

COVID cure or perpetual vaccination?: **20 cheap effective treatments of COVID-19 & variants, like ivermectin, or never-ending compulsory injection**, with unsafe, genotoxic, infertilizing, injuring, crippling, handicapping, lethal, inefficient, ineffective, abortion-tainted, abortive, unethical, experimental gene-hacks, deceptively called “vaccines”?

<http://bit.do/covidresearch>

Why that link? Because of previous censorship:

120,000 views: <https://doi.org/10.13140/RG.2.2.19397.47844/1>

10,000 views: <https://doi.org/10.6084/m9.figshare.13550030>

<http://doi.org/10.17605/OSF.IO/MSXBC>

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All links were accessible as of 06-Sep-2021

Abstract

9 out of 10 COVID deaths were vaccinated in Argentina, where case fatality rate was 1300% higher for the vaccinated than for the un-vaccinated, plus a higher 40% contagion rate (5% if unvaccinated): the opposite of the narrative. Though not as drastic, Israel, England and Scotland also showed worse outcomes for the vaccinated than the unvaxxed, possibly due to different brands and variants.

In the USA and Europe, 4 million adverse reactions and 70 thousand deaths were reported linked to COVID vaccines. Informed consent forms can't protect COVID-19 vaccine manufacturers against legal actions, even under immunity by law, not only because they are not really “vaccines” but gene hacks to produce the S1 spike protein (or parts), nor because some or all the elements are secret, un-disclosed or hidden, but especially, because the cure had been found, voiding Emergency Use Authorization (EUA). Though citations are not allowed in abstracts, this is a “EUA”: if you get COVID, especially if vaccinated, follow this successful evidence-based treatment: <https://covid19criticalcare.com/covid-19-protocols/> or a bit outdated translations: <https://covid19criticalcare.com/covid-19-protocols/translations/>

This research is not “anti-vaccine”, but pro-sane-vaccines. Unlike insane vaccines, it stands for evidence based medicine, i.e. scientifically proven safe and effective treatments. **400 scientific citations prove a systemic bias against cheap effective cures and towards unethical, ineffective and/or unsafe vaccines.**

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

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

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

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

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

MAY A PERSON :	WITH COVID VACCINATION	WITH EFFECTIVE TREATMENT
AVOID GETTING SICK FROM COVID?	× No	✓ Yes
AVOID INFECTING OTHERS?	× No	✓ Yes
AVOID HOSPITALIZATION?	× No	✓ Yes
AVOID DYING FROM COVID?	× No	✓ Yes
AVOID SIDE-EFFECTS LIKE INFERTILITY, MISCARRIAGE, DISABILITY OR DEATH?	× No	✓ Yes
HELP PROTECT OTHERS?	× No	✓ Yes
HELP REDUCE THE SATURATION OF THE HEALTH SYSTEM?	× No	✓ Yes
GENERATE HERD IMMUNITY?	× No	✓ Yes
HELP TO END THE PANDEMIC?	× No	✓ Yes
REDUCE THE GENERATION AND SPREAD OF VARIANTS ?	× No	✓ Yes

AVOID COOPERATION WITH VACCINES PRODUCED WITH ABORTION CELL LINES ?	× No	✓ Yes
AVOID UNDISCLOSED GENE-HACKING, NANO-TAMPERING AND BLUETOOTH CHIP	× No	✓ Yes

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

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

Super-i

Ivermectin, *the “wonder drug”*:

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

Anti-“everything”² (multipurpose):

- Malaria³
- Epilepsy⁴
- Nonalcoholic Fatty Liver Disease⁵
- Autism?

¹ Sabeena Ahmed, Mohammad Mahbubul Karim, *et. al.*, **A five day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness**, December 02, 2020, International Journal of Infectious Diseases, <https://doi.org/10.1016%2Fj.ijid.2020.11.191>

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

³ de Souza DK, Larbi I, Boakye DA, Okebe J. **Ivermectin treatment in humans for reducing malaria transmission**. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD013117. <https://doi.org//10.1002/14651858.CD013117>
Chaccour, C; Rabinovich, N, **Advancing the repurposing of ivermectin for malaria**, 2019. The Lancet, Elsevier BV, ISSN: 0140-6736, Vol: 393, Issue: 10180, Page: 1480-1481, PMID30878223, [https://doi.org/10.1016/s0140-6736\(18\)32613-8](https://doi.org/10.1016/s0140-6736(18)32613-8)
[www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(20\)30056-6.pdf](http://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(20)30056-6.pdf)

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

⁵ Jin, L., Feng, X., Rong, H., Pan, Z., Inaba, Y., Qiu, L., et al. (2013). **The antiparasitic drug ivermectin is a novel FXR ligand that regulates metabolism**. Nat. Commun. 4, 1937. <https://doi.org/10.1038/ncomms2924>
Jin, L., Wang, R., Zhu, Y. et al. **Selective targeting of nuclear receptor FXR by avermectin analogues with therapeutic effects on nonalcoholic fatty liver disease**. Sci Rep 5, 17288 (2015). <https://doi.org/10.1038/srep17288> Spanish: <https://spa.kyhistotechs.com/selective-targeting-nuclear-receptor-fxr-avermectin-analogues-with-therapeutic-effects-nonalcoholic-fatty-73571809>

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

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

- Anti-parasitic (broad-spectrum)
- Anti-bacterial
- Anti-cancer
- Anti-viral⁶
 - DNA viruses
 1. Equine herpes type 1
 2. Polyomavirus BK
 3. Pseudorabies
 4. Porcine circovirus 2
 5. Bovine herpesvirus 1
 - RNA viruses
 1. Zika
 2. Dengue
 3. Yellow fever
 4. West Nile virus
 5. Hendra
 6. Newcastle
 7. Venezuelan equine encephalitis
 8. Chikungunya
 9. Semliki forest
 10. Sindbis
 11. Avian influenza A
 12. Porcine reproductive and respiratory syndrome
 13. HIV (human immunodeficiency virus type 1)
 14. Ebola virus (EBOV)?⁷
 15. Coronavirus⁸: SARS-Cov-2⁹, SARS-CoV-1, MERS, etc.?

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

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

Epidemiology with ivermectin

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

⁶ Heiday et al., **Ivermectin: a systematic review from antiviral effects to COVID-19 complementary regimen**, The Journal of Antibiotics, 73, 593–602, doi:10.1038/s41429-020-0336-z (Review) (Peer Reviewed)

⁷ O'Shea, M. K., Clay, K. A., et al. **A Health Care Worker with Ebola Virus Disease and Adverse Prognostic Factors Treated in Sierra Leone**. 6 Apr 2016 *The American journal of tropical medicine and hygiene*, 94(4), 829–832. <https://doi.org/10.4269/ajtmh.15-0461>

⁸ Han, Y. J., Lee, K. H., et al. **Treatment of severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and coronavirus disease 2019 (COVID-19): a systematic review of *in vitro*, *in vivo*, and clinical trials**. 1 Jan 2021 *Theranostics*, 11(3), 1207–1231. <https://doi.org/10.7150/thno.48342>

⁹ <http://IVMmeta.com>

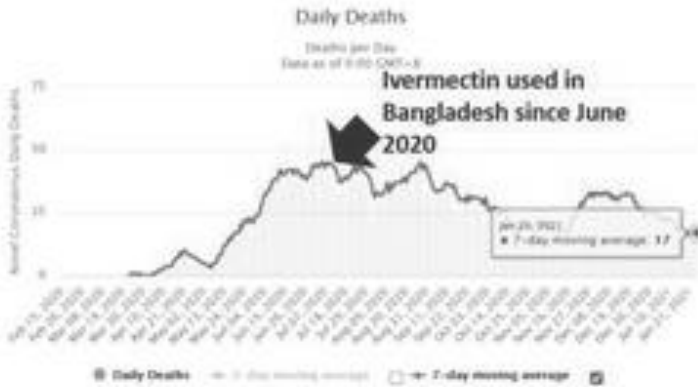
Have Bangladeshi doctors developed a miracle cure for Covid-19?

By Momen Abdullah

Published at 12:25 pm June 25th, 2020

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

Daily New Deaths in Bangladesh



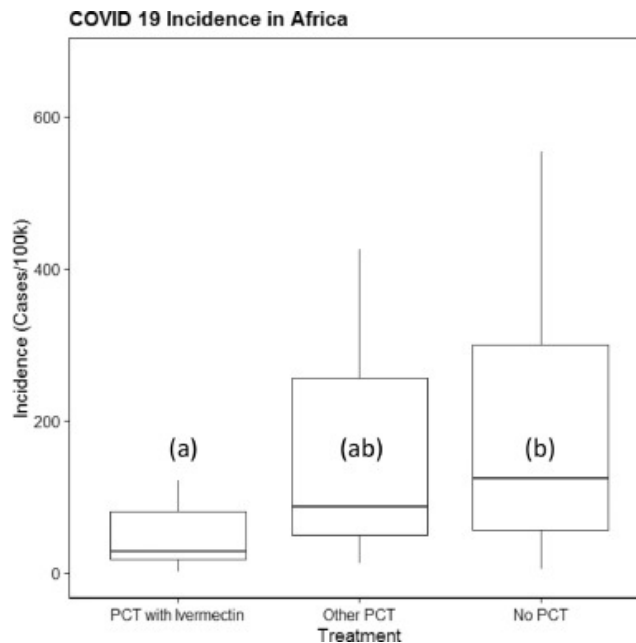
Bangladesh has a population twice the size of Germany,

Germany has 636 deaths per million versus Bangladesh 49

Ivermectin used in Bangladesh since June 2020

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

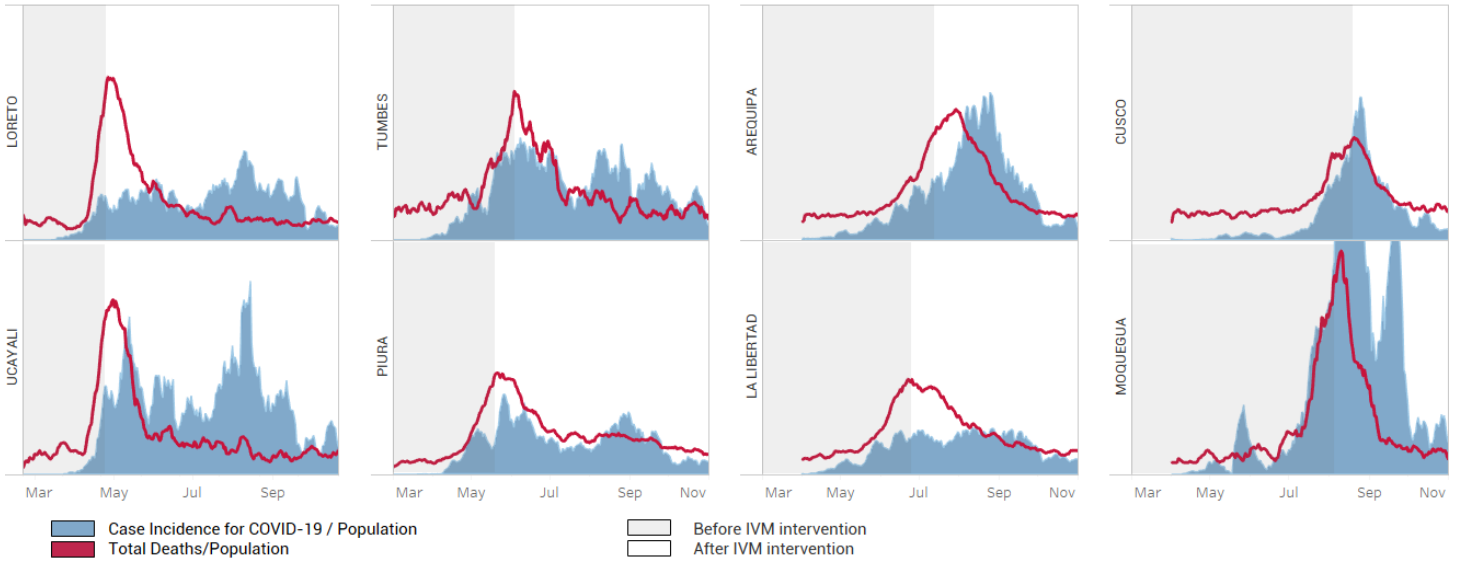
That was worth 1000 words? How about more?:



PCT: prophylactic chemotherapy with ivermectin¹⁰

¹⁰ Hellwig M, Maia A, A COVID-19 prophylaxis? Lower incidence associated with prophylactic administration of ivermectin, International Journal of Antimicrobial Agents, Vol. 57, Issue 1, Jan 2021, 106248, <https://doi.org/10.1016/j.ijantimicag.2020.106248>

Mass ivermectin in different regions of Peru (2020)

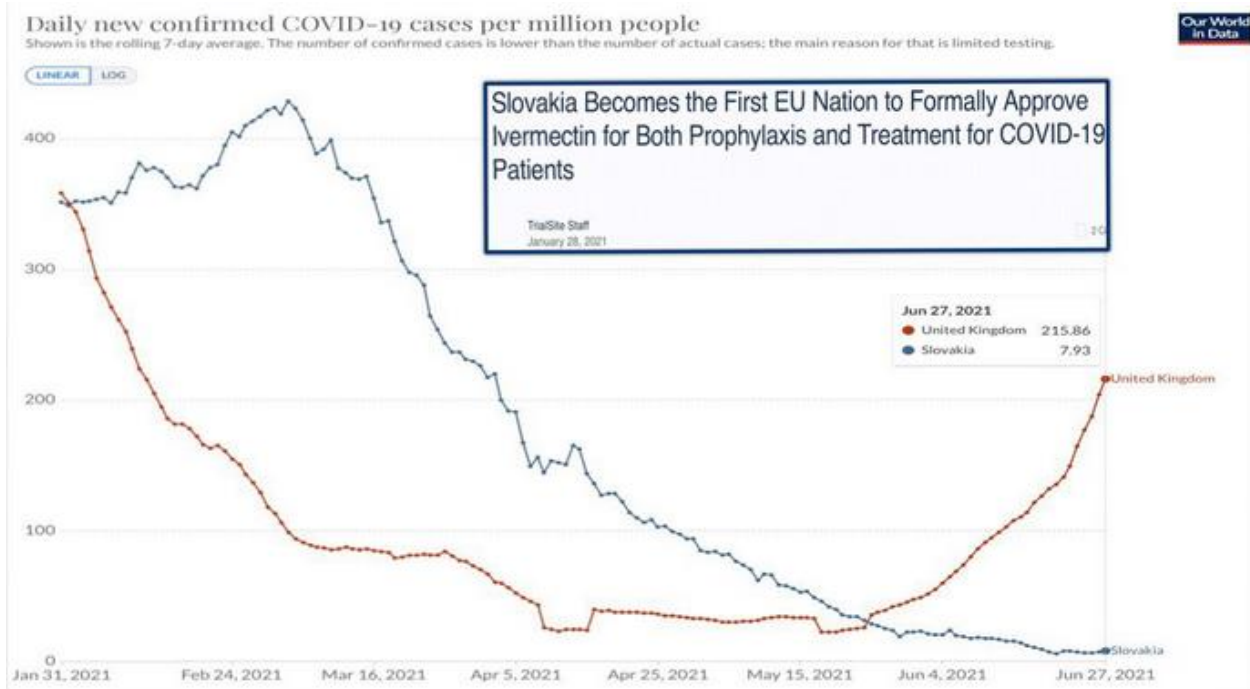


x-axis: Total Deaths/Population from 0.000% to 0.065%. Case Incidence for COVID-19 / Population from 0.00% to 0.10%

Source: Datos Abiertos Gobierno de Perú SINAEF_DATOS_ABIERTOS_08112020 Data Analyst: Juan Chamie @jjchamie

Source: FLCCC based on JJ Chamie's data

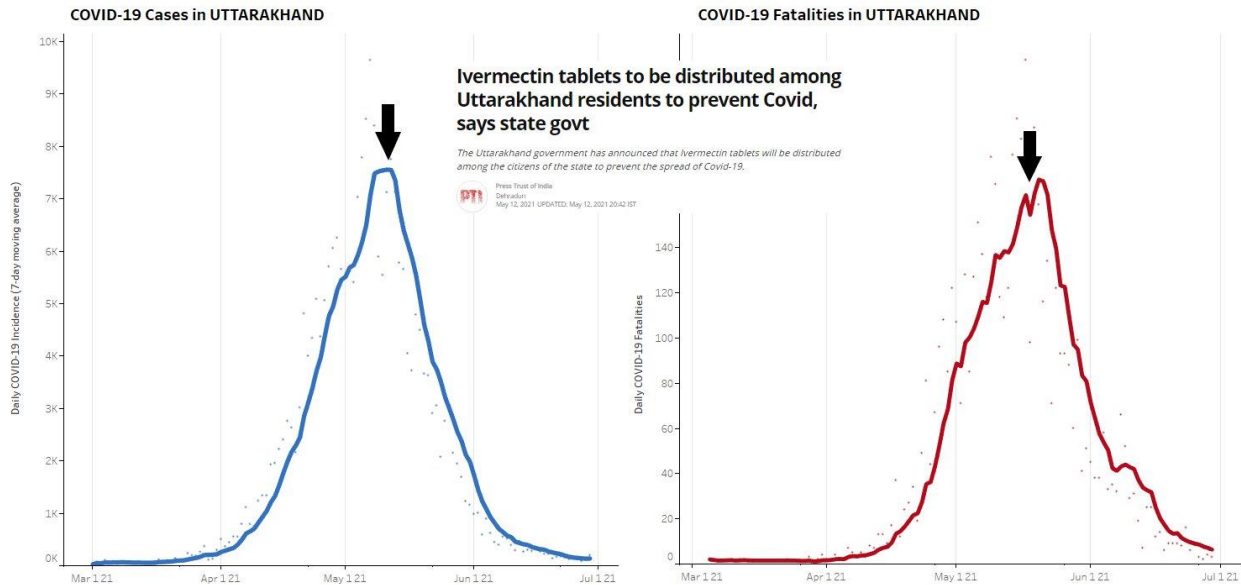
Mass IVM under-vaxxed Slovakia v. anti-IVM full-vaxxed UK and the winner is: IVM



Note: Slovakia had much lower vaccination rates than the UK

COVID-19 in India

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



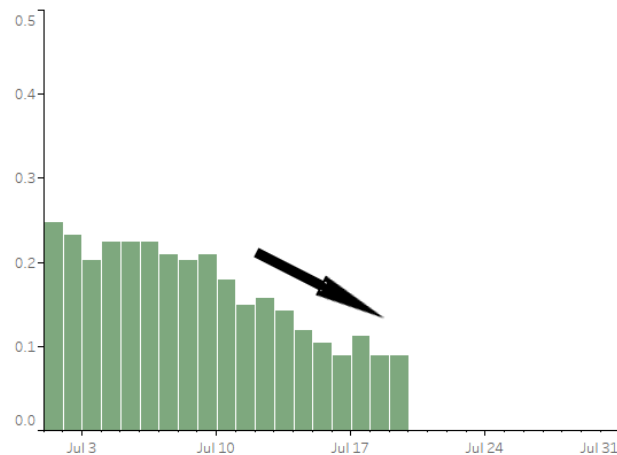
- Uttarakhand's covid cases which reached 9,642 in May, have dropped to less than 200. (-98%)
- Fatalities that went to 223 per day were 3 today. (-99%).
- The scary delta variant was controlled in weeks with ivermectin and natural medicine¹¹
- For every single person over 15 years old, 12 mg tablets twice daily for three days after breakfast and dinner: 72 mg (Goa 12 mg for five days: 60 mg).
- From 10 to 15, only 1 tablet daily.
- Excludes children below two years, pregnant women and those suffering from liver diseases.¹²

COVID-19 Deaths in Delhi and London

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

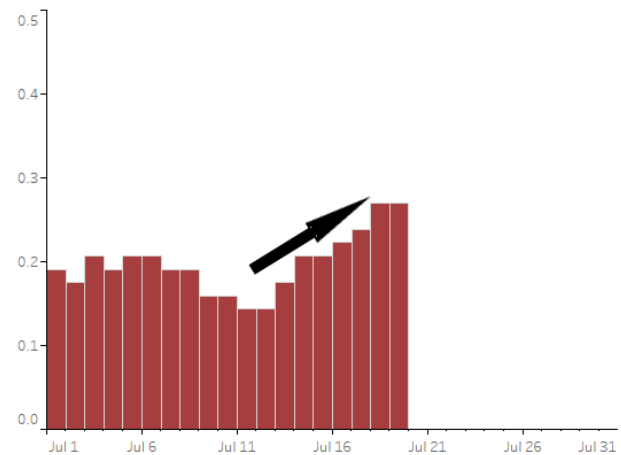
Daily new confirmed COVID-19 deaths per million people DELHI (INDIA)

Shown is the rolling 7-day average.



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

Shown is the rolling 7-day average.



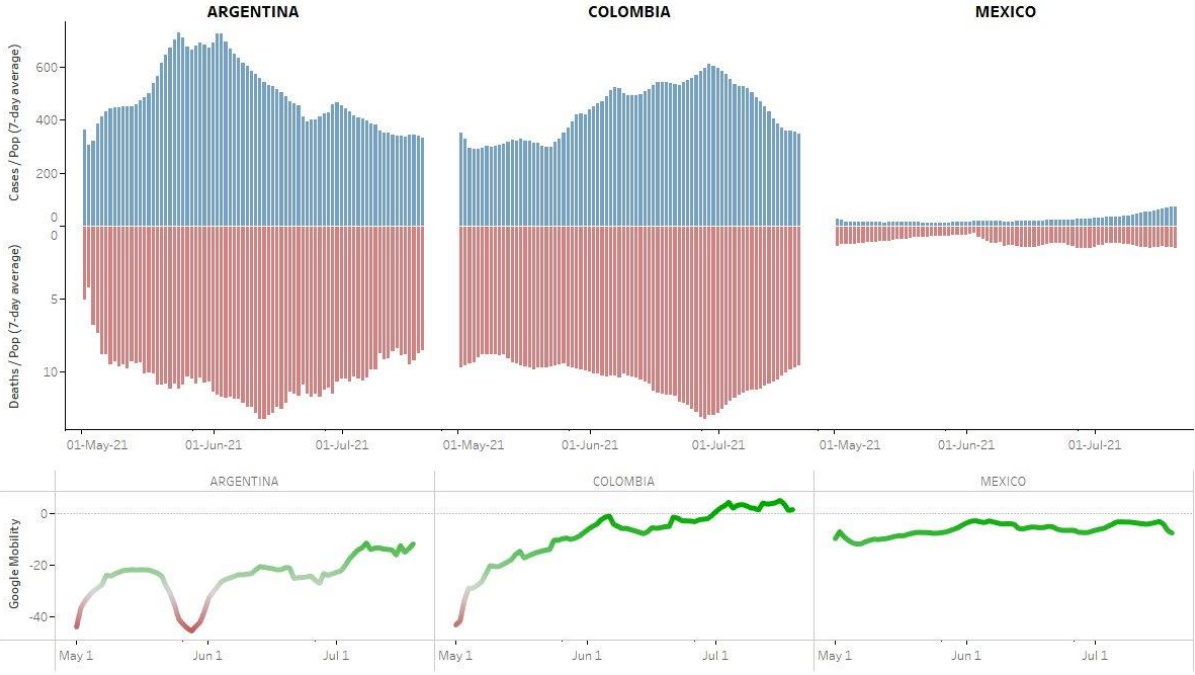
India (ivermectin) v. UK (vaccination)

¹¹ <https://twitter.com/jjchamie/status/1410023102399102981/photo/1>

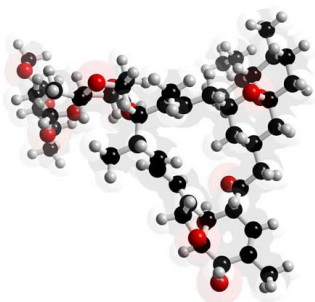
¹² <https://www.indiatoday.in/coronavirus-outbreak/story/ivermectin-tablet-uttarakhand-residents-prevent-covid-govt-1801863-2021-05-12>

ARGENTINA, COLOMBIA, MEXICO COVID-19

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



Ivermectin, *THE* cure for COVID



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

Eureka! The cure for COVID 19 has been found:

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

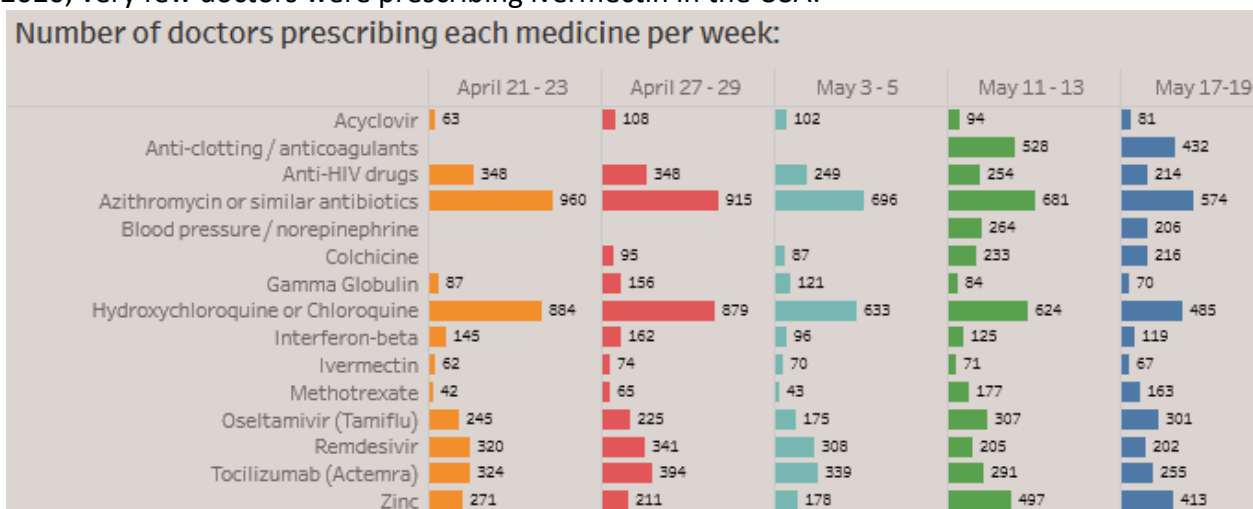
With ivermectin, COVID becomes just another flu, there's no need for *any* restrictions: back to the old normal.

Considering main stream media blackout, everybody would expect such a great discovery to be very recent. Here's the surprise, it was first announced¹³ in **April, 2020**: “Ivermectin is an inhibitor of the COVID-19 causative virus (SARS-CoV-2) *in vitro*. **A single treatment able to effect ~5000-fold reduction in virus at 48 in cell culture ...** FDA-approved for parasitic infections, and therefore has a potential for repurposing ... widely available, due to its inclusion on the **WHO model list of essential medicines**¹⁴.”¹⁵

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

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

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



¹³ <https://www.isglobal.org/en/ivermectin-news>

¹⁴ <https://www.who.int/publications/i/item/WHOMVPEMPIAU2019.06>

¹⁵ Caly *et al.*, **The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 *in vitro***, *Antiviral Research*, Vol. 178, June 2020, 104787. <https://doi.org/10.1016/j.antiviral.2020.104787>

In June 2020, in Argentina, the IVER.CAR protocol from Dr. Hector Carvallo and Dr. Roberto Hirsh, was the first study to prove ivermectin worked as a vaccine: 788 health workers received a nasal spray of i-carrageenan and a drop of ivermectin in the tongue every 4 hours and 407, refused: 58% of these were infected, while of the ivermectin group, none.¹⁶

They also showed 11 to 0 outpatient reduction and also 7 to 1 death reduction in hospitalized patients. The IDEA protocol (Ivermectin, Dexamethasone, Enoxaparin, Aspirin), first published in early July, was **the first to reduce COVID deaths to zero** (out of 160 inpatients).¹⁷

On 8 May, the Peruvian Ministry of Health recommended using ivermectin, followed Bolivia's Health Minister on 12 May. The municipality of Natal, in Rio Grande Do Norte, Brazil, also promoted it as a preventative for health-care professionals and people at increased risk of severe illness from the virus.¹⁸

The most comprehensive site about ivermectin¹⁹ proves that **by July 2020, it was unquestionable that ivermectin was effective in reducing hospitalizations, stays and deaths**. Even more, it was clear that ivermectin, worked better than the current vaccine published results.²⁰

Countries like Peru (28 May)²¹, El Salvador (1 Aug) and Guatemala (12 Aug) launched COVID Kits with ivermectin for at home early treatment²², followed by the city of La Paz, Bolivia (21 Aug), with vitamins for kids and "medicines kit for adults", including ivermectin, without mentioning COVID to avoid regulatory threats.²³

¹⁶ Carvallo, H., Hirsch R. *et al.*, **Study of the Efficacy and Safety of Topical Ivermectin + Iota-Carrageenan in the Prophylaxis against COVID-19 in Health Personnel**, November 17, 2020, Journal of Biomedical Research and Clinical Investigation, Volume 2, Issue 1.1007m, ISSN:2633-8653, <https://doi.org/10.31546/2633-8653.1007>

The study could be attacked based on the assumption that nasal infection triggers an early response avoiding cytokine storm:
Porta-Etessam, J. *et al.* **COVID-19 anosmia and gustatory symptoms as a prognosis factor: a subanalysis of the HOPE COVID-19 (Health Outcome Predictive Evaluation for COVID-19) registry**. *Infection* 2021 Mar 1;1-8. <https://doi.org/10.1007/s15010-021-01587-9>
But this is refuted by the fact that half of the infections ends up advancing to the nervous system and other parts:
Gómez-Iglesias P, Porta-Etessam J, Montalvo T, *et al.* An Online Observational Study of Patients With Olfactory and Gustatory Alterations Secondary to SARS-CoV-2 Infection. *Front Public Health*. Mayo 2020. <https://doi.org/10.3389/fpubh.2020.00243>

¹⁷ There was only one death due to gastric ulcers, not because of the protocol but of an admission mistake for not writing that in the form, which would have required a change in the drug regimen.

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

¹⁸ Rodríguez Mega, E. **Latin America's embrace of an unproven COVID treatment is hindering drug trials**, 20 Oct 2020 Nature 586, 481-482, <https://doi.org/10.1038/d41586-020-02958-2>

¹⁹ <https://c19ivermectin.com/>

²⁰ <https://c19ivermectin.com/#prep>

²¹ <https://www.youtube.com/watch?v=sgGrYwRTzrY>

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

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

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

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

²² <https://saludconlupa.com/noticias/el-salvador-guatemala-y-bolivia-ofrecen-kits-de-medicinas-para-covid-19-sin-prever-reacciones-adversas/>

²³ <https://amchambolivia.com/la-paz-revilla-el-kit-de-medicamentos-se-entrega-a-todos-tengan-sintomas-o-no/>

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



Yet, some kits failed by design, like in Brazil due to an IVM dose, too low to be effective (3 x 6 mg tablets).²⁴ The same for Ziverdo in India (3 x 12 mg)²⁵ and Venezuela (14 Aug), with 4 x 6 mg tablets²⁶. Also, some kit instructed to take IVM without food, thus decreasing plasma and tissue concentration.

Also, by August 2020, in Australia, home of the discovery, famous Dr. Thomas Brody, promoted IVM.²⁷

On Dec 8th 2020, results worldwide were so amazing that Pierre Kory M.D., Associate Professor of Medicine at St. Luke's Aurora Medical Center, representing the FrontLine COVID-19 Critical Care (FLCCC) Alliance, enthusiastically testified at the **US Senate Homeland Security and Governmental Affairs Committee**.²⁸

On 3 Jan 2021, the Evidence-Based Medicine Consultancy Ltd (E-BMC) published a preliminary report²⁹ and on 6 Jan issued the open letter intended to UK Prime Minister³⁰ stating: **“Ivermectin should be viewed as an essential drug to reduce the severity of illness and fatalities caused by the Covid-19 virus.”**³¹

On 13 Jan 2021 meta-analysis of 15 Randomized Control Trials (RCT) from the **World Health Organization’s** office for the Americas³² stated that “...pooled estimates suggest significant benefits with ivermectin...”³³ while showing that ivermectin was **more effective than any other drug or treatment in the same report, i.e. no other treatment showed this success:**

²⁴ <https://elpais.com/sociedad/2021-03-23/los-hospitales-de-brasil-aun-distribuyen-cloroquina-en-kits-de-tratamiento-preventivo-contr-la-covid-19.html> <https://www.msf.org.ar/actualidad/covid-19-brasil-los-pacientes-empeoran-por-culpa-de-la-desinformacion>

²⁵ <https://www.ziverdokit.store/>

²⁶ <https://twitter.com/PresidencialVE/status/1294388098198122500>

²⁷ <https://www.bloomberg.com/press-releases/2020-08-19/ivermectin-triple-therapy-protocol-for-covid-19-to-australian-gp>

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

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

²⁸ <https://youtu.be/jxEDU3BoRm8?t=7210> (4 min)

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

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

²⁹ Lawrie, T. (2021). Ivermectin reduces the risk of death from Covid-19 – a rapid review and meta-analysis in support of the recommendation of the Front line Covid-19 Critical Care Alliance. E-BMC Ltd report, 3 January, at www.e-bmc.co.uk

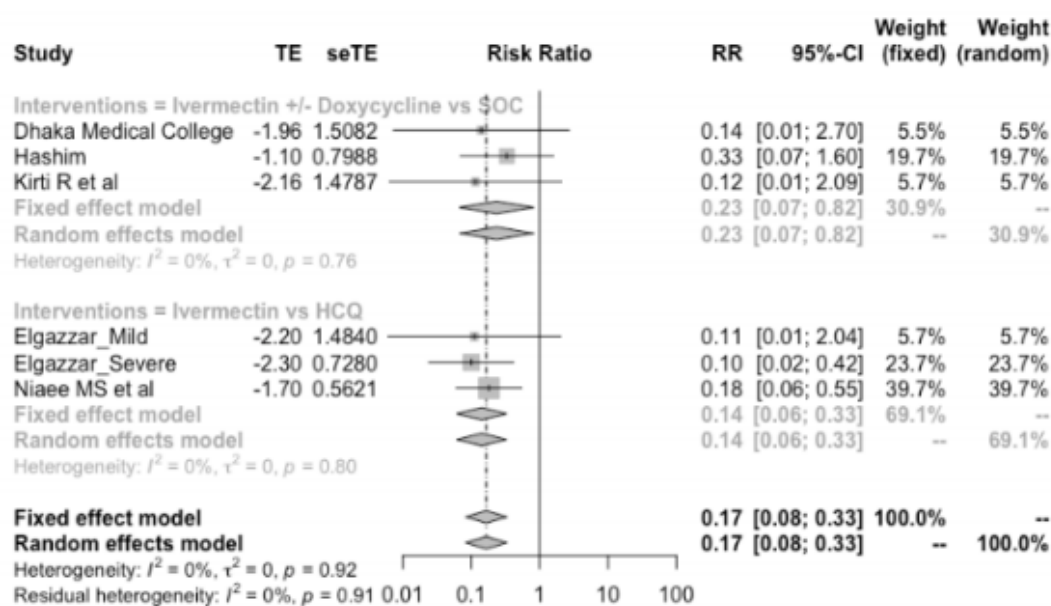
³⁰ Of course, Boris Johnson did (and still does) nothing. It is suspicious that his father was a prominent employee of the globalist World Bank and wrote extensively about the need of population control.

³¹ https://b3d2650e-e929-4448-a527-4eeb59304c7f.filesusr.com/ugd/593c4f_65b1901681ae4fcc9fde91f36c94b201.pdf

³² https://en.wikipedia.org/wiki/Pan_American_Health_Organization

³³ Pan American Health Organization (World Health Organization), **Ongoing Living Update of COVID-19 Therapeutic Options: Summary of Evidence**, Rapid Review, 13 January 2021, pg 39 https://iris.paho.org/bitstream/handle/10665.2/52719/PAHOIMSEIHCOVID-19210001_eng.pdf

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



On 14 Jan 2021, due to the mounting pressure, the **NIH (USA)** passed from a negative to a "neutral"³⁴ recommendation, which should have been positive, at least for Emergency Use Authorization.

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

"... reported **shorter time to resolution of disease** manifestations attributed to COVID-19, **greater reduction in inflammatory markers**,^{16,17} **shorter time to viral clearance**,^{11,16} or **lower mortality rates** in patients who received ivermectin than in patients who received comparator drugs or placebo.^{11,16,18} ³⁵

Also, UNITAID³⁶, hosted by the **World Health Organization** and established by the governments of Brazil, Chile, France, Norway and the United Kingdom, funded **another positive meta-analysis**, published in 19 Jan 2021. Again, according to their own studies, **no other treatment showed such an effective profile**:³⁷

³⁴ <https://www.covid19treatmentguidelines.nih.gov/statement-on-ivermectin/> accessed 22 Jan 2021

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

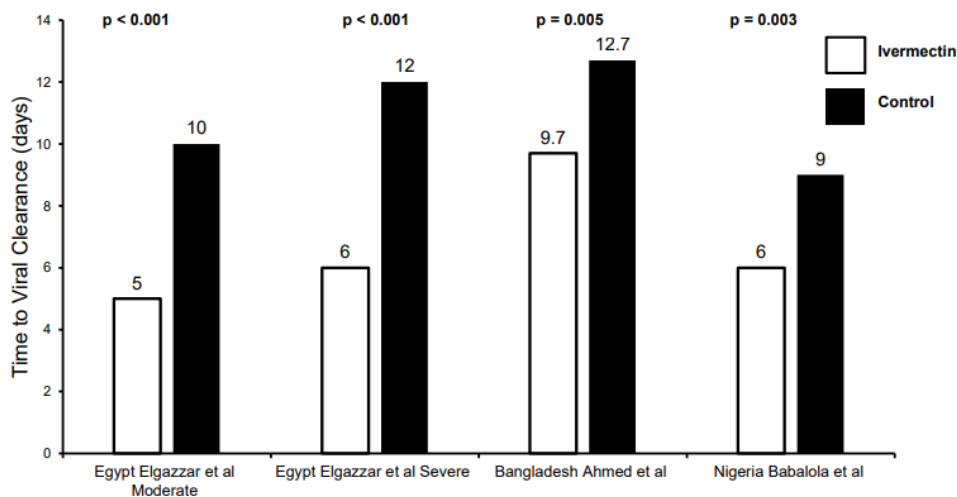
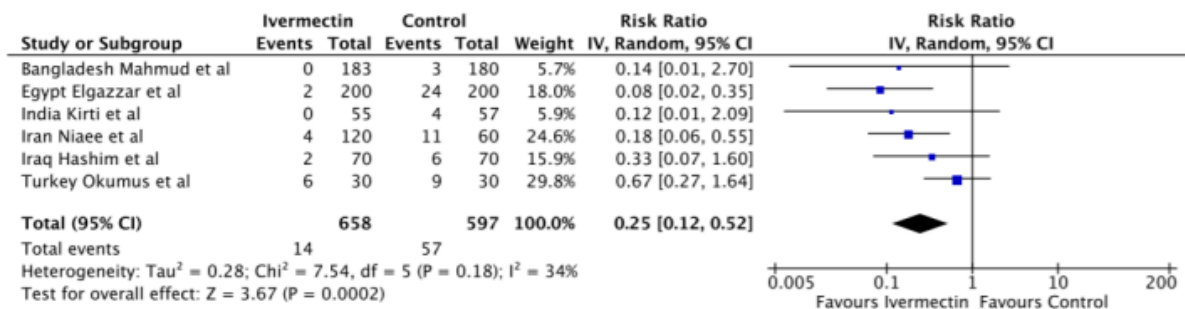
16. Elgazzar A, Hany B, Youssef SA, Hafez M, Moussa H, eltaweel A. **Efficacy and safety of ivermectin for treatment and prophylaxis of COVID-19 pandemic.** Research Square. 2020;Preprint. Available at: <https://www.researchsquare.com/article/rs-100956/v2>.
<https://web.archive.org/web/20210114173701/https://www.covid19treatmentguidelines.nih.gov/statement-on-iv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

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

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

³⁶ <https://en.wikipedia.org/wiki/Unitaid>
<https://fr.wikipedia.org/wiki/Unitaid>

³⁷ Andrew Hill, Ahmed Abdulamir, Sabeena Ahmed et al. **Meta-analysis of randomized trials of ivermectin to treat SARS-CoV-2 infection**, 19 January 2021, PREPRINT (Version 1) available at Research Square <https://doi.org/10.21203/rs.3.rs-148845/v1>



On 25 March 2021, the **British Ivermectin Recommendation Development (BIRD)** panel published the most comprehensive report about ivermectin: positive.³⁸

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

By May 2021, ivermectin was being indicated as COVID treatment in Europe, Czechia and Slovakia, also, **hundreds of states/provinces** in dozens of countries³⁹ and **thousands of municipalities, involving hundreds of thousands of medical doctors and hundreds of millions of patients.** For instance: Dominican Republic (Sep 2020), Chiapas (Mx) (Nov 2020), North Macedonia (Dec 2020), Lebanon, Republic of Slovakia, Zimbabwe, Mexico City (Jan 2021).

