¹ A July Yelp report found that nearly 16,000 restaurants have already permanently closed since the pandemic began.³²
- People are avoiding going to emergency rooms and doctor’s offices for routine or scheduled procedures, even for organ transplant procedures or when they're having heart attacks and strokes.³³

²⁷ <https://scholar.harvard.edu/chodorow-reich/publications/projecting-unemployment-durations-factor-flows-simulation-approach>

²⁸ <https://www.cnbc.com/2020/05/26/who-is-happiest-working-from-home-heres-what-latest-jobs-data-says.html>

²⁹ <https://www.foxbusiness.com/economy/more-us-jobs-lost-to-coronavirus-pandemic-are-disappearing-permanently>

³⁰ <https://www.washingtonpost.com/business/2020/08/25/permanent-economic-damage-piles-up-covid-crisis-is-looking-more-like-great-recession/>

³¹ <https://www.businessinsider.com/chain-restaurants-permanently-closing-600-locations-due-to-pandemic-2020-5> (updated)

³² <https://www.businessinsider.com/yelp-report-60-of-restaurant-closures-permanent-more-will-close-2020-7>

³³ <https://www.vox.com/future-perfect/2020/5/11/21246992/coronavirus-pandemic-collateral-damage-hunger-poverty>

- People in small cities and towns will likely suffer the most in the long term, as the state and local tax base, paid for by working citizens and local business such as hotels and restaurants, becomes eroded, leading to cuts in services.
- The elderly who have to isolate have not received the social and physical comforts of friends, families and worship communities. Many have had to suffer illness or die alone at home or in hospitals because people are too afraid to be exposed. And those who are kept from taking care of their elders are suffering as well.
- With all schools closed, and even with some online teaching options, students are missing out on learning opportunities and the support of friends, leading to loneliness and anxiety. Plus, the exposure to many more hours of electromagnetic spectrum from staring at screens is bound to have deleterious health effects.
- Just between Feb 16 and March 15, the number of prescriptions filled for depression and sleep disorders increased 18.6% and 14.8% respectively, and the increase for anti-anxiety medications rose 34.1%³⁴ – and that was before quarantine really kicked in.

Anxiety puts the body into a fight or flight response, which constricts blood vessels and depresses both the immune and digestive systems, making people much more susceptible to common diseases. This can also lead to overeating or bingeing – widely reported all over the Internet – which can exacerbate diabetes, which has already been shown to be a significant factor for many dying with COVID-19.

- Calls to suicide hotlines have increased during the pandemic by as much as 891%.³⁵
- Many parents of school-age children are experiencing severe stress and anxiety, having both to function in their work from home jobs as well as play the role of adjunct teacher. With kids cooped up and unable to get out socially or physically, emotions and behaviors can easily boil over.
- Reports are that domestic violence is up given the condition of quarantine and not being able to leave the house.³⁶
- The needless closing of many parks and beaches has only exacerbated tensions and lowered immune systems across the population.
- Prisons have become hotbeds for the spread of the virus; some have even released prisoners back into the population, putting the local population at higher risk.
- Protests and riots ignited in no small part by the loss of jobs and lack of opportunity coming with the pandemic proclamation, have resulted in the destruction of property in many major US cities, and even some deaths.

³⁴ <https://www.express-scripts.com/corporate/americas-state-of-mind-report>

³⁵ <https://abcnews.go.com/Politics/calls-us-helpline-jump-891-white-house-warned/story?id=70010113>

³⁶ <https://www.psychologytoday.com/us/blog/making-sense-chaos/202005/why-the-increase-in-domestic-violence-during-covid-19>

- Millions of farm animals have been killed because farmers have nowhere to send their animals for processing.³⁷ Many farmers, who should surely be considered “essential workers,” may lose their livelihoods and farms.

Who is Suffering the Least?

- White-collar workers who can work from home and still get paid – a Gallup poll found that 71% of people making more than \$150,000 are able to work from home, compared with just 41% of those making less than \$24,000
- Wealthy people who have fewer underlying health conditions
- Businesses and business owners whose wealth has given him an edge to leverage accounting professionals to get them a bigger piece of the bailout pie.
- Corporations who have had their toxic assets bailed out by the FED yet again.³⁸

“Self-isolation is an economic luxury,” says Justin Gest, a public-policy professor at George Mason University and the author of *The New Minority*. For those working-class people who do still have jobs, “it probably requires a physical presence somewhere that exposes them to the virus.”³⁹

³⁷ <https://www.vox.com/2020/5/4/21243636/meat-packing-plant-supply-chain-animals-killed>

³⁸ <https://www.cnbc.com/2020/03/23/fed-is-helping-the-markets-more-than-it-did-during-the-financial-crisis.html>

³⁹ <https://www.theatlantic.com/health/archive/2020/04/coronavirus-class-war-just-beginning/609919/>

II. Inaccurate Death Causes, Counts and Testing

Perverse Incentives

In early April, the CDC released guidance directing doctors and hospitals to report any death even being *suspected* as due to this current virus as being definitively *caused* by SARS-CoV-2.⁴⁰ Hospitals were told they didn't even need to run any tests to confirm it – in many cases, it appears that hospitals were dissuaded from even performing autopsies.⁴¹ In addition, the CDC offered hospitals a \$13,000 “bonus” for each COVID-19 case, and an additional \$39,000⁴² for each such a case that necessitates the use of a ventilator⁴³ (despite ventilators having been determined to be the cause of many deaths – more on this below).

Given how grossly underfunded hospitals have become and in light of their recent revenue losses (with all elective procedures being canceled and many patients with acute health conditions staying away from hospitals due to fear of infection), who could blame any administrator for signing “COVID-19” on each and every death certificate? He or she would arguably be justified for doing so, as keeping hospitals open and operating must be considered a greater good.

Doctors have reported that the CDC guidance and the accompanying perverse monetary incentives are unprecedented and greatly skew the numbers of deaths being attributed to COVID-19⁴⁴. Normally, if someone dies of influenza, doctors have not labeled influenza as the primary cause of death but rather have listed “respiratory failure” or some other presenting, typically chronic condition, for example heart disease, diabetes or cancer – whatever actually

⁴⁰ <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

⁴¹ See <https://www.nature.com/articles/d41586-020-01355-z> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7291342/>

⁴² <https://www.usatoday.com/story/news/factcheck/2020/04/24/fact-check-medicare-hospitals-paid-more-covid-19-patients-coronavirus/3000638001/>

⁴³ Dr. Scott Jensen discusses the CDC guidance here: <https://www.bitchute.com/video/mSI14bTvJ7UL/>

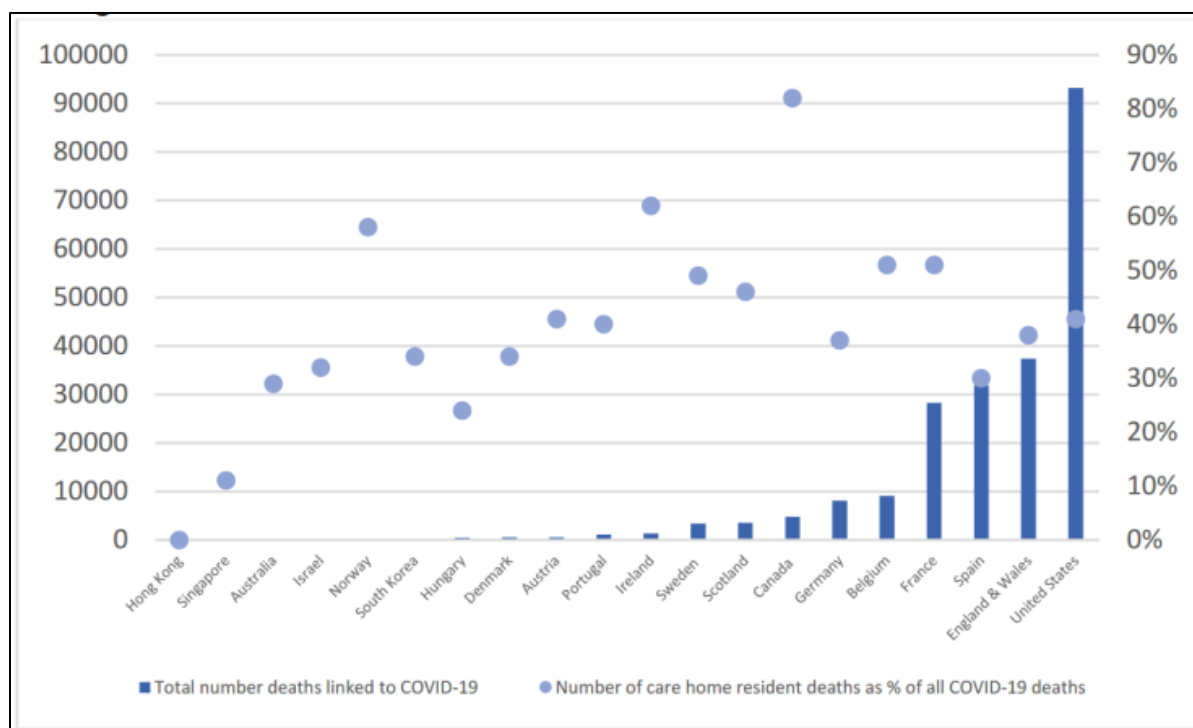
⁴⁴ Dr. Annie Bukacek describes the problem here: <https://youtu.be/zh19LJhCF3Q>

killed the person. Given that more than 90% of those dying from COVID-19 already have other chronic health conditions, one can easily see how “deaths with COVID-19” are being conflated with “deaths from COVID-19” in a way that improperly amplifies the apparent impact, spread, and danger of SARS-CoV-2.

Even Dr. Deborah Birx, the Coronavirus Response Coordinator for the Trump Administration, is reported to have said the CDC’s death numbers are inflated.⁴⁵ This means we actually have no idea what the real death count from COVID-19 is, compared to other viruses or diseases. Even if the numbers are only mildly inflated, say 25% or 30%, that would mean COVID-19 might only be as virulent as a regular or perhaps a severe seasonal flu. This fact alone should give everyone pause to question the official narrative, and the consequences that have been put into place – and continue to be mandated – on account of that narrative.

Governor Cuomo Makes a Fatal Error

Also, how many more and unnecessary deaths were caused when New York Governor Andrew Cuomo forced more than 4,500 “recovering” COVID-19 patients out of hospitals and back into unprepared nursing homes in New York City^{46,47}, where 5400 people died? So far, Cuomo refuses to take responsibility for these avoidable deaths⁴⁸ – deaths which are of course also being added to the COVID-19 mortality total.



⁴⁵ https://www.salon.com/2020/05/09/deborah-birx-reportedly-tells-task-force-she-can-trust-nothing-from-the-cdc_partner/

⁴⁶ <https://apnews.com/5ebc0ad45b73a899efa81f098330204c>

⁴⁷ <https://www.bitchute.com/video/PjQZTiKpMLk/>

⁴⁸ <https://www.theblaze.com/news/cuomo-refuses-accountability-nursing-home-scandal>

Six other states – NJ, MA, MI, PA, IL, CT – are reported to have also have also dumped COVID-19 back into nursing homes. Together with NY, these seven states account for more than 50% of all COVID-19 deaths in the US.⁴⁹

Overall, as of May 21, nursing home deaths across the US accounted for as many as 45% of all COVID-19 deaths. In Canada, that number reached over 80%.⁵⁰

Nurse Whistleblowers

Several nurses working in New York hospitals came forward to detail chilling accounts of how some hospitals were treating incoming patients.⁵¹ It seems clear that many of these patients did not initially have COVID-19, with perhaps only as few as half of the people on wards being actually infected, or only infected as a result of their presence on the ward. Many eventually died. How many of these are COVID-19 overcounts we may never know.

Ventilators were the Wrong Treatment

Errors such as Cuomo's were, however, not the most fatal. Ventilators have been regularly used when COVID-19 patients presenting themselves at hospitals were found to have extremely low blood oxygen levels while still being ambulatory and conversant. A Brooklyn doctor⁵² blew the whistle in March on how the invasive intubation of ventilators was actually killing people unnecessarily, based on a critical diagnostic error.⁵³

Yet despite the whistleblower's observations and exhortations, he was met with resistance and denial because what he was asking for went against the usual "standards of care." Even with people dying on ventilators in unheard-of numbers, it took the National Institutes of Health nearly another month before they updated their standards of care to recommend that providers use CPAP or BiPAP machines to administer oxygen to such patients, and only use ventilators as a last resort.

How many thousands were killed unnecessarily by this example of groupthink? How many of these deaths could have been prevented had the medical establishment been willing and able to see the evidence right in front of their faces? If these deaths had been avoided, how much would that have reduced the overall COVID-19 death toll? By 10%? 15%?

⁴⁹ https://docs.google.com/spreadsheets/d/1ETm51GayRjInoaRVtUOWfkoIEeAQZ-zPhXkCbVe4_ik/edit#gid=435667374

⁵⁰ <https://ltccovid.org/2020/04/12/mortality-associated-with-covid-19-outbreaks-in-care-homes-early-international-evidence/>

⁵¹ Start here: <https://articles.mercola.com/sites/articles/archive/2020/08/16/coronavirus-nyc-elmhurst-hospital-erin-olszewski.aspx>, then watch <https://youtu.be/5MKrEBibOOU>

⁵² <https://www.medscape.com/viewarticle/928156>

⁵³ <https://www.gistflash.com/discovery-autopsies-prove-that-covid-19-is-a-disseminated-intravascular-coagulation-pulmonary-thrombosis/lifestyle/health/>

PCR Tests – Not the Best Tool for the Job

Then there is the problem with the RT-PCR test that routinely returns up to 80% false positives.⁵⁴ Even the inventor of the “Corona test” would have warned us not to use it to detect a virus.⁵⁵ Part of the problem is the lack of isolation of the virus (aka “the gold standard”⁵⁶), freely admitted by researchers⁵⁷, which leads to a lot of guesswork. This is because the PCR test works by amplifying only a tiny portion of the presumptive viral genome – about 1% of its 30,000 bases⁵⁸ – gathered from a mouth or nose swab or sputum specimen, and returns positive results with as little as an 80% match to target. Given that, by comparison, humans share 96% of their DNA with chimpanzees, such a result does not equate to a bullseye.

That’s not the only complication. Different tests target different portions of the genome, or sometimes even more than one⁵⁹, meaning there is no standardization for determining the presence of SARS-CoV-2.⁶⁰

Even though hospitals have since come to use more “conclusive” tests like liver and kidney panels and chest CAT scans⁶¹, to determine the presence of COVID-19, such tests only identify “syndromes” or clusters of symptoms, and do not determine the causal agents. How many overcounts can we attribute to false positives from the PCR test⁶² – 10%? 20%? More? How are we to have any faith in the numbers being reported by the CDC? When you consider that the president of Tanzania found that a goat, a quail, and a papaya fruit all tested positive for COVID-19⁶³, with kits that were claimed to meet international standards⁶⁴, one can understand our healthy skepticism.

Beyond Comorbidities: Prescription Drugs are Implicated

The real elephant in the room is something we have already alluded to: chronic disease. Those being most impacted by COVID-19 are our elderly family members who have one or more “comorbidities” like hypertension, diabetes, cardiovascular disease (the top three co-

⁵⁴ Zhuang GH et al. [Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients]. Zhonghua Liu Xing Bing Xue Za Zhi. 2020 Mar 05; 41(4): 485-488. Chinese full text:

<http://html.rhhz.net/zhlxbx/017.htm> English translation:

<http://theinfectiousmyth.com/articles/ZhuangFalsePositives.pdf>

⁵⁵ <https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/>

⁵⁶ <https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/>

⁵⁷ <http://theinfectiousmyth.com/book/CoronavirusPanic.pdf>, p. 5

⁵⁸ <https://theinfectiousmyth.com/book/CoronavirusPanic.pdf>, p. 16.

⁵⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7144809/#sec1.3title>

⁶⁰ <https://theinfectiousmyth.com/book/CoronavirusPanic.pdf>, p. 16

⁶¹ Though chest CTs performed early in the disease progression have not always revealed symptoms, see <https://pubs.rsna.org/doi/10.1148/radiol.202000463>

⁶² Please note that PCR tests as we are discussing them here are not the same as serology or antibody tests.

⁶³ <https://greatgameindia.com/tanzania-kicks-out-who-after-goat-papaya-samples-came-covid-19-positive/>

⁶⁴ <https://www.sbs.com.au/news/tanzania-says-faulty-who-test-kits-showed-coronavirus-in-a-goat-and-a-pawpaw>; more on faulty test kits here: <https://www.nytimes.com/2020/04/18/health/cdc-coronavirus-lab-contamination-testing.html>

morbidities, according to one study⁶⁵), COPD, chronic kidney disease, and obesity; smoking has also been noted as a risk factor.⁶⁶

Besides the obvious vulnerability of compromised immune systems, SARS-CoV-2 is known to attach to ACE-2 receptor sites in the lungs and in other cells of the body⁶⁷, such as kidneys and gut cells; ACE-2 sites have even been found in the nose and eyes.^{68,69} These precise sites also happen to be affected by three classes of medications most often prescribed for those suffering chronic diseases like hypertension and diabetes: statins, ACE inhibitors, and ARBs (angiotensin II receptor blockers), which upregulate ACE-2 sites and therefore appear to be offering the virus more replication sites and a greater rate of replication⁷⁰. These are making the immune system of those suffering chronic diseases particularly vulnerable to COVID-19, especially to some of the more unusual symptoms of the disease.⁷¹

This is not only a critical observation about the state of our industrial food system, where glyphosate is strongly implicated in the increasing trends of chronic disease, but of our health care system – or perhaps more accurately, our disease care system – which, despite skilled and compassionate health care workers, routinely fails to successfully intervene to prevent and heal such conditions. The pharmaceutical industry, which has long dominated medical training and practice in the US, is deeply implicated here as the majority of its profits come from symptom management and not from providing actual cures.

Air Pollution Strongly Correlated to Deaths

A Harvard study also strongly links coronavirus death rates to levels of air pollution⁷², finding that an increase of just 1µg/m³ in PM_{2.5}⁷³ (2.5 micrometers and smaller) particulate concentration to be associated with an 8% increase in the deaths from SARS-CoV-2, and concluding that small increases in long-term exposure lead to a large increase in the death rate.⁷⁴ (This is in addition to such pollution killing thousands every year on its own.⁷⁵) It is no surprise, then, that Wuhan in central China, with some of the worst air pollution on the planet, and New York City, also laden with toxic airborne particulate, would harbor some of the

⁶⁵ <https://www.researchsquare.com/article/rs-30787/v1>

⁶⁶ https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_fact_sheet_ENG.pdf

⁶⁷ <https://www.rndsystems.com/resources/articles/ace-2-sars-receptor-identified>

⁶⁸ <https://www.statnews.com/2020/04/10/coronavirus-ace-2-receptor/>

⁶⁹ <https://www.news-medical.net/news/20200512/Potential-for-COVID-19-transmission-from-human-eye.aspx>

⁷⁰ <https://www.bmj.com/content/368/bmj.m606/rr-10>

⁷¹ Dr. Zach Bush, from the video at <https://connect.pachamama.org/node/4008>

⁷² <https://www.nytimes.com/2020/04/07/climate/air-pollution-coronavirus-covid.html>

⁷³ See <https://www.epa.gov/sites/production/files/2014-05/documents/huff-particle.pdf>, which provides a PowerPoint overview of PM_{2.5} pollution sources and effects. Of note: PM_{2.5} particles can be comprised of hundreds of different chemicals, typically released from power plants, industrial factories and internal combustion engines.

⁷⁴ <https://projects.iq.harvard.edu/covid-pm>

⁷⁵ See <https://www.wired.com/story/air-pollution-is-still-killing-thousands-of-people-in-the-us/>, though in the US PM_{2.5} levels have been trending downwards in most places – see <https://www.epa.gov/air-trends/particulate-matter-pm25-trends> to see trends by region

populations most affected by COVID-19.⁷⁶ In a separate study in Italy, which experienced an outbreak originally larger than China's and has a history of air pollution problems, a broader range of air pollutants (NO₂, O₃, PM_{2.5} and PM₁₀) was found to be correlated to the incidence of COVID-19.⁷⁷

It has been suggested that the symptoms of hypoxia seen in many COVID-19 patients (symptoms also observed in the 2003 SARS outbreak) is similar to cyanide poisoning, which blocks the capacity of the hemoglobin in our blood to absorb oxygen. Cyanide is a common element of air pollution.⁷⁸

That so many of our fellow citizens would be afflicted by obvious and measurable pharmaceutical and environmental factors in this way, while such influences would be so little discussed as causative agents in this "pandemic," warrants deep skepticism of the received narrative. It also merits deep criticism of the medical, financial, academic, political and media establishment in this country, which have for too long "gone along with the program" while the US leads the world in self-terminating behaviors that are inexorably bringing on the sixth extinction. Many are now paying for this with their very lives.

