

The Real News

Evidence-based
Journalism

Issue #1

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SPECIAL EDITION:

The Truth About the Covid-19 Pandemic & Vaccines

That We're Not Being Told

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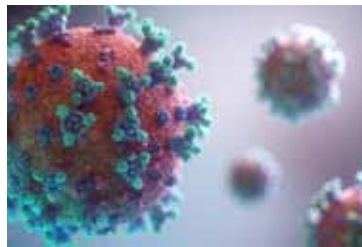
Some Treatments for Covid-19

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MUCH MORE

These days many people are beginning to ask searching questions about the Covid-19 pandemic.

Why?



Perhaps it's because thousands of front line doctors and nurses are being threatened for speaking out; effective treatments are being withheld from the public, while poorly tested experimental vaccines are being rushed into production and distribution, with strong hints that they could be made mandatory.

Or is it because some of the Covid-19 vaccines are manufactured using technologies that have never been used before in vaccines for mass distribution? Or that early rollouts have produced severe "side effects" and even deaths?

Mainstream journalism should be covering these stories, but sadly, they have mostly become willing participants in the official policy of censoring objective scientific inquiry.

People who are asking intelligent questions, doing their homework and questioning official narratives are being labelled "conspiracy theorists" – and worse, are being fired from their jobs, cursed, censored and deplatformed from the internet.

Scientifically valid viewpoints are summarily dismissed without cause, while censorship is becoming not only acceptable, but is laudable, especially if it is considered "offensive" to someone or threatens "profitability".

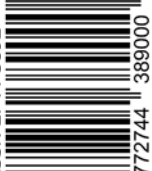
There are many indications that the Covid -19 pandemic is being used to bring in a world-wide police state on the heels of a massive depression.

With lockdowns and rampant censorship our cherished freedoms are being flushed down the memory hole in the name of "staying safe" – while most of our media remain complicit.

We thought it was time to start a magazine that served up the unvarnished truth. Welcome to our first issue of *The Real News*.



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Introduction

When Covid-19 first emerged in China in late 2019, the reported case fatality rate from this new viral infection was truly frightening.

Fast forward to early 2021 and the situation with Covid-19, while still concerning, has changed for the better. It is now clear that the survival rate for most people who are exposed to SARS-CoV-2 is around 99.98%.

There are still many people with underlying health problems that make a SARS-CoV-2 infection more likely to cause serious illness or death. Fortunately for vulnerable people the pandemic has stimulated intensive research into prevention and treatment options.

This research has borne fruit and low cost and effective protocols have been developed that can be used to prevent SARS-CoV-2 infections. *Covid-19 can now be successfully treated using medications that have been on the market for decades and have good safety records.*

Widespread adoption of these preventative and curative treatments could stop the pandemic in its tracks and save many lives.

Using the effective treatments that are available now would also spare societies from the stress of lockdowns that have their own detrimental health consequences due to adverse social and economic effects – including limiting people's access to routine healthcare services.

Unfortunately, the governments of many Western countries appear to have ignored the research on cheap and effective preventive and curative treatments for SARS-CoV-2 and have instead myopically focused on purchasing and distributing Covid-19 vaccines. These fast-tracked vaccines have been rushed into mass manufacture before clinical trials have been completed; now there are alarming reports of severe side effects, including fatalities, being suffered by Covid-19 vaccine recipients in countries where these vaccines are already in use.

It is hard to fathom why so many governments are prioritising the use of experimental vaccines over the use of cheaper and safer treatments that have well established risk/benefit profiles – unless Big Pharma (which stands to make massive profits from new vaccines) is having an undue influence over many governments' health policies. Many people are needlessly frightened of Covid-19 because information on low cost, successful treatments for this illness has simply been ignored by most mainstream media outlets.

The Lancet as you will read in this magazine actually published an influential article that misrepresented the effectiveness of Hydroxychloroquine (HCQ). This article was subsequently retracted, but not before the harm was done and HCQ was often banned from being used.

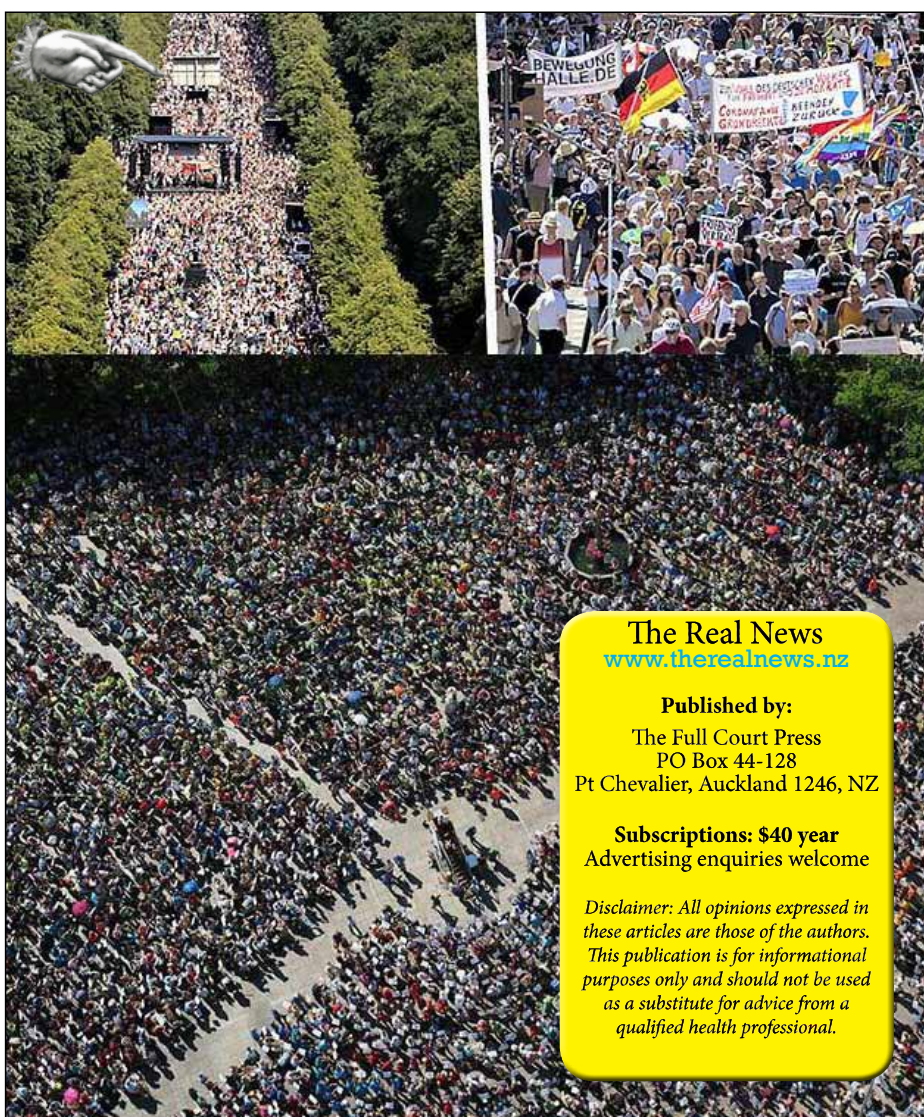
We hope that the information that we present to you in this, the first edition of *The Real News* will empower you and help to allay any unfounded anxiety you may have about Covid-19.

Quite simply, it's time to end the unnecessary fear of Covid-19. It's also time to call out governments that have used Covid-19 as an excuse for massive power grabs and restrictions on civil liberties and to erode people's rights to make their own decisions about medical tests and treatments.

NB: Please check our website therealnews.nz for updates.

– The Editors

More than a million people marched in Berlin for freedom and an end to pernicious lockdowns. Why?



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Nine COVID Facts:

By Jeff Harris
October 29, 2020

Here are nine facts backed up with data, in many cases from the CDC itself that paints a very different picture from the fear and dread being relentlessly drummed into the brains of unsuspecting citizens.

1) The PCR test is Practically Useless

According to an article in the *New York Times* August 29th 2020, testing for the Covid-19 virus using the popular PCR method results in up to 90% of those tested showing positive results that are grossly misleading.

Officials in Massachusetts, New York and Nevada compiled testing data that revealed the PCR test can NOT determine the amount of virus in a sample. (viral load) The amount of virus in up to 90% of positive results turned out to be so miniscule that the patient was asymptomatic and posed no threat to others. So the positive Covid-19 tests are virtually meaningless.

2) A Positive Test is NOT a CASE

For some reason every positive Covid-19 test is immediately designated a "CASE". As we saw in #1 up to 90% of positive Covid-19 tests are in people who have miniscule amounts of virus that do not sicken the subject. Historically only patients who demonstrated actual symptoms of an illness were considered a case. Publishing positive test results as "CASES" is grossly misleading and needlessly alarming.

3) The Centers for Disease Control Dramatically Lowered the Covid-19 Death Count

On August 30th the CDC released new data that showed only 6% of the deaths previously attributed to Covid-19 were due exclusively to the virus.

The vast majority, 94%, may have had exposure to Covid-19 but also had preexisting illnesses like heart disease, obesity, hypertension, cancer and various respiratory illnesses.

While they died with Covid-19 they did NOT die exclusively from Covid-19.

4) CDC reports Covid-19 Survival Rate over 99%

The CDC updated their "Current Best Estimate" for Covid-19 survival on September 10th showing that over 99% of people exposed to the virus survived. Another way to say this is that less than 1% of the exposures are potentially life threatening. According to the CDC the vast majority of deaths attributed to Covid-19 were concentrated in the population over age 70, close to normal life expectancy.

5) CDC reveals 85% of Positive Covid Cases Wore Face Masks Always or Often

In September of 2020 the CDC released the results of a study conducted in July where they discovered that 85% of the positive Covid test subjects reported wearing a cloth face mask always or often for two weeks prior to testing positive. The majority, 71% of the test subjects reported always wearing a cloth face mask and 14% reported often wearing a cloth face mask. The only rational conclusion from this study is that cloth face masks offer little if any protection from Covid-19 infection.

6) There are Inexpensive, Proven Therapies for Covid-19

Harvey Risch, MD, PhD heads the Yale University School of Epidemiology. He authored "The Key to Defeating Covid-19 Already Exists. We Need to Start Using It" which was published in *Newsweek* magazine on July 23rd, 2020. Dr. Risch documents the proven effectiveness of treating patients diagnosed with Covid-19 using a combination of hydroxychloroquine, an antibiotic like azithromycin and the nutritional supplement zinc. Medical doctors across the globe have reported very positive results using this protocol particularly for early stage Covid patients.

7) The US Death Rate is NOT Spiking

If Covid-19 was the lethal killer it's made out to be one would reasonably expect to see a significant spike in the number of deaths reported. But that hasn't happened.

According to the CDC as of early May 2020 the total number of deaths in the US was 944,251 from January 1 - April

30th. This is actually slightly lower than the number of deaths during the same period in 2017 when 946,067 total deaths were reported.

8) Most Covid-19 Deaths Occur at the End of a Normal Lifespan

According to the CDC as of 2017 US males can expect a normal lifespan of 76.1 years and females 81.1 years. A little over 80% of the suspected Covid-19 deaths have occurred in people over age 65. According to a June 28th *New York Post* article almost half of all Covid suspected deaths have occurred in nursing homes which predominately house people with preexisting health conditions and close to or past their normal life expectancy.

9) CDC Data Shows Minimal Covid Risk to Children and Young Adults

The CDC reported in their September 10th update that its estimated Infection Mortality Rate (IFR) for children age 0-19 was so low that 99.997% of those infected with the virus survived. For 20-49 year-olds the survival rate was almost as good at 99.98%. Even those 70 years-old and older had a survival rate of 94.6%. To put this in perspective the CDC data suggest that a child or young adult up to age 19 has a greater chance of death from some type of accident than they do from Covid-19.

Taken together it should be obvious that Covid-19 is pretty similar to typical flu viruses that sicken some people annually. The vast majority are able to successfully fight off the virus with their body's natural immune system. Common sense precautions should be taken, particularly by those over age 65 who suffer from preexisting medical conditions.

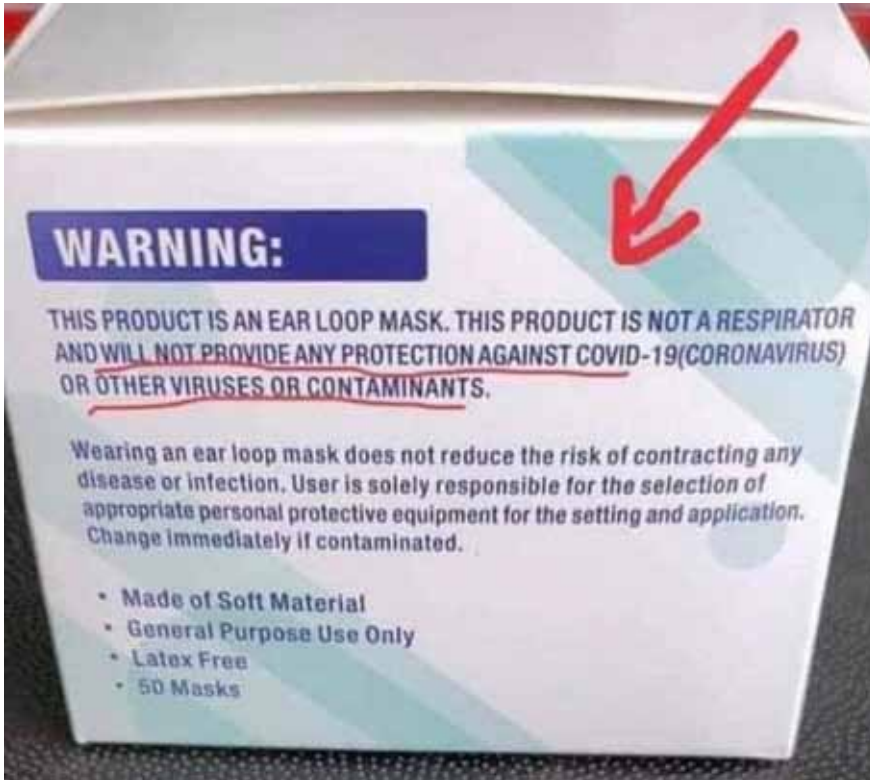
The gross over-reaction by government leaders to this illness is causing much more distress, physical, emotional and financial, than the virus ever could on its own. The bottom line is there is NO pandemic, just a typical flu season that has been wildly blown out of proportion by 24/7 media propaganda and enabled by the masses paralyzed by irrational fear.

State and local governments in particular have ignored the rights of the people and have instituted outrageous attacks on freedom and liberty that was bought and paid for by the blood and sacrifice of our forefathers.

REFERENCES AT SOURCE: <http://www.ronpaulinstitute.org/archives/featured-articles/2020/october/28/nine-covid-facts-a-pandemic-of-fearmongering-and-ignorance/>

Does wearing a mask do anything?

June 6, 2020



Governments around the world are enforcing facial coverings to prevent SARS-Cov-2 infection, but does the science support their use?

As of two days ago, Boris Johnson's government announced it will henceforth be illegal to use public transportation in the UK, without wearing a mask.

This goes along with many other governments – both local and national – which have enforced mandatory mask-wearing to one extent or another.

Leaving aside the question of whether such steps are necessary to combat a virus they openly admit is harmless to the vast majority of people – the question becomes: Do masks actually do anything to prevent the spread of this disease? Or respiratory diseases in general?

Well, some mask manufacturers don't seem to think so as you can see from the a warning on the side of the box in the illustration at the top of this page.

But, in case that's just a company seeking to prevent liability, maybe we should look at some proper scientific research on the subject. There's quite a bit of it.

Most of the media and politicians are strident in their support of enforced mask-wearing, but the science sup-

porting that is thin on the ground.

While the *Lancet* and Mayo Clinic have produced articles recommending mask use, actual scientific studies are hard to come by.

The only evidence-based review I was able to find is forced to use very soft language in its conclusions.

Titled [my emphasis] "Cloth Masks May Prevent Transmission of COVID-19", it openly admits [again, my emphasis]:

"Although no direct evidence indicates that cloth masks are effective in reducing transmission of SARS-CoV-2, the evidence that they reduce contamination of air and surfaces is convincing."

Other, purportedly scientific, publications have reduced themselves to publishing alarmist, unscientific, non-factual arguments that source the *Los Angeles Times* in place of any research, statistics or peer-reviewed papers.

The lack of hard science backing the government's position on masks is evidently a concern in the propaganda networks, because they produce articles like this one in today's *Guardian*:

"We can't be 100% sure face masks work – but that shouldn't stop us wearing them"

Which tries to turn it from a fact-based consideration into an ethical argument (a very common tactic among people who know they would lose an evidence-based debate):

"This debate is as much about values as facts."

Despite the narrative push in favour of masks, the science is far from settled. With many papers – notably those pre-dating the Covid-19 outbreak – suggesting masks do little-to-nothing to prevent the spread of viral respiratory infections.

A review of several mask-related papers, entitled "Why Face Masks Don't Work" and conducted in 2016, found that [my emphasis]:

*"Between 2004 and 2016 at least a dozen research or review articles have been published on the inadequacies of face masks. All agree that the poor facial fit and limited filtration characteristics of face masks make them **unable to prevent the wearer inhaling airborne particles**. In their well-referenced 2011 article on respiratory protection for healthcare workers, Drs. Harriman and Brosseau conclude that, **'facemasks will not protect against the inhalation of aerosols.'**"*

And: *"Health care workers have long relied heavily on surgical masks to provide protection against influenza and other infections. Yet there are no convincing scientific data that support the effectiveness of masks for respira-*

tory protection.

And also:

*"It should be concluded from these and similar studies that **the filter material of face masks does not retain or filter out viruses.**"*

To sum up: viruses are very, very, very small. Microns across. You can only see them with an electron microscope. As such the weave of a cloth mask provides almost no resistance to their passage.

The possible limitations of masks as a preventative are not a secret.

*On May 21st, the **New England Journal of Medicine** published an article titled "Universal Masking in Hospitals in the Covid-19 Era", which states:*

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection.

And as recently as last week, Dr April Baller of World Health Organization said:

"If you do not have any respiratory symptoms such as fever, cough or runny nose, you do not need to wear a mask,"

The common counter-argument to this point is that masks don't prevent you from getting sick, but rather prevent you from spreading it if you're infected.

However that is disputed by a paper published just last month, but based on research conducted in late 2019 (before the Covid outbreak), which found that:

*"Disposable medical masks are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids. There is **limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure.** Our systematic review found **no significant effect of face masks on***



transmission of laboratory-confirmed influenza."
(Emphasis added - Ed.)

In fact, not only is there substantial evidence masks will not prevent you getting sick, there is some evidence they could actually be counter-productive.

A trial of cloth masks in 2015 found that:

"Moisture retention, reuse of cloth masks and poor filtration may result in an increased risk of infection."

There's also the issue of other possible complications, such as hypercapnia, an excess of carbon dioxide in the blood caused by re-breathing your own expelled air. It's also been shown that mask use can exacerbate chronic obstructive pulmonary disorder (COPD) and perhaps other respiratory issues. There's also the question of possible psychological harm.

The benefits of mask-wearing are, at best, unproven; the dangers, unknown. You wouldn't expect this simple scientific question to be in any way controversial.

And yet...

In April, physicist Denis Rancourt published a research review on ResearchGate.com entitled "Masks Don't Work: A review of science relevant to COVID-19 social policy".

After receiving over 400,000 views, it was summarily removed for "spreading information that could cause harm".

Clearly the establishment really wants us to wear masks. What's less clear is why.

SOURCE: <https://off-guardian.org/2020/06/06/coronavirus-fact-check-6-does-wearing-a-mask-do-anything/> (References to the peer reviewed papers cited may be found at the source link - Ed.)

SEE ALSO: <https://fee.org/articles/new-danish-study-finds-masks-don-t-protect-wearers-from-covid-infection/>

501 Deaths + 10,748 Other Injuries Reported Following COVID Vaccine, Latest CDC Data Show

February 5, 2021

As of Jan. 29, about 35 million people in the U.S. had received one or both doses of a COVID vaccine.

As of Jan. 29, 501 deaths — a subset of 11,249 total adverse events — had been reported to the Centers for Disease Control and Prevention's (CDC) Vaccine Adverse Event Reporting System (VAERS) following COVID-19 vaccinations. The numbers reflect reports filed between Dec. 14, 2020, and Jan. 29, 2021.

VAERS is the primary mechanism for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before confirmation can be made that an adverse event was linked to a vaccine.

As of Jan. 29, about 35 million people in the U.S. had received one or both doses of a COVID vaccine. So far, only the Pfizer and Moderna vaccines have been granted Emergency Use Authorization in the U.S. by the U.S. Food and Drug Administration (FDA). By the FDA's own definition, the vaccines are still considered experimental until fully licensed.

According to the latest data, 453 of the 501 reported deaths were in the U.S. Fifty-three percent of those who died were male, 43% were female, the remaining death reports did not include the gender of the deceased. The average age of those who died was 77, the youngest reported death was of a 23-year-old. The Pfizer vaccine was taken by 59% of those who died, while the Moderna vaccine was taken by 41%.

The latest data also included 690 reports of anaphylactic reactions to either the Pfizer or Moderna vaccines. Of those, the Pfizer vaccine accounted for 76% of the reactions, and the Moderna vaccine for 24%.

Last week, the CDC told USA TODAY that based on "early safety data from the first month" of COVID-19 vaccination the vaccines are "as safe as the studies suggested they'd be" and that "everyone who had experienced an allergic response has been treated successfully, and no other serious problems have turned up among the first 22 million people vaccinated.

Other vaccine injury reports updated this week on VAERS include 139 cases of facial asymmetry, or Bell's palsy type symptoms, and 13 miscarriages.

States reporting the most deaths were: California (45), Florida (22), Ohio (25), New York (22) and KY (22).

