Some Thoughts on the COVID

The COVID pandemic was in its early stages when I retired in 2020; so I've had no personal experience of treating patients who've been sick with it. But after three years of upsetting the lives of nearly everyone on the planet, it's still very much with us, still shrouded in mystery, still being perpetuated by the same fear and uncertainty that helped launch it in the first place, and dramatizes with its own special urgency a lot of the same issues I've been writing about ever since I began practicing long ago. Of course, my collected thoughts, feelings, and opinions about it could also be wrong, which would actually be a huge relief. But the scientific evidence that we now possess leaves little doubt that even the most speculative of my conspiracy theories are a lot closer to the truth than any sane person would willingly tolerate.

1.
The First Cases

Right from the start, the virus exhibited striking features that aroused suspicion, simply because it manifested so differently from most other acute viral infections that we know of. In the first place, it seemed as contagious as the measles, if not more so. Soon after the first known cases were identified in Wuhan in late December 2019, the first U. S. case was diagnosed in someone returning from China; and by the end of January, 2020, there were already 10,000 cases worldwide, enough to prompt many epidemiologists to warn the CDC, then-President Trump, and the entire world that

emergency measures were necessary to forestall or at least contain the threat of a global pandemic.[1] Even more unsettling was the finding that the virus had infected and perhaps been transmitted by large numbers of asymptomatic people,[2] which made it imperative to locate and test exposed populations on a large scale in order to identify and isolate these carriers, especially in overcrowded, high-risk settings, and determine the true death rate. The apparent rapidity and ease of its spread then led to further speculation that the virus had already been active in the Wuhan area months before the first case was announced in late December, as was subsequently confirmed by epidemiologists at the University of California San Diego, who calculated that the virus had most likely been circulating in Hobei Province since October 2019, if not before.[3]

President Trump's offhand dismissal of the threat, combined with his outspoken disdain for science in general and the CDC in particular, gave irrefutable evidence to opponents and supporters alike of his utter incompetence and unfeigned disinclination to unite the nation and provide the kind of nonpartisan leadership that such a crisis demanded, and elevated the veteran Dr. Fauci, the designated leader of our coronavirus task force, into an unlikely hero for contradicting the Commander-in-Chief at his daily press briefings and ignoring his frequent diatribes.[4]

But in their eagerness to seize on Trump's disgraceful and indeed unapologetic indifference to the public interest, his political opponents were far too quick to ignore the even more shocking and momentous failure of the CDC itself, mainly in

not stockpiling adequate testing materials and safety equipment beforehand, despite having long studied and even predicted such outbreaks;

not identifying and tracking those infected, once the virus made its presence known,[5] as was already proving its worth in South Korea, Japan, Taiwan, China, and Hong Kong; and

not acting promptly and effectively to do everything else necessary to contain the outbreak, as suggested above.

Trump's dithering, denialism, and incompetence can hardly excuse the agencies in charge of our public health from failing to do precisely the job they were created to do, one requiring scientific expertise that the President, the Congress, and the general public don't have and aren't expected to have.

2. "Flattening the Curve"

Even more unaccountably, both Fauci and the CDC abandoned the time-honored strategy for containing such outbreaks, even when leading epidemiologists like Dr. Knut Wittkowski of the Rockefeller University spelled it out for them when they seemed to be doing their best to ignore it:

1) keeping the children in school, and allowing the virus to spread rapidly among this least vulnerable sector of the population;

2) isolating the people at highest risk, such as the elderly, infirm, and chronically ill, and those living in nursing homes and extended-care facilities; and

3) identifying asymptomatic carriers, and locating their contacts, thus enabling as many low-risk people as possible to develop and recover from the disease, leading to natural herd immunity in the shortest possible time.[6]

Instead, by remaining silent and doing nothing for so many weeks, the agency actually allowed the President to have his way until the surge in new cases threatened to overwhelm the capacity of hospitals and urgent-care facilities to care for them, and thus made containing the outbreak no longer seem possible. That was evidently the signal that prompted Dr. Fauci and the CDC to "flatten the curve," by imposing a general lockdown, shutting down the economy, and thus slowing the rate of infection, even though these measures, if successful, would necessarily prolong the outbreak and thus provide ample time for "variants" or mutant strains to develop.

At the time, many people probably assumed that Fauci and the CDC simply miscalculated when they ignored their own experts, flattened the curve, and prolonged the outbreak. But more recent evidence that Fauci's agency was already working on developing a COVID vaccine when those decisions were made public suggests that slowing down the pandemic was also necessary for their vaccine to qualify as the weapon of choice when it became available. Although widely dismissed as yet another "conspiracy theory" undeserving of serious consideration, this truly sinister fantasy merely re-emphasizes the established fact that developing and promoting new vaccines in partnership with the drug industry had long since become Fauci's and the CDC's default strategy for dealing with acute infectious diseases of every kind.[7]

The rehearsal.

That possibility gained even more traction when we learned that CDC officials had actively participated in an elaborate wargame exercise in October of 2019, just 2 months before the first recorded case, uncannily simulating a coronavirus pandemic like the one we are still struggling through.[8] Organized jointly by the futuristic World Economic Forum, the Bill and Melinda Gates Foundation, and the Johns Hopkins Center for Health Security, the so-called "Event 201" was staged at New York's Hotel Pierre, and invited legislators, health policy makers, representatives of print and social media, corporate executives, CIA officials, and even the head of China's CDC to attend. It envisioned a global health crisis involving 65,000,000 deaths and a massive economic shutdown lasting 18 months, until either an effective vaccine became available, or 80-90% of the world's population had been exposed and developed natural herd immunity, whichever came first.[9]

Of course, flattening the curve was already eliminating the second possibility, and even made it seem undesirable, as Dr. Fauci later admitted, since those who achieved natural immunity might no longer want or seem to need vaccines like the one his agency was actively developing.[10] The organizers also laid particular emphasis on the indispensable role of the media in dispelling panic, by suppressing "misinformation" and "disinformation" at variance with the official narrative and the draconian measures needed to quell the outbreak.[11]

In late January, just 4 weeks after the first declared Wuhan case, the World Economic Forum announced its own COVID Action Platform, an international

consortium for expediting vaccine development and mandating their use; and, a few days later, the World Health Organization declared a global Public Health Emergency, signing on to precisely the same 18-month scenario that the organizers of Event 201 had already mapped out,[12] thus preparing the way for locking down, requiring masks, closing schools and businesses, and vaccinating as much of the whole world as soon as possible. The presence of China's top public health official provided further fuel for suspecting that Event 201 was no mere simulation, but in fact a dress rehearsal for the momentous events that the organizers knew had already begun and were about to astonish the world.

3.
The Illness

The broad outlines of the COVID-19 illness soon made themselves known. In the months immediately following the lockdown, the extreme mutability of the SARS-CoV-2 virus became evident in the biphasic cycles of sharp declines in the number of reported cases in various parts of the world, followed by equally dramatic surges of new cases linked to genetic variants and subvariants of the original virus.[13,14,15] These mutant strains have proved even more numerous and have appeared even more rapidly than with the influenza viruses, which likewise require much guesswork in predicting and redesigning vaccines against them on a yearly basis even before they emerge.

An even more striking pattern was the extent to which the deaths and most severe cases requiring hospitalization were occurring consistently and predominantly

among the elderly and chronically ill, an affinity that had been noticed to some extent in past outbreaks, but never so predominantly as to seem almost aimed at them. As of March, 2020, almost 2500 Italians had already died while testing positive for the virus, and over 99% of them were already suffering with various chronic diseases: 25% with one, 26% more with two, and 49% more with 3 and up, but less than 1% with none; their average age was 79.5 years.[16] Right from the start, the outbreak was sending an unmistakable and dire warning to pay the most careful attention to our underlying burden of chronic disease, the terrain that was giving it life.

At least in the developed world, the illness continued targeting the elderly and chronically ill with remarkable consistency throughout 2020, and indeed has done so ever since. In the U. S., residents of nursing homes, assisted-living, rehab, and other extended-care facilities comprised only 0.6% of the population, but accounted for fully 42% of all the deaths linked to COVD-19 in 2020, and a lot more than that in many states, e. g., 81.4% in Minnesota, 77.0 in Rhode Island, and 70.0% in Ohio.[17] Along the same lines, 86.2% of Americans dying while testing positive for COVID-19 were already suffering from one or more chronic diseases;[18] and a large preponderance of all COVID-related deaths worldwide likewise involved comorbidities,[19] creating a similar confusion as to whether the virus was the immediate cause of death, or a secondary, contributing factor, or only a coincidence.[20,21]

As it happens, the cause of death as recorded on U. S. death certificates was then and is still simply accepted at face value by the CDC, and included in its statistics

without further review, thus adding still more reason to question their accuracy, as the agency itself admitted:

> COVID-19 should not be reported on the death certificate if it did not cause or contribute to the death. [Ascertaining proper] cause of death can be challenging, especially during emergencies [if] certifiers face heavy workloads, lack access to complete information, [or are] not well trained in [certifying] the cause of death. Current estimates are that 20-30% of death certificates have [such] issues.[22]

Is COVID-19 a chronic disease?

The revelation that COVID-19 cases and deaths were occurring predominantly in people who were already chronically ill prompted me to wonder if the baseline effect of the illness might include simply making worse whatever other chronic illnesses were already present, the nonspecific, baseline effect of vaccination that I had observed repeatedly in my years of practice and often written about.[23] That possibility also alerted me to other peculiar and distinctly unusual characteristics of the disease. First of all, even though many of the most severe cases making the headlines and overcrowding Emergency Rooms and ICUs were identified as an unusual type of Acute Respiratory Distress Syndrome, or ARDS, involving marked deoxygenation of the blood,[24] many other serious and fatal cases spared the lungs entirely, and produced microscopic blood clots in a variety of other organs and tissues.[25]

Secondly, no matter which organs were involved, autopsies consistently revealed signs of "cytokine storm" or lesser degrees of autoimmune dysregulation, involving excessively high levels of interleukins and autoantibodies in the damaged cells and

tissues.[26] Finally, as many as 20-30% of patients with active COVID-19 develop a similarly wide variety of signs and symptoms that persist chronically for months or even longer, and often prove refractory to treatment.[27] Originally assumed to be simply residues of the acute phase, these conditions have actually behaved more like chronic diseases in their own right, exhibiting lesser degrees of the same type of autoimmune dysregulation, and even developing in quite a few patients who had seemingly recovered or been only mildly ill until then.[28]

In all three respects, this broad array of COVID-19 illness presentations have resembled the other chronic diseases we're already much too familiar with, exhibiting a slow, persistent course punctuated by acute phases and flare-ups, and characterized by varying degrees of autoimmune dysregulation in the severe and fatal cases as well as the "long-COVID" version. From that perspective, even those numerous cases thought to be reinfections might simply be flare-ups of the original illness in its chronic form.

A further indication of chronicity lay in the disease's other major clustering of cases, hospitalizations, and fatalities among society's least fortunate, those handicapped by poverty, discrimination, malnutrition, homelessness, overcrowding, and the like,[29] in parallel with the other chronic diseases that already burden Americans more than anyone else in the developed world.[30] The added cascade of impoverishment and job loss precipitated by the lockdown undoubtedly help explain why our death rate from COVID-19 continues to outnumber everyone else's, and why the pandemic as a whole will almost certainly exacerbate these same trends still further in the future.

The emergency.

Originally justified on the basis of the WHO's declaration of emergency, the lockdown quickly ripened into a self-fulfilling prophecy, with the economic collapse and social isolation of masking, distancing, and "sheltering in place" instigating a bona fide emergency of job loss, impoverishment, and social isolation that was much worse than anything the disease itself would have been capable of if properly managed, and continues to haunt us even now, when most of the original technical restrictions are being lifted or ignored.

Many prominent epidemiologists whose initial advice was disregarded have continued to reject the official mythology, based on the large but unknown and indeed unknowable number of asymptomatic or only mildly symptomatic cases who never sought testing or needed treatment. As early as March, 2020, Prof. John Ioannidis of Stanford designed a study to address that uncertainty by testing a broad cross-section of several thousand residents in Santa Clara County, California for SARS-CoV-2 antibodies, indicating previous infection with the virus. By extrapolating from that large sample, the authors calculated that roughly 53,000 residents, an estimated 2.8% of the population, had already been infected, a number more than 44 times the less-than-1200 confirmed cases at the time,[31] yielding a death rate of approximately 0.17% overall,[32] roughly comparable to that of an average flu season requiring no such restrictions. Similar discrepancies were also documented elsewhere,[33] but in most places the higher

case fatality rate based on clearly symptomatic cases was retained as the standard, reaffirming the emergency.

