

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

Hereby treatments were presented at the [International Covid Summit.com](https://www.internationalcovidsummit.com) (Italian Senate, Sep 2021).

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

COVID-19 cure or perpetual vaccination?, 2021

What is 10x more lethal than COVID-19? Viral covidioicy: 9 out of 10 COVID deaths were vaccinated ... [more](#) ▾

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Author is opened to contributions from co-authors. The author is pro ethical vaccines, had no funding and has no conflict of interests. ISO 31, period decimal separator. All links accessible by 11-Nov-2021.

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Abstract

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

In the USA and Europe, 5 million adverse reactions and 70 thousand deaths were reported linked to COVID vaccines. Informed consent forms can't protect COVID-19 vaccine manufacturers against legal actions, even under immunity by law, not only because they are not really "vaccines" but gene hacks to produce the S1 spike protein (or parts), nor because some or all the elements are secret, un-disclosed or hidden, but especially,

because **the cure had been found, voiding Emergency Use Authorization (EUA): if you get COVID, especially if vaccinated, follow this successful evidence-based treatment:** <https://covid19criticalcare.com/covid-19-protocols/> (translations: <https://covid19criticalcare.com/covid-19-protocols/translations/>). Yet, there are many other options in this document.

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

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

1 million dollars of ivermectin would end the pandemic compared to 160 thousand million dollars PER YEAR to keep a perpetual endemic disease, with vaccines always chasing new variants in a never ending lucrative arms race. It is not a matter of unsettled science: there are more RCT studies than for any other standard-of-care treatment. An insane **“war on bugs” by legal drug cartels?**

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

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

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

MAY A PERSON :	WITH COVID VACCINATION	WITH EFFECTIVE TREATMENT
AVOID GETTING SICK FROM COVID?	× No	✓ Yes
AVOID INFECTING OTHERS?	× No	✓ Yes
AVOID HOSPITALIZATION?	× No	✓ Yes
AVOID DYING FROM COVID?	× No	✓ Yes
AVOID SIDE-EFFECTS LIKE INFERTILITY, MISCARRIAGE, DISABILITY OR DEATH?	× No	✓ Yes
GET HEALTHCARE OR MANUFACTURER LIABILITY FOR INJURIES, DEATH OR NEGLIGENCE?	× No	✓ Yes
HELP PROTECT OTHERS?	× No	✓ Yes
HELP REDUCE THE SATURATION OF THE HEALTH SYSTEM?	× No	✓ Yes

GENERATE HERD IMMUNITY?	× No	✓ Yes
HELP TO END THE PANDEMIC?	× No	✓ Yes
REDUCE THE GENERATION AND SPREAD OF VARIANTS?	× No	✓ Yes
AVOID COOPERATION WITH VACCINES PRODUCED WITH ABORTION CELL LINES?	× No	✓ Yes
GIVE INFORMED CONSENT WITH A PACKAGE INSERT LISTING ALL THE INGREDIENTS?	× No	✓ Yes
AVOID UNDISCLOSED GENE-HACKING, NANO-TAMPERING AND BLUETOOTH CHIP?	× No	✓ Yes

From the systematic genocide of abortion, they moved on to the COVID genocide of the elderly blocking effective treatment, and then, to the mass genocide with experimental vaccines, starting with the elderly and ending with the babies, even the unborn (vaccinating the pregnant). **The genocidal trend didn't change, only the target population.** Same serial killers, different weapons.

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

Super-i

Ivermectin, *the “wonder drug”*:

- One of the 100 most essential drugs recommended by the WHO
- Safe: it is an over the counter drug in most countries
- 4 billion doses taken by humans without reported severe side effects
- A nature derived medicine (from a bacteria)
- Huge supply, enough to immediately cover the global population of 8 billion human beings
- Expired patent
- Cheaper than aspirin
- Costs 1 dollar¹ to treat COVID

Anti-“everything”² (multipurpose):

- Malaria³

¹ Sabeena Ahmed, Mohammad Mahbulul Karim, *et. al.*, **A five day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness**, December 02, 2020, International Journal of Infectious Diseases, <https://doi.org/10.1016/j.ijid.2020.11.191>

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

³ Chaccour, C; Rabinovich, N, **Advancing the repurposing of ivermectin for malaria**, 2019. The Lancet, Elsevier BV, ISSN: 0140-6736, Vol: 393, Issue: 10180, Page: 1480-1481, PMID30878223, [https://doi.org/10.1016/S0140-6736\(18\)32613-8](https://doi.org/10.1016/S0140-6736(18)32613-8)
[www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(20\)30056-6.pdf](http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(20)30056-6.pdf)

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

Updated 2021: <https://doi.org/10.1002/14651858.CD013117.pub2> but based on only one badly designed study:

Foy BD, Alout H, et al. **Efficacy and risk of harms of repeat ivermectin mass drug administrations for control of malaria (RIMDAMAL): a cluster-randomised trial**. 13 Mar 2019 Lancet. VOL 393, ISSUE 10180, P1517-1526, [https://doi.org/10.1016/S0140-6736\(18\)32321-3](https://doi.org/10.1016/S0140-6736(18)32321-3)

Funded by the Bill&Melinda Gates Foundation, the intervention group received a sub-dose and a too long 3-week interval and the control arm, also received ivermectin (but once), yet there was no control if they took it out of protocol when they got the infection (which usually happens with a drug showing success in an unblinded study). Despite this, the intervention group data showed longer time to first malaria episode, less malaria episodes and lower malaria incidence per person-year.

- Epilepsy⁴
- Nonalcoholic Fatty Liver Disease⁵
- Autism?: anecdotal evidence (please contact the author if you've got any)
- Anti-parasitic (broad-spectrum): Pinworm infection (enterobiasis), river blindness (onchocerciasis), eyeworm (Loa loa), threadworm (strongyloidiasis), whipworm (Trichuris trichiura), Lymphatic filariasis due to Wuchereria bancrofti, Brugia malayi, or Brugia timori, scabies, lice, bedbugs, rosacea (mites of the genus Demodex), blepharitis (eyelid inflammation), ascariasis, etc.⁶
- Anti-bacterial
- Anti-cancer
- **Anti-viral**⁷
 - DNA viruses
 1. Equine herpes type 1
 2. Polyomavirus BK
 3. Pseudorabies
 4. Porcine circovirus 2
 5. Bovine herpesvirus 1
 - RNA viruses
 1. Zika
 2. Dengue
 3. Yellow fever
 4. West Nile virus
 5. Hendra
 6. Newcastle
 7. Venezuelan equine encephalitis
 8. Chikungunya
 9. Semliki forest
 10. Sindbis
 11. Avian influenza A
 12. Porcine reproductive and respiratory syndrome
 13. HIV (human immunodeficiency virus type 1)
 14. Ebola virus (EBOV)?⁸
 15. Coronavirus⁹: SARS-Cov-2¹⁰, SARS-CoV-1, MERS, etc.?

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

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

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

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

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

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

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

⁸ O'Shea, M. K., Clay, K. A., et al. **A Health Care Worker with Ebola Virus Disease and Adverse Prognostic Factors Treated in Sierra Leone.** 6 Apr 2016 *The American journal of tropical medicine and hygiene*, 94(4), 829–832. <https://doi.org/10.4269/ajtmh.15-0461>

⁹ Han, Y. J., Lee, K. H., et al. **Treatment of severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and coronavirus disease 2019 (COVID-19): a systematic review of *in vitro*, *in vivo*, and clinical trials.** 1 Jan 2021 *Theranostics*, 11(3), 1207–1231. <https://doi.org/10.7150/thno.48342>

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

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

Epidemiology with ivermectin

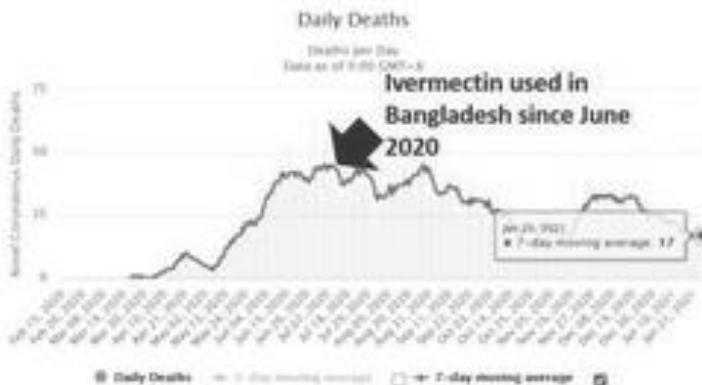
An image is worth a thousand papers. Many counties and provinces started giving ivermectin for free, some even started producing them for less than 30 cents of a dollar, either through government generic drug factories or universities. For instance, Bangladesh started promoting ivermectin in June 2020:

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

By Maman Abdallah

Published at 12:20 pm June 25th, 2020

Daily New Deaths in Bangladesh



USA 1,293 DEATHS PER MILLION
UK 1,438 DEATHS PER MILLION
México 1,154 DEATHS PER MILLION
IRELAND 598 DEATHS PER MILLION
Israel 482 DEATHS PER MILLION
India **111** DEATHS PER MILLION
Bangladesh **49** DEATHS PER MILLION

Bangladesh has a population twice the size of Germany,

Germany has 636 deaths per million versus Bangladesh 49

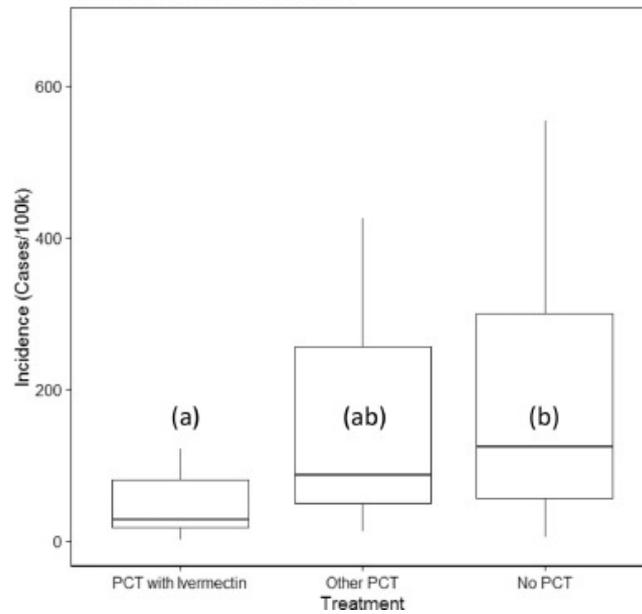
Ivermectin used in Bangladesh since June 2020

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

That was worth 1000 words? How about more?:

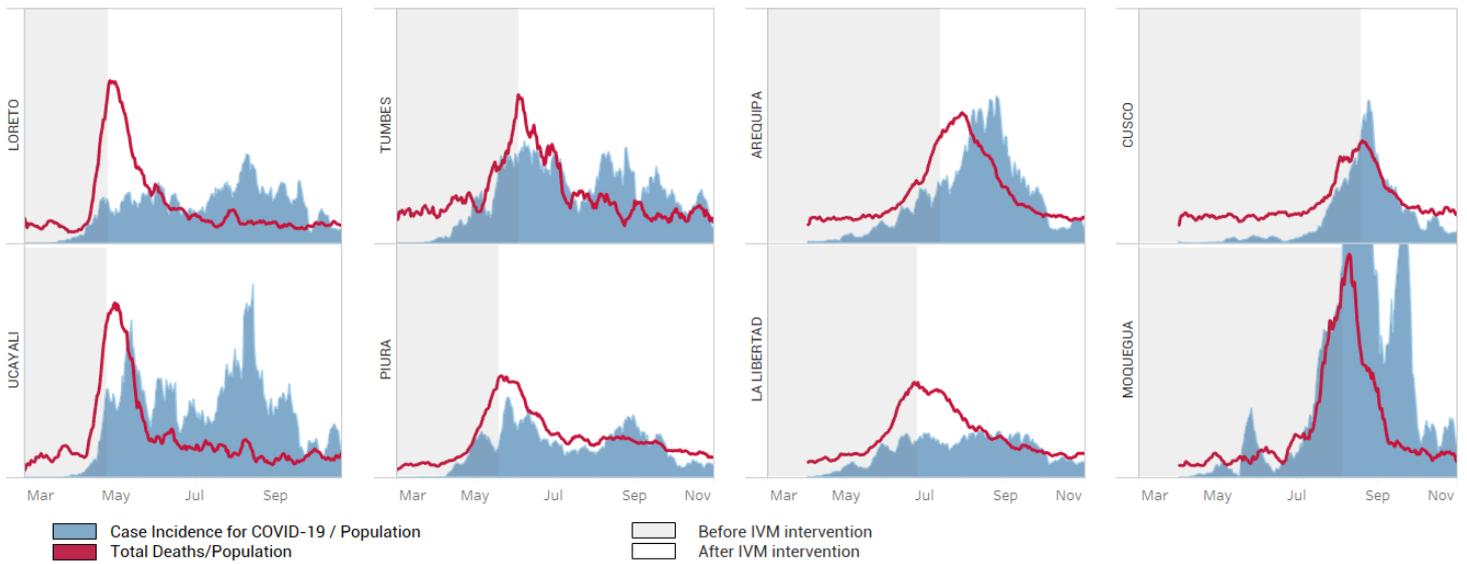
¹⁰ <http://IVMmeta.com>

COVID 19 Incidence in Africa



PCT: prophylactic chemotherapy with ivermectin ¹¹

Mass ivermectin in different regions of Peru (2020)



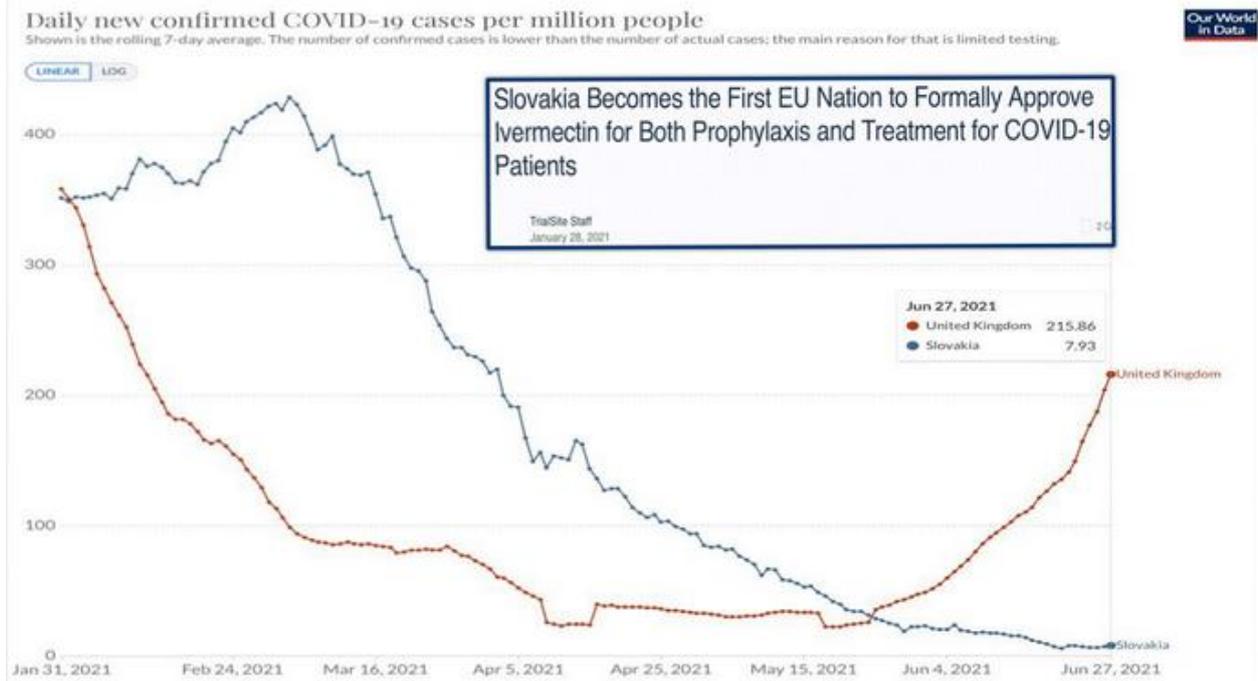
x-axis: Total Deaths/Population from 0.000% to 0.065%. Case Incidence for COVID-19 / Population from 0.00% to 0.10%

Source: Datos Abiertos Gobierno de Perú SINADEF_DATOS_ABIERTOS_08112020 Data Analyst: Juan Chamie @jjchamie

Source: FLCCC based on JJ Chamie's data

¹¹ Hellwig M, Maia A, A COVID-19 prophylaxis? Lower incidence associated with prophylactic administration of ivermectin, *International Journal of Antimicrobial Agents*, Vol. 57, Issue 1, Jan 2021, 106248, <https://doi.org/10.1016/j.ijantimicag.2020.106248>

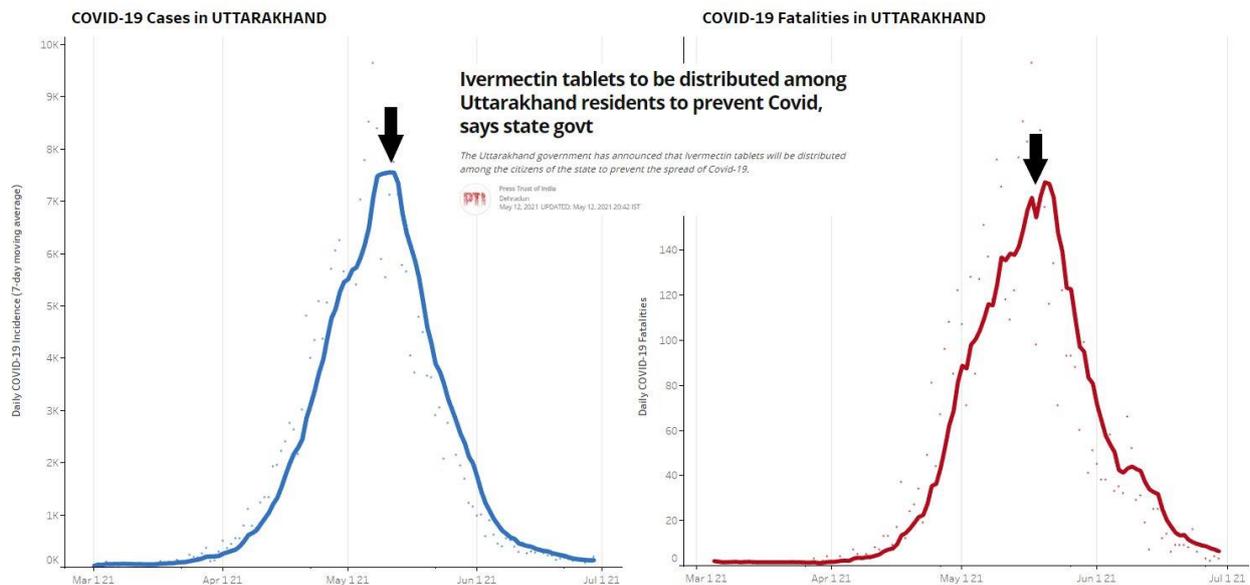
Mass IVM under-vaxxed Slovakia v. anti-IVM full-vaxxed UK and the winner is: IVM



Note: Slovakia had much lower vaccination rates than the UK

COVID-19 in India

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



- Uttarakhand's covid cases which reached 9,642 in May, have dropped to less than 200. (-98%)
- Fatalities that went to 223 per day were 3 today. (-99%).
- The scary delta variant was controlled in weeks with ivermectin and natural medicine¹²
- For every single person over 15 years old, 12 mg tablets twice daily for three days after breakfast and dinner: 72 mg (Goa 12 mg for five days: 60 mg).
- From 10 to 15, only 1 tablet daily.
- Excludes children below two years, pregnant women and those suffering from liver diseases.¹³

¹² <https://twitter.com/jjchamie/status/1410023102399102981/photo/1>

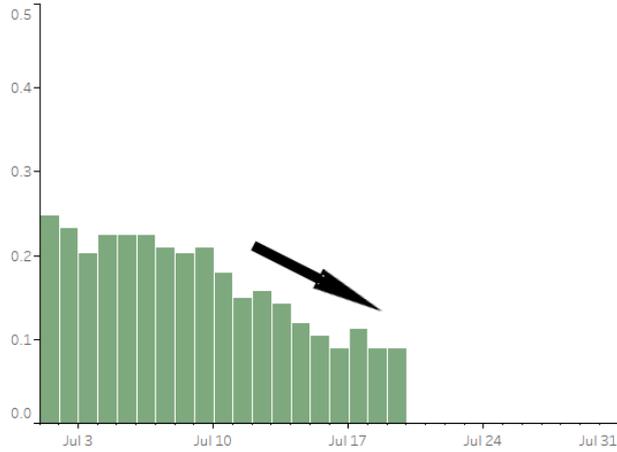
¹³ <https://www.indiatoday.in/coronavirus-outbreak/story/ivermectin-tablet-uttarakhand-residents-prevent-covid-govt-1801863-2021-05-12>

COVID-19 Deaths in Delhi and London

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

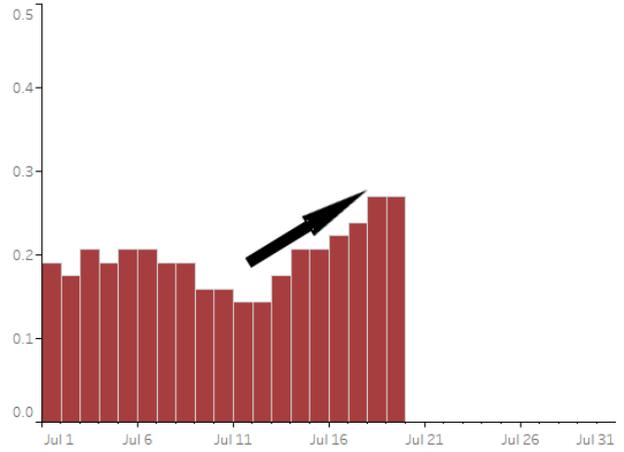
Daily new confirmed COVID-19 deaths per million people DELHI (INDIA)

Shown is the rolling 7-day average.



Daily new confirmed COVID-19 deaths per million people LONDON (UK)

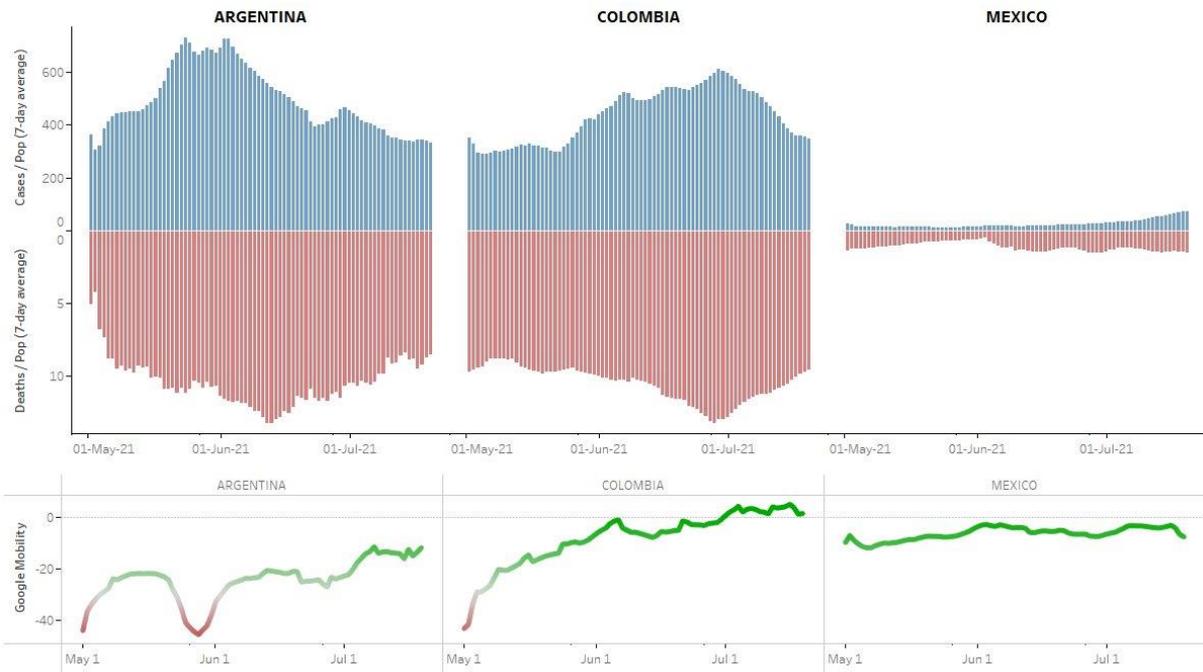
Shown is the rolling 7-day average.



India (ivermectin) v. UK (vaccination)

ARGENTINA, COLOMBIA, MEXICO COVID-19

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



Ivermectin, *THE* cure for COVID



Ivermectin patent-free molecule <http://www.3dchem.com/ivermectin.asp#>

Eureka! The cure for COVID 19 has been found:

- as a prophylactic “vaccine” preventing sickness and contagion
- as a cure for both the viral and inflammatory stages of the disease

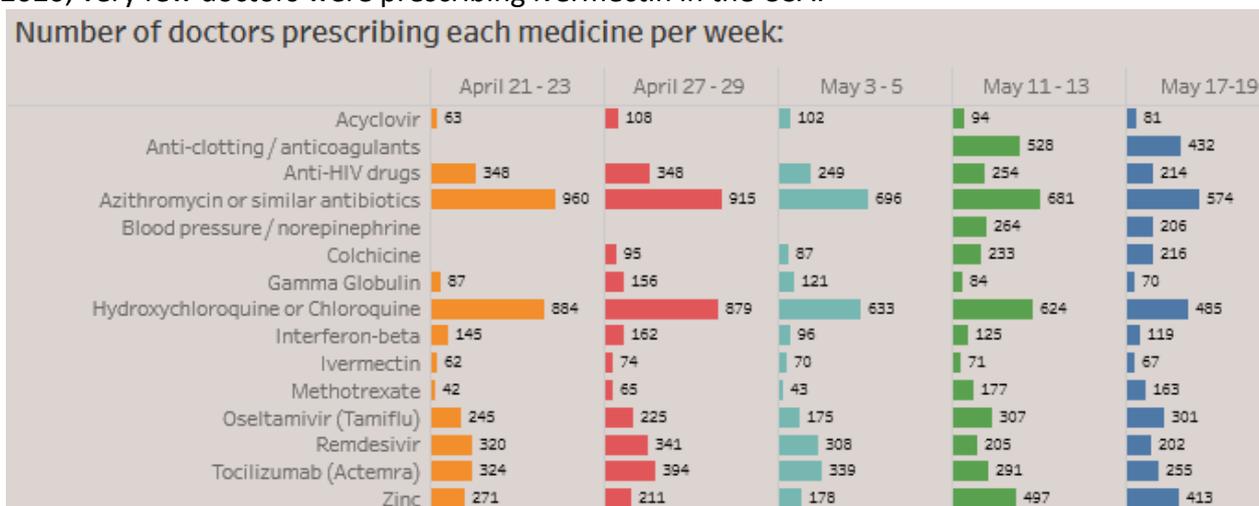
With ivermectin, COVID becomes just another flu, there's no need for *any* restrictions: back to the old normal.

Considering main stream media blackout, everybody would expect such a great discovery to be very recent. Here's the surprise, it was first announced¹⁴ in **April, 2020**: “Ivermectin is an inhibitor of the COVID-19 causative virus (SARS-CoV-2) *in vitro*. **A single treatment able to effect ~5000-fold reduction in virus at 48 in cell culture ...** FDA-approved for parasitic infections, and therefore has a potential for repurposing ... widely available, due to its inclusion on the **WHO model list of essential medicines**¹⁵.”¹⁶

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

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

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



¹⁴ <https://www.isglobal.org/en/ivermectin-news>

¹⁵ <https://www.who.int/publications/i/item/WHOMVPEMPIAU2019.06>

¹⁶ Caly *et al.*, **The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 *in vitro***, *Antiviral Research*, Vol. 178, June 2020, 104787. <https://doi.org/10.1016/j.antiviral.2020.104787>

In June 2020, in Argentina, the IVER.CAR protocol from Dr. Hector Carvallo and Dr. Roberto Hirsch, was the first study to prove ivermectin worked as a vaccine: 788 health workers received a nasal spray of i-carrageenan and a drop of ivermectin in the tongue every 4 hours and 407, refused: 58% of these were infected, while of the ivermectin group, none.¹⁷

They also showed 11 to 0 outpatient reduction and also 7 to 1 death reduction in hospitalized patients. **“An epidemic without grave cases stops being an epidemic.”**¹⁸ The IDEA protocol (Ivermectin, Dexamethasone, Enoxaparin, Aspirin), first published in early July, was **the first to reduce COVID deaths to zero** (out of 160 inpatients).¹⁹

On 8 May, the Peruvian Ministry of Health recommended using ivermectin, followed Bolivia’s Health Minister . on 12 May. The municipality of Natal, in Rio Grande Do Norte, Brazil, also promoted it as a preventative for health-care professionals and people at increased risk of severe illness from the virus.²⁰

The most comprehensive site about ivermectin²¹ proves that **by July 2020, it was unquestionable that ivermectin was effective in reducing hospitalizations, stays and deaths.** Even more, it was clear that ivermectin, worked better than the current vaccine published results.²²

Countries like Peru (28 May)²³, El Salvador (1 Aug) and Guatemala (12 Aug) launched COVID Kits with ivermectin for at home early treatment²⁴, followed by the city of La Paz, Bolivia (21 Aug), with vitamins for kids and “medicines kit for adults”, including ivermectin, without mentioning COVID to avoid regulatory threats.²⁵

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

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

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

¹⁸ “Éviter les formes graves est l’objectif majeur de santé publique: une épidémie sans forme grave n’est plus une épidémie” épidémiologiste Mahmoud Zureik, directeur de la structure Epi-Phare, qui associe l’Assurance maladie (Cnam) et l’Agence du médicament (ANSM). <https://www.courrier-picard.fr/id239516/article/2021-10-11/lefficacite-des-vaccins-contre-le-covid-19-confirmer-par-une-etude-en-france>

¹⁹ There was only one death due to gastric ulcers, not because of the protocol but of an admission mistake for not writing that in the form, which would have required a change in the drug regimen.

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

²⁰ Rodríguez Mega, E. **Latin America’s embrace of an unproven COVID treatment is hindering drug trials**, 20 Oct 2020 Nature 586, 481-482, <https://doi.org/10.1038/d41586-020-02958-2>

²¹ <https://c19ivermectin.com/>

²² <https://c19ivermectin.com/#prep>

²³ <https://www.youtube.com/watch?v=sgGrYwRTzrY>

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

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

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

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

²⁴ <https://saludconlupa.com/noticias/el-salvador-guatemala-y-bolivia-ofrecen-kits-de-medicinas-para-covid-19-sin-prever-reacciones-adversas/>

²⁵ <https://amchambolivia.com/la-paz-revilla-el-kit-de-medicamentos-se-entrega-a-todos-tengan-sintomas-o-no/>

Aspirin and Omeprazole: <https://medlineplus.gov/druginfo/meds/a617014.html>



Yet, some kits failed by design, like in Brazil due to an IVM dose, too low to be effective (3 x 6 mg tablets).²⁶ The same for Ziverdo in India (3 x 12 mg)²⁷ and Venezuela (14 Aug), with 4 x 6 mg tablets²⁸. Also, some kit instructed to take IVM without food, thus decreasing plasma and tissue concentration.

Also, by August 2020, in Australia, home of the discovery, famous Dr. Thomas Brody, promoted IVM.²⁹

On Dec 8th 2020, results worldwide were so amazing that Pierre Kory M.D., Associate Professor of Medicine at St. Luke's Aurora Medical Center, representing the FrontLine COVID-19 Critical Care (FLCCC) Alliance, enthusiastically testified at the **US Senate Homeland Security and Governmental Affairs Committee**.³⁰

On 3 Jan 2021, the Evidence-Based Medicine Consultancy Ltd (E-BMC) published a preliminary report³¹ and on 6 Jan issued the open letter intended to UK Prime Minister³² stating: **“Ivermectin should be viewed as an essential drug to reduce the severity of illness and fatalities caused by the Covid-19 virus.”**³³

On 13 Jan 2021 meta-analysis of 15 Randomized Control Trials (RCT) from the **World Health Organization’s** office for the Americas³⁴ stated that “...pooled estimates suggest significant benefits with ivermectin...”³⁵ while showing that ivermectin was **more effective than any other drug or treatment in the same report, i.e. no other treatment showed this success:**

²⁶ <https://elpais.com/sociedad/2021-03-23/los-hospitales-de-brasil-aun-distribuyen-cloroquina-en-kits-de-tratamiento-preventivo-contra-la-covid-19.html> <https://www.msf.org.ar/actualidad/covid-19-brasil-los-pacientes-empeoran-por-culpa-de-la-desinformacion>

²⁷ <https://www.ziverdokit.store/>

²⁸ <https://twitter.com/PresidencialVE/status/1294388098198122500>

²⁹ <https://www.bloomberg.com/press-releases/2020-08-19/ivermectin-triple-therapy-protocol-for-covid-19-to-australian-gp>

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

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

³⁰ <https://youtu.be/jxEDU3BoRm8?t=7210> (4 min)

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

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

³¹ Lawrie, T. (2021). Ivermectin reduces the risk of death from Covid-19 – a rapid review and meta-analysis in support of the recommendation of the Front line Covid-19 Critical Care Alliance. E-BMC Ltd report, 3 January, at www.e-bmc.co.uk

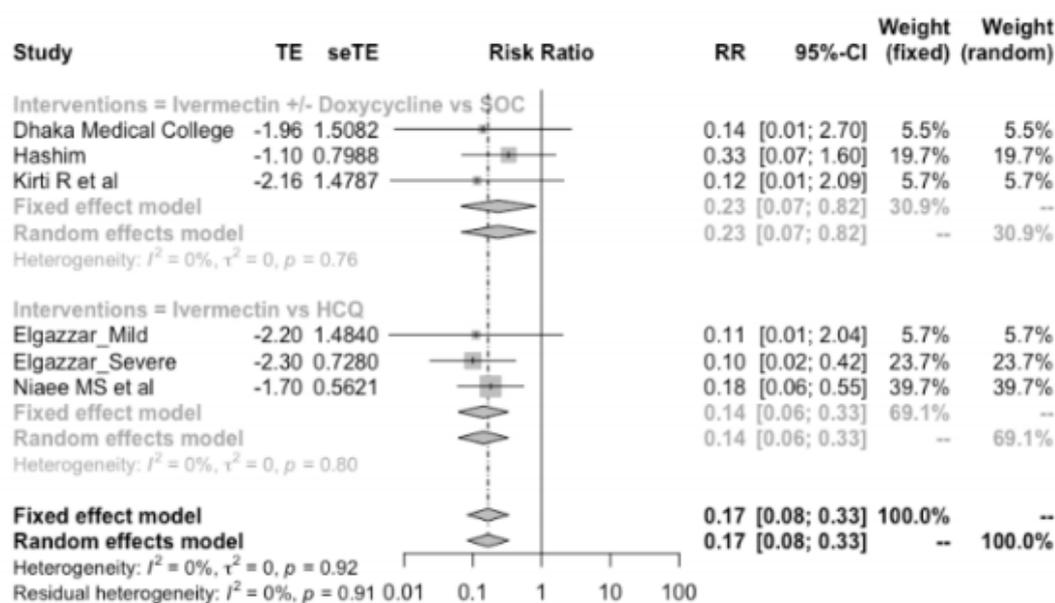
³² Of course, Boris Johnson did (and still does) nothing. It is suspicious that his father was a prominent employee of the globalist World Bank and wrote extensively about the need of population control.

³³ https://b3d2650e-e929-4448-a527-4eeb59304c7f.filesusr.com/ugd/593c4f_65b1901681ae4fcc9fde91f36c94b201.pdf

³⁴ https://en.wikipedia.org/wiki/Pan_American_Health_Organization

³⁵ Pan American Health Organization (World Health Organization), **Ongoing Living Update of COVID-19 Therapeutic Options: Summary of Evidence**, Rapid Review, 13 January 2021, pg 39 https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19210001_eng.pdf

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



14 Jan 2021, due to the mounting pressure, the **NIH (USA)** passed from a negative to a "neutral"³⁶ recommendation, which should have been positive, at least for Emergency Use Authorization.

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

"... reported **shorter time to resolution of disease** manifestations attributed to COVID-19, **greater reduction in inflammatory markers**,^{16,17} **shorter time to viral clearance**,^{11,16} or **lower mortality rates** in patients who received ivermectin than in patients who received comparator drugs or placebo.^{11,16,18} ³⁷

Also, UNITAID³⁸, hosted by the **World Health Organization** and established by the governments of Brazil, Chile, France, Norway and the United Kingdom, funded **another positive meta-analysis**, published in 19 Jan 2021. Again, according to their own studies, **no other treatment showed such an effective profile**:³⁹

³⁶ <https://www.covid19treatmentguidelines.nih.gov/statement-on-ivermectin/> accessed 22 Jan 2021

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

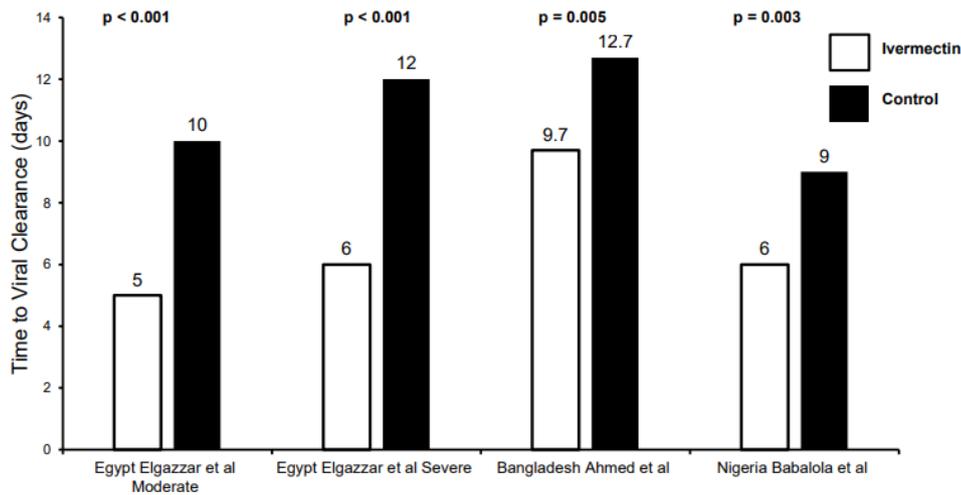
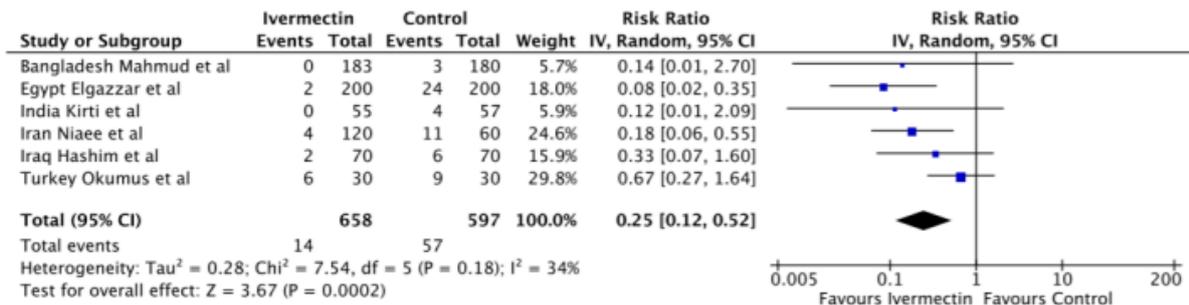
16. Elgazzar A, Hany B, Youssef SA, Hafez M, Moussa H, eltaweel A. **Efficacy and safety of ivermectin for treatment and prophylaxis of COVID-19 pandemic.** Research Square. 2020;Preprint. Available at: <https://www.researchsquare.com/article/rs-100956/v2>.
<https://web.archive.org/web/20210114173701/https://www.covid19treatmentguidelines.nih.gov/statement-on-ivermectin/>

17. Niaee MS, Gheibi N, Namdar P, et al. **Ivermectin as an adjunct treatment for hospitalized adult COVID-19 patients: a randomized multi-center clinical trial.** Research Square. 2020;Preprint. Available at: <https://www.researchsquare.com/article/rs-109670/v1>.

18 Khan MSI, Khan MSI, Debnath CR, et al. **Ivermectin treatment may improve the prognosis of patients with COVID-19.** Arch Bronconeumol. 2020;56(12):828-830. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/33293006>.

³⁸ <https://en.wikipedia.org/wiki/Unitaid>
<https://fr.wikipedia.org/wiki/Unitaid>

³⁹ Andrew Hill, Ahmed Abdulamir, Sabeena Ahmed et al. **Meta-analysis of randomized trials of ivermectin to treat SARS-CoV-2 infection**, 19 January 2021, PREPRINT (Version 1) available at Research Square <https://doi.org/10.21203/rs.3.rs-148845/v1>



25 Mar 2021, the **British Ivermectin Recommendation Development (BIRD)** panel published the most comprehensive report about ivermectin: positive.⁴⁰

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

By May 2021, ivermectin was being indicated as COVID treatment in Europe (Czechia and Slovakia)], also, **hundreds of states/provinces in dozens of countries**⁴¹ and **thousands of municipalities, involving hundreds of thousands of medical doctors and hundreds of millions of patients**. For instance: Dominican Republic (Sep 2020), Chiapas (Mx) (Nov 2020), North Macedonia (Dec 2020), Lebanon, Republic of Slovakia, Zimbabwe, Mexico City (Jan 2021).

⁴⁰ <https://trialsitenews.com/british-ivermectin-recommendation-development-panel-response-to-ema-statement-on-ivermectin-for-covid-19/>

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

[6] British Ivermectin Recommendation Development (BIRD) panel (2021). The BIRD Recommendation on the Use of Ivermectin for Covid-19. Full report. <https://tinyurl.com/u27ea3y>

⁴¹ Argentina: Jujuy, Corrientes, Salta, Tucumán, Río Negro, etc. India: Uttar Pradesh, Goa, etc.

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

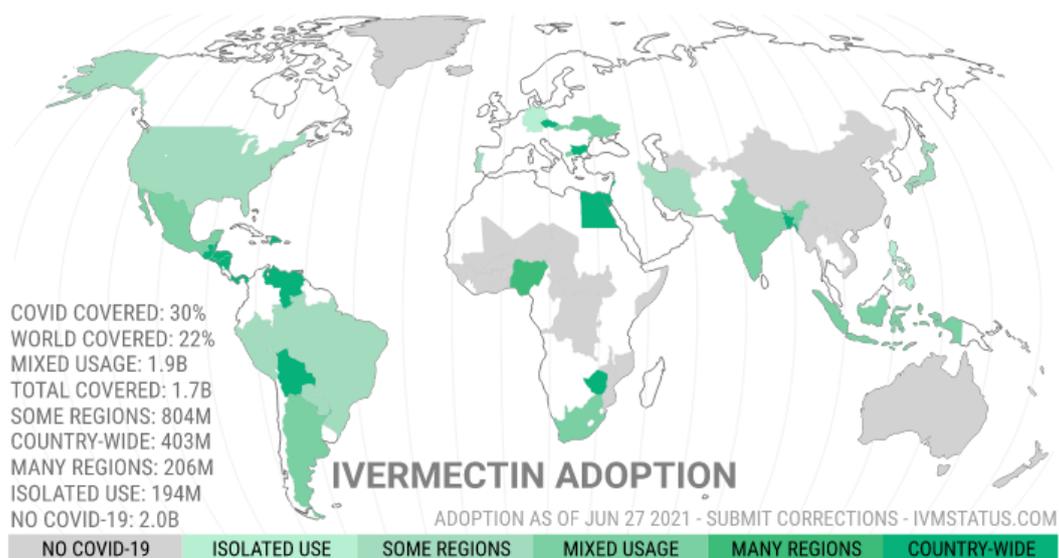
8 Jul 2021, in spite of its campaign considering ivermectin a horse dewormer unsuitable for COVID, the FDA includes it as “**Antiviral Agents Under Evaluation for the Treatment of COVID-19**”, yet no update by Oct 2021 (no surprise, the page on ivermectin was updates since 11 Feb 2021⁴²):

Characteristics of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of COVID-19⁴³

Ivermectin

- Adults:**
- The dose most commonly used in clinical trials is IVM 0.2–0.6 mg/kg PO given as a single dose or as a once-daily dose for up to 5 days.
 - Generally well tolerated
 - Dizziness
 - Pruritis
 - GI effects (e.g., nausea, diarrhea)
 - Neurological AEs have been reported when IVM has been used to treat parasitic diseases, but it is not clear whether these AEs were caused by IVM or the underlying conditions.
 - Monitor for potential AEs.
 - Minor CYP3A4 substrate
 - P-gp substrate
 - Generally given on an empty stomach with water; however, administering IVM with food increases its bioavailability.²
 - A list of clinical trials is available here: [Ivermectin](#)

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

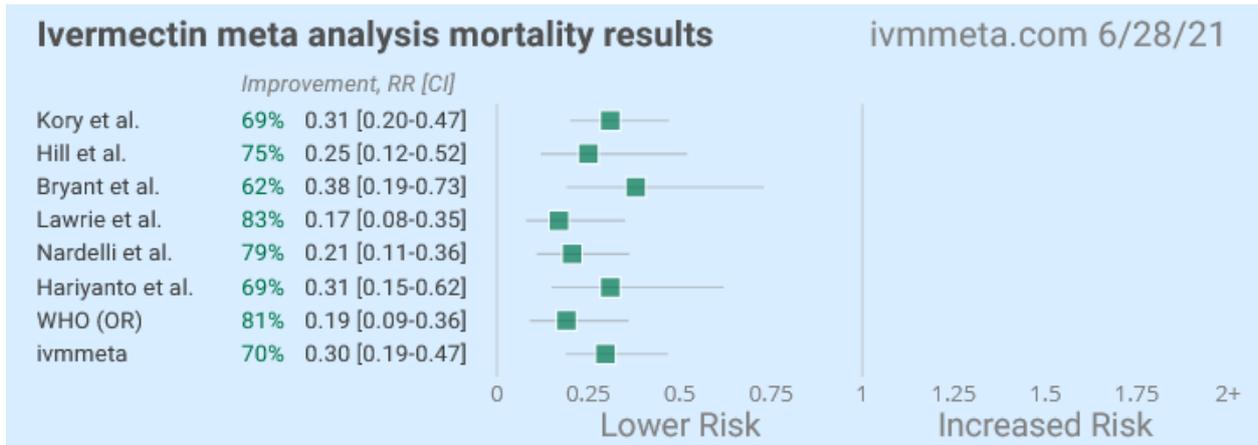


Why not 100%? History of medicine and science will find hard to answer.

⁴² <https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ivermectin/>

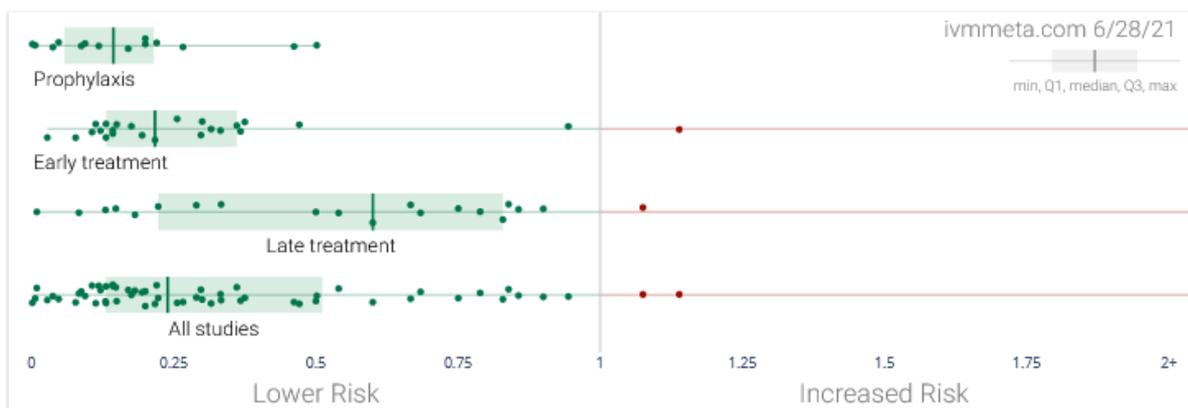
⁴³ <https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/> Last Updated: July 08, 2021 by 12 Oct 2021

8 meta-analysis concur in IVM efficacy



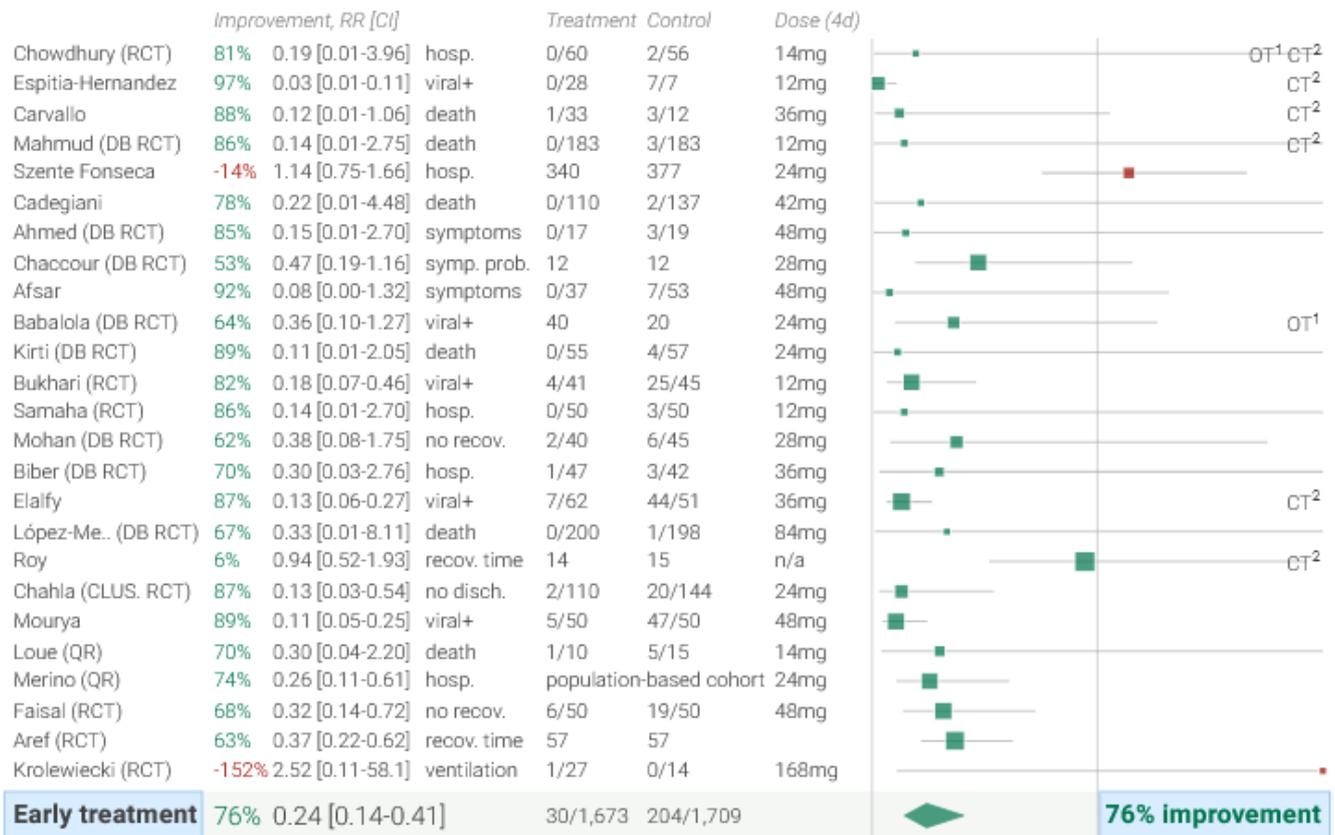
Ivermectin for COVID-19: real-time meta analysis

Treatment time	Number of studies reporting positive effects	Total number of studies	Percentage of studies reporting positive effects	Probability of an equal or greater percentage of positive results from an ineffective treatment	Random effects meta-analysis results
Early treatment	23	25	92.0%	0.0000097 1 in 103 thousand	76% improvement RR 0.24 [0.14-0.41] p < 0.0001
Late treatment	19	21	90.5%	0.00011 1 in 9 thousand	46% improvement RR 0.54 [0.41-0.71] p < 0.0001
Prophylaxis	14	14	100%	0.000061 1 in 16 thousand	85% improvement RR 0.15 [0.09-0.25] p < 0.0001
All studies	56	60	93.3%	0.000000000000045 1 in 2 trillion	71% improvement RR 0.29 [0.23-0.38] p < 0.0001



Ivermectin COVID-19 early treatment and prophylaxis studies

ivmmeta.com 6/28/21



Conclusion:

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

There are 80 studies which were informed as clinical trial. A few are not finished yet. ⁴⁴

By mid-August 2021 the first large (15000) RCT in the world was announced involving Ivermectin, Fluvoxamine, and Fluticasone with the NIH ACTIV (Accelerating COVID-19 Therapeutic Interventions and Vaccines). ⁴⁵ Considering the history of research corruption, the medical community doesn't hold its breath for promising results.

IVM v. HCQ

HCQ is somewhat effective, especially in early treatment:

⁴⁴ <https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=ivermectin&cntry=&state=&city=&dist=&Search=Search>

⁴⁵ <https://trialsitenews.com/activ-6-ivermectin-study-finally-gets-going-kudos-to-dcri-for-taking-it-on/>

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

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

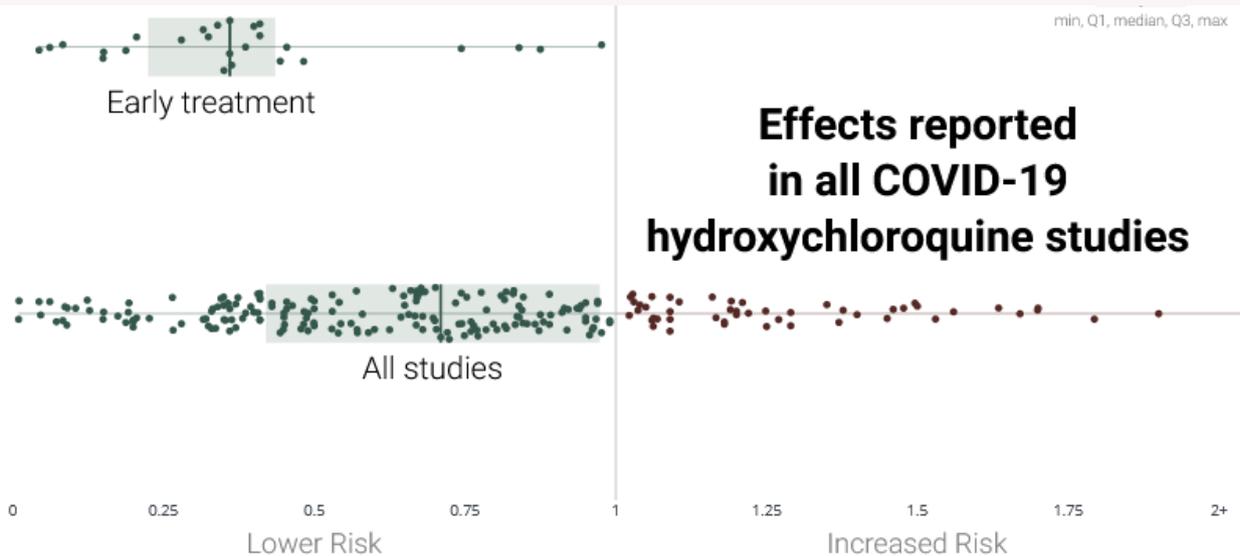
73% IMPROVEMENT IN 10 EARLY TREATMENT MORTALITY RESULTS RR 0.27 [0.16-0.46]

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

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

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

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



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

Ivermectin is not “the new HCQ” (supposedly discredited), as another global rehash media campaign was trying to push.⁴⁶ Ivermectin is much more effective than HCQ at all stages:

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

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

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

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

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

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

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

Is there a contraindication to use both drugs? On the contrary, in theory, there is a synergistic effect.⁴⁷

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

It is eye-opening to read or listen to the sworn testimony of Jane M. Orient M.D., Executive Director of the Association of American Physicians and Surgeons.⁴⁸ Also, “**Killing the cure: The strange war against hydroxychloroquine.**”⁴⁹ The story of hydroxychloroquine helps understand why *THE* cure to COVID-19, Ivermectin, has been ignored on purpose. **It shows how deep the conspiracy has permeated all layers of power, from Big Pharma predatory practices to politics, health agencies, scientific and medical societies, journals, universities, etc.**

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

Ivermectin safety

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

A review of 350 articles from scientific journals, concluded:

“It is noteworthy that **no deaths** have seemingly ever been reported **after an accidental or suicidal overdose** of ivermectin. **No greater toxicity of ivermectin has been substantiated in elderly** people despite repeated assertions that an ageing blood-brain barrier might lead to increased ivermectin toxicity level. The positive clinical experience accumulated with ivermectin administration led many medical experts to break away from early adamant contra-indications in **pregnant women**. Finally, several national pharmacovigilance networks around the world released information and opinions to ascertain ivermectin safety in human subjects. So far, there are **no critical safety limitations to ivermectin prescription in current indications.**”⁵⁰

1. *Practically no contraindications at suggested dosage (cf. vaccine table below).*
2. *Safe at 10x low dose.*
3. *Practically no risk of self-medicated overdose (especially if distributed in dropper).*

According to a World Health Organization document⁵¹:

⁴⁷ Patrì, A., Fabbrocini, G. **Hydroxychloroquine and ivermectin: A synergistic combination for COVID-19 chemoprophylaxis and treatment?**.10 Apr 2020. Journal of the American Academy of Dermatology, 82(6), e221. <https://doi.org/10.1016/j.jaad.2020.04.017>

⁴⁸ <https://www.hsgac.senate.gov/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution-part-ii>

⁴⁹ <https://www.palmerfoundation.com.au/killing-the-cure-the-strange-war-against-hydroxychloroquine/>

⁵⁰ Descotes J, Bernard C, **Medical safety of ivermectin**, Mar 2021 Expert Review preprint, MedinCell, ImmuoSafe.

https://www.medincell.com/wp-content/uploads/2021/03/Clinical_Safety_of_Ivermectin-March_2021.pdf

⁵¹ World Health Organization, **Malaria Policy Advisory Committee Meeting**, Background document for Session 9, WHO Headquarters, Geneva 30 March–1 April 2016. <https://www.who.int/malaria/mpac/mpac-sept2016-ivermectin-session9.pdf?ua=1>

WHO, **Malaria Policy Advisory Committee meeting report** (Sep 2016), <https://www.who.int/malaria/publications/atoz/mpac-report-september-2016/en/>

“Pharmacological strategies to increase the efficacy of ivermectin include:

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

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

- 400 mcg/kg... four times a year ... is remarkably safe for humans weighing more than 15 kg ⁵²
- More frequent administration has been recommended ⁵³
- In fact, single doses as high as 2000 mcg/kg (**10-fold the dose** currently used for onchocerciasis) and cumulative doses of up to 3200 mcg/kg in 1week have been **well tolerated** by healthy volunteers.” ⁵⁴

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

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

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

There are no published reports of life threatening immune reactions such as Stevens Johnson Syndrome, despite the fact that this possibility is noted on the label. Ivermectin MDAs at higher concentrations have been performed for NTDs. Ivermectin (400 mcg/kg) MDAs have been administered safely to thousands of people in India, Cameroon, Papua New Guinea and French Polynesia with minimal adverse events reported. Ramaiah et al. have conducted the largest human study to date of ivermectin MDA at 400 mcg/kg; in the study, five entire villages, roughly 10000 people, were treated by MDA nine times over an 11-year period. French regulatory authorities have recommended ivermectin (400 mcg/kg) MDA in selected areas. The primary safety concern is Loa loa-associated encephalopathy, which places a geographical restriction on the deployment of ivermectin. However, the mechanism is not well understood. The clinical safety of ivermectin during pregnancy has not been appropriately studied. **Preclinical studies in pregnant mice, rats and rabbits have shown teratogenicity at doses toxic to the mother** (... 5000 mcg/kg and 3000 mcg/kg during pregnancy days 6–18, respectively). Ivermectin has been shown to produce **delayed development and increase pup mortality in rats at maternal doses of 1600 mcg/kg**. To track exposure in pregnancy, 1276 reports of inadvertent exposure in pregnant women have been filed, of which 442 were in the first trimester. Toxicology studies in neonatal Rhesus monkey shows how no

⁵² Merck&Co., **Stromectrol. FDA approved package insert 2009**.

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

⁵³ Merck&Co., **Stromectrol. TGA-Australia approved Package insert 2014**.

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

⁵⁴ Guzzo CA, Furtek CI, Porras AG, Chen C, Tipping R, Clineschmidt CM, Sciberras DG, Hsieh JY, Lasseter KC: **Safety, tolerability, and pharmacokinetics of escalating high doses of ivermectin in healthy adult subjects**. J Clin Pharmacol 2002, 42:1122-1133.

adverse reactions after 2 weeks of daily 100 mcg/kg doses. **Safety in paediatric patients weighing less than 15 kg has not been evaluated, and this population is currently not included on the US FDA-approved label.**

According to **INCHEM.org**, a **WHO website** for “Internationally Peer Reviewed Chemical Safety Information”⁵⁵: “Amounts approaching the therapeutic doses in animals (100 to 200 µg/kg bodyweight) are **not hazardous to humans**. Ingestions of large quantities (10 to 100 times the animal therapeutic dosage) may produce symptoms resembling those observed in animal toxicology studies at high toxic levels.”

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

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

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

“Should not be given to mothers who are breast-feeding until the infant is at least three months old” (less than 2% ends up in breast milk).⁵⁶

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

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

⁵⁶ Ali BH, Bashir AA (1990) Ivermectin in human filariasis: a mini review. *Vet Hum Toxicol*, 32: 110-113.

Awadzi K, Dadzie KY, Shulz-Key H, Haddock DRW, Gilles HM, Aziz MA (1985) The chemotherapy of onchocerciasis X. An assessment of four single dose regimes of MK-933 (ivermectin) in human onchocerciasis. *Ann Trop Med Parasitol*, 79: 63-78.

Campbell WC, Fisher MH, Stapley EO et al. (1983) Ivermectin: a potent new antiparasitic agent. *Science*, 221: 823-828.

Campbell WC & Benz GW (1984) Ivermectin: a review of efficacy and safety. *J Vet Pharmacol Ther*, 7: 1-16.

Campbell WC (1985) Ivermectin: an update. *Parasitol Today*, 1:10-11.

Chiou R, Stubbs RJ & Bayne WF (1987) Detection of ivermectin in human plasma and milk by high-performance liquid chromatography with fluorescence detection. *J Chromatogr*, 416(1): 196-202.

Coulad JP, Laraviere M, Aziz MA, Gervais MC, Gaxotte P, Delud AM, Cenac J (1984) Ivermectin in onchocerciasis. *Lancet*, 2: 526-527.

Diallo S, Aziz MA, Nadir O, Badiane S, Bah IB, Gaye O (1987) Dose ranging study of ivermectin in treatment of filariasis due to *Wuchereria bancrofti* (letter) *Lancet*, 1: 1030.

Edwards G, Dingsdale A, Hellsby N et al. (1988) The relative stability of ivermectin after administration as capsule, tablet and oral solution. *Eur J Clin Pharmacol*, 35: 681-684.

Hall AH, Spoerke DG, Bronstein AC, Kulig KW, Rumack BH (1985) Human ivermectin exposure. *J Emerg Med*, 3(3): 217-220.

Hayes WJ & Laws ER (Eds) (1991) *Handbook of pesticide toxicology*. Volume 2. Classes of pesticides. Academic Press Inc, San Diego, California, 1576 pp.

Anti-cure elite

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

1. "Ivermectin is primarily intended for animal use."

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

2. "A virus is not a parasite. Ivermectin, being an anti-parasitic, shouldn't work."

Ivermectin is a multi-purpose super drug:

- It has a broad spectrum anti-viral effect against 20 DNA and RNA virus.
- It has an anti-inflammatory function (which is useful for the excessive inflammation caused by COVID).

3. "The required higher *in vivo* dose to match the *in vitro* dose causes serious harm"⁵⁷

The *in-vitro* model "ignores the immune component of the host and does not take into account the balance between drug concentration versus viral load."⁵⁸

The *in vitro* model couldn't show that ivermectin:

- a) inhibits the *clamp* effect caused by blocking the binding of the virus to the red cells' CD147 receptors⁵⁹ (also melatonin does that and is showing promising results)
- b) inhibits the *catch* effect, where COVID spikes bind the red cells to vascular endothelium through the ACE2 receptors⁶⁰ (same as azithromycin)

The objective of the lower *in vivo* ivermectin dose is not to totally eliminate the virus as the *in vitro* saturation experiment, but to dampen viral replication rate and therefore letting the natural immune system outpace the infection, while generating "antibodies, in the manner of a vaccine produced by the body itself."⁶¹

Homeida MM, Bagi IS, Ghalib HW, Sheikh H, Ismail A, Yousif MM, Suliman S, Ali HM, Bennet JL, William J (1988) Prolongation of prothrombin time with ivermectin. *Lancet*, 1: 1346-1347.

