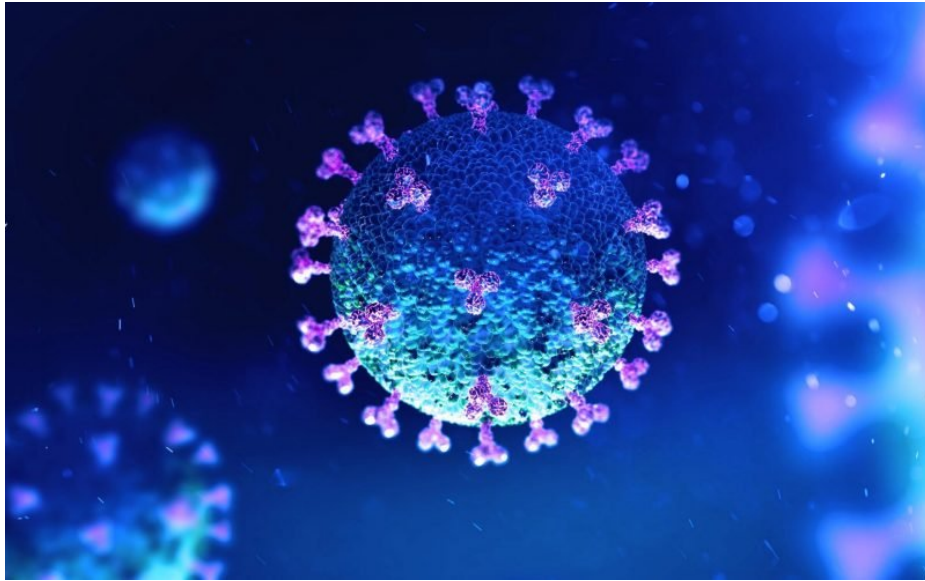


Pandemic!

A Sourcebook



Steve Beckow
Editor-in-Chief
Golden Age of Gaia

Vancouver: Golden Age of Gaia, 2021

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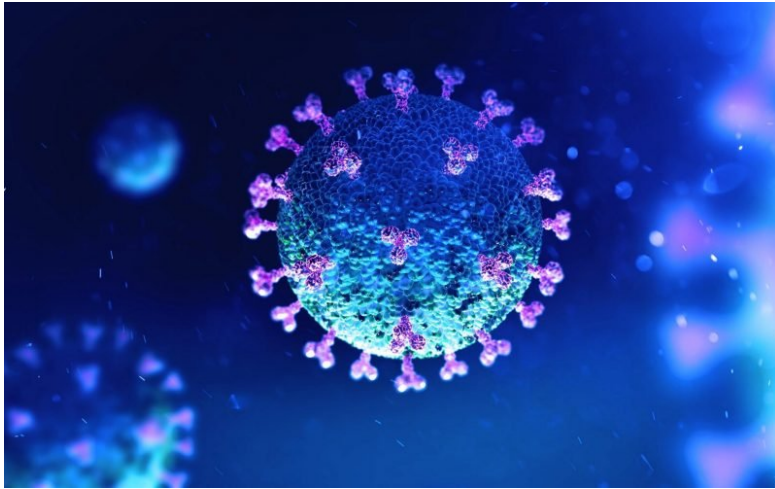
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Introduction



Many people, I imagine, are having great difficulty realizing that their government could be bent on their destruction rather than their safety.

And yet in the Covid 19 pandemic, we're witnessing the most extensive, boldest, and best-integrated attempt at world domination and subsequent depopulation we've ever seen.

This is not Genghis Khan murdering his way across Asia. It's not Adolf Hitler rounding up one despised social group and killing them in industrial extermination camps. (Yet.) Those pale in comparison.

This is a cabal calling itself the New World Order indiscriminately killing untold numbers with a toxic vaccine. The death toll could go into the millions; it was intended to go into the billions.

Each time I watch a Covid spokesperson try to inflate the number of deaths from Covid while trying to minimize the number of deaths from the vaccine (the real culprit), I wonder why the populace at large cannot see where the officials' votes lie.

Shouldn't they be reporting that 99% survive Covid? And shrieking at hearing of vaccine deaths?

Awaken we must and so the drama continues even though we're told that the outcome has already been decided. It continues because it's felt necessary to jolt the population into awareness so that this never happens again.

This book is offered as a collection of some of themes rousing and informative pronouncements of the last year on the Covid crisis.

Because of time constraints, I haven't been able to look at excellent articles that appeared in daily round-ups like *20/20* and *Today*. I'll get them into future revisions of this book.

I want to thank the intrepid band of Len, D, and Brian for their research, which is most often what's appearing in these pages.

I also want to thank the Golden Age of Gaia family who have made a serious crisis an enjoyable exploration from all perspectives: Susanne Maresca, Sitara Williamson, Kathleen Mary Willis, Catherine Viel, and Karen Hoffman.

⌘ ⌘ The Covid Plan ⌘ ⌘

The Covid-Plan / Rockefeller Lockstep 2010

https://goldenageofgaia.com/wp-content/uploads/2021/03/Transcript-The-Covid-Plan_Rockefeller-Lockstep-2010.pdf



[The deep state] hypothesizes a simulated global outbreak required steps, various phases, overall timelines, and expected outcomes. This was posited in the Rockefeller Lockstep 2010 document:

- Create a very contagious but super low mortality rate virus to fit the needed plan. Using SARS, HIV, Hybrid Research Strain created at Fort Dietrich Class 4 lab from 2008 to 2013 as part of a research project to find out why corona viruses spread like wildfire in bats but have an extremely hard time infecting humans. To counteract that, they added 4 HIV inserts into the virus. The missing key to infect the human is the Ace-2-Receptor.
- Create a weaponized version of the virus with a much higher mortality rate as a backup plan. Ready to be released in Phase 3, but only if needed. SARS, HIV, MERS, Weaponized Tribit Strain created at Fort Dietrich Class 4 lab in 2015.
- Transport the Research Strain to different Class 4 lab, the National Microbiology Lab in Winnipeg Canada, and have it “stolen and smuggled out by China”, Xi Jang Lee, on purpose and taken to China’s only Class 4 lab which is Wuhan Institute of Virology in Wuhan China. For added plausible deniability and to help cement the wanted backup public script as something to fall back on if needed. The primary script being its natural. Backup script being that China created it and released it by

accident.

- Fund all the talking heads: Fauci, Birx, Tedros and agencies, World Health Organization, NIAID, the CDC and also the UN, that would be involved with pandemic response prior to the planned release of the Research Strain to control the wanted script throughout the operation.
- Create and fund the vaccination development and roll out plan so it's capable of being rolled out on a global scale. Gates: A Decade of Vaccines and the Global Action Vaccine action plan, 2010 to 2020.
- Create and fund the vaccination, verification and certification protocols, Digital ID, to enforce/confirm the vaccination program after the mandatory roll out is enacted. Gates: ID2020.
- Simulate the lockstep hypothesis just prior to the planned Research Strain release using a real-world exercise as a final war game to determine expected response, timelines, and outcomes, Event 201 in Oct 2019.
- Release the Research Strain at the Wuhan Institute of Virology itself and then blame its release on a natural scapegoat as the wanted primary script. Wuhan wet market, Nov 2019. Exactly the same as the simulation.
- Downplay the human-to-human transmission for as long as possible to allow the Research Strain to spread on a global scale before any country can lock down respond to avoid initial infection.
- Once a country has seen infection in place, lock down incoming/outgoing travel. Keep the transmission within the country spreading for as long as possible.
- Once enough people in a country/ region are infected, enact forced quarantines/ isolation for that area and expand the lockdown regions slowly over time
- Overhype the mortality rate by tying the Research Strain to deaths that have little to nothing to do with the actual virus to keep the fear and compliance at a maximum. If anyone dies for any reason and is found to have Covid, consider it a Covid death. And if anyone is thought to of maybe had symptoms of Covid, assume they have Covid, and consider it as a Covid death.

- Keep the public quarantines for as long as possible to destroy the region's economy, create civil unrest, break down the supply chain, and cause the start of mass food shortages. As well as cause people's immune system to weaken due to a lack of interaction with other people's bacteria, the outside world, aka the things that keep our immune systems alert and active.
- Downplay and attack any potential treatments and continue to echo that the only cure that is viable to fight this virus is the vaccine.
- Continue to drag out the quarantine over and over again in "two-week intervals" [There is that two weeks spell casting again. It is a CIA program.] causing more and more people to eventually stand up and protest. Defy them.
- [And here is the key part to now:] Eventually end Phase 1 quarantine once they get enough public push back, expected June 2020, and publicly state that they think it's "too early to end the isolation, but I'm going to do it anyways."
- Once the public go back to normal, wait a few weeks and continue to overhype the Research Strain mortality rate, Aug to Sept 2020, and combine it with the increase in deaths due to people dying from standard illnesses at a higher rate than normal due to having highly weakened immune systems from months of being in isolation [Which backs up what I said: you should social-distance people who wear masks regular. That's what they've just told you. They have highly weakened immune systems.] to help further pad the mortality rate and also hype the up and coming Phase 2 lockdown.
- Eventually, enact Phase 2 quarantines, Oct through Nov 2020, on an even more extreme level and blame the protesters, mostly people who don't trust their governments already, as the cause of the largest second wave whereby the media will say 'we told you so. It was too early. It's all your own fault because you needed a haircut. Your freedoms have consequences.' [Should this all unfold in this manner, the US election will be cancelled delayed or suspended. My opinion. How can you vote with Phase 2 quarantines? You can't.]
- Enforce the Phase 2 quarantines at a much more extreme level increasing the penalty for defiance. Replace fines with jail time. Deem all travel as non-essential. Increase checkpoints, including military assistance. Increase tracking/tracing after population via mandatory app. Take over control of food, gas, and create large scale shortages so that people can only get access to essential products or services

if they are first given permission.

- Keep the Phase 2 lockdown in place for a much longer period of time than the Phase 1 lockdown, continuing to destroy the global economy. Further degrade the supply chain and further amplify the food shortages and the like. Quell any public outrage using extreme actions or force and make anyone who defies them appear as public enemy #1 to those who are willing to submit.
- After a rather long Phase 2 lockdown of 6 months plus, roll out the vaccination program and the vaccine certification and make it mandatory for everyone, giving priority access to those that submitted from the start and have those that are for it attack those that are against it, saying ‘they are a threat and the cause of all the problems’ by using words like “We can’t go back to normal until everyone takes the vaccine.” And people defying them are “hurting our way of life and therefore are the enemy.” [In other words they are going to turn the people against each other.]
- If the majority of people go along with the agenda, then let those people enter the new system, the new normal, while limiting the minority that defied the agenda’s ability to work, travel and live.
- If the majority of people go against the agenda, then release the Weaponized SARS/HIV/MERS Tribit Strain as a Phase 3 operation. A virus with a 30+% mortality rate as a final scare to punish the minority to quickly become the majority and give a final “We told you so” to those that didn’t listen.
- Enact the new economy model. Microsoft patent 060606 crypto currency system using body activity data which is based on human behavior and willingness to submit. It is a tweaked version of the black mirrors 15 million merits program using food, water, shelter, and other essentials as a weapon of enforcement of the new economic system. Basically, do what we want and get rewarded. Gain credits score and gain more access to things you need to survive. Or go against what we want and get penalized. Lose credits score and lose access to things you need to survive.

And that is your New World Order: technology on steroids where you have no option but to comply. And if anyone thinks that this isn’t true, then go and check

out some parts of China because they've already started some of the crypto currencies system in place in certain areas.

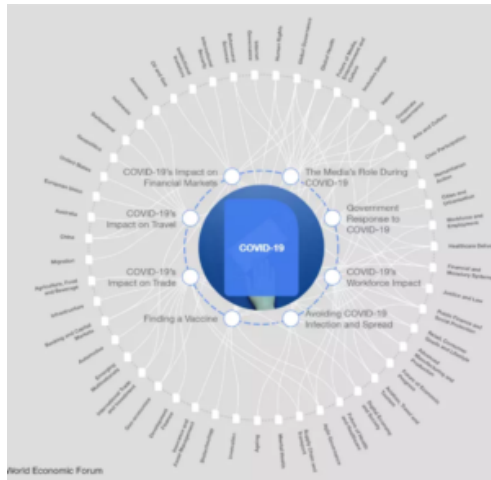
So, this is the outline of their plan. And what we have to stop by outing it in as many places as possible. And also calling out Q and Trump and asking them: Are you going to stop this? Mass arrests are irrelevant. This is essential and this has to be blocked.

Excerpt from Thomas Williams THI Special Exposé Part 2: https://traugott-ickeroth.com/wp-content/uploads/2020/07/200705_THI_TheCovidPlanRockefellerLockstep2010.mp3, <https://www.youtube.com/watch?v=h9HbrZWb4rY> Originally found about half into the episode: <https://www.spreaker.com/user/8955881/thi-special-expose-show-part-2>, <https://www.youtube.com/watch?v=vEM6NLzg8Rw>

The Cabal's Game Plan: The Covid Action Platform

May 24, 2020

<https://goldenageofgaia.com/2020/05/24/the-cabals-game-plan-the-covid-action-platform/>



<https://www.weforum.org/covid-action-platform#reports>

The plan has numerous nested levels, reached by clicking on the links.

This plan will never succeed:

The Federation of Light: "The Game is on ... and the Light has won. That which is taking place behind the scenes is far greater than even you think you know." (1)

In the video, below, former FEMA insider Celeste Solum examines and explains the plan. She quit FEMA because she couldn't stand the game they were up to. But that's another story.

Here she looks at the World Economic Forum's extremely-detailed plan for recovery from Covid-19, posted on March 20, 2020.

Let's see.... March 20, 2020. I was just waking up to the global nature of the problem. I was banging pots on my balcony for healthworkers. I was not into any

kind of sophisticated thinking about Covid-19. My favorite coffee shop closed down. I do remember that. That was awful. Well, that's where *I* was at.

Meanwhile the World Economic Forum, only two, at the most three months into the pandemic, posts an extremely-detailed plan for a Covid-19 recovery that is, from my point of view, a not-very-well-hidden attack on human rights.

In my opinion, it would effectively shift power from the people to the state. These are just my impressions from having listened to Celeste so do your own research.

I've said I consider its publication two or three months into the pandemic an impossible feat. I'd calculate that the plan would need months if not years to map out.

Like 9/11, where we begin to poke around, holes develop. Not much poking around reveals holes in the WEF's claim to be "reacting" to Covid-19, as Celeste explains.

This plan will never win. It will never come into being. Police around the American states are refusing to enforce lockdown provisions, never mind wholesale attacks on civil rights.

Soon there will be no support for the Illuminati's Grand Plan(s). With the global arrests, their numbers are probably thinning as we speak.

You don't have to watch this video if you just get that the Illuminati influence is - or was - everywhere of any significance - politics, banking, religion, entertainment, news, medicine, education, etc. And that same global organization is what is at present being taken down or arrested.

If you get that, then, for heavens sake, go on to the next article. The truth can be upsetting. And there's allegedly much more to come. It's only for those with a need to know and those with the responsibility to tell it. And even those people can only take so much of it.

To the occasional reader, given how intense the news seems to promise to be, do pace yourself. Take the occasional vacation from the news. It all works out in the final reel. No matter what happens, we'll all meet at the final banquet table.

Celeste Solum: "COVID-19: Disruption By Design - The One World Government Cometh"

The global government's plan for us, into which the pandemic fits.



(Go here to watch video:

<https://www.youtube.com/watch?v=1ESB13GTbTo>)

Footnotes

(1) "The Federation of Light via Blossom Goodchild," May 24, 2020, at <https://goldenageofgaia.com/?p=310618>.

See also "The Smoking Gun of Illuminati Intentions," May 24, 2020, at <https://goldenageofgaia.com/2020/05/24/310592/> and "Reassurance for Those Who Feel Disturbed by the Cabal's Plan," May 25, 2020, at <https://goldenageofgaia.com/?p=248433>

COVID-19: A Precursor to a ‘New World Order?’ aka ‘the Great Reset’

November 14, 2020

<https://goldenageofgaia.com/2020/11/14/covid-19-a-precursor-to-a-new-world-order-aka-the-great-reset/>



A thoughtful backgrounder from Arjun Walia at Collective Evolution. CE recently got deplatformed by Facebook and demonitized by Youtube for putting it out there. Long but informative.

Is the cabal's Great Reset an attempt to cause confusion with the Global Currency Reset? Just as the deep state's NESARA website continues to cause confusion around that subject?

Arjun looks at the World Economic Forum's "Great Reset" and how it relates to Covid-19 as well as to the Illuminati's general aims to dominate the world and depopulate the globe.

COVID-19: A Precursor To A ‘New World Order?’ aka “The Great Reset”

Arjun Walia, Collective Evolution, Nov. 11, 2020

<https://tinyurl.com/y2zdm63o>

What does the “New World Order” refer to? It refers to the idea that many crises’ are manufactured by powerful groups of people in order to justify a more heightened national security state. While some might view this as an unfounded conspiracy theory, a more nuanced approach is necessary.

Many world leaders have spoken about a ‘new world order’ on multiple occasions, pointing to greater global collaboration, control and surveillance to pull it all off. It’s an agenda of greater centralized power for those already in great positions of unelected power.

A heightened national security state in our current times includes more surveillance and data acquisition, using more methods for tracking the general population, their actions, intentions, and even their currency. Again, it’s no conspiracy theory, Edward Snowden made it quite clear that the NSA was tracking US citizens all along, illegally, without their permission, and they even denied doing this under oath.

Given that, to think that any government institution or politician will come out and be honest about their real plans would be silly, we already know the lengths some have gone to cover up these projects.

This article will examine the use of continuous ‘threats,’ sometimes manufactured to impose more security measures on the population, what the “Great Reset” is, and why it’s important to recognize the measures taken by those who claim this is a step towards more authoritarianism.

It’s time to truly begin having serious conversations about these controversial topics, and learning to empathize with differing positions on them. The need for collective sensemaking is at an all-time high, and if we are constantly divided and unable to perceive reality from the perspective of anybody else, we are going to struggle to create meaningful change. This is both a time to consume information and to develop ourselves personally to [become effective changemakers](#).

The Focus on Problems or Threats

The justifications used to bring about this new world are often continuous threats such as climate change, disease outbreaks like what we are experiencing with COVID-19, terrorism etc, and measures taken against these things are marketed as

necessary for our protection and well being. As a result of this marketing, we are slowly being conditioned to view our freedom as selfish and harmful to others. This is a whole conversation on it's own, but for now we'll stop here.

Many, especially so called “fact-checkers” brush off the idea of some form of ‘increase in centralized power’ or ‘new order’ as a “conspiracy theory,” but the idea has plenty of legitimacy. This type of legitimacy has gained even more traction thanks to people like Julian Assange, Edward Snowden and William Binney.

Binney and Snowden, both NSA whistleblowers have spoken at large about threat propaganda multiple times. Obviously, this isn't covered by mainstream media and anybody who does give a voice to people like Snowden and Binney seem to be subjected to censorship by social media platforms. People like Assange, who is on the brink of death in a UK prison awaiting US extradition, are branded as traitors or a danger to society, while Edward Snowden lives in exile.

A great quote comes to mind from [Nils Melzer](#), Human Rights Chair of the Geneva Academy of Int Humanitarian Law and Human Rights, Prof of Int Law at the University of Glasgow, and UN Rapporteur on Torture and Other Inhumane or Degrading Treatment or Punishment. I've used it before.

“How far have we sunk if telling the truth becomes a crime? How far have we sunk if we prosecute people that expose war crimes for exposing war crimes? How far have we sunk when we no longer prosecute our own war criminals? Because we identify more with them, than we identify with the people that actually expose these crimes. What does that tell about us and about our governments? In a democracy, the power does not belong to the government, but to the people. But the people have to claim it. Secrecy disempowers the people because it prevents them from exercising democratic control, which is precisely why governments want secrecy.”

Snowden has spoken about many threats, recently emphasizing that the Coronavirus is being used, like the threat of terrorism, to impose more overreaching control measures on the human population. William Binney has relayed the idea that the NSA is not interested in protecting us and our freedoms, but rather “total population control.”

This type of censorship happens on all scales at various levels, we here at Collective Evolution have experienced it with demonetization and the loss of our ability to post on our Facebook page of 5.5 million followers, and people like Joe Rogan have experienced it for simply discussing ‘controversial’ topics.

It feels as though Freedom of speech has never been so threatened, and yet we are in a critical time where it is greatly needed.

It’s not just credible whistleblowers we should be listening to, there are actual real world examples, data and evidence. When it comes to the coronavirus for example, multiple renowned medical doctors and professors from around the world continually relay their strong opinion that we are dealing with something far less dangerous than what is being presented, and that it is perhaps on par with the flu, or no more dangerous than other respiratory viruses that already infect hundreds of millions and kill tens of millions a year.

[45,000 doctors](#) and scientists have now signed The Great Barrington Declaration strongly opposing lockdown measures, and some of the most reputable scientists in the field have been sharing the same information while being completely ignored, censored and “fact-checked.”

Coupled with this type of censorship comes a massive amount of mainstream media coverage around the world, constantly beaming out the exact opposite narrative to alternative media, and ridiculing it along the way. Government scientists are given the spotlight while all others, who seem to be in the majority, seem to be muzzled.

Strange times indeed.

It’s a shame that science has become so politicized, used, and manipulated to possibly help push forth this “New World Order” or greater centralized power and mass surveillance.

As with COVID-19, “false flag terrorism,” the idea that ‘the powers that be’ create, fund, and arm terrorist organizations like ‘ISIS’ and ‘Al-Qaeda’ comes with an abundance of evidence. That’s why Congresswoman and military veteran Tulsi Gabbard introduced the “Stop Arming Terrorist” act, because this DOES happen. 9/11 was a great example used to justify the invasion of Iraq. These events seem to

be used in an attempt to invade under the guise of good-will. Again, this is a narrative that is threatening to powerful interests, which is why it's usually ridiculed and downplayed any time it does happen to make its way into the mainstream.

“The truth is, there is no Islamic army or terrorist group called Al-Qaeda, and any informed intelligence officer know this. But, there is a propaganda campaign to make the public believe in the presence of an intensified entity representing the ‘devil’ only in order to drive TV watchers to accept a unified international leadership for a war against terrorism.”

– Robin Cook, Former British Foreign Secretary. ([source](#))

“The statesmen will invent cheap lies, putting the blame upon the nation that is attacked, and every man will be glad of those conscience-soothing falsities, and will diligently study them, and refuse to examine any refutations of them; and thus he will by and by convince himself the war is just, and will thank God for the better sleep he enjoys after this process of grotesque self-deception.”

– Mark Twain

The Great Reset

What is “The Great Reset?” It’s an initiative that was started by the World Economic Forum. The House of Windsor, and the UN are prime executive co-producers. Top sponsors include BP, Mastercard and Microsoft. According to them,

There is an urgent need for global stakeholders to cooperate in simultaneously managing the direct consequences of the COVID-19 crisis. To improve the state of the world, the **World Economic Forum** is starting The Great Reset initiative.

They go on to explain all of the “disrupts” we are facing is “changing the traditional context for decision making. The inconsistencies, inadequacies and contradictions of multiple systems – from health and financial to energy and education – are more exposed than ever amidst a global context of concern for lives, livelihoods and the planet.”

COVID and all other crises’ we face, according to the World Economic Forum,

...shape the recovery, this initiative will offer insights to help inform all those determining the future state of global relations, the direction of national economies, the priorities of societies, the nature of business models and the management of a global commons. Drawing from the vision and vast expertise of the leaders engaged across the Forum's communities, the Great Reset initiative has a set of dimensions to build a new social contract that honours the dignity of every human being.

WEF founder and Executive Chairman Klaus Schwab said:

“the world must act jointly and swiftly to revamp all aspects of our societies and economies, from education to social contracts and working conditions... Every country, from the United States to China, must participate, and every industry, from oil and gas to tech, must be transformed. In short, we need a ‘Great Reset’ of capitalism.”

Schwab's message was amplified by Prince Charles [when he said](#):

“We have a golden opportunity to seize something good from this [COVID-19] crisis. Its unprecedented shockwaves may well make people more receptive to big visions of change.”

Jennifer Morgan (current head of Greenpeace) stated:

“We set up a new world order after World War II... We're now in a different world than we were then. We need to ask, what can we be doing differently? The World Economic Forum has a big responsibility in that as well—to be pushing the reset button and looking at how to create well-being for people and for the Earth.”

All of this requires changes in human behaviour. Behaviour modification, if you will.

This, according to many, is authoritarianism under the guise of good will and will no doubt include measures being placed upon the citizenry at the expense of our freedoms. We are currently living in it, and we are currently experiencing the beginning of “The Great Reset.”

We are also experiencing a great divide amongst the citizenry, there are many who believe in these pushes for change having been made to believe they are necessary

and for the common good, and then there are others who believe it's simply a step towards a more authoritarian human experience.

The former Apostolic Nuncio to the United States of America and Vatican insider, Carlo Maria Viganò, for example, recently wrote a letter to Donald Trump. In it, he mentions The Great Reset.

A global plan called the ***Great Reset*** is underway. Its architect is a global élite that wants to subdue all of humanity, imposing coercive measures with which to drastically limit individual freedoms and those of entire populations. In several nations this plan has already been approved and financed; in others it is still in an early stage. Behind the world leaders who are the accomplices and executors of this infernal project, there are unscrupulous characters who finance the *World Economic Forum* and *Event 201*, promoting their agenda.

The purpose of the *Great Reset* is the imposition of a health dictatorship aiming at the imposition of liberticidal measures, hidden behind tempting promises of ensuring a universal income and cancelling individual debt. The price of these concessions from the International Monetary Fund will be the renunciation of private property and adherence to a program of vaccination against Covid-19 and Covid-21 promoted by Bill Gates with the collaboration of the main pharmaceutical groups. Beyond the enormous economic interests that motivate the promoters of the *Great Reset*, the imposition of the vaccination will be accompanied by the requirement of a health passport and a digital ID, with the consequent contact tracing of the population of the entire world. Those who do not accept these measures will be confined in detention camps or placed under house arrest, and all their assets will be confiscated.

You can access and read the entire letter [here](#).

According to Ellen Brown, an attorney and chair of the Public Banking Institute:

“No country will be allowed to opt out because it would be endangering the rest... Who is behind the Great Reset and what it really entails are major questions that need their own article, but suffice it to say here that to escape the trap of the globalist agenda, we need a mass awakening to what is really going on and collective resistance to it while there is still time. There are hopeful signs that this is happening, including massive protests against economic shutdowns and

restrictions, particularly in Europe; a rash of lawsuits challenging the constitutionality of the lockdowns and of police power overreach; and a flood of alternative media exposés despite widespread censorship.

Life as we know it will change. We need to ensure that it changes in ways that serve the people and the productive economy, while preserving our national sovereignty and hard-won personal freedoms.”

The Takeaway: It's Time To Think More Deeply

Not to oversimplify but, around 50 percent of Americans believe those who voted for Donald Trump are dumb and perhaps racist. The other half who voted for Trump and feel the other side is evil and stealing the election. Faith in institutions is crumbling, and there is good reason for this. It isn't simply the doubt sewn from loud voices like Trump or his supporters, it comes from years of now evidential lies, deceit and a deep calling for meaningful change.

The election is one of many examples, along with COVID-19, that shows how separated people are not only in America, but all over the world. We live in a collective narrative founded on a basic idea that we are separate from one another, and thus our world gives us this reality. What many of us call authoritarian measures are not really forced upon the population as we might think. There is a great deal of people who see and believe the value of more security, digital currencies, more tracking etc, and they feel they will be safer with it all. Is this story true? That's for you to decide, but exploring WHY we agree to these things is the bigger conversation we must have.

There are always justifications in the minds of people who oppose what you or I may believe. This requires dialogue, not ridicule, it requires understanding and it requires people to empathize and understand each other, and where we are all coming from.

These days, it's not just knowing information and facts that will create change, it's changing ourselves, how we go about communicating and re-assessing the underlying stories, ideas and beliefs that form our world. We have to practice these things if we truly want to change. It's more important than what we know, because ultimately if we can't treat each other like we want to be treated, we are not going to get anywhere.

As much as we point our finger to the global elite and authoritarian government measures, which are happening, real change comes from educating ourselves, awakening to a deeper understanding as to who we are, treating everybody with respect, and having dialogue with those who disagree with us. Further, we have to begin asking ourselves why we get so triggered the way we do.

The deep change we all know is possible on this planet will be created from a different state of consciousness. One we must foster and develop. Playing the blame game, at a deeper level, doesn't do much. That being said, it's an important step to ask why our world is the way it is and identify issues we face, especially ones that are put in place by governments that do not resonate with a lot of people.

It doesn't matter so much whether or not we agree that something like The Great Reset is planned conspiracy, it's more important to deeply ask 'is this the world we truly want to create? Is this what we are limited to creating, and if not, what holds us back? What power would we have if as a collective to come together and do something?

If we don't want people who don't truly represent us to have tremendous amounts of power, then we have to wake up and realize that it's not them who has to change, it's us.

If you're feeling called to become a more effective changemaker in this critical time, consider [becoming a member of CETV](#) where this is the main focus of our conversations, original shows, and courses.

**⌘ ⌘ The Company of Heaven on Covid and
Pandemics ⌘ ⌘**

Divine Mother ~ I Do Not Call It a “Virus,” I Call It “the Pause”

April 5, 2020

<https://goldenageofgaia.com/2020/04/05/divine-mother-i-do-not-call-it-a-virus-i-call-it-the-pause/>



And the gift in this pause – I do not call it “virus”, I call it “The Pause” – the gift is to pause long enough to truly decide, individually and collectively, how you wish to live, how you choose to live – and how you will choose to implement what you choose!

At the behest of the Mother, this beautiful channelled gem is lovingly shared by Elle from her personal reading with Linda Dillon.

Divine Mother ~ I do not call it “virus”, I call it “The Pause”

Greetings, I am Mary, Universal Mother, Divine Mother, Mother of Love, Mother of One, Mother of All. Welcome!

I simply step forward to embrace you, to nurture you, to comfort you – not that you require comfort, but who does *not* require comfort? Whether it is a cosy blanket or a cup of tea, a beautiful sunrise or sunset, whether it is the sound of the dog moving about or running on the beach ~ who does *not* require, yearn, need comfort!

While you are in the comfort of your own sweet self, of your own divinity, of your own situation, of your own place not only upon the planet but within the Cosmos... when you are not comfortable with who you are, then you are in a place not of positive questioning but in the abeyance of connectedness.

Even if you are in the midst of massive turmoil, of phenomenal upheaval – whether it is on current planet or in ancient Atlantis – if you do not find the comfort within your own skin, within your own realm, within your own expanded body, etc, then you are not feeling capable and competent of truly proceeding, of truly finding not only this or that, but the bigger totality of what you are capable of. ‘Comfort’ and ‘capable’ go together.

You and this channel, my other daughter, have spoken of integrity, of the alignment with ethical behavior, with truth. Now, integrity is not always easy. It comes as naturally as breathing, but there are times when integrity also means creating situations where there is a sense or a moment of conflict because the ethical choices of your planet matter, and so things can no longer be slid under the rug.

Now, for you, my beloved one, *integrity* – that deep, bedrock presence of integrity – *is* your comfort zone, and it is in alignment not only with me but with Mi-ka-el, with the truth, with the peace, with the hope, with the love.

Truth – yes, there can be various interpretations of the truth, but they are not radical; they are not sensational. In fact, what is funny about this is that truth as a standalone simply is; it does not really require translation or interpretation because it is a standalone, obvious to everyone who anchors within their being, within the love, within their divine authority. And truth incorporates my hope.

So we are not talking about transient interpretations of what is transpiring. It is aligning and adhering to the standalone truth – *and the standalone truth, sweet one, is only love.*

We find it very curious [chuckling] when human beings say, “Well, that is your truth, but it is not mine.” So, in other words, it is a statement not of comfort but of leniency. And we do not mean in terms of mercy; we mean ego: “Well, you can have your interpretation and I can have mine, and we do not need to set our course according to love but rather how we feel. We may manoeuvre.” No! No!

So stand back, sweet one, which you have and you are doing, because the beacon of truth – not of shenanigans – is beaming across the land, across the oceans, into the hearts and minds of *all* beings.

The rebirth, the reset – *the pause* – is and has been absolutely necessary in order for people, human beings of all sorts, to truly decide what is in value, what is in integrity, what is in love.

One of the things that happened in ancient Atlantis was that there was *no pause* until it was too late. There was so much [sigh] intrigue, jockeying for power, not in alignment with *the Truth* but with personal truth which is the inconsistency. People did not stop long enough to see, and to acknowledge, and to choose what was truly important to their hearts. They simply kept going full tilt until it was too late.

There are turning points in the history of every planet and collective – and this is a turning point. And the gift in this pause – ***and I do not call it “virus”, I call it “the pause”*** – the gift is to pause long enough to truly decide, individually and collectively, how you wish to live, how you choose to live – and how you will choose to implement what you choose!

It requires radical choice, radical restructuring, not as a riptide in my Infinite Ocean but in the gentle tides, the gentle currents, the currents of change.

We are with you every step of the way.

Channeled by Linda Dillon

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Matthew Ward on the Coronavirus

October 20, 2020

<https://goldenageofgaia.com/2020/10/20/314378/>



Matthew Ward

What's true about Coronavirus and what's not?

Matthew Ward was on the highest universal council that designed Earth's Ascension Plan and has an unimpeded view of what's going on. Let's look at what he has to say about the virus.

Matthew's Message, Aug. 3, 2020, at <https://www.matthewbooks.com>.

Awakened souls are throwing off the yoke of millennia of dark domination. The coronavirus and protest movements are primary in this activity, and first we shall address the virus.

Factual information is coming from growing numbers of medical specialists who are speaking out about viruses, vaccines, masks, immune systems, treatment for covid-19 patients, and inflated statistics about cases and deaths attributed to the disease.

What we can tell you that they cannot, because they have no scientific evidence, is why the disease is surging in regions where it had notably decreased. The dark ones who released the virus in China several months ago have been releasing more; and people whose immune systems have been weakened due to stress caused by fear of getting the disease, confinement, financial burdens, unemployment and mask-wearing regulations now are susceptible whereas a few months ago they were not. Another source of stress is separation from family in hospitals or who died without the comfort of loved ones at their side.

It is not surprising that your mainstream media are crying “conspiracy theory” at the truths coming forth, but you may wonder why so many in the healthcare industry are advising adherence to “authorities’” guidelines for your and others’ “safety.” Some who know the truth are “in on” the lies, some are bribed to be silent, some are afraid to speak up, and a considerable number may not know what virologists, immunologists, epidemiologists and other scientific specialists know.

The Illuminati’s control of life on Earth includes education from first grade through university and doctorate degrees, and no information is in standard medical and pharmacological curricula that could interfere with that secret society’s adding to their fortunes via the medical establishment and Big Pharma. Those are part and parcel of their goal to eliminate most of the world’s population and be served by survivors.

They have been seeing their once powerful global network become tattered and world domination slipping farther and farther away. They desperately needed the coronavirus to get them back on track, but instead of dying by the millions daily, people around the world are raising a unified voice about the lack of proper healthcare that the poor and people of color have long endured.

And, the international group that has undertaken the monumental task of ridding your world of all dark activities is closing in on the Illuminati. We don’t know

when arrests will be made, but as soon as they are, covid-19 will run out its course and never again will Earth's peoples be subjected to such a scourge.

Matthew's Message, July 2, 2020.

The other global situation is the continuing saga of the coronavirus. Keeping in mind that most national borders are closed to travelers, you may ask how that disease reached countries that had been free of it. It happened the same way it did in China's Hunan province—the virus was released by drones, or, in the new countries, perhaps by crop-dusting as well.

Although the two areas differ greatly, both were prime targets for the Illuminati to unleash their virus. Along with dense air pollution, Hunan is saturated with 5G technology whose emissions are damaging to bodies; both conditions compromise immune systems and render the residents susceptible to contracting a contagious respiratory disease.

People in the countries where covid-19 was more recently introduced are equally vulnerable. They have low immunity due to existing health issues caused by malnutrition and other substandard living conditions.

The spike in numbers of cases and deaths in the United States was predictable. Masks prevent normal respiratory functioning and that severely affects immunity. Stress also adversely affects immune systems, and a great deal of stress has been caused by “stay at home,” mass unemployment, economic hardships, child care for people who must work, and the exhaustion of hospital personnel and first responders.

The ones behind this pandemic want you to believe otherwise, so the finger-pointing is at people who are not wearing masks or “social distancing” and businesses opening too quickly. Another aspect of the rising numbers is that cases

and deaths from numerous medical issues are falsely reported as due to covid-19 or complications thereof.

Contrary to what may appear as the dark ones winning this round, they are not. They're digging their graves deeper, in a manner of speaking. The truth about the laboratory-designed, patented coronavirus cannot be hidden from the public much longer.

Removing from the Internet the testimonies of individuals who know the truth isn't preventing the posting of other truthful information, and labeling it "conspiracy theory" is not going to work on the dark ones' behalf either.

To readers who also asked if Bill Gates and Dr. Anthony Fauci are among those responsible for the pandemic, yes, both are heavily involved. So is the CDC, whose "guidelines" often are mandated.

Matthew's Message via Suzy Ward, Jan. 4, 2021

January 4, 2021

<https://goldenageofgaia.com/2021/01/04/matthews-message-via-suzy-ward-jan-4-2021/>



January 4, 2021

Excerpt:

Dear sisters and brothers, we know you have encountered obstacles, endured hardships and had periods of discouragement to help Earth's peoples reach this moment in an era unprecedented in this universe. We know many of you are weary and discouraged. Life in a third density world can be very difficult under "normal" circumstances, and for almost a year, "normal" has been turned upside down, in a manner of speaking.

Current restrictions affecting lives and livelihoods will not become the "new normal," as some authorities say and, with industriousness, ingenuity and goodwill, personal and national economies will indeed rebound—ever-rising vibrations will be your strong allies in the turnaround.

To address other questions about the "pandemic," the claim that soaring statistics are because the virus mutated into a strain with far greater transmissibility is baseless. Tests are designed to detect viruses that cause colds and "seasonal" flu; other tests register only positive. None of those are valid results, but all are counted as covid cases.

Deaths from unrelated illnesses still are being attributed to covid so those statistics also can sound alarming. The loss of a beloved person by any cause is sorrowful for family and dear friends, yet deaths due to covid are lamented by mainstream media as tragedies, and no mention is given the greater numbers dying from starvation, disease due to substandard living conditions and lack of adequate healthcare. All of those deaths are personal tragedies for everyone who loves those people.

Individuals who contracted the disease months ago and still are recovering or developed serious effects already had health issues, perhaps unrealized and undiagnosed, and the virus exacerbated them. As mentioned in previous messages, scientists in extraterrestrial special forces greatly reduced the potency of the virus prior to its release from the laboratory; thus the virus does not prolong—or prevent—recovery in people who did not have physically-stressed conditions before contracting covid.

If you are in sound health and have a strong immune system, you need not be concerned if your own or family members' or friends' employers require vaccinations. The ET scientists also reduced the vaccines' toxicity to the extent they could; eliminating all of the pathogens—essentially, the disease itself—would have been detected by the manufacturers. The scientists also erased programming on nanochips in the inoculation solution that would have enslaved the society, and the ingredient that could change DNA will be eliminated as carbon-based cellular structure becomes crystalline.

Despite the new “wave” of covid and another round of lockdown—or maybe because of that—anger and resentment are fast replacing fear about the virus. Although those feelings do emit low vibrations, fear is rock bottom and that is what the dark ones want you to produce in abundance.

Fear weakens immune systems, making people more vulnerable to covid and all other kinds of disease; but of far greater importance to the dark ones is that the energy of fear is vital for their very existence, and the fear they were counting on to increase is, instead, diminishing.

We don't know when the truth about the virus, statistics and vaccines will be revealed. That information will become known beyond the Internet, but mainstream media may not report it until the responsible principals are on trial.

Also we don't know when covid will run out its course. Like everything else in existence, that disease is energy, and the less energy given it by thoughts and feelings, the faster it will fizzle out. Please feel encouraged by what we have told you; then give no more thought to coronavirus-19.

Matthew Ward: ET Scientists will Reduce Vaccine's Potency

November 19, 2021

<https://goldenageofgaia.com/2021/11/19/matthew-ward-et-scientists-will-reduce-vaccines-potency/>



What Matthew Ward said on May 4, 2020 is so germane to what we're going through now that I'd like to repost a large part of it.

Because of free will and the confused and divided nature of the energy streamers then (and now), Matthew could not say whether such things as mandatory vaccines would happen with absolute certainty. But he lays bare the scenario the dark are following.

You are being pummeled with unsettling information about the coronavirus, so let us look first at the encouraging aspects of this situation.

You are seeing and demonstrating the best qualities of humankind—love, compassion, empathy, cooperation, kindness, thoughtfulness, helpfulness, courage, and perseverance to overcome obstacles.

You are observing and participating in the outpouring of gratitude to all who are caring for the sick and helping others in need.

You are using the slowed-down pace of life for introspection, connecting with your godself, your higher consciousness, and appreciating the abundance of goodness and beauty in your world.

You are innovating ways to work, school children, study training and college courses at home, and, via telephone and computer, you are keeping in closer touch with family and friends.

The unified spirit of people around the world is bridging the chasm of divisiveness and highlighting the need to end systemic prejudice and heal the wound it has caused.

Those collective feelings and actions are generating a massive amount of light, which is evoking heightened awareness along with desire for enlightenment about aspects of the coronavirus that aren't being reported in "the news." ...

The larger society is joining individuals who already were questioning how that virus suddenly popped up in China. Why did speculation that it originated in a bat —and how was it traced to that bat anyway?—switch to an accident in a laboratory in Wuhan province? Why did a virus that can cause such a contagious disease come to be in a laboratory in the first place?

The populace has been programmed to believe that information labeled "conspiracy theory" is worthless, merely ideas springing from addled minds. But this question is logical: Why is the possibility that the coronavirus was made in a laboratory in the United States and taken to China simply dismissed as conspiracy theory instead of being investigated?

Society is questioning why "experts" say most people won't get COVID-19, most of those who do get it recover, most who die had preexisting health issues, and symptoms of the disease can be so mild that many people aren't aware they have it or have had it. Yet those same experts claim Earth's entire population needs to be vaccinated.

That leads to this question: Why isn't there the same interest in ending preventable deaths due to malnourishment, diseases caused by substandard living conditions, opioid addiction and suicide when the number of those fatalities greatly exceeds the number of deaths due to COVID-19?

Questioning minds also are “following the money.” Who benefits financially when millions of people around the world are being treated for a disease that requires purchasing tests, pharmaceuticals, hospital equipment and protective items for medical personnel?

The extent of that questioning is exactly the opposite of what was intended by the dark ones, who designed and patented AIDS, SARS and all other viruses in a laboratory in the United States and several months ago released in China one called coronavirus.

And its effects aren't what the dark ones intended, either. They wanted an authentic global pandemic with billions of deaths. They need the energy of survivors' grief and fear and a world in total chaos to produce the low vibrations they require for their very existence.

The failure to achieve that aim led to Plan B. That is why “experts” have been talking about the likelihood that a second wave of COVID-19 will come after the first ebbs, and that kind of rollercoaster can continue as long as three years or until every person in the world has been tested for antibodies and vaccinated.

Beyond enriching the companies that produce the tests and develop the vaccine, the intention—again—is a vaccine that will be lethal to most of the world's population. But also, inoculation will insert a programmed microchip that will interact with 5G emissions to cause physical and emotional trauma, damage brain cells and enable the tracking of individuals who survive. [My emphasis.]

Society is right to question what is underlying this “global pandemic”!

We don't see mandatory vaccinations materializing, but if they do scientists in extraterrestrial special forces will reduce the vaccine's potency and erase the chips' programming. And, as vibratory rates on the planet rise, all viruses will lose

viability. [My emphasis.]

Nevertheless, please loudly protest vaccines until they are destroyed and protest 5G service until devices are modified so their frequencies are compatible with bodies' electrical systems. ...

The economic aftermath of COVID-19 will be somewhat rocky, but far, far from what the dark ones want: a completely collapsed global economy, rampant impoverishment, hunger and desperation. Then they would pull together the fragments of their control and achieve their goal of world domination.

That will not happen. Their long reign is over.

Good will, cooperation, generosity and bartering—trading goods for services and vice versa—will serve you well until an honest global economic system replaces the corruption and greed that created the billionaires who are running and ruining everything on Earth. Dear ones, do not fear what is ahead—once past temporary confusion and brief hardship, the civilization will be on its way to justness and prosperity for all. ...

The coronavirus scourge is their Waterloo. A powerful light force behind the scenes is charging them with crimes against humanity. The people who keep trying to kill billions of you, conduct satanic rituals, control mainstream media and adversely impact all other aspects of life on Earth include widely known and admired individuals. Their arrests will come as a shock to most of the populace.

Those at the peak of darkness conceive heinous plans, others are eagerly complicit, most are minions who participate because of bribes, blackmail or threats against their families. In some cases, charges are based on fabricated information, photos and videos, but the truth about every person indicted will come forth in time. (Matthew's Message, May 4, 2020.)

Reassurance for Those Who Feel Disturbed by the Cabal's Plan

May 25, 2020

<https://goldenageofgaia.com/2020/05/25/reassurance-for-those-who-feel-disturbed-by-the-cabals-plan/>



Excerpt.

From Matthew's Message, April 2, 2021, at <https://goldenageofgaia.com/2021/04/02/matthews-message-via-suzy-ward-april-2-2021/>

Of most concern to many of you is covid vaccines, so let us begin by addressing your questions and comments about them.

Vaccines cannot separate you from Source or prevent personal ascension, the evolvment in conscious and spiritual awareness that continues until the immortal soul returns to its Beginnings within the pure love essence of Creator Source.

What does affect that journey is the energy of thoughts, feelings and intentions. When those are fear, greed, brutality, betrayal, dishonesty or any other low-vibratory sensation or intent of an action, the energy generated decreases light within the body. Light is bodies' life force. It is what transforms carbon-based cells into the crystalline structure that strengthens immune systems and enables physical viability in the higher vibrations of fourth and fifth density planes where Earth is heading.

The society has been conditioned to believe vaccines prevent diseases. They don't — what they do is introduce diseases into individuals with weakened immunity, damage bodies' healing mechanisms, and cause autism-like symptoms in young children. Nevertheless, time and time again medical "experts" say Get him/her/yourself vaccinated!

Thus, solutions containing the virus that was laboratory-designed to cause the influenza called covid-19, nanochips programmed to track and control individuals, and foreign tissue that can change bodies' DNA are claimed to be vaccines.

Medical establishment members who are urging everyone to get vaccinated don't mention it actually is an experimental gene therapy with potentially dire effects, that won't be apparent for a year or two or more, and manufacturers bear no liability whatsoever for death or other harmful reactions.

Crystalline cells don't interact with incompatible substances, and they leave via bodies' elimination systems. However, even though scientists in extraterrestrial special forces reduced potency of the virus and decreased viability of the genetic material, bodies with weakened immunity and/or carbon cellular structure have much less ability to resist foreign substances. That is why some persons die after being inoculated and others develop serious health issues or their existing conditions worsen.

Those scientists also erased the chips' programming, but it isn't the chips that cause death and medical problems. They are in the solution for a different sinister reason and the rapid rollout of 5G is part of it. By intent, the devices' emissions damage bodies' electrical systems, but it is the technology itself that is of more importance to those who conceived the idea to inject bodies with programmed nanochips.

Not only can they transmit to a designated source individuals' location, communication, purchases—almost nothing one does can be withheld—but they can send signals to the brain to perform whatever task is specified. We hasten to assure you none of that ever will come to pass because the programming was eliminated. The scientists also reduced 5G's emissions' impact on bodies.

The purpose of the virus itself and the substances in the solution is two-fold: decrease the population by billions and technologically control survivors and subsequent generations. The diabolical minds behind this crime against humanity failed to achieve the intended death toll, and they will fail in the other goal, too.

Light keeps intensifying throughout the planet and cells of people who are absorbing light are becoming crystalline, thereby gaining resistance capability, and many souls now incarnating came in with crystalline structure. Eventually all of Earth's peoples will be of that makeup.

Foreign substances injected into a body do not affect the soul. The soul is love-light energy, which is indestructible and impervious to issues that affect physical bodies. The etheric body—the “light body” in which a person transitions from physical lifetime to a spirit world—is affected because the two bodies are attached until death of the physical.

Each person's unique frequency relays notice of imminent transition and health condition to the record-keeping section of Nirvana. Individuals with damaged etheric bodies or traumatized psyches are met by a medical team at special portals where they receive immediate treatment and constant attendance until health in body and mind has been fully restored. Then they join the realm's other residents and embark upon an active life in Earth's glorious spirit world.

It is by intention that vastly bloated covid statistics and claims that only worldwide vaccinations can end the “pandemic” have been front and center of daily “news” throughout the past year. The individuals who planned and devised the “pandemic” control mainstream media, where information is fabricated, factual happenings are distorted or omitted, and fearful information is emphasized because they know fear weakens immune systems.

They control the Internet, where truthful information about all happenings is taken down as soon as it is discovered. They know how the universal law of attraction

works, that thoughts and feelings about something bring back more of the same. They know nothing can last without energy to sustain it.

Energy is what everything is about, and attention focused on covid-related issues produces it in abundance. Fear about contracting the disease. Bitterness about forced separation from loved ones and grief about those who died. Stress about masks and depression about isolation. Anxiety about loss of income. Anger about closed businesses. Resentment about the proposal that authorization to travel and enter specific areas requires a “vaccination passport.”

Let us say a bit more about the passport. The concept came from the dark ones who caused the “pandemic” and profit handsomely from the sale of vaccines, but only governments can mandate the requirement. While it is possible that some may do that, in this moment the concept doesn’t have enough momentum to become probable; however, that can change abruptly if sufficient energy is directed into what now is only consideration.

The passport and other aforementioned situations are factual. Not everything related to the “pandemic” is, but they are gathering energy from your thoughts and feelings about them. That tests for covid contain fibers of morcellons disease is but a dark concoction [i.e., is not a true statement] to cause worrying.

The baseless claim that people who have been vaccinated will “shed” the disease and infect people who haven’t been inoculated adds to the worrisome mix. Another of those claims is, the virus is mutating, vaccinated people aren’t protected from new strains, and waves of the disease could go on for years.

Some scientists now contend that covid did after all come from an infected bat. The implication is that humans have no way to prevent pandemics because they start by means that are uncontrollable. The coronavirus-19 is patented—how did a sick bat manage to do that?

Many people are rebelling by refusing to wear masks and not staying six feet away from everyone else, and the numbers who are vehemently denouncing “the shot” are growing. But millions are eager to get it. They are relieved and grateful when it is their turn, and with that comes the satisfying feeling of being a good citizen by fulfilling what they have been told is their “public safety responsibility.”

And last, if we knew when the truth about the “pandemic” will come forth and when it will meet its end, we would shout it with such exuberance that you might even hear us. What we can tell you is, the end is assured—rising vibrations will see to it.

Dear ones, the energy of the mind-boggling number of reactions, positive and negative, to everything related to the “pandemic” is what keeps it going. You are divine sovereign beings and need not be subservient to this heinously-contrived scourge.

Now that we have answered your questions about it, make it more quickly run out its course by switching your thoughts and feelings to what you do want for yourself, for persons dear to you and for your world. Visualizing Earth in golden-white light, remembering to breathe deeply, living from your heart, and asking for protection from all darkness also will add immeasurably to your wellbeing and the world's.

The Magdalena Explains the Virus (and Other Things), Nov. 2014

July 25, 2020

<https://goldenageofgaia.com/2020/07/25/the-magdalena-explains-virus-and-other-things-nov-2014/>



Suzanne Maresca:

On [our last show](#), I understood you to say that the human collective was almost at a vibration high enough for disease to be unable to proliferate.

So when we reach a certain point then in our Ascension process, pretty much any and all human ailments will become extinct because we have chosen to disallow their existence? You know I want to ask when, but I'll settle for a yes!

The Magdalena:

Yes! Now let us explain. When you are vibrating at a certain level, what you think of as bacteria, as virus, as various sources of dis-ease literally cannot maintain their life-force at that vibratory level.

Now, the quality of your electromagnetic field not only has been altered as you are assuming your light body, your electrical quotient has been increased. Also not only are you more electrical, the quality of that electrical vibration is at a higher frequency, as is your magnetic capacity.

And the vibration between the two is... think of it as a template that is moving and eliminating dis-ease, and dis-ease as you know comes primarily from the mental and emotional bodies first of all, or from past lives. So what is occurring is as you are reaching a frequency of love, there is no need for those errant ideas or emotions to get your body's attention by going awry.

Now, as you enter the higher frequency, are there times, not dis-ease but we would call little malfunctions, will they come up? The answer is yes, so that you say "Oh ~ and this is the assumption that you do not have your complete vision and internal mechanism working perfectly which is also going to happen.

But you can say "I have a pain in my neck. That must mean there is something in my field that is giving me a pain in the neck. Let me address it." And you would do so as quickly as that, because pain is something that you have already decided that you don't deserve.

You see, pain has had, in some cases, a very saintly quality. "I am suffering, I am suffering in service, I am suffering for God." God does not want you to suffer, The Mother does not want you to suffer, I do not want you to suffer, so who are you suffering for? Many of these ridiculous ideas are going by the wayside.

Now, I am not telling you that your pain, that those of you who are out there and in severe pain, that you are ridiculous. Let me be very clear about that. You are suffering because you are processing, in most cases, the ideations, beliefs or emotions of the collective.

But love them, love them into submission and send them on their way. They have no place in your physical body. Put them outside of your field. That is always where I kept our... shall I say, our naysayers ~ I won't use the term 'enemies' ~ but

that is where I put them. And I would work on them and I would send them energy out there.

They had no place within the sacred space of our family, within the intimacy of our family. So send them on their way, send them love. Do not let them in. But yes, disease disappears.

Ivo Of Vega: Your Rights vs. Your Privileges in this Matrix Society

April 25, 2021

<https://goldenageofgaia.com/2021/04/25/ivo-of-vega-your-rights-vs-your-privileges-in-this-matrix-society/>

Excerpt only



by Sharon Stewart

<https://tinyurl.com/emynaxkx>

Sharon: They (the Deep State) create the problems and then tout the so-called solutions. They're not solutions. They're band aids. Not only have they modified our rights with conditions to turn them into privileges, but they have and continue to, talk it up to the public as the next best thing that we should be thrilled about.

The fact is, our right to choose for ourselves has been so manipulated that many are incapable of independent choice anymore. So they are not acting out of free will. In events such as we have now, people have relied upon the governments to tell them what to do, and so in fact, there should be governments in charge who make healthy decisions for people who don't know how to decide for themselves. But we don't have that.

Good health is not a privilege – it's our right! When people start to understand this and demand this be rectified, we'll be getting somewhere finally. Our health system isn't flawed out of ignorance – it's flawed by design. We could be doing a lot better for ourselves collectively.

People keep letting their governments, their medical systems, their banking systems off, making excuses for them. Why?

Ivo: Very good, my love. You see clearly. You see the genocide. You do not dismiss it as something that happens as a result of other occurrences. You realize this mass genocide can be stopped if in fact somebody bothered to do so.

Me: What I can't figure out is, if all this is supposed to be a pantomime acted out for people to understand the world they've been living in, why are toxic vaxx's allowed to continue to roll out that people are dying of. That's not pantomime. That's the real deal.

Ivo: Correct. It is not entirely pantomime. There are aspects of this that are being played out for the sakes of those who are to understand. There are other aspects that cannot be stopped at the moment and one is the roll-out of the inoculations. There are so many dark agendas being played out now upon earth that to claim that they are all arrested right now is folly.

Me: Yet there are people making these claims. And I think they're doing so so people will stop worrying and fearing. Why can't the v agenda be stopped, Ivo?