³⁸ <https://trialsitenews.com/british-ivermectin-recommendation-development-panel-response-to-ema-statement-on-ivermectin-for-covid-19/>

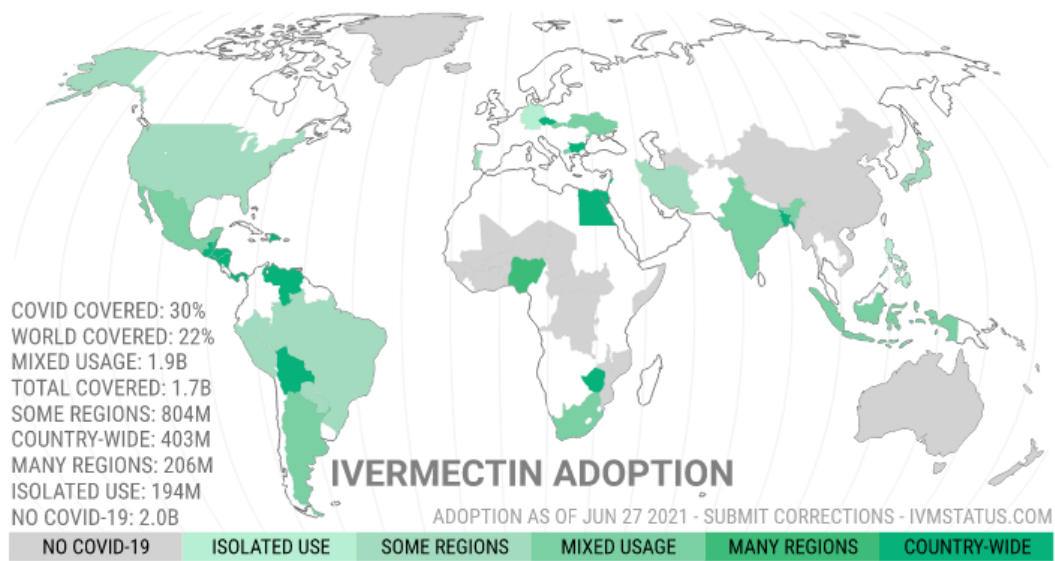
British Ivermectin Recommendation Development (BIRD) panel (2021). Recommendation on the Use of Ivermectin for Covid-19 – Executive Summary. <https://tinyurl.com/xcbh6d8>

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

³⁹ Argentina: Jujuy, Corrientes, Salta, Tucumán, Río Negro, etc. India: Uttar Pradesh, Goa, etc.

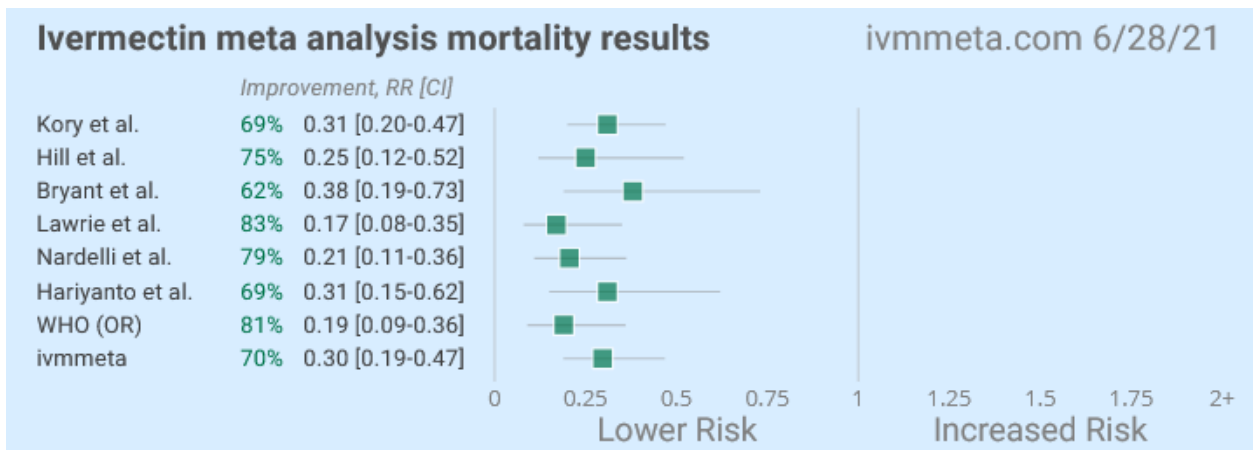
<https://trialsitenews.com/goa-game-changer-indian-states-health-authority-approves-distributes-ivermectin-doxycycline-to-treat-covid-19-as-prophylaxis/>

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



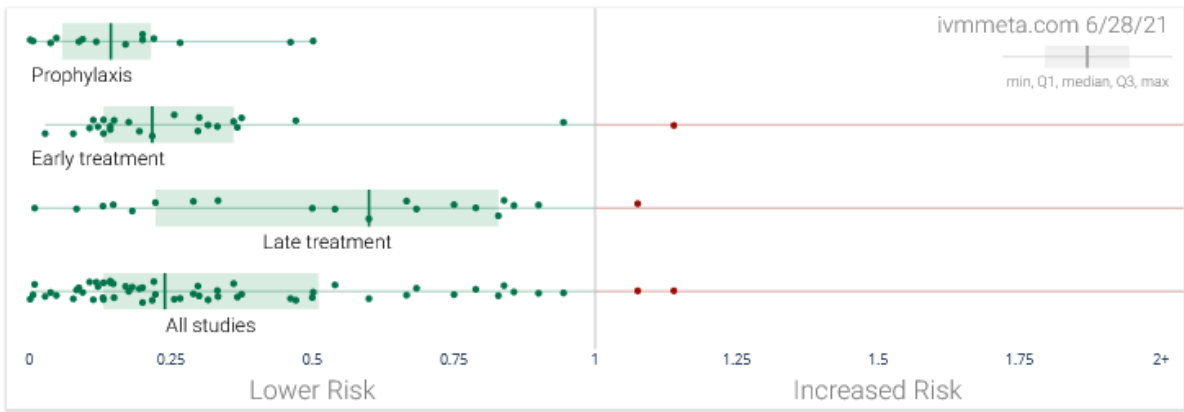
Why not 100%? History of medicine and science will find hard to answer.

8 meta-analysis concur in IVM efficacy



Ivermectin for COVID-19: real-time meta analysis

Treatment time	Number of studies reporting positive effects	Total number of studies	Percentage of studies reporting positive effects	Probability of an equal or greater percentage of positive results from an ineffective treatment	Random effects meta-analysis results
Early treatment	23	25	92.0%	0.0000097 1 in 103 thousand	76% improvement RR 0.24 [0.14-0.41] p < 0.0001
Late treatment	19	21	90.5%	0.00011 1 in 9 thousand	46% improvement RR 0.54 [0.41-0.71] p < 0.0001
Prophylaxis	14	14	100%	0.000061 1 in 16 thousand	85% improvement RR 0.15 [0.09-0.25] p < 0.0001
All studies	56	60	93.3%	0.00000000000045 1 in 2 trillion	71% improvement RR 0.29 [0.23-0.38] p < 0.0001



Ivermectin COVID-19 early treatment and prophylaxis studies

ivmmeta.com 6/28/21

	Improvement, RR [CI]	Treatment	Control	Dose (4d)		
Chowdhury (RCT)	81% 0.19 [0.01-3.96]	hosp.	0/60	2/56	14mg	OT ¹ CT ²
Espitia-Hernandez	97% 0.03 [0.01-0.11]	viral+	0/28	7/7	12mg	CT ²
Carvallo	88% 0.12 [0.01-1.06]	death	1/33	3/12	36mg	CT ²
Mahmud (DB RCT)	86% 0.14 [0.01-2.75]	death	0/183	3/183	12mg	CT ²
Szente Fonseca	-14% 1.14 [0.75-1.66]	hosp.	340	377	24mg	
Cadegiani	78% 0.22 [0.01-4.48]	death	0/110	2/137	42mg	
Ahmed (DB RCT)	85% 0.15 [0.01-2.70]	symptoms	0/17	3/19	48mg	
Chaccour (DB RCT)	53% 0.47 [0.19-1.16]	symp. prob.	12	12	28mg	
Afsar	92% 0.08 [0.00-1.32]	symptoms	0/37	7/53	48mg	
Babalola (DB RCT)	64% 0.36 [0.10-1.27]	viral+	40	20	24mg	OT ¹
Kirti (DB RCT)	89% 0.11 [0.01-2.05]	death	0/55	4/57	24mg	
Bukhari (RCT)	82% 0.18 [0.07-0.46]	viral+	4/41	25/45	12mg	
Samaha (RCT)	86% 0.14 [0.01-2.70]	hosp.	0/50	3/50	12mg	
Mohan (DB RCT)	62% 0.38 [0.08-1.75]	no recov.	2/40	6/45	28mg	
Biber (DB RCT)	70% 0.30 [0.03-2.76]	hosp.	1/47	3/42	36mg	
Elalfy	87% 0.13 [0.06-0.27]	viral+	7/62	44/51	36mg	CT ²
López-Me.. (DB RCT)	67% 0.33 [0.01-8.11]	death	0/200	1/198	84mg	
Roy	6% 0.94 [0.52-1.93]	recov. time	14	15	n/a	CT ²
Chahla (CLUS. RCT)	87% 0.13 [0.03-0.54]	no disch.	2/110	20/144	24mg	
Mourya	89% 0.11 [0.05-0.25]	viral+	5/50	47/50	48mg	
Loue (QR)	70% 0.30 [0.04-2.20]	death	1/10	5/15	14mg	
Merino (QR)	74% 0.26 [0.11-0.61]	hosp.	population-based cohort		24mg	
Faisal (RCT)	68% 0.32 [0.14-0.72]	no recov.	6/50	19/50	48mg	
Aref (RCT)	63% 0.37 [0.22-0.62]	recov. time	57	57		
Krolewiecki (RCT)	-152% 2.52 [0.11-58.1]	ventilation	1/27	0/14	168mg	
Early treatment	76% 0.24 [0.14-0.41]		30/1,673	204/1,709		76% improvement

Conclusion:

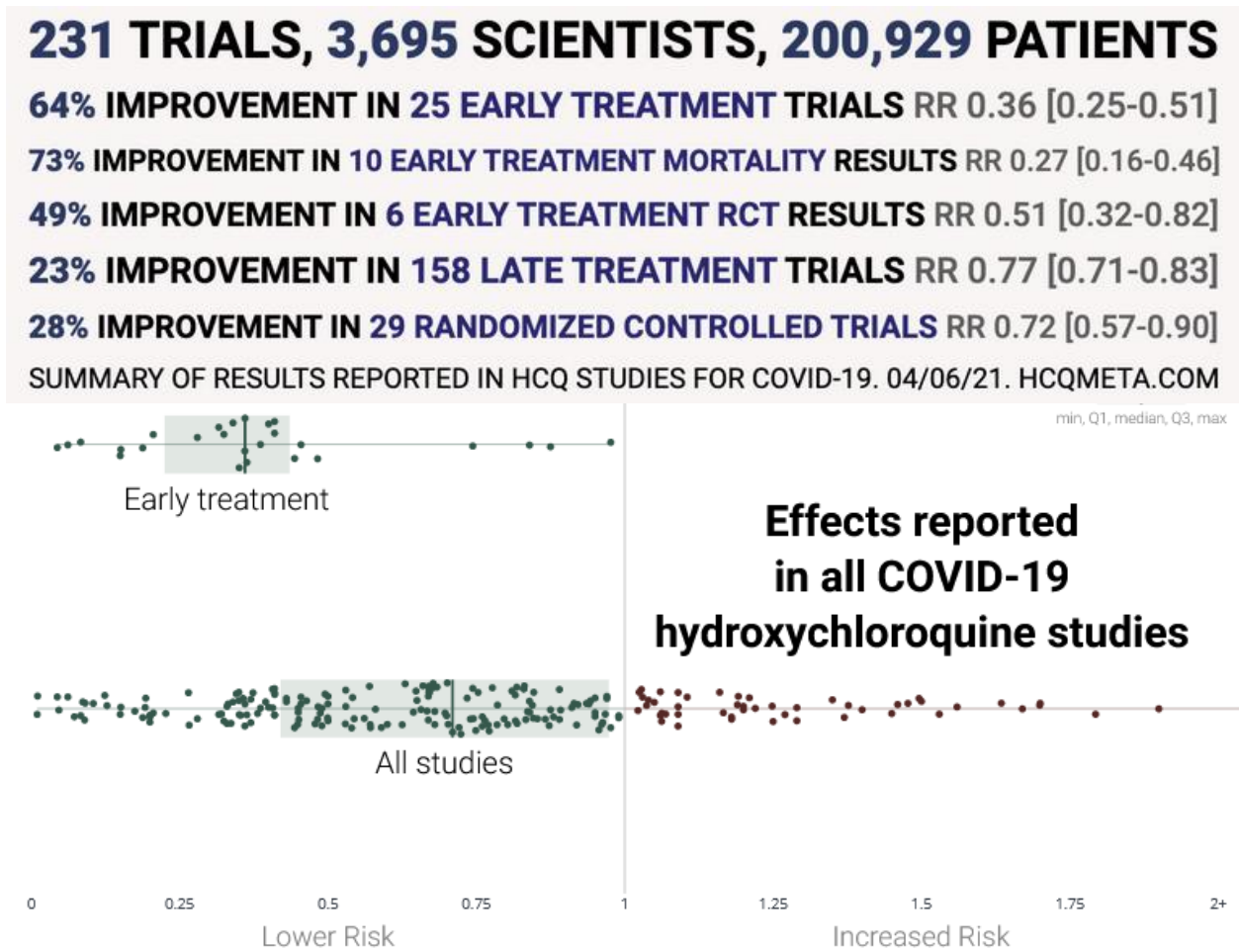
- **81% lower mortality for early treatment**
- **96% lower mortality for prophylaxis**
- **Probability that an ineffective treatment generated results as positive is 1 in 2 trillion.**

In spite of that, by mid-August 2021 the first large (15000) RCT in the world was announced involving Ivermectin, Fluvoxamine, and Fluticasone with the NIH ACTIV (Accelerating COVID-19 Therapeutic Interventions and Vaccines).⁴⁰ Considering the history of research corruption, the medical community doesn't hold its breath for promising results.

⁴⁰ <https://trialsitenews.com/activ-6-ivermectin-study-finally-gets-going-kudos-to-dcri-for-taking-it-on/>

IVM v. HCQ

HCQ is somewhat effective, especially in early treatment:



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

Ivermectin is not “the new HCQ” (supposedly discredited), as another global rehash media campaign was trying to push.⁴¹ Ivermectin is much more effective than HCQ at all stages:

Symptoms	Mild		Severe	
	IVM	HCQ	IVM	HCQ
Recovered	99	74	94	50
Improved	1	22	4	30

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

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

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

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

Died	0	4	2	20
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Source: <https://www.researchsquare.com/article/rs-100956/v1>

Is there a contraindication to use both drugs? On the contrary, in theory, there is a synergistic effect.⁴²

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

It is eye-opening to read or listen to the sworn testimony of Jane M. Orient M.D., Executive Director of the Association of American Physicians and Surgeons.⁴³ Also, “**Killing the cure: The strange war against hydroxychloroquine.**”⁴⁴ The story of hydroxychloroquine helps understand why *THE* cure to COVID-19, Ivermectin, has been ignored on purpose. **It shows how deep the conspiracy has permeated all layers of power, from Big Pharma predatory practices to politics, health agencies, scientific and medical societies, journals, universities, etc.**

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

Ivermectin safety

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

A review of 350 articles from scientific journals, concluded:

“It is noteworthy that **no deaths** have seemingly ever been reported **after an accidental or suicidal overdose** of ivermectin. **No greater toxicity of ivermectin has been substantiated in elderly** people despite repeated assertions that an ageing blood-brain barrier might lead to increased ivermectin toxicity level. The positive clinical experience accumulated with ivermectin administration led many medical experts to break away from early adamant contra-indications in **pregnant women**. Finally, several national pharmacovigilance networks around the world released information and opinions to ascertain ivermectin safety in human subjects. So far, there are **no critical safety limitations to ivermectin prescription in current indications.**”⁴⁵

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

⁴² Patrì, A., Fabbrocini, G. **Hydroxychloroquine and ivermectin: A synergistic combination for COVID-19 chemoprophylaxis and treatment?**.10 Apr 2020. Journal of the American Academy of Dermatology, 82(6), e221. <https://doi.org/10.1016/j.jaad.2020.04.017>

⁴³ <https://www.hsgac.senate.gov/early-outpatient-treatment-an-essential-part-of-a-covid-19-solution-part-ii>

⁴⁴ <https://www.palmerfoundation.com.au/killing-the-cure-the-strange-war-against-hydroxychloroquine/>

⁴⁵ Descotes J, Bernard C, **Medical safety of ivermectin**, Mar 2021 Expert Review preprint, MedinCell, InmunoSafe.

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

According to a World Health Organization document⁴⁶:

“Pharmacological strategies to increase the efficacy of ivermectin include:

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

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

- 400 mcg/kg... four times a year ... is remarkably safe for humans weighing more than 15 kg⁴⁷
- More frequent administration has been recommended⁴⁸
- In fact, single doses as high as 2000 mcg/kg (**10-fold the dose** currently used for onchocerciasis) and cumulative doses of up to 3200 mcg/kg in 1week have been **well tolerated** by healthy volunteers.”⁴⁹

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

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

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

There are no published reports of life threatening immune reactions such as Stevens Johnson Syndrome, despite the fact that this possibility is noted on the label. Ivermectin MDAs at higher concentrations have been performed for NTDs. Ivermectin (400 mcg/kg) MDAs have been administered safely to thousands of people in India, Cameroon, Papua New Guinea and French Polynesia with minimal adverse events reported. Ramaiah et al. have conducted the largest human study to date of ivermectin MDA at 400 mcg/kg; in the study, five entire villages, roughly 10000 people, were treated by MDA nine times over an 11-year period. French regulatory authorities have recommended ivermectin (400 mcg/kg) MDA in selected areas. The primary safety concern is Loa loa-associated encephalopathy, which places a geographical restriction on the deployment of ivermectin. However, the mechanism is not well understood. The clinical safety of ivermectin during pregnancy has not been

⁴⁶ World Health Organization, **Malaria Policy Advisory Committee Meeting**, Background document for Session 9, WHO Headquarters, Geneva 30 March–1 April 2016. <https://www.who.int/malaria/mpac/mpac-sept2016-ivermectin-session9.pdf?ua=1>
WHO, **Malaria Policy Advisory Committee meeting report** (Sep 2016), <https://www.who.int/malaria/publications/atoz/mpac-report-september-2016/en/>

⁴⁷ Merck&Co., **Stromectrol. FDA approved package insert** 2009.

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

⁴⁸ Merck&Co., **Stromectrol. TGA-Australia approved Package insert** 2014.

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

⁴⁹ Guzzo CA, Furtek CI, Porras AG, Chen C, Tipping R, Clineschmidt CM, Sciberras DG, Hsieh JY, Lasseter KC: **Safety, tolerability, and pharmacokinetics of escalating high doses of ivermectin in healthy adult subjects**. J Clin Pharmacol 2002, 42:1122-1133.

appropriately studied. **Preclinical studies in pregnant mice, rats and rabbits have shown teratogenicity at doses toxic to the mother** (... 5000 mcg/kg and 3000 mcg/kg during pregnancy days 6–18, respectively). Ivermectin has been shown to produce **delayed development and increase pup mortality in rats at maternal doses of 1600 mcg/kg**. To track exposure in pregnancy, 1276 reports of inadvertent exposure in pregnant women have been filed, of which 442 were in the first trimester. Toxicology studies in neonatal Rhesus monkey shows how no adverse reactions after 2 weeks of daily 100 mcg/kg doses. **Safety in paediatric patients weighing less than 15 kg has not been evaluated, and this population is currently not included on the US FDA-approved label.**

According to **INCHEM.org**, a **WHO website** for “Internationally Peer Reviewed Chemical Safety Information”⁵⁰: “Amounts approaching the therapeutic doses in animals (100 to 200 µg/kg bodyweight) are **not hazardous to humans**. Ingestions of large quantities (10 to 100 times the animal therapeutic dosage) may produce symptoms resembling those observed in animal toxicology studies at high toxic levels.”

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

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

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

“Should not be given to mothers who are breast-feeding until the infant is at least three months old” (less than 2% ends up in breast milk).⁵¹

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

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

⁵¹ Ali BH, Bashir AA (1990) Ivermectin in human filariasis: a mini review. *Vet Hum Toxicol*, 32: 110-113.

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

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

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

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

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

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

Anti-cure elite

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

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

- Since the 80s it is widely applied in livestock all over the world, without any objection to indirect human intake through meat or milk.
- Since 1985 it was proven useful for humans as a broad spectrum anti-parasitic⁵²

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

Ivermectin is a multi-purpose super drug:

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

3. "The required higher *in vivo* dose to match the *in vitro* dose causes serious harm"⁵³

The *in-vitro* model "ignores the immune component of the host and does not take into account the balance between drug concentration versus viral load."⁵⁴

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

- a) inhibits the *clamp* effect caused by blocking the binding of the virus to the red cells' CD147 receptors⁵⁵ (also melatonin does that and is showing promising results)

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

Edwards G, Dingsdale A, Helsby N et al. (1988) The relativestability of ivermectin after administration as capsule, tableand oral solution. Eur J Clin Pharmacol, 35: 681-684.

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

Hayes WJ & Laws ER (Eds) (1991) Handbook of pesticidetoxicology. Volume 2. Classes of pesticides. Academic PressInc, San Diego, California, 1576 pp.

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

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

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

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

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

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

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

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

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

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

⁵² Pinworm infection (enterobiasis), river blindness (onchocerciasis), eyeworm (Loa loa), threadworm (strongyloidiasis), whipworm (Trichuris trichiura), Lymphatic filariasis due to Wuchereria bancrofti, Brugia malayi, or Brugia timori, scabies, lice, bedbugs, rosacea (mites of the genus Demodex), blepharitis (eyelid inflammation), ascariasis, etc. <https://en.wikipedia.org/wiki/Ivermectin>

⁵³ Peña-Silva R. et al., **Pharmacokinetic considerations on the repurposing of ivermectin for treatment of COVID-19**, 17 July 2020 <https://doi.org/10.1111/bcp.14476>

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

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

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

Bray *et al.* (2020-06). **Ivermectin and COVID-19: A report in Antiviral Research, widespread interest, an FDA warning, two letters to the editor and the authors' responses**. *Antiviral Research*. <https://dx.doi.org/10.1016%2Fj.antiviral.2020.104805>

⁵⁴ <https://www.argentina.gob.ar/noticias/un-estudio-demuestra-la-respuesta-antiviral-de-la-ivermectina-en-pacientes-con-covid-19>

b) inhibits the *catch* effect, where COVID spikes bind the red cells to vascular endothelium through the ACE2 receptors⁵⁶ (same as azithromycin)

The objective of the lower *in vivo* ivermectin dose is not to totally eliminate the virus as the *in vitro* saturation experiment, but to dampen viral replication rate and therefore letting the natural immune system outpace the infection, while generating "antibodies, in the manner of a vaccine produced by the body itself."⁵⁷

Also, the *in vitro* model, doesn't take into account synergistic effects with other cocktail drugs which potentiate ivermectin like azithromycin, melatonin or hydroxychloroquine.⁵⁸

There are many other *in vivo* mechanisms associated with ivermectin's success that can't be accounted *in vitro*.⁵⁹

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

Dr. Hirsh proved it surpasses vaccine efficacy, by naturally helping the immune system to generate long-term response. Moreover, vaccines are less effective against more transmissible COVID variants, showing "reduced duration of protection against infection."⁶⁰

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

- The same outline (bullet points), sometimes even in the same order.
- Obfuscation strategy to hide the truth, involving the use of confusing and contradictory statements.
- Using wrong conclusions from published science.
- The same influencers, cited over and over, even from other countries where they had no relation nor authoritative position whatsoever.
- None of the articles showed the alternative point of view.⁶¹

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

⁵⁵ CD147 as a Target for COVID-19 Treatment: **Suggested Effects of Azithromycin and Stem Cell Engagement.** <https://dx.doi.org/10.1007%2Fs12015-020-09976-7>

⁵⁶ Scheim, David, **Ivermectin for COVID-19 Treatment: Clinical Response at Quasi-Threshold Doses Via Hypothesized Alleviation of CD147-Mediated Vascular Occlusion** (June 26, 2020). Available at SSRN: <https://ssrn.com/abstract=3636557>

⁵⁷ <http://pharmabaires.com/1767-salta-y-corrientes-adoptan-ivermectina-en-sus-protocolos-covid.html>

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

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

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

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

⁵⁸ Patri *et al.*, **Hydroxychloroquine and ivermectin: A synergistic combination for COVID-19 chemoprophylaxis and treatment?**, *Journal of the American Academy of Dermatology*, Volume 82, ISSUE 6, e221, June 01, 2020. <https://doi.org/10.1016/j.jaad.2020.04.017>

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

⁵⁹ Zaidi, A.K., Dehgani-Mobaraki, P. **The mechanisms of action of Ivermectin against SARS-CoV-2: An evidence-based clinical review article.** 15 Jun 2021 *J Antibiot.* <https://doi.org/10.1038/s41429-021-00430-5>

⁶⁰ <https://www.msn.com/en-us/money/companies/this-ominous-warning-from-moderna-could-shake-up-the-covid-vaccine-market/>

⁶¹ Most probably, the editor would tell the journalist to write about a certain topic using the party mantras as skeleton while filling the flesh of that Frankenstein-article with comments from a closed shortlist of party members... Orwell's 1984, 2021 version.

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

WEF also partners with TPG investment firm; Nielsen; McKinsey and Company and the Blackstone Group. Thomson Reuters’ current president, CEO and director, Steve Hasker, served as senior adviser to TPG Capital; CEO of CAA Global, a TPG Capital portfolio company; global president and CEO of Nielsen; and spent more than a decade with McKinsey. In 2018, Thomson Reuters sold for \$20 billion a 55% majority stake in its financial and risk business to private equity funds managed by Blackstone.”⁶²

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

War on humans

By May 2020, Bolsonaro, President of Brazil, was promoting ivermectin, only to be mocked by media.⁶³

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

On 27 Aug 2020, the USA NIH negative report should have been positive or at least neutral: **among dozens that were not included on purpose, they only took into account one in vivo study** using ivermectin against COVID19⁶⁴ A cure for COVID meaning the end of restrictions would have meant hope and Trump winning by even a larger margin, but that is another conspiracy fact, considering Zuckerberg (Facebook)’s 350 million USD linked to massive voting fraud⁶⁵.

⁶² <https://childrenshealthdefense.org/defender/reuters-fact-check-covid-social-media-pfizer-world-economic-forum/>

⁶³ https://www.swissinfo.ch/spa/coronavirus-brasil_bolsonaro-promueve-ahora-tres-tipos-de-t%C3%A9-ind%C3%ADgenas-para-tratar-la-covid-19/46657276

⁶⁴ <https://web.archive.org/web/20201221081253/https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>

⁶⁵ <https://www.breitbart.com/politics/2021/06/28/lawsuit-silicon-valley-billionaire-recruited-election-officials-to-accept-grants-from-zuckerberg>

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

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

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

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

1,302 Proven instances of voter fraud

1,125 Criminal convictions

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

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

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

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

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

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

<http://www.supremecourt.gov/DocketPDF/20/20->

816/163876/20201215165004182_Georgia%20Pearson%20v.%20Kemp%20Notice%20of%20Supplemental%20Authority.pdf

100000 fake votes: <https://welovetrump.com/2021/06/29/georgia-state-senator-i-think-we-can-ask-for-our-16-electoral-votes-back/>

Proof of wrongdoing? On the 3 Nov 2020 elections day update (an unbelievable coincidence or a subtle mobster message?), despite the accumulation of 30 more studies, the NIH kept repeating the same mantra: “The Panel recommends **against the use of ivermectin for the treatment of COVID-19, except in a clinical trial (AIII).**”⁶⁶ “A” for strong and “III” for “expert opinion”.

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

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

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

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

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

We are talking about a conspiracy to hide THE cure to COVID, which costed the lives of millions and ruined the lives of hundreds of millions, starting with the Republicans. Fraud wouldn’t be as massive without the

<https://www.lifesitenews.com/blogs/the-electoral-college-will-today-certify-joe-biden...but-heres-why-he-wont-be-president>
<https://krebsonsecurity.com/2020/12/u-s-treasury-commerce-depts-hacked-through-solarwinds-compromise/comment-page-1/>
<https://www.breitbart.com/clips/2021/07/15/watch-allegations-of-georgia-voter-fraud-highlighted-by-fncs-tucker-carlson/>
<https://youtu.be/DSDZkXxFVEU> -- Pennsylvania State Legislative Hearing, Nov. 25, 2020
<https://youtu.be/rri6flxaXww> -- Arizona State Legislative Hearing, Nov. 30, 2020
<https://youtu.be/X0-vyw9qbdw> -- Michigan State Senate Committee on Oversight -- Dec. 1, 2020,
<https://youtu.be/eUjTOSDZ0BE> -- Michigan House Oversight Committee – Dec. 2, 2020
<https://youtu.be/Bu-gt5VzD48> -- Georgia Senate Government Oversight Committee Meeting on Election Fraud – Dec. 3, 2020
<https://spectator.us/reasons-why-the-2020-presidential-election-is-deeply-puzzling>
<https://thefederalist.com/2020/11/23/5-more-ways-joe-biden-magically-outperformed-election-norms/>
<https://welovetrump.com/2021/05/24/new-hampshire-election-auditors-find-ballot-fold-issue/>
<https://welovetrump.com/2021/05/18/more-election-irregularities-this-time-in-a-small-pennsylvania-town/>
<https://www.washingtonexaminer.com/news/michigan-attorney-phantom-ballots-antrim-county-2020-election-case>
<https://welovetrump.com/2021/05/10/trump-vindicated-after-judge-ruled-mi-secretary-of-state-broke-the-law-on-absentee-order/>
<https://welovetrump.com/2021/05/05/forensic-evidence-dominion-voting-machines-had-unauthorized-implant/>
Zuckerberg funded hundreds of millions to rig elections: Wisconsin fraud and voting machines hack.
<https://www.dailysignal.com/2021/04/14/investigative-reporter-uncovers-disturbing-facts-about-presidential-election-in-wisconsin/>
<https://www.naturalnews.com/2021-03-08-there-is-no-way-biden-won-the-2020-election.html>
<https://www.naturalnews.com/2021-03-08-judge-maricopa-arizona-election-ballots-senate-audit.html>
<https://www.naturalnews.com/2020-12-07-lin-wood-evidence-election-stolen.html>

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

<https://www.naturalnews.com/2020-12-06-fbi-discovers-trove-illegal-absentee-votes-georgia.html>

<https://www.lifesitenews.com/news/evidence-seems-to-indicate-algorithm-manipulation-in-the-2020-election>

⁶⁶ National Institutes of Health, COVID-19 Treatment Guidelines Panel. **Coronavirus Disease 2019 (COVID-19) Treatment Guidelines.** 3 Nov 2020 update <https://www.covid19treatmentguidelines.nih.gov/antiviral-therapy/ivermectin/>

pandemic which enabled massive voting by mail and hard access to close-filing ballot processing. Dark interests allowed the pandemic to extend up to elections, by blocking ivermectin and other cures.

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

1. They left out on purpose **more than 40 studies, all of which were positive.** ⁶⁷

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

2.1 WHO expert consultant, Dr. Andrew Hill. ⁶⁸

2.2 The FLCCC Alliance . ⁶⁹

3. They didn't start their own meta-analysis. This a very serious omission, considering there were 2x patients involved in double-blind studies with ivermectin (5316 by Jun 2021), than with the 2104 patients who took dexamethasone in the UK study⁷⁰ which established it as standard of care⁷¹.

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

- It is unethical to give a placebo to a sick patient when you know the tested drug works. Cited authoritatively by Nature, the director of the Scripps Research Translational Institute said “You can’t do randomized trials for everything — and you shouldn’t. As clinical researchers are sometimes fond of saying, parachutes have never been tested in a randomized controlled trial, either.” ⁷²
- BMJ and Cochrane review showed that **the systematic (PRISMA/QUORUM) addition of several unbiased consistent precise small-scale observational and/or controlled studies reach the same conclusions than statistical robust large RCTs.** ⁷³
“Systematic reviews and meta-analyses present results by combining and analyzing data from different studies conducted on similar research topics. These research methods are powerful tools that **can overcome the difficulties in performing large-scale randomized controlled trials.**” ⁷⁴

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

4.2. Considering the overwhelming evidence for **ivermectin effectiveness involving over 10,000 patients in clinical trials, giving a placebo a malpractice,** the only ethical choice is statistical analysis comparing doses and

⁶⁷ <http://c19ivermectin.com>

⁶⁸ <https://www.researchsquare.com/article/rs-148845/v1>

⁶⁹ <https://www.frontiersin.org/articles/10.3389/fphar.2021.643369/abstract>

⁷⁰ <http://ivmmeta.com>

⁷¹ With few exceptions, like prior strongyloidiasis, a parasitic worm infection, which gets worse with corticosteroids: <https://www.who.int/news/item/17-12-2020-a-parasitic-infection-that-can-turn-fatal-with-administration-of-corticosteroids>

⁷² Peeples, Lynne. **Face masks: what the data say.** Nature 586, 186-189 (2020) <https://doi.org/10.1038/d41586-020-02801-8>

⁷³ <https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade/>

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

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

⁷⁴ Ahn, E., & Kang, H. (2018). Introduction to systematic review and meta-analysis. Korean journal of anesthesiology, 71(2), 103–112. <https://doi.org/10.4097/kjae.2018.71.2.103>

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

frequency with disease stages and outcomes (apart from comparing patients which were left without ivermectin, through uninformed-consent, irrational patient refusal, suicidal patient, mistakes, mala praxis, patient abandonment, etc). It wouldn't be the first time the NIH violates basic bioethics principles... just as they recommend massive experimental vaccination without informed consent of severe side effects, recognized by the very NIH, from permanent disabilities to death, when there is a safe drug alternative like ivermectin (and others).

5. The FLCCC Alliance presented many other science-based counter-arguments.⁷⁵

Idiocy, lunacy or conspiracy? Whatever it is, it is international. Canadian Health authorities repeated the USA scam like copying and pasting. Just as the USA NHS, the PAHO/WHO neutral report failed to take into account prior studies (and still does) and to understand the difference between *in vitro* and *in vivo* results.⁷⁶ Even Chaccour's RCT, which was cited in the report, had proven ivermectin was effective against COVID-19.

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

Ivermectin is still rejected under one excuse: there is no large RCT. This is a huge double standard, especially if we consider that most expensive chemotherapy drugs, currently in use, were never tested with RCT using placebo or the scandalous approval of drugs which don't prove any health improvement.⁷⁷ When a drug is effective, it is unethical to give a placebo to a control group. Yet, **Nature attacked ivermectin with the most stupid excuse: the drug was so widely used in Peru that there weren't enough patients to enrol for placebo.**⁷⁸

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

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

Medication	Studies	Patients	Improvement
Budesonide (UK) ⁷⁹	1	1,779	17%
Remdesivir (USA) ⁸⁰	1	1,063	31%
Casiri/imdevimab (USA) ⁸¹	1	799	66%
<i>Ivermectin (NOT APPROVED)</i>	60	18,931	71%

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

22 Aug 2021, Bill Gates GAVI alliance publishes against ivermectin: “

⁷⁵ <https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-Response-to-the-NIH-Guideline-Committee-Recommendation-on-Ivermectin-use-in-COVID19-2021-01-18.pdf>

⁷⁶ <https://covid19criticalcare.com/i-mask-prophylaxis-treatment-protocol/faq-on-ivermectin/>

⁷⁷ <https://arstechnica.com/science/2021/06/advocacy-org-calls-for-ouster-of-fda-officials-after-alzheimers-drug-approval/>

⁷⁸ Rodríguez Mega, E. **Latin America's embrace of an unproven COVID treatment is hindering drug trials**, 20 Oct 2020 Nature 586, 481-482, <https://doi.org/10.1038/d41586-020-02958-2>

⁷⁹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/04/C1253-interim-position-statement-inhaled-budesonide-for-adults.pdf>

⁸⁰ <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-emergency-use-authorization-potential-covid-19-treatment>

⁸¹ <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-monoclonal-antibodies-treatment-covid-19>

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

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

Merck' scheme

Following the **disinformation playbook**⁸², on 4 Feb 2021 **Merck issued public ivermectin misguidance** stating:

- No scientific basis for a potential therapeutic effect against COVID-19 from pre-clinical studies;
- No meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease, and;
- A concerning lack of safety data in the majority of studies.”⁸³

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

The statement was unconscionable: for decades Merck had been distributing billions of doses of ivermectin through the “profitable” Mectizan “donation” program.⁸⁴

Even the NIH had stated in the 27 Aug 20 report that **“ivermectin has been widely used and has demonstrated an excellent safety profile.”**⁸⁵

Considering that the 400 mcg/kg **FDA approved dose in Merck's own ivermectin package insert**⁸⁶ is enough for **early-treating COVID-19**, some might consider a class action against Merck for **mass murdering the sick with disinformation**, considering the huge **conflict of interest**⁸⁷ between patent-free ivermectin and the loss of investments in COVID vaccine producers, like Moderna⁸⁸, and considering ivermectin's broad spectrum antiviral potential, investments in antiviral vaccines⁸⁹, antiviral and flu products. Plus:

- **\$ 10 billion USD/year** for the Johnson&Johnson Janssen (J&J) vaccine⁹⁰, possibly failing due to blood clots.⁹¹

⁸² Union of Concerned Scientists, **The Disinformation Playbook: How Business Interests Deceive, Misinform, and Buy Influence at the Expense of Public Health and Safety**, Oct 10, 2017, Updated May 18, 2018 <https://www.ucsusa.org/resources/disinformation-playbook>

⁸³ Merck, **Merck Statement on Ivermectin use During the COVID-19 Pandemic**, February 4, 2021 <https://www.merck.com/news/merck-statement-on-ivermectin-use-during-the-covid-19-pandemic/>

⁸⁴ Collins K. (2004). **Profitable gifts: a history of the Merck Mectizan donation program and its implications for international health. Perspectives in biology and medicine**, 47(1), 100–109. <https://doi.org/10.1353/pbm.2004.0004>

⁸⁵ Omura S, Crump A. **Ivermectin: panacea for resource-poor communities?** Trends Parasitol. 2014;30(9):445-455. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25130507>
<https://web.archive.org/web/20201221003012/https://files.covid19treatmentguidelines.nih.gov/guidelines/covid19treatmentguidelines.pdf>

⁸⁶ http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/050742s026lbl.pdf (Accessed June, 2015)

⁸⁷ Hirsch LJ. **Conflicts of interest, authorship, and disclosures in industry-related scientific publications: the tort bar and editorial oversight of medical journals.** Mayo Clin Proc. 2009 Sep;84(9):811-21. Erratum in: Mayo Clin Proc. 2010 Jan;85(1):102.. [https://doi.org/10.1016/S0025-6196\(11\)60491-6](https://doi.org/10.1016/S0025-6196(11)60491-6)

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

⁸⁸ <https://www.cnbc.com/2020/12/02/drugmaker-merck-divests-its-investment-in-moderna.html>

⁸⁹ <https://www.merckvaccines.com/>

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

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

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

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

⁹¹ “One case occurred in a clinical trial and three cases occurred during the vaccine rollout in the USA. **One of them was fatal.**”

- \$ 10 billion USD from *genotoxic*⁹² molnupiravir⁹³ (1.2 billion only in the first US order⁹⁴), in spite of the drug being developed by Emory University as a non-profit (!)⁹⁵ Unlike ivermectin, it doesn't block replication⁹⁶, has no safety profile, it is mutagenic, has a near nul supply⁹⁷ but is extremely profitable, costing 200 times more⁹⁸:

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

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

⁹² “found 7-fold and 14-fold increases in the overall substitution rate and the C to U mutation rate. rNHC showed a dose-dependent inhibition and mutagenic effect of SARS-CoV-2 in vitro. However, rNHC would be expected to be metabolized into the deoxynucleotide pool (by host RNR), resulting in DNA mutation of dividing mammalian cells... **clinical use should be carefully considered in light of its potential mutagenic effects**”.

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

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

⁹³ Sheahan, T, Sims A, et al. **An orally bioavailable broad-spectrum antiviral inhibits SARS-CoV-2 in human airway epithelial cell cultures and multiple coronaviruses in mice**. 29 Apr 2020, Science Translational Medicine, Vol. 12, Issue 541,

<https://doi.org/10.1126/scitranslmed.abb5883>

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

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

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

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

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

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

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

⁹⁴ <https://www.msn.com/en-us/health/medical/us-to-buy-1-7-million-courses-of-merck-s-covid-pill/>

⁹⁵ <https://www.merck.com/news/ridgeback-biotherapeutics-and-merck-announce-preliminary-findings-from-a-phase-2a-trial-of-investigational-covid-19-therapeutic-molnupiravir/>

⁹⁶ “The chemical compound on which molnupiravir is based—C9H13N3O6, or N4-**hydroxycytidine**—has been known for decades. Like idoxuridine, the herpes drug, it’s a nucleoside analogue... introduces errors into the virus’s RNA that are then replicated until it’s defunct... stopping the virus by creating errors in the genetic code or through other means can come with unintended consequences ... in the other parts of the body. Pharmasset Inc. (a hepatitis C drugmaker Gilead bought in 2011) investigated molnupiravir’s main ingredient (in 2000), but **abandoned development over concerns that it was mutagenic**, meaning it could lead to birth defects. In 2016 he made it possible to use in pill form by modifying that chemical structure into a “prodrug,” which meant the compound would break down in the body, allowing the part that interferes with viral replication to be properly absorbed into the bloodstream.”

<https://www.bloomberg.com/news/features/2021-03-25/merck-mrk-molnupiravir-pill-could-change-the-fight-against-covid>

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

⁹⁷ 10-20 million courses (twice a day over five days, ten capsules) by 2021

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

⁹⁸ <https://www.medkoo.com/products/37616> accessed 10 Apr 2021

Not to mention the “political” cost of:

- **\$ 356 million** USD give-away contract by the chief scientific adviser to the Operation Warp Speed program)⁹⁹
- **\$ 270 million** USD “funding” from the US Government HHS Biomedical Advanced Research and Development (BARDA¹⁰⁰) for the development of JJJ¹⁰¹
- **\$ 425 million** USD investment in the faltered MK-7110 (ex CD24Fc) for 100,000 doses
- **2 failed vaccines** (V590 and V591)¹⁰²

Considering nothing changed to prevent it from happening again, what else is to be expected from the same immoral corrupt corporation behind the Vioxx genocide which costed *and still costs* the lives of hundreds of thousands?¹⁰³ Serial genocidal behaviour as result of unrestrained predatory corporate greed?