4.
The Treatment

As we saw, the CDC and WHO made clear from the beginning that dealing with the pandemic would be focused primarily on developing new vaccines against the virus, injecting them worldwide into as many people as possible, and pressuring governments across the world to mandate them for their entire populations. On the face of it, that strategy reflected the general view that treating viral infections with medicines wasn't very effective anyway, with symptomatic relief the best that could be hoped for. But when the pandemic was declared, no vaccines had yet been developed against it. Even at the breakneck pace of Operation Warp Speed that the leading manufacturers and even President Trump were pushing for, none would be available until the end of 2020 at the earliest. In addition, all previous vaccines were designed to be given to healthy people to prevent infections from breaking out in the future; never before had they been given in the midst of an outbreak to people who were at high risk of being infected or had already fallen ill and recovered.

So we were told and indeed ordered to protect ourselves by staying home all the time, masking and social distancing when going out in public, and staying away from the hospital except when significantly ill and needing treatment, when we would qualify for remdesivir, a high-priced antiviral, developed by Fauci's own team at NIH,[34,35] and

ventilator therapy with oxygen at high pressure, both of which were life-threatening all by themselves. In short, virtually the entire populations of our own and many other developed countries were offered no preventive care or treatment whatsoever for close to an entire year, even though several inexpensive, non-toxic therapies of proven effectiveness were readily available, and physicians and health professionals were actually using them on their own with notable success.

One such was Chinese herbal medicine, with thousands of years of history and experience behind it, and many studies in accredited journals attesting to its value in treating COVID-19.[36] Several American physicians likewise reported excellent success in both preventing and treating the disease with high doses of nutritional supplements, such as Dr. David Brownstein's regimen of oral Vitamins A, C, D, and iodine, plus IV infusions of the same for seriously ill patients in the hospital.[37] In an early series of 520 confirmed, symptomatic cases, he reported only 9 hospitalizations and not a single death.[38]

Hydrochloroquine and ivermectin.

Hydroxychloroquine or Plaquenil, an inexpensive, widely-used antimalarial and anti-inflammatory drug with an excellent safety record, was also proving extremely beneficial to many patients in the early stages of the pandemic, and backed by several peer-reviewed studies recommending its use. Prof. Harvey Risch, an epidemiologist at Yale, concluded a meta-analysis of five different outpatient trials with an urgent plea

for widespread use of the drug in combination with zinc and azithromycin at the onset of symptoms, as a safe, inexpensive, and extremely effective method for ending the pandemic.[39]

Ivermectin, a similarly inexpensive and widely available anti-parasitic drug with a notable record of safety and efficacy against hookworm, roundworms, and filariasis, had already earned a Nobel Prize for its developers. When the Peruvian government began distributing it to various subpopulations at high risk, the death rate from COVID dropped precipitously in those regions.[40] Testifying before a Senate Committee, Pierre Kory, M. D., a lung and critical-care-specialist, cited RCTs involving thousands of hospitalized patients that demonstrated remarkably higher rates of recovery and proportionately lower death rates after treatment with Ivermectin.[41]

Homeopathy.

Although widely ignored and even ridiculed by many physicians, homeopathic medicine, my own subspecialty for 46 years, has been in continuous use for more than two centuries, with an impressive track record in both preventing and treating outbreaks of scarlet fever, cholera, typhoid, yellow fever, influenza, and other epidemic diseases in the past.[42] In Kerala, a populous state in south India with only 23 confirmed deaths from COVID-19 in that terrible first wave, its phenomenal success in minimizing the impact of the disease was widely ascribed to the provincial government's policy of distributing homeopathic medicines prophylactically to all residents.[43] Some months

later, when vaccines became available and were administered on a large scale, the number of cases and deaths rose sharply to levels more nearly comparable to those in neighboring states.[44]

Similarly in Cuba, the government's initial response to the pandemic was to provide the homeopathic medicine *Arsenicum album* to all residents both preventively and as needed for treatment, with the result that in all of 2020 they recorded only 14,600 cases and 150 deaths out of a population of 11,000,000.[45] But their own massive vaccination rollout in 2021 saw their numbers skyrocket to 540,000 cases, 120,000 in August alone, and 4200 deaths, figures much more in keeping with those among their neighbors.[46]

In Italy, 50 acutely-ill patients recovered under homeopathic treatment without a single death or hospitalization.[47] Using the classical method of selecting just one medicine at a time for the whole patient, Dr. André Saine, a celebrated Canadian homeopath, treated a number of critically-ill COVID patients in a French nursing home, almost all of whom recovered and remained in stable condition.[48] Compiled by the American Institute of Homeopathy, a database of several hundred cases treated classically and ranging from mild to severe demonstrated a high rate of cure using many of the same medicines most commonly employed during the usual flu season, as well as others found effective in severe cases with more severe or unusual symptoms.[49]

Eliminating the competition.

The CDC, WHO, and the drug industry spared no effort or expense in discouraging such alternatives, no matter how promising, presumably to ensure once again that people everywhere would need and long for the vaccines as their only hope of rescue. Inasmuch as herbal medicine, nutritional therapy, and homeopathy were outliers on the fringes of the system, the medical establishment seemed content to simply ignore them as usual. Hydrochloroquine and ivermectin, on the other hand, were popular, inexpensive, off-patent drugs known to be safe and effective and widely available without prescription; they represented precisely the kind of immediate and practical threat to the political and commercial success of their plans that moved Fauci, the agencies, and the industry to do everything possible to discredit them and minimize their use.

Hydroxychloroquine.

In the case of hydroxychloroquine, or HCQ, Fauci mounted pilot studies at his agency to show that it was ineffective against COVID-19 by the simple expedient of delaying treatment with it until day 14 of symptoms, disregarding Prof. Risch's repeated insistence that it be given at the onset or as early as possible.[50] He then set about convincing the world that it was also dangerous, by administering doses he knew to be excessive to elderly COVID patients in the hospital, 2400 mg. on the first day, six times the dose stipulated by Dr. Risch, followed by a double dose of 800 mg. daily thereafter,

with the predictable result that several of them died.[51] Fauci not only escaped censure and punishment for these misdeeds, but succeeded in convincing a credulous public and adoring media that HCQ was indeed a dangerous drug, overriding its unblemished safety record of 65 years. The sheer improbability of that achievement provides eloquent testimony to the ruthless, machine-like efficiency of the bureaucratic empire that he had built and run for the last 35 years. We taxpayers who fund his agency surely deserve to know how he managed to enlist reputable, accomplished scientists and government officials to carry out studies that they knew or should have known were fraudulent and life-threatening, not to mention overawing the world's most prestigious medical journals into signing off on their results.[52]

Precisely how he pulled that off is impressively detailed in Robert F. Kennedy Jr.'s 2021 chilling, thoroughly-documented exposé, *The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health*.[53] As director of the NIAID, he eventually gained control of the entire Federal health bureaucracy and its all-important role of overseeing all medical research, simply by partnering with the drug industry, co-sponsoring and co-funding its scientists, and prioritizing its values, chiefly developing new, expensive, and patentable drugs and vaccines. In so doing, he won huge increases in his agency's budget as well as significant royalties and emoluments for himself and his research team. The inevitable result was luring NIAID, its scientists, and other affiliated agencies away from their original mission of protecting the public health into simply promoting the commercial interests of the industry they were

intended to regulate, a metamorphosis entirely comparable to the corrupting of many other government agencies that now happily serve the corporations they were meant to supervise.

In the 2000s, after several decades of directing NIAID, Fauci sought to extend his influence internationally by entering into a similarly momentous and lucrative partnership with WHO and the Bill and Melinda Gates Foundation. With their help, the giant multi-nationals of the drug industry were already prevailing on governments around the world to stop using HCQ as early as January 2020, even before the WHO had declared the COVID to be a pandemic and full-blown emergency. The U.S. and many other governments complied by first reclassifying the drug "for prescription only," then ordering doctors not to prescribe it, and, for good measure, even suspending their licenses if they disobeyed.[54,55] Finally, the agencies and manufacturers pressured social and mainstream media, many of which were indebted to the same wealthy donors, to censor any information that contradicted or even questioned the approved narrative, and to keep the airwaves, print media, and internet flooded with more suitable texts provided by government agencies controlled by Fauci and funded by Gates.[56] Thus RFK Jr.'s well-researched book, a runaway best-seller online, has been boycotted as disinformation everywhere else, without even being reviewed by mainstream print or broadcast media, or displayed on bookstore shelves. Yet reputable RCTs attesting to HCQ's effectiveness have continued to appear,[57] and the poorer countries that made it freely available to their populations have experienced consistently lower death rates

than wealthier countries like Holland, Belgium, France, Spain, the U.S., and Canada, where it was banned.[58,59]

Ivermectin.

Ivermectin's track record was even more impressive, but didn't spare it from meeting the same fate. Ten years earlier, its extraordinary success in treating several parasitic diseases had convinced the FDA to recommend it as safe and effective, while the WHO listed it as an "essential medicine," one suitable to be given prophylactically to entire populations.[60] When animal studies confirmed that the drug also got rid of SARS-CoV-2, lab experiments demonstrated that it actually bound to the virus' spike protein,[61] and thereby blocked the pathogen from entering and attacking host cells. This remarkable affinity promised to make it effective for prophylaxis and treatment against not only the original SARS-CoV-2, but also its rapidly-growing list of variants, as well as other coronaviruses both past and future, all of which depend on the spike protein for entering cells and inflicting whatever mischief they're capable of.[62] Reports of ivermectin given prophylactically to health-care workers regularly exposed to the virus showed that the drug prevented COVID-19 infection in close to 100% of those who volunteered to take it, in contrast to those choosing not to take it, a high percentage of whom contracted the disease.[63] A study in *The Lancet* added that the drug impressively reduced viral loads and the intensity and duration of symptoms in those who were already ill.[64]

As early as the spring of 2020, with hospitals and ICU's already overloaded with the dead and dying, Dr. Paul Marik, a prominent Professor of Critical Care Medicine, invited hundreds of colleagues from around the world to conduct research and develop treatment guidelines for treating COVID-19 patients and founded the Front Line COVID-19 Critical Care or FLCCC Alliance to publicize their findings. In November, the pulmonologist Dr. Pierre Kory, their President and Chief Medical Officer, testified before a Senate Committee that they had accumulated sufficient data to recommend giving out ivermectin routinely to prevent serious complications in those with early or mild symptoms and help those already critically ill to recover:

> Six studies with over 2400 patients showed near-perfect prevention of transmission of this virus in people exposed to [it]. Three Randomized Controlled [Trials] and multiple large case series involving over 3000 patients [showed] stunning recovery among hospitalized patients. Four large Randomized Controlled Trials involving 3000 patients all [showed] large and statistically significant reductions in mortality when treated with ivermectin.[65]

Based on these data and the common experience of other FLCCC physicians, notably Dr. Marik, Dr. Peter McCullough, an experienced cardiologist, and Dr. Robert Malone, an influential research scientist, Dr. Kory concluded his presentation with an impassioned plea for using the drug as widely as possible for both prevention and treatment, based on their conviction that early treatment with ivermectin could have saved $1 trillion in healthcare costs and prevented millions of hospitalizations and hundreds of thousands of deaths if it had been officially approved and promoted from the beginning.[66] Just 10 days after this explosive testimony, the NIH's COVID-19

Treatment Guidelines Panel, which had previously issued stern warnings against the drug, retreated ever so slightly, citing "insufficient evidence to recommend either for or against ivermectin for the treatment of COVID-19,"[67] and implying at least a willingness to reconsider if more compelling evidence came to light, but still opposing it for the moment, a seemingly more judicious and even-handed position that became the official government mantra ever after. Fauci then commissioned a new multimillion-dollar study by one of the panel members that roundly debunked Dr. Kory's claims, but again hid behind the more neutral façade of simply declining to recommend it.[68]

In short, Fauci and his allies succeeded in keeping ivermectin away from most patients in the United States, several developed countries, and many others where his influence held sway, blithely ignoring the fact that COVID cases, hospitalizations, and deaths have consistently plummeted and remained at much lower levels wherever and whenever the drug was made freely available.[69]