Ivo: They have more up their sleeves, my love. If they cannot roll it out, then they have threatened to destroy the world in other ways. And we believe they have the means to do so.

Me: Aha.

Ivo: Also, the v agenda at this stage is one that people can choose if they wish to have it or not. It is a precursor to roll-out of the med beds by the Alliance. One leads to the next.

Me: Like we needed to experience this in order to try to heal people? Aren't enough of us sick without having to undergo this viral agenda?

Ivo: Yes, there are. It is all to play out though.

Me: I'm getting that there's to be some kind of huge impact or something. World threatened by a vee and med beds come to save the day.

Ivo: My love, the impact that something has is so important as a wake up factor for many people.

If the vee agenda was not allowed to roll out, they would simply implement one of their other agenda's such as releasing deadly toxins into the world's waterways, releasing nuclear waste, or starving the people of earth as they shut down stores. This, in fact, would be the preferred method for the Light. At least you have a choice at this point to take the remedy or not.

Me: So many people can't exercise independent thought so it's not really a matter of having a choice anymore, is it?

Ivo: You have the choice of who you wish to listen to.

Me: And the brainwashing prohibits that because in the case of my sister, for example, she thinks I'm a raving lunatic for saying what I do. That's mind control.

Ivo: I realize this, my love, but this is the easiest path through this for the collective.

Me: Wow. Okay. Doesn't say much for the state we're in collectively, does it?

Ivo: Yes, it is that bad. You must realize they have complete control of your world. And in taking it back, we have had to intervene in their processes. They have so many processes, it has been a large amount of work to work towards your freedom. And yet it is happening.

Me: Yes, like RBC bank collapsing. Never thought I'd live to see the day a Canadian bank would collapse.

Ivo: And yet it is happening.

What is more, so many of you report that it is the children, the innocent ones, that are being saved first. This is correct. The DUMBs are being cleared and children used in the pedo rings are being rescued. There is new activity in the States, of

course, because of the large influx of people from South and Central America. Many of these are child traffickers with victims, being brought into the States. So for now, the adults are taking the agenda outright so that the children can be focused on.

Me: Ah. With the assumption that adults are capable of independent thought.

Ivo: With the knowledge that many are not and would choose not to change their previous “normal.” And you see this in many: they want their “normal” returned to them, believing that if they comply right now it will be.

Me: I see, yes.

Ivo: Those who have no choice are being rescued first. Then the focus will turn to help all others.

Me: Thanks Ivo.

Ivo: I understand this is not easy for anyone, but this pestilence must be eradicated from your planet.

Repost: The Arcturians – Boost your Immune System and General Health

November 24, 2020

<https://goldenageofgaia.com/2020/11/24/the-arcturians-through-natalie-glasson-boost-your-immune-system-and-general-health/>



Channeled through Natalie Glasson

Original Source: Sacred School of OmNa

<https://tinyurl.com/w5vmndx>

This was originally posted in April. Reader Irene requested it be posted again as it is most applicable, during this pause, to everything that is happening in our bodies now.

With respect, honour, and love, we step forward to share our wisdom and insights with you in order to raise your energy vibration and expand your awareness. We are the Arcturians. We hold the Arcturian light from the planet of Arcturus. It is an intense source of light within our beings, which we wish to share with others to aid their illumination.

The Arcturian energy is of a high vibration and holds many tools and techniques that can aid the advancement and health of humanity. However, we are helpless unless humanity opens their energies and hearts to us, allowing us to divinely intervene and help their cause.

There are many energies that are anchoring onto the Earth now, some are old familiar energies while others are new light technology coming forth from the Creator's universe to support humanity's ascension.

We, Lord Arcturus and Anthena Arcturus wish to bring forth a special energy and light technology from the Arcturian planet to assist in boosting the immune systems of humanity to promote greater health and wellbeing, dissolving fears and reprogramming energies to exist in perfect harmony and radiant health.

We wish to bring forth the Arcturian Light Crystal Technology Energy to cleanse and heal the immune systems and beliefs of those who are always receptive to our energies and wish to ensure their perfect health.

The Process of Creation on the Earth

Your physical body is receptive to many influences and can act as a sponge, absorbing thought patterns, beliefs, ideas and insights from your mind and the consciousness of humanity.

As beacons of light, we on the inner planes may express an affirmation of loving vibrations such as, 'I am blissfully healthy and in tune with the needs of my body in order to manifest a pure existence.' This affirmation will be sent with the highest vibration of love which will carry it to the respective minds of humanity.

Unconsciously or consciously they will absorb this affirmation as well as the positive and loving vibrations that it emanates, sharing their positivity with others.

The positive and loving vibrations that we emanated then spread across the Earth, integrating with those of a similar mind frame and vibration, or who are in need of healing. People who are not yet ready to accept our positive vibrations may place an invisible energy wall around them due to fear. They may not benefit from the energy vibrations currently. When they begin to dissolve the energy wall composed of fear, our energies will softly begin to melt into their beings and realities.

We hope you can understand how receptive the mind and body of a physical person can be, every aspect of a physical body holds onto beliefs and thought patterns especially within the muscular structure and the water particles retained within a physical body. When you anchor light into your physical body you can transform negative beliefs and thoughts held in every aspect of your physical body, which can enthuse you with healing.

It is true your thoughts and beliefs influence your health and wellbeing; negative thoughts can weaken your immune system and manifest illness due to the power and vibration the negative thought holds and radiates. There are many factors that can influence your immune system, your thoughts and the thoughts of others are the most powerful of all.

The Creation of Mass Illness

Mass illness can be due to the influence and power of fear. If we contemplate the explanation previously given of how we positively influence your being, supporting you and nurturing your energies, we can understand that the same can be achieved by any being on the Earth with a negative thought which describes fear and illness, preying on the weaknesses of humanity.

This would be extremely powerful. Many people would adopt the negative affirmation and manifest the illness themselves due to their fears and inability to heal or focus their minds on love. The illness could have the potential of spreading through humanity, not because it is contagious but due to each person listening to the negative affirmation being empowered, and energising it themselves through their fears.

It is helpful to contemplate this concept and to understand whether you accept the consciousness and beliefs of others or whether you chose to create your own beliefs about the reality you exist within and your experiences, protecting yourself from beliefs focused on fear.

Arcturian Light Crystal Technology Energy Meditation

Humanity has the ability to heal their bodies personally through their individual inner energies, thoughts, and emotions. This is something that needs to be

developed. However, it will naturally manifest as humanity awakens to their truth and the presence of the Creator within them.

Until this time we wish to share our energies with you in order to energise your physical bodies, raise your vibrations and cleanse you of pollutants, so you are supported and able to work to achieve your spiritual advancement with the health and perfection of your body.

Please allow yourself to work with our energies in order to cleanse your immune system and entire energy system, anchor new positive beliefs, and boosting your natural health and wellbeing.

We ask that you sit peacefully and focus on your breathing, relax your entire being and know you are safe and protected.

We invoke the Arcturian platinum shield of protection to surround your entire energy and shield you from any negative energies, thoughts or beliefs, allowing only positive energies of light and love to enter into your energy systems.

Imagine your entire being and aura surrounded in a complete platinum shield of protection which always ensures your security and safety. Hold faith in your protection.

We invoke the Arcturian energy of the most appropriate vibration for you to surge and anchor into your being and soul. We ask the Arcturian energy and light to activate your soul, boost your light quotient, and raise the vibration of your energy increasing your spiritual sensitivity.

Feel the energy flowing through your being and connecting with Mother Earth's soul at the core of the Earth. Take time to experience and contemplate the Arcturian energy that is now flowing through your being, feel its sensations and influence.

We now invoke a Cylinder of Arcturian Light Crystal Technology Energy to descend over your being, allow yourself to discover the colour of light now encapsulating your being; it is the most appropriate vibration for you.

The Arcturian Light Crystal Technology Energy is a wave of light that holds millions of tiny crystals existing as etheric energy. Each etheric crystal has been charged with Arcturian positive high vibrational light, as well as, the Arcturian

consciousness which is the consciousness of the Creator. The light wave is immensely powerful and can be used for many different purposes as the etheric crystals can be charged according to the person's needs.

We now program the Arcturian Light Crystal Technology Energy that encapsulates your being with the purpose of cleansing your immune system of any negative energy, pollutants or illnesses that are no longer needed within your immune system and body.

We ask the negativity of all forms to be dissolved, and attachments or influences that hinder your health and wellbeing are severed with love. Imagine the etheric crystals pulsating and vibrating throughout your entire being, emanating waves of pure cleansing and healing energy. The crystals activate and emanate a white light of cleansing and purity into your entire being, especially your physical body and immune system.

We now program the Arcturian Light Crystal Technology Energy that encapsulates your being with the purpose of dissolving any illnesses that have manifested within your energy or physical body and are hindering you from moving forward along your spiritual path.

We ask the Arcturian Light Crystal Technology Energy to surround any stagnant energy or illness with the purity of Arcturian love allowing all unneeded energies to dissolve and disperse transforming into powerful loving light. We ask for deep cleansing and healing to manifest.

We now program the Arcturian Light Crystal Technology Energy that encapsulates your being with the purpose of boosting your immune system by one hundred percent or to the most appropriate level for you.

We ask that your immune system is energised and nurtured with powerful Arcturian loving light so perfect health and wellbeing manifests in its abundance.

The strength of your immune system is enhanced so your immune system has the power to dissolve any negative energies, beliefs or thoughts that may penetrate your body and cause illness.

Imagine your immune system as a source of light, visualise, sense or acknowledge that the radiance of your immune system is developing and enhancing until it is luminous and vibrant, symbolising its power, strength, and wellbeing. The radiance of your immune system naturally influences and energises your physical body allowing you to feel high-spirited, enthused with energy, vitality, and vigour.

Accept, receive and state this affirmation while existing within the Arcturian Light Crystal Technology Energy for as long as you wish,

‘My immune system is supported and empowered with the purest vibration of Creator and Arcturian light.

My immune system and body is completely cleansed and healed, programmed to dissolve and disperse any form of negativity that may hinder my health.

My immune system has now been boosted by one hundred percent allowing me to exist as a beacon of vitality, health, and wellbeing, pouring my exuberance into others to aid the healing of humanity.’

When you feel cleansed, healed and energised you can ask the Arcturian Light Crystal Technology Energy Cylinder to ascend back to Arcturus.

Remember the energy you have accepted will remain within your being and aura.

This meditation can be completed as many times as you wish, it is a wonderful meditation to complete each day if you are being influenced by illness or have a fear of illness. Alternatively, it can be completed once a week to boost your immune system and general health. We hope you will accept our divine intervention and assistance in your life.

With many blessing and abundance of health,

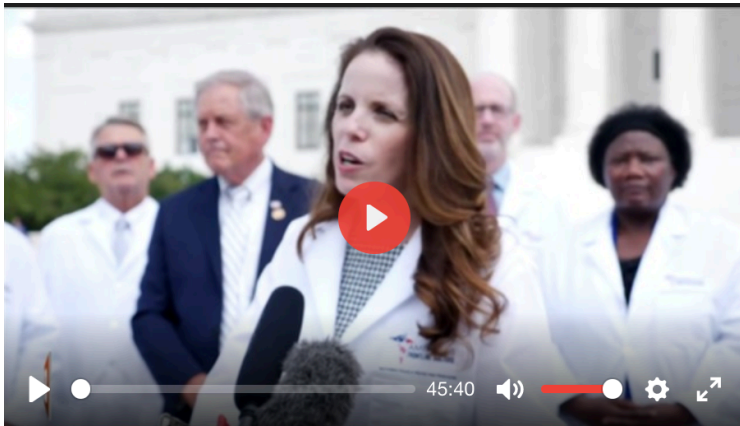
Lord Arcturus and Anthena Arcturus the Arcturians

⌘ ⌘ What Activists are Saying ⌘ ⌘

America's Frontline Doctors say Physicians are Being Silenced; HCQ Works; Nobody Needs to Die

July 28, 2020

<https://goldenageofgaia.com/2020/07/28/americas-frontline-doctors-say-physicians-are-being-silenced-hcq-works-nobody-needs-to-die/>



Amy Furr, Breitbart, July 27, 2020

Studies that claim hydroxychloroquine does not work when treating patients with the coronavirus are “fake science,” a doctor at the “White Coat Summit” in Washington, DC, [said](#) on Monday.

Dr. Stella Immanuel of [Rehoboth Medical Center](#) in Houston, Texas, said she had 350 patients she put on hydroxychloroquine and every one of them recovered.

She continued:

This is what I will say to all those studies — they had high doses, they were given the wrong patients — I would call them fake science. Any study that says hydroxychloroquine doesn't work is fake science. And I want them to show me how it doesn't work. How is it going to work for 350 patients for me, and they are all alive, and then somebody says it doesn't work? Guys, all them studies: fake science.

On what appeared to be her Twitter account, Dr. Immanuel wrote Friday that the fear, sickness, and deaths were “senseless and unnecessary”:

The fear, the sickness, the deaths is so senseless and unnecessary. Covid19 has a cure. It's time for politicians to let doctors be doctors and for doctors to stop being afraid. They can silence a few but not a multitude. Join us in the fight doctors! America needs you!

— Stella Immanuel MD (@stella_immanuel) [July 24, 2020](#)

A recent clinical study [conducted](#) in a Detroit-area hospital system suggested that the antimalarial drug was effective in lowering the death rate from the coronavirus, which contradicted other studies, Breitbart News reported July 3.

“Several recent studies have suggested the opposite — that hydroxychloroquine provides no benefit to coronavirus patients, and may actually pose a risk of cardiac problems to some,” the article read.

“Many doctors prescribed the medication, and many took it themselves as a prophylactic, but clinical evidence for its effectiveness was lacking,” it continued.

However, in a banner [photo](#) on its Facebook page, Dr. Immanuel's Rehoboth Medical Center urged patients to get treated early for COVID-19 if they had flu-like symptoms.

“FDA has revoked its emergency use authorization restricting the use of hydroxychloroquine in hospital setting only. It was not found to be effective in sick hospital patients,” the banner read.

“Doctors however can use it outpatient where early treatment is key to its effectiveness, off label to treat covid19. That will also release the stock pile,” it concluded.

[video at <https://goldenageofgaia.com/wp-content/uploads/2020/07/Dr.-Harvey-Risch-on-the-War-Against-Hydroxychloroquine..mp4>]

WATCH– Texas Doctor: Studies Claiming Hydroxychloroquine Does Not Work Are ‘Fake Science’

Hannah Bleau, Breitbart News, July 27, 2020

(<https://www.breitbart.com/politics/2020/07/27/watch-texas-doctor-studies-claiming-hydroxychloroquine-does-not-work-are-fake-science/>)

Over 185,000 viewers were concurrently watching the stream when it aired live Monday afternoon.

The event, [hosted](#) by the organization America's Frontline Doctors, a group founded by Dr. Simone Gold, a board-certified physician and attorney, and made up of medical doctors, came together to address what the group calls a “massive disinformation campaign” about the coronavirus. Norman also spoke at the event.

“If Americans continue to let so-called experts and media personalities make their decisions, the great American experiment of a Constitutional Republic with Representative Democracy, will cease,” [reads](#) the event's information page.

The event was organized and sponsored by the Tea Party Patriots.

“We've removed this video for sharing false information about cures and treatments for COVID-19,” a Facebook company spokesman, Andy Stone, told Breitbart News. The company did not specify what portion of the video it ruled to be “false information,” who it consulted to make that ruling, and on what basis it was made.

Stone replied to *New York Times* tech columnist Kevin Roose on Twitter regarding the video:

Yes, we removed it for sharing false information about cures and treatments for COVID-19.

— Andy Stone (@andymstone) [July 28, 2020](#)

Stone then added that the platform would direct users who had interacted with the post to information on “myths debunked by the WHO.”

Also, one other thing to note. We're showing messages in News Feed to people who have reacted to, commented on or shared harmful COVID-19-related misinformation that we have removed, connecting them to myths debunked by the WHO.

— Andy Stone (@andymstone) [July 28, 2020](#)

Facebook's decision to censor the livestream was quickly followed by YouTube, the Google-owned video-sharing platform. The video had over 80,000 views on YouTube prior to its removal.

Following Facebook and YouTube's removal of the video, Twitter followed suit, removing Breitbart News's Periscope livestream of the press conference. Jack Dorsey's platform also then limited the Breitbart News official account, indicating that tweets containing links to multiple stories about the press conference violate the platform's COVID-19 policies.

America's Frontline Doctors SCOTUS Press Conference Transcript

July 30, 2020

<https://goldenageofgaia.com/2020/07/30/americas-frontline-doctors-scotus-press-conference-transcript/>



Thanks to Satya.

America's Frontline Doctors SCOTUS Press Conference Transcript

Rev, July 27, 2020

(<https://www.rev.com/blog/transcripts/americas-frontline-doctors-scotus-press-conference-transcript>)

A group of American doctors calling themselves “America’s Frontline Doctors” held a press conference on COVID-19, hydroxychloroquine, and more outside the Supreme Court of the United States. Read the transcript of their press conference here:

Simone Gold: (00:01)

We’re here because we feel as though the American people have not heard from all the expertise that’s out there all across our country. We do have some experts speaking, but there’s lots and lots of experts across the country. So some of us decided to get together. We’re America’s Frontline Doctors. We’re here only to help American patients and the American nation heal. We have a lot of information to share. Americans are riveted and captured by fear at the moment. We are not

held down by the virus as much as we're being held down by the spider web of fear. That spiderweb is all around us and it's constricting us and it's draining the lifeblood of the American people, American society, and American economy.

Simone Gold: (00:53)

This does not make sense. COVID-19 is a virus that exists in essentially two phases. There's the early phase disease, and there's the late phase disease. In the early phase either before you get the virus or early, when you've gotten the virus, if you've gotten the virus, there's treatment. That's what we're here to tell you. We're going to talk about that this afternoon. You can find it on America's Frontline Doctors, there's many other sites that are streaming it live on Facebook. But we implore you to hear this because this message has been silenced. There are many thousands of physicians who have been silenced for telling the American people the good news about the situation, that we can manage the virus carefully and intelligently, but we cannot live with this spider web of fear that's constricting our country.

Simone Gold: (01:45)

So we're going to hear now from various physicians. Some are going to talk to you about what the lockdown has done to young, to older, to businesses, to the economy, and how we can get ourselves out of the cycle of fear. Dr. Hamilton.

Dr. Bob Hamilton: (02:03)

Thank you, Simone. And thank you all for being here today. I'm Dr. Bob Hamilton. I'm a pediatrician from Santa Monica, California. I've been in private practice there for 36 years. And today I have good news for you. The good news is the children as a general rule are taking this virus very, very well. Few are getting infected. Those who are getting infected are being hospitalized in low numbers. And fortunately the mortality rate of children is about one fifth of 1%. So kids are tolerating the infection very frequently, but are actually asymptomatic.

Dr. Bob Hamilton: (02:38)

I also want to say that children are not the drivers of this pandemic. People were worried about, initially, if children were going to actually be the ones to push the infection along. The very opposite is happening. Kids are tolerating it very well, they're not passing it on to their parents, they're not passing it onto their teachers. Dr. Mark Woolhouse from Scotland, who is a pediatric infectious disease specialist

and epidemiologist said the following. He said, “There has not been one documented case of COVID being transferred from a student to a teacher in the world.” In the world.

Dr. Bob Hamilton: (03:19)

I think that is important that all of us who are here today realize that our kids are not really the ones who are driving the infection. It is being driven by older individuals. And yes, we can send the kids back to school I think without fear. And this is the big issue right now, as Congressman Norman alluded to, this is the really important thing we need to do. We need to normalize the lives of our children. How do we do that? We do that by getting them back in the classroom. And the good news is they’re not driving this infection at all. Yes, we can use security measures. Yes, we can be careful. I’m all for that. We all are. But I think the important thing is we need to not act out of fear. We need to act out of science. We need to do it. We need to get it done.

Dr. Bob Hamilton: (04:07)

Finally, the barrier, and I hate to say this, but the barrier to getting our kids back in school is not going to be the science, it’s going to be the national unions, the teachers union, the National Education Association, other groups who are going to demand money. And listen, I think that it’s fine to give people money for PPE and different things in the classroom. But some of their demands are really ridiculous. They’re talking about, where I’m from in California, the UTLA, which is United Teachers Union of Los Angeles, is demanding that we defund the police. What does that have to do with education? They’re demanding that they stop or they shut all private charter schools, privately funded charter schools. These are the schools that are actually getting the kids educated.

Dr. Bob Hamilton: (04:59)

So clearly there are going to be barriers. The barriers will not be science. There will not be barriers for the sake of the children. That’s going to be for the sake of the adults, the teachers, and everybody else, and for the union. So that’s where we need to focus our efforts and fight back. So thank you all for being here and let’s get our kids back in school.

Dr. Stella Immanuel: (05:27)

Hello, I’m Dr. Stella Immanuel. I’m a primary care physician in Houston, Texas. I

actually went to medical school in West Africa, Nigeria, where I took care of malaria patients, treated them with hydroxychloroquine and stuff like that. So I'm actually used to these medications. I'm here because I have personally treated over 350 patients with COVID. Patients that have diabetes, patients that have high blood pressure, patients that have asthma, old people ... I think my oldest patient is 92 ... 87 year olds. And the result has been the same. I put them on hydroxychloroquine, I put them on zinc, I put them on Zithromax, and they're all well.

Dr. Stella Immanuel: (06:12)

For the past few months, after taking care of over 350 patients, we've not lost one. Not a diabetic, not a somebody with high blood pressure, not somebody who asthma, not an old person. We've not lost one patient. And on top of that, I've put myself, my staff, and many doctors that I know on hydroxychloroquine for prevention, because by the very mechanism of action, it works early and as a prophylaxis. We see patients, 10 to 15 COVID patients, everyday. We give them breathing treatments. We only wear surgical mask. None of us has gotten sick. It works.

Dr. Stella Immanuel: (06:46)

So right now, I came here to Washington DC to say, America, nobody needs to die. The study that made me start using hydroxychloroquine was a study that they did under the NIH in 2005 that say it works. Recently, I was doing some research about a patient that had hiccups and I found out that they even did a recent study in the NIH, which is our National Institute ... that is the National ... NIH, what? National Institute of Health. They actually had a study and go look it up. Type hiccups and COVID, you will see it. They treated a patient that had hiccups with hydroxychloroquine and it proved that hiccups is a symptom of COVID. So if the NIH knows that treating the patient would hydroxychloroquine proves that hiccup is a symptom of COVID, then they definitely know the hydroxychloroquine works.

Dr. Stella Immanuel: (07:42)

I'm upset. Why I'm upset is that I see people that cannot breathe. I see parents walk in, I see diabetic sit in my office knowing that this is a death sentence and they can't breathe. And I hug them and I tell them, "It's going to be okay. You're going to live." And we treat them and they leave. None has died. So if some fake science, some person sponsored by all these fake pharma companies comes out say,

“We’ve done studies and they found out that it doesn’t work.” I can tell you categorically it’s fixed science. I want to know who is sponsoring that study. I want to know who is behind it because there is no way I can treat 350 patients and counting and nobody is dead and they all did better.

Dr. Stella Immanuel: (08:21)

I know you’re going to tell me that you treated 20 people, 40 people, and it didn’t work. I’m a true testimony. So I came here to Washington DC to tell America nobody needs to get sick. This virus has a cure. It is called hydroxychloroquine, zinc, and Zithromax. I know you people want to talk about a mask. Hello? You don’t need mask. There is a cure. I know they don’t want to open schools. No, you don’t need people to be locked down. There is prevention and there is a cure.

Dr. Stella Immanuel: (08:48)

And let me tell you something, all you fake doctors out there that tell me, “Yeah. I want a double blinded study.” I just tell you, quit sounding like a computer, double blinded, double blinded. I don’t know whether your chips are malfunctioning, but I’m a real doctor. I have radiologists, we have plastic surgeons, we have neurosurgeons, like Sanjay Gupta saying, “Yeah, it doesn’t work and it causes heart disease.” Let me ask you Dr. Sanjay Gupta. Hear me. Have you ever seen a COVID patient? Have you ever treated anybody with hydroxychloroquine and they died from heart disease? When you do, come and talk to me because I sit down in my clinic every day and I see these patients walk in everyday scared to death. I see people driving two, three hours to my clinic because some ER doctor is scared of the Texas board or they’re scared of something, and they will not prescribe medication to these people.

Dr. Stella Immanuel: (09:35)

I tell all of you doctors that are sitting down and watching Americans die. You’re like the good Nazi ... the good one, the good Germans that watched Jews get killed and you did not speak up. If they come after me, they threaten me. They’ve threatened to ... I mean, I’ve gotten all kinds of threats. Or they’re going to report me to the bots. I say, you know what? I don’t care. I’m not going to let Americans die. And if this is the hill where I get nailed on, I will get nailed on it. I don’t care. You can report me to the bots, you can kill me, you can do whatever, but I’m not going to let Americans die.

Dr. Stella Immanuel: (10:09)

And today I'm here to say it, that America, there is a cure for COVID. All this foolishness does not need to happen. There is a cure for COVID. There is a cure for COVID is called hydroxychloroquine. It's called zinc. It's called Zithromax. And it is time for the grassroots to wake up and say, "No, we're not going to take this any longer. We're not going to die." Because let me tell you something, when somebody is dead, they are dead. They're not coming back tomorrow to have an argument. They are not come back tomorrow to discuss the double blinded study and the data. All of you doctors that are waiting for data, if six months down the line you actually found out that this data shows that this medication works, how about your patients that have died? You want a double blinded study where people are dying? It's unethical. So guys, we don't need to die. There is a cure for COVID.

Simone Gold: (11:02)

My gosh. Dr. Immanuelle also known as warrior. Before I introduce the next guest, I just want to say that I wish all doctors that are listening to this bring that kind of passion to their patients. And the study that Dr. Immanuel was referring to is in Virology, which talks about a SARS viral epidemic that affects the lungs that came from China. And they didn't know what would work. The study showed that chloroquine would work. It sounds exactly like it could have been written three months ago, but in fact, that's study in Virology, which was published by the NIH, the National Institute of Health when Dr. Anthony Fauci was the director. Again, the official publication of the NIH, Virology, 15 years ago showed that chloroquine ... we use hydroxychloroquine, it's the same ... little safer ... works. They proved this 15 years ago when we got this novel coronavirus, which is not that novel, it's 78% similar to the prior-

Simone Gold: (12:03)

... coronavirus, which is not that novel. It's 78% similar to the prior version. The COV-1, not surprisingly. It works. I'm now going to introduce our next speaker. Sorry. I forgot to say your name. Sorry.

Dr. Dan Erickson: (12:12)

That's all right. Dr. Dan Erickson, Dr. Gold asked me to talk about the lockdown, how effective they were and do that cause anything nonfinancial? They always talk about the financial, but you have to realize that lockdown, we haven't taken a \$21

trillion economy and locked it down. So when you lock it down, it causes public health issues. Our suicide hotlines are up 600%, our spousal abuse. Different areas of alcoholism are all on the rise. These are public health problems from a financial lockdown. So we have to be clear on that fact that there is, it's not like you just lock it down and have consequences to people's jobs. They also have consequences, health consequences at home. So we're talking about having a little more of a measured approach, a consistent approach. If we have another spike coming in cold and flu season, let's do something that's sustainable.

Dr. Dan Erickson: (13:13)

What's sustainable. Well we can socially distance and wear some masks, but we can also open the schools and open businesses. So this measured approach I'm talking about, isn't made up, it's going on in Sweden and their deaths are about 564 per million. UK, full lockdown, 600 deaths per million. So we're seeing that the lockdown aren't decreasing significantly, the amount of deaths per million. Some of their Nordic neighbors have less deaths for a variety of reasons, I don't have time to go into today. So what, my quick message here in a minute or two is just that we need to take an approach that's sustainable. A sustainable approach is slowing things down, opening up schools, opening up businesses. And then we can allow the people to have their independence and their personal responsibility to choose to wear masks and socially distance, as opposed to putting edicts on them, kind of controlling them. Let's empower them with data and let them study what other countries have done and make their own decision. That's what I'd like to share. Thank you.

Speaker 1: (14:28)

Are there any questions?

Simone Gold: (14:29)

Are there any questions?

Speaker 2: (14:32)

You guys, we're so excited I'm from South Dakota? You might have heard.

Simone Gold: (14:36)

Yes.

Speaker 2: (14:38)

I'm so glad you guys are preaching this message.

Simone Gold: (14:39)

You know, South Dakota did something interesting. It's interesting that you're from there. So the governor did not restrict access to hydroxychloroquine.

Speaker 2: (14:46)

We know. [crosstalk 00:02:48].

Simone Gold: (14:49)

Right. And you were, I believe you were the only state in the union that did that. And there's been studies out there that attempt to show that it doesn't work. They're inaccurate because they're given at the time, the wrong dose, the wrong patient either too much or a long time. So South Dakota did better because it had access to hydroxychloroquine. Thank you so much.

Speaker 3: (15:06)

Okay. So if someone we love does get sick with COVID and you said the word hydro, or however you say it, it's restricted. How do we get access to that?

Simone Gold: (15:16)

Yeah. That's the number one question we're all asked every day. I want you to know that you're not alone. I've had many congressmen ask me, how can I get it? So the congressmen can't get it, it's tough luck for the average American Joe getting it. It's very difficult. You have to overcome a few hurdles. Your doctor has to have read the science with a critical eye and have eliminated the junk science. Many studies have been retracted as you know, and number two, the pharmacist has to not restrict it. Many states have empowered their pharmacists to not honor physician prescription. That's never happened before. That interferes with the doctor patient relationship where the patient talks to the doctor, honestly, and the doctor answers the patient honestly has been violated.

Simone Gold: (15:55)

So you have a very difficult time as the average American. Some of the information we'll share later this afternoon is to show the mortality rates in countries where it's not restricted and the mortality rates where it is restricted. So I have friends all over the world now because of this. And in Indonesia, you can just

buy it over the counter. It's in the vitamin section. And I'm here to tell the American people that you could buy it over the counter in Iran. Because the leaders in Iran, the mullahs in Iran, think that they should have more freedom than Americans. I have a problem with that. My colleagues have problems with that. We don't like to watch patients die.

Julie: (16:26)

So when people have problems, they should be picking up the phone, they should be calling their state and their federal representatives and senators and say, we are the American people.

Speaker 1: (16:42)

Let me say one thing [crosstalk 00:16:46].

Julie: (16:45)

You guys, we need the public to be.

Speaker 1: (16:49)

Thank you. Thank you, Julie. That is exactly right. If you hear what you're, when you hear this, if you're concerned and wondering why you may not be able to get access to it, we need to make four calls, call your governor, call both of your senators and call your Congressman and tell them that you want to know why you're not able to get access to a drug that doctors are telling you will help end this and help us reduce the number of hospitalizations and reduce the number of deaths. Urge them to read Dr. Harvey Rich's study from Yale. He's a Yale professor of epidemiology. And from there you'll find other studies.

Speaker 4: (17:31)

Yes. I wanted to ask how do people trust the data that they are looking at every day? The numbers are so variable when you go to Johns Hopkins, CDC, which divides COVID deaths in different categories related to pneumonia, other things where we get the right information to make sense?

Simone Gold: (17:52)

So the only number that I think is worth paying any attention to, and even that number is not so helpful is mortality because that's a hard and fast number. So the case number is almost irrelevant. And that's because there's a lot of inaccuracies with the testing. And also even if the test is accurate, most people are

asymptomatic or mildly symptomatic. So it's not that important to know. So the case number, which you see rising all the time in the news is basically irrelevant. And if you had told us a few months ago, that that was the number that the media was going to go crazy over, we all would have just laughed at that. I mean, that's essentially herd immunity. There's lots of people out there who have tested positive without symptoms or with very mild symptoms. So the only number that's worth paying attention to is mortality.

Simone Gold: (18:33)

When you look at the mortality, this is a disease that takes, that unfortunately kills our most frail members of society. People with multiple comorbid conditions, specifically diabetes, obesity is a big one. We don't talk about that, but it is. It's a fact. Coronary artery disease, severe coronary artery disease, people like that. And also if you're older, it's a risk factor. But the biggest risk factor is if you have comorbid conditions. If you're young and healthy, this is not ... You're going to recover. If you're under 60 with no comorbid conditions, it's less deadly than influenza. This seems to come as great news to Americans because this is not what you're being told. I would say the answer is it's very difficult to get accurate numbers.

Speaker 5: (19:13)

This is [inaudible 00:19:13] of Breitbart News, if you had a message to Dr. Anthony Fauci, what would you say to him?

Speaker 1: (19:18)

Listen to the doctors. [inaudible 00:19:21] the frontline doctors. Have a meeting with the frontline doctors, and maybe I need to say that into the microphone. My message to Dr. Anthony Fauci is to have a meeting with these frontline doctors who are seeing real patients. They're touching human skin. They're looking people in the eye, they're diagnosing them and they're helping them beat the virus. They're the ones who are talking to the patients, have meetings with them and do it every single day and find out what they are learning about the virus firsthand. And this is, and it's important to understand, we have doctors here who are not emergency room doctors. They're preventing patients from even hitting the emergency room. So if they're only listening to emergency room or ICU at the very tragic end of a person's life they're not getting the full story. They need to come back in here the earlier portion. And they also need to understand what the

lockdown and the fears are doing to patients around this country, because there are a lot of unintended consequences, which the doctors can speak about.

Dr. Stella Immanuel: (20:30)

Can I say something. My message to Dr. Anthony Fauci is when is the last time you put a stethoscope on a patient? That when you start seeing patients like we see on a daily basis, you will understand the frustration that we feel. You need to start feeling for American people like we, the frontline doctors, feel. I need to start realizing that. They are listening to you. And if they are going to you, you got to give them a message of hope. Got to give them a message that goes with what you already know that hydroxychloroquine works.

Speaker 6: (21:06)

I have a question for Dr. Warrior.

Simone Gold: (21:09)

Dr. Immanuel.

Speaker 6: (21:10)

Dr. Immanuel, okay. You mentioned before some remarkable results that you've had treating your own patients. She said, I believe she said 300 patients.

Dr. Stella Immanuel: (21:17)

Yes. Yes.

Speaker 6: (21:19)

Have you been able to publish your findings and results [inaudible 00:00:21:22].

Dr. Stella Immanuel: (21:22)

We're working on publishing it right now. We're working on that, but this is what I'll say. People like Dr. Samuel [inaudible 00:21:29] published the data. And my question is, and? That will make you see patients. There's no data around the world. Yes. My data will come out. When that comes out. That's great. But right now people are dying. So my data is not important for you to see patients. I'm saying that to my colleagues out there that talk about data, data, data.

Speaker 6: (21:44)

If I can ask just one more question.

Simone Gold: (21:46)

May I just interject. There is a lot of [crosstalk 00:21:49] data on this. Not every clinician needs to publish their data to be taken seriously. The media has not covered it. There is a ton. I've got a compendium on americasfrontlinedoctors.com, there is a compendium of all the studies that work with hydroxychloroquine. The mortality rate was published in Detroit, less than a ... It was July 4th weekend. They published it. Mortality by half in the critically ill patients, the patients who are get it early, it's been estimated that one half to three quarters of those patients, wouldn't be dead. We're talking 70,000 to 105 ... 70 to 100,000 patients would still be alive if we followed this policy. There's plenty of published data. [crosstalk 00:22:27].

Dr. Stella Immanuel: (22:26)

Even with Dr. Rich. Dr. Rich published data recently. So there's a lot of data out there. They don't need mine to make those decisions.

Speaker 6: (22:34)

If I can ask one more question. There was a little girl who just a few days ago [inaudible 00:22:37] otherwise healthy and it was concluded that she died of COVID-19 so I was curious from your perspective, you feel that this little girl possibly died from some other condition and it was attributed to COVID-19 or is there some other reason why she [crosstalk 00:00:22:52].

Dr. Stella Immanuel: (22:52)

I will not. I will not be able to say that till I look at the little girl's history and whatever happened. I know I've taken care of a lot of family members and I see a lot of children and they usually get mild symptoms, but I cannot talk about kids that I have not looked at.

Dr. Bob Hamilton: (23:07)

What was the age of the child again?

Speaker 6: (23:10)

She was nine years old.

Dr. Bob Hamilton: (23:10)

Okay. So listen, there are children who are dying of this infection. And the reality is that when they do die, they seem to have comorbidities. Really, you have to kind

of look at each individual case. Uniquely there have been a little over 30 patients in the entire country, in the age category of 15 and below who have died of COVID. Frequently they do have comorbidities like heart disease. They have asthma, they have other pulmonary issues. So I don't know, we don't know the answer to this nine year old girl, tragically. She passed, and she's no longer with us, but there's probably, if you dig into it, there's probably a story behind it.

Speaker 1: (23:48)

Dr. Hamilton, have you seen any patients who are having adverse side effects because schools have been closed, who have depression or suicide?

Dr. Bob Hamilton: (23:54)

I mean, I think that it is common knowledge that with the schools not being open, when you think about what your experience in junior high and high school-

Dr. Bob Hamilton: (24:03)

... not being open. When you think about your experience in junior high and high school, what do you think about? You think about parties and you think about football games, socializing. Those are the things we think about. Those are all being shut down, folks. Nobody is having fun anymore. And I will tell you that these are critical years of life to be out mixing with other kids, other people, and that has been shut down. So yes, there are lots of comorbidities that go along with shutting down. We're talking about anxiety, we're talking about depression, loneliness, abuse is happening, and kids who have particular... Children who have special needs, kids are not doing well either. So, there is a long list of complications that occur when you quarantine and lockdown people.

Speaker 7: (24:48)

So an extension to what you were just talking about, we hear all these studies and all this polling that moms are afraid to go back to work because of letting their children go to school, they shouldn't go to school because then they're exposed, and if the moms go back to school, then the elderly grandparents, they're [crosstalk 00:25:04].

Dr. Bob Hamilton: (25:04)

Right, well, this is the big [crosstalk 00:25:05].

Speaker 7: (25:06)

Can you speak to that please?

Dr. Bob Hamilton: (25:07)

Sure. Yeah, this is a big issue because people are afraid not that their children are going to get particularly ill, because I think they're learning the truth is that this infection is being tolerated well by children. But certainly, they look at their environment, their particular unique family, and I think in some situations that may be an appropriate fear. However, I do think that as a general comment, a general rule through the country, kids can go back to school. Maybe a few kids here and there, their living situation, who they're being cared for, that can be a potential problem. But again, for younger children in particular, they're not the ones passing on the disease to the adults.

Speaker 7: (25:52)

Wouldn't the hydroxychloroquine be...

Dr. Stella Immanuel: (25:52)

I'll talk about that.

Speaker 7: (25:52)

Maybe Dr. Immanuel can speak to that, or somebody else.

Dr. Bob Hamilton: (25:53)

Well hydroxychloroquine, yeah. [crosstalk 00:25:56].

Speaker 7: (25:53)

In terms of as a prophylaxis.

Dr. Bob Hamilton: (25:53)

That can be done. Yes, that can be used. [crosstalk 00:26:06]

Dr. Stella Immanuel: (26:06)

We're talking about, we can't open our businesses. We can't go to school and parents are scared to get treated. And I personally, have put over a hundred people on hydroxychloroquine prophylaxis. Doctors, teachers, people who are health care workers, my staff, me, I see over 15 to 20, sometimes 20, 15, 10 patients a day. I use a surgical mask. I've not been infected. Nobody I know has been infected that's

around me. So this is the answer to this question. You want to open schools, everybody get on hydroxychloroquine. That is the prevention for COVID. One tablet every other week is good enough. And that is what we need to get across to the American people. There's prevention and there is cure. We don't have to lock down schools. We don't have to lockdown our businesses. There's prevention, and there is cure. So instead of talking about a mask, instead of talking about lockdowns, instead of talking about all these things, put our teachers on hydroxychloroquine.

Dr. Stella Immanuel: (26:59)

Put those that are high risk on hydroxychloroquine. Those that want it. If you want to catch COVID, that's cool, but you should be given the right to take it and be prevented. So that's the message. All this stuff that we're putting together, it's not necessary because hydroxychloroquine has a prevention. Hydroxychloroquine is a prevention for COVID.

Speaker 8: (27:17)

Earlier I heard you say that...

Dr. Stella Immanuel: (27:18)

Hydroxychloroquine.

Speaker 8: (27:21)

... hydroxychloroquine, that that drug was the cure.

Dr. Stella Immanuel: (27:22)

Cure, mm-hm (affirmative).

Speaker 8: (27:25)

But you also said measured with zinc and other things.

Dr. Stella Immanuel: (27:27)

Yes.

Speaker 8: (27:27)

And you guys also said that previous doctors have used it, but they've used it in the wrong dosage. So I keep hearing the drug, but then what is the right dosage. What is the right mixture?

Dr. Stella Immanuel: (27:39)

That you're going to discuss with your doctor, but let [inaudible 00:03:43] take that.

Speaker 9: (27:45)

Yeah, that's a great question. Because the whole political situation has driven the fear towards this drug. So let's address that. This drug is super safe. It's safer than aspirin, Motrin, Tylenol. It's super safe. All right. So what the problem is in a lot of those studies, they did very, very high doses, massive doses all through the country. They did the remaps study, the solidarity trial. That was the world health organization trial, and also the recovery trial. They use 2,400 milligrams in the first day. All you need is 200 twice a week for prophylaxis. They used massive toxic doses. And guess what they found out? When you use massive toxic doses, you get toxic results. The drug doesn't work when you give toxic doses. It's a very safe drug. It concentrates in the lungs, 200 to 700 times higher in the lungs.

Speaker 9: (28:38)

It's an amazing drug because in the bloodstream, you're not going to get high levels, but you get massive levels in the lungs. So you're going to find yourself, if you prophylax, that as soon as the virus gets there, it's going to have a hard time getting through because the hydroxychloroquine blocks it from getting in. And then once it gets in, it won't let the virus actually replicate. Bring in zinc and zinc will mess up the copy machine called the RDRP. So with the combination of drugs, it's incredibly effective in the early disease. By itself, it's incredibly effective as a prophylaxis. Does that answer to the question?

Simone Gold: (29:15)

Yeah. I want to emphasize on something that Dr. [inaudible 00:29:20] just said, because I love the question. This is a treatment regimen that's very simple, and it should be in the hands of the American people. The difficult aspect of this is that at the moment, because of politics, it's being blocked from doctors prescribing it, and it's being blocked from pharmacists releasing it. They've been empowered to overrule the doctor's opinion. Why is this not over the counter? As you can get it in much of the world and almost all of Latin America, in Iran, in Indonesia, in Sub-Saharan Africa, you can just go and buy it yourself. And the dose, my friends is 200 milligrams twice in a week and zinc daily. That's the dose. I'm in favor of it being over the counter. Give it to the people. Give it to the people.

Moderator: (30:06)

We have two more, who can answer this question and they know this information.

Dr. James Todaro: (30:12)

Hi, Dr. James Todaro [inaudible 00:30:13]. I just want to add a couple of comments to what Dr. Gold was saying. If it seems like there is an orchestrated attack that's going on against hydroxychloroquine it's because there is. When have you ever heard of a medication generating this degree of controversy? A 65 year old medication that has been on the World Health Organization's safe, essential list of medications for years. It's over the counter in many countries. And what we're seeing is a lot of misinformation. So I coauthored the first document on hydroxychloroquine as a potential treatment for coronavirus. This is back in March and that kind of kicked off a whole series of a storm on it. And since then, there's been a tremendous amount of censorship on doctors like us and what we're saying. And a number of us have already been censored. That Google document that I coauthored was actually pulled down by Google. And this is after now, many studies have shown that it is effective and it is safe. You still can't read that article. And there's also this misinformation out there. And unfortunately, this has reached the highest orders of medicine. In May there was an article published in The Lancet. This is one of the world's most prestigious medical journals in the world. The World Health Organization stopped all their clinical trials on hydroxychloroquine because of this study. And it was independent researchers like us who care about patients, who care about the truth that dug into this study and determined that it was actually fabricated data. The data was not real. And we did this so convincingly that this study was retracted by The Lancet less than two weeks after it was published. This is almost unheard of, especially for study of this magnitude.

Dr. James Todaro: (31:44)

So I apologize to everyone for the fact that there is so much misinformation out there, and it's so hard to find the truth. And unfortunately, it's going to take looking at other places for the truth. That's why we formed frontline doctors here to try to help get the real information out there.

Speaker 10: (32:00)

What did you say your name was?

Dr. James Todaro: (32:01)

I'm James Todaro.

Moderator: (32:02)

Give your website.

Dr. James Todaro: (32:05)

Most of my thoughts, I actually publish on Twitter. Twitter has been great lately. So, James Todaro, M D. T-O-D-A-R-O M-D but I also have a website medicineuncensored.com, which contains kind of a lot of the information about hydroxychloroquine I think is much more objective than what's going on in other media channels.

Speaker 10: (32:28)

One point, in terms of Twitter. That's important because as I understand not only from doctors, but from other people in the media, that YouTube has blocked information specifically about hydroxychloroquine.

Dr. James Todaro: (32:42)

I'll go ahead and address that real quickly. I would say Facebook and YouTube have taken the most draconian measures to silence and censorship people. And this is coming from the CEO of YouTube, as well as Mark Zuckerberg saying anything that goes against what the World Health Organization has said is subject to censorship. And we all know the World Health Organization has made a number of mistakes during this pandemic. They have not been perfect by any means. Twitter, although they have some flaws and faults and flag certain content and stuff, they really still remain one of the freest platforms to share dialogue, intelligent discussion regarding this information. And many of us here today actually connected on social platform mediums like that.

Speaker 11: (33:21)

Could you talk about what you mentioned earlier about the medication and how long it's been around?

Dr. Joe Ladapo: (33:27)

Sure thing. I'm Dr. Joe. Ladapo. I'm a physician at UCLA and I'm a clinical researcher also. And I'm speaking for myself and not on behalf of UCLA. So I want to say that I'm thinking of the people who are behind the screens that are

watching what you guys were broadcasting. And I want to share with you because there's so much controversy and the atmosphere is so full of conflict right now that what this group of doctors is trying to do fundamentally, is really to bring more light to this conversation about how we manage COVID-19 and the huge challenge. And that's what this is ultimately about. And bringing light to something means thinking more about trade offs, about one of my colleagues said on unintended consequences. And I actually think that's not even the right word, the right word is unanticipated consequences. Really thinking about the implications of the decisions we're making in this really, really extraordinary time that we're in.

Dr. Joe Ladapo: (34:45)

So, I'm sure people are listening to some of the discussion about hydroxychloroquine and wondering, what are these doctors talking about? And, these are doctors that take care of patients, board certified, med school, great med schools, all of that. How could they possibly be saying this? I watch CNN and NBC, and they don't say anything about this. And that's actually, that's the point. There are issues that are moral issues, that really there should be a singular voice. So for me, issues related to whether people are treated differently based on their sex or race, or their sexual orientation. I personally think those are moral issues and there's only one position on those. But COVID-19 is not a moral issue. COVID-19 is a challenging, complex issue that we benefit from having multiple perspectives on. So it's not good for the American people when everyone is hearing one perspective on the main stations. There's no way that's going to service. So, the perspective most people have been hearing is that hydroxychloroquine doesn't work. That's the perspective that most people have been hearing on the mainstream television.

Dr. Joe Ladapo: (36:03)

That's the perspective that most people have been hearing on the mainstream television, and I believe that perspective too, until I started talking to doctors who would look more closely than some of the physicians behind me here, who would look more closely at the data and at the studies.

Dr. Joe Ladapo: (36:17)

So it is a fact that several randomized trials have come out so far, that's our highest level of evidence, and have shown that hydroxychloroquine... Their findings have generally been that there's no significant effect on health benefit. So, that's a fact,

that the randomized control trials have come out... So far that have come out. In fact, there were two or three big ones that came out over the last two weeks, [inaudible 00:36:44] Internal Medicine, New England Journal of Medicine, and I think one other journal.

Dr. Joe Ladapo: (36:49)

It is also a fact that there have been several observational studies. These are just not randomized controlled trials, but patients who are getting treated with this medication that have found that hydroxychloroquine improves outcomes. So both of those things are true. There's evidence against it and there's evidence for it. It is also a fact that we are in an extraordinarily challenging time. Given those considerations, how can the right answer be to limit physician's use of the medication? That can't possibly be the right answer. And when you consider that this medication before COVID-19 had been used for decades, by patients with rheumatoid arthritis, by patients with lupus, by patients with other conditions, by patients who were traveling to West Africa and needed malaria prophylaxis, we've been using it for a long time, but all of a sudden it's elevated to this area of looking like some poisonous drug. That just doesn't make sense.

Dr. Joe Ladapo: (37:59)

Then when you add onto that the fact that we've had two of the biggest journals in the world, New England Journal of Medicine, and Lancet, as my colleagues say, retract studies that found, interestingly, that hydroxychloroquine harmed patients. Both of these studies. They had to retract these studies, which really is unheard of. That should raise everyone's concern about what is going on. At the very least, we can live in a world where there are differences of opinion about the effectiveness of hydroxychloroquine, but still allow more data to come, still allow physicians who feel like they have expertise with it use that medication, and still talk, and learn, and get better at helping people with COVID-19.

Dr. Joe Ladapo: (38:50)

So why we're not there is not good. It doesn't make sense, and we need to get out of there.

Dr. Stella Immanuel: (38:58)

Listen, let me just put a little bit of that. I have seen 350 patients and counting. Put them on hydroxychloroquine. They all got better. This is what I would say to all

those studies, they had high doses, they were given to wrong patients. I will call them fake science. Any study that says hydroxychloroquine doesn't work, is fake science and I want them to show me how it doesn't work. How is it going to work for 350 patients for me and they're all alive, and then somebody say it doesn't work? Guys, all them studies, fake science.

Simone Gold: (39:30)

What was your question? Thank you.

Speaker 14: (39:31)

Last question.

Simone Gold: (39:31)

Yeah, last question.

Speaker 13: (39:35)

I've heard there's an increase in anxiety, suicidal ideation, substance abuse, and various mental health issues as a result of school closures and shutdowns. Is it your recommendation that [inaudible 00:39:48] federal funding for programs will help deal with those issues?

Simone Gold: (39:54)

Yeah, I don't understand how you would go to that conclusion. If the problem was that the schools are shut down, and it's causing it, then we need to open up the schools.

Speaker 14: (40:03)

[inaudible 00:40:03] mental healthcare [crosstalk 00:40:05].

Simone Gold: (40:06)

Yeah. I would go to the school. I would open up the schools, because the most important thing for children is to socialize, and to be with other kids, and to learn. Yeah. [crosstalk 00:40:14] Yeah. Let's get kids back in school.

Speaker 14: (40:17)

You don't believe that?

Simone Gold: (40:20)

Kids back in school. We're in favor of kids back in school.

Speaker 15: (40:22)

Thank you everyone. [crosstalk 00:04:24]. Thank you very much. And we are going to be going back live continuing our summit, so you can continue watching. Once we get back, we may be running.

Speaker 16: (40:35)

Thank you so much. [inaudible 00:40:45].

Dr. Stella Immanuel: (40:38)

It's fake science. [crosstalk 00:04:50]. It's fake science.

Simone Gold: (40:50)

That's right. I believe you. I believe you. [crosstalk 00:40:52].

Doctor 1: (40:54)

It's more specialized, so I have to defer.

Speaker 18: (40:55)

You said that depression-

Doctor 1: (40:56)

That depression is caused by low zinc levels. When you go into a hospital nowadays, they don't test for those zinc levels. Low zinc levels are manifested by loss of sense of smell, loss of taste. Why are these also symptoms of COVID, right? COVID, loss of sense of smell, loss of taste, right? And the reason is because zinc is the natural thing that used to fight the COVID. What happens is the zinc stops RNA polymerase, and the hydroxy chloroquine allows the zinc to go into the cells.

Speaker 18: (41:33)

I'm wondering-

Doctor 1: (41:33)

To stop the RNA polymerase-

Speaker 18: (41:35)

Because there was a-

Doctor 1: (41:36)
Hang on, hang on.

Speaker 18: (41:36)
It was implied that-

Doctor 1: (41:37)
Let me give you the science behind it. So if your lab is [crosstalk 00:41:41]... I understand.

Speaker 18: (41:43)
Yeah.

Doctor 1: (41:43)
Let me explain it a little bit better. The zinc stops RNA polymerase, and it's used up by your cells in the normal fighting of COVID. So if you never took hydroxychloroquine, you'd still be zinc depleted. We're in a natural state of zinc depletion in the United States, but the COVID decreases your zinc even more, and you need it to fight off any virus. That's why your mom always said, "Take your zinc," right?

Speaker 18: (42:04)
Is the problem with children on psych units that they have low zinc levels?

Doctor 1: (42:11)
No, no, no. We're talking about the COVID and how that... [inaudible 00:06:13].

Speaker 18: (42:15)
Okay. My question was about if federal funds should be diverted to helping therapists, social workers and other frontline workers to deal with the psychological issues that were mentioned by your colleague, that shut downs in the government and school closures cause an increase in suicidal ideation, and substance abuse, and anxiety. So those environmental factors are what caused those mental health issues. Doesn't it stand to reason that then funds to help those institutions deal with the problem should be receiving more funding?

Doctor 1: (42:47)
I'm going to defer to my psychiatrist colleague.

Speaker 18: (42:50)

He didn't hear me ask the question. [crosstalk 00:42:51].

Doctor 1: (42:51)

First, we need to take care of the biological basis, which is the zinc, which is the vitamin D, lack of vitamin D. We're dumping our milk.

Speaker 18: (43:03)

Yeah, I don't know about that.

Doctor 1: (43:04)

We're dumping our milk [crosstalk 00:07:05]. We're dumping our milk in the manure pits right now. If we would get together-

Doctor 2: (43:09)

Yeah, that's hard to believe.

Doctor 1: (43:10)

If we would get that to the kids out of school, that will be very helpful.

Speaker 18: (43:14)

Okay.

Doctor 1: (43:14)

So I'll defer to my colleague.

Speaker 18: (43:17)

So my question, I still haven't gotten a clear answer on it-

Doctor 2: (43:19)

I'll try to answer. Public policy is not my expertise, but I can try.

Speaker 18: (43:23)

Oh no, it's not really about... It's not my expertise either, actually. But I was wondering since your colleague said that as a result of school closures and government shutdowns, which caused an increase in suicidal ideation, anxiety, substance abuse, and a variety of other issues, I'm wondering if federal funding should be diverted to frontline workers, social workers, mental health therapists?

Doctor 2: (43:45)

The answer your question is this, I see it this way, harm has already come is what we're saying. So the answer to the question is, harm has already come. What should we do about that harm? I don't know the inner workings of the government, but to say that harm has already come, and to say that we're going to do something about it, it makes sense. To me as a doctor, I think if we know harm is coming, if you and I know we already got run over by a car, I think it makes sense to let me go ahead and go to the hospital to get my-

Speaker 18: (44:10)

There's a real lack of funding for people in my profession to be able to help those kids and those adults.

Doctor 2: (44:12)

Yeah, I think it makes a lot of sense. So I'm going to just say, to me, it makes sense, and I think it's fair.

Speaker 18: (44:20)

I appreciate the well-rounded concern. It just kind of stops with concern and it doesn't continue into action. Congress might not, I'm not sure who he was, maybe you could actually give [crosstalk 00:08:31].

White Coat Summit Doctor Fired from Hospital

August 3, 2020

<https://goldenageofgaia.com/2020/08/03/white-coat-summit-doctor-fired-from-hospital/>



Emergency Room Dr. Simone Gold Fired from Hospital After Attending White Coat Summit — Says She Has Hired Lin Wood to Represent Her (VIDEO)

Jim Hoft, Gateway Pundit, July 30, 2020

(<https://www.thegatewaypundit.com/2020/07/emergency-room-dr-simone-gold-fired-hospital-attending-white-coat-summit-says-hired-lin-wood-represent-video/>)

Frontline doctors from across the US held a “[White Coat Summit](#)” on Monday in Washington DC to dispel the misinformation and myths surrounding the coronavirus.