Iliff-Sizemore SA, Partlow MR, Kelley ST (1990) Ivermectin toxicology in a Rhesus Macaque. *Vet Hum Toxicol*, 23(6): 530-532.

Merck Sharp & Dohme (1988) Poison Control Monograph. ivermectin. Division of Merck & Co Ltd, West Point, Pennsylvania, 18 pp.

Reynolds JEF (Ed) (1993) Martindale. The extra pharmacopoeia. 29th Edition. Pharmaceutical Press, London.

Reynolds JEF (Ed) (1993) Martindale. The extra pharmacopoeia. 30th Edition. Pharmaceutical Press, London.

WHO (World Health Organization) (1990a) Drug Information, Vol4(2): 48-49.

WHO (World Health Organization) (1990b) Drug Information, Vol4(49): 162-163.

<https://inchem.org/documents/jecfa/jecmono/v27je03.htm>

<https://inchem.org/documents/jecfa/jecmono/v31je03.htm>

https://inchem.org/documents/jecfa/jecval/jec_1246.htm

⁵⁷ Peña-Silva R. et al., **Pharmacokinetic considerations on the repurposing of ivermectin for treatment of COVID-19**, 17 July 2020

<https://doi.org/10.1111/bcp.14476>

Momekov *et al.*, **Ivermectin as a potential COVID-19 treatment from the pharmacokinetic point of view: antiviral levels are not likely attainable with known dosing regimens**, *Journal Biotechnology & Biotechnological Equipment*, 05 Jun 2020.

<https://doi.org/10.1080/13102818.2020.1775118>

<https://www.microbe.tv/twiv/twiv-599/>

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

⁵⁸ <https://www.argentina.gob.ar/noticias/un-estudio-demuestra-la-respuesta-antiviral-de-la-ivermectina-en-pacientes-con-covid-19>

⁵⁹ CD147 as a Target for COVID-19 Treatment: **Suggested Effects of Azithromycin and Stem Cell Engagement**.

<https://dx.doi.org/10.1007/s12015-020-09976-7>

⁶⁰ Scheim, David, **Ivermectin for COVID-19 Treatment: Clinical Response at Quasi-Threshold Doses Via Hypothesized Alleviation of CD147-Mediated Vascular Occlusion** (June 26, 2020). Available at SSRN: <https://ssrn.com/abstract=3636557>

⁶¹ <http://pharmabaires.com/1767-salta-y-corrientes-adoptan-ivermectina-en-sus-protocolos-covid.html>

It inhibits the binding of the coronavirus with importins $\alpha / \beta 1$, which make it enter the cell.

Also, the *in vitro* model, doesn't take into account synergistic effects with other cocktail drugs which potentiate ivermectin like azithromycin, melatonin or hydroxychloroquine.⁶²

There are many other *in vivo* mechanisms associated with ivermectin's success that can't be accounted *in vitro*.⁶³

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

Dr. Hirsh proved it surpasses vaccine efficacy, by naturally helping the immune system to generate long-term response. Moreover, vaccines are less effective against more transmissible COVID variants, showing "reduced duration of protection against infection."⁶⁴

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

- The same outline (bullet points), sometimes even in the same order.
- Obfuscation strategy to hide the truth, involving the use of confusing and contradictory statements.
- Using wrong conclusions from published science.
- The same influencers, cited over and over, even from other countries where they had no relation nor authoritative position whatsoever.
- None of the articles showed the alternative point of view.⁶⁵

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

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

WEF also partners with TPG investment firm; Nielsen; McKinsey and Company and the Blackstone Group.

Thomson Reuters' current president, CEO and director, Steve Hasker, served as senior adviser to TPG Capital; CEO of CAA Global, a TPG Capital portfolio company; global president and CEO of Nielsen; and spent more than a decade with McKinsey. In 2018, Thomson Reuters sold for \$20 billion a 55% majority stake in its financial and risk business to private equity funds managed by Blackstone."⁶⁶

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

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

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

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

⁶² Patri *et al.*, **Hydroxychloroquine and ivermectin: A synergistic combination for COVID-19 chemoprophylaxis and treatment?**, *Journal of the American Academy of Dermatology*, Volume 82, ISSUE 6, e221, June 01, 2020. <https://doi.org/10.1016/j.jaad.2020.04.017>

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

⁶³ Zaidi, A.K., Dehgani-Mobaraki, P. **The mechanisms of action of Ivermectin against SARS-CoV-2: An evidence-based clinical review article**. 15 Jun 2021 *J Antibiot.* <https://doi.org/10.1038/s41429-021-00430-5>

⁶⁴ <https://www.msn.com/en-us/money/companies/this-ominous-warning-from-moderna-could-shake-up-the-covid-vaccine-market/>

⁶⁵ Most probably, the editor would tell the journalist to write about a certain topic using the party mantras as skeleton while filling the flesh of that Frankenstein-article with comments from a closed shortlist of party members... Orwell's 1984, 2021 version.

⁶⁶ <https://childrenshealthdefense.org/defender/reuters-fact-check-covid-social-media-pfizer-world-economic-forum/>

War on science, war on humans

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

18 Mar 2020, WHO EMA, UK NHS, Spanish Agency for Medicines and Health Products (AEMPS) Irish HPRA: “there is currently no evidence to support an aggravation of COVID-19 infection with ibuprofen or other non-steroidal anti-inflammatory drugs... does not advise to discontinue ongoing treatments with this medicine but, if treatment is initiated, prioritizes the use of paracetamol to treat symptoms of the infection.”⁶⁷ : **paracetamol turned out to aggravate the disease!**

May 2020, Bolsonaro, President of Brazil, started promoting ivermectin, only to be mocked by media.⁶⁸

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

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

⁶⁹ A cure for COVID meaning the end of restrictions would have meant hope and Trump winning by even a larger margin, but that is another conspiracy fact, considering Zuckerberg (Facebook)'s 350 million USD linked to massive voting fraud⁷⁰.

⁶⁷ <https://www.paho.org/en/documents/ibuprofen-and-covid-19-washington-dc-18-march-2020>

⁶⁸ https://www.swissinfo.ch/spa/coronavirus-brasil_bolsonaro-promueve-ahora-tres-tipos-de-t%C3%A9-ind%C3%ADgenas-para-tratar-la-covid-19/46657276

⁶⁹ <https://web.archive.org/web/20201221081253/https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>

⁷⁰ <https://www.breitbart.com/politics/2021/06/28/lawsuit-silicon-valley-billionaire-recruited-election-officials-to-accept-grants-from-zuckerberg>

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

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

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

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

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

“Every legal ballot needs to be counted and every illegal ballot needs to be discarded”, leaving out the massive illegal votes, including ballot stuffing, disenfranchised voters, off-state voting, dead voting, blocking supervision, etc.:

1,302 Proven instances of voter fraud

1,125 Criminal convictions

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

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

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

1 Video = 1000 words: <https://www.stopworldcontrol.com/election/>

“The allowable election error rate established by the Federal Election Commission guidelines is of 1 in 250,000 ballots (0.0008%). We observed an error rate of 68.05%. This demonstrated a significant and fatal error (note: 2 out of 3) in security and election integrity. The intentional errors lead to bulk adjudication of ballots with no oversight, no transparency, and no audit trail. This leads to voter or election fraud.”

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

Proof of wrongdoing? On the 3 Nov 2020 elections day update (an unbelievable coincidence or a subtle mobster message?), despite the accumulation of 30 more studies, the NIH kept repeating the same mantra: “The Panel recommends **against the use of ivermectin for the treatment of COVID-19, except in a clinical trial (AIII).**”⁷¹ “A” for strong and “III” for “expert opinion”.

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

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

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

From March 2020 till January 2021, only one study on ivermectin had been reviewed and the conclusion hadn’t been changed. How could such a vital report, not signed by anybody, be followed as dogma by the entire establishment? Of course, that anonymous expert and the supervising line responsible for **genocide by wilful negligence** will never pay for their crimes: their names are sealed by the deep state mafia.

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

http://www.supremecourt.gov/DocketPDF/20/20-816/163876/20201215165004182_Georgia%20Pearson%20v.%20Kemp%20Notice%20of%20Supplemental%20Authority.pdf
100000 fake votes: <https://welovetrump.com/2021/06/29/georgia-state-senator-i-think-we-can-ask-for-our-16-electoral-votes-back/>
<https://www.lifesitenews.com/blogs/the-electoral-college-will-today-certify-joe-biden...but-heres-why-he-wont-be-president>
<https://krebsonsecurity.com/2020/12/u-s-treasury-commerce-depts-hacked-through-solarwinds-compromise/comment-page-1/>
<https://www.breitbart.com/clips/2021/07/15/watch-allegations-of-georgia-voter-fraud-highlighted-by-fncs-tucker-carlson/>
<https://youtu.be/DSDZkXxFVEU> -- Pennsylvania State Legislative Hearing, Nov. 25, 2020
<https://youtu.be/rri6flxaXww> -- Arizona State Legislative Hearing, Nov. 30, 2020
<https://youtu.be/X0-vyw9qbdw> -- Michigan State Senate Committee on Oversight -- Dec. 1, 2020,
<https://youtu.be/eUJTOSDZ0BE> -- Michigan House Oversight Committee – Dec. 2, 2020
<https://youtu.be/Bu-gt5VzD48> -- Georgia Senate Government Oversight Committee Meeting on Election Fraud – Dec. 3, 2020
<https://spectator.us/reasons-why-the-2020-presidential-election-is-deeply-puzzling>
<https://thefederalist.com/2020/11/23/5-more-ways-joe-biden-magically-outperformed-election-norms/>
<https://welovetrump.com/2021/05/24/new-hampshire-election-auditors-find-ballot-fold-issue/>
<https://welovetrump.com/2021/05/18/more-election-irregularities-this-time-in-a-small-pennsylvania-town/>
<https://www.washingtonexaminer.com/news/michigan-attorney-phantom-ballots-antrim-county-2020-election-case>
<https://welovetrump.com/2021/05/10/trump-vindicated-after-judge-ruled-mi-secretary-of-state-broke-the-law-on-absentee-order/>
<https://welovetrump.com/2021/05/05/forensic-evidence-dominion-voting-machines-had-unauthorized-implant/>

Zuckerberg funded hundreds of millions to rig elections: Wisconsin fraud and voting machines hack.

<https://www.dailysignal.com/2021/04/14/investigative-reporter-uncovers-disturbing-facts-about-presidential-election-in-wisconsin/>
<https://www.naturalnews.com/2021-03-08-there-is-no-way-biden-won-the-2020-election.html>
<https://www.naturalnews.com/2021-03-08-judge-maricopa-arizona-election-ballots-senate-audit.html>
<https://www.naturalnews.com/2020-12-07-lin-wood-evidence-election-stolen.html>

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

<https://www.naturalnews.com/2020-12-06-fbi-discovers-trove-illegal-absentee-votes-georgia.html>
<https://www.lifesitenews.com/news/evidence-seems-to-indicate-algorithm-manipulation-in-the-2020-election>

⁷¹ National Institutes of Health, COVID-19 Treatment Guidelines Panel. **Coronavirus Disease 2019 (COVID-19) Treatment Guidelines.** 3 Nov 2020 update <https://www.covid19treatmentguidelines.nih.gov/antiviral-therapy/ivermectin/>

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

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

1. They left out on purpose **more than 40 studies, all of which were positive.** ⁷²

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

2.1 WHO expert consultant, Dr. Andrew Hill. ⁷³

2.2 The FLCCC Alliance . ⁷⁴

3. They didn't start their own meta-analysis. This a very serious omission, considering there were 2x patients involved in double-blind studies with ivermectin (5316 by Jun 2021), than with the 2104 patients who took dexamethasone in the UK study⁷⁵ which established it as standard of care⁷⁶.

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

- It is unethical to give a placebo to a sick patient when you know the tested drug works. Cited authoritatively by Nature, the director of the Scripps Research Translational Institute said “You can't do randomized trials for everything — and you shouldn't. As clinical researchers are sometimes fond of saying, parachutes have never been tested in a randomized controlled trial, either.” ⁷⁷
- BMJ and Cochrane review showed that **the systematic (PRISMA/QUORUM) addition of several unbiased consistent precise small-scale observational and/or controlled studies reach the same conclusions than statistical robust large RCTs.** ⁷⁸

“Systematic reviews and meta-analyses present results by combining and analyzing data from different studies conducted on similar research topics. These research methods are powerful tools that **can overcome the difficulties in performing large-scale randomized controlled trials.**” ⁷⁹

4.1. NIH refused grants to early studies when ivermectin was still unproven. Actually, it refused and still refuses grants to cheap repurposed drugs. Hypocrisy? Vested interests? Corruption?

⁷² <http://c19ivermectin.com>

⁷³ <https://www.researchsquare.com/article/rs-148845/v1>

⁷⁴ <https://www.frontiersin.org/articles/10.3389/fphar.2021.643369/abstract>

⁷⁵ <http://ivmmeta.com>

⁷⁶ With few exceptions, like prior strongyloidiasis, a parasitic worm infection, which gets worse with corticosteroids: <https://www.who.int/news/item/17-12-2020-a-parasitic-infection-that-can-turn-fatal-with-administration-of-corticosteroids>

⁷⁷ Peeples, Lynne. **Face masks: what the data say.** Nature 586, 186-189 (2020) <https://doi.org/10.1038/d41586-020-02801-8>

⁷⁸ <https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade/>

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

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

⁷⁹ Ahn, E., & Kang, H. (2018). Introduction to systematic review and meta-analysis. Korean journal of anesthesiology, 71(2), 103–112. <https://doi.org/10.4097/kjae.2018.71.2.103>

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

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

5. The FLCCC Alliance presented many other science-based counter-arguments.⁸⁰

Idiocy, lunacy or conspiracy? Whatever it is, it is international. Canadian Health authorities repeated the USA scam like copying and pasting. Just as the USA NHS, the PAHO/WHO neutral report failed to take into account prior studies (and still does) and to understand the difference between *in vitro* and *in vivo* results.⁸¹ Even Chaccour's RCT, which was cited in the report, had proven ivermectin was effective against COVID-19.

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

In that review they refused to include many positive studies, and many of those included, were misinterpreted on purpose to show no positive results. For instance, reference 24 was classified as showing "no benefits or worsening of disease after ivermectin use"⁸², in spite of the opposite abstract: "**a significant difference was found in patients with higher median plasma IVM levels**"⁸³ and NIH review.⁸⁴

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

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

22 Mar 2021, EMA advised against ivermectin because of lack of evidence but reluctantly recognized in a footnote that Czechia⁸⁵ and Slovakia⁸⁶ "have allowed the *temporary* use of the medicine for COVID-19", which by the way is permanent.⁸⁷ Of course, "the available data do not support its use for COVID-19 outside well-designed clinical trials", yet the 46 cited references conveniently omitted the most positive and relevant ones. **Whore science cherry picking at its best...** paid by tax payers who keep voting their executioners.

Tax money propaganda to murder the taxpayer:
You are not a horse. You are not a cow. Seriously, y'all. Stop it.

⁸⁰ <https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-Response-to-the-NIH-Guideline-Committee-Recommendation-on-Ivermectin-use-in-COVID19-2021-01-18.pdf>

⁸¹ <https://covid19criticalcare.com/i-mask-prophylaxis-treatment-protocol/faq-on-ivermectin/>

⁸² <https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ivermectin/>

⁸³ Krolewiecki A, Lifschitz A, et al. **Antiviral effect of high-dose ivermectin in adults with COVID-19: A proof-of-concept randomized trial.** The Lancet. EClinicalMedicine Volume 37, July 2021, 100959 <https://doi.org/10.1016/j.eclinm.2021.100959>

⁸⁴ Median percentage of Viral Load reduction by C_{max} concentration vs. control (P = 0.0096) was 72% (IQR 59% to 77%) in >160 ng/mL group (n = 9), 40% (IQR 21% to 46%) in <160 ng/mL group (n = 11), and 42% (IQR 31% to 73%) in SOC arm.

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

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

⁸⁵ <https://www.sukl.cz/leciva/informace-o-povoleni-pouzivani-neregistrovaneho-liciveho-5>

⁸⁶ <https://trialsitenews.com/slovakia-becomes-the-first-eu-nation-to-formally-approve-ivermectin-for-both-prophylaxis-and-treatment-for-covid-19-patients/>

⁸⁷ <https://www.ema.europa.eu/en/news/ema-advises-against-use-ivermectin-prevention-treatment-covid-19-outside-randomised-clinical-trials>



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



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

8:57 AM · Aug 21, 2021



117.7K 13.9K Copy link to Tweet

Note: 120,000 bots liking the message or covidiotis acting like bots?
https://twitter.com/US_FDA/status/1429050070243192839

An official website of the United States government [Here's how you know](#)

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

22 Aug 2021, **Bill Gates' GAVI alliance publishes against ivermectin:** "On the basis of current evidence, however, its use cannot be recommended."⁸⁸

⁸⁸ <https://www.gavi.org/vaccineswork/ivermectin-why-potential-covid-treatment-isnt-recommended-use>
<https://theconversation.com/ivermectin-why-a-potential-covid-treatment-isnt-recommended-for-use-157904>

Ivermectin is still rejected under one excuse: there is no large RCT. This is a huge double standard, especially if we consider that most expensive chemotherapy drugs, currently in use, were never tested with RCT using placebo or the scandalous approval of drugs which don't prove any health improvement.⁸⁹

When a drug is effective, it is unethical to give a placebo to a control group. Yet, **Nature attacked ivermectin with the most stupid excuse: the drug was so widely used in Peru that there weren't enough patients to enrol for placebo.**⁹⁰

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

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

Medication	Studies	Patients	Improvement
Budesonide (UK) ⁹¹	1	1,779	17%
Remdesivir (USA) ⁹²	1	1,063	31%
Casiri/imdevimab (USA) ⁹³	1	799	66%
<i>Ivermectin (NOT APPROVED)</i>	60	18,931	71%

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

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

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

Merck attack

⁸⁹ <https://arstechnica.com/science/2021/06/advocacy-org-calls-for-ouster-of-fda-officials-after-alzheimers-drug-approval/>

⁹⁰ Rodríguez Mega, E. **Latin America's embrace of an unproven COVID treatment is hindering drug trials**, 20 Oct 2020 Nature 586, 481-482, <https://doi.org/10.1038/d41586-020-02958-2>

⁹¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/04/C1253-interim-position-statement-inhaled-budesonide-for-adults.pdf>

⁹² <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-emergency-use-authorization-potential-covid-19-treatment>

⁹³ <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-monoclonal-antibodies-treatment-covid-19>



Following the **disinformation playbook**⁹⁴, on 4 Feb 2021 **Merck issued public ivermectin misguidance** stating:

- No scientific basis for a potential therapeutic effect against COVID-19 from pre-clinical studies;
- No meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease, and;
- A concerning lack of safety data in the majority of studies.”⁹⁵

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

The statement was unconscionable: for decades Merck had been distributing billions of doses of ivermectin through the “profitable” Mectizan “donation” program.⁹⁶

Even the NIH had stated in the 27 Aug 20 report that “**ivermectin has been widely used and has demonstrated an excellent safety profile.**”⁹⁷

What’s the “political” cost of a competing solution to COVID?

- **\$ 356 million** USD give-away contract by the chief scientific adviser to the Operation Warp Speed program)⁹⁸
- **\$ 270 million** USD “funding” from the US Government HHS Biomedical Advanced Research and Development (BARDA⁹⁹) for the development of JJJ¹⁰⁰

⁹⁴ Union of Concerned Scientists, **The Disinformation Playbook: How Business Interests Deceive, Misinform, and Buy Influence at the Expense of Public Health and Safety**, Oct 10, 2017, Updated May 18, 2018 <https://www.ucsusa.org/resources/disinformation-playbook>

⁹⁵ Merck, **Merck Statement on Ivermectin use During the COVID-19 Pandemic**, February 4, 2021 <https://www.merck.com/news/merck-statement-on-ivermectin-use-during-the-covid-19-pandemic/>

⁹⁶ Collins K. (2004). **Profitable gifts: a history of the Merck Mectizan donation program and its implications for international health.** *Perspectives in biology and medicine*, 47(1), 100–109. <https://doi.org/10.1353/pbm.2004.0004>

⁹⁷ Omura S, Crump A. **Ivermectin: panacea for resource-poor communities?** *Trends Parasitol.* 2014;30(9):445-455. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25130507>
<https://web.archive.org/web/20201221003012/https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>

⁹⁸ <https://www.fiercebiotech.com/biotech/merck-s-must-do-a-new-trial-for-faltering-425m-covid-drug-u-s-government-asked-it-to-buy>

⁹⁹ <https://www.phe.gov/about/barดา/Pages/default.aspx>

- \$ 425 million USD investment in the faltered MK-7110 (ex CD24Fc) for 100,000 doses
- 2 failed vaccines (V590 and V591)¹⁰¹

Considering that the 400 mcg/kg **FDA approved dose in Merck's own ivermectin package insert**¹⁰² is enough for **early-treating COVID-19**, some might consider a class action against Merck for **mass murdering the sick with disinformation**, considering the huge **conflict of interest**¹⁰³ between patent-free ivermectin and the loss of investments in COVID vaccine producers, like Moderna¹⁰⁴, and considering ivermectin's broad spectrum antiviral potential, investments in antiviral vaccines¹⁰⁵, antiviral and flu products. Plus:

- \$ 10 billion USD/year for the Johnson&Johnson Janssen (JJJ) vaccine¹⁰⁶, failing due to blood clots and other severe side effects.¹⁰⁷
- \$ 10 billion USD from **genotoxic**¹⁰⁸ molnupiravir¹⁰⁹ : **"Merck's new COVID pill" implied 1.2 billion only in the first US order**¹¹⁰, in spite of the drug being developed by Emory University as a non-profit (!)¹¹¹ Unlike ivermectin, it doesn't block replication¹¹², has no safety profile, it is mutagenic, has a near nul supply¹¹³ but

¹⁰⁰ <https://www.europeanpharmaceuticalreview.com/news/144762/merck-to-manufacture-janssens-covid-19-vaccine/>

¹⁰¹ <https://www.bloomberg.com/news/articles/2021-01-25/merck-shuts-down-covid-vaccine-program-after-lackluster-data>

¹⁰² http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/050742s026lbl.pdf (Accessed June, 2015)

¹⁰³ Hirsch LJ. **Conflicts of interest, authorship, and disclosures in industry-related scientific publications: the tort bar and editorial oversight of medical journals.** Mayo Clin Proc. 2009 Sep;84(9):811-21. Erratum in: Mayo Clin Proc. 2010 Jan;85(1):102.. [https://doi.org/10.1016/S0025-6196\(11\)60491-6](https://doi.org/10.1016/S0025-6196(11)60491-6)

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

¹⁰⁴ <https://www.cnn.com/2020/12/02/drugmaker-merck-divests-its-investment-in-moderna.html>

¹⁰⁵ <https://www.merckvaccines.com/>

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

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

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

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

¹⁰⁷ "One case occurred in a clinical trial and three cases occurred during the vaccine rollout in the USA. **One of them was fatal.**"

<https://www.ema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-6-9-april-2021>

¹⁰⁸ "found 7-fold and 14-fold increases in the overall substitution rate and the C to U mutation rate. rNHC showed a dose-dependent inhibition and mutagenic effect of SARS-CoV-2 in vitro. However, rNHC would be expected to be metabolized into the deoxynucleotide pool (by host RNR), resulting in DNA mutation of dividing mammalian cells... **clinical use should be carefully considered in light of its potential mutagenic effects**".

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

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

¹⁰⁹ Sheahan, T, Sims A, et al. **An orally bioavailable broad-spectrum antiviral inhibits SARS-CoV-2 in human airway epithelial cell cultures and multiple coronaviruses in mice.** 29 Apr 2020, Science Translational Medicine, Vol. 12, Issue 541, <https://doi.org/10.1126/scitranslmed.abb5883>

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

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

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

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

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

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

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

¹¹⁰ <https://www.msn.com/en-us/health/medical/us-to-buy-1-7-million-courses-of-merck-s-covid-pill/>

¹¹¹ <https://www.merck.com/news/ridgeback-biotherapeutics-and-merck-announce-preliminary-findings-from-a-phase-2a-trial-of-investigational-covid-19-therapeutic-molnupiravir/>

¹¹² "The chemical compound on which molnupiravir is based—C9H13N3O6, or N4-**hydroxycytidine**—has been known for decades. Like idoxuridine, the herpes drug, it's a nucleoside analogue... introduces errors into the virus's RNA that are then replicated until it's

is extremely profitable because it has very low production costs, costing a 700 USD per course (4 capsules twice a day for five days, 40 pills).¹¹⁴

Initially, it costed even more:¹¹⁵

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

Another mantra for the VacciNazi fundamentalists: in spite of alleged 50% less hospitalization due to Molnupiravir “vaccines remain necessary to prevent the spread of infections. **Molnupiravir cannot prevent infection** (unlike ivermectin). We need both methods to lower the disease burden of Covid” according to Malaysia Health Minister after a juicy direct contract for 150K courses¹¹⁶: even the FDA recognized that current vaccines can’t prevent spread. The same goes for Australia (300K courses), South Korea (38K), Singapore, New Zealand and more rich anti-ivermectin countries lining up.¹¹⁷

Are patents modern Letters of Marque?



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

defunct... stopping the virus by creating errors in the genetic code or through other means can come with unintended consequences ... in the other parts of the body. Pharmasset Inc. (a hepatitis C drugmaker Gilead bought in 2011) investigated molnupiravir’s main ingredient (in 2000), but **abandoned development over concerns that it was mutagenic**, meaning it could lead to birth defects. In 2016 he made it possible to use in pill form by modifying that chemical structure into a “prodrug,” which meant the compound would break down in the body, allowing the part that interferes with viral replication to be properly absorbed into the bloodstream.”
<https://www.bloomberg.com/news/features/2021-03-25/merck-mrk-molnupiravir-pill-could-change-the-fight-against-covid>

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

¹¹³ 10-20 million courses (twice a day over five days, ten capsules) by 2021

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

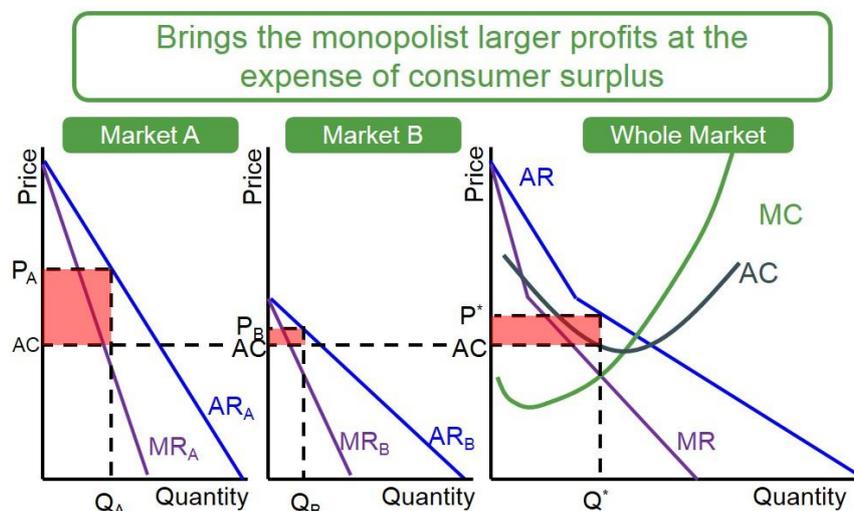
¹¹⁴ <https://www.bloomberg.com/news/articles/2021-10-12/merck-s-covid-pill-is-already-being-snapped-up-by-some-countries>

¹¹⁵ <https://www.medkoo.com/products/37616> accessed 10 Apr 2021

¹¹⁶ <https://www.bloomberg.com/news/articles/2021-10-07/malaysia-to-buy-new-merck-covid-pill-to-boost-treatment-options>

¹¹⁷ <https://www.nytimes.com/2021/10/07/world/asia/asia-australia-merck-covid-pill.html>

12 Oct 2021, skimming¹¹⁸ countries artificially driven into despair by co-opted health agencies (FDA, EMA and all those which didn't approve treatments) not being ethical enough, humanitarian Merck generously decided to lower the price to poorer countries by implementing "a tiered pricing approach based on World Bank income criteria" through Medicines Patent Pool and Unitaid, i.e. **the dirty old trick of demand discrimination in a Government created inelastic market to maximize private profits?**



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

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

Serial genocidal behaviour as result of unrestrained predatory corporate greed? Considering nothing changed to prevent it from happening again, what is to be expected from the same corporation behind the Vioxx genocide which costed *and still costs* the lives of hundreds of thousands?¹¹⁹

Historians will definitely judge this generation as complete covidiot. The convicted felon for selling lethal snake oil promises to "behave" and comes up with another miracle oil which "science proves" 50% effective in reducing hospitalizations based on a single study designed and paid by the criminal himself, yet the authorities

¹¹⁸ <https://www.companywizard.co.uk/blog/pricing-your-products-and-services>

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

¹¹⁹ Krumholz, H. M., Ross, J. S., Presler, A. H., & Egilman, D. S.. **What have we learnt from Vioxx?**. *BMJ (Clinical research ed.)*, Jan 30, 2007, 334(7585), 120–123. <https://doi.org/10.1136/bmj.39024.487720.68>

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

Armstrong D., **How the New England Journal missed warning signs on Vioxx: medical weekly waited years to report flaws in article that praised pain drug; Merck seen as "punching bag".** May 15 2006, *Wall Street journal (Eastern ed.)*, A1–A10. <https://pubmed.ncbi.nlm.nih.gov/16848016>

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

Prakash S., Valentine v., **Timeline: The Rise and Fall of Vioxx**, Nov 10, 2007, <https://www.npr.org/2007/11/10/5470430/timeline-the-rise-and-fall-of-vioxx>

Knox R., **Merck Tries to Move Beyond Vioxx Debacle**, Nov 12, 2007,

<https://www.npr.org/templates/story/story.php?storyId=16211947>

Union of Concerned Scientists, **Merck Manipulated the Science about the Drug Vioxx**, Oct 12, 2017,

<https://www.ucsusa.org/resources/merck-manipulated-science-about-drug-vioxx>

Packer M. MD, **Shocker! Is Vioxx Coming Back... as an Orphan Drug?** May 2, 2018, *MedPage Today*,

<https://www.medpagetoday.com/blogs/revolutionand revelation/72647>

are happy to fast-track approve it, while disregarding 120 clinical studies , most, from heroic frontline physicians, with 73-84% efficacy.¹²⁰

By the way, the first snake oil was only banned after 2 whistle-blowers showed that Vioxx caused 50 000 deaths in the USA, but was swiftly relaunched with minor changes: the snake oil is still shoved down our throats by the corrupt medical societies and their puppet physicians. Science that up!

The Vaccine Industrial Complex

If a 10 billion dollar market for the Merck \$10 vaccine, propelled Merck's un-scientific attack on ivermectin, it is not hard to imagine the huge conflicts of interest with \$35 Moderna, \$20 Pfizer, \$16 Novavax, \$4 Astra-Zeneca (receiving 1, 2, 1.6, 1.2 billion from BARDA, respectively).¹²¹

Those figures apply to the USA only. For instance, the EU gave away €2.7 billion to COVID vaccine producers (Pfizer, Moderna and Oxford, discriminating the rest), who lobbied the pandemic to milk each government separately, threatening them with putting them at the end of the priority list, which would mean more deaths due to the supply shortages and delays.¹²²

Globally, by 2021 there were over 37 vaccine developers, 138 vaccines in pre-clinical testing¹²³ 15 approved, 21 billion doses in production for 2021, 10 billion secured, with a price range from 3 to 44 USD.¹²⁴

Countries approving COVID-19 vaccines by supplier

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

¹²¹ <https://observer.com/2020/08/covid19-vaccine-price-comparison-moderna-pfizer-novavax-johnson-astrazeneca/>

¹²² <https://www.euronews.com/2021/04/02/how-many-vaccine-doses-have-arrived-in-eu-countries-and-how-do-they-get-there>

¹²³ University of Oxford, Clover Biopharmaceuticals/Dynavax/GlaxoSmithKline, Heat Biologics Inc./University of Miami, Inovio Pharmaceuticals Inc, Janssen Pharmaceutical, Sanofi Pasteur/GlaxoSmithKline (GSK), Moderna/NIAID, Novavax, Sanofi Pasteur/Translate Bio Inc., Vaxart Inc., Altimune, Medicago, BioNTech/Pfizer/Fosun Pharma, GeoVax/BravoVax, Arcturus Therapeutics/Duke-NUS, CanSino Biological Inc/Beijing Institute of Biotechnology, Takis Biotech/Applied DNA Sciences/Evvivax, Cobra Biologics/Karolinska Institute, Zydus Cadila, Codagenix/Serum Institute of India, Greffex, ExpreS2ion Biotechnologies ApS, Vaxil Bio Therapeutics, Flow Pharma Inc, AJ Vaccines, Generex Biotechnology/EpiVax, Immunomic Therapeutics/EpiVax/PharmaJet, iBio Inc/CC-Pharming Ltd/Infectious Disease Research Institute, VIDO-InterVac/University of Saskatchewan/International Vaccine Institute, Tonix Pharmaceuticals/Southern Research, IAVI/Batavia Biosciences, Curevac, Imophoron Ltd/University of Bristol, BioNet Asia, Sinovac/Dynavax, BIOCAD, University of Pittsburgh. <https://www.marketwatch.com/press-release/coronavirus-covid-19-vaccine-market-size-2020-global-business-trends-modest-analysis-statistics-forecast-2020-2026-2020-12-16>

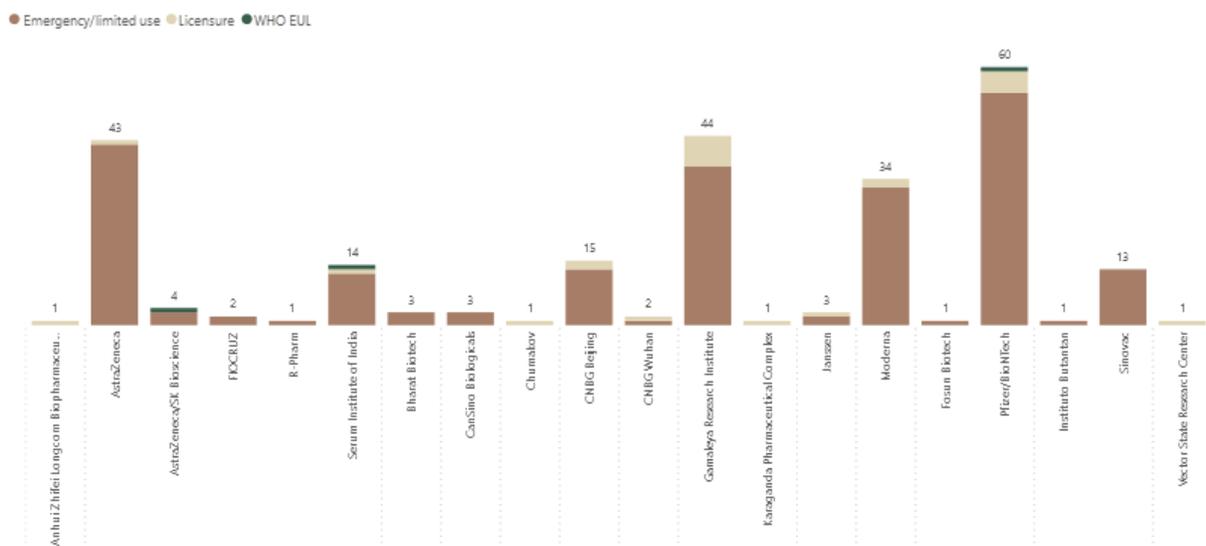
Cuba is testing 13 vaccines, 2 in Phase III: <https://www.infobae.com/america/ciencia-america/2021/04/15/como-funcionan-las-dos-vacunas-cubanas-contr-el-covid-19-que-llegaron-a-la-fase-iii-pero-que-aun-no-recibieron-aprobaciones-de-los-reguladores/>

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

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

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

¹²⁴ <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>

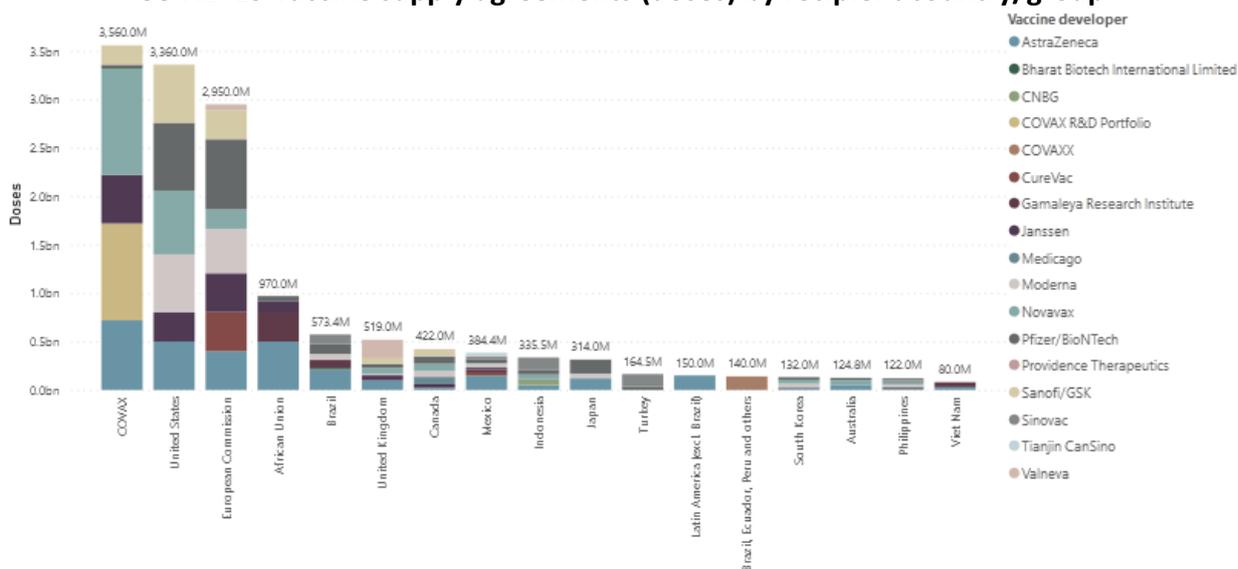


Source: <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard> (accessed 13/02/2021)

It is clear that Bill & Melinda Gates Foundation (backed) vaccines are winning the global market:

- It is the most influential organization behind the WHO vaccine supply (COVAX, GAVI, etc.)
- Only huge multinationals and a few countries like China and Russia, have enough resources to produce and to pay either the lobby power to sell vaccines to many governments, or to pay “commissions”, bribes, etc.
- “Smaller biotechs that don't have large cash stockpiles or supply deals already in place for their COVID-19 vaccines could be at a serious disadvantage in the fast-moving market. Larger pharmaceutical companies that have experienced setbacks with their vaccine rollouts could also find it difficult to keep up. Arguably the most likely to succeed in the variant-focused COVID-19 vaccine market are the drugmakers that have already been the most successful: Moderna and Pfizer. Why? their messenger RNA technology allows these companies to rapidly develop variant-specific vaccines. Moderna and Pfizer are already in testing with their respective variant-specific candidates.”¹²⁵

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

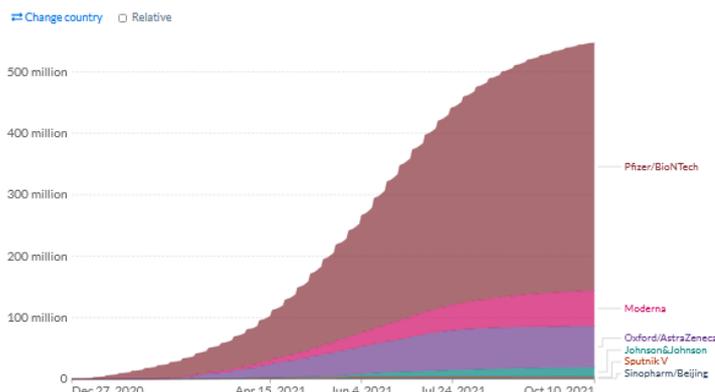


Source: <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard> (accessed 13/02/2021)

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

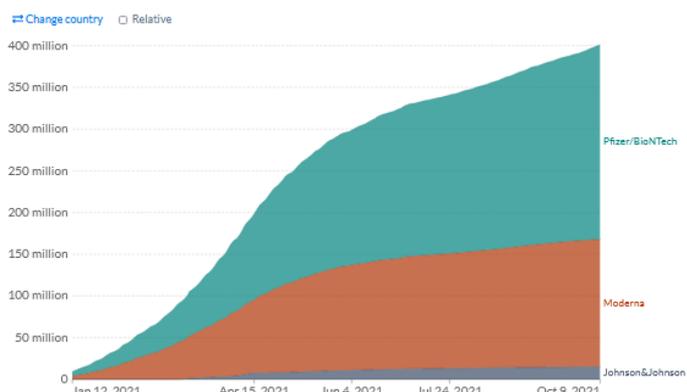
COVID-19 vaccine doses administered by manufacturer, European Union
For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.



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

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

COVID-19 vaccine doses administered by manufacturer, United States
For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses can be higher than the number of people in the population.



Could money explain the irrational behaviour towards ivermectin?

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

On one corner, **COVID-19 vaccine market is above 160 billion USD per year**¹²⁶, four times all the other vaccines (42 bn.)¹²⁷, because the latter are not given to the whole population and are not required for passes yet. It will require **endless periodical booster shots**.¹²⁸ Due to proven fast waning immunity and immune escape (n.b. Israel), nobody can rule out a profitable future scenario of **a shot per quarter to every single human being from birth to death... the largest cash cow in the business history of the world... Big Pharma's dream come true.**

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

"In 2005, global adult human biomass was ... 287 million tonnes" but in 2012 the average human weight was 62 kg. Grossly assuming that average weight increase was roughly the same as toddlers, pregnant, recovered and ivermectin hesitant, a 7.9 billion global population¹²⁹ implies 490 billion kg. Considering 2 drops per kg. (400

¹²⁶ Gross estimation of 10 USD per dose, 2 doses per year for the current population of 8 billion (<https://www.worldometers.info/world-population/>). If the 4 USD Oxford vaccine is banned the average price should be higher. Prices should go down with competition and if more countries produce their own vaccines but **Big Pharma is a cartel treating people as milking cows**: <https://theintercept.com/2021/03/18/covid-vaccine-price-pfizer-moderna/>

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

Some governments buy over 30% more doses than the population (disregarding resistance) most probably as a result of lobbies, corruption, logistical waste (n.b. cold chain) and expiring backup stock to guarantee supply. Finally, **mutations turn stocks obsolete and new vaccines must be purchased so the estimated amount could be even higher.**

¹²⁷ In 2018, 41.61 billion USD. The USA had more than half the market, with 22 bn.

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

2012 WHO report: "**Industrialized countries had 82% of the pie. Spectacular growth rate : 10 -15% per year.** Tripled in value from USD 5B in 2000 to almost USD 24 B in 2013. Global market projected to rise to **USD 100 billion by 2025.** More than 120 new products in the development pipeline. UN market 7,5 % of total vaccine sales. UNICEF annual vaccine procurement has increased five fold since 2000. **UNICEF 2012: buying 50% of the global volume of vaccine doses**, mainly EPI vaccines (Expanded Programme on Immunization), but representing only 5% of total market value." **Bill & Melinda Gates Foundation (GAVI) behind funding.**

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

¹²⁸ <https://www.msn.com/en-us/money/companies/this-ominous-warning-from-moderna-could-shake-up-the-covid-vaccine-market/>

¹²⁹ <https://www.worldometers.info/world-population/>

mcg/kg). it means 1225 kg of ivermectin. At 200 USD/kg. this means 245000 USD. Assuming 2 global campaigns per year, this means half a million dollars. Assuming another half to treat the sick with higher doses for up to 5 days, it means about 1 million USD to end the pandemic. Even if the ivermectin massive PrEP plan fails, even less is needed to cover the sick population only.

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

Even worse, compare the 1 million dollars solution with the 3.94 trillion USD of lost economic output (4.5% of the Global GDP) due to the not-evidence-based useless lock downs and restrictions. ¹³⁰

Not to mention the deaths:

- From COVID which could have been avoided since June 2020.
- From COVID of vaccinated patients who believe they are protected and don't take ivermectin.
- From all these COVID experimental vaccines.
- From the lack of access to medical checks and treatments due to the restrictions.
- From abortifacients and abortions induced by the avoidable economic crisis created by lock downs partially reflected in the up to 20% drop in births and the increase in maternal mortality (even in legal abortions, the later the abortion due to the restrictions the higher the surgical risk).

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

"Under section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), when the Secretary of HHS declares that an emergency use authorization is appropriate, FDA may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to **diagnose, treat, or prevent serious or life-threatening diseases** or conditions caused by CBRN threat agents **when certain criteria are met, including there are no adequate, approved, and available alternatives.** ¹³¹

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

On top of that, there is the vaccine oligopoly imposing unfair contracts to desperate competing nations, with clauses like in the Pfizer 10 or 30 years confidential contract, "which states that **even if a drug will be found to treat COVID-19, the contract cannot be voided.**" ¹³²

On 3 Aug 2021, there was an interview with Dr. Fauci: "We're here today to discuss the new \$3.2 billion Antiviral Program for Pandemics launched by the Biden administration on June 17th... What does a product have to look like in order to be a winner in your view, when you take into consideration use, equity considerations, access? What are you telling people is the optimal profile?" Fauci lied: "**I want a pill that blocks a specific viral function. I want to give it once a day if possible. I want it to be low in toxicity. And I want it to have very minimal drug-**

¹³⁰ <https://www.statista.com/topics/6139/covid-19-impact-on-the-global-economy/>

¹³¹ <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

¹³² <https://americasfrontlinedoctors.org/frontlinenews/information-security-expert-on-revealed-pfizer-agreements-theres-good-reason-pfizer-fought-to-hide-the-details-of-these-contracts/>

drug interactions. So orally administered, single pill, given for seven to 10 days, little drug-drug interaction, and low toxicity; give me that and I'll be really happy.”¹³³

As early as May 2020, Fauci had many silver bullets that complied with his “winner” definition (HCQ, IVM, Dexamethasone, Enoxaparin, Aspirin, etc.). Yet, he hid them from scratch, in spite of the scientific unanimity about the need for cheap repurposed drugs for early treatment.¹³⁴

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

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

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

COVID Kit

COVID could be understood as a viral mediated autoimmune¹³⁵ and blood clot cardiovascular disease which, with proper treatment, becomes a mild flu.

Monoclonal antibodies are very expensive and have limited effects with variants (e.g. bamlanivimab + etesevimab), with the apparent exception of tocilizumab+sarilumab¹³⁶, sotrovimab, and casirivimab+imdevimab for delta.

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



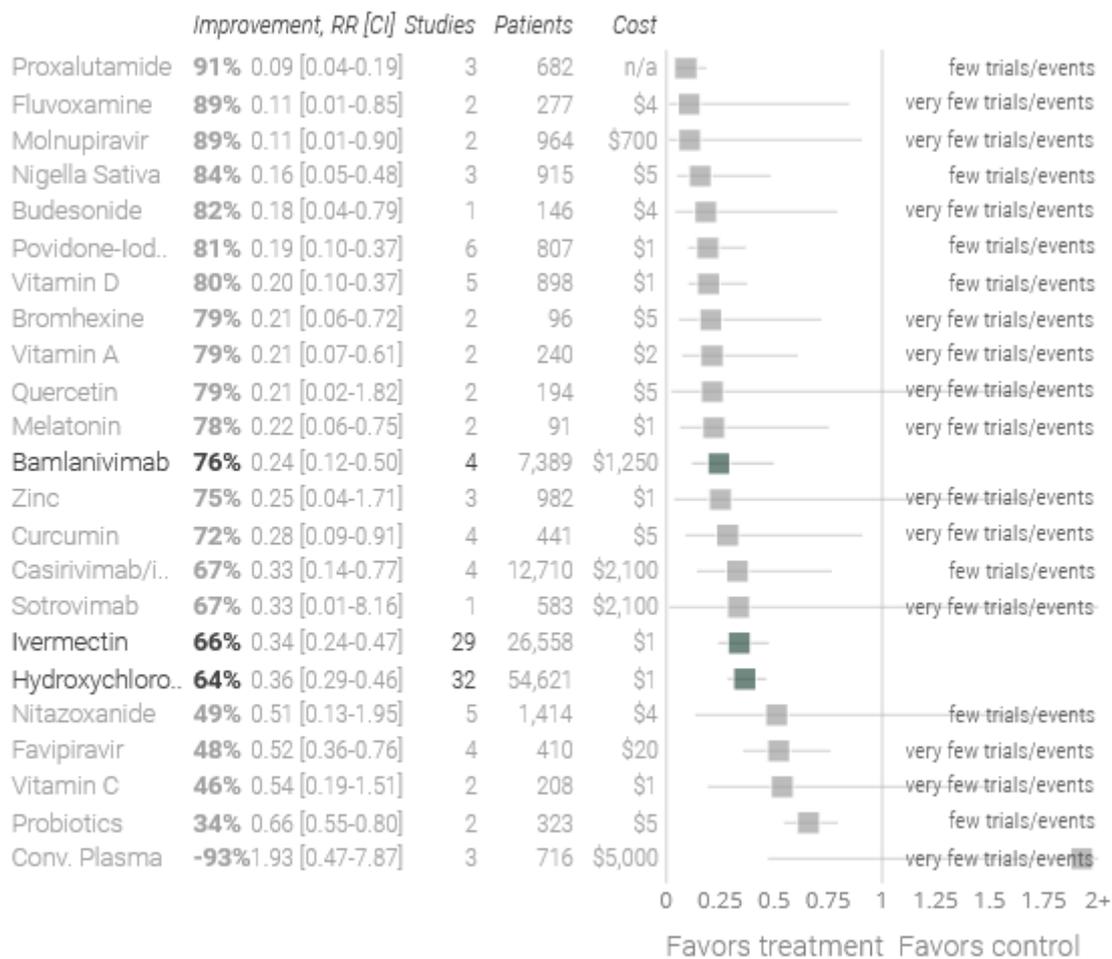
¹³³ <https://www.csis.org/analysis/conversation-dr-anthony-fauci-antiviral-program-pandemics>

¹³⁴ Stoller C, Voiculescu EM, Krähenbühl S, **Value-added medicines: how repurposed medicines bring value to patients and pharmacists.** 2017 Generics and Biosimilars Initiative Journal (GaBI). Vol 6 Iss 3 Pg 141-6 <https://doi.org/10.5639/gabij.2017.0603.027>

¹³⁵ McMillan P, Dexheimer T, Neubig RR and Uhal BD **COVID-19—A Theory of Autoimmunity Against ACE-2 Explained.** 23 Mar 2021. Front. Immunol. 12:582166. <https://doi.org/10.3389/fimmu.2021.582166>

¹³⁶ Rosas I, Bräu N, et al. **Tocilizumab in Hospitalized Patients with Severe Covid-19 Pneumonia.** 25 Feb 2021 The New England Journal of Medicine 384:1503-1516. <https://doi.org/10.1056/NEJMoa2028700>

REMAP-CAP Investigators, **Interleukin-6 Receptor Antagonists in Critically Ill Patients with Covid-19.** 25 Feb 2021. N Engl J Med; 384:1491-1502. <http://doi.org/10.1056/NEJMoa2100433>



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

- Mouth sanitisation¹³⁸: povidone-iodine, Chlorhexidine digluconate, Cetylpyridinium Chloride, Benzylamine.
- Azithromycin: antibiotic with immunomodulation, binds to ACE2 receptors (500mg/day, 5 days)¹³⁹
- Colchicine: 0.6 mg 3 times/day for 7 days¹⁴⁰

¹³⁸ Ather A, Parolia A and Ruparel NB. Efficacy of Mouth Rinses Against SARS-CoV-2: A Scoping. 09 Mar 2021. Review. *Front. Dent. Med.* 2:648547. <https://doi.org/10.3389/fdmed.2021.648547>

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

¹³⁹ Scherrmann, J. Intracellular ABCB1 as a Possible Mechanism to Explain the Synergistic Effect of Hydroxychloroquine-Azithromycin Combination in COVID-19 Therapy. *AAPS J* 22, 86 (2020). <https://doi.org/10.1208/s12248-020-00465-w>

¹⁴⁰ <https://c19colchicine.com/>

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

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

- Iota-Carrageenan nasal spray: derived from red algae¹⁴¹
- **Steam** (inhalable warm vapor)¹⁴²
- **Ozone**: also worked with Ebola and proved to reduce viral load in AIDS.¹⁴³
- Hyperbaric chamber
- **Melatonin**: natural element produced by the human body which blocks CD147 binding¹⁴⁴
- **Aspirin**: derived from a tree¹⁴⁵
- **Ibuprofen** and other Non-steroidal anti-inflammatory drug (NSAIDs): 72000 patients¹⁴⁶
- Fluvoxamine: selective serotonin reuptake inhibitor(anti-inflammatory antidepressant)¹⁴⁷

¹⁴¹ <https://c19ic.com/>

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

¹⁴² la Marca, G., Barp, J., et al. **Thermal inactivation of SARS COVID-2 virus: Are steam inhalations a potential treatment?**. 21 Nov 2020. *Life sciences*, 265, 118801. <https://doi.org/10.1016/j.lfs.2020.118801>

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¹⁴³ <http://www.internationalcovidsummit.com> 12 Set 2021 Rome Dr. Testar Tobar reported wonderful results in Chile and shared:

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¹⁴⁴ Durán, Nelson and Alonso, João Carlos Cardoso and Favaro, Wagner, **Melatonin: What Do We Know so Far about the Activity of This Hormone against COVID-19?** (February 10, 2021). <http://dx.doi.org/10.2139/ssrn.3783206>

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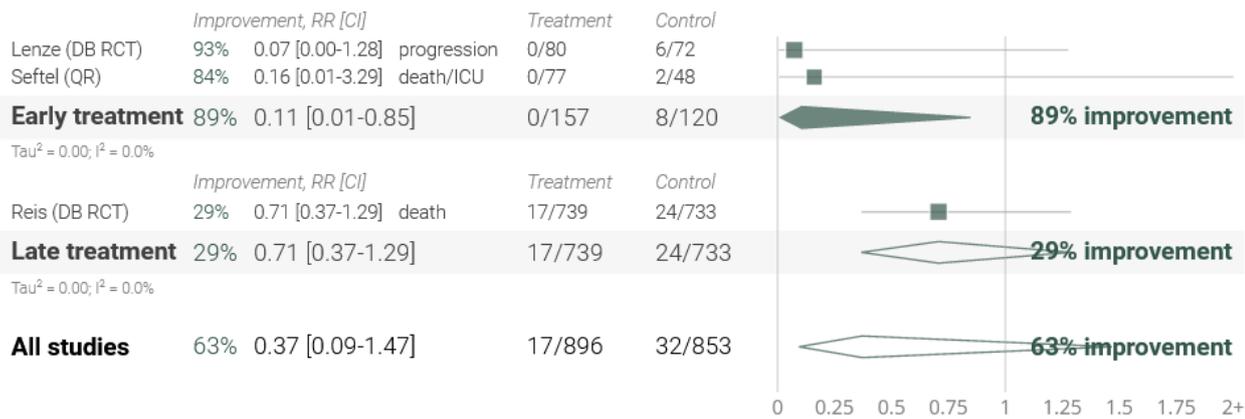
¹⁴⁵ Chow J, Khanna, A, et al. **Aspirin Use Is Associated With Decreased Mechanical Ventilation, Intensive Care Unit Admission, and In-Hospital Mortality in Hospitalized Patients With Coronavirus Disease 2019**, *Anesthesia & Analgesia*: April 2021 - Volume 132 - Issue 4 - p 930-941 <https://doi.org/10.1213/ANE.0000000000005292>

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¹⁴⁶ Drake TM, Fairfield CJ et al. **Non-steroidal anti-inflammatory drug use and outcomes of COVID-19 in the ISARIC Clinical Characterisation Protocol UK cohort: a matched, prospective cohort study**. 7 May 2021 online. *Lancet Rheumatol*.

[https://doi.org/10.1016/S2665-9913\(21\)00104-1](https://doi.org/10.1016/S2665-9913(21)00104-1)

¹⁴⁷ <https://c19fluvoxamine.com/>



- Metformin: especially diabetes¹⁴⁸ and women¹⁴⁹
- Low molecular weight heparins (e.g. enoxaparin)
- Indomethacin: antiviral as well as nonsteroidal anti-inflammatory drug inhibiting the production of prostaglandins, to reduce fever, pain, and swelling. “0 in 102 v. 20 out of 108 in the paracetamol arm developed desaturation.”¹⁵⁰
- Inhalable drugs
 - **Niclosamide-Lysozyme Particles**¹⁵¹
 - **Sodium ibuprofenate**: all stages, especially early stage, also for post-COVID fibrosis¹⁵²: “Treatment of COVID-19 pneumonitis with inhalational nebulized NaIHS was associated with **rapid improvement in**

¹⁴⁸ Crouse AB, Grimes T, et al. **Metformin Use Is Associated With Reduced Mortality in a Diverse Population With COVID-19 and Diabetes**. 13 Jan 2021 Front. Endocrinol. 11:600439. <https://doi.org/10.3389/fendo.2020.600439>

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¹⁴⁹ Bramante CT, Ingraham NE, et al. **Metformin and risk of mortality in patients hospitalised with COVID-19: a retrospective cohort analysis**. 3 Dec 2020 The Lancet Healthy Longevity. Vol 2, ISSUE 1, e34-e41, Jan 1, 2021 [https://doi.org/10.1016/S2666-7568\(20\)30033-7](https://doi.org/10.1016/S2666-7568(20)30033-7)

¹⁵⁰ Ravichandran R, Mohan SK, et al. **Use of Indomethacin for mild and moderate Covid -19 patients A Randomized Control Trial**. 24 Jul 2021 medRxiv <https://doi.org/10.1101/2021.07.24.21261007>

¹⁵¹ Smyth H, Brunaugh A, et al. **Broad-Spectrum, Patient-Adaptable Inhaled Niclosamide-Lysozyme Particles are Efficacious Against Coronaviruses in Lethal Murine Infection Models**. 24 Sep 2020 bioRxiv <https://doi.org/10.1101/2020.09.24.310490>

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¹⁵² García, N. H., Porta, D. J., Alasino, R. V., Muñoz, S. E., & Beltramo, D. M.. **Ibuprofen, a traditional drug that may impact the course of COVID-19 new effective formulation in nebulizable solution**. 7 Jul 2020 Medical hypotheses, 144, 110079. <https://doi.org/10.1016/j.mehy.2020.110079>

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<https://cysticfibrosisnewstoday.com/inhalable-ibuprofen-may-reduce-lung-inflammation-in-cystic-fibrosis-patients/>

hypoxia and vital signs, with no serious adverse events attributed to therapy.”¹⁵³ “Results show that after 24 h of nebulization with AHI, circulating platelets shows an increase about 40% at 24 h and reach 65% at 96 h. In **patients with platelets content below 200,000 by microliter the increase was 49% and 79% at 24 and 96 h respectively**. In patients with platelets above 200,000 by microliter the increase was 24% and 31% at 24 and 96 h, respectively.”¹⁵⁴

- Naproxen¹⁵⁵
- other Non-steroidal Anti-inflammatory Drugs NSAIDs¹⁵⁶ (nebulizable solution or dry powder).
- Gabrosidine and nifuroxazide for gastrointestinal COVID
- Nitric oxide nasal spray¹⁵⁷
- PUL-042¹⁵⁸
- Nebulized hydrogen peroxide + iodine and iodide¹⁵⁹
- Corticoids (anti-inflammatory): Budesonide (1mg/2cc solution via nebulizer twice a day, 7 days).