5.
The Vaccines

Quite apart from the particular characteristics of the new vaccines developed against COVID-19, there were compelling reasons not to vaccinate against the disease at all, especially in the midst of the outbreak. First of all, as we saw, the average death rate was only about 0.17%, counting the estimated number of asymptomatic and mildly symptomatic cases who were not tested, which was 20 times lower than the WHO figure and comparable to that of an average flu season,[70] all of which argued strongly

for keeping the kids in school, most adults at work, and allowing the least vulnerable to get sick and thus develop natural herd immunity as quickly as possible. By that reckoning, there was no emergency, and the WHO should never have declared one, just as many recognized experts continued to urge that the lockdowns were unnecessary and indeed much worse than the disease. I've already mentioned Professors Knut Wittkowski and John Ioannidis. A third was Professor David Katz of Yale, who wrote a passionate Op-Ed for the *New York Times*:

> I am deeply concerned that the social, economic, and public health consequences of this near-total meltdown of normal life will be calamitous and long-lasting, possibly graver than the illness itself. The stock market will bounce back in time, but many businesses never will. The unemployment, impoverishment, and despair likely to result will be public-health scourges of the worst order.[71]

A fourth was Prof. Michael Osterholm of the University of Minnesota, a well-known champion of vaccines for preventing illnesses in the future, who clearly foresaw the devastating consequences of intentionally prolonging the COVID outbreak until they became available, and agreed with his colleagues that developing natural herd immunity by exposing those at low risk was the only sensible course of action:

> Consider the effect of shutting down offices, schools, transportation, restaurants, hotels, theaters, concert halls, sporting events, and other venues indefinitely, and and leaving all their workers unemployed. The likely result would be complete economic breakdown, with countless jobs lost permanently before a vaccine is ready or natural immunity takes hold. The best alternative will [be] letting those at low risk continue to work, keep businesses and manufactures operating, and advising high-risk individuals to protect themselves. [Then] we could build up [natural] immunity without destroying the financial structure on which our lives are based.[72]

The consensus of these authorities again raises the obvious question of why Fauci chose to ignore them, to which I would welcome an answer less conspiratorial and more mindful of the public interest than the one implicit in his own statement, that the lockdowns were necessary to slow down and thus prolong the outbreak by preventing schoolchildren, young adults of working age, and others at lowest risk from getting sick and developing *natural* immunity, in which case the vaccines would no longer seem necessary.[73]

In addition, many experts who favored vaccines for preventing COVID-19 once they became available opposed giving them to infants, children, adolescents, and young people, whose risk of dying from the disease was virtually nil, let alone to people who had already come down with and recovered from the disease, whose natural immunity would almost assuredly be superior to anything that a vaccine could provide.

As emphasized by the Nobel Laureate virologist Luc Montagnier, the second important reason for avoiding COVID vaccines in the midst of the pandemic was the virtual certainty that they would force the virus to create new variants, "to find another solution or die," as he put it,[74] even more rapidly than the natural process of mutating that the virus was already notorious for.

A third reason comes from my own long experience with vaccine-injured children, which taught me that all vaccines, and indeed the vaccination process itself, routinely make worse what's already there, reactivating and exacerbating whatever chronic disease tendencies are already manifest or latent in each individual recipient,[75]

including in this instance making worse the similarly diverse clinical presentations of the COVID itself in those already infected.

At first, to be sure, many of these reactions develop insidiously and subclinically, unsuspected by doctors and patients alike, studiedly neglected by our established policy of ignoring the chronic dimension entirely, and therefore not obviously vaccine-related when they finally become manifest months or years later. But there are also far too many deaths and crippling injuries that occur acutely in the first days and weeks. Notwithstanding the major shortcomings of our VAERS system, which is purely voluntary, largely unknown to the public, famously underutilized as a result, and not even taken seriously by the CDC, the agency charged with supervising it, its official statistics for the 6-month period from December 14, 2020 to August 6, 2021, coinciding with the big vaccine roll-out, already registered 571,831 adverse events, 77,490 serious injuries, and 12,791 deaths, numbers far in excess of those that brought the massive swine-flu vaccine campaign of 1976 to a screeching halt.[76]

Finally, the vaccines against COVID-19 impose significant additional risks of their own. The Johnson & Johnson vaccine utilizes a bioengineered, recombinant adenovirus as vector, similar to that in a vaccine developed against HIV in Africa, which had to be discontinued because it actually made recipients more vulnerable to HIV, not less. Adenoviruses are also major contributors to the common cold in developed countries such as the United States, where almost half the population already carries

neutralizing antibodies against them that could inactivate the vaccine and even provoke autoimmune diseases in response to it.[77]

The mRNA vaccines.

The novel mRNA vaccines developed by Pfizer and Moderna showcase the revolutionary gene-splicing technology that won another Nobel Prize for its inventors. According to the CDC and the National Library of Medicine, these vaccines are designed to eliminate the need for them to remain physically present inside the body as antigen-antibody complexes for long periods of time. In lieu of the antigen itself, in this case the SARS-CoV-2 virus or its bioengineered "spike protein," they introduce a strand of genetic instructions into the recipients' messenger RNA for synthesizing precisely that protein, thus instigating an antibody response to it, while the RNA itself, having received, encoded, and delivered that message, is no longer needed and therefore destroyed, leaving no trace of it behind.[78]

But this beguiling vision leaves a lot of veteran scientists unconvinced. To begin with, research has shown that the mRNA generated in response to these new vaccines is not invariably destroyed, and can indeed be incorporated into the host's DNA, by the process known as "reverse transcription,"[79] in which case it might indeed become an enduring if not permanent part of our genome.

Immune dysregulation and ADEs.

Secondly, to protect these vaccines from circulating enzymes blocking their entry into host cells, they are encased within lipid nanoparticles consisting largely of polyethylene glycol, or PEG, the main constituent of antifreeze, which is itself highly immunogenic, and has been shown capable of unleashing life-threatening autoimmune reactions in its own right.[80] As we saw, both the autoimmune dysregulation known as Antibody-Dependent Enhancement, or ADE, and "cytokine storm," its most extreme form, also characterize the COVID-19 illness itself, in both its chronic form, the "long COVID," and its acute, life-threatening versions, such as ARDS. Creating mRNA vaccines against the COVID illness thus poses a significant risk of ADEs that is built into their design,[81] worrying many who recall how such reactions aborted a dengue vaccine trial in the Philippines, where the children developed optimally high antibody levels after being vaccinated, but then became dangerously ill with skyrocketing titers never seen before when they actually contacted the virus some months later, such that many of them died.[82]

The possibility of such life-threatening reactions was sufficiently real to experts that leading medical journals and the mainstream media went to great lengths to reassure the public that they wouldn't occur with the new mRNA vaccines and to deny that they were occurring after the roll-out. But even Peter Hotez, M.D., and Paul Offit, M.D., both darlings of the industry who almost never meet a vaccine they don't like, balked at Operation Warp Speed for fast-tracking these futuristic vaccines without animal testing to insure their safety[83] or large-scale studies to prove their efficacy,[84]

pangs of conscience long overdue, to say the least, and unheeded in any case.

The spike protein.

Finally, Professor Byram Bridle and a team of Canadian virologists discovered that not all of the bioengineered spike protein of SARS-CoV-2 produced in response to the mRNA vaccines is completely neutralized by the antibodies produced against them, and is significantly toxic all by itself, such that some of it continues to circulate widely in the blood, and poses an ongoing threat of damaging the heart, lungs, liver, spleen, bone marrow, adrenals, ovaries, and other organs for however long the vaccine continues to do its job of directing the immune system of the host to produce it.[85] In short, not only is the COVID-19 illness itself vaccine-like, but the mRNA vaccines developed against it amount to a portable and perhaps even transmissible version of the SARS-CoV-2 virus and the illness resulting from it.

"A pandemic of the unvaccinated."

Throughout 2020 and much of 2021, the official mantra of the CDC, leading medical journals, mainstream media, and President Biden himself was that the vaccines effectively prevented infection and transmission, so that those few who refused to be vaccinated were blamed not only for transmitting the disease,[86] but also for causing the vast majority of hospitalizations and deaths.[87] In short, the COVID was widely publicized as "a pandemic of the unvaccinated,"[88] such that their friends and loved ones

openly shunned and resented them, trusting those who seemed to know or should have known the truth, but continued to tell one lie after another as the story unfolded. I can't help feeling a little sorry for the newly-appointed CDC Director, Dr. Rochelle Walensky, who inherited a situation not of her making and eventually had to take the blame for her predecessors by admitting that vaccinated people with "breakthrough" infections of the delta variant were in fact carrying viral loads similar to those of the unvaccinated, so that the vaccines and boosters weren't preventing infection and transmission of the virus at all.[89] No longer blaming the unvaccinated, but not apologizing to them either, this latest confession also lent further credence to Dr. Montagnier's warning that the vaccines were helping to create the resistant variants.[90]

Her qualification after the fact undoubtedly led most well-meaning people to believe that Fauci and the agencies he controls had simply miscalculated once again, hoping that the vaccines would halt the spread and disappointed when they didn't, but still promoting additional boosters to achieve their secondary mission of relieving the sick. Unfortunately, that explanation doesn't make sense either, in light of what we were told about how the mRNA vaccines were designed to work, stimulating an antibody response without remaining inside the host cells, based on the mRNA being immediately destroyed.

We've seen that that plan wasn't entirely successful, that some RNA gets incorporated into the DNA by reverse transcription, and that the spike protein is itself pathogenic, and possibly even transmissible to others, as in the anecdotal reports of

unvaccinated women developing heavy periods and even miscarrying after being exposed to their vaccinated contacts. But if it were still true for the most part, if the new technology did in fact promptly deactivate and destroy most of the mRNA as advertised, then the antibody response they provoked would likewise be short-lived. For the vaccines to continue generating antibodies for many months or years, even after the mRNA were physically destroyed, at least the *information* that it contained would still need to be preserved somehow, somewhere, to continue directing host cells to produce the antibody response. But if these new vaccines did in fact largely remove both the mRNA and the information it carried, then the antibodies and whatever partial protection they provided against hospitalizations and death would quickly disappear as well.

And in fact that is precisely what has happened. Whatever effect the vaccines may have had on reducing the severity of the COVID has indeed waned very quickly, prompting their sponsors to propose more and more boosters and even boast of their technological capacity to tailor them to each new variant, a remarkable feat, to be sure. But with the pandemic already in progress, long-term prevention of a future illness was no longer a top priority anyway; so short-term treatment and relief of symptoms might well have been all that Fauci, the CDC, the NIH, and the industry ever had in mind to begin with. The only problem was that they didn't see fit to tell us that until it was too late, until we were all marooned on Fauci's overcrowded lifeboat with nothing else on offer. So instead of telling the truth, they began by promising that the shots would indeed prevent the disease and stop its spread, just as all previous vaccines were expected

to do, and pressured everybody to vaccinate on that basis. If we'd been told from the beginning that these new ones wouldn't prevent the disease, but only lessen its severity for a few months, a truth they must already have known, then a lot more people would have tried other OTC treatments until the vaccines became available, and many would have recovered without feeling the need to vaccinate at all. Another way of saying the same thing is that these new vaccines aren't really vaccines at all, but merely in effect a short-term drug for symptom-relief, and a dangerous one at that, although their principal risks are subtle, long-term, and much less well-known. Just like today's potent but dangerous drugs for treating chronic disease, which don't heal but simply suppress symptoms and thereby perpetuate the condition, vaccines are even more profitable when they fail in their primary mission and must therefore be repeated again and again to achieve their secondary, transitory, and unreliable effect of lessening its immediate impact.

6.
Vaccine Injuries and Deaths

The clinical trials.