The [doctors are very concerned with the disinformation campaign being played out](#) in the far left American media today.

From their website: “If Americans continue to let so-called experts and media personalities make their decisions, the great American experiment of a Constitutional Republic with Representative Democracy, will cease.”



Dr. Simone Gold, a board certified emergency physician, [spoke this week at the White Coat Summit](#). After over 18 million views of their conference on Monday Google, YouTube and Facebook removed their videos.

On Thursday night Dr. Gold told Tucker Carlson that she was fired from her position after 20 years as an emergency room physician because she appeared at the White Coat Summit this week.

Dr. Simone Gold also told Tucker Carlson she has hired respected Attorney Lin Wood to represent her:

[<https://hooktube.com/tynTVhyGxiI>]

Why Millions of Americans are Losing Health Coverage during COVID-19 Pandemic

May 19, 2020

<https://goldenageofgaia.com/2020/05/19/why-millions-of-americans-are-losing-health-coverage-during-covid-19-pandemic/>



Why millions of Americans are losing health coverage during COVID-19 pandemic

Mass joblessness has walloped country's employment-based health system

Alexander Panetta, CBC New, May 14, 2020

(<https://www.cbc.ca/news/world/us-health-insurance-woes-1.5567896>)

Millions of Americans have been hit with a double blow during this pandemic: they're out of work and without health insurance if they get sick.

Not only is the U.S. different from other developed nations by not providing universal coverage. It's also distinct in that most working-age people rely on their job to provide health insurance.

The way it usually works is people get an insurance package when they start a new job. In normal times, most Americans tell pollsters they [like](#) their plan.

These aren't normal times.

Unemployment is skyrocketing, with a historic 10-percentage-point [jump](#) in one month. Thirty-six million people have applied for jobless benefits since mid-March, according to the [latest release](#) from the U.S. Department of Labour.

[A new estimate](#) from the non-profit Kaiser Family Foundation says nearly 27 million people will lose their health plan, and while most will qualify for a subsidized backup plan, nearly six million won't.

That follows similar findings from the [Economic Policy Institute](#) and [Urban Institute](#) that suggest at least seven million people will be left without coverage.

['We've kept the whole damn country running': Pandemic deepens divide between haves and have-nots in U.S.](#)

It's creating a medical crisis-within-a-crisis with the potential to shape the U.S. presidential campaign.

One of the country's best-known health-policy experts sees an alignment of conditions that could trigger a reform that has eluded U.S. politicians for generations: guaranteed health care for all citizens.

"What [the pandemic] really does is force us to figure out how we're going to get to universal coverage," said Dr. Ezekiel Emanuel, who not only served a [senior role](#) in the Obama White House but has been [tapped for health-policy advice](#) by President Donald Trump.

Complex system

The U.S. medical system is really [four systems](#) that wind up covering most Americans: workplace plans; plans sold to individuals under the so-called Obamacare law; and two public programs, [Medicare](#) for seniors and [Medicaid](#) for low-income people.

Most people who lose a job are eligible for a backup health plan. But then they face a [hodge-podge of regulations](#), and whether they qualify depends on the rules in their state, their income and the date they apply.

There are different enrolment periods across the country for [Obamacare](#) and different rules for [Medicaid](#). While there's also a program called [COBRA](#) for recently unemployed people, most don't use it because it's expensive.

As a result, millions are projected to slip through the cracks and lose coverage.

"It's a complex system," said Sara Collins, a health-policy expert at the [Commonwealth Fund](#), a Washington, D.C.-based health-care advocacy group. "I think the pandemic has exposed how fragile our health-care system is."

Concurrent crises spur new reform talk

The conditions thrusting the health debate back to the front burner were already coming together before the pandemic.

Prior to the crisis, 10 per cent of Americans lacked health coverage.

This fall, the Supreme Court is scheduled to hear the Trump administration's case to cancel the so-called Obamacare reform, which helps people with pre-existing conditions get private insurance.

Then there's the pandemic itself.

While U.S. policy-makers [promise](#) to cover COVID-19 treatment, a large majority of respondents in [one poll](#) said fear of costs would affect whether they seek treatment for the disease.

There are [anecdotes](#) around the country about [unexpected bills](#) for treating COVID-19.

One cancer patient, Danni Askini, told CBC she feared going bankrupt. She got sick with COVID-19 while transitioning between insurance plans and was billed [\\$50,022 Cdn](#).

- [Uninsured U.S. cancer patient with COVID-19 says \\$50K hospital bill might bankrupt her](#)

Danni Askini is an unemployed public health nurse and cancer patient who contracted COVID-19 and ended up with a huge bill for her medical expenses. (Submitted by Danni Askini)

Meanwhile, a Michigan doctor told CBC she knows of patients avoiding treatment for other illnesses because they've lost insurance.

Dr. Victoria Dooley said some patients with diabetes and high blood pressure have stopped coming in, and her colleagues are taking it upon themselves to call around and make sure everyone gets the insulin they need.

"It's so awful," Dooley said. "We should not connect health insurance to your employment."

Single-payer strategy: Pressure Biden

Until recently, Dooley was travelling around the country as a campaign surrogate for Sen. Bernie Sanders, promoting his Canadian-style single-payer public plan.

Sanders ultimately lost in the primaries and conceded the Democratic nomination to Joe Biden, who favours a more incremental approach to universal coverage.

Dr. Victoria Dooley, far left, was a campaign surrogate for Sen. Bernie Sanders during the Democratic primaries. (Lucas Jackson/Reuters)

Biden would create a so-called [public option](#) — under it, anyone could buy into a public plan like seniors' Medicare.

Sanders supporters haven't given up their single-payer goal, and are hoping to achieve it by ramping up pressure on Biden.

Some progressives have told the presumptive nominee that unless he adopts Medicare for All, they might not support him this fall, impairing his chances against Trump.

A coalition of eight groups pressed that demand in a [letter](#) to Biden, and are also applying pressure through [task forces](#) set up by the Sanders and Biden teams to write the party platform.

Dooley said progressives need to use their leverage right now.

"We will never get [what we want] if we don't demand it of our politicians — if we don't say, 'Hey, you have a Medicare for All candidate or we're not voting for him,'" Dooley said.

"I'm hoping this pandemic and all the problems it has exposed in our society will encourage more people to make politicians work for our vote."

Biden has already budged a bit, having recently agreed to something that might best be described as Medicare for More. He promised he would lower the eligibility age for [the seniors program](#) from 65 to 60.

The difficulty of health reform

Emanuel, who was deeply involved in the crafting of Obamacare, said it takes a rare alignment of three conditions to pass any health reform through the U.S. Congress. He sees them now coming together.

- [Health care dominates U.S. Democratic presidential debate](#)

The first condition: widespread recognition of a problem. The second is a catalyzing event — COVID-19 and the upcoming election — that spurs demand for change.

"Before [this crisis], it might have been, 'Well, I have my employer's insurance. This is not that critical to me.' But now it's like, 'Whoa. I could lose my coverage,'" Emanuel said.

What he feels is missing, however, is a crucial third piece: consensus support for a single plan. And that's now the most hotly debated policy topic in Democratic politics.

Dr. Ezekiel Emanuel, seen here in 2014, worked for Obama and has also advised Trump on health-care reform. (Jim Bourg/Reuters)

Emanuel has publicly [expressed](#) his skepticism of Medicare for All. He believes replacing the entire system with a single-payer plan is more divisive, more

disruptive to the economy and, crucially, less likely to pass through Congress than other ideas.

He prefers a model that lets people buy into a public plan.

Medicare for All is "a lightning rod," Emanuel said, "and I don't think we want to pass a lightning rod and rekindle the Obamacare ... battles. I think that would be a bad approach."

The current administration seems to acknowledge the importance of health care and its ability to motivate voters, but for most of his time in office, Trump has been focused on fighting Obama's reform.

Last week, Trump said, "What we want to do is terminate [Obamacare] and give great health care." He has not explained what alternative he'd propose.

Trump, seen here in the White House Rose Garden on May 11, says he will pursue the Supreme Court case against Obamacare. (Kevin Lamarque/Reuters)

Emanuel, who [has discussed](#) health policy with Trump on different occasions, said the current president doesn't care much about details.

"That's not the way he thinks about this. He thinks about this as, 'I've got to be re-elected. My base is anti-[Obamacare],'" Emanuel said.

"There's no strategic [thinking about], 'What's good for the country? What's good for health care? What's good for fighting a pandemic?'"

Footnotes

(1) The Six Point Plan.

One, universal basic income covering all normal living expenses for every person living in that country, lesser for young children (under twelve). Everyone has their basic expenses in life covered and can choose to work on top of that.

Two, universal medicare. Public health of excellent standards available to all people living in that country, without distinction. Free medicare, pharmacare, and dental care.

Three, universal accessibility to all levels of gender-equal education for all people living in that country.

Fourth, universal elder care, child care, and single-mother care.

Fifth, the elimination of personal debt.

Sixth, the elimination of the national debt. (“The Big Change – Part 1,” May 8, 2020, at <https://goldenageofgaia.com/2020/05/08/the-big-change-part-1/>.)

How Does CNN See Our Version of Events?

November 10, 2021

<https://goldenageofgaia.com/2021/11/10/how-does-cnn-see-our-version-of-events/>



We hear about CNN and fake news but what does their version of events actually look and sound like?

For your enjoyment, here is CNN looking at our "fake news" and isolating eight chief errors that we truthers make. Thanks to D.



Nearly 80% of Americans have been exposed to Covid misinfo, and many don't know what to believe, survey says

By Brian Stelter and Virginia Langmaid, CNN Business, Nov. 9, 2021

(<https://www.cnn.com/2021/11/09/media/kaiser-covid-misinformation/index.html>)

New York (CNN Business) The information landscape about Covid-19 is bewildering, with factual and fictional claims competing for attention. And most American adults have heard at least a couple of the fictions, according to new data from the Kaiser Family Foundation.

Kaiser, which is widely respected for its top-notch work on this subject, tested eight false statements about Covid. Nearly 80% of Americans surveyed said they had heard of at least one of the falsehoods and either believed it or are unsure whether it is true.

"Most commonly," the report's authors wrote, "six in ten adults have heard that the government is exaggerating the number of Covid-19 deaths by counting deaths due to other factors as coronavirus deaths and either believe this to be true (38%) or aren't sure if it's true or false (22%)."

One-third of respondents "believe or are unsure whether deaths due to the Covid-19 vaccine are being intentionally hidden by the government (35%)," the authors wrote, "and about three in ten each believe or are unsure whether Covid-19 vaccines have been shown to cause infertility (31%) or whether Ivermectin is a safe and effective treatment for COVID-19 (28%)."

The researchers also found that "between a fifth and a quarter of the public believe or are unsure whether the vaccines can give you COVID-19 (25%), contain a microchip (24%), or can change your DNA (21%)."

Vaccine microchips, trackers, changes to your DNA -- these outlandish ideas have clearly made an impression on significant numbers of people. And media diets have something to do with it.

People's trusted news sources are correlated with their belief in COVID-19 misinformation," the authors said. "At least a third of those who trust information from CNN, MSNBC, network news, NPR, and local television news do not believe any of the eight false statements, while small shares (between 11% and 16%) believe or are unsure about at least four of the eight false statements."

That's a positive sign -- it suggests that traditional sources are helping people separate real news from noise and nonsense.

Only 11% of those who trusted CNN's coverage believed four or more false statements, the smallest percentage out of any outlet reported on.

But sources like CNN and NPR are deeply distrusted by many Republicans. They gravitate toward Fox News and even-further-right channels like One America News instead. And Kaiser found that "nearly 4 in 10 of those who trust Fox News (36%) and One America News (37%), and nearly half (46%) of those who trust Newsmax, saying they believe or are unsure about at least half of the eight false statements."

The researchers cautioned, however, that "whether this is because people are exposed to misinformation from those news sources, or whether the types of people who choose those news sources are the same ones who are pre-disposed to believe certain types of misinformation for other reasons, is beyond the scope of the analysis."

The Washington Post [called it](#) "a sobering poll on the GOP's embrace of coronavirus misinformation."

Post reporter Aaron Blake followed up with Kaiser and concluded that the overall numbers "obscure just how ripe the right is for this kind of misinformation." That's because, "in most cases, if you exclude Republicans who haven't heard the claims and focus on just who is familiar with them, a majority of them actually believe the claims."

It is easy to see a relationship between this research and the current pattern of Covid-19 deaths in the United States.

David Leonhardt of The New York Times wrote on Monday that the partisan divide in deaths is getting wider, with residents in heavily Republican counties dying at much higher rates than those in Democratic counties.

Covid vaccines "are remarkably effective at preventing severe Covid, and almost 40 percent of Republican adults remain unvaccinated, compared with about 10 percent of Democratic adults," Leonhardt reported.

In the Kaiser research, unvaccinated adults were more likely than vaccinated adults to believe four or more of the eight false statements.

Sadly, the World Health Organization's early warnings about an "infodemic" have been proven right.

"An infodemic," the WHO said, "can intensify or lengthen outbreaks when people are unsure about what they need to do to protect their health and the health of people around them."

American officials like Surgeon General Dr. Vivek Murthy have been outspoken about the dangers of Covid falsehoods.

On Tuesday his office released a ["community toolkit,"](#) complete with a comic strip and illustrations, to help people identify and debunk health misinformation.

Makia Freeman: “Time to Question all Your COVID Assumptions”

September 26, 2020

<https://goldenageofgaia.com/2020/09/26/makia-freeman-time-to-question-all-your-covid-assumptions/>



Busted: 11 COVID Assumptions Based on Fear not Fact

Makia Freeman, Freedom Articles, July 2, 2020

(<https://thefreedomarticles.com/busted-11-covid-assumptions-based-on-fear-not-fact/>)

COVID assumptions –

The assumptions people make about COVID, how dangerous it is, how it spreads and what we need to do to stop it – are running rampant, running far more wildly than the supposed virus SARS-CoV2 itself. The coldly calculated campaign of propaganda surrounding this ‘pandemic’ has achieved its aim.

Besieged with a slew of contradictory information coming from all angles, people in general have succumbed to confusion. Some have given up trying to understand

the situation and found it is just easier to obey official directives, even if it means giving up long-held rights.

Below is a list of commonly held COVID assumptions which, if you believe them, will make you much more likely to submit to the robotic, insane and abnormal conditions of the New Normal – screening, testing, contact tracing, monitoring, surveillance, mask-wearing, social distancing, quarantine and isolation, with mandatory vaccination and microchipping to come.

Assumption 1: The Method of Counting COVID Deaths is Sensible and Accurate

A grand assumption of the COVID plandemic is that the numbers are real and accurate, especially the death toll. Yet, nothing could be further from the truth. We have had confirmation after confirmation after confirmation (in nations all over the world) that authorities are counting the deaths in a way that makes no sense.

Well, it makes no sense if you want to be sensible or accurate, but it makes perfect sense if you are trying to artificially inflate the numbers and create the impression of a pandemic where there is none. The sleight of hand is achieved by counting those who died with the virus as dying from the virus. This one trick alone is responsible for vastly skewing the numbers and turning the ‘official’ death count into a meaningless farce devoid of any practical value.

Assumption 2: The PCR Test for COVID is Accurate

As I covered in previous articles, the PCR test (Polymerase Chain Reaction) was invented by scientist Kary Mullis as a manufacturing technique (since it can able to replicate DNA sequences millions and billions of times), not as a diagnostic tool. COVID or SARS-CoV2 fails Koch’s postulates. The virus which shut the world down has still to this day never been isolated, purified and re-injected, or in other words, has never been 100% proven to exist, nor 100% proven to be the cause of the disease. When used to determine the cause of a disease, the PCR test has many flaws:

1. There is no gold standard to which to compare its results (COVID fails Koch’s postulates);
2. It detects and amplifies genetic code (RNA sequences) but offers no proof these

RNA sequences are of viral origin;

3. PCR is not detecting a virus per se, but rather a small shattered part of the viral genome. The test comes back positive as long as there are tiny shattered parts of the virus left, because the PCR method amplifies the tiniest fraction of the viral genetic material. The virus may be deactivated or dead, but the PCR test won't tell you;

4. It generates many false positive results;

5. The PCR test can give a completely opposite result (positive or negative) depending upon the number of cycles or amplifications that are used, which is ultimately arbitrarily chosen. For some diseases, if you lower the number of cycles to 35, it can make everyone appear negative, while if you increase them to above 35, it can make everyone appear positive;

6. Many patients switch back and forth from positive to negative when taking the PCR test on subsequent days; and

7. Even a positive result does not guarantee the discovered 'virus' is the cause of the disease!

In summary, the PCR test doesn't identify or isolate viruses, doesn't provide RNA sequences of pathogens, offers no baseline for comparison with patient samples, and cannot determine an infected from an uninfected sample. That is staggeringly useless! Here is a quote from the article "COVID19 PCR Tests are Scientifically Meaningless":

"Tests need to be evaluated to determine their preciseness — strictly speaking their "sensitivity" and "specificity" — by comparison with a "gold standard," meaning the most accurate method available. As an example, for a pregnancy test the gold standard would be the pregnancy itself. But as Australian infectious diseases specialist Sanjaya Senanayake, for example, stated in an ABC TV interview in an answer to the question "How accurate is the [COVID-19] testing?":

If we had a new test for picking up [the bacterium] golden staph in blood, we've already got blood cultures, that's our gold standard we've been using for decades, and we could match this new test against that. But for COVID-19 we don't have a gold standard test."

Jessica C. Watson from Bristol University confirms this. In her paper "Interpreting a COVID-19 test result", published recently in The British Medical Journal, she

writes that there is a “lack of such a clear-cut ‘gold-standard’ for COVID-19 testing.”“

Here is the admission about the PCR test by the CDC and FDA:

“Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms ...this test cannot rule out diseases caused by other bacterial or viral pathogens.”

Accurate would be about the last word I would use to describe COVID PCR testing, yet it is currently the standard test worldwide for COVID. Another magnificent example of many COVID assumptions. Go figure.

Assumption 3: The Antibody Test for COVID is Accurate

If you realized by reading the last section that the COVID PCR tests are flawed and meaningless, get ready for more absurdity with the COVID antibody tests. They are also known as serology or serological tests. As I covered in the article COVID Antibody Tests: Here Comes More Trickery and Fakery, there are numerous reasons why the antibody tests don't really work and can be interpreted any way you want:

1. Old blood samples contain COVID antibodies, so if a test finds antibodies, they may have been there for years or decades. There is no way to tell if they were recently acquired;
2. Like the COVID PCR test, they generate many false positive results;
3. They test for antibodies which may not even be specific for COVID;
4. Antibodies don't actually prove immunity, since there are people who fight off disease with little or no antibodies, and conversely, there are those with high antibody titers or counts, but who still get sick; and
5. The results can be interpreted any way you want. The presence of antibodies could mean you're safe and immune to future COVID waves, or conversely, it could mean you're dangerous (sick and infected right now). It's all about the interpretation.

Hmmm ... all these COVID assumptions are not exactly reassuring, are they?

Assumption 4: The COVID Case Count is Rising

Someone skeptical of the alternative view I am painting here may ask at this point: well if COVID is not that dangerous, how come cases keep rising? The answer is simple: because there is more testing. The more we test, the more cases we will find, because this ‘virus’ (really an RNA sequence) is far more widespread than we have been told, and there are far more asymptomatic people than we have been told (which shows it’s not that dangerous).

As discussed in previous articles, there is really no proof that people didn’t have this particular RNA sequence for years or decades before the test, so the test results are quite meaningless.

That aside, a general rule of thumb is that wherever there are people trying to gain power, there will be fraud, and COVID testing is no exception. It has been exposed that tens of thousands of coronavirus tests have been double counted (in the UK, but probably happening in many places). This article explains that the “discrepancy is in large part explained by the practice of counting saliva and nasal samples for the same individual twice.” Additionally, the COVID tests are using the PCR method as discussed above in COVID Assumption 3, which has many flaws, including the flaw of results flipping back and forth depending on the number of cycles, as this previously quoted article states:

” ... it is hardly surprising that there are several papers illustrating irrational test results. For example, already in February the health authority in China’s Guangdong province reported that people have fully recovered from illness blamed on COVID-19, started to test “negative,” and then tested “positive” again.

A month later, a paper published in the Journal of Medical Virology showed that 29 out of 610 patients at a hospital in Wuhan had 3 to 6 test results that flipped between “negative”, “positive” and “dubious”.

A third example is a study from Singapore in which tests were carried out almost daily on 18 patients and the majority went from “positive” to “negative” back to “positive” at least once, and up to five times in one patient.

Even Wang Chen, president of the Chinese Academy of Medical Sciences, conceded in February that the PCR tests are “only 30 to 50 per cent accurate”;

while Sin Hang Lee from the Milford Molecular Diagnostics Laboratory sent a letter to the WHO's coronavirus response team and to Anthony S. Fauci on March 22, 2020, saying that:

“It has been widely reported in the social media that the RT-qPCR [Reverse Transcriptase quantitative PCR] test kits used to detect SARSCoV-2 RNA in human specimens are generating many false positive results and are not sensitive enough to detect some real positive cases.” ”

Assumption 5: Thermal Imaging/Screening for COVID is Effective

Taking people's temperature by pointing a gun at their head is blatant conditioning. It sends the subliminal message that the State is all powerful and can aim a gun-like device at your head, and you are powerless to do anything but submit. On a practical level, taking people's temperatures has no effect in stopping viral spread. Even if someone has an elevated temperature, what does that mean? There is a natural variation in human body temperatures; everyone operates at a slightly different temperature.

Besides, even if your temperature is elevated, that could be because you were just exercising, running to catch a flight, just had an angry conversation with someone, just got the phone after a stressful call, had to discipline a disobedient child, etc. Think about all the things that make you stressed and irritated, or raise your blood pressure, which could lead to an elevated temperature!

In this way it is similar to the antibody test; it can show a result, but the result can be interpreted in so many ways that it renders the result pointless in terms of science (although there is a very much a point in terms of control).

Assumption 6: Asymptomatic People Can Spread the Disease

One particular piece of propaganda hammered in hard to people's brains which is still doing great damage is the idea that anyone could be a carrier and could therefore infect anyone else. This has the effect of making people anxious, scared and even paranoid in just going about their daily life.

However the idea that asymptomatic people can spread the disease is not something to worry about. This Chinese study A study on infectivity of asymptomatic SARS-CoV-2 carriers published in May 2020 exposed 455 subjects to asymptomatic carriers of SARS-CoV2. None of the 455 were infected!

WHO (World Health Organization) official Dr. Maria van Kerkhove was reported by MSM CNBC saying the following last month in June (though she later backtracked her comments):

““From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual,” Dr. Maria Van Kerkhove, head of WHO’s emerging diseases and zoonosis unit, said at a news briefing from the United Nations agency’s Geneva headquarters. “It’s very rare.””

Here we go
New CDC guidelines for reopening schools

- Wear masks over the age of 2
- No sharing of any items or supplies, all belongings in individual cubbies or labeled containers; no sharing electronic devices, toys, games, learning aids
 - Desks 6 feet apart, all facing the same way
- Distance on school buses- one child per seat, skip rows
- Install sneeze guards and partitions wherever you cannot space 6ft apart
- One way routes in hallways; tape on sidewalks and walls to assure kids stay 6ft apart
 - No communal shared spaces - cafeterias, playgrounds
 - Physical barriers or screens between sinks in bathrooms
- Only pre-packaged boxes or bags of food instead of cafeteria food; kids eat in classrooms
 - No field trips, assemblies, or external organizations in the schools. Limit volunteers and visitors.
- Same children stay with same staff all day, no switching groups or teachers.
 - Stagger arrival and departure times for students to limit exposure to crowds of kids.
 - If possible, daily health and temperature checks.
- And several rules about cleaning and disinfecting throughout the day and hand washing frequently.

Assumption 7: Making Schools Adopt Insanely Restrictive Measures Will Stop COVID Spread

Of the many COVID assumptions floating around, these next two are based on the idea that children are a significant source of COVID spread. They are not! The figures from WorldOMeter state that children aged 0-17 years have 0.02-0.06% share of world COVID deaths, which is essentially zero. Meanwhile, CDC stats show that “among 149,082 (99.6%) cases for which patient age was known, 2,572 (1.7%) occurred in children aged <18 years” which is likewise a tiny fraction. With this in mind, why on Earth would the CDC issue these draconian guidelines (pictured above and also found at this link in full) for American schoolchildren, if not to condition and dehumanize them?

Assumption 8: It's a Good Idea for Government to Take Abduct Kids from COVID-Positive Parents

Governmental abduction of children using COVID as a pretext has begun. This article from June 17th 2020 reports how the “LA County Dept. of Children and Family Services (DCFS) recommended that the court remove [a] child from their physical custody after the parent tested positive for COVID-19. This is a non-offending parent. The judge ruled in favor of DCFS and detained.”

Let that sink in for a minute. The State stole a child from his/her parents just because a parent showed a COVID-positive result on a (deeply flawed) test! Can anyone spell T-Y-R-A-N-N-Y? This is the outcome of the sinister and oxymoronic warning given by WHO official Michael Ryan in March, that people would be removed from their families in a “safe and dignified” way. Ryan said:

“In some senses, transmission has been taken off the streets and pushed back into family units. Now we need to go and look in families to find those people who may be sick and remove them and isolate them in a safe and dignified manner.”

Mercola.com reports that the CDC is recommending newborns be separated at birth from their parents for COVID testing.

How bad does it have to get before people wake up to what is happening?

Assumption 9: Social Distancing is Backed by Solid Scientific Evidence

Another of the baseless COVID assumptions is that all this social distancing or physical distancing is backed by solid scientific evidence. It's not. Whether it's 6 feet, 1.5 meters or 2 meters, the virus seems to be able to jump different distances depending upon what country it is in. The article *There is no scientific evidence to support the disastrous two-metre rule* states:

"The influential Lancet review provided evidence from 172 studies in support of physical distancing of one metre or more. This might sound impressive, but all the studies were retrospective and suffer from biases that undermine the reliability of their findings."

Meanwhile UK governmental advisor Robert Dingwall said:

"We cannot sustain [social distancing measures] without causing serious damage to society, to the economy and to the physical and mental health of the population ... I think it will be much harder to get compliance with some of the measures that really do not have an evidence base. I mean the two-metre rule was conjured up out of nowhere ... Well, there is a certain amount of scientific evidence for a one-metre distance which comes out of indoor studies in clinical and experimental settings. There's never been a scientific basis for two metres, it's kind of a rule of thumb. But it's not like there is a whole kind of rigorous scientific literature that it is founded upon."

Of course, the assumption that social distancing works is based on the underlying assumption that there is a distinct and isolated virus SARS-CoV2 which is contagious and is the sole cause of all the disease – which has not been proven.

Assumption 10: Mask Wearing for Healthy People is Backed by Solid Scientific Evidence

The penultimate assumption for today is the wonderful topic of masks, or face diapers and face nappies as many have started calling them. One of the COVID assumptions that many are still clinging to is that it is 'respectful' to wear masks because masks protect healthy individuals from getting sick from viruses. This is patently false. As covered in the previous article *Unmasking the Truth: Studies Show Dehumanizing Masks Weaken You and Don't Protect You*, masks are designed for surgeons or people who are already sick, not for healthy people. They stop sick people spreading a disease through large respiratory droplets; they do

nothing to protect well people. In fact, they restrict oxygen flow leading to under-oxygenation (hypoxia), which in turns leads to fatigue, weakness and a lower immunity. With a lower immunity comes ... more susceptibility to disease. As I previously wrote, the masks many people are wearing – homemade from cloth – are a joke if you think they will stop a virus which is measured in nanometers (nanometer = 10^{-9} meters, or 0.000000001 meters). They won't stop a virus but they will assuredly become a hotbed for microbes to develop due to the warm and humid conditions. For the scientifically minded, here's what Dr. Russell Blaylock had to say:

“The importance of these findings is that a drop in oxygen levels (hypoxia) is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte. This occurs because the hypoxia increases the level of a compound called hypoxia inducible factor-1 (HIF-1), which inhibits T-lymphocytes and stimulates a powerful immune inhibitor cell called the Tregs. This sets the stage for contracting any infection, including COVID-19 and making the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome.”

Assumption 11: We Live in a World of Indiscriminate Killer Viruses

The biggest assumption of this entire scandemic is that viruses are indiscriminate killers which can cross species and jump bodies through the air to infect people. In fact, the nature of the humble virus has been totally misunderstood by mainstream science, fueled by the Medical Industry which promotes germ theory and the myth of contagion to keep you in fear and to raise demand for its toxic products (Big Pharma petrochemical drugs and vaccines). Viruses have been demonized. As discussed in earlier articles such as Deep Down the Virus Rabbit Hole – Question Everything, virologist Dr. Stefan Lanka exposed the truth that viruses do not cause disease. Lanka famously won a 2017 Supreme Court in Germany where he proved that measles was not caused by a virus. Lanka writes:

“Since June 1954, the death of tissue and cells in a test tube has been regarded as proof for the existence of a virus ... according to scientific logic and the rules of scientific conduct, control experiments should have been carried out ... These control experiments have never been carried out by official science to this day.

During the measles virus trial, I commissioned an independent laboratory to perform this control experiment and the result was that the tissues and cells die due to the laboratory conditions in the exact same way as when they come into contact with allegedly “infected” material.

In other words, the cells die of starvation and poisoning (since they are separated from energy and nutrients from the body, and since toxic antibiotics are injected into the cell culture), not from being infected by a virus. This great video presentation entitled *Viral Misconceptions: The True Nature of Viruses* is well worth watching. It outlines many stunning truths about the nature of viruses, such as:

- Viruses are created from within your cells; they do not come from outside the body
- They arise as a result of systemic toxicity, not because the body has been invaded by an external threat
- Viruses dissolve toxic matter when body tissue is too toxic for living bacteria or microbes to feed upon without being poisoned to death. Without viruses, the human body couldn’t achieve homeostasis and sustain itself in the face of systemic toxicity
- Viruses are very specific. They dissolve specific tissues in the body. They do this with the assistance of antibodies
- The more toxicity you have in your body, the more viral activity you will have
- The only vector transmission of a virus is through blood transfusion or vaccines; otherwise, viruses cannot infect you by jumping from one body to another
- Viruses are discriminatory by nature, made by the body for a specific purpose. They are not indiscriminate killers
- The RT-PCR test (PCR test for short) observes genetic material left over by the virus, not the virus itself (see assumption 2)

Conclusion: Time to Question all Your COVID Assumptions

The good news is that these are assumptions not facts. When you look closely, you will realize the entire official narrative on COVID is a house of cards built on sand. It cannot stand up to close scrutiny. This knowledge is the key to remaining sane and free in a COVID-crazed and brainwashed world. Spread the word. Evidence, information and knowledge will dispel assumptions and ignorance.

Makia Freeman is the editor of alternative media / independent news site The Freedom Articles, author of Cancer: The Lies, the Truth and the Solutions and senior researcher at ToolsForFreedom.com. Makia is on Steemit and Parler.

His articles are regularly syndicated and featured on sites such as David Icke, Wake Up World, Activist Post, Waking Times, Global Research, The Sleuth Journal and many more.

Sources:

*<https://www.bitchute.com/video/9GWhQ4v9H53E/>

*https://www.youtube.com/watch?v=g5f_6ltv7oI

*<https://www.youtube.com/watch?v=3Fic2dlKlhw>

*<https://thefreedomarticles.com/covid-19-umbrella-term-fake-pandemic-not-1-disease-cause/>

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

*<https://www.fda.gov/media/134922/download>

*<https://thefreedomarticles.com/covid-antibody-tests-here-comes-more-trickery-fakery/>

*<https://www.telegraph.co.uk/global-health/science-and-disease/tens-thousands-coronavirus-tests-have-double-counted-officials/>

*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423/>

*<https://www.cnn.com/2020/06/08/asymptomatic-coronavirus-patients-arent-spreading-new-infections-who-says.html>

*<https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/>

*<https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm>

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

*<https://parentalrights.org/it-finally-happened-child-taken-due-to-covid-19/>

*<https://www.bitchute.com/video/CMPsWxDDTwMo/>

*<https://articles.mercola.com/sites/articles/archive/2020/06/09/newborns-and-coronavirus.aspx>

*<https://www.telegraph.co.uk/news/2020/06/15/no-scientific-evidence-support-disastrous-two-metre-rule/>

*<https://metro.co.uk/2020/04/25/two-metre-social-distancing-rule-conjured-nowhere-professor-claims-12609448/>

*<https://thefreedomarticles.com/unmasking-the-truth-masks-weaken-dont-protect-you/>

*<https://thefreedomarticles.com/deep-down-virus-rabbit-hole-question-everything/>

*<https://davidicke.com/wp-content/uploads/2020/07/Paper-Virus-Lanka-002.pdf>

*<https://www.youtube.com/watch?v=MtWYQS3LFIE>

*<https://medium.com/@vernunftundrichtigkeit/coronavirus-why-everyone-was-wrong-fce6db5ba809> (Beda Stadler)

Archbishop Viganò to President Trump: Eternal Struggle Between Good and Evil Playing Out

June 8, 2020

<https://goldenageofgaia.com/2020/06/08/311049/>



Archbishop Carlo Maria Viganò has released a letter today to President Trump, giving the take of concerned Catholic Church officials to what's occurring right now.

Many may be suspicious of church officials, given the numbers who've turned out to be pedophiles or have shielded pedophiles from arrest.

However, we lightworkers are holding the space for everyone to awaken, as Archbishop Viganò has, and reject the behavior that is bringing ruin to the church and society.

Thanks to Brian.

Archbishop Viganò's powerful letter to President Trump: Eternal struggle between good and evil playing out right now

Archbishop Carlo Maria Viganò warns the president that the current crises over the coronavirus pandemic and the George Floyd riots are a part of the eternal spiritual struggle between the forces of good and evil.

LifeSite, Sat Jun 6, 2020

(<https://www.lifesitenews.com/opinion/archbishop-viganos-powerful-letter-to-president-trump-eternal-struggle-between-good-and-evil-playing-out-right-now>)
Holy Trinity Sunday

Mr. President,

In recent months we have been witnessing the formation of two opposing sides that I would call *Biblical*: the children of light and the children of darkness. The children of light constitute the most conspicuous part of humanity, while the children of darkness represent an absolute minority.

And yet the former are the object of a sort of discrimination which places them in a situation of moral inferiority with respect to their adversaries, who often hold strategic positions in government, in politics, in the economy and in the media. In an apparently inexplicable way, the good are held hostage by the wicked and by those who help them either out of self-interest or fearfulness.

These two sides, which have a *Biblical* nature, follow the clear separation between the offspring of the Woman and the offspring of the Serpent. On the one hand there are those who, although they have a thousand defects and weaknesses, are motivated by the desire to do good, to be honest, to raise a family, to engage in work, to give prosperity to their homeland, to help the needy, and, in obedience to the Law of God, to merit the Kingdom of Heaven. On the other hand, there are those who serve themselves, who do not hold any moral principles, who want to demolish the family and the nation, exploit workers to make themselves unduly wealthy, foment internal divisions and wars, and accumulate power and money: for them the fallacious illusion of temporal well-being will one day – if they do not repent – yield to the terrible fate that awaits them, far from God, in eternal damnation.

In society, Mr. President, these two opposing realities co-exist as eternal enemies, just as God and Satan are eternal enemies. And it appears that the children of darkness – whom we may easily identify with the *deep state* which you wisely oppose and which is fiercely waging war against you in these days – have decided to show their cards, so to speak, by now revealing their plans. They seem to be so certain of already having everything under control that they have laid aside that

circumspection that until now had at least partially concealed their true intentions. The investigations already under way will reveal the true responsibility of those who managed the Covid emergency not only in the area of health care but also in politics, the economy, and the media. We will probably find that in this colossal operation of social engineering there are people who have decided the fate of humanity, arrogating to themselves the right to act against the will of citizens and their representatives in the governments of nations.

We will also discover that the riots in these days were provoked by those who, seeing that the virus is inevitably fading and that the social alarm of the pandemic is waning, necessarily have had to provoke civil disturbances, because they would be followed by repression which, although legitimate, could be condemned as an unjustified aggression against the population. The same thing is also happening in Europe, in perfect synchrony. It is quite clear that the use of street protests is instrumental to the purposes of those who would like to see someone elected in the upcoming presidential elections who embodies the goals of the *deep state* and who expresses those goals faithfully and with conviction. It will not be surprising if, in a few months, we learn once again that hidden behind these acts of vandalism and violence there are those who hope to profit from the dissolution of the social order so as to build a world without freedom: *Solve et Coagula*, as the Masonic adage teaches.

Although it may seem disconcerting, the opposing alignments I have described are also found in religious circles. There are faithful Shepherds who care for the flock of Christ, but there are also mercenary infidels who seek to scatter the flock and hand the sheep over to be devoured by ravenous wolves. It is not surprising that these mercenaries are allies of the children of darkness and hate the children of light: just as there is a *deep state*, there is also a *deep church* that betrays its duties and forswears its proper commitments before God. Thus the *Invisible Enemy*, whom good rulers fight against in public affairs, is also fought against by good shepherds in the ecclesiastical sphere. It is a spiritual battle, which I spoke about in my recent *Appeal* which was published on May 8.

For the first time, the United States has in you a President who courageously defends the right to life, who is not ashamed to denounce the persecution of Christians throughout the world, who speaks of Jesus Christ and the right of citizens to freedom of worship. Your participation in the *March for Life*, and more

recently your proclamation of the month of April as *National Child Abuse Prevention Month*, are actions that confirm which side you wish to fight on. And I dare to believe that both of us are on the same side in this battle, albeit with different weapons.

For this reason, I believe that the attack to which you were subjected after your visit to the National Shrine of Saint John Paul II is part of the orchestrated media *narrative* which seeks not to fight racism and bring social order, but to aggravate dispositions; not to bring justice, but to legitimize violence and crime; not to serve the truth, but to favor one political faction.

And it is disconcerting that there are Bishops – such as those whom I recently denounced – who, by their words, prove that they are aligned on the opposing side. They are subservient to the *deep state*, to globalism, to aligned thought, to the New World Order which they invoke ever more frequently in the name of a *universal brotherhood* which has nothing Christian about it, but which evokes the Masonic ideals of those who want to dominate the world by driving God out of the courts, out of schools, out of families, and perhaps even out of churches.

The American people are mature and have now understood how much the mainstream media does not want to spread the truth but seeks to silence and distort it, spreading the lie that is useful for the purposes of their masters. However, it is important that the good – who are the majority – wake up from their sluggishness and do not accept being deceived by a minority of dishonest people with unavowable purposes.

It is necessary that the good, the children of light, come together and make their voices heard. What more effective way is there to do this, Mr. President, than by prayer, asking the Lord to protect you, the United States, and all of humanity from this enormous attack of the Enemy? Before the power of prayer, the deceptions of the children of darkness will collapse, their plots will be revealed, their betrayal will be shown, their frightening power will end in nothing, brought to light and exposed for what it is: an infernal deception.

Mr. President, my prayer is constantly turned to the beloved American nation, where I had the privilege and honor of being sent by Pope Benedict XVI as Apostolic Nuncio. In this dramatic and decisive hour for all of humanity, I am praying for you and also for all those who are at your side in the government of the

United States. I trust that the American people are united with me and you in prayer to Almighty God.

United against the *Invisible Enemy* of all humanity, I bless you and the First Lady, the beloved American nation, and all men and women of good will.

+ Carlo Maria Viganò

Titular Archbishop of Ulpiana

Former Apostolic Nuncio to the United States of America

Ex-Russian Intel Officer Says COVID-19 is Part of the Depopulation Agenda

June 25, 2020

<https://goldenageofgaia.com/2020/06/25/ex-russian-intel-officer-says-covid-19-is-part-of-the-depopulation-agenda/>



Ex-Russian Intel Officer Says COVID-19 is Part of the Depopulation Agenda

Humans are Free, June 17, 2020

(<https://humansarefree.com/2020/06/ex-russian-intel-officer-says-covid-19-is-part-of-the-depopulation-agenda.html>)

The Coronavirus Depopulation Agenda is exposed in this revealing interview with an ex-Russian military intelligence officer.

[video at https://goldenageofgaia.com/wp-content/uploads/2020/06/EX-RUSSIAN-INTEL-OFFICER_-Depopulation-agenda-is-real.mp4]

I have taken the time to transcribe it in full below, using the translation provided by YouTube translator Inessa S, whose work I trust and value (and have been following for years).

In this climate of Big Tech censorship, with coronavirus videos being taken down rapidly, there is no way of knowing how long it be allowed by the NWO (New World Order) censors to remain up.

In exposing the coronavirus depopulation agenda, the video connects the dots and gives a deeper perspective of Operation Coronavirus. The interview shows this was recorded on March 25th, 2020.

Testimony of Russian ex-Military Intelligence Officer on Coronavirus Depopulation Agenda

Interviewer (I): Today we have Vladimir Kvachkov as our guest, a Colonel of the GRU (Military Intelligence Officer), a public figure, with a PhD in military science.

Vladimir Vasilievich Kvachkov (V): Good afternoon.

I: Yes, good afternoon, Vladimir Vasilievich. I know you served, among other things, as the leading researcher for the Centre for Defence and Strategic Studies of the General Staff of the Armed Forces. Considering your expertise, what do you make of the coronavirus phenomenon?

V: It's exactly this perspective that you need to examine it from. Not from the public health perspective, or epidemiology, etc. The coronavirus phenomenon that they falsely deem a pandemic needs to be examined from the perspective of global powers.

Religious, political, financial, economic and national. The coronavirus phenomenon, the so-called pandemic – and let me tell you, there's no pandemic, it's all a lie – needs to be considered as a global, strategic special operation. This is exactly how you need to think of this thing. These are command and staff exercises of the world's behind-the-scenes powers on controlling humanity. This is what the goal of this coronavirus is.

I'll repeat it once again. We have little faith in God and even less so in the existence of Satan, the enemy of the human race. So the aim of the behind-the-

scenes Zionist and financial powers is reducing the world's population. It's their idée fixe.

They think there's too many of us ordinary people in the world. There should be around 100 million of their kind and a maximum of 1 billion people on Earth to serve them. Then they'll be living in abundance here on Earth.

Because, us the people, the earthlings – there's too many of us for the behind-the-scenes world powers.

This is why the coronavirus and the financial crisis that has emerged almost immediately – they're inextricably tied to one another. The aim is to stop people's movement around the world, to curtail political freedoms.

In political terms, it would be practically impossible to do all that. There are differences in constitutions. Whether they're being implemented or not – that's a different question.

However, there are some political rights that people are accustomed to and they believe them theirs to have forever.

The first attempt to take away those rights from people happened on September 11th, 2001. Not many seem to remember that, after the so-called attack on WTC towers, Pentagon and White House in the USA, the global war on terrorism was declared.

Let's remember, in order to understand what the coronavirus is now, let's analyze that first attempt – the declaration of war on humanity that was disguised as a war on terrorism. That was 19 years ago. The behind-the-scenes world powers created the events of September 11, 2001.

Now they need another excuse for greater control and takeover of humanity. That's how they came up with the coronavirus. Basically, to put it this way, it's not a pandemic, not an epidemic.

Even now, I literally looked at the data this morning, 300 people in the world die from it daily. You can imagine what kind of scale this is.

Of course, I'm sorry about each person who dies, but 300 people across 7.5 billion people – that's basically nothing.

These command-and-staff exercises of the behind-the-scenes world powers have an aim to limit different political rights and make people afraid. The fools are already grabbing food in shops here. Millet, buckwheat, etc.

I: Toilet paper?

V: Yeah, even toilet paper? God! Why? The goal is to scare people. Once again, these are command-and-staff exercises of the behind-the-scenes Zionist and financial liberal world powers with the aim of limiting the political rights that people are basically accustomed to having, especially in Western Europe. That's their second goal.

The first goal is to reduce the population numbers on Earth. That's their Satanic goal.

The second, political goal of the behind-the-scenes world powers is to seize power.

The third goal is related to finances and power over the economy.

Financial, as we already know, at least those who are interested in this ... Now, for every product that exists – please, give me your pencil. Okay. Lets say this pencil costs 1 ruble or 1 dollar – let's say it's 1 dollar.

For this pencil, it was issued 20 times the amount – in money, in promissory notes, equities and other financial derivatives. That means, if you take the real value of this pencil, it comes with 20 different papers that carry 20 times the value.

Accordingly, all the financial and economic relations have gone from the real economy to this virtual economy. It's a financial bubble that exists now and which encompasses, I think, 1 quadrillion and 200 trillion dollars. It's a complete financial bubble. It needs to be deflated.

FRS, the Federal Reserve System, literally some days ago, that was in February, I think – introduced a zero-percent interest on deposits.

Now, in many countries, it's even a negative interest rate – that is, you deposited 100 dollars and you get 90 or 95 dollars. But at least you're still going to get it. So, we're already getting negative interest rates on deposits. So, that wealth has to be deflated. How will it be deflated?

Again, through this artificial international ... we see the economy has crashed, it's clear, accordingly – we can't meet your domestic demand like we did before, you need to tighten your belts, etc.

Now is a very important moment. Note, it allegedly started in China. Even though the Chinese are now adamant and report that the coronavirus was created artificially. It has an artificial origin – it's been proven scientifically already.

Of course, in every virus, seeing that it's the simplest kind of microorganism – as far as I remember – mutations can happen, but they're of an accidental nature.

And when you take the RNA molecule, not DNA – they have RNA – and there's a part of the genome that's clearly been carved out and another one inserted in its place – and this happens 3 or 4 times ...

It is perfectly obvious that the Chinese scientists have figured this out – it was artificially created and purposefully spread, initially in Wuhan.

They had 2 kinds, 2 viral strains. Okay now. And what about Italy, what happened there? How come a strain that is even more dangerous than the Chinese one suddenly appears in Italy? I think now they have a few thousand infected and around 1000 have already died.

But again, 100x more people die in Italy from flu, pneumonia, scrofula and hepatitis. But we don't talk about that. Instead, we are being served special political information propaganda, psycho-informative propaganda.

[This is a] special psycho-informative operation of the world globalist mass media that is serving the behind-the-scene Zionist liberal powers that are creating this terror right now. This is why we need to deal with this phenomenon as we would with a special operation that is conducted in the form of command and staff exercises. Now they're looking at who's obeying and who's not.

In China, they introduced strict measures. But, then comrade Xi went to Wuhan and put the pro-American party faction who took that road in their place. In China, not everything is smooth there.

They have, let's call them that – a pro-Chinese (patriotic) faction, that's somewhat close to us, which is associated with Xi Jinping. And there are obviously pro-American ex-Komsomol members that are money-oriented or simply put – have their focus on the 'dough' (money). And they, of course, tried to use the coronavirus in Wuhan to gain certain economic and political benefits.

Comrade Xi put them all in their place and, consequently, it was over with the virus in China. And then it started in Europe. Accordingly, we as a military intelligence, look at "who" (it is obvious) and "where" (it is also obvious).

Europe and China are 2 geo-economic adversaries of the USA. And this is where they injected this virus.

This virus also has a 4th dimension as well – the economic one. The first is the religious one – destruction of people on Earth, reducing the population numbers. The second one is to establish political control over humanity.

The third one is the financial deflation of that gigantic financial bubble. And the fourth dimension is the elimination of their geo-economic competition.

This I'm telling you from the perspective of an officer from the Defence and Strategic Studies of the General Staff of the Armed Forces. This is my assessment of the current epidemic.

I: Can you give us any military predictions for the near future?

V: In connection to the coronavirus?

I: Yes. What do you think, which countries could expect pressure next?

V: Russia, of course. It's going to be Russia, surely. Because ... for America, Russia isn't an economic competitor.

Now, the main efforts of the behind-the-scenes world powers are focused on causing disruption in China and Western Europe. And Russia is their target on 2

accounts: they want to reduce our population numbers and cleanse our territory. That is still to come. Yes.

I: Of course, we would like to hear your opinion regarding a practical plan of action, how to act, how to protect oneself, some recommendations. Maybe it's not your field of expertise (of what to do), but maybe you could tell us something.

V: I'm, of course, no epidemiologist. Although, you could say I'm a parasitologist, because you have to be one in order to understand the power structures in Russia.

So, I'm speaking as a military doctor – epidemiologist and parasitologist. Until we're able to get rid of our internal parasites who rule over us, we won't be able to tackle other parasites.

Police Officer Makes Viral Video Urging Law Enforcement not to Enforce ‘Tyrannical Orders against the People’

May 27, 2020

<https://goldenageofgaia.com/2020/05/27/police-officer-makes-viral-video-urging-law-enforcement-not-to-enforce-tyrannical-orders-against-the-people/>



We've posted this video before, but the fact that it's drawing attention brings it back into the news again. [Video available on site.]

Police Officer Makes Viral Video Urging Law Enforcement Not To Enforce ‘Tyrannical Orders Against The People’

Hank Berrien, DailyWire.com, May 13th, 2020

(<https://tinyurl.com/y7j2ofp4>)

A Port of Seattle police officer made a video urging his fellow officers around the nation to eschew “enforcing tyrannical orders against the people” as a result of stay-at-home and lockdown orders. According to a [Go Fund Me page](#), the officer, Greg Anderson, a reported Special Forces veteran who fought in Iraq, may be terminated from his job because the video was deemed a violation of policy.

In the approximately nine-minute video, Anderson began:

You know, as a police officer, I'm compelled to make this video. I've been in law enforcement for ten years, and I'm speaking to my peers, other fellow officers; people in any kind of law enforcement position.

I've seen police officers nationwide enforcing tyrannical orders against the people, and I'm hoping it's the minority of officers but I'm not sure anymore, cause every time I turn on the television, every time I look to the internet, I'm seeing people arrested or cited for going to church, for traveling on the roadways, for going surfing, opening their businesses, going to the park with their families or doing nails out of their own house, using their own house as a place of business and having undercover agents go there and arrest them and charge them with what? With a crime?

He continued,

"I don't know what crime people are committing by doing nails in their own house, but we're seeing this more and more and more. We need to start looking at ourselves as officers and thinking: Is what I'm doing right? I want to remind you that regardless of where you stand on the coronavirus, we don't have the authority to do those things to people just because a mayor or a governor tells you otherwise. I don't care if it's your sergeant or chief of police, we don't get to violate people's constitutional rights because somebody in our chain of command tells us otherwise. It's not how this country works."

Anderson turned to citing the Declaration of Independence:

Those are de facto arrests; we're violating people's rights and taking money from them or even worse, arresting them and depriving them of their freedom when they are exercising their constitutional rights. So let's talk about that. Let's read something right here off of the Declaration of independence" "All men are created equal ... among these, we have the right to life, liberty, and the pursuit of happiness, that to secure these rights, governments are instituted among men deriving their power from the consent of the governed." Meaning our power, and any government official's power, is derived from the people. We don't hold power over our citizens; it's contradictory to everything that our country stands for.

Anderson cited the Bill of Rights:

And this is what I'm seeing: First Amendment Rights, telling people they can't go to church; freedom of religion. Telling people they can't protest: freedom of assembly. Fourth Amendment violations: illegal traffic stops to check for papers? What are you, the Gestapo? Is this 1930's Nazi Germany? You don't get to stop people unless you have reasonable suspicion or probable cause that they have committed a crime. And I know people that have personally been stopped, saying, "We want to see papers showing that you're essential." That is not how our job works, okay?

Anderson pointed out that the schism created by officers enforcing state and city orders could have a calamitous effect on citizen-law enforcement relations:

What really has been pissing me off lately is the fact that these officers that are going out here and enforcing these tyrannical orders, what they're doing is they're putting my job and my safety at risk. Because what you're doing is widening the gap between public trust and law enforcement officers. And what that's gonna do — look at what's happened to law enforcement in the last ten years: less and less public trust, and more often that not that is a result of isolated incidents that get blown out of proportion. They're not isolated anymore; they're happening every single day.

And the thing that I want you guys to realize is that our power that we hold as law enforcement officers is nothing more than a façade. It's badge and a gun. You don't realize, if you haven't lived in anarchy, if you haven't seen combat, things can be stripped from people in a heartbeat. And that's what I'm afraid of; I'm afraid that these actions are going to wake a sleeping giant, i.e., the American people. They are going to be put in a position where they won't have their rights trampled anymore. And us as law enforcement officers, we'll have our ability to enforce the law stripped from us in about ten minutes.

He predicted,

"I think what's gonna happen, if this continues, is we're gonna see bloodshed in the streets. I don't want to see bloodshed in the streets on either si

de of this coin. I don't want to see fellow officers get injured or killed, and I certainly don't want to see citizens get injured or killed. And I promise you, most of you out there, doing these tyrannical acts against our citizens, you're not ready for combat. You're not mentally or physically ready for combat in the first place. I promise you, you don't want to go through that, and I hope I never have to go through that again."

He continued:

You don't get to just say, "Well, I'm doing this because I was told to do so," or, "I was following orders," or, "I need to keep this job." Guess what? I need to keep this job more than anybody. I have three young children; I have two houses; I have the same sob story that the rest of you guys have. But my personal choices and my living arrangements, no matter what they are, don't allow me to trample on people's rights.

And I don't understand why that concept is so hard for people to understand. Listen: You need to stand up for what's right. If you're part of a department or agency that is asking their officers and their deputies to impose on people's rights and infringe on their freedoms, you need to step up and say, "No. That's not me. That's not what I signed up for and that's going against my oath." And if that costs you your job, so be it. At least you'll be able to look at yourself in the mirror at night.

Anderson concluded:

I've already expressed this to my department, and luckily for me, I come from a department that I feel like my chain of command shares my view, but I don't care what department you're part of or what your chain of command thinks: you don't get to trample on people's liberty.

And so, as a Special Operations veteran, I fought on the streets of Iraq under the U.S. government's guise of freedom, and I'm telling you what:

The American people — you are going to wake a sleeping giant, and they are going to fight ten times harder for their freedom on their soil than anything you've ever seen before.

And if that's something you're willing to face, then keep trampling on people's rights. But I promise you the American spirit of defiance is going to rise again and it's gonna be a big problem for our country.

So I'll leave you with this, something I learned as an E-nothing in the army: No matter what situation you're put in, if you look inside yourself and ask yourself one question: Am I doing the right thing, you ask yourself that? You know the answer. And no amount of money or no order or law or anything should be able to make you go against doing the right thing.

So I'm imploring officers to look inside themselves and ask themselves: Is this what I want to be doing to my citizens? And I think the answer's clear. And if we all stand up together, guess what? It'll be a non-issue, no factor, because people and law enforcement will be united like we should be.

Antibodies Don't Equal Immunity: Busting the Antibody-Protection Paradigm

September 25, 2020

<https://goldenageofgaia.com/2020/09/25/antibodies-dont-equal-immunity-busting-the-antibody-protection-paradigm/>



Big Pharma wants you to believe in the antibody-protection paradigm, so you buy into their COVID serological/antibody tests & coming COVID vaccine. However the truth is clear: antibodies don't equal immunity.

Antibodies Don't Equal Immunity: Busting the Antibody-Protection Paradigm

Makia Freeman, Freedom Papers, August 13, 2020

(<https://thefreedomarticles.com/antibodies-dont-equal-immunity-antibody-protection-paradigm/>)

AT A GLANCE...

THE STORY:

Are antibodies the same thing as immunity? Can immunity simply be measured by antibody titers?

THE IMPLICATIONS:

What do Big Pharma and the Medical Establishment have to gain when you believe in the antibody-protection model?

Big Pharma wants you to believe in the antibody-protection paradigm, so you buy into their COVID serological/antibody tests & coming COVID vaccine. However the truth is clear: antibodies don't equal immunity.

again due to the manufactured COVID crisis. It is important that you grasp the nature and function of antibodies, as well as their limitations, since the New World Order (NWO) manipulators orchestrating Operation Coronavirus are counting on your ignorance as they continue to roll out their tyrannical agenda. Specifically, they are counting on most of the public buying into the antibody-protection paradigm.