All-Cause Mortality

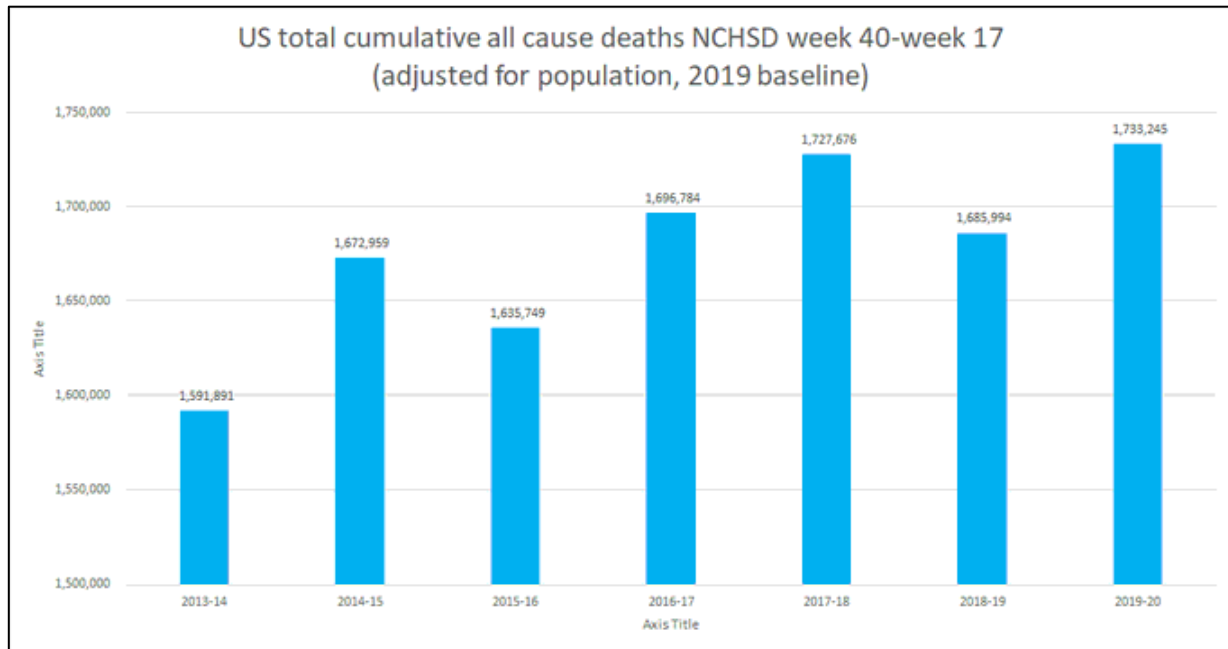
Over the first 13 weeks of 2020, the all-cause mortality rate in the United States was actually lower than 2017-18, which was a particularly severe flu season. As of May 31, the 2020 death rate caught up and slightly exceeded that year, with overall deaths about 5,500 higher than in 2017-18. The graph below shows COVID-19 to be about as severe as the 2017-18 flu season.⁷⁹

⁷⁶ Notably, the cessation of business activity and decrease in automobile use subsequent to lockdowns helped to decrease the levels of PM_{2.5} in cities around the world, which may have contributed to slowing the incidence and spread of the virus; see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7199701/> and also <https://youtu.be/u5KVHm89ZoQ>. These measures may also have prevented as many as 10,000 air pollution-related deaths in China; see <https://finance.yahoo.com/news/coronavirus-deaths-china-air-pollution-lockdown-150057795.html>.

⁷⁷ <https://www.sciencedirect.com/science/article/pii/S0269749120332115>

⁷⁸ https://youtu.be/d_zXIKSISmw

⁷⁹ <https://twitter.com/boriquagato/status/1267174557976166402>



Perhaps even more significant than the all-cause mortality was the severe spike in deaths that occurred just after the pandemic was announced. This spike, never before observed in the progression of an infectious disease, was not observed universally across all countries, or even across all states in the United States, but were likely correlated to lockdown measures, including the return of elderly COVID-19 patients into nursing homes and places like New York and New Jersey, and the use of ventilators which turned out to be the wrong intervention and was fatal in many cases. California, which did not pursue the same type of lockdown measures, did not observe this unusual spike in deaths.⁸⁰

After Months Pushing Death Counts, Now Only Pushing New Cases?

In June, as the COVID-19 death rate was falling back to near-background levels, the mainstream narrative suddenly shifted from counting deaths to counting new cases, as if the latter were necessarily connected to the former, and as if the former were continuing at anything like pandemic levels.

It is widely recognized that as testing was ramped up, new cases would be identified. Depending on the type of test, such results did not always indicate a new case but could very well have been measuring antigens indicating having been infected weeks or months prior, with such individuals having been only mildly symptomatic or completely asymptomatic. Reports of

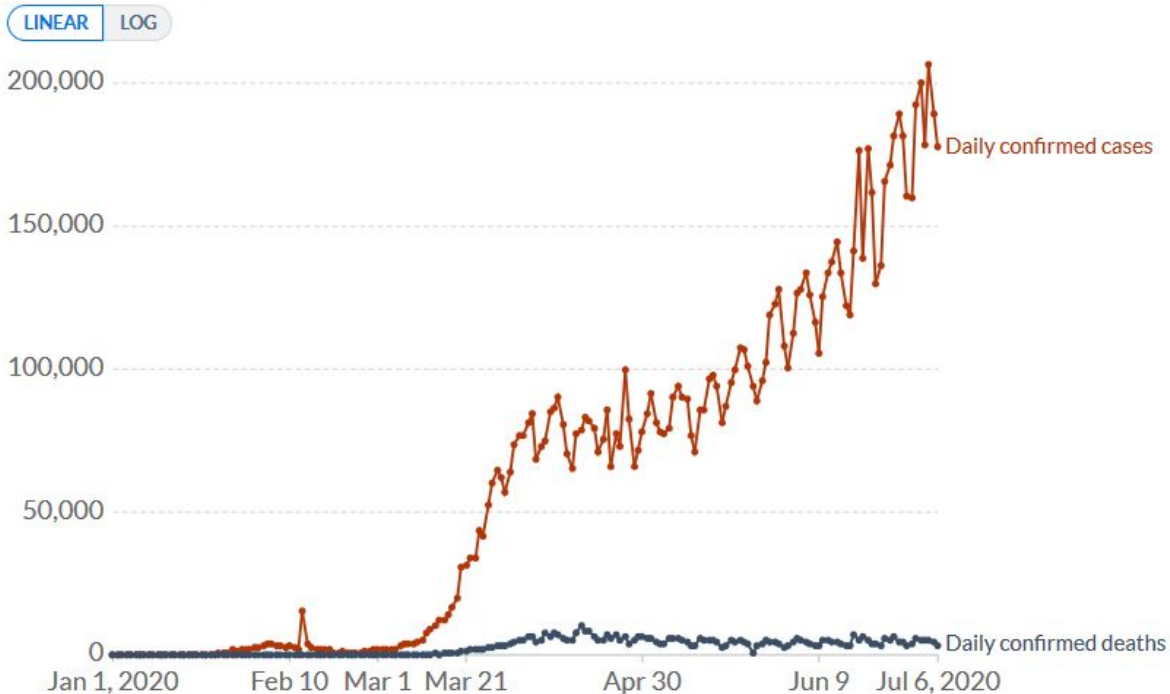
⁸⁰ https://www.researchgate.net/profile/D_Rancourt/publication/341832637_All-cause_mortality_during_COVID-19_No_plague_and_a_likely_signature_of_mass_homicide_by_government_response/links/5ed6b0b992851c9c5e748b1f/All-cause-mortality-during-COVID-19-No-plague-and-a-likely-signature-of-mass-homicide-by-government-response.pdf

double counting and misreporting have been widespread.⁸¹ In this way, the fear-based drumbeat could be continued, despite for all intents and purposes the pandemic being over.

Daily confirmed COVID-19 cases and deaths, World

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.

Our World
in Data



Source: European CDC – Situation Update Worldwide – Last updated 6th July, 11:00 (London time)
OurWorldInData.org/coronavirus • CC BY

In light of seroprevalence data suggesting that the true infection fatality rate (IFR) for COVID-19 is close to just 0.25%⁸² (meaning 99.75% of those infected survive) and with those most impacted by the virus dying from significant chronic health problems at the age of life expectancy, this can hardly be called a pandemic-level event. In August, the CDC announced that only 6% of COVID-19 deaths were attributed solely to the virus, with the remaining deaths coming with an average of 2.6 co-morbidities per person.⁸³

Perceptually Stuck

On April 17 when Stanford researchers reported the initial results of a wider population antibody study showing that many more people had been infected but had been only mildly ill or asymptomatic, thus reducing the likely fatality rate of COVID-19 to that of a seasonal flu, the

⁸¹ See <https://www.theatlantic.com/health/archive/2020/05/cdc-and-states-are-misreporting-covid-19-test-data-pennsylvania-georgia-texas/611935/>, <https://www.foxnews.com/media/ingraham-angle-coronavirus-repeat-tests-double-counting> and <https://abc13.com/health-department-covid-19-coronavirus-ewn/6234114/>

⁸² <https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3.full.pdf>

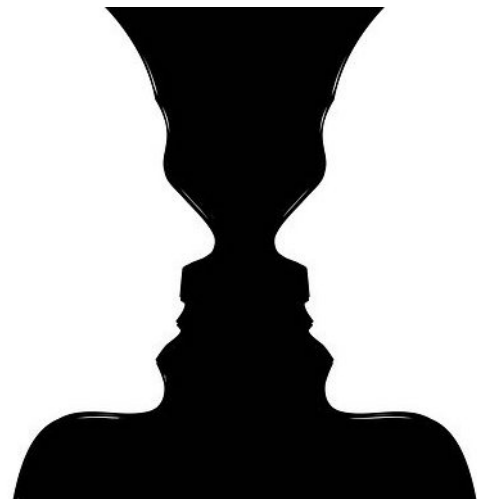
⁸³ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

study received scathing criticism from every corner, prompting the lead researcher, Dr. John Ioannidis, to say:

*There's some sort of mob mentality here operating that they just insist that this has to be the end of the world, and it has to be that the sky is falling. It's attacking studies with data based on speculation and science fiction. But dismissing real data in favor of mathematical speculation is mind-boggling.*⁸⁴

It seems not to matter that these antibody studies have been replicated in other US states and in other countries and been found to have been accurate^{85,86}, nor that the CDC projections have since come into line with these numbers – people still refuse to see the data right in front of their faces, and continue to act as if the sky is falling and that we therefore need to continue the draconian measures.

Like the famous visual puzzle where you can either see two faces or a vase but not both at the same time, it could be said that the current pandemic is a “figure-ground” perception problem. While government officials and mainstream media mouthpieces keep our attention focused on fancy charts and death numbers about the dangers of an invisible pathogen that by any measure is no more threatening than a severe seasonal flu (the figure), both the real data and the debilitating conditions surrounding our food, fossil fuel, pharmaceutical, economic and healthcare systems, which are the true source of our current emergency (the ground), go almost entirely unnoticed – or are even vociferously denied.



Let's try another metaphor. Imagine you are driving a car that has bald tires, the steering is out of alignment, your brakes are bad, and you have no windshield washer fluid. This is your body with chronic disease conditions. The road you're traveling down is full of cracks and potholes, with most of the painted lines having long ago worn away, and with dirt and debris piling up on the side of the road. The road is our food, economic, energy, pharmaceutical and healthcare systems.

So let's say you're weaving down the road squinting through your dirty windshield and you suddenly veer into the breakdown lane to avoid a pothole when one of your bald tires hits a patch of loose gravel (i.e. the virus) and you lose control, go careening over the embankment, crash and die. Yes, your getting killed is a tragedy. Yes, the proximate danger of the loose gravel

⁸⁴ <https://www.thecollegefix.com/bulletin-board/stanford-epidemiologist-who-warned-against-lockdowns-predicts-related-rise-in-youth-suicides-cancer-deaths/>

⁸⁵ <https://www.medrxiv.org/content/medrxiv/early/2020/05/19/2020.05.13.20101253.full.pdf>

⁸⁶ <https://swprs.org/coronavirus-antibody-tests-show-only-one-fifth-of-infections/>

may be a factor, but would likely not have been a factor had everything else been in working order. Would this be the headline: "Motorist Killed by Gravel on Route 101"? I don't think so. Potholes, maybe. Bald tires, maybe.

So here is what the mainstream narrative is trying to tell us:

Pay no attention to your crappy car.
Pay no attention to our crappy road.
Fear the gravel.
The gravel will kill you.
Forever protect yourself from the gravel.
Our gravel-ending solution is required.
We can get rid of the gravel forever.
Nothing else matters.

And until we find the final magical gravel-defying solution, by all means hurry up and put on that mask, it will save you.

III. Narrative Control and the Absence of Context

Respiratory Infections and the Annual Carbon Cycle

Every year, typically between December and April, the northern hemisphere experiences a flu season brought on by the autumn release of carbon dioxide stored in trees and other vegetation, exacerbated by pollution and chronic disease levels and other factors⁸⁷, especially extant respiratory diseases. During the 2017-2018 season, the flu was particularly virulent, killing about 80,000 people in the US, or about 50% more than usual (annual impacts and estimates vary widely⁸⁸). Despite these heavy casualties, there were no day-by-day death counts, no flattening-the-curve charts, and no calls for quarantining, social distancing, or mask wearing.

It has long been understood by the medical establishment that flus and similar viruses make their way through the population during these months, with most people suffering only mild or moderate symptoms, and only the most vulnerable with already-compromised immune systems succumbing to death. Given this fact, one would think that the government and the mainstream media, in order to reduce fear and concern in the general population, would be eager to offer the context of deaths normally taking place during the flu season. Yet such context is rarely if ever offered. Instead, we are barraged by graphs and death counts rising every day, as if COVID-19 were happening in a vacuum, as if this were a novel occurrence, as if death were not a normal part of life.

There have been approximately 12,800 new viruses identified since 1976⁸⁹, with likely millions more going unnoticed. Every new virus identified is by definition “novel,” and historically all such viruses have taken two annual cycles to work their way through the population before herd immunity is developed⁹⁰, after which the novel virus typically disappears. The warming temperatures of spring and summer not only kill viruses, but the return of vegetation absorbs

⁸⁷ Other contributing factors may include: the reduction of endogenous Vitamin D as exposure to sunlight diminishes, indoor crowding resulting in closer human contact and rebreathing of each other's exosomes, indoor air pollution, lower relative humidity, etc. See <https://www.atsjournals.org/doi/10.1513/AnnalsATS.201511-729PS>

⁸⁸ <https://www.cdc.gov/flu/about/burden/index.html>

⁸⁹ According to Dr. Zach Bush (video reference now censored)

⁹⁰ Ibid., see also <https://optimumosteo.com/en/covid-19-pandemic-zach-bush/>

the excess CO2 in the atmosphere, bringing an end to the annual cycle of respiratory infections and deaths. Despite this natural cycle, one may confidently predict that the receding of COVID-19 over the next few months will be credited to quarantining and social distancing measures.

Some Deaths Count Less

Not only have we been ignoring accounting for normal deaths from respiratory infections, but other causes of death as well. Every day in the United States, 1800 people die from heart disease, 1300 people die from cancers, and 465 people die from chronic respiratory diseases.⁹¹ Poor diet is killing 500,000 people year in the US alone, or around 1400 per day. Yet despite these raging "epidemics" killing us in far greater numbers, where are howls of indignation? Where is the concerted public and private response? Autism is now affecting 1 in 36 children born in the US today, yet where is the Apollo Project-level response for understanding and reversing this terrible trend? Without all of this context, taken in isolation the COVID-19 death numbers seem awful and abnormal, even diabolical. Yet far from being an actual pandemic even on its own merits, COVID-19 pales in comparison to other issues that are decimating our population in the United States every single day.

Flattening the Curve

"Flattening the curve" is a strategy whereby quarantining and social distancing is intended to slow down the spread of the virus through the population in order to not overwhelm the healthcare system, which could result in needless suffering and death. For those listening to the scientists discussing this strategy, you will understand that it's not expected to reduce the overall infection level in a population, but simply delay it in order to make it more manageable.

Historically, coronaviruses have taken two years to work their way through populations by which, through exposure to functioning human immune systems and microbiomes, herd immunity is developed. The fact that the CDC agrees that 35% or more of the population has already likely been infected while being only mildly symptomatic or completely asymptomatic, tells us two things:

- 1) COVID-19 is not as virulent or deadly as expected; more recent analysis strongly suggests the virus has been circulating for even longer than we initially believed⁹², reinforcing this conclusion
- 2) The US population has already been developing herd immunity, immunity that could be shared if people were not closeted up and masked

⁹¹ <https://www.cdc.gov/nchs/fastats/deaths.htm>

⁹² <https://www.conservativereview.com/news/horowitz-lockdowns-missed-boat-likely-coronavirus-cases-us-early-december/>

Moreover, the bulk of the new COVID-19 cases in New York City have come from shut-ins⁹³, not from those being regularly exposed; therefore the transmission modeling and projections are yet again being proven inaccurate.

Note, also, how despite the likes of Wal-Marts, Home Depots, large grocery stores and even fast food restaurants have remained open and serving millions of people while handling lots of cash and merchandise in close quarters. Add to this the postal carriers and shippers still delivering to every house – all activities likely to increase infectious spreading if SARS-CoV-2 were as virulent as initially advertised – yet we have not seen any corresponding spike of infections or deaths.

Although you will find some arguing against herd immunity, or against it developing quickly enough, and citing small samplings of reinfection from those supposedly recovered from the virus or individuals developing levels of antibodies insufficient to confer immunity⁹⁴, such arguments are not supported by the observed transmission or spread of infection. This is true here in the US despite the above-mentioned infection vectors, and especially true in countries that have not enforced quarantines. The fact that Sweden's mortality rate per unit of population has steadily dropped and that it has not experienced a "second wave," both of which contrast with countries which enforced lockdowns, argues forcefully in favor herd immunity.⁹⁵ If that is not enough for you, consider what these 30 epidemiologists, immunologists, virologists and other medical experts have to say about it.⁹⁶

As for the expectation that SARS-CoV-2 would overwhelm the healthcare system, that danger seems to have passed. Most hospitals around the country are were nearly empty by June. Special hospitals that have were erected remained mostly empty and most have been dismantled. Now that it's just summertime and with vegetation eagerly inhaling the excess carbon dioxide and more people getting out in the sunshine, we are already seeing numbers falling in the direction of normal seasonal variations for respiratory infections, despite flawed testing regimens implying otherwise. Death counts are a better way to assess the impact of the virus, with all-cause mortality being the best indicator.

Regarding younger people claimed to be succumbing to COVID-19, the numbers are quite small overall – only 55 deaths nationwide by mid-July, about 1/3 the mortality rate of the seasonal flu for children. Some of the illnesses and death in children may well have been attributed incorrectly, as some of these patients seem to be exhibiting a form of Kawasaki Disease.⁹⁷

⁹³ <https://www.newsday.com/news/health/coronavirus/coronavirus-long-island-new-york-covid19-1.44418223>

⁹⁴ <https://www.paulcraigroberts.org/2020/05/29/the-fear-is-real-not-orchestrated/>

⁹⁵ <https://metro.co.uk/2020/08/24/sweden-claiming-beating-covid-widespread-immunity-13171248/>

⁹⁶ <https://off-guardian.org/category/covexperts/>

⁹⁷ <https://childrenshealthdefense.org/news/inflammatory-syndrome-affecting-children-kawasaki-disease-covid-19-or-something-else/>

The Strength of the Human Immune System

The human immune system has been 5 billion years in the making and has shown itself capable of dealing with all manner of viruses and bacteria. By definition, the humans alive today have been the survivors of every prior viral and bacterial onslaught, and have developed herd immunity for a wide range of pathogens.

Viruses in fact make up a great deal of the human organism, with each of us containing approximate 380 trillion viruses, including a number of endogenous retroviruses. The air around us, the bodies of water, and the soil beneath our feet all have trillions upon trillions of viruses that directly or indirectly support our functioning. Children who play in the dirt literally receive immunity-boosting genetic material from the soil microbiome.

Viruses and bacteria are involved in every aspect of human biology, from the immune system to the digestive system to the circulatory system.⁹⁸ It is scientifically accurate to say that we would not survive or even be alive in the first place without viruses.

However, under the current scientific materialist paradigm, viruses and bacteria are considered pathogens that can attack us and for which we have no recourse but to counterattack and “conquer.” We are being told that our very bodies could unwittingly kill or be killed, that the germ is everything and our immune system and supporting microbiome are nothing. Listening to mainstream news sources or government officials, you hear nothing about our natural development of herd immunity or about how we can each share elements of our immunity with others, helping them to become immune.