Outright lying and clever manipulation of the truth were already evident in the vaccine industry's Phase 3 Clinical Trials, in which Pfizer reported 162 cases of COVID in the placebo group and only 8 among those vaccinated, and Moderna reported 90 in the placebo group and just 5 among their vaccinated, yielding an apparent or relative effectiveness of around 95% in both cases.[91] But Peter Doshi, the esteemed Senior

Editor of the *British Medical Journal,* was quick to point out that the only useful measure of effectiveness would have been a reduction in the *absolute* risk for all 44,000 volunteers in the Pfizer trial, and of all 30,000 in the Moderna. Based on that metric, both manufacturers' apparent successes boiled down to wholly insignificant decreases in the participants' already small risk for becoming sick with the COVID,[92] amounting to 0.18% for the vaccinated as against 0.37% for the unvaccinated controls in the Pfizer, and about 0.02% as against 0.3% in the Moderna, differences of much less than 1% in both cases. That was only the most blatant of the design flaws in both trials, which he summarized as follows:

> The world has bet the farm on vaccines as the solution to the pandemic, but the trials are not focused on answering the questions many might assume they are. As phase 3 trials reach their target enrolments, officials have been trying to project calm. US coronavirus czar Anthony Fauci and the FDA leadership have offered public assurances that established procedures will be followed. Only a "safe and effective" vaccine will be approved, they say.
>
> But what will it mean exactly when a vaccine is declared "effective"? Peter Hotez said, "You want an antiviral vaccine to reduce the likelihood you'll get severely ill, [and] to prevent infection and interrupt disease transmission." Yet the current trials are not actually set up to prove either. None of the trials currently under way are designed to detect a reduction in any serious outcome. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.[93]

A similar assessment by Dr. William Haseltine, a veteran former Professor at Harvard Medical School, confirmed my earlier suspicion that the vaccine manufacturers had never cared about preventing infection and transmission:

> These trials seem designed to prove that vaccines work, even if the measured effects are minimal. Moderna and Pfizer do not require that their vaccines prevent serious disease [or death], but only symptoms as mild as cough or headache. Success requires 70% efficacy. [Each] vaccine will be given to thousands of people [but] for Moderna the initial analysis will be based on only 53 people, and for Pfizer, 32 people.
>
> It appears that all the pharmaceutical companies assume their vaccine will never prevent infection. None list prevention of death and hospitalization as critically important. It boggles the mind and defies common sense that the NIH, CDC, NIAID, and the rest would [even] consider the approval of a vaccine on such slender threads of success.[94]

A presentation by the watchdog Canadian COVID Care Alliance documented several other manipulations of the data that enabled Pfizer to hide its vaccine's inability to prevent the infection as well as its increased risk to vaccinated subjects of actually dying from or with COVID. These included

1) calculating its 80% efficacy in preventing infection on the *relative* reduction of positive tests among the vaccinated compared to those in the placebo group, rather than the absolute reduction for all participants, which was only 0.84%, exactly the same ploy exposed by Dr. Doshi;

2) unblinding and thus ending the trial months ahead of schedule, by offering the vaccine to the placebo group for reasons not specified, a well-known tactic for concealing the prevalence of adverse reactions in the vaccinated group; and

3) saying nothing about the all-cause morbidity and mortality in both groups, which was already significantly higher in the vaccinated group after 6 months of the rollout,

embarrassing revelations that led the provincial governments of Alberta and British Columbia to stop issuing its regular reports to the public.[95]

Regarding the Moderna vaccine, which Fauci and the NIH actually sponsored

and developed, one former drug industry executive cited Health and Human Services documents proving that FDA and NIH colluded with the company to ignore their own safety standards in the phase 3 trials,

1) by allowing them to forego testing the mRNA generated by the vaccine for its toxicity;

2) by issuing two separate patents for it, one to Moderna and the other to NIH, a flagrant conflict of interest;

3) by simply rubber-stamping the results of Moderna's studies, thus dismissing their own evidence of an "extremely significant" risk of ADE's from it; and

4) by omitting the results of reproductive toxicology studies in their public disclosures and product labeling,

and concluded her review as follows:

> FDA and NIH colluded with Moderna to subvert the regulatory and scientific standards of drug safety testing. They accepted fraudulent test designs, substitutions of test articles, glaring omissions and whitewashing of serious signs of health damage by the product, and then lied to the public on behalf of the manufacturers.[96]

The VAERS System.

Evaluating reports of injuries and deaths from vaccines against COVID-19 necessarily begins with VAERS, the Vaccine Adverse Events Reporting System, which is the main source of the data we possess and was designed for precisely that purpose. It was created by the National Childhood Vaccine Injury Act of 1986, in response to public outrage after a large number of children suffered permanent brain damage from their DTP vaccines and were awarded significant compensation in their lawsuits against

the manufacturers.[97] Although its tone remains sympathetic to the needs of the devastated families, the Act was completely rewritten at the last minute because the drug manufacturers threatened to stop making vaccines altogether unless they were absolved of any legal and financial liability for any such injuries in the future, an ultimatum that Congress abjectly gave in to.[98] Originally designed as a no-fault system to compensate the vaccine-injured quickly, easily, and generously without a lengthy, adversarial court proceeding, the resulting Vaccine Injury Compensation Program or VICP actually became a kangaroo court that is heavily rigged against claimants, based on the industry's own minimal safety standards, and lacks the substantial protections that a legitimate court would have provided.[99]

As the basic record for adjudicating possible VICP claims, VAERS is a bare, unadorned listing of individual case histories reported by the victims themselves or others speaking for them. No effort is made to solicit such reports, or even inform vaccine recipients that the agency exists, much less investigate whether or not the reports are true. Nor are doctors and nurses warned of adverse reactions or made responsible for reporting them. Along with the grief of loss and the monumental financial burden of often lifelong disability and medical care, the onus of reporting vaccine injuries rests entirely on the shoulders of the victims themselves and/or their parents, friends, and loved ones, without the slightest indication that anybody at the other end will care enough to actively search for them, or will even bother to read their stories, much less believe them.

That shocking indifference is reinforced by the fact that all VAERS reports are by definition "anecdotal evidence," precisely the kind that our medical education teaches us to distrust if not disparage in the absence of RCTs showing statistical significance to confirm it. Yet patient anecdotes remain the very heart and soul of medical practice, such that our task as clinicians is precisely to evaluate the truth of what our patients are telling us, using our experience as the whetstone for honing the skills we need for doing so. In short, no impenetrable mystery or barrier prevents us from finding out what really happened to these unfortunate people. Idly wondering if the VAERS reports are true thus merely distracts us from the real question, why the agency makes no effort to find out, and thereby encourages the public to ignore them as well.

Vaccine injuries.

But even so, despite these limitations, by July 8, 2022 VAERS had already listed 839,450 individual reports of adverse events occurring in the U. S. after COVID-19 vaccinations between December 14, 2020, and July 1, 2022, including 85,321 injuries that were serious enough to be incapacitating and 13,547 deaths,[100] of which 15% occurred within 24 hours of vaccination, and 19% within 48 hours; fully 58% began at least experiencing symptoms within 48 hours even if they died days, weeks, or even months later.[101] For all age groups combined,

> 20% of all deaths involved some form of heart disease, and the average age at death was 73;

> pregnant women reported 5629 adverse events, including 1761 miscarriages and preterm births; and
>
> there were 3623 reports of Bell's palsy, 895 of Guillain-Barré Syndrome, 2285 of life-threatening or fatal anaphylaxis, 1733 of myocardial infarction, 14,171 of blood-clotting disorders, 4251 of myocarditis and pericarditis, and 13 of Creutzfeld-Jakob disease.[102]

A month later, the corresponding totals were 851,372 adverse events, 87,050 of them serious, and 13,894 deaths, of which, again, 54% began experiencing symptoms within 48 hours of being vaccinated, even though only 15% actually died within that narrow window.[103] Likewise, for all age groups combined,

> 20% of all deaths again involved heart disease, and the average age at death was again 73;
>
> pregnant women reported 5684 adverse events, including 1777 miscarriages and preterm births; and
>
> there were 3629 reports of Bell's palsy, 907 of Guillain-Barré Syndrome, 2298 of life-threatening or fatal anaphylaxis, 1750 of myocardial infarction, 14,303 of blood-clotting disorders, 4287 of myocarditis and pericarditis, and 14 of Creutzfeldt-Jakob disease.[104]

What is most convincing about these statistics is, first of all, their consistency, showing gradual increases in the same conditions from one month to the next, including many of the same conditions found with other vaccines. Particularly striking was the death of a 17-year-old boy who collapsed during a soccer game 5 months after receiving his first shot, without having experienced any symptoms at all in the interim, which again recalls my experience with the childhood vaccines, that many adverse reactions begin insidiously, don't manifest or become diagnosable for many weeks or months

afterward, and are thus easily missed and more difficult to recognize, let alone prove, even to the victims and parents themselves, so that the vast majority of VAERS reports are limited to those showing themselves more promptly. Of course, one could argue in this case that there is no obvious way to prove that the boy's death was directly related to the vaccine, except perhaps by identifying SARS-CoV-2 antibodies in the damaged heart muscle at autopsy, which apparently were never looked for. But that is precisely the point: *they should have been.*

Another particularly worrisome statistic are the reports involving Creutzfeldt-Jakob or "mad cow" disease, a rare and so far invariably fatal degenerative disease of the brain and central nervous system involving abnormal proteins called *prions,* which are "alive" in the sense of being transmissible to normal, unaffected proteins, inducing similar changes in them, and had never before been linked to any vaccines that we know of.

A further indication that most of these reports are genuine emerges from the overwhelming preponderance of adverse events and deaths from the COVID-19 vaccines in the entire VAERS database of all vaccine injuries reported in the 31-year period from 1990 to 2021. The British journalist John Stone has calculated that the 595,662 adverse events reported to VAERS from the COVID-19 vaccines during the vaccine rollout between December, 2020 and August 13, 2021 represent 42% of all the 1,409,664 adverse events reported to VAERS from all vaccines since 1990, while the 13,068 COVID vaccine deaths reported during the same 8-month interval comprise

nearly 60% of the 21,936 deaths from all vaccines reported in the 31 years of its existence.[105] Dr. David Kessler, the former FDA Commissioner, once estimated that only about 1% of adverse reactions are actually reported to VAERS.[106] So even if the sense of emergency surrounding the pandemic drove a higher percentage of victims to report than ever before, that fact would argue even more forcefully for just the kind of active investigation that was never carried out.

Parallel trends have been observed in the British system, which likewise consists of unsolicited reports on "yellow cards" to the government agency MHRA, and is similarly underutilized, representing an estimated 10% of the actual cases in a population roughly one-fifth of our own. Stone's figures from 2021 show yellow cards for a total of 1,151,288 adverse events and 1596 deaths in the 10-month period of the COVID vaccines, as against an average of 3039 adverse events and only 8 deaths reported each year for the 10 years before that, an astonishing increase of 200 times the number of vaccine deaths previously reported to the system.[107]

Some types of injury seem especially noteworthy for occurring predominantly in younger people. Myocarditis and pericarditis, inflammatory conditions of the heart muscle and the membrane surrounding it, have always been extremely rare in adolescents from 12 to 17 years of age, and tend to be serious, long-lasting, and not infrequently fatal when they do occur. As of July, 2022, there were more than 650 cases reported to VAERS in that age group. Thrombosis and related disorders of the clotting mechanism, also vanishingly rare among teenagers, had reached 150 in that same time

period and presumably mirror the autoimmune microthrombi detected at autopsy in various organs of those dying from COVID. It seems equally pertinent that neither of these conditions has been reported after other vaccines, whereas anaphylaxis, Guillain-Barré Syndrome, and a variety of other autoimmune diseases certainly have been.

Independent research in other countries has also contributed significantly to our understanding of post-vaccine injuries. One study at a major hospital in Berlin calculated that about 8 Germans for every thousand vaccinated against COVID-19 have suffered incapacitating injuries, a rate 40 times higher than the official government figure, amounting to roughly 500,000 people, of whom 80% recovered in 3-6 months, but 20%, or 0.16% of all those vaccinated, did not, ratios incidentally comparable to those reported for the "long COVID," and with symptomatology oddly matching it as well.[108]

Women's health and fertility comprise another area where the impact of the COVID vaccines cries out for special attention. One study found that 42% of vaccinated women with regular periods reported increased menstrual flow, and that 66% of postmenopausal women experienced breakthrough bleeding, which also became progressively heavier with advancing age.[109] These data suggest something perilously close to a routine or baseline impact of COVID vaccines on the reproductive organs of most if not all adolescent and adult female recipients, and raise the possibility that they could impair fertility as well. That concern was borne out by the VAERS statistics of June, 2022, which included 5559 pregnant women reporting adverse events

from COVID vaccines, 1740 of them miscarriages and preterm births.[110] Finally, there are increasing reports of heavy periods, breakthrough bleeding, clotting, and miscarriages in unvaccinated women after routine exposure to recently-vaccinated contacts, suggesting that some COVID vaccines may actually be shedding, if not prion-like, and thus "alive" in either or both of these two limited senses.[111]

Vaccine deaths.