The Vaccine Industrial Complex

If a 10 billion dollar market for the Merck \$10 vaccine, propelled Merck’s un-scientific attack on ivermectin, it is not hard to imagine the huge conflicts of interest with \$35 Moderna, \$20 Pfizer, \$16 Novavax, \$4 Astra-Zeneca (receiving 1, 2, 1.6, 1.2 billion from BARDA, respectively).¹⁰⁴

Those figures apply to the USA only. For instance, the EU gave away €2.7 billion to COVID vaccine producers (Pfizer, Moderna and Oxford, discriminating the rest), who lobbied the pandemic to milk each government separately, threatening them with putting them at the end of the priority list, which would mean more deaths due to the supply shortages and delays.¹⁰⁵

Globally, there are over 37 vaccine developers, 138 vaccines in pre-clinical testing¹⁰⁶ 15 approved, 21 billion doses in production for 2021, 10 billion secured, with a price range from 3 to 44 USD.¹⁰⁷

⁹⁹ <https://www.fiercebiotech.com/biotech/merck-s-must-do-a-new-trial-for-faltering-425m-covid-drug-u-s-government-asked-it-to-buy>

¹⁰⁰ <https://www.phe.gov/about/barda/Pages/default.aspx>

¹⁰¹ <https://www.europeanpharmaceuticalreview.com/news/144762/merck-to-manufacture-janssens-covid-19-vaccine/>

¹⁰² <https://www.bloomberg.com/news/articles/2021-01-25/merck-shuts-down-covid-vaccine-program-after-lackluster-data>

¹⁰³ Krumholz, H. M., Ross, J. S., Presler, A. H., & Egilman, D. S.. **What have we learnt from Vioxx?**. *BMJ (Clinical research ed.)*, Jan 30, 2007, 334(7585), 120–123. <https://doi.org/10.1136/bmj.39024.487720.68>

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Union of Concerned Scientists, **Merck Manipulated the Science about the Drug Vioxx**, Oct 12, 2017, <https://www.ucsusa.org/resources/merck-manipulated-science-about-drug-vioxx>

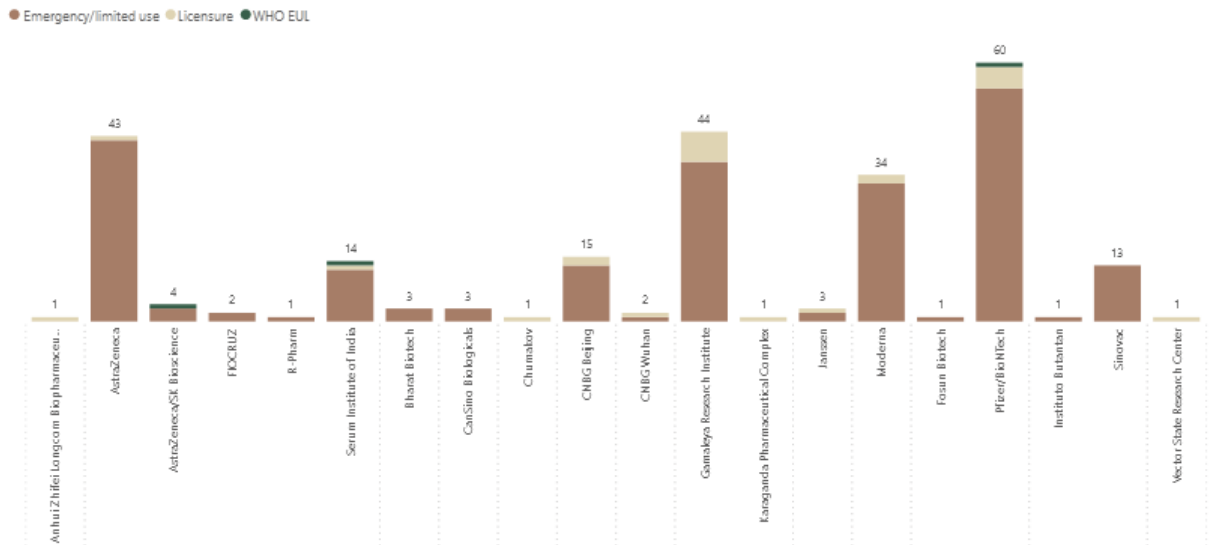
Packer M. MD, **Shocker! Is Vioxx Coming Back... as an Orphan Drug?** May 2, 2018, *MedPage Today*, <https://www.medpagetoday.com/blogs/revolutionand revelation/72647>

¹⁰⁴ <https://observer.com/2020/08/covid19-vaccine-price-comparison-moderna-pfizer-novavax-johnson-astrazeneca/>

¹⁰⁵ <https://www.euronews.com/2021/04/02/how-many-vaccine-doses-have-arrived-in-eu-countries-and-how-do-they-get-there>

¹⁰⁶ University of Oxford, Clover Biopharmaceuticals/Dynavax/GlaxoSmithKline, Heat Biologics Inc./University of Miami, Inovio Pharmaceuticals Inc, Janssen Pharmaceutical, Sanofi Pasteur/GlaxoSmithKline (GSK), Moderna/NIAID, Novavax, Sanofi Pasteur/Translate Bio Inc., Vaxart Inc., Altimmune, Medicago, BioNTech/Pfizer/Fosun Pharma, GeoVax/BravoVax, Arcturus Therapeutics/Duke-NUS, CanSino Biological Inc/Beijing Institute of Biotechnology, Takis Biotech/Applied DNA Sciences/Evvivax, Cobra Biologics/Karolinska Institute, Zydus Cadila, Codagenix/Serum Institute of India, Greffex, ExpreS2ion Biotechnologies ApS, Vaxil Bio

Countries approving COVID-19 vaccines by supplier



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

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

- It is the most influential organization behind the WHO vaccine supply (COVAX, GAVI, etc.)
- Only huge multinationals and a few countries like China and Russia, have enough resources to produce and to pay either the lobby power to sell vaccines to many governments, or to pay “commissions”, bribes, etc.
- “Smaller biotechs that don't have large cash stockpiles or supply deals already in place for their COVID-19 vaccines could be at a serious disadvantage in the fast-moving market. Larger pharmaceutical companies that have experienced setbacks with their vaccine rollouts could also find it difficult to keep up. Arguably the most likely to succeed in the variant-focused COVID-19 vaccine market are the drugmakers that have already been the most successful: Moderna and Pfizer. Why? their messenger RNA technology allows these companies to rapidly develop variant-specific vaccines. Moderna and Pfizer are already in testing with their respective variant-specific candidates.”¹⁰⁸

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

Therapeutics, Flow Pharma Inc, AJ Vaccines, Genex Biotechnology/EpiVax, Immunomic Therapeutics/EpiVax/PharmaJet, iBio Inc/CC-Pharming Ltd/Infectious Disease Research Institute, VIDO-InterVac/University of Saskatchewan/International Vaccine Institute, Tonix Pharmaceuticals/Southern Research, IAVI/Batavia Biosciences, Curevac, Imophoron Ltd/University of Bristol, BioNet Asia, Sinovac/Dynavax, BIOCAD, University of Pittsburgh. <https://www.marketwatch.com/press-release/coronavirus-covid-19-vaccine-market-size-2020-global-business-trends-modest-analysis-statistics-forecast-2020-2026-2020-12-16>

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

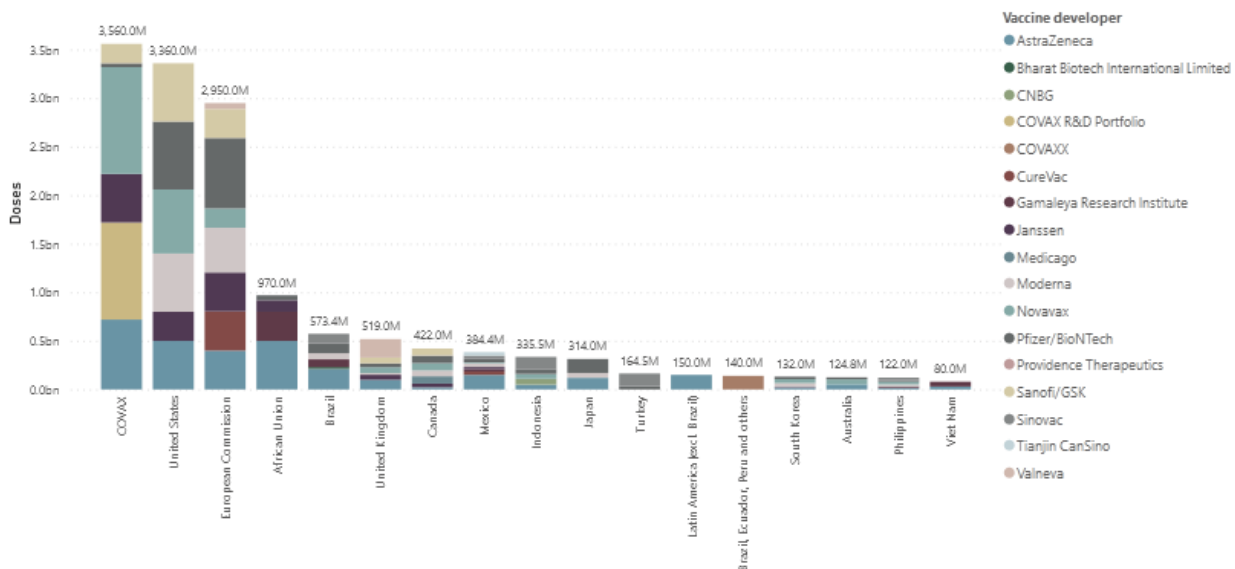
Argentine vaccine: <https://www.infobae.com/salud/ciencia/2021/04/23/la-vacuna-argentina-en-fase-preclinica-contra-el-covid-19-ya-tiene-nombre-arvac-cecilia-grierson/>

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

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

¹⁰⁷ <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>

¹⁰⁸ <https://www.msn.com/en-us/money/companies/this-ominous-warning-from-moderna-could-shake-up-the-covid-vaccine-market/ar-AAKD1ah?ocid=winp1taskbar>



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

Could money explain the irrational behaviour towards ivermectin?

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

On one corner, **CODIV-19 vaccine market is above 160 billion USD per year**¹⁰⁹, four times all the other vaccines (42 bn.)¹¹⁰. It will require **endless periodical booster shots**.¹¹¹ Nobody can rule out a profitable future scenario of a **shot per quarter to every single human being from birth to death... the largest cash cow in the business history of the world... Big Pharma's dream come true.**

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

"In 2005, global adult human biomass was ... 287 million tonnes" but in 2012 the average human weight was 62 kg. Grossly assuming that average weight increase was roughly the same as toddlers, pregnant, recovered and

¹⁰⁹ Gross estimation of 10 USD per dose, 2 doses per year for the current population of 8 billion (<https://www.worldometers.info/world-population/>). If the 4 USD Oxford vaccine is banned the average price should be higher. Prices should go down with competition and if more countries produce their own vaccines but **Big Pharma is a cartel treating people as milking cows**: <https://theintercept.com/2021/03/18/covid-vaccine-price-pfizer-moderna/>

Though the JJJ vaccine requires only one dose, this is compensated because it has low efficacy and production. Some governments buy over 30% more doses than the population (disregarding resistance) most probably as a result of lobbies, corruption, logistical waste (n.b. cold chain) and expiring backup stock to guarantee supply. Finally, **mutations turn stocks obsolete and new vaccines must be purchased so the estimated amount could be even higher.**

¹¹⁰ In 2018, 41.61 billion USD. The USA had more than half the market, with 22 bn. <https://www.globenewswire.com/news-release/2021/02/18/2177812/0/en/Vaccines-Market-Size-to-Reach-USD-93-08-billion-with-10-7-CAGR-by-2026-Launch-of-Novel-Vaccines-will-Augur-Healthy-for-the-Industry-Fortune-Business-Insights.html>)

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

https://www.who.int/influenza_vaccines_plan/resources/session_10_kaddar.pdf
¹¹¹ <https://www.msn.com/en-us/money/companies/this-ominous-warning-from-moderna-could-shake-up-the-covid-vaccine-market/>

ivermectin hesitant, a 7.9 billion global population¹¹² implies 490 billion kg. Considering 2 drops per kg. (400 mcg/kg). it means 1225 kg of ivermectin. At 200 USD/kg. this means 245000 USD. Assuming 2 global campaigns per year, this means half a million dollars. Assuming another half to treat the sick with higher doses for up to 5 days, it means about 1 million USD to end the pandemic. Even if the ivermectin massive PrEP plan fails, even less is needed to cover the sick population only.

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

Even worse, compare the 1 million dollars solution with the 3.94 trillion USD of lost economic output (4.5% of the Global GDP) due to the not-evidence-based useless lock downs and restrictions.¹¹³

Not to mention the deaths:

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

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

"Under section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), when the Secretary of HHS declares that an emergency use authorization is appropriate, FDA may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to **diagnose, treat, or prevent serious or life-threatening diseases** or conditions caused by CBRN threat agents **when certain criteria are met, including there are no adequate, approved, and available alternatives.**¹¹⁴

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

On top of that, there is the vaccine oligopoly imposing unfair contracts to desperate competing nations, with clauses like in the Pfizer 10 or 30 years confidential contract, "which states that **even if a drug will be found to treat COVID-19, the contract cannot be voided.**"¹¹⁵

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

¹¹² <https://www.worldometers.info/world-population/>

¹¹³ <https://www.statista.com/topics/6139/covid-19-impact-on-the-global-economy/>

¹¹⁴ <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

¹¹⁵ <https://americasfrontlinedoctors.org/frontlinenews/information-security-expert-on-revealed-pfizer-agreements-theres-good-reason-pfizer-fought-to-hide-the-details-of-these-contracts/>

want to give it once a day if possible. I want it to be low in toxicity. And I want it to have very minimal drug-drug interactions. So orally administered, single pill, given for seven to 10 days, little drug-drug interaction, and low toxicity; give me that and I'll be really happy.”¹¹⁶

As early as May 2020, Fauci had many silver bullets that complied with his “winner” definition (HCQ, IVM, Dexamethasone, Enoxaparin, Aspirin, etc.). Yet, he hid them from scratch, in spite of the scientific unanimity about the need for cheap repurposed drugs for early treatment.¹¹⁷

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

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

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

Covid Kit

COVID could be understood as a viral mediated autoimmune¹¹⁸ and blood clot cardiovascular disease which, with proper treatment, becomes a mild flu.

Monoclonal antibodies are very expensive and have limited effects with variants (e.g. bamlanivimab + etesevimab), with the apparent exception of tocilizumab+sarilumab¹¹⁹, sotrovimab, and casirivimab+imdevimab for delta.

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



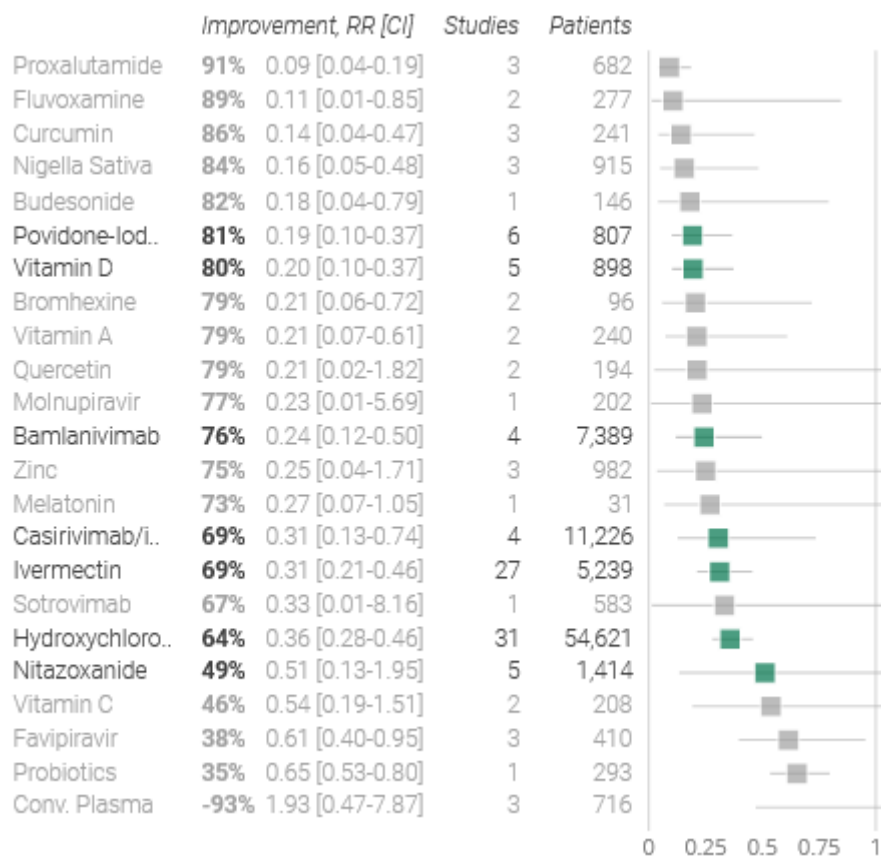
¹¹⁶ <https://www.csis.org/analysis/conversation-dr-anthony-fauci-antiviral-program-pandemics>

¹¹⁷ Stoller C, Voiculescu EM, Krähenbühl S, **Value-added medicines: how repurposed medicines bring value to patients and pharmacists.** 2017 Generics and Biosimilars Initiative Journal (GaBI). Vol 6 Iss 3 Pg 141-6 <https://doi.org/10.5639/gabij.2017.0603.027>

¹¹⁸ McMillan P, Dexheimer T, Neubig RR and Uhal BD **COVID-19—A Theory of Autoimmunity Against ACE-2 Explained.** 23 Mar 2021. Front. Immunol. 12:582166. <https://doi.org/10.3389/fimmu.2021.582166>

¹¹⁹ Rosas I, Bräu N, et al. **Tocilizumab in Hospitalized Patients with Severe Covid-19 Pneumonia.** 25 Feb 2021 The New England Journal of Medicine 384:1503-1516. <https://doi.org/10.1056/NEJMoa2028700>

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



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

- Mouth sanitisation¹²¹: povidone-iodine, Chlorhexidine digluconate, Cetylpyridinium Chloride, Benzylamine.
- Azithromycin: antibiotic with immunomodulation, binds to ACE2 receptors (500mg/day, 5 days)¹²²
- Colchicine: 0.6 mg 3 times/day for 7 days¹²³
- Iota-Carrageenan nasal spray: derived from red algae¹²⁴

¹²¹ Ather A, Parolia A and Ruparel NB. **Efficacy of Mouth Rinses Against SARS-CoV-2: A Scoping.** 09 Mar 2021. Review. *Front. Dent. Med.* 2:648547. <https://doi.org/10.3389/fdmed.2021.648547>

Seneviratne, C.J., Balan, P., Ko, K.K.K. et al. **Efficacy of commercial mouth-rinses on SARS-CoV-2 viral load in saliva: randomized control trial in Singapore.** 14 Dec 2020 *Infection* 49, 305–311. <https://doi.org/10.1007/s15010-020-01563-9>

Meister TL, Brüggemann Y, et al., **Virucidal Efficacy of Different Oral Rinses Against Severe Acute Respiratory Syndrome Coronavirus 2,** 15 Oct 2020 *The Journal of Infectious Diseases*, Volume 222, Issue 8, Pages 1289–1292, <https://doi.org/10.1093/infdis/jiaa471>

Statkute E, Rubina A, et al. **Brief Report: The Virucidal Efficacy of Oral Rinse Components Against SARS-CoV-2 In Vitro.** 13 Nov 2020. bioRxiv 2020.11.13.381079; doi: <https://doi.org/10.1101/2020.11.13.381079>

Oxford, J. S., Lambkin, R. **A throat lozenge containing amyl meta cresol and dichlorobenzyl alcohol has a direct virucidal effect on respiratory syncytial virus, influenza A and SARS-CoV.** 2005 *Antiviral chemistry & chemotherapy*, 16(2), 129–134.

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

¹²² Scherrmann, J. **Intracellular ABCB1 as a Possible Mechanism to Explain the Synergistic Effect of Hydroxychloroquine-Azithromycin Combination in COVID-19 Therapy.** *AAPS J* 22, 86 (2020). <https://doi.org/10.1208/s12248-020-00465-w>

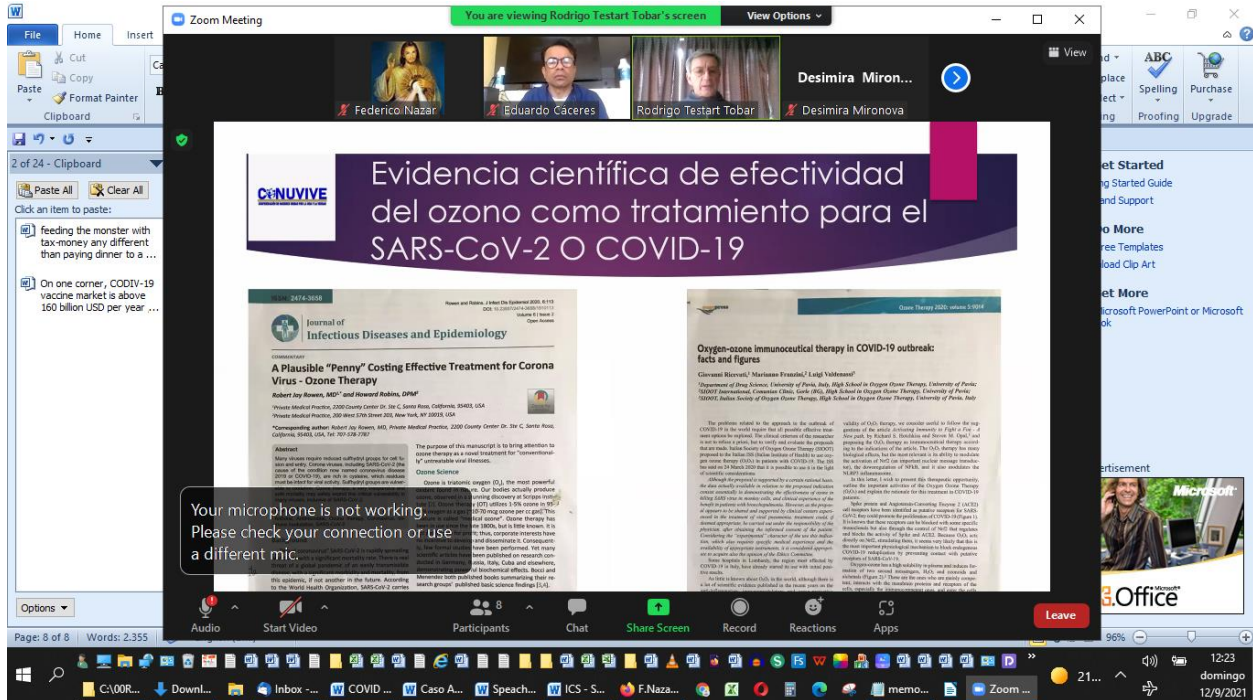
¹²³ <https://c19colchicine.com/>

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

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

¹²⁴ <https://c19ic.com/>

- Melatonin: natural element produced by the human body which blocks CD147 binding¹²⁵
- Aspirin: derived from a tree¹²⁶
- Low molecular weight heparins (e.g. enoxaparin)
- Ibuprofen
- Indomethacin: antiviral as well as nonsteroidal anti-inflammatory drug inhibiting the production of prostaglandins, to reduce fever, pain, and swelling. “0 in 102 v. 20 out of 108 in the paracetamol arm developed desaturation.”¹²⁷
- Steam (inhalable warm vapor)¹²⁸



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

¹²⁵ Durán, Nelson and Alonso, João Carlos Cardoso and Favaro, Wagner, Melatonin: **What Do We Know so Far about the Activity of This Hormone against COVID-19?** (February 10, 2021). <http://dx.doi.org/10.2139/ssrn.3783206>

Reynolds JL, Dubocovich ML, **Melatonin multifaceted pharmacological actions on melatonin receptors converging to abrogate COVID-19**, 23 Mar 2021, <https://doi.org/10.1111/jpi.12732>

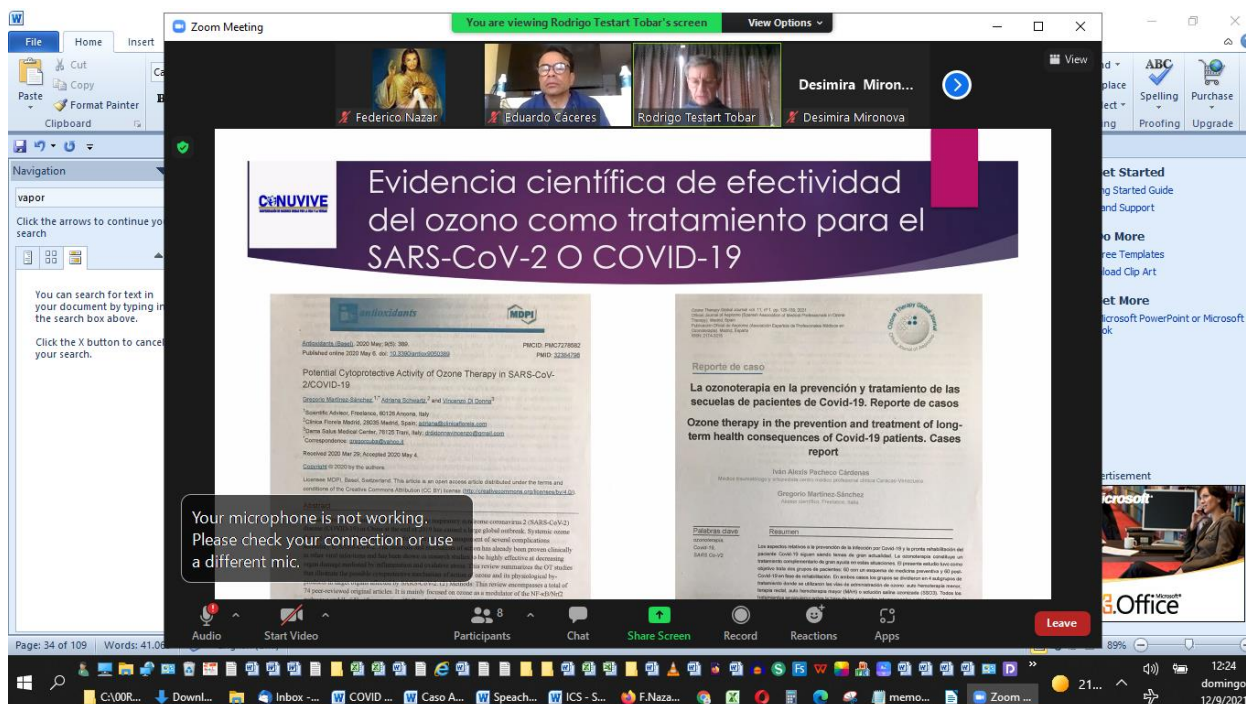
¹²⁶ Chow J, Khanna, A, et al. **Aspirin Use Is Associated With Decreased Mechanical Ventilation, Intensive Care Unit Admission, and In-Hospital Mortality in Hospitalized Patients With Coronavirus Disease 2019**, *Anesthesia & Analgesia*: April 2021 - Volume 132 - Issue 4 - p 930-941 <https://doi.org/10.1213/ANE.0000000000005292>

Merzon E, Green I, et al., **The use of aspirin for primary prevention of cardiovascular disease is associated with a lower likelihood of COVID-19 infection**. *FEBS J*. 2021 Feb 23. Epub ahead of print. PMID: 33621437. <https://doi.org/10.1111/febs.15784>

¹²⁷ Ravichandran R, Mohan SK, et al. **Use of Indomethacin for mild and moderate Covid -19 patients A Randomized Control Trial**. 24 Jul 2021 medRxiv <https://doi.org/10.1101/2021.07.24.21261007>

¹²⁸ la Marca, G., Barp, J., et al. **Thermal inactivation of SARS COVID-2 virus: Are steam inhalations a potential treatment?.** 21 Nov 2020. *Life sciences*, 265, 118801. <https://doi.org/10.1016/j.lfs.2020.118801>

Chin A, Chu J, et al. **Stability of SARS-CoV-2 in different environmental conditions**. 02 Apr 2020. *The Lancet Microbe*. Volume 1, ISSUE 1, e10, May 01, 2020 [https://doi.org/10.1016/S2666-5247\(20\)30003-3](https://doi.org/10.1016/S2666-5247(20)30003-3)



-
- Ozone: worked with Ebola and proved to reduce viral load in AIDS
- Inhalable drugs
 - Niclosamide-Lysozyme Particles¹²⁹
 - Sodium ibuprofenate: all stages, especially early stage, also for post-COVID fibrosis¹³⁰
 - Naproxen¹³¹

¹²⁹ Smyth H, Brunaugh A, et al. **Broad-Spectrum, Patient-Adaptable Inhaled Niclosamide-Lysozyme Particles are Efficacious Against Coronaviruses in Lethal Murine Infection Models.** 24 Sep 2020 bioRxiv <https://doi.org/10.1101/2020.09.24.310490>

Brunaugh, A. D., Seo, H., Warnken, Z., Ding, L., Seo, S. H., & Smyth, H. (2021). **Development and evaluation of inhalable composite niclosamide-lysozyme particles: A broad-spectrum, patient-adaptable treatment for coronavirus infections and sequelae.** *PloS one*, 16(2), e0246803. <https://doi.org/10.1371/journal.pone.0246803>

Backer V, Sjöbring U, et al. **A randomized, double-blind, placebo-controlled phase 1 trial of inhaled and intranasal niclosamide: A broad spectrum antiviral candidate for treatment of COVID-19.** 6 Apr 2021 *The Lancet Regional Health Europe* <https://doi.org/10.1016/j.lanepe.2021.100084>

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¹³⁰ García, N. H., Porta, D. J., Alasino, R. V., Muñoz, S. E., & Beltramo, D. M.. **Ibuprofen, a traditional drug that may impact the course of COVID-19 new effective formulation in nebulizable solution.** 7 Jul 2020 *Medical hypotheses*, 144, 110079. <https://doi.org/10.1016/j.mehy.2020.110079>

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<https://cysticfibrosisnewstoday.com/inhalable-ibuprofen-may-reduce-lung-inflammation-in-cystic-fibrosis-patients/>
<https://clinicaltrials.gov/ct2/show/NCT04382768>

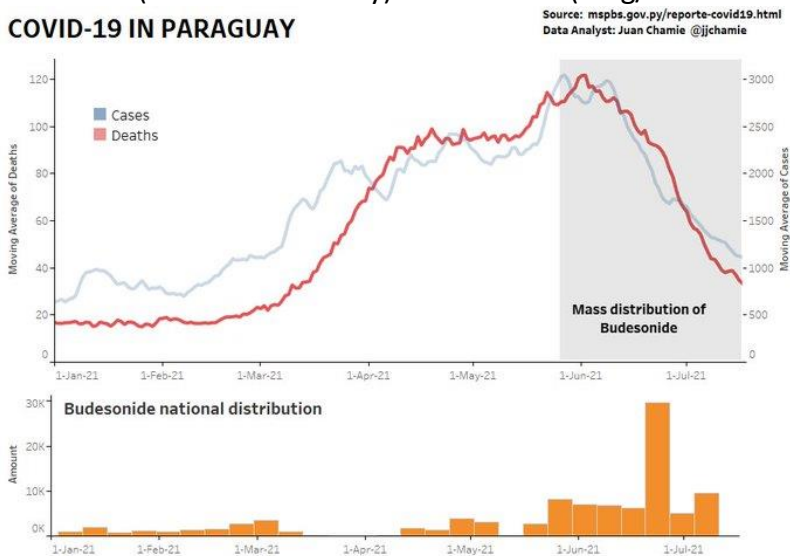
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- other Non-steroidal Anti-inflammatory Drugs NSAIDS¹³² (nebulizable solution or dry powder).
- Gabrosidine and nifuroxazide for gastrointestinal COVID
- Nitric oxide nasal spray¹³³
- PUL-042¹³⁴
- Corticoids (anti-inflammatory): Budesonide (1mg/2cc solution via nebulizer twice a day, 7 days).

COVID-19 IN PARAGUAY



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



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

¹³¹ Terrier O, Dilly S, et al., **Broad-spectrum antiviral activity of naproxen: from Influenza A to SARS-CoV-2 Coronavirus.** 30/04/2020 bioRxiv <https://doi.org/10.1101/2020.04.30.069922>

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<https://clinicaltrials.gov/ct2/show/NCT04325633>
<https://www.clinisciences.com/en/buy/cat-sars-cov-2-naproxen-therapeutic-5118.html>

¹³² Chen J, Madel M, et al. **Nonsteroidal Anti-inflammatory Drugs Dampen the Cytokine and Antibody Response to SARS-CoV-2 Infection.** Journal of Virology Mar 2021, 95 (7) e00014-21; <https://doi.org/10.1128/JVI.00014-21>

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¹³³ <https://www.businesswire.com/news/home/20210315005197/en>

¹³⁴ <https://www.fpm.org.uk/blog/inhalation-therapies-for-covid-19/>

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

- Fluvoxamine
- Nitazoxanide
 - Nitric oxide ¹³⁵ : naturally produced by the endothelial membranes throughout the body; especially the cardio-vascular system. Infection cause depletion in the arteries.
- Clarithromycin ? ¹³⁶
- Chlorine dioxide (ClO₂) ? ¹³⁷
- Nebulized hydrogen peroxide + iodine and iodide ¹³⁸
- Imatinib, mycophenolic acid and quinacrine dihydrochloride: promising treatments that were silenced ¹³⁹

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

Food, herbs, natural elements and supplements:

- The “sunshine vitamin” D ¹⁴⁰, especially D3 (10K IU 250mcg, 7 days, or 50K 1-2 days), cholecalciferol ¹⁴¹

¹³⁵ Winchester, S., John, S., Jabbar, K., & John, I. **Clinical efficacy of nitric oxide nasal spray (NONS) for the treatment of mild COVID-19 infection.** 13 May 2021. *The Journal of infection*, 83(2), 237–279. <https://doi.org/10.1016/j.jinf.2021.05.009>
<https://www.humann.com/nutrition/nitric-oxide-foods/>

¹³⁶ One of the antibiotics in the macrolide class (with azithromycin, “a weaker copy” and erythromycin). It has viral tropism and anti-inflammatory roles, which no antibiotic has. <https://www.lifesitenews.com/blogs/romanian-doctor-says-she-cures-100-percent-of-covid-patients>

¹³⁷ Insignares-Carrione E, Bolano Gomez B, Kalcker A. **Chlorine Dioxide in COVID-19: Hypothesis about the Possible Mechanism of Molecular Action in SARS-CoV-2.** *J Mol Genet Med* 14 (2020): 468. <https://www.hilarispublisher.com/open-access/chlorine-dioxide-in-covid19-mechanism-of-molecular-action-in-sarscov2.pdf> / <https://clinicaltrials.gov/ct2/show/NCT04343742>

Insignares-Carrione E, Bolano Gomez B, et al. **Determination of the Effectiveness of Chlorine Dioxide in the Treatment of COVID 19.** Volume 15, Issue 3 (2021) *Journal of Molecular and Genetic Medicine* ISSN: 1747-0862
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<https://doi.org/10.1016/j.meegid.2018.11.002>

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

¹³⁸ <https://articles.mercola.com/sites/articles/archive/2021/03/07/nebulized-peroxide.aspx>

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

¹³⁹ Han, Y., Duan, X., Chen S. et al. **Identification of SARS-CoV-2 inhibitors using lung and colonic organoids.** 05 May 2020 *Nature* 589, 270–275 (2021). <https://doi.org/10.1038/s41586-020-2901-9>

¹⁴⁰ <https://www.myfooddata.com/articles/high-vitamin-D-foods.php>

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

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¹⁴¹ <https://www.webmd.com/diet/foods-high-in-vitamin-d3>

67 STUDIES BY 586 SCIENTISTS

48 SUFFICIENCY STUDIES WITH 11,617 PATIENTS

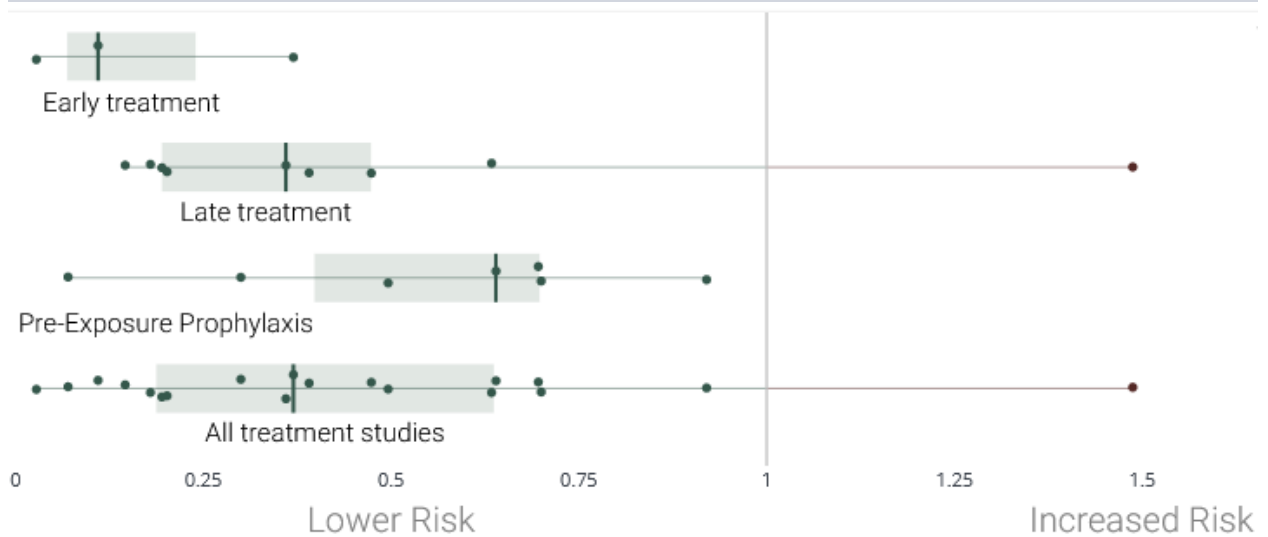
19 TREATMENT TRIALS WITH 14,752 PATIENTS

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

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

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

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



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

- Zinc ¹⁴²: 50 mg/day. Zinc ionophores: ivermectin, HCQ (200 mg/twice a day, 7 days), Quercetin (500 mg/twice a day), or Epigallocatechin gallate (EGCG, 400mg/day, 7 days)

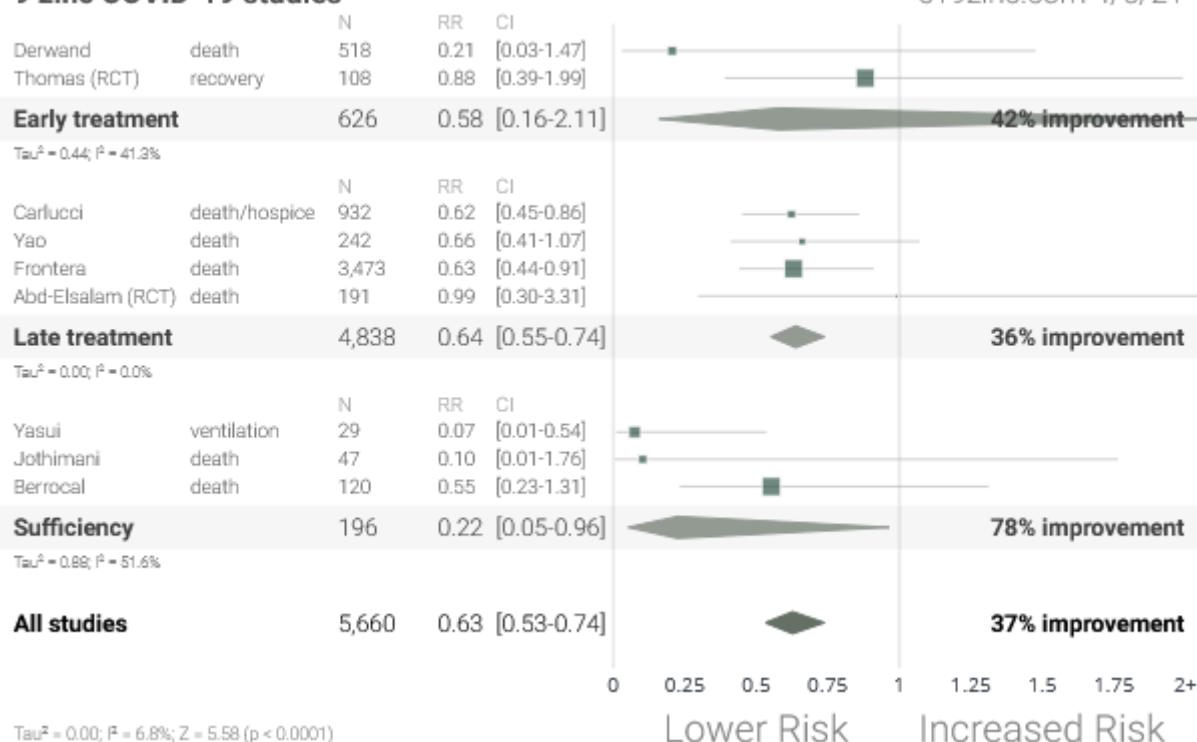
¹⁴² Men 11 mg/day, Women 8. <https://www.healthline.com/nutrition/best-foods-high-in-zinc>