Are Some of Us Already Immune?

In a study conducted by over a dozen microbiology and immunology researchers from several US institutions⁹⁹, it was found that those who had previously been infected with a variety of coronaviruses, including common colds, already carry greater immune resistance to SARS-CoV-2. Researchers discovered killer T cells in populations that had yet to be exposed to SARS-CoV-2 that matched those found in blood samples of recovered COVID-19 patients. The T cells from the unexposed population nonetheless recognized the novel coronavirus. While this does not conclusively establish immunity from SARS-CoV-2, it could explain why so many are asymptomatic and why the infection has not spread more widely. This could further invalidate the argument that maintaining quarantine is necessary because full herd immunity has not sufficiently developed.

Despite the fact that the average healthy person does not suffer or die when infected with SARS-CoV-2 and is therefore living proof of the power and adaptability of the human immune

⁹⁸ <https://natureinstitute.org/txt/ch/virus.pdf>. For a fascinating discussion on viruses, see also <https://charleseisenstein.org/wp-content/uploads/2020/08/Transcript-Zach-Bush-Life-is-a-Community-E49-New-and-Ancient-Story-Podcast.pdf>

⁹⁹ Grifoni 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>

system, the CDC and the mainstream news continue to push extreme measures, as if SARS-CoV-2 was as dangerous as Ebola, as if death was being randomly visited upon everyone.

Not only that, but people like Anthony Fauci have been suppressing information – information they once championed¹⁰⁰ – about simple measures for boosting the immune system, for example the value of vitamins C and D and their use in preventing and fighting infectious diseases.¹⁰¹

To summarize thus far:

- Novel viruses typically work their way through the world population over the course of two flu seasons (e.g. winters) before herd immunity is achieved and then all but disappear; such immunity takes place through *exposure to the diversity of functioning human immune systems* (with some of us already showing immunity due to prior coronavirus exposure), not through quarantining, social distancing and mask-wearing
- Lockdowns and quarantining are not resulting in statistically significant differences in infection or mortality rates
- Chronic health conditions and air pollution levels, combined with certain classes of pharmaceuticals, are the proximate causes of death for most victims of COVID-19
- If you are elderly and live in a nursing home, you are most at risk¹⁰²
- People are dying from COVID-19 at the same rate of life expectancy, with older people with pre-existing chronic conditions primarily being those succumbing. This is tragic to be sure, but it happens every day and every year.
- Taking the inflated mortality rate into account, COVID-19 is killing at about the same rate as a seasonal flu while impacting younger and middle-aged people much less severely. Even the latest numbers from the CDC confirm this.
- COVID-19 is killing at a much lesser rate than many other diseases in the United States, none of which is being accompanied by daily mortality reports or lamentations
- The all-cause mortality rate for the US is not significantly higher over the first four months of this year than in previous years¹⁰³
- We are therefore not experiencing a significant spike in deaths, nor an out-of-control pandemic killing large swaths of the population indiscriminately

A Pandemic of Fear

In light of these facts, why have we shut down the economy, thrown tens of millions out of work and off of their healthcare coverage, and permanently destroyed many small local

¹⁰⁰ <https://www.washingtonian.com/2016/01/15/how-to-avoid-getting-sick-when-youre-around-people-all-day/>

¹⁰¹ <https://articles.mercola.com/sites/articles/archive/2020/04/22/anthony-fauci-niaid.aspx>

¹⁰² <https://twitter.com/boriquagato/status/1263846555007639553/photo/1>

¹⁰³ <https://articles.mercola.com/sites/articles/archive/2020/04/29/coronavirus-mortality.aspx>

businesses? And why do officials continue to insist on keeping the economy closed or mostly closed, and on maintaining quarantines and social distancing norms, well after the curve has been flattened? We'll be exploring these questions in the next three sections.

There is nothing like the prospect of disease, pain and death to shock the body and mind into a traumatic freeze/fawn reaction. It makes people willing to do anything to ward off uncertainty and death – even needlessly wearing masks while walking or biking outside, or while driving alone in their cars. Again, no one is saying that if you are in a high-risk group, that you should not be careful; but this is no different than any other year with diseases like influenza.

With the lack of contextual reporting and the relentless push of a fear-based narrative from official quarters, it is not difficult to understand why we have seen develop the false polarization that says you're either in favor of people's health and survival or in favor of the economy opening back up. With such lack of critical inquiry, anyone who questions the official narrative regarding lockdowns, social distancing or wearing masks is automatically cast as selfish, misguided, crazy, immoral – even “right wing.”

This is the *Choicelessland* scenario of the reptilian brain: do what we say or die; keep your distance or you're going to kill grandma; stop sharing information on possible treatments or someone will drink drain cleaner and die. Such exhortations, while masquerading as pure rationality and selflessness, in actuality reveal the underlying fear-based agenda that is actively lowering everyone's capacity to think and make rational and healthy choices for themselves based on the best information available.

This response is one of *infantilization*, making everyone in essence *wards of the state*, imbuing the state and those believing themselves to be acting with similar wisdom or authority – an extremely large number by all accounts – with the sole power to know and understand the needs of every individual. Instead of a rational and data-driven, risk-based vertical interdiction scenario such as recommended by Dr. David Katz – an approach he calls Total Harm Minimization^{104,105} – we are left with a one-size-fits-all solution based on fear, single-option analysis, and authoritarian control. Instead of rational thought and openness to engage with heterodox views, we get political posturing and groupthink.

We have allowed the life-or-death biological survival signal to overpower all other cognitive functions, leaving only our amygdalas in charge.

¹⁰⁴ <https://davidkatzmd.com/coronavirus-information-and-resources/>

¹⁰⁵ <https://www.truehealthinitiative.org/covid/>

IV. The Suppression of Treatments – and Morals

Many successful treatments which have been known about for months and reported on by doctors around the world as being highly effective against COVID-19 could have been used all along to save – and could still save – tens of thousands of lives. Instead, they have been ridiculed, censored and suppressed by the CDC, by social media behemoths like Google, Facebook and YouTube, and by the mainstream media. Countless thousands of people around the world who look to official institutions to provide the best care and resources possible have been denied treatments that could make the difference between life and death. Such suppression, I would argue, borders on negligent homicide. Among these treatments are:

- Chloroquine a.k.a. hydroxychloroquine, specifically used in combination with zinc sulfate and azithromycin¹⁰⁶
- Intravenous Vitamin C¹⁰⁷
- Interferon Alpha¹⁰⁸ and Beta¹⁰⁹
- Inhaled corticosteroids like budesonide and dexamethasone^{110,111}
- Chlorine Dioxide¹¹²

HCQ-Gate

Let's take chloroquine (or hydroxychloroquine or HCQ) as one example, that is reported to work by ionically opening cells to the functioning of zinc, which interferes with the replication of the virus. The minute President Trump mentioned this as a possible cure, what has come to be

¹⁰⁶ <https://threadreaderapp.com/thread/1249044167478726661.html>

¹⁰⁷ <http://orthomolecular.org/resources/omns/v16n14.shtml>

¹⁰⁸ <https://www.telesurenglish.net/news/more-than-40-nations-ask-cuba-for-interferon-alpha-b-20200327-0004.html>

¹⁰⁹ <https://www.healio.com/news/pulmonology/20200721/inhaled-interferon-beta-shows-promise-for-severe-covid19>

¹¹⁰ <https://www.covid19refusers.com/dr-bartlett-clinical-success-inhaled-steroid-budesonide-prevents-covid-19-death/>

¹¹¹ <https://youtu.be/BG5pEDKbQv0?t=172>

¹¹² <https://www.naturalnews.com/2020-05-18-researchers-claim-100-percent-cure-rate-vs-covid-19-ecuador-intravenous-chlorine-dioxide.html>

called “Trump Derangement Syndrome”¹¹³ (and its close cousin, Resistance Journalism¹¹⁴) kicked into high gear amongst the political and media cognoscenti in Washington and around the country. Suddenly chloroquine, despite its decades of successful use, was that unproven, awful, absolutely lethal drug. After all, CNN, MSNBC, the New York Times, the Wall Street Journal and the Washington Post all said so. They argued that Trump must want to promote this drug because he owns stock in a French company that produces a version of the drug.

Anthony Fauci himself was also quick to deny any usefulness for the drug, despite an NIH-funded study in 2005 showing how chloroquine had great promise as a “potent inhibitor of SARS coronavirus infection and spread,”¹¹⁵ a significantly more fatal form of coronavirus. With such a well-established result, even if only *in vitro*, one has to wonder why Fauci would denigrate it so readily and not put all available resources into developing it.

The problem is, the press were all lying, perhaps just lying to themselves so they could count coup one more time on our hapless leader (and to be transparent, I'm not really a fan either). In any case, they failed in their due diligence as journalists and as human beings. Not only did Trump's “holdings,” buried somewhere in a mutual fund, turn out to be worth something like \$100, but their derision and disbelief prevented them from even attempting to investigate the efficacy of chloroquine as a valid treatment for COVID-19.

The History of HCQ

Chloroquine (or its synthetic version, hydroxychloroquine or HCQ), has been in use for over 60 years¹¹⁶, not only as an anti-malarial, but as a treatment for chronic diseases like lupus and rheumatoid arthritis. It's use is so valued that the WHO lists it as an “essential medicine.” While as with all medicines there are some contraindications, it is not as dangerous as has become recently popular to claim, unless improperly used. In the US in 2017 alone, HCQ was prescribed nearly 5,700,000 times¹¹⁷, without all the dire warnings about potential heart damage (which typically comes from drug interactions¹¹⁸). One would be hard pressed to find a single article attacking the efficacy of this drug prior to 2020 (actually, prior to its claims of usefulness with COVID-19); that in itself should tell us something.

HCQ and COVID-19

In early April reports surfaced of a number of doctors using hydroxychloroquine (HCQ) in combination with zinc or azithromycin or both (for all three, hereafter called “CZZ”) to treat COVID-19. By April 10, French physician and researcher Dr Didier Raoult had treated 1000

¹¹³ https://www.realclearpolitics.com/articles/2017/01/03/its_worse_than_bush_derangement_syndrome_132696.html

¹¹⁴ <https://robertjonathan.com/resistance-journalism-trump-era/>

¹¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/>

¹¹⁶ https://mdedge-files-live.s3.us-east-2.amazonaws.com/files/s3fs-public/Document/May-2018/shippey_hydroxychloroquine.pdf

¹¹⁷ <https://clincalc.com/DrugStats/Drugs/HydroxychloroquineSulfate>

¹¹⁸ <https://www.medicalnewstoday.com/articles/hydroxychloroquine-oral-tablet>

patients with an HCQ+Azithromycin protocol with a 91% direct success rate and a .47% death rate (five people ranging from 74-95 years old), with 0% cardiac toxicity, when treatment was started immediately after diagnosis.¹¹⁹ Dr. Oz apparently found his claims truthful.¹²⁰ 12 French doctors subsequently filed a petition to get the French Prime Minister and Minister of Health to make HCQ available in all French hospitals.¹²¹

If Dr. Raoult was the only clinical use with a sizable population, perhaps it could be dismissed, but it was not. Dr Vladimir Zelenko in New York used this protocol, but with the addition of Zinc, to treat over 900 cases with a 99.7% success rate.¹²² Dr Zelenko's protocol has since been adopted in Italy, France, China, Turkey, Brazil and elsewhere, with excellent results, when begun within the first 5 days of symptom onset.¹²³

The clinical explanation is that hydroxychloroquine opens the cells to allow the zinc to penetrate (chloroquine is a known zinc ionophore¹²⁴), which interrupts viral replication of SARS-Cov-2, and azithromycin reduces the secondary infections. Although it's mechanism is not totally understood, chloroquine on its own also has been shown to repel viruses¹²⁵, and may be related to its capacity to increase pH levels¹²⁶. Critically, the CZZ intervention is reported to work best in the early stages of the progression of the disease. The doses required are on the low side and only required several days of treatment, well below the toxicity threshold.

Smaller groups of COVID-19 patients also responded well to HCQ treatments. Los Angeles physician Dr Anthony Cardillo reported patients going from ill to asymptomatic in as little as 12 hours. Here he is talking with ABC News.¹²⁷ Several doctors reported good results using hydroxychloroquine (without the addition of zinc) including Dr. Muhammed Alam of Plainview Hospital in New York¹²⁸ and Dr. Stephen Smith in New Jersey¹²⁹.

On April 2, in a survey of over 6000 physicians in 30 countries, 37% of doctors treating COVID-19 patients rated hydroxychloroquine as the "most effective therapy" (plus, HCQ was highest

¹¹⁹ <https://techstartups.com/2020/04/10/renowned-french-doctor-didier-raoult-published-new-results-of-1061-coronavirus-patients-treated-using-hydroxychloroquine-with-91-success-rate/>

¹²⁰ <https://youtu.be/fxEy7Mdyhb0>

¹²¹ <https://www.change.org/p/ephilippepm-traitement-covid19-ne-perdons-plus-de-temps-neperdonsplusdetemps>

¹²² <https://techstartups.com/2020/04/05/new-updates-dr-vladimir-zelenko-cocktail-hydroxychloroquine-zinc-sulfate-azithromycin-showing-phenomenon-results-900-coronavirus-patients-treated-must-watch-video/>

¹²³ https://youtu.be/U4QubuhS_Pc (video now censored). See also <https://hcqtrial.com>.

¹²⁴ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0109180>

¹²⁵ <https://virologyj.biomedcentral.com/articles/10.1186/1743-422X-2-69>

¹²⁶ <https://iaai.asm.org/content/85/1/e00586-16>

¹²⁷ <https://youtu.be/8OKZbrk8Y7Q>

¹²⁸ <https://nypost.com/2020/04/04/long-island-doctor-tries-new-hydroxychloroquine-for-covid-19-patients/>

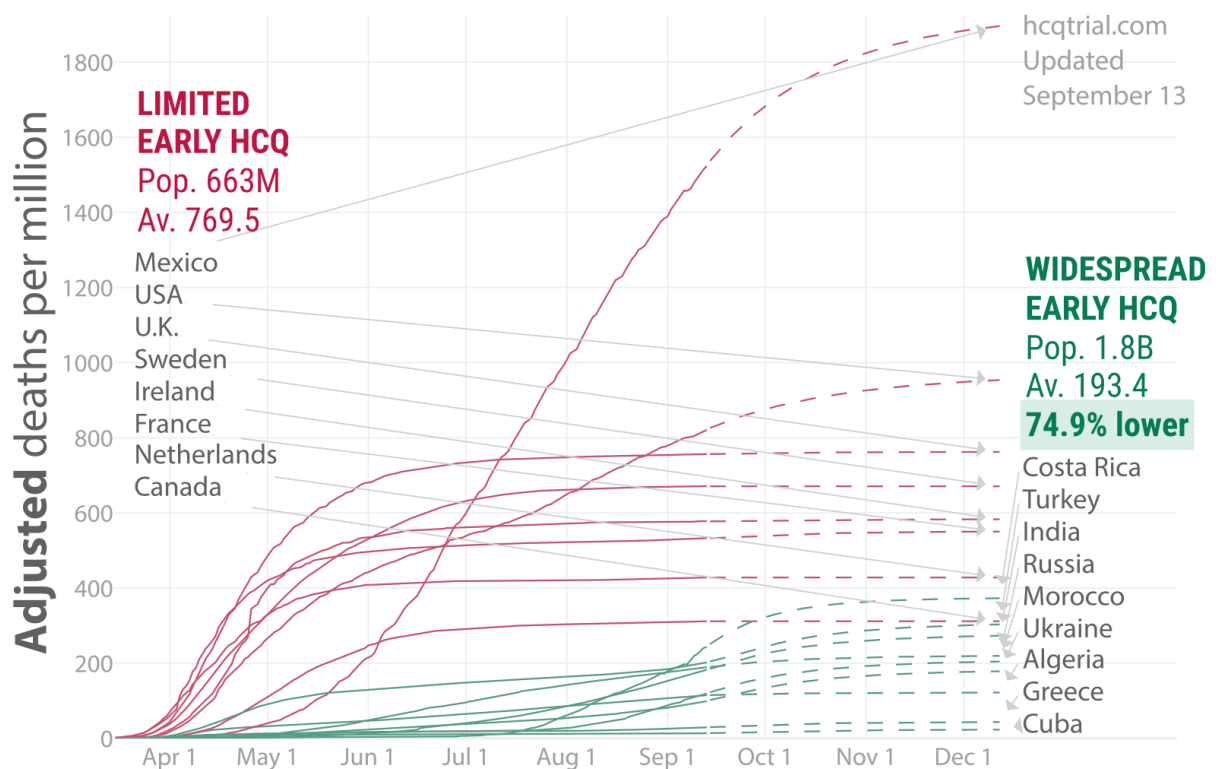
¹²⁹ <https://www.foxnews.com/media/dr-stephen-smith-on-effectiveness-of-hydroxychloroquine-with-coronavirus-symptoms-beginning-of-the-end-of-the-pandemic>

rated among all therapeutic interventions).¹³⁰ By May 7, out of 33,700 physicians interviewed across the globe, 55% reported using hydroxychloroquine.¹³¹ Chloroquine has proven to be of inestimable value in fighting the effects of SARS-CoV-2 and is reportedly being deployed in 200 studies, trials and use cases around the world.¹³² Over 40 peer-reviewed hydroxychloroquine (HCQ) studies show its effectiveness against COVID-19.¹³³ Countries implementing HCQ treatments early in the progression of COVID-19 have experienced extraordinarily low mortality rates.¹³⁴

Early treatment with hydroxychloroquine: a country-based analysis

Covid Analysis, August 5, 2020 (updated September 13, 2020)

@CovidAnalysis [f](#) Share [t](#) Tweet PDF



¹³⁰ <https://www.sermo.com/press-releases/largest-statistically-significant-study-by-6200-multi-country-physicians-on-covid-19-uncovers-treatment-patterns-and-puts-pandemic-in-context/>

¹³¹ <https://www.sermo.com/press-releases/sermo-reports-covid-19-treatment-trends-over-6-weeks-and-33700-interviews-usage-efficacy-and-safety-perceptions-of-most-used-therapies/>

¹³² <https://youtu.be/aSpeWpAkQd0> (video now censored). See also: c19study.com.

¹³³ www.c19study.com

¹³⁴ www.HCQTrial.com

Even President Trump claimed to be taking chloroquine prophylactically, in consultation with his personal physician.¹³⁵ Of course, he was widely derided for that, too.

Suppression Goes Big

Despite these reports of chloroquine's effectiveness coming in from all over the world, the CDC, aided and abetted by the corporate-controlled mainstream media, kept ignoring or denying that there was any use for it. At one point in April, when I searched Google for chloroquine treatments, for the first several pages of results all I could find were links about a trial or two where chloroquine had been reported to cause heart attacks or to be killing people, but nothing about its successes that I was finding elsewhere.

Such all-out efforts to delegitimize the drug have been so successful that people won't even sign up for hydroxychloroquine trials for fear of their lives.¹³⁶

That a viable treatment would be feared more than the disease, which itself is much less harmful than advertised, is proof of the power of what I have now come to call the *Censorship Industrial Complex*. By all rights this should be sufficient basis for investigations of fraud and corruption.

Aiming to nip the "unauthorized treatment" movement in the bud, Google subsidiary YouTube's CEO Susan Wojcicki announced on April 19 that the video service would ban any content contradicting the WHO's recommendations for COVID-19 treatments, including those already shown to be effective, like intravenous vitamin C.¹³⁷

Could it be that the broad adoption of chloroquine, as an unpatented drug and costing only \$.50 per dose, might deny their friends in the pharmaceutical industry a big payday when compared with Remdesivir at \$3,200 per course of treatment? Why else would they expend so much effort to delegitimize it? (Despite the FDA eventually adding hydroxychloroquine to the approved list of treatments¹³⁸, broad suppression has continued.)