Reports of deaths after the COVID vaccines began appearing in the VAERS database right from the beginning, as well as over the grapevine and on social media, while the CDC and similar agencies in other countries have been particularly vigilant in downplaying or denying them, keeping them out of the mainstream media insofar as possible, emphasizing their provisional, anecdotal nature whenever they do appear, and even falsifying the data as they see fit. Here again, the mere fact of their existence should prompt governments, concerned scientists, and investigative journalists to insist upon and conduct independent investigations and autopsies to learn the truth, rather than simply dismissing them out of hand.

Perhaps inspired by similar motives, two German professors made a careful study of their government's death statistics to determine the all-cause mortality both before and during the pandemic, and discovered that, although most of the COVID-19 deaths throughout 2020 were occurring among the frail elderly and chronically ill, the overall death rate in that age group was only slightly higher than it had been before

the pandemic, which they interpreted to mean that many if not most of these people were already sufficiently ill that they might have died anyway.[112] Coinciding with the vaccine roll-out in 2021, however, although the frail, elderly, and chronically ill continued to account for most of the deaths, the all-cause mortality increased most dramatically in younger and middle-aged adults of working age, with particularly steep increases both in April, when the COVID vaccines first became available to them, and in September, when the first boosters were rolled out, data which both pointed unmistakably to vaccination as the cause.[113]

More typical was the studied uncertainty that the CDC had been cultivating, along with their apparent disinterest in the persistent rumors of fetal death following soon after COVID-19 vaccination of pregnant women, despite having actually pressured them to take the vaccines as soon as they were made available to their age group. Although the VAERS and CDC websites have posted virtually nothing on the subject, a reliable source told me privately that VAERS had actually received more than 4000 reports of fetal death since the COVID vaccine rollout, more than 7 times as many as the 565 such reports linked to all other vaccines in the previous 30 years of the database's existence.[114]

Another valuable but so far largely untapped source of independent information is the actuarial record compiled by the life insurance industry. In January, 2022, one Indiana executive called an online news conference to announce an astonishing 40% increase in premature, non-COVID deaths among adults of working age, 18 to 64,

compared with pre-pandemic levels,[115] while another described the numbers as "the highest we have seen in the history of this business."[116]

Of all the deaths reported from COVID vaccines, the most sensational and likely to make the headlines are those occurring suddenly, often without warning; but here, too, the picture is multi-faceted, and a good deal more complicated than one would suppose. To begin with, it's by no means uncommon; as we saw, almost one-fifth of all COVID-vaccine deaths reported to VAERS occurred within 48 hours of their shot, and 16% were within 24 hours, although some were preceded by warning symptoms and thus weren't entirely "sudden" in that sense.

Similarly, 20% of all VAERS deaths were listed as "cardiac" and included everything from heart attacks, many of which would be sudden; congestive heart failure, which almost always would not be; and myocarditis and pericarditis, which could go either way. Perhaps most striking of all are the persistent reports of young athletes, teenagers or young adults in the prime of life, who have collapsed and died in the middle of athletic competitions or performances, or very soon afterwards, most often of myocarditis or pericarditis. Despite searching far and wide for evidence confirming the vaccination status of these cases, most of what I've come up with are indignant cries of "disinformation" and "misinformation" in journal after journal, with some asserting that the COVID illness itself is the cause, thus at least admitting that they're real. But I recently located a study from Israel that explicitly contradicted that claim. Saying nothing about athletes specifically, it found that ER visits for cardiac arrest had

increased by 25% in young people between the ages of 16 and 39 soon after their COVID-19 vaccinations, and showed that they were unrelated to ups and downs of the COVID disease.[117]

Meanwhile, a CDC-funded study in *The Lancet* actually claimed that the adverse events reported to VAERS in the first 6 months of the rollout were largely mild, of short duration, and conformed closely to those recorded during the Phase 3 clinical trials.[118] In additional to the usual disclaimer that anecdotal VAERS reports don't establish causation, the authors went so far as to hypothesize that the clustering of adverse events and deaths among the group at highest risk, those 65 and older, actually represented "reporting bias," since the coincidence of so many injuries and deaths occurring within 48 hours of the vaccination would naturally increase the likelihood of their being reported! But an independent analysis by Dr. Jessica Rose of the same VAERS data from the same period reached exactly the opposite conclusion, that for the nearly 300,000,000 doses already given,

1) the true number of adverse events was at least 50% higher than the *Lancet* study estimated;

2) the "serious" adverse events were over 68,000, fully 3 times as many;

3) the deaths were more than 6000, 36% higher;

4) among the roughly 5,700,000 individuals who had received the 2nd dose and actually been contacted, 26.5% were unable to perform normal activities, and 16.5% were unable to go to work; and

5) the preponderance of adverse events, serious adverse events, and deaths occur-

> ring immediately after vaccination was the most compelling argument that the vaccines had indeed caused them.[119]

Even the FDA's own definition of a "serious adverse event," far from being mild and transitory, was restricted to one that is life-threatening, requires hospitalization, or results in permanent injury, birth defect, or death.

Boosters.

Adding boosters to the regimen when immunity wanes has also proved to be a bad idea, although once again it's necessary to examine the data more closely to see what the official press releases have left out. Carefully examining the files of the UK Office of National Statistics revealed that people who were fully vaccinated and up-to-date with their boosters, while 13 times less likely to die of COVID than the unvaccinated, were 65% more likely to die from all other causes,[120] an unexpected vulnerability that gives further credence to my hypothesis that vaccines make worse what's already there, that the risk is similarly nonspecific in being directly proportional to the number of vaccinations given, and that we need to look at the all-cause mortality to prove it. In much the same vein, an active survey of 2000 booster recipients in Israel demonstrated much higher rates of adverse reactions than their passive, VAERS-like system had originally reported, including 24% more autoimmune diseases, 31% more menstrual symptoms requiring treatment, and many more exacerbations of several diseases that the respondents were already suffering from.[121]

Keeping the numbers down.

Finally, the CDC devised a number of other tricks for manipulating the data to minimize the number of adverse reactions listed and thus reinforcing their mantra that the vaccines were safe and effective. For decades, they had already dismissed almost all adverse effects manifesting more than a few weeks after the shot, in effect disregarding the whole vast realm of subclinical phenomena developing insidiously and manifesting later, i. e., the entire chronic dimension within most of them occur.[122] In the midst of the pandemic, based on the fact that it takes about two weeks to develop a primary antibody response to an antigen, somebody had the equally brilliant idea of counting adverse reactions manifesting in less than 14 days as still "unvaccinated," thus ruling out the majority of them that become symptomatic within 48 hours and indeed leaving virtually no significant window for *any* adverse reactions to be listed as such.[123] Adverse reactions are similarly listed as "unvaccinated" if they occur in individuals who are not yet "*fully*-vaccinated," that is, up to date on all the boosters officially recommended for them. The notorious "pandemic of the unvaccinated" was likewise based on the mortality statistics for the first half of 2021, when several age groups and indeed the large majority of the U. S. population hadn't yet received their shots. Other statistical manipulations involved

1) recording all deaths in the unvaccinated with positive PCR tests as from COVID, while attributing all deaths in the vaccinated to their comorbidities;

2) employing different standards of PCR testing, a threshold of 40 cycles for the unvaccinated, at which false positives are extremely common, versus 28 cycles or less for the vaccinated, when false positives are vanishingly rare;

3) counting "breakthrough" cases of COVID in vaccinated individuals only when they result in hospitalization or death; and

4) discouraging autopsies in deaths of those vaccinated.[124]

78
The Virus

Coronavirus research.

The official CDC narrative, that the SARS-CoV-2 virus responsible for the pandemic originated in bats at the live-animal market in Wuhan, China, might just be technically true. But, if so, the more relevant question is what happened to it after that, since coronaviruses have been known, studied, and actively bioengineered for decades. The SARS-CoV-1 or SARS epidemic of 2002-03 was indeed a zoönosis originating in bats, but the virus was then subjected to top-secret investigations in that lineage, both military and non-military, at virology labs around the world.[125]

The U.S. Army bioweapons facility at Ft. Detrick, Maryland carried out "gain-of-function" research on coronaviruses to make them even more contagious and virulent than the wild type, up to and including the ability to unleash global pandemics.[126] In tandem with possible military applications, scientists were also hard at work on developing possible vaccines against SARS and also MERS, another virulent strain from Saudi Arabia that arose in 2012; but neither of them ever made it as far as clinical trials

because of life-threatening ADEs developing repeatedly in animal models.[127]

Many scientists have also expressed deep misgivings about the risk of such "superbugs" escaping from their laboratory environments and infecting the general population.[128] Indeed, in 2014 at least two experimental viruses were reported to have "leaked" from a CDC facility,[129] leading the Obama Administration to declare a halt to all gain-of-function research.[130]

The ban lasted until early in 2017, soon after President Trump took office, when Fauci and the NIH gave a grant of $3.7 million to the Chinese government lab in Wuhan to resume them.[131] Trump then hastily but reluctantly canceled them in 2020, at the height of the pandemic's first wave, characteristically deflecting the blame onto China, home of the first known case, and Obama, his *bête noire* of record, insisting that the grant had actually been the former President's idea.[132] It soon came out that the moneys in question, although presented in the name of the NIH, were actually paid out and administered by the EcoHealth Alliance, one of an extensive network of public-private partnerships for studying and promoting vaccines of which the general public remains only dimly aware, several of them owned and operated or heavily invested in by the Bill and Melinda Gates Foundation.[133]

The complex allegiances of these entities raise troubling ethical, legal, and practical concerns as to who owns and profits from the vaccines developed under their auspices,[134] a new but still entirely legal caricature of philanthropy that allows super-rich investors like Bill Gates to write off as charity their highly profitable "gifts" to the drug

companies they own or are heavily invested in, as well as acquiring outsize influence and a cachet of respectability in the process, because of the ostensibly worthy causes that they self-righteously support. [135]

The virus was bioengineered.

To summarize, then, even if the pandemic virus originated from an animal precursor in the Wuhan market, as the CDC contends,[136] what we really need to know, and are being meticulously kept from knowing, is whether, when, and how it was then genetically modified in the Chinese government laboratory so conveniently nearby, as many scientists, politicians, and news junkies immediately suspected; and indeed that possibility has come to seem increasingly likely with all that we've learned about it since.

Three separate but closely-intertwined bodies of evidence point strongly to that conclusion. The first is the aforementioned history of American military and scientific involvement in such gain-of-function research that goes back at least two decades, creating ever-deadlier coronaviruses, and even circumventing Obama's moratorium with the NIH/EcoHealth Alliance grant to the same Wuhan laboratory that announced the first known case of COVID-19.

The second is a series of public pronouncements by Anthony Fauci, Bill Gates, and others, predicting just such pandemics, together with several wargame-type simulations organized by Gates to envision and actually plan for them. In January, 2017, virtually coinciding with Trump's inauguration and Dr. Fauci's relaunching gain-

of-function research in Wuhan, the latter confidently announced to a pandemic preparedness forum at Georgetown that the new President would definitely face a "surprise disease outbreak" during his term.[137] In 2018, Bill Gates likewise told the Malaria Summit in London that a deadly new disease would surprise the world within a decade, killing tens of millions, and urged the international community to prepare for it as for a war, with collaboration between health officials and the military, and pledged to donate massively to tech and media giants such as Amazon, Google, and Facebook, to achieve the public censorship that would be required to defeat it.[138] Together with the NIH, NIAID, and the Center for Health Security at the Johns Hopkins School of Public Health, Gates then organized the Clade X Exercise in May, 2018, barely a month later, simulating a bioterrorist attack involving the accidental or deliberate release of a fictitious, lab-engineered organism for which no vaccine existed, and invited several members of Congress, military and intelligence officials, and media bigwigs to attend.[139] Even more tellingly, the stated purpose of the imagined attack was to strike a blow against global overpopulation, yet another of Gates' top priorities. As before, there was no talk of distributing cheap OTC medicines for prophylaxis or treatment, let alone concern about suspending Constitutional rights or democratic rule in the emergency. Just as with COVID, the emphasis was on quarantining the healthy, mandating vaccination for everyone, and censoring all dissent.[140] And finally, there was the aforementioned Event 201 simulation or dress rehearsal, which specifically identified a coronavirus as the culprit and arranged for the participation of George Gao, the

Director of China's CDC, whose presence makes it difficult to ignore the likelihood that at least Gates, the Chinese, and the organizers knew that the COVID was already in progress.[141]

But these clues, however persuasive, are still entirely circumstantial. To my way of thinking, the most compelling evidence of all lies in the peculiar nature of the COVID illness itself, which outstrips all other viruses we know of

1) in its contagiousness, rivalling even the measles, and in the unprecedented numbers of infected people who are asymptomatic or only mildly ill;

2) in its special proclivity to single out, kill, and maim those who are elderly or already chronically ill with something else;

3) in its capacity to reinvent itself by mutation, surpassing even the influenza group;

4) in the vaccine-like diversity of its clinical presentations, as essentially a chronic disease, with the capacity to bring about an acute, fatal termination in many patients, a lingering chronic version in others, reinfection or recurrence in others months or years later, and, most often and strangest of all, leaving others only mildly ill, not overtly ill at all, or completely uninfected; and

5) in the gross tissue and micropathology of both its acute and chronic forms, involving varying degrees of blood clotting, autoimmune dysregulation, and ADEs, up to and including cytokine storm.