The Moderna vaccine lot numbers associated with the highest number of deaths were: 025L20A (20 deaths), 037K20A (21 deaths) and 011J2A (16 deaths), 025J20A (16 deaths). For Pfizer, the lot numbers associated with the most reports of deaths were: EK5730 (10 deaths), EJ1685 (23 deaths), EL0140 (19 deaths), EK 9231 (17 deaths) and EL1284 (13 deaths). For 135 of the reported deaths, the lot numbers were unknown.

The clinical trials suggested that almost all the benefits of COVID vaccination and the vast majority of injuries were associated with the second dose.

While the VAERS database numbers are sobering, according to a U.S. Department of Health and Human Services study, the actual number of adverse events is likely significantly higher. VAERS is a passive surveillance system that relies on the willingness of individuals to submit reports voluntarily.

According to the VAERS website, healthcare providers are required by law to report to VAERS:

Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccination

An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine

The CDC says healthcare providers are strongly encouraged to report:

Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether or not it is clear that a vaccine caused the adverse event

However, "within the specified time" means that reactions occurring outside that timeframe may not be reported, in addition to reactions suffered hours or days later by people who don't report those reactions to their healthcare provider.

Vaccine manufacturers are required to report to VAERS "all adverse events that come to their attention."

Historically, fewer than 1% of adverse events have ever been reported to VAERS, a system that Children's Health Defense has previously referred to as an "abject failure," including in a December 2020 letter to Dr. David Kessler, former FDA director and now co-chair of the COVID-19 Advisory

Board and President Biden's version of Operation Warp Speed.

A critic familiar with VAERS' shortcomings bluntly condemned VAERS in The BMJ as "nothing more than window dressing, and a part of U.S. authorities' systematic effort to reassure/deceive us about vaccine safety."

SOURCE:

https://childrenshealthdefense.org/defender/deaths-injuries-following-covid-vaccine-cdc/?utm_source=salsa&eType=EmailBlastContent&eId=d093802f-20de-48fa-8f8f-f45c77feae49

From the 1/29/2021 release of VAERS data:

Found 11,249 cases where Vaccine is COVID19

Table

Event Outcome	Count	Percent
Death	501	4.45%
Permanent Disability	156	1.39%
Office Visit	1,446	12.85%
Emergency Room	18	0.16%
Emergency Doctor/Room	2,425	21.56%
Hospitalized	1,066	9.48%
Recovered	4,292	38.15%
Birth Defect	12	0.11%
Life Threatening	383	3.4%
Not Serious	4,106	36.5%
TOTAL	† 14,405	† 128.06%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 11,249 (the number of cases found), and the Total Percentage is greater than 100.

WHO:

No Guarantee COVID Vaccines Will Prevent People From Being Infected

At a virtual press conference held by the World Health Organization officials warned there is no clear evidence COVID-19 vaccines are effective at preventing asymptomatic infection and transmission.

By Barbara Loe Fisher
January 15, 2021

Story at-a-glance:

- The World Health Organization (WHO) warned there is no guarantee that COVID-19 vaccines will prevent people from being infected with the SARS-CoV-2 virus and transmitting it to other people.
- Vaccinated persons still need to mask and social distance because they could be able to spread the new coronavirus to others without knowing it, according to WHO and U.S. health officials.
- As with measles and polio, there is no guarantee of eliminating the SARS-CoV-2 virus through mass vaccination programs.
- There is a possibility the U.S. government will introduce "COVID-19 vaccine passports" and that some local governments and businesses will make COVID-19 vaccines mandatory, including in schools.

• Technology companies have been working on creating a digital certificate, which contains personal medical information giving evidence that an individual has been vaccinated and which can be used as a screening tool by employers and businesses.

At a virtual press conference held by the WHO Dec. 28, 2020, officials warned there is no guarantee that COVID-19 vaccines will prevent people from being infected with the SARS-CoV-2 virus and transmitting it to other people.

In a New Year's Day interview with Newsweek, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, reinforced the WHO's admission that health officials do not know if COVID-19 vaccines prevent infection or if people can spread the virus to others after getting vaccinated.

According to U.S. and WHO health officials, vaccinated persons still need to mask and social distance because they could be able to spread the new coronavirus to others without knowing it.

Although the U.S. Food and Drug Administration granted Emergency Use Authorization in December 2020 for Pfizer/BioNTech and Moderna to release their experimental mRNA vaccines for use in the U.S., the companies only provided evidence from clinical trials to demonstrate that, compared to unvaccinated trial participants, their vaccines prevented more mild to severe COVID-19 disease symptoms in vaccinated participants.

The companies did not investigate whether the vaccines prevent people from becoming asymptotically infected with the SARS-CoV-2 virus and/or transmitting it to other people.

FULL STORY HERE:

<https://childrenshealthdefense.org/defender/no-guarantee-covid-vaccines-prevent-infection/>



Bill Gates, celebrated eugenicist who wants to reduce the population of the world, now positions himself as someone who wants to save lives (with vaccines, only). There are still many who still believe him. – Ed.

“Investing in global health organizations aimed at increasing access to vaccines created a 20-to-1 return in economic benefit, billionaire Microsoft co-founder and philanthropist Bill Gates told CNBC on Wednesday.

“Over the past two decades, the Bill and Melinda Gates Foundation has donated “a bit more than \$10 billion” into mainly three groups: the Global Alliance for Vaccines and Immunization, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Polio Eradication Initiative.

“‘We feel there’s been over a 20-to-1 return,’ yielding \$200 billion over those 20 or so years, Gates told CNBC’s Becky Quick on ‘Squawk Box’ from the World Economic Forum in Davos, Switzerland.”

SOURCE: <https://www.cnbc.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html>

BEST VIDEO ON GATES: <https://www.corbettreport.com/gates/>

WHAT THE COVID VACCINE HYPE FAILS TO MENTION:

By Gilbert Berdine, MD
via The Mises Institute

November 27, 2020

Pfizer recently announced that its Covid vaccine was more than 90 percent “effective” at preventing Covid-19. (*The NZ government has ordered 1.5 million doses of this vaccine and the Australian government has ordered ten million doses of this vaccine - Ed.*) Shortly after this announcement, Moderna announced that its Covid vaccine was 94.5 percent “effective” at preventing Covid-19. Unlike the flu vaccine, which is one shot, both of these Covid vaccines require two shots given three to four weeks apart. Hidden toward the end of both announcements, were the definitions of “effective.”

Both trials have a treatment group that received the vaccine and a control group that did not. All the trial subjects were Covid negative prior to the start of the trial. The analysis for both trials was performed when a target number of “cases” were reached. “Cases” were defined by positive polymerase chain reaction (PCR) testing.

There was no information about the cycle number for the PCR tests. There was no information about whether the “cases” had symptoms or not. There was no information about hospitalizations or deaths. The Pfizer study had 43,538 participants and was analyzed after 164 cases. So, roughly 150 out of 21,750 participants (less than 0.7 percent) became PCR positive in the control group and about one-tenth that number in the vaccine group became PCR positive. The Moderna trial had 30,000 participants. There were 95 “cases” in the 15,000 control participants (about 0.6 percent) and 5 “cases” in the 15,000 vaccine participants (about one-twentieth of 0.6 percent). The “efficacy” figures quoted in these announcements are odds ratios.

There is no evidence, yet, that the vaccine prevented any hospitalizations or any deaths. The Moderna announcement claimed that eleven cases in the control group were “severe” disease, but “severe” was not defined. If there were any hospitalizations or deaths in either group, the public has not been told. When the risks of an event are small, odds ratios can be misleading about absolute risk. A more meaningful measure of efficacy would be the number to vaccinate to prevent one hospitalization or one death. Those numbers are not available.

“There is no information about how long any protective benefit from the vaccine would persist.”

An estimate of the number to treat from the Moderna trial to prevent a single “case” would be fifteen thousand vaccinations to prevent ninety “cases” or 167 vaccinations per “case” prevented which does not sound nearly as good as 94.5 percent effective. The publicists working for pharmaceutical companies are very smart people. If there were a reduction in mortality from these vaccines, that information would be in the first paragraph of the announcement.

There is no information about how long any protective benefit from the vaccine would persist. Antibody response following Covid-19 appears to be

short lived. Based on what we know, the Covid vaccine may require two shots every three to six months to be protective. The more shots required, the greater the risk of side effects from sensitization to the vaccine.

There is no information about safety. None. Government agencies like the Centers for Disease Control (CDC) appear to have two completely different standards for attributing deaths to Covid-19 and attributing side effects to Covid vaccines. If these vaccines are approved, as they likely will be, the first group to be vaccinated will be the beta testers. I am employed by a university-based medical center that is a referral center for the West Texas region. My colleagues include resident physicians and faculty physicians who work with Covid patients on a daily basis. I have asked a number of my colleagues whether they will be first in line for the new vaccine. I have yet to hear any of my colleagues respond affirmatively.

“There is no evidence, yet, that the vaccine prevented any hospitalizations or any deaths.”

The reasons for hesitancy are that the uncertainties about safety exceed what they perceive to be a small benefit.

In other words, my colleagues would prefer to take their chances with Covid rather than beta test the vaccine. Many of my colleagues want to see the safety data after a year of use before getting vaccinated; these colleagues are concerned about possible autoimmune side effects that may not appear for months after vaccination.

These announcements by Pfizer and Moderna are encouraging. I certainly hope that these vaccines protect people from the harm of Covid-19. I certainly hope that these vaccines are safe. If both of these conditions are true, nobody will need to be coerced into taking the vaccine.

However, you should pay even more attention about what is left out of an announcement than about what is stated. The pharmaceutical companies are more than happy for patients to misunderstand what is meant by efficacy. *Caveat emptor* (buyer beware)!

SOURCE: <https://mises.org/library/what-covid-vaccine-hype-fails-mention>



'The New Normal'

In order to travel, you would be forced to carry a digital certificate that provides proof of medical checkups, screenings, DNA swabs and vaccinations

By Lance D Johnson
October 29, 2020

On October 21st, leaders from the U.S. Centers for Disease Control (CDC) and the U.S. Customs and Border Protection (CBP) joined government authorities and academics from over three dozen countries at the Heathrow Airport in London.

There, the world authorities watched a select group of people subject their bodies to medical requirements in order to board United flight 15 to Newark, New Jersey. The authorities were there to celebrate and endorse a new technology called CommonPass. This medical passport is a digital certificate that will soon be required for air travel, public transit and large stadium gatherings.

At first, the digital certificate would be used to verify that each individual has surrendered their body to unreliable Covid-19 nasal swabs. If an individual is not cleared "Covid-19 negative" from a doctor, they would not allowed to travel. The CommonPass would force individuals to submit their body sovereignty, consent and health privacy to a doctor to fulfill all the requirements for travel, which may include various health screenings and vaccinations that are required for entry into each country, state or province – as if vaccination were some foolproof, holy stamp of immunity.

We now live in a world where every individual is presumed "diseased" until proven innocent

As people give up their liberties for the security of CommonPass, they would then be controlled by the bodily mandates put forth by an international cabal of medical fascists who seek ownership and surveillance of your body and your DNA. Future requirements for travel would include whatever is deemed necessary for the greater good, including COVID-19 vaccinations, influenza vaccinations and a host of other injections, unnecessary interventions, blood draws and other medical experiments.

CommonPass requires each traveler to submit to DNA swabs, lab testing and vaccination. These medical procedures create an electronic medical record on the app and place the individual in a national and local registry. The individual's personal health record is recorded in the app, which forces everyone to abide by health screening entry rules and a registry of trusted lab and vaccination sites. The CommonPass compliance engine would then either clear an individual to travel or deny them their liberty.

CommonPass is being tied to the new global economy, as "the only way forward" – according to Roger Dow of the U.S. Travel Association. J.D. O'Hara, CEO of one of the world's largest travel service companies, praised the app's ability to verify people's vaccination status in a secure manner.

CommonPass is the greatest threat to civil liberties since TSA

The World Economic Forum, heavily influenced by Bill Gates, partnered with the Commons Project and CommonPass co-founders, Paul Meyer and Bradley Perkins to launch the CommonPass app. The airline industry currently forces travelers to

wear face coverings for the "good of all" – appeasing irrational fears that a virus could be lurking in non-infected persons. This obedience training exercise would soon morph into the next requirement: the mandate of CommonPass, where every individual must give up their body autonomy and medical privacy to provide a burden of proof that they are not a "carrier" for a long list of infectious diseases. (Related: "Universal vaccination passport has been in development since 2018 and requires absolute compliance with endless list of vaccines". See link below - Ed.)

Every un-vaccinated human being is now presumed guilty of virus transmission (with no scientific proof they are infected), and they must prove their innocence by providing digital documentation that they are not "spreaders." In order to prove your innocence, you'll be required to obtain doctor checkups, health screenings and medical tests linked to the CommonPass app. At the airport terminal, the CommonPass can be scanned to show that you are worthy to travel.

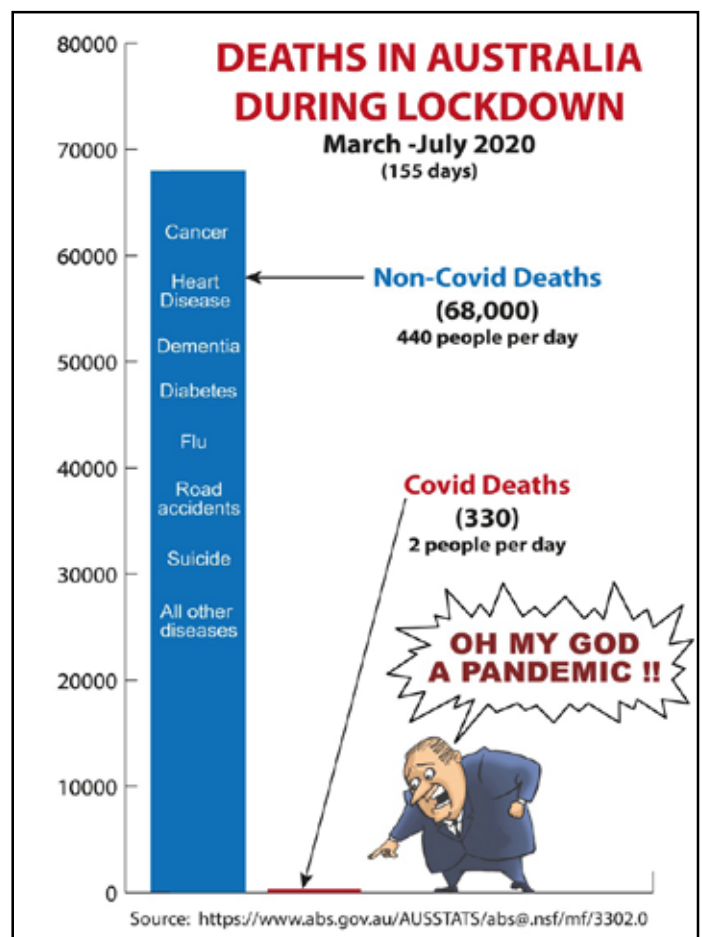
This is the most fascist power grab in the history of the world – and it's being endorsed by public health authorities and governments around the world. They think they own your body.

Stay up-to-date with the agenda of medical fascism at [MedicalFascism.news](https://www.medicalfascism.news).

Sources include:

- <https://www.mintpressnews.com/commonpass-new-covid-security-measures-will-make-health-a-prerequisite-for-travel/272298/>
- <https://www.naturalnews.com/2020-10-28-trials-covid-vaccine-unable-prevent-dying.html>
- <https://www.naturalnews.com/2020-06-03-universal-vaccination-passport-absolute-compliance.html>

SOURCE: <https://www.newstarget.com/2020-10-29-travel-forced-to-carry-digital-certificate.html>; Bypass censorship by sharing this link: <https://www.clearnewswire.com/469825>.



Covid-19: Politicisation, Corruption, and Suppression of Science

Below is an excerpt from an editorial from The British Medical Journal, arguably one of the most respected orthodox medical journals in world. It is a sad indictment of the decision-making process that has determined that millions of people have lost their incomes, their homes, and in many cases their very lives thanks to the lockdowns and the suppression of useful treatments. –Ed.

Editorial: *BMJ* 2020; 371 doi: <https://doi.org/10.1136/bmj.m4425> (Published 13 November 2020) Cite this as: *BMJ* 2020;371:m4425

By Kamran Abbasi, Executive Editor

When good science is suppressed by the medical-political complex, people die.

Politicians and governments are suppressing science. They do so in the public interest, they say, to accelerate availability of diagnostics and treatments. They do so to support innovation, to bring products to market at unprecedented speed. Both of these reasons are partly plausible; the greatest deceptions are founded in a grain of truth. But the underlying behaviour is troubling.

Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health.¹ Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency – a time when it is even more important to safeguard science.

“The UK’s pandemic response provides at least four examples of suppression of science or scientists.”

The UK’s pandemic response provides at least four examples of suppression of science or scientists. First, the membership, research, and deliberations of the Scientific Advisory Group for Emergencies (SAGE) were initially secret until a press leak forced transparency.² The leak revealed inappropriate involvement of government advisers in SAGE, while exposing under-representation from public health, clinical care, women, and ethnic minorities. Indeed, the government was also recently ordered to release a 2016 report on deficiencies in pandemic preparedness, Operation Cygnus, following a verdict from the Information Commissioner’s Office.^{3,4}

Next, a Public Health England report on Covid-19 and inequalities. The report’s publication was delayed by England’s Department of Health; a section on ethnic minorities was initially withheld and then, following a public outcry, was published as part of a follow-up report.^{5,6} Authors from Public Health England were instructed not to talk to the media. Third, on 15 October, the editor of the *Lancet* complained that an author of a research paper, a UK government scientist, was blocked by the government from speaking to media because of a “difficult political landscape.”⁷

Now, a new example concerns the controversy over point-

of-care antibody testing for Covid-19.⁸ The prime minister’s Operation Moonshot depends on immediate and wide availability of accurate rapid diagnostic tests.⁹ It also depends on the questionable logic of mass screening – currently being trialled in Liverpool with a suboptimal PCR test.^{10,11}

The incident relates to research published this week by *The BMJ*, which finds that the government procured an antibody test that in real world tests falls well short of performance claims made by its manufacturers.^{12,13} Researchers from Public Health England and collaborating institutions sensibly pushed to publish their study findings before the government committed to buying a million of these tests but were blocked by the health department and the prime minister’s office.¹⁴ Why was it important to procure this product without due scrutiny? Prior publication of research on a preprint server or a government website is compatible with *The BMJ*’s publication policy. As if to prove a point, Public Health England then unsuccessfully attempted to block *The BMJ*’s press release about the research paper.

Politicians often claim to follow the science, but that is a misleading oversimplification. Science is rarely absolute. It rarely applies to every setting or every population. It doesn’t make sense to slavishly follow science or evidence. A better ap-

proach is for politicians, the publicly appointed decision makers, to be informed and guided by science when they decide policy for their public. But even that approach retains public and professional trust only if science is available for scrutiny and free of political interference, and if the system is transparent and not compromised by conflicts of interest.

Suppression of science and scientists is not new or a peculiarly British phenomenon. ... Globally, people, policies, and procurement are being corrupted by political and commercial agendas.¹⁶

The UK’s pandemic response relies too heavily on scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture Covid-19 diagnostic tests, treatments, and vaccines.¹⁷ Government appointees are able to ignore or cherry pick science – another form of misuse – and indulge in anti-competitive practices that favour their own products and those of friends and associates.¹⁸

SOURCE: <https://www.bmj.com/content/371/bmj.m4425>

The Lancet Retracts Hydroxychloroquine Study

By Ralph Ellis
June 4, 2020

The online medical journal *The Lancet* has apologized to readers after retracting a study that said the anti-malarial drug hydroxychloroquine did not help to curb COVID-19 and might cause death in patients. (*Many governments relied on this study.* – Ed)

The study was withdrawn because the company that provided data would not provide full access to the information for a third-party peer review, saying to do so would violate client agreements and confidentiality requirements, *The Lancet* said in a statement.

"Based on this development, we can no longer vouch for the veracity of the primary data sources. Due to this unfor-

tunate development, the authors request that the paper be retracted," *The Lancet* said in a statement.



The study was published May 22, with researchers from Brigham and Women's Hospital in Boston using data and analysis provided by Surgisphere Corporation. The study was massive,

with information coming from 671 hospitals around the world and the medical records of 96,000 patients.

In the study, researchers concluded the drug didn't help curb COVID-19, caused heart problems, and appeared to increase the risk of death. The study had immediate impact, with the World

Health Organization and other groups stopping research into hydroxychloroquine.

But questions about the research methods rose immediately. *The Lancet* launched a third-party peer review.

"Our independent peer reviewers informed us that Surgisphere would not transfer the full dataset, client contracts, and the full ISO audit report to their servers for analysis as such transfer would violate client agreements and confidentiality requirements," *The Lancet* statement said.

SOURCE: <https://www.webmd.com/lung/news/20200605/lancet-retracts-hydroxychloroquine-study>

Virology Journal

www.ncbi.nlm.nih.gov/pmc/articles/PMC123

Research

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread

Martin J Vincent¹, Eric Bergeron², Suzanne Benjannet², Bobbie R Erickson¹, Pierre E Rollin¹, Thomas G Ksiazek¹, Nabil G Seidah² and Stuart T Nichol^{*1}

Published: 22 August 2005

Virology Journal 2005, 2:69 doi:10.1186/1743-422X-2-69

Received: 12 July 2005

Accepted: 22 August 2005

This article is available from: <http://www.virologyj.com/content/2/1/69>

Abstract

Background: Severe acute respiratory syndrome (SARS) is caused by a newly discovered coronavirus (SARS-CoV). No effective prophylactic or post-exposure therapy is currently available.