It's not just heterodox journalists being censored – it's been doctors and scientists as well, e.g., epidemiologist Dr. Knut Wittkowski's heterodox views on the lockdown was censored from YouTube¹³⁹. Other doctors being censored include: Dr. Andrew Kaufman, Dr. Rashid Buttar, Dr. John Bergman, Dr. Vernon Coleman, Dr. Sherri Tenpenny (banned), Dr. Judy Mikovitz (banned), Dr. Bruce Lipton, Dr. Dolores Cahill, Dr. Dan Erickson. Dr. Arin Massihi, among others.¹⁴⁰

¹³⁵ <https://streamable.com/5h6qvw>

¹³⁶ <https://youtu.be/aSpeWpAkQd0?t=76> (video now censored). See also <https://www.nature.com/articles/d41586-020-01599-9>

¹³⁷ <https://fee.org/articles/youtube-to-ban-content-that-contradicts-who-on-covid-19-despite-the-un-agency-s-catastrophic-track-record-of-misinformation/>

¹³⁸ <https://www.zerohedge.com/health/hydroxychloroquine-added-fda-shortages-days-after-approval>

¹³⁹ <https://truepundit.com/youtube-censors-epidemiologist-knut-wittkowski-for-opposing-lockdown/>

¹⁴⁰ <https://justthenews.com/nation/free-speech/youtube-censors-video-which-medical-doctors-said-hydroxychloroquine-might-help>

Journalist Matt Taibbi, in his article, *The Inevitable Coronavirus Censorship Crisis is Here*, finds the growing suppression of information around COVID-19 to be deeply problematic:

*Instead of asking calmly if hydroxychloroquine works, or if the less restrictive Swedish crisis response has merit, or questioning why certain statistical assumptions about the seriousness of the crisis might have been off, we're denouncing the questions themselves as infamous. Or we're politicizing the framing of stories in a way that signals to readers what their take should be before they even digest the material....Turning ourselves into China for any reason is the definition of a cure being worse than the disease. The scolders who are being seduced by such thinking have to wake up, before we end up adding another disaster on top of the terrible one we're already facing.*¹⁴¹

If there is no “there” there, why all the censorship? If counterclaims are nothing but “fake news” without any objective basis, then wouldn’t further scrutiny only expose the underlying lies or faults in reasoning? I wonder why these institutions are afraid of open inquiry and the transparency of collective sense-making?

It seems the revelation will not be televised after all.

(See Part VI for more information on the suppression of hydroxychloroquine.)

Remdesivir to the Rescue? Not So Fast

With the Censorship Industrial Complex backstopping them, Anthony Fauci and the CDC were eager to get the trials for Remdesivir, a more expensive and patented drug, underway. They apparently ran into a snag in the early goings of the trial, however, that made them jerry-rig their protocol midstream¹⁴², something which should never be done in valid scientific studies. They were also ignoring negative evidence for the potential of Remdesivir with COVID-19 as reported in a Chinese study.¹⁴³ Finally, in a New England Journal of Medicine article published on May 22, while some benefit of the drug was noted, no marked benefits were shown for those who were healthier and didn't need oxygen or those who were sicker and required a ventilator.¹⁴⁴

It looks like Remdesivir will not be the magic bullet or cash cow after all.¹⁴⁵

¹⁴¹ <https://taibbi.substack.com/p/temporary-coronavirus-censorship>

¹⁴² <https://youtu.be/8Ru1z00hlys> (video now censored). See also <https://www.msn.com/en-us/news/us/government-researchers-changed-metric-to-measure-coronavirus-drug-remdesivir-during-clinical-trial/ar-BB13ui2k>

¹⁴³ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31022-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31022-9/fulltext)

¹⁴⁴ <https://www.nejm.org/doi/full/10.1056/NEJMoa2007764>

¹⁴⁵ <https://theintercept.com/2020/05/26/coronavirus-gilead-remdesivir-treatment/>

Critical Questions for Free Thinking People

So ask yourself this: how many people died because official institutions and corporate media players did not want the information about inexpensive available treatments to get out? How many died while politicians, bureaucrats and media personalities played football with the facts? Was it 20,000 (10%)? 50,000 (25%)? More? How many could still be saved but will not be because, believing in the word of the CDC or MSNBC, they remain totally unaware that workable treatments are readily available?

Are you really OK with that?

Shouldn't these individuals be held accountable?

How many of us, if we were aware that inexpensive and quite effective treatments were available, would be able to let go of our dread of being attacked by an invisible pathogen and feel liberated to go about our business in our communities and houses of worship? How many, if we were aware of the actual threat from COVID-19, would doff our masks and go back to work and play? Back to restaurants and bars? Back to ballfields and movie theaters? Back to VFW lodges and dance halls? Back to Grandma's house for Sunday dinner?

Instead, our elected representatives – and quite a few who were never elected – would like us to put our masks back on and cower before the great and powerful Oz. Oz will decide when your business or church or synagogue will open – or if. Oz will tell you when you can go out and socialize. Oz will tell you when it's safe to hug your grandchild. Oz will tell you when you can go to the park or beach or stand closer than six feet from your neighbor. Oz will tell you, so pay no attention to that man behind the curtain.

But Dorothy doesn't have to play along if she doesn't want to...

If we lived in a culture that uplifted and celebrated the truth wherever it could be found instead of protecting professional and industrial cartels; and if doctors therefore were immediately apprised of the problems with ventilators and were instantly notified of successful treatments; and if all of these doctors had the remedies near to hand in quantities sufficient to accommodate possible further outbreaks – wouldn't we all likely be agreeing that it's fine to go out to live our lives, learn, shop, eat, play, all safely while isolating only the most vulnerable among us?

If doctors had been provisioned in an adequate and timely fashion, would they have been able to treat people more effectively and more quickly, perhaps many or most on an outpatient basis, without the need to ration ventilators or fill up hospital wards? Wouldn't then the many others who had been postponing their treatments, procedures and operations or otherwise avoiding hospitals for fear of infection been free to resume their normal course of healthcare?

If healthcare workers had been properly provisioned, and been allowed to adequately rest and boost their immune systems, and had equal access to such treatments, would they have fared better through this crisis?

Inquiring minds want to know.

V. Vaccines to the Rescue?

*[W]e had accepted some half truths and had stopped searching for the whole truths. The principal half truths were that medical research had stamped out the great killers of the past —tuberculosis, diphtheria, pneumonia, puerperal sepsis, etc. —and that medical research and our superior system of medical care were major factors extending life expectancy, thus providing the American people with the highest level of health available in the world. That these are half truths is known but is perhaps not as well known as it should be.*¹⁴⁶

– Dr. Edward H. Kass, President,
Infectious Diseases Society of America

Scientific medicine has taken credit it does not deserve for some advances in health. Most people believe that victory over the infectious diseases of the last century came with the invention of immunizations. In fact, cholera, typhoid, tetanus, diphtheria, and whooping cough, and the others were in decline before vaccines for them became available — the result of better methods of sanitation, sewage disposal, and distribution of food and water.

– Dr. Andrew Weil, *Health and Healing*

With the prospect of patentable treatments fading into obscurity, Fauci’s and the CDC’s increasingly incoherent calls for maintaining the lockdown and social distancing measures “until a vaccine can be found” started being parroted word for word in newsrooms around the world.¹⁴⁷ Nearly every politician seems to be on board as well.

¹⁴⁶ <http://vaccinesafetycommission.org/pdfs/Kass%201971.pdf>

¹⁴⁷ <https://youtu.be/1Z5VYqJqrtl>

We should all be openly skeptical of such mandates and the claims upon which they are based. Not only are vaccines demonstrably and historically dangerous, but their role in curbing infectious disease has likely been drastically overstated.¹⁴⁸

Faulty Premises from the Outset

Scientists have been trying to make coronavirus vaccines for nearly 3 decades without success. This is partly because such viruses mutate constantly; SARS-CoV-2, which causes COVID-19 symptoms, has already seen at least 30 mutations.¹⁴⁹ Like flu vaccines developed annually, scientists have to guess in advance which mutations might show up, making many flu shots as little as 10% effective,¹⁵⁰ and sometimes even fatal (more on this below). It would be no better for any of the proposed COVID-19 vaccines.

Traditional estimates for the development of a functional vaccine have been clocked at between 18 months and 3 years. Now, they are fast-tracking vaccine trials in program called “warp speed” (as if making it cool-sounding equates to making it safe) that will completely bypass animal trials and instead relegate human beings to the role of guinea pigs.

OVG Vaccine Backfires on Macaques

The Oxford Vaccine Group (OVG) was one of the first “warp speed” firms working on a spike-protein vaccine that was expected to be ready by the end of this year. In fact, proponents were so optimistic that they believed they could get 30 million doses ready by September.¹⁵¹ On April 24, OVG scientists declared, on the basis of a small study with macaques, that the vaccine had resulted in the development of antibodies. Data shared on May 13, however, revealed the vaccine was falling short of expectations.¹⁵² Turns out that once exposed to the live virus, five of the six macaques had all fallen ill. Not only that, but they were shedding virus particles like crazy, meaning the vaccine in its current form would only help spread the virus.¹⁵³

Undeterred, OVG has already moved on to human trials.¹⁵⁴ These trials are not using the standard inert placebos, which undermines the scientific validity of the trials. They are also restricting safety studies to just three weeks, a laughably short period which is sure to obscure any long-term damaging effects.

¹⁴⁸ <https://jbhandleyblog.com/home/2020/6/19/vaccinessavetheworld>,
<https://jbhandleyblog.com/home/2020/7/29/sciencesettled>

¹⁴⁹ <https://www.news-medical.net/news/20200422/Coronavirus-has-mutated-into-at-least-30-strains.aspx>

¹⁵⁰ <https://articles.mercola.com/sites/articles/archive/2016/10/11/flu-vaccination.aspx>

¹⁵¹ <https://www.edinburghlive.co.uk/news/edinburgh-news/oxford-covid-19-vaccine-30-18296291>

¹⁵² <https://www.immunology.ox.ac.uk/covid-19/covid-19-immunology-literature-reviews/chadox1-ncov-19-vaccination-prevents-sars-cov-2-pneumonia-in-rhesus-macaques>

¹⁵³ <https://www.newstatesman.com/2020/05/experts-raise-doubts-about-oxford-university-vaccine-after-it-fails-stop-covid-19-animal>

¹⁵⁴ <http://www.ox.ac.uk/news/2020-05-22-oxford-covid-19-vaccine-begin-phase-iiii-human-trials>

The Moderna mRNA Vaccine

The biotech firm Moderna is working on a never-before-developed mRNA vaccine for COVID-19 that works by genetically modifying human DNA to produce virus particles, which our immune system is then supposed to fight. Nothing could go wrong with that, right?

This approach is based on the same scientific materialist paradigm that sees pathogens as enemies to be destroyed, rather than the more enlightened view of the human immune system, microbiome and virome that emphasizes the health of our inner terrain – and also the health of our mind, emotions, social connections; our connection to nature, beauty and a sense of purpose; and the health of our soils, food, water, air and lived environment. None of that matters, right?

Also, notably, no one taking part in the Moderna mRNA study represents groups most at risk from COVID-19 – i.e., no one older than 54 years and no one with comorbidities. So the vaccine trial will prove that those who don't normally get sick from COVID-19...will be protected from getting sick from COVID-19?

Already, 20% of those tested in the higher dose group with the early Moderna vaccine have suffered severe adverse reactions,¹⁵⁵ while only 8 of the 45 in the trial showed the development of binding antibodies.

Funny how all that not-so-good news didn't stop Moderna's stock value from getting a good bump when they announced the initial results...

Who needs truth when you can control the context and framing?

Vaccines: Not As Safe as We've Been Told

Regarding our vaccine history, which Catherine Austin Fitts calls "the great poisoning,"¹⁵⁶ most people don't know that:

- Since 1986 pharmaceutical companies in the US have had zero financial or legal liability for the damages caused by their childhood vaccines¹⁵⁷
- The US National Vaccine Injury Compensation Program has paid out \$4.3B to date¹⁵⁸
- U.S. Vaccine Adverse Event Reporting System (VAERS) received 1,881 reports of infant deaths following vaccination from 1990 through 2010¹⁵⁹, while a federal government

¹⁵⁵ <https://investors.modernatx.com/news-releases/news-release-details/moderna-announces-positive-interim-phase-1-data-its-mrna-vaccine>

¹⁵⁶ <https://home.solari.com/deep-state-tactics-101-the-covid-injection-fraud-its-not-a-vaccine/>

¹⁵⁷ <https://www.nvic.org/NVIC-Vaccine-News/March-2011/No-Pharma-Liability--No-Vaccine-Mandates-.aspx>

¹⁵⁸ <https://www.hrsa.gov/vaccine-compensation/index.html>

¹⁵⁹ <http://journals.sagepub.com/doi/pdf/10.1177/0960327112440111>

report from 2010 affirms that VAERS captures only about 1% of actual adverse vaccine incidents¹⁶⁰

- 490,000 children were paralyzed by Gates Foundation-funded polio vaccines in India¹⁶¹
- The swine flu vaccine caused brain damage, resulting in \$9B in damage payouts so far¹⁶²
- The WHO admitted a global polio explosion was caused by the polio vaccine itself¹⁶³
- Animals undergoing vaccine trials have suffered hyper-immune responses when exposed to the live virus¹⁶⁴; this has also happened to humans when 2 died during the 1967 respiratory syncytial virus (RSV) trials¹⁶⁵
- In a Dept. of Defense study, those taking flu shots were found to be 36% more susceptible to coronavirus infections¹⁶⁶
- Despite their work being publicly funded, scientists at the CDC, NIH & NIAID actually own patents on vaccines¹⁶⁷ and realize huge profits from their sale

Sadly, these are facts, not theories. Given this, it's not a surprise that Bill Gates, who has for many years been the cheerleader for global vaccination projects and who has openly admitted his aim of reducing world population by 10 or 15%, is seeking indemnification for countries for putting the as-yet-untested COVID-19 vaccine into play¹⁶⁸ (protection already provided to US corporations by the PREP Act¹⁶⁹), admitting it may hurt or damage perhaps 700,000 people.¹⁷⁰

Are you willing to sign up your child, your mother, your grandfather, your spouse or yourself to play *Vaccine Russian Roulette*?

Your Flu Shot May Already Be Worse Than COVID-19

Sanofi Pasteur's Fluzone, one of the most popular flu vaccines in the country, may be more dangerous than SARS-CoV-2. According to the box insert for the product¹⁷¹, which describes adverse reactions found in clinical trials with adults 65 years of age or older, "a total of 23 deaths were reported during days 29-180 post-vaccination: 16 (0.6%) among Fluzone High-Dose

¹⁶⁰ <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

¹⁶¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6121585/pdf/ijerph-15-01755.pdf>

¹⁶² <https://naturalsociety.com/brain-damaged-victims-of-swine-flu-vaccine-win-63-million-lawsuit/>

¹⁶³ <https://www.npr.org/sections/goatsandsoda/2017/06/28/534403083/mutant-strains-of-polio-vaccine-now-cause-more-paralysis-than-wild-polio>

¹⁶⁴ www.researchgate.net/publication/224847827_Immunization_with_SARS_Coronavirus_Vaccines_Leads_to_Pulmonary_Immunopathology_on_Challenge_with_the_SARS_Virus

¹⁶⁵ <https://cvi.asm.org/content/23/3/189>

¹⁶⁶ <https://www.sciencedirect.com/science/article/pii/S0264410X19313647>

¹⁶⁷ <https://www.lawfirms.com/resources/environment/environment-health/cdc-members-own-more-50-patents-connected-vaccinations>

¹⁶⁸ <https://childrenshealthdefense.org/news/heres-why-bill-gates-wants-indemnity-are-you-willing-to-take-the-risk/>

¹⁶⁹ <https://www.phe.gov/Preparedness/legal/prepact/Pages/COVID19.aspx>

¹⁷⁰ https://youtu.be/rfgB_Hdasns

¹⁷¹ <https://youtu.be/CzBSWHD4YTM> (video now censored). See also https://www.henryschein.com/us-en/images/Medical/Sanofi_Fluzone_FluzoneHD.pdf

recipients and 7 (0.6%) among Fluzone recipients. The majority of these participants had a medical history of cardiac, hepatic, neoplastic, renal, and/or respiratory diseases.” In a separate study with a similar population, a total of 167 deaths were reported within 6 to 8 months after vaccination, 83 or 0.5% among Fluzone High-Dose recipients and 84 or 0.5% among seasonal recipients.

What this means is that the FDA and CDC accept a death rate associated with flu shots that is actually higher than the death rate from COVID-19 as reported in the CDC’s latest projections – i.e., 0.4% for those who are symptomatic or 0.26% overall.

To be fair, such reported deaths may well be attributable to the chronic conditions themselves, but since most deaths either *with* or *from* COVID-19 are also currently being attributed to the virus, regardless of comorbidities, the comparison should be considered a fair one.

If a higher death rate from the flu shot itself is acceptable, why are we running around like chickens with our heads cut off for a .26%-.4% death rate from SARS-CoV-2?

They’ll “Plunge a Needle Into Your Arm”

You may end up having no choice but to accept the COVID-19 vaccine if prominent lawyer Alan Dershowitz gets his way. He has recently argued that if anyone refuses to get the COVID-19 vaccination, “the state has the power to literally take you to a doctor’s office and plunge a needle into your arm.”¹⁷² As it is important to understand the reasoning of such individuals who have outsized influence in public policy, I will share a portion of a recent interview here, and encourage you to watch the linked video in its entirety:

Dershowitz: My view is very simple: you cannot be compelled to take a vaccine that’s designed just to help you. If we develop a vaccine to prevent cancer or a heart attack, you have a choice, you have a right to die... You have a right to take the vaccine or not. But if the vaccine is not intended to help you only, if it’s intended to prevent you from spreading the fatal, highly contagious disease to other people, then the state has the right to compel you to do it... If the vaccine is safe and if it’s designed to prevent the disease from spreading to other innocent people, then you have no choice. Theoretically you have a choice: you don’t have to have the vaccine; you can just be quarantined in your house for the rest of the pandemic. What you don’t have the right to do is not have the vaccine and come out and contaminate me. As I put it in a different context: every American has the right to inhale a cigarette, but you don’t have the right to exhale it in my face. The right to swing your fist ends at the tip of my nose and the right to infect my lungs with COVID-19 ends at the area around my nose my eyes and my mouth. So that’s my civil liberties position.¹⁷³

¹⁷² See <https://www.bitchute.com/video/CN9CNzISzjg2/> (starting at 36:00 mark). See also <https://youtu.be/9rNTqCD3N-4?t=333>.

¹⁷³ <https://www.bitchute.com/video/CN9CNzISzjg2/>. See also this debate between Robert F Kennedy Jr and Alan Dershowitz: <https://www.youtube.com/watch?v=IfnJi7yLKgE>

Dershowitz goes on to claim that the US Supreme Court would likely support such a measure by a vote of either 9 to 0 or 8 to 1.

Dershowitz seems blithely unaware of the contradiction that if he takes the vaccine and it works as it is supposed to, why does he believe others need to be forced to take it?¹⁷⁴

Vaccinations aren't designed to prevent you from spreading the disease – they're intended to predispose your immune system response so if do get infected, you won't die.

On the surface and to a scientific-materialist mindset, global vaccinations would seem to make sense. But this framing ignores inconvenient truths like:

- the condition of one's own immune system and microbiome and one's own responsibility for it
- the impact of one's diet and any pharmaceuticals one may be taking on one's immune system and on one's bodily interactions with the virus
- The role of environmental factors like the composition, concentration and size of particulate air pollution, and any other environmental toxins to which one may be exposed
- the fact that vaccinated individuals are known to shed virus particles, often at a rate much higher than the unvaccinated, turning those who are vaccinated into potent viral transmitters^{175,176}
- the likelihood that vaccinations do not confer adequate immunity – and sometimes none at all¹⁷⁷, and that vaccine-derived immunity can deteriorate over time (i.e., "vaccine waning").¹⁷⁸

There is, therefore, no absolute failsafe with vaccines.

Also, by claiming the ultimate right to be protected from an invisible pathogen, coming from any and all persons who could possibly be carrying that pathogen, Dershowitz seems to be unaware that he is exacting a steep price on everyone around him, simply in order to have his own peace of mind and protection – protection that cannot be guaranteed in any case. That he inhabits a high-risk category certainly has not escaped him; that others should abrogate their own rights in order to protect him – possibly at the cost of irreversible neurological damage or even death – either seems not to occur to him at all or if it does, seems to be acceptable collateral damage.

¹⁷⁴ See, for example, this argument: <https://www.collective-evolution.com/2019/03/06/unvaccinated-children-pose-no-risk-to-anyone-says-harvard-immunologist/>

¹⁷⁵ <https://articles.mercola.com/sites/articles/archive/2014/11/09/ebola-vaccine-downside.aspx>

¹⁷⁶ <https://www.nvic.org/CMSTemplates/NVIC/pdf/Live-Virus-Vaccines-and-Vaccine-Shedding.pdf>

¹⁷⁷ A CDC study of the 2009-10 mumps outbreak found that 77% of those falling ill had been vaccinated – see: <https://articles.mercola.com/sites/articles/archive/2016/05/10/mumps-vaccine.aspx>

¹⁷⁸ <https://www.immune.org.nz/vaccines/efficiency-effectiveness>

The vaccination argument continues to discount the fact that over 99% of people infected with SARS-CoV-2 do not die, and in all likelihood develop immunity. The fact that those carrying immunity can share their immunity with others, is also absent from discussions.

Cui Bono?

We should all be asking: why the rush to create a vaccine when there is no need for it? Why the rush when any vaccine is likely to be obsolete the moment it is created? Why bypass animal trials when vaccines have long been shown to have unforeseen and damaging side effects for many? Who benefits from suppressing available treatments and pushing the vaccination scenario? And why do so few people stop to question what's really going on?