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

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¹⁵³ Salva, O., Doreski, P.A., Giler, C.S. et al. **Reversal of SARS-CoV2-Induced Hypoxia by Nebulized Sodium Ibuprofenate in a Compassionate Use Program**. 30 Aug 2021 Infect Dis Ther. <https://doi.org/10.1007/s40121-021-00527-2>

¹⁵⁴ Salva O, Alasino R, Doresky A, Beltramo D et al. **Nebulization with alkaline hipertonic ibuprofen induces a rapid increase in platelets circulating in COVID-19 patients but not in healthy subjects**, 22 Aug 2021 Platelets, <https://doi.org/10.1080/09537104.2021.1967918>

¹⁵⁵ Terrier O, Dilly S, et al., **Broad-spectrum antiviral activity of naproxen: from Influenza A to SARS-CoV-2 Coronavirus**. 30/04/2020 bioRxiv <https://doi.org/10.1101/2020.04.30.069922>

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¹⁵⁶ Chen J, Madel M, et al. **Nonsteroidal Anti-inflammatory Drugs Dampen the Cytokine and Antibody Response to SARS-CoV-2 Infection**. Journal of Virology Mar 2021, 95 (7) e00014-21; <https://doi.org/10.1128/JVI.00014-21>

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¹⁵⁷ <https://www.businesswire.com/news/home/20210315005197/en>

¹⁵⁸ <https://www.fpm.org.uk/blog/inhalation-therapies-for-covid-19/>

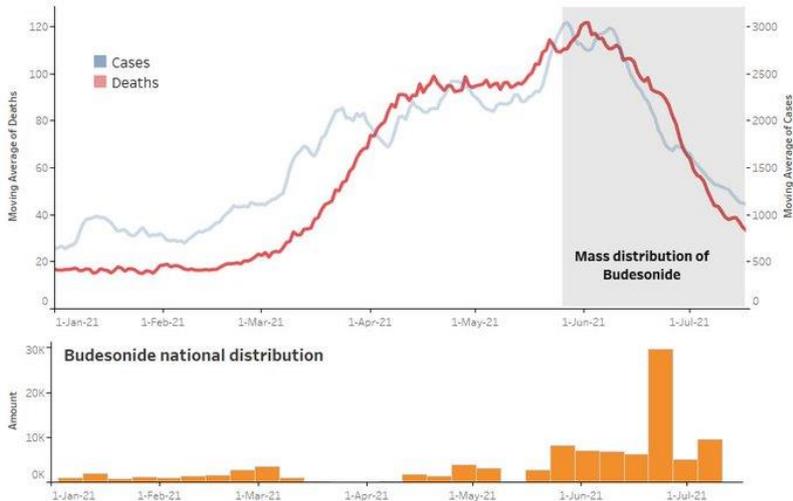
The Use of PUL-042 Inhalation Solution to Reduce the Severity of COVID-19 in Adults Positive for SARS-CoV-2 ClinicalTrials.gov. <https://clinicaltrials.gov/ct2/show/NCT04312997>

¹⁵⁹ <https://articles.mercola.com/sites/articles/archive/2021/03/07/nebulized-peroxide.aspx>

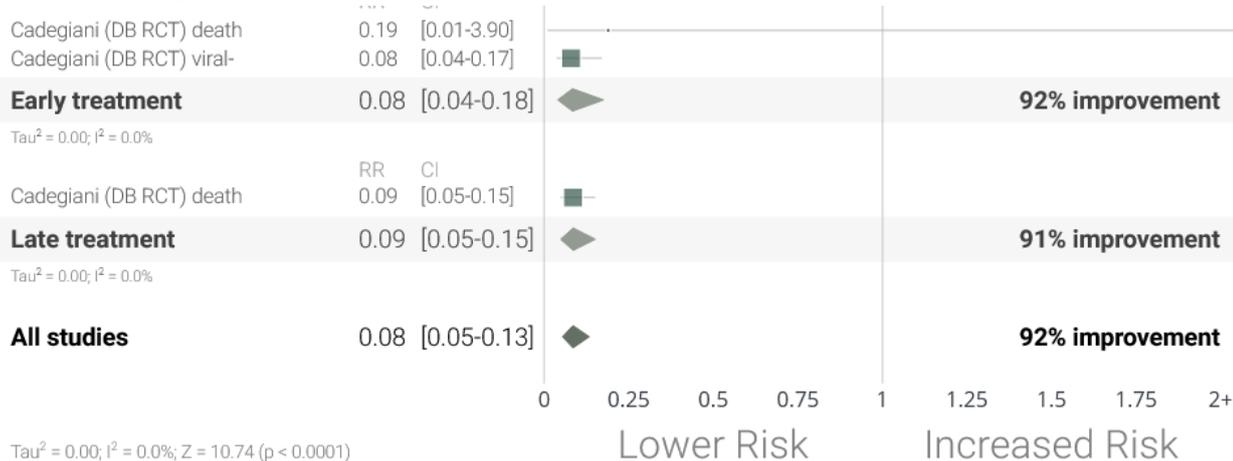
<https://articles.mercola.com/sites/articles/archive/2021/04/04/nebulized-hydrogen-peroxide.aspx>

COVID-19 IN PARAGUAY

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



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



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

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

NIH¹⁶⁰

- | | | | |
|--|---|--|---|
| <p>Adults:</p> <ul style="list-style-type: none"> • Doses reported in COVID-19 studies range from NTZ 500 mg PO 3 times daily to 4 times daily.^{3,4} Higher doses are being studied (<i>ClinicalTrials.gov</i> Identifier NCT04746183). | <ul style="list-style-type: none"> • Generally well tolerated • Abdominal pain • Diarrhea • Headache • Nausea • Vomiting • Urine discoloration • Ocular discoloration | <ul style="list-style-type: none"> • Monitor for potential AEs. • Drug-drug interactions may occur if NTZ is administered concurrently with other highly plasma protein-bound drugs due to competition for binding sites.⁵ • If NTZ is | <ul style="list-style-type: none"> • NTZ should be taken with food. • The oral suspension is not bioequivalent to the tablet formulation. • A list of clinical |
|--|---|--|---|

¹⁶⁰ <https://www.covid19treatmentguidelines.nih.gov/tables/table-2e/> Last Updated: July 08, 2021 by 12 Oct 2021

- Doses used for antiprotozoal indications range from NTZ 500 mg to 1 g PO twice daily. (rare)
 - Nitric oxide ¹⁶¹ : naturally produced by the endothelial membranes throughout the body; especially the cardio-vascular system. Infection cause depletion in the arteries.
 - Clarithromycin ? ¹⁶²
 - Imatinib, mycophenolic acid and quinacrine dihydrochloride: promising treatments that were silenced ¹⁶³
 - Chlorine dioxide (ClO₂) ? ¹⁶⁴
- coadministered with other highly protein-bound drugs with narrow therapeutic indices, monitor the patient for AEs. trials is available here: [Nitazoxanide](#)

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

Food, herbs, natural elements and supplements:

- The “sunshine vitamin” D ¹⁶⁵, especially D3 (10K IU 250mcg, 7 days, or 50K 1-2 days), cholecalciferol ¹⁶⁶

¹⁶¹ Winchester, S., John, S., Jabbar, K., & John, I. **Clinical efficacy of nitric oxide nasal spray (NONS) for the treatment of mild COVID-19 infection.** 13 May 2021. *The Journal of infection*, 83(2), 237–279. <https://doi.org/10.1016/j.jinf.2021.05.009>
<https://www.humann.com/nutrition/nitric-oxide-foods/>

¹⁶² One of the antibiotics in the macrolide class (with azithromycin, “a weaker copy” and erythromycin). It has viral tropism and anti-inflammatory roles, which no antibiotic has. <https://www.lifesitenews.com/blogs/romanian-doctor-says-she-cures-100-percent-of-covid-patients>

¹⁶³ Han, Y., Duan, X., Chen S. et al. **Identification of SARS-CoV-2 inhibitors using lung and colonic organoids.** 05 May 2020 *Nature* 589, 270–275 (2021). <https://doi.org/10.1038/s41586-020-2901-9>

¹⁶⁴ Insignares-Carrione E, Bolano Gomez B, Kalcker A. **Chlorine Dioxide in COVID-19: Hypothesis about the Possible Mechanism of Molecular Action in SARS-CoV-2.** *J Mol Genet Med* 14 (2020): 468. <https://www.hilarispublisher.com/open-access/chlorine-dioxide-in-covid19-mechanism-of-molecular-action-in-sarscov2.pdf> / <https://clinicaltrials.gov/ct2/show/NCT04343742>

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

¹⁶⁵ <https://www.myfooddata.com/articles/high-vitamin-D-foods.php>

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

67 STUDIES BY 586 SCIENTISTS

48 SUFFICIENCY STUDIES WITH 11,617 PATIENTS

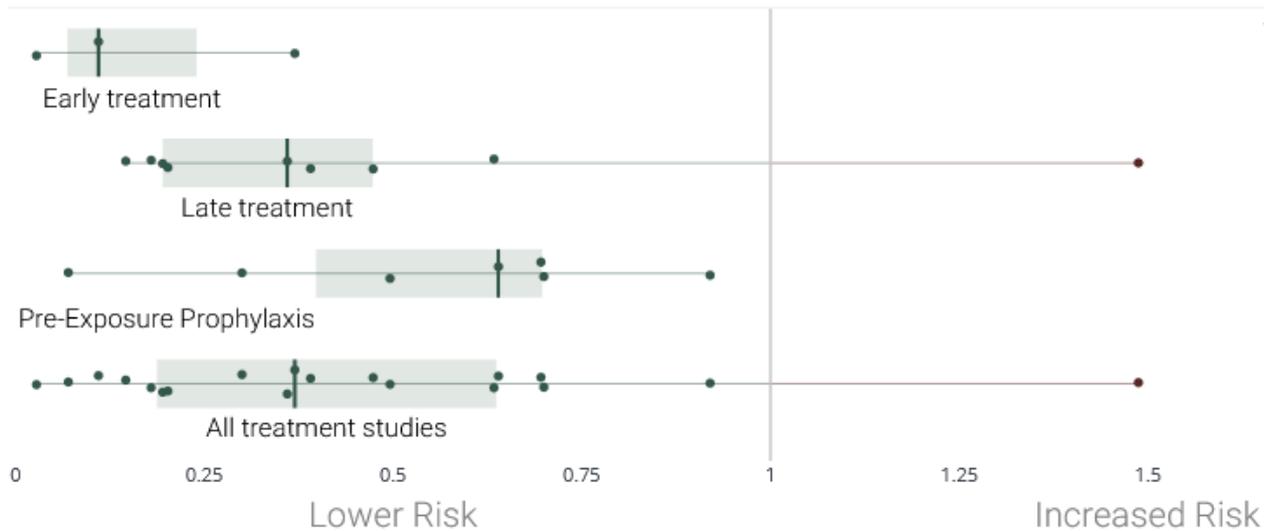
19 TREATMENT TRIALS WITH 14,752 PATIENTS

62% IMPROVEMENT IN 19 TREATMENT TRIALS RR 0.38 [0.27-0.54]

54% IMPROVEMENT IN 48 SUFFICIENCY STUDIES RR 0.46 [0.39-0.54]

69% IMPROVEMENT IN 11 TREATMENT MORTALITY RESULTS RR 0.31 [0.19-0.51]

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



Source: <https://vdm-meta.com/>

- Zinc ¹⁶⁷: 50 mg/day. Zinc ionophores: ivermectin, HCQ (200 mg/twice a day, 7 days), Quercetin (500 mg/twice a day), or Epigallocatechin gallate (EGCG, 400mg/day, 7 days)

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

¹⁶⁶ <https://www.webmd.com/diet/foods-high-in-vitamin-d3>

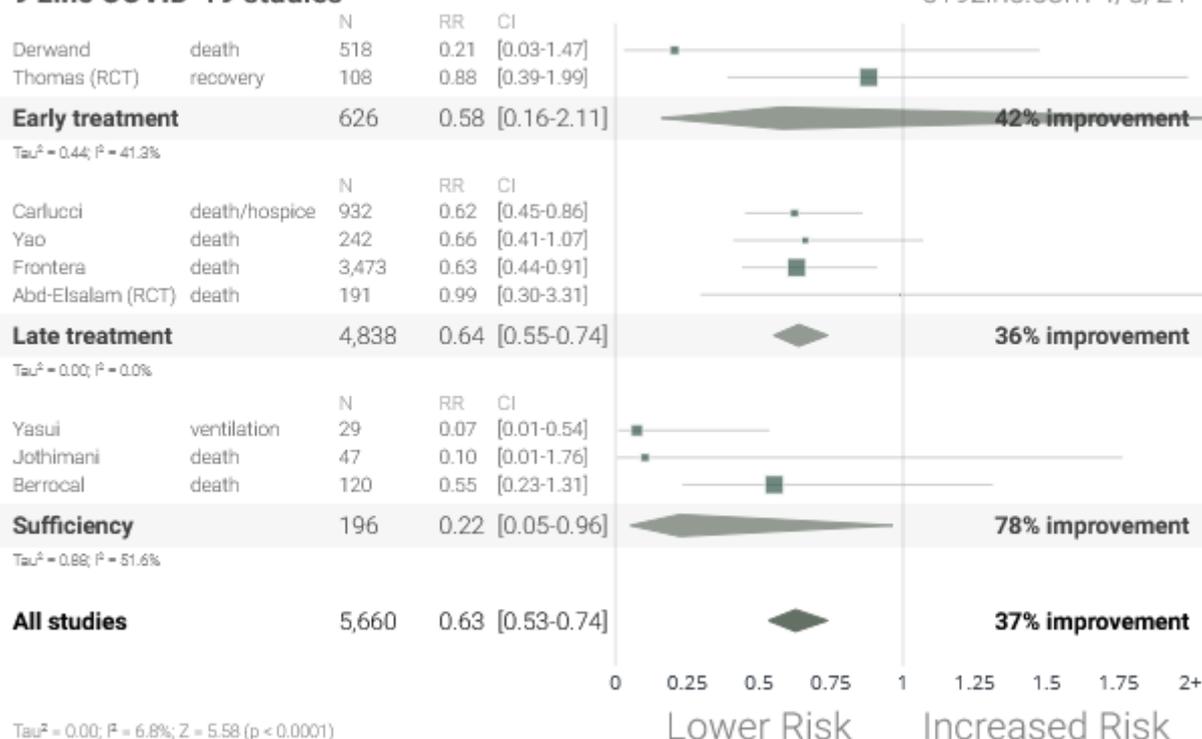
¹⁶⁷ Men 11 mg/day, Women 8. <https://www.healthline.com/nutrition/best-foods-high-in-zinc>

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

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9 zinc COVID-19 studies

c19zinc.com 4/5/21



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

- Vitamin A ¹⁶⁸
- Vitamin B ¹⁶⁹
- Vitamin C: 1 g/day ¹⁷⁰
- Vitamin E ¹⁷¹
- Vitamin K ¹⁷²
- Selenium ¹⁷³
- Lactoferrin
- Essential oils ¹⁷⁴: Eucalyptus, Clove, Levomenthol, Juniper berry, Niaouli, Mint, Cajaput
- Omega 3 fatty acids ¹⁷⁵
- Quercetin + Zinc + Vitamin C ¹⁷⁶

¹⁶⁸ http://www.kaarid.ca/uploads/1/2/6/7/12670943/oral_vitamin_a_c_d.pdf

¹⁶⁹ Beigmohammadi, M.T., Bitarafan, S., et al. Impact of vitamins A, B, C, D, and E supplementation on improvement and mortality rate in ICU patients with coronavirus-19: a structured summary of a study protocol for a randomized controlled trial. 06 Jul 2020 *Trials* 21, 614 (2020). <https://doi.org/10.1186/s13063-020-04547-0>

¹⁷⁰ <https://c19vitaminc.com/>

¹⁷¹ Almoosawi S, Palla L, Association between vitamin intake and respiratory complaints in adults from the UK National Diet and Nutrition Survey years 1–8, *BMJ Nutrition, Prevention & Health* 2020; 000150. <http://doi.org/10.1136/bmjnp-2020-000150>

¹⁷² Samad N, Dutta S, et al. Fat-Soluble Vitamins and the Current Global Pandemic of COVID-19: Evidence-Based Efficacy from Literature Review. 21 May 2021 *J Inflamm Res.* 2021;14:2091-2110 <https://doi.org/10.2147/JIR.S307333>

¹⁷³ Shakoor H., Feehan J. et al. Immune-boosting role of vitamins D, C, E, zinc, selenium and omega-3 fatty acids: Could they help against COVID-19? 09 Aug 2020 *Maturitas*, 143, 1–9. <https://doi.org/10.1016/j.maturitas.2020.08.003>

Bae, M., & Kim, H. Mini-Review on the Roles of Vitamin C, Vitamin D, and Selenium in the Immune System against COVID-19. 16 Nov 2020 *Molecules (Basel, Switzerland)*, 25(22), 5346. <https://doi.org/10.3390/molecules25225346>

¹⁷⁴ Silva, J., Figueiredo, P., et al. Essential Oils as Antiviral Agents. Potential of Essential Oils to Treat SARS-CoV-2 Infection: An In-Silico Investigation. *International journal of molecular sciences*, 2020. 21(10), 3426. <https://doi.org/10.3390/ijms21103426>

¹⁷⁵ Doaei, S., Gholami, S., et al. The effect of omega-3 fatty acid supplementation on clinical and biochemical parameters of critically ill patients with COVID-19: a randomized clinical trial. 29 Mar 2021 *J Transl Med* 19, 128. <https://doi.org/10.1186/s12967-021-02795-5>

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

- **Griffithsin**, antiviral lectin protein from the red algae¹⁷⁷: “one of the most potent viral entry inhibitors discovered to date”¹⁷⁸ (even HIV¹⁷⁹). “Broad spectrum to bind to the glycoproteins of other viruses, such as the coronavirus.”¹⁸⁰ “Binds to SARS-CoV spike... antiviral against Ebolavirus”¹⁸¹ The University of KY and PA are working on Q-Griffithsin.
- Carvativir?: derived from thyme¹⁸²
- Triterpen molecule derived from ursolic acid?¹⁸³

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

¹⁷⁶ https://www.evms.edu/media/evms_public/departments/internal_medicine/Marik-Covid-Protocol-Summary.pdf
 Colunga Biancatelli RML, Berrill M, Catravas JD and Marik PE. **Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2.** 9 Apr 2020 Front. Immunol. 11:1451. <https://doi.org/10.3389/fimmu.2020.01451>

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¹⁷⁷ Lee C. (2019). **Griffithsin, a Highly Potent Broad-Spectrum Antiviral Lectin from Red Algae: From Discovery to Clinical Application. Marine drugs**, 17(10), 567. <https://doi.org/10.3390/md17100567>

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¹⁷⁸ Lusvardi, S., & Bewley, C. A. (2016). **Griffithsin: An Antiviral Lectin with Outstanding Therapeutic Potential.** Viruses, 8(10), 296. <https://doi.org/10.3390/v8100296>

¹⁷⁹ Emau P, Tian B, et al. (August 2007). **Griffithsin, a potent HIV entry inhibitor, is an excellent candidate for anti-HIV microbicide.** Journal of Medical Primatology. 36 (4–5): 244–53. <https://doi.org/10.1111/j.1600-0684.2007.00242>

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¹⁸¹ Barton C, Kouokam JC, et al. (2014). **Activity of and effect of subcutaneous treatment with the broad-spectrum antiviral lectin griffithsin in two laboratory rodent models.** Antimicrobial Agents and Chemotherapy. <https://doi.org/10.1128/AAC.01407-13>

¹⁸² Carvacrol or cimofenol (2-metil-5-(1-metiletil)-fenol) broad antiviral thyme and organum derived Isothymol, plus immune stimulator squalene drops for mouth every 4 hours.
 Laboratorio Farmacológico de Venezuela (LABFARVEN), **Eficacia antiviral y mecanismo de acción del compuesto isotimol recombinado bajo la marca comercial denominada carvativir contra el agente sars-cov-2 causante de la enfermedad covid-19,** Sep, 2020 <https://www.cambio16.com/wp-content/uploads/2021/01/475449743-Actividad-Antiviral-e-Inmunomoduladora-Del-Compuesto-Isotimol-Recombinado-Contra-El-Agente-SARS-CoV-2-1.pdf>

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¹⁸³ Xiao, S., Tian, Z., Wang, Y., et al. (2018). **Recent progress in the antiviral activity and mechanism study of pentacyclic triterpenoids and their derivatives.** Medicinal research reviews, 38(3), 951–976. <https://doi.org/10.1002/med.21484>

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<https://www.siicsalud.com/covid/noticias.php/665>
<https://academianacionaldemedicina.org/publicaciones/cv-el-nuevo-medicamento-anti-covid-19-dr10-que-anuncia-el-gobierno-nacional-26-10-2020/>

○ **Nigella sativa**¹⁸⁴



- *Griffithsia (Gigartinaceae (Gigartina red algae): see Griffithsin above*
- *Artemisia Annua*: sweet wormwood, broad spectrum anti-viral (Herpes, Hep B, SARS) and anti-malarial¹⁸⁵
- *Thymus serpyllum*: thyme (cf. Carvativir above)
- *Rheum emodi*: rhubarb¹⁸⁶
- Other herbs¹⁸⁷
- Curcumin/Turmeric?
- *Glycyrrhiza glabra* root (liquorice, Glycyrrhizin)?
- Cinnamon?
- Squalene: immune response booster, derives from shark cartilage
- Other derived products¹⁸⁸

Why has this vital information been neglected by science, mainstream media and governments? Why do nations tolerate Big Media and Big Tech censorship?¹⁸⁹ Some say it's either mass idiocy or a huge conspiracy... or both.

¹⁸⁴ <https://c19ns.com/>

¹⁸⁵ Li, S.-Y.; Chen, C.; et al. **Identification of natural compounds with antiviral activities against SARS-associated coronavirus.** *Antivir. Res.* 2005, 67, 18–23. <http://doi.org/10.1016/j.antiviral.2005.02.007>

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

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

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

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

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

¹⁸⁶ Rolta, R.; Salaria, D.; et al., **Phytochemicals of Rheum emodi, Thymus serpyllum and Artemisia annua inhibit COVID-19 binding to ACE2 receptor: In silico approach.** *Res. Sq.* 2020, in press. <http://doi.org/10.21203/rs.3.rs-30938/v1>

¹⁸⁷ <https://www.ibtimes.sg/3000-coronavirus-patients-cured-by-herbal-remedy-claims-cameroon-archbishop-46984>

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

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

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

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

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

¹⁸⁸ Zhonglei W, Liyan Y, **Turning the Tide: Natural Products and Natural-Product-Inspired Chemicals as Potential Counters to SARS-CoV-2 Infection**, 2 Jul 20, *Frontiers in Pharmacology*, Vol.11, <https://www.doi.org/10.3389/fphar.2020.01013>

¹⁸⁹ LinkedIn blocks accounts and Facebook and Instagram block any post stating ivermectin might cure COVID, even if just citing published papers. YouTube removes videos:

<https://www.breitbart.com/tech/2021/03/12/youtube-blacklists-30000-videos-it-claims-are-coronavirus-vaccine-misinformation/>

Long Covid

Ivermectin solves some of the problems but not all.

“Treatment of thousands of PASC patients with CCR5 antagonists to disrupt NCM mobilization and statins to inhibit binding to endothelial cells through the fractalkine pathway has resulted in over 90%.”¹⁹⁰

The FLCCC has developed I-RECOVER Management Protocol for Long Haul COVID-19 Syndrome (LHCS).¹⁹¹

Unrecommended Treatments

- **Paracetamol / acetaminophen (Tylenol):** increases COVID-19 thrombosis, leading to death.¹⁹² The Italian ministry of health recommended it for COVID: **it has contributed to the severity of the early pandemic in northern Italy.**
- Doxycycline (100mg/twice a day, 7 days): a study showed low effectiveness¹⁹³. Better, azithromycin.
- Lopinavir / ritonavir (Kaletra), anti-HIV medication, causing diarrhoea, not effective
- Codeine: stops coughing lung secretions, causing choking
- Oxygen: 20 liters causes acidosis, cerebral edema. Instead: 2-3 liters per minute, in short administrations, of 4 to 5 hours per day at most.¹⁹⁴

VIP plan

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

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

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

¹⁹⁰ “Severe COVID-19 patients are characterized by excessive inflammation and dysregulated T cell activation, recruitment, and counteracting activities. While PASC patients are characterized by a profile able to induce the activation of effector T cells with pro-inflammatory properties and the capacity of generating an effective immune response to eliminate the virus but without the proper recruitment signals to attract activated T cells. Statistically **significant number of non-classical monocytes (NCM)** contained SARS-CoV-2 S1 protein in both severe (P=0.004) and PASC patients (P=0.02) out to **15 months post-infection**. No full length SARS-CoV-2 RNA sequences were identified, and no sequences that could account for the observed S1 protein were identified in any patient. **Non-classical monocytes are capable of causing inflammation throughout the body in response to fractalkine/CX3CL1 and RANTES/CCR5.**”

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

¹⁹¹ <https://covid19criticalcare.com/covid-19-protocols/i-recover-protocol/>

¹⁹² Pandolfi S, Simonetti V, Ricevuti G, Chirumbolo S. **Paracetamol in the home treatment of early COVID-19 symptoms: A possible foe rather than a friend for elderly patients?** 25 Jun 2021. *J Med Virol.* <https://doi.org/10.1002/jmv.27158>

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

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

¹⁹³ Ahmed S, et al., **A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness**, Dec 02, 2020. *International Journal of Infectious Diseases*, Vol. 103, P214-216, Feb 01, 2021 <https://doi.org/10.1016/j.ijid.2020.11.191>

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

¹⁹⁴ <https://www.lifesitenews.com/blogs/romanian-doctor-says-she-cures-100-percent-of-covid-patients>

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

“Vaccination” strategy

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

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

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

Works as the best vaccine. **Second dose boosts protection.**¹⁹⁵

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

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

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

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

Infection strategy

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

Anosmia to strong smells, like coffee or onions, even if an uncongested nose, is a clear symptom of COVID: up to 87% of patients.¹⁹⁶

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

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

¹⁹⁵ Behera P. et al., **Role of ivermectin in the prevention of COVID-19 infection among healthcare workers in India: A matched case-control study**, Nov 03, 2020, medRxiv 2020.10.29.20222661; <https://doi.org/10.1101/2020.10.29.20222661>

¹⁹⁶ Bagheri S.H.R., Asghari A.M., Farhadi M., Shamschiri A.R., Kabir Ali, Kamrava S.K. **Coincidence of COVID-19 Epidemic and Olfactory Dysfunction Outbreak**. medRxiv. 2020 <https://doi.org/10.1101/2020.03.23.20041889>

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

Considering ivermectin is innocuous, children should be given the above preventive dose, even without symptoms, especially after puberty: there might be un-symptomatic internal damage (n.b. cardiovascular and affecting sperm generation¹⁹⁷).

Prophylactic strategy

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

Some notable alternative strategies (**do not combine**) from the PrEP studies listed¹⁹⁸ :

- a) 0.3 mg/kg, 72 hours apart. Repeat monthly (All-India Institute of Medical Sciences)¹⁹⁹
- b) 0.2 mg/kg, every 2 weeks²⁰⁰
- c) One 0.2mg drop on tongue per person (*not* per kg.) every 4 hours together with i-carrageenan spray in nose (it might be replaced with ivermectin spray in mouth and nose but hasn't been tried).²⁰¹

Which prophylactic strategy should be recommended for COVID19 ?

¹⁹⁷ Ming Yang, Shuo Chen et al., **Pathological Findings in the Testes of COVID-19 Patients: Clinical Implications**, May 31, 2020, European Urology Focus, Volume 6, ISSUE 5, P1124-1129, September 15, 2020 <https://doi.org/10.1016/j.euf.2020.05.009>

Frida Entezami, Marise Samama, et al., **SARS-CoV-2 and human reproduction: An open question**, August 2020, EclinicalMedicine, Volume 25, 2020, 100473, ISSN 2589-5370, <https://doi.org/10.1016/j.eclinm.2020.100473>

Xiu-Wu Bian, The COVID-19 Pathology Team, **Autopsy of COVID-19 patients in China**, *National Science Review*, Volume 7, Issue 9, September 2020, Pages 1414–1418, <https://doi.org/10.1093/nsr/nwaa123>

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Ruixuan Zhu, Yaqian Shi, et. al., **ACE2 Expression on the Keratinocytes and SARS-CoV-2 Percutaneous Transmission: Are They Related?**, October 14, 2020 <https://doi.org/10.1016/j.jid.2020.09.019>

Honggang Li, Xingyuan Xiao, et al., **Impaired spermatogenesis in COVID-19 patients**, October 23, 2020, Volume 28, 100604, 01 Nov 2020 <https://doi.org/10.1016/j.eclinm.2020.100604>

¹⁹⁸ <https://c19ivermectin.com/#prep>

¹⁹⁹ Behera et al. (2020)

²⁰⁰ Kory P, Meduri U, et. al., **Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19**, Front-Line Covid-19 Critical Care Alliance, updated Jan 12, 2021.

<https://covid19criticalcare.com/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/>

²⁰¹ Speare R, Durrheim D, **Mass treatment with ivermectin: an underutilized public health strategy**, *Bulletin of the World Health Organization*, Volume 82, Number 8, August 2004, 559-636 <https://www.who.int/bulletin/volumes/82/8/editorial30804html/en/>

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<https://www.lifesitenews.com/news/india-develops-covid-treatment-kit-for-less-than-3-per-person-with-miraculous-ivermectin>

<https://covid19criticalcare.com/i-mask-prophylaxis-treatment-protocol/epidemiologic-analyses-on-covid19-and-ivermectin/>

CONCEPT	COVID19 VACCINES THE NEW ABNORMAL FOREVER	I-“VACCINE” (*) BACK TO NORMAL
Availability / Access	<ul style="list-style-type: none"> • Global shortage until 2023 for the required 2 doses.²⁰² Ivermectin could bridge the gap until 2nd dose: opposing its use, creates more distrust and hesitancy. • Developed nations hoarded 90% of 400 million vaccines in early 2021, only 10% left for the poorer. • 100 countries didn't even start vaccination as of May/21. “38 million doses... A disaster in slow-motion would be a more apt description. And there doesn't seem to be light at the end of the tunnel. At the moment, the prediction is that come June, COVAX will reach a mere 20% of its target for 2021.”²⁰³ • Too late: before full vaccination, most countries could develop natural herd immunity from recovery. • Only 18% of the world population will be fully vaccinated in 2021: • Only RNA/DNA vaccines could adapt in time to mutations. • Scarcity forces prioritizing certain groups (medical agents, elderly, etc.). • Darwinian discrimination of the most poor and vulnerable. • How many will die waiting? Not only due to negligence in curing COVID with ivermectin but due to the lockdowns and restrictions which were not evidence based and killed more people than COVID (n.b. free Sweden). • Developed countries which represent 14% of the world population had purchased by Jan 2021, 53% of vaccines. This means there's practically nothing left for dozens of countries where the only alternative is the i-vaccine and yet it is neglected. 	<p>Enough supplies to immediately cover global population.</p> <p>Only one simultaneous global 3 day uptake required.</p>
Best Case Scenario	<p>Eternal “seasonal” endemic disease, with compulsory vaccination at least once per year: a compulsory administrative rule, not based in medical and epidemiological evidence, which develops a perpetual billion dollar demand for recurrent vaccination for a now curable disease...just like the poxes.</p>	<p>VIP strategy: end of COVID19</p> <ul style="list-style-type: none"> • Vaccination strategy • Infection strategy • Prophylaxis strategy <p>Cf. above “VIP plan” section.</p>

²⁰² Burki T, **Equitable distribution of COVID-19 vaccines**, 01 Jan 2021, The Lancet– Infectious Diseases, Volume 21, ISSUE 1, P33-34
[https://doi.org/10.1016/S1473-3099\(20\)30949-X](https://doi.org/10.1016/S1473-3099(20)30949-X)

²⁰³ <https://corporateeurope.org/en/2021/04/big-pharma-lobbys-self-serving-claims-block-global-access-vaccines>

	<p>COVID will keep evolving as an endemic zoonotic disease.</p> <ol style="list-style-type: none"> 1. The capitalist race for NaziVaxxing shows zero understanding of the scientific meaning of the global “one health”²⁰⁴ approach. 2. Zero “Integrated Vector Management”²⁰⁵: No vaccines for vectors. <p>There’s zero benefits in experimental vaccines when there’s a proven cheap effective cure.</p>	<p>Ivermectin is the only viable and cost-effective solution for pets and livestock. It could even be used for natural reservoirs (wildlife).</p> <p>Vaccines can’t do without ivermectin but ivermectin can do without vaccines... especially, experimental vaccines and genotoxic shots.</p>
<p>Spike mutations</p> <p>300000 sequenced mutations in 2020</p>	<ul style="list-style-type: none"> • More cases, more mutation risk. Without ivermectin, vaccine ineffectiveness, inapplicability and overconfidence increases the chance of mutations. • Proven ineffectiveness (>40%) against virulent spike variants²⁰⁶: requires new vaccines (6 week adaptation for Pfizer) and new trials (even longer period). E.g. Moderna only 76% effective and Pfizer only 42% against infection with Delta.²⁰⁷ • Most not tried against mutations like K417T²⁰⁸, N501Y, E484K²⁰⁹, etc.²¹⁰ 	<ul style="list-style-type: none"> • Near zero hesitancy. • Effective against many mutations: works through several mechanisms dampening replication of different variants of RNA and DNA virus.²¹¹ • Proven prophylactic efficiency.

²⁰⁴ World Health Organization. **What is ‘One Health’?** 21 Sep 2017 <https://www.who.int/news-room/q-a-detail/one-health>

Center for Disease Control and Prevention, **One Health** <https://www.cdc.gov/onehealth/basics/index.html>

Ryan K, **Why global health is good for everyone.** Apr 5 2019. <https://www.one.org/us/blog/global-health-good-for-everyone/>

One Health is considered part of biodefense: One Health Global Network Task Group, <http://www.onehealthglobal.net/working-groups/members/>

²⁰⁵ World Health Organization. **"Handbook for Integrated Vector Management"** (PDF). http://apps.who.int/iris/bitstream/10665/44768/1/9789241502801_eng.pdf Retrieved 23 Mar 2021

World Health Organization. **Vector-borne disease". The Health and Environment Linkages Initiative (HELI).** Geneva, Switzerland.

<https://www.who.int/heli/risks/vectors/vector/en/>

Dalton K, Preliminary **Findings from the Ongoing Veterinary and Animal Care Workers' Perceived Risk and Willingness to Respond to the COVID-19 Pandemic** Study. 1 Nov 2020. Department of Environmental Health and Engineering, Johns Hopkins University Bloomberg School of Public Health <https://worldonehealthcongress.org/mega-programme>

²⁰⁶ AY.1 (india’s B.1.617.2 Delta and Delta plus variants), B.1.1.7 (UK), B.1.351 (SouthAfrica), P.1 (Brazil) and California and Nueva York variants were of CDC concern.

Mahase E, **Covid-19: Novavax vaccine efficacy is 86% against UK variant and 60% against South African variant.** BMJ2021;372:n296. <https://doi.org/10.1136/bmj.n296> [pmid:33526412](https://pubmed.ncbi.nlm.nih.gov/33526412/)

Collier, D.A., De Marco, A., Ferreira, I.A. *et al.* **Sensitivity of SARS-CoV-2 B.1.1.7 to mRNA vaccine-elicited antibodies.** *Nature* (11 Mar 2021). <https://doi.org/10.1038/s41586-021-03412-7>

Garcia-Beltran W., Lam E., Denis K., **“Circulating SARS-CoV-2 variants escape neutralization by vaccine-induced humoral immunity”.** 18 Feb 2021, medrxiv. <https://doi.org/10.1101/2021.02.14.21251704>

Souza, W., Amorim M., *et al.*, **“Levels of SARS-CoV-2 Lineage P.1 Neutralization by Antibodies Elicited after Natural Infection and Vaccination”**, 1 Mar 2021, *The Lancet*, <https://doi.org/10.2139/ssrn.3793486>

Madhi S., Baillie V., *et al.*, **Safety and efficacy of the ChAdOx1 nCoV-19 (AZD1222) Covid-19 vaccine against the B.1.351 variant in South Africa**, medRxiv 2021.02.10, 21251247, <https://doi.org/10.1101/2021.02.10.21251247>. Funded by Bill & Melinda Gates Found.

²⁰⁷ Puranik A, Lenehan PJ, *et al.* **Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence.** 06 Aug 2021 medRxiv 21261707; doi: <https://doi.org/10.1101/2021.08.06.21261707>

²⁰⁸ Sabino E, Buss L, *et al.*, **Resurgence of COVID-19 in Manaus, Brazil, despite high seroprevalence**, *The Lancet*, 27 Jan 2021, [https://doi.org/10.1016/S0140-6736\(21\)00183-5](https://doi.org/10.1016/S0140-6736(21)00183-5)

	<ul style="list-style-type: none"> • Waning immunity and low efficacy in infection prevention leads to more mutations. Incapacity to timely adapt global vaccines to local viral strains, means higher risk of viral adaptive mutation to vaccine artificial evolutionary pressure, leading to endemic persistence: a waste of healthcare money. • Epidemiological failure of vaccination strategy: <ol style="list-style-type: none"> 1. Vaccination doesn't guarantee non-infection: getting another strain could result in worse symptoms. Once sick, you can't reinforce with vaccines. If infection after vaccination, vaccines still require ivermectin. 2. <i>Niche</i> replacement by other present strains: as seen with the HPV strains. 3. Mutation rate: COVID-19 mutated fast, leading to a problem similar to the ineffective influenza vaccines. The lesson: never get in an endless arms race where we could never catch up. Vaccine intervention could worsen the problem. 	<ul style="list-style-type: none"> • Proven treatment efficiency in all stages of the disease, even severe inflammatory stage. • Antibody-producing B-cells keep adapting (only takes a few days more). • Unlike vaccines, which <i>might</i> prevent fewer overall infections against some of the variants, and <i>might</i> prevent severe infections, IVM does it for sure. • Reinfection? reinforcement with IVM. • Giving a cure is the only option for vaccine refusal: 60% in France, 24% in the USA²¹², 33% in US health agents, 40% of coerced Marines²¹³.
Immunity type Efficacy	Artificial: <ul style="list-style-type: none"> • Trials were not designed to detect any improvement in severe cases, hospitalizations, or deaths. Instead, trials capture any mild COVID-19 cases as success.²¹⁴ • "Effectiveness" didn't track if the vaccinated could still spread the virus: vaccines could have zero effectiveness in stopping contagion. Remember: <ul style="list-style-type: none"> ○ Several measles outbreaks occurred in 95% vaccinated populations. ○ The oral polio vaccine is still the main source of polio disease, not wild polio.²¹⁵ • Don't prevent spreading, not even the AZ vaccine²¹⁶ Even after achieving "60% vaccinated population 	Boosted: <ul style="list-style-type: none"> • 100% effectiveness in preventing sickness and contagion. • Broad spectrum antiviral (20 RNA and RNA viruses): it works with mutations. • More effective than any vaccine: not only antibodies but improves adaptive and innate immune response • Lasts longer than vaccines,

²⁰⁹ Covid-19: **The E484K mutation and the risks it poses**, BMJ 2021; 372 <https://doi.org/10.1136/bmj.n359> (05 Feb 2021)

²¹⁰ Covid-19: **Where are we on vaccines and variants?**, BMJ 2021; 372 <https://doi.org/10.1136/bmj.n597> (02 Mar 2021)

²¹¹ The SouthAfrican was proven in Zimbabwe, the Brazilian in Belem and the UK strain proven in EU countries promoting ivermectin.

²¹² <https://news.gallup.com/poll/350720/covid-vaccine-reluctant-likely-stay.aspx>

²¹³ <https://edition.cnn.com/2021/04/09/politics/marines-coronavirus-vaccines/index.html>

²¹⁴ <https://www.icandecide.org/wp-content/uploads/2020/11/2020-11-06-Final-Cover-Letter-and-Petition.pdf>

²¹⁵ Andrew L. Valesano, Mami Taniuchi, et al., **The Early Evolution of Oral Poliovirus Vaccine Is Shaped by Strong Positive Selection and Tight Transmission Bottlenecks.** *Cell Host & Microbe*, 2020; [HTTPS://DOI.ORG/10.1016/j.chom.2020.10.011](https://doi.org/10.1016/j.chom.2020.10.011)

²¹⁶ Voysey M., Costa Clemens S. et al., **Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK**, December 08, 2020, *The Lancet*, ISSN: 0140-6736, [https://doi.org/10.1016/S0140-6736\(20\)32661-1](https://doi.org/10.1016/S0140-6736(20)32661-1)

target for herd immunity”, debunked **lockdowns and masks will be still required by authorities** (only distancing and ventilation effective in the short run).

- **When the new strain is harmless, it would appear as if the vaccine is effective when in fact is useless.**

- Effective 50-60% first dose: at least 40% infectable
- Reported effectiveness of 90-95% second dose, proved to be a scam:

Sinovac Indonesia 68%, Brazil 78%, Turkey 91%. Real world showed ineffectiveness: Chile applied them to half the population²¹⁷, yet had an infection and hospitalization surge.

Oxford: 70.4% in preventing hospitalizations

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

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

- “Effectiveness” could be even lower because it didn’t take into account prior personal and cross-immunity²¹⁸: it isn’t the same if measured at the beginning or the end of an epidemic.
- COVID sickness could be as bad as having no vaccine or even worse: **still requires ivermectin treatment.**
- Lower immunity duration than natural: requires **periodical booster shots.**
- Vaccines generate bloodstream antibodies: useless against a nose-mouth infection, which requires more selective antibodies for mucosal surfaces.
- **Elderly** (≥60): supposedly, this group is the main reason behind mass vaccination but vaccine immune response is in inverse proportion to age (which means higher risk of mutations due to replication errors). **“NaziVaxxers” think it is ethical to use the whole population as human guinea pig shields for the**

possibly years.

- Prevents spreading disease
- Reinfection is softer (unless mutation or underlying comorbidities or coinfections, just as vaccines).
- IVM prevents infection at the very gate. Vaccines might only work once the virus replicates in the bloodstream, thus letting the infection progress to more dangerous levels.
- Even with asymptomatic transmission, **there’s no need to vaccinate**, considering viral load elimination by ivermectin prophylactic and early treatments.

²¹⁷ <https://www.infobae.com/america/america-latina/2021/04/08/cuantas-dosis-de-vacunas-contra-el-covid-y-de-que-laboratorios-han-llegado-a-chile-hasta-el-momento/>

²¹⁸ Petrova G, Ferrante A, et al. **Cross-reactivity of T cells and its role in the immune system.** (2012) Crit Rev Immunol 32, 349-372, <https://doi.org/10.1615/critrevimmunol.v32.i4.50>

Altmann D, Boyton R, **SARS-CoV-2 T cell immunity: Specificity, function, durability, and role in protection**, Science Immunology 17 Jul 2020, <https://doi.org/10.1126/sciimmunol.abd6160>

Nelde, A., Bilich, T., Heitmann, J.S. et al. **SARS-CoV-2-derived peptides define heterologous and COVID-19-induced T cell recognition.** Nat Immunol 22, 74–85 (2021). <https://doi.org/10.1038/s41590-020-00808-x> <https://doi.org/10.21203/rs.3.rs-35331/v1>

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

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

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

	<p>elderly, even if there's a cure.</p> <ul style="list-style-type: none"> • Overconfidence in vaccine efficacy will increase demand for antibiotics, thinking the symptoms couldn't be COVID-19, leading to resistant bacteria.²¹⁹ 	
Effectiveness delay	<p>Pfizer 7-14 days after 2nd shot Oxford: 14 days after 2nd shot, after 1 month of the 1st (ideally after 3 months). Repeat 2 doses after 6 months. Oxford: 3 months.</p>	2 hours (best bioavailability if taken liquid after fatty food and alcohol, like pizza and beer or stake & wine).
Ineffectiveness	<p>Insufficient immune response:</p> <ul style="list-style-type: none"> • COVID recovered (minimum 3 month waiting period) • Newly born • Breast-feeders • Babies • Children (>3) • Down syndrome (<18)²²⁰ • Elderly • Obese: "inked to impaired immune function... lower vaccine responses for numerous diseases (influenza²²¹, Hepatitis B²²², tetanus²²³)."²²⁴ • Immunocompromised (HIV, etc.) • Immunosuppressed (transplants) <p>All of them are should still take ivermectin.</p>	Effective in all cases (except not recommended groups)

²¹⁹ Pew Research, **Could Efforts to Fight the Coronavirus Lead to Overuse of Antibiotics? Study shows more than half of hospitalized COVID-19 patients in U.S. received antibiotics in pandemic's first six months.** Mar 10, 2021. <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/03/could-efforts-to-fight-the-coronavirus-lead-to-overuse-of-antibiotics>

²²⁰ De Toma, I., Dierssen, M. **Network analysis of Down syndrome and SARS-CoV-2 identifies risk and protective factors for COVID-19.** Elsevier. *Sci Rep* **11**, 1930 (2021). <https://doi.org/10.1038/s41598-021-81451-w>

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

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

²²¹ Neidich, S. D., Green, W. D., Rebeles, J., Karlsson, E. A., Schultz-Cherry, S., Noah, T. L., Chakladar, S., Hudgens, M. G., Weir, S. S., & Beck, M. A. (2017). **Increased risk of influenza among vaccinated adults who are obese.** *International journal of obesity* (2005), 41(9), 1324–1330. <https://doi.org/10.1038/ijo.2017.131>

²²² Weber DJ, Rutala WA, Samsa GP, Santimaw JE, Lemon SM (1985) **Obesity as a predictor of poor antibody response to hepatitis B plasma vaccine.** *JAMA* 254: 3187-3189. <https://doi.org/10.1001/jama.1985.03360220053027>

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

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

²²³ Eliakim A, Schwindt C, Zaldivar F, Casali P, Cooper DM (2006) **Reduced tetanus antibody titers in overweight children.** *Autoimmunity* 39: 137-141. <https://doi.org/10.1080/08916930600597326>

²²⁴ Center for Disease Control and Prevention, **Overweight & Obesity** <https://www.cdc.gov/obesity/data/obesity-and-covid-19.html> (accessed 22 Mar 2021)

	<p>Vaccines don't solve the main issues (ivermectin does):</p> <ul style="list-style-type: none"> • Children were quarantined for supposedly being spreaders. • One of the false excuses for lockdowns was the protection of risk groups like the elderly and the obese. 	
<p>Non-compliance risk</p>	<p>The more shots required to achieve immunity (vaccination points) means more coordination problems, failures and delays.</p> <p>Vaccines do not achieve minimum effectiveness (FDA 50%) if abandoned after first shot. High risk of delivery delays and stock break before second shot.</p> <p>Abandonment increased if:</p> <ul style="list-style-type: none"> • severe puncture local effects (n.b. Pfizer) • side effects after first shot (the more severe the higher risk of abandonment) • needle "phobia" <p>Adding incentives (\$) and disincentives (prosecution) achieves the opposite goal: mistrust and non-compliance.</p>	<ul style="list-style-type: none"> • One unique oral take, only reinforced if insufficient or persistent symptoms. • No needle. No pain. • No need to travel to an authorised facility (less carbon emissions).
<p>Contraindications</p>	<ul style="list-style-type: none"> • Pregnancy²²⁵, even 2 months after • Lactating women • Preterm babies • Corticoids (Sputnik) • Severe allergies (Pfizer) <p>These are experimental vaccines: no long term trials, previously required, which are very important, as proven by the narcolepsy pandemic caused by the 2009 swine flu H1N1 influenza Glaxo vaccine.</p> <p>Trials did not include enough studies on:</p> <ul style="list-style-type: none"> • COVID+ patients: sick or recovered • Pregnant or breastfeeding women • Children • Adolescents (Moderna is testing 12-17 year olds) • Elderly • Persons with pre-existing comorbidities <p>This means no coverage for all those groups especially</p>	<ul style="list-style-type: none"> • Ivermectin allergy (very rare) • Infants below 15 kg or 2 years of age (could be breastfed or use carrageenan spray IVERCAR protocol) • No evidence of teratogenic side effects in pregnancy.²²⁷ • No problems with renal insufficiency (unless severe kidney failure). • Hepatic? Good for NAFLD • WHO bulletin: adverse reactions are mild to moderate and transient.²²⁸ • Due to loiasis (n.b. over 30000 mf/ml), endemic in West and Central Africa,

²²⁵ U.K. government "Reg 174 Information for UK Healthcare Professionals". https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940565/Information_for_Healthcare_Professionals_on_Pfizer_BioNTech_COVID-19_vaccine.pdf
<https://thevaccinereaction.org/2021/03/ij-to-test-covid-19-vaccine-on-babies-pregnant-women-and-the-immunocompromised/>

	under 18 (Moderna) or 16 (Pfizer) ²²⁶	there could be severe adverse events like encephalitis and death ²²⁹ , preventable by discriminating the Loa infected and by eliminating the parasitosis.
Components	<ul style="list-style-type: none"> • Dangerous components omitted in the package insert (corvelva.it analysis) • Use of aborted foetal cell lines in research, production and quality testing. 	Fully disclosed
Freedom	No freedom if given by government. Few facilities will allow you to choose vaccine brand.	Complete freedom of access Freedom to chose other synergistic effective repurposed drugs. A cocktail reduces the rise of resistant variants.
Cost	<ul style="list-style-type: none"> • Dumping obsolete stocks due to mutations or safety concerns, like millions of doses of the JJJ²³⁰ or AstraZeneca²³¹ • Cold or supercold supply chain • COVAX (Gates CEPI, GAVI, WHO) plan 5 billion USD for 2021 logistics but the costs are even higher. • Cost of the time of doctors and nurses who prescribe apply the shots 	<ul style="list-style-type: none"> • Less than 1 USD per treatment, only when symptoms (once every 3 years?) • Over the counter. • Ubiquitous if massively produced and distributed by governments like in

²²⁷ Gyapong JO, Chinbuah MA, Gyapong M. **Inadvertent exposure of pregnant women to ivermectin and albendazole during mass drug administration for lymphatic filariasis.** Tropical Medicine and International Health 2003;8:1093-101.

²²⁸ Heukelbach J, Winter B, et al. **Selective mass treatment with ivermectin to control intestinal helminthiases and parasitic skin diseases in a severely affected population.** Bulletin World Health Organization. 2004 Aug;82(8):563-71. Epub 2004 Sep 13. PMID: 15375445; PMCID: PMC2622929. <https://pubmed.ncbi.nlm.nih.gov/15375445/>

²²⁶ <https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

²²⁹ WHO, The Mectizan Expert Committee and The Technical Consultative Committee: **Recommendations for the treatment of Onchocerciasis with Mectizan in areas co-endemic for Onchocerciasis and Loiasis.** (<http://www.who.int/apoc/publications/englishmectccloarecs-june04.pdf> . (accessed July 2016).

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

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

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

²³⁰ <https://www.msn.com/en-us/health/medical/millions-of-johnson-johnson-covid-19-vaccines-are-set-to-expire-this-month-and-states-are-scrambling-to-use-up-their-stockpiles-or-send-them-abroad/ar-AAKRIG6>

²³¹ Not authorized in Denmark and halted in Norway and Finland.

	<ul style="list-style-type: none"> • Cost of syringes, disinfectant, gauzes • Disposal of pathogenic residues • Vaccination control system (to become a passport) • Low shelf life and cold chain requirements might mean losing millions of doses • Cost to travel to and from a medical facility • Minimum purchase lots combined with cold chain means losses (n.b. rural areas and small towns): <ul style="list-style-type: none"> ○ 100 Moderna 10 dose vials ○ 975 Pfizer 5 dose vials • Open vial wastage: “if you open a 10-dose vial and only three people arrive to get vaccinated, you have to throw chuck the remaining seven doses because you have already contaminated the vial by opening it”.²³² No re-refrigeration of opened vials. • To reduce the chance of buying vaccines which might turn out to be unsafe or ineffective, developed countries were buying more doses than the 2 needed, which will end up in the dump (as of Feb 2021): <ul style="list-style-type: none"> ○ Canada 9.5 vaccine doses per person ○ UK 5.3 ○ Chile 4.6 ○ USA 3.0 	<p>Africa for anti-parasitic campaigns or Latin America and India for COVID.</p> <ul style="list-style-type: none"> • A Global uptake (except recovered patients), 2 uptakes in 2 weeks, might achieve the complete obliteration of COVID 19: maximum 6 billion USD only once (no hidden or additional costs). • Vaccines cost at least 600% more per person in the first year. • The net present value of 38 billion per year mean an unnecessary big fat milking cow of 4 trillion dollars for Bill Gates & Co., a golden calf for human sacrifices of the vaccine-injured at the altar of fake science paid by pirate corporations.²³³
<p>Environmental problems</p>	<ul style="list-style-type: none"> • Excess production, waste and disposal of vaccines cause biohazard environmental problems. E.g. AstraZeneca destroyed 60 million doses.²³⁴ • Worst case scenario: billions of vaccine doses have to be disposed because of a viral mutation which makes them obsolete. 	<p>No environmental problems: no excess disposal</p>
<p>Shelf life</p>	<ul style="list-style-type: none"> • Oxford: 6 months (2–8°C) • Moderna: 6 months (-4° to -20°), 30 days after thawing in fridge, 12 hours at room temperature • Pfizer: 6 months, -70°, 5 days after thawing in fridge • J&J: 3 months at 5° and 2 years at -20°C 	<p>1 year at room temperature without direct sunlight (3 years beyond expiration date if liquid and stored properly)</p>
<p>Supply loss risks</p>	<ul style="list-style-type: none"> • Cold chain loss: especially in countries with unreliable 	<ul style="list-style-type: none"> • Large shelf life

²³² <https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

²³³ https://en.wikipedia.org/wiki/Letter_of_marque

²³⁴ <https://www.reuters.com/article/us-health-coronavirus-usa-johnson-johnso/us-fda-asks-jj-to-discard-60-million-vaccine-doses-made-at-baltimore-plant-nyt-idUSKCN2DN1Q7>

	<p>electric grid or using intermittent energy²³⁵.</p> <ul style="list-style-type: none"> • Very unstable components: low shelf life 	<ul style="list-style-type: none"> • Stable at room temperature
Freedom	<ul style="list-style-type: none"> • Employees getting fired²³⁶ or forced to quit²³⁷ for refusing compulsory vaccination. • COVID-1984 Police State through VaxPass: once there are enough doses to mandate vaccination it could mean the impossibility to travel by bus, airplane, ship, train, etc., to work or study, to access health insurance, social security, driver's license, ID, passport, unless compulsory vaccination. It is already a 2018 law in Argentina. Similar initiatives in other countries or states (n.b. California).²³⁸ 	<p>No cost, no police state, no insanitary dictatorship. Complete freedom and privacy.</p>
Transparency	<p>Partial or zero (in some countries, not even physicians are allowed to know the vaccine components by penalty of the law asked by Big Pharma).</p> <p>RNA vaccines supposedly work the same but no one answers why one has 300% more "code" than the other: there's no <i>functional</i> open source policy!</p>	<p>Full</p>
Liability	<p>Zero by law asked by Big Pharma: no consumer protection for no/low effectiveness and for side effects.</p> <p>Employers, who mandate vaccination o threat to sack employees whether expressly or implicitly, are liable for resulting harms.</p>	<p>Full (no need)</p>
National interests	<p>Balance of Trade / Balance of payments: except few countries like the USA, EU, China, India, Russia, little or zero local production. This means eternal dependency and risk of supply failure in case of another strain pandemic, lack of funds, catastrophe, war, etc.</p> <p>Abusive clauses imposed for vaccine provision: for example, Pfizer forced several countries to accept a) to be compensated for the cost of any future civil lawsuits including negligence for its own mistakes in vaccine</p>	<p>Local formulation and production.</p> <p>Zero contingencies against national sovereignty and financial stability.</p> <p>Zero government spending in helping to prove efficacy in RCTs or in scientific literature</p>

²³⁵ <https://qz.com/africa/1987773/the-sun-will-power-large-parts-of-africas-covid-19-vaccination-program/>

²³⁶ <https://thehill.com/policy/healthcare/530963-federal-agency-says-employers-can-require-workers-to-get-covid-19-vaccine>
<https://www.jsonline.com/story/news/2021/01/15/wisconsin-nursing-home-employees-laid-off-not-taking-covid-vaccine-rock-haven/4180247001/>
<https://www.co.rock.wi.us/rockhaven>

²³⁷ <https://www.channel3000.com/nursing-home-staffer-says-nearly-a-dozen-have-left-since-employee-covid-19-vaccine-mandate/>

²³⁸ <https://articles.mercola.com/sites/articles/archive/2021/02/24/covid-vaccine-passport.aspx>

	<p>distribution and delivery, b) international insurance to pay for those cases, c) sovereign assets as collateral, including central bank and national bank reserves abroad, embassy buildings and military bases.²³⁹</p> <p>Billions spent by corrupt Governments in payments to “guarantee supply” of a then unproven product. AstraZeneca/Oxford, Moderna y Pfizer/BioNTech received over 5 billion USD in advances, without any guarantee of safety and effectiveness. No “money-back” guarantee. What would people think if that money had been spent in a “snake oil miracle potion all healing medicine”? No big difference. Nothing was learned from the governments hoarding of Tamiflu²⁴⁰ for the swine-flu fake “pandemic”. Crime always pays. Nothing changed to prevent the same fraud under disinformational terror campaigns.</p>	<p>review (FDA, CDC, EMA, etc.).</p> <p>No vested interests in a patent-free cheap repurposed drug.</p>
Patent corruption		No patents. No difficulty in production.

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

Swine-flu vax scandal

June 2009: the WHO **declared** the H1N1 pandemic.

October 2009: **only 4 months later (not the usual 4 years)**, with full liability indemnity for the manufacturers, vaccines were globally rolled out, while guaranteed to have no serious side effects by the US National Institutes of Health (Fauci), and in the UK, the Department of Health, the British Medical Association, and the Royal Colleges of General Practitioners. Unbelievably, Europe approved “based on data from pre-pandemic “mock-up” vaccines produced using a different virus (H5N1 influenza)”.²⁴¹

By 2014 several studies had pointed out the **link to narcolepsy**.²⁴²

²³⁹ <https://www.wionews.com/world/how-pfizer-tried-to-bully-argentina-and-brazil-in-exchange-for-vaccines-366037>

²⁴⁰ <https://articles.mercola.com/sites/articles/archive/2020/01/28/tamiflu-fraud-stole-billions.aspx>

²⁴¹ Doshi Peter, associate editor, The BMJ, **Pandemrix vaccine: why was the public not told of early warning signs?** 20 Sep 2018, BMJ 2018;362:k3948 <https://doi.org/10.1136/bmj.k3948>

²⁴² Feltelius N, Persson I, Ahlqvist-Rastad J, et al. **A coordinated cross-disciplinary research initiative to address an increased incidence of narcolepsy following the 2009-2010 Pandemrix vaccination programme in Sweden.** J Intern Med. 2015 Oct;278(4):335-53. Epub 2015 Jun 30. PMID: 26123389. <https://doi.org/10.1111/joim.12391>

Ahmed SS, Volkmuth W, et al. **Antibodies to influenza nucleoprotein cross-react with human hypocretin receptor 2.** Sci Transl Med. 2015 Jul 1;7(294):294ra105. PMID: 26136476. <https://doi.org/10.1126/scitranslmed.aab2354>

Nellore A, Randall TD. **Narcolepsy and influenza vaccination-the inappropriate awakening of immunity.** Annals of translational medicine. 2016 Oct;4 (Suppl 1):S29. PMID: 27867997; PMCID: PMC5104623. <https://doi.org/10.21037/atm.2016.10.60>

Sarkanen TO, Alakuijala APE, et al. **Incidence of narcolepsy after H1N1 influenza and vaccinations: Systematic review and meta-analysis.** Apr 2018. Sleep Med Rev.;38:177-186. Epub 2017 Jun 20. PMID: 28847694. <https://doi.org/10.1016/j.smrv.2017.06.006> .

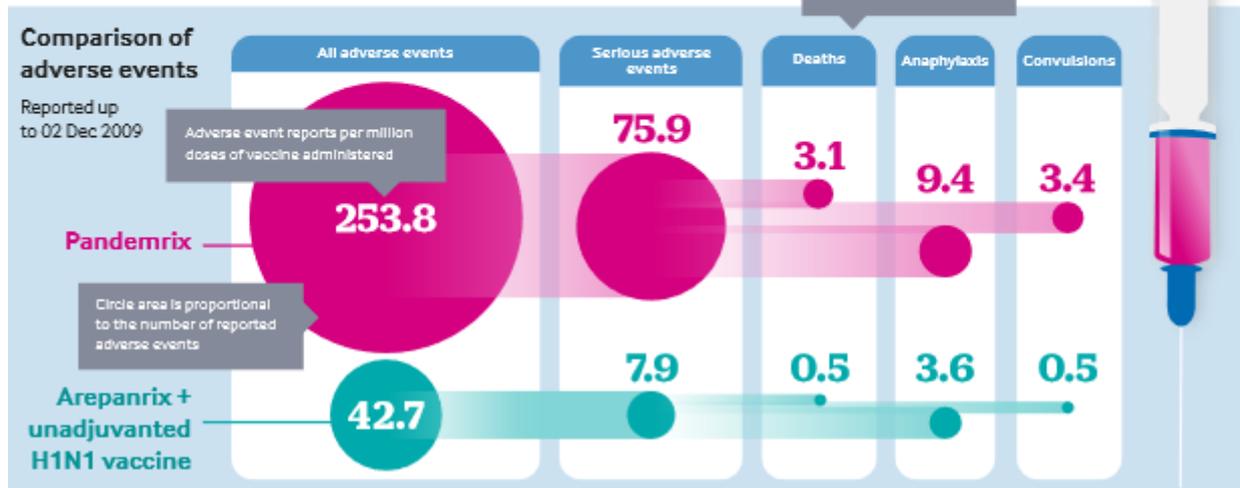
In 2018 due to a lawsuit for narcolepsy which got the information, the BMJ was the only journal publishing the death data that health authorities had from the beginning and did nothing but approval:

thebmj Visual summary

Adverse events: GSK pandemic influenza vaccines

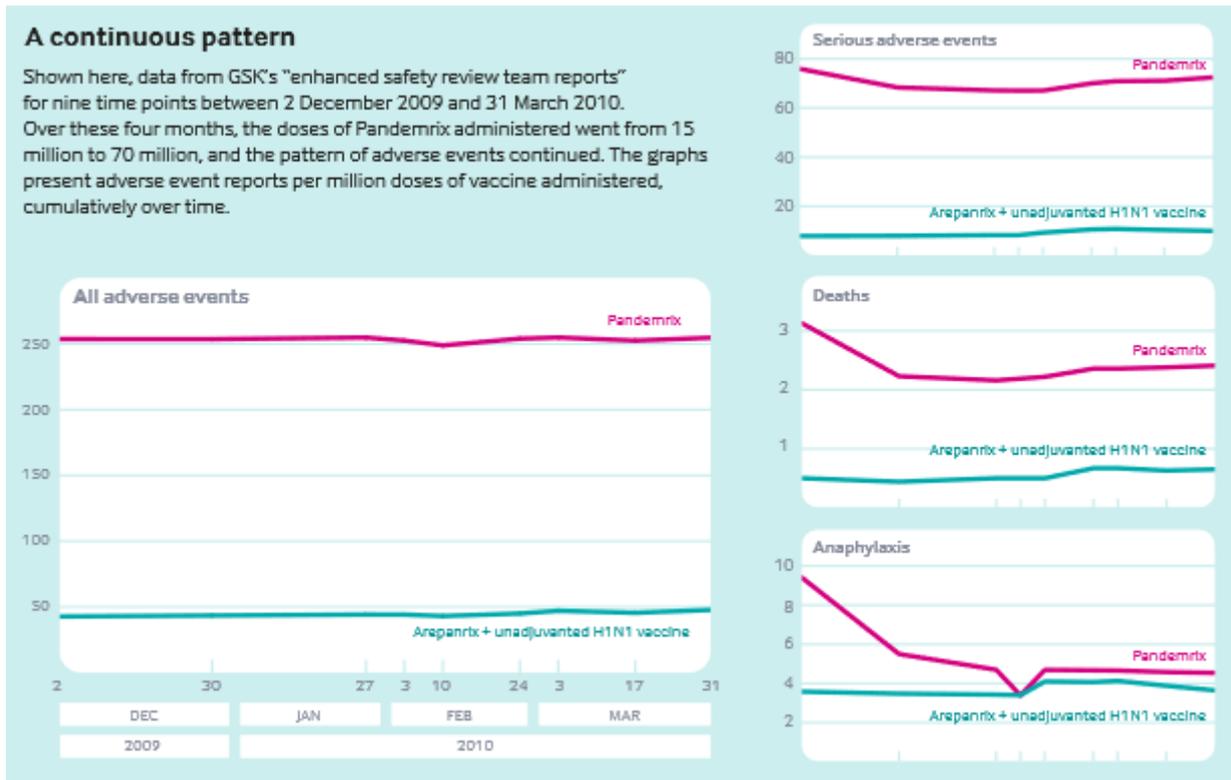
The BMJ gained access to vaccine pharmacovigilance reports compiled by GSK (GlaxoSmithKline) during the 2009 H1N1 "swine flu" outbreak. The reports detail adverse events for three of the company's pandemic influenza vaccines: Pandemrix, Arepanrix, and an H1N1 vaccine without adjuvant (no brand name provided).

Despite similarities in the composition of Pandemrix and Arepanrix vaccines, the rates of adverse events reported differed substantially. Neither GSK nor health authorities seem to have made the information public during the H1N1 outbreak or in the eight years since.



Edwards K, Hanquet G, et al. Meeting report **narcolepsy and pandemic influenza vaccination: What we know and what we need to know before the next pandemic? A report from the 2nd IABS meeting.** 23 May 2019 Epub. *Biologicals* Jul 2019.;60:1-7. PMID: 31130313; PMCID: PMC6668612. <https://doi.org/10.1016/j.biologicals.2019.05.005>

Granath F, Gedeberg R, et al. **Change in risk for narcolepsy over time and impact of definition of onset date following vaccination with AS03 adjuvanted pandemic A/H1N1 influenza vaccine (Pandemrix) during the 2009 H1N1 influenza pandemic.** 6 May 2019 Epub. *Pharmacoepidemiol Drug Saf.* 2019 Aug;28(8):1045-1053. PMID: 31062443. <https://doi.org/10.1002/pds.4788>
https://pubmed.ncbi.nlm.nih.gov/?cmd=link&linkname=pubmed_pubmed_reviews&log%24=relatedreviews&logdbfrom=pmc&from_uid=27867997



Source: <http://bit.ly/BMJpan>

After a hundred million doses and billions cashed by Glaxo, it took a decade of deaths and handicapping to phase it out and only because of a lawsuit.