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

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9 zinc COVID-19 studies

c19zinc.com 4/5/21



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

- Vitamin A ¹⁴³
- Vitamin B ¹⁴⁴
- Vitamin C: 1 g/day ¹⁴⁵
- Vitamin E ¹⁴⁶
- Vitamin K ¹⁴⁷
- Selenium ¹⁴⁸
- Lactoferrin
- Essential oils ¹⁴⁹: Eucalyptus, Clove, Levomenthol, Juniper berry, Niaouli, Mint, Cajaput
- Omega 3 fatty acids ¹⁵⁰
- Quercetin + Zinc + Vitamin C ¹⁵¹

¹⁴³ http://www.kaarid.ca/uploads/1/2/6/7/12670943/oral_vitamin_a_c_d.pdf

¹⁴⁴ Beigmohammadi, M.T., Bitarafan, S., et al. **Impact of vitamins A, B, C, D, and E supplementation on improvement and mortality rate in ICU patients with coronavirus-19: a structured summary of a study protocol for a randomized controlled trial.** 06 Jul 2020 *Trials* **21**, 614 (2020). <https://doi.org/10.1186/s13063-020-04547-0>

¹⁴⁵ <https://c19vitaminc.com/>

¹⁴⁶ Almoosawi S, Palla L, **Association between vitamin intake and respiratory complaints in adults from the UK National Diet and Nutrition Survey years 1–8**, BMJ Nutrition, Prevention & Health 2020; 000150. <http://doi.org/10.1136/bmjnpb-2020-000150>

¹⁴⁷ Samad N, Dutta S, et al. **Fat-Soluble Vitamins and the Current Global Pandemic of COVID-19: Evidence-Based Efficacy from Literature Review.** 21 May 2021 *J Inflamm Res.* 2021;14:2091-2110 <https://doi.org/10.2147/JIR.S307333>

¹⁴⁸ Shakoor H., Feehan J. et al. **Immune-boosting role of vitamins D, C, E, zinc, selenium and omega-3 fatty acids: Could they help against COVID-19?** 09 Aug 2020 *Maturitas*, **143**, 1–9. <https://doi.org/10.1016/j.maturitas.2020.08.003>

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¹⁴⁹ Silva, J., Figueiredo, P., et al. **Essential Oils as Antiviral Agents. Potential of Essential Oils to Treat SARS-CoV-2 Infection: An In-Silico Investigation.** *International journal of molecular sciences*, 2020. 21(10), 3426. <https://doi.org/10.3390/ijms21103426>

¹⁵⁰ Doaei, S., Gholami, S., et al. **The effect of omega-3 fatty acid supplementation on clinical and biochemical parameters of critically ill patients with COVID-19: a randomized clinical trial.** 29 Mar 2021 *J Transl Med* **19**, 128. <https://doi.org/10.1186/s12967-021-02795-5>

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- **Griffithsin**, antiviral lectin protein from the red algae¹⁵²: “one of the most potent viral entry inhibitors discovered to date”¹⁵³ (even HIV¹⁵⁴). “Broad spectrum to bind to the glycoproteins of other viruses, such as the coronavirus.”¹⁵⁵ “Binds to SARS-CoV spike... antiviral against Ebolavirus”¹⁵⁶ The University of KY and PA are working on Q-Griffithsin.
- Carvativir?: derived from thyme¹⁵⁷
- Triterpen molecule derived from ursolic acid?¹⁵⁸

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

¹⁵¹ https://www.evms.edu/media/evms_public/departments/internal_medicine/Marik-Covid-Protocol-Summary.pdf
 Colunga Biancatelli RML, Berrill M, Catravas JD and Marik PE. **Quercetin and Vitamin C: An Experimental, Synergistic Therapy for the Prevention and Treatment of SARS-CoV-2**. 9 Apr 2020 Front. Immunol. 11:1451. <https://doi.org/10.3389/fimmu.2020.01451>

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¹⁵² Lee C. (2019). **Griffithsin, a Highly Potent Broad-Spectrum Antiviral Lectin from Red Algae: From Discovery to Clinical Application. Marine drugs**, 17(10), 567. <https://doi.org/10.3390/md17100567>

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¹⁵³ Lusvardi, S., & Bewley, C. A. (2016). **Griffithsin: An Antiviral Lectin with Outstanding Therapeutic Potential**. *Viruses*, 8(10), 296. <https://doi.org/10.3390/v8100296>

¹⁵⁴ Emau P, Tian B, et al. (August 2007). **Griffithsin, a potent HIV entry inhibitor, is an excellent candidate for anti-HIV microbicide**. *Journal of Medical Primatology*. 36 (4–5): 244–53. <https://doi.org/10.1111/j.1600-0684.2007.00242>

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¹⁵⁵ O’Keefe BR, Giomarelli B, et al. (March 2010). **Broad-spectrum in vitro activity and in vivo efficacy of the antiviral protein griffithsin against emerging viruses of the family Coronaviridae**. *Journal of Virology*. 84 (5): 2511–21. <https://doi.org/10.1128/JVI.02322-09>

¹⁵⁶ Barton C, Kouokam JC, et al. (2014). **Activity of and effect of subcutaneous treatment with the broad-spectrum antiviral lectin griffithsin in two laboratory rodent models**. *Antimicrobial Agents and Chemotherapy*. <https://doi.org/10.1128/AAC.01407-13>

¹⁵⁷ Carvacrol or cimofenol (2-metil-5-(1-metiletil)-fenol) broad antiviral thyme and organum derived Isothymol, plus immune stimulator squalene drops for mouth every 4 hours.
 Laboratorio Farmacológico de Venezuela (LABFARVEN), **Eficacia antiviral y mecanismo de acción del compuesto isotimol recombinado bajo la marca comercial denominada carvativir contra el agente sars-cov-2 causante de la enfermedad covid-19**, Sep, 2020 <https://www.cambio16.com/wp-content/uploads/2021/01/475449743-Actividad-Antiviral-e-Inmunomoduladora-Del-Compuesto-Isotimol-Recombinado-Contra-El-Agente-SARS-CoV-2-1.pdf>

Ojeda Rondón Raúl, Campos Jheam, et al., **Fase I y II. Actividad Antiviral Del Isothymol en Pacientes COVID-19** (Spanish) Sep 11, 2020 <https://www.amazon.com/Actividad-Antiviral-Isotimol-Pacientes-COVID-19/>

Ojeda Rondón R, **Actividad antiviral e inmunomoduladora del compuesto isotimol recombinado contra el agente SARS-COV-2**, 2020. Scribd.com link no longer available.

¹⁵⁸ Xiao, S., Tian, Z., Wang, Y., et al. (2018). **Recent progress in the antiviral activity and mechanism study of pentacyclic triterpenoids and their derivatives**. *Medicinal research reviews*, 38(3), 951–976. <https://doi.org/10.1002/med.21484>

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

- *Artemisia Annu*: sweet wormwood, broad spectrum anti-viral (Herpes, Hep B, SARS) and anti-malarial ¹⁵⁹
- *Thymus serpyllum*: thyme (cf. Carvativir above)
- *Rheum emodi*: rhubarb ¹⁶⁰
- *Griffithsia (Gigartinaceae (Gigartina red algae)*
- Other herbs ¹⁶¹
- Curcumin/Turmeric?
- *Glycyrrhiza glabra* root (liquorice, Glycyrrhizin)?
- Cinnamon?
- Squalene: immune response booster, derives from shark cartilage
- Other derived products ¹⁶²

Why has this vital information been neglected by science, mainstream media and governments? Why do nations tolerate Big Media and Big Tech censorship? ¹⁶³ Some say it's either mass idiocy or a huge conspiracy... or both.

Unrecommended Treatments

- Doxycycline (100mg/twice a day, 7 days): a study showed low effectiveness ¹⁶⁴. Better, azythromicine.
- Paracetamol / acetaminophen (**Tylenol**): increases COVID-19 thrombosis, leading to death. ¹⁶⁵ The Italian ministry of health recommended it for COVID: **it might have contributed to the severity of the pandemic.**

¹⁵⁹ Li, S.-Y.; Chen, C.; et al. **Identification of natural compounds with antiviral activities against SARS-associated coronavirus.** *Antivir. Res.* 2005, 67, 18–23. <http://doi.org/10.1016/j.antiviral.2005.02.007>

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

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

¹⁶⁰ Rolta, R.; Salaria, D.; et al., **Phytocompounds of Rheum emodi, Thymus serpyllum and Artemisia annua inhibit COVID-19 binding to ACE2 receptor: In silico approach.** *Res. Sq.* 2020, in press. <http://doi.org/10.21203/rs.3.rs-30938/v1>

¹⁶¹ <https://www.ibtimes.sg/3000-coronavirus-patients-cured-by-herbal-remedy-claims-cameroon-archbishop-46984>

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

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

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

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

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

¹⁶² Zhonglei W, Liyan Y, **Turning the Tide: Natural Products and Natural-Product-Inspired Chemicals as Potential Counters to SARS-CoV-2 Infection**, 2 Jul 20, *Frontiers in Pharmacology*, Vol.11, <https://www.doi.org/10.3389/fphar.2020.01013>

¹⁶³ LinkedIn blocks accounts and Facebook and Instagram block any post stating ivermectin might cure COVID, even if just citing published papers. YouTube removes videos:

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

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

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

¹⁶⁴ Ahmed S, et al., **A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness**, Dec 02, 2020. *International Journal of Infectious Diseases*, Vol. 103, P214–216, Feb 01, 2021 <https://doi.org/10.1016/j.ijid.2020.11.191>

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

¹⁶⁵ Pandolfi S, Simonetti V, Ricevuti G, Chirumbolo S. **Paracetamol in the home treatment of early COVID-19 symptoms: A possible foe rather than a friend for elderly patients?** 25 Jun 2021. *J Med Virol*. <https://doi.org/10.1002/jmv.27158>

- Lopinavir / ritonavir (Kaletra), anti-HIV medication, causing diarrhoea, not effective
- Codeine: stops coughing lung secretions, causing choking
- Oxygen: 20 liters causes acidosis, cerebral edema. Instead: 2-3 liters per minute, in short administrations, of 4 to 5 hours per day at most.¹⁶⁶

Long Covid (PASC)

Ivermectin solves some of the problems but not all.

“Treatment of thousands of PASC patients with CCR5 antagonists to disrupt NCM mobilization and statins to inhibit binding to endothelial cells through the fractalkine pathway has resulted in over 90%.”¹⁶⁷

VIP plan

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

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

“Vaccination” strategy

For the whole population (except less than 15 kg or 2 years of age), incoming people and animal vectors:

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

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

Works as the best vaccine. **Second dose boosts protection.**¹⁶⁸

Studies based on only one dose or lower dosage show weaker results. It’s like an arms race between the rates of the viral replication and the immune defense. First dose reduces viral load but leaves a part, which could reproduce faster than the immune response (depending on load size and immune strength). In that case, the

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

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

¹⁶⁶ <https://www.lifesitenews.com/blogs/romanian-doctor-says-she-cures-100-percent-of-covid-patients>

¹⁶⁷ “Severe COVID-19 patients are characterized by excessive inflammation and dysregulated T cell activation, recruitment, and counteracting activities. While PASC patients are characterized by a profile able to induce the activation of effector T cells with pro-inflammatory properties and the capacity of generating an effective immune response to eliminate the virus but without the proper recruitment signals to attract activated T cells. Statistically **significant number of non-classical monocytes (NCM)** contained SARS-CoV-2 S1 protein in both severe (P=0.004) and PASC patients (P=0.02) out to **15 months post-infection**. No full length SARS-CoV-2 RNA sequences were identified, and no sequences that could account for the observed S1 protein were identified in any patient. **Non-classical monocytes are capable of causing inflammation throughout the body in response to fractalkine/CX3CL1 and RANTES/CCR5.**”

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

¹⁶⁸ Behera P. et al., **Role of ivermectin in the prevention of COVID-19 infection among healthcare workers in India: A matched case-control study**, Nov 03, 2020, medRxiv 2020.10.29.20222661; <https://doi.org/10.1101/2020.10.29.20222661>

second dose, if given on time, reduces viral load to manageable levels to allow the immune system to control the infection. If symptoms appear the next strategy is applied.

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

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

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

Infection strategy

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

Anosmia to strong smells, like coffee or onions, even if an uncongested nose, is a clear symptom of COVID: up to 87% of patients.¹⁶⁹

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

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

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

Considering ivermectin is innocuous, children should be given the above preventive dose, even without symptoms, especially after puberty: there might be un-symptomatic internal damage (n.b. cardiovascular and affecting sperm generation¹⁷⁰).

¹⁶⁹ Bagheri S.H.R., Asghari A.M., Farhadi M., Shamshiri A.R., Kabir Ali, Kamrava S.K. **Coincidence of COVID-19 Epidemic and Olfactory Dysfunction Outbreak.** medRxiv. 2020 <https://doi.org/10.1101/2020.03.23.20041889>

¹⁷⁰ Ming Yang, Shuo Chen et al., **Pathological Findings in the Testes of COVID-19 Patients: Clinical Implications**, May 31, 2020, European Urology Focus, Volume 6, ISSUE 5, P1124-1129, September 15, 2020 <https://doi.org/10.1016/j.euf.2020.05.009>
Frida Entezami, Marise Samama, et al., **SARS-CoV-2 and human reproduction: An open question**, August 2020, EClinicalMedicine, Volume 25, 2020, 100473, ISSN 2589-5370, <https://doi.org/10.1016/j.eclinm.2020.100473>
Xiu-Wu Bian, The COVID-19 Pathology Team, **Autopsy of COVID-19 patients in China**, *National Science Review*, Volume 7, Issue 9, September 2020, Pages 1414–1418, <https://doi.org/10.1093/nsr/nwaa123>
Achua JK, Chu KY, Ibrahim E, Khodamoradi K, Delma KS, Iakymenko OA, Kryvenko ON, Arora H, Ramasamy R. **Histopathology and Ultrastructural Findings of Fatal COVID-19 Infections on Testis.** *World J Mens Health.*, Nov 03, 2020; 38:e56. <https://doi.org/10.5534/wjmh.200170>
Zafar, M.I., Li, H. , **COVID-19 and impairment of spermatogenesis: Implications drawn from pathological alterations in testicles and seminal parameters**, Volumes 29–30, December 2020, 100671, EClinicalMedicine, The Lancet ISSN 2589-5370, <https://doi.org/10.1016/j.eclinm.2020.100671>
Navarra Annalisa, Albani Elena, et al., **Coronavirus Disease-19 Infection: Implications on Male Fertility and Reproduction**, 17 November 2020, *Frontiers in Physiology*, VOLUME 11, 2020, ISSN 1664-042X <https://doi.org/10.3389/fphys.2020.574761>

Prophylactic strategy

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

Some notable alternative strategies (**do not combine**) from the PrEP studies listed¹⁷¹ :

- a) 0.3 mg/kg, 72 hours apart. Repeat monthly (All-India Institute of Medical Sciences)¹⁷²
- b) 0.2 mg/kg, every 2 weeks¹⁷³
- c) One 0.2mg drop on tongue per person (*not* per kg.) every 4 hours together with i-carrageenan spray in nose (it might be replaced with ivermectin spray in mouth and nose but hasn't been tried).¹⁷⁴

Which prophylactic strategy should be recommended for COVID19 ?

CONCEPT	COVID19 VACCINES THE NEW ABNORMAL FOREVER	I-“VACCINE” (*) BACK TO NORMAL
Availability / Access	<ul style="list-style-type: none"> • Global shortage until 2023 for the required 2 doses.¹⁷⁵ • Ivermectin could bridge the gap until 2nd dose: opposing its use, creates more distrust and hesitancy. • Developed nations hoarded 90% of 400 million vaccines in early 2021, only 10% left for the poorer. • 100 countries didn't even start vaccination as of May/21. “38 million doses... A disaster in slow-motion would be a more apt description. And there doesn't 	<p>Enough supplies to immediately cover global population.</p> <p>Only one simultaneous global 3 day uptake required.</p>

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

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

¹⁷¹ <https://c19ivermectin.com/#prep>

¹⁷² Behera et al. (2020)

¹⁷³ Kory P, Meduri U, et. al., **Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19**, Front-Line Covid-19 Critical Care Alliance, updated Jan 12, 2021.

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

¹⁷⁴ Speare R, Durrheim D, **Mass treatment with ivermectin: an underutilized public health strategy**, Bulletin of the World Health Organization, Volume 82, Number 8, August 2004, 559-636 <https://www.who.int/bulletin/volumes/82/8/editorial30804html/en/>

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

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

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

¹⁷⁵ Burki T, **Equitable distribution of COVID-19 vaccines**, January 01, 2021, The Lancet– Infectious Diseases, Volume 21, ISSUE 1, P33-34 [https://doi.org/10.1016/S1473-3099\(20\)30949-X](https://doi.org/10.1016/S1473-3099(20)30949-X)

	<p>seem to be light at the end of the tunnel. At the moment, the prediction is that come June, COVAX will reach a mere 20% of its target for 2021.”¹⁷⁶</p> <ul style="list-style-type: none"> • Too late: before full vaccination, most countries could develop natural herd immunity from recovery. • Only 18% of the world population will be fully vaccinated in 2021: • Only RNA/DNA vaccines could adapt in time to mutations. • Scarcity forces prioritizing certain groups (medical agents, elderly, etc.). • Darwinian discrimination of the most poor and vulnerable. • How many will die waiting? Not only due to negligence in curing COVID with ivermectin but due to the lockdowns and restrictions which were not evidence based and killed more people than COVID (n.b. free Sweden). • Developed countries which represent 14% of the world population had purchased by Jan 2021, 53% of vaccines. This means there’s practically nothing left for dozens of countries where the only alternative is the i-vaccine and yet it is neglected. 	
<p>Best Case Scenario</p>	<p>Eternal “seasonal” endemic disease, with compulsory vaccination at least once per year: a compulsory administrative rule, not based in medical and epidemiological evidence, which develops a perpetual billion dollar demand for recurrent vaccination for a now curable disease...just like the poxes.</p> <p>COVID will keep evolving as an endemic zoonotic disease.</p> <ol style="list-style-type: none"> 1. The capitalist race for NaziVaxxing shows zero understanding of the scientific meaning of the global “one health”¹⁷⁷ approach. 2. Zero “Integrated Vector Management”¹⁷⁸: No vaccines for vectors. 	<p>VIP strategy: end of COVID19</p> <ul style="list-style-type: none"> • Vaccination strategy • Infection strategy • Prophylaxis strategy <p>Cf. above “VIP plan” section.</p> <p>Ivermectin is the only viable and cost-effective solution for pets and livestock. It could even be used for natural reservoirs (wildlife).</p>

¹⁷⁶ <https://corporateeurope.org/en/2021/04/big-pharma-lobbys-self-serving-claims-block-global-access-vaccines>

¹⁷⁷ World Health Organization. **What is ‘One Health’?** 21 Sep 2017 <https://www.who.int/news-room/q-a-detail/one-health>
Center for Disease Control and Prevention, **One Health** <https://www.cdc.gov/onehealth/basics/index.html>

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

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

¹⁷⁸ World Health Organization. **"Handbook for Integrated Vector Management"** (PDF). http://apps.who.int/iris/bitstream/10665/44768/1/9789241502801_eng.pdf Retrieved 23 Mar 2021

World Health Organization. **Vector-borne disease". The Health and Environment Linkages Initiative (HELI).** Geneva, Switzerland. <https://www.who.int/heli/risks/vectors/vector/en/>

	<p>There's zero benefits in experimental vaccines when there's a proven cheap effective cure.</p>	<p>Vaccines can't do without ivermectin but ivermectin can do without vaccines... especially, experimental vaccines and genotoxic shots.</p>
<p>Spike mutations</p> <p>300000 sequenced mutations in 2020</p>	<ul style="list-style-type: none"> • More cases, more mutation risk. Without ivermectin, vaccine ineffectiveness, inapplicability and overconfidence increases the chance of mutations. • Proven ineffectiveness (>40%) against virulent spike variants¹⁷⁹: requires new vaccines (6 week adaptation for Pfizer) and new trials (even longer period). E.g. Moderna only 76% effective and Pfizer only 42% against infection with Delta.¹⁸⁰ • Most not tried against mutations like K417T¹⁸¹, N501Y, E484K¹⁸², etc.¹⁸³ • Waning immunity and low efficacy in infection prevention leads to more mutations. Incapacity to timely adapt global vaccines to local viral strains, means higher risk of viral adaptive mutation to vaccine artificial evolutionary pressure, leading to endemic persistence: a waste of healthcare money. • Epidemiological failure of vaccination strategy: <ol style="list-style-type: none"> 1. Vaccination doesn't guarantee non-infection: getting another strain could result in worse symptoms. Once sick, you can't reinforce with vaccines. If infection after vaccination, vaccines still require ivermectin. 	<ul style="list-style-type: none"> • Near zero hesitancy. • Effective against many mutations: works through several mechanisms dampening replication of different variants of RNA and DNA virus.¹⁸⁴ • Proven prophylactic efficiency. • Proven treatment efficiency in all stages of the disease, even severe inflammatory stage. • Antibody-producing B-cells keep adapting (only takes . a few days more). • Unlike vaccines, which <i>might</i> prevent fewer overall infections against some of the variants, and <i>might</i> prevent severe

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

¹⁷⁹ AY.1 (india's B.1.617.2 Delta and Delta plus variants), B.1.1.7 (UK), B.1.351 (SouthAfrica), P.1 (Brazil) and California and Nueva York variants were of CDC concern.

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

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

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

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

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

¹⁸⁰ Puranik A, Lenehan PJ, et al. **Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence.** 06 Aug 2021 medRxiv 21261707; doi: <https://doi.org/10.1101/2021.08.06.21261707>

¹⁸¹ Sabino E, Buss L, et al., **Resurgence of COVID-19 in Manaus, Brazil, despite high seroprevalence**, *The Lancet*, 27 Jan 2021, [https://doi.org/10.1016/S0140-6736\(21\)00183-5](https://doi.org/10.1016/S0140-6736(21)00183-5)

¹⁸² Covid-19: **The E484K mutation and the risks it poses**, BMJ 2021; 372 <https://doi.org/10.1136/bmj.n359> (05 Feb 2021)

¹⁸³ Covid-19: **Where are we on vaccines and variants?**, BMJ 2021; 372 <https://doi.org/10.1136/bmj.n597> (02 Mar 2021)

¹⁸⁴ The SouthAfrican was proven in Zimbabwe, the Brazilian in Belem and the UK strain proven in EU countries promoting ivermectin.

	<p>2. <i>Niche</i> replacement by other present strains: as seen with the HPV strains.</p> <p>3. Mutation rate: COVID-19 mutated fast, leading to a problem similar to the ineffective influenza vaccines. The lesson: never get in an endless arms race where we could never catch up. Vaccine intervention could worsen the problem.</p>	<p>infections, IVM does it for sure.</p> <ul style="list-style-type: none"> • Reinfection? reinforcement with IVM. • Giving a cure is the only option for vaccine refusal: 60% in France, 24% in the USA¹⁸⁵, 33% in US health agents, 40% of coerced Marines¹⁸⁶.
<p>Immunity type Efficacy</p>	<p>Artificial:</p> <ul style="list-style-type: none"> • Trials were not designed to detect any improvement in severe cases, hospitalizations, or deaths. Instead, trials capture any mild COVID-19 cases as success.¹⁸⁷ • “Effectiveness” didn’t track if the vaccinated could still spread the virus: vaccines could have zero effectiveness in stopping contagion. Remember: <ul style="list-style-type: none"> ○ Several measles outbreaks occurred in 95% vaccinated populations. ○ The oral polio vaccine is still the main source of polio disease, not wild polio.¹⁸⁸ • Don’t prevent spreading, not even the AZ vaccine¹⁸⁹ Even after achieving “60% vaccinated population target for herd immunity”, debunked lockdowns and masks will be still required by authorities (only distancing and ventilation effective in the short run). • When the new strain is harmless, it would appear as if the vaccine is effective when in fact is useless. • Effective 50-60% first dose: at least 40% infectable • Effective 90-95% second dose Sinovac Indonesia 68%, Brazil 78%, Turkey 91%. Real world showed ineffectiveness: Chile applied them to half the population¹⁹⁰, yet had an infection and hospitalization surge. Oxford: 70.4% in preventing hospitalizations JJJ: 66% in symptom prevention (moderate to severe), 	<p>Boosted:</p> <ul style="list-style-type: none"> • 100% effectiveness in preventing sickness and contagion. • Broad spectrum antiviral (20 RNA and RNA viruses): it works with mutations. • More effective than any vaccine: not only antibodies but improves adaptive and innate immune response • Lasts longer than vaccines, possibly years. • Prevents spreading disease • Reinfection is softer (unless mutation or underlying comorbidities or coinfections, just as vaccines). • IVM prevents infection at the very gate. Vaccines might only work once the virus replicates in the bloodstream, thus letting the infection progress to

¹⁸⁵ <https://news.gallup.com/poll/350720/covid-vaccine-reluctant-likely-stay.aspx>

¹⁸⁶ <https://edition.cnn.com/2021/04/09/politics/marines-coronavirus-vaccines/index.html>

¹⁸⁷ <https://www.icandecide.org/wp-content/uploads/2020/11/2020-11-06-Final-Cover-Letter-and-Petition.pdf>

¹⁸⁸ Andrew L. Valesano, Mami Taniuchi, et al., **The Early Evolution of Oral Poliovirus Vaccine Is Shaped by Strong Positive Selection and Tight Transmission Bottlenecks.** *Cell Host & Microbe*, 2020; [HTTPS://DOI.ORG/10.1016/j.chom.2020.10.011](https://doi.org/10.1016/j.chom.2020.10.011)

¹⁸⁹ Voysey M., Costa Clemens S. et al., **Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK**, December 08, 2020, *The Lancet*, ISSN: 0140-6736, [https://doi.org/10.1016/S0140-6736\(20\)32661-1](https://doi.org/10.1016/S0140-6736(20)32661-1)

¹⁹⁰ <https://www.infobae.com/america/america-latina/2021/04/08/cuantas-dosis-de-vacunas-contra-el-covid-y-de-que-laboratorios-han-llegado-a-chile-hasta-el-momento/>

	<p>82-86% in preventing hospitalizations. With 80% coverage, efficacy is supposed to be at least 70% to prevent an epidemic and at least 80% to eliminate other measures.</p> <ul style="list-style-type: none"> • “Effectiveness” could be even lower because it didn’t take into account prior personal and cross-immunity¹⁹¹: it isn’t the same if measured at the beginning or the end of an epidemic. • COVID sickness could be as bad as having no vaccine or even worse: still requires ivermectin treatment. • Lower immunity duration than natural: requires periodical booster shots. • Vaccines generate bloodstream antibodies: useless against a nose-mouth infection, which requires more selective antibodies for mucosal surfaces. • Elderly (≥60): supposedly, this group is the main reason behind mass vaccination but vaccine immune response is in inverse proportion to age (which means higher risk of mutations due to replication errors). “NaziVaxxers” think it is ethical to use the whole population as human guinea pig shields for the elderly, even if there’s a cure. • Overconfidence in vaccine efficacy will increase demand for antibiotics, thinking the symptoms couldn’t be COVID-19, leading to resistant bacteria. ¹⁹² 	<p>more dangerous levels.</p> <ul style="list-style-type: none"> • Even with asymptomatic transmission, there’s no need to vaccinate, considering viral load elimination by ivermectin prophylactic and early treatments.
<p>Effectiveness delay</p>	<p>Pfizer 7-14 days after 2nd shot Oxford: 14 days after 2nd shot, after 1 month of the 1st (ideally after 3 months). Repeat 2 doses after 6 months. Oxford: 3 months.</p>	<p>2 hours (best bioavailability if taken liquid after fatty food and alcohol, like pizza and beer or stake & wine).</p>

¹⁹¹ Petrova G, Ferrante A, et al. **Cross-reactivity of T cells and its role in the immune system.** (2012) Crit Rev Immunol 32, 349-372, <https://doi.org/10.1615/critrevimmunol.v32.i4.50>

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

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

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

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

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

¹⁹² Pew Research, **Could Efforts to Fight the Coronavirus Lead to Overuse of Antibiotics? Study shows more than half of hospitalized COVID-19 patients in U.S. received antibiotics in pandemic’s first six months.** Mar 10, 2021. <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/03/could-efforts-to-fight-the-coronavirus-lead-to-overuse-of-antibiotics>
<https://www.pewtrusts.org/en/research-and-analysis/articles/2019/02/01/fight-against-superbugs-crucial-to-americas-biodefense>

<p>Ineffectiveness</p>	<p>Insufficient immune response:</p> <ul style="list-style-type: none"> • COVID recovered (minimum 3 month waiting period) • Newly born • Breast-feeders • Babies • Children (>3) • Down syndrome (<18) ¹⁹³ • Elderly • Obese: “inked to impaired immune function... lower vaccine responses for numerous diseases (influenza ¹⁹⁴, Hepatitis B ¹⁹⁵, tetanus ¹⁹⁶).” ¹⁹⁷ • Immunocompromised (HIV, etc.) • Immunosuppressed (transplants) <p>All of them are should still take ivermectin.</p> <p>Vaccines don’t solve the main issues (ivermectin does):</p> <ul style="list-style-type: none"> • Children were quarantined for supposedly being spreaders. • One of the false excuses for lockdowns was the protection of risk groups like the elderly and the obese. 	<p>Effective in all cases (except not recommended groups)</p>
<p>Non-compliance risk</p>	<p>The more shots required to achieve immunity (vaccination points) means more coordination problems, failures and delays.</p> <p>Vaccines do not achieve minimum effectiveness (FDA 50%) if abandoned after first shot. High risk of delivery delays and stock break before second shot.</p> <p>Abandonment increased if:</p> <ul style="list-style-type: none"> • severe puncture local effects (n.b. Pfizer) 	<ul style="list-style-type: none"> • One unique oral take, only reinforced if insufficient or persistent symptoms. • No needle. No pain. • No need to travel to an authorised facility (less carbon emissions).

¹⁹³ De Toma, I., Dierssen, M. **Network analysis of Down syndrome and SARS-CoV-2 identifies risk and protective factors for COVID-19.** Elsevier. *Sci Rep* **11**, 1930 (2021). <https://doi.org/10.1038/s41598-021-81451-w>

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

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

¹⁹⁴ Neidich, S. D., Green, W. D., Rebeles, J., Karlsson, E. A., Schultz-Cherry, S., Noah, T. L., Chakladar, S., Hudgens, M. G., Weir, S. S., & Beck, M. A. (2017). **Increased risk of influenza among vaccinated adults who are obese.** *International journal of obesity* (2005), 41(9), 1324–1330. <https://doi.org/10.1038/ijo.2017.131>

¹⁹⁵ Weber DJ, Rutala WA, Samsa GP, Santimaw JE, Lemon SM (1985) **Obesity as a predictor of poor antibody response to hepatitis B plasma vaccine.** *JAMA* 254: 3187-3189. <https://doi.org/10.1001/jama.1985.03360220053027>

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

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

¹⁹⁶ Eliakim A, Schwindt C, Zaldivar F, Casali P, Cooper DM (2006) **Reduced tetanus antibody titers in overweight children.** *Autoimmunity* 39: 137-141. <https://doi.org/10.1080/08916930600597326>

¹⁹⁷ Center for Disease Control and Prevention, **Overweight & Obesity** <https://www.cdc.gov/obesity/data/obesity-and-covid-19.html> (accessed 22 Mar 2021)

	<ul style="list-style-type: none"> side effects after first shot (the more severe the higher risk of abandonment) needle “phobia” <p>Adding incentives (\$) and disincentives (prosecution) achieves the opposite goal: mistrust and non-compliance.</p>	
Contraindications	<ul style="list-style-type: none"> Pregnancy¹⁹⁸, even 2 months after Lactating women Preterm babies Corticoids (Sputnik) Severe allergies (Pfizer) <p>These are experimental vaccines: no long term trials, previously required, which are very important, as proven by the narcolepsy pandemic caused by the 2009 swine flu H1N1 influenza Glaxo vaccine.</p> <p>Trials did not include enough studies on:</p> <ul style="list-style-type: none"> COVID+ patients: sick or recovered Pregnant or breastfeeding women Children Adolescents (Moderna is testing 12-17 year olds) Elderly Persons with pre-existing comorbidities <p>This means no coverage for all those groups especially under 18 (Moderna) or 16 (Pfizer)¹⁹⁹</p>	<ul style="list-style-type: none"> Ivermectin allergy (very rare) Infants below 15 kg or 2 years of age (could be breastfed or use carrageenan spray IVERCAR protocol) No evidence of teratogenic side effects in pregnancy.²⁰⁰ No problems with renal insufficiency (unless severe kidney failure). Hepatic? Good for NAFLD WHO bulletin: adverse reactions are mild to moderate and transient.²⁰¹ Due to loiasis (n.b. over 30000 mf/ml), endemic in West and Central Africa, there could be severe adverse events like encephalitis and death²⁰²,

¹⁹⁸ U.K. government “Reg 174 Information for UK Healthcare Professionals”. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940565/Information_for_Healthcare_Professionals_on_Pfizer_BioNTech_COVID-19_vaccine.pdf

¹⁹⁹ <https://thevaccinereaction.org/2021/03/jj-to-test-covid-19-vaccine-on-babies-pregnant-women-and-the-immunocompromised/>
<https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

²⁰⁰ Gyapong JO, Chinbuah MA, Gyapong M. **Inadvertent exposure of pregnant women to ivermectin and albendazole during mass drug administration for lymphatic filariasis.** Tropical Medicine and International Health 2003;8:1093-101.

²⁰¹ Heukelbach J, Winter B, et al. **Selective mass treatment with ivermectin to control intestinal helminthiases and parasitic skin diseases in a severely affected population.** Bulletin World Health Organization. 2004 Aug;82(8):563-71. Epub 2004 Sep 13. PMID: 15375445; PMCID: PMC2622929. <https://pubmed.ncbi.nlm.nih.gov/15375445/>

²⁰² WHO, The Mectizan Expert Committee and The Technical Consultative Committee: **Recommendations for the treatment of Onchocerciasis with Mectizan in areas co-endemic for Onchocerciasis and Loiasis.** (<http://www.who.int/apoc/publications/englishmectccloarecs-june04.pdfed> . (accessed July 2016).

Edwards G: **Ivermectin: does P-glycoprotein play a role in neurotoxicity?** Filaria J 2003, 2 Suppl 1:S8

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

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

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

		preventable by discriminating the Loa infected and by eliminating the parasitosis.
Components	<ul style="list-style-type: none"> • Dangerous components omitted in the package insert (corvelva.it analysis) • Use of aborted foetal cell lines in research, production and quality testing. 	Fully disclosed
Freedom	No freedom if given by government. Few facilities will allow you to choose vaccine brand.	Complete freedom of access Freedom to chose other synergistic effective repurposed drugs. A cocktail reduces the rise of resistant variants.
Cost	<ul style="list-style-type: none"> • Dumping obsolete stocks due to mutations or safety concerns, like millions of doses of the JJJ²⁰³ or AstraZeneca²⁰⁴ • Cold or supercold supply chain • COVAX (Gates CEPI, GAVI, WHO) plan 5 billion USD for 2021 logistics but the costs are even higher. • Cost of the time of doctors and nurses who prescribe apply the shots • Cost of syringes, disinfectant, gauzes • Disposal of pathogenic residues • Vaccination control system (to become a passport) • Low shelf life and cold chain requirements might mean losing millions of doses • Cost to travel to and from a medical facility • Minimum purchase lots combined with cold chain means losses (n.b. rural areas and small towns): <ul style="list-style-type: none"> ○ 100 Moderna 10 dose vials ○ 975 Pfizer 5 dose vials • Open vial wastage: “if you open a 10-dose vial and only three people arrive to get vaccinated, you have to throw chuck the remaining seven doses because you have already contaminated the vial by opening it”.²⁰⁵ No re-refrigeration of opened vials. 	<ul style="list-style-type: none"> • Less than 1 USD per treatment, only when symptoms (once every 3 years?) • Over the counter. • Ubiquitous if massively produced and distributed by governments like in Africa for anti-parasitic campaigns or Latin America and India for COVID. • A Global uptake (except recovered patients), 2 uptakes in 2 weeks, might achieve the complete obliteration of COVID 19: maximum 6 billion USD only once (no hidden or additional costs). • Vaccines cost at least 600% more per person in the first year.

²⁰³ <https://www.msn.com/en-us/health/medical/millions-of-johnson-johnson-covid-19-vaccines-are-set-to-expire-this-month-and-states-are-scrambling-to-use-up-their-stockpiles-or-send-them-abroad/ar-AAKRIG6>

²⁰⁴ Not authorized in Denmark and halted in Norway and Finland.

²⁰⁵ <https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

	<ul style="list-style-type: none"> To reduce the chance of buying vaccines which might turn out to be unsafe or ineffective, developed countries were buying more doses than the 2 needed, which will end up in the dump (as of Feb 2021): <ul style="list-style-type: none"> Canada 9.5 vaccine doses per person UK 5.3 Chile 4.6 USA 3.0 	<ul style="list-style-type: none"> The net present value of 38 billion per year mean an unnecessary big fat milking cow of 4 trillion dollars for Bill Gates & Co., a golden calf for human sacrifices of the vaccine-injured at the altar of fake science paid by pirate corporations.²⁰⁶
Environmental problems	<ul style="list-style-type: none"> Excess production, waste and disposal of vaccines cause biohazard environmental problems. E.g. AstraZeneca destroyed 60 million doses.²⁰⁷ Worst case scenario: billions of vaccine doses have to be disposed because of a viral mutation which makes them obsolete. 	No environmental problems: no excess disposal
Shelf life	<ul style="list-style-type: none"> Oxford: 6 months (2–8°C) Moderna: 6 months (-4° to -20°), 30 days after thawing in fridge, 12 hours at room temperature Pfizer: 6 months, -70°, 5 days after thawing in fridge J&J: 3 months at 5° and 2 years at -20°C 	1 year at room temperature without direct sunlight (3 years beyond expiration date if liquid and stored properly)
Supply loss risks	<ul style="list-style-type: none"> Cold chain loss: especially in countries with unreliable electric grid or using intermittent energy²⁰⁸. Very unstable components: low shelf life 	<ul style="list-style-type: none"> Large shelf life Stable at room temperature
Freedom	<ul style="list-style-type: none"> Employees getting fired²⁰⁹ or forced to quit²¹⁰ for refusing compulsory vaccination. COVID-1984 Police State through VaxPass: once there are enough doses to mandate vaccination it could mean the impossibility to travel by bus, airplane, ship, train, etc., to work or study, to access health insurance, social security, driver's license, ID, passport, 	No cost, no police state, no insanitary dictatorship. Complete freedom and privacy.

²⁰⁶ https://en.wikipedia.org/wiki/Letter_of_marque

²⁰⁷ <https://www.reuters.com/article/us-health-coronavirus-usa-johnson-johnso/us-fda-asks-ji-to-discard-60-million-vaccine-doses-made-at-baltimore-plant-nyt-idUSKCN2DN1Q7>

²⁰⁸ <https://qz.com/africa/1987773/the-sun-will-power-large-parts-of-africas-covid-19-vaccination-program/>

²⁰⁹ <https://thehill.com/policy/healthcare/530963-federal-agency-says-employers-can-require-workers-to-get-covid-19-vaccine>
<https://www.jsonline.com/story/news/2021/01/15/wisconsin-nursing-home-employees-laid-off-not-taking-covid-vaccine-rock-haven/4180247001/>
<https://www.co.rock.wi.us/rockhaven>

²¹⁰ <https://www.channel3000.com/nursing-home-staffer-says-nearly-a-dozen-have-left-since-employee-covid-19-vaccine-mandate/>

	<p>unless compulsory vaccination. It is already a 2018 law in Argentina. Similar initiatives in other countries or states (n.b. California).²¹¹</p>	
Transparency	<p>Partial or zero (in some countries, not even physicians are allowed to know the vaccine components by penalty of the law asked by Big Pharma).</p> <p>RNA vaccines supposedly work the same but no one answers why one has 300% more “code” than the other: there’s no <i>functional</i> open source policy!</p>	Full
Liability	<p>Zero by law asked by Big Pharma: no consumer protection for no/low effectiveness and for side effects.</p> <p>Employers, who mandate vaccination o threat to sack employees whether expressly or implicitly, are liable for resulting harms.</p>	Full (no need)
National interests	<p>Balance of Trade / Balance of payments: except few countries like the USA, EU, China, India, Russia, little or zero local production. This means eternal dependency and risk of supply failure in case of another strain pandemic, lack of funds, catastrophe, war, etc.</p> <p>Abusive clauses imposed for vaccine provision: for example, Pfizer forced several countries to accept a) to be compensated for the cost of any future civil lawsuits including negligence for its own mistakes in vaccine distribution and delivery, b) international insurance to pay for those cases, c) sovereign assets as collateral, including central bank and national bank reserves abroad, embassy buildings and military bases.²¹²</p> <p>Billions spent by corrupt Governments in payments to “guarantee supply” of a then unproven product. AstraZeneca/Oxford, Moderna y Pfizer/BioNTech received over 5 billion USD in advances, without any guarantee of safety and effectiveness. No “money-back” guarantee. What would people think if that money had been spent in a “snake oil miracle potion all healing medicine”? No big difference. Nothing was learned from the governments hoarding of Tamiflu²¹³ for the swine-flu fake “pandemic”.</p>	<p>Local formulation and production.</p> <p>Zero contingencies against national sovereignty and financial stability.</p> <p>Zero government spending in helping to prove efficacy in RCTs or in scientific literature review (FDA, CDC, EMA, etc.).</p> <p>No vested interests in a patent-free cheap repurposed drug.</p>

²¹¹ <https://articles.mercola.com/sites/articles/archive/2021/02/24/covid-vaccine-passport.aspx>

²¹² <https://www.wionews.com/world/how-pfizer-tried-to-bully-argentina-and-brazil-in-exchange-for-vaccines-366037>

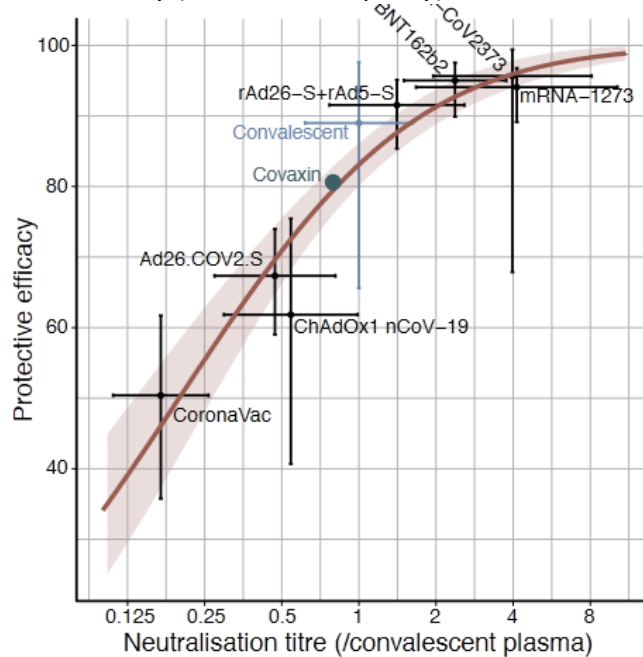
²¹³ <https://articles.mercola.com/sites/articles/archive/2020/01/28/tamiflu-fraud-stole-billions.aspx>

	Crime always pays. Nothing changed to prevent the same fraud under disinformational terror campaigns.	
Patent corruption		No patents. No difficulty in production.