It's pretty clear who benefits: companies like pharmaceutical and biotech firms and people like Anthony Fauci and the scientists at the CDC. They all stand to rake in millions or billions of dollars.¹⁷⁹ In fact, Fauci's NIAID controls the rights to the biotechnology being used by Moderna in its development of the mRNA vaccine.¹⁸⁰ With an infusion of cash from Bill Gates, Moderna went from listing in the water to listing high on the stock exchange.¹⁸¹ Moderna's CEO Stéphane Bancel owns stocks whose value went from around \$650 million to approximate \$1.7 billion in the last few months, while other executives at Moderna will also get a huge payday.¹⁸²

Who needs cheaply available treatments when there is so much more money to be made with an unproven vaccine technology? If that is not enough, were you aware that the CDC owns a patent on the coronavirus itself as well as the test kit, contravening US law?¹⁸³

Such blatant corruption could only be possible with the corporate capture of regulatory bodies, something that has long been underway in this country. The pharmaceutical and health products industry invests by far the most on lobbying in Washington, and spends more than \$6B annually on television advertising. All that money buys a heck of a lot of influence, including the capacity to control the narrative at will – and also to control your health choices, your employment, and your life, it turns out.

Many are not aware that the World Health Organization is also primarily funded by pharmaceutical companies and by the Gates Foundation; the latter we have already reported as

¹⁷⁹ <https://youtu.be/zXW-WkU37rc> (video now censored; alternate link: <https://www.bitchute.com/video/OMaZVLVXhDlx/>). See also: <https://childrenshealthdefense.org/cdc-who/>, <https://childrenshealthdefense.org/news/close-ties-and-financial-entanglements-the-cdc-guaranteed-vaccine-market/> and <https://theintercept.com/2020/03/13/big-pharma-drug-pricing-coronavirus-profits/>

¹⁸⁰ <https://www.niaid.nih.gov/news-events/nih-clinical-trial-investigational-vaccine-covid-19-begins>

¹⁸¹ <https://www.businessinsider.com/vaccines-for-wuhan-china-coronavirus-moderna-inovio-cepi-2020-1>

¹⁸² <https://www.cbsnews.com/news/moderna-ceo-executives-made-millions-on-vaccine-announcement/>

¹⁸³ Watch <https://youtu.be/C2CsNqHFx68> and/or read <http://www.invertedalchemy.com/2020/04/covid-19-anti-trust-argument.html>. See David Martin's testimony in the free documentary, *Plandemic: Indoctrination* at www.plandemicseries.com. Watch David Martin's masterful debunking of the so-called fact-checkers of *Plandemic* here: <https://www.bitchute.com/video/1YGaCUcCZjMV/> (starting at 1:01:40). David Martin's YouTube channel is also highly recommended: <https://www.youtube.com/c/DavidMartinWorld/videos>.

having been pushing a global vaccination and depopulation agenda for past two decades. Instead of the WHO being free of conflicts of interest – which should be the bare minimum for any legitimate public organization, never mind one dedicated to global health – it ends up being little more than a front for financial interests and agendas that are all too obvious.

A Plague of Corruption

Instead of getting responsible and measured recommendations from our institutions and from public officials, we are being subjected to an agenda based on the self-interest of a cadre of wealthy corporations and individuals. It clearly serves their interests to have us fear for our very lives. We are even being conditioned to fear ourselves, to fear the very breath that comes out of our mouths. We are being taught to fear each other's touch, hugs, and kisses. Grandparents who haven't seen their children or grandchildren in months are being set up to believe that this is the “new normal.” Many people are dying alone in hospitals behind sterile glass windows, comforted neither by family nor by doctors who are too afraid to venture close and get infected.

This is not only a loss of reason, it is a loss of sanity. It is a loss of scientific integrity and rigor. It is a loss of self-authority and a denial of our common humanity.

Future generations will ask us how we allowed ourselves to be so duped. I don't think they'll just accept it when we tell them, “We believed what they told us and did as they asked.”

VI. But That Could Never Happen in America!

*Traditional human power structures and their reign of darkness
are about to be rendered obsolete.*

—R. Buckminster Fuller

Cosmography: A Posthumous Scenario for the Future of Humanity

Many people find it difficult if not impossible to accept that the pharmaceutical-health-science cartel (which includes supposedly independent government oversight institutions like the FDA, the NIH and the CDC) could be engaged in such bald-faced control-and-cover-up efforts to suppress treatments and push a pandemic scenario with an insufficient basis.

Again, it may be that our disbelief and short memories are a result of the traumatic effects of such malevolent acts. People seem to forget the examples of companies like Merck, whose painkiller Vioxx was for years known by company executives to be fatal – it is estimated to have killed as many as 60,000 people before being taken off the market – or that executives sought to intimidate doctors who would not go along with the homicidal program, with one internal company email even recommending, “We may need to seek them out and destroy them where they live.”¹⁸⁴

You Can Fool Some of the People All of the Time

Even if people admit this kind of thing happens, they have a hard time believing that so many could be “duped” into a pandemic. How could government leaders in 50 states, medical experts in 50 Departments of Health, not to mention all of the intelligentsia, just go along? Surely someone would notice! Surely someone would speak up!

All I can say to you is “Iraqi WMDs.”

¹⁸⁴ <https://www.cbsnews.com/news/merck-created-hit-list-to-destroy-neutralize-or-discredit-dissenting-doctors/>

How did so many get waylaid by such specious “proof” that Iraq still had weapons of mass destruction? Only a few credible individuals stood up to argue otherwise – people like Ambassador Joseph Wilson and UN weapons inspector Scott Ritter, who were in a position to know the actual facts on the ground – but they were unable to overcome the mindless drumbeat for war. Those who dared to speak truth to power learned the cost of doing so all too soon – like having their clandestine-CIA spouse getting outed, having their character assassinated, or worse.

Of course, as in every war there was a lot of money to be made by many government contractors in the Military Industrial Complex, who were paying lobbyists millions of dollars to get results, who were funding multi-term politicians running their own little fiefdoms in Washington, all supported by a media elite who worked for many of the same corporations and who would never bite the hand that feeds them.

Who needs a conspiracy when you basically own all the players?

Authority = Passing the Buck Upwards

People in positions of power have everything to lose and not very much to gain by undertaking their own investigations or uncovering inconvenient truths. Even if they harbor doubts about what is taking place, such people understand that certain decisions are not theirs to make, so they go along. It's simply not their place to question higher authority.

This doesn't mean our leaders are unintelligent or immoral, it's simply how institutional and public authority function. Personal intelligence and authority are subsumed into the larger hierarchical power structures and are put to use on its behalf, not on the individual's behalf. No one who bucks the system is going to remain a part of it for very long.

This is why despite all of the other developed countries of the world offering universal healthcare to their citizens, the United States does not. Our politicians have long ago been captured by corporate interests, who fund their campaigns and run super PACs that can spend unlimited amounts of money pushing corporate agendas. If a politician steps out of line and tries to stand against this hegemonic power structure, they will not remain a politician for very long. On the other hand, if they play along, they get to maintain their position, salary, and comforts. Maybe every now and again they will be allowed to pass a measure that makes it look like they're standing up when they're really not, so the people who have voted for them will be pacified.

After a decision like a pandemic proclamation is made, if facts coming from higher authorities do later turn out to be different than originally advertised, our leaders can always disclaim any personal knowledge, even get righteously indignant if it serves them (especially if they are from the opposite political party – more on this below). It will all be news to them.

If they don't look, they can't see. *See how that works?*

Politics = Passing the Buck Sideways

In the highly politicized context that we're living under today, there is even more entrenchment in the "right versus wrong" paradigm. If you are a typical subscriber to the Left Wing position, by definition President Trump has done everything wrong from the beginning, and therefore everything he does is fodder for political gamesmanship.¹⁸⁵ Trump's open discussion of chloroquine or his avoidance of wearing a mask must therefore all be wrong, and by the law of political coup-counting, our side must be right.

There is a problem with this strategy, however. When we are aiming to win political points through oppositional stances and behaviors, by definition this means we have to say and do things the opposite way of our political opponents – regardless of the reality basis of our actions, even if it's later determined we were wrong. (For the Left, Russiagate is turning out to be a prime example of this flawed strategy.) In today's political culture, if the President or the Republicans are coming out against quarantine measures, then the Left must do the opposite, in fact must double down on the opposite. One can easily see how this can lead to bad thinking and decision-making. That such decisions might not be based in actual facts and may not be serving the people well seems not to matter, as long as the political game is going their way.

So if you are a Democratic politician and your governor is a Republican who is loosening up on mask wearing and social distancing and offering to reopen businesses, you'll have to double down on the opposite side and push for maintaining the quarantine while calling your opponent's plans immoral. Even if someone comes by with science suggesting a number heterodox positions that undermine the absolutist positions you are taking (alas, something I tried to do, with predictable results), you won't want to see them because they will go against your political entrenchment. There is simply too much to lose, and not enough to gain – at least in the short term.

If you don't look, you can't see.

Under our current winner-take-all paradigm, we get to pass the buck sideways, which is to say, we get to blame the other side for things that don't work. And we rarely if ever have to take responsibility on our side. Just witness all of the politicians of both parties who led us into all the unnecessary, violent and costly wars in the Middle East. Many still enjoy positions of power, and many still get to opine on mainstream media networks. Few if any have paid much of a political price; none has gone to jail (for those reasons at least) despite the hundreds of thousands that were killed on account of their choices.

As usual, truth is sacrificed on the altar of power and advantage.

¹⁸⁵ In no way am I trying to suggest that everything the President does is right – far from it – only to point out that such political entrenchment prevents people from seeing any gradations or nuances, and from thinking rationally. Those approaching politics from the Right Wing perspective are just as likely to be similarly biased.

The Righteous Mind

Another relevant dynamic in decision-making by those in authority is that, once a decision has been made, there is a great unwillingness to re-examine its basis, or to alter or reverse any course of action issuing from it. This has not only to do with “saving face” (perhaps the biggest barrier) but with the difficulty of having to review all plans subsequently put into motion, almost all of which have dollar values and political considerations attached. One could blame the element of “too much momentum to change course now” but in a world informed by truth and collective intelligence instead of by nonresponsive and often corrupt power hierarchies, we would see much greater humility and willingness to engage with the facts, regardless of political costs.

And when was the last time you heard a politician say, “Wow, I was really wrong!”?

Politician or not, most people’s egos cannot abide the notion that something they believe may not be true. It’s too scary, because once you start kicking one rock off of Mount Certainty, what’s to stop that from becoming an avalanche? For most, reality has already been neatly tied up in a bow, and all truths that need to be known have long been revealed, neatly stacked and categorized. After all, they didn’t make it this far by being uninformed, and in many cases they paid a lot of money for the privilege. If there were any chance that their knowledge base was incorrect or insufficient, wouldn’t they have discovered it a long time ago?

If I’m a typical politician or someone in a position of authority and if anyone comes along to challenge my knowledge, unless they are already in a similar or higher position of authority, I don’t have to listen to them. It’s safe and easy to dismiss them as misguided or crazy. My position of authority gives me the power to do so. No deep thinking is required – no messy consideration of numerous true-but-partial positions, and certainly no need to re-examine my own. If I allow anyone to question my basis of authority, even for a second, that would equate to my ceding authority over to them, and that’s never going to happen. Plus, I can always pass the buck!

If I don't look, I can't see.

The Triage Mentality

In situations with immediate concerns over life and death, the authority-and-blame dynamics become even more amplified. When a dose of “follow these instructions or people might die” becomes part of the calculus, folks will eagerly and dutifully line up like iron filings under the pull of an invisible magnetic field. The fear of disease and death shuts down critical inquiry for most of our leaders, forcing their brains into a triage mentality where every decision is black and white, life or death.

Under such conditions as a pandemic, government leaders, with their much greater levels of exposure, will fall into line all the more quickly. Their job is skillful administration and dealing with the effects (like keeping people alive and getting unemployment services ramped up), not

musings about the causes – at least not when those causes are said to be in faraway places like China – or about the possible motivations of people in higher positions of authority. If the received narrative sounds legit and everyone else is rallying around the leaders, then it's all hands on deck. Any indelicate questions would be considered foolhardy and ill-timed at best, impertinent or dangerous at worst.

Political leaders have just about zero reasons to kick the sleeping bear.

The Rise of the MDeities

Social authority comes in many packages; perhaps few enjoy higher authority than those in the medical profession. With the ascendancy of the Enlightenment Era or Age of Reason (1685 onwards), science and rationality gradually became the arbiters of reality and truth, displacing religious authority which was relegated to the domains of morality and the afterlife. It's not a stretch to say that medical doctors, with their apparent power over life and death and with their alleged understanding of the complexities of the human body and mind, became society's new priesthood. In many situations in today's world, their word is literally law. (The novel *Frankenstein or The Modern Prometheus*, written by Mary Shelley in 1818, at once enshrines this dynamic and offers a cautionary tale for those who dare to declare ultimate power over life and death.)

For its part, the medical priesthood has long and consciously engaged in self-mystification through its strange jargon, *Survivor*-like training requirements, seemingly unfathomable data sets, invisible x-rays and pathogens, and unpronounceable drugs. The medical establishment is by design a gated authority- and wealth-rendering paradigm that is all but opaque to the average mind. We are all conditioned to take the advice of medical "experts" who surely should know better than we do, and who would never steer us wrong – right?

Please.

Remember the opioid epidemic? Remember 165,000 deaths from overdoses? You probably know someone who died or at least know a family member or friend who was affected (yes on both counts for me). The medical industry was complicit – 50% of the overdoses came directly from medical prescriptions.¹⁸⁶ Purdue Pharma, the makers of OxyContin, intentionally misled doctors about the addictive power of their drug. In just a 29-month period, pharmaceutical companies spent \$39.7M on marketing opioid painkillers to doctors, spending that correlated to the rate of prescriptions written.¹⁸⁷ The FDA was not just asleep at the wheel, they were busy aiding and abetting the crisis by fast-tracking pain treatments and overlooking the dangers.¹⁸⁸

It seems death has a dollar value for some besides the undertaker.

¹⁸⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139931/>

¹⁸⁷ <https://www.thebodypro.com/article/pharma-payments-doctors-spike-opioid-deaths-hiv>

¹⁸⁸ [https://www.amjmed.com/article/S0002-9343\(18\)30084-6/pdf](https://www.amjmed.com/article/S0002-9343(18)30084-6/pdf)

Is it possible that all these doctors prescribing Vioxx or painkillers were unaware of what they were doing for all of those years? Were those in positions of power in our public institutions really not aware what was happening? How many examples do you need to see of people in positions of power using that power for personal advantage while remaining blind to the consequences?

The same kind of motivation that made doctors continue to write prescriptions for painkillers and Merck continue to push Vioxx – despite the proven dangers and despite trespassing every moral code – lie behind the current push for vaccines: billions of dollars to be made.

Big Pharma is a Cartel Like All the Others

For those of us living in the era of megacorporations, it should be obvious that such businesses operate monopolistically. They advance and protect their power by developing cartels that are managed by armies of lawyers and interlocking board directorates, with fleets of lobbyists writing industry-friendly laws and regulations, super PACs spending countless millions in dark money to reelect industry-friendly politicians, nonprofit “think tanks” producing reams of “research,” and by endowing university “chairs” to program their view of the world onto the pliant minds of future generations.

In a study of Fortune 100 companies, it was discovered that between 2014 and 2017, their lobbyists spent \$2 billion in Washington and received \$3.2 billion in federal grants (i.e., free money) and another \$393 billion in federal contracts. This equates to an average of \$3.7 million spent per member of Congress and a return on investment of nearly 200 times. In 2018, eight of the Fortune 100 companies who received 16.9 billion in contracts and nearly 1 billion in grants paid zero dollars in income taxes while spending 190 million in lobbying, for about a 94x ROI.¹⁸⁹

Big Pharma is no different. But don’t take my word for it. Listen to the testimony of those in charge of two of the most prestigious science journals in the world. Dr. Marcia Angell, former editor of *the New England Journal of Medicine* and author of *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*, said this in 2009:

*It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine.*¹⁹⁰

In 2015, a similar sentiment was echoed by Dr. Richard Horton, editor-in-chief of UK’s *The Lancet*:

¹⁸⁹ <https://www.forbes.com/sites/adamandrzejewski/2019/05/14/how-the-fortune-100-turned-2-billion-in-lobbying-spend-into-400-billion-of-taxpayer-cash/#225d65eb54ff>

¹⁹⁰ <https://ethicalnag.org/2009/11/09/nejm-editor/>

*The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness.... In their quest for telling a compelling story, scientists too often sculpt data to fit their preferred theory of the world. Or they retrofit hypotheses to fit their data. Journal editors deserve their fair share of criticism too. We aid and abet the worst behaviours... Universities [which] are in a perpetual struggle for money and talent... do little to alter a research culture that occasionally veers close to misconduct.*¹⁹¹

Pharmaceutical companies spend millions on marketing to doctors, often bribing them to write prescriptions¹⁹² and subsidizing required continuing medical education and even professional organization meetings.¹⁹³ Pediatricians even receive “kickbacks” on the order of \$400 per child if they administer all of the recommended vaccines on schedule.¹⁹⁴ Scientists who push questionable treatments are often paid millions in consulting and speaking fees. The corruption is legion.¹⁹⁵

Meanwhile, deaths from prescription drugs that have been approved by the FDA and properly prescribed by doctors exceeds 128,000 every year, making it the third leading cause of death in the United States¹⁹⁶, greater than the number of deaths currently being attributed to COVID-19.

Well, that's one heck of an inconvenient truth.

Universities that wish to maintain their endowments funded in part by pharmaceutical corporations will naturally only advance research that supports a pro-pharmaceutical narrative. Recently a \$15,000 donation by Robert F Kennedy Jr. to Keele University to support the research of Dr. Christopher Exley, the world's leading authority on aluminum toxicity (aluminum is used in many vaccines), was returned because the University also receives funding from the pharmaceutical industry and did not want to endanger the relationship.¹⁹⁷

The same is true for scientists, epidemiologists, doctors, Health Department administrators, etc. Even if privately they have reservations, they are smart enough to know that if they raise their voices to buck the system, they may well find themselves losing research funding or even losing their jobs.

¹⁹¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60696-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60696-1/fulltext)

¹⁹² <https://www.feelguide.com/2014/01/12/90-of-prescriptions-exposed-as-a-scam-massive-corruption-uncovered-between-doctors-big-pharma/>

¹⁹³ Ibid., quoting the aforementioned Dr. Marcia Angell.

¹⁹⁴ <https://childrenshealthdefense.org/news/incentivizing-pediatricians-to-be-vaccine-bullies/>

¹⁹⁵ <https://ethicalnag.org/2010/03/18/corrupt-drug-mktg/>

¹⁹⁶ *Institutional Corruption of Pharmaceuticals and the Myth of Safe and Effective Drugs*, Journal of Law, Medicine and Ethics. Fall 2013, <https://willhall.net/files/PharmaCorruptionInstitutionalDavidLight.pdf> and <https://pubmed.ncbi.nlm.nih.gov/24088149/>

¹⁹⁷ <https://childrenshealthdefense.org/news/is-pharma-censoring-the-science-at-one-major-university-by-choking-the-money-channel/>

So when Anthony Fauci says that unless it's published in “reputable” medical journals it’s “very difficult for the general public to distinguish” what’s true,¹⁹⁸ you can be sure he's just telling you a convenient truth, one he hopes puts such claims beyond the challenge of mere “inquiring minds.” We have already seen too much evidence of bad-faith actors to buy that one.

We're sorry, but we're going to have to insist on examining that man behind the curtain.

Back to the Much-Maligned Chloroquine

Let’s return the investigation of the pharmaceutical industrial complex to our current issue. On May 22, *The Lancet* published a study that concluded, “We were unable to confirm a benefit of hydroxychloroquine or chloroquine...for COVID-19.”¹⁹⁹ As we detailed in a previous section, this contradicts numerous credible reports of the effective use of the drug especially when used in combination with zinc and azithromycin. Due to this information the WHO even temporarily halted trials using chloroquine.

In an open letter to *The Lancet*, well over 100 scientists and medical professionals challenged the study²⁰⁰, pointing out 10 different concerns, including the lack of an ethics review, unusually small reported variances in baseline variables, interventions and outcomes, as well as failing to mention the countries or hospitals contributing to the data (claimed to be multiple thousands).