There's no explanation why Pandemrix was approved, even after showing 5x more deaths and 7x more serious adverse events than Arepanrix and the unadjuvanted vaccine.²⁴³

"The presence of 146N in large relative amounts in Pandemrix and the wild type virus and in lower relative quantities in Arepanrix or other H1N1 vaccines may have affected predisposition to narcolepsy."²⁴⁴

Vaccine trials

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

NCT04368728	Pfizer	Recruitment phase by Jul 2021 ²⁴⁵
NCT04614948	JJJ	May 2023 ²⁴⁶
NCT04516746	AstraZeneca	Feb 2023 ²⁴⁷
NCT04470427	Moderna	Oct 2022 ²⁴⁸

²⁴³ <https://www.bmj.com/content/bmj/suppl/2018/09/20/bmj.k3948.DC1/pandremix1809.ww2.pdf>

²⁴⁴ Jacob L., Leib R, et al. **Comparison of Pandemrix and Arepanrix, two pH1N1 AS03-adjuvanted vaccines differentially associated with narcolepsy development.** 2015 *Brain, behavior, and immunity*, 47, 44–57. <https://doi.org/10.1016/j.bbi.2014.11.004>

²⁴⁵ <https://clinicaltrials.gov/ct2/show/results/NCT04368728?term=NCT04368728&rank=1>

²⁴⁶ <https://www.clinicaltrials.gov/ct2/show/NCT04614948?term=NCT04614948&draw=2&rank=1>

²⁴⁷ <https://clinicaltrials.gov/ct2/show/NCT04516746?term=AZD1222&draw=3&rank=3>

²⁴⁸ <https://www.clinicaltrials.gov/ct2/show/NCT04470427>

Vaccine carnage

Ivermectin is safe. By May 2021, **there were more deaths from Covid vaccines in 5 months, than *all* vaccines in the past 20 years.**²⁴⁹

Not counting 45000 deaths hidden by the CDC, denounced by a whistleblower in the USA:²⁵⁰

- EudraVigilance Database (EU/EEA/Switzerland) to 14 Aug 2021:
 - **21,766 deaths** related to Covid-19 injections, including:
 - **1000 babies under 2 years of age, who had zero risk of dying because of COVID**
 - **2000 teens (12-17 y.o., Pfizer) who had near zero risk of dying because of COVID**
 - **2 million injuries**
- MHRA Yellow Card Scheme (UK) related to Covid-19 injections by 21 July 2021:
 - **1,517 deaths**
 - **over 1.1 million injuries**

Yellow Card Summary to 6th October 2021

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

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

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

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

²⁴⁹ <https://www.wnd.com/2021/05/cdc-many-people-died-covid-19-vaccines-vaccines-last-20-years-combined/>

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

²⁵⁰

Renal & urinary disorders	3 664	12
Surgical & medical procedures	1 222	1
Pregnancy conditions	1 154	29
Metabolic disorders	1 092	5
Neoplasms (cancer?)	717	14
Endocrine disorders	651	0
Hepatic disorders	646	9
Social circumstances	620	0
Congenital disorders	167	1
Total	1 219 163	1 719

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

- VAERS database (USA) to 23 July 2021: 11,940 deaths related to Covid-19 injections and over **2.4 million injuries**.
- **TOTAL for EU/UK/USA – 34,052 deaths related to Covid-19 injections and over 5.46 million injuries reported as at 1 August 2021**²⁵¹

From 1 Dec to 15 Apr 2021: **7,100** deaths according to EMA’s EudraVigilance²⁵²:

- 4036 Pfizer
- 1922 Moderna
- 1234 AstraZeneca
- Injuries: **200,000**

From 14 Dec 2020 to 2 July 2021, U.S. CDC VAERS database for COVID vaccines:²⁵³

- **9048 deaths**. By July 20, **12313 (30% growth in 18 days)**
- **7822 life threatening**
- **7463 permanent disability**
- 26754 hospitalized
- 56915 ER/doctor
- 80268 (doctor’s) office visit
- **239 birth defect**
- 41015 serious injuries
- 438441 reports of adverse events

“Deaths are also a much higher proportion of total reports for Covid vaccines as compared with Influenza vaccines: approximately **5% as compared with about 0.8%**.”²⁵⁴

RNA vaccines: thousands of deaths, permanent disabilities and hospitalizations.²⁵⁵

Deaths have been shown to be **underreported by as much as 99%**.²⁵⁶ This could easily be amended by:

²⁵¹ <https://www.globalresearch.ca/does-the-virus-exist-the-sars-cov-2-has-not-been-isolated-biggest-fraud-in-medical-history/>

²⁵² <http://www.adrreports.eu/en/index.html>

²⁵³ <https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes>
<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&SERIOUS=ON>
<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

²⁵⁴ <https://www.bmj.com/content/372/bmj.n393/rr-4>

²⁵⁵ <https://www.lifesitenews.com/news/facebook-posts-provide-evidence-of-link-between-covid-vaccinations-and-deaths>

²⁵⁶ Centers for Disease Control and Prevention, **Surveillance for Adverse Events Following Immunization Using the Vaccine Adverse Event Reporting System (VAERS)**, 2021 <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt21-surv-adverse-events.html>

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

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

Pfizer: brain damage in 17 minutes and death in 10 hours? ²⁵⁷

In Mexico, **Pfizer supplied 1/3 of the doses, but accounted over 95% of adverse events**, compared to AstraZeneca, SinoVac, Sputnik V, CanSino. ²⁵⁸

Sinovac deaths. ²⁵⁹

VigiAccess

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

General disorders and administration site conditions	1.354.618	25 %
Nervous system disorders	959.323	18 %
Musculoskeletal and connective tissue disorders	651.320	12 %
Gastrointestinal disorders	457.755	9 %
Skin and subcutaneous tissue disorders	305.368	6 %
Investigations	299.972	6 %
Respiratory, thoracic and mediastinal disorders	234.945	4 %
Infections and infestations	150.015	3 %
Vascular disorders	120.206	2 %
Cardiac disorders	109.471	2 %
Injury, poisoning and procedural complications	107.481	2 %

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

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

²⁵⁷ <https://www.bitchute.com/video/RbZByU7Ux2pA/>

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

²⁵⁸ <https://www.infobae.com/america/mexico/2021/04/08/de-que-laboratorio-son-las-vacunas-que-han-causado-mas-reacciones-alergicas-a-la-poblacion-en-mexico/>

²⁵⁹ <https://www.scmp.com/news/hong-kong/health-environment/article/3124522/coronavirus-hong-kong-leader-experts-say>

Psychiatric disorders	104.931	2 %
Blood and lymphatic system disorders	89.696	2 %
Reproductive system and breast disorders	87.539	2 %
Eye disorders	81.511	2 %
Ear and labyrinth disorders	74.271	1 %
Metabolism and nutrition disorders	50.527	1 %
Immune system disorders	31.105	1 %
Surgical and medical procedures	19.741	0 %
Renal and urinary disorders	17.832	0 %
Social circumstances	15.476	0 %
Pregnancy, puerperium and perinatal conditions	4.967	0 %
Hepatobiliary disorders	4.414	0 %
Product issues	3.659	0 %
Neoplasms benign, malignant and unspecified (also cysts and polyps)	3.284	0 %
Endocrine disorders	3.037	0 %
Congenital, familial and genetic disorders	1.200	0 %
Total	5.343.664	100 %

Classified as deaths: **20 000**

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

Events which cause premature death (examples):

1. Cardiac disorders: **110 000**

1. Myocardial infarction (4184)
2. Acute myocardial infarction (2163)
3. Cardiac arrest (2766)
4. Cardiac failure (2145)
5. Cardiac failure acute (357)
6. Cardio-respiratory arrest (1037)
7. Myocardial ischaemia (253)
8. Atrioventricular block (235)
9. Cardiac tamponade (132)
10. Cardiopulmonary failure (91)
11. Right ventricular failure (74)
12. Left ventricular failure (118)
13. Acute left ventricular failure (58)
14. Acute right ventricular failure (1)

2. Blood system disorders **90 000**

1. Pulmonary embolism (15784)
2. Pulmonary thrombosis (798)
3. Acute respiratory failure (1197)

4. Respiratory arrest (652)
 5. Acute respiratory distress syndrome (356)
 6. Arterial thrombosis (187)
 7. Arteriosclerosis coronary artery (112)
 8. Intracardiac thrombus (213)
 9. Coronary artery thrombosis (204)
 10. Coronary artery occlusion (203)
 11. Circulatory collapse (1635)
3. Vaccination failure (on site unresponsive patient immediately after vaccination) **15 000**
1. Multiple organ dysfunction syndrome (407)
 2. Organ failure (57)

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

1 in 1000 adverse events and 1 in 100K deaths. ²⁶⁰

Permanent disabilities:

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

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

Vision blurred (18088)

- Eye pain (12950)
- Visual impairment (10734)

Blindness (2067)

- Ear pain (10071)
- Ear discomfort (3582)

Deafness (2887)

Hypoacusis (2882)

Deafness unilateral (1491)

Sudden hearing loss (1038)

- Deafness neurosensory (457)
- Ear disorder (274)

Auditory disorder (215)
Deafness bilateral (203)
Ear haemorrhage (127)

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

Anaphylactic reaction (10631)
Anaphylactic shock (1662)

Foetal malformation (17)

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

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

Thombosis caused by COVID vaccines

AstraZeneca vaccine deaths: “62 cases of **cerebral venous sinus thrombosis** and 24 cases of **splanchnic vein thrombosis** reported in the EU drug safety database (EudraVigilance) as of 22 March 2021, **18 of which were fatal**. The cases came from *spontaneous* reporting systems of the EEA and the UK... As of 4 April 2021, a total of 169 cases of CVST and 53 cases of splanchnic vein thrombosis were reported. Around 34 million people had been vaccinated in the EEA and UK by this date... The Pharmacovigilance Risk Assessment Committee of the European Medicines Agency, has confirmed **the benefits of the AstraZeneca vaccine in preventing COVID-19 overall outweigh the risk** of side effects.”²⁶¹

That statement proved the corruption of EMA:

1. With ivermectin not even one death is acceptable, not counting lifelong disabilities caused by thrombosis.
2. Spontaneous reporting has been proven to report only 10% of the cases. Cases tripled in just 12 days, not administered vaccines, which proves huge under-reporting.
3. When citing 34 million vaccinated people they are possibly counting all brands and only doses. Fully vaccinated (2 doses) are much less. Most severe cases come after the 2 doses. 92 million doses have arrived by that date and most haven't even been applied.²⁶²

²⁶¹ <https://www.ema.europa.eu/en/news/astrazenecas-covid-19-vaccine-ema-finds-possible-link-very-rare-cases-unusual-blood-clots-low-blood>

²⁶² <https://www.euronews.com/2021/04/02/how-many-vaccine-doses-have-arrived-in-eu-countries-and-how-do-they-get-there>

4. Thrombosis cases could be more than 1 in 10,000 which is totally unacceptable even if there wasn't a cure.

“The EU regulator also started a review to assess five reported cases of a rare disorder called **capillary leak syndrome** ... in which fluid **leaking from blood vessels** causes tissue to swell and blood pressure to drop. The J&J, Astra and Sputnik shots all use an adenovirus -- the cause of some common colds -- to deliver the coronavirus antigen and generate an immune response. **Adenovirus technologies such as that used by AstraZeneca and others have been associated with clotting in other settings**, so if this is the reason for the rare side effects observed with the **Astra vaccine, shots from J&J, Sputnik and Chinese drugmaker CanSino Biologics Inc. would also be at risk**”.²⁶³

About 20 countries halted vaccination with the AZ vaccine, most resumed with the false excuse that the benefits were greater than the risks (never quantifying both). Australia was the only one to include blood clots in the informed consent forms to be signed by each human guinea pig receiver.²⁶⁴ **The blatant violation of informed consent on blood clots increases distrust in informed consent forms and in the system. Even worse, most countries don't even provide informed consent forms!**

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

In fact, **“thromboembolic events including those with thrombocytopenia have been reported with all COVID-19 vaccines.”**²⁶⁵

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

Vaccine unsafety

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

No longterm testing of the new biotech platforms:

- DNA (Oxford, Sputnik): adenovirus vectors were originally used for gene therapy insertions into DNA
- RNA (Pfizer, Moderna): RNA stem cell chain reaction? RNA artificial longevity into DNA? Epigenetic effects? Silencing protein production? Switching on protein production? Autoimmune diseases? COVID susceptible progeny? New COV-spike-chimerical virus? This is very important considering a mother with 1 Pfizer shot has passed antibodies to her unborn baby: no guarantee that RNA coding wasn't passed as well.²⁶⁶

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

1. Death due to severe autoimmune response in lungs
2. Metastatic cancer due to vaccine-mediated macrophage activation
3. Massive increase in dementia in 10 years

²⁶³ <https://www.bloomberg.com/news/articles/2021-04-09/eu-regulator-investigating-blood-clots-after-j-j-covid-vaccine>

²⁶⁴ <https://www.abc.net.au/news/2021-05-06/tga-blood-clots-astrazeneca-covid-vaccine-hospital/100121336>

²⁶⁵ <https://www.fiercepharma.com/pharma/johnson-johnson-s-covid-19-vaccine-spotlight-at-ema-after-4-serious-cases-unusual-blood>

²⁶⁶ Gilbert P., Rudnick C., **Newborn Antibodies to SARS-CoV-2 detected in cord blood after maternal vaccination**, preprint 05/02/2021, medRxiv 2021.02.03.21250579; <https://doi.org/10.1101/2021.02.03.21250579>

4. Tuberculosis in the elderly through impaired macrophage function post-vaccine”²⁶⁷

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

Transverse myelitis: permanent paralysis of arms and legs, brain inflammation (encephalitis), frequent seizures, decreased muscle strength, and difficulty breathing half an hour after the Pfizer shot²⁶⁸

Severe allergies²⁶⁹

Foetal DNA debris linked to brain damage and autism.

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

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

FDA sought side effects-for COVID19 vaccines:²⁷⁰

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- **Transverse myelitis**
- **Encephalitis/myelitis/encephalomyelitis/ meningoencephalitis/meningitis/ encephalopathy**
- Convulsions/**seizures**
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- **Myocarditis/pericarditis**
- Autoimmune disease
- **Deaths**
- **Pregnancy and birth outcomes**
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/**joint pain**
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease

²⁶⁷ Mcmillanresearch.org

²⁶⁸ <https://newsdol.com/chileeng/mexico-will-study-cases-of-doctors-with-encephalitis-after-pfizer-vaccination-health-and-wellness/>
<https://d.elhorizonte.mx/nacional/doctora-con-sintomas-graves-por-vacuna/2983793>

²⁶⁹ The RNA vaccines from BioNTech/Pfizer contain polyethylene glycol (PEG). 70% of people develop antibodies against this substance.
<https://dryburgh.com/mike-yeaton-coronavirus-vaccine-safety-concerns-petition/>

²⁷⁰ <https://www.fda.gov/media/143557/download>

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

mRNA Myocarditis

“mRNA vaccines present several problems, for instance:

1. **Instability:** mRNA vaccines are very temperature unstable and require storage at ultra-cold temperatures. Any human error can have high impact on the vaccine efficacy or safety.
 2. **Effectiveness:** the dose of spike protein that is produced by the hacked cell is not standardized. The muscle tissue produces spike protein for an unknown period and in unknown quantities. Every person produces different amounts of spike protein.
 3. **Safety:** the glycosylation process, in which cells add sugar molecules on a protein, which defines the pharmacology of the vaccine, is not standardized. Patients with chronic diseases produce abnormal glycosylation processes that have been associated with the promotion of **cancer and autoimmune diseases**. There's no safety data, being a new vaccine platform, not sufficiently tested.”²⁷¹
- “In May 2021, the CDC started an investigation into a possible link between mRNA vaccines and myocarditis after Israel's health ministry said in April it was monitoring a small number of cases of people developing heart inflammation after getting Pfizer's vaccine. At the time, there were also reports that the Pentagon was tracking 14 cases of heart inflammation among people vaccinated through the military healthcare system.
 - On 1 Jun 2021, Israel's health ministry said that the small number of myocarditis cases that were found in mainly young men who received the COVID-19 Pfizer vaccine were likely linked to the vaccination.
 - On 25 Jun 2021 the FDA added a warning about the risk of developing heart inflammation—either myocarditis or pericarditis—to patient and provider fact sheets for the mRNA-based Moderna and Pfizer CCP virus vaccines. Pericarditis is inflammation of the outer lining of the heart. The CDC said that more than **1200 cases of heart inflammation** in adolescents and young adults who received the Pfizer or Moderna CCP virus vaccine have been reported. The majority of the patients were male, and after the second dose.
 - Dr. Shimabukuro, a CDC official, had presented the data to the CDC's vaccine advisory committee. According to his presentation, heart inflammation occurred at a rate in 12- to 39-year-olds of “12.6 cases per million second doses of any mRNA vaccine in the 21 days following vaccination,” with rates higher in males. The fact sheets warned of potential onset of myocarditis and pericarditis within a few days after receiving the vaccine, and “particularly following the second dose.”²⁷²
 - Between 14 Dec 2020 and 18 Jun 2021 there have been **1342 cases of myocarditis and pericarditis** in all age groups: 835 Pfizer, 458 Moderna and 45 Johnson & Johnson's. In 12- to 17-year-olds, 237 reports with 234 Pfizer's.²⁷³
 - The real results were **5x higher than expected:** 1 in 23000 myocarditis detected within 4 days after first dose after having COVID or after second dose of RNA Pfizer (30%) and Moderna (70%) vaccines among military, with a median age of 25.²⁷⁴

²⁷¹ <https://www.jp2mri.org/faq-institute-covid19-research>

²⁷² https://www.theepochtimes.com/myocarditis-higher-than-expected-among-male-military-members-after-2nd-mrna-covid-19-vaccine-dose-study_3880473.html

²⁷³

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

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

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

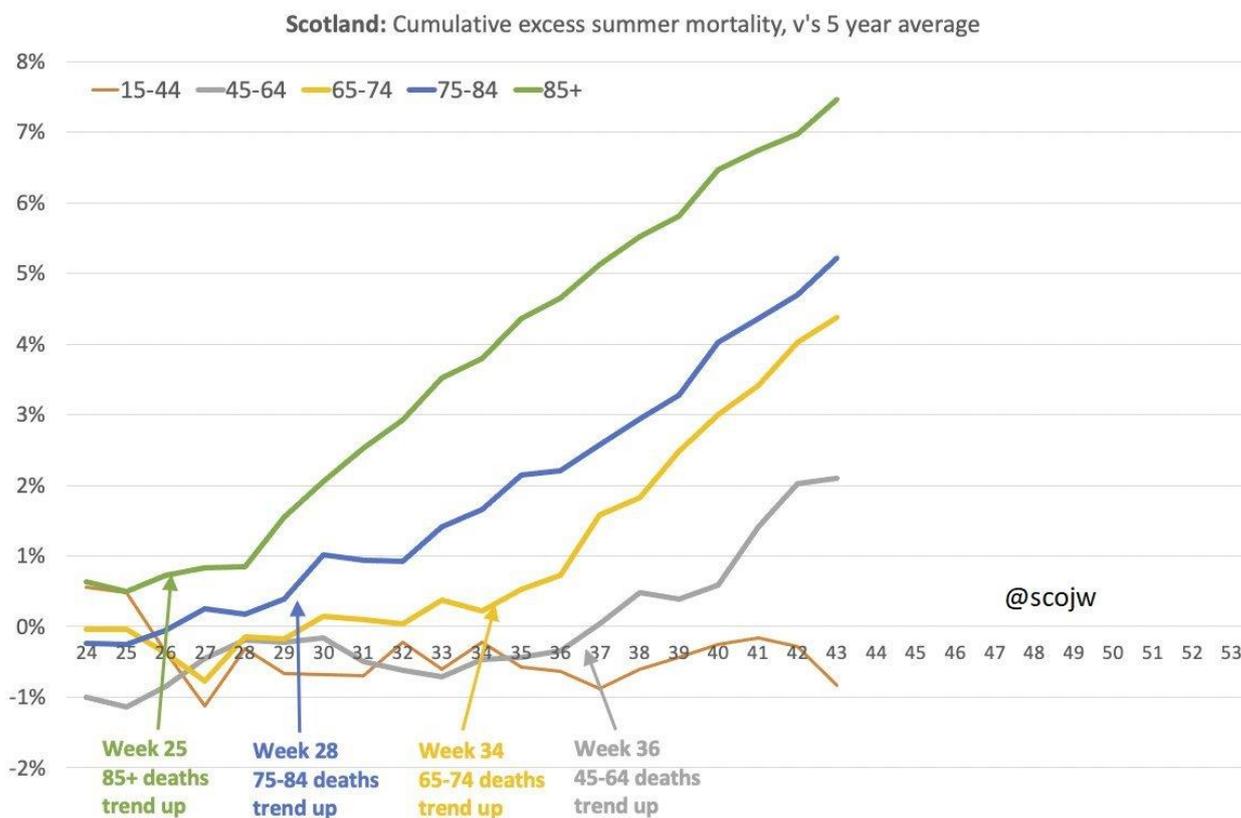
- Also, in Israel, the Pfizer vaccine has been associated with myocarditis in 16-18 yo boys.²⁷⁵

Myocarditis in other vaccines

COVID spike protein causes inflammation of the heart muscle (myocarditis), i.e. increased risk of arrhythmias and therefore, cardiac arrest: it is no surprise that vaccines flooding the body with similar proteins achieve the same result. The more stress on the heart, the higher the risk of arrhythmias. Why aren't the COVID sick and the vaccinated warned against drugs, alcohol, hormonal contraception, demanding sports or physical activity (dancing)?

Myocarditis is a subclinical (no symptoms) disease: we expect a **surge in cardiovascular events after vaccination, especially in the younger population, professional athletes (already confirmed), concerts/parties²⁷⁶**, etc.

Other subclinical problems leading to excess mortality



Change points match vaccine rollout.

Ethical considerations

²⁷⁴ Montgomery J, Ryan M, Engler R, et al. **Myocarditis Following Immunization With mRNA COVID-19 Vaccines in Members of the US Military.** JAMA Cardiol. Published online June 29, 2021. <https://doi.org/10.1001/jamacardio.2021.2833>

²⁷⁵ Snapiri O, Rosenberg D, et al. **Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine,** The Pediatric Infectious Disease Journal: June 2, 2021 – Volume Online First – Issue – <https://doi.org/10.1097/INF.0000000000003235>

²⁷⁶ 2021 Travis Scott Astroworld concert (Houston, Texas): 11 cardiac arrests

Authorities inflate COVID deaths stats by taking into account only the final cause, while omitting the primary cause of death (underlying condition which unchained the course of events leading to death, like cancer). Yet, in deaths from vaccination, they do exactly the opposite: vaccines can never be the cause of death, only the pre-existing comorbidity.²⁷⁷ For instance, when **huge percentages die after vaccinating nursing homes**, it is never the vaccine but that they were old and they were going to die anyway from age or prior sickness.²⁷⁸

Vaccine deaths are the tip of the iceberg, showing that the injuries mounted high enough to kill the person. This doesn't mean that those lucky enough to avoid death were not injured and that the underlying injuring mechanism isn't still causing damage.

Considering there's a cure, it is completely immoral to vaccinate, even with the minimum risk of harm. One of the basic rules of medical ethics is precisely: "do no harm".

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

Ethical standards

Ivermectin poses no ethical problems while COVID vaccines:

1. **Violation of informed consent:** unapproved vaccines (emergency use is not approval) means that they were not tested enough to know medium and long term risks.²⁷⁹ Requiring vaccination is a violation of human rights (life, safety, informed consent, freedom, etc.). Even requiring information of who vaccinated is a violation of privacy and potential base for discrimination lawsuits.
2. **Vaccine passport:** loss of privacy and civil rights. biometric surveillance tied to freedom of travel, digital ID, banking, insurance and social security.²⁸⁰
3. **Abortion link:** use of cancerous cell lines derived from babies in elective abortions (involving live dissection²⁸¹) either for development, production or testing.²⁸²
Considering there is an ethical alternative to unethical COVID vaccines, it is immoral to recommend them. It is an objective sin according to the Christian Churches, especially Catholicism.

²⁷⁷ <https://legemiddelverket.no/Documents/English/Covid-19/20210128/Reported/suspected/adverse/reactions/corona/vaccine.pdf>
<https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/sicherheitsberichte/sicherheitsbericht-27-12-bis-31-01-21.pdf>
<https://www.bloomberg.com/news/articles/2020-12-09/u-k-says-those-with-severe-allergy-shouldn-t-get-pfizer-vaccine>

²⁷⁸ <https://www.brusselstimes.com/news/belgium-all-news/151678/14-deaths-after-vaccination-in-belgium-causality-not-established/>
<https://www.lavanguardia.com/vida/20210202/6216751/brote-residencia-lagartera-toledo-deja-nueve-fallecidos.html>
<https://www.infobae.com/politica/2021/06/11/murio-una-mujer-de-86-anos-luego-de-recibir-la-segunda-dosis-de-la-vacuna-sputnik-v-2/>

²⁷⁹ <https://www.nbccenter.org/messages-from-presidents/covid-19-vaccines>

²⁸⁰ <https://www.forbes.com/sites/mattperetz/2020/03/18/bill-gates-calls-for-national-tracking-system-for-coronavirus-during-reddit-ama/>

<https://stm.sciencemag.org/content/11/523/eaay7162>

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

²⁸¹ <https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf>

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

²⁸² <https://cogforlife.org/guidance/>

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

Even without religion and without knowing about the availability of ethical cures, many are not getting vaccinated because of the abortion link.²⁸³

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

Patent corruption

Much of pharmaceutical innovation is created by government “free money” paid by taxes (including the inflation tax): over 230 billion USD in the USA.²⁸⁴ It’s a circular scam where “the people” buys with taxes, products enabled with taxes. Even worse, corporations are granted monopolistic profits for public patents robbed to “the people” by their corrupt governments.

“Governments have given vaccine developers billions for research while “forgetting” to ask for a percentage of the patents. Yet, **Big Vax** keep all the excess profits derived from a monopoly granted by Government and they refuse to share the knowledge so that other vaccine manufacturers, which have idle capacity²⁸⁵, could cover the population they are not able to supply. In one word: collusion.”²⁸⁶

For instance, the mRNA tech was basic research by the NIH and the Department of Defense. Peter Maybarduk, director of Public Citizen’s Access to Medicines program, told Scientific American. “Federal scientists helped invent it and taxpayers are funding its development. ... It should belong to humanity.”²⁸⁷ Pfizer’s COVID mRNA vaccine, where Bill Gates made a 600 million USD profit from an income of 3.5 billion by March 2021 and expects “durable demand” like flu vaccines, reaching 26 billion USD by Dec 2021.²⁸⁸

Oxford’s vaccine patent is a “wonderful” paradigm. Considering the R&D was funded by the UK government, they wanted to release it to the public domain, yet Bill Gates “convinced” them to give it to AstraZeneca for profit corporation.²⁸⁹ It is not a surprise that **globalists like Bill Gates insisted that Governments shouldn’t temporarily lift COVID vaccine patents.**²⁹⁰

Why is it that the Bill (ex) **Melinda Gates Foundation owns so many vaccine patents and doesn’t release them to the public domain?** Why did it invest in CureVac and other vaccine companies instead of giving it grants in exchange for future vaccine price reduction or vaccine donations? Why do they decline to answer?²⁹¹

²⁸³ <https://www.lifesitenews.com/opinion/why-i-can-never-take-the-covid-vaccine>

²⁸⁴ Cleary E, Jackson M, Ledley F, **Government as the First Investor in Biopharmaceutical Innovation: Evidence From New Drug Approvals 2010–2019**, 5 Aug 2020, Working Paper No. 133, <https://doi.org/10.36687/inetwp133>

²⁸⁵ <https://apnews.com/article/drug-companies-called-share-vaccine-info-22d92afbc3ea9ed519be007f8887bcf6>

²⁸⁶ <https://articles.mercola.com/sites/articles/archive/2021/05/11/bill-gates-covid-vaccine-patent.aspx?>

²⁸⁷ <https://www.scientificamerican.com/article/for-billion-dollar-covid-vaccines-basic-government-funded-science-laid-the-groundwork/>

²⁸⁸ <https://www.bbc.com/news/business-56979406>

²⁸⁹ <https://articles.mercola.com/sites/articles/archive/2021/05/11/bill-gates-covid-vaccine-patent.aspx?>

²⁹⁰ <https://www.wired.com/story/opinion-the-world-loses-under-bill-gates-vaccine-colonialism/>

²⁹¹ <https://www.thenation.com/article/society/bill-gates-foundation-covid-vaccines/>

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

Vaccine obstinacy

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

Vaccination obstinacy raises concerns about a hidden agenda.

Why outpatient early treatments at home with many cheap effective drugs, being a better option to experimental vaccines, were censored by Governments, Health and Media? The fact that Governments still push vaccination after the discovery of the cure for COVID is a huge red light, among many.

No symptoms, no contagion

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

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

- No COVID19 load
- Non-contagious load or
- Low-contagious load (near zero R_0)

PCR pandemic, not COVID

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

The PCR enhances any genetic material in the sample. The more cycles, exponentially the more false positives, even reaching 100% false positives. False positivity greatly increases after 45 cycles. WHO only recommended to reduce cycles when vaccines were rolled out, so the reduction in contagion and deaths would be attributable to vaccines.

The CDC recognized that all PCR tests were based on a computer model, not a real isolated virus.

The president of Tanzania tried the PCR on Papaya and motor oil and they turned positive on the WHO machine, and kicked them out of the country.

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

While the FDA SARS-CoV-2 Reference Panel helps determine the comparative performance among authorized tests, **the panel is not a replacement for the analytical and clinical validation recommendations the FDA has provided in the EUA templates**²⁹². For example, the panel only includes one strain of SARS-CoV-2 and one cross-reactant, MERS-CoV. (Even if MERS is quite different to COVID19, in some tests) **Cross-reactivity with MERS-CoV was observed.**²⁹³

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

The screenshot shows the CDC Division of Laboratory Systems (DLS) website. The main heading is "07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing". Below the heading is a banner for the Laboratory Outreach Communication System (LOCS). The text of the alert states: "Audience: Individuals Performing COVID-19 Testing", "Level: Laboratory Alert", and "After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives." It also includes links to the FDA website for authorized methods and a summary of performance.

21 Jul 2021, **the CDC recognized the PCR tests take influenza as COVID19:** "After December 31, 2021, CDC will **withdraw** the request to the U.S. Food and Drug Administration (FDA) for Emergency Use **Authorization (EUA)** of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 ... CDC encourages laboratories to **consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses.**"²⁹⁴

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

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

²⁹² <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas#COVID19IVDTemplates>

²⁹³ <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-reference-panel-comparative-data>

²⁹⁴ https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html

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

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

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

Open air: forbidden for no reason

In February 2020, the WHO concluded: "In an analysis of **75,465 COVID-19 cases** in China, airborne transmission was not reported."²⁹⁵

In November 2020, among **ten million** residents of Wuhan, there was no outdoors spread.²⁹⁶ Meta-analysis concurred.²⁹⁷ Yet, by October 2021, free outdoor activities were still forbidden in many countries, *especially*, religious pilgrimages.

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

Masks as psy-op muzzles



Slow-motion ultra-resolution video²⁹⁸ and science²⁹⁹ prove that regular masks don't protect. COVID aerosols less than 5 microns (μm) are smaller than cigarette smoke:³⁰⁰

²⁹⁵ World Health Organization. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) 16-24 Feb 2020 [Internet]. Geneva: World Health Organization; 2020 <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

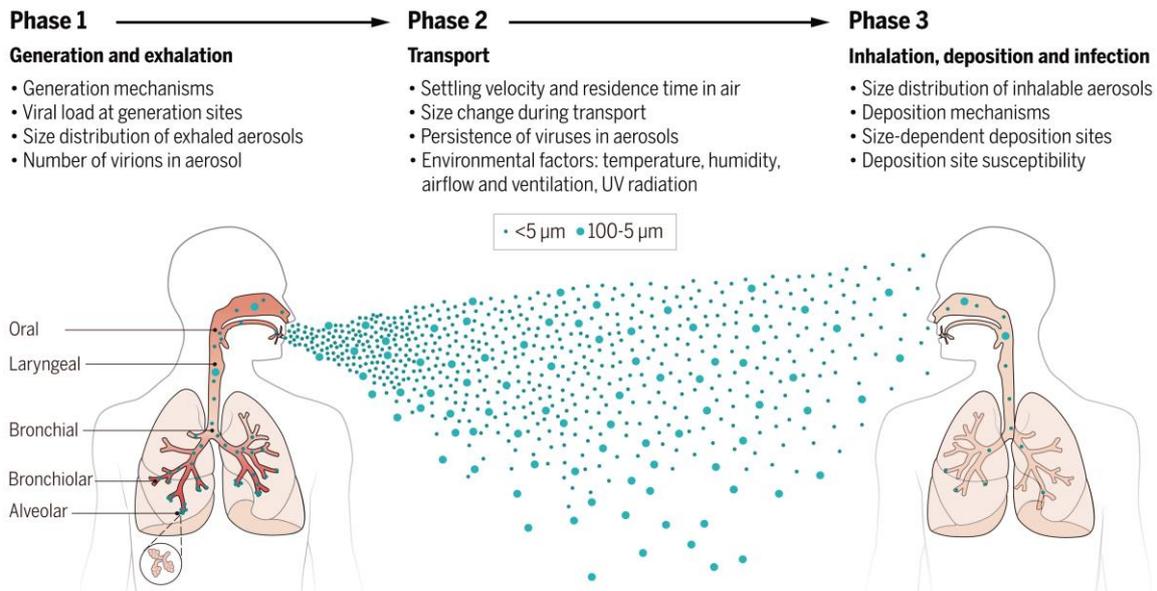
<https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

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

²⁹⁶ Cao, S., Gan, Y., Wang, C. *et al.* Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China. 20 Nov 2020. *Nat Commun* **11**, 5917 (2020) <https://doi.org/10.1038/s41467-020-19802-w>

²⁹⁷ Cevik M, Tate M, et al. SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis, Jan 2021. *The Lancet Microbe*, ISSN 2666-5247, [https://doi.org/10.1016/S2666-5247\(20\)30172-5](https://doi.org/10.1016/S2666-5247(20)30172-5)

²⁹⁸ <https://www.bitchute.com/video/ypljmxQoLygi/>



²⁹⁹ “Mask mandates reduced case growth 0- 1.8%, and COVID death rates 0.7 - 1.9%, with an increase in deaths 21-40 days after the mandate went into effect. Indoor dining bans decreased case growth 0.1 - 0.4% with an increase in cases in four time periods the bans were implemented. Restaurant bans were associated with a slight growth in COVID mortality... states impose masks when cases are rising. Cases naturally peak after that, then decline. So the study may be giving masks credit for something that happens naturally.”

<https://www.lifesitenews.com/news/cdc-finds-masks-indoor-dining-bans-dont-stop-virus-but-media-ignores>

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

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

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

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

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

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

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

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

<https://doi.org/10.7326/M20-6817>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

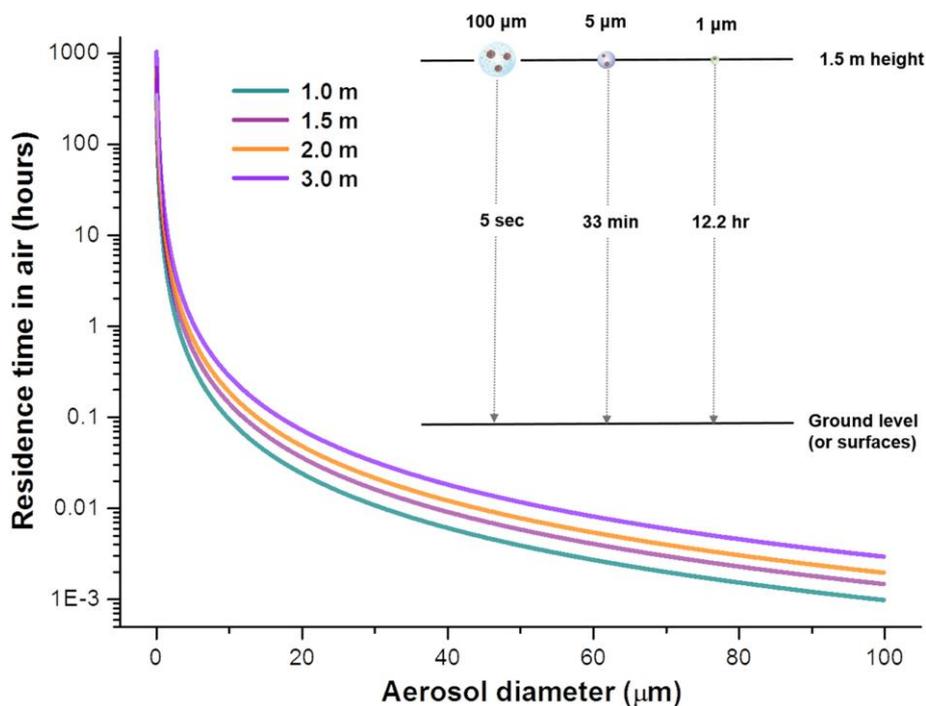
<https://fox6now.com/2020/05/29/who-guidance-healthy-people-should-wear-masks-only-when-taking-care-of-coronavirus-patients/>

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

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

³⁰⁰ Wang C, Prather KA, et al. **Airborne transmission of respiratory viruses.** 27 Aug 2021 Science Vol 373, Issue 6558.

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



The smaller the aerosol, the further the dispersion and lower the concentration. **If you can smell it, you can get it, but you still need an average viral load of 1000 viral particles to get sick:** after contact tracing on all of its 21821 reported SARS-CoV-2 cases, “epidemiologically validated infector-infectee pairs enabled us to determine an average transmission bottleneck size of 103 SARS-CoV-2 particles”.³⁰¹

No study solved the following warnings from the UK government:

- Effectiveness of face coverings as a source control after longer duration wearing, including analysis of the influence of moisture on the performance of different types of face coverings.
- Analysis of the potential risk of transmission due to contaminated face coverings (during and after removal).
- Assessment of the prevalence of skin complaints associated with face coverings, including an understanding of the factors that contribute and potential mitigation.
- Analysis of user acceptability of face coverings for long duration use in different settings.³⁰²

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

Air tighter masks are insufferable and unenforceable in a short lapse, since they cause lack of oxygen and excess carbon dioxide in blood. Still, they are not 100% effective. Not even the best HEPA filters can filter all COVID aerosols³⁰³, which could be as small as 0.1 micron:

MERV Rating Average Particle Size Efficiency in Microns

1-4 3.0 - 10.0 less than 20%

³⁰¹ Popa A, Genger JW et al. **Mutational dynamics and transmission properties of SARS-CoV-2 superspreading events in Austria.** 17 Jul 2020 BioRxiv preprint <https://doi.org/10.1101/2020.07.15.204339>

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

³⁰² Duration of Wearing of Face Coverings EMG-NERVTAG 15 Sep 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923607/s0760-4a-duration-wearing-face-coverings-170920.pdf

³⁰³ <https://www.epa.gov/indoor-air-quality-iaq/what-hepa-filter-1>

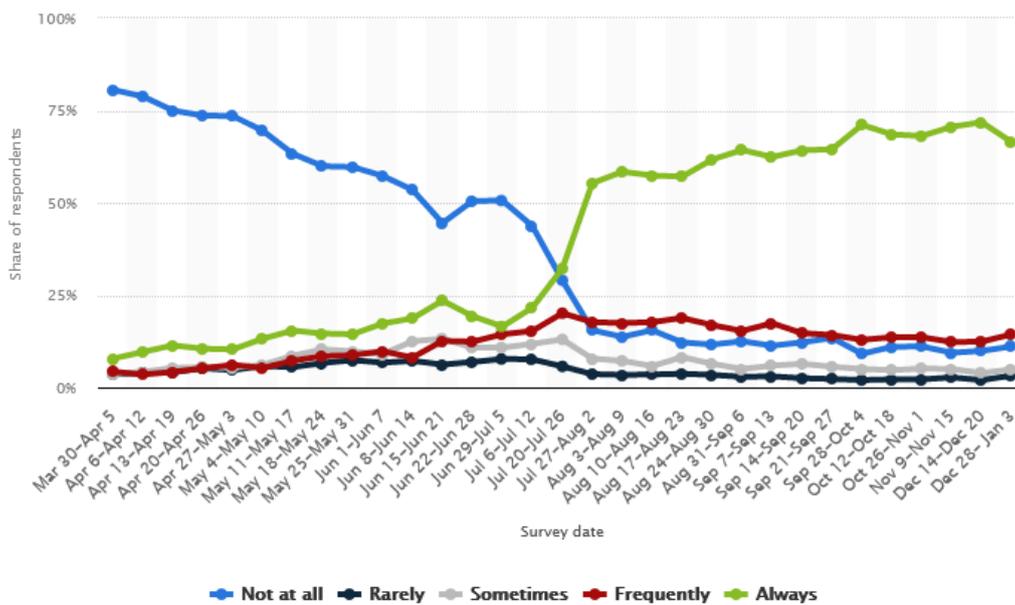
MERV Rating Average Particle Size Efficiency in Microns

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

Allowing flights, where air is recirculated with HEPA filters, was completely inconsistent with enforcing tighter lock downs: it is another proof that those measures had a political objective.

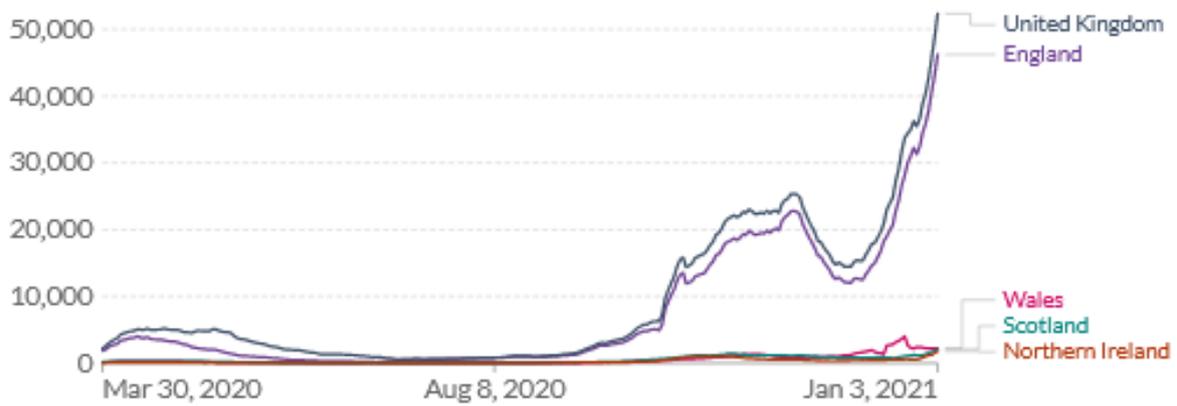
Similar to the insane lock down narrative, **some argue that even if masks are not 100% effective, they are somewhat effective, and at least save some lives.** Though common masks may reduce case risk for a brief period, with such a contagious virus, in a few months, statistics show they don't make any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

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



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

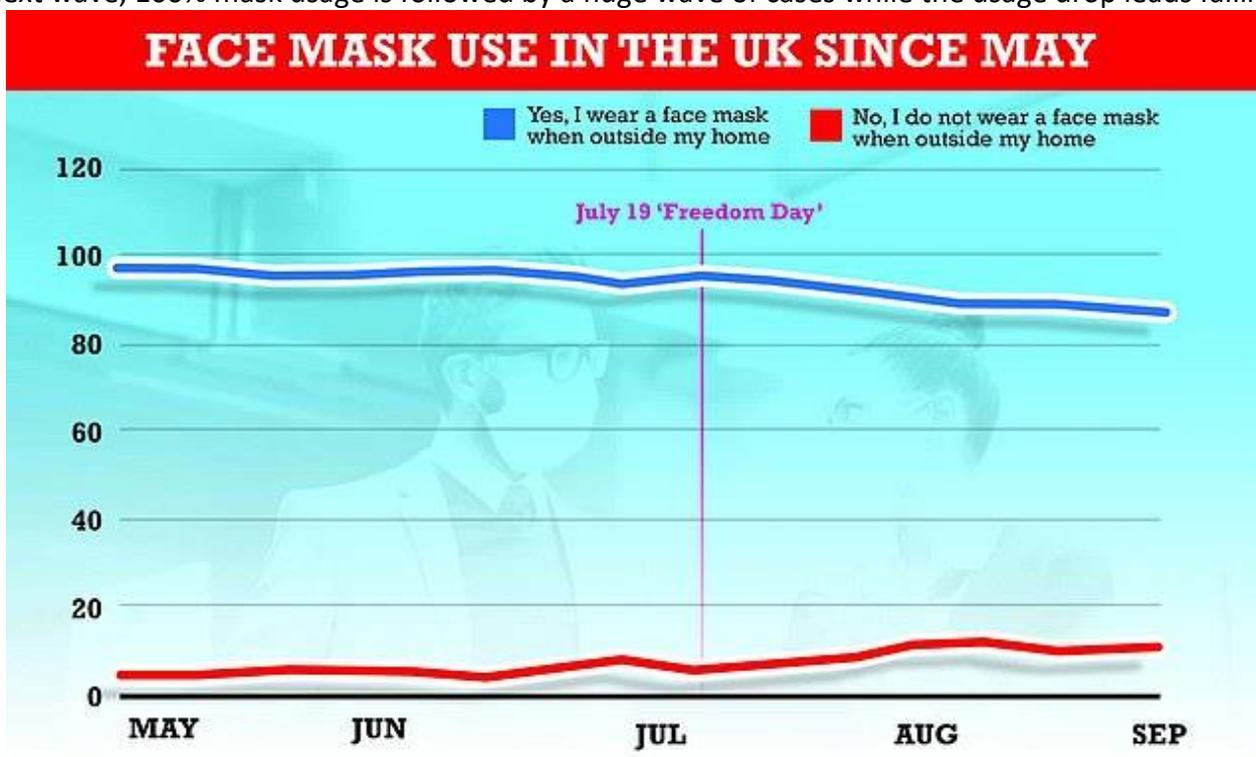
COVID Cases rolling 7-day average



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

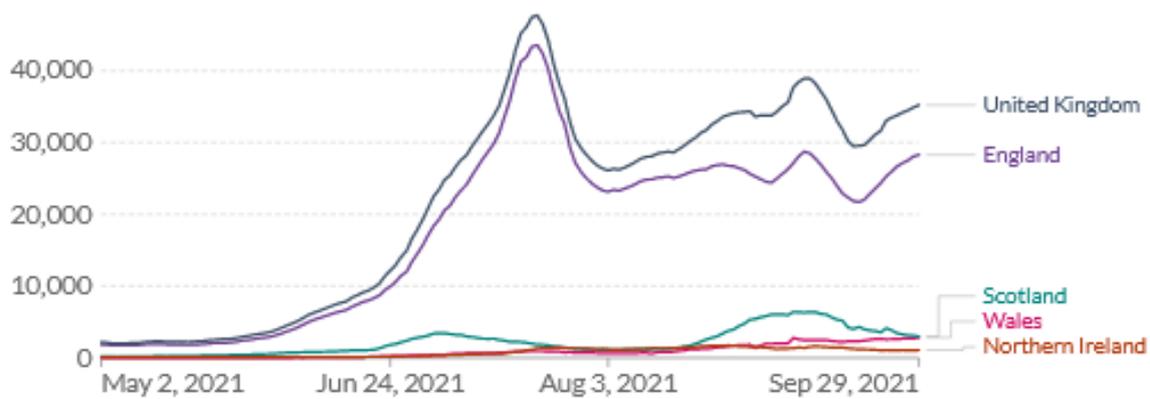
<https://ourworldindata.org/grapher/uk-daily-new-covid-cases?time=2020-03-30..2021-01-03>

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



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

COVID Cases rolling 7-day average



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

Many states like Texas and Florida showed that dropping mask mandates was correlated with lower cases.³⁰⁴ Of course, correlation is not causation. In a very much publicized UK government study³⁰⁵, they insisted that masks were effective, yet they divided the stats of into usual, occasional and non-mask-users in outdoors, without taking into account confounding factors like being recovered, vaccine type and dose, that many non-users avoid surveys and that non-whites were not answering the questionnaire. **No correlation with outcomes like hospitalization and deaths. Cherry picking: tax money dumped by globalist politicians into mercenary scientists reminds us of the worst days of soviet science.**

All the studies stating that masks were effective in preventing the pandemic are concoctions designed to fool the masses³⁰⁶ : case data shows no country was able to stop contagion except the ones which provided massive early treatment with ivermectin and other drugs. All of those studies reverse their conclusions if they increase the period studied.

For instance, the ministry of health of Argentina recognized they had no scientific basis for recommending common masks. The minister even recognized that masks “have an effect of social discipline... social control”.³⁰⁷

³⁰⁴ <https://www.naturalnews.com/2021-10-14-florida-covid-cases-plunged-88percent-no-mandates.html>

³⁰⁵ In partnership with the University of Oxford, University of Manchester, Public Health England and the globalist Wellcome Trust: Yapp R, Willis Z and Jones J, **Coronavirus (COVID-19) Infection Survey technical article: analysis of populations in the UK by risk of testing positive for COVID-19**, 27 Sep 2021 UK Office for National Statistics.

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

Pritchard E, Jones J, the COVID-19 Infection Survey Team. **Monitoring populations at increased risk for SARS-CoV-2 infection in the community** 5 Sep 2021 medRxiv 2021.09.02.21263017; <https://doi.org/10.1101/2021.09.02.21263017>

³⁰⁶ Fischer CB, Adrien N, et al. **Mask adherence and rate of COVID-19 across the United States**. PLoS ONE 16(4): e0249891. 14 Apr 2021 <https://doi.org/10.1371/journal.pone.0249891>

Guy GP Jr., Lee FC, Sunshine G, et al. **Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020**. 5 Mar 2021 MMWR Morb Mortal Wkly Rep;70:350–354. <http://dx.doi.org/10.15585/mmwr.mm7010e3>

Ginther DK, Zambrana C. **Association of Mask Mandates and COVID-19 Case Rates, Hospitalizations, and Deaths in Kansas**. JAMA Netw Open. 2021;4(6):e2114514. <https://doi.org/10.1001/jamanetworkopen.2021.14514>

Wei Lyu W and Wehby GL, **Community use of face masks and COVID-19: evidence from a natural experiment of state mandates in the US**. 16 Jun 2020 Health Affairs Vol. 39, No. 8 <https://doi.org/10.1377/hlthaff.2020.00818>

³⁰⁷ <https://www.perfil.com/noticias/periodismopuro/gines-gonzalez-garcia-el-ultimo-lugar-que-va-a-parecerse-mas-a-lo-normal-sera-el-amba.phtml>



Masks don't protect contagion through the eyes and have the same ineffectiveness as transparent plastic face shields³⁰⁸. Yet, in every single country with mask mandates, people were rejected, rebuked or fined when wearing visors instead of masks. **Why is transparent politically incorrect?**

Some of the psy-op purposes of **face cancelling** might be:

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

Masks:

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

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

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

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

Massive masking was never justified on the asymptomatic.

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

³⁰⁸ <https://plushealthsupply.com/en/shop/gesichtschutz-face-shield/> <https://www.pinterest.cl/pin/794533559263953598/> <https://www.pinterest.cl/pin/458663543304957171/> <https://www.prnewswire.com/news-releases/virushield-launches-the-virushield-ghost-as-new-innovative-solution-to-cloth-mask-301093199.html> <https://www.flexpackmag.com/articles/90691-riken-suntory-liquors-and-toppan-printing-collaborate-on-face-shields-for-eating-and-drinking> <https://www.speisenverteilung.info/cover-covid/en/produkt/cover-covid-mini-face-shield-premium/> <https://www.tradeshopdirect.co.uk/transparent-hospitality-half-face-shield-visor> <https://www.walmart.com/ip/20pcs-Reusable-Protective-Visor-in-White-Mouth-and-Nose-Cover-Anti-Saliva-Anti-Splash-Facial-Protection-Face-Shield-for-Men-Women/907579840> <https://www.workwearworld.co.uk/product/shakoshield-baseball-cap-splash-shield-visor-pack-of-10/>

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

Vaccines can't prevent spread

Saliva viral load is a strong predictor of disease severity and mortality. ³⁰⁹ Unlike naturally developed immunity, vaccines can't generate immune response in the oropharyngeal mucosa (e.g. immunoglobulin A). Therefore, current COVID vaccines can't generate herd immunity (i.e. prevent contagion and spreading).

This could be solved by innovations like the Finnish nasal spray vaccine but little interest has been shown... maybe because it is not a Trojan? ³¹⁰

In spite of massive vaccination, there was more spread, not less:

- 30 Jul 2020: the CDC found that 74% of the July COVID-19 infections were fully vaccinated people and that viral loads in fully vaccinated people were higher than in unvaccinated people in Massachusetts. ³¹¹
- In the UK, COVID cases rose despite 8 out of 10 vaccinated adults. ³¹² Even worse in Israel.
- **The vaccinated got 900% more infected than the unvaxxed** in a massive Government study in Argentina. ³¹³

By the way, if even the CDC said the vaccinated still needed masks, why were mask mandates reversed after massive double vaccination? As we've seen, **masks weren't about spread, but about social control.**

Why did cases go down after vaccination in certain countries and periods? For the same reason they went down after the first wave: epidemics behave in waves because of an increase of herd immunity and death of hosts, leads to a valley, which is then followed by another wave propelled by viral evolution and the disease finding new hosts (for example other neighbourhoods or cities in the geographical unit being gauged).

In the classic epidemiological models, the second and third waves are always lower than the first. Why is COVID the only exception to the rule? Vaccines increased the subsequent waves by debilitating the immune response to variants.

By the way, in countries like Argentina, cases went dramatically down, not because of massive vaccination, but because the government practically ceased to test in September 2021 three weeks before October elections, proving that it is a PCR plandemic.

³⁰⁹ Silva, J., Lucas, C., et al. **Saliva viral load is a dynamic unifying correlate of COVID-19 severity and mortality.** *medRxiv : the preprint server for health sciences*, 04 Jan 2021. <https://doi.org/10.1101/2021.01.04.21249236>

Fajnzylber, J., Regan, J., Coxen, K. *et al.* **SARS-CoV-2 viral load is associated with increased disease severity and mortality.** 30 Oct 2020 *Nat Commun* **11**, 5493. <https://doi.org/10.1038/s41467-020-19057-5>

Yoon, J. G., Yoon, J., et al. **Clinical Significance of a High SARS-CoV-2 Viral Load in the Saliva.** 20 May 2020. *Journal of Korean medical science*, 35(20), e195. <https://doi.org/10.3346/jkms.2020.35.e195>

³¹⁰ https://yle.fi/uutiset/osasto/news/finnish_nasal_spray_vaccine_protects_against_viral_variants_developers_say/

³¹¹ <https://www.barnstablecountyhealth.org/newsroom/7-30-21-cdc-morbidity-and-mortality-weekly-report>

³¹² <https://www.livemint.com/news/world/uk-virus-cases-surge-even-as-8-in-10-have-received-shots-11623958350491.html>

³¹³ Nazar, F. **Caso Argentino: genocidio COVID basado en evidencia.** 15 July 2021, preprint Academia.edu

https://www.academia.edu/50940224/Caso_Argentina_genocidio_COVID_basado_en_evidencia

Vaccine arms race against immune escape

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

Experts have been warning of the possibility of this “immune escape”. Dr. Geert Vanden Bossche, vaccine developer and Senior Ebola Program Manager said: “Given the huge amount of **immune escape** that will be provoked by mass vaccination campaigns and flanking containment measures, it is difficult to imagine how human interventions would not cause the COVID-19 pandemic to turn into an incredible disaster for global and individual health.” ³¹⁴

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

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

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

Positive-sense³¹⁵ RNA viruses account for a large fraction of all known human viruses, including many well-known pathogens such as **HIV** (the AIDS virus), **hepatitis C virus** (liver cancer), **rhinoviruses** (common cold), **West Nile virus**, **Dengue virus**, **Zika**, **SARS and MERS coronaviruses**, and **COVID-19**. Even though the single stranded RNA strategy comes with the problem of high mutation rate, these viruses replicate so efficiently, and produce so many viruses so fast, that it does not slow them down. In fact, the high mutation rate is sort of an advantage for viruses- it makes it easy for them to evolve and adapt to a new host (you and me) very rapidly, and to adapt to escape immunity in the animals that they infect (including us).

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

For those of you paying attention, smash these ideas together with 1) escape mutants against a vaccine and 2) **why we don't have a vaccine for HIV and the common cold...**” ³¹⁶

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

“The Delta variant possesses mutations in the spike protein (including 104 L452R and T478K) that makes the virus less susceptible to neutralizing antibodies generated by current vaccines or natural infection.” ³¹⁷

By Aug 2021, **the AZ vaccinated had 251 times the Delta viral load compared to the unvaccinated Alpha.** ³¹⁸ This shows that **the vaccines weakened the immune system** and that **the vaccinated were turned into super-spreaders: the Delta wave is a vaccinated wave.** ³¹⁹

³¹⁴ <https://childrenshealthdefense.org/defender/vanden-bossche-mass-vaccination/>

³¹⁵ Physicist Deni Hogan wrote that mutation is “also about helicity, chirality and subatomic forces. The helicity of a particle in particle physics is defined as the projection of a spin vector in the direction of its momentum vector, Therefore, if a particle’s spin vector points in the same direction as the momentum vector, the helicity is positive, and if they point in opposite directions, the helicity is negative.” <https://www.linkedin.com/feed/update/urn:li:activity:6839540985089863681?commentUrn=urn%3Ali%3Acomment%3A%28activity%3A6839540985089863681%2C6839577367028084736%29>

³¹⁶ 03 Sep 2021 https://www.linkedin.com/posts/rwmalonemd_research-science-biotech-activity-6839540985089863681-1w3j

³¹⁷

³¹⁸ Some might argue that this shows Delta is not as deadly, since only one in 62 required oxygen, but in Vietnam, ivermectin is widely used so we can’t rule out treatment effectiveness.

Vaccine efficacy?

Real world efficacy should be measured against the wild disease, by

- a) animal models
- b) epidemiological tracing

Both methods proved vaccines didn't work: **the animal model showed deadly VADER, while vaccination correlated with a worse wave than the previous wild one.**

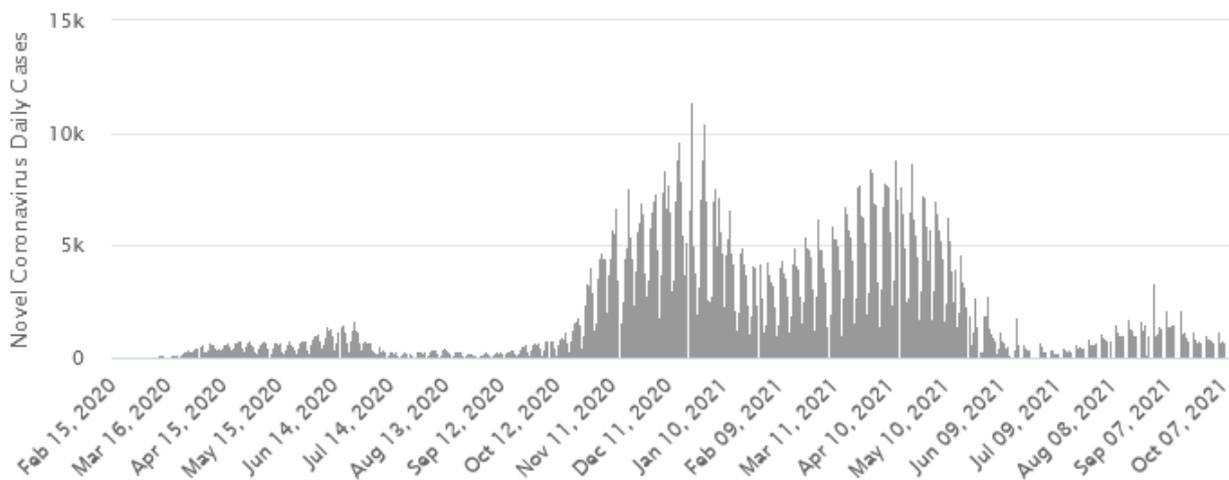
It is unconscionable that academia, media and health agencies have fully aligned with vax makers' propaganda. Vaccine efficacy has been *conveniently* redefined as

- a) antibody levels to the vaccine antigen created out of a computer model provided by the Chinese Communist Party, where the studies, cherry picked clinical population and cherry picked results are defined and paid by the manufacturer
- b) by statistical models where the downward slope is attributed to vaccines, "forgetting" that is a natural evolution of an epidemic.

Epidemiology text books explain that epidemics move in waves because the recovered susceptible population develops herd immunity, while the disease moves on to the uninfected susceptibles, so a second wave or season has usually a lower peak and involves other groups or areas. For instance, this happened in the 1968 Hong Kong Influenza Pandemic.³²⁰

Most studies³²¹ that show high efficacy only take into account just before a wave peak, which was "doomed" to go down anyway, even without any intervention: **cherry picking or poisoned apple?**

As most countries, Sweden shows no correlation between the fall of the waves and vaccination rates:

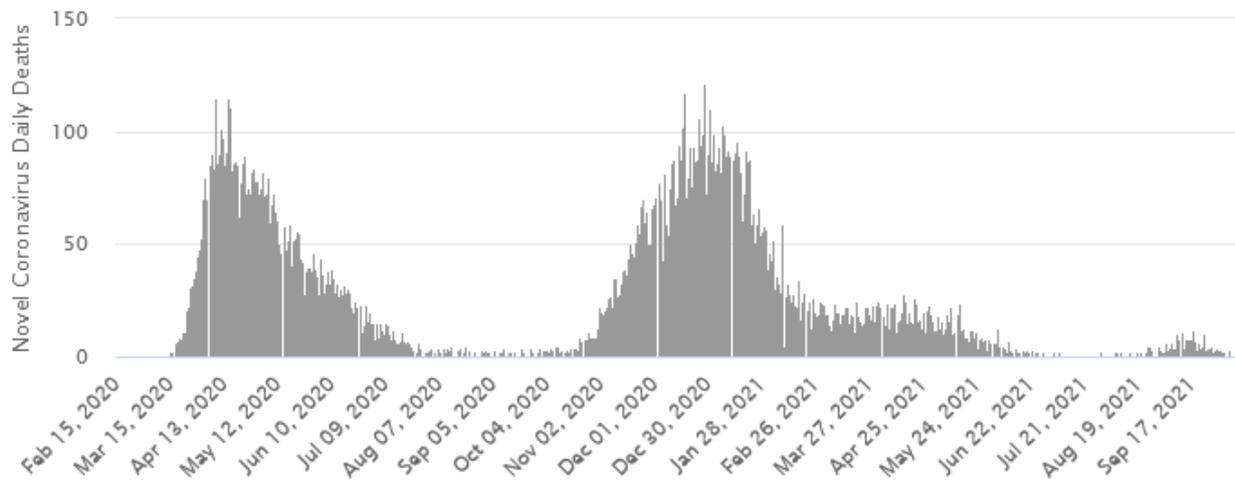


Chau NVV, Ngoc NM, et al. **Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam.** Hospital for Tropical Diseases, 10 Aug 2021, 31 Pages Preprint SSRN/The Lancet, <http://dx.doi.org/10.2139/ssrn.3897733>

³¹⁹ Farinholt T, Doddapaneni H, et al. **Transmission event of SARS-CoV-2 Delta variant reveals multiple vaccine breakthrough infections.** 12 Jul 2021, MedRxiv. <https://doi.org/10.1101/2021.06.28.21258780>

³²⁰ Viboud C, Grais RF, et al. **Multinational Impact of the 1968 Hong Kong Influenza Pandemic: Evidence for a Smoldering Pandemic,** The Journal of Infectious Diseases, Volume 192, Issue 2, 15 July 2005, Pages 233–248, <https://doi.org/10.1086/431150>

³²¹

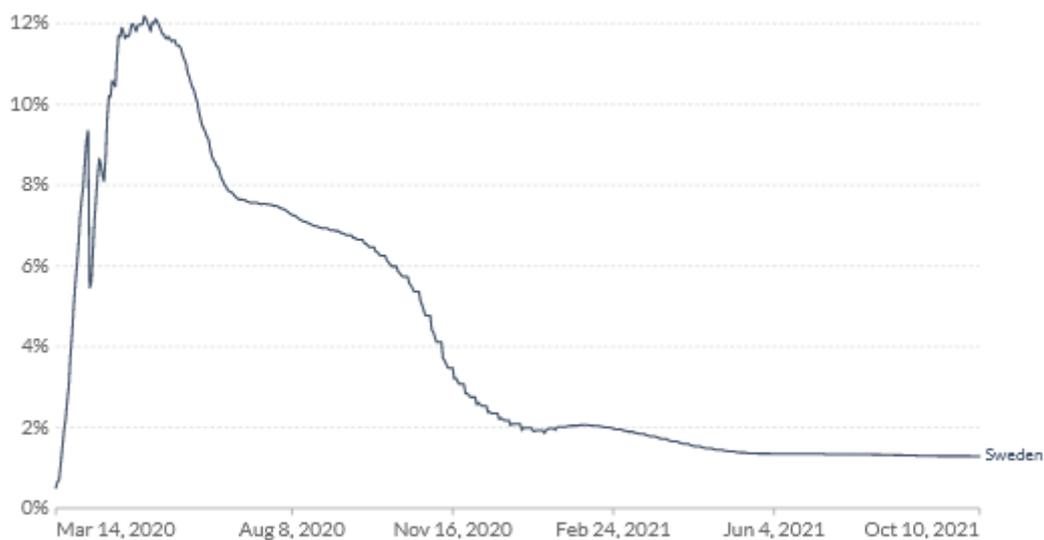


Case fatality rate of COVID-19

The case fatality rate (CFR) is the ratio between confirmed deaths and confirmed cases. The CFR can be a poor measure of the mortality risk of the disease. We explain this in detail at [OurWorldInData.org/mortality-risk-covid](https://ourworldindata.org/mortality-risk-covid)



LINEAR LOG + Add country



Source: Johns Hopkins University CSSE COVID-19 Data

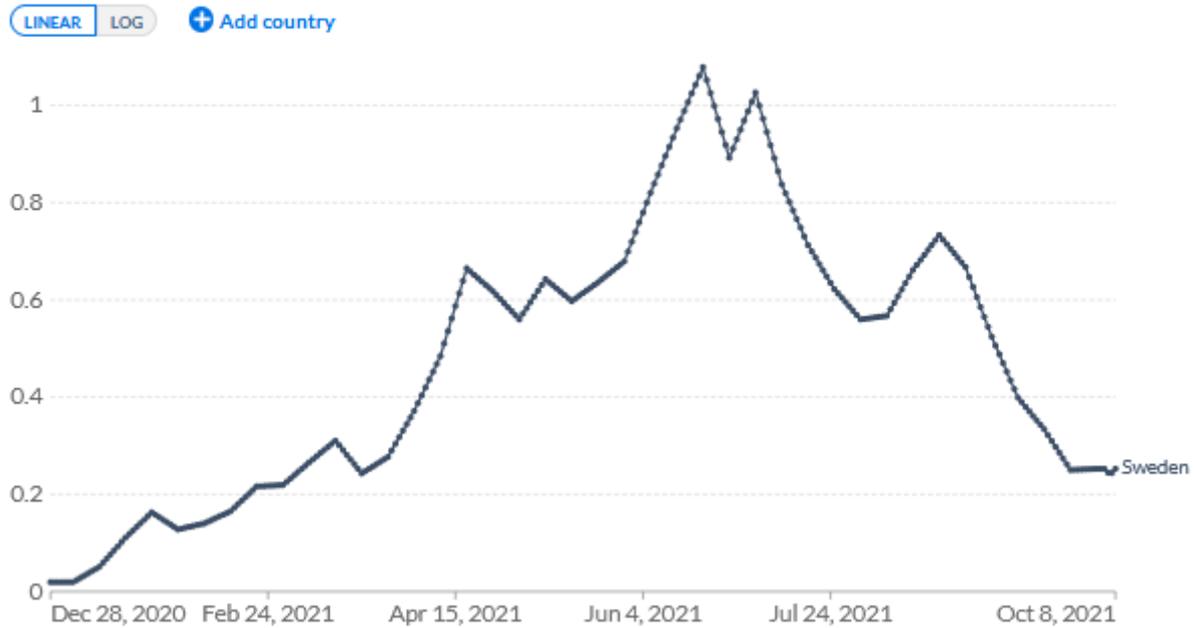
CC BY



Note: cases and deaths went down without mandatory masks, lockdowns and herd-immunity vaccination:

Daily COVID-19 vaccine doses administered per 100 people

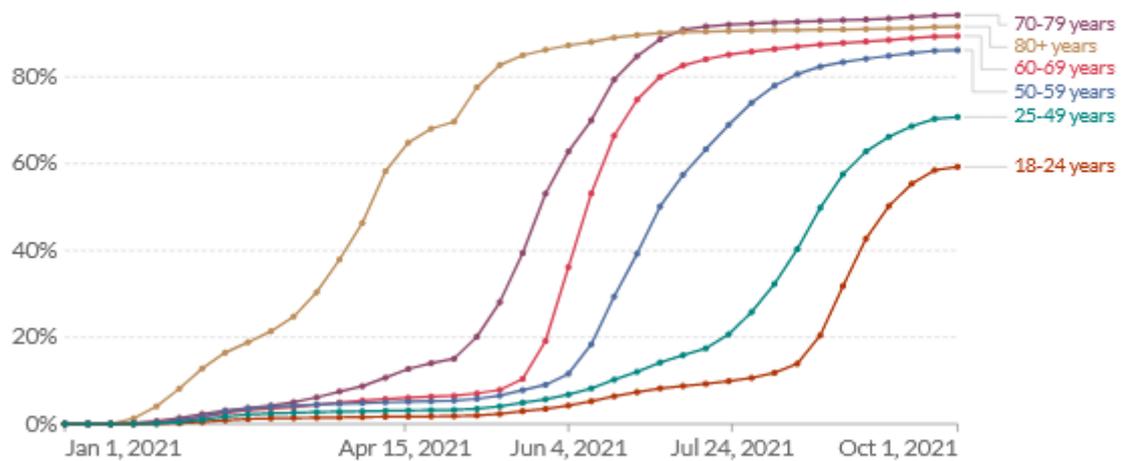
Shown is the rolling 7-day average per 100 people in the total population. For vaccines that require multiple doses, each individual dose is counted.