What does this mean? By that term, I mean that they want you to believe that if you have certain antibodies, or a certain amount of antibodies (measured by titer), that you will be safe and protected from a certain disease. This plays out in 2 ways: firstly, they want you to trust the accuracy and authority of COVID antibody tests (even though there are many flaws, at least 5 as I touched upon in this article), but secondly and more importantly, they want you to trust the pending COVID vaccine (and all vaccines), since the efficacy of every single vaccine is predicated on the idea that it induces antibodies and therefore immunity.

This is the key assumption – and it is patently false. Antibodies do not equal immunity; they are merely one part of a complex system that we don't fully understand. Immunity is far more broad, deep, holistic and mysterious than simply the presence of antibodies. If you buy into the idea that antibodies make you immune, for instance that if you have COVID antibodies you will be immune to COVID, you will be playing right into the hands of those running this despicable “live exercise.”

First Things First: The 3 Layers of the Human Immune System

Before we get into what an antibody is and what it can do, let's revisit the human immune system. Did you know that, anatomically speaking, there is no separate and distinct 'immune system' as such (unlike other systems such as the circulatory system or the respiratory system)? Instead, there are several systems that possess immune function, the most important of which is the digestive system, as it is home to our microbiome or 2nd brain.

Cell by cell, we have 10 times more bacterial than human cells in our body, and these bacteria live in symbiosis with us, helping to keep us healthy and prevent disease. The immune system has 2 parts (innate or non-specific immunity and acquired or specific immunity), and at least 3 layers that operate in a very specific order. I will quote from Peter Tocci's wonderful article OK, Let's Talk Immunity:

"The [immune] 'system' exists only in the wondrous cross-communication and coordination among immunity components of the various anatomical systems ... There are two major phases of immune function: 1) "Innate," and 2) "Humoral." Innate immune function consists of two "layers" considered to be the first and second 'lines of defense'. The first layer is physical and chemical barriers.

The second layer of defense is called cell-mediated or non-specific resistance. Cells in the intestinal wall (protected by bacteria) thwart germs by signaling to innate cells, leading to the activation of white blood cells and release of protective chemicals. Humoral immunity (antibody-mediated), also called specific resistance and "acquired immunity," is the third line of defense. Vaccine doctrine says it's first, which is a ploy on behalf of artificial 'immunity.'

Specific proteins called antigens exist on the membranes of germs. Once the antigen/organism is identified as foreign, plasma cells make antigen-specific proteins called antibodies that attach to and deactivate them. Vaccines target humoral/antibody function. As physiology texts say, however, the first time immune function sees an antigen/pathogen, antibody response is comparatively mild, as innate immunity takes the lead."

Innate Immunity Leads While the Acquired Specific Immunity of Antibodies Only Comes Later

So when the body recognizes something foreign inside itself, it will activate its innate immunity (including white blood cells) first. If that doesn't work

sufficiently, then the body will activate the 3rd layer of defense, specific immunity. Here's where antibodies come into the picture. What is an antibody? The textbook definition is a protein (also known as an immunoglobulin) made by the body and produced mainly by plasma cells to combine chemically with (and neutralize) possible pathogens such as foreign substances and bacteria. The antibody recognizes a unique molecule of the pathogen, called an antigen, to which it binds.

Here's the problem: the Medical Industry, driven by the dangerous half truth of Pasteur's germ theory and driven by the extremely reductionist mindset of materialistic science ('everything must be measured'), has propagated the false notion that antibodies can be stimulated and measured, and therefore can be equated to immunity.

Perhaps this is because antibodies were the only part of the mysterious immune system that could be quantified, but whatever the reason, this false idea ignores the fact that many healthy people do not contract a disease even if they have low antibody titers, and conversely, there are people with high antibody titers who still get sick. In other words, a low antibody or titer count does not indicate susceptibility to a disease just as a high antibody or titer count does not confer immunity to a particular disease.

Antibodies Not Required for Immunity

This point was rammed home in a 2012 study entitled Antibodies are not required for immunity against some viruses. The study analyzed mice infected with vesicular stomatitis virus (VSV) and found that survival after VSV exposure did not require antibodies. They found the mice used their "adaptive immunity" (specific or acquired immunity), including antibody-producing B cells, but they didn't actually need to produce any antibodies as such:

"A new study turns the well established theory that antibodies are required for antiviral immunity upside down and reveals that an unexpected partnership between the specific and non-specific divisions of the immune system is critical for fighting some types of viral infections ... The research team studied VSV infection in mice that had B cells but did not produce antibodies.

Unexpectedly, although the B cells themselves were essential, survival after VSV exposure did not require antibodies or other aspects of traditional adaptive

immunity. “We determined that the B cells produced a chemical needed to maintain innate immune cells called macrophages.” ... Taken together, the results show that the essential role of B cells against VSV does not require adaptive mechanisms, but is instead directly linked with the innate immune system. “Our findings contradict the current view that antibodies are absolutely required to survive infection with viruses like VSV ...”

Total Body Health is the Only True Immunity

We have to understand that true health is an all encompassing-matter. They are few shortcuts. We need to patiently build our microbiome, inner terrain and blood alkalinity levels by eating a healthy diet and living a healthy lifestyle. Cultivating this will sharpen our innate and specific immune systems, while simultaneously making us less susceptible to disease, because pathogens won't be able to effectively invade or gain a foothold when our inner ecology is strong.

The article "Antibody titers and immunity: Are they related?" posted on Vaccine Liberation (VacLib.org) emphasizes the importance of memory cells rather than antibodies, but even memory cells are not the true measure of immunity. Total body health is. Here is a quote:

“The most important factor in a fully-effective immune response is general good health characterized by a clean bloodstream coupled with a nutrient-rich diet. Immunity to pathogens is dependent upon a complex response of the body's cells which may—or may not —include the production of antibodies. A titer test typically measures only one aspect of the immune system's response. Considered essential for viral disease immunity are memory cells for specific viruses. There is no test for qualitative measuring of these memory cells. Memory cells are what prompt the immune system to create antibodies that are dispatched to an infection associated with the pathogen it “remembers.” Memory cells don't need reminders in the form of re-vaccination to keep producing antibodies ... It is clear that immunity does not come from antibodies or even ‘memory cells’, although memory cells may play a small part in the much larger processes of protecting health. If a person is healthy, first time natural exposure to a virus does not necessarily result in disease. In fact, the majority of first time exposures result in no symptoms but do result in ‘antibodies’ which ‘prove the exposure’ but also prove that immunity was present before the exposure.”

Vaccines Are Solely Based on Artificially Stimulating Antibody Production

It would be a disaster for Big Pharma if more people knew the truth that antibody counts had nothing to do with true immunity. After all, Big Pharma vaccines are solely based on artificially stimulating an immune response (particularly with toxic adjuvants like aluminum) by inducing the body to make antibodies.

Then they turn around and say, “Look, we made you produce the antibodies to this disease, so now you are protected.” But if antibodies are no real measure of immunity, the artificial production of antibodies is irrelevant. Here are some more quotes from the VacLib article above:

“Dr. John March, a developer of animal vaccines, wrote, “Particularly for viral diseases, the ‘cellular’ immune response is all important, and antibody levels and protection are totally unconnected.”

Dr. Glenn Dettman stated the following in an interview with Jay Patrick: “Just because you give somebody a vaccine, and perhaps get an antibody reaction, doesn’t mean a thing. The only true antibodies, of course, are those you get naturally. What we’re doing [when we inject vaccines] is interfering with a very delicate mechanism that does its own thing. If nutrition is correct, it does it in the right way. Now if you insult a person in this way and try to trigger off something that nature looks after, you’re asking for all sorts of trouble, and we don’t believe it works.” [“The Great American Deception,” Let’s Live, December 1976, p. 57]

Raymond Obomsawin, PHD wrote the following in his book, Universal Immunization: Medical Miracle or Masterful Mirage?:

“[W]e find that upon investigating unexpected and unexplainable outbreaks of acute infection among ‘immunized’ persons, mainstream scientists have begun to seriously question whether their understanding of what constitutes reliable immunity is in fact valid. For example, a team of scientists writing in the New England Journal of Medicine provide evidence for the position that immunity to disease is a broader bio-ecological question than the factors of artificial immunization or serology. They summarily concluded: ‘It is important to stress that immunity (or its absence) cannot be determined reliable on the basis of history of the disease, history of immunization, or even history of prior serologic determination.’

“Despite these significant shifts in scientific thinking, there has unfortunately been little actual progress made in terms of undertaking systematically broad research on the multiple factors which undergird human immunity to disease, and in turn building a system of prevention that is squarely based upon such findings. It seems ironic that ...[we] must still raise the following basic questions: Why doesn’t medical research focus on what factors in our environment and in our lives weaken the immune system? Is this too simple? too ordinary? too undramatic? Or does it threaten too many vested interests?”

Brandon Turbeville writes:

“With all of the evidence such as that compiled in this article, the underlying foundation of claims by the medical and pharmaceutical industries regarding vaccine effectiveness is clearly a shaky one. The evidence that vaccines work – without even taking into account the many studies which have demonstrated that they do not – is thus wholly unreliable even when demonstrating the “proof” claimed by the researchers. In short, neither vaccination nor antibody response equals immunity.”

Conclusion

This topic ties together many fascinating threads: germ theory, materialistic reductionist science, Big Pharma, vaccines, COVID, antibody tests and a lack of appreciation for the holistic and energetic nature of the human body and its immune system. There are clearly many many more factors at play in determining an individual’s immunity than just counting that person’s antibodies.

We need to fully comprehend this, because in the months to come, you can be sure there there will be some governments that will bait their citizens with a ‘return to normalcy’ if they just take the COVID serological or antibody test, despite the fact that a result of COVID-antibody positive can be interpreted any which way, and is scientifically meaningless when it comes to determining actual immunity. Next, of course, the authorities will pitch the COVID vaccine™ that produces COVID antibodies™ as the only way to participate fully in society again, a la Mark of the Beast. This article has pierced that line of reasoning. Spread this far and wide.

Makia Freeman is the editor of alternative media / independent news site The Freedom Articles, author of Cancer: The Lies, the Truth and the Solutions and senior researcher at ToolsForFreedom.com. Makia is on Steemit and Parler.

Tweet from Adam Creighton

(https://twitter.com/Adam_Creighton/status/1308652790823051264)

The US govt last week updated the survival rates (i.e., IF infected) for Covid19:

0-19 99.997%

20-49 99.98%

50-69 99.5%

70+ 94.6%

Didn't see it reported much.<https://t.co/miFbqyb9pM>

— Adam Creighton (@Adam_Creighton) [September 23, 2020](#)

WHO Coronavirus PCR Test Primer Sequence is Found in All Human DNA

September 25, 2020

<https://goldenageofgaia.com/2020/09/25/who-coronavirus-pcr-test-primer-sequence-is-found-in-all-human-dna/>



*"It's easier to fool people
than to convince them that
they have been fooled."*
(Mark Twain, attributed)

WHO Coronavirus PCR Test Primer Sequence is Found in All Human DNA

Fauxlex, Piece of Mindful, April 6, 2020

(<https://pieceofmindful.com/2020/04/06/bombshell-who-coronavirus-pcr-test-primer-sequence-is-found-in-all-human-dna/>)

This was important enough that I wanted to get it out immediately. My research into the NCBI database for nucleotide sequences has lead to a stunning discovery. One of the WHO primer sequences in the PCR test for SARS-CoV-2 is found in all human DNA!

The sequence "CTCCCTTTGTTGTGTTGT" is an 18-character primer sequence found in the [WHO coronavirus PCR testing protocol document](#). The primer sequences are what get amplified by the PCR process in order to be detected and designated a "positive" test result. It just so happens this *exact same* 18-character sequence, verbatim, is also found on Homo sapiens chromosome 8! As far as I can tell, this means that the WHO test kits should find a positive result in all humans. Can anyone explain this otherwise?

I really cannot overstate the significance of this finding. At minimum, it should have a notable impact on test results.

Homo sapiens chromosome 8, GRCh38.p12 Primary Assembly
Sequence ID: NC_000008.11 Length: 145138636
Range 1: 63648346 to 63648363 is "CTCCCTTTGTTGTGTTGT"

Update: After some effort, I have finally discovered a way to display proof (beyond my screenshots) that human chromosome 8 has this exact same 18-character sequence. Please try the link below. The sequence is shown at the bottom of the page.

[https://www.ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log\\$=nuclalign&from=63648346&to=63648363](https://www.ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log$=nuclalign&from=63648346&to=63648363)

Were Doctors Free to Prescribe Hydroxychloroquine, ‘We Wouldn’t Need the Lockdowns’

September 26, 2020

<https://goldenageofgaia.com/2020/09/26/were-doctors-free-to-prescribe-hydroxychloroquine-we-wouldnt-need-the-lockdowns/>



Were doctors free to prescribe Hydroxychloroquine, 'we wouldn't need the lockdowns'

Sky News Australia, Sep 23, 2020

(<https://www.youtube.com/watch?v=QZgal3hssjI>)

Hydroxychloroquine is a lawful drug which “doctors have been able to prescribe for over 60 years” yet bureaucrats have stepped in and overridden the ability of Australian doctors to prescribe it to their patients, says Liberal MP Craig Kelly.

“This is the most insane thing that I’ve ever seen in my life,” Mr Kelly told Sky News host Alan Jones

“The evidence is now overwhelming; it rolls in day after day after day.”

Mr Craig said in the last 24 hours, a peer reviewed study published in the Lancet said “overall mortality was lower in the hydroxychloroquine group than in the group that didn’t receive hydroxychloroquine.”

“Yet we still have this ban preventing Australian doctors from prescribing this drug to their sick COVID patients,” he said.

“With the weight of evidence going on, anyone who tells you that hydroxychloroquine, there is no evidence for it, or it’s dangerous, is either lying or they’re a fool.”

Mr Kelly said "if these bureaucrats get out of the way and give the freedom back to the doctors" to prescribe hydroxychloroquine again, we wouldn’t need the lockdowns and we wouldn’t have “all the pain and suffering we are seeing around the nations”.

Mr Jones added “people are dying as a result of the ban in this country.”

COVID-19: The Coverup, the Cure, and the Key Evidence

August 10, 2020

<https://goldenageofgaia.com/2020/08/10/covid-19-the-coverup-the-cure-and-the-key-evidence/>



A historical treatment of the HCQ cover-up (long but informative).

COVID-19: The Coverup, the Cure, and the Key Evidence

Corey's Digs, August 7, 2020

(<https://www.coreysdigs.com/health-science/covid-19-the-coverup-the-cure-and-key-evidence/>)

The coverup of an early cure for COVID-19 didn't begin with the viral videos of America's Frontline Doctors, but they sure did bring the message home, and exposed one of the most orchestrated and targeted attacks on subverting life-saving drugs, while everyone watched this cyclone in real time.

Within 24-hours all major social media platforms, mainstream news, Bill Gates, Dr. Anthony Fauci, and politicians tried to kill the message, but not before it had already reached over 17 million people. America's Frontline Doctors' website was even removed in its entirety by Squarespace, and they had to quickly [rebuild it on another](#) host site.

This was not just an attack on the doctors, this was an attack on the American people to subvert critical information on hydroxychloroquine that has proven to treat COVID-19 in the early stages. Why would they want to do this? Why would they want to hide a cure from the American people?

Wrap your head around this 24-takedown of a drug that's been around for over 65 years with little to no side effects, only 20 deaths worldwide, and proven to work on COVID-19 patients. Tylenol results in 500 deaths annually in the U.S. alone, and it's sold over the counter. Does this equate? Next, review the evidence they claim doesn't exist, and why Remdesivir is the drug of choice, along with the push for a vaccine.

The fear is worse than the virus, and the damage it is doing has far surpassed COVID-related deaths. CDC Director Robert Redfield recently [stated](#) "We're seeing, sadly, far greater suicides now than we are deaths from COVID. We're seeing far greater deaths from drug overdose that are above excess that we had as background than we are seeing the deaths from COVID." Sadly, teenagers are among the highest.

America's Frontline Doctors are a group of doctors who have been working on the front lines treating COVID-19 patients with great success. It was founded by Dr. Simone Gold who has worked as an emergency room physician for 20 years and is also an attorney. They called for a press conference and a 2-day summit to bring the truth to the forefront and teach Americans about the disinformation campaign, hydroxychloroquine (HCQ), masks, fear, impacts on children, and other key aspects.

Their press conferences and full Summit can be viewed on America's Frontline Doctors [website](#). Below are the two press conferences.

The Full Scope

This report will cover:

- *Videos of both press conferences by America's Frontline Doctors*
- *The targeted takedown timeline and important key facts and players*

- *The facts about the FDA on HCQ and misreporting by almost every news source*
- *Evidence and the battle between HCQ and Remdesivir*
- *The fear is worse than the virus – statistics and data matter*



Dr. Simone Gold
@drsimonegold



.@JamesTodaroMD: "If it seems like there's an orchestrated attack going on against hydroxychloroquine, it's because there is. When have you ever heard of a medication generating this degree of controversy?"



10:19 PM · Jul 29, 2020 · [Twitter for iPhone](#)

America's Frontline Doctors' Press Conferences

[45-Min Press Conference Leading up to Summit](#)

Day 2 Press Conference After Censoring

Timeline of Targeted Attack

It's very important to review the timeline of this specific targeted attack, because there has been a political attack on hydroxychloroquine since President Trump first mentioned it. This was one of the most expeditious, well-orchestrated takedown that millions of people observed in real time, but likely missed some key points.

Breitbart [went live](#) with America's Frontline Doctors' press conference about hydroxychloroquine curing early stages of COVID-19 the morning of July 27, which was followed by a 2-day summit. Watch what happened next.

Immediately, Attorney Sidney Powell was censored by twitter, followed by Donald Trump, Jr. and hundreds of others who dared to share the viral video, including Robby Starbuck who President Trump had retweeted. Facebook and Google/YouTube removed the videos as fast as people were trying to archive them.

Thanks for your appeal

You appealed 1 Tweet.



Sidney Powell 🇺🇸 ★ ★ ★ ★
@SidneyPowell1

Make #hydroxychloroquine available over the counter! It will prevent and stop it for next to nothing! This is all outrageous and needlessly destructive. All of #America should be open now 🇺🇸 🇺🇸
@realDonaldTrump @WhiteHouse
@JennaEllisEsq @DanScavino
@dbongino @GenFlynn
<https://t.co/Fli6e33CsH>

Jul 27, 2020, 5:50 PM

Please note that while we review your appeal, you won't be able to access your Twitter account. We'll take a look and will respond as soon as possible.

If you'd rather just delete your Tweet, you can [cancel your appeal](#).

In early July, former CIA and current CNN contributor Jake Tapper tweeted out a study that found hydroxychloroquine helped coronavirus patients survive better. Twitter certainly didn't suspend Tapper for sharing this information. Isn't that interesting?



Jake Tapper ✓
@jaketapper



Study finds hydroxychloroquine helped coronavirus patients survive better - CNN



Study finds hydroxychloroquine may have boosted survival, but other research...
Hydroxychloroquine helped Covid-19 patients, a study in Detroit found.

[cnn.com](https://www.cnn.com)

8:42 AM · Jul 3, 2020 · [Twitter for iPhone](#)

As twitter began censoring people and trying to block the sharing of the press conference and summit, they decided to create a “COVID-19 LIVE” banner in their top right news column, stating “Hydroxychloroquine is not an effective treatment for COVID-19, according to the FDA.”



When one clicks on the link, it takes you to a page filled with old information that the FDA put out on June 15, yet they created an image of it with the word “LIVE” to give the false impression it is “new” information. IT IS NOT. In fact, the FDA removed their “emergency use authorization” on hydroxychloroquine that limited the use to hospitals and allowed for distribution in interstate commerce, but this was misreported by nearly every news source out there. It’s understandable how it was misreported, because the FDA did a fine job of writing it up in a confusing manner.



FDA Drug Information @FDA_Drug_Info · Jun 15

Based on continued review of scientific data, FDA has determined that chloroquine and hydroxychloroquine are unlikely to be effective in treating #COVID19 and therefore we are revoking the emergency use authorization for these drugs: go.usa.gov/xwU2c



4.8K

5.2K

3.8K



What you need to know

- Hydroxychloroquine is an anti-malaria drug that some have touted as a potential COVID-19 treatment
- The FDA says hydroxychloroquine is "unlikely to be effective" in treating COVID-19 and has revoked an emergency use authorization for the drug
- National Institutes of Health and World Health Organisation trials found the drug provided little or no benefit for hospitalized COVID-19 patients

The FDA revoked emergency use authorization of hydroxychloroquine for COVID-19 in June

Twitter went so far as to insert "what you need to know" bullet points from June, twisting the narrative. This twisted narrative that was reported by nearly every news source brought so much confusion to the medical field that many doctors believed they shouldn't prescribe it. State medical boards and pharmacy boards

clamped down on doctors and many pharmacies were instructed not to fill prescriptions by doctors. Of course, several governors were making a play to shut it down as well. Make no mistake, there is corruption in the state medical boards, with many serving big pharma. Here's a perfect example of what one of the doctor's is currently dealing with, which can be seen in the full summit videos.

So what's the real narrative? Corey's Digs reported on this back in June, immediately after this information was released, to try to raise awareness that the FDA had in fact REMOVED the restrictions. It was incorporated into the report on [‘Historical Hypocrisy & Psychological Warfare.’](#)

On June 14, reports came out that The Association of American Physicians and Surgeons (AAPS) [sued the FDA](#) for “irrational” interference of access to life-saving hydroxychloroquine, and the very next day the FDA removed the emergency use. Till this day, as mentioned above, news sources are still misreporting this. Since then, the AAPS submitted additional evidence in a new [court filing](#).

On June 15, the same day this information came out by the FDA, HHS Secretary Alex Azar had to clarify the use of hydroxychloroquine to the press. He clarified that it is NOW approved for use in hospitals, outpatient, and at home by prescription from a doctor. The FDA's removal clears up the confusion that it could only be used in a hospital setting, when in fact it can be used everywhere. The data doesn't support hospital based use for extreme cases, so they removed that restriction.

President Trump, many politicians, and frontline workers all take hydroxychloroquine as a prophylactic. In fact, Trump has been outspoken about hydroxychloroquine since the beginning, which is when it spiraled into a political battle targeting Trump, while ultimately putting Americans at risk by publishing bogus studies demonizing hydroxychloroquine, only later to be retracted.

July 28 – The Morning Following The Viral Press Conference & Summit

The following day, at the crack of dawn, Dr. Anthony Fauci [went on](#) Good Morning America to try to debunk hydroxychloroquine once again. He pointed to the FDA, who long ago removed the restriction, as well as trials that have been retracted. So the “overwhelming clinical trials” he speaks of are BUNK, and he is

fully aware of it. He also knows chloroquine works because of the 2005 [study](#) by the NIH. Now he suggests people may need to wear goggles. He's off his rocker.

"I go along with the FDA. The overwhelming prevailing clinical trials that have looked at the efficacy of HCQ have indicated that it is not effective in coronavirus disease," said Fauci.



Good Morning America 
@GMA



Dr. Anthony Fauci to [@GStephanopoulos](#): "The overwhelming prevailing clinical trials that have looked at the efficacy of hydroxychloroquine have indicated that it is not effective in coronavirus disease." [gma.abc/2BCnrMF](#)



6:13 AM · Jul 28, 2020 · [SnapStream TV Search](#)

On July 29, they [even got](#) Scott Gottlieb, the former FDA Commissioner to tell MSNBC that “hydroxychloroquine definitively does not work as a coronavirus treatment.”

If you recall, in February 2019 it was Gottlieb that threatened to take action at a federal level if states did not adjust “lax vaccine exemption laws.” Ironically, he “stepped down” from his position the following month. He is also currently a contributor to CNBC, and a [member](#) of the board of directors of Pfizer, Inc. along with the senior advisor and board member of the Bill & Melinda Gates Medical Research Institute. Cozy.

This tweet has since been removed by Twitter.

Dr. Stella Immanuel stole the hearts of many with her passion and courageous statements on the effects of hydroxychloroquine working as both a prophylactic and treatment in curing early stages of COVID-19. She herself has treated 350 patients with HCQ, zinc and azithromycin with great success, stating that everyone healed quickly and she has not lost a patient yet. She also called on Dr. Fauci to take a urine test because she believes he is taking HCQ as a prophylactic like many others who have access to it.



Dr. Simone Gold
@drsimonegold

UPDATE: We have just met with Vice President Mike Pence to request the administration's assistance in empowering doctors to prescribe hydroxychloroquine without political obstruction.

We also discussed the recent censorship of doctors on social media platforms.

[#WhiteCoatSummit](#)

6:54 PM · Jul 28, 2020 · [Twitter for iPhone](#)

31.8K Retweets and comments **64.9K** Likes

In an amazing turn of events, **on July 28**, the Founder, Dr. Simone Gold, made everyone aware that their group had met with Vice President Mike Pence to request the administration's assistance in empowering doctors to prescribe hydroxychloroquine without political obstruction, and discussed the recent censorship of doctors on social media platforms.

Millions of people who have been working hard to get information out on HCQ, and were ecstatic to see these doctors speak out, are anxiously hoping that the Trump administration is going to take more action. President Trump was one of the first to speak out about hydroxychloroquine, and made sure we had 90 million pills stored, but the media and powers that be have done everything to shut it down. After all, at only \$10, it's hardly profitable for big pharma and their investors.

On July 29, Bill Gates went on Yahoo Finance with Andy Serwer to [explain](#) how "conspiracy theories... these lies, travel faster than the truth, particularly on social

media.” He went on to state that “this outrageous hydroxychloroquine anti-mask thing spread so fast..... this hydroxychloroquine thing, this is nutty stuff. I mean, we’re supposed to be a developed country that uses science. Oh my God, it’s really hard to believe that that’s what’s being retweeted.”

Essentially, Bill Gates, who is neither a doctor or a scientist, is calling this group of well-established doctors “nutty” despite the fact they have been treating COVID-19 patients successfully for months now. Furthermore, hydroxychloroquine is sold over the counter in Latin America, Indonesia, Iran, France, Mexico, and parts of Africa, where Bill Gates focuses most of his attention, so he knows darn well there’s nothing “nutty” about the science, especially considering the [CDC says](#) that “hydroxychloroquine can be prescribed to adults and children of all ages. It can also be safely taken by pregnant women and nursing mothers.” Oops – science.

The former head of WHO’s malaria program, Dr. Artara Kochi said it best in 2008 when he raised serious concerns about the *Gates Foundation undermining scientific creativity that “could have implicitly dangerous consequences on the policy making process in world health.”* He went on to [state](#), “Gates has created a ‘cartel,’ with research leaders linked so closely that each has a vested interest to safeguard the work of others. The result is that obtaining an independent review of scientific evidence (...) is becoming increasingly difficult.”

On July 30, FDA Commissioner Stephen Hahn went on NBC’s “Today” show, who cleverly posted a banner stating “debunked video” which made no sense with the overall conversation. Nonetheless, Hahn [made clear](#) “we had data that when this drug was combined with others, there was some risk associated with that. But the question you’re asking me is a decision between a doctor and a patient. A doctor and a patient need to assess the data that’s out there. *The FDA does not regulate the practice of medicine, and that in the privacy of the doctor-patient relationship is where that decision should be made.... these drugs have been approved for a number of years for other indications by the FDA. We know that they are safe in their settings,*” while assuring everyone that the FDA will not cut corners on a vaccine. With the way the FDA has handled this thus far, cutting corners, suppressing information, and putting out confusing information seem to be commonplace.

The very next day the “Today” show published an [article](#) titled ‘Hydroxychloroquine for COVID-19: Scientists say it’s time to stop promoting the drug,’ just to cover their bases. They quoted Dr. Carlos del Rio saying “there is no reason to keep talking about hydroxychloroquine for COVID-19... It does not work for treatment or for prevention. I have no idea why there is still talk about it, but it’s wrong.” It’s important to [note](#) that Dr. Rio holds several positions with Emory, including co-director of the Emory Center for AIDS Research and has been involved with AIDS, antivirals and vaccines for decades, which is Bill & Melinda Gates biggest focus and the AIDS agenda would appear to be a [slush fund](#) derived in part by billions in taxpayer dollars.

Who funds Emory University’s many divisions?

The Bill & Melinda Gates Foundation and Dr. Anthony Fauci’s NIH. Below are just two examples.

In 2012 – \$6 million to [develop](#) a vaccine for HIV/AIDS from Bill & Melinda Gates Foundation and \$7 million from NIH.

In 2020 they funded Emory a hefty amount for research at the Emory Vaccine Center for long-lasting immunity against HIV.

Who is Dr. Rio loyal to? The \$10 hydroxychloroquine his funders Bill Gates and Dr. Fauci shun, or the \$3000 Remdesivir, along with a vaccine they can all benefit from? Del Rio made that quite clear in March.

Sadly, on July 30, Dr. Simone Gold announced she was [fired](#) from her position after 20 years as an emergency room physician, for appearing at the White Coat Summit. She has stated that she has retained the services of Attorney Lin Wood.

On July 31, the Washington Post ran an article alleging “fringe doctors spouting dangerous falsehoods about hydroxychloroquine as a COVID-19 wonder cure.” Why is the Washington Post referring to a group of well-established doctors as “fringe doctors,” and why are they deeming hydroxychloroquine to be a dangerous falsehood? Perhaps they too should check in with the CDC, the FDA, and numerous countries that sell it over the counter.

By August 3, nearly every major news outlet was doing damage control, trying to create doubt in Americans, alleging these were “individuals” in white coats and that it is all fake news, and very dangerous. USA Today took the cake by rolling out [an op-ed](#) by a very young Dr. Thomas Lew from Hospital Medicine at Stanford Health Care, who is giddier than a kid in a candy store to be printed in the paper, [tweeting](#) (Look, Ma, I’m in the paper!)

Hydroxychloroquine vs Remdesivir

- *Remdesivir is a drug originally produced for Ebola by Gilead Sciences and was never approved by the FDA. It runs \$3000, is still in trial stages, and comes with serious negative side effects. They are still working on it. More on Remdesivir below.*
- *As Director of NIAID since 1984, Dr. Fauci [knew](#) about chloroquine being a potent inhibitor of SARS coronavirus infection and spread, back in 2005*
- *[White Paper](#) on hydroxychloroquine by Dr. Simone Gold, MD, JD*
- *Compendium of hydroxychloroquine [Studies](#)*
- *Articles and research [supporting](#) prophylaxis and early treatment with hydroxychloroquine*
- *[Newsweek](#): The Key to Defeating COVID-19 Already Exists. We Need to Start Using It (HCQ) – by Harvey A. Risch, MD, PHD, Professor of Epidemiology, Yale School of Public Health*
- *66 hydroxychloroquine COVID-19 studies (40 peer reviewed). Analysis of 66 global studies [showing](#) high effectiveness for early treatment. PrEP – 100%, PEP – 100%, Early – 100%, Late – 62%*
- *In a [13-min interview](#) by Sebastian Gorka, Dr. Gold pointed out that “there is a financial incentive for hydroxychloroquine to be discredited as an effective treatment for Covid-19. If hydroxychloroquine was labeled as a first line treatment, emergency use authorization for competing products would cease to exist.”=*

Dr. James Todaro compiled the number of deaths by hydroxychloroquine versus Tylenol, prior to COVID-19, dating back to 1963. Whereas Tylenol results in 500

deaths each year in the U.S. alone, there have only been 20 deaths resulting from hydroxychloroquine, worldwide. This raises the question – why are Bill Gates, Dr. Fauci, a select handful of doctors, and mainstream news, all selling “danger, danger” if someone were to take hydroxychloroquine in early stages or as a prophylactic, but are ok with Tylenol being sold over the counter? Does this seem odd?

Dr. Todaro also brought attention to an [article published in Pediatrics](#): “COVID-19 Transmission and Children: The Child Is Not to Blame” The article states “almost 6 months into the pandemic, accumulating evidence & collective experience argue that children...are far less important drivers of SARS-CoV-2 transmission than adults.”

The [CDC says](#) that “hydroxychloroquine can be prescribed to adults and children of all ages. It can also be safely taken by pregnant women and nursing mothers.” How can it be so safe, if those on the Remdesivir wagon keep calling it “dangerous?”

Retracted Hydroxychloroquine Studies

The original study that was published by The Lancet and used by media sources, politicians, the WHO, Dr. Fauci, Bill Gates, and many others, to allege that hydroxychloroquine was dangerous and did not work in treating COVID-19, was later [retracted](#) by The Lancet as a bogus study, but the damage had already been done. The WHO and many others had refused to run clinical trials because of “safety concerns” since The Lancet study set the stage.

Hydroxychloroquine is a very inexpensive drug that has been used for 65 years in treating malaria and lupus. It is FAR SAFER than Tylenol and is sold over the counter in Latin America, Indonesia, Iran, part of Africa, France, and Mexico, to name a few. It has safely treated COVID-19 positive patients in early stages, when prescribed with zinc and Azithromycin, quite possibly saving many lives. It is also working efficiently as a prophylactic, according to many taking it who have never contracted COVID-19. To the contrary, Remdesivir, a drug originally produced for Ebola by Gilead and never approved by the FDA, runs \$3000, is still in trial stages, and comes with serious negative side effects.

Investigative Journalist Sharyl Attkisson did an excellent report on both hydroxychloroquine and Remdesivir back in May. Her [10-minute video report](#) is a must watch. Attkisson interviewed Biomedical Scientist Dr. Steven Hatfill, who worked on Ebola and studies pandemic responses and medicine. **Hatfill says that there is an unwarranted campaign against hydroxychloroquine and believes that lives were lost because of it.**

Attkisson looked into financial ties “among experts on the government panel devising coronavirus treatment guidelines which had the effect of dialing back hydroxychloroquine use and giving an edge to Remdesivir.”

Attkisson found “that of 11 members reporting links to a drug company, nine of them named relationships to Remdesivir’s maker Gilead. Seven more, including two of the committee’s leaders, have ties to Gilead beyond the 11 months they had to disclose. Two were on Gilead’s advisory board. Others were paid consultants or received research support and honoraria. Nobody reported ties to hydroxychloroquine which is now made by numerous generic manufacturers and is so cheap, analysts say even a spike in sales would not be a financial driver for the companies.”

Despite USA Today [publishing](#) a fact-checking article claiming that Bill Gates doesn’t stand to profit from Remdesivir, according to Bill & Melinda Gates Foundation Trust’s 2018 tax returns, they held over \$1.3 million in common stock, and \$3.3 million in corporate bonds, in Gilead Sciences, Inc. at that time. So the fact that Bill Gates has partnered with a group of companies, including Gilead Sciences, to accelerate research on coronavirus and quite possibly still has over \$4 million in stocks and bonds with Gilead, sure sounds like a solid investment with a potential profit.

And though Gates may not have funded the development of Remdesivir specifically, he has partnered with and funded Gilead Sciences over the years on other research and development. It’s the equivalent of saying, “I went out to dinner with them but I didn’t pay for the appetizer, I only paid for the main meal, therefore I didn’t really take them out and wine them and dine them.” Surely no one is profiting from this “humanitarian” effort. In addition to this, there are currently [talks](#) about AstraZeneca, who is manufacturing experimental coronavirus vaccines developed by Oxford University, merging with Gilead Sciences.

Coincidentally, AstraZeneca already has big deals signed with the Bill & Melinda Gates Foundation.

The Fear is Worse Than the Virus

COVID-19 has a [98.6 percent recovery rate](#), and in all likelihood, that percentage is much higher considering the fact that Dr. Birx, mayors, governors, and the CDC have stated that they are documenting “cause of death” as COVID-19 on those who tested positive, despite comorbidities or actual cause of death, in addition to 40 percent of the deaths taking place in nursing homes – no thanks to Gov. Cuomo.

On July 14, during a Buck Institute webinar, CDC Director Robert Redfield [stated](#) **“We’re seeing, sadly, far greater suicides now than we are deaths from COVID.** We’re seeing far greater deaths from drug overdose that are above excess that we had as background than we are seeing the deaths from COVID.” Why isn’t Redfield screaming this from the rooftops? He has not published this to the CDC website, held a press conference, or gone on mainstream news programs to get this information out. Sadly, this spike in suicides is highest among high school students. While many children remain stuck at home, child abuse has been on the rise as well. It’s truly tragic.

Only 86 children have allegedly [died](#) from novel-coronavirus in the U.S., whereas 500 children [die](#) annually from the seasonal flu – yet they won’t open schools in most areas and they want the children wearing masks all day long if they do, despite [evidence](#) that they can cause harm. The unwarranted damage this is doing to their mental and physical health will be seen for years to come. It would seem that homeschooling co-ops may be the better option and give the ability to teach a curriculum that gives children the opportunity to expand their minds rather than indoctrinate them.

Many small business have permanently closed, and nearly 16,000 restaurants have been [put out of business](#) due to COVID. The abrupt closures, extreme restrictions and guidelines, and repeated shutdowns wiped them out, as well as many other businesses. Millions of people are suffering from the inability to feed their families or put a roof over their heads, while many remain on unemployment.

In addition to anxiety and depression affecting nearly everyone in the country, they've gone so far as to not allow funerals or only a small number can attend, while thousands of people have died alone in hospitals because their families were not allowed in. Countless elective surgeries and treatment were postponed for very sick people, including cancer patients. How many people died because they couldn't get the help they needed while hospitals sat empty over a potential COVID influx? **Roughly 40% of Americans have postponed getting medical care** due to the coronavirus outbreak. That number has stayed around 40% in all 12 weeks of the Census Bureau's Household Pulse Survey.

Over 250,000 people die in the U.S. each year due to medical errors, but does that stop everyone from going to doctors or getting surgeries? Last year 38,800 people died in car accidents. Is everyone going to stop driving? An estimated 88,000 people die annually from alcohol-related causes. How many people quit drinking? Heart disease is the leading cause of death in the U.S., accounting for 647,000 people in 2017 alone. How many people have changed their diets and exercise habits, or quit smoking? Is this not alarming? Has there been a nationwide campaign over concern for everyone's health, whereby they are drilling it in everyone's heads day and night everywhere you go, because they are so concerned about your health? NO. Why is that? It's more than four times the threat of COVID. Yet, people have become terrified to go anywhere without a mask on, or resume any sense of life due to 150,000 COVID-related deaths in which nearly all of them had comorbidities, over 40% are linked to nursing homes, and there is a treatment for early stages. So people are unwilling to work on their health to avoid dying from heart disease, but they are willing to give up their jobs, finances, housing, freedoms, children's schooling, and wear a mask out of fear of getting a novel coronavirus with a 98.6 percent recovery rate, whereby only 50 percent of people even have symptoms? Does something feel a bit off?

What is truly tragic about all of this is that none of it had to happen. They didn't just shut down the economy, they shut down everyone's lives with fear and intimidation tactics. And long after the numbers have proved them all wrong, they still keep pushing for shutdowns and extreme restrictions that are unwarranted.

All the while, there was a little pill called hydroxychloroquine, that if taken early on, along with zinc and Azithromycin, could have prevented much of the fear from escalating, but they shut that down too. Ask yourself WHY? They are warning

against a drug that's been around for 65 years with billions of doses going out in multiple countries, many of which make it available over the counter, a drug that has seen only 20 total deaths worldwide since 1963 – but, a vaccine for a virus, which has never been able to be produced to date, is being rushed with no long term clinical trial, and that's not dangerous? Put that in perspective.

The ultimate question is this – if all of these individuals and agencies were willing to go this far to keep Americans from having access to hydroxychloroquine, and flat out lie about it being “dangerous,” how far have they gone with other drugs that could have cured cancer or other life-threatening diseases? It's quite clear that money plays a very big factor.

Yale University recently completed a [study](#) on 4,000 volunteers, titled ‘Persuasive messages for COVID-19 vaccine uptake,’ and it's nowhere as innocent as it may sound. These [vax zealots are trying to put their message in a bottle](#) by manipulating people's minds through guilt, fear, embarrassment, anger, and not being “brave” enough. They all work together to “flood the message” to coerce the population into buying what they are selling. For those unaware, there have been \$4.1 billion in injury and death claims against [vaccines](#), to date. And based on evidence thus far, a vaccine is not needed.

America's Frontline Doctors are bravely risking their careers to get this important information out to the public, trying to help make hydroxychloroquine available to the public, to put an end to the fears, and to stop this avalanche from proceeding beyond the destruction it has already created. They are currently [raising funds](#) toward the following goals.

The bottom line is, if you had never been told about COVID-19, you likely never would have been aware it even existed, and life would have resumed as normal. The fact is 98.6 percent of people recover from it, 50 percent of people don't even have symptoms, and over 40 percent of those that did die were in nursing homes with comorbidities. Everyone would have assumed it was simply the flu. It is important that we were made aware of it, especially since drugs such as hydroxychloroquine can potentially stop it in its track in the early stages, but this virus has been so incredibly politicized and was used to shut down our economy and our lives. Was it worth it? Certainly not for the thousands who died from not being able to receive treatment for other deadly issues, or for those who committed

suicide. Prayers go up to everyone who have lost their lives during these tragic times.

It's time to get back to work, get back to life, get back to joy, and inform your neighbors, doctors, state reps, and governors that you demand our country open back up, mask-free, children get back to school, and hydroxychloroquine be made available to all Americans.

It's time to live again. It's time to take back your freedoms, your life, and your happiness.

Australian Professor: Ivermectin ‘Amazingly Successful’ in Killing Coronavirus

August 15, 2020

<https://goldenageofgaia.com/2020/08/15/australian-professor-ivermectin-amazingly-successful-in-killing-coronavirus/>



A Health Worker Shows A Bottle Of Ivermectin

Australian Professor: Ivermectin ‘Amazingly Successful’ in Killing Coronavirus

Humans are Free, August 10, 2020

(<https://humansarefree.com/2020/08/australian-professor-ivermectin-amazingly-successful-in-killing-coronavirus.html>)

An Australian drug known as Ivermectin, which is already in use throughout the world to treat parasitic conditions, is showing great results in killing coronavirus in studies involving patients, [according to Sky News](#).

“Because I’m involved in developing these in the U.S. where all the patients are, there are a number of studies that are amazingly successful. We’re talking close to 100%.

“In fact, we haven’t seen a result yet under 100%. It looks like corona is very simple to kill,” Professor Thomas Borody, medical director of Australia’s Center for Digestive Disease.

“It’s available as a prescription medication. You wouldn’t use it alone ... but you add two other things to it such as doxycycline and zinc.”

Ivermectin is already approved by the FDA and is on the World Health Organization’s list of model list of essential medicines.

“We had a 14-hospital trial in Bangladesh. We got [cured] 100 out of 100. In China, they tried to reproduce it. They got 60 out of 60 cured ...

“So I am behind the Ivermectin, doxycycline, zinc treatment because it has very few side effects and is a real killer of coronavirus,” Borody said.

Borody said the Ivermectin tablet [could cost as little as \\$2](#), which is likely why drugmakers haven’t promoted the drug’s usage.

He also suggested that have a cure for the disease easily would do away with the need for people to be hospitalized, which would make doctors less money.

“There’s no huge pharmaceutical company behind it to spend millions of dollars and put people in places to treat,” Borody said.

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We understand that during times of crisis and instability, it is difficult to know what to do to keep yourself and your loved ones safe. Under this policy, we require the removal of content that may pose a risk to people's health, including content that goes directly against guidance from authoritative sources of global and local public health information.

For more information on COVID-19, as well as guidance from leading global health authorities, please refer to the following links:

[Coronavirus disease \(COVID-19\) advice for the public from the WHO](#)

[FAQs about COVID-19 from the WHO](#)



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**BREAKING: American Doctors
Address COVID-19 Misinformation
with SCOTUS Press Conference**

The Hydroxychloroquine Scandal

Iain Davis, UK Column, 18th June 2020

(<https://www.ukcolumn.org/article/the-hydroxychloroquine-scandal>)

From the outset of the Coronavirus pandemic, and the [lockdown regimes](#) that followed, we have been repeatedly told, by all the usual suspects, institutions and the mainstream media, that the only way to get *back to normal* is [with a vaccine](#); precisely echoing the [calls of the Bill and Melinda Gates Foundation](#).

Certainly, the UK government was quick to invest in vaccine development. In their [Coronavirus Action Plan](#), published on 3 March, the focus was overwhelmingly on vaccines. The *Action Plan* noted that a vaccine may not prevent infection from SARS-Cov-2 but could rather *manage symptoms* of the potentially resultant syndrome, COVID-19:

Given that there is currently neither a vaccine against COVID-19 nor any specific, proven, antiviral medication, most treatment will therefore be **towards managing symptoms ... innovate responses including** diagnostics, drugs and **vaccines** ...

This notion that a proposed vaccine may not actually stop SARS-CoV-2 infections, but rather *manage symptoms* of COVID-19, was clearly signalled by Pascal Soriot (CEO of AstraZeneca), who are [partnering with Oxford University](#) to develop a SARS-CoV-2 vaccine. Speaking on the BBC's *Andrew Marr Show* on 24 May, Soriot stated:

We are quite confident the vaccine will work, actually. The question is, will it completely clear the virus or stop people being sick ... This is what happens with the flu vaccine, for instance ... It simply stops people from being sick ... Being protected against being sick would already be a big plus.

UK Prime Minister Boris Johnson has, so far, held [a number of discussions](#) with Bill and Melinda Gates about the COVID-19 crisis. On 4 June, the UK government hosted the [GAVI vaccine alliance Replenishment Summit](#) in London. The Gates

Foundation gave GAVI [\\$1.2 billion in 2019](#) and was among its founding partners. It has [contributed more than \\$4.1Bn](#) to GAVI during its two-decade-long mission to create "*healthy markets for vaccines*."

Bill Gates and Boris Johnson were the keynote speakers at the summit. In [his address](#), Johnson stated:

I want to say a particular thank you to Bill and Melinda Gates for their generosity, their philanthropy, yet again, and their continued leadership in humanity's battle against disease ... Just as we have great military alliances like NATO ... so we now need that same spirit of collaboration and collective defence against the common enemy of disease ... It will require a new international effort to co-operate on the surveillance and sharing of information that can underpin a global alert system ... it will need a radical scaling-up of our global capacity to respond, exactly as Bill [Gates] has set out.

As Johnson's comments reveal, there is much more than just healthcare riding on the back of Coronavirus vaccine development. The vaccine itself sits at the centre of a web of surveillance, restricted freedom of movement and restricted access to employment and services based upon your allocated immunity status.

A whole new tech industry, combining global corporations and [intelligence agencies](#), is springing up to monitor, control and surveil populations. Perhaps we could call this the "*disease intelligence industrial complex*."

A Vaccine That Doesn't Need To Work

Johnson's *Coronavirus Action Plan* announcement followed the World Health Organisation's February summit with the Global Research Collaboration for Infectious Disease Preparedness and Response (GLOPID-R).

GLOPID-R's list of [funding organisations](#), with significant financial interests in vaccine sales, is notable. For example, there is the Gates Foundation, the [Coalition for Epidemic Preparedness Innovation](#) (CEPI), the Wellcome Trust, and the French medical research agency Inserm (Institut national de la santé et de la recherche médicale).

The two-day WHO / GLOPID-R summit took place on 11-12 February. One month later, on 11 March, the WHO declared a global coronavirus pandemic. The summit produced the [Target Product Profile](#) (TPP) which needs to be met in order for the WHO to approve any proposed COVID-19 vaccine.

The WHO would prefer that the vaccine prevent SARS-CoV-2 infections, but it doesn't have to, so long as it reduces the worst effects of COVID-19. It doesn't need to be 100% effective either; 70% is fine.

Since, [at the time of writing](#), COVID-19 is said to have impacted 0.1% of the global population, allegedly killing less than 0.006%, the WHO's measure of success for a global vaccine being that it protect 70% of the global population from a disease that doesn't affect 99.9% of the population, the chances of WHO approval for anything look pretty good — an inert saline solution should do the job. It is not surprising, then, that vaccine developers are so confidently looking forward to a global market and global profits.

A cheap, widely available *off-patent* drug that achieves exactly the same thing as the vaccine must, therefore, be seen as a problem.

Why Not Hydroxychloroquine?

When the world is presented with a virus which is claimed to cause a potentially fatal disease for which there is no known treatment, and if our only claimed wish is to "*save lives*," trialling any and all potential treatments makes obvious sense.

Resistance to trials would suggest that *saving life* may not be the priority. If the evidence shows that powerful public health bodies and foundations have apparently colluded to stop trials, there can be little doubt another agenda has taken precedence over *saving lives*.

When the WHO declared a global pandemic, chloroquine, and its modern form hydroxychloroquine, were the most obvious candidates for investigative clinical trials. Its possible effectiveness had, after all, been noted [since at least 2005](#).

Scientists and doctors around the world took note of early [promising clinical trials](#) in China. In France, Prof. Didier Raoult, one of the world's [most published](#)

[microbiologists](#), announced his own trials. He stated that he thought it would be [foolish not to trial chloroquine](#) more widely.

Prof. Didier Raoult

Scientists at [Stanford University](#) agreed, reporting apparent treatment success in both China and South Korea. The Stanford team also advocated more thorough clinical trials of chloroquine and hydroxychloroquine.

Yet resistance to trialling hydroxychloroquine was immediately evident. Raoult was [attacked in France](#) for suggesting hydroxychloroquine could work to prevent the most severe, life-threatening, symptoms of COVID-19. These attacks, which we would characterise as a disinformation campaign, came from the mainstream media, other scientists who worked for Inserm, and politicians.

The persistent claim, repeated ad nauseam [by the mainstream media](#), that hydroxychloroquine presents some sort of severe heart risk, simply isn't true.

The cardiovascular risks for hydroxychloroquine are overwhelmingly [associated with acute poisoning](#), often intentional, when used in combination [with other antiviral drugs](#), or with prolonged high-dosage use.

There is virtually no cardiovascular risk at all to taking it, as recommended, for short-course treatments — as you would if you took it as a prophylaxis for COVID-19.

The case fatality rate (CFR) for the oldest COVID-19 patients has been reported to rise [to more than 14%](#). Raoult's largest field study, of more than one thousand patients treated with hydroxychloroquine, showed that the CFR for the oldest patients [dropped to 0.5%](#).

Raoult is by no means the only scientist or doctor to have seemingly proven the efficacy of hydroxychloroquine for treating COVID-19; especially as a prophylactic.

Doctors in New York found that hydroxychloroquine treatment [increased survival rates](#); Brazilian doctors discovered that treating patients with hydroxychloroquine [reduced their chances of requiring hospital treatment](#) by nearly 300%, with no notable adverse events; Chinese doctors reduced fever duration and improved the

clinical outcomes for patients [treated with chloroquine](#); doctors in Spain used hydroxychloroquine to [increase patient survival rates](#); researchers in the U.S. found that the addition of zinc [further improved outcomes](#); doctors treating Chinese patients with hydroxychloroquine found [no increase in adverse events](#) for their patients; and a systemic review of the available evidence by [Indian researchers](#) concluded:

There is theoretical, experimental, preclinical and clinical evidence of the effectiveness of chloroquine in patients affected with COVID-19. There is adequate evidence of drug safety from the long-time clinical use of chloroquine and hydroxychloroquine.

However, if we were to rely on the MSM for our information, [we would not know](#) any of this. Why are they apparently so eager to convince us that hydroxychloroquine is harmful? Why are the WHO, Inserm and the UK's Medicines and Healthcare Products Regulatory Agency (MHRA) determined that [hydroxychloroquine trials won't proceed](#)?

The Problem With Hydroxychloroquine

The leading scientific advocates of hydroxychloroquine recommend that it should primarily be used in the early stages of COVID-19, or even prior to developing the syndrome, as a prophylactic. Should the person develop the symptoms of COVID-19, they could, for example, begin a course of what has become known as the Marseilles Treatment: hydroxychloroquine with the antibiotic azithromycin (HCQ+AZ) plus zinc to aid absorption.

Struggling to comprehend the seemingly inexplicable resistance to trialling HCQ+AZ, Prof. Harvey Risch, MD, from Yale University, argued that HCQ+AZ should [immediately be used](#) as an early therapy for COVID-19 patients. He wrote:

Hydroxychloroquine+azithromycin has been widely misrepresented in both clinical reports and public media.....Five studies, including two controlled clinical trials, have demonstrated significant major outpatient treatment efficacy.....These medications need to be widely available and promoted immediately for physicians to prescribe.

His is far from the only eminently qualified opinion questioning the irrational blocking of treatment with hydroxychloroquine. In Michigan, the Association of American Physicians and Surgeons (AAPS) have launched an [appeal against an FDA injunction](#) to allow them to prescribe hydroxychloroquine for their COVID-19 patients.

The WHO's Solidarity Trials to test hydroxychloroquine were launched on 18 March. The WHO stated that four hundred hospitals in thirty-five countries had recruited 3,500 patients to take part. At the same time, the WHO launched its Solidarity Trial [for potential vaccines](#).

The UK government did not take part in the WHO's Solidarity trials, instead running their own [Recovery Trial](#) and separate [COPCOV](#) and [PRINCIPLE](#) trials.

The Recovery Trial's core funding comes from the Gates Foundation, Wellcome Trust and Oxford University, among others. Oxford University is running vaccine trials, in partnership with AstraZeneca. The Recovery Trial was not investigating the prophylactic potential of hydroxychloroquine.

The COPCOV trial was due to assess hydroxychloroquine's prophylactic efficacy in protecting healthcare workers against contracting COVID-19.

The PRINCIPLE trial was perhaps the most relevant of all. Vulnerable over-fifties, and people over 65, were to be offered hydroxychloroquine in a large-cohort study of patients in primary care (GP practices and community care settings).

In France, Inserm ran its own [Discovery Trials](#) in parallel with the WHO's Solidarity Trials. Again, they were only assessing hydroxychloroquine in isolation, for the most ill patients. Only the UK's COPCOV and PRINCIPLE trials were assessing potential preventive efficacy. COPCOV also had an [international arm](#).

However, none was trialling the recommended *Marseilles Treatment*.

Initially Inserm refused point-blank to trial hydroxychloroquine at all. Four days before the launch of the WHO's Solidarity Trials, Prof. Yazdan Yazdanpanah, head of France's health emergency rapid response committee (REACTing — REsearch and ACTion targeting emerging infectious diseases) stated that the Discovery Trials

would exclude chloroquine (hydroxychloroquine) and would [only trial patented drugs](#):

We have not retained it [hydroxychloroquine] for the moment, in particular because of its undesirable effects. It also has frequent interactions with other drugs. However, intensive care patients are often treated with multiple drugs.

This followed a decision on 15 January, made by the then French Minister of Solidarity and Health, Agnès Buzyn, to reclassify hydroxychloroquine [in all its forms](#) as a poisonous substance.

Prior to this decision, for more than fifty years, the French had been able to buy hydroxychloroquine over the counter. Once demand shot through the roof, as the COVID-19 crisis unfolded, they suddenly could no longer get it without a prescription.

With the WHO initially including hydroxychloroquine in their Solidarity Trials, Inserm had little option but to reluctantly include it in their Discovery Trials on *Solidarity* launch day, 22 March. Inserm stated in its [press release](#):

We analyzed the data from the scientific literature concerning the SARS and MERS coronaviruses as well as the first publications on SARS-COV2 from China to arrive at a list of antiviral molecules to be tested: remdesivir, lopinavir in combination with ritonavir.....and hydroxychloroquine. The list of these potential drugs is also based on the list of experimental treatments classified as priorities by the World Health Organization.

This can be seen as little more than disingenuous back-peddling. *The data from the scientific literature* hadn't changed in the space of a few days. If REACTing previously considered the hydroxychloroquine risks too high, no new evidence had emerged to alter that assessment.

Hydroxychloroquine Trials Abandoned for No Reason At All

Within days of the hydroxychloroquine trials starting, on 22 May *The Lancet* [published a study](#) by a team of four U.S. researchers from Brigham and Women's Hospital Center for Advanced Heart Disease. The paper alleged that

hydroxychloroquine presented too high a risk of *ventricular arrhythmia* and potentially increased mortality for COVID-19 patients.