The Lancet responded with some corrections, but left most of scientists’ concerns completely unaddressed.²⁰¹ However, the prestigious medical journal did release this “statement of concern”:

*"Important scientific questions have been raised about data reported in the paper by Mandeep Mehra et al.... Although an independent audit of the provenance and validity of the data has been commissioned by the authors not affiliated with Surgisphere and is ongoing, with results expected very shortly, we are issuing an Expression of Concern to alert readers to the fact that serious scientific questions have been brought to our attention."*²⁰²

Part of the problem was that the company *Surgisphere*, which was providing data for the study, had reported higher death numbers from COVID-19 in Australia than actual, and overall higher mortality rates from chloroquine than had been observed.²⁰³ Another problem: Turns out our

¹⁹⁸ <https://video.nationalgeographic.com/video/science/00000171-e504-d1ea-abfd-f5b65e0b0000>

¹⁹⁹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31180-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31180-6/fulltext)

²⁰⁰ <https://www.documentcloud.org/documents/6933411-Open-Letter-the-Statistical-Analysis-and-Data.html>

²⁰¹ https://www.theepochtimes.com/hydroxychloroquine-study-corrected-after-more-than-100-scientists-question-findings_3371001.html

²⁰² [https://www.thelancet.com/journals/lanpub/article/PIIS0140-6736\(20\)31290-3/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS0140-6736(20)31290-3/fulltext)

²⁰³ <https://www.medpagetoday.com/infectiousdisease/covid19/86861>

Dr. Mehra is director at Brigham and Women's Hospital, which has a partnership with Gilead and is currently conducting two trials of Gilead's Remdesivir.²⁰⁴

Oops, forgot to mention that. Sorry!

On June 4, The Lancet was forced to retract the study altogether. The *New England Journal of Medicine* was also forced to retract a study based on the same data set.²⁰⁵ This came about because none of the five study authors were granted access to the raw data, which was claimed to have covered 671 hospitals and over 96,000 patients.²⁰⁶

That the authors would publish a study in the first place without such access is highly suspect... can we use the term *fraudulent*? In a *Guardian* article covering this controversy, one data scientist claimed that the Surgisphere database was "almost certainly a scam."²⁰⁷

In today's pay-to-play culture, it's all too easy to imagine how such a flawed study would make it into such a prestigious journal. Even if the objections of a relative handful of scientists are heeded and retractions or corrections are made, the bogus conclusions will have already been shared far and wide, just as the NY Times did.²⁰⁸ The desired damage will in all likelihood have been done, with the inexpensive and effective drug being further consigned to infamy. And the prospect of billions of dollars in profits from preferred drugs and questionable vaccines will have advanced yet another step.

Despite the exhortations of its editor it seems that *The Lancet* hasn't learned very much at all about integrity or ethics – probably because those don't pay quite as well. It seems the NY Times didn't learn anything, either. Laughably, they focused their coverage on the illegitimate conclusions of the retracted papers (thus implying they were valid) and hardly gave any space to the question of why the retractions took place. They even managed to blame the president for this happening in the first place:

*President Trump has repeatedly promoted hydroxychloroquine despite the lack of evidence that it works against the virus. His endorsement had the effect of politicizing scientific questions that normally would have been left to dispassionate researchers.*²⁰⁹

How convenient of the Times to deny and project their own nonstop efforts at politicizing this issue and advancing false narratives about a perfectly viable treatment.

²⁰⁴ <https://www.brighamhealthonamission.org/2020/03/26/two-remdesivir-clinical-trials-underway-at-brigham-and-womens-hospital/>

²⁰⁵ <https://www.nytimes.com/2020/06/04/world/coronavirus-us-update.html>

²⁰⁶ <https://uncoverdc.com/2020/06/06/politicized-science-lancet-nejm-retract/>

²⁰⁷ <https://www.theguardian.com/world/2020/jun/03/covid-19-surgisphere-who-world-health-organization-hydroxychloroquine>

²⁰⁸ For example: <https://www.nytimes.com/2020/06/03/health/hydroxychloroquine-coronavirus-trump.html>

²⁰⁹ Ibid.

When Suppression Equals Murder

On June 15, the FDA took the extraordinary step of revoking authorization for the emergency use of hydroxychloroquine, citing in part that “this drug may not be effective to treat COVID-19 and that the drug’s potential benefits for such use do not outweigh its known and potential risks.”²¹⁰ Notably, the studies were cherry-picked (some of them were years old), and not a single one of the studies cited mention the use of zinc, which has been widely reported to be the main part of the “secret sauce” when used with hydroxychloroquine.²¹¹ Moreover, the primary study the FDA used to come to this conclusion²¹² (cited by the FDA as the “highest quality data” even though the experimental group only had 75 subjects) used potentially fatal doses of hydroxychloroquine: “1200 mg/day x 3 d then 800 mg/day to complete 2-3 weeks” (see page 5²¹³; compare this to HCQ 200mg twice a day for 5 days in Dr. Zelenko’s clinical application with 900 patients²¹⁴).

While a single dose of 4 grams of hydroxychloroquine is considered fatal²¹⁵, it accumulates in the system and has a long half-life (HCQ 1300 hours and CQ 900 hours²¹⁶). As a comparison, a typical course for malaria is 2500 mg HCQ divided over 3 days for patients over 60 kg; sometimes the dosage is only taken once a week.

However, this was not the only place where hydroxychloroquine was being used in toxic amounts. In the article by titled, *WHO "Solidarity" and UK "Recovery" Clinical Trials of Hydroxychloroquine using Potentially Fatal Doses*²¹⁷, Dr. Meryll Nass not only reported on the extraordinarily high HCQ dosages being used, but also on how the trial designs led to HCQ being given too late in the disease progression to be of benefit, and on the very limited collection of safety data, considered unethical by modern standards.

The Solidarity trials, which were suspended on May 25 after the publication of the later-determined-fraudulent Lancet study, had by June 3 restarted, recruiting over 3500 patients from 35 countries. However, medical officials in India and Singapore refused to participate because of the high hydroxychloroquine dosages being used.

In the case of the Recovery trials in the UK, funded in part by the Gates Foundation, it was Twitter users who first discovered the toxic dosages, and who began the hashtag #RecoveryGate. From the above-mentioned article:

²¹⁰ <https://www.fda.gov/media/138945/download>

²¹¹ <https://www.zerohedge.com/political/fda-revokes-emergency-authorization-hydroxychloroquine>

²¹² <https://pubmed.ncbi.nlm.nih.gov/32409561/>

²¹³ <https://www.fda.gov/media/138945/download>

²¹⁴ <https://techstartups.com/2020/04/05/new-updates-dr-vladimir-zelenko-cocktail-hydroxychloroquine-zinc-sulfate-azithromycin-showing-phenomenon-results-900-coronavirus-patients-treated-must-watch-video/>

²¹⁵ <https://www.medintensiva.org/en-hydroxychloroquine-potentially-lethal-drug-articulo-S2173572717300577>

²¹⁶ <https://www.ncbi.nlm.nih.gov/books/NBK537086/>

²¹⁷ <https://www.ageofautism.com/2020/06/who-solidarity-and-uk-recovery-clinical-trials-of-hydroxychloroquine-using-potentially-fatal-doses.html>

The HCQ dosing regimen used in the Recovery trial was 12 tablets during the first 24 hours (800mg initial dose, 800 mg six hours later, 400 mg 6 hrs later, 400 mg 6 hours later), then 400 mg every 12 hours for 9 more days. This is 2.4 grams during the first 24 hours, and a cumulative dose of 9.2 grams over 10 days.

The HCQ doses being used in these studies were about four times the amount typically recommended for any similar medical condition. It seemed clear to many onlookers that these trials with hydroxychloroquine were designed to fail, in part by overdosing patients to the point of death. Dr. Nass contacted the WHO with the above information, which then immediately halted the trials.

Another trial on hydroxychloroquine funded by the Gates Foundation (itself heavily biased towards vaccines), this time in New York, was using Vitamin C as a placebo instead of the standard inert substance (like sugar water).²¹⁸ Given that the value of Vitamin C as an effective treatment for COVID-19 has been established²¹⁹, this can only be seen as a naked attempt to reduce the perceived value of hydroxychloroquine. This is nothing less than corruption in plain sight.

In China, another supposedly negative study on the effectiveness of hydroxychloroquine was similarly flawed:

However, most patients in the study's control group were actually treated with other antiviral therapies at the same time, including AbbVie's HIV combo med Kaletra and flu drug Arbidol. Most, but not all, patients in the hydroxychloroquine group were also treated with Arbidol. All patients got interferon-alpha.²²⁰

This is not science. It is either stupidity or fraud, perhaps both.

In summary:

- Hydroxychloroquine has been safely and successfully used for over six decades for a variety of disease conditions
- An in vitro study of HCQ showed it to be quite effective against the first version of SARS
- Numerous clinical applications of HCQ all around the world, especially with zinc and azithromycin, were showing great effectiveness – up to 99% – against COVID-19
- At least two large surveys of doctors around the world found agreement that hydroxychloroquine is an effective treatment for COVID-19
- Key health officials in the United States have since the beginning of the pandemic continued to dismiss the potential of HCQ

²¹⁸ <https://nypost.com/2020/04/05/ny-coronavirus-patients-being-treated-with-anti-malarial-drug/>

²¹⁹ <http://orthomolecular.org/resources/omns/v16n13.shtml>

²²⁰ <https://www.fiercepharma.com/pharma-asia/did-chloroquine-really-fail-a-covid-19-study-or-was-it-just-trial-design-s-fault>

- HCQ has been broadly and continuously denounced and ridiculed by the mainstream media; so has anyone claiming to use it successfully
- Social media giants conspired to suppress information about HCQ and other effective treatments, which included removing videos and de-platforming or banning journalists and medical experts. In the case of search engines like Google, the top results are all negative.
- “Authorized” studies of HCQ were flawed in a number of significant ways; it is not an overreach to suggest that fraud took place in many of them, if not (at least) negligent homicide
- HCQ is an inexpensive drug that cannot be patented, whereas Remdesivir and other drugs could lead to a big payday for pharmaceutical companies
- Had the CZZ (chloroquine/hydroxychloroquine-zinc-azithromycin/Zithromax) protocol not been suppressed, it could well have led to the saving of tens of thousands of lives in the US alone
- Had the CZZ protocol been widely shared, it may have been considered a sufficient guarantee of survival to enable the cessation of lockdown save for the most vulnerable among us (known to be the elderly with chronic disease conditions, especially in nursing homes). This could have saved tens of millions of jobs, the result of which is yet to be well understood but sure to be catastrophic.
- Were it common knowledge that such treatments as CZZ were readily available and extremely effective, it would seriously undermine both the call for a COVID-19 vaccine and the basis for maintaining the quarantine measures as well as many of the other “necessary solutions” currently being touted.

I will conclude with two final thoughts from Bucky Fuller, from the same book quoted at the start this section, which capture the identical dilemma he saw back in 1983 that we face today:

The dark ages still reign over all humanity, and the depth and persistence of this domination are only now becoming clear. This Dark Ages prison has no steel bars, chains, or locks. Instead, it is locked by misorientation and built of misinformation. Caught up in a plethora of conditioned reflexes and driven by the human ego, both warden and prisoner attempt meagerly to compete with God...

At the very moment humanity has arrived at that evolutionary point where we do have the option for everyone to “make it,” I find it startling to discover that all the great governments, the five great religions, and most of big business would find it absolutely devastating to their continuance to have humanity become a physical, metabolic, economic success.

VII. Are There Even Deeper Agendas at Play?

Disaster Capitalism Strikes Again

That the current pandemic is being used as a pretext for grabbing power should come as no surprise to anyone. Significant public crises like terrorist attacks, environmental or economic catastrophes are quite often used to promote private, corporate, political and ideological interests at the expense of representative democracy and the good of the public. This is called disaster capitalism.²²¹

We saw disaster capitalism baldly operating in the wake of 9/11 with the rapid passage of The Patriot Act, which gave rise to Homeland Security, the TSA and the rest of the security state apparatus (much of it private) and which led to: massive oil and construction contracts in Iraq, the rise of private mercenary contractors, warrantless surveillance, the suspension of habeas corpus, extraordinary rendition and offshore detention centers, airport body scanners, extrajudicial drone killings, the stripping of whistleblower protections and the ongoing fiasco of the “war on terror.”²²²

Such programs and policies were not simply developed in response to what happened, but were based on plans that had been long under development by such groups as *Project for a New American Century (PNAC)*, a neoconservative think tank started by hardline nationalists like Donald Rumsfeld and Dick Cheney. PNAC had articulated that such draconian measures would never be accepted in the absence a crisis like “a new Pearl Harbor.”²²³

It's not overstating things to suggest that PNAC was happy to see 9/11 come along, which gave them the perfect pretext to get everything they wanted. In the same way today, frequently unelected individuals and groups stand eager to take advantage of this pandemic to promote their version of “a better world,” quite often while lining their own pockets.

²²¹ <https://www.theelephant.info/ideas/2020/04/17/disaster-capitalism-in-the-age-of-covid-19/>

²²² Read more here: <https://www.commondreams.org/views/2007/09/10/age-disaster-capitalism>

²²³ https://militarist-monitor.org/profile/project_for_the_new_american_century/

Under the cover of the current pandemic, one can readily observe the moves by those in power to deregulate industries, to push through tax cuts for the uber-wealthy, to bail out the mega-corporations to the tune of billions of dollars²²⁴ with trillions more in toxic corporate assets being bought up by the FED²²⁵, to dismantle social security²²⁶, to kill the US Post Office²²⁷ (always a corporatist/privatization wet dream), to stymie legal immigration²²⁸, to suspend environmental protection laws²²⁹ (no need to be healthy during a pandemic!), to further dismantle habeas corpus protections²³⁰ (we're too busy to recognize your human rights!), and to undermine public education²³¹ (another privatizer's fantasy).

Meanwhile, with local mom-and-pop shops going under, the Waltons²³², Jeff Bezos and Big Pharma are raking in obscene levels of profit.²³³

While the FED's continued backstopping of the stock market has resulted in its rebound, paradoxical in the midst of a pandemic, they'll pretend to throw the rest of us some bones to keep us happy. But even these are Trojan horses. Remember the initial \$350 billion bailout bill that was supposed to help workers? Turns out workers were the last priority, after: 1. banks get their loans repaid; 2. life insurers keep their premiums coming in.²³⁴ Meanwhile, Congress has managed to get a single measly \$1200 check to some citizens after already three months of privation.

The Mass Surveillance-and-Control Agenda

All of the foregoing, however grotesquely corrupt, is just a prelude to much more ambitious agendas that will make those actions seem like stealing candy. The disaster capitalism of the current pandemic response is also emboldening self-dealing organizations in Big Tech, Big Pharma, and Big Surveillance who are already acting extra-judicially and supranationally to grab more power and control – not to mention billions of taxpayer dollars – and at a scale hitherto unseen and unimagined. Now they would like to use the pretext of the pandemic to introduce the US population – and the rest of the world – to the prospect of:

²²⁴ <https://projects.propublica.org/bailout/list>

²²⁵ <https://www.cnbc.com/2020/03/23/fed-is-helping-the-markets-more-than-it-did-during-the-financial-crisis.html>

²²⁶ <https://www.nytimes.com/2020/03/12/business/trump-tax-cut-coronavirus.html>

²²⁷ <https://www.nj.com/opinion/2020/05/trumps-attempted-murder-of-the-us-postal-service-editorial.html>

²²⁸ https://americasvoice.org/press_releases/trumps-uscis-deliberate-plan-to-keep-immigrants-out-permanently-damage-our-legal-immigration-and-naturalization-system/

²²⁹ <https://thehill.com/policy/energy-environment/489753-epa-suspends-enforcement-of-environmental-laws-amid-coronavirus>

²³⁰ <https://www.politico.com/news/2020/03/21/doj-coronavirus-emergency-powers-140023>

²³¹ <https://www.politico.com/states/new-york/newsletters/politico-new-york-education/2020/05/06/cuomo-and-gates-foundation-to-reimagine-education-334462>

²³² <https://www.mcall.com/coronavirus/ct-nw-coronavirus-walmart-profit-pandemic-20200519-mil5puxltnb5bhgkqq3sqlxi-story.html>

²³³ <https://corporatewatch.org/corona-capitalism-some-of-the-companies-cashing-in-on-the-crisis-from-bezos-to-big-pharma/>

²³⁴ <http://www.invertedalchemy.com/2020/04/small-business-indenture-act-covid-19.html>

- A. Mass testing, total-population contact tracing, and mass vaccinations
- B. Mass video and other electronic surveillance, including facial recognition and cataloguing everyone's DNA
- C. Mass biological microchipping with "digital immunity certificates"²³⁵ without which you will not be able to shop, work, go out to eat, or take part in public events
- D. The end of paper money and the requirement to have digital wallets, putting the government and big data companies between you and every single transaction
- E. Forced online shopping facilitated by the above-mentioned digital wallets and quickened by the decimation of local economies now well underway
- F. The development of state "Pandemic Testing Boards"
- G. "Retraining" a large percentage of the unemployed population to be "essential workers," for example as "contact tracers"

Sadly, not a single one of the above-listed points is a conspiracy theory or a plan about a "maybe" or far-off future. They are from: 1) publicly available plans; 2) being recommended for implementation; 3) right now; 4) by people and organizations in positions of power and influence, to wit:

- **Plan #1 by Harvard University and the Rockefeller Foundation:** see <https://ethics.harvard.edu/covid-roadmap>

This plan begins with a four-month outline for reopening society on a graduated basis, with: testing, tracing, and isolation; social and employment programs to accommodate those in quarantine; expanding the "essential workforce" and retraining the unemployed to become contact tracers and other essential workers; continuing employment from home for least several more months; slowly opening "nonessential businesses" like hair salons but with strict protocols for one person at a time and decontamination between clients; maintaining low-contact social-distancing scenarios and mask-wearing for months, with large gatherings still not allowed.

See also the Rockefeller Foundation's separate related plan for testing and tracking everyone, at <https://bit.ly/2yv0nOK>

- **Plan #2 by the US National Security Commission on Artificial Intelligence (NSCAI):** see <https://bit.ly/2XvokNT>

This article details plans of the US National Security Commission on Artificial Intelligence (NSCAI, formed in 2018), based on a FOIA request discovery²³⁶, outlining the fear on the part of the Pentagon and US security state that China is outpacing us on artificial intelligence "adoption" along with these interrelated technologies: big data, 5G, nanotechnology, biotechnology, robotics, the Internet of Things (IoT), and quantum

²³⁵ <https://ethics.harvard.edu/immunity-certificates>

²³⁶ <https://epic.org/foia/epic-v-ai-commission/EPIC-19-09-11-NSCAI-FOIA-20200331-3rd-Production-pt9.pdf>

computing. The NSCAI bemoans the fact “structural issues” in the United States such as “privacy” (for things like broad adoption of facial recognition), and “regulations” remain a distinct barrier.

Should anyone be under the misconception that this is just some dusty bureaucratic commission producing ivory tower white papers, consider that the chairman of NSCAI is none other than Eric Schmidt, formally of Google. Schmidt has already been seen joining one of Gov. Cuomo's daily briefings to announce a set of post-COVID-19 solutions for “telehealth, remote learning, and broadband [i.e., 5G].”

NSCAI's board is populated by many other very high-level corporate, Intelligence, military and government operators, including Chris Darby of In-Q-Tel, the CIA's venture capital arm. There are close connections to people like Jared Kushner (who is pushing the coronavirus tracing surveillance program) and organizations like Israeli intelligence-linked tech companies, to name just two, who actively overlap with those currently advising our government on how to reopen the economy.

Lest you believe I am simply being paranoid and seeing patterns in the noise, consider that In-Q-Tel has for several years been heavily promoting mass surveillance of consumer electronic devices for use in pandemics (read their report, *Mission Possible; Quenching Epidemics*²³⁷), and that In-Q-Tel's current Executive VP Tara O'Toole was previously the director of the Johns Hopkins Center for Health Security (the government's official data and modeling source for the current pandemic), which was heavily involved in Event 201²³⁸, the pandemic simulation that took place last October. O'Toole also just happened to co-author several controversial biowarfare/pandemic simulations, such as Dark Winter²³⁹, which promoted the idea of mass vaccinations as far back as 2001.