Share of people fully vaccinated against COVID-19 by age, Sweden

Share of the population in each age group that have received all prescribed doses of the vaccine.

Change country



Source: Official data collated by Our World in Data

OurWorldInData.org/coronavirus • CC BY

Note: In some territories, vaccination coverage may include non-residents (such as tourists and foreign workers) so per-capita metrics may exceed 100%.

Share of people who received at least one dose of COVID-19 vaccine

Total number of people who received at least one vaccine dose, divided by the total population of the country.



+ Add country



Source: Official data collated by Our World in Data - Last updated 11 October 2021, 16:30 (London time) OurWorldInData.org/coronavirus • CC BY

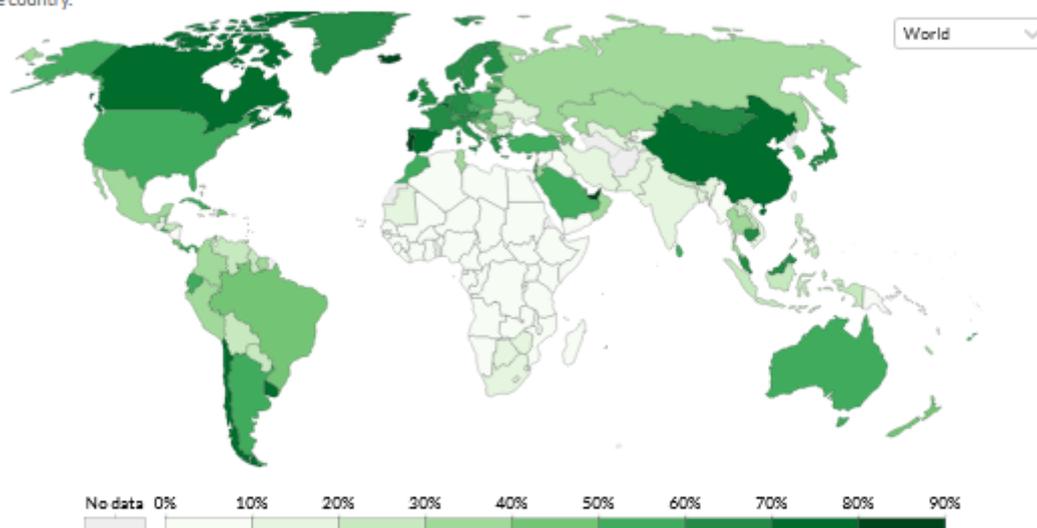
▶ Dec 27, 2020 ○ Oct 8, 2021

Note: 70% is unconscionable because it considers all population, including recovered, babies and children, which shouldn't be vaccinated.

Many countries with very low vaccination coverage show that COVID was a non-issue (n.b. India, Africa). On the contrary, most countries with high vaccination rates show higher recurring waves:

Share of the population fully vaccinated against COVID-19, Oct 10, 2021

Total number of people who received all doses prescribed by the vaccination protocol, divided by the total population of the country.



Source: Official data collated by Our World in Data - Last updated 11 October 2021, 16:30 (London time) OurWorldInData.org/coronavirus • CC BY
Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

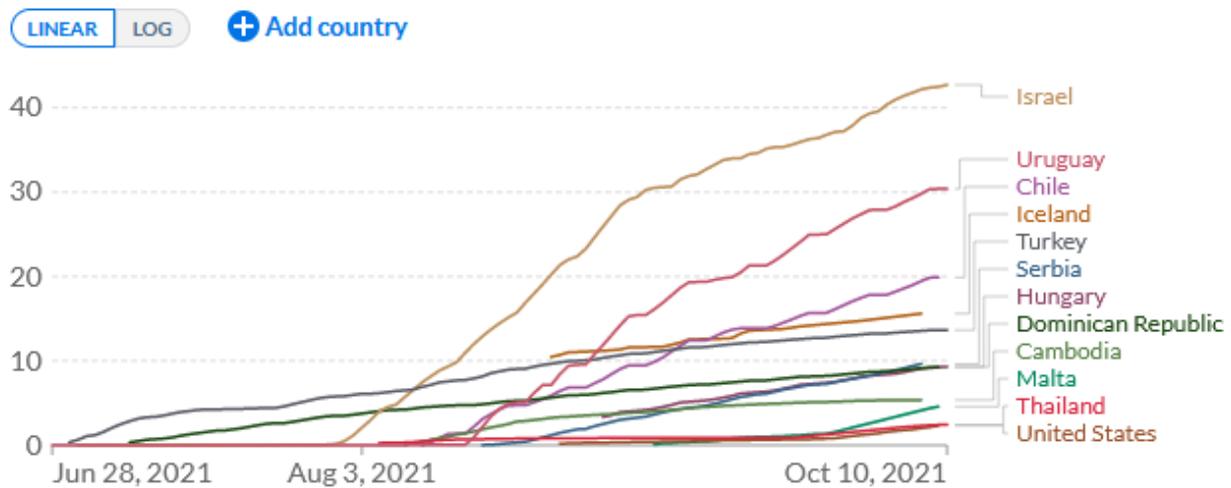
▶ Dec 27, 2020 ○ Oct 10, 2021

More vaccination, more deaths:

COVID-19 vaccine booster doses administered per 100 people

Our World
in Data

Total number of vaccine booster doses administered, divided by the total population of the country. Booster doses are doses administered beyond those prescribed by the original vaccination protocol.



Source: Official data collated by Our World in Data - Last updated 11 October 2021, 16:30 (London time)
OurWorldInData.org/coronavirus • CC BY

<https://ourworldindata.org/grapher/covid-vaccine-booster-doses-per-capita?time=2021-06-28..latest&country=ISR~CHL~ISL~TUR~DOM~HUN~SRB~KHM~MLT~THA~URY~USA>

How is it possible that studies allegedly show high vaccine efficacy but at the same time hospitalizations increase in the vaccinated and governments move on to the third or fourth dose?

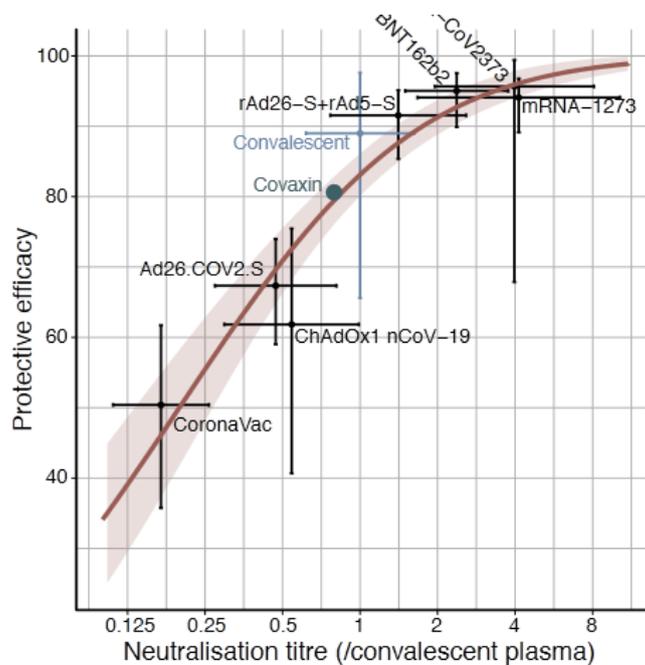
Is the **immune escape a false excuse to hide that there is no long vaccine efficacy?** not even 6 months!

It is unconscionable that regulatory agencies don't require new clinical trials for COVID vaccines adapted to new variants, unlike the studies required to the HPV vaccines. Emergency can't be an excuse for lack of efficacy and safety control!

War on the recovered or the unvaxxed?

From the first vaccine clinical trials, it was clear that natural immunity more effective:

Natural immunity (convalescent proxy) v. vaccine immunity



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

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

The third step is war on the unvaxxed. The war on the recovered is the proof that **governments are following a guided plan to gradually enforce a global lock down on the unvaccinated**, in a typical Overton-window³²² strategy, which will end up locking down the unvaxxed in “house arrest” solitary confinement, allowed by the universal minimum income, dependent upon not having children. It’s a “wither and die” strategy both for the unvaccinated and the vaccinated, since vaccines cause infertility, disabilities and death.

On August 2021 the Biden administration forbid the entrance of unvaccinated foreigners.³²³ European Covid Digital Certificate (EUDCC) is being used across borders not only for foreigners but for EU citizens. Thirteen EU countries mandate passes for hospitality (bars, restaurants, museums, indoor sports venues, and other cultural/entertainment sites).³²⁴ In Italy, the **freemason** prime minister Draghi³²⁵ mandated a COVID **Green Pass** to access venues with public: one dose, 9 month pass, recovered get only 6 months even if they have more immunity, PCR tested get only 48 hours. This, in spite 63% of the 12+ population got 2 shots and it is estimated that 60% are recovered, yet they want to reach 80% vaccinated.³²⁶ Even the Vatican required it to access the Vatican gardens, even if it is proven there’s no outdoors’ risk! An Argentine provincial law (Jujuy), mandated all state employees to be vaccinated or else, no wage, as if their bodies had been confiscated by the State, even if all COVID vaccines were not approved by ANMAT (the Argentine FDA), though they had Emergency Use Authorization.

Some passes (e.g. Slovenia), allow access to hospitality venues if a negative COVID test is provided. The same, for entering a Country (e.g. Argentina) or province (Jujuy, Argentina). In those countries or states/provinces where

³²² https://en.wikipedia.org/wiki/Overton_window
³²³ <https://www.lifesitenews.com/news/biden-administration-to-require-all-legal-visitors-from-outside-the-u-s-to-be-vaccinated/>
³²⁴ <https://www.euronews.com/travel/2021/07/26/green-pass-which-countries-in-europe-do-you-need-one-for>
³²⁵ <https://www.lifesitenews.com/opinion/vigano-considerations-on-the-great-reset-and-the-new-world-order/>
³²⁶ <https://coronavirus.gimbe.org/vaccini.it-IT.html>

the test has to be paid by the user, entering the region or venue is unaffordable, if the test has to be done periodically (for instance 72 or 48 hours prior to entrance). Also, long term immunization is not recognized to the recovered.

5 Feb 2021, after 8 months it was clear that natural immunity was far better than any vaccine induced response, which can't achieve IgA memory.³²⁷ The same conclusion was reached after 1 year.³²⁸

IgM antibodies start being detected at 1 to 2 weeks after infection, peak at 4 to 6 weeks, and last minimum 6 months. Why did they insist in tracing waning neutralizing antibodies for the recovered, instead of long-term natural immunization (B and T cells, CD4 & CD8)?³²⁹

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

24 Aug 2021, after following **670,000 people**, vaccinated and unvaccinated, an Israel study concluded: **“Natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the Pfizer two-dose vaccine-induced immunity... vaccinated individuals had 27 times higher risk of symptomatic COVID infection compared to those with natural immunity from prior COVID disease”**.³³⁰

6 Sep 2021, **the Delta variant was 6x less sensible to antibodies from the recovered, compared to 8x of the double-vaxxed AstraZeneca and Pfizer**.³³¹ But the researchers didn't disclose that the majority of the recovered were vaccinated, because it didn't cross their minds that **vaccines could actually reduce immune capability**.

³²⁷ “Memory B cells against SARS-CoV-2 spike actually increased between 1 month and 8 months after infection. Spike IgA was still present in the large majority of subjects at 6 to 8 months after infection. Among the memory B cell responses, IgG was the dominant isotype, with a minor population of IgA memory B cells. Although ~70% of individuals possessed detectable CD8+ T cell memory at 1 month after infection, that proportion declined to ~50% by 6 to 8 months after infection. For CD4+ T cell memory, 93% of subjects had detectable SARS-CoV-2 memory at 1 month after infection, and the proportion of subjects positive for CD4+ T cells (92%) remained high at 6 to 8 months after infection. SARS-CoV-2 spike-specific memory CD4+ T cells with the specialized capacity to help B cells [T follicular helper (TFH) cells] were also maintained.”

Dan JF, Mateus J, et al. **Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection**. 5 Feb 2021 Science Vol 371, Issue 6529 <https://doi.org/10.1126/science.abf4063>

Poon MML, Yu Kato KR et al. **SARS-CoV-2 infection generates tissue-localized immunological memory in humans**. 7 Oct 2021 Science Immunology <https://doi.org/10.1126/sciimmunol.abl9105>

Mrunal Sakharkar C, Garrett Rappazzo WF et al. **Prolonged evolution of the human B cell response to SARS-CoV-2 infection**, Science Immunology, 6, 56, (2021). <https://doi.org/doi/10.1126/sciimmunol.abg6916>

Vanshylla K, Di Cristanziano V, et al. **Kinetics and Correlates of the Neutralizing Antibody Response to SARS-CoV-2**, SSRN Electronic Journal, (2021). <https://doi.org/10.2139/ssrn.3808085>

³²⁸ Dobaño C, Ramírez-Morros A, **Persistence and baseline determinants of seropositivity and reinfection rates in health care workers up to 12.5 months after COVID-19**, BMC Medicine, 19, 1, (2021). <https://doi.org/10.1186/s12916-021-02032-2>

³²⁹ Reynolds C, Pade C, et al. **Prior SARS-CoV-2 infection rescues B and T cell responses to variants after first vaccine dose**, 30 Apr 2021, Science Mag <https://doi.org/10.1126/science.abh1282>

Leier H, Bates T, et al. **Previously infected vaccines broadly neutralize SARS-CoV-2 variants**, 29 Apr 2021, medRxiv; <https://doi.org/10.1101/2021.04.25.21256049>

Stamatatos L, Czartoski J, **mRNA vaccination boosts cross-variant neutralizing antibodies elicited by SARS-CoV-2 infection**, 25 Mar 2021, Science Mag <https://doi.org/10.1126/science.abg9175>

Nayak, K., Gottimukkala, K., Kumar, S., Reddy, E. S., Edara, V. V., Kauffman, R., Floyd, K., Mantus, G., Savargaonkar, D., Goel, P. K., Arora, S., Rahi, M., Davis, C. W., et al. **Characterization of neutralizing versus binding antibodies and memory B cells in COVID-19 recovered individuals from India**. 5 Mar 2021. Virology, 558, 13–21. <https://doi.org/10.1016/j.virol.2021.02.002>

³³⁰ Gazit S, Shlezinger R, et al. **Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections**. 24 Aug 2021 medRxiv 21262415; <https://doi.org/10.1101/2021.08.24.21262415>

³³¹ Ilcochova, P., Kemp, S., Dhar, M.S. et al. **SARS-CoV-2 B.1.617.2 Delta variant replication and immune evasion**. 6 Sep 2021 Nature. <https://doi.org/10.1038/s41586-021-03944-y>

Waning immunity

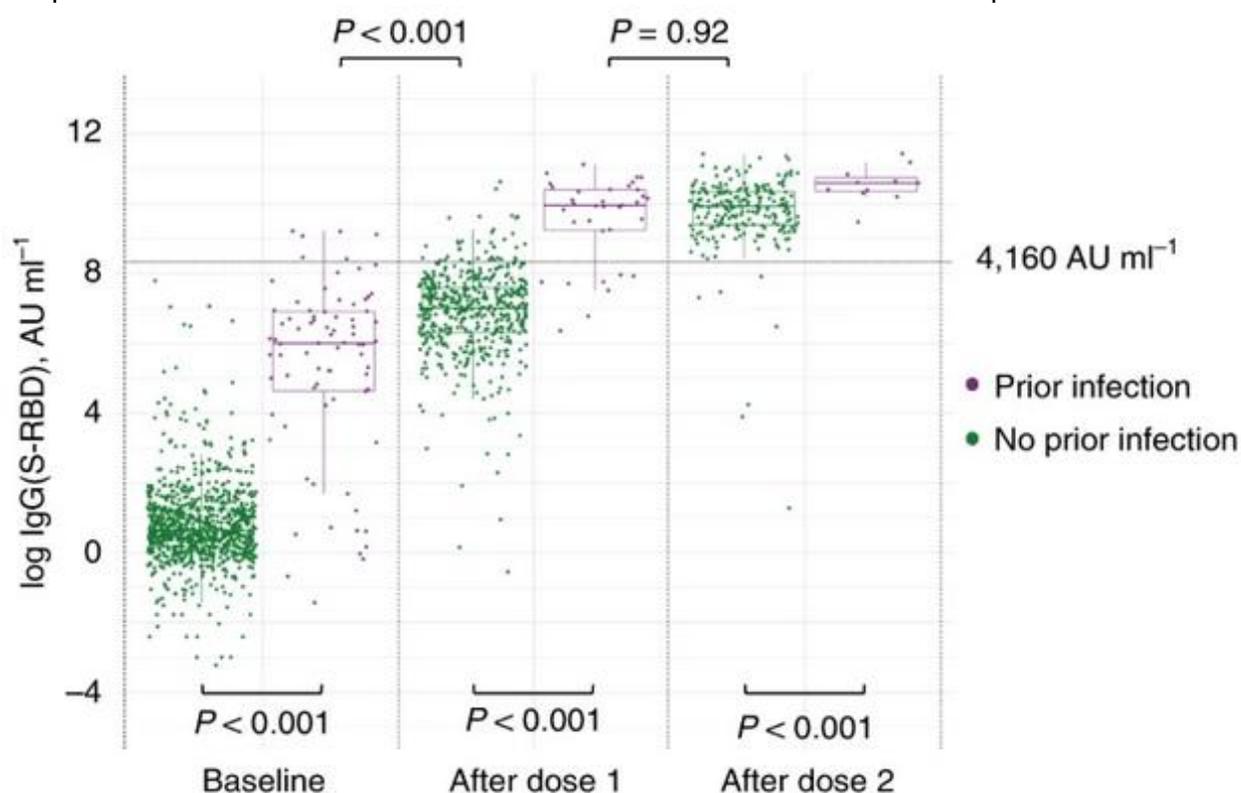
If immunity was the point, why did they reject proving it? Because vaccines fail, miserably.

27 Oct 2021: unlike the immunity of the recovered, it was proven that: “immunity against the delta variant of SARS-CoV-2 waned in all age groups a few months after receipt of the second dose of vaccine.”³³²

By December 2020 it was clear from the Pfizer trial data that the recovered didn't need a shot.³³³ Why was there an insistence of vaxxing COVID 0+ when there was no scientific evidence of any benefit in terms of long term immunity?

Why did the WHO insist that the vaccinated didn't need to prove immunity for passports? Proof of injection would be enough even in patients with immune deficiency by diabetes, cancer or being immunosuppressed or transplanted, known for failing to produce sufficient immune reaction after vaccination!

One argument for vaxxing the recovered comes from a bad interpretation of the study about IgG(S-RBD) antibody response to mRNA SARS-CoV-2 vaccination in individuals with and without prior infection.³³⁴



Why is there such a scattered pattern in the recovered as baseline? Because they are not discriminated according to lapse since prior infection and vaccination (it takes time for immune response), and are not considering B and T-cells. What this graph really shows is that the recovered achieve maximum antibody levels with first shot, just as a reinfection would trigger T-cell production of antibodies to maximum capacity. That's why the second shot doesn't change the antibody level. The proof is that the lower part of the recovered baseline, reaches nearly the same level as the upper.

³³² Goldberg Y, Mandel M, et al. **Waning Immunity after the BNT162b2 Vaccine in Israel.** 27 Oct 2021. New England Journal of Medicine <https://doi.org/10.1056/NEJMoa2114228> <https://www.nejm.org/doi/full/10.1056/NEJMoa2114228>

³³³

³³⁴ Ebinger J, Fert-Bober J, et al. **Antibody responses to the BNT162b2 mRNA vaccine in individuals previously infected with SARS-CoV-2.** 23 Feb 2021. Nat Med. <https://doi.org/10.1038/s41591-021-01325-6>

This is confirmed by an Israeli study: recovered react to first shot as a double vaccinated would react to a viral infection.³³⁵ Green passes were given to the recovered, too.³³⁶

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

“Reinfections are rare events and patients who have recovered from COVID-19 have a lower risk of reinfection. **Natural immunity to SARS-CoV-2 appears to confer a protective effect for at least a year, which is similar to the protection reported in recent vaccine studies.**”³³⁷ Very few cases were reported of recovered patients reinfected with a mild disease. Even fewer, with severe symptoms but all of them were due to pre-existing comorbidities or immune problems. On the contrary, vaccines showed worse outcomes than natural immunity.

A Cleveland **study involving over 52 thousand health employees** (the double the ones in the Pfizer and Moderna trials but for 10 months), **proved the recovered needed no vaccination at all, showing better protection than the vaccinated, which had 0,7% reinfection: didn’t find a single incident of COVID-19 reinfection in participants who previously had the infection.**³³⁸

In Israel, among 96,845 second wave unvaxxed recovered, 880 reinfected with only 2 seriously ill (2 in 100,000), while among 184,969 third wave unvaxxed recovered, 796 reinfected (0.43%), 9 grave (5 in 100,000). There was practically no difference with recovered with one dose or with the uninfected with 3 doses. Among the 1.46 million double vaccinated in January the rate was 55 per 100,000 by September 2021, suggesting rapid waning effectiveness.³³⁹ The study omitted the first wave recovered because the difference with the vaccinated was probably stronger. Another study with 32000 Israelites showed **natural Immunity was 13x more effective than vaccines in preventing infections and 27x preventing symptoms.**³⁴⁰

After 8 months, the recovered showed more immunity against common human coronaviruses as well as SARS-CoV-1 and therefore are probably immune to SARS-CoV-2 variants. “Spike IgG+ memory B cells increase and persist. Durable polyfunctional CD4 and CD8 T cells recognize distinct viral epitope regions.”³⁴¹

³³⁵ Jabal Kamal, Hila B et al. **Impact of age, ethnicity, sex and prior infection status on immunogenicity following a single dose of the BNT162b2 mRNA COVID-19 vaccine: real-world evidence from healthcare workers, Israel, December 2020 to January 2021.** *Euro Surveill.* 2021;26(6):pii=2100096. <https://doi.org/10.2807/1560-7917>

³³⁶ <https://www.loc.gov/law/foreign-news/article/israel-with-half-the-population-vaccinated-ministry-of-health-issues-covid-19-certificates-of-vaccination-or-recovery-and-green-passes/>

³³⁷ Vitale J, Mumoli N, Clerici P, et al. **Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy.** *JAMA Intern Med.* Published online May 28, 2021. <https://doi.org/10.1001/jamainternmed.2021.2959>

³³⁸ Shrestha NK, Burke PC, et al. **Necessity of COVID-19 vaccination in previously infected individuals,** 01 Jun 2021 medRxiv 21258176; <https://doi.org/10.1101/2021.06.01.21258176>

³³⁹ <https://www.haaretz.com/israel-news/israeli-study-recovered-covid-patients-with-one-vaccine-protected-like-three-doses-1.10195989>

³⁴⁰ Gazit S, Shlezinger R, et al. **Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections.** 24 Aug 2021 medRxiv <https://doi.org/10.1101/2021.08.24.21262415>

³⁴¹ Cohen K, Linderman S, et al. **Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells,** 14 Jul 2021 *Cell Reports Medicine*, Elsevier. <https://doi.org/10.1016/j.xcrm.2021.100354>

Why is there discrimination towards the recovered, even if the vaccinated and the unvaccinated become equally infectious? (Delta viral load was similar)³⁴²

On the other hand, **previous COVID-19 infection, is associated with increased severe adverse events following vaccination** with Pfizer: headache, fatigue, myalgia, lymphadenopathy, etc.³⁴³

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

Why did the NHS and the CDC³⁴⁴ use unscientific models to promote lock downs? **Why were masks, lock downs and vaccines, all intended to the uninfected, mandated to the recovered?**

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

Considering scarcity, why did governments hid that the COVID recovered didn't need vaccines and should not be vaccinated due to bad outcomes?³⁴⁵

Why do they hide that the recovered have better immunity than the fully vaccinated³⁴⁶, even more than the Pfizer vaccine?³⁴⁷

Why did the CDC authorize the vaxxed, visits without restrictions to the unvaxxed, while not granting the same rights to the recovered and the ivermectin treated or treatable patients?: "all the unvaccinated people are at low risk of severe Covid-19 illness, no prevention measures are needed, so these visits could happen indoors with no mask or physical distancing ... fully vaccinated people are less likely to have asymptomatic infection, and therefore potentially less likely to transmit SARS-CoV-2 to others."³⁴⁸ **Mercenaries and ideologues, not science, run health agencies these days.**

³⁴² Riemersma K, Grogan BE, et al. **Vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the SARS-CoV-2 delta variant**, 31 Jul 2021 medRxiv 261387; <https://doi.org/10.1101/2021.07.31.21261387>
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf

³⁴³ Raw R, Kelly A, et al. **Previous COVID-19 infection, but not Long-COVID, is associated with increased adverse events following BNT162b2/Pfizer vaccination**, 29 May 2021, Journal of Infection, <https://doi.org/10.1016/j.jinf.2021.05.035>

³⁴⁴ Johansson MA, Quandelacy TM, Kada S, et al. **SARS-CoV-2 Transmission From People Without COVID-19 Symptoms**. 7 Jan 2021 JAMA Netw Open. 2021;4(1):e2035057. <http://doi.org/10.1001/jamanetworkopen.2020.35057>

³⁴⁵ Stein E., **Can Antibody Tests Help Save Millions of Doses of Vaccine?** Inter-American Development Bank, February 8, 2021 <https://blogs.iadb.org/ideas-matter/en/can-antibody-tests-help-save-millions-of-doses-of-vaccine/>

³⁴⁶ Alfego D, Sullivan A, et al., **A population-based analysis of the longevity of SARS-CoV-2 antibody seropositivity in the United States**, 24 May 2021, The Lancet, EClinicalMedicine, <https://doi.org/10.1016/j.eclinm.2021.100902>

Wang Z, Muecksch F, et al., **Naturally enhanced neutralizing breadth to SARS-CoV-2 after one year**, 07 May 2021, bioRxiv.443175; <https://doi.org/10.1101/2021.05.07.443175>

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

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

Goldberg Y, Mandel M, et al. **Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel**, 20 Apr 2021 medRxiv.21255670; <https://doi.org/10.1101/2021.04.20.21255670>

³⁴⁷ Goldberg Y, Mandel M, et al. **Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel**, 24 Apr 2021 medRxiv.21255670; <https://doi.org/10.1101/2021.04.20.21255670>

³⁴⁸ CNN Health, **Fully vaccinated people can visit unvaccinated family and friends, but one household at a time, CDC official says**, 22 Mar 2021, <https://edition.cnn.com/2021/03/22/health/fully-vaccinated-coronavirus-cdc-advice-wellness/index.html>

We have accepted the unscientific foundations of greenpass bio-police states. The logic behind **vaccine passes** is not nudging but directly **pushing forced vaccination** through unscientific incentives and disincentives. For example, IBM's Excelsior Pass only allows the vaccinated and recently tested, while discriminating the recovered. Other passes also assume vaccine 100% efficacy while asking for antibody count for the recovered, which is higher than with vaccination, but wanes along months (like in vaccines). What matters is antibody producing T and B cell count³⁴⁹, where the recovered show far better results than the vaccinated, but natural immunity is not taken into account. **With an effective cure like ivermectin, there's no justification for passes (if there ever is). It depends on us if biosecurity dictatorships (infectorships) are here to stay.**

WHO changed the definition of herd immunity to justify compulsory unneeded vaccination.³⁵⁰ The new anti-science Orwellian definition says that the *only* ethical way to achieve herd immunity is through vaccination. Defying the most basic concept of immunology, the WHO excludes *natural immunity*, even if achieved through a mild disease, cross-immunity or even medical immunity where a severe disease becomes mild thanks to medicines, like ivermectin. **With ivermectin, there's no need to vaccinate at all.**

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

In March 2021 Fauci established 80% was enough but in order to achieve it, children had to be vaccinated.³⁵¹ This is an obvious manipulation to make believe that vaccines are the only way out:

- By May, 81% of individuals had pre-existing T-cells that cross-reacted with SARS-CoV-2 epitopes³⁵²
- Natural immunity is more effective against a particular strain and more lasting than vaccine induced immunity.
- Through cross-immunity, natural immunity is more effective against new strains and new viruses from the same family. Bio-staticians believe cross-immunity is the answer to why severe cases went down in countries with infection rates as low as 20%. Four coronavirus in the flu season are harmless (except immuno-compromised): HCoV-229E, HCoV-NL63, HCoV-HKU1 and HCoV-OC43. Dangerous strains are extinct or rare: SARS-CoV (2002-2003) and MERS-CoV (2012-present).
- By the end of August 2021, 67% of the US population had antibodies (herd immunity), according to the American Academy of Pediatrics.

³⁴⁹ Plüddemann A, Aronson J, **What is the role of T cells in COVID-19 infection? Why immunity is about more than antibodies?** Oct 19, 2020 Centre for Evidence-Based Medicine, Nuffield Department of Primary Care Health Sciences, University of Oxford

<https://www.cebm.net/covid-19/what-is-the-role-of-t-cells-in-covid-19-infection-why-immunity-is-about-more-than-antibodies/>

³⁵⁰ "Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection."

<https://web.archive.org/web/20201101161006/https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-serology>

"Herd immunity", also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached. **Herd immunity is achieved by protecting people from a virus, not by exposing them to it.** Vaccines train our immune systems to create proteins that fight disease, known as 'antibodies', just as would happen when we are exposed to a disease but — crucially — vaccines work without making us sick. Vaccinated people are protected from getting the disease in question and passing it on, breaking any chains of transmission."

<https://web.archive.org/web/20201223100930/https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/herd-immunity-lockdowns-and-covid-19>

³⁵¹ <https://edition.cnn.com/2021/03/18/health/us-coronavirus-thursday/index.html>

³⁵² Grifoni, A. et al. **Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals.** *Cell*, (2020) <https://doi.org/10.1016/j.cell.2020.05.015>

Braun, J. et al. Presence of SARS-CoV-2 reactive T cells in COVID-19 patients and healthy donors. (2020) medRxiv, 2020.2004.2017.20061440, <https://doi.org/10.1101/2020.04.17.20061440>

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

Vaccine passports are defined to include those vaccinated (antibodies last 3 months³⁵³) and those recovered with *current* antibodies (last 3 to 6 months). **Immunity duration is not defined by antibodies but immune cells (T, B),** which last years³⁵⁴ and produce antibodies in response to an infection. They also exclude those with genetic immunity (like north-western Europeans).³⁵⁵ **Passports' anti-scientific definition shows a clear bias against natural immunity and towards vaccination.**

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

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

Lockdowns for a reason, not health, not science.

Lock downs were justified with Government funded fake studies, like the Oxford or the German³⁵⁶ models. Lock downs were clearly intended to drive the terrorized covi-sheeps towards vaccination.

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

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

By April 2020 it was clear that COVID was affecting the elderly only. There was no justification for general lock downs.

³⁵³ In the case of RNA vaccines, it may last longer: until the artificially infected cells die exhausted from producing antibodies?

³⁵⁴ <https://www.statnews.com/2021/03/05/adapative-biotechnologies-covid19-test-microsoft/>

³⁵⁵ Langton, DJ, Bourke, SC, et al. **The influence of HLA genotype on the severity of COVID-19 infection.** 25 Apr 2021 HLA. 2021; 1– 9. <https://doi.org/10.1111/tan.14284>

³⁵⁶ <https://greatgameindia.com/germany-hired-scientists-fake-coronavirus-model/>

In 27 countries, “15 days after the lockdown... there was no significant decline in the prevalence and mortality.”³⁶⁰

226 countries: “Less disruptive and costly non-pharmaceutical interventions (NPIs) can be as effective as more intrusive, drastic, ones (for example, a national lockdown).”³⁶¹

Most studies “are based on data from the first semester of 2020, they fail to capture the incidence of lockdown fatigue, namely, non-linear effects due to the cumulative economic and psycho-sociological burden of the restrictions and the diminishing degree of compliance... Using data from 152 countries from the onset of the pandemic through 31 December 2020. Even if restrictions played a role early on, they had a one-off effect that would be hard to replicate going forward.”³⁶²

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

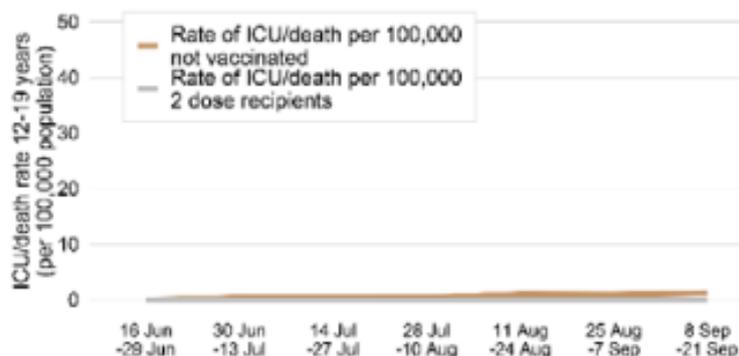
20 studies and free Sweden prove lockdowns were not necessary, especially after the first few weeks, when HCQ and other drugs were proven effective.³⁶³

Lockdowns had four main objectives:

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

Vax child abuse

Vaccination among COVID-19 cases in the New South Wales (Australia) Delta outbreak³⁶⁴



³⁶⁰ Meo, SA, Abukhalaf, AA, et al. **Impact of lockdown on COVID-19 prevalence and mortality during 2020 pandemic: observational analysis of 27 countries.** 10 Nov 2020. Eur J Med Res 25, 56. <https://doi.org/10.1186/s40001-020-00456-9>

³⁶¹ Haug, N., Geyrhofer, L., Londei, A. et al. **Ranking the effectiveness of worldwide COVID-19 government interventions.** 16 Nov 2020. Nat Hum Behav 4, 1303–1312 (2020). <https://doi.org/10.1038/s41562-020-01009-0>

³⁶² Goldstein P, Yeyati EL, Sartorio L. **Lockdown fatigue: The declining effectiveness of lockdowns.** 30 Mar 2021.

<https://vox.eu.org/article/declining-effectiveness-lockdowns>

<https://growthlab.cid.harvard.edu/publications/lockdown-fatigue-diminishing-effects-quarantines-spread-covid-19>

³⁶³ <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>

³⁶⁴ Higher cases in the unvaccinated could be explained because the vaccinated are not periodically tested for passes. Data shows about 20% of cases are undefined and therefore could possibly be vaccinated.

<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/in-focus/covid-19-vaccination-case-surveillance-051121.pdf>

The stats show that the unvaccinated teens had nearly the same death rate as the double vaccinated: both near zero.

In 2004, after a brave BBC documentary about New York children's homes where the kids were used as guinea pigs for pharmaceutical AIDS drug trials and 200 of them died, the Bill & Melinda Gates Foundation bribed The BBC into submission with 42 million dollars. This continued in coordination with other foundations.³⁶⁵

In 2011 Bill Gates said in a CNN interview:

"... progress can be made in both inventing new vaccines and making sure they get out to *all the children*... and then you would have all the tools to reduce childhood death, reduce population growth, and everything -- the stability, the environment -- benefits from that." He continued misinforming by denying any connection between vaccines and autism or deaths, while accusing parents of vaccine-injured children as murderers of the babies who died because of non-vaccination.³⁶⁶

In April 2020 Gates wrote: "We need to manufacture and distribute at least 7 billion doses of the vaccine ... possibly 14 billion, if it's a multidose vaccine" (note: at that time there were no trials proving 2 or 3 shots were necessary) ... "I suspect the COVID-19 vaccine will become part of the routine newborn immunization schedule."³⁶⁷ Not even now there's scientific evidence of vaccine safety in babies: that statement proves a vaccine agenda rather than vaccine obstinacy?

CDC COVID survival rates age 0-19: 99.997%, infection fatality ratio 0.00003 (30 per million)³⁶⁸

By November 2021, children between 5 and 11 had a ratio of 0.00009 of deaths *with* COVID (172 in 2 million infected) and zero deaths *from* COVID. Only 4% of total infections (2 out of 49 million) and 0.02% of COVID deaths (172/743000). If we consider that the cohort is 28 million, 172 deaths means 0%.

In the UK, about 800 reviewed papers show contraindication towards vaccinating children³⁶⁹, especially, under 11:

"Mortality rate was 2 per million population, compared with 255 per million for all other causes of death during the study period. The majority of SARS-CoV-2 deaths occurred in children >10yo (72%).

Six (24%) SARS-CoV-2 related deaths occurred in previously healthy children and 19/25 (76%) in children with underlying comorbidities. The most common comorbidity was an underlying complex neurological condition (13/25, 52% including 8/25 (32%) with neurological as well as respiratory comorbidity) followed by chronic respiratory disease (12/25, 48%). Over half (15/25, 60%) of children who died of SARS-CoV-2 had an underlying life-limiting condition. No deaths due to SARS-CoV-2 occurred in children with isolated cystic fibrosis, asthma, Trisomy 21, epilepsy, or type 1 diabetes."³⁷⁰ Yet, defying the science, countries prioritized vaccination of disabled children, proving an eugenics agenda.

³⁶⁵ <https://www.youtube.com/watch?v=is6Dtx8bXSU>

<https://politicsthisisweek.wordpress.com/2021/11/04/not-the-bcfm-politics-show-presented-by-tony-gosling-64/>

³⁶⁶ <http://edition.cnn.com/2011/HEALTH/02/03/gupta.gates.vaccines.world.health/index.html>

³⁶⁷ <https://www.gatesnotes.com/Health/What-you-need-to-know-about-the-COVID-19-vaccine>

³⁶⁸ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html#table-1> 10 Sep 2019

³⁶⁹ <https://dontforgetthebubbles.com/evidence-summary-paediatric-covid-19-literature/>

³⁷⁰ Smith C., Odd D, et al. Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data, 07 Jul 2021, PREPRINT (Version 1) Research Square <https://doi.org/10.21203/rs.3.rs-689684/v1>

“Transmission in families occurs very infrequently, and the number of unreported cases is low in this age group. **These observations do not support school closures** as a strategy fighting the pandemic...”³⁷¹

“Singapore-based study investigated the role of children in the transmission of SARS-CoV-2 and found no evidence of children acting as a community reservoir of infection.”³⁷²

In July 2021, the BMJ published a well-informed article proving it is immoral to vaccinate children.³⁷³ Yet, YouTube removed Family Research Council video about **vaccinating minors against parental consent**.³⁷⁴ This is even worse than facts being considered as fake news. This is about **denying a basic human right (informed consent)** by labelling it as “medical misinformation”:

26 Oct 2021, with one abstention, a **FDA 17-member death panel unanimously approved Pfizer for 5 year old children under the blatant lie that benefits were higher than risks!**

They recognized that a COVID death rate of 1 in half a million was too low for justifying vaccination, but justified their nonsense by using the kids as human shields for the elderly, even if the CDC had recognized vaccines didn't generate any herd protection, while using the very few children with immune diseases as a sentimental low blow.

Now compare 2 per million COVID deaths with 13 cases per million of cerebrovenous sinus thromboses (CVST) per year, caused by COVID vaccines.³⁷⁵

Of course, clinical trials in children and adolescents involved such a few cases that the risk of severe side effects couldn't be assessed. By the way, did the CDC Dr. Peter Marks inflate the death numbers from less than 100 to 172 from 29 Oct to 01 Nov 2021?

They hid to the public that the alleged 8300 hospitalizations (one third ICU) were all related to comorbidities: most if not all of those children would have been hospitalized anyway due to the other conditions.

They also hid that with such low hospitalization and death rates it is statistically impossible to prove any efficacy in real life, unless millions are involved in the trials. Mercenary science approved by mercenary politics health agencies!:

- Pfizer claimed 93% efficacy in hospitalization prevention (12 - 18 y.o.) and 91% elimination of symptoms in children (which were statistically insignificant already) and 100% in adolescents: no vaccine manufacturer ever has claimed 100% efficacy.

³⁷¹ Kirsten C, Unrath M, et al., **SARS-CoV-2 seroprevalence in students and teachers: a longitudinal study from May to October 2020 in German secondary schools**. BMJ Open, 10 Jun 2021 <https://bmjopen.bmj.com/content/11/6/e049876>

Gandini SM, Rainisio ML, et al. **A cross-sectional and prospective cohort study of the role of schools in the SARS-CoV-2 second wave in Italy**. Lancet Reg Health Eur 5: 10009, <https://doi.org/10.1016/j.lanepe.2021.100092>

³⁷² Lu, L., C. T. Koh, et al. **Role of Asymptomatic Children in Community Severe Acute Respiratory Syndrome Coronavirus 2 Transmission**. 2021 The Journal of infectious diseases 223(10): 1834-1836.

³⁷³ Abi-Jaoude E, Doshi P, Michal-Teitelbaum C, **Covid-19 vaccines for children: hypothetical benefits to adults do not outweigh risks to children**, 13 Jul 2021 <https://blogs.bmj.com/bmj/2021/07/13/covid-19-vaccines-for-children-hypothetical-benefits-to-adults-do-not-outweigh-risks-to-children/>

³⁷⁴ <https://www.frcaction.org/updatearticle/20210720/social-overload>
<https://rumble.com/vk1qj9-mary-holland-warns-of-the-dangers-of-removing-parental-protections-from-chi.html>
<https://www.globenewswire.com/news-release/2021/07/13/2262296/0/en/Children-s-Health-Defense-Files-Lawsuit-Challenging-District-of-Columbia-Act-Allowing-Children-to-be-Vaccinated-Without-Parental-Knowledge-or-Consent.html>

³⁷⁵ Seferovic PM, Ponikowski P, Anker SD, et al. **Clinical practice update on heart failure 2019: pharmacotherapy, procedures, devices and patient management. An expert consensus meeting report of the heart failure association of the European Society of cardiology**. Eur J Heart Fail 2019;21:1169–86. <http://doi.org/10.1002/ejhf.1531> pmid: <http://www.ncbi.nlm.nih.gov/pubmed/31129923>

- Moderna claimed 93% efficacy after 2 weeks of the first dose (yet recommended a second dose), after only studying 3700 teens (12-17 y.o.), where the unvaccinated arm *reportedly* got 4 infection cases.

Coincidentally, **COVID cases and deaths in adolescents rose *pari passu* with their vaccination.** The USA approved teen vaccination by May 2021. Many US school boards voted to make the jab mandatory to attend class. By the end of July, 42% of 12 to 17-year-olds had received their first dose and 32% their second dose of either the Pfizer or Moderna shots.³⁷⁶

Out of 6.2 million infected children and teens since the beginning of 2020, 1.1 million Delta cases (18%!) occurred in the 6 weeks from mid-September to 21 Oct 2021, with **nearly half of all the COVID deaths in the short vaccination period** (316 deaths by May 2021 according to the American Academy of Pediatrics, 630 by the end of October).

Both manufacturers claim that vaccinated children got the same level of antibodies as adults, which could be very worrying if this is measured in absolute and not in relative terms.

*“Sola dosis facit venenum”*³⁷⁷ means that a substance can produce the harmful effect associated with its toxic properties only if it reaches a susceptible biological system within the body in a high enough concentration.³⁷⁸

Unbelievably, doses are not reduced for vaccines like the HPV vaccine, which is given with the same dose for adults and for 11 year olds. **Yet, Pfizer discovered that adolescents from 12 to 15 years old had severe cardiovascular problems with the adult COVID dose.**

Pfizer had to reduce the dose by a staggering 67% for children (from 30 to 10 mg) in order to reduce reactogenicity, i.e. lethal side effects proven to be caused by COVID vaccines. For example, Multisystem Inflammatory Syndrome in Children (MIS-C), a condition where heart, lungs, kidneys, brain, skin, eyes, gastrointestinal organs and other body parts could become inflamed.³⁷⁹



The first MIS-V (vaccination) from January 2021 was reported in the BMJ.³⁸⁰ Followed by more studies.³⁸¹

24 Aug 2021, the Danish Medicines Agency reported a case of MIS-C in a 17 year old after Pfizer vaccination: “MIS-C can be a very serious condition if it is not treated in time. Common symptoms are persistent severe fever sometimes with symptoms affecting many other parts of the body such as diarrhoea, vomiting, stomach pain, headache, tiredness,

³⁷⁶ <https://www.bbc.com/news/health-58516207>

³⁷⁷ Grandjean P. **Paracelsus Revisited: The Dose Concept in a Complex World.** *Basic & clinical pharmacology & toxicology*, 24 Jun 2016. 119(2), 126–132. <https://doi.org/10.1111/bcpt.12622>

³⁷⁸ Chemsafe, **The Dose Makes the Poison** on (Yale, 2011)

<https://web.archive.org/web/20110202055026/http://learn.caim.yale.edu/chemsafe/references/dose.html>

³⁷⁹ <https://www.cdc.gov/mis/index.html>

³⁸⁰ Nune A, Iyengar KP, Goddard C, et al. **Multisystem inflammatory syndrome in an adult following the SARS-CoV-2 vaccine (MIS-V).** *Jul 2021. BMJ Case Reports CP 2021;14:e243888.* <http://dx.doi.org/10.1136/bcr-2021-243888>

³⁸¹ Salzman MB, Huang C, O’Brien CM, et al. **Multisystem Inflammatory Syndrome after SARS-CoV-2 Infection and COVID-19 Vaccination.** 25 May 2021 *Emerging Infectious Diseases.*;27(7):1944-1948. <http://doi.org/10.3201/eid2707.210594>
https://wwwnc.cdc.gov/eid/article/27/7/21-0594_article

Grome HN, Threlkeld M, Threlkeld S, et al. **Fatal Multisystem Inflammatory Syndrome in Adult after SARS-CoV-2 Natural Infection and COVID-19 Vaccination.** 24 Sep 2021 *Emerging Infectious Diseases.* 2021;27(11):2914-2918. <http://doi.org/10.3201/eid2711.211612>
https://wwwnc.cdc.gov/eid/article/27/11/21-1612_article

Salzman MB, Huang C, O’Brien CM, et al. **Multisystem Inflammatory Syndrome after SARS-CoV-2 Infection and COVID-19 Vaccination.** 25 May 2021 *Emerging Infectious Diseases.*;27(7):1944-1948. <http://doi.org/10.3201/eid2707.210594>
https://wwwnc.cdc.gov/eid/article/27/7/21-0594_article

chest pain and difficulty breathing.”³⁸² Coincidentally, those very symptoms are reported after COVID vaccines.

Pfizer and Moderna are already testing on 6 months babies and plan massive rollout by 2022. Another Pharma child abuse!

An act from Washington D.C. City Council authorized school vaccination to even 11 year old children without parental consent and allowed schools to seek reimbursement directly from the child’s insurer without parental knowledge, even if Federal law allows religious objections and mandates that parents receive Vaccine Information Statements to guarantee informed consent. Massachusetts adopted a similar policy but all ages.³⁸³

Due to UK lockdown, **five times more children committed suicide than died with COVID.**³⁸⁴

There’s no need for a vaccine if a sickness, such as COVID in children, is moderate or asymptomatic. **COVID impacts children like the flu, but against the flu, there’s no home & school lock downs and compulsory vaccination for kids.**³⁸⁵ Even with vaccination, kids will need ivermectin against thrombotic complications caused by the virus.³⁸⁶ There’s no need for vaccination if there’s a more effective and safer strategy like ivermectin.

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

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

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

- “Another factor that may feed into a lower herd immunity threshold for COVID-19 is the role of children in viral transmission. Preliminary reports find that children, particularly those **younger than 10 years, may be less susceptible and contagious than adults**³⁸⁷, in which case they may be partially omitted from the computation of herd immunity.”³⁸⁸

³⁸² <https://laegemiddelstyrelsen.dk/en/news/2021/danish-medicines-agency-investigates-a-case-of-inflammatory-condition-reported-after-covid-19-vaccination/>

<https://laegemiddelstyrelsen.dk/en/news/themes/reported-side-effects-for-covid-19/>

<http://dkma.dk>

³⁸³ <https://www.lifesitenews.com/news/massachusetts-legislature-mulls-allowing-kids-of-any-age-to-be-vaccinated-without-parental-knowledge-or-consent>

<https://healthchoice4actionma.org/>

³⁸⁴ Smith C, Odd D, et al. **Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data**, 7 Jul 2021, PREPRINT (Version 1) Research Square

<https://doi.org/10.21203/rs.3.rs-689684/v1>

³⁸⁵ Ramaswamy A, Brodsky N, et al. **Immune dysregulation and autoreactivity correlate with disease severity in SARS-CoV-2-associated multisystem inflammatory syndrome in children**, 13 Apr 2021 *Cell*, Volume 54, ISSUE 5, P1083-1095.e7, May 11, 2021

<https://doi.org/10.1016/j.immuni.2021.04.003>

³⁸⁶ Aguilera-Alonso D, Murias S, et al. **Prevalence of thrombotic complications in children with SARS-CoV-2**, 30 Apr 2021 Archives of Disease in Childhood. <https://doi.org/10.1136/archdischild-2020-321351>

³⁸⁷ Goldstein, E., Lipsitch, M. & Cevik, M. **On the effect of age on the transmission of SARS-CoV-2 in households, schools and the community**. Preprint at medRxiv <https://doi.org/10.1101/2020.07.19.20157362> (2020)

³⁸⁸ Fontanet, A., Cauchemez, S. **COVID-19 herd immunity: where are we?**. 9 Sep 2020. *Nat Rev Immunol* 20, 583–584. <https://doi.org/10.1038/s41577-020-00451-5>

- Children are less likely to transmit COVID-19 than adults.³⁸⁹ Yet “public health leaders say, parents must ‘vaccinate the young to protect the old.’ Given the federal government’s estimate that one vaccine injury results from every 39 vaccines administered³⁹⁰, it seems clear that **officials expect children to shoulder 100% of the risks of COVID vaccination in exchange for zero benefit.**”³⁹¹

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

We are repeating the same mistake as with the children poxes, which are mild in children, who then develop herd immunity. By vaccinating them, there’s no herd immunity, turning the disease into a severe one in adults. The poxes are a clear case where vaccination created a monster, turning a kitty into a deadly tiger.

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

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

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

Do COVID vaccines hide a depopulation agenda?

³⁸⁹ Lee B, Raszka W, **COVID-19 Transmission and Children: The Child Is Not to Blame.** Pediatrics Aug 2020, 146 (2) e2020004879
<https://doi.org/10.1542/peds.2020-004879>

³⁹⁰ “715,000 patients. A total of 1.4 million vaccine doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (**2.6 percent of vaccinations**) were identified. This is an average of **1.3 events per clinician per month**. The team concluded that it is possible to automatically detect adverse events in defined ways, and to electronically report them to VAERS. Decision support functions can be repurposed, so that in addition to detecting reportable diseases, they can detect events that are related to vaccination, as potential vaccine adverse events.”

Lazarus R, Klompas M, **Electronic Support for Public Health - Vaccine Adverse Event Reporting System 12/01/07 - 09/30/10**, The Agency for Healthcare Research and Quality (AHRQ), **U.S. Department of Health and Human Services**
<https://healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>
<https://childrenshealthdefense.org/news/vaccine-injuries-ratio-one-for-every-39-vaccines-administered/>

³⁹¹ <https://childrenshealthdefense.org/defender/herd-immunity-myth-covid-vaccines-kids-deceptive-dangerous/>



In 2010 **Bill Gates** said in a TED talk promoting decarbonisation by population culling as a solution to the weather change fake crisis: “So you’ve got a thing on the left, **CO₂**, that you want to get to zero, and that’s going to be based on the number of people, the services each person is using on average, the energy, on average, for each service, and the CO₂ being put out per unit of energy... The world today has 6.8 billion people. That’s headed up to about 9 billion. Now, **if we do a really great job on new vaccines**, health care, reproductive health services (i.e. murdering unborn babies through abortion and abortifacients promoted by the Bill&Melinda Gates Foundation), **we could lower that by, perhaps 10 or 15 percent**”.³⁹²

Despite global fertility rate is below workforce replacement level and that, since 2017, each year fewer babies are being born than the previous one, his depopulation agenda is even clearer in his latest book.³⁹³

Despite the warnings about physiological consequences³⁹⁴, clinical trials and authorities didn’t trace permanent infertility and “miscarriages”³⁹⁵ found to be caused by *all* of the COVID vaccines.

Why were pregnant women vaccinated without any safety studies?

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

Planned Parenthood is an organization whose main purpose is population control, through abortion, “comprehensive sexuality education” (CSE) disinformation, failing contraception (thrusting abortion demand and causing an STD pandemic), abortifacients called contraceptives and mammographies to hide that abortion and contraceptives are the main culprits of the breast cancer pandemic. How is it that if their name is related to family planning, they reject natural family planning, even if they are free and that naprotechnology proved to be more effective than all contraceptives and without their deadly side effects? **Planned Parenthood only promotes death (by the way, with 3 billion dollars per year of US tax money). A huge warning sign is that Planned**

³⁹² https://www.ted.com/talks/bill_gates_innovating_to_zero?language=en

<https://singjupost.com/innovating-to-zero-bill-gates-full-transcript/>

³⁹³ Gates, W. **How to Avoid a Climate Disaster: The Solutions We Have and the Breakthroughs We Need**. 16 Feb 16, 2021 Alfred A. Knopf N.Y. Toronto.

³⁹⁴ America’s Frontline Doctors White Paper On Experimental Vaccines For COVID-19

<https://img1.wsimg.com/blobby/go/99d35b02-a5cb-41e6-ad80-a070f8a5ee17/SMDwhitepaper.pdf>

³⁹⁵ <https://www.lifesitenews.com/news/frontline-doctor-fbi-broke-down-my-door-in-swat-team-raid-of-20-men-guns-blazing>

Parenthood started to actively promote COVID vaccines and even offering them in their centers: a possible connection to population control and deaths? ³⁹⁶

Similarly, a **Planned Parenthood** funded foundation in Argentina for AIDS, **Fundación Huesped**, was not only responsible for the national government CSE and abortion programs, but also for **commanding the government for all lockdowns and mask mandates. It was also in charge of the clinical trials of supposedly competing vaccines, like Sinopharm and AstraZeneca.**

Interestingly, the **AstraZeneca vaccine** was “co-developed by Adrian Hill, who has long-term **ties to the British eugenics** movement through his work with the **Wellcome Trust’s** Centre for Human Genetics and affiliation with the **Galton Institute**, formerly the U.K. Eugenics Society. Members of the Galton Institute have called for **population reduction in Latin America, South and Southeast Asia and Africa, the very areas where the AstraZeneca vaccine is being promoted.**” Development was paid by British taxpayers, yet all the patents ended up in Vaccitech, owned by “**Google Ventures, the Wellcome Trust, the Chinese branch of Sequoia Capital, the Chinese drug company Fosun Pharma and the British government.**” ³⁹⁷ AstraZeneca kept the right to make profits on the vaccine, once the pandemic is over... according to its own definition of it being over?

One of the founders of the weather change fear set a 1.6 billion global population target. ³⁹⁸
The globalist Georgia stones: 500 million.

Infertilizing women through COVID vaccination

According to section 10.4.2 of the Pfizer/BioNTech trial protocol, “**a woman of childbearing potential (WOCBP) is eligible to participate if she is not pregnant or breastfeeding, and is using an acceptable contraceptive method as described in the trial protocol during the intervention period (for a minimum of 28 days after the last dose of study intervention).**” ³⁹⁹

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

“Alignment of the endogenous elements Syn1 found on human chromosome 7, or Syn2 found on chromosome 6, or HERV-K expressed from chromosome 6, all show a number of sequence motifs with significant similarity to nCoV2019 spike protein.” ⁴⁰⁰

“The syncytiotrophoblast is the outermost layer of the placenta, the part that is pressed against the uterus. It’s literally a layer of cells that have fused together, forming a wall...This wall of cells keeps mom and baby working in harmony and not killing each other. There’s no other structure like this anywhere else in the body.” ⁴⁰¹

³⁹⁶ <https://www.plannedparenthood.org/learn/health-and-wellness/covid-19-new-coronavirus/covid-19-vaccine>

Also, newsletter sent 2 Apr 2021.

³⁹⁷ <https://articles.mercola.com/sites/articles/archive/2021/03/13/oxford-astrazeneca-eugenics-links.aspx>

<https://unlimitedhangout.com/2020/12/investigative-series/developers-of-oxford-astrazeneca-vaccine-tied-to-uk-eugenics-movement/>

³⁹⁸ Strong, Maurice; Kofi Annan (2001). **Where on Earth are We Going**. New York, London: Texere. ISBN 1-58799-092-X.

³⁹⁹ [https://2020news.de/wp-](https://2020news.de/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf)

[content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf](https://2020news.de/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf)

⁴⁰⁰ Feb 2020 <https://virological.org/t/response-to-ncov2019-against-backdrop-of-endogenous-retroviruses/396>

⁴⁰¹ <https://why.org/segments/the-placenta-went-viral-and-protomammals-were-born/>

Until publishing, Prof. Sarah Gilbert, designer of the Oxford/AstraZeneca vaccine, didn't answer a 13 Aug 2020 email asking about possible infertility issues, lack of infertility tracing and of production control against vaccine tampering. Unanswering proves a compromising answer: **37 000 menstrual and ovarian issues in the UK alone.**

COVID-19 VACCINE ADVERSE DRUG REACTIONS TO 29/09/2021		
GYNAECOLOGICAL REACTIONS		
Type of Condition	Reactions	Deaths
Foetal complications	1737	3
Exposures associated with pregnancy, delivery and lactation	3463	0
Spontaneous Abortions and Stillbirths	606	19
Menstrual and Ovarian Issues	36755	0
Total	42561	22

Total Adverse Reactions: 1,222,565 (6,969 this week) Total Deaths: 1,698 (16 this week)

YellowCard Source: coronavirus-yellowcard.mhra.gov.uk UK Freedom Project

One of the reasons that **women represent 70% of adverse events** worldwide, according to WHO VigiAccess, is because of they had a higher life expectancy (more age, more adverse events) but also because of **“Reproductive system and breast disorders: 87,539 cases, of which 80 000 were reproductive** by 13 Oct 2021.⁴⁰²

It is a long list, but people need to go through them and answer before vaccination: **am I willing to risk even one of these consequences of inoculation for a disease which has over 30 effective, safe and cheap treatments which avoid hospitalization?:**

Heavy menstrual bleeding (22546), Menstruation delayed (13137), Menstrual disorder (11816), Menstruation irregular (11604), Dysmenorrhoea (10212), Intermenstrual bleeding (7603), Vaginal haemorrhage (6019), Amenorrhoea (5363), Polymenorrhoea (4916), Breast pain (4900), Postmenopausal haemorrhage (2089), Hypomenorrhoea (1818), Oligomenorrhoea (1631), Breast swelling (1277), Pelvic pain (1055), Breast tenderness (858), Breast mass (625), Erectile dysfunction (601), Premenstrual syndrome (560), Adnexa uteri pain (527), Testicular pain (501), Vaginal discharge (468), Premenstrual pain (453), Suppressed lactation (348), Menstrual discomfort (330), Endometriosis (329), Menometrorrhagia (322), Breast discomfort (315), Breast enlargement (312), Nipple pain (307), Uterine haemorrhage (302), Uterine spasm (251), Ovulation pain (241), Vulvovaginal pain (228), Menopausal symptoms (225), Uterine pain (223), Ovarian cyst (192), Breast inflammation (170), Genital haemorrhage (164), Testicular swelling (149), Abnormal withdrawal bleeding (133), Abnormal uterine bleeding (129), Polycystic ovaries (120), Breast cyst (118), Genital pain (104), Prostatitis (103), Vulvovaginal pruritus (98), Lactation disorder (95), Infertility (93), Pruritus genital (89), Vulval haemorrhage (83), Genital rash (81), Breast oedema (79), Breast discharge (77), Premature menopause (76), Vulvovaginal burning sensation (75), Genital ulceration (74), Vulvovaginal discomfort (72), Vulval ulceration (71), Pelvic haemorrhage (69), Haemospermia (68), Breast engorgement (64), Scrotal pain (61), Vaginal ulceration (60), Sexual dysfunction

⁴⁰² <http://vigiaccess.org/>

(59), Gynaecomastia (57), Vulvovaginal swelling (57), Vulvovaginal dryness (56), Ovarian cyst ruptured (55), Galactorrhoea (51), Withdrawal bleed (50), Genital burning sensation (49), Organic erectile dysfunction (49), Prostatomegaly (48), Penis disorder (45), Genital swelling (44), Pelvic discomfort (43), Scrotal swelling (42), Nipple swelling (41), Genital discomfort (40), Lactation puerperal increased (39), Adenomyosis (38), Breast induration (38), Breast disorder (37), Ovulation disorder (36), Premenstrual dysphoric disorder (36), Premenstrual headache (36), Benign prostatic hyperplasia (34), Priapism (33), Galactostasis (32), Testicular disorder (32), Erection increased (31), Ovarian vein thrombosis (31), Vaginal cyst (31), Uterine polyp (30), Genital blister (28), Penile haemorrhage (28), Breast disorder female (27), Breast haematoma (27), Coital bleeding (27), Vulval disorder (27), Ejaculation disorder (26), Endometrial thickening (26), Penile swelling (26), Ejaculation failure (25), Genital lesion (25), Penile pain (24), Spontaneous penile erection (24), Vaginal lesion (24), Vulvovaginal rash (24), Premature ovulation (23), Dyspareunia (22), Genital tract inflammation (21), Nipple disorder (21), Perineal pain (21), Uterine inflammation (21), Balanoposthitis (19), Breast milk discolouration (19), Penile vein thrombosis (19), Genital erythema (18), Labia enlarged (18), Breast discolouration (17), Genital paraesthesia (17), Haemorrhagic ovarian cyst (17), Oedema genital (17), Ovarian disorder (17), Ovarian haemorrhage (17), Vulvovaginal inflammation (17), Penile oedema (16), Vulvovaginal erythema (16), Vulvovaginal ulceration (16), Cervix haemorrhage uterine (15), Infertility female (15), Testis discomfort (15), Vaginal odour (15), Ovarian enlargement (14), Uterine disorder (14), Noninfective oophoritis (13), Breast haemorrhage (12), Fibrocystic breast disease (12), Genital hypoaesthesia (12), Nipple inflammation (12), Vaginal disorder (12), Varicocele (12), Endometrial hyperplasia (11), Nipple exudate bloody (11), Prostatic pain (11), Uterine enlargement (11), Adnexal torsion (10), Bartholin's cyst (10), Orchitis noninfective (10), Penile rash (10), Prostatic disorder (10), Scrotal oedema (10), Anisomastia (9), Cervical polyp (9), Menopausal disorder (9), Menopause delayed (9), Ovarian mass (9), Pelvic congestion (9), Penile blister (9), Penile discomfort (9), Penile erythema (9), Polymenorrhagia (9), Testicular oedema (9), Painful ejaculation (8), Painful erection (8), Penile discharge (8), Peyronie's disease (8), Retrograde menstruation (8), Vulval oedema (8), Cervical discharge (7), Cervical dysplasia (7), Endometrial disorder (7), Hydrosalpinx (7), Pelvic haematoma (7), Scrotal erythema (7), Shortened cervix (7), Uterine tenderness (7), Adnexa uteri mass (6), Breast hyperplasia (6), Cervix disorder (6), Ejaculation delayed (6), Female reproductive tract disorder (6), Genital discharge (6), Ovarian failure (6), Penile curvature (6), Perineal disorder (6), Semen discolouration (6), Testicular mass (6), Uterine cyst (6), Aspermia (5), Breast calcifications (5), Ectropion of cervix (5), Female sexual dysfunction (5), Mammary duct ectasia (5), Pelvic fluid collection (5), Penile burning sensation (5), Retracted nipple (5), Scrotal dermatitis (5), Scrotal discomfort (5), Testicular atrophy (5), Vaginal mucosal blistering (5), Atrophic vulvovaginitis (4), Breast atrophy (4), Cervix inflammation (4), Cervix oedema (4), Epididymal enlargement (4), Fallopian tube disorder (4), Female genital tract fistula (4), Feminisation acquired (4), Genital cyst (4), Genital discolouration (4), Haematosalpinx (4), Haemorrhagic breast cyst (4), Metrorrhoea (4), Nipple enlargement (4), Pelvic floor muscle weakness (4), Perineal rash (4), Plasma cell mastitis (4), Retrograde ejaculation (4), Testicular retraction (4), Testicular torsion (4), Uterine prolapse (4), Varicose veins pelvic (4), Vulva cyst (4), Artificial menopause (3), Bleeding anovulatory (3), Cervical cyst (3), Clitoral engorgement (3), Enlarged clitoris (3), Genital disorder (3), Genital hyperaesthesia (3), Infertility male (3), Mastoptosis (3), Nipple oedema (3), Ovarian hyperstimulation syndrome (3), Penile vascular disorder (3), Poor milk ejection reflex (3), Prostatic haemorrhage (3), Scrotal exfoliation (3), Superovulation (3), Testicular cyst (3), Uterine mass (3), Vaginal prolapse (3), Breast fibrosis (2), Breast milk odour abnormal (2), Breast necrosis (2), Cervix erythema (2), Cervix haematoma uterine (2), Epididymal cyst (2), Epididymal disorder (2), Hydrometra (2), Male sexual dysfunction (2), Nocturnal emission (2), Ovarian necrosis (2), Pelvic prolapse (2), Penile haematoma (2), Penile size reduced (2), Prostatic obstruction (2), Prostatism (2), Scrotal angiokeratoma (2), Scrotal disorder (2), Spermatic cord haemorrhage (2), Spontaneous ejaculation (2), Uterine cervical pain (2), Vaginal erosion (2), Vaginal haematoma (2), Vaginal polyp (2), Acquired hydrocele (1), Acquired phimosis (1), Adnexa uteri cyst (1), Asherman's syndrome (1), Azoospermia (1), Breast disorder male (1), Cervical friability (1), Cystocele (1), Endocervical mucosal thickening (1), Endometrial atrophy (1), Epididymal tenderness (1), Fallopian tube cyst (1), Fallopian tube obstruction (1), Fallopian tube spasm (1), Female sexual arousal disorder (1), Genital dysaesthesia (1), Genital odour (1), Genitals enlarged (1), Heterogeneous testis (1), Hypospermia (1), Inadequate lubrication (1), Male reproductive tract disorder (1), Ovarian adhesion (1), Ovarian

hyperfunction (1), Ovarian oedema (1), Ovarian rupture (1), Penile erosion (1), Penile exfoliation (1), Perineal cyst (1), Perineal erythema (1), Perineal haematoma (1), Perineal ulceration (1), Prostate tenderness (1), Prostatic calcification (1), Prostatic cyst (1), Rectocele (1), Scrotal haemorrhage (1), Scrotal inflammation (1), Spermatocele (1), Spermatorrhoea (1), Testicular appendage torsion (1), Testicular haemorrhage (1), Testicular infarction (1), Testicular microlithiasis (1), Thrombosis corpora cavernosa (1), Uterine cervix hyperplasia (1), Uterine cervix stenosis (1), Uterine obstruction (1), Varicose veins vaginal (1), Varicose veins vulval (1), Vulval haematoma (1), Vulvar dysplasia (1), Vulvar erosion (1), Vulvovaginal exfoliation (1).