These uniquely sophisticated features make it vanishingly unlikely that they were acquired purely by natural evolution through animal hosts, as well as all but certain that it was bioengineered in the Wuhan lab with our help, if not at our behest, and that it was released either intentionally or by just the sort of accident that our scientists have long been worried about. The lab-origin hypothesis gained still further credence when

Luc Montagnier, who won the Nobel Prize for discovering the virus known as HIV, detected intact nucleic-acid sequences of it in the genome of SARS-CoV-2.[142]

That still leaves unaddressed the ultimate question, whether its release was accidental, as almost everyone has been assuming, or intentional, which is monstrous even to contemplate; and answering it will require expertise far beyond my pay grade. But at the very least, whatever Fauci and Company were up to with the Chinese in Wuhan was a disaster waiting to happen, whether now or in the future, such that President Obama was entirely right to have banned this type of research back in 2014, and that, given the pandemic's emergence in the same town, the mere existence of the lab project in Wuhan was sufficiently damning that even President Trump, our unapologetic and newly-elected sociopath, had little choice but to cancel it.

Similarly, the circumstantial and scientific data that I've just presented leave little room for doubt that our scientific, military, and intelligence people were planning to do something pretty important with the viruses they were monkeying around with in Wuhan. Judging from the resulting pandemic that we're still struggling with, fully three years later, I'd have to say that they succeeded brilliantly in whatever it was that thy had in mind. As I said, I'm not qualified to solve the matter of intent. But a virus with the selective if not targeted capacity to kill off the elderly, infirm, and chronically ill would indeed be an effective stealth bioweapon for depopulating the planet if it were actually deployed for that purpose; and it's hard to imagine any other purpose that could justify even trying to develop such a virus in the face of that risk.

8.
The Politics

I want to conclude these reflections on the COVID phenomenon with its broader societal dimension, because our political, socioeconomic, ideological, and spiritual polarizations have all seriously undermined our response to it, as to other important issues of our time that exhibit similar features and pose comparable challenges to all human life on earth as we know it.

The censorship.

As we saw, Fauci's control of virtually all COVID-19 messaging in this country has succeeded in dissuading the media and even the leading medical journals from publishing anything that even questions the need for vaccines, their safety and effectiveness, and the official strategy of mandating them. A pilot version of this censorship had already been put in place in the years immediately preceding the COVID, when the drug industry launched a campaign to eliminate all religious and philosophical exemptions to state laws mandating childhood vaccines, on the strength of a few self-limited measles outbreaks, seemingly for no more urgent reason than their refutation of CDC's overly hasty claim to have eliminated the disease from the United States.

California was the first state to enact such a law,[143] but more and more legislatures were pressured to do the same because of subsequent outbreaks; and Op-Eds began

appearing in the *New York Times*, the *Boston Globe*, and elsewhere,[144] as well as talk shows on NPR and other TV and radio stations, all well-meaning but simply recycling alarmist fears as justification for expanding the mandates and impugning the selfishness of those who resisted them. In that spirit, Democratic Congressman Adam Schiff wrote to Facebook and Google, demanding that they suppress all postings that even raised questions about the vaccines and their mandates,[145] and thus openly violating the First Amendment by invoking this semblance of an emergency that he was thereby helping to create, with every righteous intention, to be sure. The irony of it all is that our nearly universal awe and veneration for the concept of vaccination have helped to achieve and even aggravate our current political stalemate by quietly upending some traditional alignments and loyalties of generations past.

In the 1930's, FDR's New Deal created a professional civil service of taxpayer-funded agencies like the CDC and FDA to ease the nationwide hardships of the Great Depression and thus promote the well-being of all Americans, in large part by regulating the greed and reigning in the excesses of large corporations for their wanton disregard of public health and safety. This affirmative, unifying vision of government's role helped us recover from the economic and human disaster, made possible the massive industrial production that helped win World War II, and culminated in the postwar affluence of the 1950's, featuring rising living standards that were unequalled in modern history, and became the envy of the world. Ever since then, progressive Democrats and Independents have prided themselves on leading that campaign, and reforming it

when necessary, as when Ralph Nader exposed the automobile industry's neglect of safety concerns, Daniel Ellsberg leaked the Pentagon Papers to discredit the Vietnam War, and Bernie Sanders never tires of inveighing against Big Pharma's notorious greed, fraudulent claims, and corrupt practices, even as we speak.

But when it comes to vaccines, and all the pseudoscience published by the drug industry and the government agencies on their payroll, these same progressives and others with similar views seem miraculously clueless about any dangers, even to the point of tuning out the parents of vaccine-injured children, and refusing to entertain even the possibility of drug-industry malfeasance, or at least believing our designated experts that the threat of infectious diseases and the pandemic emergency in particular justify mandating the vaccines and even suspending our civil liberties because of them.

In part, it could also represent a knee-jerk response to their Trumpist opponents' well-advertised contempt for vaccines, indeed for science itself, and perhaps most of all for the CDC, Dr. Fauci, and the mere possibility of any legitimate, constructive role for government, especially when it involves controlling or limiting their behavior. Of course, these same would-be libertarians applaud their red states and even the Federal government for outlawing abortion, same-sex marriage, and the like, and would likely despise the CDC even more if it actually fulfilled its intended mission of protecting the public health, rather than just promoting expensive and dangerous drugs and vaccines. But that's another story; there's plenty of inconsistency to go around on both sides of the aisle.

An issue for everyone.

In any case, the best reason for ending the COVID and other vaccine mandates is the bad science cited to justify them, which is not science at all, but only a poor imitation dressed up to look like it, just as the emergency said to require them was made to happen by the simple act of proclaiming and then hyping it into a self-fulfilling prophecy by locking down the whole country. I've come to that conclusion primarily from my own experience taking care of vaccine-injured children, when I had far too many occasions to witness the grief, loss, and often crushing expense of families trying to repair their shattered lives. From that perspective, ending mandatory vaccinations should be a winning and indeed a signature issue for these same New Deal Democrats, who are well acquainted with the greed and corruption of Big Pharma, and routinely profess to care about the poor, the disadvantaged, and people in need. It drives me wild that so many of these long-time political allies, not to mention most doctors, the media, and the general public, remain utterly and indeed self-righteously deaf and blind to the reality that vaccines are harmful, and even the possibility that they might be.

The supremely improbable result of all this is that the Republican Party has become the only organized, political grouping that actually listens to the vaccine-injured, takes their cause seriously, and now effectively owns the issue, while most Democrats try their hardest not to notice or care about the millions of votes they have already lost, and deserve to lose, for turning away from so many innocent, abandoned

victims of our health-care system, precisely the sort of people whom they would naturally want to help in any other circumstance.

When they finally begin to notice, feel for, and care about these people, ending the vaccine mandates could actually become an issue that both parties agree on, however different their reasons for doing so. If by some miracle the CDC and FDA should ever return to their proper job of improving public health, never-Trumpers who still value democracy could join with Democrats who still believe in public service to get behind real science and, *mirabile dictu,* perhaps even co-operate in other areas as well.

Some globalist agendas.

Unfortunately, the hopefully temporary blindness of the Democrats is by no means the end of the story. The COVID pandemic could not have arisen or reached such colossal proportions without the collaborative efforts of super-rich billionaires, CDC and WHO bureaucrats, futurists at the World Economic Forum, military and intelligence officials, and the drug industry, all pursuing shadowy globalist agendas that are still partly unrealized, based on advanced technologies with the potential for much good as well as harm.

Some of them, like pandemics, fake meat, GMO agriculture, artificial intelligence, and the metaverse, are already well underway. Others, such as technological weather and climate modification, transhumanism, and space travel, are still mostly fantasy. A third group, including microchipping, data mining, and depopulation, are cloaked in

secrecy, pursued and valued for precisely that reason, and fiendish even to contemplate. What they all have in common are

1) their universal, global reach, which if fully realized would transform human life in ways that we can't entirely predict or fully comprehend;

2) their dependence on advanced scientific technologies that comparatively few people have the know-how to design, manage, or intelligently control, and could thus be readily hijacked by the rich and powerful for antidemocratic and/or totalitarian agendas of their own; and

3) essentially the same cast of characters and euphemisms that we've already been discussing, namely, super-rich investors getting richer doing what Bill Gates proudly calls "philanthrocapitalism," government agencies promoting the agendas of the industries they're supposed to be regulating, and military and intelligence operatives seeking new wars to fight and new enemies to defeat.

Whether and to what extent we may choose or decline to make use of them, they are bound up with political questions and ethical dilemmas of such fundamental import for the planet and all life upon it that they need to be brought to light and discussed in far more detail than I can give them here. I have two reasons for bringing them up now. The first is the urgency of preventing them from being taken over by the same rogues' gallery of movers and shakers whose greed and lust for power have infuriated and terrified me to the point of compiling and writing this alarm. The second is that the COVID pandemic provides a useful template and starting-point for investigating them, because it has a long history behind it, highlights many of the same issues, and has already unveiled an outline of the biosecurity state that gave rise to it. Indeed, it may well be busy designing new pandemics as we speak.

As RFK Jr.'s book clearly demonstrates, the COVID was by no means Fauci's

first attempt to hype possible pandemics and manipulate real ones for maximizing his profit and empowering his agency;[146] nor in all likelihood would it have been his last if he had remained at NIAID. His debut was the "swine flu" fiasco of 1976, when he was high up in the agency's hierarchy and participated in all the discussions but wasn't yet in charge of it. His then-boss urged the CDC to warn of a major pandemic, and to instill the panic needed to create massive demand for the vaccine against it, although the pandemic never happened, the vaccine they came up with had to be withdrawn when many cases of Guillain-Barré Syndrome developed, and the industry was still being held liable for them. As the pioneer vaccinologist Dr. Maurice Hilleman later confessed, the vaccine "had nothing to do with science and everything to do with politics."[147] In any case, Fauci learned the lesson and took it to heart. As head of the NIAID, he did his best to create, hype, and manage a series of similar emergencies and vaccination campaigns around the bird flu in 2005, the Hong Kong swine flu in 2009, and Zika and dengue in 2016, all of which likewise fizzled out, before he finally hit the jackpot with the SARS-CoV-2.[148]

But then, in May of last year, about 100 cases of monkeypox were identified in several European countries as well as Australia, Israel, Canada, and the US; and even though the disease was endemic in Africa, largely confined to the skin, and rarely fatal, the WHO held an emergency meeting to discuss it, Belgium ordered a 21-day quarantine for anyone testing positive, the CDC reported 1 case, and President Biden immediately placed an order for $100 million worth of vaccines. At that point it came out that the

Bill and Melinda Gates Foundation, the Chinese CDC, the WHO, and representatives of Merck and Johnson & Johnson had staged yet another tabletop exercise in Munich the previous year, anticipating a worldwide pandemic from a bioengineered monkeypox virus, causing more than 3,000,000,000 cases, and 270,000 deaths.[149] Even if Fauci had nothing to do with it, and indeed his recent resignation suggests a prudent decision to step down while he still enjoys public favor, the fact remains that imagining fake pandemics, creating and manipulating real ones, and custom-designing boutique vaccines to match them have already become top priorities for governments around the world, as well as yet another major profit center for Big Pharma and the government agencies that they're allied with.