The \$100B TRACE ACT or HR 6666²⁴⁰ (yes, you read that number right) – this bill was introduced in the US House of Reps in May, hoping to get the above agendas rolling along. (Note: as of this writing, HR 6666 has not been voted on, but 44 states & D.C. are already rolling out contact tracing programs anyway.²⁴¹) For background, please read: *The “TRACE” Act – Is This the World We Want?*²⁴² or watch Ben Swann's video

²³⁷ [https://www.iqt.org/wp-content/uploads/iqt-](https://www.iqt.org/wp-content/uploads/iqt-quarterlies/IQT%20Quarterly_Winter%202016_Mission%20Possible%20-%20Quenching%20Epidemics.pdf)

[quarterlies/IQT%20Quarterly_Winter%202016_Mission%20Possible%20-%20Quenching%20Epidemics.pdf](https://www.iqt.org/wp-content/uploads/iqt-quarterlies/IQT%20Quarterly_Winter%202016_Mission%20Possible%20-%20Quenching%20Epidemics.pdf)

²³⁸ See <https://www.centerforhealthsecurity.org/event201/> and <https://youtu.be/AoLw-Q8X174>

²³⁹ <https://www.thelastamericanvagabond.com/top-news/all-roads-lead-dark-winter/>

²⁴⁰ <https://www.globalresearch.ca/hr-6666-first-legislative-effort-codify-cv-response/5712581>

²⁴¹ <https://www.npr.org/sections/health-shots/2020/04/28/846736937/we-asked-all-50-states-about-their-contact-tracing-capacity-heres-what-we-learned>

²⁴² <https://childrenshealthdefense.org/news/the-trace-act-is-this-the-world-we-want/>

summary.²⁴³ Also read Medscape's COVID-19: *Why We Can't Test Our Way Out of This*.²⁴⁴

We have started seeing reports from those being trained to be contact tracers, and what they are discovering is not pretty. The government is setting itself up to be able to quarantine anyone at any time, and your privacy rights regarding your health information will be essentially nonexistent. This video²⁴⁵ is particularly illuminating.

Journalist Jon Rapoport puts a finer if more dystopic point on it in his piece, *Contact tracing in the circus of robots*.²⁴⁶

I highly recommend reading the article, *How big tech plans to profit from the pandemic*²⁴⁷, by Naomi Klein, where she outlines many of these high-tech plans currently being rolled out. Here is a small taste from that article, which reveals the kind of the mindset being advanced by virtue of this pandemic:

Anuja Sonalker, the CEO of Steer Tech, a Maryland-based company selling self-parking technology, recently summed up the new virus-personalized pitch. "There has been a distinct warming up to humanless, contactless technology," she said. "Humans are biohazards, machines are not."

Visiting this Insanity on Schools

Despite the fact that they are the least likely to get ill, the CDC would like us to keep children in masks during the coming school year, keeping students 6 feet away from each other – even in classrooms – and end recesses and school lunches.²⁴⁸ Of course, this would feed right into the agenda for undermining public schools and converting everything to online education run by private corporations. I recommend watching this video by a parent concerned about these new guidelines.²⁴⁹

Bill Gates and the Gates Foundation [section under development]

Weaving through practically every single one of these plans you will find the influence and deep pockets of the Bill and Melinda Gates Foundation. Already the Gates-backed GAVI vaccine alliance is introducing a biometric digital identity platform into West African "low-income, remote communities."²⁵⁰

²⁴³ <https://www.youtube.com/watch?v=36EdTXy2nUs>

²⁴⁴ <https://www.medscape.com/viewarticle/92991>

²⁴⁵ <https://youtu.be/qFUyZWw7qoc>

²⁴⁶ <https://blog.nomorefakenews.com/2020/06/01/contact-tracing-in-the-circus-of-robots/>

²⁴⁷ <https://www.theguardian.com/news/2020/may/13/naomi-klein-how-big-tech-plans-to-profit-from-coronavirus-pandemic>

²⁴⁸ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

²⁴⁹ <https://youtu.be/OTDYpEpa3M4>

²⁵⁰ <https://www.mintpressnews.com/africa-trust-stamp-covid-19-vaccine-record-payment-system/269346/>

An entire book could be written on The Gates Foundation and its control over public health across the world. For now, I strongly recommend that readers watch the following four-episode series by James Corbett, as it will give you a good overview understanding of how much of the global reset agenda is being driven by Gates's "private philanthropy":

- Part One: "How Bill Gates Monopolized Global Health": https://youtu.be/wQSYdAX_9JY
- Part Two: "Bill Gates' Plan to Vaccinate the World": https://youtu.be/o7A_cMpKm6w
- Part Three: "Bill Gates and the Population Control Grid": <https://youtu.be/igx86PoU7v8>
- Part Four: "Meet Bill Gates": <https://youtu.be/DSvhPnUgyz8>

The entire series can also be watched as a single video here:
<https://www.bitchute.com/video/TY-vLrz9XCc/>

I also recommend reading Dr. Joseph Mercola's review of these videos.²⁵¹

This series of articles is also recommended:

- <https://www.thelastamericanvagabond.com/top-news/bill-gates-web-dark-money-influence-part-1-philanthropic-narrative-shaping/>
- <https://www.thelastamericanvagabond.com/top-news/bill-gates-web-dark-money-influence-part-2-covid-19-operation/>
- <https://www.thelastamericanvagabond.com/top-news/bill-gates-web-dark-money-influence-part-3-health-surveillance-event-201-rockefeller-connection/>

UN Agenda 2030 [section under development]

***Warning:** this is a deep and very disturbing rabbit hole, but it provides the necessary context for understanding the plans referenced in the earlier section. It also provides a good explanation for why the powers that be are not letting go of the pandemic narrative.*

For perhaps 50 years, the UN has had plans under development with the explicit aim of controlling population levels, ostensibly to reduce pollution and global warming. These plans, supported by the Gates Foundation, the Rockefeller Foundation, the World Bank, the World Economic Forum, and many others, are explicit and publicly available and announce how these groups plan to use COVID-19 to completely change the nature of the global economy and global governance, a.k.a. "One World Order." On the face of it, such plans may appear benign, but they are anything but. For those who are not familiar with this, I highly recommend you start your research by reading this blog post: <https://www.gracevanberkum.com/post/we-are-being-played-please-read>. The clickable and searchable COVID-19 Agenda 2030 image map referenced in this article, which details these plans, can be found here: <https://intelligence.weforum.org/topics/a1G0X000006O6EHUA0?tab=publications>. (You can gain deeper access to these files by signing up at this website.)

²⁵¹ <https://articles.mercola.com/sites/articles/archive/2020/06/13/bill-gates-agenda.aspx>

For a good brief introduction to this topic, I recommend watching Spiro Skouras's video, *The Great Reset Plan Revealed: How COVID Ushers In The New World Order*.²⁵²

Operation Lockstep

Just as the Project for a New American Century had developed plans that could be rolled out after an event like 9/11, the Rockefeller Foundation has long been working on scenario planning in the face of crises like pandemics. In their 2010 document, *Scenarios for the Future of Technology and International Development*²⁵³, one of the scenarios they describe as a possible crisis response is called "Lock Step." It describes "a world of tighter top-down government control and more authoritarian leadership." Their analysis extols the Chinese government's "quick imposition and enforcement of mandatory quarantine for all citizens and its instant near-hermetic sealing off of all borders." This scenario posits that more authoritarian control and oversight of citizens, including biometric IDs and restriction of movement, may be necessary to deal with the likes of global pandemics, poverty, environmental crises and terrorism.

The Rockefeller document admits that the Lock Step scenario, while effective in the short term, is likely to lead to citizen unrest especially in more developed countries. While the document puts forth other more preferable scenarios, it is important to note that those in positions of power and influence may look at all the scenarios this document discusses as if it were a menu of perfectly viable options, and choose to advance the scenario they feel will give them the most leverage and control. Lock Step certainly seems to fit what we're seeing now.

Keep in mind that there are literally thousands if not tens of thousands of people working in and around governments who do nothing all day but run simulations and projections of the worst things that can happen to humanity, and what those in power should do to prepare and deal with such happenings. It's their job to find rationales to use all the technology, power, and tools of control at their disposal, and to consider how others might use the same tools, and therefore to anticipate and overpower them with even greater displays of control and prowess. I wonder how often such individuals realize how readily their imaginations can become self-fulfilling prophecies?

Hail Hydra, Anyone?

Without a "pandemic" proclamation, none of the above plans would be possible or allowable. As Orwellian as these may seem, they are part of a coordinated-at-the-highest-levels global "safety-through-control" agenda that is being wheeled into position as the "necessary and measured" response to an invisible pathogen that is claimed to be killing everybody in sight.

²⁵² <https://www.bitchute.com/video/9msmLcN0oFTTr/>

²⁵³ <https://www.nommeraadio.ee/meedia/pdf/RRS/Rockefeller%20Foundation.pdf>

Will these plans come to pass? I cannot say. What I can say is that if nobody bothers to learn about them and if no one speaks up, then we are all tacitly agreeing to them.

I highly encourage everyone to read the plans above and click on the accompanying links to understand how the minds of these planners work. Everything may seem rational and sensible on the surface, but delve down a little and you find fear-based and worst-case scenario mindsets that can only be called horrific.

And in order to put their plans in place, you'll have to give up most of your freedoms in exchange for promises of safety – safety from uncertainty, safety from illness and suffering, safety from death... In other words, safety from actually living. Such safety will come at the cost of doing the work you want to do, being free to make your own health decisions, being free from privacy intrusions, etc.

Even the Catholic Clergy has weighed in on the Orwellian rollback of human rights that is already underway²⁵⁴, saying in part:

The facts have shown that, under the pretext of the Covid-19 epidemic, the inalienable rights of citizens have in many cases been violated and their fundamental freedoms, including the exercise of freedom of worship, expression and movement, have been disproportionately and unjustifiably restricted. Public health must not, and cannot, become an alibi for infringing on the rights of millions of people around the world.

Such plans as those described above can only happen if the 24/7 pandemic-and-fear narrative wins the day. They can only happen if people continue to believe that fear is more powerful and real than truth or love, if they allow outer authority to trump inner sovereignty, and if they acquiesce to whatever the powers that be are asking them to do.

The New Gatekeepers: Your Neighbors

There is no question that there are many well-intentioned people unwittingly acting as corralers and gatekeepers for the unfolding safety-through-control scenario. They have been frightened and sincerely believe what is being told to them by the authorities, never imagining there are any other agendas at play, despite the many hints being dropped all the time – in fact, actively denying and ridiculing any such hints when offered. They will argue with you for hours or days about how you are ignorantly killing others by talking about chloroquine or by questioning mask-wearing. They will be incensed when you dare to question them about their beliefs or plans, insisting they already know everything that needs to be known. They will quickly dismiss you, call you a conspiracy theorist, call you out on social media, and if you persist, cancel you from their lives. If only you would conform, for your own sake and that of others! They truthfully see nothing wrong with full-spectrum surveillance, all the more so if you

²⁵⁴ <https://www.globalresearch.ca/three-cardinals-join-global-appeal-decrying-crackdown-basic-freedoms-coronavirus/5712477>

are "not getting it." All they are asking is that you stay in quarantine, maintain social distancing, and wear a mask – for many more months, maybe longer – and be quiet about it.

If the fear narrative manages to get the upper hand in our country – something that appears increasingly likely, given the broad conformity many have been witnessing – the us-versus-them paradigm will become all-encompassing. To make sure you comply with pro-social health and safety measures, an army of contact tracers (that is, the new “essential workers”) will keep an eye on you – perhaps electronically, perhaps just as “friendly neighbors” peeking through their curtains or driving slowly past your house while you hold a family barbecue or pool party – and report any untoward activities to the proper authorities. Maybe they’ll take a few pictures, too, or videos. You might just find photos of your party posted on Snap-Rat – um, I mean, uploaded to a contact tracing app... One can never be too careful.

Are you really willing to sign up for this?

#IDoNotConsent

I have already been involved in a number of “arguments” with Facebook friends and family alike, and is interesting to note that so far most will not cede a single inch when presented with the kind of information I present here – everything just gets stuck in *Choicelessland*. In some of these conversations, I’ve been trying to make this point as to why I’m feeling it’s necessary to walk through the forests, marshes and deserts of the heterodox information sphere:

If anyone makes an absolute claim to truth and by so doing affirms and consents to all actions coming from our governments and corporations based on that, they are simultaneously voting, by virtue of majority rule, for everyone else to accept what they believe and to receive whatever proclamations and interventions that are being offered by the powers that be. By so doing, they are claiming a right to speak for all other people and are potentially overriding others’ free will choice. I simply believe the stakes are too high at this moment to let what is happening pass unquestioned and unexamined.

At the very least, this provides a rationale for why I believe it is everyone’s absolute duty to stand up and speak the truth as we see it. I’d like to think that I’m standing for the best benefit of the other person as well, at a time when they cannot see as clearly as I do. It’s also good to remind ourselves that receiving pushback, even incredulity, are bracing experiences that in the end help us get stronger, both in our rhetorical skills and in our heart’s capacity to stand up to rejection and ridicule. After all, if we cannot handle the little fires now, how are we ever going to stand up when the stakes get really big?

It’s pretty clear how the majority are being seduced by the endless fear porn emanating from our governments and mass media. If we are to understand what’s facing us, we will need to look beyond the 24/7 beaming of the *killer pathogen narrative* and instead turn the camera around to the ones peddling it and start asking some penetrating questions — and not accept their facile first-order responses.

Please understand that I am not claiming to have any final answers, just many unanswered questions and nagging suspicions supported by a growing body of evidence, much of it directly from the peddlers' mouths, that the real story is vastly different than the official received narrative.

Nor am I asking anyone to just *believe* what I'm saying, or to subscribe to the ultimate validity of any particular data point in my heterodox vista. I'm asking you to consider what you're seeing and what you're reading, to commit yourself to a path of deeper investigation well beyond the Keyhole View if you have not already begun to do so, to make up your own mind, and then to engage with others with as much courage and creativity as you can muster.

Your future, and mine, may well depend on it.

VIII. Unmasking the Science

*Are we really happy here
With this lonely game we play?
Looking for words to say
Searching but not finding understanding anywhere
We're lost in a masquerade*

– This Masquerade, George Benson, 1976

The moment I came to this point in my writing, ready to work on the culminating arguments specific to wearing masks, I came across a comprehensive article by Dr. Alan Palmer, and realized he pretty much sums it up for me, doing a great job in presenting the science around mask-wearing and even addressing a few of the questions that I have been raising in the analysis so far. So I'm simply appending his article after a few of my own summary comments.

To start things off, the WHO had for months been recommending the following guidance about mask-wearing²⁵⁵:

- If you are healthy, you only need to wear a mask if you are taking care of a person with COVID-19.
- Wear a mask if you are coughing or sneezing.
- Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.
- If you wear a mask, then you must know how to use it and dispose of it properly.

²⁵⁵ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

The WHO then flip-flopped in June, telling healthy people to go ahead and wear masks, no doubt bowing to pressure from the CDC. Despite this, the science, as you will discover, does not support mask-wearing.

Has the Case Been Made So Far?

In my introduction, I offered that I would make a case against mask-wearing – really a case against the entire pandemic proclamation being used to justify such measures – because it was based on: “false data, inaccurate assumptions, contradictory claims and recommendations, lack of scientific transparency and rigor, numerous conflicts of interest, groupthink, politicization, willful misdirection, manipulation and even fraud.” To recap:

The Low Probability of Death from COVID-19

- The CDC's latest number of projects and overall death rate of .26% from COVID-19, based on a projection of 35% of the population having been infected. For those who become infected:
 - Most will never even display symptoms
 - The majority of those who display symptoms will only become mildly ill
 - A majority of those who become severely ill will not become critically ill
 - A majority of those who become critically will survive
- Studies of confined populations support the conclusion that large numbers have been infected and the case totality rate is likely even lower.
- If you are under 50 years old, your chance of dying from the virus is 1 in 5000 *if you become symptomatic*, or about the same as dying in a car crash in some states.
- Older people with chronic conditions who live in urban areas with high concentrations of particulate air pollution, or who live in nursing homes, are most at risk.
- Even if you are older and suffer with chronic conditions, you have a higher likelihood of dying from a flu shot than from COVID-19.
- A good portion of the population may already be immune due to previous coronavirus/common cold exposure.
- The numbers of people dying during this virus epidemic, and the ages at which people are dying, are approximately the same as we normally see each year.
- Readily available treatments, from chloroquine to Interferon Alpha, are effective and if more widely used could lower the death rate even more.

The Improbability of Mortality Counts

- The CDC guidance and monetary incentives to count most deaths as having been caused by SARS-CoV-2 is likely to have greatly inflated the mortality numbers.

- Preventable deaths from the improper use of ventilators, from foisting recovering COVID-19 patients back on nursing homes, and from the suppression of available treatments, are all likely to have significantly inflated death counts.
- The all-cause mortality rate is not significantly higher this year than it was in 2018, following the 2017-18 flu season.²⁵⁶
- The PCR test used to confirm the presence of the virus routinely returns up to 80% false positives, and many test kits have been found to be tainted (exactly how many is unknown, since most people won't stop to test the kit before testing the sample). Due to these factors, death counts are likely to have been significantly if not wildly inflated.

Pandemic Measures, Agendas and Impacts

- This “pandemic” does not meet the definition of pandemic as published by the W.H.O.
- Statistical analysis of quarantining and social distancing do not show a correlation with infection rates or deaths
- The strategy of “flattening the curve” is only meant to slow down the infection rate. It is not about reducing the overall numbers that are infected because these kinds of infections work their way through a population regardless. Flattening the curve also slows down the development of herd immunity. For these reasons, there is no longer any reason to continue quarantining or other aversion methods.
- Countries that have not enforced quarantines, like Sweden, Japan and Taiwan, have lower overall death rates than many countries with quarantines.
- The suppression of inexpensive and readily available effective treatments has not only increased the death rate but has been a major contributing factor to the rationale for instigating and continuing lockdown and social distancing measures.
- The suppression of effective available treatments (supported by numerous examples of censorship, denial and research fraud) is also propping up the pro-vaccination agenda, with biotech and pharmaceutical companies – and scientists at the CDC and NIH – lining up to make billions of dollars from unproven and quite often deadly biotechnology.
- The pandemic proclamation and the 24/7 disease-and-death narrative has been used to instill abject fear in the population and are already being used to roll out draconian mass surveillance, vaccination and control measures which would otherwise not be acceptable to the world citizenry. These plans are publicly visible and are already being implemented, and include the already-visible takeover of public sector services such as education and the postal service by corporate interests.
- The psychosocial effects of the pandemic on the population, based on mental health prescriptions, suicide hotline calls, and domestic violence reports, has been unprecedented and will continue to worsen if the pandemic measures are not lifted.

²⁵⁶ <https://www.cebm.net/covid-19/covid-19-deaths-compared-with-swine-flu/>

- The ongoing loss of income and healthcare coverage is likely to have a catastrophic effect on future death rates, suicides, and childhood hunger and trauma. Economic deprivation is sure to lead to an increase in homelessness and hunger on a scale never before seen. Greater crime is another likely outcome and is already being reported in larger cities.
- Continued lockdowns and unemployment are exposing existing social and economic disparities that are already evident in the recent protests and riots in numerous American cities.
- Broad-scale defaults on tax payments as well as mortgages and other credit accounts is likely to come in the next several months, affecting individuals and families, and impacting the general economy beyond what we've seen so far.
- The loss of business, real estate and income tax revenue (absent a huge federal bailout, which as of mid-September seems less and less likely as it continues to be deadlocked in Congress) is liable to severely restrict the services that states and municipalities will be able to provide, possibly including public school.
- An analysis by King's College London and Australian National University has predicted that as many as 500 million people will be dragged into poverty on account of the lockdowns, or about 8% of the world's population. This "poverty's tsunami" is expected hit developing countries hardest.²⁵⁷ The UN World Food Program is predicting a "looming hunger pandemic" that could kill hundreds of thousands by starvation in the coming months.²⁵⁸

As to the case of contradictory claims and recommendations, besides the moving goalposts on projections, the questionable guidance for counting cases, and the hydroxychloroquine ping-pong game, no doubt by now you have also had an opportunity to observe the CDC and the WHO flip-flopping between recommending that healthy people wear masks and not wear masks (now all claiming mask-wearing is necessary). Dr. Palmer speaks to this as well in the article below.

I am not claiming that any single data point I have offered in this paper makes the entire case. But taken as a whole, even if some of the evidence is only suggestive, I believe there is more than enough to warrant being deeply skeptical of the orthodox position, if not to discount it all together. The costs of the pandemic measures have already been catastrophic and their future impacts while incalculable are sure to be even worse; meanwhile, the data that have been accruing for the past several months, together with the CDC's own projections, do not warrant continuing on with this treacherous path.

²⁵⁷ <https://reliefweb.int/report/world/estimates-impact-covid-19-global-poverty>

²⁵⁸ <https://www.newyorker.com/news/q-and-a/the-coronavirus-crisis-will-lead-to-catastrophic-hunger>

The Case for Collective Sense-Making

The reader is likely to have been around long enough to realize that the orthodox narrative about any current event is rarely the whole story, and quite often the opposite of the real story. Rather than decide on what is absolutely real, I believe it's the responsibility of every citizen to look at all the facts, the narratives and counterclaims, and make up their own minds. Without an open and honest conversation about what those are, we will find it difficult if not impossible to come to a better grasp of what is actually happening in our world. Arriving at this more accurate picture of things will only come as a result of collective inquiry, and not as a result of a winner-take-all struggle between authority figures or cartels who are each aiming to advance their own narrative while shutting all others down.