Add:

Anovulatory cycle (141)

Premature menarche (46)

This means millions of women will never conceive or will find it difficult to conceive, even worse, with foreseeable yearly booster shots.

Murdering babies through vaxxed breastmilk

Many lactating babies died a few hours or days after mother was vaccinated.

8974 breast disorders (VigiAccess): Breast pain (4900), Breast swelling (1277), Breast tenderness (858), Breast mass (625), Breast discomfort (315), Breast enlargement (312), Breast inflammation (170), Breast cyst (118), Breast oedema (79), Breast discharge (77), Breast engorgement (64), Breast induration (38), Breast disorder (37), Breast disorder female (27), Breast haematoma (27), Breast discolouration (17), Breast haemorrhage (12), Breast hyperplasia (6), Breast calcifications (5), Breast atrophy (4), Breast fibrosis (2), Breast necrosis (2).

Also, milk disorders: Breast milk discolouration (19), Breast milk odour abnormal (2), Poor milk ejection reflex (3)

Murdering babies through a needle

In the UK above table, vaccination was linked to:

- **3463 problems with pregnancy, delivery and lactation**
- **1737 fetal complications (risk of lifelong disability and death)**
- **606 deaths of unborn babies.** Interesting consequence of “legal” abortion: “spontaneous” abortions were not classified in the “Deaths” column⁴⁰³, only stillbirths⁴⁰⁴

WHO VigiAccess shows 5000 pregnancy issues. Obviously, **the database is heavily under-reported**, considering there are 5000 in the UK alone.

Still, both numbers are statistically huge:

The number of pregnancy problems is smaller than others, like thrombi, which are massive. Yet, in proportion they are much higher, because **the number of pregnancies is small in comparison to the whole population, and vaccinated pregnancies were even smaller** (started by mid 2021).

⁴⁰³ <https://www.linkedin.com/comm/feed/update/urn:li:share:6852859487619973120>

⁴⁰⁴ In the UK, “A stillbirth is when a baby is born dead after 24 completed weeks of pregnancy. It happens in around 1 in every 200 births in England. If the baby dies before 24 completed weeks, it's known as a miscarriage or late foetal loss.”

<https://www.nhs.uk/conditions/stillbirth/>

“In the United States, a miscarriage is usually defined as loss of a baby before the 20th week of pregnancy, and a stillbirth is loss of a baby at or after 20 weeks of pregnancy.” <https://www.cdc.gov/ncbddd/stillbirth/facts.html>

Also, problem in pregnancy have a huge impact on

The following should have triggered a red alert and halted all vaccination to pregnant women, and yet there was not a single reaction in any country of the world:

Abortion spontaneous (3008), **Pregnancy** (338), **Foetal death** (257), **Abortion missed** (127), **Premature labour** (113), **Haemorrhage in pregnancy** (106), **Abortion** (103), **Foetal hypokinesia** (93), **Premature delivery** (89), **Uterine contractions during pregnancy** (85), **Foetal growth restriction** (80), **Morning sickness** (77), **Premature baby** (77), **Stillbirth** (77), **Delivery** (76), **Ectopic pregnancy** (68), **Premature separation of placenta** (55), **Pre-eclampsia** (53), **Premature rupture of membranes** (52), **Induced labour** (50), **Live birth** (50), **Gestational diabetes** (46), **Anembryonic gestation** (42), **Uterine hypertonus** (41), **Uterine contractions abnormal** (37), **Preterm premature rupture of membranes** (36), **Postpartum haemorrhage** (29), **Pelvic girdle pain** (28), **Abortion threatened** (22), **Placental disorder** (22), **Complication of pregnancy** (20), **First trimester pregnancy** (18), **Gestational hypertension** (18), **Amniorrhoea** (17), **Decidual cast** (15), **HELLP syndrome** (15), **Foetal disorder** (14), **Subchorionic haematoma** (14), **Threatened labour** (14), **Abortion early** (13), etc.

Add:

Foetal cardiac arrest (17)

Cardiac arrest neonatal (1)

Tachycardia foetal (21)

Bradycardia foetal (10)

Foetal heart rate disorder (3)

Foetal heart rate deceleration abnormality (2)

Foetal heart rate acceleration abnormality (1)

Foetal arrhythmia (1)

Foetal heart rate acceleration abnormality (1)

Sinusoidal foetal heart rate pattern (1)

In sum, those 4000 baby deaths could have been avoided by using treatments when necessary, instead of turning pregnant women and their babies into involuntary guinea pigs. Also, vaccines disabled many babies for life.

Castrating men?

Untreated COVID results in its spike proteins reaching male genitalia, linked to low sperm count. COVID injections hack cells to produce clotting spike proteins (or parts). Cases were reported that after vaccination thrombi went to male genitals, thus impeding sexual intercourse (impotence) or lowering semen and quantity.

Conclusion

Those numbers are just the tip of the iceberg:

- **WHO tracks only a few countries.**
- **Most cases are not denounced.**
- **Numbers could be 100 times higher or more, considering they are just starting to vax the pregnant women and will be 1000x more if they add yearly booster shots.**

Why aren't medical societies denouncing this? Why are obgyn and paediatricians going public? Are they all accomplices to global culling by cowardice or guilty ignorance?

Distrust

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

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

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

Unlike any other medical treatment, how can a vaccine be generally mandated without detailing contraindications for certain groups or substances like alcohol? Without any study? **This is a clear attack on on vulnerable groups.** For example, individuals with AIDS, Polyglandular autoimmune syndrome (PAS) or rare autoimmune diseases, like hashimoto, pernicious anemia, and Addison's. **Without any proof, the WHO and UNICEF recommend vaccinating** those groups.⁴⁰⁵

Why did the president of Belarus say that the World Bank offered a rolling billion dollars to impose unscientific damaging measures like lockdowns/masks/police state?⁴⁰⁶ Why did other countries which accepted such "COVID relief aid" didn't disclose those draconian conditions? Why do governments hide that such globalist institutions are acting as sugar daddies with sweet money to impose COVID vaccines? "The WHO offered the President of Madagascar a 20 million USD bribe to poison the government COVID-19 cure made from *Artemisia*."⁴⁰⁷ **"Bill Gates offered a 10 million USD bribe for forced vaccination in Nigeria."**⁴⁰⁸ "The Tanzanian President kicked out WHO from the country after goat and papaya samples came COVID-19 PCR positive."⁴⁰⁹ "Days after, Burundi also kicked out WHO Coronavirus Team from the country for interference in internal matters."⁴¹⁰

Why is it that although Argentina promised legal immunity against anything, Pfizer rejected supplying vaccines because it didn't cover *negligence*? Isn't it telling that this was "solved" by a presidential decree overruling Congress?

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

Why did the head of the CDC make a statement about "vaccinated don't carry, can't spread Virus" with **Pfizer and Moderna "gene-jections"**⁴¹¹ and a few months later, the CDC recognized the opposite?

⁴⁰⁵ 14 Apr 2021 <https://www.unicef.org/montenegro/en/stories/people-autoimmune-diseases-can-receive-covid-19-vaccine>

⁴⁰⁶ <https://tg-news.com/covid-19/belarusian-president-lukashenko-states-that-imf-offered-a-billion-usd-to-impose-lockdown/>

⁴⁰⁷ <https://greatgameindia.com/who-offered-20m-bribe-to-poison-covid-19-cure-madagascar-president/>

⁴⁰⁸ <https://greatgameindia.com/bill-gates-offered-10-million-bribe-for-forced-vaccination-in-nigeria/>

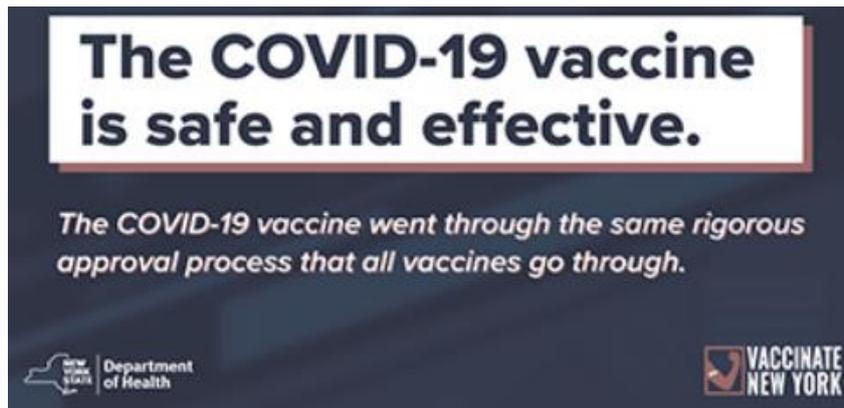
⁴⁰⁹ <https://greatgameindia.com/tanzania-kicks-out-who-after-goat-papaya-samples-came-covid-19-positive/>

⁴¹⁰ <https://greatgameindia.com/burundi-kicks-out-who-coronavirus-team/>

⁴¹¹ <https://nymag.com/intelligencer/2021/03/cdc-data-suggests-vaccinated-dont-carry-cant-spread-virus.html>

Thompson M, Burgess J, et al. Center for Disease Control and Prevention, **Morbidity and Mortality Weekly Report (MMWR), Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021**, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e3.htm>

Why do authorities insist in unscientific lies?: ⁴¹²



“On the journey to FDA approval, **each COVID-19 vaccine had to pass through the same thresholds of research & testing as every other vaccine.** And it’s important to know that all three of the approved COVID-19 vaccines were **proven to be safe and 100% effective** in preventing hospitalization and death in the clinical trials. Discover all the facts at Michigan.gov/COVIDvaccine.” ⁴¹³



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

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

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

⁴¹² New York’s web and social media campaign stated that Covid vaccines had no serious side effects.

<https://www.icandecide.org/wp-content/uploads/2021/02/Letter-to-NYSDOH.pdf>

⁴¹³ <https://www.facebook.com/michiganhhs/posts/10157742846626746>

<http://www.icandecide.org/wp-content/uploads/2021/03/Letter-to-Michigan-DOH.pdf>

c. “[I]ndividuals to whom the product is administered are informed of the **significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.**”⁴¹⁴

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

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

Who controls WHO? From the COVID onset until 2021, Bill Gates’ Foundation is the biggest funder.⁴¹⁵

Why did the WHO give so many bad recommendations, costing millions of lives, without any responsibility? Since inception in 1948, why is it unaccountable for damages? Not even WHO’s personnel? Not even those NGOs establishing policies and actions through external funding, like Bill Gates?⁴¹⁶

On purpose, WHO chose to study few antivirals for hospitalized patients (the inflammatory stage) in order to prove their ineffectiveness, when it was obvious that they had more potential in the viral stage, particularly hydroxychloroquine.⁴¹⁷

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

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

Why do governments spend billions in unneeded testing when there’s a ubiquitous cure? 10 billion USD for US schoolchildren 2021 tests⁴¹⁸ would cover the whole world’s need of ivermectin and other cheap cures for a hundred years. Needless to mention the waste of the **1.9 trillion USD COVID 2021 package**⁴¹⁹, of **1700 million USD to detect new COVID19 strains**⁴²⁰.

That’s just the USA. The amount spent globally is breath-taking. For instance, in the UK, mass COVID testing in schools costed **£120,000 for every positive case found.**⁴²¹

Isn’t it suspicious that not a cent is spent in repurposing cheap drugs to treat COVID, yet billions in vaccines and monoclonal antibodies?

Yet, unlike ivermectin, monoclonal antibodies may produce allergic reactions such as: **“fever; chills; nausea; headache; shortness of breath; low blood pressure; wheezing; swelling of your lips, face, or throat; rash, including hives; itching; muscle aches; and/or dizziness... interfere with your body’s ability to fight off a future infection of SARS-CoV-2... reduce your body’s immune response to a vaccine for SARS-CoV-2.”**⁴²²

⁴¹⁴ <http://paracom.paramountcommunication.com/ct/57831509:s4z1xCdNb:m:1:2386562749:3C671B449F3DFE20A5E66329CF673904:r>

⁴¹⁵ <https://articles.mercola.com/sites/articles/archive/2020/04/21/bill-gates-political-power.aspx>

⁴¹⁶ <https://www.aljazeera.com/program/featured-documentaries/2018/12/15/trust-who-the-business-of-global-health>
<https://www.nationalreview.com/2017/06/world-health-organization-corrupt-wasteful/>

⁴¹⁷ Also discarding interferon, remdesivir and HIV drugs lopinavir & ritonavir.

⁴¹⁸ <https://www.npr.org/sections/coronavirus-live-updates/2021/03/17/978262865/white-house-announces-10-billion-for-covid-19-testing-in-schools>

⁴¹⁹ <https://edition.cnn.com/2021/03/11/politics/biden-sign-covid-bill/index.html>

⁴²⁰ <https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/16/fact-sheet-biden-administration-announces-1-7-billion-investment-to-fight-covid-19-variants/>

⁴²¹ <https://www.telegraph.co.uk/news/2021/03/31/mass-covid-testing-schools-costing-120000-every-positive-case/>

⁴²² <https://combatcovid.hhs.gov/i-have-covid-19-now/monoclonal-antibodies-high-risk-covid-19-positive-patients>

Having spent zero in funding studies and providing ivermectin, the US government spent 1 billion to promote vaccination, **announcing child coverage even before vaccines were approved for those ages.**⁴²³ **Followed by the announcement of 3 billion to fight vaccine hesitancy.**

The funding of social engineering schemes involving media, political and racial targeting, and even religious leaders to convince the hesitant is even more suspicious.⁴²⁴

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

Only fear mongering explains:

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

CDC: "Fully vaccinated people with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19" (at least **for the first three months post-full vaccination**).⁴²⁵ To avoid quarantine, vaccines could be mandated several times per year whereas **with ivermectin, no quarantine.**

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

How could it be explained that Biden, President of the USA, announced Dec 8th 2020, the target of 100 million applied shots in 100 days **before they had any vaccine emergency-approved?**

In some countries⁴²⁶ the law asked by Big Pharma forbids to know the components and secrecy will not expire ever, not even in 50 years: physicians could be sanctioned for asking a lab analysis of what they inject in their patients!

Johnson&Johnson, manufacturer of the Jensen vaccine paid:

230 million USD for its responsibility in the opioid market abuse (thousands of deaths).⁴²⁷

Big Pharma multinationals, including vaccine manufacturers⁴²⁸, have a long list of scandals manipulating approval, even if they knew their products would be deadly or cause permanent disabilities or severe illness. **Nobody ever went to jail.** 20 billion dollar fines⁴²⁹ were lower than profits (including several billions for Pfizer⁴³⁰ and AstraZeneca⁴³¹). **Nothing changed in the system to prevent repetition.** With minor changes, some of those poisons like Vioxx are still being sold by the corrupt "**merchants of death**".

⁴²³ <https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/04/fact-sheet-president-biden-to-announce-goal-to-administer-at-least-one-vaccine-shot-to-70-of-the-u-s-adult-population-by-july-4th/>

⁴²⁴ <https://www.prii.org/research/religious-vaccines-covid-vaccination/>

⁴²⁵ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html> accessed 28 Mar 2021

⁴²⁶ Peru, Chile, Argentina (law 27573)

⁴²⁷ <https://apnews.com/article/new-york-opioids-government-and-politics-health-business-2d38d2d0f93ef61f75d95f08f0f9e0cb>

⁴²⁸ <https://www.youtube.com/watch?v=nGxrjDOcZh0>

⁴²⁹ https://en.wikipedia.org/wiki/List_of_largest_pharmaceutical_settlements

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

⁴³⁰ <https://www.corp-research.org/pfizer>

<https://www.drugwatch.com/manufacturers/pfizer/>

⁴³¹ <https://www.corp-research.org/astrazeneca>

<https://www.drugwatch.com/manufacturers/astrazeneca/>

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

<https://www.lifesitenews.com/news/covid-vaccine-makers-disturbing-track-record-of-criminal-and-civil-liability>

Vaccine approval corruption

There's a huge conflict of interests: corruption involving Big Pharma, governments, international organizations.⁴³²

Big Vax (also Big Pharma):

- Designs the trials (biased selection)
- Instead of saline water, uses other vaccines with huge side effects as placebo (HPV vaccine)
- Pays millions to the medical centers
- Process raw data (not the medical center)
- If they don't like the data, keeps the right to change the protocols
- Forces human guinea pigs to sign draconian forms including prosecution if they publicly disclose side effects (which are "confidential")
- **Pays the wages of expert panels** (in the past 40 years, **100%** of incident reports said there was no link between severe side effects and vaccination trials, even if they were later proven wrong, like the narcolepsy case).
- **Financial ties between Big Vax and trial coordinators, panels, authorities, politicians**

⁴³² <https://www.bmj.com/content/bmj/340/7759/Feature.full.pdf>

https://www.globaljustice.org.uk/sites/default/files/files/resources/pharma_covid-19_report_web.pdf

Governments take Big Vax tainted reports for granted:

- There's no trial replication even with small scale RCTs.
- There's **no testing or reporting on sub-populations, the average hides unacceptable death and injury rates in patients with comorbidities, especially the eldest**. Precedent: in 2004 the CDC hid in averages that the MMR vaccine caused high autism rates in African Americans and even higher in babies who had other underlying complications (700%!).⁴³³
- **Subgroups are being left out in studies**. For instance, in clinical trials **only healthy people from certain age groups were followed**. In the 2004 precedent, the CDC left out of the study all children which had other problems and inconveniently showed 700% higher autism rate after MMR vaccination.
- There's **no access to "private" clinical records of injuries**.
- There's **no reaction after massive claims of injured patients, even if they go public**.
- Death-avoidance efficacy could be much lower if the vaccinated population was granted better healthcare access (which reduces deaths) while neglecting the control group. Now, with ivermectin, there's no death avoidance with vaccines: **zero benefit**. Places with widespread ivermectin use were left out of vaccine testing: the control groups would show no difference in death and severity reduction.
- Studies show that poor populations and minorities have lower access to COVID care and higher death rates. Control groups have not been randomized for those 2 factors.
- Governments never checked RCTs manipulation schemes typically used by Big Pharma.
- **On purpose** there's no trial follow up or Government control on ADA and infertility among other important issue.
- Infection-prevention could be much lower since PCR testing could mean over **30% false negatives** and trials didn't use blood samples which is more trustworthy.
- Sickness-prevention could be much lower since PCR testing could mean over **30% false positives**.
- **There is no transparent information about the side effects**: the 4 reported deaths, 2 permanent disabilities, few hospitalizations (17 days with Pfizer due to hepatic injury) are exceptions which show there's no public record.
- **The delayed reaction to the brain damage and narcolepsy caused of the Glaxo vaccine for the swine flu (2006) is paradigmatic**.
- In September, AstraZeneca and Oxford stopped trials in the UK after a volunteer experienced a terrible unexplained disability, but **did not announce the hiatus until it was reported in the media**. The FDA was clueless about the incident because it was not previously informed by AZ.
- **In spite of the severe side effects in phase II, AZ started full production of hundreds of millions of doses, assuming it would be approved even if phase III didn't even start**.
- **Why would the elite simulate getting vaxxed?**⁴³⁴
- For VIPs, no one controls if the liquid injected is the actual vaccine. Influencers (politicians, church leaders) could be getting a placebo or a different/better vaccine without their knowledge.

⁴³³ <https://www.youtube.com/watch?v=sG0tDVilkUc>

<https://www.youtube.com/watch?v=Jl3gw53P5pk>

⁴³⁴ They could take saline water and you wouldn't be able to tell the difference, but they are so hypocrites that they prefer no needles:

<https://www.bitchute.com/video/JnaeNogvZcPD/> Kamala Harris (VP of Biden)

<https://www.bitchute.com/video/WNrWCUNb03UU/> Fauci

<https://www.bitchute.com/video/pXoYIXhkY5Lv/> Canadian Health Minister

<https://www.bitchute.com/video/yRzShdDiFlxV/> at timestamp 1.40 see the Queensland premier fake a vaccine jab

<https://www.bitchute.com/video/QglsVrRrIO1F/>

<https://worldstar.com/video.php?v=wshhovV69fxiPzI4LYzn>

<https://worldstar.com/video.php?v=wshhZpRCV2L1p7i2B1kW>

<https://www.bitchute.com/video/WB9de7dNACC4/>

<https://www.bitchute.com/video/vnVcFdxboIHm/>

<https://www.bitchute.com/video/6TS5T23t9JVD/>

- Epidemiological efficacy could be manipulated by regulating PCR cycles: **more amplification cycles (24 max), more false positives** (ideal to generate terror), less cycles, less positives (ideal to show vaccines work).⁴³⁵
- “WHO reminds IVD (In Vitro Diagnostic Medical Device) users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases. This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.”⁴³⁶

What kind of objectivity can you expect in vaccine clinical trials?: “Pfizer was responsible for the design and conduct of the trial, data collection, data analysis, data interpretation, and the writing of the manuscript. BioNTech was the sponsor of the trial, manufactured the BNT162b2 clinical trial material, and contributed to the interpretation of the data and the writing of the manuscript.”⁴³⁷

Truth will out, but took a year: “Revelations of poor practices at a contract research company helping to carry out Pfizer’s pivotal covid-19 vaccine trial **raise questions about data integrity and regulatory oversight... the company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events... Staff who conducted quality control checks were overwhelmed by the volume of problems** they were finding... Since Jackson reported problems... to the FDA in September 2020, Pfizer has hired Ventavia as a research subcontractor on four other vaccine clinical trials (**covid-19 vaccine in children and young adults, pregnant women, and a booster dose, as well an RSV vaccine trial...**”⁴³⁸

“It’s hard to understand how we can trust the safety data provided by Pfizer; we can see that the official package insert approved by the FDA for Comirnaty⁴³⁹ states that acute allergic reactions (including anaphylaxis) have been reported only in post-marketing surveillance (including EUA); while in the real world⁴⁴⁰ the observed rate of acute allergic reactions is close to 2% (1.95% [95% CI, 1.79%-2.13%]) and the observed rate of anaphylaxis is close to 1/3700 for mRNA Covid-19 vaccines (Pfizer 0.027% [95% CI, 0.011%-0.056%]). It’s impossible to miss that in a cohort of 21,700 vaccinated individuals in a clinical trial.”⁴⁴¹

Then, in August 2021, “**skipping stage 3 trials and ignoring data on injuries and deaths**”⁴⁴², the FDA announced the approval of Comirnaty (not the then available Pfizer vaccine) but it was a fraud: the vaccine did not exist by then, the announcement didn’t even indicate the place where it would be made nor the ingredients, the doses in stock were still allowed under EUA.⁴⁴³

There were many other red alerts, including those from Peter Doshi (BMJ)⁴⁴⁴ but no reaction from authorities or judges. The unchecked system will continue to repeat pharmaceutical fraud.

⁴³⁵ <https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/>

⁴³⁶ <https://www.who.int/es/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

⁴³⁷ Polack F, Thomas SJ, et al. **Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine**. 10 Dec 2020. New England Journal of Medicine 2603-2615, 383, 27. <https://doi.org/10.1056/NEJMoa2034577> <https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>

⁴³⁸ Thacker P D. **Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial** 2 Nov 2021 BMJ; 375 :n2635 <https://doi.org/10.1136/bmj.n2635>

⁴³⁹ COMIRNATY® (COVID-19 Vaccine, mRNA) suspension for injection, for intramuscular use; Initial U.S. Approval: 2021; section 6.2 page 13 <https://www.fda.gov/media/151707/download>

⁴⁴⁰ Blumenthal KG, Robinson LB, et al. **Acute Allergic Reactions to mRNA COVID-19 Vaccines**. 20 Apr 2021 JAMA 325(15):1562-1565. <https://doi.org/10.1001/jama.2021.3976>

⁴⁴¹ ARBY, S. Comment 02 November 2021 <https://www.bmj.com/content/375/bmj.n2635/rapid-responses>

⁴⁴² <https://www.naturalnews.com/2021-08-25-fda-fraudulently-grants-full-approval-comirnaty-vaccine.html>

⁴⁴³ <https://www.naturalnews.com/2021-09-05-fda-approves-covid-vaccine-that-doesnt-exist.html>

⁴⁴⁴ Doshi P, **Feature: Will covid-19 vaccines save lives? Current trials aren’t designed to tell us**, 21 October 2020

BMJ 2020; 371 <https://doi.org/10.1136/bmj.m4037>

<https://blogs.bmj.com/bmj/2020/11/26/peter-doshi-pfizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data/>

Considering all this, it is obvious why vaccine resistance had reached unprecedented levels. You can easily find comments like: **“The real bioweapon is the vaccine which is the goal of scaring people with the plandemic. The vaccine will sterilize the population.”**⁴⁴⁵

To those voices, authorities look like following a manual for all the things they shouldn't do to increase vaccine hesitancy, rational concerns and paranoia. **The real anti-vaxxers are the Nazi-vaxxers:** even if there ever is a safe and effective vaccine, **they did all they could to scare people away from any vaccine.**

Zero pharmaco-vigilance

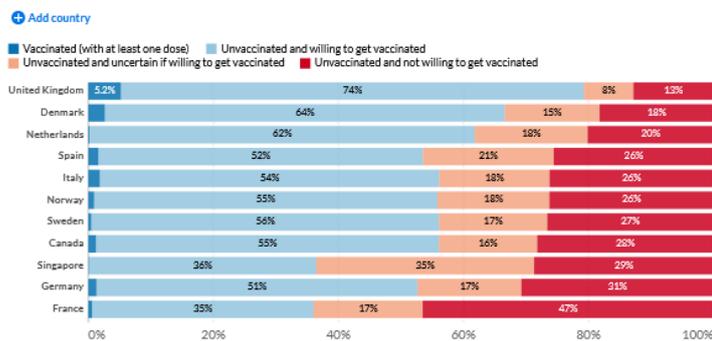
VAERS, from when it started in 1990 until 22 Oct 2021, half of all reports are for products targeting Covid-19 (837,595/1,673,647)⁴⁴⁶ and two-thirds of all reports where patient died (17,619/26,680)⁴⁴⁷ in just over 10 months: these are gigantic safety signals, and we may not be reassured if regulators (still) overlook them.”⁴⁴⁸

Social engineering

The engineering strategies were successful. Vax resistance is withering away with restrictions or passes:

Willingness to get vaccinated against COVID-19, Jan 15, 2021

Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



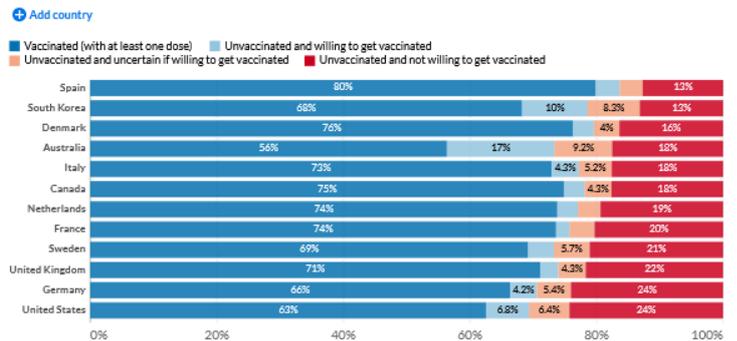
Source: Imperial College London YouGov Covid 19 Behaviour Tracker Data Hub - Last updated 5 October 2021, 08:30 (London time)
Note: Months containing fewer than 100 survey respondents are excluded. We infer willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.
OurWorldInData.org/coronavirus • CC BY

Dec 15, 2020 Sep 15, 2021

Our World in Data

Willingness to get vaccinated against COVID-19, Sep 15, 2021

Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



Source: Imperial College London YouGov Covid 19 Behaviour Tracker Data Hub - Last updated 5 October 2021, 08:30 (London time)
Note: Months containing fewer than 100 survey respondents are excluded. We infer willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.
OurWorldInData.org/coronavirus • CC BY

Dec 15, 2020 Sep 15, 2021

<https://ourworldindata.org/grapher/covid-vaccine-willingness-and-people-vaccinated-by-country?time=2021-02-15&country=USA~GBR~DEU~FRA~CAN~NOR~SGP~KOR~ESP~SWE~ITA~JPN~NLD~DNK~AUS>

The stringier the pass, the lower the resistance. France is a leading case study: resistance went from 57% to 20% in less than a year. The USA seems to be the last bastion with 24%, probably because there are a lot of recovered who realize they don't need any, yet it started with 33%, and will probably follow France if similar restrictions are deployed.

Doshi P, Covid-19 vaccines: In the rush for regulatory approval, do we need more data?, 18 May 2021 BMJ 2021; 373

<https://doi.org/10.1136/bmj.n1244>

<https://blogs.bmj.com/bmj/2021/08/23/does-the-fda-think-these-data-justify-the-first-full-approval-of-a-covid-19-vaccine/>

⁴⁴⁵ <https://www.brighteon.com/46f6bc00-92e9-4ede-b7d8-d1fa4591ed92>

⁴⁴⁶ <https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19>

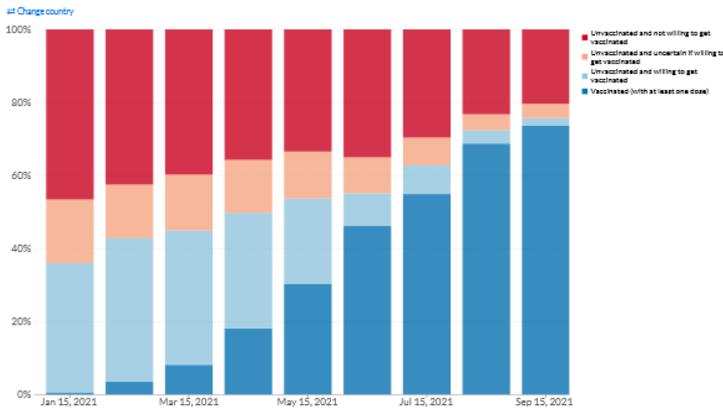
<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON>

⁴⁴⁷ <https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&VAXTYPES=COVID-19&DIED=Yes>

<https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&DIED=Yes>

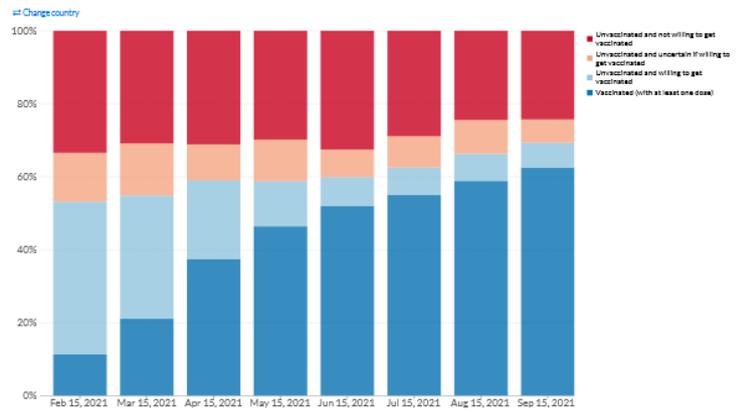
⁴⁴⁸ Stone J, UK Editor AgeofAutism.com, comment 05 Nov 2021 <https://www.bmj.com/content/375/bmj.n2635/rapid-responses>

Willingness to get vaccinated against COVID-19, France, Jan 15, 2021 to Sep 15, 2021
Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



Source: Imperial College London YouGov Covid-19 Behaviour Tracker Data Hub - Last updated 8 October 2021, 08:30 (London time)
Note: Months containing fewer than 100 survey responses are excluded. View other willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.

Willingness to get vaccinated against COVID-19, United States, Feb 15, 2021 to Sep 15, 2021
Share of the total population who has not received a vaccine dose and who are willing vs. unwilling vs. uncertain if they would get a vaccine this week if it was available to them. Also shown is the share who have already received at least one dose.



Source: Imperial College London YouGov Covid-19 Behaviour Tracker Data Hub - Last updated 8 October 2021, 08:30 (London time)
Note: Months containing fewer than 100 survey responses are excluded. View other willingness to get vaccinated in a country's population from survey responses of people aged 18 years and above, which may not be representative of the entire population. Nevertheless, we expect such differences to be small.

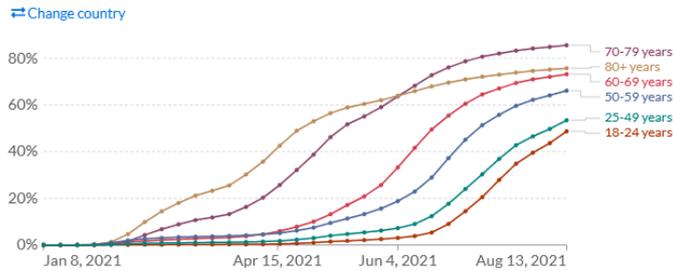
<https://ourworldindata.org/grapher/covid-vaccine-willingness-and-people-vaccinated-by-month?country=~FRA>
<https://ourworldindata.org/grapher/covid-vaccine-willingness-and-people-vaccinated-by-month?country=~USA>

In the end, under the threat of losing their livelihoods, a diminishing minority will remain unvaxxed. Yet, resistance could grow to 3rd, 4th and yearly booster shots and towards vaxxing children, especially after acquaintances show side effects and word of mouth warning.

By fighting school and university vaccine mandates, the vaccine resistance should focus on younger groups which haven't been vaxxed yet and who don't feel threatened by COVID:

Share of people fully vaccinated against COVID-19 by age, France

Share of the population in each age group that have received all prescribed doses of the vaccine.

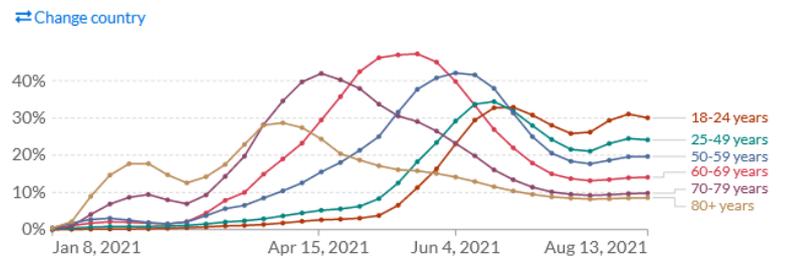


Source: Official data collated by Our World in Data
Note: In some territories, vaccination coverage may include non-residents (such as tourists and foreign workers) so per-capita metrics may exceed 100%.

Share of people partly vaccinated against COVID-19 by age, France

Share of the population in each age group that are only partly vaccinated against COVID-19.

Those who are fully vaccinated are not included. This means this metric will decrease as people receive their second dose.



<https://ourworldindata.org/grapher/covid-fully-vaccinated-by-age?country=~FRA>
<https://ourworldindata.org/grapher/covid-partly-vaccinated-by-age?country=~FRA>

Bat-Gate

The hiding of the true origin of the virus, is the most obvious case of propaganda (coordinated disinformation campaign). Without any scientific evidence, globalist mercenary science (The Lancet⁴⁴⁹, Science Mag⁴⁵⁰, Fauci⁴⁵¹)

⁴⁴⁹ Calisher C, Daszak Peter, Statement in support of the scientists, public health professionals, and medical professionals of China combatting COVID-19, 19 Feb 2020 The Lancet, [https://doi.org/10.1016/S0140-6736\(20\)30418-9](https://doi.org/10.1016/S0140-6736(20)30418-9)

⁴⁵⁰ Cohen J, Scientists 'strongly condemn' rumors and conspiracy theories about origin of coronavirus outbreak, 19 Feb 2020, Sci. Mag <https://www.sciencemag.org/news/2020/02/scientists-strongly-condemn-rumors-and-conspiracy-theories-about-origin-coronavirus>

⁴⁵¹ 4 Jun 2021 Tucker: Why did they lie to us for so long <https://www.youtube.com/watch?v=32V-e7saq60>

5 Jun 2021 Tucker: Two-faced Fauci pushed draconian measures despite data <https://www.youtube.com/watch?v=C1RHyr6U9MY>
<https://www.foxnews.com/politics/fauci-china-travel-ban-coronavirus-transparency-criticizes-trump-response>

and media funnelled the theory of bat-pangolin-human inexplicable jump, while social media (including **social science platforms**⁴⁵²) blocked as fake the real truth about a “gain-of-function” designed in the Wuhan Institute of Virology P4 Lab⁴⁵³, proven to be a Chinese bio-warfare facility with ties to the highest Chinese authorities, a lab built by the French and funded by the Fauci (USA) military industrial complex⁴⁵⁴, the Canadian BSL4 lab⁴⁵⁵ and the **Bill & Melinda Gates Foundation**, obsessed with SARS bioweapons.⁴⁵⁶ Why would China spend in 2014, 58 million dollars on “Batwoman” Shi Zhengli’s project to gather coronavirus from bats and only 42 million in the P4 lab for 300 scientists without training to use it? ⁴⁵⁷ Why did Shi **fear** that the virus had escaped from her lab? ⁴⁵⁸ Obviously they needed first a suitable weaponizable virus to work with. Why would freemason-buddy ⁴⁵⁹ French-premier Bernard Cazeneuve visit the lab invited by lab director Yuan Zhiming in February 2017? Tourism or planning? A person without any scientific training gains no insight from visiting a lab, especially when they chose what to show and what not.

30 Nov 2017: the Wuhan lab Dr. Zhengli Shi published that bat coronaviruses Rs4841 and Rs4874 could bind to human ACE2 receptors⁴⁶⁰ (just as SARS-CoV-2).

Lead by Gates foundation, event 201 had the purpose of fine tuning the social engineering systems to lead the masses to the vaccine as the only lead-life-saver, by a “novel coronavirus” to “prepare public and private leaders for pandemic response.”⁴⁶¹

No one would shoot his own foot before using armoured boot. The fact that there was no cure supports a lab leak, yet evidence shows that once out, even if it was premature, it triggered the plans prepared for a deliberately released pandemic.⁴⁶²

<https://www.foxnews.com/media/hilton-video-dr-fauci-lied-gain-of-function-experiments-wuhan-lab-coronavirus>

<https://www.foxnews.com/opinion/tucker-carlson-fauci-media-lie-covid-origins>

⁴⁵² 15 Feb 2020 Twitter blocked the paper: <https://twitter.com/OSINTHK/status/1228664201452765185> “Two Chinese scientists published a now deleted paper on ResearchGate that we were able to retrieve. It claims #COVID2019 / #nCoV2019 may have originated from accidental Wuhan Center of Disease Control and Prevention leakage due to high risk behavior and bad operational security.”

⁴⁵³ <https://mygenomix.medium.com/the-origin-of-sars-cov-2-is-a-riddle-meet-the-twitter-detectives-who-aim-to-solve-it-5050216fd279>

<https://thebulletin.org/2021/05/the-origin-of-covid-did-people-or-nature-open-pandoras-box-at-wuhan/>

<https://www.vanityfair.com/news/2021/06/the-lab-leak-theory-inside-the-fight-to-uncover-covid-19s-origins>

<https://www.wsj.com/articles/the-science-suggests-a-wuhan-lab-leak-11622995184>

<https://www.bloombergquint.com/business/what-the-world-wants-china-to-disclose-in-wuhan-lab-leak-probe>

<https://articles.mercola.com/sites/articles/archive/2021/06/03/media-sinking-ship.aspx>

<https://www.lifesitenews.com/news/tucker-carlson-fauci-committed-perjury-might-be-under-criminal-investigation-already>

<https://www.lifesitenews.com/news/fauci-knew-about-possible-covid-lab-leak-evidence-gain-of-function-concerns-emails-reveal>

<https://twitter.com/SharriMarkson/status/1399934149666934784>

⁴⁵⁴ <https://www.lifesitenews.com/blogs/why-i-was-banned-from-facebook>

<https://www.lifesitenews.com/blogs/is-biden-helping-china-cover-up-its-covid-crimes>

⁴⁵⁵ <https://greatgameindia.com/coronavirus-bioweapon/>

⁴⁵⁶ <https://greatgameindia.com/italian-state-media-in-2015-exposed-chinese-biological-experiments-with-coronavirus/>

⁴⁵⁷ https://www.washingtonpost.com/world/asia_pacific/wuhan-lab-covid-china/2021/09/07/

⁴⁵⁸ <https://www.scientificamerican.com/article/how-chinas-bat-woman-hunted-down-viruses-from-sars-to-the-new-coronavirus1/>

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

⁴⁵⁹ <https://blogs.lexpress.fr/lumiere-franc-macon/2015/01/22/cazeneuve-invite-a-dejeuner-des-grands-maitres/>

⁴⁶⁰ Hu B, Zeng L-P, et al. **Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus.** 30 Nov 2017 PLoS Pathog 13(11): e1006698. <https://doi.org/10.1371/journal.ppat.1006698>

⁴⁶¹ <https://www.centerforhealthsecurity.org/event201/media>

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

⁴⁶² Fleming, Richard M., **Is COVID-19 a Bioweapon? A Scientific and Forensic investigation.** Skyhorse (September 7, 2021), ISBN13: 9781510770195

<https://www.flemingmethod.com/documentation>

Summary: https://www.algora.com/Algora_blog/2021/06/06/dr-fleming-covid-19-undisputably-a-bioweapon

There is unequivocal evidence of collusion between China, WHO and deep state agents like Fauci⁴⁶³, **in allowing the virus to spread outside China and blocking the information about the cures.**⁴⁶⁴

Suddenly after one year, in early 2021 the lab origin was un-freezed: did they keep the lid until it blew off? To hide that the “leak” was in fact “dissemination” and that the Chinese Communist Party spread the virus on purpose?⁴⁶⁵ Or was it because a high ranking Chinese defector confessed it, and therefore, continuing the charade would discredit mainstream media?

Fauci is so implicated, that under the request of Chinese scientists, the NIH deleted a scientific file proving the virus originated prior to the alleged Hunan wet market initial contagion.⁴⁶⁶ The NIH answer: an undisclosed scientist supposedly deleted it to repost it later, but that reposting never occurred. **The deletion of a file in a NIH scientific repository is unprecedented and it shouldn't even be possible: in science, traceability is key to credibility, reproducibility and falsifiability. This also questions an accidental lab leak theory.**

More evidence of lab origin:

- In Oct 2019 the Bill & Melinda Gates Foundation co-hosted “Event 201”⁴⁶⁷, in which 15 global business, government, and public health leaders took part in a simulation exercise based on responding to an international “coronavirus” pandemic. The first report of COVID-19 occurred in Nov 2019.⁴⁶⁸
- In many cities (Barcelona⁴⁶⁹, Buenos Aires⁴⁷⁰, Florianopolis⁴⁷¹, etc.) COVID-19 was detected in sewage waters⁴⁷² at least one month prior to the alleged Dec 2020 wet market spread, but not before Nov 2020, yet it is a proxy of about 2 weeks earlier than public PCR-case statistics.⁴⁷³
- 31 Dec 2019 China informed the WHO, but minimized the threat.
- 30 Jan 2020 WHO declared a public health emergency of international concern (PHEIC)
- 6 Feb 2020: China cancelled domestic flights, yet fought against international bans, with the WHO as accomplice.⁴⁷⁴

⁴⁶³ <https://redstate.com/jenvanlaar/2021/06/04/exclusive-high-ranking-chinese-defector-has-direct-knowledge-of-several-chinese-special-weapons-programs-n391238>

<https://www.lifesitenews.com/news/chinese-defector-says-china-is-producing-covid-variants-to-cover-up-wuhan-lab-leak-report>

⁴⁶⁴ <https://twitter.com/adamhousley/status/1400670631562076161>

3 Jun 2021 <https://www.vanityfair.com/news/2021/06/the-lab-leak-theory-inside-the-fight-to-uncover-covid-19s-origins>

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

⁴⁶⁵ <https://www.breitbart.com/politics/2021/07/02/exclusive-sen-marsha-blackburn-i-am-just-livid-with-dr-fauci-potential-lab-leak-of-coronavirus-may-have-been-intentional-by-china/>

⁴⁶⁶ Bloom, Jesse D., **Recovery of deleted deep sequencing data sheds more light on the early Wuhan SARS-CoV-2 epidemic**, 22 Jun 2021, BioRxiv preprint, <https://doi.org/10.1101/2021.06.18.449051>

⁴⁶⁷ <https://www.weforum.org/press/2019/10/live-simulation-exercise-to-prepare-public-and-private-leaders-for-pandemic-response/>
<https://www.centerforhealthsecurity.org/event201/>

⁴⁶⁸ <https://www.lifesitenews.com/news/everything-you-need-to-know-about-the-coronavirus-from-a-china-expert>

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⁴⁷¹ Fongaroa G, Hermes Stoco P, et al. **The presence of SARS-CoV-2 RNA in human sewage in Santa Catarina, Brazil, November 2019.** Elsevier, Science of The Total Environment Volume 778, 15 July 2021, 146198 <https://doi.org/10.1016/j.scitotenv.2021.146198>

⁴⁷² Panchal D., Prakash O., et al. **SARS-CoV-2: sewage surveillance as an early warning system and challenges in developing countries.** 17 Mar 2021 Environmental Science and Pollution Research 28, 22221–22240. <https://doi.org/10.1007/s11356-021-13170-8>

⁴⁷³ Borney F, **Detection of SARS-CoV-2 in sewage in the Aosta Valley: results of one year of monitoring.** Nov 2021. Academia Letters. Article 3272 <https://doi.org/10.20935/AL3272>

- 11 Mar 2020 WHO announced the pandemic.
- China prevented the investigation about COVID-19 origins to the point of threatening Australia with economic sanctions and forbidding the WHO to send an investigative team, and only allowing it nearly a year later, after tampering with the evidence, deleting records, hiding information and forbidding access to key elements.
- As a precedent, a lab origin of SARS-CoV-1 is still unrefuted.⁴⁷⁵ Like in the batgate, palm civet (*Paguma larvata*) and the raccoon dog (*Nyctereutes procyonoides*) were blamed⁴⁷⁶, yet nobody could explain how SARS 1 coronavirus *gained* HIV genomes.⁴⁷⁷
- Three Nobel prizes declared that SARS-CoV-2 was genetically engineered.
- Luc Montagnier, discoverer of the HIV, said it is impossible that a coronavirus would gain HIV genetic information. Proven insertion of HIV sequences.⁴⁷⁸ Even a detracting research recognizes “100% match between the insertion 1 and 2 sequences and the HIV sequences were found in 19 entries... detection of completely matched sequences of 1 and 2 insertions... four insertion homolog sequences could (...) be independently found in different HIV-1 genomes”.⁴⁷⁹
- The Australian vaccine was cancelled due to the unexpected result of HIV false-positive testing after vaccination.
- 20 Oct 2021: NIH sent a letter to U.S. Rep. James Comer, R-Ky., “**EcoHealth failed to report (it) was testing if spike proteins from naturally occurring bat coronaviruses circulating in China were capable of binding to the human ACE2 receptor in a mouse model (just as SARS-CoV-2)... similarity of RaTG13 and BANAL-52 bat coronaviruses to SARS-CoV-2 is close because it overlaps by 96-97%**” yet, without providing any evidence, Tabak, Principal Deputy Director, denied any connection with SARS-CoV-2.⁴⁸⁰

⁴⁷⁴ “After the total lockdown the average traffic density fell to below 10% in Wuhan and Shanghai during February and below 5% in Beijing. While implementing a total domestic lockdown in February, China kept assuring the world that the situation was not serious and fully under control.” <https://economictimes.indiatimes.com/blogs/Whathappensif/how-china-locked-down-internally-for-covid-19-but-pushed-foreign-travel/>

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https://web.archive.org/web/20060321053357/http://www.jamestown.org/publications_details.php?volume_id=19&issue_id=673&article_id=4729

<https://www.theage.com.au/national/speculation-sars-leaked-from-bio-weapon-program-20030501-gdvmb.html>

<https://www.abc.net.au/news/2003-04-11/sars-could-be-biological-weapon-experts/1835010>

https://web.archive.org/web/20070706015342/http://www.news24.com/News24/World/News/0%2C6119%2C2-10-1462_1346560%2C00.html

⁴⁷⁶ Guan, Y, Zheng, BJ, et al. **Isolation and characterization of viruses related to the SARS coronavirus from animals in southern China.** *Science* 2003;302:276-278. <https://doi.org/10.1126/science.1087139>

Ge, XY., Li, JL., Yang, XL. et al. **Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor.** *Nature* 503, 535–538 (2013). <https://doi.org/10.1038/nature12711>

⁴⁷⁷ Marra MA, Jones SJM, et al., **The Genome Sequence of the SARS-Associated Coronavirus**, 30 May 2003, *Science* Vol. 300, Issue 5624, pp. 1399-1404 <https://doi.org/10.1126/science.1085953>

Kliger, Y., & Levanon, E. Y. (2003). **Cloaked similarity between HIV-1 and SARS-CoV suggests an anti-SARS strategy.** *BMC microbiology*, 3, 20. <https://doi.org/10.1186/1471-2180-3-20>

Wu Zhang, X., & Leng Yap, Y. (2004). **Structural similarity between HIV-1 gp41 and SARS-CoV S2 proteins suggests an analogous membrane fusion mechanism.** *Theochem*, 677(1), 73–76. <https://doi.org/10.1016/j.theochem.2004.02.018>

Campbell GR, To RK et al. **SARS-CoV-2, SARS-CoV-1, and HIV-1 derived ssRNA sequences activate the NLRP3 inflammasome in human macrophages through a non-classical pathway**, 23 Apr 2021, *iScience*, Volume 24, <https://doi.org/10.1016/j.isci.2021.102295>

⁴⁷⁸ Illanes-Álvarez F, Márquez-Ruiz D, et al. **Similarities and differences between HIV and SARS-CoV-2.** 01 Jan 2021 *Int J Med Sci*; 18(3):846-851. doi:10.7150/ijms.50133. Available from <https://www.medsci.org/v18p0846.htm>

Campbell GR, To RK et al. **SARS-CoV-2, SARS-CoV-1, and HIV-1 derived ssRNA sequences activate the NLRP3 inflammasome in human macrophages through a non-classical pathway**, 23 Apr 2021, *iScience*, Volume 24, <https://doi.org/10.1016/j.isci.2021.102295>

Pradhan P, Pandey AK, et al. **Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag.** 02 Feb 2020. *BioRxiv*. Preprint withdrawn for revision. <https://doi.org/10.1101/2020.01.30.927871>

⁴⁷⁹ Xiao, C., Li, X., et al. **HIV-1 did not contribute to the 2019-nCoV genome.** 14 Feb 2020. *Emerging microbes & infections*, 9(1), 378–381. <https://doi.org/10.1080/22221751.2020.1727299>

⁴⁸⁰ <https://twitter.com/randpaul/status/1450996489862459394?s=21>

Richard H. Ebright, a molecular biologist who in March 2021 joined 26 world scientists in calling for a full forensic investigation into the origins of COVID, tweeted: **“NIH corrects untruthful assertions by NIH Director Collins and NIAID Director Fauci that NIH had not funded gain-of-function research in Wuhan. NIH states that EcoHealth Alliance violated Terms and Conditions of NIH grant AI110964.”**⁴⁸¹ **“The NIH funded the construction of novel chimeric coronaviruses that combined spike gene of one SARS-related coronavirus with rest of genetic information of another, and that yielded viruses that exhibited 10,000-fold higher viral load and higher pathogenicity in humanized mice.”**⁴⁸² “How many times can one grantee violate the Terms and Conditions of one NIH grant without being penalized? (Apparently, if the grantee is EcoHealth Alliance, the number is at least four)”⁴⁸³

- In spite of all that, many believe the virus hasn’t been isolated⁴⁸⁴ when there’s undisputable evidence.⁴⁸⁵

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

Yet, the U.S. intelligence report of August 2021 said that the coronavirus was not a bioweapon. **If they said it was weaponized by China, China could have showed it was funded by the USA and/or accused the US of the release.**

7 Sep 2021, the Washington Post (bought by globalist Bezos “for no reason”), publishes a ridiculous cover up⁴⁸⁶ echoed by global mainstream media.⁴⁸⁷

UNCLASSIFIED



29 Oct 2021, the US intelligence community reaches no conclusion on the origins. Interestingly there is no “community” but a top council where heads are named not based on career track but by politics. Yet, interesting passages could be quoted:

- “Four IC elements and the National Intelligence Council assess with **low confidence that the initial SARS-CoV-2 infection was most likely caused by natural exposure** to an animal infected with it or a close progenitor virus—a virus that probably would be more than 99 percent similar to SARS-CoV-2. ...
- One IC element assesses with **moderate confidence that the first human infection with SARS-CoV-2 most likely was the result of a laboratory-associated incident**, probably involving experimentation, animal handling, or sampling by the Wuhan Institute of Virology. These analysts give weight to the inherently risky nature of work on coronaviruses.
- The IC—and the global scientific community—lacks clinical samples or a complete understanding of epidemiological data from the earliest COVID-19 cases. If we obtain information on the earliest cases that identified a location of interest or occupational exposure, it may alter our evaluation of hypotheses... **Beijing,**

⁴⁸¹ https://twitter.com/R_H_Ebright/status/1450947395508858880

⁴⁸² https://twitter.com/R_H_Ebright/status/1444086756895117312

⁴⁸³ https://twitter.com/R_H_Ebright/status/1444086756895117312

Hvistendahl M, Lerner S, **NIH Bat Coronavirus Grant Report Was Submitted More Than Two Years Late. The unusual timing of a bat coronavirus grant report suggests that an earlier version may have been revised.** 1 Oct 2021

<https://theintercept.com/2021/10/01/nih-bat-coronavirus-grant-ecohealth-alliance/>

⁴⁸⁴ <https://www.globalresearch.ca/does-the-virus-exist-the-sars-cov-2-has-not-been-isolated-biggest-fraud-in-medical-history/>

⁴⁸⁵ Harcourt, J., Tamin, A., et al. **Isolation and characterization of SARS-CoV-2 from the first US COVID-19 patient.** bioRxiv 2020.03.02.972935. <https://doi.org/10.1101/2020.03.02.972935>

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

Taştan, C., Yurtsever, B., et al. **SARS-CoV-2 isolation and propagation from Turkish COVID-19 patients.** 21 Jun 2020. Turkish journal of biology = Turk biyoloji dergisi, 44(3), 192–202. <https://doi.org/10.3906/biy-2004-113>

Kim J M, Chung Y S, et al. **Identification of Coronavirus Isolated from a Patient in Korea with COVID-19.** Feb 2020. *Osong public health and research perspectives*, 11(1), 3–7. <https://doi.org/10.24171/j.phrp.2020.11.1.02>

⁴⁸⁶ https://www.washingtonpost.com/world/asia_pacific/wuhan-lab-covid-china/2021/09/07/

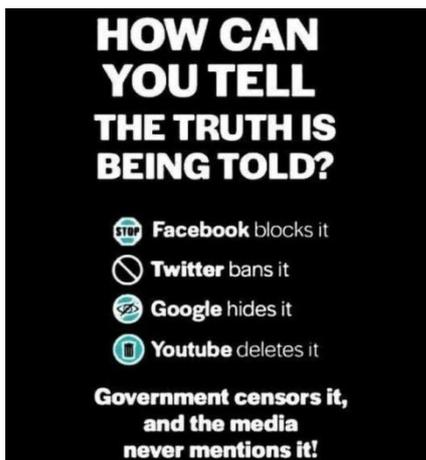
⁴⁸⁷ <https://www.infobae.com/america/wapo/2021/09/07/al-interior-del-laboratorio-de-wuhan-ingenieria-francesa-virus-mortales-y-un-gran-misterio/>

however, continues to hinder the global investigation, resist sharing information and blame other countries, including the United States.”⁴⁸⁸

What does the Chinese **Communist** Party has to hide?: obviously, it’s not a problem of lack of US “intelligence” but of too obvious counter-intelligence.

⁴⁸⁸ <https://www.dni.gov/files/ODNI/documents/assessments/Declassified-Assessment-on-COVID-19-Origins.pdf>

Anti-cure vaccine agenda



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

In 2021 Facebook started using a new algorithm that classifies users who post anything remotely negative against vaccines into three “hesitancy” tiers (even if posts that are scientifically correct, accurate and truthful, like “Denmark did not approve the AstraZeneca vaccine”). The test removed “hesitant” comments by 42.5% but also demoted the messages in other tiers.⁴⁸⁹ On 06/06/2021 **the link to this research was blocked by Facebook as fake news.**

Considering how countries were driven towards ineffective and suicidal measures like lock downs and how effective treatments like ivermectin were overlooked, rejected, retracted, defunded, frozen, un-approved (even for compassionate care), censored and politically boycotted, and how vaccines are pushed as a lead life-saver, many are seeing **there are solid scientific grounds to pass from conspiracy theory to proven conspiracy towards a global culling hidden behind an artificially created and driven “panic-demic”.**

If you aren’t paying for the product, somebody is paying for your mind: one of the most recent examples is the Netflix fakementary “The Social Dilemma”⁴⁹⁰. What people fail to understand is the message behind the message: the meta-propaganda.

The main argument is that AI in social networks maximizes screen addiction by promoting fake information and political manipulation, leading to division and riots. It is extremely clever how they explain conspiracy group growth as a result of uncontrolled AI manipulation, by exposing new conspiracy theories to gullible flat-earthers, without answering who’d benefit from that.

Why did the documentary conveniently hid that social media moguls invested over 300 million dollars to interfere in the US 2020 election?

Why would Netflix post it on YouTube⁴⁹¹ allowing it to increase screen share and posting click bait?
Why would YouTube allow Netflix to use its platform to criticize its click bait tactics?

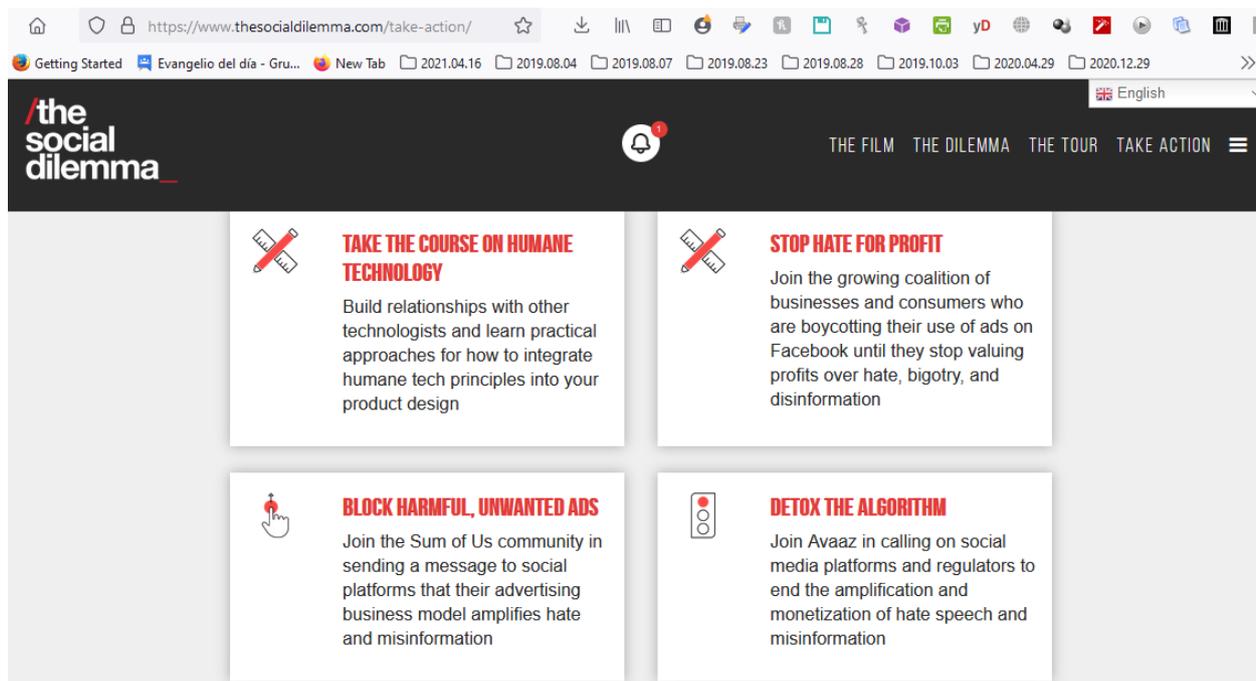
Netflix itself uses AI to maximize user screen time and promotes binge watching infomercials: why would Netflix shoot its foot? To increase Netflix usage while pushing people away from dissident friends in social networks?

The real reason behind all this apparent nonsense is to make believe that the growth of groups “believing” in deliberate dissemination of COVID, COVID vaccine harm and anthropogenic climate change hoax, isn’t the result of growth of truth and reasonable questions, but of AI fake news promotion in social networks. The result? People wouldn’t only dismiss truthful messages from friends because they see them as wacko conspiracy theorists but denounce them in the social platforms.