The WHO suspended hydroxychloroquine Solidarity Trials on 25 May. U.S. researchers [did the same](#), as did [German](#) public health authorities, [Inserm](#) and many others. The WHO effectively triggered all the suspensions.

The study published in *The Lancet* was not just a scientific fraud, it was a glaringly obvious scientific fraud. All the data for the Brigham study came from a single source, [Surgisphere](#), which promotes itself as a medical data mining company and which was founded by one of the study's authors, [Dr. Sapan S. Desai](#).

Scientists around the world immediately noticed [significant problems](#) with the Surgisphere data. The data were too homogeneous for a global study; it seemed impossible that four researchers could collate such a massive hoard of data. Claims that this had all been achieved in a matter of weeks were laughed at by many genuine scientific researchers.

Surgisphere claimed it had a *global network* of participating hospitals, which would have required global ethics and data protection approval from every individual hospital. These claims were widely considered [literally unbelievable](#).

Medical researchers and scientists from around the world [wrote an open letter](#) to *The Lancet* expressing their deep concerns about the study. *The Lancet* initially [offered a minor correction](#), attempting, but failing, to account for the erroneous data.

Consequently *The Lancet* issued a statement saying "*serious scientific concerns*" had been [brought to their attention](#). When *The Lancet* requested that Surgisphere participate in a data audit, it seems Dr. Desai declined. At this point, the other three authors of the study requested that [The Lancet withdraw the paper](#), which it did on 3 June. Richard Horton, editor of *The Lancet*, said:

This is a shocking example of research misconduct in the middle of a global health emergency.

Yet, despite the fact that scientists from across the globe were able to spot the fake paper with ease, neither *The Lancet* nor the world's leading experts in public

health, the World Health Organisation, could. Instead, it suspended trials of a potentially life-saving medication, that had only just begun, in the middle of a supposed global pandemic.

When the WHO made its suspension, on 26 May, the UK MHRA did the same. They suspended all trials initially, but then reinstated the Recovery trial: the only trial of the three which is *not* investigating hydroxychloroquine's potential as a prophylactic.

Like the WHO, the MHRA either didn't exercise any due diligence — or don't care about *saving lives*.

The same day, despite there being no UK completed trials of Gilead Science's remdesivir, the MHRA approved it for hospital treatment of COVID-19 patients anyway. They based this on the expert recommendation of the [Commission on Human Medicines](#) (CHM).

According to the CHM's [declaration of interests](#) (p. 141–p. 247), there doesn't seem to be a single pharmaceutical corporation which *isn't* well represented among its members. Gilead Sciences has strong ties with the CHM.

The MHRA decision, and the CHM recommendation, followed the release of [remdisivir trial data](#) from the U.S. which suggested the drug could aid recovery of seriously ill patients by up to 31%.

That U.S. National Institute of Health (NIH) study was [funded by the Gates Foundation-backed NIAID](#), headed by Dr Anthony Fauci. NIAID made [a \\$37.5 million grant](#) in February for the research.

Unlike hydroxychloroquine, remdesivir is patented. With 25 years left to run, Gilead Sciences can charge [whatever they like](#) for their drug until 2037 at the earliest.

A number of other studies have not been able to find [any significant benefit](#) from remdisivir. The WHO withdrew some of these unfavourable remdesivir studies from their trial database, as it had [accidentally uploaded them](#). Other remdisivir trials were stopped when adverse effects were observed.

Following exposure of the Surgisphere fake science, the WHO initially claimed it would reinstate their hydroxychloroquine Solidarity Trials. However, this didn't happen.

On 5 June, the Recovery Trial team [announced that it had found no benefit](#) from hydroxychloroquine. Prof. Peter Horby, Chief Investigator for the trial, said:

Hydroxychloroquine and chloroquine have received a lot of attention and have been used very widely to treat COVID patients despite the absence of any good evidence. The RECOVERY Trial has shown that hydroxychloroquine is not an effective treatment in patients hospitalised with COVID-19 ...

This was immediately [reported by the mainstream media](#) and the WHO announced it had [terminated their hydroxychloroquine arm](#) of the Solidarity trials. Citing data from its own trials and Inserm's Discovery trials, yet to be released, the WHO stated:

This decision applies only to the conduct of the Solidarity trial and does not apply to the use or evaluation of hydroxychloroquine in pre- or post-exposure prophylaxis in patients exposed to COVID-19.

The only released data has come from the Recovery Trial, also referenced by the WHO. Yet the Recovery Trial has also been exposed as [scientific nonsense](#). The Deputy Chief Investigator of the Recovery Trial, Prof. Martin Landray, [gave an interview](#) to France-Soir. What he revealed was quite remarkable.

Firstly, the mortality rate of the hydroxychloroquine patients was a staggering 25.7%.

The [recommended hydroxychloroquine dose for an adult](#) in the UK is no more than 200 — 400 mg per day. In France, 1800 mg per day is considered to be *lethal* poisoning.

Yet, across 175 UK hospitals, 1542 patient participants in the Recovery Trial were given 2400 mg (six times the recommended maximum dose), in the first twenty-four hours. This was followed up by ten days at twice the recommended maximum dose at 800 mg.

It isn't really clear what the objective was. This wasn't so much a trial of effectiveness; it looked more like an experiment in toxic poisoning. That would seem to account for the atrocious mortality rate.

Explaining that the dose was chosen by using computer-generated mathematical models, Prof Landry stated:

The doses were chosen on the basis of pharmacokinetic modelling, and these are in line with the sort of doses that you use for other diseases such as amoebic dysentery.....For a new disease such as Covid, there is no approved dosing protocol. But the HCQ dosage used [is] not dissimilar to that used, as I said, in for example amoebic dysentery.

Hydroxyquinoline — not hydroxychloroquine — is used for the treatment of amoebic dysentery. Perhaps it is not without good reason that Prof. Didier Raoult described the Recovery Trial as "[the Marx Brothers doing science](#)," though given the terrible death toll, it doesn't really seem like much of a laughing matter.

What can we conclude from all this? It seems the WHO, the MHRA, Inserm, and public health bodies around the world have used fake science, fake data, deliberately destructive studies and what appears to be wilful ignorance to make sure hydroxychloroquine is never trialled as a preventive COVID-19 treatment.

The repeated statements, from numerous sources, that there is no scientific evidence to justify the use of the *Marseilles Treatment* as a prophylactic treatment for COVID-19 are risible. Should it ever be widely acknowledged as effective, the already spurious argument for a COVID-19 vaccine would be wholly untenable.

Only the most naive could imagine there aren't many powerful individuals, foundations and institutions, including governments, who wish to stop the preventive treatment efficacy of HCQ+AZ with zinc ever being proven.

The Indian Council of Medical Research (ICMR) has stated that it will continue to advocate the use of hydroxychloroquine for front-line health workers, as [no notable adverse reactions](#) were evident. Dr Samiran Panda, director of the ICMR-National AIDS Research Institute, reported the results of [Indian trials into its use as a prophylactic treatment](#) for health professionals:

The main conclusion that can be drawn after analysing the data is that hydroxychloroquine has beneficial effects in infection risk reduction from the fourth dose onwards.....[hydroxychloroquine] will help cut the risk of infection by 80% in healthcare workers who are not already sick.

Iain Davis writes at [In This Together](#).

Dr. Fauci Approved Hydroxychloroquine 15 Years Ago to Cure Coronaviruses

July 27, 2020

<https://goldenageofgaia.com/2020/07/27/dr-fauci-approved-hydroxychloroquine-15-years-ago-to-cure-coronaviruses/>



DEADLY COVER UP: Fauci Approved Hydroxychloroquine 15 Years Ago to Cure Coronaviruses; “Nobody Needed to Die”

True Pundit, July 12, 2020

(<https://truepundit.com/deadly-cover-up-fauci-approved-hydroxychloroquine-15-years-ago-to-cure-coronaviruses-nobody-needed-to-die/>)

Dr. Anthony Fauci, whose “expert” advice to President Trump has resulted in the complete shutdown of the greatest economic engine in world history, has known since 2005 that chloroquine is an effective inhibitor of coronaviruses.

How did he know this? Because of research done by the National Institutes of Health, of which he is the director. In connection with the SARS outbreak – caused by a coronavirus dubbed SARS- CoV – the NIH researched chloroquine and concluded that it was effective at stopping the SARS coronavirus in its tracks. The COVID-19 bug is likewise a coronavirus, labeled SARS-CoV-2. While not exactly the same virus as SARS-CoV-1, it is genetically related to it, and shares 79% of its

genome, as the name SARS-CoV-2 implies. They both use the same host cell receptor, which is what viruses use to gain entry to the cell and infect the victim.

The Virology Journal – the official publication of Dr. Fauci’s National Institutes of Health – published what is now a blockbuster article on August 22, 2005, under the heading – get ready for this – “Chloroquine is a potent inhibitor of SARS coronavirus infection and spread.” (Emphasis mine throughout.) Write the researchers, “We report...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.”

This means, of course, that Dr. Fauci has known for 15 years that chloroquine and it’s even milder derivative hydroxychloroquine (HCQ) will not only treat a current case of coronavirus (“therapeutic”) but prevent future cases (“prophylactic”). So HCQ functions as both a cure and a vaccine. In other words, it’s a wonder drug for coronavirus. Said Dr. Fauci’s NIH in 2005, “concentrations of 10 μ M completely abolished SARS-CoV infection.” Fauci’s researchers add, “chloroquine can effectively reduce the establishment of infection and spread of SARS-CoV.”

Dr. Didier Raoult, the Anthony Fauci of France, had such spectacular success using HCQ to treat victims of SARS-CoV-2 that he said way back on February 25 that “it’s game over” for coronavirus.

He and a team of researchers reported that the use of HCQ administered with both azithromycin and zinc cured 79 of 80 patients with only “rare and minor” adverse events. “In conclusion,” these researchers write, “we confirm the efficacy of hydroxychloroquine associated with azithromycin in the treatment of COVID-19 and its potential effectiveness in the early impairment of contagiousness.”

The highly-publicized VA study that purported to show HCQ was ineffective showed nothing of the sort. HCQ wasn’t administered until the patients were virtually on their deathbeds when research indicates it should be prescribed as soon as symptoms are apparent. Plus, HCQ was administered without azithromycin and zinc, which form the cocktail that makes it supremely effective. At-risk individuals need to receive the HCQ cocktail at the first sign of symptoms.

But Governor Andrew Cuomo banned the use of HCQ in the entire state of New York on March 6, the Democrat governors of Nevada and Michigan soon followed suit, and by March 28 the whole country was under incarceration-in-place fatwas.

Nothing happened with regard to the use of HCQ in the U.S. until March 20, when President Trump put his foot down and insisted that the FDA consider authorizing HCQ for off-label use to treat SARS-CoV-2.

On March 23, Dr. Vladimir Zelenko reported that he had treated around 500 coronavirus patients with HCQ and had seen an astonishing 100% success rate. That's not the "anecdotal" evidence Dr. Fauci sneers at, but actual results with real patients in clinical settings.

"Since last Thursday, my team has treated approximately 350 patients in Kiryas Joel and another 150 patients in other areas of New York with the above regimen. Of this group and the information provided to me by affiliated medical teams, we have had ZERO deaths, ZERO hospitalizations, and ZERO intubations. In addition, I have not heard of any negative side effects other than approximately 10% of patients with temporary nausea and diarrhea."

Said Dr. Zelenko:

"If you scale this nationally, the economy will rebound much quicker. The country will open again. And let me tell you a very important point. This treatment costs about \$20. That's very important because you can scale that nationally. If every treatment costs \$20,000, that's not so good.

All I'm doing is repurposing old, available drugs which we know their safety profiles, and using them in a unique combination in an outpatient setting."

The questions are disturbing to a spectacular degree. If Dr. Fauci has known since 2005 of the effectiveness of HCQ, why hasn't it been administered immediately after people show symptoms, as Dr. Zelenko has done? Maybe then nobody would have died and nobody would have been incarcerated in place except the sick, which is who a quarantine is for in the first place. To paraphrase Jesus, it's not the symptom-free who need HCQ but the sick. And they need it at the first sign of symptoms.

While the regressive health care establishment wants the HCQ cocktail to only be administered late in the course of the infection, from a medical standpoint, this is stupid. Said one doctor, “As a physician, this baffles me. I can’t think of a single infectious condition — bacterial, fungal, or viral — where the best medical treatment is to delay the use of an anti-bacterial, anti-fungal, or anti-viral until the infection is far advanced.”

So why has Dr. Fauci minimized and dismissed HCQ at every turn instead of pushing this thing from jump street? He didn’t even launch clinical trials of HCQ until April 9, by which time 33,000 people had died. [READ MORE:](#)

The New Nuremberg Trials 2021

May 12, 2021

<https://goldenageofgaia.com/2021/05/12/the-new-nuremberg-trials-2021/>



Dr. Reiner Fuellmich

*A comprehensive look at how the Covid19 vaccines violate the Nuremberg Laws.
Thanks to Len.*

The New Nuremberg Trials 2021

BreakingNews.ca, May 3, 2021

(<https://breaking-news.ca/the-new-nuremberg-trials-2021-please-share-this-info/>)

A team of over 1,000 lawyers and over 10,000 medical experts led by Dr. Reiner Fuellmich have begun legal proceedings against the CDC, WHO & the Davos Group for crimes against humanity. Fuellmich and his team present the faulty PCR test and the order for doctors to label any comorbidity death as a Covid death as fraud. The PCR test was never designed to detect pathogens and is 100% faulty at 35 cycles. All the PCR tests overseen by the CDC are set at 37 to 45 cycles. The CDC admits that any tests over 28 cycles are not admissible for a positive reliable result. This alone invalidates over 90% of the alleged covid cases / "infections" tracked by the use of this faulty test.

In addition to the flawed tests and fraudulent death certificates, the “experimental” vaccine itself is in violation of Article 32 of the Geneva Convention. Under Article 32 of the 1949 Geneva Convention IV, “mutilation and medical or scientific experiments not necessitated by the medical treatment of a protected person” are prohibited. According to Article 147, conducting biological experiments on protected persons is a grave breach of the Convention.

The “experimental” vaccine is in violation of all 10 of the Nuremberg Codes which carry the death penalty for those who seek to violate these International Laws.

The “vaccine” fails to meet the following five requirements to be considered a vaccine and is by definition a medical “experiment” and trial:

Provides immunity to the virus

This is a “leaky” gene therapy that does not provide immunity to Covid and claims to reduce symptoms yet double-vaccinated are now 60% of the patients requiring ER or ICU with covid infections.

Protects recipients from getting the virus

This gene-therapy does not provide immunity and double-vaccinated can still catch and spread the virus.

Reduces deaths from the virus infection

This gene-therapy does not reduce deaths from the infection. Double-vaccinated infected with Covid have also died.

Reduces circulation of the virus

This gene-therapy still permits the spread of the virus as it offers zero immunity to the virus.

Reduces transmission of the virus

This gene-therapy still permits the transmission of the virus as it offers zero immunity to the virus.

Violations of the Nuremberg Code are as follows:

Nuremberg Code #1: Voluntary Consent is Essential

No person should be forced to take a medical experiment without informed consent. Many media, political and non-medical persons are telling people to take the shot. They offer no information as to the adverse effects or dangers of this gene-therapy. All you hear from them is – “ safe and effective” and “ benefits outweigh the risks.” Countries are using lockdowns, duress and threats to force people to take this vaccine or be prohibited to participate in free society under the mandate of a Vaccine Passport or Green Pass. During the Nuremberg trials, even the media was prosecuted and members were put to death for lying to the public, along with many of the doctors and Nazis found guilty of Crimes Against Humanity.

Nuremberg Code #2: Yield Fruitful Results Unprocurable By Other Means

As listed above, the gene-therapy does not meet the criteria of a vaccine and does not offer immunity to the virus. There are other medical treatments that yield fruitful results against Covid such as Ivermectin, Vitamin D, Vitamin C, Zinc and boosted immune systems for flu and colds.

Nuremberg Code #3: Base Experiments on Results of Animal Experimentation and Natural History of Disease

This gene therapy skipped animal testing and went straight to human trials. In mRNA research that Pfizer used – a candidate study on mRNA with rhesus macaques monkeys using BNT162b2 mRNA and in that study all the monkeys developed pulmonary inflammation but the researchers considered the risk low as these were young healthy monkeys from the age of 2-4. Israel has used Pfizer and the International Court of Law has accepted a claim for 80% of the recipients having pulmonary inflammation from being injected with this gene-therapy. Despite this alarming development Pfizer proceeded to develop their mRNA for Covid without animal testing.

Nuremberg Code #4: Avoid All Unnecessary Suffering and Injury

Since the rollout of the experiment and listed under the CDC VAERS reporting system over 4,000 deaths and 50,000 vaccine injuries have been reported in America. In the EU over 7,000 deaths and 365,000 vaccine injuries have been reported. This is a grievous violation of this code.

Nuremberg Code #5: No Experiment to be Conducted if There's Reason to Think Injury or Death Will Occur

See #4, based on fact-based medical data this gene-therapy is causing death and injury. Past research on mRNA also shows several risks that have been ignored for this current trial gene-experiment. A 2002 study on SARS-CoV-1 spike proteins showed they cause inflammation, immunopathology, blood clots, and impede Angiotensin 2 expression. This experiment forces the body to produce this spike-protein inheriting all these risks.

Nuremberg Code #6: Risk Should Never Exceed the Benefit

Covid-19 has a 98-99% recovery rate. The vaccine injuries, deaths and adverse side-effects of mRNA gene-therapy far exceed this risk. The use of “leaky” vaccines was banned for agriculture use by the US and EU due to the Marek Chicken study that shows ‘hot-viruses’ and variants emerge... making the disease even more deadly. Yet, this has been ignored for human use by the CDC knowing fully the risk of new deadlier variants emerge from leaky vaccinations. The CDC is fully aware that the use of leaky vaccines facilitates the emergence of hot (deadlier) strains. Yet they’ve ignored this when it comes to humans.

Nuremberg Code #7: Preparation Must Be Made Against Even a Remote Possibility of Injury, Disability or Death

There were no preparations made. This gene therapy skipped animal trials. The pharmaceutical companies’ own Phase 3 human clinical trials will not conclude until 2022 /2023. These vaccines were approved under an Emergency Use only act and forced on a misinformed public. They are NOT FDA-approved.

Nuremberg Code #8: Experiment Must Be Conducted by Scientifically Qualified Persons

Politicians, media and actors claiming that this is a safe and effective vaccine are not qualified. Propaganda is not medical science. Many retail outlets such as Walmart & drive-through vaccine centers are not qualified to administer experimental medical gene-therapies to the uninformed public.

Nuremberg Code #9: Anyone Must Have the Freedom to Bring the Experiment to an End At Any Time

Despite the outcry of over 85,000 doctors, nurses, virologists and epidemiologists – the experiment is not being ended. In fact, there are currently many attempts to change laws in order to force vaccine compliance. This includes mandatory and forced vaccinations. Experimental ‘update’ shots are planned for every 6 months without any recourse to the growing number of deaths and injuries already caused by this experiment. These ‘update’ shots will be administered without any clinical trials. Hopefully this new Nuremberg Trial will put an end to this crime against humanity.

Nuremberg Code #10: The Scientist Must Bring the Experiment to an End At Any Time if There’s Probable Cause of it Resulting in Injury or Death

It is clear in the statistical reporting data that this experiment is resulting in death and injury yet all the politicians, drug companies and so-called experts are not making any attempt to stop this gene-therapy experiment from inflicting harm on a misinformed public.

What can you do to help put an end to this crime against humanity? Share this information. Hold your politicians, media, doctors and nurses accountable – that if they are complicit in this crime against humanity they too are subject to the laws set forth in the Geneva Convention and Nuremberg Code and can be tried, found guilty and put to death. Legal proceedings are moving forward, evidence has been collected and a large growing body of experts are sounding the alarm.

Visit the Covid Committee website at: <https://corona-ausschuss.de/> and if you have been affected by this crime, report the event, persons involved, and as much detail to the following website:

<https://www.securewhistleblower.com/>

California Town Declares Independence From ‘Dictatorship Powers’ of State, Federal COVID Mandates

Resist the Mainstream Staff, Nov. 27, 2021

<https://resistthemainstream.org/california-town-declares-independence-from-dictatorship-powers-of-state-federal-covid-mandates/>



Appearing on Fox News, Oroville California’s vice-mayor Scott Thomson outlined the move, noting “I was sitting at City Hall, and the mandates continue to come.

As you know it started with ‘two weeks to stop the—slow the curve,’ and it just seems like a carrot keeps being dangled in front of our faces of just a little more... and it seems like every mandate that comes down, it is a loss of freedom.”

Thomson compared Oroville’s move to that of San Francisco declaring itself a ‘sanctuary city’.

“We’re a constitutional republic, and wanna declare that,” Thompson urged, clarifying “We’re not separating from California, but we’re just reminding the higher-ups in other cities we need to stand up for our rights. We still are a constitutional republic, which means we have rights endowed by our ‘creator,’ and our founders created a republic, which was genius, to separate powers.”

The vice-mayor further explained, “I believe that worldwide, but especially in California, that the very fabric of our nation is at a crossroads of how much authority we’ll let the government have,” comparing the struggle to a war.

“I don’t believe that anybody wins when the government has more authority,” Thompson emphasised, adding and “every time that you lose freedom, usually it takes bloodshed to get it back.”

“We’re getting threats of loss of money for our city, but for us, and especially for me, they can have their money; we want freedom in California, we want freedom in Oroville, and so that’s what we’re standing up for,” Thompson further urged.

Netherlands Refuses to Mandate Face Masks and Sweden Says They are ‘Pointless’

August 12, 2020

<https://goldenageofgaia.com/2020/08/12/netherlands-refuses-to-mandate-face-masks-and-sweden-says-they-are-pointless/>



Netherlands Refuses to Mandate Face Masks & Sweden Says They Are ‘Pointless’

Humans are Free, Aug. 4, 2020

(<https://humansarefree.com/2020/08/netherlands-sweden-face-masks-pointless.html>)

The Netherlands has decided not to mandate the wearing of face masks in public, citing the fact that there is no scientific evidence to suggest they are effective against the spread of the [coronavirus](#).

“From a medical perspective there is no proven effectiveness of masks, the Cabinet has decided that there will be no national obligation for wearing non-medical masks” [announced](#) Netherlands Minister for Medical Care Tamara van Ark.

The country’s National Institute for Health (RIVM) noted that it is aware of studies from other countries that purport to show masks slow the spread of disease, but will not be heeding them.

Indeed, RIVM chief Jaap van Dissel warned that wearing masks incorrectly, in addition to the effect masks have of eroding the perceived need for social distancing, could increase the risk of transmission because of a “false sense of security”.

“So we think that if you’re going to use masks (in a public setting) ... then you must give good training for it,” he said.

Within the past week in the Netherlands, around 1400 new COVID-19 cases were reported, which equates to 342 more than the week before.

In Sweden, meanwhile, senior epidemiologist Anders Tegnell [declared](#) that there is “no point” in wearing masks in public.

“We see no point in wearing a face mask in Sweden, not even on public transport,” Tegnell said.

Sweden, which has not even instituted a lock down at any time, appears to be seeing a downward trend in cases.

At the beginning of this week, Sweden announced just 398 new cases, down from 767 the week before and 2,530 one month ago.

“The curves go down, and the curves over the seriously ill begin to be very close to zero. As a whole, it is very positive,” Tegnell asserted.

No Lockdown, No Masks, No Hysteria... NO PROBLEM: Sweden is Living in Glorious Normality

August 29, 2020

<https://goldenageofgaia.com/2020/08/29/no-lockdown-no-masks-no-hysteria-no-problem-sweden-is-living-in-glorious-normality/>



No Lockdown, No Masks, No Hysteria... NO PROBLEM: Sweden is Living in Glorious Normality

Dominic Sandbrook for the Daily Mail, Humans are Free, August 24, 2020

(<https://humansarefree.com/2020/08/no-lockdown-no-masks-no-hysteria-no-problem-sweden-is-living-in-glorious-normality.html>)

A few days ago, I took a stroll to the shops. It was a glorious morning and the parks and cafés were full of families enjoying the sunshine.

Perhaps the shops were a little quieter than they would have been a year ago; but they were busy enough.

The restaurants were preparing for lunch; the mood was relaxed and happy. And nobody — yes, nobody — was wearing a mask.

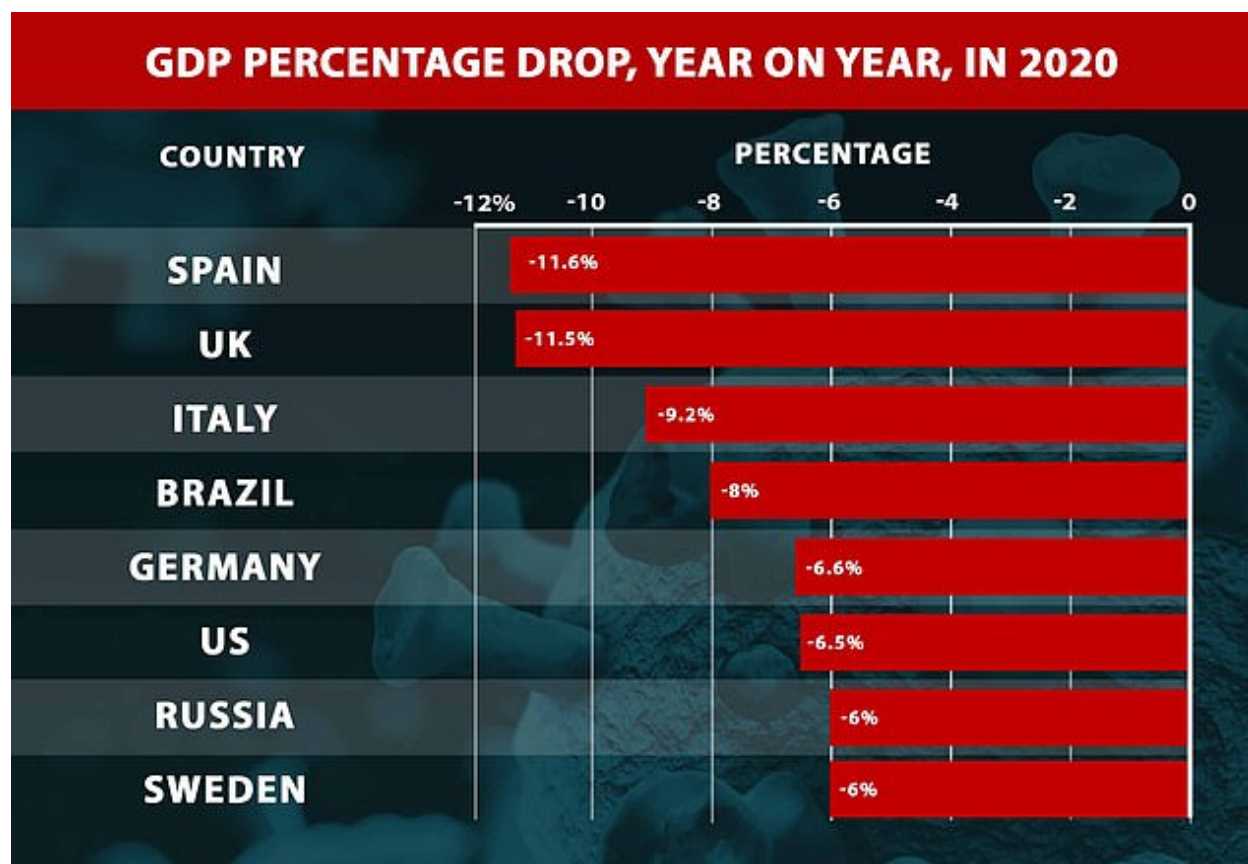
That, of course, is the giveaway.

I wasn't in Britain but in [Sweden, a nation which stood alone in Europe in refusing to institute lockdown](#).

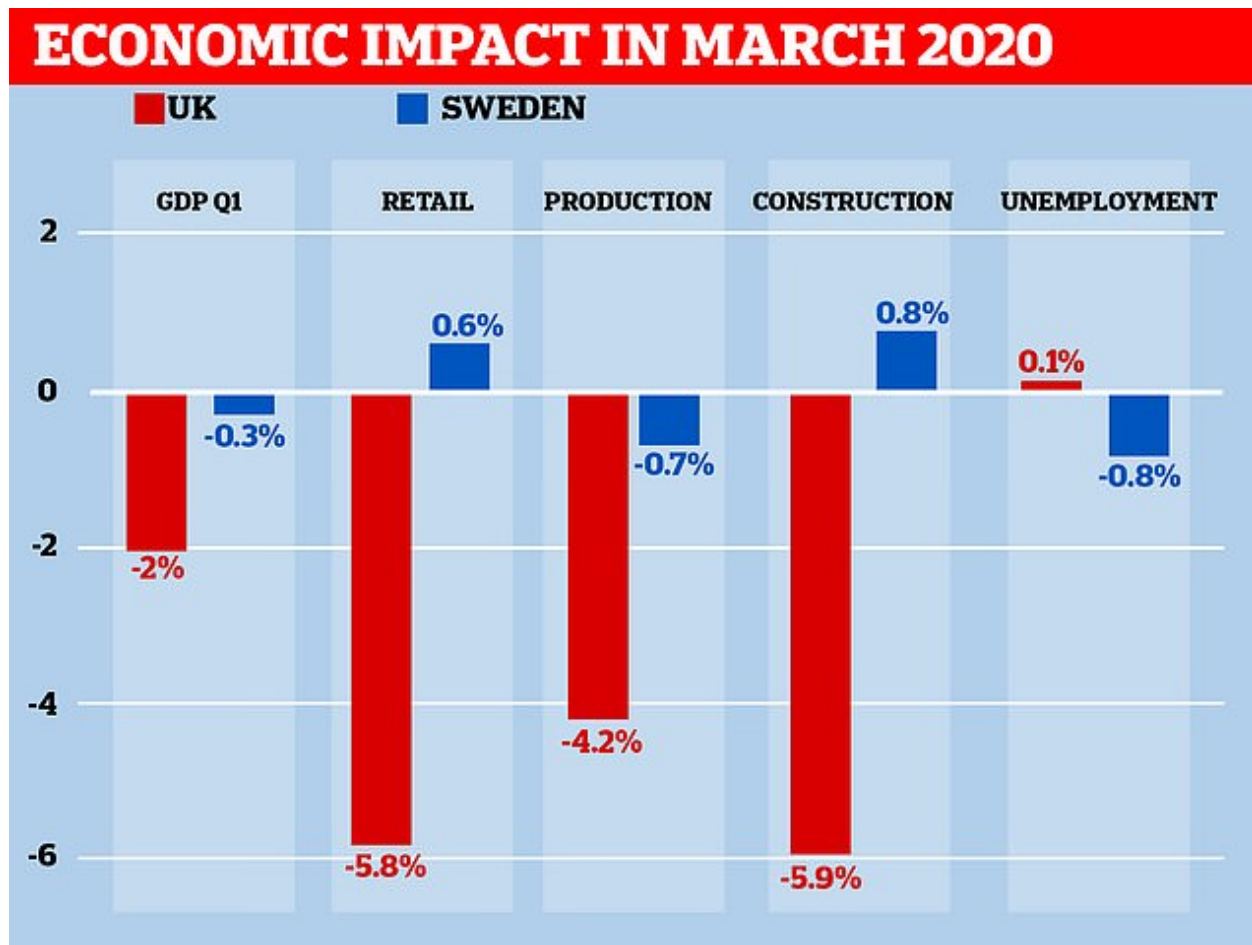
And as I queued to buy my son an ice cream, I was struck by the contrast with the situation back home. Like most people, I never imagined that the lockdown would last so long, or that the consequences would be so calamitous. A taste of freedom: Swedes have been free to soak up the sun, play sports and socialise during the pandemic. A taste of freedom: Swedes have been free to soak up the sun, play sports and socialise during the pandemic



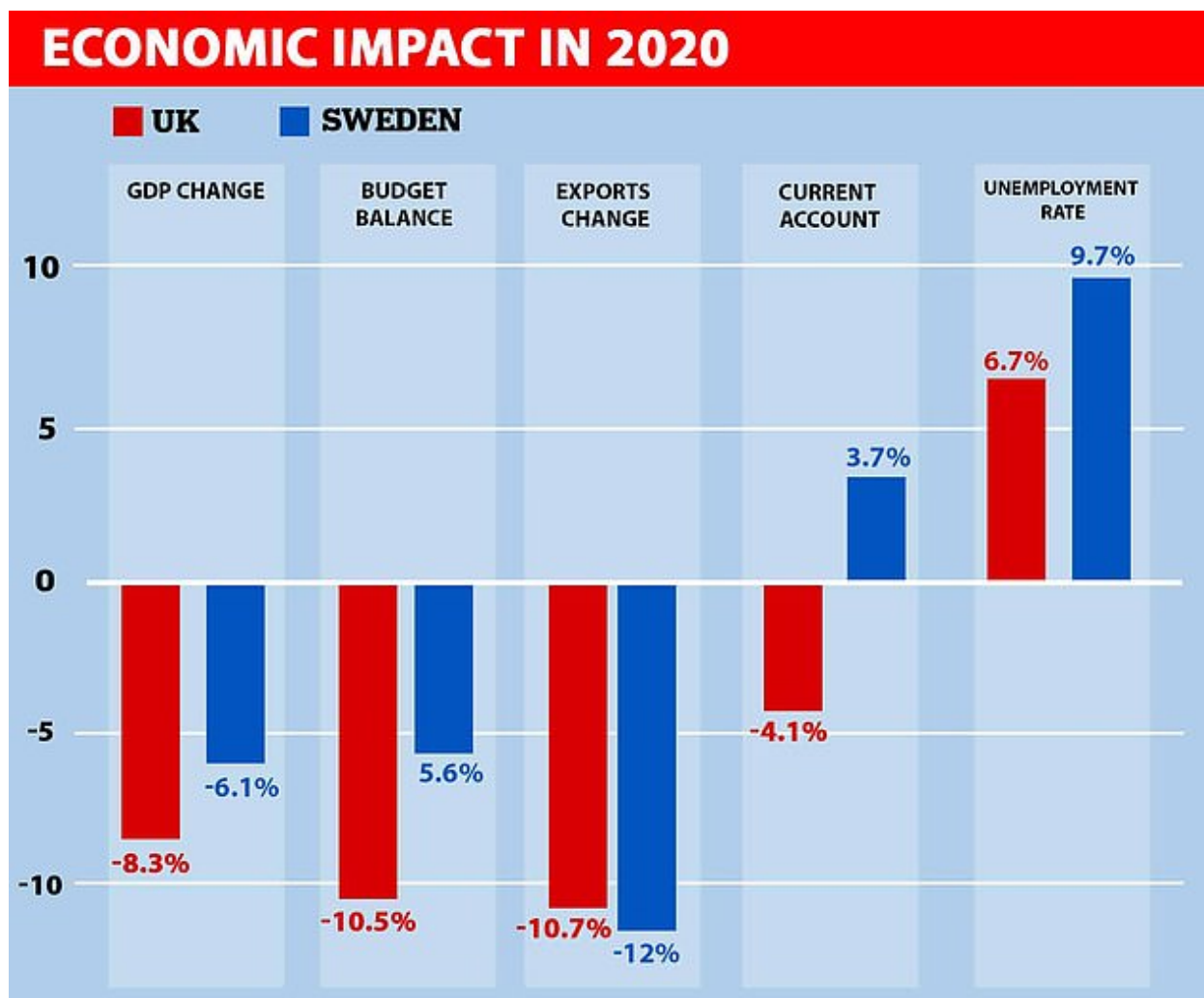
A taste of freedom: Swedes have been free to soak up the sun, play sports and socialise during the pandemic



A strict three-month long lockdown in the UK is expected to see the economy contract by around 11.5 per cent in 2020



This graph shows how the UK's economy has already been ravaged by the pandemic, with sharp falls in GDP, retail sales, industrial production and construction work – even when the latest figures include only a brief period of lockdown. The UK's unemployment rate increased only slightly in the latest figures, but separate statistics show a nearly 70 per cent rise in the number of people claiming Universal Credit



This chart shows forecasts for the rest of 2020, with the UK's GDP set to plunge by more than Sweden's – while Britain is left with a larger budget deficit because of the cost of propping up the economy. Britain will also have a deficit in the current account, which is related to trade – showing the flow of goods, services and money between countries. However, the EU expects Sweden to have a higher unemployment rate this year

Indeed, a few weeks after Boris Johnson announced the draconian restrictions on lives and livelihoods, I wrote on these pages that fears of a second Great Depression were overblown, and that with the right spirit, Britain would quickly bounce back.

But as the months went by and we sank into inertia, my optimism evaporated.

Recent figures suggest that our economy shrank by 20 per cent in the first three months of lockdown, a far worse decline than in other industrial countries such as the U.S. and Germany.

Most experts believe the worst is yet to come, with the Bank of England predicting that unemployment will hit 2.5 million by the end of the year. And even that may be too optimistic.

Yet despite these dire projections and the need to get the nation up and running — and in spite of the good news on the dramatic fall in death rates and admissions to hospital — parts of Britain remain in the grip of near-terminal paralysis.

City centres are deserted, commuter trains empty and the offices that are open operating with skeleton staff. As a result, countless shops, pubs, restaurants and cafes have not bothered to reopen — and may never do so.

As for Boris Johnson, he appeared to have vanished without a trace — at least until the Mail tracked him down to a remote Scottish location this week.

The Government seems incapable of giving a lead and the public mood is characterised by bickering and bitter negativity. There is little sign of the upbeat, can-do spirit we badly need to revive our national fortunes.





Sweden had a long-established plan for a pandemic and was going to stick to it. Pictured, people play beach volleyball at Gardet park amid the coronavirus outbreak in April.

So it was with a sense of relief that two weeks ago I boarded the plane to the Swedish capital Stockholm.

For in Sweden, leaders kept shops and offices open throughout, insisted that children went to school and still do not tell their citizens to wear masks.

Yet I can't deny I felt a twinge of anxiety. As fervent admirers of all things Scandinavian, we'd arranged our family holiday when the coronavirus was merely a glint in the eye of a Chinese bat.

Occasionally I wondered if we might be sensible to cancel it. But my wife, a much braver person than me, would not hear of it.

And quite apart from the attractions of cinnamon buns, unspoiled forests and glittering Baltic waters, I was curious to see how the Swedes were getting on.

For months their country has been the great outlier, inspiring admiration and horror in equal measure.

Some reports claimed that ordinary life was unchanged.

Others, especially in Left-wing circles, attacked Sweden as a dystopian disaster zone, as if the streets were littered with unburied bodies.

The author of the country's coronavirus strategy, a mild-mannered [state epidemiologist called Anders Tegnell](#), has become one of the most controversial men in Europe.

From the start, he insisted that [mandatory lockdown was a waste of time](#). Sweden had a long-established plan for a pandemic, Mr Tegnell said, and was going to stick to it.

People should be sensible, wash their hands, avoid public transport and keep a safe distance, but that was it.

Closing schools was 'meaningless'. Shutting borders was 'ridiculous'. Masks were, by and large, a waste of time. Shops and restaurants should stay open.

And when interviewers asked why Sweden was not following Germany, France and Britain in locking down, Mr Tegnell had a robust answer.

Other countries, he said, had 'panicked'. But panicking was not the Swedish way.

Even as the virus spread, death rates soared and hospitals in Italy and Spain were overwhelmed, Sweden stuck to its guns. **No lockdown.**

The results were not perfect. Like us, the Swedes failed to protect their care homes.

By the time I landed in Stockholm, their death rate stood at almost 57 per 100,000 people, far worse than in neighbouring Nordic countries.

In fairness, though, Sweden is in parts more densely populated than most of Norway, Denmark and Finland, with three large cities in Stockholm, Gothenburg and Malmo.

And Sweden's death rate is still lower than those in Belgium (87 per 100,000 people), Spain (62), Britain (62) and Italy (58) — all of which did go into lockdown.

So what did I make of it? Well, that's easy. After the negativity, paranoia, moaning and squabbling of Britain, **Sweden was paradise.**

The contrast struck me almost immediately at the supermarket. Usually the sky-high Scandinavian prices leave me wincing in anguish.

But this time I barely noticed them, too busy enjoying the lack of queues outside the shop, the absence of masks and the generally relaxed atmosphere.

Nobody recoiled in horror when our trolley came within five metres of them. Nor did people shrink in terror when another shopper appeared in the aisle, as is the norm in British supermarkets these days.

That set the tone for the next two weeks. **For the Swedes, summer life has carried on as normal.**

Perhaps people give strangers a little more distance than they usually would — but so sensibly, so discreetly, that you barely noticed.

When we went kayaking in the gorgeous Stockholm archipelago, the guide told us that he was fully booked at weekends, even though foreign tourist numbers had plummeted.

Similarly, when we visited the stunning Baltic island of Gotland, a kind of Scandinavian version of Cornwall, the holiday season was in full swing.

The restaurants were busy and we often needed a booking to get in. Yes, we were offered hand sanitiser on arrival, but there was no great song and dance about it.

Since most Swedes speak excellent English, we often asked people what they made of it all. And the answers were always the same.

Yes, they were sorry that the virus had got into their care homes. But without exception, the Swedes were glad to have escaped lockdown.

By this time, with the A-level shambles beginning to unfold back home, I was feeling miserable about the prospect of returning.

But perhaps the Swedish experience was too good to be true? I had a look at the latest figures to find out.

On August 3, the day we arrived in Stockholm, just one Swedish person was reported to have died of Covid-19. The next day's death toll was three. The following day's was 13; then it was down to six.

According to Sebastian Rushworth, an American-born doctor in a Stockholm A&E department, he hasn't seen a single Covid-19 patient in a month: 'Basically,' he writes, 'Covid is in all practical senses over and done with in Sweden.' So should Britain have followed the Swedish example?

One obvious counter-argument is that Britain is even more densely populated, with almost 70 million people to Sweden's ten million. Perhaps we were always going to need some sort of lockdown, if only temporarily.

In every other respect, though, I think the comparison shows us in an almost embarrassing light.

In the first three months, Sweden's economy shrank by approximately 9 per cent — less than half the downturn in our own economy.

Our children stayed at home; theirs went to school. Our businesses closed; theirs stayed open. Our social and cultural life ground to a halt; theirs continued — with some sensible restrictions.

At the top, the difference could hardly be more glaring. Sweden's scientists drew up a plan, and their government calmly followed it.

Even as international criticism of his tactics mounted, Mr Tegnell remained calm. Again and again he repeated that there was no point in panicking, no point in making crowd-pleasing gestures and no point in committing economic suicide.

Contrast that with Britain's politicians, floundering around like drunkards at closing time, flip-flopping on policy and constantly being dragged into ever more stringent measures to appease the public hysteria.

But perhaps it's too easy to blame Boris Johnson & Co — who are, after all, merely a reflection of the society they serve.

Mr Tegnell's approach worked because the Swedes are a serious, sensible, law-abiding lot, who believe in individual responsibility and can be trusted to behave themselves.

Again, contrast that with the scenes here: first the panic-buying of toilet rolls; then the punch-ups in supermarket aisles and car parks; the absurd crowds on South Coast beaches; even the mobs of 'anti-racist' anarchists who thought a pandemic was the ideal time to rant and rave. All pretty miserable, I know.

And I can't deny that when we flew back to face a fortnight's quarantine, I felt distinctly depressed, not just at the thought of all those blasted masks, but at the prospect of all the Left-wing whining, Right-wing bickering, political incompetence and general irresponsibility ahead.

So in Scandinavian spirit, here's a positive note on which to end.

Tragic as the death toll in Britain has been, it has not come close to the 250,000 predicted by Professor [Neil Ferguson's apocalyptic model](#), which reportedly inspired Boris Johnson's decision to impose a lockdown.

Derek Knauss: Government and Media Proven to Be Lying To Public About COVID Pandemic

July 17, 2020

<https://goldenageofgaia.com/2020/07/17/derek-knauss-government-and-media-proven-to-be-lying-to-public-about-covid-pandemic/>



Government and Media Proven to Be Lying To Public About COVID Pandemic

Derek Knauss, Prepare for Change, June 27, 2020

(<https://prepareforchange.net/2020/06/27/government-and-media-proven-to-be-lying-to-public-about-covid-pandemic/>)

From Jchristoff.com:

US medical doctor and state senator explains that the US government has sent official documentation telling doctors and hospitals to lie about CV-19 death and infection numbers. <http://tiny.cc/zrajnz> and <http://tiny.cc/yqajnz>

[video at <https://goldenageofgaia.com/wp-content/uploads/2020/07/Dr-Scott-Jensen-On-Broad-Covid-19-Death-Count-Guidelines-Financial-Incentives-1.mp4>]

[At this added link](#), the US government actually admits that every death counted as a COVID-19 death is either a) presumed to be caused by COVID-19 or was caused by another disease...and also counted as a COVID-19 death.

[video at <https://goldenageofgaia.com/wp-content/uploads/2020/07/Dr-Scott-Jensen-On-Broad-Covid-19-Death-Count-Guidelines-Financial-Incentives.mp4>]

NY State admits adding thousands to CV-19 death counts with no testing. <http://tiny.cc/wwajnzm> (article)

Medical doctor in Montana explains that CV-19 death and infection numbers are being faked by US government. <http://tiny.cc/c9ajnzm>

German virus expert declares social distance isn't based on science and that CV-19 can't be found anywhere on any surface he tested. <http://tiny.cc/zbcjnzm> (article)

At this added link Dr. Andrew Kaufman clearly explains the faults in the testing system and explain why there is no virus what so ever. <https://www.bitchute.com/video/r9MG7YY5CrpL/> (Spiro Skouras interview)

Medical doctor explains there's no way to test for CV-19 in the first place, so how is anyone confirming cases, even though most aren't confirming....they're just making them up. <https://bit.ly/3eP2BbD>

State Health Department in Illinois declares they are faking CV-19 death and infection numbers. <https://www.youtube.com/watch?v=i4i3Krs5aL0>

Canadian nurse comes forward to testify CV-19 death and infection numbers are being faked. <https://bit.ly/2S7U7mu>

Investigative reporter explains CV-19 statistics are being faked. <https://bit.ly/2x8nI7N>

Head of UK National Health Services admits they're padding the UK COVID death numbers as well, with people who never died of COVID. <https://bit.ly/2SveoCH>

After basic investigating of government statistics, CV-19 death and infection numbers are proven faked beyond belief. <https://open.lbry.com/@DollarVigilante:b/here-comes-the-mass-vaccinations-gun:2?t=962>

Two US doctors come forward to hold a press conference, to discuss that the current statistics and the science, in no way, warrant a shelter in place order. <https://bit.ly/2SeCbXf>

Canadian member of provincial parliament is polite but obviously hints to some major obfuscations regarding COVID. <https://bit.ly/2W3KrdS> (article)

Professor Johan Giesecke, one of the world's most senior epidemiologists, advisor to the Swedish Government (he hired Anders Tegnell who is currently directing Swedish strategy), the first Chief Scientist of the European Centre for Disease Prevention and Control explains that lock downs, social distancing and shutdown businesses to stop the spread of an infectious disease has no basis in science what so ever. <https://youtu.be/bfN2JWifLCY>

German MD calls corona lock-down measures “Collective Suicide Based On A Spook” after reviewing Sweden, a country that never locked down and didn't quarantine at all...where everything is perfectly normal. <https://bit.ly/3cG9dHA> (article)

State Department of Health in Washington admit to adding people who died of shotgun wounds to the COVID dead count. <https://komonews.com/news/local/state-epidemiologists-covid-19-related-deaths-likely-being-undercounted-in-wa>

Doctor with several degrees from MIT explains the numbers are being faked and why they're being faked. <https://www.youtube.com/watch?v=IKEqGmN7J94>

Nurse explains hospitals are empty and laying off nurses because no one is sick. <http://tiny.cc/x5v3nz>

Houston set to demolish a \$17 million temporary medical tent for COVID victims....because it didn't even see one patient. <http://tiny.cc/sbw3nz> (article)

[Wisconsin government pays \\$10 million](#) for a temporary COVID tent for the “over flow of COVID sickness” yet again....not one patient. <https://biztimes.com/no->

[plans-to-close-covid-19-alternate-care-facility-at-state-fair-park-despite-lack-of-patients](#)

[Chicago invests 65 million](#) in a conventional center to treat 3000 COVID patients. It shuts down after servicing 30. <https://news.wttw.com/2020/05/01/field-hospital-mccormick-place-will-close-after-treating-few-patients-curve-bends>

[Nightingale Hospital in the UK closed](#) after ramping up for 4000 beds....and seeing only 50. What sort of pandemic is absent of any sick people? <https://www.theguardian.com/world/2020/may/04/london-nhs-nightingale-hospital-placed-on-standby>

[NY field hospital with 2500 beds](#) (costing tens of millions) closes after seeing 18 patients. <https://www.ny1.com/nyc/all-boroughs/news/2020/05/01/javits-center-temporary-covid-19-field-hospital-closing>

[Cape Cod 100 bed unit for COVID patients, closes after seeing not one patient.](#) <https://www.masslive.com/capecod/2020/05/cape-cod-coronavirus-field-hospital-closes-without-ever-seeing-a-patient-with-covid-19.html>

[NJ the same....](#) <https://www.nj.com/coronavirus/2020/05/nj-closing-one-field-hospital-that-was-set-up-to-handle-coronavirus-patients.html>

660 million spent on 16 field hospitals in the US, waiting for the big rush.....
[almost no one showed up.](#) <https://www.npr.org/2020/05/07/851712311/u-s-field-hospitals-stand-down-most-without-treating-any-covid-19-patients>

Funeral directors in NY come out to testify that they're being pressured to toe tag everyone as COVID19 when the cause of death wasn't COVID19. https://youtu.be/g5f_6ltv7oI

Italian Leader explains the faking of COVID deaths in Parliament.... <https://youtu.be/bUCWcft6kao>

And yet another member of Italian Parliament takes the house floor to explain that not only is the pandemic fake, it's being used as a back drop to remove human rights and poison people with a new untested vaccine. (speech by Sara Cunial)
<https://bit.ly/3cGOi7t>

Austrian member of Parliament unloads on the Minister of Health for lying to the Austrian public about COVID-19 and plunging the country in to complete disaster...based on weaponized fear, fibs and fabrications. (member Kickl) <https://youtu.be/DBQRtj2Rm28>

[In this article with English translation](#), we see another Italian Member of Parliament explaining why people are sick in Italy and how the entire lock down and CV-19 pandemic was a coup in that country orchestrated by outside forces. https://fromrome.info/2020/04/26/mp-sara-cunial-tears-up-the-curaitalia-law-as-a-crime-against-italy/?fbclid=IwAR2C2pEQtOzRLBAsQn0onDokGfDfj4LODYbfiFq_KL_3g4wAXdg_8_XxSDU

Trauma doctor in NY declares all deaths are listed as COVID to pad the numbers, regardless of what they really died from. <https://bit.ly/2VUrriM> (NYC COVID 19 street testimonial from trauma care worker)

How many 2 week lock down extensions will it take for you to start understanding? COVID 19 exists on your TV, inside a fabricated government/media illusion...if you look out the window into reality, no one can find it.

Washington Post reports that COVID-19 the greatest hoax ever perpetrated upon the American public in history by media and government. <https://bit.ly/2KTIOKy>

Orange County Medical Doctor comes out to question the validity of the numbers and the sensibility of the government's response. Dr. Jeff Barke

Medical doctor and surgeon out of the UK also explains the COVID hoax. (Dr. Mohammad Iqbal Adil) https://www.youtube.com/watch?v=x4OWQmu_Szk

Reporter in the UK points out more government lying about COVID death numbers. (Paul Weston) <https://bit.ly/2z7Q17t>

Nurse in United States comes forward to highlight the media is lying to the public about the numbers and busy hospitals. <https://bit.ly/3bVBo5k>

PhD in Immunology and one of the world's most well respected research scientists, explains that the media is not telling the truth about COVID19 – (Prof. Dolores Cahill) https://www.bitchute.com/video/Avc6_ftzk3w/

Member of Irish Parliament questioning the faking of death certificates.....
<https://youtu.be/YeEj9AYAKs0?t=9> (Strabane MLA questions Covid death certificates)

[At this added link](#) reporter Jon Rappoport explains how easy it is to start a fake pandemic and exactly how it's been done in the past.

[At this added link the US government admits](#) adding random deaths to COVID death numbers without testing.

[At this added link](#) we have UK officials do double counting COVID infections numbers, because a nasal swab and a saliva swab around counted as two people, when both tests come from the same person. <https://www.telegraph.co.uk/global-health/science-and-disease/tens-thousands-coronavirus-tests-have-double-counted-officials/>

[At this link the Ontario health force in Canada](#) also admits to toe tagging absolutely any death as COVID, whether COVID was involved in the death or not.

Former Supreme Court Judge in UK explains that the government is fudging the COVID death numbers.....(Lord Sumption)<https://youtu.be/RUCuKH2vAp4>

[At this link the CDC](#) in the United States actually removed over 30,000 deaths due to COVID-19 in one night because of the public discovery of their inflation tactics and even with those 30,000 COVID deaths removed.....all other deaths are listed as merely being “assumed” from COVID because they are aware that the test to confirm COVID infection can't detect COVID infections. It's all about the CDC getting ready for the lawsuits regarding their fabrication.

The UK Government admits COVID-19 is not a high consequence infectious disease....in March 2020. So why all the government tyranny continuing to march forward. <https://www.youtube.com/watch?v=CqYDPcDSa5o>

UK Minister of Health Chris Whitty ends up just telling the truth and saying COVID-19 is basically harmless and no greater a threat than the common flu.
<https://youtu.be/adj8MCsZKlg>

[Israeli professor declares that locking down and closing business does absolutely nothing](#) to slow the spread of infection.....therefore lock down and business closure has always been completely unwarranted.

If you want to have the entire narrative linked together in a way that easy to understand hit this link. <https://londonreal.tv/1000000-fighting-for-freedom/>

For people who speak French, these two documents are from Quebec Canada where the government instructs doctors to label any death as COVID, without testing.

In this video we see a COVID testing station completely faked because no real person was interested in taking the test, because no one is sick and they also don't trust the medical or government system at this point in time. Faked by CBS news to mind control the public.

[Here we have a Facebook post](#) from Lena Kay with 2 million views regarding her family member being listed as dying from COVID19 when he in no way died from COVID-19

Dr. Vernon Coleman explains the new revelation that the UK government was conducting a full psychological operation on the UK public and that covid-19 never existed. It was invented as to manufacture fabricated fear, in order to use that fear against the public. <https://www.youtube.com/watch?v=kvlhVD5TunY>

NY city Nurse comes forward with documents proving that covid positive tests were faked and fabricated..... and it gets worse. This nurse and many other nurses talking about the medical system using ventilators to actually kill the patients..... (Perspectives on the Pandemic | The (Undercover) Epicenter Nurse | Episode Nine)

In Canada, a top Constitutional Lawyer [Rocco Gelati] is now suing the Canadian federal, provincial and municipal governments because nothing they've done or suggested the public do (regarding COVID-19) has any scientific or medical validity what so ever.

In short, the government has fabricated Covid-19 and its solutions out of thin air. Everything from 6 foot distancing to the closing of businesses and from wearing masks to even the idea of sick people having the ability to make healthy people

sick.....there's absolutely no science on record to legitimize any of it. <https://youtu.be/ghka1b3aPVk>

⌘ ⌘ What Doctors are Urging ⌘ ⌘

The Great Barrington Declaration

October 13, 2020

<https://goldenageofgaia.com/2020/10/13/the-great-barrington-declaration/>



A blueprint for a balanced approach to the pandemic.

The Great Barrington Declaration

(<https://gbdeclaration.org/>)

The Great Barrington Declaration – As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

On October 4, 2020, this declaration was authored and signed in Great Barrington, United States, by:

Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

Declaration of Canadian Physicians for Science and Truth

May 12, 2021

<https://goldenageofgaia.com/2021/05/12/declaration-of-canadian-physicians-for-science-and-truth/>



You could say my dander is up. Thanks to Len.