For once, Trump may well have been right to call them a "deep state," meaning a secret operation carried on outside the purview or immediate control of the general public, the media, or the political process. What he didn't know or preferred not to acknowledge is that their creation and management are broadly bipartisan and by no means confined to his political opponents. Operation Dark Winter, the very first vaccine war-game exercise, envisioning a terrorist attack of smallpox on the U. S., was staged during the Bush Administration in 2001, shortly before 9/11, and had the enthusiastic support of the Project for a New American Century, headed by Dick Cheney and his warmongering friends on the Republican right. Not long after, Obama came on board as well, and supported comparable simulation exercises throughout his Administration as biosecurity became a major priority of American foreign policy, and

preventing pandemics grew into an overriding rationale for imposing vaccination mandates.[150] Natural infections and epidemic diseases are indeed a ponderable threat to human life, such that minimizing and preventing them remain legitimate goals. But individuals of obscene wealth and agencies commanding government authority mustn't be allowed to engineer and manipulate them, always in the name of some greater good, but also if not primarily for their own selfish purposes, and heedless of the injuries, deaths, and violations or circumventions of basic human rights that have been made to follow from them.

In the same way, Bill Gates justifies his campaign to introduce fake meat and GMO agriculture as inexpensive and eco-friendly innovations for combatting climate change, even as he openly touts vaccines as a way to depopulate the planet, and buys up millions of acres of farmland to compete with and ultimately reseed and destroy the pure cell lines of the organic farms next door, while Klaus Schwab of the World Economic Forum advocates microchipping everybody for easy and thorough surveillance without even bothering to invent a worthy cause to sanitize it. All I'm trying to say is that these people already command enough money and power to actually realize such goals, and clearly intend to do so, unless a united humanity shows both the determination to stop them and the wisdom to devise more wholesome applications for our wizardry.

Notes.

1. Holshue, M. et al., "First Case of 2019 Novel Coronavirus in the United States," ***New England Journal of Medicine***, NEJM.org, January 31, 2020.

2. Cf., for example, Cai, J., "Indirect Viral Transmission in Cluster of COVID-19 Cases, Wenzhou, China, 2020," ***Emerging Infectious Diseases,*** CDC, cdc.gov, March 15, 2020.

3. Pekar, J., "Timing the SARS-CoV-2 Index Case in Hobei Province," ***Science***, March 18, 2021.

4. Cf., for example, Woodward, A., 'The Life and Rise of Dr. Anthony Fauci, the Public-Health Hero," ***Business Insider***, businessinsider.com, March 27, 2020.

5. Cf. Chen, C., et al., "Key Missteps at the CDC Have Set Back Its Ability to Test the Potential Spread of the Coronavirus," ***ProPublica,*** propublica.org, February 28, 2020.

6. "Perspectives on the Pandemic II: a Conversation with Dr. Knut Wittkowski," ***The Press and the Public Project,*** thepressandthepublic.com, April 2, 2020.

7. Vide supra, Chapter 7, pp. 193-95, and Chapter 9, pp. 263-65.

8. Cf. Professor Mary Holland, "What We Can Learn from a Pandemic Tabletop Exercise," ***Children's Health Defense***, childrenshealthdefense.org, March 25, 2020.

9. Ibid.

10. Anthony Fauci, M. D., CNN Interview with Jim Sciutto, CNN.com, April 21, 2020.

11. Prof. Holland, op. cit.

12. Ibid.

13. "8 Strains of the Coronavirus Are Circling the Globe," ***USA Today***, usatoday.com, March 27, 2020.

14. MacKay, D., "Los Alamos National Laboratory Team Studies New Virus Strain," ***Albuquerque Journal***, May 6, 2020.

15. Dr. Joseph Mercola, "New Delta Variant Escalates Lockdowns," mercola.com, June 23, 2021.

16. Ebhart, T., et al., "99% of Those Who Died from Virus Had Other Illnesses," ***Bloomberg News***, March 18, 2020.

17. Cf., for example, Roy, A., "The Most Important Coronavirus Statistic: 42% of Deaths Are from 0.6% of the Population," ***Forbes***, May 26, 2020.

18. Frankl, R., "Comorbidities the Rule in New York's COVID-19 Deaths," ***The Hospitalist***, the-hospitalist.org, April 18, 2020.

19. "Facts about COVID-19," ***Swiss Policy Research***, sprs.com, March 14, 2020, updated April 18.

20. Ibid.

21. "CDC: 94% of COVID-19 Deaths Had Underlying Medical Conditions," ***Microsoft News***, msn.com, September 1, 2020.

22. "Understanding Death Data Quality," CDC, cdc.gov, September 14, 2021.

23. Vide supra, Chapter 8, pp. 213-221.

24. Richard Levitan, M. D., "The Infection That's Silently Killing Coronavirus Patients," ***New York Times***, April 20, 2020.

25. "Coronavirus: 'Baffling' Observations from the Front Line," ***BBC News***, bbc.com, May 23, 2020.

26. Melo, A., et al., "Biomarkers of Cytokine Storm as Red Flags for Severe and Fatal COVID-19 Cases," ***PLOS One*** **10:**137, June 29, 2021.

27. Leonard Sigal, M. D., "What Is Causing the 'Long-Hauler' Phenomenon after COVID-19?" ***Cleveland Clinic Journal of Medicine*** **88:**273, May 2021.

28. Ibid.

29. Cf., for example, "COVID-19 Is Hitting Black and Poor Communities the Hardest," ***The Conversation,*** theconversation.com, April 9, 2020; and "Address

Impact of COVID-19 on Poor: Virus Outbreak Highlights Structural Inequalities," ***Human Rights Watch***, hrw.org, March 19, 2020.

30. ***US Health in International Perspective: Shorter Lives, Poorer Health,*** National Library of Medicine, National Academy of Sciences, NIH, 2013.

31. Bendavid, E., et al., "COVID-19 Antibody Seroprevalence in Santa Clara County, California," ***International Journal of Epidemiology*** **50:**410, April 2021.

32. Ibid.

33. Mohanon, M., et al., "Prevalence of SARS-CoV-2 in Karnatak, India," ***Journal of the AMA*** **325:**1001, February 4, 2021.

34. Lupkin, S., "Remdesivir Priced at More than $3100 for a Course of Treatment," ***NPR,*** npr.org, May 8, 2020.

35. Mulungu, S., et al., "A Randomized Controlled Trial of Ebola Virus Therapeutics," ***New England Journal of Medicine*** **381:**2293, December 12, 2019.

36. Cf., for example, Yang, Y., "Traditional Chinese Medicine in the Treatment of Patients with the New Coronavirus SARS-CoV-2," ***International Journal of Biological Sciences*** **16:**1708, March 15, 2020.

37. David Brownstein, M.D., "The Right Way to Fight Viruses," ***Natural Way to Health*** Newsletter, August 2021.

38. Ibid.

39. Cf., for example, Harvey Risch, M. D., "Early Outpatient Treatment of Symptomatic, High-Risk COVID-19 Patients That Should be Ramped up Immediately as Key to the Pandemic Crisis," ***American Journal of Epidemiology*** **189:**1218, November 2, 2020.

40. Chamie-Quintero, J., et al., "Ivermectin for COVID-19 in Peru: 14-Fold Reduction in Nationwide Excessive Deaths," ***Open Science Foundation***, OSF Reprints, osf.io/9egh4.

41. Testimony of Pierre Kory, M. D., to the Senate Committee on Homeland Security and Governmental Affairs, ***Front Line COVID-19 Critical Care Alliance*** (FLCCC), covid19criticalcare.com, December 2020.

42. For its exemplary record in the 1918 influenza pandemic, for example, cf. Davison, J., and Dantas, F., "A Century of Homeopaths: Their Influence on Medicine and Health," ***Pharos*** **71:**5, 2008.

43. Jordan, L., "What? Only 23 Pandemic Deaths out of 35,000,000 People in a State in India? How Did They Do It?" ***The Aurum Project***, aurumproject.org.au, June 6, 2020.

44. ***Statista***, statista.com, August 16, 2021.

Tamil Nadu	Population	72,000,000	Cases	2,600,000	Deaths	34,500
Kerala	"	35,000,000	"	6,750,000	"	70,800
Karnataka	"	61,000,000	"	3,000,000	"	37,000
Andhra Pradesh	"	50,000,000	"	2,000,000	"	14,000

45. Cf. "Cuba Promotes Homeopathy to Fight the Coronavirus," ***Miami Herald***, April 7, 2020, and "Cuba's Response to COVID-19: Lessons for the Future," ***Journal of Tourism,*** emeraldinsight.com, March 11, 2021.

46. ***Statista***, statista.com, August 19, 2021. Cf. Jamaica, with 3,000,000 inhabitants, 60,000 cases, and 13,000 deaths.

47. Valeri, A., "Symptomatic COVID-19-Positive Patients Treated by Homeopathic Physicians: an Italian Descriptive Study," ***Società Italiana di Medicina Omeopatica,*** homeomed.net, April 2020.

48. Dr. André Saine, "Case Management of the COVID-19 Patient with Homeopathy," American Institute of Homeopathy Webinar, homeopathyusa.org, May 2, 2020.

49. Peter Gold, Ed., "Comprehensive Database of COVID-19 Cases," ***American Institute of Homeopathy***, homeopathyusa.org, Summer 2000.

50. Self, W., et al., "Effect of Hydroxychloroquine on Clinical Status at 14 Days in Hospitalized Patients," ***Journal of the AMA*** **324:**3165, November 9, 2020.

51. Meryl Nass, M. D., "COVID-19 Has Turned Public Health into a Lethal, Patient-Killing Experimental Endeavor," ***Alliance for Human Research Protection***, ahrp.org, June 20, 2020.

52. Cf., for example, Smith, R., "Medical Journals Are an Extension of the Marketing Arm of Pharmaceutical Companies," ***PLOS Medicine*** **10:**1371, May 17, 2005, and Marcia

Angell, M. D., ***The Truth about the Drug Companies,*** Random House, 2004. Both sources document that the industry's corrupting control of medical journals was already decades old.

53. Robert F. Kennedy Jr., ***The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health***, Skyhorse Publishing and Children's Health Defense, Chapter 2, pp. 117-135.

54. Ibid., pp. 24-37.

55. Cf., for example, "Doctor's Medical License Suspended over Accusations of Spreading COVID Misinformation," ***Newsweek***, January 12, 2022. The alleged "misinformation" was simply advocating the use of ivermectin and HCQ for prevention and treatment.

56. RFK Jr., op. cit., pp. 19-37.

57. Cf., for example, Ladapo, J., et al., "Randomized Control Trials of Early, Ambulatory Hydroxychloroquine in the Prevention of COVID-19 Infection, Hospitalization, and Death," ***medRxiv*** Preprint, medRxiv.org, and ***Science Gate*** **10:**1101, August 13, 2020.

58. "COVID-19 Deaths Worldwide per One Million Population, by Country," ***Statista,*** statista.com, September 24, 2021.

59. George Fareed, M. D., "Open Letter to Dr. Anthony Fauci Regarding the Use of Hydroxychloroquine for Treating COVID-19," ***The Desert Review***, August 13, 2020.

60. ***World Health Organization***, "Model List of Essential Medicines," WHO, who.int/pdf, 2021.

61. Lehrer, S., and Rheinstein, P., "Ivermectin Docks to the SARS-CoV-2 Spike Receptor-Binding Domain Attached to ACE2," ***In Vivo*** **34:**3023, September-October 2020.

62. Santin, A., et al., "Ivermectin: a Multi-Faceted Drug of Nobel Prize-Honoured Distinction with Indicated Efficacy against a New Global Scourge," ***New Microbes, New Infections,*** August 3, 2021.

63. Cf., for example, Carvallo, H., et al., ***Journal of Biomedical Research and Clinical Investigation***, November 17, 2020, and Alam, M., et al., ***European Journal of Medical and Health Sciences***, December 15, 2020. Dr. Carvallo conducted an RCT involving 788 health workers in Argentina who volunteered to receive ivermectin once a week, none of whom developed COVID-19 despite repeated exposure to it, and 407

who refused the drug, 58% of whom became ill with the disease. Similarly, Dr. Alam gave a minimal dose of 12 mg. once a month for 4 months to 58 hospital workers in Bangladesh, only 4 of whom developed mild symptoms, compared to 60 controls who did not take it, and 44 of whom became symptomatic with the disease.

64. Chaccour, C., "The Effect of Early Treatment with Ivermectin on Viral Load, Symptoms, and Humoral Response in Patients with Non-Severe COVID-19," ***The Lancet*** **32:**1007, January 19, 2021.

65. Vide supra, note 41.

66. Ibid.

67. "NIH Updates Its Position on Ivermectin," ***COVID-19 News and Policy Analysis,*** covexit.com, January 14, 2021.

68. "Large Clinical Trial to Study Repurposed Drugs to Treat COVID-19," NIH News Release, April 19, 2021.