We must therefore be willing to engage in exploring heterodox viewpoints and data streams in some depth. Some of which have been labeled "conspiracy theories" by the Powers That Be as a way to ridicule and censor information they would rather not see gaining traction in the culture. At the same time, extraordinary claims require extraordinary evidence, and rarely does any individual data point provide sufficient evidence to make an absolute pronouncement of fact or false.

I hope that all of us will remain curious enough to scratch beneath the surface of propaganda and received narratives, brave enough to go deeper in our inquiry, even if it makes us or others uncomfortable, and humble enough to know that none of us has the full picture.

Only by working together with humility, honesty and in good faith can we rise above the dominator paradigm that has for so long controlled our world, and create a wiser world based in partnership, compassion, nonviolence, and true democracy.

The Risks vs. Benefits of Face Masks - Is There an Agenda?

By Dr. Alan Palmer

May 26, 2020

Originally published at *Children's Health Defense*.²⁵⁹

There has been a shifting of positions on the use of face masks with the COVID-19 outbreak. Initially it was not recommended, then we had different signals from the U.S. Surgeon General Dr. Jerome Adams and representatives of the CDC, the NIH and other agencies. More recently, the policies recommending wearing face masks have become more prevalent and often mandated in public places. Is there sound medical or scientific basis for the recommendations? Is much of it simply virtue signaling? Is there a legitimate rationale to do it to protect the vulnerable? And if so, at what cost to the rest of society? There are many important considerations including the risk versus the reward. So, what are the risks vs. the benefits? And would there be a partisan reason for some policy makers to push for one over the other? Because as unfortunate as it is, all decisions and policies have to be viewed from at least two lenses, politics and who stands to benefit financially?

Let's look at the two camps in the debate:

The benefit is greater than the risk—

Proponents of face masks use the following arguments:

We can prevent sick or asymptomatic infected people from infecting others by wearing masks

— There may be some credible evidence to suggest this, but in doing so the infected person wearing the mask may be making their infection much worse as a result. The “wear them only in a medical setting” arguments below will prove this out. N-95 masks have been shown to block 95% of airborne particles with a median diameter $>0.3 \mu\text{m}^2$, whereas standard face masks may block 50-70% of particles depending on the mask.

(<http://medcraveonline.com/JLPRR/JLPRR-01-00021.pdf>)

If healthy people wear face masks, they will be protected from those that may be infected –

The counterpoint in the next section will make the argument against that logic.

If you wear a mask, you are less likely to touch your nose, mouth or eyes, which is where the vast majority of infections begin – Some claim this to be true, but an argument can be made

that people handle their mask frequently when adjusting them on their face and to remove them and put them on. All this touching of the mask raises the potential that viral transmission to the mask can then transfer to the nasal and oral cavities. Recent video of the Coronavirus

²⁵⁹ <https://childrenshealthdefense.org/news/the-risks-vs-benefits-of-face-masks-is-there-an-agenda/>

Task Force news conferences has underscored this, as Dr Fauci and others from the task force are seen frequently fiddling with their masks in the background.

Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill.

The risk is greater than the benefit (except in a medical setting)—

Detractors from the regular use of face masks cite the following:

Face masks do not protect the wearer from transmission by others –

- The American Medical Association just released a position paper on masks:

“Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by healthcare workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor. Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill. Face masks should be reserved for those who need them because masks can be in short supply during periods of widespread respiratory infection. Because N95 respirators require special fit testing, they are not recommended for use by the general public.” (*Journal of the American Medical Association (JAMA)*; April 21, 2020 Volume 323, Number 15 <https://jamanetwork.com/journals/jama/fullarticle/2762694>)

- A recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.” (*bin-Reza F et al. The use of mask and respirators to prevent transmission of influenza: A systematic review of the scientific evidence. Resp Viruses 2012;6(4):257-67. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779801/>*)

Face masks restrict the elimination of virus, recirculating the virus into the nasal/sinus and upper respiratory passages-

- “By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.” Article by **Russell Blaylock M.D., published May 14, 2020 in *Technocracy News & Trends***. Dr. Blaylock is a prominent retired neurosurgeon and author of health-related books. “We know that people who have the worst reactions to the coronavirus have the highest concentrations of the virus early on. And this leads to the deadly cytokine

storm in a selected number.” (Blaylock: *Face Masks Pose Serious Risks To The Healthy*; <https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>)

- This direct rebreathing of the virus back into the nasal passages can contribute to the migration of the virus to the brain. (1, 2) “Newer evidence suggests that in some cases the virus can enter the brain. In most instances it enters the brain by way of the olfactory nerves (smell nerves), which connect directly with the area of the brain dealing with recent memory and memory consolidation. By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.”(3)
1. Baig AM et al. [*Evidence of the COVID-19 virus targeting the CNS: Tissue distribution, host-virus interaction, and proposed neurotropic mechanisms.*](#) *ACS Chem Neurosci* 2020;11:7:995-998.
 2. Wu Y et al. [*Nervous system involvement after infection with COVID-19 and other coronaviruses.*](#) *Brain Behavior, and Immunity.*
 3. Perlman S et al. [*Spread of a neurotropic murine coronavirus into the CNS via the trigeminal and olfactory nerves.*](#) *Virology* 1989;170:556-560.

Wearing a face can cause headaches and reduce oxygen levels – A recent study involving 159 healthcare workers aged 21 to 35 years of age found that 81% developed headaches from wearing a face mask... That is, a reduction in blood oxygenation (hypoxia) or an elevation in blood CO₂ (hypercapnia). It is known that the N95 mask, if worn for hours, can reduce blood oxygenation as much as 20%. And proper oxygenation of the blood is essential for energy, mental clarity, focus and emotional well-being. (Ong JJY et al. [*Headaches associated with personal protective equipment- A cross sectional study among frontline healthcare workers during COVID-19.*](#) *Headache* 2020;60(5):864-877.)

Wearing a face mask causes one to re-breathe the carbon dioxide (CO₂), that the lungs are attempting to expel – This in turn reduces the immune response, negatively affects epithelial cell function (cells in the lungs and blood vessels) and lowers the amount of oxygen exchange across the alveolar membranes. From the article:

“Hypercapnia, the elevation of carbon dioxide (CO₂) in blood and tissues, commonly occurs in severe acute and chronic respiratory diseases, and is associated with increased risk of mortality. Recent studies have shown that hypercapnia adversely affects innate immunity, host defense, lung edema clearance and cell proliferation. Airway epithelial dysfunction is a feature of advanced lung disease....These changes in gene expression indicate the potential for hypercapnia to impact bronchial epithelial cell function in ways that may contribute to poor clinical outcomes in patients with severe acute or advanced chronic lung diseases.”

This clearly can have a negative impact with a disease like COVID-19.
(<https://www.nature.com/articles/s41598-018-32008-x.pdf>)

Wearing a face mask can increase your risk of infections – The last point discussed the drop of oxygen levels after wearing a mask. A drop in oxygen levels (hypoxia), is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte. This occurs because the hypoxia increases the level of a compound called hypoxia inducible factor-1 (HIF-1), which inhibits T-lymphocytes and stimulates a powerful immune inhibitor cell called the T-regs. This sets the stage for contracting any infection, including COVID-19 and making the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome. In addition, reduced oxygenation can accelerate cancer growth. (1. Shehade H et al. [Cutting edge: Hypoxia-Inducible Factor-1 negatively regulates Th1 function](#). *J Immunol* 2015;195:1372-1376. 2. Westendorf AM et al. [Hypoxia enhances immunosuppression by inhibiting CD4+ effector T cell function and promoting Treg activity](#). *Cell Physiol Biochem* 2017;41:1271-84. 3. Sceneay J et al. [Hypoxia-driven immunosuppression contributes to the premetastatic niche](#). *Oncoimmunology* 2013;2:1 e22355.)

Wearing face masks is a constant reminder that we should fear this invisible enemy or “monster” as some politicians have called it – There is no doubt that wearing a mask reinforces the worry and fear about COVID-19. Even being in public mask-less and seeing that most people are wearing masks leaves one with a sense of angst. Fear, worry and anxiety are powerful immune suppressing emotions. This is another factor relating to the immunosuppressive effects of face masks. This is a link to a section of a 2007 book titled, *Cytokines: Stress and Immunity*– Second Edition 2007. You can read Chapter 2 titled Worried to Death? Worry, and Immune Dysregulation in Health and HIV.²⁶⁰ Interestingly, HIV is a viral infection as is SARS-COV-2 (COVID-19).

What are some government agencies saying?

On April 27, 2020, the Ventura County California Public Health Department released a Pros and Cons one-sheet summary²⁶¹ about face masks (link at end of this section). One thing they warn against is the general public buying and using N-95 masks, because of the shortage of PPE for medical personnel. This is very wise advice.

It also cites some other limited benefits of preventing transmission, pretty well characterized by this quote:

“There is a ‘very slight protective advantage’ to wearing a medical mask as opposed to wearing nothing at all in a community setting. The risk of acquiring a viral infection is reduced by 6%. When both ill and well wear a medical mask in a household, the risk is reduced by 19%. There is more “evidence to support the use of medical masks for short

²⁶⁰ <https://books.google.com/books?hl=en&lr=&id=2DvMBQAAQBAJ&oi=fnd&pg=PA17&dq=the+immunosuppressive+effects+of+fear+and+worry>

²⁶¹ <https://www.simivalley.org/home/showdocument?id=22324>

periods of time by particularly vulnerable individuals when in transient high-risk situations.”

Altogether, common fabric cloth masks are not considered protective against respiratory viruses and their use should not be encouraged.

But what else does it say?

And what scientific evidence do they present that describes the effectiveness of masks and that warns against the use of face masks by the general public? Here is a good sampling...

- With near universal use of cloth and medical masks worn in public in Wuhan, China during the 2019-2020 flu season leading up to the COVID-19 outbreak, the outbreak spread virtually unchecked.
- “Available evidence shows that (cloth masks)... may even increase the risk of infection due to moisture, liquid diffusion and retention of the virus. Penetration of particles through cloth is reported to be high.” “Altogether, common fabric cloth masks are not considered protective against respiratory viruses and their use should not be encouraged.”

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>)

- “Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.”
- The virus may survive on the surface of the facemasks.”
- “Self-contamination through repeated use and improper doffing is possible.” (<https://bmjopen.bmj.com/content/5/4/e006577>)
- Textile materials (that can be used for cloth masks) can contain harmful chemicals and dyes (i.e. formaldehyde). There is no research available regarding the safety of breathing through such materials but formaldehyde is a gas that can irritate a person’s eyes, nose, throat and lungs, or trigger an asthma attack, even at low concentrations. Prolonged exposure to formaldehyde can cause cancer. (<https://ww2.arb.ca.gov/resources/fact-sheets/formaldehyde> and <https://www.gao.gov/new.items/d10875.pdf>)
- Wearing cloth masks in public can create a false sense of security and complacency in which people may neglect other hygiene practices. ([https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak))
- Frequent washing and drying of a cloth mask can decrease the filtration capacity of the mask. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6599448/>)
- “Neither surgical nor cotton masks effectively filtered SARS–CoV-2 during coughs by infected patients... the size and concentrations of SARS–CoV-2 in aerosols generated

during coughing are unknown. Oberg and Brousseau demonstrated that surgical masks did not exhibit adequate filter performance against aerosols measuring 0.9, 2.0, and 3.1 μm in diameter. Lee and colleagues showed that particles 0.04 to 0.2 μm can penetrate surgical masks. The size of the SARS-CoV particle from the 2002–2004 outbreak was estimated as 0.08 to 0.14 μm ; assuming that SARS-CoV-2 has a similar size, surgical masks are unlikely to effectively filter this virus.”
(<https://annals.org/aim/fullarticle/2764367>)

In total, the document presented 18 arguments and studies against the effectiveness and use of masks and 10 showing some limited benefit. After careful scrutiny of the pros and cons, I am landing squarely against the use of them other than by medical personnel in a clinical setting, or if an individual that is in close proximity of an infected person with the risk of being directly coughed or sneezed on, as in when caring for or visiting a sick person.
(https://vcportal.ventura.org/CEO/VCNC/2020-05-05_VCNC_Masks_Pros_and_Cons.pdf)

The conclusion of the Russell Blaylock M.D. article states the following:

“It is evident from this review that there is insufficient evidence that wearing a mask of any kind can have a significant impact in preventing the spread of this virus. The fact that this virus is a relatively benign infection for the vast majority of the population and that most of the at-risk group also survive, from an infectious disease and epidemiological standpoint, by letting the virus spread through the healthier population we will reach a herd immunity level rather quickly that will end this pandemic quickly and prevent a return next winter.”

“During this time, we need to protect the at-risk population by avoiding close contact, boosting their immunity with compounds that boost cellular immunity and in general, care for them. One should not attack and insult those who have chosen not to wear a mask, as these studies suggest that is the wise choice to make.”

So, what’s the motivation behind the mask?

Given all of that information, it’s time to ask the obvious question. What would be the possible motivation for pushing the narrative about face masks and in some cases even mandatory face mask rules? And how does that motivation interface with the extended stay-at-home orders? We have “flattened the curve” to prevent the risk of overwhelming our health care system (but so did Sweden without lockdowns – a great topic for another post), so why the continued extreme social distancing and face mask mantra?

Here is a hypothesis, but in the form of two questions. It implies malintent which I cannot prove beyond a shadow of a doubt, but just indulge me for a moment. In the end, each person must decide that for themselves. Here we go....

1. If you wanted to prevent the population from gaining herd immunity, which would further support the need and desire for a vaccine, what would be the best way to do that?

2. If you were successful at preventing people from developing natural immunity by keeping all the healthy and young low-risk people apart from one another and thus wanted to increase the chances for a second wave of the virus in a few months, how could you increase the chances of those people becoming infected and ensuring a second wave once they are released from quarantine and begin mingling?

Now match those two questions with the proper answers:

A. Suppress their immune systems with fear, loss of income, lack of exercise and sunshine and face masks whenever going away from home.

B. Keep the young and healthy people at home and sequestered from each other.

If you paired 1 with B, and 2 with A, congratulations! Welcome to the growing number of free-thinking people that are connecting the dots.

One thing for certain is that so many people have taken the wearing of face masks and social distancing to a bizarre extreme. A few days ago, I saw one woman in the neighborhood out for a walk in the heat of the day. I commented to her that it sure was a hot time of day to be out for a walk. She looked at me with an odd look of concern on her face and said, “yeah, but at least there are no other people out now”. Other common examples are the people driving alone in their car with a face mask on and people walking through parking lots and down uncrowded sidewalks or at a park wearing face masks. My purpose on mentioning these examples is not to be condescending or critical of individuals that are overly fearful or are unaware of the harm face masks may cause them. These individuals have been duped by a complicit media that has continued to run with the absolutely, ridiculously, outrageously inaccurate models and never adjusted their level of hype and fear mongering long after those models had been exposed for what they were—ridiculous. In the meantime, people that are living with an irrational level of fear as a result, are being harmed physically and emotionally.

The reduced oxygen levels will increase anxiety, fatigue and brain fog, decrease learning capacity due to decreased oxygen to the brain, weaken their immune systems and can lead to an increased rate and severity of all types of infections, not just COVID-19.

CDC’s recommendations for opening schools require children to wear face masks

Picture classrooms of children wearing face masks. This image is repulsive to me on so many levels. Yet, updated CDC guidelines on May 19th, 2020 and posted on their site titled Considerations for Schools, recommends that children older than the age of 2 wear face masks. In part, it says, “Teach and reinforce use of cloth face coverings.” It then goes on to say...

Note: Cloth face coverings should **not** be placed on:

- Children younger than 2 years old

- Anyone who has trouble breathing or is unconscious
- Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>)

And many in the government and educational system are echoing these preposterous recommendations. My opinion based on the science we just looked at is that this would be a huge mistake. Making children wear face masks has the potential to cause long-term psychological, emotional and physical damage. It promotes an excessive fear of germs (phobia) and of social interaction. The reduced oxygen levels will increase anxiety, fatigue and brain fog, decrease learning capacity due to decreased oxygen to the brain, weaken their immune systems and can lead to an increased rate and severity of all types of infections, not just COVID-19. We know that children are at very low risk of complications from COVID-19. Yet, this practice of wearing face masks could potentially increase that level of risk.

Teaching children good hygiene practices and that their immune system can help prevent and fight “germs” if they eat healthy food, exercise and practice good health habits would go a long way to empower them with positive and practical knowledge that they can learn and use throughout their lives.

Going forward

As we learn about the miscalculations from the hugely exaggerated models, the inaccurate coding and calculations of COVID-19 deaths bloating the numbers, the large percentages of people that are already immune because they have had the infection and recovered, many not even knowing they were sick, we realize that the mortality rate from COVID-19 is nowhere near what we had thought. Then there are the mistakes made within nursing homes and long-term care facilities, including sending positive COVID patients into those facilities and the mistakes with the way we treated many cases with ventilators. In a retrospective analysis of all of these factors, I believe that we will realize that mortality from COVID-19 is not even as bad as a “normal” flu and pneumonia season.

This is not to say that initially we shouldn’t have viewed COVID-19 as a serious potential health crisis, but so is 50,000 to 80,000 people dying from flu and pneumonia every winter. My greatest concern is the destruction of the economy, loss of jobs, loss of small businesses, the effects on marriages and families, skyrocketing mental health disorders, stress related diseases and the deaths due to despair and loss of hope, people not getting the medical attention for things like heart issues, high blood pressure and cancer they would otherwise get if they had access to hospitals and routine procedures. These are all the unintended consequences of what we have already done, and if we continue to ignore the new evidence of the data, science and doctors’ experiences on the front lines, we will certainly cause much more harm than good. Going forward with the current situation (and should a viral outbreak occur in the future), risk versus benefit of every decision must be considered.

*Dr. Alan Palmer is the author of a FREE eBook called **1200 Studies- Truth Will Prevail**.²⁶² It is a research tool containing excerpts and summaries from over 1,400 studies that contradict what the public is being told about the safety and efficacy of vaccines.*

If Dr. Palmer's article is not sufficient evidence for you, please read: [Masks Don't Work: a Review of Science Relevant to Covid-19 Social Policy](#), By Denis Rancourt (originally published in ReasearchGate); see also his [later letter to the WHO](#) addressing more recent studies claiming to support mask-wearing. Also see [Dr. Mercola's Rancourt article and video interview](#).

²⁶² <http://www.1200studies.com>

IX. Recommended Resources

Websites, Books, Videos

Swiss Policy Research - fully referenced facts about Covid-19, provided by experts in the field (regularly updated): <https://swprs.org/facts-about-covid-19/>

Dr. Mercola - <https://articles.mercola.com/sites/Newsletter/NewsLetter-Archive.aspx>

Journeyman Pictures - “Perspectives on the Pandemic” Series:
<https://www.youtube.com/playlist?list=PLWlme4Q2UEdqr1aITIGjXMXozOKqSY3y->

Plandemic Series (I & II, plus outtake interviews): www.plandemicseries.com

David Martin’s YouTube channel videos:
<https://www.youtube.com/c/DavidMartinWorld/videos>

The Highwire with Del Bigtree - <https://thehighwire.com>

RFK Jr’s Children’s Health Defense - <https://childrenshealthdefense.org/?s=COVID-19>

The Contagion Myth – by Dr. Thomas Cowan and Sally Fallon Morell, MA – book:
<https://www.amazon.com/Contagion-Myth-Viruses-including-Coronavirus/dp/1510764623/>;
video: <https://youtu.be/QGxil6cOCFg>

The Infectious Myth, David Crowe - <https://theinfectiousmyth.com/>; podcasts plus free ebook, *Critique of COVID-19 ‘Science’*: <https://theinfectiousmyth.com/book/CoronavirusPanic.pdf>
(specifically criticizing the RT-PCR test)

J.B. Handley - <https://jbhandleyblog.com>

Spiro Skouras's YouTube channel:

https://www.youtube.com/channel/UCkKOQNYoZjaa_8V0uPOueeQ

Dr. Andrew Kaufman's YouTube Channel:

<https://www.youtube.com/channel/UCV7v2cvSnrJ9Qyz36cW1Ftw/videos>

COVID-19 Refusers - <https://www.covid19refusers.com/truth/>

Off-Guardian (blog) - <https://off-guardian.org/category/coronavirus>. See, in particular, this section showcasing 30 experts with heterodox views on the coronavirus: <https://off-guardian.org/category/covexperts/>

Plague of Corruption: Restoring Faith in the Promise of Science, by Dr. Judy Mikovits and Kent

Heckenlively: <https://www.amazon.com/Plague-Corruption-Restoring-Promise-Science/dp/1510752242/>. Read the full and excellent Introduction by RFK Jr. here:

<https://childrenshealthdefense.org/news/moral-courage-and-our-common-future-a-foreword-to-plague-of-corruption/>. Read related articles here:

<https://childrenshealthdefense.org/?s=plague+of+corruption>