⁴⁸⁹ <https://articles.mercola.com/sites/articles/archive/2021/05/31/facebook-censoring-vaccine-hesitancy.aspx>

⁴⁹⁰ <https://www.thesocialdilemma.com>

⁴⁹¹ https://www.youtube.com/watch?v=7mqR_e2seeM



The call to action involves growing the humane tech movement by banning surveillance advertising (as it was the real enemy and not subliminal addictive tech), blocking lifesaving information like this research, and denouncing “hate speech and misinformation”, which means nudging people to act against truth thinking they are fighting for truth, especially when they classify quoting the Bible about homosex as hate speech, and any scientific research related to the pandemic as dangerous misinformation: **if you ain’t paying the product, they are making you a robot. The amazing exception here is that Netflix subscribers not only paid for their own brain washing but also for the YouTube watchers.**

What exactly is informed consent?

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

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

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

COVID Vaccines: worse than the disease

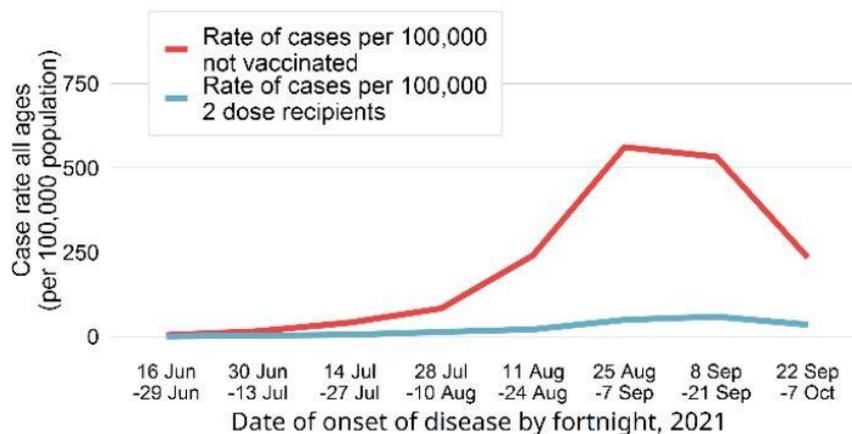
COVID vaccines can't prevent all deaths. "In a world where every single person had been vaccinated, 100% of Covid deaths would be of vaccinated people."⁴⁹² But what is really horrific is when the vaccinated show much more deaths than the unvaccinated.

Also, since vaccination of the elderly was prioritized, it wouldn't be surprising a higher death rate than the younger unvaccinated. "Due to their age, a vaccinated 70-year-old is still at greater risk from COVID-19 than an unvaccinated 35-year-old. Given this, it isn't surprising that more vaccinated people are dying of COVID-19 than unvaccinated people."⁴⁹³

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

23 Jun 2021 Public Health England (PHE) technical report showed that 43% of recent COVID deaths were fully vaccinated people. 60% received at least one dose.⁴⁹⁴

30 Jun 2021 the Argentine Health Ministry finished a study: from January till June, **9 out of 10 COVID deaths were vaccinated**. For those over 60 years old, 10 out of 10 COVID deaths were vaccinated.⁴⁹⁵



7 Nov 2021: **Sydney's Covid-19 wave shows less cases in the non-vaccinated population and that the vaccines didn't protect the risk groups:** "Of the 47 cases who died with COVID-19 who had two doses of vaccine, their average age was 82 years; 29 (61.7%) were residents of aged care facilities and the other 18 had significant comorbidities. Of the 30 admitted to ICU, 26 (86.7%) had significant co-morbidities and 4 had no reported comorbid conditions."

⁴⁹² <https://www.bbc.com/news/health-57610998>

⁴⁹³ <https://theconversation.com/covid-vaccine-weekly-more-vaccinated-than-unvaccinated-britons-are-now-dying-from-the-coronavirus-164526>

⁴⁹⁴ <https://www.livemint.com/news/world/uk-virus-cases-surge-even-as-8-in-10-have-received-shots-11623958350491.html>
<https://www.theguardian.com/theobserver/commentisfree/2021/jun/27/why-most-people-who-now-die-with-covid-have-been-vaccinated>

⁴⁹⁵ Spanish: <http://bit.do/VACUNAS>

Third dose scam

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

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

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

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

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

V.A.D.E.R.

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

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

ADE has resulted from vaccination:

- Respiratory syncytial virus (RSV) — RSV is a virus that commonly causes pneumonia in children. A vaccine was made by growing RSV, purifying it, and inactivating it with the chemical formaldehyde. In clinical trials, children who were **given the vaccine were more likely to develop or die from pneumonia after infection** with RSV. The trials stopped, and the vaccine was never submitted for approval or released to the public.
- Measles — An early version of measles vaccine was made by inactivating measles virus using formaldehyde. Children who were vaccinated and later became infected with measles in the community developed high fevers, **unusual rash, and an atypical form of pneumonia**. Upon seeing these results, the vaccine was withdrawn, and **(without any scientific basis)** those who received this version of the vaccine were recommended to be vaccinated again using the live, weakened measles vaccine, which does not cause ADE and is still in use today.
- Dengue virus — If a person is infected by one serotype of dengue virus, they typically have mild disease and generate a protective immune response, including neutralizing antibodies, against that serotype. But, if that person is infected with a second serotype of dengue virus, the neutralizing antibodies generated from the first infection may bind to the virus and actually increase the virus's ability to enter cells, resulting in ADE and causing a severe form of the disease, called dengue hemorrhagic fever.

In 2016, a dengue virus vaccine was designed to protect against all four serotypes of the virus. **The hope was that by inducing immune responses to all four serotypes at once, the vaccine could circumvent the issues related to ADE** following disease with dengue virus. The vaccine was given to **800,000 children** in the

Philippines. (*At least*) fourteen vaccinated children **died** after encountering dengue virus in the community. It is hypothesized that the children developed antibody responses that were not capable of neutralizing the natural virus circulating in the community. As such, **the vaccine was recommended** only for children greater than 9 years of age who had already been exposed to the virus.”⁴⁹⁶

“In seronegative children, **the likelihood of hospitalization or severe virologically confirmed dengue was much greater in vaccine recipients than those who received placebo**. Seropositive vaccine recipients had a lower likelihood of hospitalization or severe disease compared with placebo recipients.”⁴⁹⁷

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Many vaccines were discontinued because of this effect, which caused more deaths than the disease they were supposed to prevent: Syncytial Respiratory Virus vaccine (1960s), Sanofi dengue vaccine (2017, including criminal charges)⁵⁰¹, etc.

Since 2003, SARS-CoV-1 and MERS vaccines had failed because of VADER in animal testing: they got a much worse disease after getting infected than the infected unvaccinated.⁵⁰² Yet, humans were still used as guinea pigs with the Oxford vaccine!⁵⁰³

In spite of the early warnings and emerging data⁵⁰⁴, there’s no antibody-dependent amplification follow up⁵⁰⁵ with people who got infected before or after being vaccinated.⁵⁰⁶ There’s 3 times more side effects after vaxxing the recovered. Women worse than men.⁵⁰⁷

⁴⁹⁶ “Other viral vaccines that target multiple types of a virus have been safely used, including vaccines against polio (3 types), rotavirus (5 types), and human papillomavirus (9 types).”

<https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/antibody-dependent-enhancement-and-vaccines>
<https://www.medpagetoday.com/special-reports/exclusives/91648>

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⁵⁰¹ <https://www.sciencemag.org/news/2019/04/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines>

⁵⁰² Jaume M, Yip M et al. **Anti-Severe Acute Respiratory Syndrome Coronavirus Spike Antibodies Trigger Infection of Human Immune Cells via a pH- and Cysteine Protease-Independent FcγR Pathway**. 21 Sep 2011, Journal of Virology, Vol. 85, No. 20, <https://doi.org/10.1128/JVI.00671-11>

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

⁵⁰³ Folegatti P, Bittaye M, et al. **Safety and immunogenicity of a candidate Middle East respiratory syndrome coronavirus viral-vectored vaccine: a dose-escalation, open-label, non-randomised, uncontrolled, phase 1 trial**. 12 May 2020 TheLancet.com [https://doi.org/10.1016/S1473-3099\(20\)30160-2](https://doi.org/10.1016/S1473-3099(20)30160-2)

⁵⁰⁴ Farshadpour F, Taherkhani R. **Antibody-Dependent Enhancement and the Critical Pattern of COVID-19: Possibilities and Considerations**. 21 Apr 2021 Medical Principles and Practice. <https://doi.org/10.1159/000516693>

⁵⁰⁵ Huisman, W., Martina, B. E, et al. **Vaccine-induced enhancement of viral infections**. 18 Nov 2009 *Vaccine*, 27(4), 505–512. <https://doi.org/10.1016/j.vaccine.2008.10.087>

⁵⁰⁶ The formation of so-called “non-neutralizing antibodies” can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, “wild” virus after vaccination. This so-called antibody-dependent amplification, ADA, has long been known from experiments with corona vaccines in cats, for example. In the course of these studies all cats that initially tolerated the vaccination well died after catching the wild virus. <https://dryburgh.com/mike-yeardon-coronavirus-vaccine-safety-concerns-petition/>

⁵⁰⁷ King’s College research: <https://archive.is/WTmNB#selection-71.15-71.86>

“Using molecular modelling approaches, we show that **enhancing antibodies have a higher affinity for Delta variants than for Wuhan/D614G NTDs...** in the case of the Delta variant, neutralizing antibodies have a decreased affinity for the spike protein, whereas facilitating antibodies display a strikingly increased affinity. Thus, **ADE may be a concern for people receiving vaccines based on the original Wuhan strain spike sequence (either mRNA or viral vectors)**. Under these circumstances, second generation vaccines with spike protein formulations lacking structurally-conserved ADE-related epitopes should be considered.”⁵⁰⁸

Scientists have recommended COVID testing prior to vaccination because of the higher risk of VADER, when an already infected person is vaccinated.⁵⁰⁹ In spite of that, without any valid reason, the FDA stated: “Antibody tests should not be used at this time to determine immunity or protection against COVID-19 *at any time*, and especially after a person has received a COVID-19 vaccination.”⁵¹⁰

“SARS-CoV-2 antibodies bound to Fc receptors on macrophages and mast cells may represent two different mechanisms for ADE in patients. These two different ADE risks have possible implications for SARS-CoV-2 B-cell vaccines for subsets of populations based on age, cross-reactive antibodies, variabilities in antibody levels over time, and pregnancy. These models place increased emphasis on the importance of developing safe SARS-CoV-2 T cell vaccines that are not dependent upon antibodies.”⁵¹¹

This risk is obscured on purpose in informed consent forms.⁵¹²

It is not a theoretical risk. **COVID-19 vaccines have been proven to cause VADER.**⁵¹³ Yet, no government conducted a large follow up study, e.g. taking blood samples, to determine if the vaccinated developed ADE.

Sooner or later vaccine deaths will be greater than COVID ones. Yet, indirect deaths caused by vaccination are already higher, compared to unvaccinated populations: this is explained VADER and/or other immune weakening side effects like the lowering of glutathione, graphene poisoning, etc.

V.I.O.T.I.

⁵⁰⁸ Yahi, N., Chahinian, H., & Fantini, J. **Infection-enhancing anti-SARS-CoV-2 antibodies recognize both the original Wuhan/D614G strain and Delta variants. A potential risk for mass vaccination ?**. 9 Aug 2021 *The Journal of infection*, S0163-4453(21)00392-3. Advance online publication. <https://doi.org/10.1016/j.jinf.2021.08.010>

Lee, W.S., Wheatley, A.K., et al. **Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies**. 09 Sept 2020. *Nat Microbiol* 5, 1185–1191 (2020). <https://doi.org/10.1038/s41564-020-00789-5>

⁵⁰⁹ <https://noorchashm.medium.com/the-critical-importance-of-covid-19-antibody-tests-in-america-and-why-they-matters-for-your-e09f1c3364e7>

⁵¹⁰ <https://www.fda.gov/news-events/press-announcements/fda-brief-fda-advises-against-use-sars-cov-2-antibody-test-results-evaluate-immunity-or-protection>

⁵¹¹ Ricke DO, **Two Different Antibody-Dependent Enhancement (ADE) Risks for SARS-CoV-2 Antibodies**. 24 Feb 2021. *Front. Immunol.* <https://doi.org/10.3389/fimmu.2021.640093>

⁵¹² Cardozo T, Veazey R, **Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease**, *The International Journal of Clinical Practice*, 28 October 2020, <https://doi.org/10.1111/ijcp.13795>

⁵¹³ Scott B Halstead, Leah Katzelnick, **COVID-19 Vaccines: Should We Fear ADE?**, 15 Dec 2020, *The Journal of Infectious Diseases*, Volume 222, Issue 12, Pages 1946–1950, <https://doi.org/10.1093/infdis/jiaa518>

Li D, Edwards RJ, et al. **The functions of SARS-CoV-2 neutralizing and infection-enhancing antibodies in vitro and in mice and nonhuman primates**. 31 Dec 2020 bioRxiv <https://doi.org/10.1101/2020.12.31.424729>

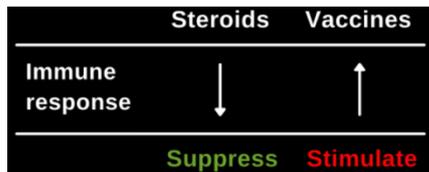
Sunil Bhopal, Bayanne Olabi, Raj Bhopal, **Nature of Immune reaction and side effects of COVID-19 vaccines: synthesis of Information from Ten Phase II Trials for Planning Vaccination Programmes**, (2020) SSRN Electronic Journal, <https://doi.org/10.2139/ssrn.3732847>

Liu Y, Tuck Soh W, et al. **An infectivity-enhancing site on the SARS-CoV-2 spike protein targeted by antibodies**. 18 Dec 2020. bioRxiv <https://doi.org/10.1101/2020.12.18.423358> Cell 24 May 2021 <https://doi.org/10.1016/j.cell.2021.05.032>

Vaccine Induced Overreaction To Infection: “A possible concern could be that some **mRNA-based vaccine** platforms induce potent type I interferon responses, which have been associated not only with inflammation but also potentially with **autoimmunity**. Thus, identification of individuals at an increased risk of autoimmune reactions before mRNA vaccination may allow reasonable precautions to be taken.”⁵¹⁴

Bee sting analogy

mcmillanresearch.com :

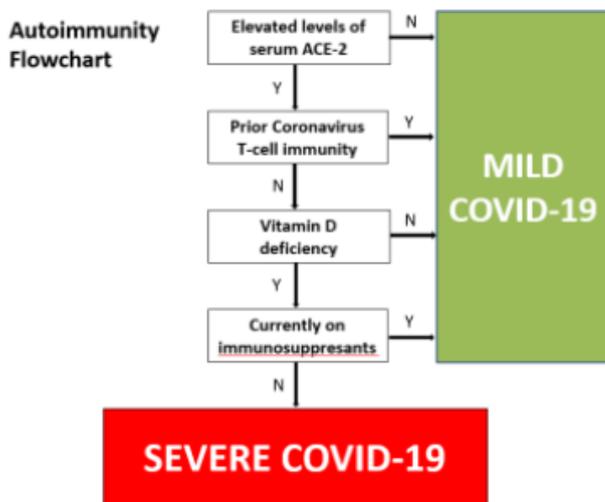


Across the world, every clinician and Health department prescribe steroids to manage severe COVID-19. In fact, the RECOVERY Trial (Oxford) is currently testing higher dose steroids to see if further suppression of the immune system gives even better outcomes.

All bee stings produce an immune response. It is usually a small wheal on the skin where the bee venom has been injected. It hurts for a short time but resolves quickly.

In small number of people, the immune response to bee venom causes a severe hypersensitivity reaction which can lead to hospitalisation and be fatal in some circumstances.

SARS-COV2 produces an immune response in all persons, usually in the form of transient lung inflammation. In a significant percentage, it is subclinical or asymptomatic. A small number have an exaggerated immune response that is described as severe COVID-19 leading to hospitalisation and can be fatal in some circumstances.



Bee sting anaphylaxis and severe COVID-19 respond to steroids.

What would happen if we combined higher dose steroids with antihistamines (Fluvoxamine - recently found to be beneficial and stabilizes mast cells) in severe COVID-19?

“You can’t have it both ways”. “Vaccines approach is likely to be fundamentally flawed if the primary treatment is immunosuppression. Water on an electrical fire can be a disaster even though it will work in most other circumstances. Severe COVID-19 (leading to hospitalisation and death) is a viral mediated autoimmune disease. It is therefore likely that vaccines will make the disease worse when targeting the spike protein, that produce spike proteins that also bind to serum ACE-2.

Vaxxed v. unvaxxed

Public Health England:⁵¹⁵

⁵¹⁴ Pardi, N., Hogan, M., Porter, F. et al. **mRNA vaccines — a new era in vaccinology**. 12 Jan 2018. Nat Rev Drug Discov 17, 261–279.

<https://doi.org/10.1038/nrd.2017.243>

⁵¹⁵

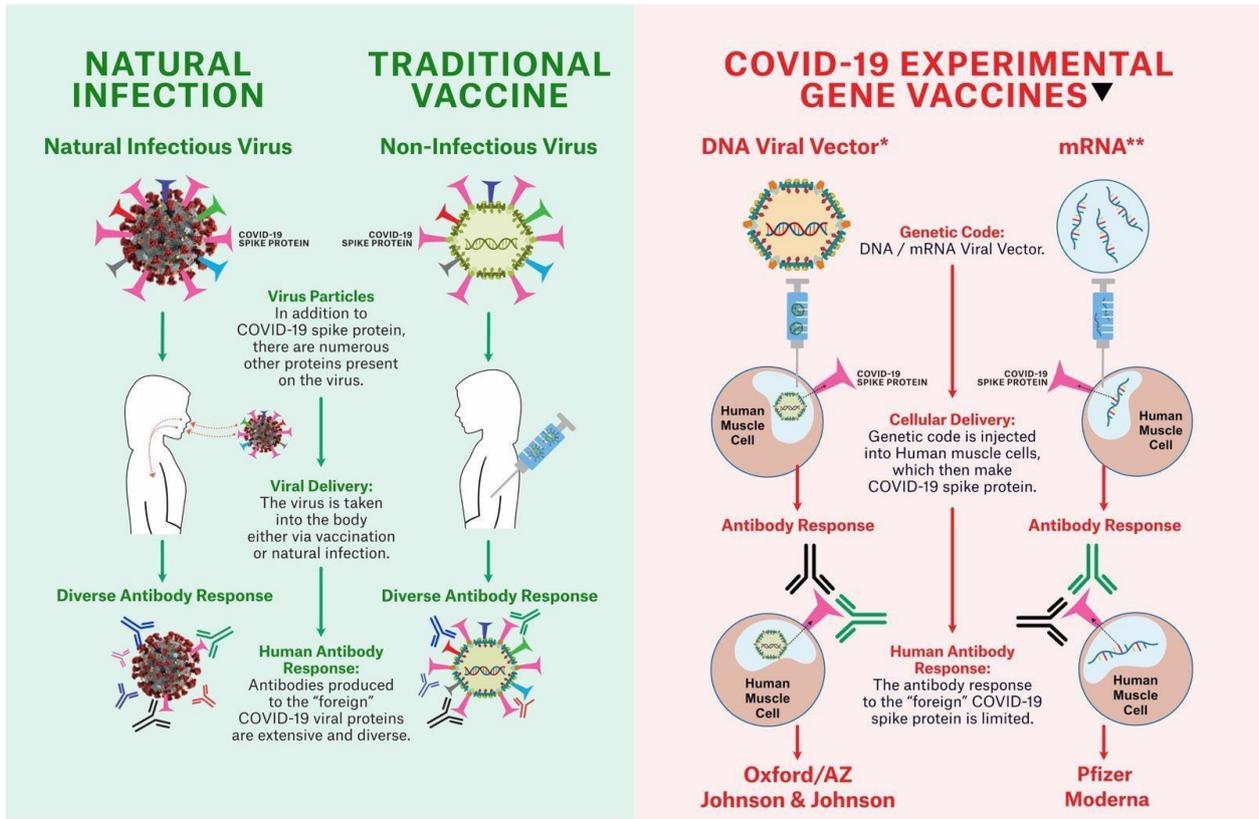
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf

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

Fully vaccinated compared to unvaccinated:

- 500% greater chance of dying
- 50% greater chance of being hospitalized

The protein bomb



▼ This medicine is subject to additional safety monitoring. Please report suspected adverse reactions to the MHRA Yellow Card Scheme. The long-term health effects of experimental genetic mRNA & DNA Viral Vector vaccination is unknown.

*DNA: deoxyribonucleic acid
**mRNA: messenger ribonucleic acid

Source: <https://ukfreedomproject.org/>

Once the cell is hacked by the vaccine vector, no one informs how much and for how long it will produce spike protein (full or parts). **Each hacked cell acts exactly the same as if it had been hacked by the virus but worse:** since the cell is not alien to the body, the immune system might:

- confuse the protein as part of its normal function: this means no damage-control of the spike protein, or the opposite,
- trigger an auto-immune response, thinking that the other unhacked similar cells are the enemy.

The real bio-weapon is the “vaccine” or shall we call them a haccine (hackcin) or vaxhack: a gene-hack to turn humans into S-protein human bombs.⁵¹⁶

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

⁵¹⁶ <https://www.ddponline.org/2021/07/24/a-bioterrorist-attack/>

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

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

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

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

But our world is not sane. It is ruled by a completely insane globalist death cult that seeks the total destruction of the human race. That’s why everything you’re seeing unfold makes no sense unless you realize the goal really is depopulation / genocide against humanity. In that context, suddenly it all makes sense: the gain-of-function research, the media’s psychological operations, health agencies and hospitals⁵¹⁷ faking covid numbers to “scare” the public, the science journals scheming to attack ivermectin and hide the origins of the spike protein, the incessant pushing of covid vaccine mandates, the economic lockdowns that destroy lives, etc. Once you understand that the goal is total death and destruction, suddenly it all makes sense.”⁵¹⁸

Trojan Horses?

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

- **Depopulation:** causing infertility on purpose through hCG⁵¹⁹, syncytin⁵²⁰ or HPV vaccines⁵²¹ and other devious schemes, like causing miscarriages by vaxxing during pregnancy.⁵²²

⁵¹⁷ <https://www.naturalnews.com/2021-09-13-hospital-administrators-caught-on-camera-scheming-to-fabricate-covid-numbers-scare-the-public.html>

⁵¹⁸ <https://www.naturalnews.com/2021-09-14-vaxssassination-how-globalists-convicted-billions-of-people-to-exterminate-themselves-with-biological-weapons-presented-as-vaccines.html>

⁵¹⁹ John W. Oller, Christopher A. Shaw, Lucija Tomljenovic, Stephen K. Karanja, Wahome Ngare, Felicia M. Clement, Jamie Ryan Pillette, **HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World**. 27 Oct 2017 Open Access Library Journal, Vol.4 No.10, e3937 ISSN Online: 2333-9721 Print: 2333-9705 <http://doi.org/10.4236/oalib.1103937>

Half a million people sterilized in many countries: Warren C, Abuya T, et al. **Evaluation of the impact of the voucher and accreditation approach on improving reproductive health behaviors and status in Kenya**. 23 Mar 2011 BMC Public Health 11, 177. <https://doi.org/10.1186/1471-2458-11-177>

Stine, Anthony Philip, **Catholic Social Teaching and Sustainable Development: What the Church Provides for Specialists** 19 Aug 2020 *Dissertations and Theses*. Paper 5604. <https://doi.org/10.15760/etd.7476>

Satish Kumar Gupta, Abhinav Shrestha & Vidisha Minhas, **Milestones in contraceptive vaccines development and hurdles in their application**, 2014 Human Vaccines & Immunotherapeutics, 10:4, 911-925, <https://doi.org/10.4161/hv.27202>

Kumar S, **Research into anti-fertility vaccine continues despite protests**. 07 Nov 1998 The Lancet. ScienceDirect Volume 352, ISSUE 9139, P1528 [https://doi.org/10.1016/S0140-6736\(05\)60336-4](https://doi.org/10.1016/S0140-6736(05)60336-4)

Gupta SK, Koothan, PT **Relevance of immuno-contraceptive vaccines for population control**. 1990 I. Hormonal immunocontraception. *Archivum immunologiae et therapiiae experimentalis*, 38(1-2), 47–60. <https://pubmed.ncbi.nlm.nih.gov/2126920/>

https://apps.who.int/iris/bitstream/handle/10665/61301/WHO_HRP_WHO_93.1.pdf

⁵²⁰ <https://dryburgh.com/mike-yeardon-coronavirus-vaccine-safety-concerns-petition/>

⁵²¹ <http://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine>



https://img.junny.co/images/24c2b7f0fae253cec7bc55df21dd61c1ac8f01e30089d8fa4894ad5125a57c_1.webp

Ethnic cleansing: Melinda Gates, whose foundation is the leader of the *vaccine industrial complex*, answering which group should be prioritized after health care workers, “that would be **black people** next, quite honestly, and many **other people of color**”⁵²³ Through neglecting proper treatment and deep-state censoring of the cure, the poor⁵²⁴, women and USA racial minorities (**African American and Hispanics**) have had the **largest death toll: voluntary or not, the racial genocide is a fact.**⁵²⁵ Not surprisingly, the largest vaccine refusal groups in the USA were the African American (only 23% vaccinated by June 2021) and Hispanics (27%), compared to whites (32%) and Asian (42%).⁵²⁶

The Gates Foundation is also behind malaria (PATH) and polio vaccines (Rotary) mainly targeting Africa.

- **Deadly vaccines:** for example, among others, the **flu vaccines** (influenza), for which the US Vaccine Adverse Events Reporting System (VAERS) informed **1,748 related deaths, 3,558 disabilities and 14,062 hospitalizations**. Complications include brain inflammation and neurological damage, convulsions, Bell’s palsy, neuropathy, shock, wheezing/asthma and other breathing problems, **Guillain Barré Syndrome**

<https://www.vaccinesrevealed.com/news/hpv-vaccine-american-college-of-pediatricians-issues-rare-warning-against-vaccine-due-to-premature-ovarian-failure/>

Little DT, Ward HR. **Premature ovarian failure 3 years after menarche in a 16-year-old girl following human papillomavirus vaccination**, BMJ Case Reports, 2012, <http://doi.org/10.1136/bcr-2012-006879>

Wetzstein C. HPV Vaccine Cited in Infertility Case, The Washington Times, November 11, 2013.

DeLong G, A **Lowered probability of pregnancy in females in the USA aged 25–29 who received a human papillomavirus vaccine injection**, Journal of Toxicology and Environmental Health, Part A, 2018, 81(14): 661-674]

⁵²² <http://theothersideofvaccines.com/2019/03/vaccines-infertility/>

⁵²³ <https://time.com/5847483/melinda-gates-covid-19/>

⁵²⁴ Bianchi F, Bianchi G, Song D, **The Long-Term Impact of the COVID-19 Unemployment Shock on Life Expectancy and Mortality Rates**, December 2020, National Bureau of Economic Research, www.nber.org/papers/w28304 <https://doi.org/10.3386/w28304>

⁵²⁵ Karaca-Mandic P, Georgiou A, Sen S. **Assessment of COVID-19 Hospitalizations by Race/Ethnicity in 12 States**. JAMA Intern Med. 2021;181(1):131–134. doi:[10.1001/jamainternmed.2020.3857](https://doi.org/10.1001/jamainternmed.2020.3857)

Michael Poulson, Miriam Neufeld, et al., **Intersectional Disparities Among Hispanic Groups in COVID-19 Outcomes**. *Journal of Immigrant and Minority Health*, 2020; [HTTPS://DOI.ORG/10.1007/s10903-020-01111-5](https://doi.org/10.1007/s10903-020-01111-5)

Enriquez D., Goldstein A., **COVID-19’s Socioeconomic Impact on Low-Income Benefit Recipients: Early Evidence from Tracking Surveys**, November 25, 2020 Research Article. Socius: Sociological Research for a Dynamic World. American Sociological Association.

<https://doi.org/10.1177/2378023120970794>

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

<https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/>

<https://www.reuters.com/article/us-health-coronavirus-usa-race/african-americans-more-likely-to-die-from-coronavirus-illness-early-data-shows-idUSKBN2102B6>

<https://www.reuters.com/article/us-health-coronavirus-new-york-deaths/coronavirus-deadliest-in-new-york-citys-black-and-latino-neighborhoods-data-shows-idUSKBN22U32A>

⁵²⁶ <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

(GBS), temporary or permanent paralysis and death, not to mention miscarriages, because flu shots are mandated in certain countries to pregnant women without any safety study, even if they contain aluminium and thimerosal, a mercury derivative, which are neurotoxic.

In 2013, the Federal Advisory Commission on Childhood Vaccines (ACCV) voted to add GBS to the [Vaccine Injury Table](#) (VIT) within the federal Vaccine Injury Compensation Program (VICP), which was officially added in 2017. As of September 1, 2020, there have been [6,441](#) VICP claims, including **188 deaths and 6,256 severe injuries** following influenza vaccination.⁵²⁷

Not counting corporate monopolistic profits, vaccine injuries are **a high price to pay for a low benefit: little or no epidemiological effectiveness**, according to the FDA⁵²⁸, Cochrane review⁵²⁹ and the Lancet⁵³⁰.
Prior flu vaccination was related to more severe COVID19 symptoms and deaths.

- **Handicapping vaccines:** causing permanent disabilities. Two examples (apart from the flu shot, there are many more):
 1. FDA and EMA fast-tracked **HPV vaccines were removed from vaccine schedule in Japan (Jun 2013), India and Peru**, after careful analysis by expert doctors of uncountable clinical records of girls becoming permanent disabled after vaccination⁵³¹, thousands on wheelchairs or bedridden⁵³².

Official documents recognize that governments pretend to vaccinate male pre-pubescent children to use them as future **human shields** for girls when they become sexually active, while **assuming all end up affected by promiscuity** (some may engage in lifelong fidelity, others will screen before sex, a few, may never have

⁵²⁷ <https://www.nvic.org/vaccines-and-diseases/influenza/overview.aspx>

⁵²⁸ <https://www.cdc.gov/flu/vaccines-work/past-seasons-estimates.html>

⁵²⁹ "Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or severe illness. At best, vaccines might be effective against only Influenza A and B, which represent ca. 10% of all circulating viruses." Jefferson T, Di Pietrantonj C, Rivetti A, Bawazeer GA, Al-Ansary LA, Ferroni E. **Vaccines for preventing influenza in healthy adults.** *Cochrane Database Syst Rev.* 2010 Jul 7;(7):CD001269. <https://doi.org/10.1002/14651858.CD001269.pub4>. Update in: *Cochrane Database Syst Rev.* 2014;3:CD001269. PMID: 20614424.

Black SB, Shinefield HR, France EK, Fireman BH, Platt ST, Shay D; Vaccine Safety Datalink Workgroup. **Effectiveness of influenza vaccine during pregnancy in preventing hospitalizations and outpatient visits for respiratory illness in pregnant women and their infants.** *Am J Perinatol.* 2004 Aug;21(6):333-9. <https://doi.org/10.1055/s-2004-831888>. PMID: 15311370.

⁵³⁰ Osterholm M., Kelley N., et al., **Efficacy and effectiveness of influenza vaccines: a systematic review and meta-analysis**, *The Lancet Infectious Diseases*, Volume 12, ISSUE 1, P36-44, January 01, 2012, October 26, 2011 [HTTPS://DOI.ORG/https://doi.org/10.1016/S1473-3099\(11\)70295-X](https://doi.org/10.1016/S1473-3099(11)70295-X)

⁵³¹ <https://www.prnewswire.com/news-releases/gardasil-attorneys-allege-hpv-vaccine-caused-girl-to-develop-pots-301176521.html>
Blitshteyn, S. **Human papillomavirus (HPV) vaccine safety concerning POTS, CRPS and related conditions.** *Clin Auton Res* 30, 181–182 (2020). <https://doi.org/10.1007/s10286-019-00653-5>

Martínez-Lavín M, Amezcua-Guerra L. **Serious adverse events after HPV vaccination: a critical review of randomized trials and post-marketing case series.** *Clin Rheumatol.* 2017 Oct;36(10):2169-2178. <https://doi.org/10.1007/s10067-017-3768-5>. Epub 2017 Jul 20. Erratum in: *Clin Rheumatol.* 2017 Jul 29;: PMID: 28730271.

Tomljenovic L, Colafrancesco S, Perricone C, Shoenfeld Y. **Postural Orthostatic Tachycardia With Chronic Fatigue After HPV Vaccination as Part of the "Autoimmune/Auto-inflammatory Syndrome Induced by Adjuvants": Case Report and Literature Review.** *J Investig Med High Impact Case Rep.* 2014 Mar 18;2(1):2324709614527812. <https://doi.org/10.1177/2324709614527812>. PMID: 26425598; PMCID: PMC4528866.

Blitshteyn S. **Postural tachycardia syndrome following human papillomavirus vaccination.** *Eur J Neurol.* 2014;21(1):135-9. <https://doi.org/10.1111/ene.12272>. Epub 2013 Sep 16. PMID: 24102827.

http://comunidadgrupogapg.com.ar/sites/default/files/trabajos_publicados/objeciones%20en%20relacion%20con%20ambas%20vacunas%20disponibles%20contra%20el%20virus%20del%20papiloma%20humano-29audisio.pdf

⁵³² <http://www.asahi.com/ajw/articles/aj201607280028.html>

"We are victims, not antivaxxers" <https://www.youtube.com/watch?v=8qKUHpRIA4w> <http://www.aavp.es/>

<https://www.facebook.com/groups/279308162277803/>

sexual interactions). They say HPV male cancer justifies this. Yet, the epidemiological records are so low that it is clear that the main purpose is indirect protection, a concept which is completely unethical when considering severe side effects, even if they were statistically insignificant (which are not).

Also, cost-benefit analysis clearly show HPV vaccination is a waste of resources and a clear proof of “deep state” government corruption: even if they were eventually effective (it would take over 10 years to prove there was no ecological niche effect), women still need to act as if unvaccinated, and take yearly pap tests, since vaccines don’t cover 30 HPV carcinogenic strains.

2. **Vaccines made from cancerous human cell-lines**, obtained from live butchered babies in procured abortions⁵³³, contaminated with human DNA, even in excess of 2000% of the FDA 10 ng. limit, **cause brain damage and even autism**⁵³⁴ (exponential growth with 14 matching change points in 14 different countries in 14 different moments)⁵³⁵, **with higher impact in African descent**⁵³⁶, as proven in 2004 by the CDC (an then censored).

⁵³³ <https://www.lifesitenews.com/news/babies-were-aborted-alive-placed-in-fridge-to-harvest-cell-lines-used-in-some-vaccines-researcher/>

⁵³⁴ <https://www.naturalnews.com/2021-03-02-ican-sues-cdc-over-statement-about-vaccines.html>

https://www.naturalnews.com/046566_autism_MMR_vaccine_CDC_whistleblower.html

⁵³⁵ <https://www.youtube.com/watch?v=jcoESgHTkc>

<https://www.youtube.com/watch?v=lyk3RBGM6V8>

Deisher T., Doan N. et al., **Impact of environmental factors on the prevalence of autistic disorder after 1979**, Journal of Public Health and Epidemiology, Vol.6(9), pp. 271-286 , September 2014 <https://doi.org/10.5897/JPHE2014.0649>

Deisher TA, Doan NV. **Sociological Environmental Causes are Insufficient to Explain Autism Changepoints of Incidence**. Issues Law Med. 2015 Spring;30(1):25-46. PMID: 26103707 <https://pubmed.ncbi.nlm.nih.gov/26103707/>

Deisher TA, Doan NV, Koyama K, Bwabye S. **Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Autism Spectrum Disorder Prevalence**. Issues Law Med. 2015 Spring;30(1):47-70. PMID: 26103708 <https://pubmed.ncbi.nlm.nih.gov/26103708/>

Jarzyna P, Doan NV, Deisher TA. **Insertional mutagenesis and autoimmunity induced disease caused by human fetal and retroviral residual toxins in vaccines**. Issues Law Med. 2016 Fall;31(2):221-234. PMID: 29108182 <https://pubmed.ncbi.nlm.nih.gov/29108182/>

⁵³⁶ Hooker, B.S. **Measles-mumps-rubella vaccination timing and autism among young african american boys: a reanalysis of CDC data**. Transl Neurodegener 3, 16 (2014). <https://doi.org/10.1186/2047-9158-3-16>

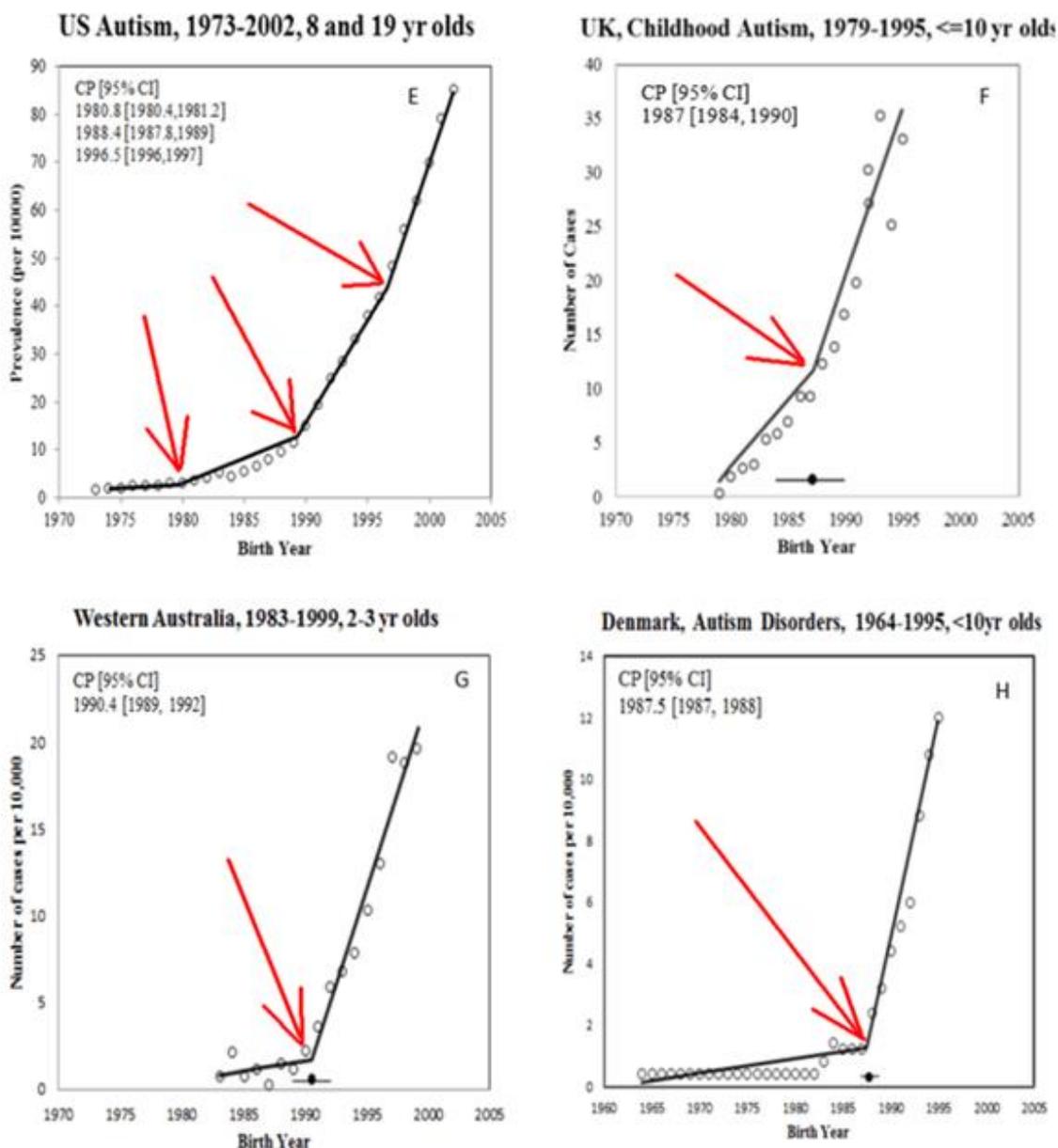


Figure 1. AD changepoint analysis robustness and results. Figure 1A shows AD changepoint results for the U.S., California, UK, Western Australia, and Denmark. Figure 1B shows a comparison of 'hockey' and 'segmented' fits for California AD 1970-1997 data. Both analyses yield changepoints with overlapping confidence intervals near 1988. However, 'segmented' analysis reveals a second changepoint near 1981.

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

US Government officially recognizes, to the point of **compensating with 1,500,000 dollars each child**, that **vaccination could trigger autism in children with prior mitochondrial diseases**.⁵³⁷ Of course, there are no requirements to mitochondrial assessment before vaccination: **Big Pharma makes a profit while Big Government pays the damages**.

Why are many governments giving *all* newly born babies a compulsory unjustified "medicine" against a sexually transmitted infection (STI) which cause **brain injury**? Hepatitis B vaccines made from foetal cell-lines are a clear example of unethical "over-zealous" treatment, i.e. "**medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome**"⁵³⁸: Corporate greed funnels government leeching and medical corruption even to the point of **therapeutic cruelty**.

⁵³⁷ <https://www.cbsnews.com/news/family-to-receive-15m-plus-in-first-ever-vaccine-autism-court-award/>

⁵³⁸ Catechism of the Catholic Church, 2278 http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm

- **Gender dysphoria. Hypothesis:**

- Glyphosate, present in vaccines as a contaminant, is an endocrine disruptor⁵³⁹
- Opposite sex aborted fetal tissue cells in vaccines derived from aborted babies, present in many vaccines introduced within the first year of life: MRC-5 is a male and WI-38 is a female cell line.⁵⁴⁰

Polio-Gates

Polio from vaccines

According to WHO, **the Oral Polio Vaccine, unlike the injected one, caused more polio cases than wild polio**⁵⁴¹, because it was an attenuated virus but not completely inactive.⁵⁴² By 2018, Gates Foundation polio vaccine accounted for 75% of global polio and left half a million children paralyzed from 2000-2017. In 2010 it funded a GSK malaria vaccine, killing 151 and injuring 1000 African children.

Polio vaccine contamination and intentional dissemination

SV40-gate: “vaccines made in the USA between 1955 and 1961 were found to be contaminated with SV40 (simian vacuolating virus 40 or simian virus 40), from the growth medium (rhesus monkey kidney cell culture) and from the original seed strain. Like other polyomaviruses, SV40 is a DNA virus that has the **potential to cause tumors** by suppression of the transcriptional properties of tumor suppressor p53 in humans by the SV40 large T antigen and SV40 small T-antigen. Tumor suppressor p53 is responsible for initiating regulated cell death (apoptosis), or cell cycle arrest when a cell is damaged. A mutated p53 gene may contribute to uncontrolled cellular proliferation, leading to a tumor.”⁵⁴³

In 1960 Ben Sweet and Maurice Hilleman found 10-30% of polio vaccines in the USA were contaminated with SV40.⁵⁴⁴ **Why did they hide that 100% of the vaccines they made were contaminated?**⁵⁴⁵ From 1960 until *at least* 1989, until now(?), vaccine manufacturers kept using monkey tissue and distributing those vaccines *after* the cancer link was proven: why? Why wasn't this in informed consent forms? Why did the Government allow it? Why isn't there a huge global class action?

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

⁵³⁹ https://www.momsacrossamerica.com/glyphosate_in_childhood_vaccines

⁵⁴⁰ Laraine Abbey-Katzev RN, MS, CNS—Certified Nutrition Specialist, email 10-Jul-21. Who also commented: “Gender dysphoria likely from various pesticides including atrazine, as well as hormones injected into feed animals.”

⁵⁴¹ Blume, S., & Geesink, I. (2000). **A brief history of polio vaccines.** *Science (New York, N.Y.)*, 288(5471), 1593–1594.

<https://doi.org/10.1126/science.288.5471.1593>

⁵⁴² Blower, S. M., Koelle, K., Kirschner, D. E., & Mills, J. (2001). **Live attenuated HIV vaccines: predicting the tradeoff between efficacy and safety.** *Proceedings of the National Academy of Sciences of the United States of America*, 98(6), 3618–3623.

<https://doi.org/10.1073/pnas.061029998>

⁵⁴³ https://en.wikipedia.org/wiki/SV40#Polio_vaccine_contamination

⁵⁴⁴ Sweet, B. H.; Hilleman, M. R. (November 1960). **"The vacuolating virus, S.V. 40"**. *Proceedings of the Society for Experimental Biology and Medicine*. 105 (2): 420–427. <https://doi.org/10.3181/00379727-105-26128>

⁵⁴⁵ Eddy, B. E.; Borman, G. S.; Grubbs, G. E.; Young, R. D. (May 1962). **"Identification of the oncogenic substance in rhesus monkey kidney cell culture as simian virus 40"**. *Virology*. 17: 65–75. [https://doi.org/10.1016/0042-6822\(62\)90082-x](https://doi.org/10.1016/0042-6822(62)90082-x)

SV40 means there were at least 19 other viruses detected. Why aren't they tested for cancer and other diseases?

HIV created out of vaccines

The vaccine developed by Hilary Koprowski from globalist Rockefeller Foundation and Wistar Institute, creator of cell lines used in vaccines, from babies dissected alive and murdered, to replace contaminated monkey kidneys. The virus was grown in tissues from rhesus monkeys contaminated with SIV (Simian Immunodeficiency Virus), tried in a million people in Rwanda, Burundi, and Congo. SIV turned into HIV. **SIV and SV40 tend to go together because SV40 only becomes virulent and more contagious in monkeys with SIV:** "SV40 is dormant and is asymptomatic in rhesus monkeys. The virus has been found in many macaque populations in the wild, where it rarely causes disease. However, in monkeys that are immunodeficient—due to, for example, infection with simian immunodeficiency virus—SV40 acts much like the human JC and BK polyomaviruses, producing kidney disease and sometimes a demyelinating disease similar to progressive multifocal leukoencephalopathy."⁵⁴⁶
There was an organized cover-up. Why?⁵⁴⁷

"In order for a virus to infect a different species, it is helpful to reduce the resistance of the new host's immune system. Koprowski's **polio vaccine was given to many children less than one month old, before their immune systems were fully developed.** Indeed, in one trial, **infants were given 15 times the standard dose** in order to ensure effective immunisation."⁵⁴⁸

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

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

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

Kyle theorized that the AIDS epidemic among American male homosexuals could have been accidentally started in the mid-1970s by an experimental treatment for herpes lesions used in New York and California. The treatment: double doses, twice as often as used for polio vaccination, of the Sabin oral polio vaccine. Lederle has sometimes found SIV in early stages of its vaccine production process."⁵⁴⁹

⁵⁴⁶ https://en.wikipedia.org/wiki/SV40#Other_animals

⁵⁴⁷ Hooper, Edward. **The river: a journey to the source of HIV and AIDS.** Little, Brown and Company, Boston, 1999 ISBN 0-316-37261-7
<http://www.aidsorigins.com/>

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

⁵⁴⁸ <https://www.bmartin.cc/dissent/documents/AIDS/>

⁵⁴⁹ Tom Curtis <https://www.washingtonpost.com/archive/opinions/1992/04/05/did-a-polio-vaccine-experiment-unleash-aids-in-africa/>

Promotion of HIV fitted the depopulation agenda through:

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

Most comprehensive bibliography: <https://www.bmartin.cc/dissent/documents/AIDS/>
<https://www.bmartin.cc/dissent/documents/AIDS/River/index.html>

RNA coding

All this begs the question about the source code for RNA vaccines. Considering both work by using our cells to produce the same protein it is surprising that Moderna has 300% (more coding instructions?) than Pfizer: “Each dose of the Moderna vaccine will contain more vaccine (100 micrograms) than each dose of the Pfizer/BioNTech vaccine (30 micrograms).”⁵⁵⁰

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

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

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

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

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

DNA vaccines

Unlike RNA, DNA is more stable and doesn’t require freezing. **Unlike RNA, which has a limited duration and stays in the cell’s cytoplasm, DNA vaccines reach the cell core and allow permanent hacking of the cell’s DNA.** DNA easily allows immunization combos (including other diseases such as Zika, RSV, etc.) and adaptation to variants (flu). We can expect yearly inoculation for the whole population. **DNA vaccines are the future for biohacking.** Who’s involved? Globalist Wistar Institute⁵⁵¹ and new players⁵⁵² :

Kyle W. S. (1992). **Simian retroviruses, poliovaccine, and origin of AIDS.** *Lancet* (London, England), 339(8793), 600–601.

[https://doi.org/10.1016/0140-6736\(92\)90876-5](https://doi.org/10.1016/0140-6736(92)90876-5)

<https://documents.uow.edu.au/~bmartin/dissent/documents/AIDS/Curtis92.html>

<https://quod.lib.umich.edu/c/cohenaid/5571095.0245.013?rgn=main;view=fulltext>

⁵⁵⁰ <https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

⁵⁵¹ Robinson HL, Lu S, et al. **DNA vaccines.** *AIDS research and human retroviruses*, 20 Mar 1996 12(5), 455–457.

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

Kutzler, M., Weiner, D. **DNA vaccines: ready for prime time?** Oct 2008 *Nat Rev Genet* 9, 776–788 <https://doi.org/10.1038/nrg2432>

Gary, E. N., & Weiner, D. B. **DNA vaccines: prime time is now.** Aug 2020 *Current opinion in immunology*, 65, 21–27.

<https://doi.org/10.1016/j.coi.2020.01.006>

Vaccine	Developer	Location	Route	Stage of trial
ZyCoV-D	Zydus Cadila	India	Skin	Approved for emergency use
INO-4800	Inovio and partners ⁵⁵³	United States	Skin	Phase II/III
AG0302-COVID19	AnGes, Osaka University, Takara Bio	Japan	Muscle	Phase II/III
GX-19N	Genexine	South Korea	Muscle	Phase I/II
GLS-5310	GeneOne Life Science	South Korea	Skin	Phase I/II
COVID-eVax	Takis, Rottapharm Biotech	Italy	Muscle	Phase I/II
AG0301-COVID19	AnGes, Osaka University, Takara Bio	Japan	Muscle	Phase I/II
Covigenix 001	VAX-Entos Pharmaceuticals	Canada	Muscle	Phase I
CORVax12	OncoSec, Providence Cancer Institute	United States	Skin	Phase I
bacTRL-Spike	Symvivo	Canada	Oral	Phase I
COVIGEN	BioNet, Technovalia, University of Sydney	Thailand, Australia	Skin muscle	or Phase I

Murderous nano tampering

CoronaVac⁵⁵⁴, Covaxin⁵⁵⁵ and Epivac⁵⁵⁶ contain aluminum salts as adjuvants, in spite they are neurotoxic.

In 2014 an article promoted the use of a “**supramagnetic nanoparticle**” for the delivery of genetic material in gene injections. “The use of superparamagnetic **iron oxide** nanoparticles (SPIONs) to deliver genes via magnetofection shows promise in improving the efficiency of gene delivery both in vitro and in vivo ... Naked SPIONs often lack sufficient stability, hydrophilicity, and the capacity to be functionalized. In order to overcome these limitations, polycationic polymer was anchored on the surface ... Polyethylenimine was chosen to modify the surface of SPIONs to assist the delivery of plasmid DNA into mammalian cells due to the polymer's extensive buffering capacity through the "proton sponge" effect.”⁵⁵⁷

The first public denunciation of tampering vaccines with nano particles designed to make people sick was done in 2017 by renowned Italian researchers: the veterinarian vaccine had no contaminants!⁵⁵⁸

⁵⁵² Mallapaty S. **India's DNA COVID vaccine is a world first – more are coming**. 02 Sep 2021 *Nature* 597, 161-162.

<https://doi.org/10.1038/d41586-021-02385-x>

⁵⁵³ Smith, T.R.F., Patel, A., Ramos, S. *et al.* **Immunogenicity of a DNA vaccine candidate for COVID-19**. 20 May 2020 *Nat Commun* 11, 2601. <https://doi.org/10.1038/s41467-020-16505-0>

⁵⁵⁴ https://www.covidvaccine.gov.hk/pdf/CoronaVac_ENG_PI_brief.pdf

⁵⁵⁵ <https://www.bharatbiotech.com/images/covaxin/covaxin-fact-sheet.pdf>

⁵⁵⁶ <https://www.vidal.ru/drugs/epivaccorona>

⁵⁵⁷ Al-Deen, F. N., Selomulya, C., Ma, C., & Coppel, R. L.. **Superparamagnetic nanoparticle delivery of DNA vaccine**. 2014 *Methods in molecular biology (Clifton, N.J.)*, 1143, 181–194. https://doi.org/10.1007/978-1-4939-0410-5_12

⁵⁵⁸ Gatti AM, Montanari S. **New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination**. 2016 *Int J Vaccines Vaccin* 4(1): 00072. <https://doi.org/10.15406/ijvv.2017.04.00072>

Reduced Graphene Oxide (rGO)

It hasn't been approved by any health agency in the world due to its high toxicity, yet it has been detected in the vaccinated, especially by sticking metal stuff (clips, cutlery), things with an EMF (cell phones), or neodymium magnets⁵⁵⁹.

As early as 2016 several papers promoted rGO as a powerful vaccine adjuvant.⁵⁶⁰ In 2017, as an **efficient genome editing** delivery method (nanocarrier).⁵⁶¹

In China Pfizer patented the use of graphene oxide in vaccines.⁵⁶²

In June 2021, it was discovered in the University of Almería as a hidden component of a Pfizer vial.⁵⁶³ Then confirmed in all brands of vaccines by Dr. Young⁵⁶⁴ and other studies.

Electromagnetism has been detected all over the world with the following vaccine brands:⁵⁶⁵

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

rGO becomes visible at plain sight with a magnet on the vial when the temperature rises.⁵⁶⁶

False checker Reuters says it is not rGO because it should be a darker liquid⁵⁶⁷, yet it doesn't address the possibility that it is hidden by crystals or inside nano-lipids. Something strange is definitely there: even the globalist Fact-Checking Network (IFCN) member⁵⁶⁸ recognizes that the image shows a "unidentified polymeric nano structure" (which is not RNA/DNA).⁵⁶⁹ Also, while recognizing that **rGO is diamagnetic**, they kept denying the possibility of a magnetic element⁵⁷⁰, even if **Japan recalled all Moderna batches (ca. 2 million doses) because of "contamination" with an undisclosed magnetizable element**. One day later, **another million doses**, but probably under the elite's pressure, saying it was iron particles. One day later, the prime minister quits.

⁵⁵⁹ https://en.wikipedia.org/wiki/Neodymium_magnet

⁵⁶⁰ Ligeng Xu, Jian Xiang et al. **Functionalized graphene oxide serves as a novel vaccine nano-adjuvant for robust stimulation of cellular immunity**. 13 Jan 2016 Nanoscale Issue 8, 3785-3795. <https://doi.org/10.1039/C5NR09208F>

Meng C, Zhi X, et al. **Graphene Oxides Decorated with Carnosine as an Adjuvant To Modulate Innate Immune and Improve Adaptive Immunity in Vivo**. Epub 19 Jan 2016 ACS Nano. 2016 Feb 23;10(2):2203-13. <https://doi.org/10.1021/acs.nano.5b06750>

⁵⁶¹ Karen Kingston, a former Pfizer employee and current analyst for the pharmaceutical and medical device industries.

⁵⁶² https://diario16.com/wp-content/uploads/2021/07/MICROSCOPIA_DE_VIAL_CORMINATY_DR_CAMPRA_FIRMA_E_1_HORIZONTAL.pdf
<https://www.naturalnews.com/2021-07-14-spanish-study-pfizer-vaccine-toxic-graphene-oxide.html>
<https://beforeitsnews.com/opinion-conservative/2021/07/breaking-discovery-the-actual-contents-inside-pfizer-vials-exposed-3587380.html>

⁵⁶³ <https://www.bitchute.com/video/Z2sAH0Woz38r/>

⁵⁶⁴ <https://www.notonthebeeb.co.uk/post/the-luxembourg-report-on-vaccine-induced-magnetism>

⁵⁶⁵ <https://www.bitchute.com/video/UbO7r1tnAAUp/>

⁵⁶⁶ <https://www.acs.org/content/acs/en/policy/policyfellowships/fellows/matthew-diasio.html>

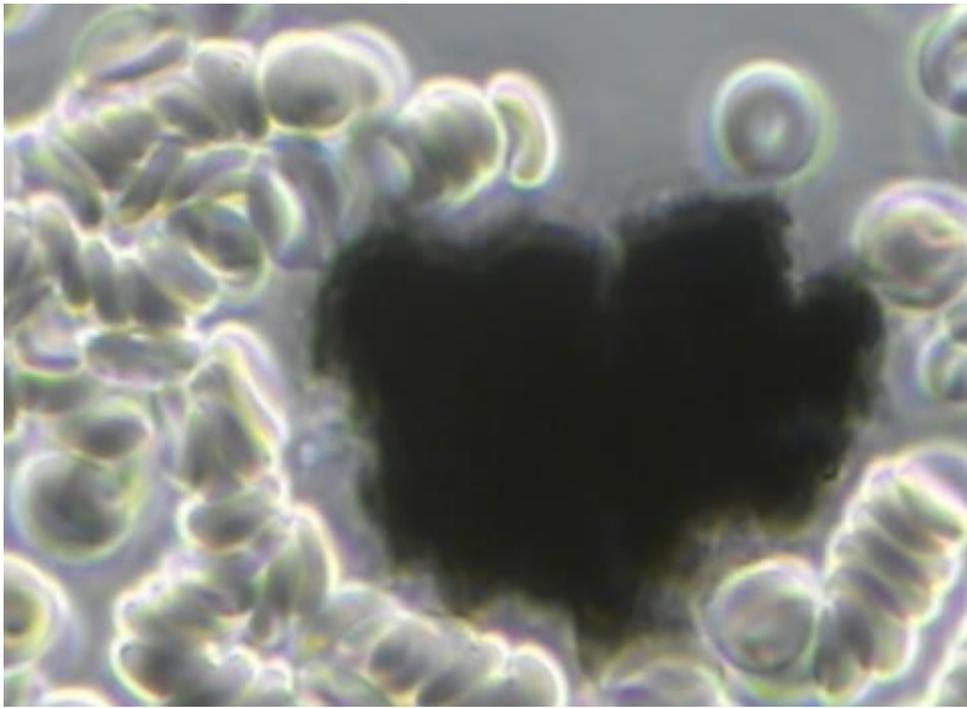
⁵⁶⁷ <https://www.reuters.com/article/factcheck-grapheneoxide-vaccine-idUSL1N2OZ14F>

⁵⁶⁸ <https://www.poynter.org/ifcn/>

⁵⁶⁹ "Muestran imágenes de TEM que podrían ser perfectamente compatibles con otras estructuras poliméricas nanométricas"

<https://maldita.es/malditaciencia/20210709/informe-universidad-almeria-vacuna-covid-19-pfizer-grafeno-oxido/>

⁵⁷⁰ <https://maldita.es/malditobulo/20210710/video-luis-marcelo-martinez-grafeno-vacunas-magnetismo-iman/>



“Micrograph of a Carbon Cluster of Reduced Graphene Oxide (rGO) Viewed in the Live Unstained Human Blood with pPhase Contrast Microscopy at 1500x. Note that the Red Blood Cells are Clotting in and Around the rGO Crystal in a Condition Known as Rouleau.” (scientific method and more images in the footnote link) ⁵⁷¹

Article on "More Effective Vaccines with Injectable Hydrogel" published 16 Sep 2020 scitechdaily.com/more-effective-vaccines-with-injectable-hydrogel/ ... Funded by the Gates Foundation, Stanford School of Medicine Immunity, Transplantation and Infection Seed Grant, and the National Science Foundation Graduate Research Fellowship. www.nutritruth.org/single-post/graphene-oxide-hydrogel-injecting-synth.

Dr. Jane Ruby joined Stew Peters to discuss a scientific report from the School of Engineering of the University of Almería in Spain entitled "Detection of graphene oxide in aqueous suspension: observational study in optical and electron microscopy ", Where each Pfizer injection dose was found to" contain 6 ng of RNA and 747 ng of graphene oxide, which is 99.103% of the drug.

She says: “These graphene sheets that the researchers found in the Pfizer bottle, when they enter your system and when they begin to penetrate your cells, they have a lipid nanoparticle that pushes them into your cells, they generate oxidative stress ... “It literally destroys everything inside the cell. It explodes the mitochondria. Create a situation where the body is in a fire truck with 10 alarms and inflammation, cytokines, chemokines. This incredibly violent... inflammatory storm comes in and has a particular affinity to create acute inflammation of the lungs, it creates an inflammatory storm in heart tissue and brain tissue.

Graphene and magnetite are known to be common components in nanoparticles used in the pharmaceutical industry. Some examples: pubmed.ncbi.nlm.nih.gov/33212875 ~ pubmed.ncbi.nlm.nih.gov/33298980 ~ pubmed.ncbi.nlm.nih.gov/31852794 The use of graphene in nanomaterials has reported safety and toxicity problems, including inducing apoptosis (cell suicide), damaging DNA, changing the cytoskeleton. For instance: pubmed.ncbi.nlm.nih.gov/33808775 and pubmed.ncbi.nlm.nih.gov/30453526 “the strongest, thinnest and most conductive material on earth” ⁵⁷² semiconductor

⁵⁷¹ <https://www.databaseitalia.it/storage/2021/08/GrapheneOxideVaccinePaperUpdated.pdf>
<https://www.databaseitalia.it/rivelati-ingredienti-dei-vaccini-cov-19-microscopia-elettronica-a-scansione-e-trasmissione-rivela-ossido-di-grafene-acciaio-inossidabile-e-anche-un-parassita/>

⁵⁷² <https://www.smithsonianmag.com/smart-news/graphene-coated-fabric-causes-mosquitoes-buzz-180973007/>

<https://www.graphenea.com/pages/graphene-uses-applications#.YSoino77RRY>

<https://renew.com/general96/graphene-oxide-is-toxic-to-human-blood.pdf>

<https://humansarefree.com/2021/07/graphene-based-brain-control-technology-is-real.html>

Graphene Oxide is reduced by ascorbic acid⁵⁷³ and N-acetyl cysteine⁵⁷⁴, a precursor of glutathione. It seems Graphene is degraded and excreted and that's another reason why they want yearly shots.

Magnetism

- Not all vaccinated become magnetized because they need to be exposed to an EMF
- Vaccinated who take an MRI become magnetized
- Some magnetized didn't receive the COVID vaccine. Maybe the Flu shot? Food tampering?
- Babies were recently magnetized after 18 months shots.
- Do all magnetized emit Bluetooth? It doesn't seem so.
- Do all Bluetooth show magnetism?

Contagious extreme magnetism, even with talc or a shirt? As you can watch from this couple's testimony, they got **magnetized without vaccination**. They first found out a stake was magnetized. PCR tampering? she took one in 2019. Both reacted to the EMF of power stations⁵⁷⁵ and water⁵⁷⁶ but felt better inside their home with metal roof. Their pets were not magnetized.

For instance, there's the case of 2 Spanish unvaxxed women who had taken the PCR and used surgical masks, both elements found to be "contaminated" with rGO.⁵⁷⁷

Warning: vaccinated shouldn't be exposed to CT scans, MRIs, or any strong source of EMF.⁵⁷⁸

Bluetooth haccines

This was seen under the electronic microscope:



Apparent nano-chip discovered in Pfizer vaccine solution

⁵⁷³ Marrani AG, Motta A, et al. **A comparative experimental and theoretical study of the mechanism of graphene oxide mild reduction by ascorbic acid and N-acetyl cysteine for biomedical applications**. 01 Sep 2020 Materials Advances Issue 8,

<https://doi.org/10.1039/D0MA00456A>

⁵⁷⁴ Palmieri V, Dalchiele E, et al. **Biocompatible N-acetyl cysteine reduces graphene oxide and persists at the surface as a green radical scavenger**. Chemical Communications Issue 29, 2019

⁵⁷⁵ https://youtu.be/d3d_EYHl8bg?t=589

⁵⁷⁶ <http://www.academicwino.com/2015/07/water-dowsing-science-magic-crazy-talk.html/>

⁵⁷⁷ <https://www.bitcute.com/video/mQZribR95qPN/>

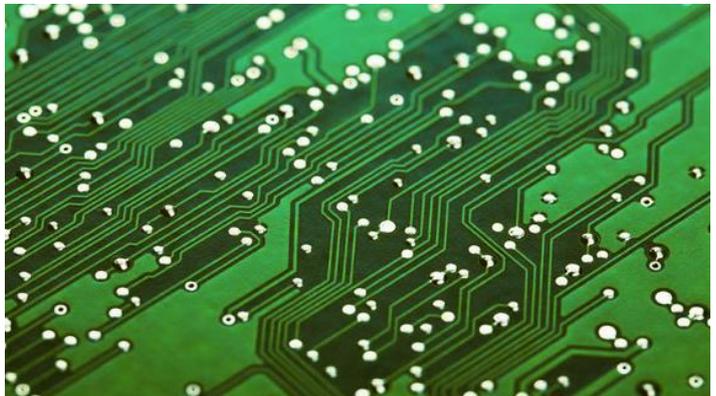
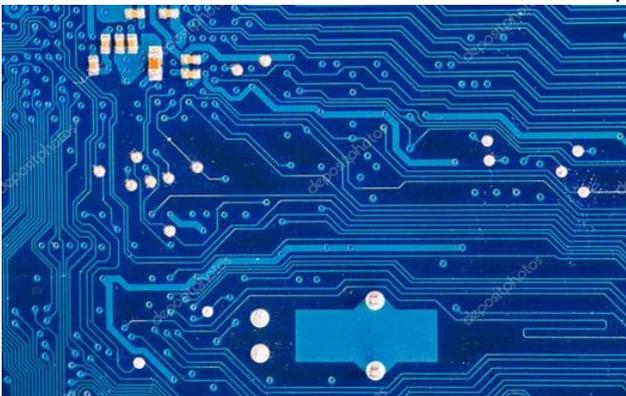
⁵⁷⁸ Brittany Galvin: <https://www.bitcute.com/video/r2dd8uRg03Zl/> <https://www.bitcute.com/video/C2Lqgh8abGqm/>



After it dried out

Source: <https://www.notonthebeeb.co.uk/post/german-pr>

It reminds a printed circuit board:



What have we found already:

- It looks under the electron microscope that we are dealing with nano chips with nano-carbon integrated circuits and antennas, forming a dispersed internal network.
- Particles of nano alloys and metals might play a role in antenna signal strength.
- Chips don't emit when they are inside the vials. Hypothesis to test:
 - a. They could be coated in spheres (nano-lipids?), which might dissolve in the body and deploy the payload (nano-chips and antennas) or
 - b. They could be activated only under certain conditions inside a biological body: temperature? contact with an element?
 - c. X-ray the vials compared with a glass of water
 - d. MRI the vials compared with a glass of water
 - e. Vials under ultraviolet light
 - f. Repeat with vials under different temperatures

The haccinated emit a Bluetooth signal:

- a. Test by injecting animals with COVID vaccines and check for magnetism and Bluetooth
- b. 8 people with the Sinopharm emitted the same code
- c.