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

Long term efficacy

Natural immunity (convalescent proxy) v. vaccine immunity



Swine-flu vax scandal

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

October 2009: **only 4 months later (not the usual 4 years)**, with full liability indemnity for the manufacturers, vaccines were globally rolled out, while guaranteed to have no serious side effects by the US National Institutes of Health (Fauci), and in the UK, the Department of Health, the British Medical Association, and the Royal Colleges of General Practitioners. Unbelievably, Europe approved “based on data from pre-pandemic “mock-up” vaccines produced using a different virus (H5N1 influenza)”.²¹⁴

By 2014 several studies had pointed out the **link to narcolepsy**.²¹⁵

²¹⁴ Doshi Peter, associate editor, The BMJ, **Pandemrix vaccine: why was the public not told of early warning signs?** 20 Sep 2018, BMJ 2018;362:k3948 <https://doi.org/10.1136/bmj.k3948>

²¹⁵ Feltelius N, Persson I, Ahlqvist-Rastad J, et al. **A coordinated cross-disciplinary research initiative to address an increased incidence of narcolepsy following the 2009-2010 Pandemrix vaccination programme in Sweden.** J Intern Med. 2015 Oct;278(4):335-53. Epub 2015 Jun 30. PMID: 26123389. <https://doi.org/10.1111/joim.12391>

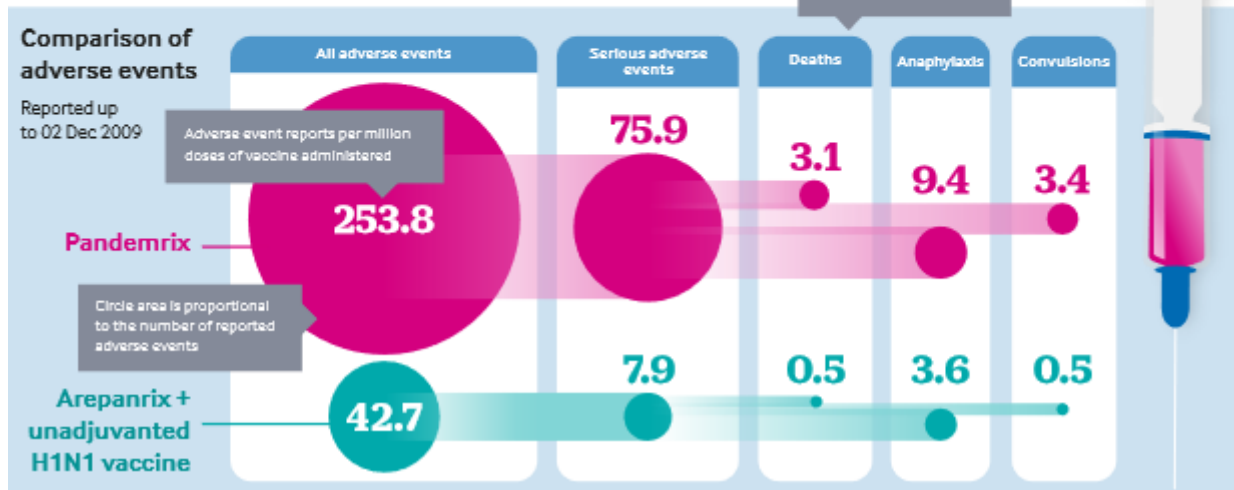
In 2018 due to a lawsuit for narcolepsy which got the information, the BMJ was the only journal publishing the **death data that health authorities had from the beginning and did nothing but approval:**

thebmj Visual summary 

Adverse events: GSK pandemic influenza vaccines

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

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



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

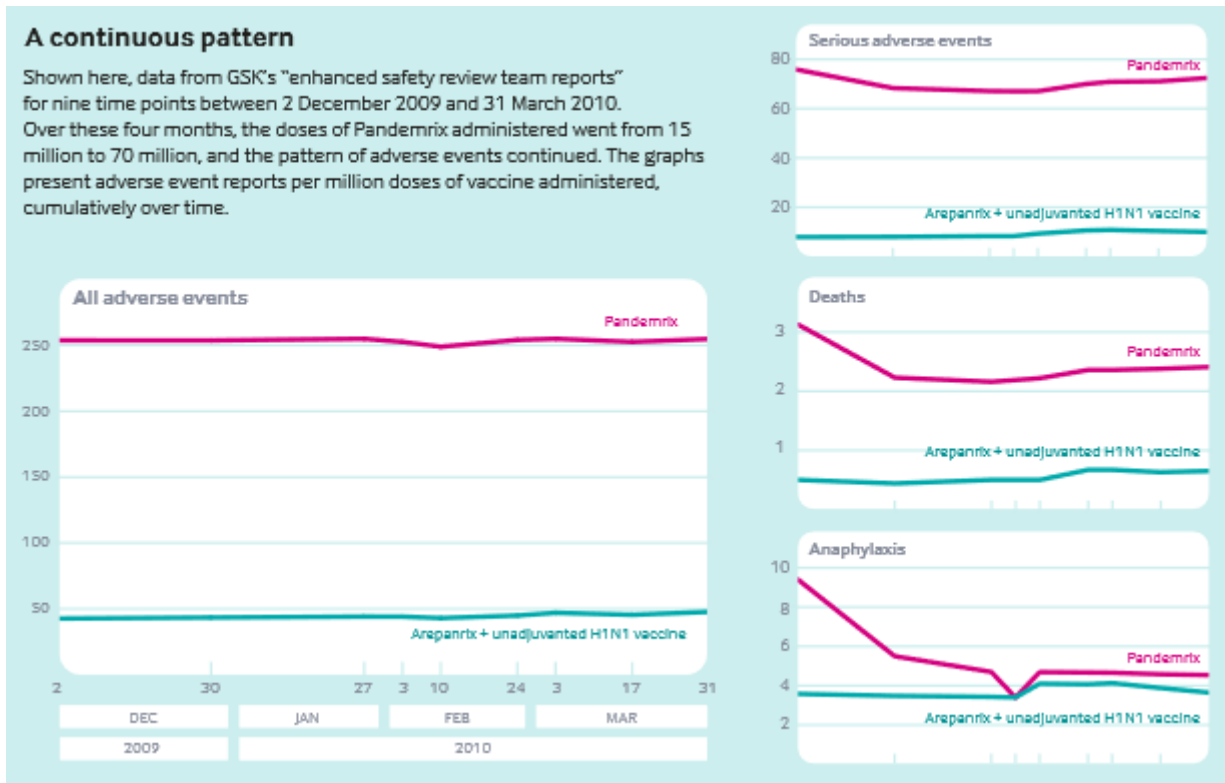
Nellore A, Randall TD. **Narcolepsy and influenza vaccination-the inappropriate awakening of immunity.** *Annals of translational medicine.* 2016 Oct;4 (Suppl 1):S29. PMID: 27867997; PMCID: PMC5104623. <https://doi.org/10.21037/atm.2016.10.60>

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

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

Granath F, Gedeberg R, et al. **Change in risk for narcolepsy over time and impact of definition of onset date following vaccination with AS03 adjuvanted pandemic A/H1N1 influenza vaccine (Pandemrix) during the 2009 H1N1 influenza pandemic.** 6 May 2019 Epub. *Pharmacoepidemiol Drug Saf.* 2019 Aug;28(8):1045-1053. PMID: 31062443. <https://doi.org/10.1002/pds.4788>

https://pubmed.ncbi.nlm.nih.gov/?cmd=link&linkname=pubmed_pubmed_reviews&log%24=relatedreviews&logdbfrom=pmc&from_uid=27867997



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

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

There's no explanation why Pandemrix was approved, even after showing 5x more deaths and 7x more serious adverse events than Arepanrix and the unadjuvanted vaccine.²¹⁶

"The presence of 146N in large relative amounts in Pandemrix and the wild type virus and in lower relative quantities in Arepanrix or other H1N1 vaccines may have affected predisposition to narcolepsy."²¹⁷

Vaccine trials

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

NCT04368728	Pfizer	Recruitment phase by Jul 2021 ²¹⁸
NCT04614948	JJJ	May 2023 ²¹⁹
NCT04516746	AstraZeneca	Feb 2023 ²²⁰
NCT04470427	Moderna	Oct 2022 ²²¹

²¹⁶ <https://www.bmj.com/content/bmj/suppl/2018/09/20/bmj.k3948.DC1/pandremix1809.ww2.pdf>

²¹⁷ Jacob L., Leib R, et al. **Comparison of Pandemrix and Arepanrix, two pH1N1 AS03-adjuvanted vaccines differentially associated with narcolepsy development.** 2015 *Brain, behavior, and immunity*, 47, 44–57. <https://doi.org/10.1016/j.bbi.2014.11.004>

²¹⁸ <https://clinicaltrials.gov/ct2/show/results/NCT04368728?term=NCT04368728&rank=1>

²¹⁹ <https://www.clinicaltrials.gov/ct2/show/NCT04614948?term=NCT04614948&draw=2&rank=1>

²²⁰ <https://clinicaltrials.gov/ct2/show/NCT04516746?term=AZD1222&draw=3&rank=3>

²²¹ <https://www.clinicaltrials.gov/ct2/show/NCT04470427>

Vaccine carnage

Ivermectin is safe. By May 2021, **there were more deaths from Covid vaccines in 5 months, than *all* vaccines in the past 20 years.**²²²

Not counting 45,000 deaths hidden by the CDC in the USA.²²³

- EudraVigilance Database (EU/EEA/Switzerland) to 14 Aug 2021:
 - **21,766 deaths** related to Covid-19 injections, including:
 - **1000 babies under 2 years of age, who had zero risk of dying because of COVID**
 - **2000 teens (12-17 y.o., Pfizer) who had near zero risk of dying because of COVID**
 - **2 million injuries**
- MHRA Yellow Card Scheme (UK) to 21 July 2021:
 - **1,517 deaths** related to Covid-19 injections
 - over **1.1 million injuries**
- VAERS database (USA) to 23 July 2021: 11,940 deaths related to Covid-19 injections and over **2.4 million injuries**.
- **TOTAL for EU/UK/USA – 34,052 deaths related to Covid-19 injections and over 5.46 million injuries reported as at 1 August 2021**²²⁴

From 1 Dec to 15 Apr 2021: **7,100 deaths** according to EMA's EudraVigilance²²⁵:

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

From 14 Dec 2020 to 2 July 2021, U.S. CDC VAERS database for COVID vaccines:²²⁶

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

²²² <https://www.wnd.com/2021/05/cdc-many-people-died-covid-19-vaccines-vaccines-last-20-years-combined/>
<https://djhjmedia.com/rich/do-you-know-how-many-americans-died-after-getting-the-covid-vaccine-according-to-the-cdc-and-fda/>

²²³ <https://www.globalresearch.ca/does-the-virus-exist-the-sars-cov-2-has-not-been-isolated-biggest-fraud-in-medical-history/>

²²⁴ <http://www.adrreports.eu/en/index.html>

²²⁵ <https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes>
<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&SERIOUS=ON>
<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19>

“Deaths are also a much higher proportion of total reports for Covid vaccines as compared with Influenza vaccines: approximately 5% as compared with about 0.8%.”²²⁷

RNA vaccines: thousands of deaths, permanent disabilities and hospitalizations.²²⁸

Deaths have been shown to be **underreported by as much as 99%**.²²⁹ This could easily be amended by:

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

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

Pfizer: brain damage in 17 minutes and death in 10 hours?²³⁰

In Mexico, **Pfizer supplied 1/3 of the doses, but accounted over 95% of adverse events**, compared to AstraZeneca, SinoVac, Sputnik V, CanSino.²³¹

Sinovac deaths.²³²

Thombosis caused by COVID vaccines

AstraZeneca vaccine deaths: “62 cases of **cerebral venous sinus thrombosis** and 24 cases of **splanchnic vein thrombosis** reported in the EU drug safety database (EudraVigilance) as of 22 March 2021, **18 of which were fatal**. The cases came from *spontaneous* reporting systems of the EEA and the UK... As of 4 April 2021, a total of 169 cases of CVST and 53 cases of splanchnic vein thrombosis were reported. Around 34 million people had been vaccinated in the EEA and UK by this date... The Pharmacovigilance Risk Assessment Committee of the European Medicines Agency, has confirmed **the benefits of the AstraZeneca vaccine in preventing COVID-19 overall outweigh the risk of side effects.**”²³³

²²⁷ <https://www.bmj.com/content/372/bmj.n393/rr-4>

²²⁸ <https://www.lifesitenews.com/news/facebook-posts-provide-evidence-of-link-between-covid-vaccinations-and-deaths>

²²⁹ Centers for Disease Control and Prevention, **Surveillance for Adverse Events Following Immunization Using the Vaccine Adverse Event Reporting System (VAERS)**, 2021 <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt21-surv-adverse-events.html>

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

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

²³⁰ <https://www.bitchute.com/video/RbZByU7Ux2pA/>

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

²³¹ <https://www.infobae.com/america/mexico/2021/04/08/de-que-laboratorio-son-las-vacunas-que-han-causado-mas-reacciones-alergicas-a-la-poblacion-en-mexico/>

²³² <https://www.scmp.com/news/hong-kong/health-environment/article/3124522/coronavirus-hong-kong-leader-experts-say>

²³³ <https://www.ema.europa.eu/en/news/astrazenecas-covid-19-vaccine-ema-finds-possible-link-very-rare-cases-unusual-blood-clots-low-blood>

That statement proved the corruption of EMA:

1. With ivermectin not even one death is acceptable, not counting lifelong disabilities caused by thrombosis.
2. Spontaneous reporting has been proven to report only 10% of the cases. Cases tripled in just 12 days, not administered vaccines, which proves huge under-reporting.
3. When citing 34 million vaccinated people they are possibly counting all brands and only doses. Fully vaccinated (2 doses) are much less. Most severe cases come after the 2 doses. 92 million doses have arrived by that date and most haven't even been applied.²³⁴
4. Thrombosis cases could be more than 1 in 10,000 which is totally unacceptable even if there wasn't a cure.

“The EU regulator also started a review to assess five reported cases of a rare disorder called **capillary leak syndrome** ... in which fluid **leaking from blood vessels** causes tissue to swell and blood pressure to drop. The J&J, Astra and Sputnik shots all use an adenovirus -- the cause of some common colds -- to deliver the coronavirus antigen and generate an immune response. **Adenovirus technologies such as that used by AstraZeneca and others have been associated with clotting in other settings**, so if this is the reason for the rare side effects observed with the **Astra vaccine, shots from J&J, Sputnik and Chinese drugmaker CanSino Biologics Inc. would also be at risk**”.²³⁵

About 20 countries halted vaccination with the AZ vaccine, most resumed with the false excuse that the benefits were greater than the risks (never quantifying both). Australia was the only one to include blood clots in the informed consent forms to be signed by each human guinea pig receiver.²³⁶ **The blatant violation of informed consent on blood clots increases distrust in informed consent forms and in the system. Even worse, most countries don't even provide informed consent forms!**

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

In fact, **“thromboembolic events including those with thrombocytopenia have been reported with *all* COVID-19 vaccines.”**²³⁷

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

Vaccine unsafety

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

No longterm testing of the new biotech platforms:

- DNA (Oxford, Sputnik): adenovirus vectors were originally used for gene therapy insertions into DNA
- RNA (Pfizer, Moderna): RNA stem cell chain reaction? RNA artificial longevity into DNA? Epigenetic effects? Silencing protein production? Switching on protein production? Autoimmune diseases? COVID susceptible

²³⁴ <https://www.euronews.com/2021/04/02/how-many-vaccine-doses-have-arrived-in-eu-countries-and-how-do-they-get-there>

²³⁵ <https://www.bloomberg.com/news/articles/2021-04-09/eu-regulator-investigating-blood-clots-after-j-j-covid-vaccine>

²³⁶ <https://www.abc.net.au/news/2021-05-06/tga-blood-clots-astrazeneca-covid-vaccine-hospital/100121336>

²³⁷ <https://www.fiercepharma.com/pharma/johnson-johnson-s-covid-19-vaccine-spotlight-at-ema-after-4-serious-cases-unusual-blood>

progeny? New COV-spike-chimerical virus? This is very important considering a mother with 1 Pfizer shot has passed antibodies to her unborn baby: no guarantee that RNA coding wasn't passed as well.²³⁸

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

Transverse myelitis: permanent paralysis of arms and legs, brain inflammation (encephalitis), frequent seizures, decreased muscle strength, and difficulty breathing half an hour after the Pfizer shot²³⁹

Severe allergies²⁴⁰

Foetal DNA debris linked to brain damage and autism.

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

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

FDA sought side effects-for COVID19 vaccines:²⁴¹

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

²³⁸ Gilbert P., Rudnick C., **Newborn Antibodies to SARS-CoV-2 detected in cord blood after maternal vaccination**, preprint 05/02/2021, medRxiv 2021.02.03.21250579; <https://doi.org/10.1101/2021.02.03.21250579>

²³⁹ <https://newsdof.com/chileeng/mexico-will-study-cases-of-doctors-with-encephalitis-after-pfizer-vaccination-health-and-wellness/>
<https://d.elhorizonte.mx/nacional/doctores-con-sintomas-graves-por-vacuna/2983793>

²⁴⁰ The RNA vaccines from BioNTech/Pfizer contain polyethylene glycol (PEG). 70% of people develop antibodies against this substance. <https://dryburgh.com/mike-yeaton-coronavirus-vaccine-safety-concerns-petition/>

²⁴¹ <https://www.fda.gov/media/143557/download>

- Vaccine enhanced disease

As of March 9th, 2021, Sputnik V vaccine was still not approved by the European Medicines Agency, which raises concerns over either the safety and efficacy or EMA's corruption to favour other countries against Russia.

mRNA Myocarditis

“mRNA vaccines present several problems, for instance:

1. **Instability:** mRNA vaccines are very temperature unstable and require storage at ultra-cold temperatures. Any human error can have high impact on the vaccine efficacy or safety.
2. **Effectiveness:** the dose of spike protein that is produced by the hacked cell is not standardized. The muscle tissue produces spike protein for an unknown period and in unknown quantities. Every person produces different amounts of spike protein.
3. **Safety:** the glycosylation process, in which cells add sugar molecules on a protein, which defines the pharmacology of the vaccine, is not standardized. Patients with chronic diseases produce abnormal glycosylation processes that have been associated with the promotion of **cancer and autoimmune diseases**. There's no safety data, being a new vaccine platform, not sufficiently tested.”²⁴²

- “In May 2021, the CDC started an investigation into a possible link between mRNA vaccines and myocarditis after Israel's health ministry said in April it was monitoring a small number of cases of people developing heart inflammation after getting Pfizer's vaccine. At the time, there were also reports that the Pentagon was tracking 14 cases of heart inflammation among people vaccinated through the military healthcare system.
- On 1 Jun 2021, Israel's health ministry said that the small number of myocarditis cases that were found in mainly young men who received the COVID-19 Pfizer vaccine were likely linked to the vaccination.
- On 25 Jun 2021 the FDA added a warning about the risk of developing heart inflammation—either myocarditis or pericarditis—to patient and provider fact sheets for the mRNA-based Moderna and Pfizer CCP virus vaccines. Pericarditis is inflammation of the outer lining of the heart. The CDC said that more than **1200 cases of heart inflammation** in adolescents and young adults who received the Pfizer or Moderna CCP virus vaccine have been reported. The majority of the patients were male, and after the second dose.
- Dr. Shimabukuro, a CDC official, had presented the data to the CDC's vaccine advisory committee. According to his presentation, heart inflammation occurred at a rate in 12- to 39-year-olds of “12.6 cases per million second doses of any mRNA vaccine in the 21 days following vaccination,” with rates higher in males. The fact sheets warned of potential onset of myocarditis and pericarditis within a few days after receiving the vaccine, and “particularly following the second dose.”²⁴³
- Between 14 Dec 2020 and 18 Jun 2021 there have been **1342 cases of myocarditis and pericarditis** in all age groups: 835 Pfizer, 458 Moderna and 45 Johnson & Johnson's. In 12- to 17-year-olds, 237 reports with 234 Pfizer's.²⁴⁴

²⁴² <https://www.jp2mri.org/faq-institute-covid19-research>

²⁴³ https://www.theepochtimes.com/myocarditis-higher-than-expected-among-male-military-members-after-2nd-mrna-covid-19-vaccine-dose-study_3880473.html

²⁴⁴

[https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS\[\]=Myocarditis+%2810028606%29&SYMPTOMS\[\]=Pericarditis+%2810034484%29&VAX=COVID19](https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&SYMPTOMS[]=Pericarditis+%2810034484%29&VAX=COVID19)

[https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS\[\]=Myocarditis+%2810028606%29&SYMPTOMS\[\]=Pericarditis+%2810034484%29&VAX=COVID19&VAXMAN=PFIZER/BIONTECH](https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&SYMPTOMS[]=Pericarditis+%2810034484%29&VAX=COVID19&VAXMAN=PFIZER/BIONTECH)

[https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS\[\]=Myocarditis+%2810028606%29&SYMPTOMS\[\]=Pericarditis+%2810034484%29&VAX=COVID19&VAXTYPES=COVID-19&VAXMAN=PFIZER/BIONTECH&WhichAge=range&LOWAGE=12&HIGHAGE=18](https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&SYMPTOMS[]=Myocarditis+%2810028606%29&SYMPTOMS[]=Pericarditis+%2810034484%29&VAX=COVID19&VAXTYPES=COVID-19&VAXMAN=PFIZER/BIONTECH&WhichAge=range&LOWAGE=12&HIGHAGE=18)

- The real results were **5x higher than expected**: 1 in 23000 myocarditis detected within 4 days after first dose after having COVID or after second dose of RNA Pfizer (30%) and Moderna (70%) vaccines among military, with a median age of 25.²⁴⁵
- Also, in Israel, the Pfizer vaccine has been associated with myocarditis in 16-18 yo boys.²⁴⁶

Ethical considerations

Authorities inflate COVID deaths stats by taking into account only the final cause, while omitting the primary cause of death (underlying condition which unchained the course of events leading to death, like cancer). Yet, in deaths from vaccination, they do exactly the opposite: vaccines can never be the cause of death, only the pre-existing comorbidity.²⁴⁷ For instance, when **huge percentages die after vaccinating nursing homes**, it is never the vaccine but that they were old and they were going to die anyway from age or prior sickness.²⁴⁸

Vaccine deaths are the tip of the iceberg, showing that the injuries mounted high enough to kill the person. This doesn't mean that those lucky enough to avoid death were not injured and that the underlying injuring mechanism isn't still causing damage.

Considering there's a cure, it is completely immoral to vaccinate, even with the minimum risk of harm. One of the basic rules of medical ethics is precisely: "do no harm".

Doctors have reported reduced injury impact with prior ivermectin. Also, some doctors treat vaccine injuries with **N-acetyl-cysteine (Glutathione)**. Authorities refuse to conduct large RCTs on treating something that officially does not exist: vaccine injuries. By denying vaccine hazards, authorities deny compensation and treatments to vaccine injuries.

Ethical standards

Ivermectin poses no ethical problems while COVID vaccines:

1. **Violation of informed consent**: unapproved vaccines (emergency use is not approval) means that they were not tested enough to know medium and long term risks.²⁴⁹ Requiring vaccination is a violation of human rights (life, safety, informed consent, freedom, etc.). Even requiring information of who vaccinated is a violation of privacy and potential base for discrimination lawsuits.
2. **Vaccine passport**: loss of privacy and civil rights. biometric surveillance tied to freedom of travel, digital ID, banking, insurance and social security.²⁵⁰

²⁴⁵ Montgomery J, Ryan M, Engler R, et al. **Myocarditis Following Immunization With mRNA COVID-19 Vaccines in Members of the US Military**. JAMA Cardiol. Published online June 29, 2021. <https://doi.org/10.1001/jamacardio.2021.2833>

²⁴⁶ Snapiri O, Rosenberg D, et al. **Transient Cardiac Injury in Adolescents Receiving the BNT162b2 mRNA COVID-19 Vaccine**, The Pediatric Infectious Disease Journal: June 2, 2021 – Volume Online First – Issue – <https://doi.org/10.1097/INF.0000000000003235>

²⁴⁷ <https://legemiddelverket.no/Documents/English/Covid-19/20210128/Reported/suspected/adverse/reactions/corona/vaccine.pdf>
<https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/sicherheitsberichte/sicherheitsbericht-27-12-bis-31-01-21.pdf>

<https://www.bloomberg.com/news/articles/2020-12-09/u-k-says-those-with-severe-allergy-shouldn-t-get-pfizer-vaccine>

²⁴⁸ <https://www.brusselstimes.com/news/belgium-all-news/151678/14-deaths-after-vaccination-in-belgium-causality-not-established/>
<https://www.lavanguardia.com/vida/20210202/6216751/brote-residencia-lagartera-toledo-deja-nueve-fallecidos.html>

<https://www.infobae.com/politica/2021/06/11/murio-una-mujer-de-86-anos-luego-de-recibir-la-segunda-dosis-de-la-vacuna-sputnik-v-2/>

²⁴⁹ <https://www.ncbcenter.org/messages-from-presidents/covid-19-vaccines>

²⁵⁰ <https://www.forbes.com/sites/mattperetz/2020/03/18/bill-gates-calls-for-national-tracking-system-for-coronavirus-during-reddit-ama/>

3. **Abortion link:** use of cancerous cell lines derived from babies in elective abortions (involving live dissection²⁵¹) either for development, production or testing.²⁵²
 Considering there is an ethical alternative to unethical COVID vaccines, it is immoral to recommend them. It is an objective sin according to the Christian Churches, especially Catholicism.
 Even without religion and without knowing about the availability of ethical cures, many are not getting vaccinated because of the abortion link.²⁵³
4. **Contraception excuse:** the requirement of no pregnancy after 2 months of vaccination is used as an excuse to push contraceptives while violating informed consent because of hiding:
- They are considered immoral by certain philosophies and religions (Catholicism/some Christians)
 - They are abortifacients (except barrier methods without spermicide)
 - They could cause severe side effects (death, thrombosis, stroke, cancer, depression, permanent infertility... cf. package insert)
 - They are less effective than some natural awareness methods like naprotechnology.com, which pose no ethical problems.

Patent corruption

Much of pharmaceutical innovation is created by government “free money” paid by taxes (including the inflation tax): over 230 billion USD in the USA.²⁵⁴ It’s a circular scam where “the people” buys with taxes, products enabled with taxes. Even worse, corporations are granted monopolistic profits for public patents robbed to “the people” by their corrupt governments.

“Governments have given vaccine developers billions for research while “forgetting” to ask for a percentage of the patents. Yet, **Big Vax** keep all the excess profits derived from a monopoly granted by Government and they refuse to share the knowledge so that other vaccine manufacturers, which have idle capacity²⁵⁵, could cover the population they are not able to supply. In one word: collusion.”²⁵⁶

For instance, the mRNA tech was basic research by the NIH and the Department of Defense. Peter Maybarduk, director of Public Citizen’s Access to Medicines program, told Scientific American. “Federal scientists helped invent it and taxpayers are funding its development. ... It should belong to humanity.”²⁵⁷ Pfizer’s COVID mRNA vaccine, where Bill Gates made a 600 million USD profit from an income of 3.5 billion by March 2021 and expects “durable demand” like flu vaccines, reaching 26 billion USD by Dec 2021.²⁵⁸

<https://stm.sciencemag.org/content/11/523/eaay7162>

<https://www.scientificamerican.com/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/>

²⁵¹ <https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf>

<https://cogforlife.org/2021/04/25/cell-lines-from-miscarriages-nonsense/>

²⁵² <https://cogforlife.org/guidance/>

<https://lifefacts.lifesitenews.com/vaccines/vaccines-from-aborted-fetal-cells/>

²⁵³ <https://www.lifesitenews.com/opinion/why-i-can-never-take-the-covid-vaccine>

²⁵⁴ Cleary E, Jackson M, Ledley F, **Government as the First Investor in Biopharmaceutical Innovation: Evidence From New Drug Approvals 2010–2019**, 5 Aug 2020, Working Paper No. 133, <https://doi.org/10.36687/inetwp133>

²⁵⁵ <https://apnews.com/article/drug-companies-called-share-vaccine-info-22d92afbc3ea9ed519be007f8887bcf6>

²⁵⁶ <https://articles.mercola.com/sites/articles/archive/2021/05/11/bill-gates-covid-vaccine-patent.aspx?>

²⁵⁷ <https://www.scientificamerican.com/article/for-billion-dollar-covid-vaccines-basic-government-funded-science-laid-the-groundwork/>

²⁵⁸ <https://www.bbc.com/news/business-56979406>

Oxford's vaccine patent is a "wonderful" paradigm. Considering the R&D was funded by the UK government, they wanted to release it to the public domain, yet Bill Gates "convinced" them to give it to AstraZeneca for profit corporation.²⁵⁹ It is not a surprise that globalists like Bill Gates insisted that Governments shouldn't temporarily lift COVID vaccine patents.²⁶⁰

Why is it that the Bill (ex) **Melinda Gates Foundation owns so many vaccine patents and doesn't release them to the public domain?** Why did it invest in CureVac and other vaccine companies instead of giving it grants in exchange for future vaccine price reduction or vaccine donations? Why do they decline to answer?²⁶¹

What's really difficult to understand is that these gene injections "legally" got away with hiding the ingredients as "trade secrets" even from doctors, even if they are not vaccines.

Vaccine obstinacy

There's no ethical justification to vaccinate healthy immune population with experimental vaccines, especially the young, for whom the virus is just another flu. Patients with comorbidities could only be targeted for trials, but never imposed experimental vaccine.

Vaccination obstinacy raises concerns about a hidden agenda.

Why outpatient early treatments at home with many cheap effective drugs, being a better option to experimental vaccines, were censored by Governments, Health and Media? The fact that Governments still push vaccination after the discovery of the cure for COVID is a huge red light, among many.

PCR pandemic

The inventor of the PCR said it wasn't useful for diagnosis.

The PCR enhances any genetic material in the sample. The more cycles, the more false positives. After 45 cycles, 100% positiveness? WHO only recommended to reduce cycles when vaccines were rolled out, so the reduction in contagion and deaths would be attributable to vaccines.

The CDC recognized that all PCR tests were based on a computer model, not a real isolated virus.

The president of Tanzania tried the PCR on Papaya and motor oil and they turned positive on the WHO machine, and kicked them out of the country.

The CDC established that the vaccinated shouldn't be controlled for PCR.

Masks as psyop muzzles

The Minister of Health of Argentina recognized that masks "have an effect of social discipline... social control".²⁶²

²⁵⁹ <https://articles.mercola.com/sites/articles/archive/2021/05/11/bill-gates-covid-vaccine-patent.aspx?>

²⁶⁰ <https://www.wired.com/story/opinion-the-world-loses-under-bill-gates-vaccine-colonialism/>

²⁶¹ <https://www.thenation.com/article/society/bill-gates-foundation-covid-vaccines/>

²⁶² <https://www.perfil.com/noticias/periodismopuro/gines-gonzalez-garcia-el-ultimo-lugar-que-va-a-parecerse-mas-a-lo-normal-sera-el-amba.phtml>

Video²⁶³ and science²⁶⁴ prove that regular masks don't protect. COVID aerosols less than 5 microns (μm) are smaller than cigarette smoke:²⁶⁵

²⁶³ <https://www.bitchute.com/video/ypljmxQoLygi/>

²⁶⁴ "Mask mandates reduced case growth 0- 1.8%, and COVID death rates 0.7 - 1.9%, with an increase in deaths 21-40 days after the mandate went into effect. Indoor dining bans decreased case growth 0.1 - 0.4% with an increase in cases in four time periods the bans were implemented. Restaurant bans were associated with a slight growth in COVID mortality... states impose masks when cases are rising. Cases naturally peak after that, then decline. So the study may be giving masks credit for something that happens naturally."

<https://www.lifesitenews.com/news/cdc-finds-masks-indoor-dining-bans-dont-stop-virus-but-media-ignores>

Guy G Jr., Lee F, et al., Center for Disease Control and Prevention, **Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020**, 12 Mar 2021 / 70(10);350–354. MMWR. https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm#T1_down

"CDC released data, Sep 11 2020, on 314 people with and without COVID-19 and their use of masks 14 days before the onset of illness. The numbers are about the same for each group."

<https://heartlanddailynews.com/2020/10/do-masks-protect-people-from-covid-19/>

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>

CDC: "irrespective of whether the person with COVID-19 or the contact was wearing a mask"

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

CDC meta-analysis: https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

Bundgaard H, Bundgaard J, et al., **Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers. A Randomized Controlled Trial**. Annals of Internal Medicine, Annals.org 18 Nov 2020

<https://doi.org/10.7326/M20-6817>

Letizia, A. G. et al. **SARS-CoV-2 Transmission among marine recruits during quarantine**. 11 Nov 2020. N. Engl. J. Med.

<https://doi.org/10.1056/NEJMoa2029717>

Isaacs, D, Britton, P, et al. **Do facemasks protect against COVID-19?** Jun 2020. Journal of paediatrics and child health, 56(6), 976–977.

<https://doi.org/10.1111/jpc.14936>

Lim EC, Seet RC, et al. **Headaches and the N95 face-mask amongst healthcare providers**. Acta Neurol Scand. 2006 Mar;113(3):199-202.

PMID: 16441251; PMCID: PMC7159726. <https://doi.org/10.1111/j.1600-0404.2005.00560.x>

Radonovich LJ, Simberkoff MS, et al. **N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial**. 3 Sep 2019. JAMA. 2019;322(9):824–833. <http://doi.org/10.1001/jama.2019.11645>

<https://bmjopen.bmj.com/content/5/4/e006577.full>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>

<https://pubmed.ncbi.nlm.nih.gov/18500410/>

<https://pubmed.ncbi.nlm.nih.gov/15340662/>

<https://clinicaltrials.gov/ct2/show/NCT00173017>

<https://pubmed.ncbi.nlm.nih.gov/18331781/>

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article#tnF2

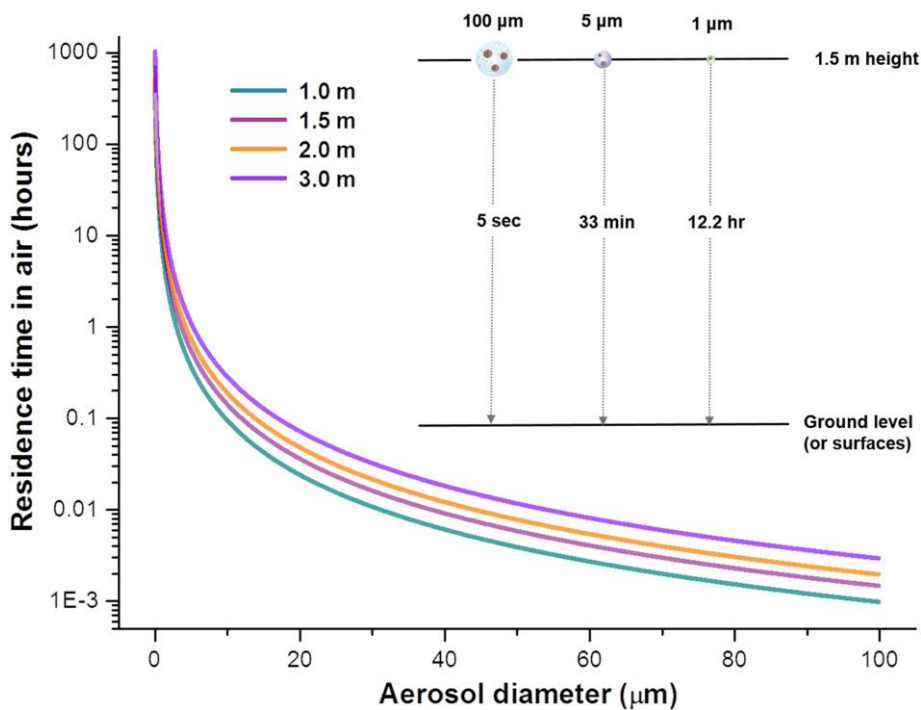
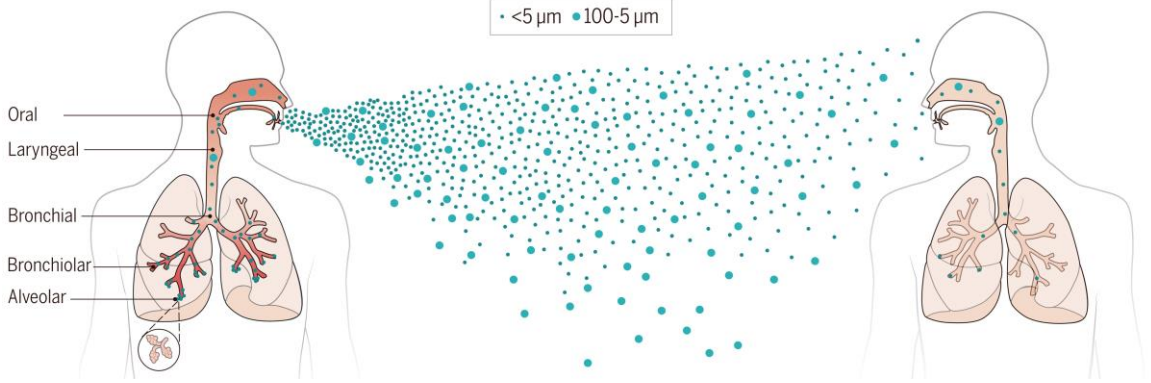
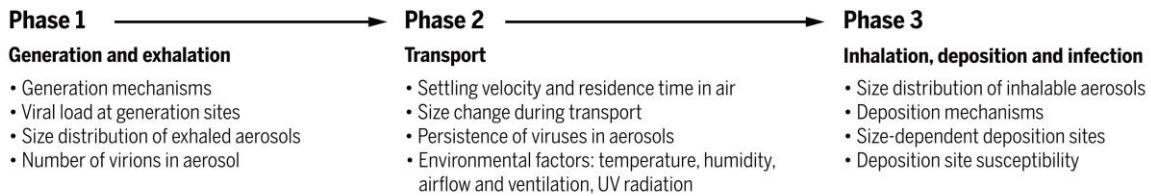
<https://fox6now.com/2020/05/29/who-guidance-healthy-people-should-wear-masks-only-when-taking-care-of-coronavirus-patients/>

https://twitter.com/surgeon_general/status/1233725785283932160?lang=en

<https://www.conservativerreview.com/news/horowitz-kids-lives-matter-stop-national-coronavirus-child-abuse/>

²⁶⁵ Wang C, Prather KA, et al. **Airborne transmission of respiratory viruses**. 27 Aug 2021 Science Vol 373, Issue 6558.

<https://doi.org/10.1126/science.abd9149>



If you can smell it, you can get it, but you need about 1000 viruses. Yet, the smaller the aerosol, the further the dispersion and lower the concentration.

Air tighter masks are insufferable and unenforceable in a short lapse, since they cause lack of oxygen and excess carbon dioxide in blood. Still, they are not 100% effective. Not even the best HEPA filters can filter all COVID aerosols²⁶⁶, which could be as small as 0.1 micron:

MERV Rating Average Particle Size Efficiency in Microns

1-4	3.0 - 10.0 less than 20%
6	3.0 - 10.0 49.9%
8	3.0 - 10.0 84.9%
10	1.0 - 3.0 50% - 64.9%, 3.0 - 10.0 85% or greater

²⁶⁶ <https://www.epa.gov/indoor-air-quality-iaq/what-hepa-filter-1>

MERV Rating	Average Particle Size	Efficiency in Microns
12	1.0 - 3.0	80% - 89.9%, 3.0 - 10.0 90% or greater
14	0.3 - 1.0	75% - 84%, 1.0 - 3.0 90% or greater
16	0.3 - 1.0	75% or greater

Allowing flights, where air is recirculated, was completely inconsistent with enforcing masks. This proves that all measures had a political objective.