Results: We report, however, that chloroquine has strong antiviral effects on SARS-CoV infection of primate cells. These inhibitory effects are observed when the cells are treated with the drug either before or after exposure to the virus, suggesting both prophylactic and therapeutic advantage. In addition to the well-known functions of chloroquine such as elevations of endosomal pH, the drug appears to interfere with terminal glycosylation of the cellular receptor, angiotensin-converting enzyme 2. This may negatively influence the virus-receptor binding and abrogate the infection, with further ramifications by the elevation of vesicular pH, resulting in the inhibition of infection and spread of SARS CoV at clinically admissible concentrations.

Conclusion: Chloroquine is effective in preventing the spread of SARS CoV in cell culture. Favorable inhibition of virus spread was observed when the cells were either treated with chloroquine prior to or after SARS CoV infection. In addition, the indirect immunofluorescence assay described herein represents a simple and rapid method for screening SARS-CoV antiviral compounds.

Johns Hopkins published - then deleted - an article questioning the U.S. coronavirus death rate

By Sophie Mann

The university stands by the study but said the article was leading to the spread of 'misinformation'

Updated on November 27, 2020



Sophie Mann

Last week, Johns Hopkins University published a now-deleted article explaining a study examining the effects of the novel coronavirus on United States death totals using data from the Centers for Disease Control and Prevention.

Genevieve Briand, the assistant program director of the Applied Economics master's degree program at Johns Hopkins, determined, in the study, that there have been 1.7 million deaths in the U.S. between March 2020 and September 2020, 12% (or roughly 200,000) of which have been coronavirus-related.

Briand posits that the only way to understand the significance of the U.S. coronavirus death rate is by comparing it to the number of total deaths in the country.

According to Briand, who compared the total deaths per age category from both before and after the onset of the global pandemic, the death rate of older people stayed the same before and after coronavirus.

"The reason we have a higher number of reported COVID-19 deaths among older individuals than younger individuals is simply because every day in the U.S. older individuals die in higher numbers than younger individuals," wrote Briand.

She also noted that between 50,000 and 70,000 deaths/week are seen both before and after the emergence of the virus, meaning that, according to her analysis, coronavirus has had no effect on the percentage of total deaths of older people, nor has it increased the total number of deaths in the category.

These results contradict the way most people see the impact of the coronavirus pandemic, which disproportionately affects the elderly population.

Briand believes, after reviewing the numbers, that coronavirus deaths are being over-exaggerated. After seeing that in 2020, coronavirus-related deaths exceeded deaths from heart disease – the leading cause of death in the U.S. for many years prior – Briand began to suspect that the coronavirus death toll figure may be misleading.

Briand found that "the total decrease in deaths by other causes almost exactly equals the increase in deaths by COVID-19," according to the original Johns Hopkins University (JHU) newsletter.

"If [the COVID-19 death toll] was not misleading at all, what we should have observed is an increased number of heart attacks and increased COVID-19 numbers. But a decreased number of heart attacks and all the other death causes doesn't give us a choice but to point to some misclassification," said Briand.

"All of this points to no evidence that COVID-19 created any excess deaths. Total death numbers are not above normal death numbers. We found no evidence to the contrary," she continued.

Several days after removing the article, Johns Hopkins University tweeted that the article, "A closer look at U.S. deaths to COVID-19," was deleted because "the article was being used to support false and dangerous inaccuracies about the impact of the pandemic."

(Ed Note: This university has been "Covid-19 central" for data collection and analysis for all countries globally from the inception of the pandemic. It was also a key player in the pre-pandemic preparedness exercise "Event 201" (<https://centerforhealthsecurity.org/event201/>) . After 10 months of global panic, its own expert confirmed that there is, in her own words, "no evidence that COVID-19 created any excess deaths" in the USA in 2020.)

SOURCE: <https://justthenews.com/politics-policy/coronavirus/johns-hopkins-published-then-deleted-study-questioning-us-coronavirus>

DEATHS IN THE USA:

2018:

Days: 365

Deaths (all causes): 2,839,205

Deaths per day: 7,778.64

2020:

(during one of the "deadliest pandemics" in human history):

Days: 317

Deaths (all causes): 2,465,323

Deaths per day: 7,777.04

Links and proof of this can be found at 13:00 of this video: <https://www.bitchute.com/video/DbO7xHJuSmB/>

Former Pfizer VP: No need for vaccines. The pandemic is effectively over



Dr. Mike Yeadon, Pfizer's former Vice President and Chief Scientist for Allergy & Respiratory research, states that the drive for a universal vaccine has 'the whiff of evil' which he 'will oppose ... vigorously.'

By Patrick Delaney, [LifeSiteNews.com](https://www.lifesitenews.com)
November 23, 2020

While Pfizer made headlines announcing the imminent release of their COVID-19 vaccine, to much fanfare, a former Vice President and Chief Scientist for the company has flatly rejected the need for any vaccines to bring the COVID-19 pandemic to an end.

In a recent article, Dr. Michael Yeadon, who "spent over 30 years leading new [allergy and respiratory] medicines research in some of the world's largest pharmaceutical companies," and retired from Pfizer with "the most senior research position in this field," wrote:

"There is absolutely no need for vaccines to extinguish the pandemic. I've never heard such nonsense talked about vaccines. You do not vaccinate people who aren't at risk from a disease. You also don't set about planning to vaccinate millions of fit and healthy people with a vaccine that hasn't been extensively tested on human subjects."

The British national's comments come at the end of a comprehensive criticism of the Scientific Advisor Group for Emergencies (SAGE), a government agency of the U.K. tasked with advising the central government in emergencies. SAGE has played a predominant role in determining public lockdown policies in the U.K., including those recently implemented, as a response to the

COVID-19 virus.

After pointing out that SAGE lacked essential expertise in the field they are addressing, with "no clinical immunologists" as members, Yeadon highlights two fundamental errors they have made in their presuppositions which cause their overall conclusions to go radically awry leading to the "torturing [of] the population for the last seven months or so."

First Fundamental Error: "Ridiculous" presumption of 100% susceptibility

The first erroneous assumption SAGE makes is that "100% of the population was susceptible to the virus and that no pre-existing immunity existed."

Yeadon states this notion is "ridiculous because while SARS-CoV-2 is indeed novel, coronaviruses are not. There's no such thing as an 'ancestor-less virus'." Indeed, he points out, there are at least "four, endemic, common-cold inducing coronaviruses ... [which] circulate freely in UK and elsewhere." Those who have been infected by "one or more of these endemic, common-cold producing coronaviruses in the past, have a long-lived and robust [T-cell] immunity, not only to those viruses, but to closely related viruses. SARS-CoV-2 is one such closely-related virus."

Striking once again at the competence of SAGE, Dr. Yeadon states, "To not expect such cross-over is ... to demonstrate the lack of the requisite understanding to build a model reliable enough to use."

Further, he states, that the common PCR test which is used for detecting COVID-19 "cases," may come out positive when someone is infected with one of these common cold coronaviruses rendering this test that much less reliable. Of course, based on the final results of these tests, many thousands of individuals have been ordered to disrupt their lives and "self-quarantine" for up to 14 days.

Finally, drawing from the scientific data,

Dr. Yeadon concludes that due to previous exposure to common-cold coronaviruses, "a significant proportion (30%) of the population went into 2020 armed with T-cells capable of defending them against SARS-CoV-2, even though they had never seen the virus... SAGE was naively wrong to assume 'everyone was susceptible'."

Second Fundamental Error: An "amateur underestimate" of the infection rate

SAGE's second erroneous assumption is "The belief that the percentage of the population that has been infected can be determined by surveying what fraction of the population has antibodies" developed due to infection with COVID-19.

Because of this assumption, "SAGE believes that less than 10% of the population have so far been infected by SARS-CoV-2."

However, Yeadon clarifies that it's "well understood that not every person, infected by a respiratory virus, goes on to produce antibodies. And many people, having prior immunity, never get properly infected anyway."

While almost all of those with significant symptoms, who were admitted to a hospital, produce antibodies, those with "milder responses to the virus" do not "all produce antibodies." Nevertheless, all of those infected have been shown to have "T-cells in their blood, capable of responding to SARS-CoV-2," and thus they still develop immunity.

Drawing from two independent methods, which arrive at the same general conclusion, Yeadon demonstrates that the real infection rate is "in the mid-20s to low-30's per cent," and thus SAGE's estimate of 7% "is a gross and amateur underestimate."

Why it matters..."the pandemic is effectively over"

With a false presumption that 100% of the population is susceptible to the virus, along with only 7% having been infected, it is the view of SAGE, that "the pandemic has only just begun." Yeadon clarifies, however, that this is "palpable nonsense".

Continued on page 42

MSM deathly silent as PCR test legally ruled *useless* to test for Covid

By Peter Andrews

Landmark legal ruling finds that Covid tests are not fit for purpose. So what do the MSM do?

They ignore it

Four German holidaymakers who were illegally quarantined in Portugal after one was judged to be positive for Covid-19 have won their case, in a verdict that condemns the widely-used PCR test as being up to 97-percent unreliable.

Earlier this month, Portuguese judges upheld a decision from a lower court that found the forced quarantine of four holidaymakers to be unlawful. The case centred on the reliability (or lack thereof) of Covid-19 PCR tests.

The verdict, delivered on November 11, followed an appeal against a writ of *habeas corpus* filed by four Germans against the Azores Regional Health Authority. This body had been appealing a ruling from a lower court which had found in favour of the tourists, who claimed that they were illegally confined to a hotel without their consent. The tourists were ordered to stay in the hotel over the summer after one of them tested positive for coronavirus in a PCR test – the other three were labelled close contacts and therefore made to quarantine as well.

Unreliable, with a strong chance of false positives

The deliberation of the Lisbon Appeal Court is comprehensive and fascinating. It ruled that the Azores Regional Health Authority had violated both Portuguese and international law by confining the Germans to the hotel. The judges also said that only a doctor can “diagnose” someone with a disease, and were critical of the fact that they were apparently never assessed by one.

They were also scathing about the reliability of the PCR (polymerase chain reaction) test, the most commonly used check for Covid.

The conclusion of their 34-page ruling included the following: “In view of current scientific evidence, this test shows itself to be unable to determine beyond reasonable doubt that such positivity

corresponds, in fact, to the infection of a person by the SARS-CoV-2 virus.”

In the eyes of this court, then, a positive test does not correspond to a Covid case. The two most important reasons for this, said the judges, are that, “the test’s reliability depends on the number of cycles used” and that “the test’s reliability depends on the viral load present.” In other words, there are simply too many unknowns surrounding PCR testing.

Tested positive? There could be as little as a 3% chance it’s correct

This is not the first challenge to the credibility of PCR tests. Many people will be aware that their results have a lot to do with the number of amplifications that are performed, or the ‘cycle threshold.’ This number in most American and European labs is 35–40 cycles, but experts have claimed that even 35 cycles is far too many, and that a more reasonable protocol would call for 25–30 cycles. (Each cycle exponentially increases the amount of viral RNA in the sample.)

Earlier this year, data from three US states – New York, Nevada and Massachusetts – showed that when the amount of the virus found in a person was taken into account, up to 90 percent of people who tested positive could actually have been negative, as they may have been carrying only tiny amounts of the virus.

The Portuguese judges cited a study conducted by “some of the leading European and world specialists,” which was published by Oxford Academic at the end of September. It showed that if someone tested positive for Covid at a cycle threshold of 35 or higher, the chances of that person actually being infected is less than three percent, and that “the probability of... receiving a false positive is 97% or higher.”

While the judges in this case admitted that the cycle threshold used in Portuguese labs was unknown, they took this as further proof that the detention of the tourists was unlawful. The implication was that the results could not be trusted. Because of this uncertainty, they stated that there was “no way this court would ever be able to determine” whether the tourist who tested positive was indeed a carrier of the virus, or whether the others had been exposed to it.

Sshhh – don’t tell anyone

It is a sad indictment of our mainstream media that such a landmark ruling, of such obvious and pressing international importance, has been roundly ignored. If one were making (flimsy) excuses for them, one could say that the case escaped the notice of most science editors because it has been published in Portuguese. But there is a full English translation of the appeal, and alternative media managed to pick it up.

And it isn’t as if Portugal is some remote, mysterious nation where news is unreliable or whose judges are suspect – this is a western EU country with a large population and a similar legal system to many other parts of Europe. And it is not the only country whose institutions are clashing with received wisdom on Covid. Finland’s national health authority has disputed the WHO’s recommendation to test as many people as possible for coronavirus, saying it would be a waste of taxpayer’s money, while poorer South East Asian countries are holding off on ordering vaccines, citing an improper use of finite resources.

Testing, especially PCR testing, is the basis for the entire house of cards of Covid restrictions that are wreaking havoc worldwide. From testing comes case numbers. From case numbers come the ‘R number,’ the rate at which a carrier infects others. From the ‘dreaded’ R number comes the lockdowns and the restrictions, such as England’s new and baffling tiered restrictions that come into force next week.

The daily barrage of statistics is familiar to us all by this point, but as time goes on the evidence that something may be deeply amiss with the whole foundation of our reaction to this pandemic – the testing regime – continues to mount.

About the Author

Peter Andrews is an Irish science journalist and writer, based in London. He has a background in the life sciences, and graduated from the University of Glasgow with a degree in Genetics

(SOURCE: [rt.com](https://on.rt.com/avxd); November 27, 2020; <https://on.rt.com/avxd>)

Proof that the pandemic was planned – **with a purpose**

By David Sorensen

Our aim is to present 100% accurate information. Every fact can be checked in the references at end of the article. If you see anything that is not 100% correct, please let us know.

Thousands of medical doctors say the pandemic was planned



A group of almost one thousand medical doctors in Germany called 'Doctors for Information', which is supported by more than 7,000 professionals including attorneys, scientists, teachers etc., made a shocking statement during a national press conference: (1)

"The Corona panic is a play. It's a scam. A swindle. It's high time we understood that we're in the midst of a global crime."

This large group of medical experts publishes a newspaper with circulation of 500,000 copies every week, to alert the public about the misinformation in the mainstream media about the coronavirus. They also organize mass protests with millions of people throughout Europe.

Hundreds of Spanish medical doctors say the pandemic is created

In Spain a group of 600 medical doctors called 'Doctors for Truth', made a similar statement during a press conference.

'Covid-19 is a false pandemic created for political purposes. This is a world dictatorship with a sanitary excuse. We urge doctors, the media and political authorities to stop this criminal operation, by spreading the truth.' (2)

World Doctors Alliance: 'Greatest Crime in History'

The 'Doctors for Information' and 'Doctors for Truth' have joined forces with similar groups of practitioners around

the world, in the 'World Doctor's Alliance' (2A). This historic alliance connects more than one hundred thousand medical professionals around the world. They reveal how the pandemic is the greatest crime in history, and offer solid scientific evidence for this claim. They also take legal actions against governments who are playing along in this criminal operation.

World Freedom Alliance: Connecting attorneys and other experts

Similar, the World Freedom Alliance was formed, a network of attorneys, medical experts, politicians, bankers, and many other professionals who are working together to expose the 'Covid Crime', and who are starting to build a new world of freedom. They want to make sure these kinds of worldwide scams, that destroy millions of lives, can never occur again.

WHAT DO THEY KNOW?

Why are thousands of medical experts worldwide saying the pandemic is a 'global crime'? What do they know, that we don't? Let's have a look at some interesting facts...

Millions of COVID-19 test kits sold in 2017 and 2018

The new COVID-19 disease appeared in China towards the end of 2019. That's why it was named COVID-19, which is an acronym for Corona Virus Disease 2019. Data from the World Integrated Trade Solution, however, shows something astonishing:

In 2017 and 2018 – two years before COVID-19 – hundreds of millions of PCR test kits for COVID-19 were distributed worldwide.



Screenshot of covid test kits 2017

Let this sink in for a second: literally hundreds of millions of COVID-19 test kits were exported and imported, all over the world, during 2017 and 2018.

Hundreds of millions!

'Quick! Hide it!!'

This baffling data was discovered by someone on September 5, 2020, who posted it on social media. It went viral all over the world. The next day, on September 6 the WITS suddenly changed the original label 'COVID-19' into the vague term 'Medical Test Kits'. However, at first they forgot to delete one detail: the bottom of the webpage still showed the product code for these 'Medical Test Kits': 300215 which means 'COVID-19 Test Kits'.

HS Nomenclature used HS 2017
HS Code 300215: COVID-19 Test kits
 HS Classification Reference based on Covid-19 medical supplies list 2nd edition,
 prepared by World Customs Organization (WCO) and World Health Organization (WHO)

Covid-19 product code

A few weeks later the HS code was also changed by the WITS to 'Medical Test Kit'. Their cover-up came too late: this critical information was uncovered and is being revealed to millions worldwide. You can download a PDF that shows the original data of this website. It can also be seen on the web archive.

Two years before the outbreak of COVID-19, nations around the world started exporting hundreds of millions of diagnostic test instruments for... COVID-19!

The argument used to deny this discovery is that the label 'COVID-19' was only added in 2020. That however doesn't hold up, since the very product code for these test kits is 'COVID-19 Test Kit'.

It also doesn't change the fact that two years before the pandemic suddenly virtually every nation in the world started distributing hundreds of millions of medical test kits, that are specifically used for COVID-19.

Even without the label "COVID-19" it is extremely uncommon and strange, that the entire world suddenly imported and exported literally hundreds of millions of Medical Test Kits.

What did they know? What were they preparing for?

Mass distribution

Why did the entire world explode in mass distribution of hundreds of millions of Medical Test Kits, right before the world-wide pandemic hit?

Fauci guaranteed a pandemic within the next two years



Anthony Fauci predicting pandemic

In 2017 Anthony Fauci made a very strange prediction, with an even stranger certainty. With complete confidence Fauci guaranteed that during the first term of President Trump a

surprise outbreak of an infectious disease would surely happen. Here's what he said: (3)

"There is NO QUESTION there is going to be a challenge for the coming administration in the arena of infectious diseases. ... There will be a SURPRISE OUTBREAK. ... There's NO DOUBT in anyone's mind about this."

How could Fauci *guarantee* a surprise outbreak to happen during the first term of the Trump administration? What did he know, that we don't?

"In the next two years there will be a SURPRISE OUTBREAK. There's NO DOUBT in anyone's mind about this."

Bill and Melinda Gates guaranteed an imminent global pandemic

In 2018 Bill Gates publicly announced that a global pandemic was on its way that could wipe out 30 million people. He said this would probably happen during the next decade. (4)

Melinda Gates added that an engineered virus is humanity's greatest threat and also assured this would hit humanity in the coming years. (5)

Let their choice of words resound into your mind for a moment...

'A global pandemic is ON ITS WAY. An ENGINEERED VIRUS is humanity's greatest threat. This will happen in the NEXT DECADE.'



Bill and Melinda Gates practicing for a pandemic in the Event201 planned pandemic exercise

Bill Gates is the world's #1 vaccine dealer, who has doubled his fortune of 50 billion dollars to over 100 billion, simply by dealing vaccines all over the world. He said this has been his 'best business investment' ever. A few months before the outbreak, Bill Gates organized an event in New York City, called Event 201. Guess what the event was all about? It was a 'coronavirus pandemic exercise'.

Yes, you read that right: Bill Gates organized a coronavirus pandemic exercise, right before the coronavirus pandemic happened!

You can learn more about Event 201 at this link - Ed
<https://www.centerforhealthsecurity.org/event201/about>

Excitement about selling vaccines in the next year

Shortly after this “exercise for a coronavirus pandemic” Bill Gates tweeted:

“I’m particularly excited about what the next year could mean for one of the best buys in global health: vaccines.”



Tweet by Bill Gates on vaccines

Think about this: the world's #1 vaccine dealer *guarantees* a global pandemic to occur in the next few years, and his wife said we should all fear an engineered virus that is 'on its way'. Then they organize an exercise for an imminent global pandemic and say vaccines will be the only solution. Next... Bill Gates tweets how excited he is about selling vaccines in the next year. Immediately after that, the announced pandemic breaks out.

And indeed, right away Bill Gates proclaims that the only solution for humanity is to buy his vaccines.

2020 coronavirus pandemic predicted in 2013

The next bit of information is particularly interesting because it shows how much information is available, for those who dare to do research. Back in 2013 a musical artist with the peculiar name of Dr Creep wrote a rap song called PANDEMIC. Nothing special about that, were it not that one of his lyrics reads: (6)

“2020 combined with CoronaVirus, bodies stacking.”

How is it possible that an unknown musician could accurately predict a coronavirus pandemic to occur seven years later?

The song also predicted the riots that raged throughout America, during this pandemic:

“The State is rioting, using the street outside. It’s coming to your windows.”



Planned pandemic riots 2020

Again: how could an artist know back in 2013 that in 2020 a coronavirus would sweep the earth, followed by mass rioting? His answer is interesting:

‘I did research back in 2012, and read the so called “conspiracy theories”. You know, those investigations the media doesn’t

want us to look into. According to those theories pandemics were bound to happen in the decade of 2020 - 2030. So I wrote the song ‘Pandemic’ about it.”

Get it? This man did research into what is commonly referred to as “conspiracy theories”. Stuff we are programmed to disregard as “nonsense”. But apparently those investigations aren’t always so stupid after all, since they accurately predicted that exactly in 2020 this pandemic and the riots would happen.

What else can be discovered when we start doing research? Keep reading to learn more...

“Get ready for a global coronavirus pandemic”

In September 2019 – also right before the outbreak – the Global Preparedness Monitoring Board released a report titled “A World At Risk”.

It stressed the need to be prepared for... a coronavirus outbreak!

On the cover of the report is the picture of a coronavirus and people wearing face masks.



In the report we read the following interesting paragraph:

“The United Nations (including WHO) conducts at least two system-wide training and simulation exercises, including one for covering the deliberate release of a lethal respiratory pathogen.”

Did you catch that?

Outbreak from China announced



In 2018 The Institute for Disease Modeling made a video in

which they show an influenza virus originating in China, from the area of Wuhan, and spreading all over the world, killing millions. They called it "A Simulation For A Global Flu Pandemic". That is exactly what happened, two years later.