Longlasting: after charging the graphene nano-network with a strong Electro Magnetic Field (EMF) like nearby Cell Tower or MRI

On one subject, we observed that at the injection site in the arm, the neodymium magnet jumped from one place to the other, instead of sticking one pole. This indicates alternate current.

4.2. Shortlasting: while being in the presence of an EMF emitting device (cell phones, computer screens)

5. The cell phone detects a signal of hexadecimal code: 6 pairs of letters and numbers separated by :

5.1. The signal is not the international standard to identify a Bluetooth device using the first 3 pairs

5.2. The signal

The chips might be emitting in other frequencies

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

a) Telling the chips to release the payload: a gene-hack, 16 year duration contraception hormones (chip already developed by Bill Gates funding⁵⁷⁹), viruses (creating new plandemics) or lethal substances.

b) Asking the chip about your whereabouts or close contacts (patented and already used in epidemiological contact tracing⁵⁸⁰ and vaccine prioritization using Bluetooth exposure notification apps⁵⁸¹).

Microsoft already patented the ID2020⁵⁸², the digital nano-biosensor, which is not based on a microchip but on quantum dots.

⁵⁷⁹ <https://nationalpost.com/news/bill-gates-funds-birth-control-microchip-that-lasts-16-years-inside-the-body-and-can-be-turned-on-or-off-with-remote-control>

⁵⁸⁰ <https://news.mit.edu/2020/bluetooth-covid-19-contact-tracing-0409>

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

<https://www.zdnet.com/article/researchers-develop-bluetooth-transmitting-virus-to-improve-covid-19-tracking-accuracy/>

⁵⁸¹ <https://www.youtube.com/watch?v=plhmbtTlaaM>

According to ex-spy Edward Snowden, the US National Security Agency has a system that tracks the movements of mobile devices in a city by monitoring MAC addresses.⁵⁸³ This is possible even with random MAC addresses in iOS, Android, Windows, Linux, etc.⁵⁸⁴

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

COVID-graphene connection

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

- 1944 - 2010 Public Health Service (PHS) Act
- 2006 Pandemic and All-Hazards Preparedness Act (PAHPA)
- 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)
- 2016 21st Century Cures Act
- 2019 S.1379 – Pandemic and All-Hazards Preparedness and Advancing Innovation Act 116th Congress⁵⁸⁵

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

Globalist Alex *Azar, was secretary of the HHS. In the HHS “Azar played an important role in responding to the 2001 anthrax attacks, ensuring there was a vaccine ready for smallpox, and **dealing with outbreaks of SARS and influenza.**” (He also had an obscure past as lobbyist for a decade for the globalist Big Pharma, Eli Lilly) “In 2009, the company paid \$1.415 billion to settle criminal charges regarding its promotion of antipsychotic drug Zyprexa (olanzapine) for off-label uses between 1999 and 2005... Also under Azar's watch, Eli Lilly was one of three companies accused in a class-action lawsuit of exploiting the drug pricing system to increase profits for insulin. Eli Lilly was also fined in Mexico for colluding on the price of insulin.”⁵⁸⁶

27 Jan 2020, US official date of pandemic outbreak.

28 Jan 2020, Harvard Prof., **Charles M. *Lieber** was arrested, together with two Chinese nationals⁵⁸⁷, for **selling military nanotech know-how to the Chinese military**. He was charged for not disclosing funding from Chinese

⁵⁸² https://patentscope.wipo.int/search/en/detail.jsf?docid=WO2020060606&fbclid=IwAR1smn_fBz76-eGjOc_KsuGBmbzHaoWykP4wlvavSZAD76lqMal-O43LUC0

⁵⁸³ Bamford, James, **The Most Wanted Man in the World**. 13 Aug 2014 Wired: 4. <https://www.wired.com/2014/08/edward-snowden/>

⁵⁸⁴ Jouans L, Carneiro Viana A, et al. **Associating the Randomized Bluetooth MAC Addresses of a Device**. CCNC 2021 - IEEE Consumer Communications & Networking Conference, Jan 2021, Las Vegas, United States. <https://hal.archives-ouvertes.fr/hal-03045555/>

⁵⁸⁵ <https://aim4truth.org/2020/09/11/treasonous-attack-on-american-civil-liberties/>

⁵⁸⁶ https://en.wikipedia.org/wiki/Alex_Azar

⁵⁸⁷ “Ye reportedly identified herself falsely as a student on her visa application to study at Boston University and lied about her ongoing military service at the National University of Defense Technology in China, according to the Department of Justice press release. Zheng allegedly lied to Customs and Border Patrol agents in an attempt to **smuggle 21 vials of biological research** from Beth Israel Deaconess Medical Center **to China.**” <https://www.thecrimson.com/article/2020/1/29/lieber-federal-charges/>
<https://www.thecrimson.com/article/2020/1/2/zheng-hms-research-smuggling/>

government research programs at **Wuhan University of Technology**.⁵⁸⁸ He had over 100 patents, especially **nano-bio-electronics**, funded by millions from NIH, DARPA, US Navy and US Army. Also **11 Chinese patents**.⁵⁸⁹

30 Jan 2020 (Thursday), WHO declares Coronavirus outbreak a **global health emergency**. Tedros *Adhanom Ghebreyesus⁵⁹⁰ said: “The Chinese government is to be congratulated for the extraordinary measures it has taken to contain the outbreak, despite the severe social and economic impact those measures are having on the Chinese people. In many ways, China is actually setting a new standard for outbreak response.” **Three criteria:**

- **extraordinary event**
- **constitutes a public health risk to other States through the international spread of disease**
- **potentially requires a coordinated international response**⁵⁹¹

31 Jan 2020 (Friday), in spite of zero deaths, the US emergency was proclaimed by Azar (Fauci at his side)⁵⁹², “inexplicably” **backdated to 27 Jan 2020**: the day the arrest order for Lieber, executed on the 28th?

The screenshot shows the official website of the U.S. Department of Health & Human Services, Office of the Assistant Secretary for Preparedness and Response. The page is titled "Determination that a Public Health Emergency Exists" and features a red and white header with the text "Public Health Emergency" and "Public Health and Medical Emergency Support for a Nation Prepared". The main content area contains a declaration by Alex M. Azar II, Secretary of Health and Human Services, dated 01/31/2020, stating that a public health emergency exists for 2019-nCoV. A sidebar on the right provides "More Emergency and Response Information" with links to declarations, emergency use authorizations, and waivers.

This page last reviewed: January 31, 2020

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>

Was it to protect Lieber with the superpowers that declaration granted? Could they be using the case as an excuse for him not being questioned in other instances, like a subpoena issued by a congressional committee, where if he refused, he'd raise an investigation on vaccine tampering, or if he committed perjury (lying under oath), he could eventually be condemned for life for treason?

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

Lieber had several papers and patents involving graphene which could explain the **tampering of vaccines with graphene and nano Bluetooth transistors**. Suddenly, he stopped publishing about graphene in 2016, when the **plot started thickening**.⁵⁹³

⁵⁸⁸ <https://www.justice.gov/opa/pr/harvard-university-professor-and-two-chinese-nationals-charged-three-separate-china-related>

⁵⁸⁹ <https://www.science.org/news/2020/02/why-did-chinese-university-hire-charles-lieber-do-battery-research>

<https://patents.justia.com/inventor/charles-m-lieber>

⁵⁹⁰ <https://twitter.com/drtedros/status/1307015428787576833?lang=en>

⁵⁹¹ <https://www.who.int/ihr/procedures/pheic/en/>

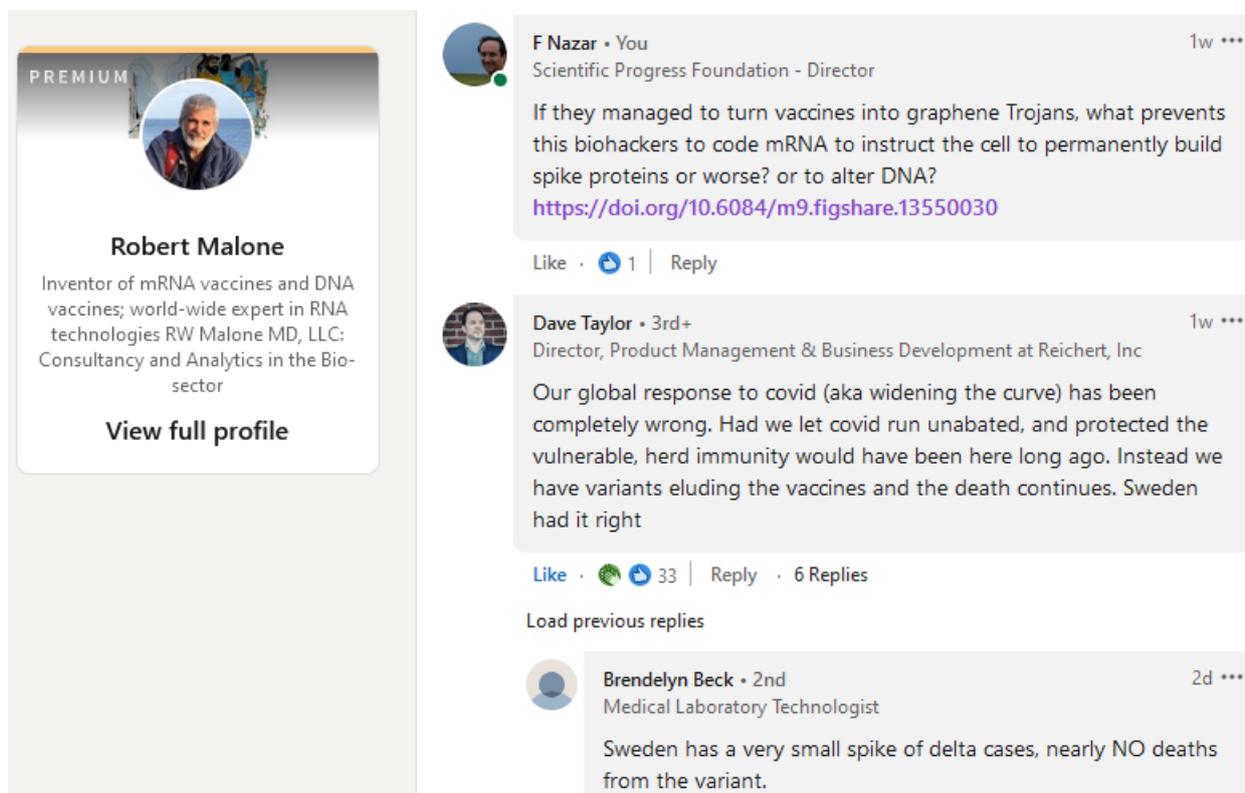
⁵⁹² <https://www.npr.org/sections/health-shots/2020/01/31/801686524/trump-declares-coronavirus-a-public-health-emergency-and-restricts-travel-from-c>

Bio-hacking

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

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

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



The screenshot shows a LinkedIn post by Robert Malone, inventor of mRNA vaccines. The post asks: "If they managed to turn vaccines into graphene Trojans, what prevents this biohackers to code mRNA to instruct the cell to permanently build spike proteins or worse? or to alter DNA?" It includes a DOI link: <https://doi.org/10.6084/m9.figshare.13550030>. Three replies are visible:

- F Nazar** (Scientific Progress Foundation - Director) replies: "If they managed to turn vaccines into graphene Trojans, what prevents this biohackers to code mRNA to instruct the cell to permanently build spike proteins or worse? or to alter DNA?" (This is a duplicate of the original post).
- Dave Taylor** (Director, Product Management & Business Development at Reichert, Inc) replies: "Our global response to covid (aka widening the curve) has been completely wrong. Had we let covid run unabated, and protected the vulnerable, herd immunity would have been here long ago. Instead we have variants eluding the vaccines and the death continues. Sweden had it right".
- Brendelyn Beck** (Medical Laboratory Technologist) replies: "Sweden has a very small spike of delta cases, nearly NO deaths from the variant."

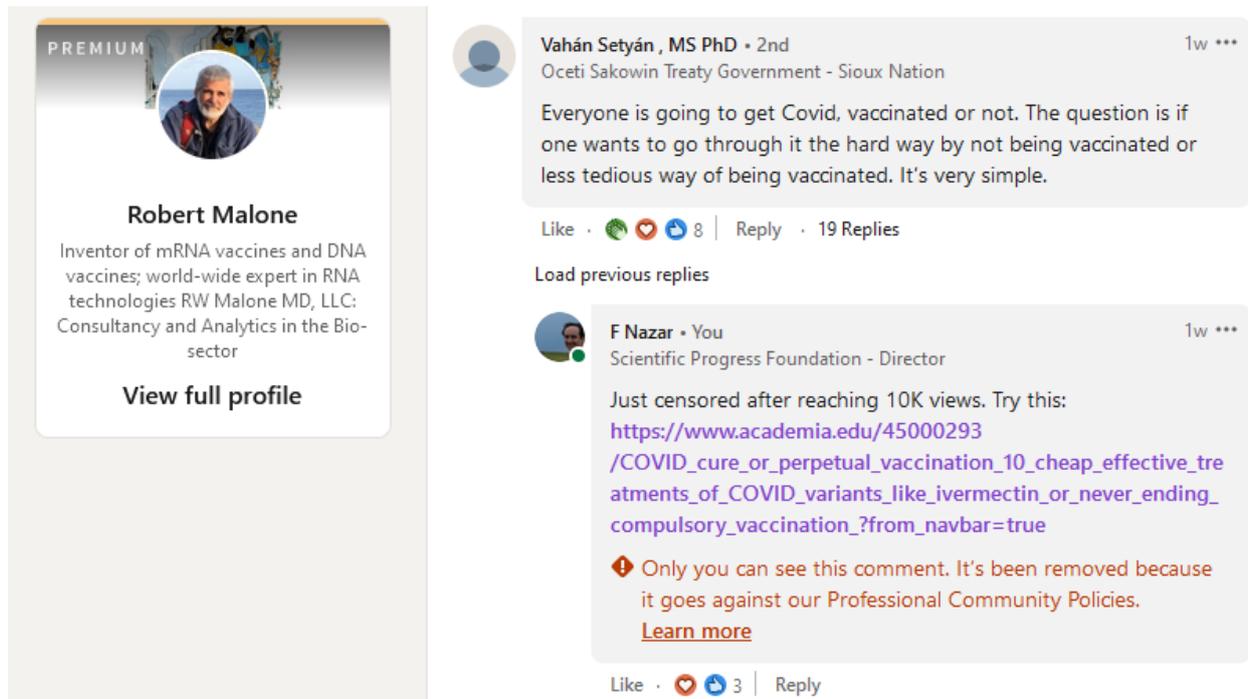
14 Sep 2021 LinkedIn thread to Robert Malone’s post

https://www.linkedin.com/posts/rwmalonemd_research-science-biotech-activity-6839540985089863681-1w3j

We are reaching Soviet/communist science level of censorship. That comment included the link to my research’s DOI at figshare.com. Figshare immediately removed the paper and when I complained, shut down my

⁵⁹³ Cohen-Karni T, Lieber CM et al. **Graphene and Nanowire Transistors for Cellular Interfaces and Electrical Recording**. 5 Feb 2010. Nano Lett. 2010, 10, 3, 1098–1102 American Chemical Society <https://doi.org/10.1021/nl1002608>
Park, JU., Nam, S., Lieber CM et al. **Synthesis of monolithic graphene–graphite integrated electronics**. 20 Nov 2011. Nature Mater 11, 120–125 (2012). <https://doi.org/10.1038/nmat3169>
Gao N, Lieber CM, **Specific detection of biomolecules in physiological solutions using graphene transistor biosensors**, 5 Dec 2016 Proceedings of the National Academy of Sciences, 113 (51) 14633–14638; <http://doi.org/10.1073/pnas.1625010114>
Lieber CM, **Graphene transistors could make electronic bioprobes**, 9 Dec 2016 Nanotechweb.org. <http://cml.harvard.edu/assets/Graphene-transistors-could-make-electronic-bioprobes-nanotechweb.pdf>
More on cml.harvard.edu

account and blocked my IP address from reopening the closed support claim. It became impossible to get a DOI (which has less chances of being caught by censors like LinkedIn). So when I posted the academia.edu link, it was immediately censored:



The plot disclosed

David E. Martin proved that since 1999, 73 patents back that SARS-CoV-2 is not a wild novel virus but a weaponized chimeric lab-created virus. Also, in 2016 the lipid nanoparticles British Columbia University technology, essential for mRNA vaccines, was getting ready for the pandemic. The virus was going to be released on purpose to force vaccination, a lucrative conspiracy, which despite of the overwhelming evidence it is still not prosecuted under RICO (Racketeer Influenced and Corrupt Organizations Act).⁵⁹⁴

Dr. Peter Daszak of EcoHealth Alliance (funded the Wuhan lab), who lied in The Lancet by saying the virus was natural, stated, prior to the pandemic (2016): “until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs (medical countermeasures) such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process.”⁵⁹⁵

⁵⁹⁴ David E. Martin testifies at the German Corona Inquiry Committee July 9th, 2021 Reiner Fuellmich interview

<https://odysee.com/@Corona-Ausschuss:3/Sitzung-60-Die-Zeit-ist-kein-flacher-Kreis-5-Martin:f>

https://brandnewtube.com/watch/a-manufactured-illusion-dr-david-martin-with-reiner-fuellmich-9-7-21_hPChWe1no7nxGDM.html

Transcript of Interview: <https://drive.google.com/file/d/19o1BeQa6z9XD58GkYE1e-qiiNbnr5wTz/view>

<https://beforeitsnews.com/health/2021/08/dr-david-e-martin-drops-shocking-info-on-canadians-3041225.html>

Stew Peters interviews with Dr. David Martin:

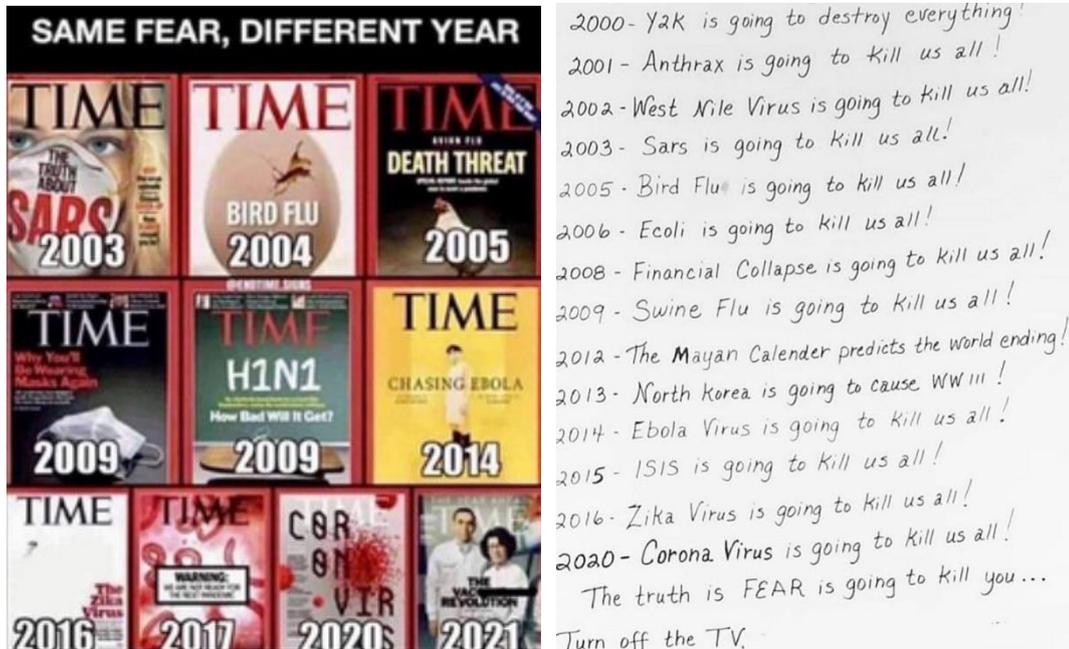
https://odysee.com/@Truth_Comes_to_Light:6/Dr.-David-Martin-w-Stew-Peters:b

<https://rumble.com/vk2bya-exclusive-dr.-david-martin-just-ended-covid-fauci-doj-politicians-in-one-in.html>

⁵⁹⁵ Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities

Famous Dr. Vladimir Zelenko, who successfully treated 6000 patients (including presidents like Trump and Bolsonaro), concludes this is a proven conspiracy lead by an elite who have neo-Nazi ideas where they are the *ubermensch* (super-men) destined to save the world from us, the *untermensch* (under-men), by killing us with COVID vaccines.⁵⁹⁶

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



<https://www.facebook.com/photo/?fbid=10159792661053383&set=a.52257383382>

When did the bio-war really start?

1. **1910 Flexner report⁵⁹⁷, used by Skull&Bones freemason William H. Welch⁵⁹⁸, president of the American Medical Association, to destroy all non-pharma medical schools,** which went from 160 in 1906 to 69 schools in 1944, leading to the pharma-addiction and corruption of medicine through the money propelled dependence from **Big Pharma drug cartels**, killing millions with dangerous “medicines” like Vioxx and even more with dangerous contraceptives, adding sickening adjuvants and components in vaccines: neurotoxins (mercury, aluminium, graphene oxide), polysorbate 80, glyphosate, etc.
2. 1918 “Spanish flu”: neither Spanish, nor flu. The term “Spanish” was coined to hide the real origin: the virulence of a bacteria was tied to a massive US military vaccination under the patronage of the **Rockefeller⁵⁹⁹ Institute for Medical Research**, presided by Frederick T. Gates⁶⁰⁰. **New Zealand set up**

Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: <https://www.ncbi.nlm.nih.gov/sites/books/NBK349040/>

⁵⁹⁶ 18 Aug 2021 <https://rumble.com/vldbxq-all-americans-must-listen-to-what-doctor-vladimir-zelenko-has-to-say.html>

⁵⁹⁷ <https://www.cancertruth.net/ama-history/>

⁵⁹⁸ <https://www.katedalleyshow.com/show-topics/notes-from-the-alex-jones-show-backstory-to-pharma-and-public-health-how-they-amassed-power/>

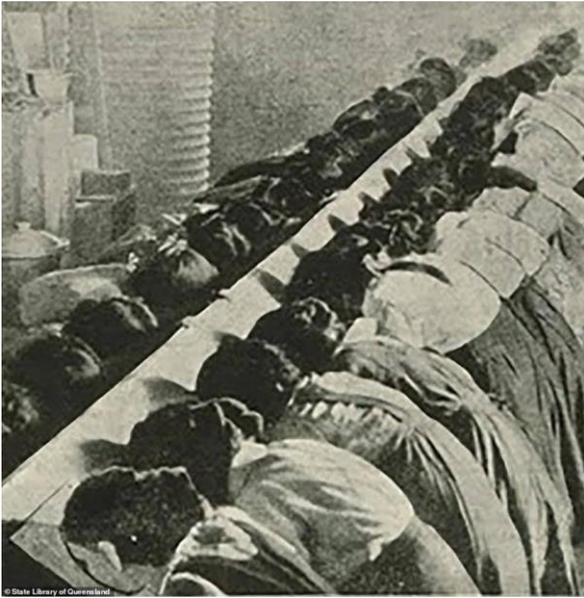
Silverman B. D. (2011). William Henry Welch (1850-1934): the road to Johns Hopkins. Proceedings (Baylor University. Medical Center), 24(3), 236–242. <https://doi.org/10.1080/08998280.2011.11928722>

⁵⁹⁹ Brown, E Richard. **Rockefeller medicine men : medicine and capitalism in America**. University of California Press, Berkeley, CA 1979.

<https://www.dr-rath-foundation.org/2007/05/the-history-of-the-pharma-cartel/>

<http://www.profit-over-life.org/>

inhalation chambers filled with zinc sulfate, causing damage to the lungs and throat, making people more susceptible to infection. In order to travel by train, people had to present papers proving that they had been treated.



3. The **1976 fake swine flu pandemic**, under freemasons US president Gerald Ford and CDC director David J. Sencer, lead to fast approval of 135 (now equivalent to 700) million USD for a vaccine causing neuro-damage applied to 46 million Americans. Some died. No one went to jail. ⁶⁰¹
4. 1990s-present: adding of **hCG as infertilizing agent and nano-toxic-metal compounds in vaccines**, including radioactive Radon, as proven above.
5. 1990s **Hendra virus pandemic by Pfizer**. "Horse owners were told that it was such a deadly virus that just being near a horse could cause you to contract the virus and die. Coincidentally, people were threatened, coerced and bribed to inject the poison into their animals. Two shots, six weeks apart and then a booster every six months. Vets refused to treat sick horses unless proof of vaccination was provided. Horses weren't even allowed to attend shows unless they'd been given a dose. The 'medicine' was an experimental injection that has only received full approval in the last few years. Once injected with this poison horses died, became lame, had seizures and became mentally unstable. Funnily enough, none of this was listed as a side effect of the jab. As more boosters were given, previously healthy horses became sick. Eventually, owners started to wake up and realise they were doing more harm than good. It also came to light that unless you're horse was 100% healthy, it should not be given the jab because it targeted the weak spots in the immune system and made the animals worse. There is now a massive class action against the manufacture of the jab, Zoetis, who was a subsidiary of the one and only... Pfizer." ⁶⁰²

⁶⁰⁰ <https://plebeianpost.com/2021/06/08/genocide-for-profit-eugenics-nazis-the-rockefellers-and-the-gates>

⁶⁰¹ https://www.lifesitenews.com/blogs/739968/?utm_source=top_news&utm_campaign=usa

⁶⁰² Rochford Joseph, Rochford Developments, Perth, 9 Nov 2021 LinkedIn post https://www.linkedin.com/posts/rochfordjoseph_does-anyone-remember-the-hendra-virus-that-activity-6863779303482630144-29qj



6. HPV vaccines causing thousands of handicapped girls and millions with infertility problems: in spite the package inserts state that those with prior infection should not be vaccinated due to serious adverse events, nobody screens or even ask.
7. Starting coronavirus weaponization in 1999, proven by patents (cf. David E. Martin above).
8. 2002 gain-of-function research paid by the US government was the excuse to use coronavirus as a vaccine vector for HIV/AIDS: this is when the HIV genome was inserted into a coronavirus, creating SARS-CoV-1.
9. Lab designing of SARS-Cov-1 as proven by patents.⁶⁰³ The HIV related **gain-of-function** was first spotted in 2002 with **SARS-CoV-1**, which was used to start the second info-terrorist attack (800 deaths out of 8000 cases), for the following objectives: to try the first lock-downs (even Churches) and to make billions out of **diverting tax payer money to useless-treatment hoarding (Tamiflu) from their own companies and by using the insider information** to sell before the crisis and buy cheaper after the scare level was turned down through their media, leaving **50 billion USD of economic damage**⁶⁰⁴.
10. The 2009 H1N1 swine flu plandemic was a mock exam for media hype and vaccine EUA. Glaxo's vaccine was hastily **approved without proper testing, even knowing that it caused more deaths and permanent disabilities than the other vaccines**, as shown in the respective chapter.
11. The 2012 **Middle East Respiratory Syndrome (MERS-CoV)**, was also connected to HIV.⁶⁰⁵ **Camel-gate?** What if a non-endemic virus is introduced in an animal to use it as a permanent vector to infect humans?⁶⁰⁶
12. 2014 Ebola outbreak in West Africa? the MSM handling begs the question.
13. **The first successful PCR-case-demic pushed by WHO?**⁶⁰⁷ The 2015 Zika PCR **scamdemic** in northern Brazil was used to promote abortions due to a planned exaggerated risk of microcephaly. Correlation is not causation but "15% of the patients with microcephaly were related to Zika virus infection"⁶⁰⁸ What if there was another cause? What if the PCR were having a huge rate of false positives like with COVID? Another

⁶⁰³ https://www.davidmartin.world/wp-content/uploads/2021/01/The_Fauci_COVID-19_Dossier.pdf

2014 <https://patents.google.com/patent/EP3172319B1/en>

⁶⁰⁴ <https://www.ncbi.nlm.nih.gov/sites/books/NBK349040/>

⁶⁰⁵ "Detection of MERS-CoV S and HIV-1 p24 protein expression"

Zhao G, Du Cuiqing Ma L, et al. **A safe and convenient pseudovirus-based inhibition assay to detect neutralizing antibodies and screen for viral entry inhibitors against the novel human coronavirus MERS-CoV.** Aug 2013. Virology Journal 10(1):266.

<https://doi.org/10.1186/1743-422X-10-266>

Wang, PG., Tang, DJ., et al. **Sunitinib reduces the infection of SARS-CoV, MERS-CoV and SARS-CoV-2 partially by inhibiting AP2M1 phosphorylation.** 13 Oct 2020. Cell Discov 6, 71. <https://doi.org/10.1038/s41421-020-00217-2>

⁶⁰⁶ Dudas G, Carvalho L et al. **MERS-CoV spillover at the camel-human interface**, 16 Jan 2018 eLife <https://doi.org/10.7554/eLife.31257>

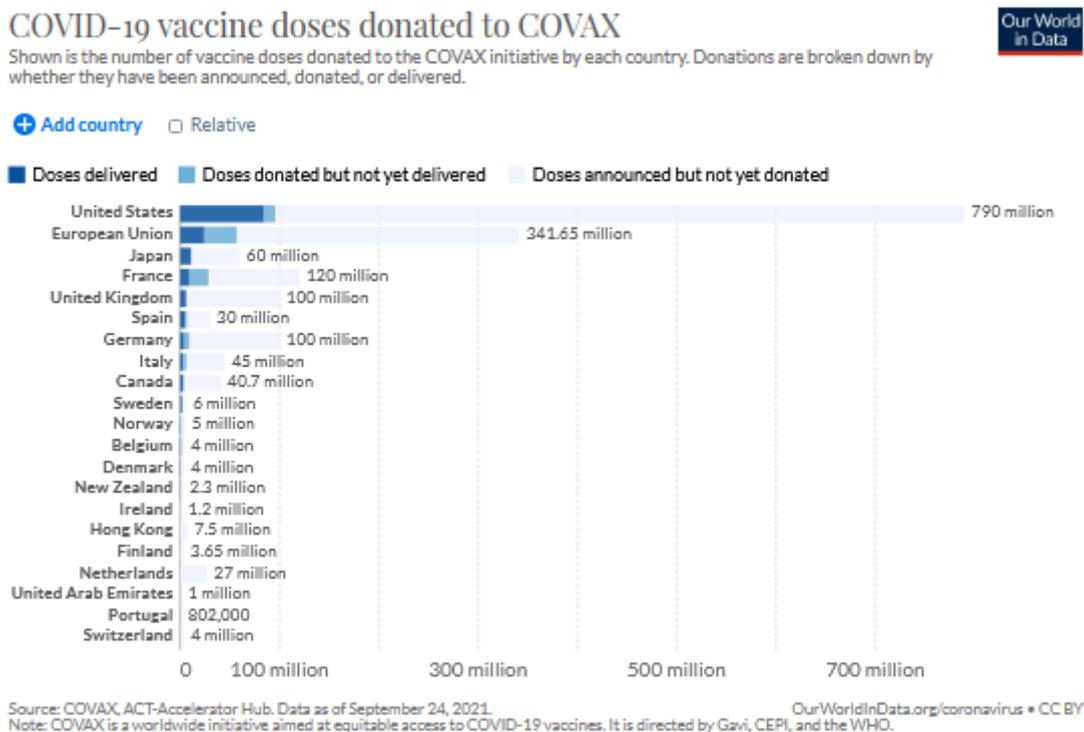
⁶⁰⁷ <https://www.who.int/emergencies/zika-virus-tmp/en/>

⁶⁰⁸ Antoniou, E., Orovou, E., et al. **Zika Virus and the Risk of Developing Microcephaly in Infants: A Systematic Review.** 2020

International journal of environmental research and public health, 17(11), 3806. <https://doi.org/10.3390/ijerph17113806>

study from the same period (Jan-Jun 2016) showed 3% microcephaly of 165,241 cases in Brazil.⁶⁰⁹ **Women were aborting by confusing Zika symptoms with the flu.** In proportion to the population, Colombia had more Zika cases (107,870). Yet, only 0,8% of pregnancies ended with microcephaly (157/19956 Sep-2015 to Apr-2017)⁶¹⁰ ... not much higher than previous years and by 2021 there is no evidence yet that Zika causes microcephaly. Surprise? ivermectin is still not recommended, only mosquito repellent, condoms, contraception and abortions... very suitable for population control.⁶¹¹

14. Adding an electro-magnetizable element (graphene oxide?) in **2018 flu shots to produce injury and infertility? 2,600,000 doses of Moderna were recalled by the Japanese Government because of this magnetic reactant contaminant.**⁶¹² **And there are thousands of videos related to all other brands.**⁶¹³
15. Third time's the charm? **SARS-CoV-2 was the first successful mass bioweapon.** It was not a novel coronavirus: as proven above, 73 patents prior to 2020 prove it was completely lab designed.
16. Then the vaccine. They had to be based on the spike protein, which is also damaging and lethal. **The vaccine is the bioweapon:** either they hack the patient's cells to produce spike proteins parts or they inject them directly. That's why, in the beginning, it didn't matter who designed the vaccines. Still, those not co-opted by the elite (by direct investments, grants, contracts, patents) were left out of deep state contracts or sabotaged (the Australian vaccine). This would explain why most of current vaccines include an electro-magnetic element. Also, vaccine donations could be viewed as an act of war:



<https://ourworldindata.org/grapher/covax-donations?country=FRA~ESP~SWE~USA~CAN~NOR~NZL~GBR~DNK~CHE~ITA~DEU~PRT~ARE~BEL~European+Union~JPN~NLD~FIN~HKG~IRL>

⁶⁰⁹ Magalhães-Barbosa, M. C., et al. **Trends of the microcephaly and Zika virus outbreak in Brazil, January-July 2016.** 2016 Travel medicine and infectious disease, 14(5), 458–463. <https://doi.org/10.1016/j.tmaid.2016.09.006>

⁶¹⁰ Mattar, S., Ojeda, C., Arboleda, J. et al. **Case report: microcephaly associated with Zika virus infection, Colombia.** 13 Jun 2017. BMC Infect Dis 17, 423. <https://doi.org/10.1186/s12879-017-2522-6>

⁶¹¹ <https://www.nhs.uk/conditions/zika/>

⁶¹² <http://rockefellerfoundaiton.org/blog/innovating-for-a-bold-future/>

⁶¹³ <https://www.bitchute.com/video/AkijlXASwGcV/>

17. Adding a Bluetooth nano chips in the injection (one takes signal control over the others). Unlike RFID, the goal is to process external instructions a) to reveal past movements? b) to deliver a payload? Virus, more RNA/DNA hacking, infertilizing hormones, more nano-metals, poison, something reactant to 5G?
18. Fact: all P4 bio-war labs in the world⁶¹⁴ still continue operating and nobody enforces a global ban/moratorium on gain-of-function “research”, especially the ones directly involved in the creation of COVID19: Wuhan, Fort Dietrich, Canadian Science Centre for Human and Animal Health⁶¹⁵, University of North Carolina at Chapel Hill.
19. Self-fulfilling prophets? Just in case COVID19 and variants weren’t terrorizing enough to establish an immediate global government, “**Bill Gates Warns That a Next Pandemic Could Be 10 times Worse**”.⁶¹⁶

And should we add?:

20. **BigAg**: lethal and endocrine disrupting pesticides (like glyphosate) that contaminate everything (even breastmilk). Also, unsafe transgenics with unknown consequences, which could easily be Trojans. It is not a coincidence Bill Gates is the largest individual farmland owner of the USA. Why else would they invest in such a low yield sector?
21. **Tab-water “pollution” by “omission”** (contraceptive hormones, toxic metals, glyphosate), **or direct poisoning by commission** (nano-particles?).
22. **Processed-food poisoning**:
 - Supplying ingredients at artificially subsidized prices. It is probable that nutritional additives and supplements get tampered, i.e. hide other undisclosed sickening components (trace amounts, nanotech): “enriched” flour, vitamins (n.b. dairy), sugar (noticed the ants don’t want it anymore?) and flavour&fragrances corporations (very few companies⁶¹⁷ control the global market for both artificial and natural). Like in all markets, using fake money or credit with fake money, the globalist giants are buying the rest of the companies.
 - Stealth contamination by the owners of BigFood corporations. It is no coincidence that the globalists are also investing big in bio-reactor synthetic meat and milk companies: they need to control all food supply, including the least processed, which will be banned with the weather change excuse.
 - Open contamination with artificial sweeteners, monosodium glutamate and so many other toxic substances which are allowed, that we’d need an encyclopaedia for that. For instance, “**potassium bromate**, a potent oxidizer that helps bread rise, has been linked to kidney and thyroid cancers in rodents. **Azodicarbonamide** (ACA), a chemical that forms bubbles in foams and plastics like vinyl, is used to bleach and leaven dough – but when baked, it, too, has been linked to cancer in lab animals.

⁶¹⁴ Alibek K, Handelman S, **Biohazard: The Chilling True Story of the Largest Covert Biological Weapons Program in the World--Told from Inside by the Man Who Ran It**. Dell Publishing. Random House. NY, NY 1999. ISBN 978-0-385-33496-9

⁶¹⁵ <https://www.ic.gc.ca/eic/site/063.nsf/eng/97757.html>

⁶¹⁶ <https://www.sueddeutsche.de/politik/coronavirus-pandemie-bill-gates-impfstoff-interview-1.5187121>

31 Jan 2021 <https://www.entrepreneur.com/article/364371>

<https://actualidad.rt.com/actualidad/381611-gates-pandemia-mala-futura-diez-veces-peor-preparados>

<https://www.brighteon.com/1ea82016-5615-4184-a56a-2cd8cec6370b>

⁶¹⁷ <https://blog.technavio.com/blog/top-10-flavors-and-fragrances-companies-world>

<https://www.globenewswire.com/news-release/2020/03/10/1998277/0/en/Artificial-Flavors-Market-To-Reach-USD-15-20-Billion-By-2027-Reports-and-Data.html>

<https://www.owler.com/company/givaudan>

<https://thirdbridge.com/flavours-fragrances-givaudan-iff-firmenich/>

The World Health Organization has recommended against adding **potassium iodate** to flour since 1965.”⁶¹⁸ Long-term exposure of low doses of contaminants in water, food, and environment have significant chronic effects.⁶¹⁹

The intelligence “community” is either “unbelievable” incompetent⁶²⁰ or accomplice, either by commission (American and European agencies were founded by freemasons and are infiltrated) or omission (bribed or extorted into silence by the internal enemy, i.e. the freemason politicians or their mercenaries).

COVID pass: essential for the great reset

Where is “freedom” a reward for compliance? Prison. Same as passes. We've lost freedom due to widespread scientific functional illiteracy... especially among the majority of scientists and physicians, who didn't stand up for truth.

The same Rockefeller Foundation which as early as 2009 planned a “lockstep scenario”⁶²¹, in 2020, stated that bio-threats were the perfect excuse to loose privacy rights.⁶²²

It is no coincidence that the Gates Foundation funded Quantum Dots so that “Invisible Ink” could reveal whether a person has been vaxxed.⁶²³ **Why is there such a hurry to develop fail-proof expensive vaccine tracking systems? Why would you spend billions in e-passports if you don't need to vax 100% to achieve herd immunity in any disease considering natural herd immunity?**

Seven key issues that prove that COVID passes are not based on medicine and are a violation to human rights and ideological-political persecution:

1. COVID vaccination increased spread.

- Vaccines fail to produce IgA in nasopharyngeal mucosa). **Vaccines fail to create herd immunity.**
- In fact, **they've been proven to reduce herd immunity, sometimes by debilitating immune systems, thus increasing cases and deaths.** If the unvaccinated are forced for regular PCR testing, then the vaccinated should be mandated even more.
- Vaccination amidst a pandemic, **increased artificial selective pressure towards immune escape and worse variant waves.**

2. COVID vaccination increased hospitalizations and system collapse.

⁶¹⁸ <https://www.theguardian.com/us-news/2019/may/28/bread-additives-chemicals-us-toxic-america>

⁶¹⁹ Trautmann, N. **The Dose Makes the Poison--Or Does It?**, 1 Jan 2005. American Institute of Biological Sciences. BioScience, Volume 55, Issue 1, Pages 84–89, [https://doi.org/10.1641/0006-3568\(2005\)055\[0084:A\]2.0.CO;2](https://doi.org/10.1641/0006-3568(2005)055[0084:A]2.0.CO;2)

⁶²⁰ Alexandre, M. **SARS-CoV-2 Was Not A Strategic Surprise and the Belgian Intelligence Services Should Not Be Blamed.** The Lessons of the COVID-19 Pandemic for Intelligence. Research Institute for European and American Studies RIEAS. Department of Security and Intelligence Studies Coastal Carolina University. JOURNAL of EUROPEAN and AMERICAN INTELLIGENCE STUDIES AN INTERNATIONAL PEER-REVIEWED JOURNAL Volume 4 Number 1 July 2021 ISSN 2585-383X. <https://www.academia.edu/s/a6cb4a338b>

⁶²¹ <https://www.nommeraadio.ee/meedia/pdf/RRS/Rockefeller%20Foundation.pdf>

https://issuu.com/dueprocesstv/docs/scenario-for_the-future

<https://www.rockefellerfoundation.org/blog/innovating-for-a-bold-future/>

⁶²² Rockefeller Foundation, **National COVID-19 Testing Action Plan — Strategic Steps to Reopen Our Workplaces and Our Communities**, 21 Apr 2020. https://www.rockefellerfoundation.org/wp-content/uploads/2020/04/TheRockefellerFoundation_WhitePaper_Covid19_4_22_2020.pdf

⁶²³ <https://www.scientificamerican.com/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/>

It is unethical to use passes to punish or reward being vaccinated, even more, because of their ineffectiveness to reduce spread, but also because of their **ineffectiveness to reduce hospitalization** (i.e. Israel went back to lockdowns, 9 out 10 COVID dead were vaccinated in Argentina, etc.).

3. There is effective treatment; ergo, no pandemic to justify passes.

- **There's no epidemiological basis to vaccinate with lethal experimental vaccines**, those under 60 or without comorbidities.
- 30 available effective and safe treatments prevent hospitalizations and deaths from COVID, even in risk groups. The last redefinition of the term "pandemic" implies risk of massive deaths. Ergo, there is no pandemic and no reason for vaccinating anybody, least passes for a non-issue infection.
- **There's effective treatment that turns COVID into a simple flu: if there were never flu passes, why do they push passes?**

4. Follow the science, not the scientists, least, irrational politicians and doctors.

- Spike proteins are the reason of why COVID produces sickness, binding to receptors like ACE2 and CD147. With few exceptions (Sinopharm, Sinovac), all **COVID vaccines are not vaccines but "haccines": genetic hacks to force the cells produce, possibly until the cell dies**, huge quantities of s-proteins parts, which have shown to reach nearly all organs, even the brain and genitalia. This explains why the gene-hack's side effects match COVID's. The S-protein acts like poison. Paracelsus defined that **"the dose makes the poison"**: **no studies have assessed the impact of S-protein massive dosage through the gene-hacks deceptively called vaccines**. They are not even gene therapies, because therapy seeks to cure, and having treatment, this is applied without being sick and, counting with treatments, without necessity.
- Vaccines were not approved but only provisory authorized under Emergency Use Authorization: we are not human guinea pigs. **Governments shouldn't enforce experimental vaccines which haven't been fully tested and proven safe, which could take until 2022/2023. There's no basis for EUA when there are proven treatments.**
- Pfizer was approved in spite of a) lack of real life efficacy (cf. Israel already in the fourth dose) and b) over a million serious adverse events.
- **The World Health Organization doesn't recommend COVID vaccines for children**, due to lack of safety evidence (by November 2021). Their database for adverse events, VigiAccess.org, show **thousands of deaths and 5 million reported events, millions of which lead to death. Over 50 thousand deaths if adding other databases.**
- With near zero risk of hospitalization even without treatment, and **with zero risk of dying from COVID with proper treatment, there is no emergency for children and adolescents: why are authorities insisting in emergency shots, reported to cause serious adverse events? CDC data showed 107 times more reported deaths after vaccination than from COVID.** Vaccine indication for children and teens wasn't based on benefits versus risk analysis, but on vaccination obstinacy.
- Obsessive-compulsive disorder (OCD) is characterized by unreasonable thoughts and fears, including obsessions towards epidemics that lead to compulsive behaviours or forcing others into them. **Passes are based on media-hyped collective OCD psychosis, not cold science.**
- **For health concerns, Moderna, AstraZeneca, Sinopharm, Sputnik V and others are banned in first world countries after review by health authorities. Unlike those, why are other authorities lowering standards? Are they more corruptible by lobbies? Is it the same reason why they are rejecting cheap effective and safe COVID treatments? The corruption pandemic is much more lethal than COVID!**
- Scientists and doctors are regular human beings, who yield to coercion and corruption. It costs less to buy a regular person than a politician. If we follow the money, we'd find how Big G and Big Pharma co-opted into the official narrative, hospitals, doctors, scientists and government agents, with COVID related payments, incentives and disincentives.

5. Discrimination of the healthy.

- COVID passes are unethical. Still, if we follow the narrative, passes should only be reserved for the recovered, proven to have better immunity than the triple vaccinated and un-waning immunity (T and B cells) to COVID variants. **The discrimination of the recovered proves that green passes are political, not medical.**
- The same applies to **children and early adolescents, who have been proven not to be spreaders.**
- **What is the logic of restricting 99% of the population for the sake of 1% of identified risk population?**
- **PCR testing is useless as a massive tool:** it was proven to have huge rates of false positivity (even confusing COVID with influenza and other innocuous coronaviruses) and, **without symptoms and transmission assessment, it is not enough for determining a diagnostic.**
- **Without symptoms or with treatment, there is no epidemic,** since there's no exponential spread (R_0 is below 1, near zero): **people don't feel sick and are of no epidemiological concern.**
- It wasn't labelled "health pass" because people would realize it is considering the healthy to be sick, while discriminating the non-contagious or the non-lethal "sick" like children. **It is not a "COVID pass", because liberties are stumped upon, without even proving that a person is contagious. And how will health authorities prove it, especially when in so many countries, they recognized they haven't even isolated the virus?**
- **Citizens are not presumed to be innocent, but guilty without charge of carrying bioweapons (virus), without even proving symptoms and hiding that**

6. Passes are political, not medical.

- Why are passes centred on COVID and not on other life-threatening contagious pandemics like HIV, tuberculosis, HPV, sexual infections resistant to antibiotics, etc.?
- **All civil liberties are stripped off, just because of a personal medical act turned into a political/administrative act.**
- Physicians have no access the components of the injections and the raw data for the approval (n.b. in children). So patients are injected with something they don't know what it is, without any possibility of previously checking for allergies and other serious side effects. **That's unheard of in the history of vaccination.**
- **Doctors were stripped of their right to practice medicine: to prescribe their patients the best treatments they can find.** They are not considered when contra-indicating vaccination, even if the patient had prior serious adverse reactions. They are threatened with malpractice if they dare to re-purpose drugs. They can't decide the protocols after hospitalization. **That's unheard of in the history of medicine!**

7. A string of Trojan Horses or nesting Matryoshka dolls

- **If passes were just about a corrupting 160 billion dollar business, and corrupt governments could just hoard the snake oil and let it expire as they did with Tamiflu and Glaxo vaccines in the false 2009 swine flu pandemic, then why the insistence on vaccination of the recovered and passes?**
- **Vaccines have been proven to be used as Trojan horses for population control** (n.b. WHO/GAVI hCG tampering in 30 countries).
- Side effect reporting and studies are warning that COVID vaccines cause infertility and miscarriages, as well as permanent disabilities and hundreds of thousands of deaths. **Depopulation through vaccine genocide?**
- Japan withdrew all Moderna injections because of an undisclosed magnetic element. Graphene Oxide, a very dangerous cyto-toxic superconductor was detected in all brands: **the vaccinated should not be exposed to Electro Magnetic Fields (EMF), especially magnetic resonance or 5G cellular towers.** Also, strange nano-metal alloys were identified and what looks like a nano-chip, which would explain the emission of a Bluetooth signal in the few vaccinated who'd been exposed to strong EMFs.

- **The unvaccinated are presumed bioterrorists**, convicted without trial, and punished with banishment to the land of oblivion: confinement in their own homes. There are already countries like Argentina where, by law, the unvaccinated **can't renew ID, driver's license, health insurance, and are not allowed to study, work or travel.**
- With the law of digital wallet and compulsory replacement of paper money with digital currency, the unvaxxed **won't be able to buy or sell**, either.
- **This is worse than being a social pariah. Everybody will be just one click away from e-murder. In a full digital world, there's not much difference between killing your digital persona and starving you to death. Most will succumb to vaccination. The ideal setting for the globalist dictatorship.** If the Bluetooth nano-chip has a payload to be released under instructions, the vaccinated could be one click away from being sterilized or murdered: it will pass as an unrelated natural or infectious disease.
- **They are working to destroy the free economy and nations** through a global tax to fund:
 - Universal basic income (UBI), called unconditional basic income, basic living stipend, guaranteed annual income, universal income security program, which is good for the fully disabled but bad for subsidizing the laziness of the abled and maxing taxes on the few who could find work not destroyed by AI or environmental overregulation. Meme: "if there was a barnyard election, the pigs would always vote for the person who feeds them (with universal income)... the same person who is going to slaughter them sooner or later".
 - Global "health", meaning global death (contraception, abortifacients, abortion and depopulation vaccines)
 - Decarbonisation (i.e. increasing the cost of living to unbearable pain). By the way, in 2013, Rick Heede found that 90 companies were responsible for two-thirds of all industrial carbon dioxide, more than most countries. Nearly all of those companies are owned by the globalist funds like BlackRock, Vanguard, etc.: "Do as I say, not as I do." Of course, they'll never stop using private jets or rockets.
 - Global armed forces
- By 2030, they expect the digital wallet to include Chinese Communist social-scoring and the acceptance of new "human" rights which in fact are a violation of them (in black the ones already attained in certain countries/states): **abortifacients (including wrongly called contraceptives), abortion, assisted suicide (even of healthy children), punishment for offering treatment to gender identity disorder, test tube designer babies (while murdering the 8 failed siblings), presumed donation of sperms and eggs (test tube babies born from dead parents), organ harvesting of living presumed donors (because of a false definition of brain death), pedophilia, incest (n.b. pedophiles adopting children), the human rights of animal persons, human-animal chimeras, forbidding livestock farming (replaced by bioreactors for meat/protein), reintroduction of life-threatening predators (wolf, jaguar), zoo-philia, rights of planet earth (including re-swamping, re-wilding of farmland), etc.**

The following isn't a UN document (no link was provided), yet nearly all of those objectives could be proven by other means. Also, it's not the UN but the satanists and freemasons using the UN administration among thousands of other organizations:

This is not a conspiracy theory.

NEW WORLD ORDER UN Agenda 21/2030 Mission Goals



One World Government
One World cashless Currency
One World Central Bank
One World Military
The end of national sovereignty
The end of ALL privately owned property
The end of the family unit
Depopulation, control of population growth and population density
Mandatory multiple vaccines
Universal basic income (austerity)
Microchipped society for purchasing, travel, tracking and controlling
Implementation of a world Social Credit System (like China has)
Trillions of appliances hooked into the 5G monitoring system (Internet of Things)
Government raised children
Government owned and controlled schools, Colleges, Universities
The end of private transportation, owning cars, etc.
All businesses owned by government/corporations
The restriction of nonessential air travel
Human beings concentrated into human settlement zones, cities
The end of irrigation
The end of private farms and grazing livestock
The end of single family homes
Restricted land use that serves human needs
The ban of natural non synthetic drugs and naturopathic medicine
The end of fossil fuels

<https://www.facebook.com/photo.php?fbid=3222907331061092&set=a.319769908041530&type=3&theater>
posted by Vernon Adkison, Alaska, 9 May 2020

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

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

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

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

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

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

Concluding remarks

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

There's an urgent need to rethink how science is organized: **we urgently need to move towards pure science, from whore science to un-corruptible virginal science.** Cited studies prove that meta-studies based on small samples show equal or higher confidence than large RCTs (especially, if funded by one "owner" with his/its own agenda).

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

Refusing immunization against dangerous contagious diseases is considered unethical because:

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

All those assumptions are false with a cure like ivermectin, which even achieves immunization.

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

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

“The greatest tragedy here is that while COVID-19 kills already unhealthy elderly individuals who are just years from their natural death, the vaccines are killing the young and healthy who typically have many more decades to live. There’s no “greater good” argument that can ever make this type of tradeoff OK.”⁶²⁴ Yet, **we are trading near zero deaths from COVID with ivermectin for millions of deaths with vaccines.**

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

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

Nazi isolation cells were changed for isolation premises (home, hotels, facilities, hospitals). The Nazi *Kennkarte* safe-conduct⁶²⁵ has been replaced by passports for the “essential” workers and VIPs of the New World Order (n.b. the fake-vaccinated power elite and their puppet workers and abortion providers, considered *essential* in their depopulation schemes)and then, “green passes” for the vaccinated.

Humans are treated worse than cattle: with the anti-scientific notions of “sexual and reproductive health and rights” (including gender ideology) and “right to die with dignity”, Nazi ethnical cleansing has been replaced with **Darwinian depopulation strategies** (injuring and deadly contraceptives, abortifacients, abortion, depopulation vaccines, “sex-change” and “euthanasia”), soon to be a “basic healthcare” package of the *current* global government in the shadows, a secret cabal of Freemasons, anti-human “philanthropists”, corrupt politicians, government agents and doctors.⁶²⁶

By delaying deployment of the COVID cures, Governments committed the crime of genocide. Whoever censored, blocked or delayed such life-saving information was an accomplice of a “crime against humanity”⁶²⁷

⁶²⁴ <https://articles.mercola.com/sites/articles/archive/2021/03/23/covid-19-vaccine-testing-on-children.aspx>

⁶²⁵ <https://en.wikipedia.org/wiki/Kennkarte>

⁶²⁶ <http://youtu.be/JAhnCdXqPww>

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⁶²⁷ The United Nations Genocide Convention, defines genocide as "acts committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group, as such". Convention on the Prevention and Punishment of the Crime of Genocide art. 2, 78 U.N.T.S. 277, 9 December 1948.

<https://www.un.org/en/genocideprevention/genocide.shtml>

https://www.un.org/ar/preventgenocide/adviser/pdf/osapg_analysis_framework.pdf

<https://en.wikipedia.org/wiki/Genocide>

which has no prescriptive period (statute of limitations⁶²⁸). Denying treatment is even more immoral than COVID vaccination.

The Global Cabal

In France, most of the highest ranking members of the Mitterrand administration, like Jacques *Attali, were freemasons, as confessed by repented mason Maurice Caillet.⁶²⁹

He attended the freemason global government Bilderberg Meeting in 1975⁶³⁰ and wrote in 2009:

Jacques Attali, publié le 03/05/2009 à 12:16

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L'Histoire nous apprend que l'humanité n'évolue significativement que quand elle a vraiment peur : elle met alors d'abord en place des mécanismes de défense ; parfois intolérables (des bous émissaires et des totalitarismes) ; parfois futiles (de la distraction) ; parfois efficaces (des thérapeutiques, écartant si nécessaires tous les principes moraux antérieurs). Puis, une fois la crise passée, elle transforme ces mécanismes pour les rendre compatibles avec la liberté individuelle, et les inscrit dans une politique de santé démocratique.

La pandémie qui commence pourrait déclencher une de ces peurs structurantes.

Si elle n'est pas plus grave que les deux précédentes peurs liés à un risque de pandémie (la crise de la vache folle de 2001 en Grande Bretagne et celle de la grippe aviaire de 2003 en Chine), elle aura d'abord des conséquences économiques significatives (chute des transports aériens, baisse du tourisme et du prix du pétrole) ; elle coûtera environ 2 millions de dollars par personne contaminée et fera baisser les marchés boursiers d'environ 15% ; son impact sera très bref (le taux de croissance chinois n'a baissé que pendant le deuxième trimestre de 2003, pour exploser à la hausse au troisième) ; elle aura aussi des conséquences en matière d'organisation (En 2003, des mesures policières très rigoureuses ont été prises dans toute l'Asie ; l'Organisation Mondiale de la Santé a mis en place des procédures mondiales d'alerte ; et certains pays, en particulier la France et le Japon, ont constitué des réserves considérables de médicaments et de masques).

Si elle est un peu plus grave, ce qui est possible, puisqu'elle est transmissible par l'homme, elle aura des conséquences véritablement planétaires : économiques (les modèles laissent à penser que cela pourrait entraîner une perte de 3 trillions de dollars, soit une baisse de 5% du PIB mondial) et politiques (en raison des risques de contagion, les pays du Nord auront intérêt à ce que ceux du Sud ne soient pas malades et ils devront faire en sorte que les plus pauvres aient accès aux médicaments aujourd'hui stockés pour les seuls plus riches) ; une pandémie majeure fera alors surgir, mieux qu'aucun discours humanitaire ou écologique, la prise de conscience de la nécessité d'un altruisme, au moins intéressé.

Et, même si, comme il faut évidemment l'espérer, cette crise n'est très grave, il ne faudra pas oublier, comme pour la crise économique, d'en tirer les leçons, pour qu'avant la prochaine, inévitable, on mette en place des mécanismes de prévention et de contrôle et des processus logistiques de distribution équitable des médicaments et de vaccins. On devra pour cela mettre en place une police mondiale, un stockage mondial et donc une fiscalité mondiale. On en viendra alors, beaucoup plus vite que ne l'aurait permis la seule raison économique, à mettre en place les bases d'un véritable gouvernement mondial. C'est d'ailleurs par l'hôpital qu'à commencé en France au 17^{ème} siècle la mise en place d'un véritable Etat.

En attendant, on pourrait au moins espérer la mise en œuvre d'une véritable politique européenne sur le sujet. Mais là encore, comme sur tant d'autres sujets, Bruxelles est muet.

j@attali.com

https://blogs.lexpress.fr/attali/2009/05/03/changer_par_precaution/

Globalist Russian politician Anatoly Chubais at Rusnanotech 2011 (note the word nano when dealing with nano tampering of vaccines, water and food): reducing the planet's population from 7 billion to 2 or 1.5 billion is the only development scenario.⁶³¹

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

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

The purpose of “building back better” is to replace the old normal with a “new normal” by “reinventing capitalism”, the “New World Order”, according to the World Economic Forum:

⁶²⁸ https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.27_convention%20statutory%20limitations%20warcrimes.pdf
https://en.wikipedia.org/wiki/Statute_of_limitations

⁶²⁹ Caillet, -maurice, J'étais franc-maçon, éditions Salvator 2009 (ISBN 978-2-7067-0706-3)

⁶³⁰ <https://publicintelligence.net/1975-bilderberg-meeting-participant-list/>

⁶³¹ <https://bb.lv/statija/lifenevns/2020/04/13/chubays-zayavil-o-planah-sokrashcheniya-naseleniya-zemli-s-7-mlrd-do-15-mlrd-chelovek>

“A true recovery from COVID-19 will not be about putting things back together the way they were: we need to ‘build back better’, to ‘reset’, if we are to address the deep systemic vulnerabilities the pandemic has exposed. ... If we don’t seize this opportunity to build back better — to reset and reinvent rather than ‘return to normal’ — systemic risks and vulnerabilities will continue to accumulate, making future shocks both more likely and more dangerous.

Despite the tragedy, we must leverage the COVID-19 pandemic, and make sure that it becomes the catalyst for a profoundly positive transformation of the global economy, taking us closer to a world in which everyone can live well, within planetary boundaries.”⁶³²

Ida Auken, explains the green-communist freemasonic “great reset”:

“Welcome to the year 2030. Welcome to my city — or should I say, “our city.” I don't own anything. I don't own a car. I don't own a house. I don't own any appliances or any clothes.

It might seem odd to you, but it makes perfect sense for us in this city. Everything you considered a product, has now become a service ... Once in a while I get annoyed about the fact that I have no real privacy. Nowhere I can go and not be registered. I know that, somewhere, everything I do, think and dream of is recorded. I just hope that nobody will use it against me. All in all, it is a good life.”⁶³³

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

1. **Real money:** fiat currency based on real assets, which reduces money counterfeiting (the source of their power), money laundering through multinational Banks they control, speculative attacks on country currencies (like George Soros attack on the British Pound, the Italian Lire, etc.) and corruption of media, politics, science, education, etc.
2. **Direct budget:** the tax payer chooses where every cent will be spent (this includes vouchers for food, security, health insurance and school/college), this reduces the diversion of trillions from the public budget for the globalist agenda (e.g. tainted vaccines, “green” energy, tech and food, which in fact damage the environment, gender ideology, abortion, contraception, IVF, etc.).
3. **Direct democracy:** the voter chooses if, who and for how long someone will represent him in face to face in town hall meetings (no censorship, no Artificial Intelligence deep fake).
4. **Human Rights:** certification of political candidates, educators and civil servants in human rights, including 4 inviolable and non-negotiable rights of natural law, the minimum base for an ethical society, above any national or international Constitution.⁶³⁴ Freedom and right to:
 - a. **Live:** from conception (starting with one naturally developing cell) till natural death.
 - b. **Marry:** under the principle of the “best interests of the children”, promoting lifelong faithful heterosexual marriage.
 - c. **Educate:** government may assist parents in educating their children, but can’t mandate against freedom of conscience or ideas (culture, philosophy, religion).
 - d. **Common good,** against all forms of slavery like:
 - i. Exploitation of humans: human-animal chimeras⁶³⁵, embryonic manipulation and research, vaccines, medications and foods made with cell lines derived from murdered babies (partial-

⁶³² <https://www.weforum.org/agenda/2020/07/to-build-back-better-we-must-reinvent-capitalism-heres-how/>

⁶³³ <https://www.forbes.com/sites/worldeconomicforum/2016/11/10/shopping-i-cant-really-remember-what-that-is-or-how-differently-well-live-in-2030/>

⁶³⁴ https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20090520_legge-naturale_en.html
https://www.vatican.va/roman_curia/pontifical_academies/acdlife/documents/rc_pa_acdlife_doc_20020227_final-doc_en.html
https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20021124_politica_en.html

birth abortion, born alive infanticide from “failed” abortion, dissection inside or outside the womb).

- ii. Child abuse: reducing age of consent before pre-frontal cortex is mature (essential for risk evaluation and rational decision), pedophilia (already “legal” in Colombia), child marriage, vaccination, surgery (transitioning)
- iii. Exploitation of women: surrogate pregnancy (rental belly), prostitution, egg “donation”, nudged or forced abortion and “contraception”, etc.
- iv. Promotion of addictions and sickness: alcoholism, stupid-facient drugs, pornography, masturbation, unnatural sex, sex outside marriage, gambling, etc.

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

No one will be part of the New World Order unless he carries out an act of worship to Lucifer. No one will enter the New Age unless he receives Luciferian initiation.⁶³⁶

⁶³⁵ <https://www.lifesitenews.com/blogs/france-adopts-bioethics-law-that-will-introduce-chimeras-genetic-engineering-of-human-material>

⁶³⁶ Spangler D. **Reflections on The Christ**, Findhorn, 1978