Later on we'll see that **masks had another purpose: to contaminate the population with graphene oxide.**

Open air: forbidden for no reason

In February 2020, the WHO concluded: "In an analysis of **75,465 COVID-19 cases** in China, airborne transmission was not reported."²⁶⁷

In November 2020, among **ten million** residents of Wuhan, there was no outdoors spread.²⁶⁸ Meta-analysis concurred.²⁶⁹ Yet, by October 2021, free outdoor activities were still forbidden in many countries, *especially*, religious pilgrimages.

Vaccines can't prevent spread

Saliva viral load is a strong predictor of disease severity and mortality.²⁷⁰ Unlike naturally developed immunity, vaccines can't generate an adequate immune response in the oropharyngeal mucosa (e.g. immunoglobulin A). Therefore, current COVID vaccines can't generate herd immunity (i.e. prevent contagion and spreading).

This could be solved by innovations like the Finnish nasal spray vaccine but little interest has been shown... maybe because it is not a Trojan?²⁷¹

Vaccine arms race against immune escape

²⁶⁷ World Health Organization. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) 16-24 Feb 2020 [Internet]. Geneva: World Health Organization; 2020 <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

<https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

<https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

²⁶⁸ Cao, S., Gan, Y., Wang, C. *et al.* Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China. 20 Nov 2020. *Nat Commun* **11**, 5917 (2020) <https://doi.org/10.1038/s41467-020-19802-w>

²⁶⁹ Cevik M, Tate M, et al. SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis, Jan 2021. *The Lancet Microbe*, ISSN 2666-5247, [https://doi.org/10.1016/S2666-5247\(20\)30172-5](https://doi.org/10.1016/S2666-5247(20)30172-5)

²⁷⁰ Silva, J., Lucas, C., et al. Saliva viral load is a dynamic unifying correlate of COVID-19 severity and mortality. *medRxiv : the preprint server for health sciences*, 04 Jan 2021. <https://doi.org/10.1101/2021.01.04.21249236>

Fajnzylber, J., Regan, J., Coxen, K. *et al.* SARS-CoV-2 viral load is associated with increased disease severity and mortality. 30 Oct 2020 *Nat Commun* **11**, 5493. <https://doi.org/10.1038/s41467-020-19057-5>

Yoon, J. G., Yoon, J., et al. Clinical Significance of a High SARS-CoV-2 Viral Load in the Saliva. 20 May 2020. *Journal of Korean medical science*, 35(20), e195. <https://doi.org/10.3346/jkms.2020.35.e195>

²⁷¹ https://yle.fi/uutiset/osasto/news/finnish_nasal_spray_vaccine_protects_against_viral_variants_developers_say/

Vaccinating amidst a pandemic increases evolutionary artificial selection a niche effect promoting variants.

Experts have been warning of the possibility of this “immune escape”. Dr. Geert Vanden Bossche, vaccine developer and Senior Ebola Program Manager said: “Given the huge amount of **immune escape** that will be provoked by mass vaccination campaigns and flanking containment measures, it is difficult to imagine how human interventions would not cause the COVID-19 pandemic to turn into an incredible disaster for global and individual health.” ²⁷²

Robert Malone, **inventor of the mRNA vaccines wrote**: “At a practical level, this also means that the **RNA genome of a coronavirus can be infectious**; the RNA alone, if transferred into a cell, can cause that cell to produce complete and infectious new coronaviruses. This is why mRNA vaccines only use a fragment of the mRNA genome, so that the mRNA cannot reproduce virus. **Note: he is recognizes that the vaccine RNA is infectious, just like a virus.**

Using RNA as the genetic material is very efficient (a single strand is easier and cheaper to make than two!), but it is also very likely to develop errors during replication relative to using double stranded DNA (like human beings use). Among other problems with this viral strategy is that this means that viruses that use RNA often mutate very fast. Good thing that human beings use DNA to store their genetic information!

RNA viruses make this high mutation rate work for them. The high mutation rate of RNA viruses is one reason why it is difficult to make effective vaccines against many of these types of viruses.

Positive-sense²⁷³ RNA viruses account for a large fraction of all known human viruses, including many well-known pathogens such as **HIV** (the AIDS virus), **hepatitis C virus** (liver cancer), **rhinoviruses** (common cold), **West Nile virus**, **Dengue virus**, **Zika**, **SARS and MERS coronaviruses**, and **COVID-19**. Even though the single stranded RNA strategy comes with the problem of high mutation rate, these viruses replicate so efficiently, and produce so many viruses so fast, that it does not slow them down. In fact, the high mutation rate is sort of an advantage for viruses- it makes it easy for them to evolve and adapt to a new host (you and me) very rapidly, and to adapt to escape immunity in the animals that they infect (including us).

There have been reports of the **virus’ genome being different at various time points within an individual**. Another RNA virus with this capability that we are all familiar with is HIV.

For those of you paying attention, smash these ideas together with 1) escape mutants against a vaccine and 2) **why we don't have a vaccine for HIV and the common cold...** ²⁷⁴

Note: he is recognizing mRNA vaccines are not effective with a high mutating virus like COVID19.

“The Delta variant possesses mutations in the spike protein (including 104 L452R and T478K) that makes the virus less susceptible to neutralizing antibodies generated by current vaccines or natural infection.” ²⁷⁵

By Aug 2021, **the AZ vaccinated had 251 times the Delta viral load compared to the unvaccinated Alpha.** ²⁷⁶ This shows that **the vaccines weakened the immune system** and that **the vaccinated were turned into super-spreaders: the Delta wave is a vaccinated wave.** ²⁷⁷

²⁷² <https://childrenshealthdefense.org/defender/vanden-bossche-mass-vaccination/>

²⁷³ Physicist Deni Hogan wrote that mutation is “also about helicity, chirality and subatomic forces. The helicity of a particle in particle physics is defined as the projection of a spin vector in the direction of its momentum vector, Therefore, if a particle's spin vector points in the same direction as the momentum vector, the helicity is positive, and if they point in opposite directions, the helicity is negative.” <https://www.linkedin.com/feed/update/urn:li:activity:6839540985089863681?commentUrn=urn%3A%3Acomment%3A%28activity%3A6839540985089863681%2C6839577367028084736%29>

²⁷⁴ 03 Sep 2021 https://www.linkedin.com/posts/rwmalonemd_research-science-biotech-activity-6839540985089863681-1w3j

²⁷⁵ Some might argue that this shows Delta is not as deadly, since only one in 62 required oxygen, but in Vietnam, ivermectin is widely used so we can't rule out treatment effectiveness.

Chau NVV, Ngoc NM, et al. **Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam**. Hospital for Tropical Diseases, 10 Aug 2021, 31 Pages Preprint SSRN/The Lancet, <http://dx.doi.org/10.2139/ssrn.3897733>

Also, after following 670,000 vaccinated and unvaccinated, an Israel study concluded: “**Natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant** of SARS-CoV-2, compared to the Pfizer two-dose vaccine-induced immunity... vaccinated individuals had 27 times higher risk of symptomatic COVID infection compared to those with natural immunity from prior COVID disease”.²⁷⁸

War on the recovered or the unvaxxed?

It is clear that masks were the first step in a gradual plan to mandate a police-state COVID pass: forbidding outdoor circulation, and after easing the lock downs, denying entrance without masks was aimed to gradually increase tolerance to passports, an **unsane insane dictatorship**.

Harder to deploy, the second phase was lock downs with passes for “essential” workers (including abortion workers) and, of course, the elite.

The third step is the unvaxxed. The war on the recovered is the proof that governments are following a guided plan to gradually enforce a global lock down on the unvaccinated, in a typical Overton-window²⁷⁹ strategy, which will end up locking down the unvaxxed in “house arrest” solitary confinement, allowed by the universal minimum income, dependent upon not having children. It’s a “wither and die” strategy both for the unvaccinated and the vaccinated, since vaccines cause infertility, disabilities and death.

On August 2021 the Biden administration forbid the entrance of unvaccinated foreigners.²⁸⁰ European Covid Digital Certificate (EUDCC) is being used across borders not only for foreigners but for EU citizens. Thirteen EU countries mandate passes for hospitality (bars, restaurants, museums, indoor sports venues, and other cultural/entertainment sites).²⁸¹ In Italy, the **freemason** prime minister Draghi²⁸² mandated a COVID **Green Pass** to access venues with public: one dose, 9 month pass, recovered get only 6 months even if they have more immunity, PCR tested get only 48 hours. This, in spite 63% of the 12+ population got 2 shots and it is estimated that 60% are recovered, yet they want to reach 80% vaccinated.²⁸³ Even the Vatican required it to access the Vatican gardens, even if it is proven there’s no outdoors’ risk! An Argentine provincial law (Jujuy), mandated all state employees to be vaccinated or else, no wage, as if their bodies had been confiscated by the State, even if all COVID vaccines were not approved by ANMAT (the Argentine FDA), though they had Emergency Use Authorization.

Some passes (e.g. Slovenia), allow access to hospitality venues if a negative COVID test is provided. The same, for entering a Country (e.g. Argentina) or province (Jujuy, Argentina). In those countries or states/provinces where the test has to be paid by the user, entering the region or venue is unaffordable, if the test has to be done periodically (for instance 72 or 48 hours prior to entrance). Also, long term immunization is not recognized to the recovered.

²⁷⁷ Farinholt T, Doddapaneni H, et al. **Transmission event of SARS-CoV-2 Delta variant reveals multiple vaccine breakthrough infections**. 12 Jul 2021, MedRxiv. <https://doi.org/10.1101/2021.06.28.21258780>

²⁷⁸ Gazit S, Shlezinger R, et al. **Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections**. 24 Aug 2021 medRxiv 21262415; <https://doi.org/10.1101/2021.08.24.21262415>

²⁷⁹ https://en.wikipedia.org/wiki/Overton_window

²⁸⁰ <https://www.lifesitenews.com/news/biden-administration-to-require-all-legal-visitors-from-outside-the-u-s-to-be-vaccinated/>

²⁸¹ <https://www.euronews.com/travel/2021/07/26/green-pass-which-countries-in-europe-do-you-need-one-for>

²⁸² <https://www.lifesitenews.com/opinion/vigano-considerations-on-the-great-reset-and-the-new-world-order/>

²⁸³ <https://coronavirus.gimbe.org/vaccini.it-IT.html>

The Delta variant is 6x less sensible to antibodies from the recovered, compared to 8x of the double-vaxxed AstraZeneca and Pfizer.²⁸⁴ But the researchers didn't disclose that the majority of the recovered were vaccinated, because it didn't cross their minds that vaccines could actually reduce immune capability.

Considering natural immunity is much better than vaccination, why are the recovered denied a long term passes?

By December 2020 it was clear from the Pfizer trial data that the recovered didn't need a shot.²⁸⁵ Why was there an insistence of vaxxing COVID 0+ when there was no scientific evidence of any benefit in terms of long term immunity?

IgM antibodies start being detected at 1 to 2 weeks after infection, peak at 4 to 6 weeks, and last minimum 6 months. Why did they insist in tracing waning neutralizing antibodies for the recovered, instead of long-term natural immunization (B and T cells, CD4 & CD8)?²⁸⁶

Why did the WHO insist that the vaccinated didn't need to prove immunity for passports? Proof of injection would be enough even in patients with immune deficiency by diabetes, cancer or being immunosuppressed or transplanted, known for failing to produce sufficient immune reaction after vaccination!

One argument for vaxxing the recovered comes from a bad interpretation of the study about IgG(S-RBD) antibody response to mRNA SARS-CoV-2 vaccination in individuals with and without prior infection.²⁸⁷

²⁸⁴ Mlcochova, P., Kemp, S., Dhar, M.S. et al. **SARS-CoV-2 B.1.617.2 Delta variant replication and immune evasion.** 6 Sep 2021 Nature. <https://doi.org/10.1038/s41586-021-03944-y>

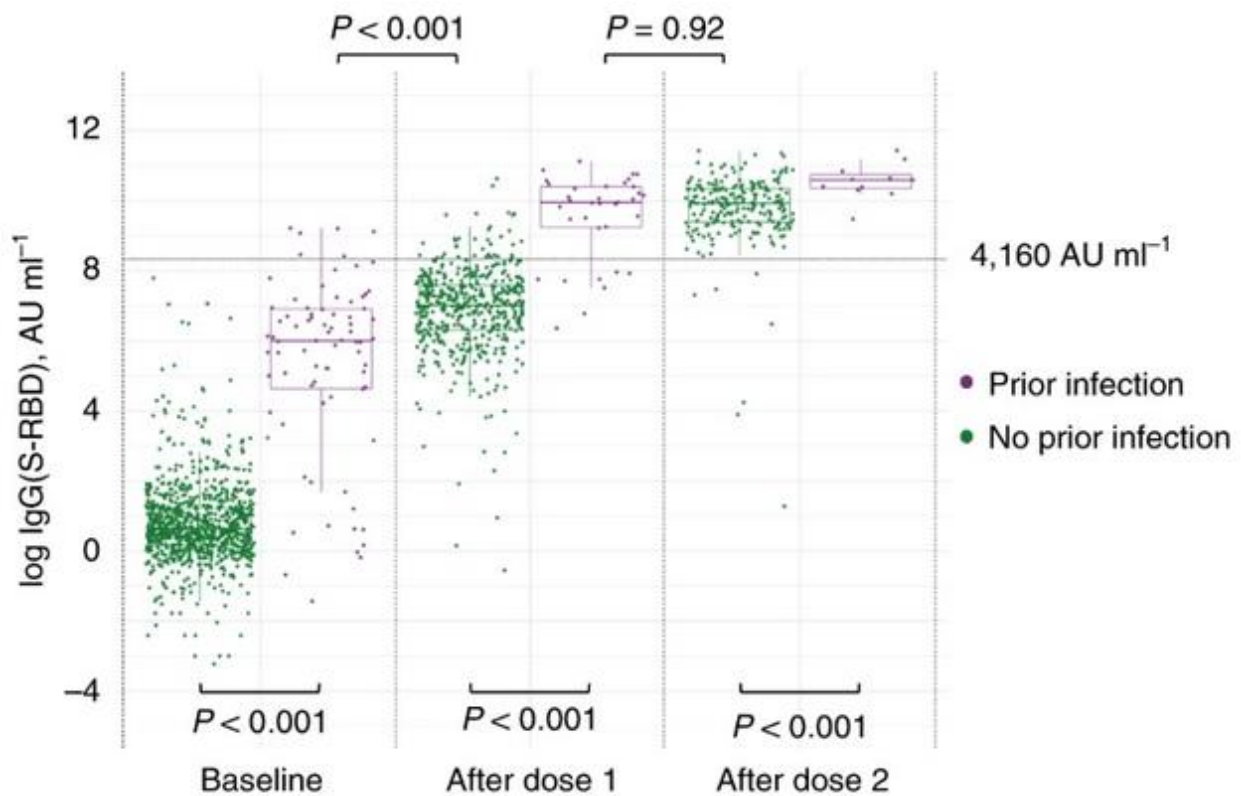
²⁸⁵ Reynolds C, Pade C, et al. **Prior SARS-CoV-2 infection rescues B and T cell responses to variants after first vaccine dose,** 30 Apr 2021, Science Mag <https://doi.org/10.1126/science.abh1282>

Leier H, Bates T, et al. **Previously infected vaccines broadly neutralize SARS-CoV-2 variants,** 29 Apr 2021, medRxiv; <https://doi.org/10.1101/2021.04.25.21256049>

Stamatatos L, Czartoski J, **mRNA vaccination boosts cross-variant neutralizing antibodies elicited by SARS-CoV-2 infection,** 25 Mar 2021, Science Mag <https://doi.org/10.1126/science.abg9175>

Nayak, K., Gottimukkala, K., Kumar, S., Reddy, E. S., Edara, V. V., Kauffman, R., Floyd, K., Mantus, G., Savargaonkar, D., Goel, P. K., Arora, S., Rahi, M., Davis, C. W., et al. **Characterization of neutralizing versus binding antibodies and memory B cells in COVID-19 recovered individuals from India.** 5 Mar 2021. Virology, 558, 13–21. <https://doi.org/10.1016/j.virol.2021.02.002>

²⁸⁷ Ebinger J, Fert-Bober J, et al. **Antibody responses to the BNT162b2 mRNA vaccine in individuals previously infected with SARS-CoV-2.** 23 Feb 2021. Nat Med. <https://doi.org/10.1038/s41591-021-01325-6>



Why is there such a scattered pattern in the recovered as baseline? Because they are not discriminated according to lapse since prior infection and vaccination (it takes time for immune response), and are not considering B and T-cells. What this graph really shows is that the recovered achieve maximum antibody levels with first shot, just as a reinfection would trigger T-cell production of antibodies to maximum capacity. That's why the second shot doesn't change the antibody level. The proof is that the lower part of the recovered baseline, reaches nearly the same level as the upper.

This is confirmed by an Israeli study: recovered react to first shot as a double vaccinated would react to a viral infection.²⁸⁸ Green passes were given to the recovered, too.²⁸⁹

Unlike natural immunity, some of the lower dots of vaccinated after dose 1 and 2, never reach desired antibody response even with an average 42 years of age, which proves that **some will get little or zero benefit from vaccination, while taking a measurable risk of serious adverse events: hiding ivermectin from them is even more criminal, not only because they are told they can go around without any prophylaxis while they are more prone to infection, but because the lower the immune response to vaccination, the lower the response to the vaccine injuries.**

“Reinfections are rare events and patients who have recovered from COVID-19 have a lower risk of reinfection. **Natural immunity to SARS-CoV-2 appears to confer a protective effect for at least a year, which is similar to the protection reported in recent vaccine studies.**”²⁹⁰ Very few cases were reported of recovered patients reinfected with a mild disease. Even fewer, with severe symptoms but all of them were due to pre-existing comorbidities or immune problems. On the contrary, vaccines showed worse outcomes than natural immunity.

²⁸⁸ Jabal Kamal, Hila B et al. **Impact of age, ethnicity, sex and prior infection status on immunogenicity following a single dose of the BNT162b2 mRNA COVID-19 vaccine: real-world evidence from healthcare workers, Israel, December 2020 to January 2021.** 27 Jan 2021 Euro Surveill. 2021;26(6):pii=2100096. <https://doi.org/10.2807/1560-7917>

²⁸⁹ <https://www.loc.gov/law/foreign-news/article/israel-with-half-the-population-vaccinated-ministry-of-health-issues-covid-19-certificates-of-vaccination-or-recovery-and-green-passes/>

²⁹⁰ Vitale J, Mumoli N, Clerici P, et al. **Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy.** *JAMA Intern Med.* Published online May 28, 2021. <https://doi.org/10.1001/jamainternmed.2021.2959>

A Cleveland **study involving over 52 thousand health employees** (the double the ones in the Pfizer and Moderna trials but for 10 months), **proved the recovered needed no vaccination at all, showing better protection than the vaccinated, which had 0,7% reinfection: didn't find a single incident of COVID-19 reinfection in participants who previously had the infection.**²⁹¹

An even more statistically strong study on 6 million people in Israel study confirmed this.

After 8 months, the recovered showed more immunity against common human coronaviruses as well as SARS-CoV-1 and therefore are probably immune to SARS-CoV-2 variants. "Spike IgG+ memory B cells increase and persist. Durable polyfunctional CD4 and CD8 T cells recognize distinct viral epitope regions."²⁹²

Why is there discrimination towards the recovered, even if the vaccinated and the unvaccinated become equally infectious? (Delta viral load was similar)²⁹³

On the other hand, **previous COVID-19 infection, is associated with increased severe adverse events following vaccination with Pfizer: headache, fatigue, myalgia, lymphadenopathy, etc.**²⁹⁴

Why did the CDC, the WHO and many public health experts like Fauci, say people who've previously been infected still should get vaccinated? **Why did the social networks (twitter, Facebook) and fact checkers censor opposing science-based view without any scientific evidence?**

Why did the NHS and the CDC²⁹⁵ use unscientific models to promote lock downs? **Why were masks, lock downs and vaccines, all intended to the uninfected, mandated to the recovered?**

Why did governments omit that the recovered and those who took monoclonal antibodies or plasma, should not be vaccinated for 3 to 6 months because the high antibody level interferes with the vaccine efficacy?

Considering scarcity, why did governments hid that the COVID recovered didn't need vaccines and should not be vaccinated due to bad outcomes?²⁹⁶

Why do they hide that the recovered have better immunity than the fully vaccinated²⁹⁷, even more than the Pfizer vaccine?²⁹⁸

²⁹¹ Shrestha N, Burke P, et al. **Necessity of COVID-19 vaccination in previously infected individuals**, 01 Jun 2021 medRxiv 21258176; <https://doi.org/10.1101/2021.06.01.21258176>

²⁹² Cohen K, Linderman S, et al. **Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells**, 14 Jul 2021 Cell Reports Medicine, Elsevier. <https://doi.org/10.1016/j.xcrm.2021.100354>

²⁹³ Riemersma K, Grogan BE, et al. **Vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the SARS-CoV-2 delta variant**, 31 Jul 2021 medRxiv 261387; <https://doi.org/10.1101/2021.07.31.21261387> https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf

²⁹⁴ Raw R, Kelly A, et al. **Previous COVID-19 infection, but not Long-COVID, is associated with increased adverse events following BNT162b2/Pfizer vaccination**, 29 May 2021, Journal of Infection, <https://doi.org/10.1016/j.jinf.2021.05.035>

²⁹⁵ Johansson MA, Quandelacy TM, Kada S, et al. **SARS-CoV-2 Transmission From People Without COVID-19 Symptoms**. 7 Jan 2021 JAMA Netw Open. 2021;4(1):e2035057. <http://doi.org/10.1001/jamanetworkopen.2020.35057>

²⁹⁶ Stein E., **Can Antibody Tests Help Save Millions of Doses of Vaccine?** Inter-American Development Bank, February 8, 2021 <https://blogs.iadb.org/ideas-matter/en/can-antibody-tests-help-save-millions-of-doses-of-vaccine/>

²⁹⁷ Alfego D, Sullivan A, et al., **A population-based analysis of the longevity of SARS-CoV-2 antibody seropositivity in the United States**, 24 May 2021, The Lancet, EClinicalMedicine, <https://doi.org/10.1016/j.eclinm.2021.100902>

Wang Z, Muecksch F, et al., **Naturally enhanced neutralizing breadth to SARS-CoV-2 after one year**, 07 May 2021, bioRxiv.443175; <https://doi.org/10.1101/2021.05.07.443175>

Why did the CDC authorize the vaxxed, visits without restrictions to the unvaxxed, while not granting the same rights to the recovered and the ivermectin treated or treatable patients?: “all the unvaccinated people are at low risk of severe Covid-19 illness, no prevention measures are needed, so these visits could happen indoors with no mask or physical distancing ... fully vaccinated people are less likely to have asymptomatic infection, and therefore potentially less likely to transmit SARS-CoV-2 to others.”²⁹⁹ **Mercenaries and ideologues, not science, run health agencies these days.**

We have accepted the unscientific foundations of greenpass bio-police states. The logic behind **vaccine passes** is not nudging but directly **pushing forced vaccination** through unscientific incentives and disincentives. For example, IBM’s Excelsior Pass only allows the vaccinated and recently tested, while discriminating the recovered. Other passes also assume vaccine 100% efficacy while asking for antibody count for the recovered, which is higher than with vaccination, but wanes along months (like in vaccines). What matters is antibody producing T and B cell count³⁰⁰, where the recovered show far better results than the vaccinated, but natural immunity is not taken into account. **With an effective cure like ivermectin, there’s no justification for passes** (if there ever is). **It depends on us if biosecurity dictatorships (infectorships) are here to stay.**

WHO changed the definition of herd immunity to justify compulsory unneeded vaccination.³⁰¹ The new anti-science Orwellian definition says that the *only* ethical way to achieve herd immunity is through vaccination. Defying the most basic concept of immunology, the WHO excludes *natural immunity*, even if achieved through a mild disease, cross-immunity or even medical immunity where a severe disease becomes mild thanks to medicines, like ivermectin. **With ivermectin, there’s no need to vaccinate at all.**

In December 2020 Fauci announced 20% natural herd immunity in the USA but the need to vaccinate 85% of the population in order to go back to normal: 105% while experts say 65% is enough but taking into account natural herd immunity. Instead of vaccinating 45% of the population (65%-20% natural herd immunity), the new definition of WHO justifies compulsory vaccination of 100% of the population, even those who had achieved natural immunity for life and don’t need any vaccine and even if the vaccines could cause more severe reactions in those already infected.

Hall VJ, Foulkes S, et al. **SARS-CoV-2 infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN)**, 09 Apr 2021 [https://doi.org/10.1016/S0140-6736\(21\)00675-9](https://doi.org/10.1016/S0140-6736(21)00675-9)

Turner, J.S., Kim, W., Kalaidina, E. et al. **SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans**. 20 Dec 2021, Nature. <https://doi.org/10.1038/s41586-021-03647-4>

Goldberg Y, Mandel M, et al. **Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel**, 20 Apr 2021 medRxiv.21255670; <https://doi.org/10.1101/2021.04.20.21255670>

²⁹⁸ Goldberg Y, Mandel M, et al. **Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel**, 24 Apr 2021 medRxiv.21255670; <https://doi.org/10.1101/2021.04.20.21255670>

²⁹⁹ CNN Health, **Fully vaccinated people can visit unvaccinated family and friends, but one household at a time, CDC official says**, 22 Mar 2021, <https://edition.cnn.com/2021/03/22/health/fully-vaccinated-coronavirus-cdc-advice-wellness/index.html>

³⁰⁰ Plüddemann A, Aronson J, **What is the role of T cells in COVID-19 infection? Why immunity is about more than antibodies?** Oct 19, 2020 Centre for Evidence-Based Medicine, Nuffield Department of Primary Care Health Sciences, University of Oxford

<https://www.cebm.net/covid-19/what-is-the-role-of-t-cells-in-covid-19-infection-why-immunity-is-about-more-than-antibodies/>

³⁰¹ “Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.”

<https://web.archive.org/web/20201101161006/https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-serology>

“Herd immunity’, also known as ‘population immunity’, is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached. **Herd immunity is achieved by protecting people from a virus, not by exposing them to it.** Vaccines train our immune systems to create proteins that fight disease, known as ‘antibodies’, just as would happen when we are exposed to a disease but — crucially — vaccines work without making us sick. Vaccinated people are protected from getting the disease in question and passing it on, breaking any chains of transmission.”

<https://web.archive.org/web/20201223100930/https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/herd-immunity-lockdowns-and-covid-19>

In March 2021 Fauci established 80% was enough but in order to achieve it, children had to be vaccinated.³⁰² This is an obvious manipulation to make believe that vaccines are the only way out:

- By May, 81% of individuals had pre-existing T-cells that cross-reacted with SARS-CoV-2 epitopes³⁰³
- Natural immunity is more effective against a particular strain and more lasting than vaccine induced immunity.
- Through cross-immunity, natural immunity is more effective against new strains and new viruses from the same family. Bio-statisticians believe cross-immunity is the answer to why severe cases went down in countries with infection rates as low as 20%. Four coronavirus in the flu season are harmless (except immunocompromised): HCoV-229E, HCoV-NL63, HCoV-HKU1 and HCoV-OC43. Dangerous strains are extinct or rare: SARS-CoV (2002-2003) and MERS-CoV (2012-present).
- By the end of August 2021, 67% of the US population had antibodies (herd immunity), according to the American Academy of Pediatrics.

Some passes (Italy, Austria) recognize some COVID recovered but not all and in the near future, none.

Vaccine passports are defined to include those vaccinated (antibodies last 3 months³⁰⁴) and those recovered with *current* antibodies (last 3 to 6 months). **Immunity duration is not defined by antibodies but immune cells (T, B),** which last years³⁰⁵ and produce antibodies in response to an infection. They also exclude those with genetic immunity (like north-western Europeans).³⁰⁶ **Passports' anti-scientific definition shows a clear bias against natural immunity and towards vaccination.**

Why do they insist in calling them **vaccine passports and not immunity passports**? Nobody can rule out that it could be **argued that unlike "proven" updated vaccines, it would still be unproven that natural immunity would cover variants and new SARS-CoV viruses.** By the time it would be proven otherwise, a new "more contagious" variant will be already included in the vaccine update... in a vicious circle until scientists and doctors just get exhausted from fighting for scientific truth. Game over: COVID vaccine mandate even for the recovered?

Lockdowns for a reason, not health, not science.

³⁰² <https://edition.cnn.com/2021/03/18/health/us-coronavirus-thursday/index.html>

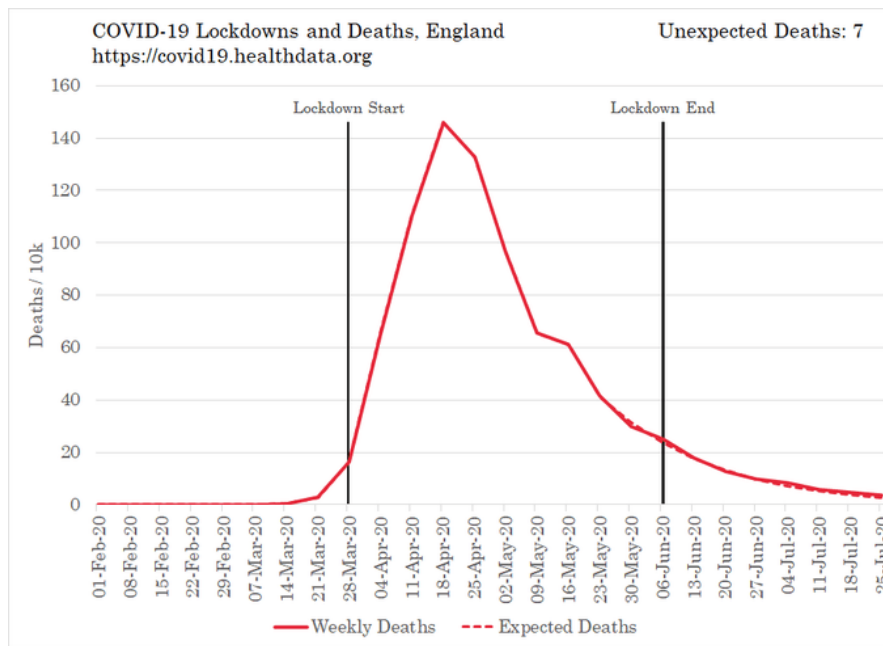
³⁰³ Grifoni, A. et al. **Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals.** *Cell*, (2020) <https://doi.org/10.1016/j.cell.2020.05.015>

Braun, J. et al. Presence of SARS-CoV-2 reactive T cells in COVID-19 patients and healthy donors. (2020) medRxiv, 2020.2004.2017.20061440, <https://doi.org/10.1101/2020.04.17.20061440>

³⁰⁴ In the case of RNA vaccines, it may last longer: until the artificially infected cells die exhausted from producing antibodies?

³⁰⁵ <https://www.statnews.com/2021/03/05/adaptive-biotechnologies-covid19-test-microsoft/>

³⁰⁶ Langton, DJ, Bourke, SC, et al. **The influence of HLA genotype on the severity of COVID-19 infection.** 25 Apr 2021 HLA. 2021; 1– 9. <https://doi.org/10.1111/tan.14284>



Lockdowns had four main objectives:

1. Bankrupt the economy to purchase companies and assets for nothing or destroy the competition which didn't have access to funding from the globalist elite controlled governments or banks
2. Increase government debt and political dependence from the globalist elite
3. Fear mongering the population into vaccines as the only way out of misery
4. Pushing parents into accepting children vaccination as the only way into schooling

Was it all about the children?

CDC COVID-19 Survival Rates Age 0-19: 99.997%, infection fatality ratio 0.00003 (30 per million) ³⁰⁸

It has been falling. In the UK, about 800 reviewed papers show contraindication towards vaccinating children ³⁰⁹, especially, under 11:

“Mortality rate was 2 per million population, compared with 255 per million for all other causes of death during the study period. The majority of SARS-CoV-2 deaths occurred in children >10yo (72%).

Six (24%) SARS-CoV-2 related deaths occurred in previously healthy children and 19/25 (76%) in children with underlying comorbidities. The most common comorbidity was an underlying complex neurological condition (13/25, 52% including 8/25 (32%) with neurological as well as respiratory comorbidity) followed by chronic respiratory disease (12/25, 48%). Over half (15/25, 60%) of children who died of SARS-CoV-2 had an underlying life-limiting condition. No deaths due to SARS-CoV-2 occurred in children with isolated cystic fibrosis, asthma, Trisomy 21, epilepsy, or type 1 diabetes.” ³¹⁰

“Transmission in families occurs very infrequently, and the number of unreported cases is low in this age group. **These observations do not support school closures** as a strategy fighting the pandemic...” ³¹¹

³⁰⁸ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html#table-1> 10 Sep 2019

³⁰⁹ <https://dontforgetthebubbles.com/evidence-summary-paediatric-covid-19-literature/>

³¹⁰ Smith C., Odd D, et al. **Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data**, 07 Jul 2021, PREPRINT (Version 1) Research Square <https://doi.org/10.21203/rs.3.rs-689684/v1>

³¹¹ Kirsten C, Unrath M, et al., **SARS-CoV-2 seroprevalence in students and teachers: a longitudinal study from May to October 2020 in German secondary schools**. BMJ Open, 10 Jun 2021 <https://bmjopen.bmj.com/content/11/6/e049876>

“Singapore-based study investigated the role of children in the transmission of SARS-CoV-2 and found no evidence of children acting as a community reservoir of infection.”³¹²

In July 2021, the BMJ published an article proving it is immoral to vaccinate children.³¹³ Yet, YouTube removed Family Research Council video about **vaccinating minors against parental consent**.³¹⁴ This is even worse than facts being considered as fake news. This is about **denying a basic human right (informed consent)** by labelling it as “medical misinformation”:

An act from Washington D.C. City Council authorized school vaccination to even 11 year old children without parental consent and allowed schools to seek reimbursement directly from the child’s insurer without parental knowledge, even if Federal law allows religious objections and mandates that parents receive Vaccine Information Statements to guarantee informed consent. Massachusetts adopted a similar policy but all ages.³¹⁵

Due to UK lockdown, **five times more children committed suicide than died with COVID**.³¹⁶

There’s no need for a vaccine if a sickness, such as COVID in children, is moderate or asymptomatic. **COVID impacts children like the flu, but against the flu, there’s no home & school lock downs and compulsory vaccination for kids**.³¹⁷ **Even with vaccination, kids will need ivermectin against thrombotic complications caused by the virus**.³¹⁸ **There’s no need for vaccination if there’s a more effective and safer strategy like ivermectin.**

A US study showed that the very few children above 12 years old died less if vaccinated. What they “forgot” to show is that the majority of the unvaccinated were poor (which have more hospitalization rates in worse hospitals and with worse treatments and outcomes), or with more comorbidities (maybe because parents learned about the CDC study showing that the vaccinated children with prior problems have worse outcomes?).

Why are children being vaccinated against COVID knowing the vaccine causes injuries and deaths?

Gandini SM, Rainisio ML, et al. **A cross-sectional and prospective cohort study of the role of schools in the SARS-CoV-2 second wave in Italy**. Lancet Reg Health Eur 5: 10009, <https://doi.org/10.1016/j.lanepe.2021.100092>

³¹² Lu, L., C. T. Koh, et al. **Role of Asymptomatic Children in Community Severe Acute Respiratory Syndrome Coronavirus 2 Transmission**. 2021 The Journal of infectious diseases 223(10): 1834-1836.

³¹³ Abi-Jaoude E, Doshi P, Michal-Teitelbaum C, **Covid-19 vaccines for children: hypothetical benefits to adults do not outweigh risks to children**, 13 Jul 2021 <https://blogs.bmj.com/bmj/2021/07/13/covid-19-vaccines-for-children-hypothetical-benefits-to-adults-do-not-outweigh-risks-to-children/>

³¹⁴ <https://www.frcaction.org/updatearticle/20210720/social-overload>

<https://rumble.com/vk1qj9-mary-holland-warns-of-the-dangers-of-removing-parental-protections-from-chi.html>

<https://www.globenewswire.com/news-release/2021/07/13/2262296/0/en/Children-s-Health-Defense-Files-Lawsuit-Challenging-District-of-Columbia-Act-Allowing-Children-to-be-Vaccinated-Without-Parental-Knowledge-or-Consent.html>

³¹⁵ <https://www.lifesitenews.com/news/massachusetts-legislature-mulls-allowing-kids-of-any-age-to-be-vaccinated-without-parental-knowledge-or-consent>

<https://healthchoice4actionma.org/>

³¹⁶ Smith C, Odd D, et al. **Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data**, 7 Jul 2021, PREPRINT (Version 1) Research Square

<https://doi.org/10.21203/rs.3.rs-689684/v1>

³¹⁷ Ramaswamy A, Brodsky N, et al. **Immune dysregulation and autoreactivity correlate with disease severity in SARS-CoV-2-associated multisystem inflammatory syndrome in children**, 13 Apr 2021 *Cell*, Volume 54, ISSUE 5, P1083-1095.e7, May 11, 2021 <https://doi.org/10.1016/j.immuni.2021.04.003>

³¹⁸ Aguilera-Alonso D, Murias S, et al. **Prevalence of thrombotic complications in children with SARS-CoV-2**, 30 Apr 2021 Archives of Disease in Childhood. <https://doi.org/10.1136/archdischild-2020-321351>

The answer is gruesome. They want to use children as vaccinated-shields when in fact, they are natural shields:

- **“Another factor that may feed into a lower herd immunity threshold for COVID-19 is the role of children in viral transmission. Preliminary reports find that children, particularly those **younger than 10 years, may be less susceptible and contagious than adults**³¹⁹, in which case they may be partially omitted from the computation of herd immunity.”³²⁰**
- **Children are less likely to transmit COVID-19 than adults.³²¹ Yet “public health leaders say, parents must ‘vaccinate the young to protect the old.’ Given the federal government’s estimate that one vaccine injury results from every 39 vaccines administered³²², it seems clear that **officials expect children to shoulder 100% of the risks of COVID vaccination in exchange for zero benefit.**”³²³**

Without an effective treatment (which isn’t the case), **the best cost-effective strategy would be to vaccinate the risks groups and let the low risk population achieve natural herd immunity with a moderate disease, just as the initial strategy used with the flu shots. Yet, countries are aggressively pushing vaccines on children, who suffer COVID with moderate symptoms, just as flu.**

We are repeating the same mistake as with the children poxes, which might have severe effects in adulthood, turning a moderate disease into a severe one.

If vaccines worked, vaccinating children, turn the unvaxxed into a risk group when they grow old. Unlike pox parties, kids will not find wild COVID around to get natural immunity, because of vaccine induced herd-immunity, and eventually will be forced into vaccination (unless finding out about ivermectin, which doesn’t exist according to the official narrative).

Just as with the poxes, COVID vaccination of children proves the intention of creating eternal vaccine dependency. Info-terrorism and the unscientific school shut downs, even when classes were proven to pose no epidemiological risk, show the *plandemic* was all about yearly *universal* vaccination. They are getting away with the ideology that children must be used as vaccine-cannon fodder, collateral damage, acceptable unintended civilian casualties of dirty vaccines in the dirty war against the virus.

Is it the **human pride or plain anti-scientific stupidity** to think we can eradicate a high mutating virus through vaccination? Is it Big Business (Big Corruption)? Is it a conspiracy for depopulation, either by killing, crippling or infertility? A bit of all?

³¹⁹ Goldstein, E., Lipsitch, M. & Cevik, M. **On the effect of age on the transmission of SARS-CoV-2 in households, schools and the community.** Preprint at medRxiv <https://doi.org/10.1101/2020.07.19.20157362> (2020)

³²⁰ Fontanet, A., Cauchemez, S. **COVID-19 herd immunity: where are we?** 9 Sep 2020. Nat Rev Immunol 20, 583–584. <https://doi.org/10.1038/s41577-020-00451-5>

³²¹ Lee B, Raszka W, **COVID-19 Transmission and Children: The Child Is Not to Blame.** Pediatrics Aug 2020, 146 (2) e2020004879 <https://doi.org/10.1542/peds.2020-004879>

³²² “715,000 patients. A total of 1.4 million vaccine doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (**2.6 percent of vaccinations**) were identified. This is an average of **1.3 events per clinician per month**. The team concluded that it is possible to automatically detect adverse events in defined ways, and to electronically report them to VAERS. Decision support functions can be repurposed, so that in addition to detecting reportable diseases, they can detect events that are related to vaccination, as potential vaccine adverse events.”

Lazarus R, Klompas M, **Electronic Support for Public Health - Vaccine Adverse Event Reporting System 12/01/07 - 09/30/10**, The Agency for Healthcare Research and Quality (AHRQ), **U.S. Department of Health and Human Services**

<https://healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>
<https://childrenshealthdefense.org/news/vaccine-injuries-ratio-one-for-every-39-vaccines-administered/>

³²³ <https://childrenshealthdefense.org/defender/herd-immunity-myth-covid-vaccines-kids-deceptive-dangerous/>

Do COVID vaccines hide a depopulation agenda?

“The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain **syncytin**-homologous proteins, which are essential for the formation of the placenta in mammals such as humans. It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as otherwise infertility of indefinite duration could result in vaccinated women.

According to section 10.4.2 of the Pfizer/BioNTech trial protocol, **a woman of childbearing potential (WOCBP) is eligible to participate if she is not pregnant or breastfeeding, and is using an acceptable contraceptive method as described in the trial protocol during the intervention period (for a minimum of 28 days after the last dose of study intervention).**”³²⁴

“Alignment of the endogenous elements Syn1 found on human chromosome 7, or Syn2 found on chromosome 6, or HERV-K expressed from chromosome 6, all show a number of sequence motifs with significant similarity to nCoV2019 spike protein.”³²⁵

“The syncytiotrophoblast is the outermost layer of the placenta, the part that is pressed against the uterus. It’s literally a layer of cells that have fused together, forming a wall...This wall of cells keeps mom and baby working in harmony and not killing each other. There’s no other structure like this anywhere else in the body.”³²⁶

Despite the warnings about physiological consequences³²⁷, clinical trials and authorities didn’t trace permanent infertility and “miscarriages”³²⁸ possibly caused by *any* of the COVID vaccines.