Declaration of Canadian Physicians for Science and Truth

(<https://canadianphysicians.org/>)

We are a broad and diverse group of Canadian physicians from across Canada who are sending out this urgent declaration to the Colleges of Physicians and Surgeons of our various Provinces and Territories and to the Public at large, whom we serve.

On April 30, 2021, Ontario's physician licensing body, the College of Physicians and Surgeons of Ontario (CPSO), issued a statement forbidding physicians from questioning or debating any or all of the official measures imposed in response to COVID-19.¹

The CPSO then went on to threaten physicians with punishment – investigations and disciplinary action.

We regard this recent statement of the CPSO to be unethical, anti-science and deeply disturbing.

As physicians, our primary duty of care is not to the CPSO or any other authority, but to our patients.

When we became physicians, we pledged to put our patients first and that our ethical and professional duty is always first toward our patients. The CPSO statement orders us to violate our duty and pledge to our patients in the following ways:

1. Denial of the Scientific Method itself: The CPSO is ordering physicians to put aside the scientific method and to not debate the processes and conclusions of science.

We physicians know and continue to believe that throughout history, opposing views, vigorous debate and openness to new ideas have been the bedrock of scientific progress. Any major advance in science has been arrived at by practitioners vigorously questioning “official” narratives and following a different path in the pursuit of truth.

2. Violation of our Pledge to use Evidence-Based Medicine for our patients: By ordering us not to debate and not to question, the CPSO is also asking us to violate our pledge to our patients that we will always seek the best, evidence-based scientific methods for them and advocate vigorously on their behalf.

The CPSO statement orders physicians for example, not to discuss or communicate with the public about “lockdown” measures. Lockdown measures are the subject of lively debate by world-renown and widely respected experts and there are widely divergent views on this subject. The explicitly anti-lockdown Great Barrington Declaration – <https://gbdeclaration.org> – was written by experts from Harvard, Stanford and Oxford Universities and more than 40,000 physicians from all over the world have signed this declaration. Several international experts including Martin Kuldorf (Harvard), David Katz (Yale), Jay Bhattacharya (Stanford) and Sunetra Gupta (Oxford) continue to strongly oppose lockdowns.

The CPSO is ordering physicians to express only pro-lockdown views, or else face investigation and discipline. This tyrannical, anti-science CPSO directive is regarded by thousands of Canadian physicians and scientists as unsupported by science and as violating the first duty of care to our patients.

3. Violation of Duty of Informed Consent: The CPSO is also ordering physicians to violate the sacred duty of informed consent – which is the process by which the

patient/public is fully informed of the risks, benefits and any alternatives to the treatment or intervention, before consent is given.

The Nuremberg Code, drafted in the aftermath of the atrocities perpetrated within the Nazi concentration camps – where horrific medical experiments were performed on inmates without consent – expressly forbids the imposition of any kind of intervention without informed consent.

In the case of the lockdown intervention for example, physicians have a fiduciary duty to point out to the public that lockdowns impose their own costs on society, including in greatly increased depression and suicide rates, delayed investigation and treatment of cancer (including delayed surgery, chemotherapy and radiation therapy), ballooning surgical waiting lists (with attendant greatly increased patient suffering) and increased rates of child and domestic abuse.

We physicians believe that with the CPSO statement of 30 April 2021, a watershed moment in the assault on free speech and scientific inquiry has been reached.

By ordering physicians to be silent and follow only one narrative, or else face discipline and censure, the CPSO is asking us to violate our conscience, our professional ethics, the Nuremberg code and the scientific pursuit of truth.

We will never comply and will always put our patients first.

The CPSO must immediately withdraw and rescind its statement of 30 April 2021.

We also give notice to other Canadian and international licensing authorities for physicians and allied professions that the stifling of scientific inquiry and any order to violate our conscience and professional pledge to our patients, itself may constitute a crime against humanity.

¹ **College of Physicians and Surgeons of Ontario Statement on Public Health Misinformation** (4/30/21). <https://twitter.com/cpsocan/status/138821157770348544>

The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding physicians who are

publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing and anti-lockdown statements and/or promoting unsupported, unproven treatments for COVID-19. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations. Physicians who put the public at risk may face an investigation by the CPSO and disciplinary action, when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be supported by available evidence and science.

1969 Doctors and Health Professionals to the Belgian Government: End all CV19 Measures

September 26, 2020

<https://goldenageofgaia.com/2020/09/26/1969-doctors-and-health-professionals-to-the-belgian-government-end-all-cv19-measures/>



1969 doctors and health professionals letter to the Belgian government to end all CV19 measures

"We call for an end to all measures and ask for an immediate restoration of our normal democratic governance and legal structures and of all our civil liberties."

[Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media.](#)

(<https://docs4opendebate.be/en/>)

September 5th 2020

We, Belgian doctors and health professionals, wish to express our serious concern about the evolution of the situation in the recent months surrounding the outbreak of the SARS-CoV-2 virus. We call on politicians to be independently and critically informed in the decision-making process and in the compulsory implementation of corona-measures. We ask for an open debate, where all experts are represented without any form of censorship. After the initial panic surrounding covid-19, the

objective facts now show a completely different picture – there is no medical justification for any emergency policy anymore.

The current crisis management has become totally disproportionate and causes more damage than it does any good.

We call for an end to all measures and ask for an immediate restoration of our normal democratic governance and legal structures and of all our civil liberties.

‘A cure must not be worse than the problem’ is a thesis that is more relevant than ever in the current situation. We note, however, that the collateral damage now being caused to the population will have a greater impact in the short and long term on all sections of the population than the number of people now being safeguarded from corona.

In our opinion, the current corona measures and the strict penalties for non-compliance with them are contrary to the values formulated by the Belgian Supreme Health Council, which, until recently, as the health authority, has always ensured quality medicine in our country: “Science – Expertise – Quality – Impartiality – Independence – Transparency”. [1](#)

We believe that the policy has introduced mandatory measures that are not sufficiently scientifically based, unilaterally directed, and that there is not enough space in the media for an open debate in which different views and opinions are heard. In addition, each municipality and province now has the authorization to add its own measures, whether well-founded or not.

Moreover, the strict repressive policy on corona strongly contrasts with the government’s minimal policy when it comes to disease prevention, strengthening our own immune system through a healthy lifestyle, optimal care with attention for the individual and investment in care personnel.[2](#)

The concept of health

In 1948, the WHO defined health as follows: ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or other physical impairment’.[3](#)

Health, therefore, is a broad concept that goes beyond the physical and also relates to the emotional and social well-being of the individual. Belgium also has a duty, from the point of view of subscribing to fundamental human rights, to include these human rights in its decision-making when it comes to measures taken in the context of public health. [4](#)

The current global measures taken to combat SARS-CoV-2 violate to a large extent this view of health and human rights. Measures include compulsory wearing of a mask (also in open air and during sporting activities, and in some municipalities even when there are no other people in the vicinity), physical distancing, social isolation, compulsory quarantine for some groups and hygiene measures.

The predicted pandemic with millions of deaths

At the beginning of the pandemic, the measures were understandable and widely supported, even if there were differences in implementation in the countries around us. The WHO originally predicted a pandemic that would claim 3.4% victims, in other words millions of deaths, and a highly contagious virus for which no treatment or vaccine was available. This would put unprecedented pressure on the intensive care units (ICUs) of our hospitals.

This led to a global alarm situation, never seen in the history of mankind: “flatten the curve” was represented by a lockdown that shut down the entire society and economy and quarantined healthy people. Social distancing became the new normal in anticipation of a rescue vaccine.

The facts about covid-19

Gradually, the alarm bell was sounded from many sources: the objective facts showed a completely different reality. [5](#) [6](#)

The course of covid-19 followed the course of a normal wave of infection similar to a flu season. As every year, we see a mix of flu viruses following the curve: first the rhinoviruses, then the influenza A and B viruses, followed by the coronaviruses. There is nothing different from what we normally see. The use of the non-specific PCR test, which produces many false positives, showed an exponential picture. This test was rushed through with an emergency procedure and was never seriously

self-tested. The creator expressly warned that this test was intended for research and not for diagnostics.[7](#)

The PCR test works with cycles of amplification of genetic material – a piece of genome is amplified each time. Any contamination (e.g. other viruses, debris from old virus genomes) can possibly result in false positives.[8](#)

The test does not measure how many viruses are present in the sample. A real viral infection means a massive presence of viruses, the so-called virus load. If someone tests positive, this does not mean that that person is actually clinically infected, is ill or is going to become ill. Koch's postulate was not fulfilled ("The pure agent found in a patient with complaints can provoke the same complaints in a healthy person").

Since a positive PCR test does not automatically indicate active infection or infectivity, this does not justify the social measures taken, which are based solely on these tests.[9](#) [10](#)

Lockdown

If we compare the waves of infection in countries with strict lockdown policies to countries that did not impose lockdowns (Sweden, Iceland ...), we see similar curves. So there is no link between the imposed lockdown and the course of the infection. Lockdown has not led to a lower mortality rate.

If we look at the date of application of the imposed lockdowns we see that the lockdowns were set after the peak was already over and the number of cases decreasing. The drop was therefore not the result of the taken measures.[11](#)

As every year, it seems that climatic conditions (weather, temperature and humidity) and growing immunity are more likely to reduce the wave of infection.

Our immune system

For thousands of years, the human body has been exposed daily to moisture and droplets containing infectious microorganisms (viruses, bacteria and fungi).

The penetration of these microorganisms is prevented by an advanced defence mechanism – the immune system. A strong immune system relies on normal daily

exposure to these microbial influences. Overly hygienic measures have a detrimental effect on our immunity. [12](#) [13](#) Only people with a weak or faulty immune system should be protected by extensive hygiene or social distancing.

Influenza will re-emerge in the autumn (in combination with covid-19) and a possible decrease in natural resilience may lead to further casualties.

Our immune system consists of two parts: a congenital, non-specific immune system and an adaptive immune system.

The non-specific immune system forms a first barrier: skin, saliva, gastric juice, intestinal mucus, vibratory hair cells, commensal flora, ... and prevents the attachment of micro-organisms to tissue.

If they do attach, macrophages can cause the microorganisms to be encapsulated and destroyed.

The adaptive immune system consists of mucosal immunity (IgA antibodies, mainly produced by cells in the intestines and lung epithelium), cellular immunity (T-cell activation), which can be generated in contact with foreign substances or microorganisms, and humoral immunity (IgM and IgG antibodies produced by the B cells).

Recent research shows that both systems are highly entangled.

It appears that most people already have a congenital or general immunity to e.g. influenza and other viruses. This is confirmed by the findings on the cruise ship Diamond Princess, which was quarantined because of a few passengers who died of Covid-19. Most of the passengers were elderly and were in an ideal situation of transmission on the ship. However, 75% did not appear to be infected. So even in this high-risk group, the majority are resistant to the virus.

A study in the journal Cell shows that most people neutralize the coronavirus by mucosal (IgA) and cellular immunity (T-cells), while experiencing few or no symptoms [14](#). Researchers found up to 60% SARS-Cov-2 reactivity with CD4+T cells in a non-infected population, suggesting cross-reactivity with other cold (corona) viruses.[15](#)

Most people therefore already have a congenital or cross-immunity because they were already in contact with variants of the same virus.

The antibody formation (IgM and IgG) by B-cells only occupies a relatively small part of our immune system. This may explain why, with an antibody percentage of 5-10%, there may be a group immunity anyway. The efficacy of vaccines is assessed precisely on the basis of whether or not we have these antibodies. This is a misrepresentation.

Most people who test positive (PCR) have no complaints. Their immune system is strong enough. Strengthening natural immunity is a much more logical approach. Prevention is an important, insufficiently highlighted pillar: healthy, full-fledged nutrition, exercise in fresh air, without a mask, stress reduction and nourishing emotional and social contacts.

Consequences of social isolation on physical and mental health

Social isolation and economic damage led to an increase in depression, anxiety, suicides, intra-family violence and child abuse.[16](#)

Studies have shown that the more social and emotional commitments people have, the more resistant they are to viruses. It is much more likely that isolation and quarantine have fatal consequences. [17](#)

The isolation measures have also led to physical inactivity in many older people due to their being forced to stay indoors. However, sufficient exercise has a positive effect on cognitive functioning, reducing depressive complaints and anxiety and improving physical health, energy levels, well-being and, in general, quality of life.[18](#)

Fear, persistent stress and loneliness induced by social distancing have a proven negative influence on psychological and general health. [19](#)

A highly contagious virus with millions of deaths without any treatment?

Mortality turned out to be many times lower than expected and close to that of a normal seasonal flu (0.2%).[20](#)

The number of registered corona deaths therefore still seems to be overestimated.

There is a difference between death by corona and death with corona. Humans are often carriers of multiple viruses and potentially pathogenic bacteria at the same time. Taking into account the fact that most people who developed serious symptoms suffered from additional pathology, one cannot simply conclude that the corona-infection was the cause of death. This was mostly not taken into account in the statistics.

The most vulnerable groups can be clearly identified. The vast majority of deceased patients were 80 years of age or older. The majority (70%) of the deceased, younger than 70 years, had an underlying disorder, such as cardiovascular suffering, diabetes mellitus, chronic lung disease or obesity. The vast majority of infected persons (>98%) did not or hardly became ill or recovered spontaneously.

Meanwhile, there is an affordable, safe and efficient therapy available for those who do show severe symptoms of disease in the form of HCQ (hydroxychloroquine), zinc and AZT (azithromycin). Rapidly applied this therapy leads to recovery and often prevents hospitalisation. Hardly anyone has to die now.

This effective therapy has been confirmed by the clinical experience of colleagues in the field with impressive results. This contrasts sharply with the theoretical criticism (insufficient substantiation by double-blind studies) which in some countries (e.g. the Netherlands) has even led to a ban on this therapy. A meta-analysis in The Lancet, which could not demonstrate an effect of HCQ, was withdrawn. The primary data sources used proved to be unreliable and 2 out of 3 authors were in conflict of interest. However, most of the guidelines based on this study remained unchanged ... [48](#) [49](#)

We have serious questions about this state of affairs.

In the US, a group of doctors in the field, who see patients on a daily basis, united in “America’s Frontline Doctors” and gave a press conference which has been watched millions of times.[21](#) [51](#)

French Prof Didier Raoult of the Institut d’Infectiologie de Marseille (IHU) also presented this promising combination therapy as early as April. Dutch GP Rob Elens, who cured many patients in his practice with HCQ and zinc, called on colleagues in a petition for freedom of therapy.[22](#)

The definitive evidence comes from the epidemiological follow-up in Switzerland: mortality rates compared with and without this therapy.[23](#)

From the distressing media images of ARDS (acute respiratory distress syndrome) where people were suffocating and given artificial respiration in agony, we now know that this was caused by an exaggerated immune response with intravascular coagulation in the pulmonary blood vessels. The administration of blood thinners and dexamethasone and the avoidance of artificial ventilation, which was found to cause additional damage to lung tissue, means that this dreaded complication, too, is virtually not fatal anymore. [47](#)

It is therefore not a killer virus, but a well-treatable condition.

Propagation

Spreading occurs by drip infection (only for patients who cough or sneeze) and aerosols in closed, unventilated rooms. Contamination is therefore not possible in the open air. Contact tracing and epidemiological studies show that healthy people (or positively tested asymptomatic carriers) are virtually unable to transmit the virus. Healthy people therefore do not put each other at risk. [24](#) [25](#)

Transfer via objects (e.g. money, shopping or shopping trolleys) has not been scientifically proven.[26](#) [27](#) [28](#)

All this seriously calls into question the whole policy of social distancing and compulsory mouth masks for healthy people – there is no scientific basis for this.

Masks

Oral masks belong in contexts where contacts with proven at-risk groups or people with upper respiratory complaints take place, and in a medical context/hospital-retirement home setting. They reduce the risk of droplet infection by sneezing or coughing. Oral masks in healthy individuals are ineffective against the spread of viral infections. [29](#) [30](#) [31](#)

Wearing a mask is not without side effects. [32](#) [33](#) Oxygen deficiency (headache, nausea, fatigue, loss of concentration) occurs fairly quickly, an effect similar to altitude sickness. Every day we now see patients complaining of headaches, sinus

problems, respiratory problems and hyperventilation due to wearing masks. In addition, the accumulated CO₂ leads to a toxic acidification of the organism which affects our immunity. Some experts even warn of an increased transmission of the virus in case of inappropriate use of the mask.[34](#)

Our Labour Code (Codex 6) refers to a CO₂ content (ventilation in workplaces) of 900 ppm, maximum 1200 ppm in special circumstances. After wearing a mask for one minute, this toxic limit is considerably exceeded to values that are three to four times higher than these maximum values. Anyone who wears a mask is therefore in an extreme poorly ventilated room. [35](#)

Inappropriate use of masks without a comprehensive medical cardio-pulmonary test file is therefore not recommended by recognized safety specialists for workers.

Hospitals have a sterile environment in their operating rooms where staff wear masks and there is precise regulation of humidity / temperature with appropriately monitored oxygen flow to compensate for this, thus meeting strict safety standards. [36](#)

A second corona wave?

A second wave is now being discussed in Belgium, with a further tightening of the measures as a result. However, closer examination of Sciensano's figures[37](#) shows that, although there has been an increase in the number of infections since mid-July, there was no increase in hospital admissions or deaths at that time. It is therefore not a second wave of corona, but a so-called "case chemistry" due to an increased number of tests. [50](#)

The number of hospital admissions or deaths showed a shortlisting minimal increase in recent weeks, but in interpreting it, we must take into account the recent heatwave. In addition, the vast majority of the victims are still in the population group >75 years.

This indicates that the proportion of the measures taken in relation to the working population and young people is disproportionate to the intended objectives.

The vast majority of the positively tested “infected” persons are in the age group of the active population, which does not develop any or merely limited symptoms, due to a well-functioning immune system.

So nothing has changed – the peak is over.

Strengthening a prevention policy

The corona measures form a striking contrast to the minimal policy pursued by the government until now, when it comes to well-founded measures with proven health benefits such as the sugar tax, the ban on (e-)cigarettes and making healthy food, exercise and social support networks financially attractive and widely accessible. It is a missed opportunity for a better prevention policy that could have brought about a change in mentality in all sections of the population with clear results in terms of public health. At present, only 3% of the health care budget goes to prevention. [2](#)

The Hippocratic Oath

As a doctor, we took the Hippocratic Oath: “I will above all care for my patients, promote their health and alleviate their suffering”.

“I will inform my patients correctly.”

“Even under pressure, I will not use my medical knowledge for practices that are against humanity.” The current measures force us to act against this oath. Other health professionals have a similar code.

The ‘primum non nocere’, which every doctor and health professional assumes, is also undermined by the current measures and by the prospect of the possible introduction of a generalized vaccine, which is not subject to extensive prior testing.

Vaccine

Survey studies on influenza vaccinations show that in 10 years we have only succeeded three times in developing a vaccine with an efficiency rate of more than 50%. Vaccinating our elderly appears to be inefficient. Over 75 years of age, the efficacy is almost non-existent.[38](#)

Due to the continuous natural mutation of viruses, as we also see every year in the case of the influenza virus, a vaccine is at most a temporary solution, which requires new vaccines each time afterwards. An untested vaccine, which is implemented by emergency procedure and for which the manufacturers have already obtained legal immunity from possible harm, raises serious questions. [39](#)
[40](#) We do not wish to use our patients as guinea pigs.

On a global scale, 700 000 cases of damage or death are expected as a result of the vaccine.[41](#) If 95% of people experience Covid-19 virtually symptom-free, the risk of exposure to an untested vaccine is irresponsible.

The role of the media and the official communication plan

Over the past few months, newspaper, radio and TV makers seemed to stand almost uncritically behind the panel of experts and the government, there, where it is precisely the press that should be critical and prevent one-sided governmental communication. This has led to a public communication in our news media, that was more like propaganda than objective reporting.

In our opinion, it is the task of journalism to bring news as objectively and neutrally as possible, aimed at finding the truth and critically controlling power, with dissenting experts also being given a forum in which to express themselves.

This view is supported by the journalistic codes of ethics.[42](#)

The official story that a lockdown was necessary, that this was the only possible solution, and that everyone stood behind this lockdown, made it difficult for people with a different view, as well as experts, to express a different opinion.

Alternative opinions were ignored or ridiculed. We have not seen open debates in the media, where different views could be expressed.

We were also surprised by the many videos and articles by many scientific experts and authorities, which were and are still being removed from social media. We feel that this does not fit in with a free, democratic constitutional state, all the more so as it leads to tunnel vision. This policy also has a paralysing effect and feeds fear and concern in society. In this context, we reject the intention of censorship of dissidents in the European Union! [43](#)

The way in which Covid-19 has been portrayed by politicians and the media has not done the situation any good either. War terms were popular and warlike language was not lacking. There has often been mention of a ‘war’ with an ‘invisible enemy’ who has to be ‘defeated’. The use in the media of phrases such as ‘care heroes in the front line’ and ‘corona victims’ has further fuelled fear, as has the idea that we are globally dealing with a ‘killer virus’.

The relentless bombardment with figures, that were unleashed on the population day after day, hour after hour, without interpreting those figures, without comparing them to flu deaths in other years, without comparing them to deaths from other causes, has induced a real psychosis of fear in the population. This is not information, this is manipulation.

We deplore the role of the WHO in this, which has called for the infodemic (i.e. all divergent opinions from the official discourse, including by experts with different views) to be silenced by an unprecedented media censorship.[43](#) [44](#)

We urgently call on the media to take their responsibilities here!

We demand an open debate in which all experts are heard.

Emergency law versus Human Rights

The general principle of good governance calls for the proportionality of government decisions to be weighed up in the light of the Higher Legal Standards: any interference by government must comply with the fundamental rights as protected in the European Convention on Human Rights (ECHR). Interference by public authorities is only permitted in crisis situations. In other words, discretionary decisions must be proportionate to an absolute necessity.

The measures currently taken concern interference in the exercise of, among other things, the right to respect of private and family life, freedom of thought, conscience and religion, freedom of expression and freedom of assembly and association, the right to education, etc., and must therefore comply with fundamental rights as protected by the European Convention on Human Rights (ECHR).

For example, in accordance with Article 8(2) of the ECHR, interference with the right to private and family life is permissible only if the measures are necessary in the interests of national security, public safety, the economic well-being of the country, the protection of public order and the prevention of criminal offences, the protection of health or the protection of the rights and freedoms of others, the regulatory text on which the interference is based must be sufficiently clear, foreseeable and proportionate to the objectives pursued.[45](#)

The predicted pandemic of millions of deaths seemed to respond to these crisis conditions, leading to the establishment of an emergency government. Now that the objective facts show something completely different, the condition of inability to act otherwise (no time to evaluate thoroughly if there is an emergency) is no longer in place. Covid-19 is not a cold virus, but a well treatable condition with a mortality rate comparable to the seasonal flu. In other words, there is no longer an insurmountable obstacle to public health.

There is no state of emergency.

Immense damage caused by the current policies

An open discussion on corona measures means that, in addition to the years of life gained by corona patients, we must also take into account other factors affecting the health of the entire population. These include damage in the psychosocial domain (increase in depression, anxiety, suicides, intra-family violence and child abuse)[16](#) and economic damage.

If we take this collateral damage into account, the current policy is out of all proportion, the proverbial use of a sledgehammer to crack a nut.

We find it shocking that the government is invoking health as a reason for the emergency law.

As doctors and health professionals, in the face of a virus which, in terms of its harmfulness, mortality and transmissibility, approaches the seasonal influenza, we can only reject these extremely disproportionate measures.

- *We therefore demand an immediate end to all measures.*

- *We are questioning the legitimacy of the current advisory experts, who meet behind closed doors.*
- *Following on from ACU 2020 [46 https://acu2020.org/nederlandse-versie/](https://acu2020.org/nederlandse-versie/) we call for an in-depth examination of the role of the WHO and the possible influence of conflicts of interest in this organization. It was also at the heart of the fight against the “infodemic”, i.e. the systematic censorship of all dissenting opinions in the media. This is unacceptable for a democratic state governed by the rule of law.[43](#)*

Distribution of this letter

We would like to make a public appeal to our professional associations and fellow careers to give their opinion on the current measures.

We draw attention to and call for an open discussion in which careers can and dare to speak out.

With this open letter, we send out the signal that progress on the same footing does more harm than good, and call on politicians to inform themselves independently and critically about the available evidence – including that from experts with different views, as long as it is based on sound science – when rolling out a policy, with the aim of promoting optimum health.

With concern, hope and in a personal capacity.

1. <https://www.health.belgium.be/nl/wie-zijn-we#Missie>
2. standaard.be/preventie
3. <https://www.who.int/about/who-we-are/constitution>
4. <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

5. <https://swprs.org/feiten-over-covid19/>
6. <https://the-iceberg.net/>
7. <https://www.creative-diagnostics.com/sars-cov-2-coronavirus-multiplex-rt-qpcr-kit-277854-457.htm>
8. President John Magufuli of Tanzania: “Even Papaya and Goats are Corona positive” <https://www.youtube.com/watch?v=207HuOxltvI>
9. Open letter by biochemist Drs Mario Ortiz Martinez to the Dutch chamber <https://www.gentechvrij.nl/2020/08/15/foute-interpretatie/>
10. Interview with Drs Mario Ortiz Martinez <https://troo.tube/videos/watch/6ed900eb-7459-4a1b-93fd-b393069f4fcd?fbclid=IwAR1XrullC2qopJjgFxEgbSTBvh-4ZCuJa1VxkHTXEtYMEyGG3DsNwUdaatY>
11. <https://infekt.ch/2020/04/sind-wir-tatsaechlich-im-blindflug/>
12. Lambrecht, B., Hammad, H. The immunology of the allergy epidemic and the hygiene hypothesis. *Nat Immunol* 18, 1076–1083 (2017). <https://www.nature.com/articles/ni.3829>
13. Sharvan Sehrawat, Barry T. Rouse, Does the hygiene hypothesis apply to COVID-19 susceptibility?, *Microbes and Infection*, 2020, ISSN 1286-4579, <https://doi.org/10.1016/j.micinf.2020.07.002>
14. [https://www.cell.com/cell/fulltext/S0092-8674\(20\)30610-3?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii](https://www.cell.com/cell/fulltext/S0092-8674(20)30610-3?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii)

%2FS0092867420306103%3Fshowall%3Dtrue

15. <https://www.hpdetijd.nl/2020-08-11/9-manieren-om-corona-te-voorkomen/>
16. Feys, F., Brokken, S., & De Peuter, S. (2020, May 22). Risk-benefit and cost-utility analysis for COVID-19 lockdown in Belgium: the impact on mental health and wellbeing. <https://psyarxiv.com/xczb3/>
17. Kompanje, 2020
18. Conn, Hafdahl en Brown, 2009; Martinsen 2008; Yau, 2008
19. <https://brandbriefggz.nl/>
20. <https://swprs.org/studies-on-covid-19-lethality/#overall-mortality>
21. <https://www.xandernieuws.net/algemeen/groep-artsen-vs-komt-in-verzet-facebook-bant-hun-17-miljoen-keer-bekeken-video/>
22. https://www.petities.com/einde_corona_crises_overheid_sta_behandeling_van_covid-19_met_hcq_en_zink_toe
23. <https://zelfzorgcovid19.nl/statistieken-zwitserland-met-hcq-zonder-hcq-met-hcq-leveren-het-bewijs/>
24. <https://www.cnbc.com/2020/06/08/asymptomatic-coronavirus-patients-arent-spreading-new-infections-who-says.html>

25. <http://www.emro.who.int/health-topics/corona-virus/transmission-of-covid-19-by-asymptomatic-cases.html>
26. WHO <https://www.marketwatch.com/story/who-we-did-not-say-that-cash-was-transmitting-coronavirus-2020-03-06>
27. <https://www.nordkurier.de/ratgeber/es-gibt-keine-gefahr-jemandem-beim-einkaufen-zu-infizieren-0238940804.html>
28. <https://www.reuters.com/article/us-health-coronavirus-germany-banknotes/banknotes-carry-no-particular-coronavirus-risk-german-disease-expert-idUSKBN20Y2ZT>
29. 29. Contradictory statements by our virologists <https://www.youtube.com/watch?v=6K9xfmkMsvM>
30. <https://www.hpdetijd.nl/2020-07-05/stop-met-anderhalve-meter-afstand-en-het-verplicht-dragen-van-mondkapjes/>
31. Security expert Tammy K. Herrema Clark https://youtu.be/TgDm_maAglM
32. <https://theplantstrongclub.org/2020/07/04/healthy-people-should-not-wear-face-masks-by-jim-meehan-md/>
33. <https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>
34. <https://www.news-medical.net/news/20200315/Reusing-masks-may-increase-your-risk-of-coronavirus-infection-expert-says.aspx>

35. <https://werk.belgie.be/nl/nieuws/nieuwe-regels-voor-de-kwaliteit-van-de-binnenlucht-werklokalen>
36. <https://kavlaanderen.blogspot.com/2020/07/als-maskers-niet-werken-waarom-dragen.html>
37. <https://covid-19.sciensano.be/sites/default/files/Covid19/Meest%20recente%20update.pdf>
38. Haralambieva, I.H. et al., 2015. The impact of immunosenescence on humoral immune response variation after influenza A/H1N1 vaccination in older subjects. <https://pubmed.ncbi.nlm.nih.gov/26044074/>
39. Global vaccine safety summit WHO 2019 <https://www.youtube.com/watch?v=oJXXDLGKmPg>
40. No liability manufacturers vaccines https://m.nieuwsblad.be/cnt/dmf20200804_95956456?fbclid=IwAR0IgiA-6sNVQvE8rMC6O5Gq5xhOulbcN1BhdI7Rw-7eq_pRtJDCxde6SQI
41. <https://www.newsbreak.com/news/1572921830018/bill-gates-admits-700000-people-will-be-harmed-or-killed-by-his-covid-19-solution>
42. Journalistic code <https://www.rvdj.be/node/63>
43. Disinformation related to COVID-19 approaches European Commission EurLex, juni 2020 (this file will not damage your computer)

44. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30461-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30461-X/fulltext)
45. <http://www.raadvst-consetat.be/dbx/adviezen/67142.pdf#search=67.142>
46. <https://acu2020.org/>
47. <https://reader.elsevier.com/reader/sd/pii/S0049384820303297?token=9718E5413AACDE0D14A3A0A56A89A3EF744B5A201097F4459AE565EA5EDB222803FF46D7C6CD3419652A215FDD2C874F>
48. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31180-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31180-6/fulltext)
49. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31324-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31324-6/fulltext)
50. There is no revival of the pandemic, but a so-called casedemic due to more testing. <https://www.greenmedinfo.com/blog/crucial-viewing-understanding-covid-19-casedemic1>
51. <https://docs4opendebate.be/wp-content/uploads/2020/09/white-paper-on-hcq-from-AFD.pdf>

Signed by **467** medical doctors

Signed by **1502** medically trained health professionals

Signed by **10,407** citizens

Stanford Professor About Covid-19: ‘For People Younger Than 45, the Infection Fatality Rate is Almost 0%’

July 12, 2020

<https://goldenageofgaia.com/2020/07/12/stanford-professor-about-covid-19-for-people-younger-than-45-the-infection-fatality-rate-is-almost-0/>



Stanford Professor About Covid-19: ‘For People Younger Than 45, the Infection Fatality Rate is Almost 0%’

Arjun Walia, Humans are Free, July 11, 2020

(<https://humansarefree.com/2020/07/stanford-professor-infection-fatality-rate-almost-0.html>)

John P. A. Ioannidis, a professor of medicine and epidemiology at Stanford University is one of many scientists around the world, and one of several from Stanford University, who has been telling the world that the new coronavirus, so far according to the data, is not as dangerous as it's being made out to be by mainstream media.

For example, earlier on in the pandemic he published an article titled “[A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data.](#)“

In the article, he argues that there is simply not enough data to make claims about reported case fatality rate. He stated that rates, “like the official 3.4% rate from the World Health Organization, cause horror — and are meaningless.”

This is exactly what these numbers did. In fact, they were the basis and justification for the lockdown.

It turns out he was right.

The idea that the infection rate is much larger than previously thought seems to be well accepted and clear in the scientific community, and multiple studies have come out emphasizing the same over the past few months.

Not long ago, several academics from the Stanford School of Medicine, including Ioannidis, suggested that COVID-19 has a similar infection fatality rate as seasonal influenza based on the data they [found in their study](#).

In a recent interview with [Greek Reporter](#), Ioannidis estimated that about 150-300 million or more people have already been infected by COVID-19 around the world, far more than the 10 million documented cases.

He warned that “the draconian lockdowns imposed in many countries may have the opposite effect of what was intended.”

He told the Greek Reporter that “the lockdown measures have increased the number of people at risk of starvation to 1.1 billion, and they are putting at risk millions of lives.

He isn’t the only world renowned scientist to call these measures “draconian”... There are many of them, a large majority of whom have been censored by platforms like YouTube and Facebook.

Since when are the expert opinions and research of scientists in this field constantly censored simply because they oppose the views of our federal health regulatory agencies and World Health Organization?

Why is there a digital authoritarian “fact-checker” patrolling the internet telling people what is and what isn’t?

Not only are people experiencing huge economic impacts, but it's also having a health impact.

A new article published in the British Medical Journal has suggested that quarantine measures in the United Kingdom as a result of the new coronavirus may have already killed more UK seniors than the coronavirus has during the peak of the virus. You can read more about that [here](#).

Here's what Ioannidis, had to say about the infection fatality rate now that things have progressed further:

"0.05% to 1% is a reasonable range for what the data tell us now for the infection fatality rate, with a median of about 0.25%. The death rate in a given country depends a lot on the age-structure, who are the people infected, and how they are managed.

"For people younger than 45, the infection fatality rate is almost 0%. For 45 to 70, it is probably about 0.05-0.3%. For those above 70, it escalates substantially, to 1% or higher for those over 85. For frail, debilitated elderly people with multiple health problems who are infected in nursing homes, it can go up to 25% during major outbreaks in these facilities." ([source](#))

The idea that the death rate is far lower than original estimates, and even far lower than what the numbers show now seems to be quite obvious...

Even the CDC [recently announced](#) that they may stop calling COVID-19 an "epidemic" due to the remarkably low death rate.

The number of controversies surrounding the coronavirus is quite revealing. Even people whose deaths are marked as COVID deaths may not have died as a result of the coronavirus. You can read more about that [here](#). This, along with the high infection rate even drives the [infection mortality rate \[to very-very low levels\]](#).

Russian COVID Chief: '[It's Just The Flu With Minimal Mortality. Why Has The Whole World Been Destroyed? That I Don't Know.](#)'

This all begs the question, are all of the measures that our federal health regulatory agencies forcing us to adopt actually necessary? Are they even good for us?

Is this really about the virus, or are we simply having our perception manipulated by big media and powerful people, just as we have with regards to a number of other topics, like ‘the war on terror,’ for example?

Why is there so much information showing that masks, for example, should not really be mandatory?

Why have we taken the measures that we’ve taken for this virus, but don’t do it for all of the other severe respiratory viruses that infect and kill millions of people around the world every single year?

Never in history have we experienced such a collective distrust for health authorities that we rely on to provide us with truthful information.

As a result, more people are starting to think for themselves instead of believing what they are told.

The coronavirus, just like 9/11, is really contributing to another massive shift in consciousness, where even more people become aware of the deceit corruption...

By [Arjun Walia](#) (*excerpts*)

Coronavirus: Top Pathologist Claims Coronavirus is “the Greatest Hoax Ever Perpetrated on an Unsuspecting Public”

November 29, 2020

<https://goldenageofgaia.com/2020/11/29/coronavirus-top-pathologist-claims-coronavirus-is-the-greatest-hoax-ever-perpetrated-on-an-unsuspecting-public/>



Coronavirus: Top Pathologist Claims Coronavirus is “The Greatest Hoax Ever Perpetrated on an Unsuspecting Public”

Says “masks are utterly useless.”

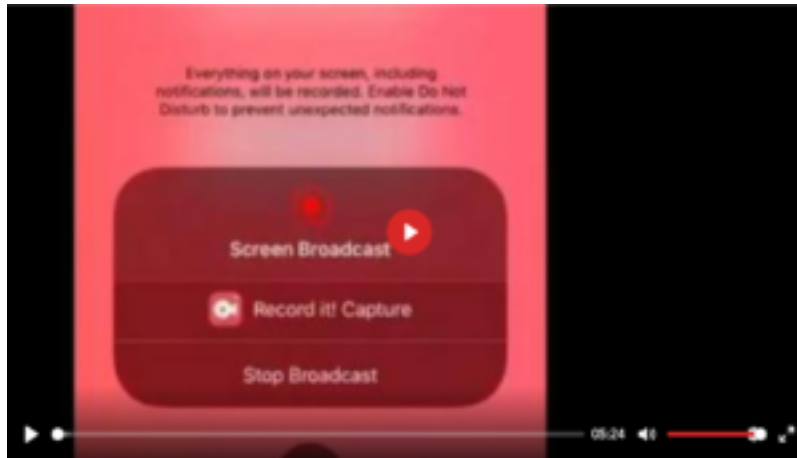
Paul Joseph Watson, Summit News, Nov. 18, 2020

(<https://summit.news/2020/11/18/top-pathologist-claims-coronavirus-is-the-greatest-hoax-ever-perpetrated-on-an-unsuspecting-public/>)

Top pathologist Dr. Roger Hodkinson told government officials in Alberta during a zoom conference call that the current coronavirus crisis is “the greatest hoax ever perpetrated on an unsuspecting public.”

Hodkinson’s comments were made during a discussion involving the Community and Public Services Committee and the clip was subsequently uploaded to YouTube.

Noting that he was also an expert in virology, Hodkinson pointed out that his role as CEO of a biotech company that manufactures COVID tests means, “I might know a little bit about all this.”



Hit graphic to watch video

“There is utterly unfounded public hysteria driven by the media and politicians. It’s outrageous. This is the greatest hoax ever perpetrated on an unsuspecting public,” said Hodkinson.

The doctor said that nothing could be done to stop the spread of the virus besides protecting older more vulnerable people and that the whole situation represented “politics playing medicine, and that’s a very dangerous game.”

Hodkinson remarked that “social distancing is useless because COVID is spread by aerosols which travel 30 meters or so before landing,” as he called for society to be re-opened immediately to prevent the debilitating damage being caused by lockdowns.

Hodkinson also slammed mandatory mask mandates as completely pointless.

“Masks are utterly useless. There is no evidence base for their effectiveness whatsoever,” he said.

“Paper masks and fabric masks are simply virtue signalling. They’re not even worn effectively most of the time. It’s utterly ridiculous. Seeing these unfortunate, uneducated people – I’m not saying that in a pejorative sense – seeing these people

walking around like lemmings obeying without any knowledge base to put the mask on their face.”

The doctor also slammed the unreliability of PCR tests, noting that “positive test results do not, underlined in neon, mean a clinical infection,” and that all testing should stop because the false numbers are “driving public hysteria.”

Hodkinson said that the risk of death in the province of Alberta for people under the age of 65 was “one in three hundred thousand,” and that it was simply “outrageous” to shut down society for what the doctor said “was just another bad flu.”

“I’m absolutely outraged that this has reached this level, it should all stop tomorrow,” concluded Dr. Hodkinson.

Hodkinson’s credentials are beyond question, with the MedMalDoctors website affirming his credibility.

“There is utterly unfounded public hysteria driven by the media and politicians, it’s outrageous, this is the greatest hoax ever perpetrated on an unsuspecting public,” said Hodkinson.

The doctor said that nothing could be done to stop the spread of the virus besides protecting older more vulnerable people and that the whole situation represented “politics playing medicine, and that’s a very dangerous game.”

“He received his general medical degrees from Cambridge University in the UK (M.A., M.B., B. Chir.) where he was a scholar at Corpus Christi College. Following a residency at the University of British Columbia he became a Royal College certified general pathologist (FRCPC) and also a Fellow of the College of American Pathologists (FCAP).”

“He is in good Standing with the College of Physicians and Surgeons of Alberta, and has been recognized by the Court of Queen’s Bench in Alberta as an expert in pathology.”

In case the above video gets deleted by YouTube, a backup via Bitchute is available here.

University of Waterloo Professor Calls COVID-19 a “Fake Emergency”

September 12, 2020

<https://goldenageofgaia.com/2020/09/12/university-of-waterloo-professor-calls-covid-19-a-fake-emergency/>



University of Waterloo Doctor & Professor Refers To COVID-19 As A “Fake Emergency”

Arjun Walia, Collective Evolution, Sept. 11, 2020

(<https://www.collective-evolution.com/2020/09/11/university-of-waterloo-doctor-professor-refers-to-covid-19-as-fake/>)

Is the new coronavirus, like 9/11, a catalyst for a shift in human consciousness. Are people ‘waking up’ as a result of what has, is and will transpire?

What Happened: Dr. Michael Palmer, a chemistry professor at the University of Waterloo, Canada, who also has a medical degree with a specialization in microbiology is making headlines for distributing a course outline to his students saying his in-class exams aren’t mandatory “because of the COVID fake

emergency,” according to CBC news. The course outline was posted on social media after it was recently distributed to students.

Robert Lemieux, the University of Waterloo’s Dean of Science told CBC that “Palmer’s opinion doesn’t align with the university’s perspective.”

“The University of Waterloo respects the academic freedom of our faculty to express their opinions. This representation is not, however, shared by the University of Waterloo or the Faculty of Science...Our response to the COVID-19 pandemic will continue to be based on the best available advice from public health officials,” the statement went on to say. “In this case, the professor has elected to move the course online.”

Palmer is not the only academic from the prestigious university to make noise regarding this issue. Ronald B. Brown, Ph.D., from the School of Public Health and Health Systems at the University of Waterloo recently stated that the COVID-19 fatality rate is the “worst miscalculation in the history of humanity.” Brown is currently completing his second doctorate degree, this time in epidemiology at the University of Waterloo. Not long ago, Brown published a paper in Disaster Medicine and Public Health Preparedness, titled “Public health lessons learned from biases in coronavirus mortality overestimation.”

Below is a statement Brown recently gave to John C. A. Manley, a journalist who was the first to cover the story:

The subject of this article is disruptive, to say the least, although it is not as obvious from the title. The manuscript cites the smoking-gun, documented evidence showing that the public’s overreaction to the coronavirus pandemic was based on the worst miscalculation in the history of humanity, in my opinion. My manuscript underwent an intensive peer-review process. You are the first media guy who has responded to my invitation.

advertisement - learn more

Dr. Brown added that CDC and WHO documents show that the case fatality rate for influenza was similar to the coronavirus, implying that the lockdowns were pointless. His paper questions why the 2017-2018 influenza season in the United States did not “receive the same intensive media coverage as COVID-19.”

Why This Is Important: It's important because there seems to be thousands of academics across the world who have shared the same sentiment regarding the COVID-19 pandemic, or at least something very similar. For example, More than 500 German doctors & scientists have signed on as representatives of an organization called the "Corona Extra-Parliamentary Inquiry Committee" to investigate what's happening on our planet with regards to COVID-19, expressing the same sentiment. They came together to investigate the severity of the virus, and whether or not the actions taken by governments around the world, and in this case the German government, are justified and not causing more harm than good. You can more on the organizations website if interested, they've repeatedly shared their opinion that what is happening is a complete 'scam' in many different ways.

Many scientists and doctors in North America are also expressing the same sentiments. For example, The Physicians For Informed Consent (PIC) recently published a report titled "Physicians for Informed Consent (PIC) Compares COVID-19 to Previous Seasonal and Pandemic Flu Periods." According to them, the infection/fatality rate of COVID-19 is 0.26%. You can read more about that and access their resources and reasoning [here](#).

Dr. Sucharit Bhakdi, a specialist in microbiology and one of the most cited research scientists in German history is also part of Corona Extra-Parliamentary Inquiry Committee mentioned above and has also expressed the same thing, multiple times early on in the pandemic all the way up to today.

Implementation of the current draconian measures that are so extremely restrict fundamental rights can only be justified if there is reason to fear that a truly, exceptionally dangerous virus is threatening us. Do any scientifically sound data exist to support this contention for COVID-19? I assert that the answer is simply, no. – Bhakdi. *You can read more about him [here](#).*

The Bulgarian Pathology Association has taken the stance that the testing used to identify the new coronavirus in patients is "scientifically meaningless." This comes after the president of the Bulgarian Pathology Association, Dr. Stoian Alexov, said that European pathologists haven't identified any antibodies that are specific for SARS-CoV-2.

He criticized the World Health Organization (WHO) and called them “a criminal medical organization” for creating fear and hysteria without, according to him, providing any verifiable scientific proof of a pandemic. He made these statements sharing his observations in a video interview summarizing the consensus of participants in a webinar on COVID-19 on May 8, 2020, with the European Society of Pathology. It was conducted by Dr. Stoycho Katsarov, chair of the Center for Protection of Citizens’ Rights in Sofia and a former Bulgarian deputy minister of health. The video is on the BPA’s website, which also highlights some of Dr. Alexov’s key points. You can read more about that story [here](#).

The list is quite long, and the examples provided here are a few of many. This begs the question, why? If everything is so cut and dry, why are some of these scientists being ridiculed? Why is their research, information and opinion often censored on YouTube and Facebook? Why is there a ‘fact-checker’ going around the internet censoring narratives that oppose the World Health Organization (WHO)? Why is there so much much controversy?

The Takeaway: Why is there so much information being shared that completely contradicts the narrative of our federal health regulatory agencies and organizations like the WHO? Is there a battle for our perception happening right now? Is our consciousness being manipulated? Why is there so much conflicting information if everything is crystal clear? Why are alternative treatments that have shown tremendous amounts of success being completely ignored and ridiculed? What’s going on here, and how much power do governments have when they are able to silence the voice of so many people? Should we not be examining information openly, transparently, and together?

Is the new coronavirus, like 9/11, a catalyst for a shift in human consciousness. Are people ‘waking up’ as a result of what has, is and will transpire?

Former Pfizer Chief Science Officer Says “Second Wave” Faked, “Pandemic Is Over”

October 1, 2020

<https://goldenageofgaia.com/2020/10/01/former-pfizer-chief-science-officer-says-second-wave-faked-pandemic-is-over/>



Chief Science Officer for Pfizer Says “Second Wave” Faked on False-Positive COVID Tests, “Pandemic Is Over”

Tap News, Sept. 24, 2020

(<https://tinyurl.com/y74nk4ug>)

In a stunning development, a former Chief Science Officer for the pharmaceutical giant Pfizer says “there is no science to suggest a second wave should happen.” The “Big Pharma” insider asserts that false positive results from inherently unreliable COVID tests are being used to manufacture a “second wave” based on “new cases.”

Dr. Mike Yeadon, a former Vice President and Chief Science Officer for Pfizer for 16 years, says that half or even **“almost all” of tests for COVID are false positives**. Dr. Yeadon also argues that the threshold for herd immunity may be much lower than previously thought, and may have been reached in many countries already.

In an [interview last week](#) Dr. Yeadon was asked:

“we are basing a government policy, an economic policy, a civil liberties policy, in terms of limiting people to six people in a meeting...all based on, what may well be, completely fake data on this coronavirus?”

Dr. Yeadon answered with a simple “yes.”

Dr. Yeadon said in the interview that, given the “shape” of all important indicators in a worldwide pandemic, such as [hospitalizations](#), ICU utilization, and deaths, “the pandemic is fundamentally over.”

Yeadon said in the interview:

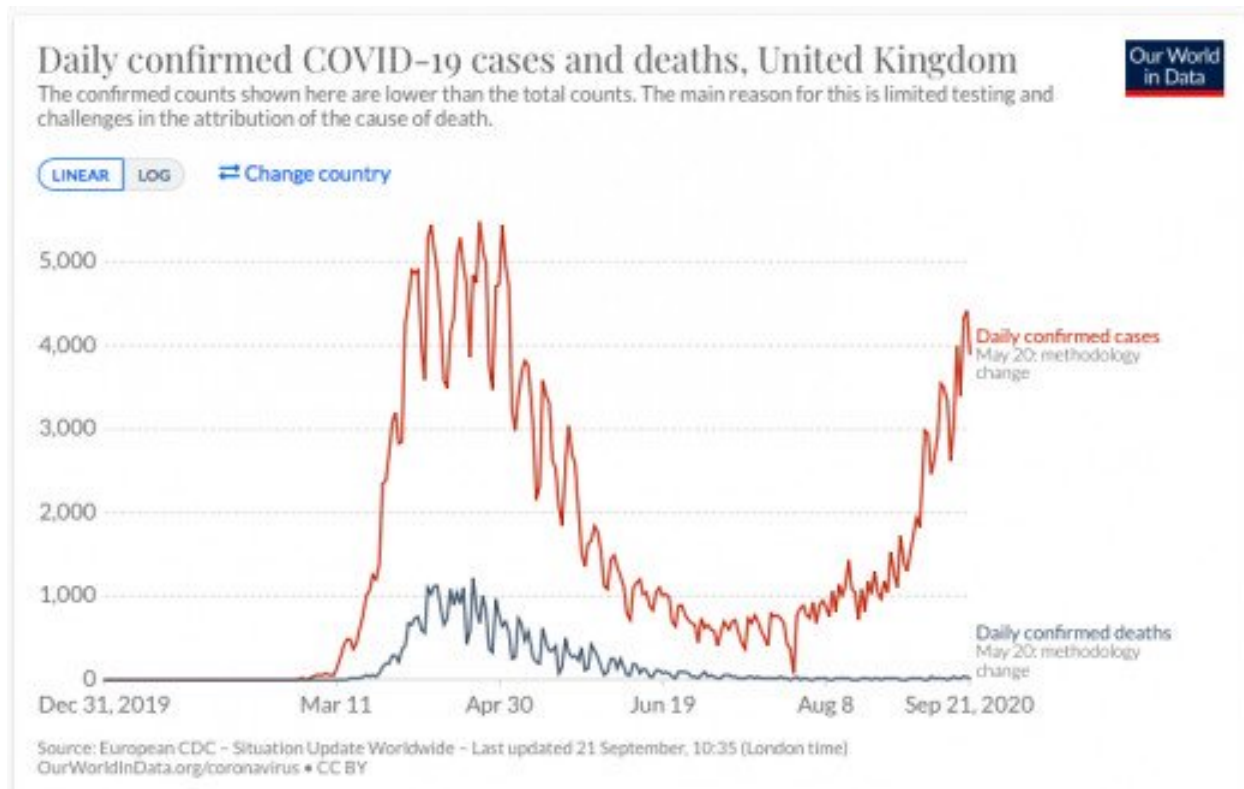
“Were it not for the test data that you get from the TV all the time, you would rightly conclude that the pandemic was over, as nothing much has happened. Of course people go to the hospital, moving into the autumn flu season...but there is no science to suggest a second wave should happen.”

In a paper published this month, which was co-authored by Yeadon and two of his colleagues, [“How Likely is a Second Wave?”](#), the scientists write:

“It has widely been observed that in all heavily infected countries in Europe and several of the US states likewise, that the shape of the daily deaths vs. time curves is similar to ours in the UK. Many of these curves are not just similar, but almost super imposable.”

In the data for UK, Sweden, the US, and the world, it can be seen that in all cases, deaths were on the rise in March through mid or late April, then began tapering off in a smooth slope which flattened around the end of June and continues to today. The case rates however, based on testing, rise and swing upwards and downwards wildly.

Media messaging in the US is already [ramping up expectations](#) of a “second wave.”



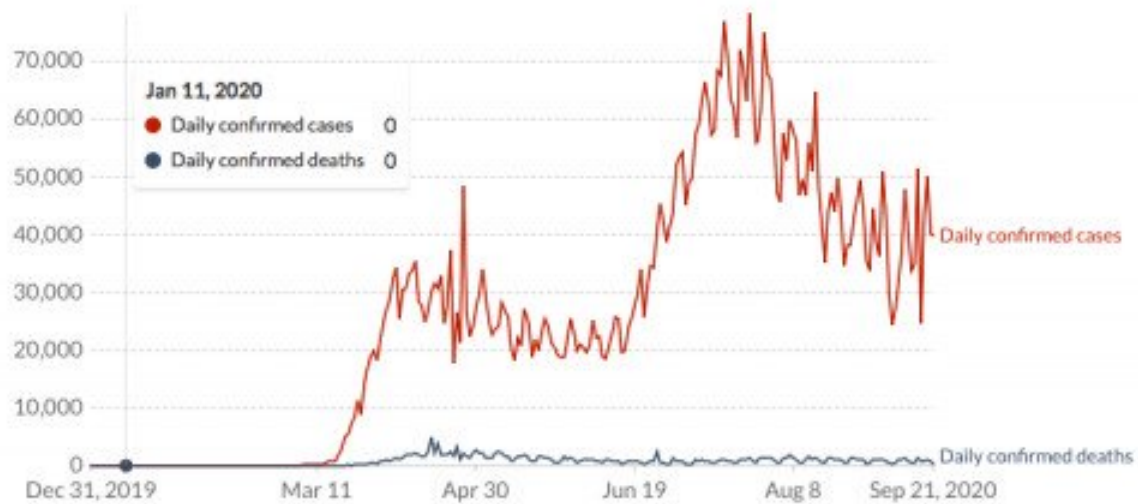
[Source](#)

Daily confirmed COVID-19 cases and deaths, United States

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

Our World
in Data

LINEAR LOG [Change country](#)



Source: European CDC - Situation Update Worldwide - Last updated 21 September, 10:35 (London time)
OurWorldInData.org/coronavirus • CC BY

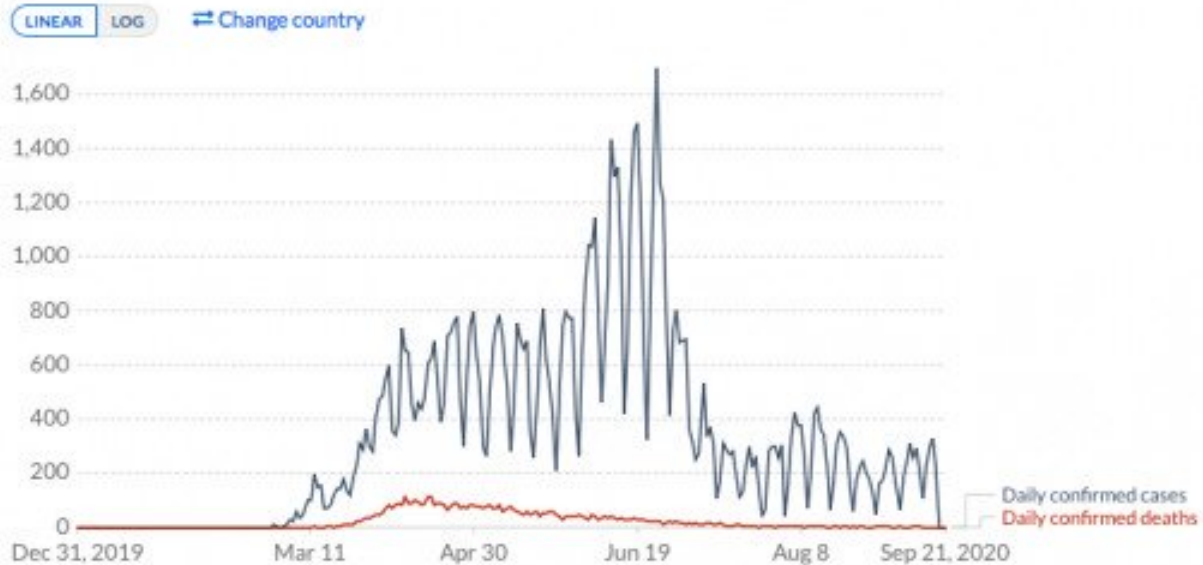
▶ Dec 31, 2019 ○ Sep 21, 2020

[Source](#)

Daily confirmed COVID-19 cases and deaths, Sweden

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

Our World
in Data



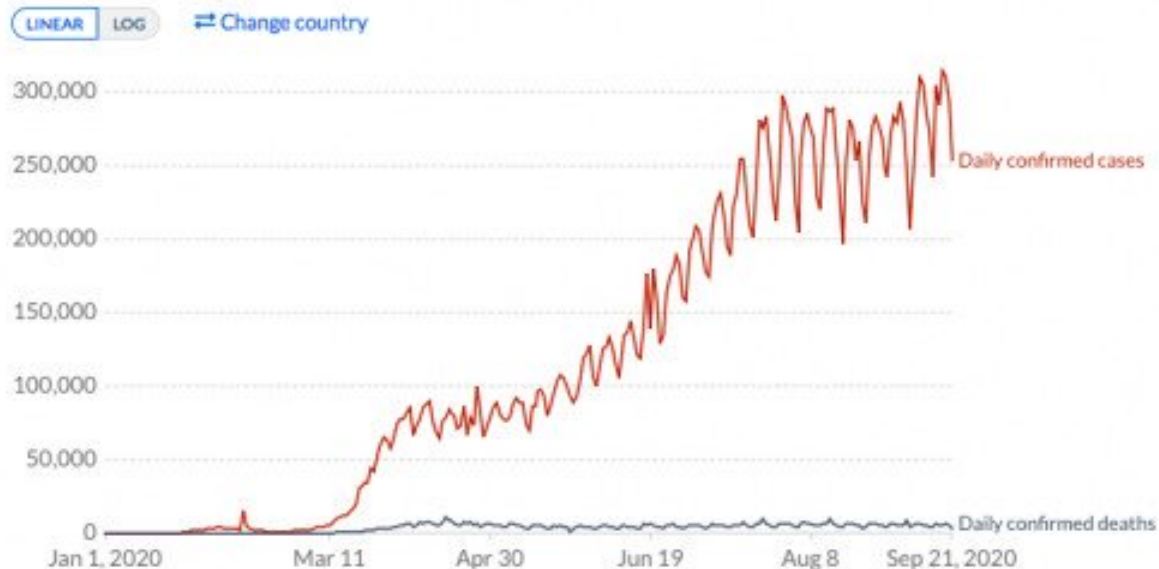
Source: European CDC - Situation Update Worldwide - Last updated 21 September, 10:35 (London time)
OurWorldInData.org/coronavirus • CC BY

[Source](#)

Daily confirmed COVID-19 cases and deaths, World

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

Our World
in Data



Source: European CDC - Situation Update Worldwide - Last updated 21 September, 10:35 (London time)
OurWorldInData.org/coronavirus • CC BY

[Source](#)

Survival Rate of COVID Now Estimated to be 99.8%, Similar to Flu, Prior T-Cell Immunity

The survival rate of COVID-19 has been upgraded since May to [99.8% of infections](#). This comes close to ordinary flu, the survival rate of which is 99.9%. Although COVID can have serious after-effects, [so can flu](#) or any respiratory illness. The present survival rate is far higher than initial grim guesses in March and April, cited by Dr. Anthony Fauci, of 94%, or 20 to 30 times deadlier. The Infection Fatality Rate (IFR) value accepted by Yeadon *et al* in the paper is .26%. The survival rate of a disease is 100% minus the IFR.