69. Cf. India, for example: "Media Mum on India's Ivermectin Success Story," ***World Tribune***, September 19, 2021; Justus Hope, M. D., "Ivermectin Obliterates 97% of Delhi Cases," ***Desert Review***, June 1, 2021; and Dr. Hope, "Tamil Nadu Leads India in New Infections, Denies Citizens Ivermectin," ***Desert Review***, May 21, 2021.

70. ***Swiss Policy Research***, op. cit., April 18, 2020.

71. Prof. David Katz, "Is Our Fight against Coronavirus Worse than the Disease?" ***New York Times,*** March 20, 2020.

72. Michael Osterholm, M. D., "Facing COVID-19 Reality: a National Lockdown Is No Cure," ***Washington Post***, March 21, 2020.

73. Vide supra, note 10.

74. Dr. Luc Montagnier, "COVID Vaccine Is Creating the Variants," Interview with Pierre Barnérias, Hold-Up Media, RAIR Foundation USA, ***You Tube***, May 18, 2021.

75. Dr. Moskowitz, ***Vaccines***, op. cit., Chapter 4.

76. "Reports of Injuries and Deaths after COVID Vaccines Climb Steadily, as FDA and CDC Sign off on Third Shot for Immunocompromised," ***The Defender***, Children's

Health Defense, August 16, 2021.

77. "Cautionary Tale: This COVID Vaccine Could Heighten HIV Risk for Some, Scientists Warn," ***The Defender***, Children's Health Defense, December 11, 2020.

78. "Understanding mRNA Vaccines," CDC, cdc.gov, January 4, 2022.

79. Aidén, M., et al., "Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine *in Vitro* in Human Liver Cell Line," ***Current Issues in Molecular Biology*** **44:**115, February 25, 2022.

80. Cf., for example, Tsilingiris, D., et al., "Potential Implications of Lipid Nanoparticles in the Pathogenesis of Myocarditis Associated with the Use of mRNA Vaccines against SARS-CoV-2," ***Science Direct***, Elsevier, Metabolism Open, Vol. 13, March 2022.

81. Xu, L., et al., "Antibody-Dependent Enhancement: Unavoidable Problems in Vaccine Development," ***Advances in Immunology*** **151:**99, September 14, 2021.

82. "Dengue Vaccine Controversy in the Philippines," ***NPR*** Global Health, npr.org, May 2, 2019.

83. Cf. Johnson, C., "Inside the Extraordinary Race to Invent a Coronavirus Vaccine," ***Washington Post***, May 3, 2020.

84. Cf. Steenhuysen, J., "As Pressure for Coronavirus Vaccine Mounts, Scientists Debate the Risks of Accelerated Testing," ***Health News***, reuters.com, March 11, 2020.

85. Dr. Byram Bridle, Interview with Alex Pierson, "See More Rocks," ***You Tube***, May 30, 2021.

86. Cf., for example, "Yes, Vaccines Block Most Transmission of COVID-19," ***National Geographic,*** April 21, 2021.

87. "Deaths and Hospitalizations Averted by Rapid U. S. Vaccination Rollout," ***The Commonwealth Fund***, July 7, 2021.

88. President Biden, The White House, September 9, 2021: "This is a pandemic of the unvaccinated. And it's caused by the fact that, despite having an unprecedented and successful vaccination program, we still have nearly 80,000,000 Americans who have failed to get the shot."

89. Rochelle Walensky, M. D., CNN Interview with Wolf Blitzer, ***You Tube,*** August 8, 2021.

90. Vide supra, note 74.

91. Madhava Setty, M. D., "Pfizer Vaccine Clinical Trials Poorly Designed from the Start, Analysis Shows," ***The Defender***, Children's Health Defense, December 22, 2021.

92. Peter Doshi, Ph. D., "Will COVID-19 Vaccine Save Lives? Current Trials Aren't Designed to Tell Us," Editorial, ***British Medical Journal*** **371:**4037, October 21, 2020.

93. Ibid.

94. William Haseltine, M. D., "COVID-19 Vaccine Protocols Reveal That Trials Are Designed to Succeed," **Forbes**, September 23, 2020.

95. Megan Redshaw, J. D., "FDA Colluded with Moderna to Bypass COVID Vaccine Safety Standards, Documents Reveal, ***The Defender***, Children's Health Defense, July 12, 2022.

96. Dr. Doshi, op. cit., note 92.

97. Cf. Dr. Moskowitz, 2017, op. cit., Chapter 8, pp. 122-132.

98. Barbara Loe Fisher, "Vaccine Injury Compensation: Government's Broken Social Contract with Parents," ***The Vaccine Reaction***, National Vaccine Information Center Newsletter, November 2, 2015.

99. Prof. Holland, "Unanswered Questions from the Vaccine Injury Compensation Program," ***Pace Environmental Law Review*** **28:**480, March 28, 2011.

100. Megan Redshaw, "More than 1.3 Million Adverse Events Following COVID Vaccines Reported to VAERS, CDC Data Show," ***The Defender***, Children's Health Defense Newsletter, July 8, 2022. These totals included adverse events reported by overseas subsidiaries to their parent companies in America, which were listed as "foreign."

101. Ibid.

102. Ibid.

103. Redshaw, "Nearly 30,000 Deaths Reported to VAERS, Including 17-Year-Old Who Died of Myocarditis 5 Months after Pfizer Shot," ***The Defender***, Children's Health Defense, August 5, 2022.

104. Ibid.

105. John Stone, "Nothing to See Here! 60% of Deaths are COVID Vaccines on 30-Year-Old Database," ***Age of Autism***, ageofautism.com, August 23, 2021.

106. Dr. David Kessler, "Introducing MEDWatch: a New Approach to Reporting Medication and Device Adverse Effects," ***Journal of the AMA* 269:**2765, June 2, 1993.

107. John Stone, op. cit.

108. Josh Guetzkow, Ph. D., "500,000 Germans Severely Injured by COVID-19 Vaccines, Survey by Top Hospital Shows," ***The Defender***, Children's Health Defense, May 10, 2022.

109. Redshaw, "42% of Women Report Heavier Menstrual Bleeding after COVID Vaccines, ***The Defender***, Children's Health Defense, July 19, 2022.

110. Redshaw, "1,287,595 Injuries Reported after COVID Shots, Vaccine Injury Compensation Programs Overwhelmed," ***The Defender***, Children's Health Defense, June 3, 2022.

111. Unpublished private communication. Cf. also "Unvaccinated Women Report Mis-carriages after Interaction with Vaccinated People," ***Montana Daily Gazette***, April 16, 2021.

112. Josh Mitteldorf, Ph. D., "COVID Vaccines Linked to Excess Deaths in Germany -- Where's the Investigation?" ***The Defender***, Children's Health Defense, September 8, 2022.

113. Ibid.

114. Unpublished private communication.

115. "Diamond Mine of Data? Insurance Companies Report 40% Increase in Premature Non-COVID Deaths," ***The Defender***, Children's Health Defense, January 5, 2022.

116. Ibid.

117. Sun, C., et al., "Increased Emergency Cardiovascular Events among Under-40 Population in Israel during Vaccine Rollout and Third COVID-19 Wave," ***Scientific Reports*** **12:**6978, May 5, 2022.

118. Rosenblum, H., et al., "Safety of mRNA Vaccines Administered during the Initial 6 Months of the US COVID-19 Vaccination Programme," ***The Lancet*** **22:**802, June 1, 2022.

119. Dr. Setty, "CDC-Funded Study Concludes Most COVID-Vaccine Reactions 'Mild,' Yet VAERS Data Show Thousands of Deaths, Hospitalizations," ***The Defender***, Children's Health Defense, March 9, 2022.

120. Rob Verkerk, Ph. D., " 'Pandemic of the Boosted'? UK Data Reveal Fatal Problem with COVID Shots," Alliance Health International, ***The Defender***, Children's Health Defense, July 21, 2022

121. Bowman, N., "Booster Shots Causing More Injuries than Previously Thought," ***The Defender***, Children's Health Defense, March 2, 2022.

122. Cf., for example, Dr. Moskowitz, ***Vaccines***, op. cit., pp. 31-34.

123. Dr. Mercola,"Shockingly, CDC Now Lists Vaccinated Deaths as Unvaccinated," mercola.com, September 15, 2021.

124. Salerno, M., et al., "No Autopsies on COVID-19 Deaths: a Missed Opportunity and the Lockdown of Science," ***Journal of Clinical Medicine*** **9:**1472, May 14, 2020.

125. Cf., for example, Niedowski, E., "At Fort Detrick, Scientists Race to Find a Treatment for SARS," ***Baltimore Sun***, April 27, 2003.

126. Cf. Selgelid, M., "Gain-of-Function Research: Ethical Analysis," ***Science and Engineering Ethics*** **22:**916, 2016.

127. Cf., for example, Padron-Regalado, E., "Vaccines for SARS-CoV-2: Lessons from Other Coronavirus Strains," ***Infectious Diseases and Therapy*** **9:**255, June 2020; and Rybakova, V., et al., "Influenza Infection, SARS, MERS, and COVID-19: Cytokine Storm -- the Common Denominator and the Lessons to Be Learned," ***Clinical Immunology*** **208:**108652, February, 2021.

128. Cf., for example, McNeil, D., "A Federal Ban on Making Lethal Viruses Lifted," ***New York Times***, December 19, 2017.

129. Ibid.

130. McNeil, "White House to Cut Funding for Risky Biological Study," ***New York Times***, October 17, 2014.

131. Trager, R., "US Funder Ends Coronavirus Research with Wuhan Lab amid Political Pressure," ***Chemistry World***, May 5, 2020.

132. Ibid.

133. "There are more than 1 million viruses that we know absolutely nothing about," Eco-Health Alliance Prospectus, ecohealthalliance.org. Cf. also Helen Branswell, "Finding the world's unknown viruses before they find us," ***STAT***, statnews.com, August 27, 2020.

134. Cf. Branswell, "NIH awards $7.5 million grant to EcoHealth Alliance, months after uproar over political interference," ***STAT***, statnews.com, August 27, 2020.

135. Cf. "Gated Development: Is the Gates Foundation Always a Force for Good?" ***Global Justice Now***, 56 pp., globaljustice.org.uk; Robert F. Kennedy, Jr., "Gates' Globalist Vaccine Agenda: a Win-Win for Big Pharma and Mandatory Vaccination," ***The Defender***, Children's Health Defense, childrenshealthdefense.org, April 9, 2020; and "Beware the COVID-Vax Scheme!" State of the Nation, stateofthenation.com, January 4, 2021.

136. Maximen, A., "Wuhan Market Was Epicenter of Pandemic's Start, Studies Suggest," ***Nature***, February 27, 2022.

137. Gallagher, G., "Fauci: 'No Doubt' Trump Will Face Surprise Infectious Disease Outbreak," ***Infectious Disease News***, January 11, 2017.

138. Lena Sun, "Bill Gates Calls on U. S., to Lead Fight against a Pandemic That Could Kill 33 Million," ***Washington Post***, April 27, 2018.

139. Lena Sun, "This Mock Pandemic Killed 150 Million People. Next Time It Might Not Be a Drill," ***Washington Post***, May 30, 2018.

140. Nicola Twilly, "The Terrifying Lessons of a Pandemic Simulation," ***New Yorker***, June 1, 2018.

141. Vide supra, note 8.

142. "Coronavirus Was Man-Made in Wuhan Lab, Says Nobel Laureate," ***The Week***, April 19, 2020.

143. "Gov. Jerry Brown Signs Vaccination Bill Removing Personal Belief Exemption," ***CBS News***, June 30, 2015.

144. Cf., for example, "How to Inoculate against Anti-Vaxxers," Editorial, ***New York Times***, January 20, 2019, and "With Vaccine Rejection Reaching Alarming Levels, the State Should Act," Editorial, ***Boston Globe***, February 10, 2019.

145. Rep. Adam Schiff, Press Release, "Schiff Sends Letter to Google, Facebook Regarding Anti-Vaccine Misinformation," schiff.house.gov/news, February 14, 2019.

146. RFK Jr., op. cit., Chapters 11 and 12, pp. 357-435.

147. Ibid.

148. Ibid.

149. Michael Nevradakis, Ph. D., "As Monkeypox Cases Spread, Report Shows Gates Foundation, WHO, Pharma Execs Took Part in Monkeypox Pandemic Simulation," ***The Defender***, Children's Health Defense, May 23, 2022.

150. RFK Jr., op. cit.