How could they know there would be a global coronavirus pandemic that would start in the area of Wuhan, China? How could they predict it so accurately, right before it happened?

Was this coronavirus engineered?



Wuhan virology lab

Where did the virus come from? One of the world's leading experts in bioweapons is Dr. Francis Boyle. He is convinced it originated from a bioweapons lab in Wuhan, the Bio Safety Lab Level 4.

This facility is specialized in the development of... coronaviruses!

They take existing viruses and "weaponize" them, meaning they make them far more dangerous, to be used as biological weapons. In the following two minute video clip ([at the source link - Ed](#)) you see a spokesperson for the Trump administration, bioweapon expert Dr. Francis Boyle and president Trump talk about how this virus came from the lab in Wuhan.

Now comes the interesting part: in 2015 Anthony Fauci gave this very lab 3.7 million dollars.

Figure this: the same man who guaranteed a surprise outbreak of a virus in the next two years, gave almost 4 million dollars to a lab that develops coronaviruses. In the short clip below ([see source link - Ed](#)) you can see a journalist ask President Trump about this grant given by Fauci to the Wuhan lab.

Several movies predicted the coronavirus pandemic



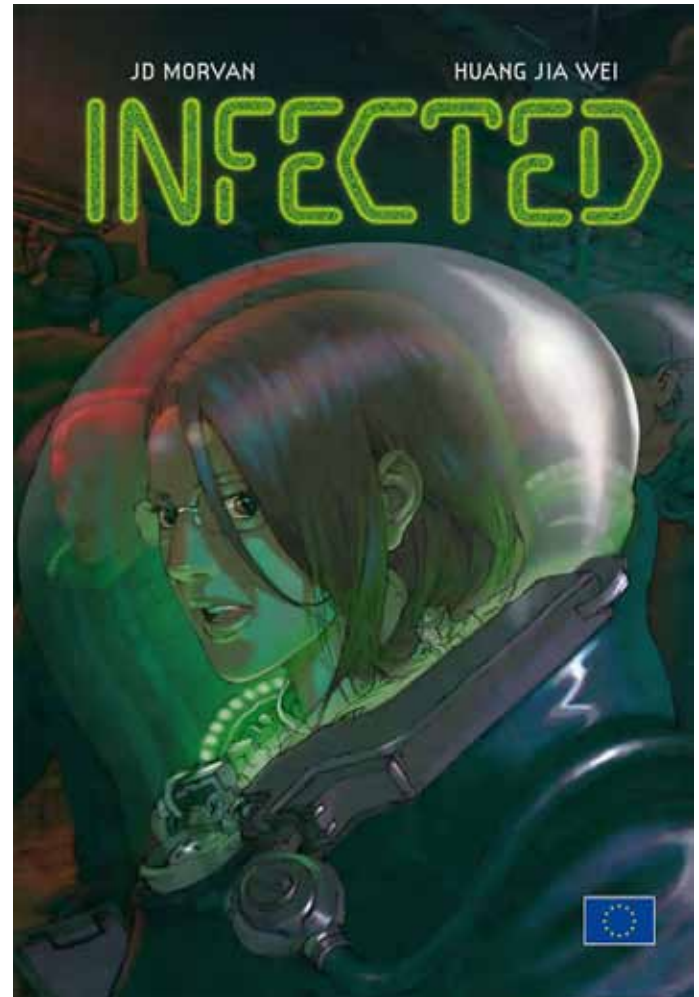
Predictive programming is the process of informing the population about events that are soon to occur. The past years

several movies and television series were produced, about... a global coronavirus pandemic!

The film *Dead Plague* depicts a global pandemic with a coronavirus and even mentions hydroxychloroquine as the cure.

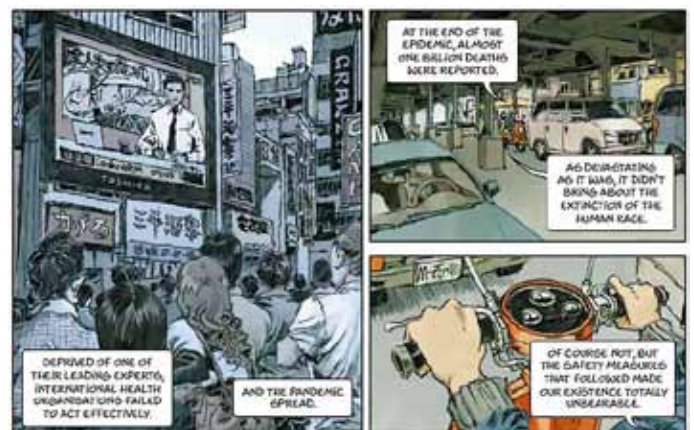
Another film called *Contagion* shows how a coronavirus spreads globally with social distancing, face masks, lockdowns, washing of hands etc. as a result.

Literally everything we see now, is predicted in detail in these movies.



Comic book from European Union visualized global pandemic

In 2012 a strange comic book was produced by the European Union, for distribution among their employees only. (2B) The title of the comic is *INFECTED* and it shows a new virus originating in a Chinese lab and spreading across the world. The solution for this pandemic is outlined in the comic book:



globalists enforce one global health plan. This means:

No more medical freedom, but medical tyranny by globalist entities

That is the message of this comic book, published to the employees of the European Union. One of the quotes of the comic book reads:

"The safety measures that followed made our existence totally unbearable."

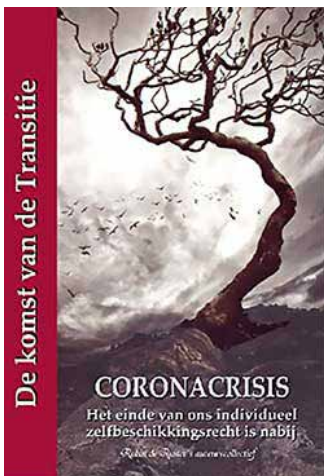
Pandemic depicted during the opening show of the Olympic summer games in 2012



Why did the Olympic Games opening performance depict a coronavirus pandemic?

During the opening show of the Summer Olympics in 2012, a coronavirus pandemic was played out for the eyes of the entire world. Dozens of hospital beds, large numbers of nurses becoming puppets of a controlling system, death lurking about, a demonic giant rising up over the world, and the whole theatre was lit up in such a way that seen from the sky it looked like a coronavirus.

Worldwide lockdown predicted in 2008



The author and investigator Robin de Ruiter predicted in 2008 that there would come a global lockdown.

He said the purpose of this would be to create a new world of authoritarian control.

Because much of what he wrote back in 2008 is now happening right in front of our eyes, this book has been republished.

Journalist predicted planned pandemic

In 2014 the investigative journalist Harry Vox predicted a planned global pandemic and said why the "ruling class" would do such thing:

"They will stop at nothing to complete their toolkit of control. One of the things that had been missing from their toolkit is quarantines and curfews. The plan is to get hundreds of thousands of people infected with it and create the next phase of control." (7)

'Scenario for the Future' describes global pandemic

This renowned researcher refers to a famous document by the Rockefeller Foundation in which everything we see happening now, was literally predicted in great detail: the global pandemic, the lock-downs, the collapse of the economy and the imposing of authoritarian control.

It's all described with terrifying accuracy... ten years before it happened!

The document is titled "Scenario for the Future of Technology and International Development". (9) That says it all: a scenario for the future. It has a chapter called "LockStep" in which a global pandemic is reported as if it happened in the past, but which is clearly intended as a rehearsal for the future.

The 2020 pandemic is described in horrifying detail in the "Scenario for the Future" by the Rockefeller Foundation written in 2010.



The "Scenario for the Future" continues with comparing two different responses to their predicted pandemic: the USA only 'strongly discouraged' people from flying, while China enforced mandatory quarantine for all citizens. The first response is accused of spreading the virus even more, while the imposing of a suffocating lock-down is praised. Then it goes on to describe the implementation of totalitarian control:

"During the pandemic, national leaders around the world flexed their authority and imposed airtight rules and restrictions, from the mandatory wearing of face masks to body-temperature checks at the entries to communal spaces like train stations and supermarkets."

Clearly the flexing of authority is the desired response. But it gets worse, according to this "Scenario for the Future":

"Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified."

"In developed countries, this heightened oversight took many forms: biometric IDs for all citizens, for example,

and tighter regulation of key industries whose stability was deemed vital to national interests.”

According to the Rockefeller Foundation a *global pandemic must result in increased control, where people gladly surrender their freedom, in order to feel safe again.*

Handbook for global control



Now that the announced pandemic is indeed here, the same Rockefeller Foundation came forward with step two: a handbook on how to implement new control systems during this pandemic. Only when

all the required control networks are in place, can the world open up again.

When you combine the two Rockefeller documents, you see the plan:

1) First they announce a global pandemic with a coronavirus and say what it should lead to: a whole new level of authoritarian control.

2) Secondly they give practical steps on how to apply this control system.

These are illustrations and quotes from their guide:

“Digital apps and privacy-protected tracking software should be widely used to enable more complete contact tracking.”

“In order to fully control the Covid-19 epidemic, we need to test the majority of the population on a weekly basis.”



According to their “Scenario for the Future” the entire world population should get a digital ID that indicates who has

received all the vaccines. Without sufficient vaccinations, access to schools, concerts, churches, public transport etc. will be denied.

Now in 2021 that is exactly what Bill Gates and many governments are calling for.

Everyone's contacts must be checked

In a leaked government video (10) we see a conversation between former American president Bill Clinton and Andrew Cuomo, the governor of the state of New York. They discuss how to set up a large control system to test the entire population and check all their contacts. They discuss how to build an army to carry out this control system.

“Hundreds and hundreds of control agents must be appoint-



ed. They test everyone and then check all their contacts. This has never been done before on this scale. This is an army of interrogators who will check everyone's contacts.”

– Andrew Cuomo,
Governor of New York State

A whole new level of global control



Bill Gates also made it clear that only people who have been vaccinated against Covid-19 should be allowed to travel, go to school, attend meetings and work. (11) Digital vaccine ID's are already being developed (12) and Gates has a patent on the technology that makes it possible to trace an individual's body anywhere. This technology is called WO2020-060606 (13). In addition, Gates wants to set up a global monitoring network, which will track everyone who came into contact with Covid-19 (14).

Connecting your body to artificial intelligence

Big Tech and Big Pharma want to connect all of us to global networks that can surveil us 24/7, and... decide whether we can move freely or not. With that in mind, one particular invention from 2015 becomes intriguing.

In 2015, Richard Rothschild invented a “Method for Testing for COVID-19”. The method consists of sending our personal health information to “the cloud”, which is controlled by Big Tech. (14A)

Richard Rothschild is not a medical professional, but a lawyer. Why does a lawyer want to create a method to detect viruses? We find the answer by looking at his other invention. He



(19) **United States**
 (12) **Patent Application Publication** (10) Pub. No.: **US 2020/0279585 A1**
 Rothschild (43) Pub. Date: **Sep. 3, 2020**

(54) **SYSTEM AND METHOD FOR TESTING FOR COVID-19**

G06K 9/00 (2006.01)
 H04N 5/76 (2006.01)
 H04N 9/82 (2006.01)
 G16H 40/63 (2006.01)

(71) Applicant: Richard A. Rothschild, London (GB)
 (72) Inventor: Richard A. Rothschild
 (21) Appl. No.: 16/876,114
 (22) Filed: May 17, 2020

(60) Provisional application No. 62/240,783, filed on Oct. 13, 2015.

Related U.S. Application Data

(63) Continuation-in-part of application No. 16/704,844, filed on Dec. 5, 2019, which is a continuation of application No. 16/273,141, filed on Feb. 11, 2019, now Pat. No. 10,522,188, which is a continuation of application No. 15/495,485, filed on Apr. 24, 2017, now Pat. No. 10,242,713, which is a continuation of application No. 15/293,211, filed on Oct. 13, 2016, now abandoned.

(60) Provisional application No. 62/240,783, filed on Oct. 13, 2015.

Publication Classification

(51) Int. Cl.
 G11B 27/10 (2006.01)
 G11B 27/031 (2006.01)

ABSTRACT

A method is provided for acquiring and transmitting biometric data (e.g., vital signs) of a user, where the data is analyzed to determine whether the user is suffering from a viral infection, such as COVID-19. The method includes using a pulse oximeter to acquire at least pulse and blood oxygen saturation percentage, which is transmitted wirelessly to a smartphone. To ensure that the data is accurate, an accelerometer within the smartphone is used to measure movement of the smartphone and/or the user. Once accurate data is acquired, it is uploaded to the cloud (or host), where the data is used (alone or together with other vital signs) to determine whether the user is suffering from (or likely to suffer from) a viral infection, such as COVID-19. Depending on the specific requirements, the data, changes thereto, and/or the determination can be used to alert medical staff and take corresponding actions.

developed a system where people are being filmed to collect detailed information about their face, bodies, movements, etc.

This video data is then combined with other personal information, and sent to the cloud, where it is connected to artificial intelligence.

If all our personal medical data is "in the cloud", it can be used by the authorities to surveil and control us.

The plan: inject mankind with DNA altering vaccine



The famous investigative journalist Anthony Patch did years of research concerning the plans to control the world, by means of created pandemics and mandatory vaccines. During an interview in 2014 this researcher predicted the following:

"They will release a man-made coronavirus. As a result the people will demand a vaccine to protect them. This vaccine will add a third strain of DNA to a person's body, essentially making them a hybrid. Once a person is injected, almost immediately their DNA undergoes a transformation. This genetic change will cause people to lose the ability to think for themselves, without them even being aware this happened. Thus they can be controlled easier, to become slaves for the elite."

Of course that sounds insane and indeed it is insane. Yet we have to be aware that this professional investigator is no fool. He has done years of research and this is what he discovered over the years.

We must be careful not to reject sound knowledge, based on years of research, simply because of our own lack of insight in these topics.

20 years of research say that the vaccine will change our DNA.

Dr. Carrie Madej directed two clinics in Georgia and studied DNA and vaccines for the past twenty years. She made an urgent video in which she warns that there is a plan to inject humanity with very dangerous vaccines for Covid-19. The purpose of these new vaccines

will be twofold:

- 1) Reprogram our DNA and make us hybrids that are easier to control.
- 2) Connect us to artificial intelligence through a digital vaccine ID, which will also open a whole new realm of control.

This medical expert says she has observed multiple times how diseases were spread over populations by air craft. Because of personal safety reasons she is not able to share more details about this in public.

Depopulate the earth by means of organized epidemics

Dr. John Coleman was an Intelligence Officer from the CIA who wrote a book titled *The Committee of 300*. In it he explains how secret societies manipulate governments, health care, food industries, the media and so on. This book can be found on the website of the CIA. (15)

One of the primary goals of the many secret societies, that control governments and the media, is to

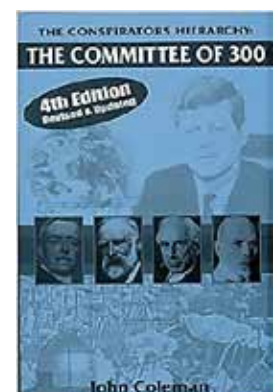
depopulate the earth.

Dr. Coleman says the following about their strategy:

"At least 4 billion useless eaters shall be eliminated by the year 2050 by means of limited wars and organized epidemics of fatal rapid acting diseases."



Dr. John Coleman, CIA Intelligence Officer



Maintain humanity under 500,000,000



In 1980 a granite monument was erected in Georgia, called the Guidestones. A set of 10 guidelines is inscribed on the structure in eight modern languages and a shorter message is inscribed at the top of the structure in four ancient language scripts. The first guideline goes as follows:

1. Maintain humanity under 500,000,000 in perpetual balance with nature.

The CIA officer Dr. Coleman revealed that one of their methods to “maintain humanity” is to cause “organized epidemics of fatal rapid acting diseases”.



Using vaccines to reduce population

During a TED talk Bill Gates echoed this goal, when he literally said that new vaccines can be used to reduce the world's population growth by 10 - 15%! (16)

“There are now 6.7 billion people on earth and soon there will be 9 billion. However, we can reduce that number by ten to fifteen percent if we do a good job with new vaccines, health care and birth control.”

Covid-19 vaccine for population control?

Mike Adams is a published food scientist, author of the popular science book *Food Forensics* and founder of ISO-accredited CWC Labs. Years ago he said the following:

“An engineered bioweapon will be released in population centers. There will be calls for massive government funding for the vaccine industry to come up with a vaccine. Miraculously they will have a vaccine developed in record time. Everyone will be required to line up and take this vaccine shot.”

There is indeed a release of an engineered bioweapon, followed by a vaccine mandate, massive government funding for the vaccine industry and a vaccine that is being developed in record time.

The rest of his message is that this vaccine will slowly begin to kill millions – if not billions – of people over the course of a few years. It will be a kill-switch vaccine, designed to reduce the world's population.

SUMMARY: Was the pandemic planned?

- Thousands of medical doctors around the world call the pandemic a global crime, a world dictatorship with a sanitary excuse.
- The years before COVID-19 the whole world suddenly started distributing hundreds of millions of PCR test kits for COVID-19.
- In 2013, a researcher predicted a global pandemic with a coronavirus to occur in 2020. He knew this because of personal investigation of so called ‘conspiracy theories’.
- In 2017, Anthony Fauci guaranteed a surprise outbreak of an infectious disease during the first term of the Trump administration.
- Right before the global coronavirus pandemic, Bill Gates organized a global coronavirus pandemic exercise: Event 201.
- Also shortly before the outbreak the Global Preparedness Monitoring Board told the world to be ready for a coronavirus pandemic.
- In 2018 the Institute for Disease Modeling announced a global pandemic with a flu virus, originating in China in the area of Wuhan.
- In 2018 Bill and Melinda Gates announced that in the coming years there would be a global pandemic of an engineered virus.
- The coronavirus SARS-CoV-2 may have been created in the Bio Safety Lab Level 4 in Wuhan, which received millions of dollars from Anthony Fauci.
- Several movies depicted the coronavirus pandemic with great detail, and even mention hydroxychloroquine as the cure.
- A comic book produced by the European Union depicts a virus spreading worldwide. The crisis is solved by implementing totalitarian medical tyranny.
- The 2012 Summer Olympics opening show depicted a coronavirus pandemic.
- The investigative journalist Harry Vox predicted in 2014 that a global pandemic would be caused, so the ‘ruling class’ could implement a higher level of authoritarian control.
- The investigative journalist Anthony Patch predicted a global pandemic with a man made virus, that would be used to force a DNA altering vaccine on humanity.
- Dr. Carrie Madej studied DNA and vaccines for decades and says the plan is to use the COVID-19 vaccine to start the process of transhumanism: reprogramming the human DNA.
- The CIA officer Dr. John Coleman studied secret societies and says their goal is to depopulate the earth by means of organized pandemics of fatal rapid acting diseases.
- In the state of Georgia a huge monument was erected in 1980 with ten guidelines for humanity, in eight languages. The

first of these “Ten Commandments” is that humanity needs to be reduced to half a billion people.

- During a TED talk Bill Gates said that new vaccines can be used to help reduce the world's population by 10-15%.
- The “Health Ranger” Mike Adams predicted years ago what we see happening now: the release of an engineered bio-weapon, followed by a vaccine mandate, massive government funding for the vaccine industry and a vaccine that is being developed in record time.
- In 2010 the Rockefeller Foundation published the “Scenario for the Future” in which they describe a coming global pandemic, that should result in the implementation of authoritarian control over the people, which will then intensify after the pandemic.
- In 2020 the Rockefeller Foundation publishes a handbook on how to create this world of control, with a step by step guide. They say life cannot return back to normal, until the world has become “Locked Down” with this top down control from authoritarian governments.
- We indeed see that Bill Gates and many others worldwide are right away seizing control in unprecedented ways, with enforcing vaccine ID's, microchips that will be implanted into people, mandating the wearing of face masks, social distancing, forced lock-downs, extreme contact tracing, and so on.
- Part of this top-down control is extreme censoring of every single voice from doctors, scientists or other experts that criticize what is going on.

All predictions were done shortly before it happened

Note that every single prediction of this pandemic was announced a few years or even months before it happened. The fact that such a historically unique event was predicted in great detail – by movies, shows, investigators, medical doctors, those who finance labs that develop these viruses, those who earn billions from these pandemics, those who want to create a whole new level of control in our world, etc. – shows it was planned.

Are there signs that the pandemic is being manipulated?



So far we have looked at indications that the pandemic was planned beforehand. If it is indeed orchestrated, then that should also be obvious during the pandemic. A planned pandemic is also a controlled pandemic. Do we indeed observe

that the pandemic is being manipulated? Absolutely. The other posts on StopWorldControl.com reveal how literally every medical, scientific, governmental, educational and journalistic voice that differs from the media propaganda, is aggressively censored.

Never before in the history of humanity was there such a global censorship of medical doctors and respected scientists around the world.

Besides that, there is an unprecedented display of worldwide fraud with Covid numbers. Much of the “official” death rate information about Covid-19 is false. Some medical personnel around the world have admitted that they are heavily pressured to register every single patient as a Covid patient and every death – no matter the cause – as a Covid death.

You can see the evidence for this outrageous claim in this shocking expose of the greatest fraud in the history of the world.

Who is behind the plan to control the world?



We have been talking about a group of people who are called “globalists”. So, who are these “globalists” anyway? They are wealthy, influential people around the world who plan to create one global government. This will enable them to control every human being on the planet. Their strategy is to dominate every area of our societies: health care, food industries, media, governments, religion ... everything.

Total world domination has been a diabolical desire of many powerful leaders throughout world history. Just think of the notorious world empires of Rome, Great Britain, the Persians, the Russians, and so on.

This perverse passion hasn't left the corrupt hearts of the elite but the means to achieve this goal have changed. Instead of invading nations with tanks and bazookas, they now enslave humanity using the force of fear. Once they can create enough panic, they can present the “solution”. This solution however means removing our freedom and submitting us to their control.