Why were pregnant women vaccinated without any safety studies?

Why were *all* vaccines neglected clinical tracing of infertility, miscarriage or mutagenic, teratogenic and crippling side effects?

Planned Parenthood is an organization whose main purpose is population control, through abortion, sex ed disinformation, failing contraception (thrusting abortion demand and causing an STD pandemic), abortifacients called contraceptives and mammographies to hide that abortion and contraceptives are the main culprits of the breast cancer pandemic. How is it that if their name is related to family planning, they reject natural family planning, even if they are free and that naprotechnology proved to be more effective than all contraceptives and without their deadly side effects? **Planned Parenthood only promotes death (by the way, with 3 billion dollars per year of tax money). A huge warning sign is that Planned Parenthood started to actively promote COVID vaccines and even offering them in their centers: a possible connection to population control and deaths?**³²⁹

Interestingly, the **Oxford vaccine** was “co-developed by Adrian Hill, who has long-term **ties to the British eugenics** movement through his work with the Wellcome Trust’s Centre for Human Genetics and affiliation with the Galton Institute, formerly the U.K. Eugenics Society. Members of the Galton Institute have called for **population reduction in Latin America, South and Southeast Asia and Africa, the very areas where the**

³²⁴ [https://2020news.de/wp-](https://2020news.de/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf)

[content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf](https://2020news.de/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf)

³²⁵ Feb 2020 <https://virological.org/t/response-to-ncov2019-against-backdrop-of-endogenous-retroviruses/396>

³²⁶ <https://why.org/segments/the-placenta-went-viral-and-protomammals-were-born/>

³²⁷ America’s Frontline Doctors White Paper On Experimental Vaccines For COVID-19

<https://img1.wsimg.com/blobby/go/99d35b02-a5cb-41e6-ad80-a070f8a5ee17/SMDwhitepaper.pdf>

³²⁸ <https://www.lifesitenews.com/news/frontline-doctor-fbi-broke-down-my-door-in-swat-team-raid-of-20-men-guns-blazing>

³²⁹ <https://www.plannedparenthood.org/learn/health-and-wellness/covid-19-new-coronavirus/covid-19-vaccine>

Also, newsletter sent 2 Apr 2021.

AstraZeneca vaccine is being promoted.” Development was paid by British taxpayers, yet all the patents ended up in Vaccitech, owned by “**Google Ventures, the Wellcome Trust, the Chinese branch of Sequoia Capital, the Chinese drug company Fosun Pharma and the British government.**” AstraZeneca has the right to make profits on the vaccine, once the pandemic is over... according to its own definition? ³³⁰

Until publishing, Prof. Sarah Gilbert, designer of the Oxford vaccine, didn't answer a 13 Aug 2020 email asking about possible infertility issues, lack of infertility tracing and of production control against vaccine tampering.

Distrust

Lock downs were justified with Government funded fake studies, like the Oxford or the German³³¹ models. Lock downs were clearly intended to drive the terrorized covi-sheeps towards vaccination.

It takes at least two years of clinical data to approve a vaccine. Why are COVID vaccines recommended as safe, when there's no guarantee?

After all COVID vaccines failed for over a decade, isn't it suspicious that *all of a sudden*, most COVID vaccines developed in months were declared effective and, even worse, that **all** were defined safe?

Obviously on purpose, neither the clinical studies nor the population experiment were analysed by comorbidity groups. It would be clear that certain groups would show unacceptable levels of inefficacy and unsafety, for instance, the higher the age, vaccines fail to produce adequate immunogenicity while the side effects become more severe.

Unlike any other medical treatment, how can a vaccine be generally mandated without detailing contraindications for certain groups or substances like alcohol? Without any study? **This is a clear attack on on vulnerable groups.** For example, individuals with AIDS, Polyglandular autoimmune syndrome (PAS) or rare autoimmune diseases, like hashimoto, pernicious anemia, and Addison's. **Without any proof, the WHO and UNICEF recommend vaccinating those groups.** ³³²

Why did the president of Belarus say that the World Bank offered a rolling billion dollars to impose unscientific damaging measures like lockdowns/masks/police state? ³³³ Why did other countries which accepted such “COVID relief aid” didn't disclose those draconian conditions? Why do governments hide that such globalist institutions are acting as sugar daddies with sweet money to impose COVID vaccines? “The WHO offered the President of Madagascar a 20 million USD bribe to poison the government COVID-19 cure made from *Artemisia*.” ³³⁴ **“Bill Gates offered a 10 million USD bribe for forced vaccination in Nigeria.”** ³³⁵ “The Tanzanian President kicked out WHO from the country after goat and papaya samples came COVID-19 PCR positive.” ³³⁶ “Days after, Burundi also kicked out WHO Coronavirus Team from the country for interference in internal matters.” ³³⁷

³³⁰ <https://articles.mercola.com/sites/articles/archive/2021/03/13/oxford-astrazeneca-eugenics-links.aspx>
<https://unlimitedhangout.com/2020/12/investigative-series/developers-of-oxford-astrazeneca-vaccine-tied-to-uk-eugenics-movement/>

³³¹ <https://greatgameindia.com/germany-hired-scientists-fake-coronavirus-model/>

³³² 14 Apr 2021 <https://www.unicef.org/montenegro/en/stories/people-autoimmune-diseases-can-receive-covid-19-vaccine>

³³³ <https://tg-news.com/covid-19/belarusian-president-lukashenko-states-that-imf-offered-a-billion-usd-to-impose-lockdown/>

³³⁴ <https://greatgameindia.com/who-offered-20m-bribe-to-poison-covid-19-cure-madagascar-president/>

³³⁵ <https://greatgameindia.com/bill-gates-offered-10-million-bribe-for-forced-vaccination-in-nigeria/>

³³⁶ <https://greatgameindia.com/tanzania-kicks-out-who-after-goat-papaya-samples-came-covid-19-positive/>

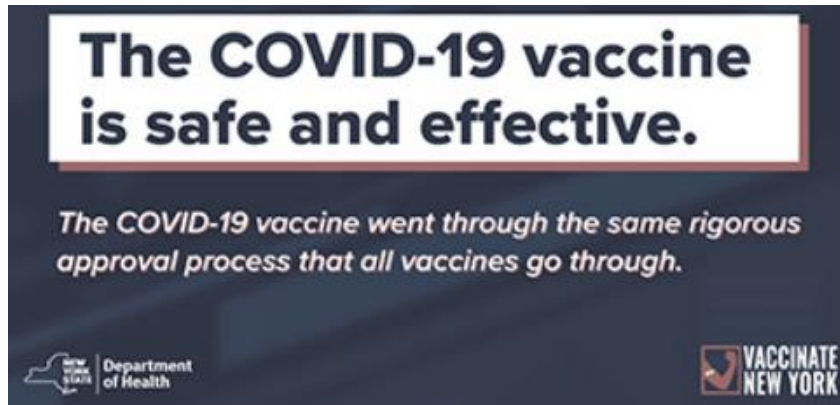
³³⁷ <https://greatgameindia.com/burundi-kicks-out-who-coronavirus-team/>

Why is it that although Argentina promised legal immunity against anything, Pfizer rejected supplying vaccines because it didn't cover *negligence*? Isn't it telling that this was "solved" by a presidential decree overruling Congress?

Children don't suffer severe symptoms were not allowed to go to church because they were unvaccinated: **when there'll be enough vaccines, then they will be mandated/required to attend schools and churches?**

Why did the head of the CDC make a statement about "vaccinated don't carry, can't spread Virus" with **Pfizer and Moderna "gene-jections"**³³⁸ and a few months later, the CDC recognized the opposite?

Why do authorities insist in unscientific lies?:³³⁹



"On the journey to FDA approval, **each COVID-19 vaccine had to pass through the same thresholds of research & testing as every other vaccine.** And it's important to know that all three of the approved COVID-19 vaccines were **proven to be safe and 100% effective** in preventing hospitalization and death in the clinical trials. Discover all the facts at Michigan.gov/COVIDvaccine."³⁴⁰

³³⁸ <https://nymag.com/intelligencer/2021/03/cdc-data-suggests-vaccinated-dont-carry-cant-spread-virus.html>

Thompson M, Burgess J, et al. Center for Disease Control and Prevention, **Morbidity and Mortality Weekly Report (MMWR), Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021**, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e3.htm>

³³⁹ New York's web and social media campaign stated that Covid vaccines had no serious side effects.

<https://www.icandecide.org/wp-content/uploads/2021/02/Letter-to-NYSDOH.pdf>

³⁴⁰ <https://www.facebook.com/michiganhhs/posts/10157742846626746>

<http://www.icandecide.org/wp-content/uploads/2021/03/Letter-to-Michigan-DOH.pdf>



Why did authorities like the **FDA break Federal Law**? For example, on 24 Mar 2021, the Informed Consent Action Network (IcanDecide.org) presented a petition, requesting that it enforces manufacturers and distributors to correctly inform that:

a. "All descriptive printed matter, advertising, and promotional material, relating to the use of the [] COVID-19 Vaccine[s] shall be consistent with the authorized labeling, as well as the terms set forth in [each] EUA...";

b. "All descriptive printed matter, advertising, and promotional material relating to the use of the Janssen COVID-19 Vaccine clearly and conspicuously shall state that: This **product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA** to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals **18 years of age and older...**"; and

c. "[I]ndividuals to whom the product is administered are informed of the **significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and of the option to accept or refuse administration of the product**, of the consequences, if any, of refusing administration of the product, and **of the alternatives to the product that are available and of their benefits and risks.**" ³⁴¹

Why do they stick to ineffective measures to increase **fear** and consequent demand for vaccines, like masks and lockdowns?

Why are infection cases (instead of ICU excess capacity) used in a way to instil fear and panic in the population? After ivermectin, **it is really a PCR-plandemic.**

Who controls WHO? From the COVID onset until 2021, Bill Gates' Foundation is the biggest funder. ³⁴²

Why did the WHO give so many bad recommendations, costing millions of lives, without any responsibility? Since inception in 1948, why is it unaccountable for damages? Not even WHO's personnel? Not even those NGOs establishing policies and actions through external funding, like Bill Gates? ³⁴³

³⁴¹ <http://paracom.paramountcommunication.com/ct/57831509:s4z1xCdNb:m:1:2386562749:3C671B449F3DFE20A5E66329CF673904:r>

³⁴² <https://articles.mercola.com/sites/articles/archive/2020/04/21/bill-gates-political-power.aspx>

³⁴³ <https://www.aljazeera.com/program/featured-documentaries/2018/12/15/trust-who-the-business-of-global-health>
<https://www.nationalreview.com/2017/06/world-health-organization-corrupt-wasteful/>

In April 2020 Gates wrote: “We need to manufacture and distribute at least 7 billion doses of the vaccine ... possibly 14 billion, if it’s a multidose vaccine” (noe: at that time there were no trials proving 2 or 3 shots were necessary) ... “I suspect **the COVID-19 vaccine will become part of the routine newborn immunization schedule.**”³⁴⁴ **Not even now there’s scientific evidence of vaccine safety in babies: that statement proves a vaccine agenda rather than vaccine obstinacy?**

On purpose, WHO chose to study few antivirals for hospitalized patients (the inflammatory stage) in order to prove their ineffectiveness, when it was obvious that they had more potential in the viral stage, particularly hydroxychloroquine.³⁴⁵

Then, after wasting one year (millions of deaths caused by their wilful omission), instead of the long list of promising treatments provided above, they chose only three infliximab, imatinib, artesunate.

Why wasn’t ivermectin included in the WHO Solidarity and UK’s RECOVERY studies? There’s proof they knew the data. The answer is simple: to hide the cure.

Why do governments spend billions in unneeded testing when there’s a ubiquitous cure? 10 billion USD for US schoolchildren 2021 tests³⁴⁶ would cover the whole world’s need of ivermectin and other cheap cures for a hundred years. Needless to mention the waste of the **1.9 trillion USD COVID 2021 package**³⁴⁷, of **1700 million USD to detect new COVID19 strains**³⁴⁸.

That’s just the USA. The amount spent globally is breath-taking. For instance, in the UK, mass COVID testing in schools costed **£120,000 for every positive case found.**³⁴⁹

Isn’t it suspicious that not a cent is spent in repurposing cheap drugs to treat COVID, yet billions in vaccines and monoclonal antibodies?

Yet, unlike ivermectin, monoclonal antibodies may produce allergic reactions such as: **“fever; chills; nausea; headache; shortness of breath; low blood pressure; wheezing; swelling of your lips, face, or throat; rash, including hives; itching; muscle aches; and/or dizziness... interfere with your body’s ability to fight off a future infection of SARS-CoV-2... reduce your body’s immune response to a vaccine for SARS-CoV-2.”**³⁵⁰

Having spent zero in funding studies and providing ivermectin, the US government spent 1 billion to promote vaccination, **announcing child coverage even before vaccines were approved for those ages.**³⁵¹ **Followed by the announcement of 3 billion to fight vaccine hesitancy.**

The funding of social engineering schemes involving media, political and racial targeting, and even religious leaders to convince the hesitant is even more suspicious.³⁵²

Deaths exclusively caused by COVID are rarer than dying because of a flu: unlike the flu, COVID doesn’t affect children. No country ever applied quarantines and shutdowns on a flu. All deaths from COVID were caused by comorbidities. Most of those patients would have died anyway in the short run from other causes.

Only fear mongering explains:

- **Why do statistics don’t discriminate between deaths “from COVID” (extremely rare) and not “with COVID”?**

³⁴⁴ <https://www.gatesnotes.com/Health/What-you-need-to-know-about-the-COVID-19-vaccine>

³⁴⁵ Also discarding interferon, remdesivir and HIV drugs lopinavir & ritonavir.

³⁴⁶ <https://www.npr.org/sections/coronavirus-live-updates/2021/03/17/978262865/white-house-announces-10-billion-for-covid-19-testing-in-schools>

³⁴⁷ <https://edition.cnn.com/2021/03/11/politics/biden-sign-covid-bill/index.html>

³⁴⁸ <https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/16/fact-sheet-biden-administration-announces-1-7-billion-investment-to-fight-covid-19-variants/>

³⁴⁹ <https://www.telegraph.co.uk/news/2021/03/31/mass-covid-testing-schools-costing-120000-every-positive-case/>

³⁵⁰ <https://combatcovid.hhs.gov/i-have-covid-19-now/monoclonal-antibodies-high-risk-covid-19-positive-patients>

³⁵¹ <https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/04/fact-sheet-president-biden-to-announce-goal-to-administer-at-least-one-vaccine-shot-to-70-of-the-u-s-adult-population-by-july-4th/>

³⁵² <https://www.prii.org/research/religious-vaccines-covid-vaccination/>

- **Why hospital/ICU beds occupancy/vacancy rates by region are never shown? Because they are now worrying? Wasn't the health system saturation the excuse for the draconian measures?**

CDC: "Fully vaccinated people with no COVID-like symptoms do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19" (at least **for the first three months post–full vaccination**).³⁵³ To avoid quarantine, vaccines could be mandated several times per year whereas **with ivermectin, no quarantine**.

Why were health agencies mandating distancing, masks and other measures even after "effective" vaccination? Worse: even after the cure was found.

How could it be explained that Biden, President of the USA, announced Dec 8th 2021, the target of 100 million applied shots in 100 days **before they had any vaccine emergency-approved?**

In some countries³⁵⁴ the law asked by Big Pharma forbids to know the components and secrecy will not expire ever, not even in 50 years: physicians could be sanctioned for asking a lab analysis of what they inject in their patients!

Johnson&Johnson, manufacturer of the Jensen vaccine paid:
230 million USD for its responsibility in the opioid market abuse (thousands of deaths).³⁵⁵

Big Pharma multinationals, including vaccine manufacturers³⁵⁶, have a long list of scandals manipulating approval, even if they knew their products would be deadly or cause permanent disabilities or severe illness. **Nobody ever went to jail**. 20 billion dollar fines³⁵⁷ were lower than profits (including several billions for Pfizer³⁵⁸ and AstraZeneca³⁵⁹). **Nothing changed in the system to prevent repetition**. With minor changes, some of those poisons like Vioxx are still being sold by the corrupt "**merchants of death**".

³⁵³ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html> accessed 28 Mar 2021

³⁵⁴ Peru, Chile, Argentina (law 27573)

³⁵⁵ <https://apnews.com/article/new-york-opioids-government-and-politics-health-business-2d38d2d0f93ef61f75d95f08f0f9e0cb>

³⁵⁶ <https://www.youtube.com/watch?v=nGxrjDOcZh0>

³⁵⁷ https://en.wikipedia.org/wiki/List_of_largest_pharmaceutical_settlements

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

³⁵⁸ <https://www.corp-research.org/pfizer>

<https://www.drugwatch.com/manufacturers/pfizer/>

³⁵⁹ <https://www.corp-research.org/astrazeneca>

<https://www.drugwatch.com/manufacturers/astrazeneca/>

Company*	Total Financial Penalties (\$ millions)	Percent of Total**	Number of Settlements***
GlaxoSmithKline	\$7,901	20.4%	32
Pfizer	\$4,728	12.2%	34
Johnson & Johnson	\$2,857	7.4%	20
Teva	\$1,990	5.1%	16
Merck & Co.	\$1,840	4.8%	22
Abbott	\$1,840	4.8%	16
Eli Lilly	\$1,742	4.5%	15
Schering-Plough	\$1,339	3.5%	6
Novartis	\$1,275	3.3%	21
Mylan	\$1,180	3.1%	22
AstraZeneca	\$1,035	2.7%	13
Amgen	\$901	2.3%	12
TAP	\$875	2.3%	1
Bristol-Myers Squibb	\$815	2.1%	14
Serono	\$704	1.8%	1
Purdue	\$646	1.7%	5
Allergan	\$601	1.6%	2
Daiichi Sankyo	\$586	1.5%	8
Boehringer Ingelheim	\$441	1.1%	16
Cephalon	\$425	1.1%	1
Other****	\$4,100	10.6%	196
Total	\$37,822	97.9%	473

<https://www.lifesitenews.com/news/covid-vaccine-makers-disturbing-track-record-of-criminal-and-civil-liability>

There's a huge conflict of interests: corruption involving Big Pharma, governments, international organizations.³⁶⁰

Big Vax (also Big Pharma):

- Designs the trials (biased selection)
- Instead of saline water, uses other vaccines with huge side effects as placebo (HPV vaccine)
- Pays millions to the medical centers
- Process raw data (not the medical center)
- If they don't like the data, keeps the right to change the protocols
- Forces human guinea pigs to sign draconian forms including prosecution if they publicly disclose side effects (which are "confidential")
- **Pays the wages of expert panels** (in the past 40 years, **100%** of incident reports said there was no link between severe side effects and vaccination trials, even if they were later proven wrong, like the narcolepsy case).
- **Financial ties between Big Vax and trial coordinators, panels, authorities, politicians**

Governments take Big Vax tainted reports for granted:

- There's no trial replication even with small scale RCTs.

³⁶⁰ <https://www.bmj.com/content/bmj/340/7759/Feature.full.pdf>

https://www.globaljustice.org.uk/sites/default/files/files/resources/pharma_covid-19_report_web.pdf

- There's **no testing or reporting on sub-populations, the average hides unacceptable death and injury rates in patients with comorbidities, especially the eldest.** Precedent: in **2004** the CDC hid in averages that the **MMR vaccine caused high autism rates in African Americans and even higher in babies who had other underlying complications (700%!)**.³⁶¹
- **Subgroups are being left out in studies.** For instance, in clinical trials **only healthy people from certain age groups were followed.** In the **2004 precedent, the CDC left out of the study all children which had other problems and inconveniently showed 700% higher autism rate after MMR vaccination.**
- There's **no access to "private" clinical records of injuries.**
- There's **no reaction after massive claims of injured patients, even if they go public.**
- Death-avoidance efficacy could be much lower if the vaccinated population was granted better healthcare access (which reduces deaths) while neglecting the control group. Now, with ivermectin, there's no death avoidance with vaccines: **zero benefit.** Places with widespread ivermectin use were left out of vaccine testing: the control groups would show no difference in death and severity reduction.
- Studies show that poor populations and minorities have lower access to COVID care and higher death rates. Control groups have not been randomized for those 2 factors.
- Governments never checked RCTs manipulation schemes typically used by Big Pharma.
- **On purpose** there's no trial follow up or Government control on ADA and infertility among other important issue.
- Infection-prevention could be much lower since PCR testing could mean over **30% false negatives** and trials didn't use blood samples which is more trustworthy.
- Sickness-prevention could be much lower since PCR testing could mean over **30% false positives.**
- **There is no transparent information about the side effects:** the 4 reported deaths, 2 permanent disabilities, few hospitalizations (17 days with Pfizer due to hepatic injury) are exceptions which show there's no public record.
- **The delayed reaction to the brain damage and narcolepsy caused of the Glaxo vaccine for the swine flu (2006) is paradigmatic.**
- In September, AstraZeneca and Oxford stopped trials in the UK after a volunteer experienced a terrible unexplained disability, but **did not announce the hiatus until it was reported in the media. The FDA was clueless about the incident because it was not previously informed by AZ.**
- **In spite of the severe side effects in phase II, AZ started full production of hundreds of millions of doses, assuming it would be approved even if phase III didn't even start.**
- **Why would the elite simulate getting vaxxed?**³⁶²
- For VIPs, no one controls if the liquid injected is the actual vaccine. Influencers (politicians, church leaders) could be getting a placebo or a different/better vaccine without their knowledge.
- Epidemiological efficacy could be manipulated by regulating PCR cycles: **more amplification cycles (24 max), more false positives** (ideal to generate terror), less cycles, less positives (ideal to show vaccines work).³⁶³

³⁶¹ <https://www.youtube.com/watch?v=sG0tDVilkUc>

<https://www.youtube.com/watch?v=Jl3gw53P5pk>

³⁶² They could take saline water and you wouldn't be able to tell the difference, but they are so hypocrites that they prefer no needles:

<https://www.bitchute.com/video/JnaeNogvZcPD/> Kamala Harris (VP of Biden)

<https://www.bitchute.com/video/WNrWCUNb03UU/> Fauci

<https://www.bitchute.com/video/pXoYIXhkY5Lv/> Canadian Health Minister

<https://www.bitchute.com/video/yRzShdDiFlxV/> at timestamp 1.40 see the Queensland premier fake a vaccine jab

<https://www.bitchute.com/video/QglsVrRrIO1F/>

<https://worldstar.com/video.php?v=wshhovV69fxiPzI4LYzn>

<https://worldstar.com/video.php?v=wshhZpRCV2L1p7i2B1kW>

<https://www.bitchute.com/video/WB9de7dNACc4/>

<https://www.bitchute.com/video/vnVcFdxboIHm/>

<https://www.bitchute.com/video/6TS5T23t9JVD/>

³⁶³ <https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/>

- “WHO reminds IVD (In Vitro Diagnostic Medical Device) users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases. This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.”³⁶⁴

Then in August 2021, “**skipping stage 3 trials and ignoring data on injuries and deaths**”³⁶⁵, the FDA announced the approval of the Pfizer vaccine but it was a fraud: the vaccine did not exist by then, the announcement didn’t even indicate the place where it would be made nor the ingredients, the doses in stock were still allowed under EUA.³⁶⁶

Considering all this, it is obvious why vaccine resistance has reached unprecedented levels. You can easily find comments like: “**The real bioweapon is the vaccine which is the goal of scaring people with the plandemic. The vaccine will sterilize the population.**”³⁶⁷

To those voices, authorities look like following a manual for all the things they shouldn’t do to increase vaccine hesitancy, rational concerns and paranoia.

Bat-Gate

The hiding of the true origin of the virus, is the most obvious case of propaganda (coordinated disinformation campaign). Without any scientific evidence, globalist mercenary science (The Lancet³⁶⁸, Science Mag³⁶⁹, Fauci³⁷⁰) and media funnelled the theory of bat-pangolin-human inexplicable jump, while social media (including **social science platforms**³⁷¹) blocked as fake the real truth about a “gain-of-function” designed in the Wuhan Institute of Virology P4 Lab³⁷², proven to be a Chinese bio-warfare facility with ties to the highest Chinese authorities, a lab built by the French and funded by the Fauci (USA) military industrial complex³⁷³, the Canadian BSL4 lab³⁷⁴ and

³⁶⁴ <https://www.who.int/es/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

³⁶⁵ <https://www.naturalnews.com/2021-08-25-fda-fraudulently-grants-full-approval-comirnaty-vaccine.html>

³⁶⁶ <https://www.naturalnews.com/2021-09-05-fda-approves-covid-vaccine-that-doesnt-exist.html>

³⁶⁷ <https://www.brighteon.com/46f6bc00-92e9-4ede-b7d8-d1fa4591ed92>

³⁶⁸ Calisher C, Daszak Peter, **Statement in support of the scientists, public health professionals, and medical professionals of China combatting COVID-19**, 19 Feb 2020 The Lancet, [https://doi.org/10.1016/S0140-6736\(20\)30418-9](https://doi.org/10.1016/S0140-6736(20)30418-9)

³⁶⁹ Cohen J, **Scientists ‘strongly condemn’ rumors and conspiracy theories about origin of coronavirus outbreak**, 19 Feb 2020, Sci. Mag <https://www.sciencemag.org/news/2020/02/scientists-strongly-condemn-rumors-and-conspiracy-theories-about-origin-coronavirus>

³⁷⁰ 4 Jun 2021 Tucker: Why did they lie to us for so long <https://www.youtube.com/watch?v=32V-e7saq60>

5 Jun 2021 Tucker: Two-faced Fauci pushed draconian measures despite data <https://www.youtube.com/watch?v=C1RHyr6U9MY>

<https://www.foxnews.com/politics/fauci-china-travel-ban-coronavirus-transparency-criticizes-trump-response>

<https://www.foxnews.com/media/hilton-video-dr-fauci-lied-gain-of-function-experiments-wuhan-lab-coronavirus>

<https://www.foxnews.com/opinion/tucker-carlson-fauci-media-lie-covid-origins>

³⁷¹ 15 Feb 2020 Twitter blocked the paper: <https://twitter.com/OSINTHK/status/1228664201452765185> Two Chinese scientists published a now deleted paper on ResearchGate that we were able to retrieve. It claims #COVID2019 / #nCoV2019 may have originated from accidental Wuhan Center of Disease Control and Prevention leakage due to high risk behavior and bad operational security.

³⁷² <https://mygenomix.medium.com/the-origin-of-sars-cov-2-is-a-riddle-meet-the-twitter-detectives-who-aim-to-solve-it-5050216fd279>

<https://thebulletin.org/2021/05/the-origin-of-covid-did-people-or-nature-open-pandoras-box-at-wuhan/>

<https://www.vanityfair.com/news/2021/06/the-lab-leak-theory-inside-the-fight-to-uncover-covid-19s-origins>

<https://www.wsj.com/articles/the-science-suggests-a-wuhan-lab-leak-11622995184>

<https://www.bloombergquint.com/business/what-the-world-wants-china-to-disclose-in-wuhan-lab-leak-probe>

<https://articles.mercola.com/sites/articles/archive/2021/06/03/media-sinking-ship.aspx>

<https://www.lifesitenews.com/news/tucker-carlson-fauci-committed-perjury-might-be-under-criminal-investigation-already>

<https://www.lifesitenews.com/news/fauci-knew-about-possible-covid-lab-leak-evidence-gain-of-function-concerns-emails-reveal>

<https://twitter.com/SharriMarkson/status/1399934149666934784>

³⁷³ <https://www.lifesitenews.com/blogs/why-i-was-banned-from-facebook>

<https://www.lifesitenews.com/blogs/is-biden-helping-china-cover-up-its-covid-crimes>

the **Bill & Melinda Gates Foundation**, obsessed with SARS bioweapons.³⁷⁵ Why would China spend in 2014, 58 million dollars on “Batwoman” Shi Zhengli’s project to gather coronavirus from bats and only 42 million in the P4 lab for 300 scientists without training to use it?³⁷⁶ Why did Shi **fear** that the virus had escaped from her lab?³⁷⁷ Obviously they needed first a suitable weaponizable virus to work with. Why would freemason-buddy³⁷⁸ French-premier Bernard Cazeneuve visit the lab invited by lab director Yuan Zhiming in February 2017? Tourism or planning? A person without any scientific training gains no insight from visiting a lab, especially when they chose what to show and what not.

Lead by Gates foundation, event 201 had the purpose of fine tuning the social engineering systems to lead the masses to the vaccine as the only lead-life-saver, by a “novel coronavirus” to “prepare public and private leaders for pandemic response.”³⁷⁹ Mounting evidence points to the virus release on purpose.³⁸⁰ There is unequivocal evidence of collusion between China, WHO and deep state agents like Fauci³⁸¹, **in allowing the virus to spread and blocking the information about the cures.**³⁸²

Suddenly after one year, the lab origin was un-frozen: did they keep the lid until it blew off? To hide that the “leak” was in fact “dissemination” and that the Chinese Communist Party spread the virus on purpose?³⁸³ Or was it because a high ranking Chinese defector confessed it, and therefore, continuing the charade would discredit mainstream media?

Fauci is so implicated, that under the request of Chinese scientists, the NIH deleted a scientific file proving the virus originated prior to the alleged Hunan wet market initial contagion.³⁸⁴ The NIH answer: an undisclosed scientist supposedly deleted it to repost it later, but that reposting never occurred. **The deletion of a file in a NIH scientific repository is unprecedented and it shouldn’t even be possible: in science, traceability is key to credibility, reproducibility and falsifiability. This also questions an accidental lab leak theory.**

³⁷⁴ <https://greatgameindia.com/coronavirus-bioweapon/>

³⁷⁵ <https://greatgameindia.com/italian-state-media-in-2015-exposed-chinese-biological-experiments-with-coronavirus/>

³⁷⁶ https://www.washingtonpost.com/world/asia_pacific/wuhan-lab-covid-china/2021/09/07/

³⁷⁷ <https://www.scientificamerican.com/article/how-chinas-bat-woman-hunted-down-viruses-from-sars-to-the-new-coronavirus1/>

Scientists, in anonymity, sustain that super-ivm-woman and wonder-drug-man beat batgirl and Vax VADER, but not the evil global-man.

³⁷⁸ <https://blogs.lexpress.fr/lumiere-franc-macon/2015/01/22/cazeneuve-invite-a-dejeuner-des-grands-maitres/>

³⁷⁹ <https://www.centerforhealthsecurity.org/event201/media>

DeMeo, J. **COVID-19: A Pandemic of Ignorance, Fear, Hysteria and "Official-Truth" Lies - An independent scientific review fails to confirm the central claims of the CDC, WHO, NIH, FDA, alarmist media & political tyrants.** NaturalEnergyWorks.net Oregon, USA, 2021

³⁸⁰ Fleming, Richard M., **Is COVID-19 a Bioweapon? A Scientific and Forensic investigation.** Skyhorse (September 7, 2021), ISBN13: 9781510770195

<https://www.flemingmethod.com/documentation>

Summary: https://www.angora.com/Angora_blog/2021/06/06/dr-fleming-covid-19-undisputably-a-bioweapon

³⁸¹ <https://redstate.com/jenvanlaar/2021/06/04/exclusive-high-ranking-chinese-defector-has-direct-knowledge-of-several-chinese-special-weapons-programs-n391238>

<https://www.lifesitenews.com/news/chinese-defector-says-china-is-producing-covid-variants-to-cover-up-wuhan-lab-leak-report>

³⁸² <https://twitter.com/adamhousley/status/1400670631562076161>

3 Jun 2021 <https://www.vanityfair.com/news/2021/06/the-lab-leak-theory-inside-the-fight-to-uncover-covid-19s-origins>

The motives? For China: legal and political immunity against sanctions for creating and delaying the global response to the virus? Getting arch-enemy Trump out of the way and bringing friendly-Biden (who stopped the investigation on COVID Chinese origin) to undo all Trump’s trade measures against China which means billions of dollars? Selling the vaccine? Reducing bordering countries’ populations and economies? For Freemasonic WHO and deep state: reducing the global population? Compulsory vaccination with hidden depopulation function? Ruining the economy as the excuse for a tyrannical global reset? Messing with candidates and elections? Getting rid of anti-globalist Trump?

³⁸³ <https://www.breitbart.com/politics/2021/07/02/exclusive-sen-marsha-blackburn-i-am-just-livid-with-dr-fauci-potential-lab-leak-of-coronavirus-may-have-been-intentional-by-china/>

³⁸⁴ Bloom, Jesse D., **Recovery of deleted deep sequencing data sheds more light on the early Wuhan SARS-CoV-2 epidemic**, 22 Jun 2021, BioRxiv preprint, <https://doi.org/10.1101/2021.06.18.449051>

Other evidences for a lab origin:

- In Oct 2019 the Bill & Melinda Gates Foundation co-hosted “Event 201”³⁸⁵, in which 15 global business, government, and public health leaders took part in a simulation exercise based on responding to an international “coronavirus” pandemic. The first report of COVID-19 occurred in Nov 2019.³⁸⁶
- In many countries (Spain, Argentina, etc.) COVID-19 was detected in sewage waters at least one month prior to the alleged Dec 2020 wet market spread, but not before Nov 2020.
- 31 Dec 2019 China informed the WHO, but minimized the threat.
- 30 Jan 2020 WHO declared a public health emergency of international concern (PHEIC)
- 6 Feb 2020: China cancelled domestic flights, yet fought against international bans, with the WHO as accomplice.³⁸⁷
- 11 Mar 2020 WHO announced the pandemic.
- China prevented the investigation about COVID-19 origins to the point of threatening Australia with economic sanctions and forbidding the WHO to send an investigative team, and only allowing it nearly a year later, after tampering with the evidence, deleting records, hiding information and forbidding access to key elements.
- As a precedent, a lab origin of SARS-CoV-1 is still unrefuted.³⁸⁸ Like in the batgate, palm civet (*Paguma larvata*) and the raccoon dog (*Nyctereutes procyonoides*) were blamed³⁸⁹, yet nobody could explain how SARS 1 coronavirus *gained* HIV genomes.³⁹⁰
- Three Nobel prizes declared that SARS-CoV-2 was genetically engineered.
- Luc Montagnier, discoverer of the HIV, said it is impossible that a coronavirus would gain HIV genetic information. Proven insertion of HIV sequences.³⁹¹ Even a detracting research recognizes “100% match between the insertion 1 and 2 sequences and the HIV sequences were found in 19 entries... detection of

³⁸⁵ <https://www.weforum.org/press/2019/10/live-simulation-exercise-to-prepare-public-and-private-leaders-for-pandemic-response/>
<https://www.centerforhealthsecurity.org/event201/>

³⁸⁶ <https://www.lifesitenews.com/news/everything-you-need-to-know-about-the-coronavirus-from-a-china-expert>

³⁸⁷ “After the total lockdown the average traffic density fell to below 10% in Wuhan and Shanghai during February and below 5% in Beijing. While implementing a total domestic lockdown in February, China kept assuring the world that the situation was not serious and fully under control.” <https://economictimes.indiatimes.com/blogs/Whathappensif/how-china-locked-down-internally-for-covid-19-but-pushed-foreign-travel/>

³⁸⁸

https://web.archive.org/web/20060321053357/http://www.jamestown.org/publications_details.php?volume_id=19&issue_id=673&article_id=4729

<https://www.theage.com.au/national/speculation-sars-leaked-from-bio-weapon-program-20030501-gdvmb.html>

<https://www.abc.net.au/news/2003-04-11/sars-could-be-biological-weapon-experts/1835010>

https://web.archive.org/web/20070706015342/http://www.news24.com/News24/World/News/0%2C6119%2C2-10-1462_1346560%2C00.html

³⁸⁹ Guan, Y, Zheng, BJ, et al. **Isolation and characterization of viruses related to the SARS coronavirus from animals in southern China.** *Science* 2003;302:276-278. <https://doi.org/10.1126/science.1087139>

Ge, XY., Li, JL., Yang, XL. et al. **Isolation and characterization of a bat SARS-like coronavirus that uses the ACE2 receptor.** *Nature* 503, 535–538 (2013). <https://doi.org/10.1038/nature12711>

³⁹⁰ Marra MA, Jones SJM, et al., **The Genome Sequence of the SARS-Associated Coronavirus**, 30 May 2003, *Science* Vol. 300, Issue 5624, pp. 1399-1404 <https://doi.org/10.1126/science.1085953>

Kliger, Y., & Levanon, E. Y. (2003). **Cloaked similarity between HIV-1 and SARS-CoV suggests an anti-SARS strategy.** *BMC microbiology*, 3, 20. <https://doi.org/10.1186/1471-2180-3-20>

Wu Zhang, X., & Leng Yap, Y. (2004). **Structural similarity between HIV-1 gp41 and SARS-CoV S2 proteins suggests an analogous membrane fusion mechanism.** *Theochem*, 677(1), 73–76. <https://doi.org/10.1016/j.theochem.2004.02.018>

Campbell GR, To RK et al. **SARS-CoV-2, SARS-CoV-1, and HIV-1 derived ssRNA sequences activate the NLRP3 inflammasome in human macrophages through a non-classical pathway**, 23 Apr 2021, *iScience*, Volume 24, <https://doi.org/10.1016/j.isci.2021.102295>

³⁹¹ Illanes-Álvarez F, Márquez-Ruiz D, et al. **Similarities and differences between HIV and SARS-CoV-2.** 01 Jan 2021 *Int J Med Sci*; 18(3):846-851. doi:10.7150/ijms.50133. Available from <https://www.medsci.org/v18p0846.htm>

Campbell GR, To RK et al. **SARS-CoV-2, SARS-CoV-1, and HIV-1 derived ssRNA sequences activate the NLRP3 inflammasome in human macrophages through a non-classical pathway**, 23 Apr 2021, *iScience*, Volume 24, <https://doi.org/10.1016/j.isci.2021.102295>

Pradhan P, Pandey AK, et al. **Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag.** 02 Feb 2020. *BioRxiv*. Preprint withdrawn for revision. <https://doi.org/10.1101/2020.01.30.927871>

completely matched sequences of 1 and 2 insertions... four insertion homolog sequences could (...) be independently found in different HIV-1 genomes".³⁹²

- The Australian vaccine was cancelled due to the unexpected result of HIV false-positive testing after vaccination.
- In spite of all that, many believe the virus hasn't been isolated³⁹³ when there's undisputable evidence.³⁹⁴

The evidence points to SARS-CoV-2 being originated by recombination and "gain of function" enhancement as a bioweapon in the P4 Wuhan lab.

Yet, the U.S. intelligence report of August 2021 said that the coronavirus was not a bioweapon. **If they said it was weaponized by China, China could have showed it was funded by the USA and accused it of the release.**

Either there is no US "intelligence" or too obvious counter-intelligence, with a ridiculous cover up through the Washington Post (bought by globalist Bezos "for no reason"), echoed by global mainstream media.³⁹⁵

Anti-cure vaccine agenda

Social media helped censoring the truth by labelling it "fake news". For instance, **by September 2021, Youtube and LinkedIn kept blocking accounts and messages, while Instagram, Twitter and Facebook blocked any message citing positive papers on ivermectin.** They are accomplice to genocide and yet, they will never face a legal challenge.

In 2021 Facebook started using a new algorithm that classifies users who post anything remotely negative against vaccines into three "hesitancy" tiers (even if posts that are scientifically correct, accurate and truthful, like "Denmark did not approve the AstraZeneca vaccine"). The test removed "hesitant" comments by 42.5% but also demoted the messages in other tiers.³⁹⁶ **On 06/06/2021 the link to this research was blocked by Facebook as fake news.**

Considering how countries were driven towards ineffective and suicidal measures like lock downs and how effective treatments like ivermectin were overlooked, rejected, retracted, defunded, freezed, un-approved (even for compassionate care), censored and politically boycotted, and how vaccines are pushed as a lead life-saver, many are seeing **there are solid scientific grounds to pass from conspiracy theory to proven conspiracy towards a global culling hidden behind an artificially created and driven "panic-demic"**.

³⁹² Xiao, C., Li, X., et al. **HIV-1 did not contribute to the 2019-nCoV genome.** 14 Feb 2020. *Emerging microbes & infections*, 9(1), 378–381. <https://doi.org/10.1080/22221751.2020.1727299>

³⁹³ <https://www.globalresearch.ca/does-the-virus-exist-the-sars-cov-2-has-not-been-isolated-biggest-fraud-in-medical-history/>

³⁹⁴ Harcourt, J., Tamin, A., et al. **Isolation and characterization of SARS-CoV-2 from the first US COVID-19 patient.** bioRxiv 2020.03.02.972935. <https://doi.org/10.1101/2020.03.02.972935>

Harcourt, J., Tamin, A., et al. **Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States.** *Emerging Infectious Diseases* 26(6), 1266-1273. June 2020 <https://doi.org/10.3201/eid2606.200516>

Taştan, C., Yurtsever, B., et al. **SARS-CoV-2 isolation and propagation from Turkish COVID-19 patients.** 21 Jun 2020. *Turkish journal of biology = Turk biyoloji dergisi*, 44(3), 192–202. <https://doi.org/10.3906/biy-2004-113>

Kim J M, Chung Y S, et al. **Identification of Coronavirus Isolated from a Patient in Korea with COVID-19.** Feb 2020. *Osong public health and research perspectives*, 11(1), 3–7. <https://doi.org/10.24171/j.phrp.2020.11.1.02>

³⁹⁵ https://www.washingtonpost.com/world/asia_pacific/wuhan-lab-covid-china/2021/09/07/

<https://www.infobae.com/america/wapo/2021/09/07/al-interior-del-laboratorio-de-wuhan-ingenieria-francesa-virus-mortales-y-un-gran-misterio/>

³⁹⁶ <https://articles.mercola.com/sites/articles/archive/2021/05/31/facebook-censoring-vaccine-hesitancy.aspx>

What exactly is informed consent?