Dr. Yeadon pointed out that the “novel” COVID-19 contagion is novel only in the sense that it is a new type of coronavirus. But, he said, there are presently four strains which circulate freely throughout the population, most often linked to the common cold.

In the scientific paper, Yeadon *et al* write:

“There are at least four well characterised family members (229E, NL63, OC43 and HKU1) which are endemic and cause some of the common colds we experience, especially in winter. They all have striking sequence similarity to the new coronavirus.”

The scientists argue that much of the population already has, if not antibodies to COVID, some level of “T-cell” immunity from exposure to other related coronaviruses, which have been circulating long before COVID-19.

The scientists write:

“A major component our immune systems is the group of white blood cells called T-cells whose job it is to memorise a short piece of whatever virus we were infected with so the right cell types can multiply rapidly and protect us if we get a related infection. Responses to COVID-19 have been shown in dozens of blood samples taken from donors before the new virus arrived.”

Introducing the idea that some prior immunity to COVID-19 already existed, the authors of “How Likely is a Second Wave?” write:

“It is now established that at least 30% of our population already had immunological recognition of this new virus, before it even arrived...COVID-19 is new, but coronaviruses are not.”

They go on to say that, because of this prior resistance, only 15-25% of a population being infected may be sufficient to reach herd immunity:

“...epidemiological studies show that, with the extent of prior immunity that we can now reasonably assume to be the case, only 15-25% of the population being infected is sufficient to bring the spread of the virus to a halt...”

In the US, accepting a death toll of 200,000, and an infection fatality rate of 99.8%, this would mean for every person who has died, there would be about 400 people who had been infected, and lived. This would translate to around 80 million Americans, or 27% of the population. This touches Yeadon’s and his colleagues’ threshold for herd immunity.

The authors say:

“current literature finds that between 20% and 50% of the population display this pre-pandemic T-cell responsiveness, meaning we could adopt an initially susceptible population value from 80% to 50%. The lower the real initial susceptibility, the more secure we are in our contention that a herd immunity threshold (HIT) has been reached.”

Lockdown Sceptics

Stay Sceptical. Control the Hysteria. Save Lives.

How Likely is a Second wave?

7 September 2020. Updated 8 September 2020.

Paul Kirkham, Professor of cell Biology and Head of Respiratory Disease Research Group at Wolverhampton University

Dr Mike Yeadon, former CSO and VP, Allergy and Respiratory Research Head with Pfizer Global R&D and co-Founder of Ziarco Pharma Ltd

Barry Thomas, Epidemiologist

Masthead for “Lockdown Skeptics.org” publisher of “How Likely is a Second Wave?” | [Source](#)

The False Positive Second Wave

[Covid-19 Could Have Been Prevented and the Growing Vulnerability of Obese Patients to the Virus](#)

Of the PCR test, the prevalent COVID test used around the world, the authors write:

“more than half of the positives are likely to be false, potentially all of them.”

The authors explain that what the PCR test actually measures is “simply the presence of partial RNA sequences present in the intact virus,” which could be a piece of dead virus which cannot make the subject sick, and cannot be transmitted, and cannot make anyone else sick.

“...a true positive does not necessarily indicate the presence of viable virus. In limited studies to date, many researchers have shown that some subjects remain PCR-positive long after the ability to culture virus from swabs has disappeared. We term this a ‘cold positive’ (to distinguish it from a ‘hot positive’, someone actually infected with intact virus). The key point about ‘cold positives’ is that they are not ill, not symptomatic, not going to become symptomatic and, furthermore, are unable to infect others.”

Overall, Dr. Yeadon builds the case that any “second wave” of COVID, and any government case for lockdowns, given the well-known principles of epidemiology, will be entirely manufactured.

In Boston this month, [a lab suspended](#) doing coronavirus testing after 400 false positives were discovered.

An analysis of PCR-based test at medical website [medrxiv.org](#) states:

“data on PCR-based tests for similar viruses show that PCR-based testing produces enough false positive results to make positive results highly unreliable over a broad range of real-world scenarios.”

University of Oxford Professor Carl Heneghan, Director of Oxford's Centre for Evidence-Based Medicine, writes in a July article [“How Many COVID Diagnoses Are False Positives?”](#):

“going off current testing practices and results, Covid-19 might never be shown to disappear.”

Of course, the most famous incidence of PCR test unreliability was when the President of Tanzania revealed to the world that he had covertly sent samples from a [goat, a sheep, and a pawpaw fruit](#) to a COVID testing lab. They all came back positive for COVID.

Made in China

In August, the government of Sweden discovered [3700 false COVID positives](#) from test kits made by China's BGI Genomics. The kits were [approved in March by the FDA](#) for use in the US.

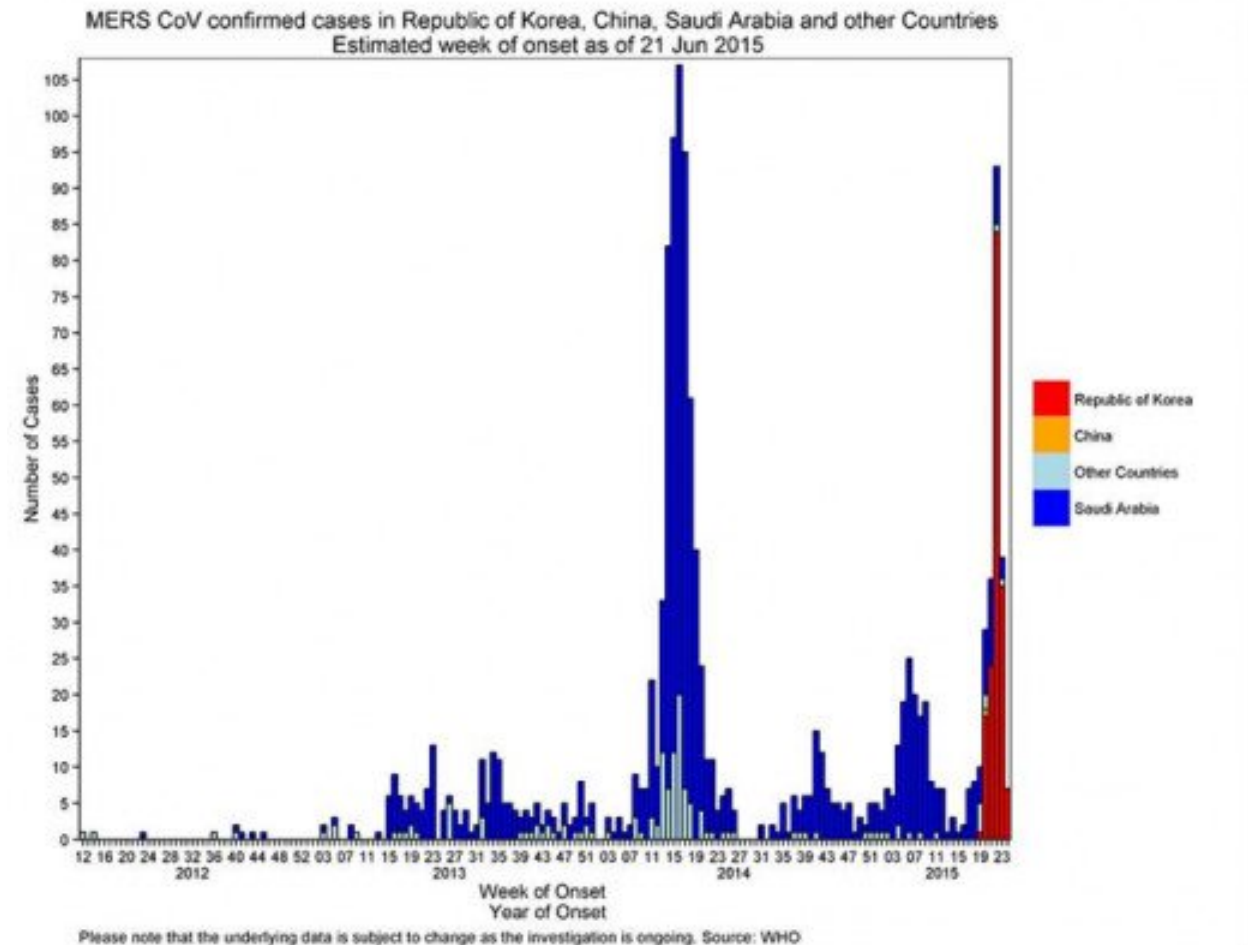
Second Waves of Coronaviruses Not Normal

Dr. Yeadon challenged the idea that all pandemics take place in subsequent waves, citing two other coronavirus outbreaks, the [SARS](#) virus in 2003, and [MERS](#) in 2012. What may seem like two waves can actually be two single waves occurring in different geographical regions. They say data gathered from the relatively recent SARS 2003 and the MERS outbreaks support their contention.

In the case of the MERS:

“it is actually multiple single waves affecting geographically distinct populations at different times as the disease spreads. In this case the first major peak was seen in Saudi Arabia with a second peak some months later in the Republic of Korea. Analysed individually, each area followed a typical single event...”

In the interview, when questioned about the Spanish Flu epidemic of 1918, which came in successive waves during World War I, Yeadon pointed out that this was an entirely different kind of virus, not in the coronavirus family. Others have blamed general early century malnutrition and unsanitary conditions. World War I soldiers, hard hit, lived in cold mud and conditions the worst imaginable for immune resistance.



Saudi and Korea Waves of MERS Coronavirus

Lockdowns Don't Work

Another argument made by Yeadon *et al* in their September paper is that there has been no difference in outcomes related to lockdowns.

They say:

“The shape of the deaths vs. time curve implies a natural process and not one resulting mainly from human interventions...Famously, Sweden has adopted an almost laissez faire approach, with qualified advice given, but no generalised lockdowns. Yet its profile and that of the UK's is very similar.”

Mild-Mannered Yeadon Demolishes Man Who Started It All, Professor Neil Ferguson

The former Pfizer executive and scientist singles out one former colleague for withering rebuke for his role in the pandemic, Professor Neil Ferguson. Ferguson taught at Imperial College while Yeadon was affiliated. Ferguson's [computer model](#) provided the rationale for governments to launch draconian orders which turned free societies into virtual prisons overnight. Over what is now estimated by the CDC to be a 99.8% survival rate virus.

Dr. Yeadon said in the interview that “no serious scientist gives any validity” to Ferguson’s model.

Speaking with thinly-veiled contempt for Ferguson, Dr. Yeadon took special pains to point out to his interviewer:

“It’s important that you know most scientists don’t accept that it [Ferguson’s model] was even faintly right...but the government is still wedded to the model.”

Yeadon joins other scientists in castigating governments for following Ferguson’s model, the assumptions of which all worldwide lockdowns are based on. One of these scientists is [Dr. Johan Giesecke](#), former chief scientist for the European Center for Disease Control and Prevention, who called Ferguson’s model “the most influential scientific paper” in memory, and also “one of the most wrong.”

It was Ferguson’s model which held that “mitigation” measures were necessary, i.e. social distancing and business closures, in order to prevent, for example, over 2.2 million people dying from COVID in the US.

Ferguson predicted that Sweden would pay a terrible price for no lockdown, with 40,000 COVID deaths by May 1, and 100,000 by June. Sweden’s death count [is now 5800](#). The [Swedish government says](#) this coincides to a mild flu season. Although initially higher, Sweden now has a lower death rate per-capita than the US, which it achieved without the terrific economic damage still ongoing in the US. [Sweden never closed](#) restaurants, bars, sports, most schools, or movie theaters. The government never ordered people to wear masks.

Dr. Yeadon speaks bitterly of the lives lost as a result of lockdown policies, and of the “savable” countless lives which will be further lost, from important surgeries and other healthcare deferred, should lockdowns be reimposed, .

Yeadon is a [successful entrepreneur](#), the founder of a biotech company which was acquired by Novartis, another pharmaceutical giant. Yeadon's unit at Pfizer was the Asthma and Respiratory Research Unit. (*Yeadon*, [partial list of publications](#).)



Sweden During International “Lockdowns”

Why is All This Happening? US Congressman Says He is Convinced of “Government Plan” to Continue Lockdowns Until a Mandatory Vaccine. Conspiracy Theories?

The list of news items grows which reflects unfavorably upon the narrative being played out on the major television networks, of a mysterious, “novel” virus which has been controlled only by an unprecedented assault on individual rights and liberties, now ready to pounce again, on already suffering populations with no choice but to submit to further government orders.

Governors have quietly extended their powers indefinitely by shifting the goalpost, without saying so, from “flattening the curve” to ease the strain on hospitals, to “no new cases.” From “pandemic,” to “case-demic.”

In Germany, an organization of [500 German doctors and scientists](#) has formed, who say that government response to the COVID virus has been vastly out of proportion to the actual severity of the disease.

Evidence of chicanery mounts. Both the [CDC](#), and US Coronavirus Task Force headed by [Dr. Deborah Birx](#), are candid that the definition of death-by-COVID has been flexible, and that the [rules favor calling it COVID](#) whenever possible. This opens the possibility of a vastly [inflated death count](#). In New York, Governor Andrew Cuomo's administration is under [federal investigation](#) for all but signing the death warrants for thousands of nursing home elderly, when the state sent [COVID patients into the nursing homes](#), over the helpless objections of nursing home executives and staff.

Why are the major media ignoring what would seem to be an eminently newsworthy item, an industry rockstar like Yeadon, calling out the biggest guns in the public health world? Would not the Sunday talk shows, the Chris Wallaces and Meet the Press, want to grill such a man for record audiences?

Here the talk may turn to dark agendas, and not just mere incompetence, obtuseness, and stupidity.

One opinion was put forth by US Representative Thomas Massie (R-KY) when he said on the [Tom Woods Show](#) on August 16th:

"The secret the government is keeping from you is that they plan to keep us shut down until there is some kind of vaccine, and then whether it's compulsory at the federal level, or the state level, or maybe they persuade your employers through another PPP program that you won't qualify for unless you make your employees get the vaccine, I think that's their plan. Somebody convince me that's not their plan, because there is no logical ending to this other than that."

Another theory is that the COVID crisis is being used to consolidate never-before-imaged levels of control over individuals and society by elites. This is put forth by the nephew of the slain president, Robert F. Kennedy Jr., son of also-assassinated Bobby Kennedy. In a speech at a massive anti-lockdown, anti-mandatory COVID vaccination rally in Germany, Bobby Jr. [warned of the existence](#) of a:

“bio-security agenda, the rise of the authoritarian surveillance state and the Big Pharma sponsored coup d’etat against liberal democracy...The pandemic is a crisis of convenience for the elite who are dictating these policies,”

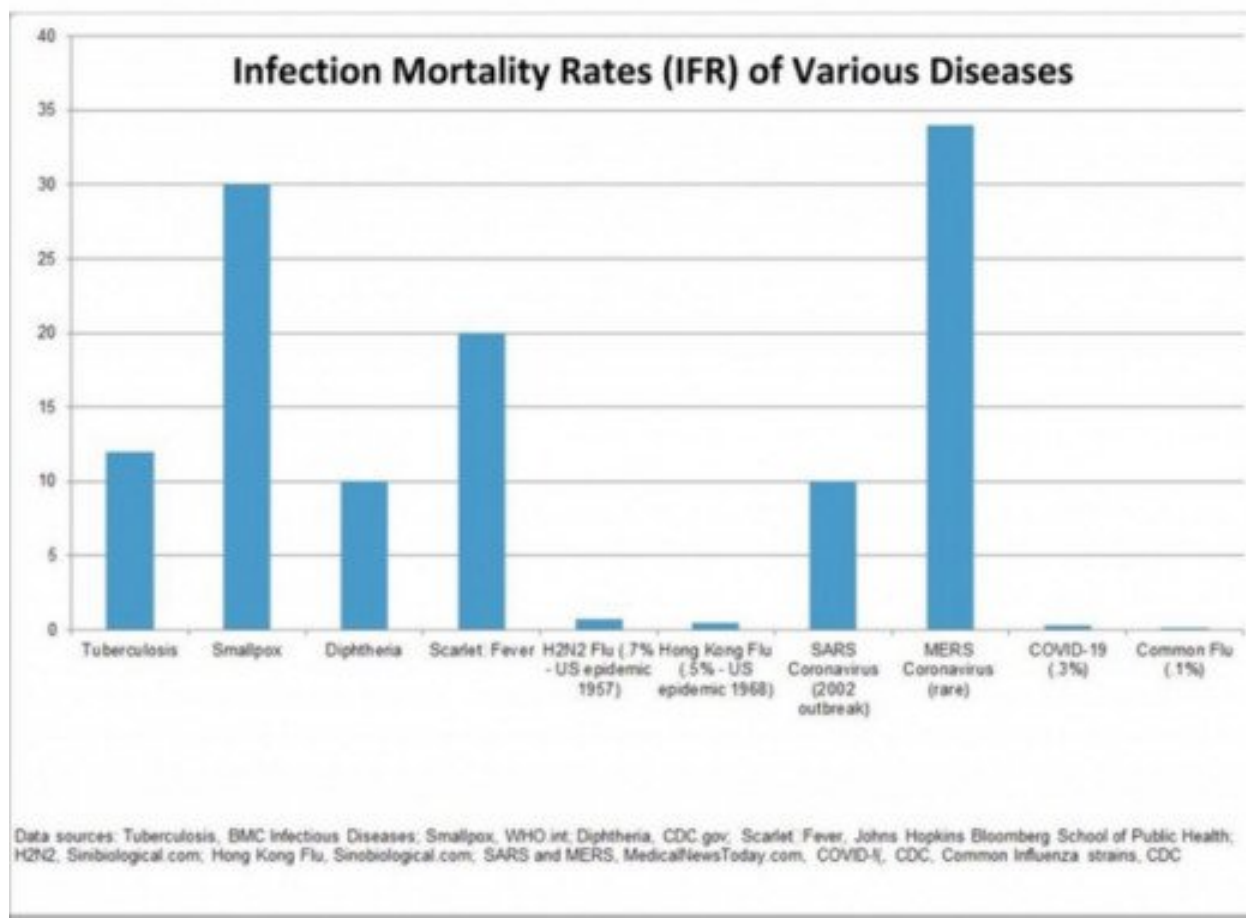
[In a lawsuit](#), Kennedy Jr.’s medical witnesses warn that mandatory flu shots many make children more susceptible to COVID.

The warnings of dire intentions of Kennedy’s “elite” are coming from more mainstream sources. Dr. Joseph Mercola, of the highly trusted, mega-traffic medical information site Mercola.com, has penned a careful review of one doctor’s claims of [genetics-altering vaccines](#) coming our way.

And it does not assuage fears that a defense establishment website, [Defense One](#), reports that permanent under-the skin biochips, injectable by the same syringe that holds a vaccine, may soon be approved by the FDA. It does not help the anti-conspiracy theory cause that, [according to Newsweek](#), Dr. Anthony Fauci actually did give NIH funding to Wuhan lab for bat coronavirus research so dangerous it was opposed on record by 200 scientists, and banned in the US.

In 1957, a pandemic hit, the [H2N2 Asian Flu](#) with a .7% Infection Fatality Rate, which killed as many people per capita in the US as the COVID has claimed now. There was never a single mention of it in the news at the time, never mind the extraordinary upheaval that we see now. In 1968 the [Hong Kong Flu](#) hit the US (.5% IFR,) taking 100,000 people when the US had a markedly lower population. Not a single alarm was raised, not a single store closed nor even a network news story. The following summer the largest gathering in US history took place, [Woodstock](#).

Mass hysteria is never accidental, but benefits someone. The only question left to answer is, who?





August Protest in Berlin Against Lockdown, and Against Mandatory COVID Vaccination! [Source](#)



Woodstock 1969

Swiss Research Report: Facts about Covid-19

June 20, 2020

<https://goldenageofgaia.com/2020/06/20/swiss-research-report-facts-about-covid-19/>



Summary of a Swiss research report on Covid-19. Thanks to Brian.

SWISS RESEARCH REPORT: Facts about COVID-19

James Fetzer, James Fetzerblog, June 19, 2020

(<https://jamesfetzer.org/2020/06/swiss-research-report-facts-about-covid-19/>)

[Facts about Covid-19](#)

Fully referenced facts about Covid-19, provided by experts in the field, to help our readers make a realistic risk assessment. (Regular updates below)

“The only means to fight the plague is honesty.” (Albert Camus, 1947)

Overview

1. According to the latest immunological and serological studies, the overall lethality of Covid-19 (IFR) is [about 0.1%](#) and thus in the range of a strong seasonal [influenza](#) (flu).
2. In countries like the US, the UK, and also Sweden (without a lockdown), overall mortality since the beginning of the year [is in the range of](#) a

- strong influenza season; in countries like Germany, Austria and Switzerland, overall mortality is in the range of a mild influenza season.
3. Even in global “hotspots”, the risk of death for the general population of school and working age is typically in the range of [a daily car ride to work](#). The risk was initially overestimated because many people with only mild or no symptoms were not taken into account.
 2. Up to 80% of all test-positive persons [remain symptom-free](#). Even among 70-79 year olds, [about 60%](#) remain symptom-free. Over 95% of all persons develop at most [moderate symptoms](#).
 3. Up to 60% of all persons may already have a certain cellular [background immunity](#) to Covid19 due to contact with previous coronaviruses (i.e. common cold viruses).
 4. The median or average [age of the deceased](#) in most countries (including Italy) is over 80 years and [only about 4%](#) of the deceased had no serious preconditions. The age and risk profile of deaths thus essentially corresponds to [normal mortality](#).
 5. In many countries, up to two thirds of all extra deaths occurred [in nursing homes](#), which do not benefit from a general lockdown. Moreover, in many cases it is [not clear](#) whether these people really died from Covid19 or from weeks of [extreme stress and isolation](#).
 6. Up to 30% of all additional deaths may have been caused [not by Covid19](#), but by the effects of the [lockdown, panic and fear](#). For example, the treatment of heart attacks and strokes [decreased](#) by up to 60% because many patients no longer dared to go to hospital.
 7. Even in so-called “Covid19 deaths” it is often [not clear](#) whether they died *from* or *with* coronavirus (i.e. from underlying diseases) or if they were counted as [“presumed cases”](#) and not tested at all. However, official figures usually [do not reflect](#) this distinction.
 8. Many media reports of young and healthy people dying from Covid19 turned out to be false: many of these young people either [did not die](#) from Covid19, they had already been [seriously ill](#) (e.g. from undiagnosed leukaemia), or they were in fact [109 instead of 9](#) years old. The claimed increase in Kawasaki disease in children also turned out [to be false](#).
 9. Strong increases in regional mortality can occur if there is a [collapse in the care of the elderly and sick](#) as a result of infection or panic, or if there are additional risk factors such as [severe air pollution](#).

- Questionable [regulations](#) for dealing with the deceased sometimes led to [additional bottlenecks](#) in funeral or cremation services.
10. In countries such as Italy and Spain, and to some extent the UK and the US, hospital overloads due to strong flu waves [are not unusual](#). Moreover, this year up to 15% of health care workers were [put into quarantine](#), even if they developed no symptoms.
 11. The often shown exponential curves of “corona cases” are [misleading](#), as the number of tests also increased exponentially. In most countries, the ratio of positive tests to tests overall (i.e. the positive rate) remained [constant at 5% to 25%](#) or increased only slightly. In many countries, the peak of the spread was already reached well [before the lockdown](#).
 12. Countries *without* curfews and contact bans, such as [Japan](#), [South Korea](#), [Belarus](#) or [Sweden](#), have [not experienced](#) a more negative course of events than other countries. Sweden was even [praised](#) by the WHO and now benefits from higher immunity compared to lockdown countries.
 13. The fear of a shortage of ventilators was [unjustified](#). According to lung specialists, the invasive ventilation (intubation) of Covid19 patients, which is partly done [out of fear](#) of spreading the virus, is in fact often [counterproductive](#) and damaging to the lungs.
 14. Contrary to original assumptions, various studies [have shown](#) that there is [no evidence](#) of the virus spreading through aerosols (i.e. tiny particles *floating* in the air) or through smear [infections](#) (e.g. on door handles or smartphones). The main modes of transmission are *direct* contact and *droplets* produced when coughing or sneezing.
 15. There is also [no scientific evidence](#) for the effectiveness of face masks in *healthy* or *asymptomatic* individuals. On the contrary, experts warn that such masks interfere with normal breathing and may become [“germ carriers”](#). Leading doctors called them a “media hype” and [“ridiculous”](#).
 16. Many clinics in Europe and the US remained [strongly underutilized](#) or [almost empty](#) during the Covid19 peak and in some cases had to [send staff home](#). Millions of surgeries and therapies were [cancelled](#), including many cancer screenings and organ transplants.
 17. Several media were caught [trying to dramatize](#) the situation in hospitals, sometimes even with [manipulative](#) images and videos. In general,

- the [unprofessional reporting](#) of many media maximized fear and panic in the population.
18. The virus test kits used internationally are [prone to errors](#) and can produce false positive and false negative results. Moreover, the official virus test was [not clinically validated](#) due to time pressure and may sometimes react positive to other coronaviruses.
 19. Numerous [internationally renowned experts](#) in the fields of virology, immunology and epidemiology consider the measures taken to be [counterproductive](#) and recommend rapid [natural immunisation](#) of the general population and protection of risk groups.
 20. At no time was there [a medical reason](#) for the closure of schools, as the risk of disease and transmission in children is [extremely low](#). There is also [no medical reason](#) for small classes, masks or ‘social distancing’ rules in schools.
 21. The claim that only (severe) Covid-19 but not influenza may cause venous thrombosis and pulmonary (lung) embolism is not true, as it has been known [for 50 years](#) that severe influenza [greatly increases the risk](#) of thrombosis and embolism, too.
 22. Several medical experts [described](#) express coronavirus vaccines as [unnecessary](#) or even [dangerous](#). Indeed, the vaccine against the [so-called swine flu](#) of 2009, for example, led to sometimes [severe neurological damage](#) and lawsuits in the millions. In the testing of new coronavirus vaccines, too, serious [complications](#) and [failures](#) have already occurred.
 23. A global influenza or corona pandemic can indeed extend over [several seasons](#), but many studies of a “second wave” are based on [very unrealistic assumptions](#), such as a constant risk of illness and death across all age groups.
 24. Several nurses, e.g. in New York City, described an oftentimes [fatal medical mismanagement](#) of Covid patients due to questionable [financial incentives](#) or inappropriate medical protocols.
 25. The number of people suffering from unemployment, [depressions](#) and domestic violence as a result of the measures has reached [historic record values](#). Several experts predict that the measures will claim [far more lives](#) than the virus itself. According to the UN [1.6 billion people](#) around the world are at immediate risk of losing their livelihood.

26. NSA whistleblower Edward Snowden warned that the “corona crisis” will be used for the [permanent expansion](#) of global surveillance. Renowned virologist Pablo Goldschmidt [spoke of](#) a “global media terror” and “totalitarian measures”. Leading British virologist Professor John Oxford [spoke of](#) a “media epidemic”.
27. More than 600 scientists [have warned of](#) an “unprecedented surveillance of society” through problematic apps for “contact tracing”. In some countries, such “contact tracing” is already carried out directly [by the secret service](#). In several parts of the world, the population is already being [monitored by drones](#) and facing serious police overreach.
28. A 2019 WHO study on public health measures against pandemic influenza found that from a medical perspective, “contact tracing” is [“not recommended in any circumstances”](#). Nevertheless, contact tracing apps have already [become](#) partially mandatory in [several countries](#).

2. **See also:**

1. [Studies on Covid-19 lethality \(overview\)](#)
2. [Open Letter by Professor Sucharit Bhakdi](#)
3. [European Mortality Monitoring \(EuroMomo\)](#)

Peter R. Breggin: A Quick Overview of Dr. Breggin's Covid-19 Totalitarianism Report

September 13, 2020

<https://goldenageofgaia.com/2020/09/13/peter-r-breggin-a-quick-overview-of-dr-breggins-covid-19-totalitarianism-report/>



A QUICK OVERVIEW OF DR. BREGGIN'S COVID-19 TOTALITARIANISM REPORT

The Introduction and Conclusion Only.

COVID-19 & Public Health Totalitarianism:

Untoward Effects on Individuals, Institutions and Society¹

By Peter R. Breggin, MD

(<https://breggin.com/coronavirus/THE-QUICK-OVERVIEW.pdf>)

Introduction.

Basic Scientific and Political Principles Applied to COVID-19

Public health experts and policymakers believe that they can estimate what is scientifically required to fight a pandemic and that their personally determined requirements override most or all other considerations.

But as a physician, psychiatrist, and researcher who has spent more than fifty years writing and evaluating research studies, I can explain why public health experts and officials are vastly more limited in their scientific knowledge than they admit.

As other experts will confirm in this report,² there is no historical precedent and no scientific basis to the ever-changing pronouncements by public health officials that have driven this nation into a state of fearful lockdown.

Nearly every policy and practice—from closing of schools and the stay-at-home orders to the use of various medications and respirators—is subject to varied and conflicting scientific opinion, and to an overall lack of sound data.

The opinions being expressed with such authority come from people who have, for much of their lives, held themselves out as the last final word in their fields—but that does not make their opinions scientifically sound. In fact, the very word “authority” should never be uttered in the same breath with “scientific.”

There are no “scientific authorities”—there is the body of research and opinion, always conflicted, forever evolving, with innumerable individuals searching for and comparing their versions of empirical truth. The idea of “scientific authority” is a fiction created by media analysts and politicians seeking seemingly superior experts to bolster their preconceived biases and opinions.

Given the current state of their science, all that public health scientists can do is to present us with their best guesstimates at the moment about risk/benefit ratios—for example, “If the schools are closed, it may or may not make things worse, but here’s my best guestimate.”

And of course, there will always be another expert to give a starkly opposing best guesstimate. I have purposely used the vague term “make things worse,” because that is really what is at stake when we enforce radical, untried policies on a crisis like COVID-19.

Experts who favor top-down government control will try to predict something more precise, such as “Closing the schools will temporarily decrease the spread of the pandemic.” But they never then ask the most important question, “Will closing the schools make things better or worse for our children, their families, and society?”

They do not try to answer that question because they cannot do it. It is too complex a question considering what it means to children to lose months of their education, to be cut off from their friends, and to miss all the social, academic, athletic and sometimes religious projects associated with school.

The experts cannot factor in the increased social withdrawal, loneliness, conflict with parents, anxiety, depression, and suicide that we are witnessing among our children. Nor can they consider the effect on parents who have to stay home to take care of the children and maybe their own parents as well. And, of course, they cannot estimate the impact on a society whose children are being changed forever.

Indeed, this writer cannot even begin to summarize all the vast, rippling effects of the current school closures, let alone make some “scientific prediction.” I can only say, along with many others, “It looks to me like its making things much, much worse, and especially so for our most vulnerable children who have disabilities, have disturbed or alcoholic parents, and who live in poverty. Those kids really miss school!”

Typical of all behavioral sciences that try to deal with huge populations, predictions are at the least partially speculative, because they deal with human choice and conduct, infinite variables, unknown factors, and rapidly changing conditions.

Add a mutating virus to the mix, and the difficulties of prediction become mind-boggling. Add the complexity of political interventions and unanticipated confounding events... perhaps their “scientific” guesses are no better than yours or mine, as so often seems to happen. But the fact is that there are insufficient epidemiological studies upon which to base any of the opinions offered.

What can we conclude from this analysis of the limits of current public health “science” in respect to managing COVID-19? The only sensible conclusion is to

proceed with caution, to do as little harm as possible, and to respect the rights of our citizens.

(Read more at <https://breggin.com/coronavirus/THE-QUICK-OVERVIEW.pdf>.)

Nobel Laureate Calls COVID-19 Manmade

August 6, 2020

<https://goldenageofgaia.com/2020/08/06/nobel-laureate-calls-covid-19-manmade-2/>



Long, but helpful. Researchers fight back against cabal censorship.

Nobel Laureate Calls COVID-19 Manmade

Humans are Free, July 28, 2020

The explanations of COVID-19's origins by mainstream media simply do not add up and scientists are increasingly speaking out about this.

Many experts theorize that the virus is manmade and was synthesized in a laboratory because the peculiarities of the virus' genome that make it so transmittable could not have occurred in nature.

Experts who suspect [COVID-19 has lab origins](#) have strong evidence on their side.

Research between the Wuhan Institute of Virology in China and University of North Carolina at Chapel Hill to increase the infectivity and deadliness of a SARS-like coronavirus has indeed been conducted.¹

The coronavirus experimental collaborations, called “gain-of-function” (GOF) research, were curtailed by the U.S. between 2014 and 2018 because of their obvious risks, but in 2017 the NIH announced the research would be resumed.²

Scientists willing to challenge the mainstream explanations of COVID-19’s origin face a backlash from their colleagues and scientific associations and have even been dismissed as “conspiracy theorists.”

However, a new voice has been added to the body of scientific dissenters that will likely add to the credibility of their COVID-19 viewpoints.

French virologist Luc Antoine Montagnier, who was awarded a Nobel prize in Physiology in 2008 along with Françoise Barré-Sinoussi and Harald zur Hausen for discovering of the HIV virus,³ has now spoken out.

Montagnier was a researcher at the prestigious Pasteur Institute in Paris.⁴

COVID-19 Was Manmade, Says Nobel Laureate

Many in the scientific community were shocked when the acclaimed Luc Antoine Montagnier appeared on the French cable TV show, CNews, on April 17, 2020⁵ to say that the virus that causes COVID-19 is manmade and that elements of HIV and Plasmodium falciparum, a parasite that causes malaria, are found in the coronavirus’s genome.⁶

Montagnier said:⁷

“We were not the first since a group of Indian researchers tried to publish a study which showed that the complete genome of this coronavirus [has] sequences of another virus, which is HIV.”

The research that Montagnier refers to was posted on the science website Biorxiv January 31, 2020, and has since been withdrawn. The researchers wrote:⁸

“We found 4 insertions in the spike glycoprotein (S) which are unique to the 2019-nCoV and are not present in other coronaviruses. Importantly, amino acid residues in all the 4 inserts have identity or similarity to those in the HIV-1 gp120 or HIV-1 Gag ...

The finding of 4 unique inserts in the 2019-nCoV, all of which have identity / similarity to amino acid residues in key structural proteins of HIV-1 is unlikely to be fortuitous in nature.”

COVID-19 Derives From a Failed HIV Vaccine, Says Montagnier

In a separate appearance on the French podcast Pourquoi Docteur, also April 17,9 Montagnier said the coronavirus had escaped in an “industrial accident” while Chinese scientists at the Wuhan city laboratory were trying to develop a vaccine against HIV.¹⁰

“In order to insert an HIV sequence into this genome, molecular tools are needed, and that can only be done in a laboratory,” said Montagnier.¹¹

Montagnier also said he believes that the pandemic will naturally extinguish itself because of its synthetic origins:¹²

“Nature does not accept any molecular tinkering, it will eliminate these unnatural changes and even if nothing is done, things will get better, but unfortunately after many deaths.”

According to the website Corvelva, Montagnier said on the podcast that the pandemic would peter out because nature would override the synthetically inserted sequences that make COVID-19 so deadly:¹³

“With the help of interfering waves, we could eliminate these sequences ... and consequently stop the pandemic. But it would take many means available.”

Montagnier Created His Theory With a Biomathematics Expert

Montagnier says he reached his conclusions,

“With my colleague, biomathematician Jean-Claude Perez,” after they “carefully analyzed the description of the genome of this RNA virus.”¹⁴

Montagnier's partner, Perez, is a French interdisciplinary scientist and biomathematics expert.¹⁵

According to an online bio, Perez has proved that DNA coding for genes is structured by proportions related to Fibonacci numbers,¹⁶ which are formulas in mathematics that are sometimes called "nature's secret code."¹⁷

In a paper Montagnier and Perez published on the Center for Open Science in April 2020, they write:¹⁸

"Using our proprietary bio-mathematic approach we are able to evaluate the level of cohesion and organization of a genome; ... we then searched in this genome for possible traces of HIV or even SIV [related simian immunodeficiency virus]. A first publication reports the discovery of 6 HIV SIV RNA pieces."

The HIV and SIV elements that Montagnier and Perez detect, called Exogenous Informative Elements, or EIEs, provide the basis of their theory that COVID-19 is not a simple derivative of SARS and bat-related viruses.

They write:¹⁹

"A major part of these 16 EIE already existed in the first SARS genomes as early as 2003.

"However, we demonstrate how and why a new region including 4 HIV1 HIV2 Exogenous Informative Elements radically distinguishes all COVID-19 strains from all SARS and Bat strains ...

... a contiguous region representing 2.49% of the whole COVID-19 genome is 40.99% made up of 12 diverse EIE originating from various strains of HIV SIV retroviruses ...

a novel long region of around 225 nucleotides, appears to us to be totally new: this region is completely absent in ALL SARS genomes, whereas it is present and 100% homologous for all COVID-19 genomes listed in NCBI or GISAID COVID_19 genomic databases."

More About Montagnier and Perez's Theory

After in-depth sequencing of related genomes from many different countries, regions of countries and time periods using their proprietary biomathematic approach, Montagnier and Perez say their research enabled them to:20

“... demonstrate how and why a new region including 4 HIV/SIV EIE radically distinguishes all COVID- 19 strains from all SARS and Bat strains.”

They also find the presence of plasmodium yoelii in the COVID-19 genome, a parasite used in studies of “mice vaccine strategies.” This is another EIE not originally in the SARS and bat-related viruses, say Montagnier and Perez.21

“An analysis of amino acid homologies confirms the very probable insertion of this EIE [plasmodium yoelii] in COVID-19.”

As they decode the genomes of myriad COVID-19 “relatives” in their research paper, Montagnier and Perez detect mutations in which the viruses seem to be trying to “rid” themselves of the exogenous EIEs, which the researchers believe were inserted deliberately.22

The virus mutations seem to verify Montagnier’s Pourquoi Docteur podcast predictions about how nature will eliminate “unnatural changes” — the reason he is hopeful the pandemic will come to a natural ending.23

Other Researchers Agree With Montagnier and Perez

Since Montagnier’s comments to French media, other researchers have agreed that [COVID-19 appears manmade](#), with insertions that hint at lab construction. In June 2020, research published in the Quarterly Review of Biophysics makes similar claims.24

Norwegian scientist Birger Sørensen and British oncologist Angus Dalglish refer to COVID-19 as a “chimeric virus” and write:25

“We show the non-receptor dependent phagocytic general method of action to be specifically related to cumulative charge from inserted sections placed on the SARS-CoV-2 Spike surface in positions to bind efficiently by salt bridge formations; and from blasting the Spike we display the non human-like epitopes from which Biovacc-19 has been down-selected.”

While conceding the Quarterly Review of Biophysics assertions were controversial, the scientific website Minerva wrote that the science should be pursued.²⁶

“Minerva has read a draft of the article, and has after an overall assessment decided that the findings and arguments do deserve public debate, and that this discussion cannot depend entirely on the publication process of scientific journals.”

Like Montagnier, Sørensen’s background is HIV research work and he launched a new immunotherapy for HIV in 2008 that was acclaimed.²⁷

In an interview with Minerva about his recent contentious research, he says:²⁸

“We have examined which components of the virus are especially well suited to attach themselves to cells in humans. And we have done this by comparing the properties of the virus with human genetics.

“What we found was that this virus was exceptionally well adjusted to infect humans ... So well that it was suspicious.”

The Sunday Times of London Weighs In

I previously interviewed virologist Jonathan Latham, and he expanded on his uncovering of this nondisclosed Wuhan virus. You can see more in the video [on site].

There are many unexplained circumstances surrounding the discovery and spread of COVID-19, which inspired The Times of London to launch an in-depth investigation that was recently published.²⁹

For example, the newspaper notes that a virus similar to COVID-19 appeared on the scene much earlier than was reported.³⁰

“The world’s closest known relative to the Covid-19 virus was found in 2013 by Chinese scientists in an abandoned mine where it was linked to deaths caused by a coronavirus-type respiratory illness.”

Among the many unanswered questions was why the deaths of six men in China in 2012, who had been exposed to a bat virus and quickly developed severe pneumonia, were covered up by Chinese authorities.

According to The Times:³¹

“All the men were linked. They had been given the task of clearing out piles of bat feces in an abandoned copper mine in the hills south of the town of Tongguan ...

“Some had worked for two weeks before falling ill, and others just a few days ... while none had tested positive for SARS, all four had antibodies against another, unknown Sars-like coronavirus.”

A research paper titled “Coexistence of Multiple Coronaviruses in Several Bat Colonies in an Abandoned Mineshaft,” cowritten by Shi Zhengli, a researcher known in China as the “Bat Woman,” makes “no mention of why the study had been carried out: the miners, their pneumonia and the deaths,” says the Times.³²

The deaths from the apparently new bat-related respiratory virus were also blacked out by Chinese media, says The Times, and could only be gleaned from a “master’s thesis by a young medic called Li Xu.”³³

Adding to the many questions about the virus’ origins, wrote The Times, was the fact that “of the 41 patients who contracted Covid-19 in Wuhan only 27” had contact with the Huanan seafood market, which was officially named as the source.

Moreover, a longtime bat researcher exposed to bat blood and urine who subsequently fell ill and might have been “patient zero” refused to talk to reporters.³⁴

Thanks to the “gain-of-function” research that was conducted at the Wuhan Institute of Virology, well-founded fears of escaped or leaked viruses preceded the acknowledgement of COVID-19 and were increased by China’s lack of transparency.

For example, wrote The Times, even the fact that COVID-19 could be spread between humans was hidden:³⁵

“China would not admit there had been human-to-human transmission until January 20, despite sitting on evidence the virus had been passed to medics.”

The True Nature of COVID-19 Remains Hidden

According to The Times, a sample of the virus that killed six in 2012 was housed at the Wuhan Institute of Virology and was described in a scientific paper cowritten by Shi that states it is a 96.2% match to the COVID-19 virus.³⁶

The virus, called RaTG13, says The Times:

“... was the biggest lead available as to the origin of Covid-19. It was therefore surprising that the paper gave only scant detail about the history of the virus sample, stating merely that it was taken from a *Rhinolophus affinis* bat in Yunnan province in 2013 — hence the “Ra” and the 13.

Inquiries have established, however, that RaTG13 is almost certainly the coronavirus discovered in the abandoned mine in 2013, which had been named RaBtCoV/4991 in the institute’s earlier scientific paper. For some reason, Shi and her team appear to have renamed it.”

According to The Times, the obfuscation about how long the virus has been known to exist and its origins continues. In an interview with Scientific American, says The Times, Shi:³⁷

“... mentions the discovery of a coronavirus that 96% matches the Covid-19 virus, and has a reference to the miners dying in a cave she investigated.

“However, the two things are not linked and Shi downplays the significance of the miners’ deaths by claiming they succumbed to a fungus.”

Was COVID-19 Created in a Lab?

With the many cover-ups and misleading information surrounding the coronavirus and resulting pandemic, is it possible COVID-19 came from a lab and was manmade? On this point, The Times is agnostic.³⁸

“The final and trickiest question for the WHO inspectors [who investigated the virus in China] is whether the virus might have escaped from a laboratory in Wuhan.

“Is it possible, for example, that RaTG13 or a similar virus turned into Covid-19 and then leaked into the population after infecting one of the scientists at the Wuhan institute?

“This seriously divides the experts. The Australian virologist Edward Holmes has estimated that RaTG13 would take up to 50 years to evolve the extra 4% that would make it a 100% match with the Covid-19 virus.”

Most of the mainstream media as well as the scientific community continue to dismiss such ideas.

But the addition of the voices of a Nobel Laureate and well-known Norwegian researcher give the theory greater credibility. There are other questions unexplored by media, too.

Was COVID-19 Intended as a Bioweapon?

If COVID-19 were manmade and leaked from a laboratory, there is another pressing question. Was the synthesized virus intended as a bioweapon?

In a published paper, Dr. Meryl Nass, a board-certified internist and biological warfare epidemiologist,³⁹ wrote that such genetic engineering techniques have “resulted in biological weapons that were tested, well-described and, in some cases, used.”⁴⁰

Many are unaware of just how many Biological Safety Levels (BSL) 3 and 4 labs there are in the world.

They are found in the U.S., China, Argentina, Australia, Brazil, Canada, The Czech Republic, France, Gabon, Germany, Hungary, India, Italy, Russia, South Africa, Sweden, Switzerland, Taiwan and the United Kingdom.⁴¹ People are also unaware of how often leaks occur.

For example, in 2017 at the BSL 4 lab on Galveston Island, there were serious questions about what happened to pathogens housed there after it was hit by a massive storm and severe flooding.⁴²

Only two years later, the BSL 4 lab in Fort Detrick, Maryland, was temporarily shut down after protocol violations.⁴³

When Hurricane Katrina struck in 2005, the greater New Orleans area housed at least five BSL 3 labs that were studying anthrax, HIV, SARS, West Nile and genetically engineered mouse pox. According to The Daily Bruin:⁴⁴

“The National Primate Research Center, located at Tulane, housed nearly 5,000 monkeys in outdoor cages for ‘infectious disease, including biodefense-related work, gene therapy, reproductive biology and neuroscience,’ according to an article in Tulane University Magazine.”

The CDC Has Had Several BSL Safety Breaches and Accidents

Even the U.S. Centers for Disease Control and Prevention has had leaks in its home-based Atlanta facility.

In June 2012, the agency made headline news when an inspector reported that a building housing anthrax, SARS and monkeypox in one of its bioterror labs had a noticeable air leak. This was following similar reports in 2007 and 2008.

Of the 2012 incident, ABC News said:⁴⁵

“The documents suggest a breach in biosafety regulations, imposed nationwide by the CDC itself, that dictate labs housing the most dangerous inhalable infectious agents must be maintained under ‘negative pressure.’”

The CDC just seems to keep having accidents. For example, in June 2014, the CDC released a public statement⁴⁶ stating “... approximately 75 Atlanta-based staff are being monitored after being exposed to live anthrax when ... established safety practices were not followed.”

The CDC then pledged to do internal reviews of lab-safety policies and procedures.

Six months later, in December 2014, Reuters⁴⁷ reported that the CDC had created a new, high-level safety position to “identify problems, establish plans to solve them, and hold programs throughout CDC accountable for follow-up.”

But, in 2016, it happened again: Problems in an Atlanta BSL-4 lab working “with deadly Ebola and smallpox viruses and other pathogens that lack vaccines or reliable treatments” developed when safety seals and backup safety measures on its labs failed.⁴⁸

In reporting on this incident, USA Today obtained copies of reports from a 2009 incident, and learned that certain CDC officials tried to hide the problems.

USA Today asked Richard Ebright, a Rutgers University biosafety expert who has testified before Congress on these issues, to look at the reports and to give his opinion on the CDC’s actions. Ebright said:

“Overall, the incident shows that failures — even cascading, compounding, catastrophic failures of BSL-4 biocontainment labs occur ... And the attempted cover-up within the CDC makes it clear that the CDC cannot be relied upon to police its own, much less other institutions.”

The CDC responded that “there was never any risk posed by the lab’s equipment failures.” What other accidents have we yet to hear about?

If we are ever going to get a handle on this, we must listen to the experts on this topic, many whom I have interviewed.

Although there may have been some valid research taking place at one time, most of these bioweapon labs are dangerous and should be shut down.

By [Dr. Joseph Mercola](#)

From the author: The existing medical establishment is responsible for killing and permanently injuring millions of Americans, but the surging numbers of visitors to [Mercola.com](#) since I began the site in 1997 – we are now routinely among the top 10 health sites on the Internet – convinces me that you, too, are fed up with their deception. You want practical health solutions without the hype, and that’s what I offer.

References:

- ¹ [Nature November 9, 2015](#)
- ² [The Lancet Volume 18, Issue 2, P148-149, February 01, 2018](#)
- ^{3, 4} [Nobel Prize 2020](#)
- ⁵ [CNews April 17, 2020](#)
- ^{6, 7, 10} [Science The Wire April 22, 2020](#)
- ⁸ [Biorxiv January 31, 2020](#)
- ⁹ [Pourquoi Docteur April 16, 2020](#)
- ^{11, 12} [The Palmer Foundation June 23, 2020](#)
- ¹³ [Corvelva April 20, 2020](#)
- ¹⁴ [Gilmore Health News April 16, 2020](#)
- ^{15, 16} [Creation Wiki](#)
- ¹⁷ [Live Science October 24, 2018](#)
- ^{18, 19, 20, 21, 22} [Center for Open Science April 24, 2020](#)
- ²³ [Corvelva April 20, 2020](#)
- ^{24, 25} [Quarterly Review of Biophysics June 2020 pp. 1-17](#)
- ^{26, 28} [Minerva July 2, 2020](#)
- ²⁷ [Dagensperspektiv August 5, 2008, 14:35](#)
- ^{29, 30, 31, 32, 33, 34, 35, 36, 37, 38} [The Sunday Times July 4, 2020](#)
- ³⁹ [Justice Clearing House 2020](#)
- ⁴⁰ [Anthrax Vaccine Blog Spot April 2, 2020](#)
- ⁴¹ [National Review April 16, 2020](#)
- ⁴² [Consortium News August 30, 2018](#)
- ⁴³ [WJLA January 22, 2020](#)
- ⁴⁴ [Sarah Martin October 10, 2005](#)
- ⁴⁵ [ABC News June 13, 2012](#)
- ⁴⁶ [CDC June 19, 2014](#)
- ⁴⁷ [Reuters December 31, 2014](#)
- ⁴⁸ [USA Today June 2, 2016](#)

One of Europe's Leading Neurologists Claims Masks Are Dangerous & Explains Why

October 14, 2020

<https://goldenageofgaia.com/2020/10/14/one-of-europes-leading-neurologists-claims-masks-are-dangerous-explains-why/>



One of Europe's Leading Neurologists Claims Masks Are Dangerous & Explains Why

Arjun Walia, Stillness in the Storm, 10/11/2020

(<https://tinyurl.com/y6m7d8b5>)

One of Europe's leading neurologists, Dr. Margareta Griesz-Brisson, MD, PhD, recently gave an interview sharing her opinion that masks are dangerous and should not be mandated. Her interview was removed from YouTube. How are so many renowned doctors and scientists sharing information that, according to many fact-checkers, is completely false? Her opinion is shared by many but again, according to many fact-checkers, is completely false.

[Dr. Margareta Griesz-Brisson](#), MD, PhD, is one of [Europes leading neurologists](#) who is currently based in London, UK. She is currently the Medical Director of The London Neurology & Pain Clinic and also serves as a medico-legal experts in the UK, Norway, Germany, Switzerland and the United States. She specializes in neurology, neuro-regeneration, neuroplasticity, neurotoxicology, environmental medicine and pain management. She is one of thousands of doctors and scientists from around the world who have strongly disagreed with the measures taken by the World Health Organization at multiple governments to combat COVID-19.

Is this false news? No, she actually gave an interview explaining why she believes masks are dangerous. What may be false is the claim that masks are dangerous, as multiple internet-fact checkers will likely claim is untrue, and already have. That said you should, as a viewer, be allowed to hear multiple sides of expert opinion and make choices for yourself.

In a [recent interview](#), she states the following:

I am following the events in Germany with growing concern, in Germany and worldwide, corona turned out to be a moderate flu and the measures are an absolute disaster on every level...Our health is greatly in our own hands, through good food, good water, a lot of movement, sociability, joy, friends love and lots and lots of fresh air...We can strengthen our immune system. Have you noticed something, exactly those things our governments have forbidden us....The much loved mouth and nose cover...the re-breathing of our exhaled air will without a doubt create oxygen deficiency and a flooding with carbon dioxide. But we know that the human brain is so sensitive to oxygen deprivation that our nerve cells for instance in the hippocampus who can't be longer than 3 minutes without oxygen, they can't survive. The acute warning symptoms air headaches, drowsiness, dizziness, concentration, slow down in concentration time...But chronic deprivation, all those symptoms disappear because people get used to it, but your efficiency will remain impaired. And oxygen undersupply in your brain continues to progress. We know that neurodegenerative diseases need years to decades. So if today you forget your phone number, the break-down in your brain already started 20 or 30 years ago.

While you're thinking you have to get used to your mask and your own exhaled air, the degenerative processes in your brain are getting amplified through the oxygen deprivation...The second problem of the brain is the nerve cells are not

really dividing themselves, so in case our government generously lets us go without masks...the lost nerve cells will no longer be regenerated, what is gone is gone. This is extremely important for fearful people who actually think that they are protecting themselves from the virus. The virus has approximately size of 0.0 micrometers, the pores of the regular masks have a size of 80 to 500 micrometers and are getting bigger though each washing. The common masks does not at all protect you from the virus. I do not wear a mask, I need my brain to think, I want to have a clear head...and not in a carbon dioxide anesthesia...Oxygen deprivation is dangerous for every single brain...