Main players in globalism are the United Nations, the World Economic Forum, the World Health Organization, the European Union, the International Monetary Fund, the World Bank, and especially the many private banks that basically control the world already. These visible entities are however just a facade, to hide the true powers, which are the many “Secret Societies”. Many of these globalists recently gathered in a small town called Davos, in Switzerland, where they expressed how the pandemic will be used to deploy their plans. Here are some of the statements they made: (18)

“Now is the historic moment in time, not only to fight the

virus, but TO SHAPE THE SYSTEM.

“The pandemic represents a window of opportunity to RESET OUR WORLD.

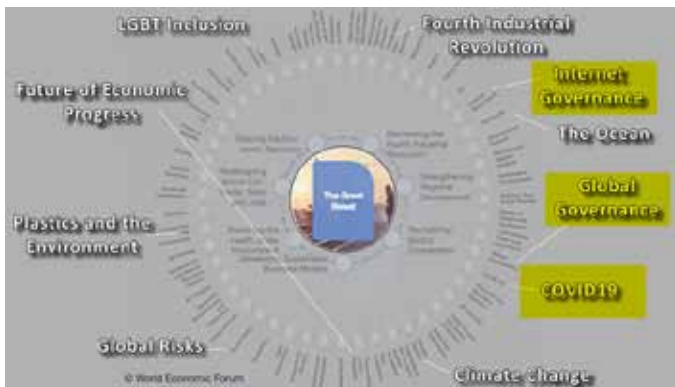
“The world must act jointly and swiftly to REVAMP ALL ASPECTS of our societies and economies, from educational to social contacts and working conditions.

“EVERY COUNTRY, from the United States to China, must participate, and every industry, from oil and gas to tech, must be TRANSFORMED.”

– Klaus Schwab, Founder of the World Economic Forum

The World Economic Forum created a ‘spinning wheel’ with all their objectives. On it we can see the following three ‘projects’: Covid-19 followed by Global Governance, and Internet Governance.

COVID-19 is a critical project that paves the way for the next step: GLOBAL GOVERNANCE. In the near future they plan to create complete censorship of the internet: INTERNET GOVERNANCE.



Nobody wants these organizations

Not a single human on the earth has voted for these organizations to even exist, let alone take full control of our lives, families, communities, jobs, health, industries, etc. Yet they present themselves as our “world leaders” who are planning our entire future.

The World Health Organization positioned itself as the boss over our health, without any of us having chosen them.

They apply a tyranny in mainstream media and social media, where no expression of medical or scientific expertise is allowed, unless it is in line with the guidelines of this “World” organization.

Tens of thousands of medical doctors and scientists have been censored all over the world, by Facebook, Youtube and Twitter. Why? Because these social media giants state that ONLY what the World Health Organization says, is true. That is a clear example of world tyranny by the globalists. They install their own “world” institutions – that have ZERO authority over any of us – but simply because they call themselves ‘world’ leaders, they assume authority over all of humanity.

Mankind as a whole must submit to the “World” Health Organization, without ever asking our opinion or even consulting with other medical experts. In fact, virtually every medical expert speaking out against their decisions is censored.

This means complete loss of medical freedom, loss of freedom of speech, loss of true science, loss of true journalism and an imposing of dictatorships by organizations that nobody voted for, led by individuals nobody wanted and yet they simply seize ownership of our world.

They are the big, fat, mean bully on the playground, that plays boss over everyone.

The World Health Organization is run by a terrorist



The head of the World Health Organization was a member of a violent revolutionary communist party in Ethiopia – Tigray People’s Liberation Front. (19) The Department of Homeland Security clearly states:

“The TPLF qualifies as a Tier III terrorist organization... on the basis of its violent activities...”

Let this get through to you: the man directing the World Health Organization is literally a communist terrorist, who has been involved in imposing communism on Ethiopia. That same man is now bullying the entire world, telling all of us what we can and cannot do, censoring every medical professional who has a different opinion, demanding blind obedience from all of humanity, while imposing mandates to be vaccinated by their number one financial sponsor: Bill Gates.

Is this the world you want to live in, from now on?

More and more pandemics, until mankind submits

These globalists even threaten humanity with more suffering, if we don’t submit to their total control. Prince Charles recently joined the globalists and publicly stated:

“There will be more and more pandemics, if we don’t do ‘the great reset’ now.” (18)

Bill Gates already calls this “pandemic one” and is talking about “pandemic two and three”. The investigator who back in 2013 predicted a coronavirus pandemic to occur in 2020, followed by riots, said the plan is to create series of pandemics during 2020-2030.

This decade is the selected timeframe to turn the world into one big prison.

Globalists are planning to cause as many pandemics as needed, in order to break the backbone of humanity, until everybody submits to their global control. Mandating vaccines is key to their plan, because the vaccines will connect us to global control systems. Only the vaccinated will be able to move freely.

Are you beginning to understand why more than 700 medical doctors from Germany, 600 doctors from Spain, thousands of medical experts from the USA and many more all over the world are calling this pandemic a 'global' crime?

Leaders of Catholic Church warn humanity

An archbishop and several cardinals of the Roman Catholic Church wrote a letter to humanity, to warn us for global tyranny under the guise of COVID-19. This is an excerpt of this historic message, which was translated in many languages and sent to leaders all over the world. (20)

"We have reason to believe, on the basis of official data on the incidence of the epidemic as related to the number of deaths, that there are powers interested in creating panic among the world's population with the sole aim of permanently imposing unacceptable forms of restriction on freedoms, of controlling people and of tracking their movements. The imposition of these illiberal measures is a disturbing prelude to the realization of a world government beyond all control."

Is there hope? What can we do?

Is there any hope for our future, or are we surrendered to the merciless hands of these wicked mega-billionaires who want to depopulate the earth and seize total control over humanity?

Yes, there is hope. The future is brighter than we can even imagine!

This is not a doom and gloom scenario, but a wake up call for humanity to stop blindly believing the mafia-media and perverse politicians, and rise up as one for a future of freedom. I invite you to join a unique and historic movement of Global Freedom Fighters, who will lead humanity into a new era of hope, restoration and more freedom than we have ever known.

Discover a future of hope

Besides sharing the stopworldcontrol.com website with your family and friends, I strongly encourage you to take it a step further and truly become a world changer. Share this website with those who influence our society. Not all of them are corrupt. Many leaders are simply deceived, because they were trained to never question the narrative. It's up to us to inform them.

Search on the internet for email addresses of leaders in government, education, healthcare, law enforcement and so on. Download posters from the stopworldcontrol.com website.

You can download powerful posters, flyers and memes, to spread the truth. Download the files and print them in as many copies as you need. Then walk through to the streets and put them in the mailboxes, and give them to the people you meet.

About the Author



Hi, my name is David Sorensen. I am the author of StopWorldControl.com. I offer this as a free resource for all of humanity, to protect our freedom and future.

Having a Masters degree in Communication, I chose to leave a life of big money behind, to serve the world with my abilities.

Desperate cries for help from all over the world, are flooding my mailbox. People from China, Slovakia, the Middle East, South America etc. see how their lives are being taken from them, and tyranny is being imposed by corrupt governments, supported by media that is owned by the trillionaire criminals.

The key to break their diabolical grip on mankind is TRUTH. Therefor I want to answer the cries for help and translate the website into as many languages as possible, to inform humanity.

This is a monumental task that requires funds. If you want to help me fight for the freedom of the world, then please consider making a generous donation here. Please open your heart and support this unique platform for the voice of freedom.

Together we can help protect humanity from power-hungry madmen and create a world of freedom and happiness.

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- 11: Bill Gates talks about a digital ID to control people
- 12: Linking vaccines to a digital ID
- 13: Gates has patent on technology to trace a body anywhere
- 14: Gates wants a global monitoring system
- 14A: Inventions by Richard A Rothschild
- 15: Download the book of CIA officer Coleman
- 16: Gates talks about reducing world population using vaccines
- 17: Tens of millions of Covid-19 test kits were exported by the EU, USA, China etc in 2017 and 2018
- 18: DAVOS and the gathering of the globalists
- 19: The head of the World Health Organization is member of violent terrorist group
- 20: Letter from archbishop and cardinals to humanity
- 21: Bill Gates works on digital vaccination ID's

Did you see these critical posts?

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THE BATTLE FOR HUMANITY – Dr Carrie Madej
FULL REPORT: The Plan To Control The Whole World
GLOBAL COVID FRAUD! Evidence that all the data is 100% false
What do HONEST scientists say about covid-19?
Why are medical doctors CENSORED and BANNED all over the world?
CURES for COVID-19, Confirmed by Medical Experts

LINKS AT SOURCE:

<https://www.stopworldcontrol.com/proof>

After a New Wave of Lockdowns, Most People Will Accept Any "Solution" Because They'll Be So Desperate



By Michael Snyder
via [TheMostImportant-
News.com](https://www.themostimportantnews.com)
December 2, 2020

When people become desperate enough, those in power can get most of them to do just about anything.

The first wave of lockdowns knocked us into the worst economic downturn since the Great Depression of the 1930s. It sent suicide rates soaring all over

the globe, and it plunged millions upon millions of ordinary citizens into a deep state of despair. Now another wave of lockdowns is being instituted all over the planet, and this is going to perfectly set the stage for the "solutions" that the elite plan to offer all of us in 2021.

It has been said that if you want people to be willing to accept a solution, first you have to make them realize that they have a problem.

And once this "dark winter" finally ends, almost everybody will be absolutely desperate to return to their "normal" lives.

With each passing day, more extremely harsh restrictions are being imposed. For example, a brand new "stay at home order" was just issued in Los Angeles County...

- All public and private gatherings with anyone outside a single household are now banned in Los Angeles County, as most of the country grapples with an unprecedented surge of Covid-19.

- The ban will last three weeks, starting Monday and ending December 20.

It would be nice if the lockdown actually does get lifted before the end of the year, but for at least the next three weeks all 10 million people living in L.A. County will be forced "to stay home as much as possible"...

- All 10 million residents are asked to stay home as much as possible and wear face masks when outside – even when exercising at the beach and parks, said the Los Angeles County Department of Public Health, which issued the order last week.

On top of that, California Governor Gavin Newsom is warning that he may soon impose "much more dramatic, arguably drastic" restrictions for the entire state...

- California Gov Gavin Newsom just warned that more drastic steps could be taken to contain the virus after the state reported another 15k+ new cases yesterday. The Golden State could be facing "much more dramatic, arguably drastic" measures to contain the spread of the virus. The state also broke its record for hospitalized patients yesterday: The state reported 7,415 coronavirus hospitalizations, with more than 1,700 of those patients in ICUs. The number of hospitalizations broke the state's previous record of 7,170 in July.

Unfortunately, we are witnessing similar craziness all over the nation. In New Mexico, the new restrictions that were just instituted created so much panic that people were soon waiting for hours just to get into a supermarket to shop for food...

- New Mexico Gov. Michelle Lujan Grisham (D) has put immense pressure on businesses with her "abrupt" lockdown order – forcing "nonessential" businesses to close and creating what has been dubbed "modern breadlines" – with people waiting 2-4 hours to enter essential retailers, former GOP Senate candidate Elisa Martinez explained during an appearance on Breitbart News Saturday.

After seeing what the first round of lockdowns did to our nation, why would these politicians want to do it again?

More than 70 million Americans have filed unemployment claims so far in 2020, more than 40 million could be facing eviction in 2021, and there has been a dramatic spike in suicides during this pandemic.

When a 90-year-old woman named Nancy Russell found out that another lockdown was happening in her area, she decided to opt for assisted suicide...

- According to CTV News, a 90-year-old woman living in Toronto took her own life via medically assisted suicide, the choice made in large part due to the second surge of coronavirus cases and a looming period of increased restrictions.

As I keep reminding my readers, there is always hope if you look at the bigger picture and suicide is never the answer to anything.

Unfortunately, most people are not getting a message of hope from the mainstream media, and Russell decided that the months ahead were going to be too bleak in her nursing home for her to be able to handle...

- Residents eat meals in their rooms, have activities and social gatherings cancelled, family visits curtailed or eliminated. Sometimes they are in isolation in their small rooms for days. These measures, aimed at saving lives, can sometimes be detrimental enough to the overall health of residents that they find themselves looking into other options.

Just as we are hitting a low point with this pandemic, authori-

ties all over the globe are announcing that vaccines will soon be available. (*Rolling out now – with many vaccine-related deaths occurring in rest homes. – Ed*)

In fact, it is being reported that as many as ten different vaccines could be available by the middle of 2021...

• Ten COVID-19 vaccines could be available by the middle of 2021 if they win regulatory approval, but their inventors need patent protection, the head of the global pharmaceutical industry group said on Friday.

As soon as the public can get them, it is inevitable that millions upon millions of people will rush out to get their shots so that they can return to their “normal” lives.

But what they aren't telling you is that these new vaccines are entirely different from vaccines that you may have gotten previously.

These new mRNA vaccines will actually “hijack” your cells if you take them...

• When Moderna was just finishing its Phase I trial, *The Independent* wrote about the vaccine and described it this way:

“It uses a sequence of genetic RNA material produced in a lab that, when injected into your body, must invade your cells and hijack your cells’ protein-making machinery called ribosomes to produce the viral components that subsequently train your immune system to fight the virus.”

“In this case, Moderna’s mRNA-1273 is programmed to make your cells produce the coronavirus’ infamous coronavirus spike protein that gives the virus its crown-like appearance (corona means “crown” in Latin) for which it is named,” wrote *The Independent*.

(*The Pfizer/BioNTech vaccine that has been ordered by the NZ and Australian governments is also an mRNA vaccine -Ed.*)

Under normal circumstances, very few people would sign up to have their cells “hijacked”, but at this point millions upon millions of people will be so desperate for a “solution” that they will take a vaccine no matter what the long-term consequences might be.

And if you don't take one of the vaccines, you may soon find that you aren't able to fly internationally...

• The International Air Transport Association (IATA) an-

nounced this week it is in the final phase of development for what it hopes will be universally accepted documentation that in turn could boost confidence among wary travelers.

• The digital health pass would include a passenger's testing and vaccine information and would manage and verify information among governments, airlines, laboratories and travelers.

If these new “digital vaccine passports” are implemented for international travel, it is probably just a matter of time before they are required for domestic travel as well.

Of course there are lots of people out there that are trying to sound the alarm about all of this, but UN communications director Melissa Fleming says that her organization has already recruited an army of “110,000 information volunteers” to combat the spread of “misinformation”...

• Fleming told the World Economic Forum that #Pledge-toPause and Verified have “recruited 110,000 information volunteers” thus far. She said “we equip these information volunteers with the kind of knowledge about how misinformation spreads and ask them to serve as kind of ‘digital first-responders’.” Fleming has stated elsewhere that the UN has “reached out to Member States, UN media partners, celebrity supporters” and “businesses” “to help us disseminate to the millions we will need to reach” with the campaign.

They want to control what you think as they lead you into a dystopian future that will ultimately turn into a complete and utter nightmare.

The truth is that none of us will be going back to our “normal lives” ever again.

But the elite will continue to hold that carrot out there in order to get you to do what they want, and millions upon millions of people will fall for it.

ABOUT THE AUTHOR

Michael Snyder's new book entitled *Lost Prophecies of the Future of America* is now available in paperback and for Kindle on Amazon.

SOURCE: <https://www.zerohedge.com/political/after-new-wave-lockdowns-most-people-will-accept-any-solution-because-theyll-be-so>

Ex-Pfizer Head of Research Says COVID Vaccine Could Sterilize Women

January 22, 2021

A former head of respiratory research at Pfizer and a former public health department head have filed a joint petition to the European Medicine Agency, asking for the immediate suspension of all SARS-CoV-2 vaccine studies.

Dr. Michael Yeadon and Dr. Wolfgang Wodarg said certain safety concerns with the vaccines have not been addressed. One problem is that the PCR test is notoriously inaccurate. But another, more pressing issue is that the spike proteins in the vaccines contain syncytin-homologous proteins, which can cause infertility.

Also concerning is that the mRNA vaccines from BioNTech/Pfizer contain polyethylene glycol, which can cause potentially life-threatening reactions to the vaccine. The duo said they filed the lawsuit in December because the vaccines' studies have not been long enough to know what the long-term side effects might be.

SOURCE: <https://blogs.mercola.com/sites/vitalvotes/archive/2021/01/19/expfizer-head-of-research-says-covid-vaccine-could-sterilize-women.aspx>

COVID-19 VACCINES PAVE THE WAY FOR A NEW FRONTIER IN SURVEILLANCE

By John Whitehead via The Rutherford Institute
December 2, 2020

*"Man's conquest of Nature, if the dreams of some scientific planners are realized, means the rule of a few hundreds of men over billions upon billions of men." - C. S. Lewis, **The Abolition of Man***



Like it or not, the COVID-19 pandemic with its veiled threat of forced vaccinations, contact tracing, and genetically encoded vaccines is propelling humanity at warp speed into a whole new frontier – a

surveillance matrix – the likes of which we've only previously encountered in science fiction.

Those who eye these developments with lingering mistrust have good reason to be leery: the government has long had a tendency to unleash untold horrors upon the world in the name of global conquest, the acquisition of greater wealth, scientific experimentation, and technological advances – all packaged in the guise of the greater good.

Indeed, "we the people" have been treated like lab rats by government agencies for decades now: caged, branded, experimented upon without our knowledge or consent, and then conveniently discarded and left to suffer from the after-effects.

You don't have to dig very deep or go very back in the nation's history to uncover numerous cases in which the government deliberately conducted secret experiments on an unsuspecting populace, making healthy people sick by spraying them with chemicals, injecting them with infectious diseases and exposing them to airborne toxins.

Now this same government – which has taken every bit of technology sold to us as being in our best interests (GPS devices, surveillance, "nonlethal" weapons, etc.) to use against us, to track, control and trap us – wants us to fall in line as it prepares to roll out COVID-19 vaccines that owe a great debt to the Pentagon's Defense Advanced Research Projects Agency for its past work on how to weaponize and defend against infectious diseases.

The Trump Administration by way of the National Institute of Health awarded \$22.8 million to seven corporations to develop artificial intelligence (AI), machine learning, etc., with smart phone apps, wearable devices and software "that can identify and trace contacts of infected individuals, keep track of verified COVID-19 test results, and monitor the health status of infected and potentially infected individuals."

This is all part of Operation Warp Speed, which President Trump has likened to the Manhattan Project, a covert government effort spearheaded by the military to engineer and

build the world's first atomic bomb.

There is every reason to tread cautiously

There is a sinister world beyond that which we perceive, one in which power players jockey for control over the one commodity that is a necessary ingredient for total domination: *you*.

By you, I mean you the individual in all your singular humanness.

Remaining singularly human and retaining your individuality and dominion over yourself – mind, body and soul – in the face of corporate and government technologies that aim to invade, intrude, monitor, manipulate and control us may be one of the greatest challenges before us.

These COVID-19 vaccines, which rely on "messenger RNA" technology that influences everything from viruses to memory, are merely the tipping point.

The groundwork being laid with these vaccines is a prologue to what will become the police state's conquest of a new, relatively uncharted, frontier: inner space, specifically, the inner workings (genetic, biological, biometric, mental, emotional) of the human race.

If you were unnerved by the rapid deterioration of privacy under the Surveillance State, prepare to be terrified by the surveillance matrix that will be ushered in on the heels of the government's rollout of this COVID-19 vaccine.

The term "matrix" was introduced into our cultural lexicon by the 1999 film *The Matrix* in which Neo, a computer programmer/hacker, awakens to the reality that humans have been enslaved by artificial intelligence and are being harvested for their bio-electrical energy.

Hardwired to a neuro-interactive simulation of reality called the "Matrix," humans are kept inactive and docile while robotic androids gather the electricity their bodies generate. In order for the machines who run the Matrix to maintain control, they impose what appears to be a perfect world for humans to keep them distracted, content, and submissive.

Here's the thing: Neo's Matrix is not so far removed from our own technologically-hardwired worlds in which we're increasingly beholden to corporate giants such as Google for powering so much of our lives. As journalist Ben Thompson explains:

"Google+ is about unifying all of Google's services under a single log-in which can be tracked across the Internet on every site that serves Google ads, uses Google sign-in, or utilizes Google analytics. Every feature of Google+ – or of YouTube, or Maps, or Gmail, or any other service – is a flytrap meant to ensure you are logged in and being logged by Google at all times.

Everything we do is increasingly dependent on and, ultimately, controlled by our internet-connected, electronic

devices. For example, in 2007, there were an estimated 10 million sensor devices connecting human utilized electronic devices (cell phones, laptops, etc.) to the Internet. By 2013, it had increased to 3.5 billion. By 2030, it is estimated to reach 100 trillion.

Much, if not all, of our electronic devices will be connected to Google, a neural network that approximates a massive global brain.

Google's resources, beyond anything the world has ever seen, includes the huge data sets that result from one billion people using Google every single day and the Google knowledge graph "which consists of 800 million concepts and billions of relationships between them."

The end goal? The creation of a new "human" species, so to speak, and the NSA, the Pentagon and the "Matrix" of surveillance agencies are part of the plan. As William Binney, one of the highest-level whistleblowers to ever emerge from the NSA, said, "The ultimate goal of the NSA is total population control."

Mind you, this isn't population control in the classic sense. It's more about controlling the population through singularity, a marriage of sorts between machine and human beings in which artificial intelligence and the human brain will merge to form a superhuman mind.

"Google will know the answer to your question before you have asked it," predicts transhumanist scientist Ray Kurzweil. "It will have read every email you've ever written, every document, every idle thought you've ever tapped into a search-engine box. It will know you better than your intimate partner does. Better, perhaps, than even yourself."

The term "singularity" – that is, computers simulating human life itself – was coined years ago by mathematical geniuses Stanislaw Ulam and John von Neumann. "The ever accelerating progress of technology," warned von Neumann, "gives the appearance of approaching some essential singularity in the history of the race beyond which human affairs, as we know them, could not continue."

The plan is to develop a computer network that will exhibit intelligent behavior equivalent to or indistinguishable from that of human beings by 2029. And this goal is to have computers that will be "a billion times more powerful than all of the human brains on earth."

Neuralink, a brain-computer chip interface (BCI), paves the



way for AI control of the human brain, at which point the disconnect between humans and AI-controlled computers will become blurred and human minds and computers will essentially become one and the same. "In the most severe scenario, hacking a Neuralink-like device could turn 'hosts' into programmable drone armies capable of doing anything their 'master' wanted," writes Jason Lau for *Forbes*.

Advances in neuroscience indicate that future behavior can be predicted based upon activity in certain portions of the brain, potentially creating a nightmare scenario in which government officials select certain segments of the population for more invasive surveillance or quarantine based solely upon their brain chemistry.

Case in point: researchers at the Mind Research Center scanned the brains of thousands of prison inmates in order to track their brain chemistry and their behavior after release. In one experiment, researchers determined that inmates with lower levels of activity in the area of the brain associated with error processing allegedly had a higher likelihood of committing a crime within four years of being released from prison.

"As William Binney, one of the highest-level whistleblowers to ever emerge from the NSA, said, 'The ultimate goal of the NSA is total population control.'"

While researchers have cautioned against using the results of their research as a method of predicting future crime, it will undoubtedly become a focus of study for government officials.

There's no limit to what can be accomplished – for good or ill – using brain-computer interfaces.

Researchers at Duke University Medical Center have created a brain-to-brain interface between lab rats, which allows them to transfer information directly between brains. In one particular experiment, researchers trained a rat to perform a task where it would hit a lever when lit. The trained rat then had its brain connected to an untrained rat's brain via electrodes. The untrained rat was then able to learn the trained rat's behavior via electrical stimulation. This even worked over great distances using the Internet, with a lab rat in North Carolina guiding the actions of a lab rat in Brazil.

Clearly, we are rapidly moving into the "posthuman era," one in which humans will become a new type of being. "Technological devices," writes journalist Marcelo Gleiser, "will be implanted in our heads and bodies, or used peripherally, like Google Glass, extending our senses and cognitive abilities."

Transhumanism – the fusing of machines and people – is here to stay and will continue to grow.

In fact, as science and technology continue to advance, the ability to control humans will only increase. In 2014, for example, it was revealed that scientists have discovered how to deactivate that part of our brains that controls whether we are conscious or not. When researchers at George Washington University sent high frequency electrical signals to the claustrum – that thin sheet of neurons running between the left and right sides of the brain – their patients lost consciousness. Indeed, one patient started speaking more slowly until she became silent and still. When she regained consciousness, she had no memory of the event.

(Continued on next page)



Top 5 Facts About Covid-19 Vaccines



1) Covid-19 vaccines are being rushed into production and some of these vaccines will be on the market in Australia and New Zealand months, or even years, prior to the expected completion of the clinical trials of the vaccines.

2) In the case of some of the clinical trials of Covid-19 vaccines, the manufacturers are funding the trials of the vaccines – and employees of the manufacturers are writing the articles for the scientific journals about the vaccines that their employer is developing.

3) Some of the Covid-19 vaccines that are being rushed into production are being manufactured using technologies that have never before been used to mass produce vaccines for use in humans.*

4. The Covid-19 vaccines are so new that there is no or very little information available about the safety of these vaccine for many people. (For example, women of childbearing age are recommended to have a pregnancy test to ensure that they are NOT pregnant prior to receiving the Pfizer/BioNTech Covid-19 vaccine – presumably because the risks to the health of the mother or baby from receiving this vaccine dur-

ing pregnancy are unknown. Similarly, breastfeeding mothers are warned that they should not be vaccinated as it is not known whether the vaccine will be excreted into breast milk. SEE: [SEE: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941452/Information_for_healthcare_professionals.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941452/Information_for_healthcare_professionals.pdf))

5) The quality of the design of the clinical trials for Covid-19 has varied with some trials using a proper placebo made from a saline solution (which makes for a more accurate assessment of the risks of a vaccine) but others (such as a trial of the Oxford/AstraZeneca “viral vector” vaccine) have used another vaccine as a “placebo” which makes it much more difficult to get a good assessment of the true rate of short term side effects from a vaccine.

* For example, the Pfizer/BioNTech vaccine that has been ordered by the NZ and Australian markets is made using mRNA technology. This type of vaccine essentially hijacks the protein production machinery of cells (called ribosomes) and gets them to produce a protein from SARS-CoV-2 - the virus that causes Covid-19.

The viral vector Covid-19 vaccine being developed by Janssen/Johnson & Johnson (which has been ordered by the NZ government) and the Oxford/AstraZeneca viral vector vaccine (which has been ordered by the NZ and Australian governments) are other examples of Covid-19 vaccines that are made using production methods that have never before been used to mass produce vaccines for people.

Both of these vaccines contain genetically modified viruses which are cultured on cells derived from aborted human fetuses.

The Janssen/Johnson & Johnson Covid-19 vaccine is based on a human adenovirus known as Ad26 which is cultured on an “immortalised” line of human cells derived from the eyes of an 18 week old aborted foetus.

The Oxford/AstraZeneca Covid-19 vaccine uses a chimpanzee adenovirus which is cultured on another cell line (HEK 293) derived from another aborted human foetus.

SOURCE: <https://therealnews.nz/2020/12/29/top-5-facts-about-covid-19-vaccines/> (References at source - Ed.)

Continued from previous page

Add to this the fact that increasingly humans will be implanted with microchips for such benign purposes as tracking children or as medical devices to assist with our health. Such devices “point to an uber-surveillance society that is Big Brother on the inside looking out,” warns Dr. Katina Michael.

“Governments or large corporations would have the ability to track people’s actions and movements, categorize them into different socio-economic, political, racial, or consumer groups and ultimately even control them.”



As I make clear in my book *Battlefield America: The War on the American People*, control is the issue.

In fact, Facebook and the Department of Defense are working to manipulate our behavior. In a 2012 study, Facebook tracked the emotional states of over 600,000 of its users. The goal of

the study was to see if the emotions of users could be manipulated based upon whether they were fed positive or negative information in their news feeds. The conclusion of the study was that “emotional states can be transferred to others via emotional contagion, leading people to experience the same emotions without their awareness.”

All of this indicates a new path forward for large corporations and government entities that want to achieve absolute social control. Instead of relying solely on marauding SWAT teams and full-fledged surveillance apparatuses, they will work to manipulate our emotions to keep us in lock step with the American police state.

Now add this warp speed-deployed vaccine to that mix, with all of the associated unknown and fearsome possibilities for altering or controlling human epigenetics, and you start to see the perils inherent in blindly adopting emerging technologies without any restrictions in place to guard against technological tyranny and abuse.

It’s one thing for the starship *Enterprise* to boldly go where no man has gone before, but even Mr. Spock recognized the dangers of a world dominated by AI. “Computers make excellent and efficient servants,” he observed in “The Ultimate Computer” episode of *Star Trek*, “but I have no wish to serve under them.”

SOURCE: <https://www.zerohedge.com/markets/covid-19-vaccines-pave-way-new-frontier-surveillance>

*If not now, then when?
If not me, then who?*



Are your spidey senses tingling?

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Yes, in general, the more you take, the better the outcome. For instance, you can take Bravo Yogurt and Bravo Suppositories or Bravo Capsules and Bravo Suppositories to help reconstitute the Microbiome.

Why is Bravo priced higher compared to other probiotics?

Bravo is the result of many years of work in the laboratory using only the purest and highest quality ingredients. This, coupled with the extremely large quantity (300+) of Probiotic Strains, means that this is the most expensive probiotic in the world to manufacture. Bravo really is superior to all others.



Bravo Probiotic 300+ Concentrate Capsules are produced by freeze drying Bravo fermented milk drink. Not as powerful as the yogurt, but easy for busy individuals.

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Kids and adults love the taste of Bravo.

What if I am lactose or casein intolerant?

Bravo fermented milk products provide lactose fermenting micro-organisms to help you to overcome lactose intolerance. Or you can use Bravo for juice, Bravo Edestiny, or Bravo Suppositories, which do not trigger lactose or casein intolerance.

"Bravo is a System for Making a New Ecosystem & NOT Merely a Probiotic"

Dr. Jeff Bradstreet, MD, MD(H), FAAFP



Bravo Probiotic 300+ fermented milk is a ready-to-make 13 week supply. Add the probiotics to your preferred whole milk and then ferment.



Bravo Probiotic Suppositories deliver 300+ strains of probiotics directly where they need to go to rebuild your gut microbiome. Will not trigger Lactose or Casein intolerance.

Natural Antiviral Action

Thanks to Bravo Probiotics' superior ability to empower the immune system, due in part to its unique composition of Phages (friendly viruses that fight infections), it has rapidly gained recognition as an essential supplement to support the immune system against viral infections.

Natural Antibiotic Action

The best way to fight unhealthy gut microbes, including parasites, is to use their natural enemies, which are the microbes that constitute the healthy human microbiome. The healthy microbes then compete for territory with the unhealthy microbes, and by daily introducing the healthy Bravo Probiotic microbes, we routinely strengthen their numbers, and this helps them to win the fight.

Natural Anti-Biofilm Action

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Bravo Probiotic 300+ Edestiny Capsules are produced by freeze drying Bravo fermented hemp seed protein (edestin) to produce a 100% VEGAN product and Vegetal GcMAF.

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Bravo Probiotic yogurt forms 236 new peptides during the fermentation process. These peptides contribute to the overall support of a healthy immune system, and this is particularly useful against candida, and whilst it may take weeks, or even months, in the end, you may see excellent results.

GcMAF

All Bravo Probiotic is designed to produce the active site of GcMAF by natural fermentation. GcMAF supports a healthy immune system and the body's activation of macrophages. It can be absorbed through the mucosa cells in your mouth, so it is ideal to swish your mouth with Bravo drink before swallowing.

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Significantly, the 300+ strains of probiotics that have gone into this superfood, are also present in the gut of a newborn fed only with colostrum, the mother's first milk. **When given to someone who needs support, they can reboot your microbiome back to how nature intended.**



Bravo Probiotic 300+ fermented juice is a ready to make 12 week supply. Add the probiotics to your preferred juice and ferment. No Lactose or Casein. Designed not to change the flavour of your juice. 100% VEGAN.

	CD4 Cells Before	CD4 Cells After	NK Cells Before	NK Cells After
Male 55yrs	372	853	165	397
Female 35yrs	857	1279	251	340
Male 37yrs	446	478	165	195
Female 52yrs	45	61	7	10
Female 49yrs	510	820	200	410

In the above controlled eight week study, where the only change was the addition of 125ml/day of Bravo Probiotic, participants saw a significant improvement in overall health as their immune system and bone marrow function restored.

Enquiries to:

✉ sales@naturalsolutions.nz

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(Practitioner enquiries welcome)

Synthesis of mRNA materials to be used in mRNA vaccines

By Mike Adams

(Ed Note: The NZ and Australian governments have both ordered the Pfizer/BioNTech mRNA vaccine – among other types of Covid-19 vaccines. Covid-19 vaccination programmes will be the first time that mRNA vaccines have been used in a general population outside of a clinical trial situation.)

Instead of being grown in infected animals or animal tissue, mRNA strands are synthesized in a laboratory and don't involve the handling of infectious agents or unknown viral pathogens that may exist in a latent form in animals. Thus, mRNA vaccines are in some ways inherently safer to manufacture, handle and administer than traditional vaccines.

There exist numerous companies that synthesize mRNA strands for various purposes, including vaccine research. One such company is called TriLink Biotechnologies (<https://www.trilinkbiotech.com>) which offers custom mRNA synthesis. Via their website:

"We manufacture non-coding RNAs and provide tailored synthesis at milligram to multigram scales, with lengths ranging from a few hundred nucleotides to greater than 10 kilobases. TriLink has a large collection of modified nucleotides that can modulate innate immune recognition to maximize activity for your specific application."

From the TriLink Antigen mRNA page:

"mRNAs can be engineered for the quick and cost-effective production of virtually any protein. They can also induce strong immune responses without the risks associated with some live virus vaccines and so are an effective mechanism for delivering vaccine antigens. Whether delivered ex vivo (for example, to dendritic cells) or administered in vivo using a delivery vehicle such as an endosome, exogenous mRNAs can be recognized by pattern recognition receptors in cells and so act as their own adjuvant."

Another mRNA synthesis company called SystemBio.com describes their in vitro mRNA synthesis technology as follows:

"When you want instant expression after transfection into cells, deliver your gene-of-interest as an mRNA made with SBI's mRNAExpress™ mRNA Synthesis Kit. Designed to generate in vitro transcripts for transfection of mammalian cells, micro-injection into oocytes, in vitro translation, and other related applications, this high-yield kit can produce 20 - 40 µg of high-quality mRNAs in one standard reaction, and comes with a number of performance-enhancing features."

The phrase, "Designed to generate in vitro transcripts for transfection of mammalian cells" means you're synthesizing mRNA snippets in a lab, to be later injected into mammals (animals or humans).

Overlooking the obvious: The human immune system already knows how to protect against viral illness – without needing any injections

The (very) big picture in all this is often overlooked by everyone. They miss the forest for the trees because your body already possesses mRNA nanotechnology that can identify pathogens and destroy them. It's part of the immune system with which you were born.

Your immune system is fully capable of astonishing feats of self preservation, but only if it is properly fueled with the nutrients and elements it needs to perform as designed. Vitamin D deficiency causes immune suppression, and a person who is vitamin D deficient likely won't respond very well to an mRNA vaccine no matter how advanced the technology.

Zinc, selenium and magnesium are critical elements that tend to be deficient in those with poor immune function. Supplementation with these minerals allows the immune system to reach its full potential, rendering mRNA vaccines largely obsolete.

In effect, we might say that mRNA vaccines are the creation of a deluded society that has censored the truth about nutrition for so long that almost everyone believes we have to become medical mechanics to fix all the body's problems using advanced nanotechnology and expensive breakthroughs. But in reality, your immune system functions for free... and you

"Zinc, selenium and magnesium are critical elements that tend to be deficient in those with poor immune function. Supplementation with these minerals allows the immune system to reach its full potential, rendering mRNA vaccines largely obsolete."

were born with it. Sadly, most people refuse to nourish their immune systems with the necessary components to support effective function. And almost no one in any position of authority or power will dare recommend nutrition when there's so much money to be made from vaccines and patented pharmaceuticals.

What if the answer to the coronavirus were as simple as recommending vitamin D and zinc? If we were only wise enough to allow our own internal nanotechnology to do its job, we wouldn't have to try to hijack the body's cells using elaborate, expensive and risky medical interventions.

In the same way that the lottery is a tax on people who can't do math, vaccines are medicine for those who don't understand nutrition.

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Effective Treatments for Covid-19

By Swiss Policy Research

Updated on November 16, 2020; Published on July 2, 2020

Immunological and serological studies show that most people develop only mild or moderate symptoms when infected with the new coronavirus, while some people may experience a more pronounced or critical course of the disease.

Based on the available scientific evidence and current clinical experience, the Swiss Policy Research (SPR) Collaboration recommends that physicians and authorities consider the following covid-19 treatment protocol for the prophylactic and early treatment of people at high risk or high exposure.

According to numerous international studies, the risk of severe or fatal disease may be significantly reduced by prophylactic or early treatment (see scientific references below).

Note: Patients are asked to consult a doctor.

Treatment protocol

Prophylaxis

- Zinc (25mg to 50mg per day)
- Quercetin (250mg to 500mg per day)
- Bromhexine (25mg to 50mg per day)
- Vitamins D (2000 IU/d) and C (1000mg)
- Aspirin (80mg to 100mg per day)*

Early treatment

- Zinc (75mg to 150mg per day)
- Quercetin (500mg to 1000mg per day)
- Bromhexine (50mg to 100mg per day)
- Vitamins D (5000 IU/d) and C (1000mg)
- Aspirin (162mg to 325mg per day)*

Prescription only

- Ivermectin (0.2 mg/kg daily for two days)*
- High-dose vitamin D (up to 100,000 IU)
- Azithromycin (up to 500mg per day)
- Prednisone (60mg to 80mg per day)*
- Heparin LMW (usual dosage)

**) Notes: Contraindications for aspirin must be observed, especially if used prophylactically. Ivermectin may also be used prophylactically on a weekly basis (see below). Prednisone is to be used if pulmonary and respiratory symptoms develop.*

Note on hydroxychloroquine (HCQ): Correctly dosed HCQ, a drug against malaria and auto-immune disease, has also been shown to be safe and effective for the early treatment of covid-19 in numerous studies. HCQ has known anti-viral, anti-thrombotic and anti-inflammatory properties.

Treatment successes

For more results, see the full scientific references at the end.

Zinc

- US physicians reported an 84% decrease in hospitalizations, a 45% decrease in mortality among already hospitalized patients, and an improvement in the condition of patients

within 8 to 12 hours based on early treatment with zinc in addition to HCQ.

- A Spanish study found that low plasma zinc levels (below 50mcg/dl) increased the risk of in-hospital death of covid patients by 130%.
- A US study reported a rapid resolution (within hours) of Covid symptoms, such as shortness of breath, based on early outpatient treatment with high-dose zinc.

Ivermectin

- Ivermectin has shown strong anti-viral and anti-inflammatory effects in numerous controlled and observational studies, reducing Covid mortality even in severe cases by up to 90%.
- Based on these results, the US Front-Line Covid-19 Critical Care Alliance (FLCCC) recommends ivermectin for covid-19 prophylaxis and early treatment. (See: covid19criticalcare.com/ - Ed)

Bromhexine

- Iranian doctors reported in a study with 78 patients a decrease in intensive care treatments of 82%, a decrease in intubations of 89%, and a decrease in deaths of 100%.
- Chinese doctors reported a 50% reduction in intubations due to bromhexine treatment.
- A German study discusses the efficacy of bromhexine based on biochemical aspects.

Vitamin D

- In a Spanish randomized controlled trial (RCT), high-dose vitamin D (100,000 IU) reduced the risk of requiring intensive care by 96%.
- A study in a French nursing home found an 89% decrease in mortality in residents who had received high-dose vitamin D either shortly before or during Covid-19 disease.
- A large Israeli study found a strong link between vitamin D deficiency and Covid-19 severity.
- A 2017 meta-study found a positive effect of vitamin D on respiratory tract infections.

Aspirin

- A US study showed that aspirin has a strong antiplatelet and anticoagulant effect in Covid patients, which could help prevent infection-related thrombosis, embolism and stroke.
- The US FLCCC Alliance recommends aspirin for prophylactic and early treatment.

Modes of action

- Zinc inhibits RNA polymerase activity of coronaviruses and thus blocks virus replication, as first discovered by world-leading SARS virologist Ralph Baric in 2010.
- Quercetin supports the cellular absorption of zinc and has additional anti-viral properties, as first discovered during the SARS-1 epidemic in 2003.
- Ivermectin (an antiparasitic drug) has broad anti-viral and anti-inflammatory properties.
- Bromhexine (a mucolytic cough medication) inhibits the expression of cellular TMPRSS2 protease and thus the entry of the virus into the cell, as first described in 2017.
- Vitamins C and D support and improve the immune system response.
- Azithromycin (an antibiotic) prevents bacterial superinfections of the lung.
- Prednisone (a corticosteroid) reduces Covid-related systemic inflammation.
- Aspirin may help prevent infection-related thrombosis and embolisms in patients at risk.

See also: An illustration of the mechanisms of action of HCQ, quercetin and bromhexine. HERE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7249615/figure/fig3/>

Additional notes

The early treatment of patients as soon as the first typical symptoms appear and even without a PCR test is essential to prevent progression of the disease. In contrast, isolating infected high-risk patients at home and without early treatment until they develop serious respiratory problems, as often happened during lockdowns, may be counterproductive.

People at high risk living in an epidemically active area should consider prophylactic treatment together with their doctor. The reason for this is the long incubation period of Covid-19 (up to 14 days): when patients first notice that they contracted the disease, the viral load is already at a maximum and there are often only a few days left to react with an early treatment intervention.

Early treatment based on the above protocol is intended to avoid hospitalization. If hospitalization nevertheless becomes necessary, experienced ICU doctors recommend avoiding invasive ventilation (intubation) whenever possible and using oxygen therapy (HFNC) instead.

It is conceivable that the above treatment protocol, which is simple, safe and inexpensive, could render more complex medications, vaccinations, and other measures largely obsolete.

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(The source includes full references - Ed.)

A Scientific Look at Botanical Remedies & Supplements Against Coronavirus

Richard Gale and Gary Null PhD
Progressive Radio Network, March 10, 2020

The coronavirus pandemic has dominated the news at the expense of everything else that is critical and urgent in our lives.

As panic increases and more cases are reported daily, health-minded people are eager or even desperate to know whether there are ways to strengthen the body's immune system to offer some protection from this specific upper respiratory infection.

A Swiss study noted that the SARS coronavirus and influenza share two of the same proteases in targeted cells – TMPRSS2 and HAT. These are responsible for activating the spread of the virus at the point of infection and contribute to their pathogenesis in an infected cell.

Therefore it may be partially conjecture on our part to suggest that natural supplements and botanical remedies that have been shown in the scientific literature to be effective against influenza may more or less effective against coronavirus as well.

In fact, last month a study was released by Shengjing Hospital of China Medical University in the *Journal of Medical Virology* recommending that patients' nutritional status should be evaluated before any conventional treatment. The hospital recommended a regimen that included Vitamins A, B, C, D, E, Omega-3, Selenium, Zinc, gammaglobulin A administered intravenously and Chinese traditional medicine

Therefore we have scoured the peer-reviewed literature on the National Institutes of Health's Library of Medicine database to identify compelling studies that may warrant vitamin, antioxidant, and botanical supplementation as a means to protect ourselves from coronavirus and other viral infections. These have been shown to either have strong antiviral properties in general or have known biomolecular effects to strengthen the immune system against microbial infection. We are not offering prescriptions.