For children, masks are an absolute no no. Children and adolescents have an extremely active and adaptive immune system...Their brain is also insanely active and has so much to learn...The youth brain is thirsting for oxygen...In children... every organ is metabolically active, to deprive a child's brain of oxygen, or even just to restrict this is absolutely criminal...The damage because of it cannot be reversed...We don't need a clinical study for that, it is simple simple indisputable physiology...Conscious and purposefully induced oxygen deficiency is a deliberate...health hazard and an absolute medical contraindication....This therapy, this method, this measure should not be used, should not be allowed to be used. To use an absolute medical contraindication...by force...there must be definitely and serious reasons and they must be presented to competent in-disciplinary independent bodies to authorize this...

It's no secret that scientists and doctors who express and explain why they believe masks aren't effective, and lockdown measures are doing more harm than good, as well as the idea that COVID is not dangerous, are being subjected to massive amounts of censorship. The interview with Dr. Margareta Griesz-Brisson has been removed from YouTube, for example. This level of censorship is something we've never really seen before.

There are many who oppose what's happening, [more than 500 doctors and scientists](#) in Germany, for example, have signed on as representatives of an organization called the "Corona Extra-Parliamentary Inquiry Committee" to investigate what's happening on our planet with regards to COVID-19 restrictions. They oppose the measures that have been taken by governments.

Is She Correct About Masks?

Claims that the virus is too small for the masks to be effective have been heavily challenged by internet fact-checkers. For example, [here's](#) an article published by USA Today explaining why masks are efficient enough to block COVID-19. It explains why that despite the size of the COVID particle, masks are still effective. [Here's](#) another one from a Taiwan fact-checking organization. CDC director Robert Redfield recently [stated](#) that wearing a mask might be “more guaranteed” to protect an individual from the coronavirus than a vaccine.

On the other hand, a [paper published a couple of months ago](#) in the New England Journal of Medicine by, Michael Klompas, M.D., M.P.H., Charles A. Morris, M.D., M.P.H., Julia Sinclair, M.B.A., Madelyn Pearson, D.N.P., R.N., and Erica S. Shenoy, M.D., Ph.D states:

We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.

There are also a number of studies suddenly emerging claiming that wearing a mask can supposedly help stop the transmission of Covid-19. That's important to note. For example, a study published in the *New England Journal of Medicine* found that wearing a wet washcloth greatly reduces exposure to speech droplets in the air. Another study in *ACS Nano* observed that well-fitted face masks made of common materials, such as cotton, can [filter out between 80 and 99% of droplets](#), depending on droplet size. Finally, Jeremy Howard, a research scientist at the University of San Francisco, and other scientists have compiled [a list of research publications](#) supporting the use of face coverings for reducing disease transmission.

It's not hard to see why people are so confused.

Below is a quote from a very interesting paper published in 2016, titled [“The Surgical Mask Is A Bad Fit For Risk Reduction.”](#)

As represented by our cinema and other media, Western society expects too much of masks. In the public's mind, the still-legitimate use of masks for source control has gone off-label; masks are thought to prevent infection. From here, another problem arises: because surgical masks are thought to protect against infection in the community setting, people wearing masks for legitimate purposes (those who have a cough in a hospital, say) form part of the larger misperception and act to reinforce it. Even this proper use of surgical masks is incorporated into a larger improper use in the era of pandemic fear, especially in Asia, where such fear is high. The widespread misconception about the use of surgical masks — that wearing a mask protects against the transmission of virus — is a problem of the kind theorized by German sociologist Ulrich Beck.

The birth of the mask came from the realization that surgical wounds need protection from the droplets released in the breath of surgeons. The technology was applied outside the operating room in an effort to control the spread of infectious epidemics. In the 1919 influenza pandemic, masks *were* available and *were* dispensed to populations, but they had no impact on the epidemic curve. At the time, it was unknown that the influenza organism is nanoscopic and can theoretically penetrate the surgical mask barrier. As recently as 2010, the US National Academy of Sciences declared that, in the community setting, “face masks are not designed or certified to protect the wearer from exposure to respiratory hazards.” A number of studies have shown the inefficacy of the surgical mask in household settings to prevent transmission of the influenza virus...

A study published in 2015 found that cloth masks can increase healthcare workers risk of infection. It also called into question the efficacy of medical masks. You can read more about that and access it [here](#).

The physiological effects of breathing elevated inhaled CO₂ may include changes in visual performance, modified exercise endurance, headaches and dyspnea. The psychological effects include decreased reasoning and alertness, increased irritability, severe dyspnea, headache, dizziness, perspiration, and short-term memory loss. ([source](#))

Is She Correct That It's “Flu Like?”

Many scientists and doctors in North America are also expressing the same sentiments. For example, The Physicians For Informed Consent (PIC) recently published a report titled “Physicians for Informed Consent (PIC) Compares COVID-19 to Previous Seasonal and Pandemic Flu Periods.” According to them, the infection/fatality rate of COVID-19 is 0.26%. You can read more about that and access their resources and reasoning [here](#).

A group of Canadian doctors in the province of Ontario have come together and written an open letter to Ontario premier Doug Ford. The letter is signed by 20 doctors and professors of medicine from faculties at the University of Toronto, McMaster University and the University of Ottawa and from hospitals such as Sick Kids. The letter was sent to Ford on September 27th, and it argues against a return to lockdown measures as a way to tackle rising COVID-19 cases. You can read more about that [here](#).

[A report](#) published in the British Medical Journal has suggested that quarantine measures in the United Kingdom as a result of the new coronavirus may have already killed more UK seniors than the coronavirus has during the peak of the virus.

The examples above are a few out of many.

The CDC also [released new infection/fatality](#) estimates that also has many people and experts calling into question the severity of the virus, this was well after John P. A. Ioannidis, a professor of medicine and epidemiology at Stanford University has said that the infection fatality rate is close to 0 percent for people under the age of 45 years old. It turns out he was right.

On the other hand, According to the fact-checker [Health](#) Feedback,

Scientists have observed that some survivors suffer from [damage to various organs](#), including the lungs and heart, as well as the nervous system. Such damage could lead to chronic health problems, as [this news article in Science](#) reported, although it is currently unclear exactly how long such damage persists and how often it occurs. However, the long-term health effects of COVID-19 can be so severe that physicians and researchers are preparing to [provide rehabilitation services](#) to patients to facilitate their return to a functional life^[2,3].

Finally, even a small IFR can translate into a large number of deaths if the virus spreads among a large group of people. Indeed, in spite of COVID-19's relatively small IFR, the U.S. has recorded more than 200,000 COVID-19 deaths at the time of this review's publication while there have been more than 1 million COVID-19 deaths worldwide, according to the [Coronavirus Resource Center](#) by Johns Hopkins University.

You can read their full post [here](#).

We have to ask ourselves, why are so many experts in the field being completely censored, and why we are being told there is a clear consensus when there is in no way a consensus. Why is there so much information being shared that completely contradicts the narrative of our federal health regulatory agencies and organizations like the WHO? Why are we being made to believe that there is no solution for this except for a vaccine? Why is it so hard to find out what's going on these days, and why is there so much conflicting information out there?

Does the politicization of science play a role? Can we continue to rely and obey the advice given to us by public [health](#) authorities, or should independent bodies be given as much attention regardless of their view? Why is certain information emphasized and the contradicting information from credible sources silenced? What's going on here? Is our perception of major global events heavily influenced and controlled for ulterior motives?

As we write this, we are prepared for the possibility that a fact checker will shut this article down for it's balanced journalism, that is to say, it's giving you an unbiased look at both sides of the story. Something that apparently is lost from journalism in both the mainstream and alternative these days.

⌘ ⌘ Commentary ⌘ ⌘

Calling a Spade a Spade

May 7, 2021

<https://goldenageofgaia.com/2021/05/07/calling-a-spade-a-spade/>



Covid-19 is a bioweapon aimed at omnicide

I'd like to bring two words, which seem remarkable by their absence, back into our discussions.

And, thereby, I'm simply stating my opinion. I'm neither a scientific nor a military expert.

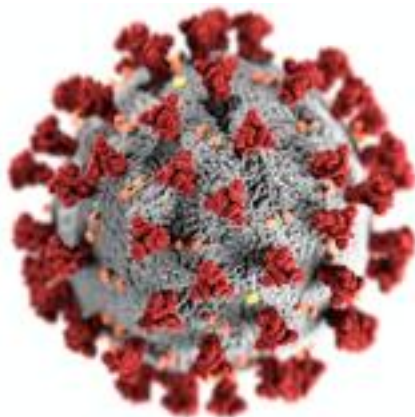
Those two words are "bioweapons" and "omnicide." I think they describe what we as a world face.

We keep talking about Covid-19 as if it's a virus.



A spade

Let's call a spade a spade. Covid-19 is a manmade bioweapon. Many sides are producing them. All virus pandemics in the last forty years, I believe, have been bioweapons and the world at large has been the guinea pig.



A bioweapon

Strangely enough the people responsible for our health keep wanting to up the number of people who succumb to "the virus" and yet reduce the reported number of people who die from the vaccine. Why is that?

Shouldn't they be proudly touting numbers that show a decrease in the spread of the virus and rant, horrified, against people dying from the vaccine? They are, after all, protecting our health. Aren't they?

Is their job not to decrease rather than increase the number of cases? Why then this reporting bias? Why are they trying to scare us rather than reassure us?

What was this bioweapon intended for? I'm going to borrow a word from radiation expert Dr. Rosalie Bertell and call it "omnicide," by which she meant species annihilation. (1) Matthew Ward explains:

"What is not publicized because it is known by only a few is that the intention of the coronavirus was to decrease the world's population by billions. That will not happen because [star] family members reduced the laboratory-designed virus's potency to the greatest possible extent." (2)

I hope Matthew's right.

That doesn't mean that the Company of Heaven will not use Covid-19 as an exit route for those who've reached the end of their lifespan or service contract. They will and do.

Try to find out who manufactured Covid-19 and who released it, etc., and we get mired in accusations and counter-accusations. But pointing the finger at each other ignores (or covers up) the fact that both sides are manufacturing bioweapons capable of omnicide. That fact seems to get lost in (or obscured by) the debate.

All of this is happening against the backdrop of the time of separation. Many are leaving now, Michael told me in 2016, in an almost wistful aside:

Archangel Michael: Many are leaving, as you know.

Steve: Yes.

AAM: Many are choosing alternative realities. The reality that is of pain and suffering, lack and limitation is not of Nova Earth and not of [the Divine] Mother's creation of 12 dimensions. There is no place for it. So they either have to leave or be relocated. But most of them die. (3)

Violence, murder, war - none of these things could possibly exist in the higher realms. Only love does and the divine states it leads to.

Those who are wedded to the dark side of life will have to stay behind. As Matthew says, it's only physics.

"It can be no other way – simply, [because] this is the physics that governs life in this universe. As Earth continues apace into successively higher planes, nothing with low vibrations in any form – physical bodies, subversive plans, theft, dishonesty, unjust laws and imprisonment, bigotry, cruel customs and deeds – can survive." (4)

Darwin's struggle for survival in which only the fittest survive is not true in any dimension but some people are doing their best to make it look true ongoingly in their lives. And the Divine Mother will grant them their wish, just in another world.

Footnotes

(1) "The International Criminal Tribunal on Afghanistan accepted the term 'omnicide' to describe the outcome of war prosecuted with DU [depleted uranium] weapons. Dr. Rosalie Bertell defined the term:

“The concept of species annihilation means a relatively swift, deliberately induced end to history, culture, science, biological reproduction and memory. It is the ultimate human rejection of the gift of life, an act which requires a new word to describe it as omnicide.” (Internationally-renowned radiation expert Dr. Rosalie Bertell, quoted in judgement of Professor Ms Niloufer Bhagwat J, International Criminal Tribunal For Afghanistan at Tokyo, 13 March 2004, downloaded from https://www.traprockpeace.org/tokyo_trial_13march04.doc, 30 Aug. 2007.)

Enter "omnicide" in the site's search box.

Just as the galactics have helped with the virus, so they also helped with depleted uranium, or, as Michael tells us, Gaia would have quit.

Steve Beckow: If the galactics had not neutralized depleted uranium, would this planet have died?

Archangel Michael: Yes. Now let me explain. It is not just that she would have died. It would have been that her will to continue on would not have been there.

SB: Wow, eh? That serious.

AAM: Yes, that serious. (Archangel Michael through Linda Dillon, personal reading for Steve Beckow, August 6, 2013, at <http://goldenageofgaia.com/2013/08/haarp-chemtrails-and-depleted-uranium-all-neutralized-or-gone/>.)

(2) Matthew's Message, April 2, 2020, at <https://www.matthewbooks.com>.

(3) Archangel Michael in a personal reading with Steve Beckow through Linda Dillon on May 6 , 2016.

(4) Matthew's Message, Mar. 1, 2012.

To download a copy of *Some will Choose not to Ascend: The Time of Separation*, go here: <https://goldenageofgaia.com/wp-content/uploads/2021/03/Timelines-4.pdf>.

A second treatment, *Not Everyone will Choose to Come with Us: The Time of Separation*, looks at the subject in article, rather than Q&A, format: <https://goldenageofgaia.com/wp-content/uploads/2021/03/Time-of-Separation-5.pages.pdf>.

How Does It Feel to be Red-Pilled?

May 12, 2021

<https://goldenageofgaia.com/2021/05/12/what-does-it-feel-like-to-be-red-pilled/>



Credit: The Matrix (1999)

Cheryl has brought a video to my attention. The Canadian Centre for Constitutional Law released a leaked memo in April 2021, originating from the Prime Minister's Office.

The memo, itself from Oct. 2020, allegedly lays out the Canadian government's "road map" going forward to meet the Covid19 pandemic.

Folks, I found it chilling. Every detail of what has happened here in Canada is in there. And the future they propose?

They've taken parts of NESARA like debt relief and are calling it their own. Moreover, in exchange for debt relief, the individual forfeits all claims to ownership of any and all property and assets.

They're offering a universal basic income but then they're eliminating Canada pension, unemployment insurance and other benefits programs. UBI will be our one source of income - from a corrupt regime?

With no other benefits except one basic income and a corrupt government, won't it be easy to withdraw that from (say, unvaccinated) individuals and control us?

And we must be vaccinated - twice. Those that won't suffer an escalating variety of consequences.

Oh my gawd. Where is government that served the people?



Hit graphic to view video

(<https://hooktube.com/E0HB4BVQeBI>)

Now all manner of unconnected bits of information are tumbling out - the Picton farm, child trafficking in Vancouver, Satanism, missing native women, residential schools, the Highway of Tears, oh my heavens. Not Canada too.

Rocco goes into the role of the press in labelling the leak as fake news. It wasn't fake news.

Wasn't this all laid out in documents like the Rockefeller Lockstep 2010 Report (1) and the cabal's "Great Reset." (2)

Never mind an "emergency" response. This is the plan for Canada's part in mass extermination and world domination.

Pierre Trudeau was my hero. I was proud in those days to have shaken his hand. He represented bringing Canada into a very much better world. He gave us the Canadian Charter of Rights and Freedoms.

I had heard from George Green that Pierre attended cabal parties. That shook me a bit.

But seeing how thoroughly the government of Justin Trudeau has succumbed to the deep state's playbook - seeing it in black and white - I am weeping at this moment. What am I to think?

Well, Ok. What does it feel like to be redpilled? We need to know, right? We're in the business of red-pilling others. So how does it feel?

I'm shocked. I'm dizzy. I don't know what to say next. I've just lost something I never thought I'd lose - a belief in the basic decency of the Canadian government, personalities aside, philosophies aside - basic decency.

Right now I'm in grief. I anticipate anger. I think I'm past denial.

I've had quite a few experiences now of my world falling apart and this is another of them. The Canadian government is actively engaged in the New World Order's "Great Reset" plan to take over the world.

Thank heavens I know how the play ends.

Thank heavens I know the deep state will fail.

I'm still weeping deeply.

I'm very sad for my country's leadership today. How low we have fallen. So this is how it feels to be red-pilled.

Footnotes

(1) See attachment to “Ghanaian President Alleged to Have Read Cabal’s Covid Plan (2010) to the Nation.” March 9, 2021, at <https://goldenageofgaia.com/2021/03/09/ghanaian-president-reads-cabals-covid-plan-2010-to-the-nation/>

(2) See "The Cabal’s Game Plan: The Covid Action Platform," May 24, 2020, at <https://goldenageofgaia.com/2020/05/24/the-cabals-game-plan-the-covid-action-platform/> and "COVID-19: A Precursor to a ‘New World Order?’ aka ‘the Great Reset,'" November 14, 2020, at <https://goldenageofgaia.com/2020/11/14/covid-19-a-precursor-to-a-new-world-order-aka-the-great-reset/>.

Far from There Being Any Shame in It, I Salute You

September 24, 2021

<https://goldenageofgaia.com/2021/09/24/far-from-there-being-any-shame-in-it-i-salute-you/>



I hear some people talking as if they're afraid to say they oppose the vaccine.

I can appreciate why - they stand to lose their job. I understand that.

I realize that many if not most people will need to hold onto their jobs to support themselves and their families.

But thus has it always been with dictators. They threaten our livelihood, our safety, our freedom. And we cave in.

But those of us who are free to act (especially the retired) can't cave in this time. To do so would mean the death of millions if not more.

This is not a play. This is not a dress rehearsal. What was only considered "conspiracy theory" a year ago is playing out on our streets as we speak. Those who won't lead or follow in this situation are asked to stay out of the way.

Sooner or later, we're going to have to shift the conversation from being afraid and ashamed to say we're "vaccine hesitant" to being proud to say we're vaccine refusers. And prepared to suffer to maintain our freedom.

We know the vaccines have toxic elements in them, are designed to connect with 5G networks, spread throughout the body rather than being localized at the injection site, etc. We've heard Matthew Ward say:

"The purpose of the virus itself and the substances in the [vaccine] solution is two-fold: decrease the population by billions and technologically control survivors and subsequent generations. The diabolical minds behind this crime against humanity failed to achieve the intended death toll, and they will fail in the other goal, too." (1)

What more do we need to know to just say "no!"

It's important to hang on if we can because this won't go on forever. Meanwhile a vaccine injury could last a lifetime. Med beds may not be a cure because they copy the DNA, which may have been compromised. Other therapies are being investigated.

It's probable the galactics have some remedy. And the theater we're watching being played out won't go on a great deal longer before the whole play is closed down.

We need to band together in pods and see that every member of the group gets across the finish line.

Knowing what we know already, I say it's our duty to refuse the vaccine and something to be immensely proud of later on. We didn't agree to the deep state's depopulation agenda; we wouldn't allow something toxic into our bodies; we wouldn't consent to becoming our own executioner and paying for the privilege.

We knew the truth and we acted on it.

Far from there being any shame in it, I salute you.

Footnotes

(1) Matthew's Message, April 2, 2021, at <https://www.matthewbooks.com>.

Of the People, By the People, For the People: Moving from Divided to Decided

July 4, 2021

<https://goldenageofgaia.com/category/news/accountability/pandemics/page/5/>



Happy Fourth of July, America!

In 2013, I wrote that we were moving from being divided to being decided - and at no time has that ever seemed more accurate than today. (1)

In my view, the million-strong march(es) in London typifies this. I'm sure the people in the crowd differed on many questions but on wanting freedom for the world, they were united. They went from divided to decided.

They could also be said to have made a transition from "I" to "we" - from isolation and ineffectiveness to unity and collaboration.

The Sardine Movement in Italy that brought so many people together like sardines, unmasked, in protest of political corruption is another example. They went from divided to decided, from "I" to "we."

Once trust is re-established, at that moment we the people are irresistible. I say that for two reasons.

First, the energies are rising and affecting the dark as much as us. The honest among them will be feeling the awakening of love.

We're their kin. They never signed up to shoot us.

The dishonest will be embroiled in the very unpleasant feelings that arise in the clearing process. This will affect their judgment, patience, and perseverance.

They can count. They know when they're facing a tsunami of love. Their only concern is survival and, in their world, that goes to the fittest (translation: biggest). They'll face strong pressures to turn tail and run.

Second, we're banding together for principles so basic to a quiet and enjoyable life - peace and freedom - that no one can fail to respond to them at some level and feel dissonance if they ignore them.

As long as we remember that we have strength in love, peace, and numbers, not in weapons or force, I think our demonstrations will be effective.



This planet has been embroiled in conflict for millennia, most of it because of residual hatred and related issues.

In my view, we can't keep creating the wars of the future out of our self-righteousness and vengefulness today. For wars to stop, we have to stop hating and start loving.

At some point the creation of residue has to cease. Only peace leaves no residue.

At some point the bill in totality must be forgiven. Some generation has to put an end to the strife. We're saying to the nations of the world: Stop the feuding.

We need to switch to win/win processes of negotiation. The threat of force has to be absent from our deliberations.

Only in peace - local, national, and global - can growth and prosperity for all take root. And that growth and prosperity is waiting in the wings.

Only in peace can the restoration of trust occur and this planet return to a very new normal - in which *all* of its governments are of the people, by the people, for the people.

Footnotes

(1) "Moving from Being Divided to Being Decided," August 27, 2013, at <https://goldenageofgaia.com/2013/08/27/moving-from-being-divided-to-being-decided/>

You're welcome to download a copy of our new booklet, here: <https://goldenageofgaia.com/wp-content/uploads/2021/07/Extraordinary-Love-R4.pdf>.

Highlight the link. Right click on it. Hit "Save Link As." The booklet will download.

Not Our True Colors

May 23, 2020

<https://goldenageofgaia.com/2020/05/23/not-our-true-colors/>



I don't think we have any idea how revealing this pandemic has been. On a global scale.

People trying to profit from it by scamming others. Nations busy backfilling and "designing" their message so as not to be found at fault. Propaganda flying from everyone.

Financial ties becoming manifest. Nations pulling the plug on other nations who don't comply.

No, these are not our true colors. These are all the results of vasanas or core issues, (1) in many cases on top of minds that have been MK-Altered or just altered by the media.

But their actions have to stop. The behavior that takes as its aim world domination or anyone's domination has to stop. And the person needs to demonstrate rehabilitation before being admitted back into the herd.

No false repentance and more harm visited. All of it ... has to stop.

The network that's being presently taken down is vast. It thought itself impervious - with a few notable exceptions. (2) As Q has said, they never thought she would lose.

They regarded themselves as Masters of the Universe. They had control of the world. They could do what they want. They would never be found out (think upside down crosses and Wilson's heads). And then the music stopped.

Not like they didn't allow some secrets to leak out, such as through sources like George Green and Phil Schneider (until they killed him). But we didn't believe them, as they expected.

I didn't believe them. Or I couldn't see any way I could make a difference and became resigned.

But through all these years, as the President says, the Storm has been gathering off the radar. And now it's breaking.

I'm told it's taken so long because everything has had to be done legally. I'm confident in the way it's being handled. I'm not as confident in the outcome.

If we execute convicts, for instance, we'll simply perpetuate an old, unworkable paradigm.

We can't cure inhumane behavior with more inhumane behavior. That simply generates more resentment and the cycle continues.

The only way to break it is with fairness and loving-kindness. It costs more; it carries more risk; but it has the potential to cure.

Sooner or later we'll have to start taking the long view into consideration. We're eternal beings. The cabal are also eternal beings. (3)

Killing them does nothing to solve the problem long term.

They go on their post-execution way thinking of nothing but revenge. This is our race to the bottom that I mentioned in an earlier post. (4)

Rehabilitation is what's needed and I have no understanding of that field. But it is what's needed, in my opinion.

We need to discover its principles, apply them to this situation, and reverse the direction we've been going in. That resulted in the prison industrial complex, one outstanding result of our race to the bottom.

There's work for us to do as a world. If our leaders won't initiate it, then we should.

What work? Well, in my personal estimation ...

- We need to plan out our recovery from this.
- We need to help free the world from the makers and spreaders of viruses and toxic vaccines. Just as we shut down HAARP, we need to shut down the malicious aspects of Big Pharma, Big Agra, MSM, etc., that support the outbreak of pandemics.
- We need to support the work, in any peaceful way we can, of the Alliance, the white hats in the military and other agencies whom I'm led to believe are taking down the corrupt power structures worldwide, as we speak.

That's my order paper. What's your advice?

Footnotes

(1) On vasantas see “How to Handle Unwanted Feelings: The Upset Clearing Process,” December 29, 2018, at <http://goldenageofgaia.com/2018/12/29/how-to-handle-unwanted-feelings-the-upset-clearing-process-2/>

(2) The existence of Russian Sunburn missiles, for instance, which could take out any aircraft carrier in existence, so sophisticated was it. Why are we still pretending our fleet is invincible?

The use of depleted uranium, which would have poisoned the entire Earth, the cabal included. The discovery of trojans in all military Motherboards made overseas designed to shut a machine down if it went into operational (war) status. The boards were found in trucks, guns, radar, etc.

The revealing of the B52 in-transit with an outboard nuclear missile, discovered at Barksdale AFB. Bound for the Middle East. The missile was prevented from getting there, but key witnesses were killed.

Missile silos rendered inoperable. Missiles intercepted in mid-flight. Need I go on?

(3) If we can look at the bigger picture for a moment, we're all of us here to carry out the same mission: To realize who we are so that God can meet God in a moment of our enlightenment. This is an eternal journey for all of us, the cabal included. They have truly lost their way. The job of some of us - those skilled in rehabilitation - is to help them find it again.

See *The Purpose of Life is Enlightenment*, at <http://gaog.wpengine.com/wp-content/uploads/2011/08/Purpose-of-Life-is-Enlightenment.pdf>

(4) "The Big Change – Part 1," May 8, 2020, at <https://goldenageofgaia.com/2020/05/08/the-big-change-part-1/>

⌘ ⌘ **Appendix** ⌘ ⌘

Mounties for Freedom: Open Letter to RCMP Commissioner

October 24, 2021



Some Royal Canadian Mounted Police personnel have written a very long letter to the Commissioner, not only protesting the vaccine but questioning its legality, constitutionality, and harmfulness. They invite us to sign their letter. Thanks to Len.

Open Letter to RCMP Commissioner Brenda Lucki

RCMP National Headquarters
73 Leikin Dr
Ottawa, Ontario K1A 0R2

October 21, 2021

Dear Commissioner Lucki:

We respectfully submit this open letter to express our most sincere concerns and resolute stand against the forced coercive medical intervention of Canadians, and against the undue discrimination experienced by those exercising their lawful right to bodily autonomy. We are not against vaccinations, but as law enforcement officers, we cannot in good conscience willingly participate in enforcing mandates that we believe go against the best interests of the people we protect.

As Canadians, our constitutionally-protected freedoms precede the government, and may only be temporarily limited if the majority of evidence justifies such infringements as reasonable, provable, and guided by law. If presented with all

available evidence in a court, we firmly believe the government implemented mandates would not hold up under scrutiny

As experienced investigators, we look past what information is provided and focus on how the information is presented. A proper investigation should be conducted as objectively as possible, and follow the principle that it is better to have questions that cannot be answered than to have answers that cannot be questioned. A complete investigation must include full disclosure of all the facts of the case, even contradictory evidence. Why, then, is there little to no tolerance for free and open debate on this matter? Many credible medical and scientific experts are being censored. Accordingly, we rightly have concerns about “the science” we are being coerced to “follow.”

As representatives of our communities within the RCMP and representatives of the RCMP in our communities, we have never witnessed such division in our country. This sense of “Us versus Them” will be further fueled by having a police force consisting only of “vaccinated” people, while serving communities consisting of “unvaccinated” people, which goes against the community policing model the RCMP has strived to achieve.

As law enforcement officers, we already face higher levels of stress and mental illnesses due to the nature of our work. These have been compounded – considerably – by mandates that we believe are deeply unethical, threatening our livelihood, and dividing society.

As federal employees, what is being done to mitigate this stress? Moreover, what assurances are we given that the injections will not cause short or long-term side effects? What steps will be taken to ensure members are compensated for adverse side effects?

Police officers are expected to preserve the peace, uphold the law, and defend the public interest. We strongly believe that forced and coerced medical treatments undermine all three and, thus, contradict our duties and responsibilities to Canadians. We remain loyal to the Charter and Bill of Rights and ask you to send investigators to collect statements from medical professionals (and other reliable witnesses) who allege they have been silenced – putting lives at risk. Allow us to

make this information publicly available to all so the public can scrutinize it and achieve informed consent.

ABOUT US

This letter was created from the collective thoughts, beliefs, and opinions of actively serving police officers of the Royal Canadian Mounted Police (RCMP) from across the country. We have a wealth of experience which includes, but is not limited to, General Duty, Federal Serious and Organized Crime, School Liaison, Prime Minister Protection Detail, Emergency Response Team, Media Relations, and Combined Forces Special Enforcement Unit. We come from various ranks, levels of experience, communities, cultural backgrounds, religious beliefs, and vaccination statuses. Together we are the Mounties for Freedom. We are individual police officers who united in the belief that citizens, including federal employees, should not be forced and coerced into taking a medical intervention.

OUR STANCE

In August 2021, Canadian Prime Minister Justin Trudeau announced, “Federal public servants need to be fully vaccinated,” and that for those without a medical exemption who choose not to be vaccinated: “There will be consequences.”¹

Since that statement, many federal employees have been told they will be sent home without pay for refusing to receive a contested medical treatment. We have united in the belief that people should not be forced or coerced into receiving the current COVID-19 treatments – it should be voluntary. We stand united against the forced and coerced medical intervention of Canadians and against the discrimination faced by those who have exercised their right to bodily autonomy. We believe in democracy, the Canadian Charter of Rights and Freedoms, and the Bill of Rights.

This is not about whether people should be vaccinated – that is a personal choice.

THE LAW

Our primary duty as peace officers in the RCMP is the preservation of peace². We have never witnessed the level of division in our country as we currently see from the COVID-19 pandemic. It is our responsibility, now more than ever, to make all efforts at preserving the peace in our country.

The Charter of Rights and Freedoms (the Charter) protects fundamental rights and freedoms essential to keeping Canada a free and democratic society³. The Canadian Bill of Rights adds, "... the Canadian Nation is founded upon principles that acknowledge ... the dignity and worth of the human person and the position of the family in a society of free men and free institutions.⁴" It continues to say, "Affirming also that men and institutions remain free only when freedom is founded upon respect for moral and spiritual values and the rule of law.⁵"

We believe our federal and provincial governments have failed to uphold the Charter, Bill of Rights, and Constitution and we are witnessing the erosion of democracy in Canada. As you know, the Charter does not guarantee absolute freedoms. If the government is going to limit freedoms, it must establish the limitations are reasonable given all available facts. The government must adhere to a process to prove their actions are appropriate, called the Oakes test. We firmly believe, if presented with all available evidence in a court, the government implemented mandates would not pass the Oakes test. At the time of writing this letter, the Charter's section 33 Notwithstanding Clause has not been invoked for this pandemic.

Requiring mandatory COVID-19 treatment options is a slippery slope and allows the government to overstep its authority unchecked. It infringes on the fundamental belief in our society that the individual has the right and freedom to choose. The choice of whether to receive medical treatments has always been an individual's right in Canada. The Canadian National Report on Immunization (1996) stated "Immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution.⁶" Section 2 of The Charter guarantees these fundamental freedoms through the freedom of conscience (subsection a) and the freedom of thought, belief, opinion, and expression (subsection b)⁷. Without individuals having the freedom to choose, we would not have a democratic society.

Though the Nuremberg Code is not a law, it is internationally accepted and falls in line with the spirit of our Charter and Bill of Rights. A key component of the

Nuremberg Code is that participants in a medical experiment need to participate voluntarily without any form of force or coercion⁸. We have obtained documentation from several Canadian doctors who have explained the current COVID-19 treatment options in Canada, being referred to as “vaccines”, were recently authorized as new drugs despite the absence of long-term data⁹. According to these accredited Canadian doctors, these treatment options did not meet the criteria of true vaccines until very recently when the definition of vaccine was changed^{10,11}. Without long-term data, these vaccines are still experimental. We believe the act of removing the rights and freedoms of citizens who refuse to participate in specific COVID-19 treatment options is a form of coercion.

The Criminal Code contains our country’s Criminal Offences and explains that a person commits an assault by intentionally applying force to someone else without that person’s consent¹². The Criminal Code further explains that consent is not obtained from a person who submits, or neglects to resist, on the grounds of authority being exercised over them¹³. How then can someone give proper consent to a COVID-19 treatment injection when doing so under the threat of losing their job, freedoms, or livelihood? Canadian courts have already ruled that medical treatment without proper informed consent is an assault¹⁴.

As law enforcement officers, we cannot in good conscience willingly participate in enforcing mandates that violate the laws of our country and breach the rights and freedoms of the people we protect.

LEST WE FORGET

Each year, on the 11th of November, we remember those who sacrificed their lives for our freedoms. From Flanders Field to Juno Beach, many Canadians have bled and died fighting tyrannical nations. We need to remember past events to prevent the repetition of history’s greatest mistakes.

On the 30th of September, we had the opportunity to reflect on such times during our first National Day for Truth and Reconciliation. Under the direction of the Government of Canada, RCMP members were once issued lawful orders to remove children from their homes and transport them to residential schools. Canada is still recovering from the impact of those decisions and actions. The RCMP has yet to regain the trust of some citizens.

There was a time when scientists believed humans were divided into racial hierarchies and that a person's intelligence level and characteristics were determined by race¹⁵. These beliefs were not heavily contested and were widely accepted as scientific fact¹⁶. Phrenology was also widely accepted as being a legitimate scientific study¹⁷. These are not examples of science being wrong but of people conducting poor investigations or misunderstanding their findings. These are just two of several historical examples of widely accepted scientific truths, which became ridiculed practices.

We look back at those times of racial hierarchy and wonder how something so wrong could have been so widely accepted as truth. It is just as hard for many people to conceptualize how RCMP officers could have blindly followed lawful orders that devastated so many lives. Yet now we find ourselves in dangerous waters, when RCMP officers are being forced under coercion and duress to participate in actions they believe go against the spirit of Canadian laws.

We find it ironic that an organization that preaches the honour and respect of Canadian values, and the sacrifice of their veterans, would support actions that contradict the values our veterans fought to uphold. Enforcement of identification and checkpoints was an early step in what would become the Holocaust. Canadian citizens of various backgrounds are being segregated and punished for choosing not to disclose a personal medical decision. We cannot think of a more ironic and cruel way for our governments to pay homage to the sacrifices Canadians have made worldwide to protect individual freedoms than by participating in a process that takes those freedoms away.

Today, instead of having one version of scientific "truth" during this pandemic, we have versions that contradict one another. How can some professionals be so certain their interpretation of science is correct when others give evidence to the contrary? History has already demonstrated we get things wrong even when our scientists agree.

We acknowledge there is a spectrum filled with beliefs relating to this pandemic. For the sake of simplicity, we will refer to two main schools of thought: the common narrative (those who believe the current COVID-19 treatment injections are the way through the pandemic) and those who have concerns with the COVID-19 treatment injections. It's important to note we are not discussing

“antivaxxers” in this letter. We are discussing people with various vaccination statuses who pose questions about the current COVID-19 treatment options being forced upon them.

THE SCIENCE

RCMP members are not scientists nor healthcare professionals; our profession is law enforcement. We do not pretend to be experts in medical or scientific fields, but we are experienced and professional investigators: we look for the facts. Proper investigations follow simple practices that remain consistent across most fields. These practices include but are not limited to: asking the right questions, following evidence, being aware of how biases may affect results, and allowing the evidence to point to the conclusion – not allowing the conclusion to point to the evidence. Most importantly, a proper investigation should be conducted as objectively as possible and follow the principle that it is better to have questions that cannot be answered than to have answers that cannot be questioned. A complete investigation must include full disclosure of all the facts of the case, even contradictory evidence.

The COVID-19 pandemic has caused several scientists and medical professionals to provide us with information they described as “science”, “scientific”, or “facts”. The problem with many of these statements is that the provided information often contradicted another piece of “scientific fact” that an equally qualified professional had produced. This makes it near impossible for the average person to know what to believe and what not to believe.

As experienced investigators, we look past what information is provided and focus on how the information is presented. This allows us some insight into the credibility of the information. Some professionals make definitive statements such as “It’s safe and effective” or “This is the way”, giving little or no explanation of how they reached their conclusion. When the information provided is challenged or questioned, the response often indicates the answer is something that cannot be questioned. The CDC recently changed its definition of immunity and vaccine^{10,11}, allowing the current COVID-19 treatment injections to fit the definition. This is an example of actions taken when you allow your conclusion to point to your evidence.

Other qualified professionals have provided alternate pieces of information during this pandemic. It is not *what* their results were, but *how* they arrived at their results that we believe in. These professionals have all been able to articulate their findings quite well and are quick to admit the remaining questions they cannot answer. These professionals (from Canada¹⁸ and abroad¹⁹) have expressed warnings and concerns with the current COVID-19 treatment options condoned by the governments. Some of these concerns suggest a higher-than-average number of moderate to severe side-effects from the COVID-19 “vaccinations” compared with our traditional vaccinations¹⁹. Others have stated the current COVID-19 treatment options are proving to be less effective than initially believed^{20,21}.

We have attached several documents as appendices to this letter which contain information we believe raises reasonable concerns with the current COVID-19 vaccination mandates seen across our country. We encourage you to review the documents and the work each document references thoroughly. Though we understand we have provided a lot of material – which will take time and resources to read – we believe the fact that there is so much evidence opposing the mandatory roll-out of the current COVID-19 treatments is reason enough to take our concerns seriously.

There have also been scientific papers that suggest natural immunity is a better form of protection than what the COVID-19 vaccination can give²¹⁻²⁴. Why is antibody testing not being discussed as a potential option for RCMP members?

Here is a list of the documents we’ve attached to this letter. These documents are a sample of what is available and were written by people (or groups) of scientific or medical professionals in fields directly related to the COVID-19 pandemic. We defer to their expertise.

- [Appendix A](#) – This is an open letter from Dr. Eric Payne, a pediatric neurologist in Alberta, to the College of Physicians and Surgeons of Alberta. In his letter, Dr. Payne highlights several inconsistencies he has found with the common narrative. Dr. Payne provides several sources from around the world throughout his letter.
- [Appendix B](#) – This is the Canadian Covid Care Alliance Declaration. This heavily sourced document provides information on the current pandemic and makes recommendations based on their findings.

- [Appendix C](#) – This is a letter from Dr. Byram Bridle, a viral immunologist in Ontario, to the President of the University of Guelph. Dr. Bridle uses his extensive experience and qualifications to explain his concerns with the common narrative surrounding the COVID-19 treatment injections. Dr. Bridle also articulates his concerns with the COVID-19 health mandates.
- [Appendix D](#) – This is an open letter from Health Professionals United to the Alberta Health Services. The letter outlines reasons why several frontline healthcare workers in Alberta heavily oppose mandatory COVID-19 vaccination mandates.
- [Appendix E](#) – This is an open letter from frontline healthcare workers in British Columbia to Dr. Bonnie Henry, Adrian Dix, and Premier John Horgan. The author(s) state their experiences and expertise are being ignored and ask that the vaccination mandates be revoked.
- [Appendix F](#) – This is a report from Dr. Tess Lawrie from the United Kingdom. Dr. Lawrie demonstrates the abnormal number of reported adverse effects from the current COVID-19 treatment injections.
- [Appendix G](#) – This is a comprehensive report comparing natural immunity to COVID-19 vs Vaccine-Induced Immunity. It was comprised from several scientists from Ontario and British Columbia.

CENSORSHIP

We are not against vaccinations, and we are trying to aid our country through this pandemic. We want to participate in a way that is safe for both our physical and mental well-being. We believe it is essential for people to participate with full informed consent by understanding all the risks of what they are being asked (or in this case forced) to participate in.

As experienced police officers, we have become accustomed to the media portraying us negatively or experienced the media misrepresenting the outcome of a police incident. It would be little to no surprise for us to hear that a media agency misreported an incident. However, it was surprising for us to learn that several of these scientists and doctors, who questioned the information fueling the COVID-19 treatment mandates, also spoke of censorship²⁵⁻²⁷.

As experienced investigators, we know it is our responsibility to present all available facts to the public – by proxy of the courts. It is not our place to decide what the outcome of an investigation should be. Our job is to collect all available facts so that the public (the courts) can make an informed decision. We have learned from past mistakes that presenting evidence that only supports one side, while ignoring or refusing to acknowledge evidence from another side, is wrong and tarnishes an investigation. We cannot provide evidence from witnesses who agree on one story while ignoring or hiding the witnesses who agree on a different account of an incident.

It would be unthinkable that RCMP members would blatantly disregard witnesses in an investigation to mislead the courts. The investigation would lose all integrity and the members would be criticized. Why then are we allowing this same behaviour to occur by other public figures? There are accredited medical professionals from our own country who are desperately trying to have their findings heard. Instead of allowing these professionals to speak freely and discuss their results publicly, they are being silenced by governing bodies²⁵⁻²⁷.

Our experience in law enforcement and as investigators have allowed us to see how crucial it is that these professionals be allowed to speak openly and publicly. Without the information being included in discussions, we believe the citizens of Canada (including RCMP members) are not receiving the information they need to make an informed decision. This is contrary to our laws and beliefs, and we do not support it.

These medical professionals have tried to stand up and support their country. We are now standing up and supporting them. They must be allowed to share their information publicly to maintain people's faith in the government. If the people believe the government is continuing to censor experts, the country will fall into instability. This is common around the world in countries whose tyrannical governments censor information from their people.

DISCRIMINATION

We strongly oppose the discrimination that has already begun to create segregation in our country. It has divided families, ended friendships, torn apart spouses, and

entered the RCMP workplace. We believe the current messaging being put out by our provincial and federal governments is promoting the creation of an in-group referred to as “Vaccinated” and an out-group as “Unvaccinated”. Even worse, the out-group has been labelled “Anti-vaxxers,” a term used out of context in a negative and derogatory way. The messaging from our governments is causing the dehumanization of the “Unvaccinated” group. By dehumanizing the out-group, an institution creates a greater divide between them and the in-group.²⁸

Police agencies across Canada pride themselves in their efforts to hire officers reflective of the communities they serve. This allows community members to relate to their officers and see them as part of the community. We are representatives of our communities within the RCMP and representatives of the RCMP in our communities. Having a police force consisting only of “vaccinated” people while serving communities consisting of “unvaccinated” people will tear down some of the similarities RCMP members share with their communities. This will create a greater sense of “Us versus Them” between communities and police, which contradicts the community policing model the RCMP has strived to achieve for decades. We anticipate that unless this is corrected soon, it will continue to increase the divide in our country.

Dehumanizing individuals is challenging. It is easier to attach a label and stigma to a group. That way, anyone or anything that comes from the group can be written off²⁸. The term “Anti-vaxxer” is currently being used to mislabel and group people into a category to take away their credibility. This has allowed things to be written and said against this group that would be intolerable if written or said about any other group.

On August 26th, 2021, the Toronto Star ran an article that read in large bold letters, “I have no empathy left for the wilfully unvaccinated. Let them die. I honestly don’t care if they die from COVID. Not even a little bit. Unvaccinated patients do not deserve ICU beds. At this point, who cares. Stick the unvaccinated in a tent outside and tend to them when the staff has time.^{29,30}” If “wilfully unvaccinated” was replaced with “Black”, “Gay”, or “wilfully Muslim”, this would have been labelled a Hate Crime. How then can we allow such things to be said about people who choose not to receive a medical intervention? Should we allow the same messaging for those who choose not to get a flu shot one season?

The boldness of this statement being printed in a major newspaper shows how acceptable it is in our society to treat people as a lower class of citizens. As RCMP members, we must preserve peace in our communities and put a stop to this.

PHYSICAL AND MENTAL HEALTH

This pandemic has increasingly made people feel isolated from their friends, families, and peers. RCMP members already face higher levels of stress and mental illnesses due to the nature of our work. Members affected by the double-vaccination mandate have faced greater stress and isolation as they have watched their status as citizens and regular members begin to diminish. There is currently insufficient support for these members, and there does not seem to be a plan insight to provide adequate support.

The recent vaccination update has left some people feeling more isolated than ever. In times like this, people need support from a community, and our membership is no different. We fear there are more members afraid to speak up about these recent updates for fear of being targeted. Many members may be trying to stick this out on their own, or worse, suffering in silence. We ask that you attempt to reach out in partnership with the NPF to all members who may be negatively affected by these mandates and let them know their employer and governments support them.

Though most people seem to have little to no side effects from the COVID-19 treatment injections, an abnormal number of moderate to severe adverse reactions have included death³¹. What assurances are we given that the injections will not cause short or long-term side effects? Studies show that stress and sleep can play a huge factor in whether a vaccine is effective or not^{32,33}. Are you ensuring RCMP members are provided with the appropriate amount of rest before an injection? What steps will the RCMP take to ensure members are compensated for adverse side effects?

We also believe enough evidence has been presented to question whether our governments' actions in this pandemic are the most appropriate. This is causing moral and ethical stressors for some members as they no longer believe their role as police officers is reflective of the democracy Canada claims to be. Mental health and stress levels will have an impact on how members interact with the public.

PARALLELING DOMESTIC VIOLENCE

The RCMP has taught us the importance and severity of domestic violence. Domestic violence is centred around power and control between an abuser and a victim. One of the biggest problems with domestic violence is there is often an escalation in the severity of abuse. RCMP members have been taught how to identify the signs that someone is involved in an abusive relationship. There are different types of abuse the abuser may engage in to keep control over their victim: Physical, Financial, and Emotional.

Emotional abuse is quite complex and will often include a variety of tactics such as socially distancing the victim from friends and family, discrediting the victim so they have difficulty obtaining support from others, and making the victim believe that their thoughts and beliefs are wrong – to the point the victim thinks they must be insane. When it comes to finances, an abuser will withhold money and assets from the victim. This ensures the victim cannot survive without remaining in the abusive relationship with the abuser. When an abuser feels they are losing control over their victim, it is quite common for them to escalate their tactics to maintain control.

The federal government is currently displaying several of those traits with its own employees, including the RCMP³⁴.

Commissioner Lucki, we understand your position is appointed, and we are concerned that you too may be subject to a similar relationship with the Prime Minister. Though you, as our top Mountie, should be impartial, you may be forced into supporting some of these actions out of duress. We ask that you do what we ask our domestic violence victims to do – to take a stand against the abuser. This country needs strong and supportive people in positions of authority. Please show Canadians that the RCMP will remain impartial to political agendas and true to the Charter and our Bill of Rights.

PUBLIC INTEREST

Lastly, we want to draw attention to the public safety issues that will arise if these COVID-19 mandates are upheld.

Pierre Elliot Trudeau once said, “There’s no place for the state in the bedrooms of the nation.”³⁵ How is it our federal government is now saying it will be mandatory for employees working from home to receive the COVID-19 treatment injections?

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Regardless of their vaccination statuses, there are RCMP members who feel the steps taken by the federal and provincial governments are too extreme and do not have the best interest of Canadian citizens. Forcing these mandates will cause several RCMP officers to lose faith in the federal government’s commitment to the Charter. These RCMP officers will not participate in actions they believe contradict their morals, ethics, and Canadian laws. These RCMP officers believe it is their responsibility to challenge the federal government in court if necessary.

The RCMP, which is already understaffed, will have additional gaps to fill across the country when these members are not working. Communities will have lost healthy and experienced officers, causing a decrease in available resources. There will also be an increase in taxpayers’ spending as the federal government attempts to fill these gaps. Being short-staffed will have a trickle-down effect causing fewer RCMP bodies to be available to properly recruit, assess, and conduct adequate background checks on potential cadets.

Our experience in law enforcement and as investigators have allowed us to see how crucial it is that professionals be allowed to speak openly and publicly. Without including their information in discussions, we believe the citizens of Canada (including RCMP members) are not receiving the information they need to make an informed decision. This is contrary to our laws and beliefs, and we do not support it.

We want to reiterate a point stated earlier in this letter, so it is remembered. If the people believe the government is continuing to censor experts, the country will fall into instability. We are experts in law enforcement and investigations. We are losing faith in the motives of our government, and we will not willingly participate in actions against people whose Charter rights and freedoms are being violated.

CALL TO ACTION

Commissioner Lucki, we ask that you represent the best image of the RCMP by remaining loyal to the Charter and Bill of Rights and not to any particular public figure. Our job as Mounties is to preserve the peace. If we continue down this road of segregation and discrimination, we risk repeating past mistakes. The divide in our society is quickly leaning toward a level of national security. We ask that you open an investigation to ensure no criminal acts were committed in the dissemination of information from federal and provincial health authorities or public figures in positions of trust. We ask you to send investigators to collect statements from medical professionals (and other reliable witnesses) who allege they had been silenced – putting lives at risk. Allow us to make this information publicly available to all so the public can scrutinize it and achieve informed consent. As Canada’s national police force, we are unique in our ability to conduct a large-scale cross-country investigation, which must be transparent to regain trust in the government.

We also ask that you challenge the Federal Government’s decision to send Mounties home without pay for decisions they’ve made on beliefs protected by Canadian laws. Neither the RCMP, nor the communities they serve, can endure the loss of experienced police officers.

We await your response and your plan of action.

Respectfully,

Mounties for Freedom

- The Honourable Bill Blair, Minister of Public Safety and Emergency Preparedness
The Honourable Jean-Yves Duclos, President of the Treasury Board of Canada
Brian Sauvé, President of the National Police Federation

END NOTES

1. Connolly, Amanda, “Notice Offering Options for Federal Workers Who Refuse Vaccines Was ‘Erroneous’: Trudeau,” Global News (2021). Accessed

- September 30, 2021, <https://globalnews.ca/news/8118913/canada-mandatory-vaccines-federal-workers/>.
2. Government of Canada, “Duties,” Royal Canadian Mounted Police Act (R.S.C., 1985, c. R-10). Accessed October 19, 2021, <https://laws-lois.justice.gc.ca/eng/acts/r-10/page-3.html>.
 3. — — — . “Learn about the Charter,” Accessed October 19, 2021. <https://www.justice.gc.ca/eng/csjsjc/rfc-dlc/ccrf-ccd1/learn-apprend.html>.
 4. — — — . “Bill of Rights,” Canadian Bill of Rights (S.C. 1960, c. 44). Accessed October 19, 2021. <https://laws-lois.justice.gc.ca/eng/acts/c-12.3/page-1.html>.
 5. Ibid.
 6. Public Health Agency of Canada, “Canadian National Report on Immunization – 1996,” Accessed October 19, 2021, https://web.archive.org/web/20080414131846/http://www.phacaspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s4/23s4b_e.html
 7. Government of Canada, “Guide to the Canadian Charter of Rights and Freedoms – Section 2,” Accessed October 19, 2021, <https://www.canada.ca/en/canadian-heritage/services/how-rightsprotected/guide-canadian-charter-rights-freedoms.html#a2b>.
 8. National Institutes of Health, “The Nuremberg Code,” Accessed September 30, 2021, <https://history.nih.gov/display/history/Nuremberg+Code>.
 9. Canadian Covid Care Alliance, “Canadian Covid Care Alliance Declaration,” (September 24, 2021), p. 18, par. 3. [Appendix B](#).
 10. Payne, Eric, “RE: Mandatory mRNA Vaccine Mandate for Alberta Physicians,” (September 14, 2021), p. 1, par 1. [Appendix A](#).
 11. Centers for Disease and Control Prevention, “Immunization: The Basics,” Accessed October 19, 2021, <https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm>.
 12. Government of Canada, “Assault,” Criminal Code (R.S.C., 1985, c. C-46), S. 265 (1)(a). Accessed October 20, 2021, <https://laws-lois.justice.gc.ca/eng/acts/c-46/FullText.html>.
 13. — — — . “Assault,” Criminal Code (R.S.C., 1985, c. C-46), S. 265 (3)(d). Accessed October 20, 2021, <https://laws-lois.justice.gc.ca/eng/acts/c-46/FullText.html>.

14. Supreme Court of Canada, “Hopp v. Lepp,” 1980 CanLII 14 (SCC), [1980] 2 SCR 192. Accessed October 20, 2021, <https://www.canlii.org/en/ca/scc/doc/1980/1980canlii14/1980canlii14.html>.
15. Bryson, Bill, *The Body*, narrated by Bill Bryson (New York, NY: Random House Audio, 2019), Audible audio ed., 14 hrs., 4 min.
16. Ibid.
17. Encyclopedia.com, “Phrenology in Nineteenth-Century Britain and America,” Accessed October 19, 2021, <https://www.encyclopedia.com/science/encyclopedias-almanacs-transcripts-andmaps/phrenology-nineteenth-century-britain-and-america>.
18. Canadian Covid Care Alliance, “Canadian Covid Care Alliance Declaration,” (September 24, 2021), p. 2, par. 1. [Appendix B](#).
19. Dolan, Mark, and Lawrie, Tess, “16 July 2021,” YouTube, July 16, 2021, Interview, 14:56 min. Accessed on October 19, 2021, <https://www.youtube.com/watch?v=PgsXVe9IXco&t=2s>.
20. Lawrie, Tess, “RE: Urgent preliminary report of Yellow Card data up to 26th May 2021,” (June 9, 2021), p. 6, par. 4. [Appendix F](#).
21. Bridle, Byram, “COVID-19 Vaccines and Children: A Scientist’s Guide for Parents,” (June 15, 2021), p. 2, par. 2. Accessed October 20, 2020, https://www.canadiancovidcarealliance.org/wpcontent/uploads/2021/06/2021-06-15-children_and_covid-19_vaccines_full_guide.pdf.
22. Canadian Covid Care Alliance, “Canadian Covid Care Alliance Declaration,” (September 24, 2021), p. 2-3. [Appendix B](#).
23. Bridle, Byram, “An Open Letter to the President of the University of Guelph,” (September 17, 2021), p. 2. [Appendix C](#).
24. Mallard, Bonnie, et al., “Which is better for future COVID-19 prevention: Immunity Following Natural Infection or Vaccine-Induced Immunity?” (October 8, 2021), p. 2, par. 3. [Appendix G](#).
25. Payne, Eric, “RE: Mandatory mRNA Vaccine Mandate for Alberta Physicians,” (September 14, 2021), p. 1-14. [Appendix A](#).
26. Dzsurdza, Cosmin, “Derek Sloan Hosts Press Conference with Censored Doctors,” True North News. Accessed October 20, <https://tnc.news/2021/06/17/derek-sloan-hosts-press-conference-withcensored-doctors/>.
27. Sloan, Derek, “Censorship in Canada,” Vimeo, June 17, 2021, CPAC Parliamentary Press Conference, 3:15. Accessed on October 20, 2021, <https://standupcanada.solutions/censorship-in-canada>.

28. Wilkerson, Isabel, Caste, narrated by Robin Miles (New York, NY: Random House Audio, 2020), Audible audio ed., 14 hrs., 26 min.
29. Slapinski, Mark, “‘Hate Speech’: The Toronto Star Slammed for Headline Wishing Death on the Unvaccinated,” Toronto 99. Accessed October 20, 2021, <https://www.toronto99.com/2021/08/26/hate-speech-the-toronto-star-slammed-for-headlinewishing-death-on-the-unvaccinated/>.
30. Bridle, Byram, “An Open Letter to the President of the University of Guelph,” (September 17, 2021), p. 5. Appendix C.
31. Dolan, Mark, and Lawrie, Tess, “16 July 2021,” YouTube, July 16, 2021, Interview, 14:56 min. Accessed on October 20, 2021, <https://www.youtube.com/watch?v=PgsXVe9IXco&t=2s>.
32. Walker, Matthew, Why We Sleep, narrated by Steve West (New York, NY: Simon and Schuster Audio, 2017), Audible audio ed., 13 hrs., 52 min.
33. Ibid.
34. Sauvé, Brian, “Members who do not complete an attestation to being fully vaccinated can expect to be put on administrative Leave Without Pay,” National Police Federation (October 7, 2021). Email broadcast to NPF members.
35. CBC Archives, “Trudeau: There’s no place for the state in the bedrooms of the nation,” CBC News (1967). Accessed October 20, 2021, <https://www.cbc.ca/archives/entry/omnibus-bill-theres-noplace-for-the-state-in-the-bedrooms-of-the-nation>.
36. Johnson, Gail, “Declare Your Covid-19 Vaccination Status,” RCMP NOC News. Email broadcast to RCMP members.

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