This is just a summary of some important scientific information for you to make better informed decisions for protecting yourself while the coronavirus wends its course. (*The information in this article should be used for educational purposes only as it is desirable to seek professional advice on the safe use of herbs from a naturopath, herbalist or doctor who is trained in their use rather than self-medicating* - Ed.)

BOTANICALS

Astragalus

In Traditional Chinese Medicine (TCM), coronaviral infections belong to a specific epidemic disease category. Astragalus is not only a very popular plant used in TCM, but it is also one of the most researched and promising botanical plants shown to have antiviral properties. In both TCM and Ayurveda medicinal formulas astragalus has been prescribed for centuries because of its effectiveness against

infections and respiratory conditions. Compounds, notably saponins, found in astragalus have been well researched and found to hinder influenza proliferation. The US Department of Agriculture's Avian Disease and Oncology Laboratory found it inhibits avian flu viruses.

Jinlin Academy of Agricultural Sciences in China conducted a study published in the journal *Microbiological Pathology* that concluded

"Astragalus exhibits antiviral properties that can treat infectious bronchitis caused by [avian] coronavirus"

In China, which has a large poultry industry, avian coronaviruses are a serious threat to chicken farmers. Chinese farmers will often use astragalus in feed to protect the birds from infection as well as pig feed to ward off porcine circovirus.



Two weeks ago, Beijing University of Chinese Medicine completed an analysis of previous research looking at the benefits of Chinese herbal formulas against the SARS coronavirus and H1N1 flu (swine flu). In three studies, among participants who took formulas against SARS, none contracted the illness. Nor did any contract H1N1 influenza in four additional studies. A primary ingredient in these formulas' was astragalus.

Earlier in February, researchers at Beijing Children's Hospital at the Capital Medical University provided a thorough overview of recommended diagnostic procedures and treatments for specific symptoms witnessed in the current Covid-19 infections that included both allopathic and traditional Chinese medicine. In cases where there are signs of severe weakness and stress observed in the lungs and spleen, a formula called Liu Jun Zi is being prescribed, which includes astragalus and ginseng as two primary botanicals.

Last week, the prestigious journal *Science* published a review out of Yunnan Academy of Agricultural Sciences in China that investigated the great disparities in infection and mortality rates between different provinces – Wuhan being the most severe. In the provinces with the lowest infection rates, there was between an 84% to 98% use of TCM formulas. Again, two of the main ingredients were Astragalus and Ginseng.

Licorice Root (Glycyrrhizin)



In traditional medicine licorice root has been used to relieve and treat ulcers, sore throats, bronchitis, coughs, adrenal insufficiencies and allergic diseases. Ancient manuscripts from China, India and Greece all include licorice for treating respiratory tract infections and hepatitis. In China and Japan licorice's main antiviral compounds are known as glycyrrhizin (GL). For 20 years glycyrrhizin has been used intravenously to treat chronic hepatitis B and C infections with very few side effects. It has also been shown to induce apoptosis in

lymphoma cells and Kaposi sarcoma related to herpesvirus. Therefore it was an unexpected surprise to discover that there is notable research on glycyrrhizin's effectiveness against coronavirus and in particular SARS.

Japan's National Institute of Infectious Disease reported GL's effectiveness against coronavirus and severe acute respiratory syndrome (SARS) as well as Epstein Barr virus and human cytomegalovirus. After the deadly SARS outbreak in 2012, virologists at Frankfurt University Medical School investigated several antiviral compounds to treat patients admitted with SARS coronavirus infections. Of all the compounds tested, licorice's GL was the most effective. The scientists concluded that "Our findings suggest that glycyrrhizin should be assessed for treatment of SARS."

The above research was later replicated at Sun Yat Sen University in China and published in the Chinese journal *Bing Du Xue Bao*. The researchers identified several derivatives of glycyrrhizin as primary molecules with antiviral properties. In addition to being effective against the SARS coronavirus, they also found it may be effective against herpes, HIV, hepatitis and influenza.

Earlier in 2005, a team of scientists from Goethe University in Germany and the Russian Academy of Sciences had already identified the antiviral activity of GL against SARS coronavirus. The molecule showed a ten-fold increase in anti-SARS activity compared to other potential treatments tested. One conjugate of GL had a 70-fold increase. That study was published in the *Journal of Medical Chemistry*. During that same year, the Chinese Academy of Sciences screened over 200 botanical plants used in Traditional Chinese Medicine to find those with the strong potency SARS coronavirus. Four botanicals stood out. One of the four was licorice's glycyrrhizin

Extract of licorice root is the most effective and glycyrrhizin is also available as a separate botanical supplement.

Elderberry (*Sambucus nigra*)

Elderberry has become a popular supplement for relieving symptoms of the common cold and flu infections. It is found wild worldwide and is part of many of the world's indigenous pharmacopias. There are many species of elderberry; the species *Sambucus nigra* seemingly has been shown to have the most medicinal qualities. When purchasing Elderberry or *Sambucus*, it is recommended to note it is *Sambucus nigra*. It is better to use a prepared formula rather than try to make it on your own from fresh berries and flowers. Elderberries contain cyanogenic glycosides that can be poisonous and cause nausea, vomiting, cramps, diarrhea and weakness.

Most research has focused on elderberry's therapeutic value

against influenza.

Hadassah University Hospital in Israel found that elderberry was effective in vitro against 10 different influenza strains.

Another Israeli study by Hebrew University in Jerusalem and published in the *Journal of Internal Medical Research* found that participants enrolled with existing flu like symptoms who took 15 ml of elderberry syrup four times a day recovered four days earlier than those on medications or a placebo.

Finally, a more recent 2019 study by the University of Sydney observed that certain compounds in elderberry inhibit the flu virus's entry and replication in human cells.

However, there is also research showing elderberry's positive impact on coronavirus infections.

In 2014, researchers at Emory University noted that elderberry extract inhibited coronavirus virility at the point of infection. The scientists hypothesized that elderberry rendered the virus non-infectious.

One of the better studies came out of National Sun Yat Sen University and the China Medical University Hospital in Taiwan in 2019. The researchers used an ethanol extract of *Sambucus* stem (not the berry) and observed its potential against coronavirus strain NL63.



It is important to remember that deaths being attributed to the coronavirus are more often than not complicated by secondary infections that are often bacterial such as pneumonia. In addition to its antiviral properties, elderberry is also effective against pathogenic bacteria. Under laboratory conditions at Justus Liebig University in Germany, elderberry was shown to be very effective against several bacteria that are responsible for pneumonia during flu-like infections, and against Influenza A and B viruses in particular.

Echinacea

A systematic review of the existing research before 2011 by the University of British Columbia and published in the journal *Pharmaceuticals*, concluded:

"all strains of human and avian influenza viruses tested (including a Tamiflu-resistant strain), as well as herpes simplex virus, respiratory syncytial virus, and rhinoviruses, were very sensitive to a standardized *Echinacea purpurea* preparation"

There are different species of Echinacea. The species *Echinacea purpurea* has been shown to be most effective and targets the most infectious pathogens. When purchasing echinacea, be certain it is the *purpurea* strain.

Echinacea does present limitations depending upon the severity of an infection. Once a cold caused by any one of the various cold viruses, including coronavirus, more deeply infects the bronchia and the lower lung, echinacea does not appear to be helpful. It is more effective with upper respiratory tract infections.

One of the largest placebo double blind studies on echinacea was conducted by Cardiff University in the UK. The study followed participants for four months and confirmed the safety of long term echinacea supplementation. It also observed a statistically significant decrease in cold episodes in the echinacea group.

There are no strong studies showing echinacea's effectiveness against coronavirus. Up until 2014, only one study looked at its bioactivities against coronavirus and that was a mouse model which required high doses of the plant extract.

In 2012, Griffith University in Australia undertook one notable double blind study to determine whether echinacea provided protection to air travelers. The study concluded:

"Supplementation with standardized Echinacea tablets, if taken before and during travel, may have preventive effects against the development of respiratory symptoms during travel involving long-haul flights."

As a piece of consumer advice, a Cornell University study looked at the medicinal properties throughout different parts of the echinacea plant: leaves, stems, bark, roots, etc. The scientists noted that only echinacea extracts that contain the root showed significant antiviral properties. Echinacea appears to modify the clinical course of flu-like respiratory infection by acting upon IL-8, IL-10 and IFN cytokine activity beneficially.

Olive Leaf

Oleuropein is the most important biomolecule in the olive tree that contributes to its antioxidant, anti-inflammatory, anti-atherogenic, anti-cancer, antimicrobial and antiviral activities and effects. One advantage of olive leaf is that it is highly bioavailable to the body's cells.



There are almost 10,000 studies in the National Institutes of Health literature database referring to oleuropein, olive leaf, and olive oil, most with respect to its strong antioxidant and anticancer properties. According to analysis conducted by the Regina Elena National Cancer Institute in Rome of the oleuropein content in different parts of the olive plant, extracts made from buds and flowers showed the greatest strength and potency.

Olive leaf has not been shown to be particularly effective against viral upper respiratory infections; however there is considerable evidence to support olive leaf's ability to

strengthen the immune system against other infectious viral diseases in addition to possessing many anti-inflammatory qualities.

There are only a few studies showing olive leaf's effectiveness against respiratory viruses. One randomized trial performed by the University of Auckland in New Zealand suggests olive leaf can contribute to treating respiratory illnesses, including coronavirus. A 2001 study out of the University of Hong Kong identified six separate antiviral agents in olives that were effective against parainfluenza and respiratory syncytial virus (RSV).

Olive leaf is also effective against bacterial pathogens. Most bacterial pneumonias are gram-positive. According to a joint study by Arab American University and the University of Central Florida College of Medicine, OLE worked best against gram-positive pathogens but gram-negative organisms appeared to be resistant to oleuropein (eg, E coli, Salmonellas, etc.).

New York University biochemists identified olive leaf extract's anti-HIV activity to modulate the host cell gene expression due to HIV infection. In fact, olive leaf extracts reversed HIV-1 infections. This was published in *Journal of Biochemical and Biophysical Research*. The conclusions state, "Treatment with oleuropein reverses many of these HIV-1 infection-associated changes." Another joint study by NYU and Harvard Medical School concluded that OLE from olive leaf is "a unique class of HIV-1 inhibitors" and is "effective against viral fusion and integration."

Oregano Oil

Oregano possesses a compound called carvacrol that has been shown to be antiviral. Although it has been tested on several influenza and flu-like respiratory viruses, it does not appear to have been tested against coronavirus.



Soochow University in China and the University of Oklahoma published a study in the *BMC Journal of Complementary and Alternative Medicine* focusing on oregano's antiviral properties against influenza viruses. Although oregano did not kill the virus it nevertheless inhibited the virus' ability to translate proteins responsible for the viral binding to cells.

A University of Putra Malaysia meta-analysis of existing research of different plant essential oils reported oregano was strongest against the flu-like viruses adenovirus and coxsackie virus.

A 2010 randomized double blind study published in *Evidence Based Complementary and Alternative Medicine* suggested oregano was beneficial as a throat spray and showed significant and immediate improvement of upper respiratory infectious ailments.

University of Arizona published a paper in the *Journal of Applied Microbiology* investigating oregano's antiviral properties when used as a sanitizer. The study focused on one flu-like virus, novovirus. If sprayed on surfaces, carvacrol will kill the virus within 15 minutes of exposure. The most recent research into Covid-19's surface life – living outside of animal host – is nine days.

Other Botanicals

Saikosaponins are an important family of compounds found in the *Bupleurum* plant, which has been shown to have possible anti-coronavirus properties.

Kaohsiung Medical University in Taiwan examined many of the derivatives of saikosaponins and observed it has very potent anti-coronaviral activity that interferes with the early stage of the virus' replication. Several companies offer Bupleurum online.

University College Dublin and Sichuan Agricultural University conducted a systematic meta-review of the existing medical literature on Chinese herbs that may prevent and treat viral respiratory infections. Among the most promising herbs against SARS coronavirus were *Panax ginseng*, glycyrrhizin from licorice, and *Isatis tinctoria*, commonly known as woad or Asp of Jerusalem. Isatis is also available online.

Houttuynia cordata also known as fish mint, rainbow plant, fish wort, bishop's weed is indigenous to Southeast Asia. This botanical directly inhibits coronavirus' protease and blocks the viral RNA polymerase activity. A study out of Tsinghua University in Beijing found it significantly reduces fevers, sore throat and coughs due to the SARS virus. Tinctures of this plant are available online.

SUPPLEMENTS

Vitamin C

Unlike the US, most of the world, especially in Asia and continental Europe, recognizes Vitamin C as an important anti-viral agent. It is also a remarkable antioxidant shown to ward off infections. At this moment, China is conducting several clinical trials with intravenous Vitamin C to treat patients infected with the Covid-19 virus. The city government of Shanghai is now actively treating patients with intravenous vitamin C. A trial at Zhongnan Hospital in Wuhan is using 24,000 mg per day intravenously. The Wuhan study can be viewed on the US National Library of Medicine's website here: <https://clinicaltrials.gov/ct2/show/NCT04264533>

(This study has now been completed and showed a two-thirds reduction in deaths in the most critically ill patients who were given 12 grammes of intravenous vitamin C daily compared to the group who were given an IV containing sterile water as a placebo; a press release is here: <http://www.orthomolecular.org/resources/omns/v16n50.shtml> - Ed.)

Until recently, vitamin C has not been tested against coronavirus. There was one study performed to see whether the vitamin protected chick embryo organs from infection by avian coronavirus – a very common infection in fowl. That study showed the vitamin positively increased embryo resistance against the virus. Otherwise, vitamin C has only been well studied against other viral infections, especially influenza.

Seoul National University College of Medicine concluded that vitamin C is an essential factor for anti-viral immune responses at the early stage of Influenza A infection.

In 2017 the University of Helsinki reviewed 148 studies that indicated vitamin C may alleviate or prevent infections caused by bacteria and viruses. The most extensive indication studied was the common cold. Among people who are physically active, vitamin C was most beneficial. However, many studies relied on very low vitamin C doses, which likely contributed to the minor benefits observed. Some of these were as low as

100 mg daily. In addition, the studies showed that colds' duration was frequently shorter and less severe among people with sufficient vitamin C levels.

An early randomized double blind trial to investigate vitamin C's ability to protect elderly hospitalized patients from acute respiratory infections was conducted at Huddersfield University in the UK. The study relied on a very low dose of 200 mg per day. Nevertheless, those who received the vitamin fared significantly better than those taking placebo.

Finally, there was another early controlled placebo study involving 715 students between the ages 18-32 taking 1000 mg four times daily. The test group had an 85% decrease in flu and cold symptoms compared to the control.

Vitamin D

Barely a week goes by without another study appearing in the peer-reviewed literature that looks at either vitamin D's therapeutic characteristics or the risks of vitamin D deficiency. A high number of otherwise healthy adults have been reported to have low levels of vitamin D, mostly at the end of the winter season. Deficiency rates vary between 42% for the entire population to 82% for Black Americans and 63% for Latinos. People who are housebound, institutionalized and those who work night shifts are most likely to be vitamin D deficient. This includes many elderly people who receive limited exposure to sunlight.

It has been shown that vitamin D deficiency is associated with an increase risk in autoimmunity illnesses and greater susceptibility to infection. Vitamin D also boosts up the body's mucosal defenses which are critical for protecting ourselves from infectious respiratory viruses.

Harvard and Massachusetts General Hospital in conjunction with a global collaborative study to follow up on a Cochrane analysis of 25 randomized controlled trials involving 11,000 participants confirmed that vitamin D, taken daily or weekly significantly cut the risk of respiratory infections in half

Jikei University School of Medicine in Japan conducted a randomized double blind placebo trial to measure the rate that vitamin D reduced seasonal influenza A. Almost twice as many participants in the placebo group came down with the flu compared to the vitamin D group. The Japanese scientists also observed that people with a history of asthma were best protected.

For children, a Childrens Hospital of Philadelphia meta review identified 13 of 18 studies confirming that vitamin D deficiency was associated with increased incidences of acute lower respiratory infection.

Ed Note: In NZ, there have been reports of higher mortality rates from Covid-19 in Maori and Pasifika people. In some other countries such as the UK and USA there have been similar trends reported with ethnic minority populations disproportionately affected. One possible reason for this is that people who have darker skin require more sunshine exposure to synthesise adequate vitamin D. See:

<https://www.naturalmedicine.net.nz/news/is-vitamin-d-deficiency-the-reason-why-more-people-with-darker-skin-are-dying-from-covid-19/>

N-Acetyl Cysteine

Oxidative stress is a well known pathway for microbial infections such as viruses and bacterial pneumonia, especially

in the lungs. When the lungs are subject to serious oxidative stress, there is an increase in inflammatory cytokines, especially IL-1, IL-8 and Tumor Necrosis Factor or TNF. Each of these cytokines have been shown repeatedly in clinical research to play a role in different respiratory infections including influenza, coronavirus, echovirus, adenovirus, coxsackie virus and others. Therefore, certain antioxidants can alleviate lung damage due to oxidative stress.

N-acetyl cysteine is one of these extremely important antioxidants. It exhibits both direct and indirect antioxidant properties. The indirect benefit is that it increases the concentration of another important antioxidant, glutathione, in the lung cells.

There is no confirmatory evidence that NAC directly targets flu or flu-like viral infections; however it has been shown to significantly reduce the rate of clinical symptoms.

Johann Goethe University Department of Virology observed that NAC inhibits the replication of seasonal human influenza A viruses by decreasing several these pro-inflammatory molecules. The scientists recommend that NAC should be included as an additional treatment option in the case of an influenza A pandemic.

An Italian randomized placebo study conducted at the University of Genoa found that subjects who were already suspected of having contact with the H1N1 flu virus who were placed under NAC treatment had a 25% rate of experiencing symptoms compared to 79% in the placebo group.

Certain cytokines, especially tumor necrosis factor and IL-6, have been associated with the pathogenesis of influenza and can increase the risk of mortality. In a mouse study, Italian researchers at Zambon Research Center gave NAC to flu-infected mice with a significant decrease in mortality.

Colloidal Silver

Nanoparticle or colloidal silver has been studied extensively for its anti-bacterial properties but less so for infectious viruses. Most studies for silver's antiviral activities have focused on HIV-1, hepatitis B, herpesvirus and respiratory syncytial virus or RSV.

In a 2005 issue of the *Journal of Nanotechnology*, the University of Texas and Mexico University observed that silver nanoparticles could kill HIV-1 within 3 hours, and they suspected that this may be true for many other viruses as well. However, this conclusion may be too premature and more research is necessary.

There are studies showing silver's efficacy against respiratory viruses. One large study by Japan's National Defense Medical College Research Institute, published in the *Journal of Molecular Sciences*, recommended that Japanese healthcare workers take nanosilver to protect them from viruses including coronavirus.

In 2010, the University of Naples measured silver nanoparticles' capabilities to reduce and prevent infection from the parainfluenza type 3 virus. The scientists hypothesized that the silver may block the virus' interaction with the cell. Then a joint study by Deakin University in Australia and Osaka University in Japan found that colloidal silver significantly protected cells from H3N2 flu infection and prevented viral growth in the lungs. Finally, colloidal or nanoparticle gold has also been shown to inhibit the flu virus' binding capacity to a cell's plasma membrane. That research was carried out by Freie University in Germany.

FULL STORY HERE: <https://www.worldhealth.net/news/scientific-look-botanical-plants-and-supplements-against-coronavirus/>

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(Continued from page 13)

Since it is demonstrable that “around 30% of the population had prior immunity,” and if one includes some young children who are “resistant,” 40%, and while considering that the infection rate is “somewhere [in] the mid-20s to low-30s per cent,” this means that around 65 to 72% of the population currently has immunity to COVID-19.

And considering the reality of herd immunity, when susceptibility to a virus falls this low, at around 28 to 35%, “that population can no longer support an expanding outbreak of disease,” and thus the virus “waned and disappears.”

Therefore, Yeadon concludes, “the pandemic is effectively over and can easily be handled by a properly functioning NHS (National Health Service). Accordingly, the country should immediately be permitted to get back to normal life.”

He further stipulates that he is “incandescent with rage at the damage” SAGE has “inflicted” on the U.K., charging that they have “either been irredeemably incompetent” or “dishonest,” and thus “they should be disbanded immediately and reconstituted,” as “they haven’t a grasp of even the basics required to build a model and because their models are often frighteningly useless.”

Concerns with Pfizer COVID-19 Vaccine: Severe Complications

Despite an estimated 65 to 72% of the population now having immunity to COVID-19, a percentage which indicates a critical level of herd immunity, Operation Warp Speed in the United States appears intent on following the globalist campaign advanced by Bill Gates and vaccinate all 328 million people in the nation with the Pfizer product or others emerging for approved distribution in the coming months.

Notwithstanding the fact that no vaccine has ever previously been successfully developed for any coronavirus, and such an endeavor would normally take years to safely and adequately complete, the Food and Drug Administration (FDA) has permitted the fast-tracking of this process skipping the standard stage of testing on animals to directly test these vaccines on humans.

Immediate results from some of these trials have included “severe” complications, involving headaches, fever, body aches and symptoms similar to a “severe hangover.” Further, as the *New York Times* emphasized, Pfizer’s initial claim that their vaccine was “more than 90 percent effective,” was “delivered in a news release, not a peer-reviewed medical journal. It is not conclusive evidence that the vaccine is safe and effective.”

Expected ‘High Volume’ of Adverse Reactions

And given the enormous scale of the stated goal, of administering these chemicals to hundreds of millions of people, when there is normally some rate of severe complications to the use of vaccines, the negative results may be significant. For example, one study of influenza vaccines administered to adults over 65 years of age, found that approximately 1% of recipients experienced severe side effects.

If a COVID-19 vaccine is merely similar for individuals in the same age bracket (54M in the US population), that would equate to 540,000 individuals in this age bracket alone who may need medical care in a hospital system which provides fewer than 925,000 total beds.

Curiously, there is evidence that at least the United Kingdom is preparing for a high number of adverse effects due to

the COVID-19 vaccinations. That government’s Medicines & Healthcare products Regulatory Agency (MHRA), posted a bid request stating that “For reasons of extreme urgency,” they seek “an Artificial Intelligence (AI) software tool to process the expected high volume of Covid-19 vaccine Adverse Drug Reaction (ADRs).” It goes on to explain that “it is not possible to retrofit the MHRA’s legacy systems to handle the volume of ADRs that will be generated by a Covid-19 vaccine,” and that this “represents a direct threat to patient life and public health.”

New ‘Unproven’ mRNA Technology: 20% ‘Serious Injury Rate’

Other concerns about the Pfizer vaccine is that it would be the first to use “an as-yet-unproven technology platform that relies on something called messenger RNA, usually shortened to mRNA.” Moderna, another corporation striving to develop a COVID-19 vaccine, is also venturing to utilize this mRNA platform. In May, Children’s Health Defense reported that clinical trials for Moderna’s vaccine had a 20% “serious injury rate” in its high-dose group.

Debi Vinnedge, executive director at Children of God for Life, a pro-life organization which specializes in the moral evaluation of vaccines, told LifeSiteNews, “[I]f Moderna and Pfizer are the ones supplying the first rounds of vaccines and they mandate it, that could be a disaster.

“They are both using brand new technology with the mRNA that has never been used in a vaccine before and they are pushing this through in a matter of months of testing, rather than the typical 4-6 years of testing.”

Mandates and Public Distrust

With a push for vaccine mandates on the rise, and resistance for such invasive measures emerging in response, a recent study indicates a growing discomfort among Americans with vaccines overall.

A report from Civic Science (CS) indicates “a steady decline in the percentage of U.S. adults who say they’re ‘very’ comfortable with vaccines overall.” In fact, CS states, “the monthly percentage of those highly comfortable with vaccinations at large fell more than twenty percentage points since the start of 2020 (69% in January compared to October’s 47%).”

SOURCE: <https://www.lifesitenews.com/news/former-pfizer-vp-no-need-for-vaccines-the-pandemic-is-effectively-over>



Vitamin C Cuts COVID Deaths by Two-Thirds

By Patrick Holford
October 14, 2020

(OMNS Oct 13, 2020) The world's first randomized placebo controlled trial designed to test high dose intravenous vitamin C for treatment of COVID-19 has reduced mortality in the most critically ill patients by two thirds. [1] The study, headed by Professor Zhiyong Peng at Wuhan's Zhongnan University Hospital, started in February and gave every other critically ill COVID-19 patient on ventilators either 12,000 milligrams (mg) of vitamin C twice daily or sterile water in their drip. Neither the patient nor the doctors knew who was getting vitamin C or placebo so the trial was "double blind." This is the 'gold standard' of research design.

Overall, 5 out of 26 people (19%) died in the vitamin C group while 10 out of 28 (36%) receiving the placebo died. That means that vitamin C almost halved the number of deaths. Those on vitamin C were 60% more likely to survive.

The key measure of the severity of symptoms is called the SOFA oxygenation index. Those with a SOFA score greater than 3 are most critically ill. Of those most critically ill, 4 people (18%) in the vitamin C group died, compared to 10 (50%) in the placebo group. That's two-thirds fewer deaths. Statistically this meant that of those most critically ill who were given vitamin C, they were 80% less likely to die.

This result, backed up with a clear reduction in inflammatory markers in the blood, was statistically significant – beyond doubt. This level of benefit is much greater than the benefit seen in the randomised controlled trial on dexamethasone, the anti-inflammatory steroid drug that hit the headlines as the "only proven treatment" for COVID-19. [2] In this drug trial 23% of patients on the steroid drug died compared to 26% on placebo. However, there were over 6,000 people in the trial so the results were statistically significant.

But now there is another proven treatment – vitamin C. The Wuhan trial needed 140 patients to be sufficiently "powered" for the statistics but they ran out of COVID cases during March, a month after 50 tons of vitamin C, which is 50 million one gram doses, was shipped into Wuhan and given to hospitalised patients and also hospital workers. New admissions into Intensive Care Units (ICUs) plummeted. Professor Peng ended up with a third as many patients as the trial was designed to include. But, even though the resulting overall statistic showing almost half as many deaths

was not significant, the results from the SOFA oxygenation score and other markers were significant.

These results are especially important when case reports in American ICUs using 12,000 mg of vitamin C show almost no deaths in anyone without a pre-existing end stage disease already and also over 85, [3] and a British ICU using 2,000 mg of vitamin C have reported the lowest mortality of all ICUs in the UK, cutting deaths by a quarter. [4]

The best results are being reported in ICUs using vitamin C, steroids and anti-coagulant drugs combined, which has been standard treatment protocol in China since April. China's mortality rate from COVID is 3 persons per million compared to the UK's 624 per million, according to Worldometer data. [5]

On top of this, reports are coming in from ICUs that are testing the blood vitamin C levels, that the majority of their critically ill patients are vitamin C deficient, many with undetectable levels of vitamin C that would diagnose scurvy. One ICU in Barcelona found 17 out of 18 patients had "undetectable" vitamin C levels, akin to scurvy. [6] Another, in the US, found almost all their patients were vitamin C deficient but those who didn't survive had much lower levels than those who did. [3]

Scurvy killed two million sailors around the world between 1500 and 1800. In 1747 James Lind worked out the cure – vitamin C in limes, but it took fifty years before the Navy took it seriously. So dramatic was the life-saving effect that sailors became known as "limeys".

Will the same thing happen with COVID-19? With over a million deaths worldwide and the potential of vitamin C to more than halve the death toll, every day our governments, digital ringmasters and doctors fail to take vitamin C seriously in another day of unnecessary deaths due to ignoring the evidence. This is not fake news.

It's not the coronavirus that kills people with COVID; it is usually the immune system over-reacting against dead virus particles, once the viral infection is over, which triggers a "cytokine storm", something like an inflammatory fire out of control. That's when very high doses of both steroids and vitamin C are needed. Normally, the adrenal glands, which contain a hundred times more vitamin C than other organs, release both the body's most powerful steroid hormone cortisol as well as vitamin

C, when in a state of emergency. The steroid helps the vitamin C get inside cells and calm down the fire. Vitamin C is both an anti-inflammatory and anti-oxidant, mopping up the "oxidant" fumes of the cytokine storm. Without vitamin C the steroid hormone cortisol can't work so well. That's why ICU doctors administer both extra vitamin C and steroids to get a patient out of the danger zone.

But even better is to prevent a person ever getting into this critical phase of COVID-19. That's why early intervention, taking 1,000 mg of vitamin C an hour upon first signs of infection, is likely to save even more lives. This reduces duration and severity of symptoms, with most people becoming symptom-free within 24 hours. It takes on average, two weeks of being sick with COVID-19 to trigger the 'cytokine storm' phase. During that time, the patient is at risk of becoming vitamin C deficient and then developing acute "induced scurvy". If you can beat the infection within 48 hours you'll be out of the woods. You can lower your risk even further by taking vitamin D (5000 IU/d, or more: 20,000 IU/d for several days if you already have symptoms), magnesium (400 mg/d in malate, citrate, or chloride form), and zinc (20 mg/d) [7-11] Prevention is better than cure.

Pauling put the C in Colds and COVID

Much like Lind's limes, twice Nobel Prize winner Dr. Linus Pauling proved the power of high dose vitamin C in the 1970's. [12-18] It is thanks to him we know about the benefits of high dose vitamin C.

The cover of his landmark book *Vitamin C and the Common Cold* has a statement that reads, in relation to a predicted swine flu epidemic at that time "it is especially important that everyone know that he can protect himself to a considerable extent against the disease, and its consequences, with this important nutrient, vitamin C." [19]

It's been 50 years since Pauling proved the anti-viral power of vitamin C. Isn't it time we took this seriously?

About the Author: Patrick Holford is author of over 30 books including *Flu Fighters* (<https://www.patrickholford.com/flu-fighters>) and *The Optimum Nutrition Bible*. He is a member of the Orthomolecular Medicine Hall of Fame.

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Vitamin C Shows Dramatic Results Against Infection in China, South Korea — Why Aren't We Told?

By Mara Leverkus
March 18, 2020

A well-known medical researcher and biophysicist answers questions related to the effectiveness of Vitamin C in the prevention and treatment of Coronavirus as currently employed by the Chinese to successfully control its spread. This article has been translated from a Romanian site. See the full text below.

In the context of increasing preoccupation with Coronavirus, and a lot of confusing rumors, ActiveNews talks to well known medical researcher & biophysicist Virgiliu Gheorghe, on the topic of Vitamin C.

Here's the ensuing dialogue:

Q: Mr Gheorghe, there has been a media controversy regarding vitamin C as prevention and treatment of the new virus that so easily spreads through the population. What do you think is the mechanism behind it and how do you regard the effects of administering it?

Virgiliu Gheorghe (VG)

First, I don't think it's a real controversy, but an unprecedented media attack which is apparently trying to keep people away from one of the strongest means of prevention of infectious disease and more. Vitamin C is a strong antioxidant which can defend against many illnesses by strengthening the immune system and other molecular mechanisms which have either been elucidated or are in the course of being. Since its discovery in the 50s there have been around 59,000 articles with vitamin C in the title, and it or its effects are mentioned in 3,000,000. I don't know many other medicines or vitamins that have received similar attention. Aspirin by comparison is mentioned in 1,200,000 studies.

Q: Then what is the reason behind this attack and why is it currently lacking in treating patients?

VG: Ever since its effects were discovered, mass media has always attacked vitamin C, and the only possible explanation is that it can genuinely help the population and replace many medications. Of course this would drive sales down for the pharma industry. There is an economic reason at stake. For example, Linus Pauling, the father of molecular biology, considered one of the greatest scientists of all time, with inventions and discoveries that changed biology, physics, chemistry and molecular biology – ever since he discovered the importance of vitamin C for human health has had to fight to promote it until he died. Most of the press antagonised him. He was denigrated, ostracised, when before papers were racing to interview him. He had two Nobel prizes, the only double Nobel prizes in history, for himself, not in a team with someone else. Know what Pauling was saying in 1990, at the age of 90? "People who take these vitamins in the optimal amount will live 25 to 35 years longer than the rest. Better yet, they will have less illness."

Q: Some doctors have made claims in the press that vitamin C have considerable side effects and best to not consume it. What are these side effects and how much

do we need to guard against them?

Did you know water has side effects too? If you drink in very large amounts it has a laxative effect, which is what they say about vitamin C. This is a side effect. Salt, a vital necessity for human health, can lead to water retention and other ill effects if consumed in large amounts. There is nothing without side effects in large amounts or not administered correctly. Vitamin C is one of the supplements – because it is not a medicine – with the smallest side effects of all known medication, even in very large doses, dozens of grams injectable every day. There are safe studies regarding administering vitamin C intravenously up to 1.5 grams per body weight kilogram, so up to 100 grams a day. The side effects are minor. The only known caution against intravenous administration of very large doses is checking glucose-6-phosphate dehydrogenase (G-6-PD) deficiency. It's an enzyme which in some people, especially men, can be low because of a mutated gene. In case of major deficiency, under 10%, you have to avoid large intravenous doses. No problems with oral administration.

There are no side effects to oral administration for up to 2-3 grams. The dose can be repeated every 4 hours, and this has been demonstrated in

"We must spread this message throughout the world: low or large dose vitamin C does not harm people and it is one of the few, if not the only agent that can help in prevention and treatment of the infection with Covid-19. When possible, we doctors and scientists, have to prioritise the patient's life!"

(Richard Z. Cheng, MD, PhD China)

a study from 2004.

Q: Some doctors claim it can affect the stomach and other organs. How do you regard this?

VG: I told you, it depends on the quality and amount of the vitamin. If it's not enteric-coated, so just ascorbic acid, it needs to be combined with sodium bicarbonate and it will lose its acidity, and that's only a consideration from 2 or 3 grams upwards. If you take a tablet, crush it, dissolve it in a glass of water, add a splash sodium bicarbonate, you shouldn't have any problems. Or just take it during a meal, with food. There are no adverse effects for 2 or 3 grams at a time. Only sensitive people have stomach side effects. If there are any, lower the dose and take smaller doses throughout the day. The body adapts. You can even consume 6 to 7 grams at once without side effects. Ill people won't have adverse effects because the vitamin is assimilated faster, due to the body needing it.

Q: It was also claimed it can lead to kidney stones...

VG: With administering large amounts on the long term you can have this problem. That means months, and large amounts means dozens of grams intravenously. It's a very rare phenomenon, and only for those who develop oxalate stones. But these people also develop them if they consume large amounts of spinach or other high oxalate foods. But during a pandemic, the risk versus benefit is pro-consumption of large doses of vitamin C. Anyway when you take very large doses, especially intravenously, you have to consume more liquid than usual to ensure elimination. Halving time for vitamin C is about two hours, and in about six there is very little trace left in the blood.

Q: How many grams a day do we have to consume a day to protect against infections, for strong immunity?

VG: People used to consume much more raw foods which brought higher content of vitamin C, thermal processing destroys it. For comparison, gorillas, whose biology is similar to humans, consume 5, 6 grams daily of vitamin C from their food. That's because like humans they lack an enzyme needed to organically synthesise vitamin C. A goat will synthesise 13 grams daily, and up to 100 grams daily during an infection. So that should give you an idea of the amounts needed for humans.

Linus Pauling, who I mentioned earlier, consumed 18 grams daily until the day he died. He lived 93 years, had prostate cancer for the last 20, and was still scientifically engaged in his last years of life. In a conversation with the president of the Food and Drug Administration, Linus Pauling plainly said it is a crime not to inform the population about the advantages of taking daily doses of vitamin C.

Q: Then, what is the amount we can and should take daily in this season?

VG: A 2013 review informs us that small doses aren't much use. This review looked at all the studies where less than 200mg per day was administered daily. The effect was from weak to negligible.

Quite the opposite with large doses: from 1 gram up, effects are proportionately better. In a review of studies on military personnel, it shows that vitamin C can prevent ordinary flu from 45% to 91%, in proportion to the amount taken, and rate of pneumonia in the vitamin C group falls according to how much is consumed. A very strong effect.

In a study from 1999 on 432 students with ages ranging from 23 and 32 who were given 6 grams a day of vitamin C, a gram every hour, they had an 85% reduction in symptoms of the viruses they suffered with.

In average, daily consumption of minimum 6 grams of vitamin C is safe and recommended especially in flu season, but also throughout the year. One gram at a time, but even 2, 3 at a time, up to 6 times a day. A minimum of 3–6 grams a day is sufficient.

Q: How do you see the effects of vitamin C on the coronavirus ?

VG: Corona is still a virus, so the effects should be similar. The surprising thing is that the effects of large doses of vitamin C in the case of Covid-19 are actually higher than other viruses, as evidence shows in China, Korea and Japan. There are three ongoing clinical studies in china on the effects of vitamin C in treating infections with Covid-19, and results are looking very good. The first one was posted on February 11th and it looks at the results of administering 24 daily grams intravenously, two perfusions of 12 grams each, via the infusomat. Results are very clear. Look at what one of the authors of the study is saying, who is collaborating with the government of China through this pandemic. His channel is here <https://www.youtube.com/channel/UCASvlerKRpknoJYTShtjQ>, and offers information on treating this virus with vitamin C.

In fact it looks like it was vitamin C that lead to stopping the epidemic in China. It made the Chinese government declare that vitamin C plays a very important role in combating the pandemic. On March 1, 2020, the *Chinese Journal of Infectious Disease*, hosted by the Medical Association of Shanghai, published "The expertise consensus regarding the total treatment of coronavirus in Shanghai 2019". This document is of extraordinary importance, as it concentrates the Chinese experience in combating the virus. In it, besides other medication like hydroxychloroquine, they recommend 100–200mg of vitamin C of per kilo of body mass, intravenously, especially during the cytokine storm that happens

in the body as a reaction to the virus. For prevention, dozens of tons of vitamin C have been made available to the population of Wuhan.

Q: Which supplements do you recommend for protection against this pandemic?

VG: Firstly vitamin C, between 3 and 6 grams daily. The more, the better. Then, vitamin D minimum 2000 UI per day up to 5000 UI. Most people are deficient in vitamin D, which exposes you to infections and other illnesses. Also important are the oligo-minerals selenium 100–200 ug daily and zinc 20 mg per day. Magnesium 400–1000 mg daily and vitamin E 400 IU daily. For those who want to read more on this, I recommend www.orthomolecular.org.

I met a great American professor and doctor, the dean of one of the world's largest university, who consumed not just daily vitamin C and zinc but also clove, cinnamon and ginger tea every day. These are all very strong immune-stimulants and anti-infectious.

If you come in contact with many people or travel by plane, it is recommended to rinse your mouth with colloidal silver, itself a good antiviral agent. There is another very strong antiviral and anti-inflammatory agent, oleuropein, an extract from olive leaves.

To neutralise free radicals produced by the infection, which endanger human life, polyphenols are recommended, such as resveratrol and curcumin – they're both strong antioxidants, immune-modulators and anti-inflammatory.

I strongly believe that people who will consume at least a part of these, will spend time in the sun, and fresh air, won't have serious problems with Covid-19, and if they do contact it, it will be a lighter form, which might not even be diagnosed since its symptoms not specific enough.

Q: Finally, we'd like to ask, how do you see the dangers of this virus. Do you think it will lead to millions dead, like they anticipated in October in a New York health simulation by three American health experts?

VG: No, I don't think so. It's an aggressive virus, but if it meets people with good immunity and is stopped from reaching old people with low

"In my hospital in Daegu, South Korea, all the patients and staff use oral vitamin C since last week. Some people had light fever, headaches and coughs, and those with symptoms received 30,000mg of vitamin C intravenously. Some were better in about 2 days, but with most, the symptoms disappeared after one perfusion." (Hyoungjoo Shin, MD)

immunity, or other high risk people, then it won't have many victims. This, if it's treated not just with antiviral meds and hydroxychloroquine, but also large doses of vitamin C and other strong antioxidants like injectable glutathione which can protect against the cytokine storm.

Lastly, it's very important, pay as little attention as possible to TV and internet, because they will amplify panic and stress. Even lead to post traumatic stress, if not actually get ill. This stress is associated with a dramatic depression of the immune system and an inflammatory response, which is exactly what the virus needs to develop and bring down the body. So, those who will find peace amidst the developing insanity will absolutely benefit the most.

SOURCE: <https://www.sott.net/article/430941-Coronavirus-Coverup-Vitamin-C-dramatic-help-against-infection-in-China-South-Korea-Why-arent-we-being-told>

COVID-19 VACCINES

IMPORTANT POINTS TO PONDER and SHARE

MINOR IMPACT: Vaccine manufacturers claim that Covid-19 vaccines are 95 percent “effective”, but the FDA is allowing companies to define effectiveness as “prevention of mild symptoms.” The studies are not designed to detect a reduction in outcomes such as severe illness, hospitalization or death.^{1,2} For individuals who develop severe symptoms, the vaccine is not a remedy. Instead, nutritional and oxidative support can help keep the illness from going into “overdrive.”³

EXPECT ADVERSE REACTIONS: Participants in every Covid-19 vaccine trial have reported adverse reactions including high fever, chills, muscle pains and headaches.⁴⁻⁶ Some have even reported severe reactions that required hospitalization and invasive treatment.

According to the FDA, potential long-term effects may include Guillain-Barré syndrome, brain swelling, muscle weakness and paralysis, convulsions and seizures, stroke, narcolepsy, shock, heart attack, autoimmune disease, arthritis and joint pain, multisystem inflammatory syndrome in children, and death.⁷ Some UK health workers have experienced anaphylactic shock after receiving one dose of the approved vaccine.⁸ (*The Pfizer/BioNTech vaccine does not have full approval in the UK - it only has “authorisation for temporary supply.” - Ed.*)

MAY NOT PREVENT COVID-19: An FDA Pfizer briefing paper published December 10, 2020 revealed 43 percent more suspected cases of Covid-19 in the vaccinated group than in the placebo group within seven days of vaccination.⁹

NO LIABILITY: Covid-19 vaccine manufacturers will be protected from all liability – if you are injured, it is unlikely that you could sue.¹⁰ Manufacturers will have complete indemnity even though all previous attempts at creating coronavirus vaccines caused harm and never advanced to regulatory approval.¹¹

WILL NOT END RESTRICTIVE MEASURES: Dr. Anthony Fauci of the National Institutes of Health acknowledges that the vaccines may prevent symptoms but will not block spread of the virus, so vaccine recipients will still need to wear masks, practice social distancing and avoid crowds.^{12,13}

NOT NECESSARY: According to the CDC’s current best estimate, the “infection fatality rate” (IFR) for Covid-19 is less than 1 percent for people age 69 and younger, including a .003 percent IFR for children and adolescents.¹⁴

MAY MAKE YOU STERILE: The ex-head of Pfizer’s respiratory research division and a prominent doctor have warned that Covid-19 vaccines contain a spike protein called syncytin-1, vital for the formation of the placenta.¹⁵ If the vaccine triggers an immune response to this protein, then female infertility, miscarriage or birth defects could result.

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Ed note: This text on this page has been adapted from information on the website of the Weston A. Price Foundation. The Weston A. Price Foundation aims to restore nutrient-dense foods to the human diet through education, research and activism.

FOR FURTHER INFORMATION:

www.westonaprice.org/coronavirus/



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