Bioethical consensus supports *elective* and *scientifically-proven* safe and effective treatments with prior informed consent (which involves *verifiable patient adjusted understanding* of updated objective information, not tainted by the supplier) **comparing available medical treatments, adjusted to personal circumstances, health indicators and clinical records** in a holistic approach to health and well-being, including general and especially **personal/ized (adjusted to personal urgency, comorbidities, financial situation, ability to follow treatment, etc.):**

1. **Risks:** considering current vaccines could cause severe adverse reactions, even death. Risks of rejecting vaccination/medication adjusted to reduction or complete reversal by other treatments (n.b. globulins).
2. **Benefits:** Is the treatment really necessary? Do you have natural immunity or cross-immunity from prior infections so you don't need a vaccine? **Is it necessary now?: local (not national) epidemiology.**
3. **Personal effectiveness:** including sex adjusted treatment, bioavailability, interaction with other treatments, food, drinks, behaviours, etc. Includes behavioural medicine.
4. **Evaluation of "no treatment" option or procrastination risk-benefit curve.**
5. **Costs:** direct and indirect costs (including transportation).
6. **Physical access:** personal mobility limitations, facility limitations, etc.
7. **Financial access:** personal financial situation, personal accessibility to financial/governmental aid
8. **Treatments of the risks of accepting/rejecting each treatments recommended by the doctor:** same items as above
9. **Cost/Benefit analysis of all alternatives customized to each patient.** For example, if you don't vaccinate and you get infected, what is the efficacy, safety and cost of the available treatments.

All of the bioethical minimum conditions for informed consent are violated in COVID vaccination consent forms.

COVID Vaccines: worse than the disease

COVID vaccines can't prevent all deaths. "In a world where every single person had been vaccinated, 100% of Covid deaths would be of vaccinated people."³⁹⁷ But what is really horrific is when the vaccinated show much more deaths than the unvaccinated.

Also, since vaccination of the elderly was prioritized, it wouldn't be surprising a higher death rate than the younger unvaccinated. "Due to their age, a vaccinated 70-year-old is still at greater risk from COVID-19 than an unvaccinated 35-year-old. Given this, it isn't surprising that more vaccinated people are dying of COVID-19 than unvaccinated people."³⁹⁸

Both arguments fail when we find that the same age group showed that 92% of the COVID deaths were vaccinated and when taking all ages, 98% of deaths were vaccinated (Argentine case). The only explanation for this is that the vaccines are making the disease worse.

23 Jun 2021 Public Health England (PHE) technical report showed that 43% of recent COVID deaths were fully vaccinated people. 60% received at least one dose.³⁹⁹

³⁹⁷ <https://www.bbc.com/news/health-57610998>

³⁹⁸ <https://theconversation.com/covid-vaccine-weekly-more-vaccinated-than-unvaccinated-britons-are-now-dying-from-the-coronavirus-164526>

³⁹⁹ <https://www.livemint.com/news/world/uk-virus-cases-surge-even-as-8-in-10-have-received-shots-11623958350491.html>

Third dose scam

Obviously, after the third dose antibodies levels rise but antibodies to parts of the alpha variant, not the real world disease. They hide the T and B response to real infection.

Also, companies hide if the third dose has been adapted to variants and to which ones. Most haven't, therefore generating no benefit against wild variants, but side effects.

Pfizer stated it has adapted to Delta but this variant is non-existent in many countries, e.g. in Latin America where the Andean variant seems to have blocked Delta's niche, yet Pfizer sells its third dose as if it was equally effective.

Some vaccine manufacturers are already trying to integrate the COVID vaccine with influenza. It is an obvious milking cow strategy, where the influenza-COVID shot will be mandated for all ages every single year. As with the flu shot, manufacturers will lose the arms race against viral mutations, especially in poorer countries which don't justify an investment into adapting the vaccines.

Ineffective or partial effective vaccines promote natural selection of worse variants and could trigger VADER:

VADER (not lord)

Virus **Antibody Dependent Enhancement** (or Amplification) Response is well documented as a very serious side effect, turning vaccines more lethal than the epidemic, by worsening clinical disease.

"ADE occurs when the antibodies generated during an immune response recognize and bind to a pathogen, but they are unable to prevent infection. Instead, these antibodies act as a "Trojan horse," allowing the pathogen to get into cells and exacerbate the immune response.

ADE has resulted from vaccination:

- Respiratory syncytial virus (RSV) — RSV is a virus that commonly causes pneumonia in children. A vaccine was made by growing RSV, purifying it, and inactivating it with the chemical formaldehyde. In clinical trials, children who were **given the vaccine were more likely to develop or die from pneumonia after infection** with RSV. The trials stopped, and the vaccine was never submitted for approval or released to the public.
- Measles — An early version of measles vaccine was made by inactivating measles virus using formaldehyde. Children who were vaccinated and later became infected with measles in the community developed high fevers, **unusual rash, and an atypical form of pneumonia**. Upon seeing these results, the vaccine was withdrawn, and **(without any scientific basis)** those who received this version of the vaccine were recommended to be vaccinated again using the live, weakened measles vaccine, which does not cause ADE and is still in use today.
- Dengue virus — If a person is infected by one serotype of dengue virus, they typically have mild disease and generate a protective immune response, including neutralizing antibodies, against that serotype. But, if that person is infected with a second serotype of dengue virus, the neutralizing antibodies generated from the first infection may bind to the virus and actually increase the virus's ability to enter cells, resulting in ADE and causing a severe form of the disease, called dengue hemorrhagic fever.

In 2016, a dengue virus vaccine was designed to protect against all four serotypes of the virus. **The hope was that by inducing immune responses to all four serotypes at once, the vaccine could circumvent the issues related to ADE** following disease with dengue virus. The vaccine was given to **800,000 children** in the Philippines. (At least) fourteen vaccinated children **died** after encountering dengue virus in the community. It is hypothesized that the children developed antibody responses that were not capable of neutralizing the natural virus circulating in the community. As such, **the vaccine was recommended** only for children greater than 9 years of age who had already been exposed to the virus.”⁴⁰⁰

“In seronegative children, **the likelihood of hospitalization or severe virologically confirmed dengue was much greater in vaccine recipients than those who received placebo**. Seropositive vaccine recipients had a lower likelihood of hospitalization or severe disease compared with placebo recipients.”⁴⁰¹

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Many vaccines were discontinued because of this effect, which caused more deaths than the disease they were supposed to prevent: Syncytial Respiratory Virus vaccine (1960s), Sanofi dengue vaccine (2017, including criminal charges)⁴⁰⁵, etc.

Since 2003, SARS-CoV-1 and MERS vaccines had failed because of VADER in animal testing: they got a much worse disease after getting infected than the infected unvaccinated.⁴⁰⁶ Yet, humans were still used as guinea pigs with the Oxford vaccine!⁴⁰⁷

In spite of the early warnings and emerging data⁴⁰⁸, there’s no antibody-dependent amplification follow up⁴⁰⁹ with people who got infected before or after being vaccinated.⁴¹⁰ There’s 3 times more side effects after vaxxing the recovered. Women worse than men.⁴¹¹

⁴⁰⁰ “Other viral vaccines that target multiple types of a virus have been safely used, including vaccines against polio (3 types), rotavirus (5 types), and human papillomavirus (9 types).”

<https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/antibody-dependent-enhancement-and-vaccines>
<https://www.medpagetoday.com/special-reports/exclusives/91648>

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⁴⁰⁵ <https://www.sciencemag.org/news/2019/04/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines>

⁴⁰⁶ Jaume M, Yip M et al. **Anti-Severe Acute Respiratory Syndrome Coronavirus Spike Antibodies Trigger Infection of Human Immune Cells via a pH- and Cysteine Protease-Independent FcγR Pathway**. 21 Sep 2011, Journal of Virology, Vol. 85, No. 20, <https://doi.org/10.1128/JVI.00671-11>

Tseng CT, Sbrana E, et al. **Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the SARS Virus**. 2012 PLOS ONE 7(8) <https://doi.org/10.1371/annotation/2965cfae-b77d-4014-8b7b-236e01a35492>

⁴⁰⁷ Folegatti P, Bittaye M, et al. **Safety and immunogenicity of a candidate Middle East respiratory syndrome coronavirus viral-vectored vaccine: a dose-escalation, open-label, non-randomised, uncontrolled, phase 1 trial**. 12 May 2020 TheLancet.com [https://doi.org/10.1016/S1473-3099\(20\)30160-2](https://doi.org/10.1016/S1473-3099(20)30160-2)

⁴⁰⁸ Farshadpour F, Taherkhani R. **Antibody-Dependent Enhancement and the Critical Pattern of COVID-19: Possibilities and Considerations**. 21 Apr 2021 Medical Principles and Practice. <https://doi.org/10.1159/000516693>

⁴⁰⁹ Huisman, W., Martina, B. E, et al. **Vaccine-induced enhancement of viral infections**. 18 Nov 2009 *Vaccine*, 27(4), 505–512. <https://doi.org/10.1016/j.vaccine.2008.10.087>

⁴¹⁰ The formation of so-called “non-neutralizing antibodies” can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, “wild” virus after vaccination. This so-called antibody-dependent amplification, ADA, has long been known from experiments with corona vaccines in cats, for example. In the course of these studies all cats that initially tolerated the vaccination well died after catching the wild virus. <https://dryburgh.com/mike-yeardon-coronavirus-vaccine-safety-concerns-petition/>

“Using molecular modelling approaches, we show that **enhancing antibodies have a higher affinity for Delta variants than for Wuhan/D614G NTDs...** in the case of the Delta variant, neutralizing antibodies have a decreased affinity for the spike protein, whereas facilitating antibodies display a strikingly increased affinity. Thus, **ADE may be a concern for people receiving vaccines based on the original Wuhan strain spike sequence (either mRNA or viral vectors)**. Under these circumstances, second generation vaccines with spike protein formulations lacking structurally-conserved ADE-related epitopes should be considered.”⁴¹²

Scientists have recommended COVID testing prior to vaccination because of the higher risk of VADER, when an already infected person is vaccinated.⁴¹³ In spite of that, without any valid reason, the FDA stated: “Antibody tests should not be used at this time to determine immunity or protection against COVID-19 *at any time*, and especially after a person has received a COVID-19 vaccination.”⁴¹⁴

“SARS-CoV-2 antibodies bound to Fc receptors on macrophages and mast cells may represent two different mechanisms for ADE in patients. These two different ADE risks have possible implications for SARS-CoV-2 B-cell vaccines for subsets of populations based on age, cross-reactive antibodies, variabilities in antibody levels over time, and pregnancy. These models place increased emphasis on the importance of developing safe SARS-CoV-2 T cell vaccines that are not dependent upon antibodies.”⁴¹⁵

This risk is obscured on purpose in informed consent forms.⁴¹⁶

It is not a theoretical risk. **COVID-19 vaccines have been proven to cause VADER.**⁴¹⁷ Yet, no government conducted a large follow up study, e.g. taking blood samples, to determine if the vaccinated developed ADE.

Vaxxed v. unvaxxed

Public Health England:⁴¹⁸

⁴¹¹ King’s College research: <https://archive.is/WTmnB#selection-71.15-71.86>

⁴¹² Yahi, N., Chahinian, H., & Fantini, J. **Infection-enhancing anti-SARS-CoV-2 antibodies recognize both the original Wuhan/D614G strain and Delta variants. A potential risk for mass vaccination ?**. 9 Aug 2021 *The Journal of Infection*, S0163-4453(21)00392-3. Advance online publication. <https://doi.org/10.1016/j.jinf.2021.08.010>

Lee, W.S., Wheatley, A.K., et al. **Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies**. 09 Sept 2020. *Nat Microbiol* 5, 1185–1191 (2020). <https://doi.org/10.1038/s41564-020-00789-5>

⁴¹³ <https://noorchashm.medium.com/the-critical-importance-of-covid-19-antibody-tests-in-america-and-why-they-matters-for-your-e09f1c3364e7>

⁴¹⁴ <https://www.fda.gov/news-events/press-announcements/fda-brief-fda-advises-against-use-sars-cov-2-antibody-test-results-evaluate-immunity-or-protection>

⁴¹⁵ Ricke DO, **Two Different Antibody-Dependent Enhancement (ADE) Risks for SARS-CoV-2 Antibodies**. 24 Feb 2021. *Front. Immunol.* <https://doi.org/10.3389/fimmu.2021.640093>

⁴¹⁶ Cardozo T, Veazey R, **Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease**, *The International Journal of Clinical Practice*, 28 October 2020, <https://doi.org/10.1111/ijcp.13795>

⁴¹⁷ Scott B Halstead, Leah Katzelnick, **COVID-19 Vaccines: Should We Fear ADE?**, 15 Dec 2020, *The Journal of Infectious Diseases*, Volume 222, Issue 12, Pages 1946–1950, <https://doi.org/10.1093/infdis/jiaa518>

Li D, Edwards RJ, et al. **The functions of SARS-CoV-2 neutralizing and infection-enhancing antibodies in vitro and in mice and nonhuman primates**. 31 Dec 2020 bioRxiv <https://doi.org/10.1101/2020.12.31.424729>

Sunil Bhopal, Bayanne Olabi, Raj Bhopal, **Nature of Immune reaction and side effects of COVID-19 vaccines: synthesis of Information from Ten Phase II Trials for Planning Vaccination Programmes**, (2020) SSRN Electronic Journal, <https://doi.org/10.2139/ssrn.3732847>

Liu Y, Tuck Soh W, et al. **An infectivity-enhancing site on the SARS-CoV-2 spike protein targeted by antibodies**. 18 Dec 2020. bioRxiv <https://doi.org/10.1101/2020.12.18.423358> Cell 24 May 2021 <https://doi.org/10.1016/j.cell.2021.05.032>

50% of cases and 65% of COVID deaths were vaccinated (1+ dose), compared to the unvaccinated within 28 days of PCR+, from February to July, 2021.

Fully vaccinated compared to unvaccinated:

- **500% greater chance of dying**
- **50% greater chance of being hospitalized**

The protein bomb

Once the cell is hacked by the vaccine vector, no one informs how much and for how long it will produce spike protein (full or parts). **Each hacked cell acts exactly the same as if it had been hacked by the virus but worse:** since the cell is not alien to the body, the immune system might:

- confuse the protein as part of its normal function: this means no damage-control of the spike protein, or the opposite,
- trigger an auto-immune response, thinking that the other unhacked similar cells are the enemy.

The real bio-weapon is the “vaccine” or shall we call them a hackcine (hackxine) or vaxhack: a gene-hack to turn humans into S-protein human bombs.⁴¹⁹

Real vaccines like Sinopharm are still dangerous because they inject millions of S-proteins. Yet, you know that sooner or later they are going to wane off and you can minimize damage with appropriate treatment.

“Everything we’ve been watching over the last 20 months has been a globalist-led effort to **convince billions of people to exterminate themselves** without them knowing it.

See, waging an open kinetic war on humanity would meet instant resistance. People tend to fight back when they’re being attacked and slaughtered with bullets and bombs. So globalists had to figure out a way to carry out **mass slaughter on a planetary scale** without alerting the masses to what they were doing.

All they needed was a spike protein nanoparticle weapon system combined with fake PCRs, media collusion and Big Tech censorship. From the globalist point of view, the real genius in all this is how they’ve managed to get people to beg for their own vaccine death shots. It’s completely obvious that the real goal is mass extermination of the human race.

In a sane world where globalists weren’t trying to exterminate the human race, ivermectin would be celebrated as a safe, effective, low-cost medical intervention. Vitamin D would be recommended for nearly everyone. Fauci and the other bioweapons criminals would be indicted and charged with crimes against humanity. And the science journals wouldn’t be run by communist China.

But our world is not sane. It is ruled by a completely insane globalist death cult that seeks the total destruction of the human race. That’s why everything you’re seeing unfold makes no sense unless you realize the goal really is depopulation / genocide against humanity. In that context, suddenly it all makes sense: the gain-of-function research, the media’s psychological operations, health agencies and hospitals⁴²⁰ faking covid numbers to “scare” the public, the science journals scheming to attack ivermectin and hide the origins of the spike protein,

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf

⁴¹⁹ <https://www.ddponline.org/2021/07/24/a-bioterrorist-attack/>

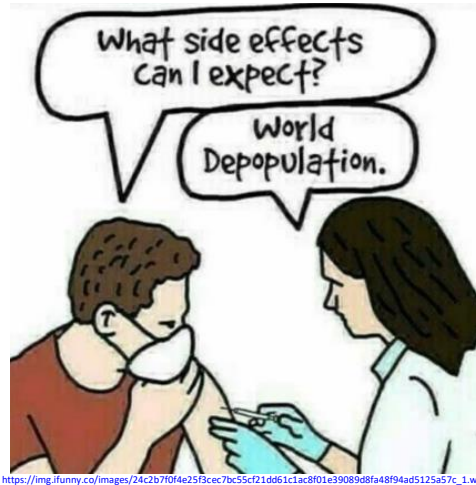
⁴²⁰ <https://www.naturalnews.com/2021-09-13-hospital-administrators-caught-on-camera-scheming-to-fabricate-covid-numbers-scare-the-public.html>

the incessant pushing of covid vaccine mandates, the economic lockdowns that destroy lives, etc. Once you understand that the goal is total death and destruction, suddenly it all makes sense.”⁴²¹

Trojan Horses?

There’s a proven link between vaccination and population control:

- **Depopulation:** causing infertility on purpose through hCG⁴²², syncytin⁴²³ or other mechanisms like HPV vaccines⁴²⁴.



Ethnic cleansing: Melinda Gates, whose foundation is the leader of the *vaccine industrial complex*, answering which group should be prioritized after health care workers, “that would be **black people** next, quite honestly, and many **other people of color**”⁴²⁵ Through neglecting proper treatment and deep-state censoring of the cure, the poor⁴²⁶, women and USA racial minorities (**African American and Hispanics**) have had the **largest death toll: voluntary or not, the racial genocide is a fact.**⁴²⁷ Not surprisingly, the largest vaccine

⁴²¹ <https://www.naturalnews.com/2021-09-14-vaxssassination-how-globalists-convinced-billions-of-people-to-exterminate-themselves-with-biological-weapons-presented-as-vaccines.html>

⁴²² Oller J.; Shaw C., Tomljenovic L. et al. **HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World**, 27 Oct 2017, Open Access Library Journal, Volume 4, e3937 ISSN Online: 2333-9721 Print: 2333-9705, <https://doi.org/10.4236/oalib.1103937> https://www.researchgate.net/publication/320641479_HCG_Found_in_WHO_Tetanus_Vaccine_in_Kenya_Raises_Concern_in_the_Developing_World

⁴²³ <https://dryburgh.com/mike-yeardon-coronavirus-vaccine-safety-concerns-petition/>

⁴²⁴ <http://www.acpeds.org/the-college-speaks/position-statements/health-issues/new-concerns-about-the-human-papillomavirus-vaccine>
<https://www.vaccinesrevealed.com/news/hpv-vaccine-american-college-of-pediatricians-issues-rare-warning-against-vaccine-due-to-premature-ovarian-failure/>

⁴²⁵ <https://time.com/5847483/melinda-gates-covid-19/>

⁴²⁶ Bianchi F, Bianchi G, Song D, **The Long-Term Impact of the COVID-19 Unemployment Shock on Life Expectancy and Mortality Rates**, December 2020, National Bureau of Economic Research, www.nber.org/papers/w28304 <https://doi.org/10.3386/w28304>

⁴²⁷ Karaca-Mandic P, Georgiou A, Sen S. **Assessment of COVID-19 Hospitalizations by Race/Ethnicity in 12 States**. JAMA Intern Med. 2021;181(1):131–134. doi:[10.1001/jamainternmed.2020.3857](https://doi.org/10.1001/jamainternmed.2020.3857)

Michael Poulson, Miriam Neufeld, et al., **Intersectional Disparities Among Hispanic Groups in COVID-19 Outcomes**. *Journal of Immigrant and Minority Health*, 2020; [HTTPS://DOI.ORG/10.1007/s10903-020-01111-5](https://doi.org/10.1007/s10903-020-01111-5)

Enriquez D., Goldstein A., **COVID-19’s Socioeconomic Impact on Low-Income Benefit Recipients: Early Evidence from Tracking Surveys**, November 25, 2020 Research Article. Socius: Sociological Research for a Dynamic World. American Sociological Association. <https://doi.org/10.1177/2378023120970794>

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

refusal groups in the USA were the African American (only 23% vaccinated by June 2021) and Hispanics (27%), compared to whites (32%) and Asian (42%).⁴²⁸

The Gates Foundation is also behind malaria (PATH) and polio vaccines (Rotary) mainly targeting Africa.

- **Deadly vaccines:** for example, among others, the **flu vaccines** (influenza), for which the US Vaccine Adverse Events Reporting System (VAERS) informed **1,748 related deaths, 3,558 disabilities and 14,062 hospitalizations**. Complications include brain inflammation and neurological damage, convulsions, Bell's palsy, neuropathy, shock, wheezing/asthma and other breathing problems, **Guillain Barré Syndrome** (GBS), temporary or permanent paralysis and death, not to mention miscarriages, because flu shots are mandated in certain countries to pregnant women without any safety study, even if they contain aluminium and thimerosal, a mercury derivative, which are neurotoxic.

In 2013, the Federal Advisory Commission on Childhood Vaccines (ACCV) voted to add GBS to the [Vaccine Injury Table](#) (VIT) within the federal Vaccine Injury Compensation Program (VICP), which was officially added in 2017. As of September 1, 2020, there have been [6,441](#) VICP claims, including **188 deaths and 6,256 severe injuries** following influenza vaccination.⁴²⁹

Not counting corporate monopolistic profits, vaccine injuries are a **high price to pay for a low benefit: little or no epidemiological effectiveness**, according to the FDA⁴³⁰, Cochrane review⁴³¹ and the Lancet⁴³².
Prior flu vaccination was related to more severe COVID19 symptoms and deaths.

- **Handicapping vaccines:** causing permanent disabilities. Two examples (apart from the flu shot, there are many more):
 1. FDA and EMA fast-tracked **HPV vaccines were removed from vaccine schedule in Japan (Jun 2013), India and Peru**, after careful analysis by expert doctors of uncountable clinical records of girls becoming permanent disabled after vaccination⁴³³, thousands on wheelchairs or bedridden⁴³⁴.

<https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/>
<https://www.reuters.com/article/us-health-coronavirus-usa-race/african-americans-more-likely-to-die-from-coronavirus-illness-early-data-shows-idUSKBN21O2B6>

<https://www.reuters.com/article/us-health-coronavirus-new-york-deaths/coronavirus-deadliest-in-new-york-citys-black-and-latino-neighborhoods-data-shows-idUSKBN22U32A>

⁴²⁸ <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

⁴²⁹ <https://www.nvic.org/vaccines-and-diseases/influenza/overview.aspx>

⁴³⁰ <https://www.cdc.gov/flu/vaccines-work/past-seasons-estimates.html>

⁴³¹ "Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or severe illness. At best, vaccines might be effective against only Influenza A and B, which represent ca. 10% of all circulating viruses." Jefferson T, Di Pietrantonj C, Rivetti A, Bawazeer GA, Al-Ansary LA, Ferroni E. **Vaccines for preventing influenza in healthy adults**. *Cochrane Database Syst Rev*. 2010 Jul 7;(7):CD001269. <https://doi.org/10.1002/14651858.CD001269.pub4>. Update in: *Cochrane Database Syst Rev*. 2014;3:CD001269. PMID: 20614424.

Black SB, Shinefield HR, France EK, Fireman BH, Platt ST, Shay D; Vaccine Safety Datalink Workgroup. **Effectiveness of influenza vaccine during pregnancy in preventing hospitalizations and outpatient visits for respiratory illness in pregnant women and their infants**. *Am J Perinatol*. 2004 Aug;21(6):333-9. <https://doi.org/10.1055/s-2004-831888>. PMID: 15311370.

⁴³² Osterholm M., Kelley N., et al., **Efficacy and effectiveness of influenza vaccines: a systematic review and meta-analysis**, *The Lancet – Infectious Diseases*, Volume 12, ISSUE 1, P36-44, January 01, 2012, October 26, 2011 [HTTPS://DOI.ORG/https://doi.org/10.1016/S1473-3099\(11\)70295-X](https://doi.org/10.1016/S1473-3099(11)70295-X)

⁴³³ <https://www.prnewswire.com/news-releases/gardasil-attorneys-allege-hpv-vaccine-caused-girl-to-develop-pots-301176521.html>

Blitshteyn, S. **Human papillomavirus (HPV) vaccine safety concerning POTS, CRPS and related conditions**. *Clin Auton Res* **30**, 181–182 (2020). <https://doi.org/10.1007/s10286-019-00653-5>

Martínez-Lavín M, Amezcua-Guerra L. **Serious adverse events after HPV vaccination: a critical review of randomized trials and post-marketing case series**. *Clin Rheumatol*. 2017 Oct;36(10):2169-2178. <https://doi.org/10.1007/s10067-017-3768-5>. Epub 2017 Jul 20. Erratum in: *Clin Rheumatol*. 2017 Jul 29;: PMID: 28730271.

Official documents recognize that governments pretend to vaccinate male pre-pubescent children to use them as future **human shields** for girls when they become sexually active, while **assuming all end up affected by promiscuity** (some may engage in lifelong fidelity, others will screen before sex, a few, may never have sexual interactions). They say HPV male cancer justifies this. Yet, the epidemiological records are so low that it is clear that the main purpose is indirect protection, a concept which is completely unethical when considering severe side effects, even if they were statistically insignificant (which are not).

Also, cost-benefit analysis clearly show HPV vaccination is a waste of resources and a clear proof of “deep state” government corruption: even if they were eventually effective (it would take over 10 years to prove there was no ecological niche effect), women still need to act as if unvaccinated, and take yearly pap tests, since vaccines don’t cover 30 HPV carcinogenic strains.

2. **Vaccines made from cancerous human cell-lines**, obtained from live butchered babies in procured abortions⁴³⁵, contaminated with human DNA, even in excess of 2000% of the FDA 10 ng. limit, **cause brain damage and even autism**⁴³⁶ (exponential growth with 14 matching change points in 14 different countries in 14 different moments)⁴³⁷, **with higher impact in African descent**⁴³⁸, as proven in 2004 by the CDC (an then censored).

Tomljenovic L, Colafrancesco S, Perricone C, Shoenfeld Y. **Postural Orthostatic Tachycardia With Chronic Fatigue After HPV Vaccination as Part of the "Autoimmune/Auto-inflammatory Syndrome Induced by Adjuvants"**: Case Report and Literature Review. J Investig Med High Impact Case Rep. 2014 Mar 18;2(1):2324709614527812. <https://doi.org/10.1177/2324709614527812>. PMID: 26425598; PMCID: PMC4528866.

Blitshteyn S. **Postural tachycardia syndrome following human papillomavirus vaccination**. Eur J Neurol. 2014;21(1):135-9. <https://doi.org/10.1111/ene.12272>. Epub 2013 Sep 16. PMID: 24102827.

http://comunidadgrupogapg.com.ar/sites/default/files/trabajos_publicados/objeciones%20en%20relacion%20con%20ambas%20vacunas%20disponibles%20contra%20el%20virus%20del%20papiloma%20humano-29audisio.pdf

⁴³⁴ <http://www.asahi.com/ajw/articles/aj201607280028.html>

"We are victims, not antivaxxers" <https://www.youtube.com/watch?v=8qKUHPrIA4w> <http://www.aavp.es/>

<https://www.facebook.com/groups/279308162277803/>

⁴³⁵ <https://www.lifesitenews.com/news/babies-were-aborted-alive-placed-in-fridge-to-harvest-cell-lines-used-in-some-vaccines-researcher/>

⁴³⁶ <https://www.naturalnews.com/2021-03-02-ican-sues-cdc-over-statement-about-vaccines.html>

https://www.naturalnews.com/046566_autism_MMR_vaccine_CDC_whistleblower.html

⁴³⁷ <https://www.youtube.com/watch?v=jcoESgHTkc>

<https://www.youtube.com/watch?v=lyk3RBGM6V8>

Deisher T., Doan N. et al., **Impact of environmental factors on the prevalence of autistic disorder after 1979**, Journal of Public Health and Epidemiology, Vol.6(9), pp. 271-286 , September 2014 <https://doi.org/10.5897/JPHE2014.0649>

Deisher TA, Doan NV. **Sociological Environmental Causes are Insufficient to Explain Autism Changepoints of Incidence**. Issues Law Med. 2015 Spring;30(1):25-46. PMID: 26103707 <https://pubmed.ncbi.nlm.nih.gov/26103707/>

Deisher TA, Doan NV, Koyama K, Bwabye S. **Epidemiologic and Molecular Relationship Between Vaccine Manufacture and Autism Spectrum Disorder Prevalence**. Issues Law Med. 2015 Spring;30(1):47-70. PMID: 26103708 <https://pubmed.ncbi.nlm.nih.gov/26103708/>

Jarzyna P, Doan NV, Deisher TA. **Insertional mutagenesis and autoimmunity induced disease caused by human fetal and retroviral residual toxins in vaccines**. Issues Law Med. 2016 Fall;31(2):221-234. PMID: 29108182 <https://pubmed.ncbi.nlm.nih.gov/29108182/>

⁴³⁸ Hooker, B.S. **Measles-mumps-rubella vaccination timing and autism among young african american boys: a reanalysis of CDC data**. Transl Neurodegener 3, 16 (2014). <https://doi.org/10.1186/2047-9158-3-16>

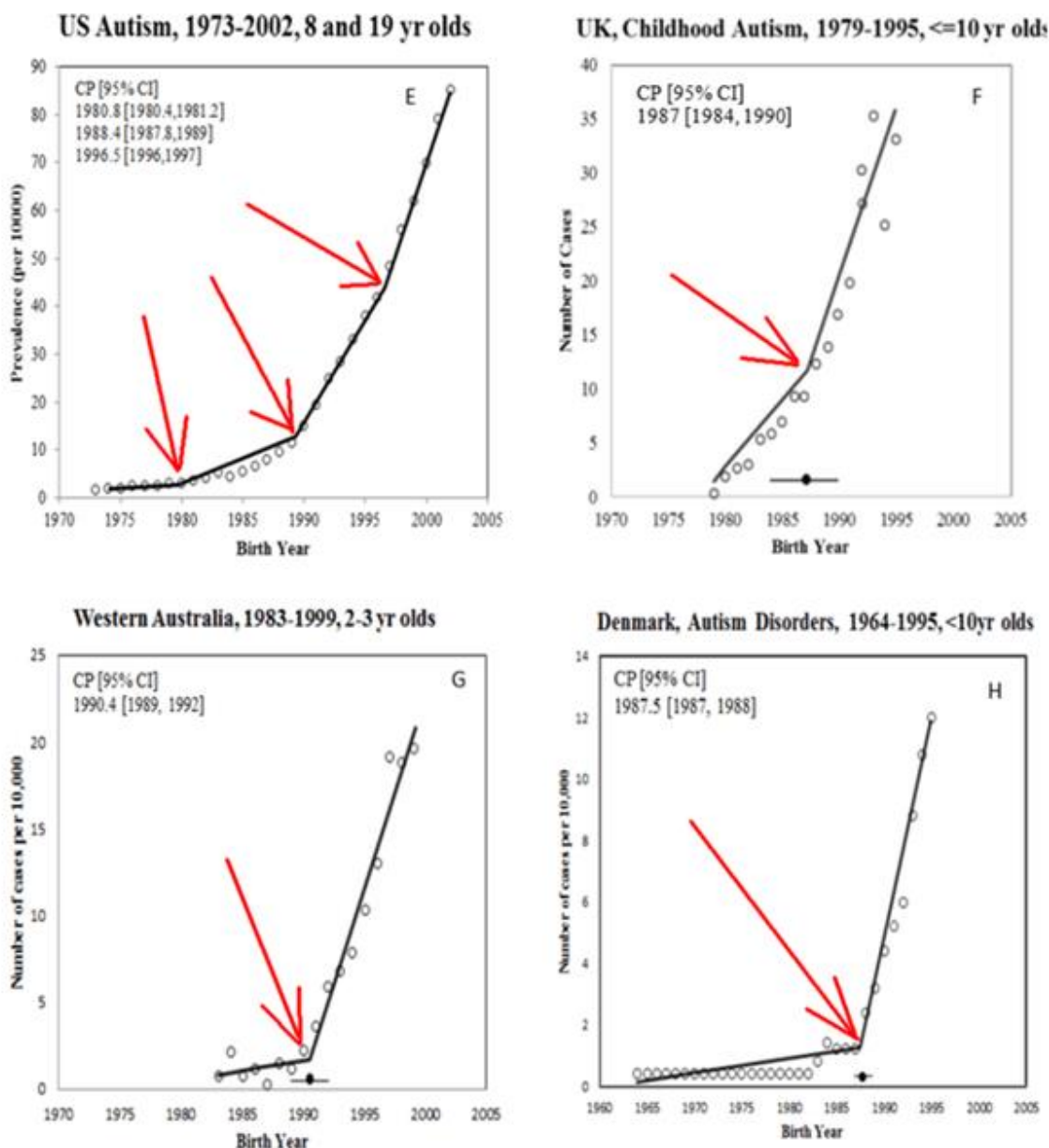


Figure 1. AD changepoint analysis robustness and results.

Figure 1A shows AD changepoint results for the U.S., California, UK, Western Australia, and Denmark. Figure 1B shows a comparison of 'hockey' and 'segmented' fits for California AD 1970-1997 data. Both analyses yield changepoints with overlapping confidence intervals near 1988. However, 'segmented' analysis reveals a second changepoint near 1981.

Source: <https://doi.org/10.5897/JPHE2014.0649>

US Government officially recognizes, to the point of **compensating with 1,500,000 dollars each child**, that **vaccination could trigger autism in children with prior mitochondrial diseases**.⁴³⁹ Of course, there are no requirements to mitochondrial assessment before vaccination: **Big Pharma makes a profit while Big Government pays the damages**.

Why are many governments giving *all* newly born babies a compulsory unjustified "medicine" against a sexually transmitted infection (STI) which cause **brain injury**? Hepatitis B vaccines made from foetal cell-lines are a clear example of unethical "over-zealous" treatment, i.e. "**medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome**"⁴⁴⁰: Corporate greed funnels government leeching and medical corruption even to the point of **therapeutic cruelty**.

⁴³⁹ <https://www.cbsnews.com/news/family-to-receive-15m-plus-in-first-ever-vaccine-autism-court-award/>

⁴⁴⁰ Catechism of the Catholic Church, 2278 http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm

- **Gender dysphoria. Hypothesis:**

- Glyphosate, present in vaccines as a contaminant, is an endocrine disruptor⁴⁴¹
- Opposite sex aborted fetal tissue cells in vaccines derived from aborted babies, present in many vaccines introduced within the first year of life: MRC-5 is a male and WI-38 is a female cell line.⁴⁴²

Polio-Gates

Polio from vaccines

According to WHO, **the Oral Polio Vaccine, unlike the injected one, caused more polio cases than wild polio**⁴⁴³, because it was an attenuated virus.⁴⁴⁴ By 2018, Gates Foundation polio vaccine accounted for 75% of global polio and left half a million children paralyzed from 2000-2017. In 2010 it funded a GSK malaria vaccine, killing 151 and injuring 1000 African children.

Polio vaccine contamination and intentional dissemination

SV40-gate: “vaccines made in the USA between 1955 and 1961 were found to be contaminated with SV40 (simian vacuolating virus 40 or simian virus 40), from the growth medium (rhesus monkey kidney cell culture) and from the original seed strain. Like other polyomaviruses, SV40 is a DNA virus that has the **potential to cause tumors** by suppression of the transcriptional properties of tumor suppressor p53 in humans by the SV40 large T antigen and SV40 small T-antigen. Tumor suppressor p53 is responsible for initiating regulated cell death (apoptosis), or cell cycle arrest when a cell is damaged. A mutated p53 gene may contribute to uncontrolled cellular proliferation, leading to a tumor.”⁴⁴⁵

In 1960 Ben Sweet and Maurice Hilleman found 10-30% of polio vaccines in the USA were contaminated with SV40.⁴⁴⁶ **Why did they hide that 100% of the vaccines they made were contaminated?**⁴⁴⁷ **Why did they keep distributing those vaccines *after* they proved to cause cancer? Why did the Government allow it?**

HIV created out of vaccines

The vaccine developed by Hilary Koprowski from globalist Rockefeller Foundation and Wistar Institute, creator of cell lines used in vaccines, from babies dissected alive and murdered, to replace contaminated monkey kidneys. The virus was grown in tissues from rhesus monkeys contaminated with SIV (Simian Immunodeficiency Virus), tried in a million people in Rwanda, Burundi, and Congo. SIV turned into HIV. **SIV and SV40 tend to go together because SV40 only becomes virulent and more contagious in monkeys with SIV:** “SV40 is dormant and is

⁴⁴¹ https://www.momsacrossamerica.com/glyphosate_in_childhood_vaccines

⁴⁴² Laraine Abbey-Katzev RN, MS, CNS—Certified Nutrition Specialist, email 10-Jul-21. Who also commented: “Gender dysphoria likely from various pesticides including atrazine, as well as hormones injected into feed animals.”

⁴⁴³ Blume, S., & Geesink, I. (2000). **A brief history of polio vaccines.** *Science (New York, N.Y.)*, 288(5471), 1593–1594.

<https://doi.org/10.1126/science.288.5471.1593>

⁴⁴⁴ Blower, S. M., Koelle, K., Kirschner, D. E., & Mills, J. (2001). **Live attenuated HIV vaccines: predicting the tradeoff between efficacy and safety.** *Proceedings of the National Academy of Sciences of the United States of America*, 98(6), 3618–3623.

<https://doi.org/10.1073/pnas.061029998>

⁴⁴⁵ https://en.wikipedia.org/wiki/SV40#Polio_vaccine_contamination

⁴⁴⁶ Sweet, B. H.; Hilleman, M. R. (November 1960). **"The vacuolating virus, S.V. 40"**. *Proceedings of the Society for Experimental Biology and Medicine*. 105 (2): 420–427. <https://doi.org/10.3181/00379727-105-26128>

⁴⁴⁷ Eddy, B. E.; Borman, G. S.; Grubbs, G. E.; Young, R. D. (May 1962). **"Identification of the oncogenic substance in rhesus monkey kidney cell culture as simian virus 40"**. *Virology*. 17: 65–75. [https://doi.org/10.1016/0042-6822\(62\)90082-x](https://doi.org/10.1016/0042-6822(62)90082-x)

asymptomatic in rhesus monkeys. The virus has been found in many macaque populations in the wild, where it rarely causes disease. However, in monkeys that are immunodeficient—due to, for example, infection with simian immunodeficiency virus—SV40 acts much like the human JC and BK polyomaviruses, producing kidney disease and sometimes a demyelinating disease similar to progressive multifocal leukoencephalopathy.”⁴⁴⁸
There was an organized cover-up. Why?⁴⁴⁹

“In order for a virus to infect a different species, it is helpful to reduce the resistance of the new host's immune system. Koprowski's **polio vaccine was given to many children less than one month old, before their immune systems were fully developed.** Indeed, in one trial, **infants were given 15 times the standard dose** in order to ensure effective immunisation.”⁴⁵⁰

“After SV40 was discovered, vaccine makers switched from Indian rhesus monkeys to African green monkeys. But in the early 1980s, researchers discovered that many such monkeys were infected with a retrovirus related to human immunodeficiency virus (HIV), the one that caused AIDS in humans. This retrovirus cousin of HIV, called simian immunodeficiency virus (SIV), could have been present in any vaccine made from the tissues of these monkeys before 1985, the year when sophisticated testing was instituted.

A 1989 article in the Journal of the **Royal Society of Medicine** which, while discussing a possible cross-species epidemic caused by a live-virus vaccine, asserted in part, "It would appear that the AIDS epidemic may be just one of the latest of several mammalian cross-species viral transfers triggered by the techniques of virology developed in the 20th century, which subsequently spread out of control in the new host species.

A 1989 letter from Japanese researchers to the journal AIDS noting that most live oral polio vaccines worldwide are still made in kidney-cell cultures from African green monkeys. They recommended that **monkeys naturally infected with SIV should not be used to make vaccines.**

Kyle theorized that the AIDS epidemic among American male homosexuals could have been accidentally started in the mid-1970s by an experimental treatment for herpes lesions used in New York and California. The treatment: double doses, twice as often as used for polio vaccination, of the Sabin oral polio vaccine. Lederle has sometimes found SIV in early stages of its vaccine production process.”⁴⁵¹

Promotion of HIV fitted the depopulation agenda through:

- Millions of deaths in poor countries (n.b. Africa)
- Lower fertility (stable coupling and children are much harder for the HIV-sick)
- Comprehensive Sexuality Education (infertilizing, disabling, lethal, anti-natal)

Most comprehensive bibliography: <https://www.bmartin.cc/dissent/documents/AIDS/>
<https://www.bmartin.cc/dissent/documents/AIDS/River/index.html>

⁴⁴⁸ https://en.wikipedia.org/wiki/SV40#Other_animals

⁴⁴⁹ Hooper, Edward. **The river: a journey to the source of HIV and AIDS.** Little, Brown and Company, Boston, 1999 ISBN 0-316-37261-7
<http://www.aidsorigins.com/>

Haslam ET, **Dr. Mary's monkey: how the unsolved murder of a doctor, a secret laboratory in New Orleans and cancer-causing monkey viruses are linked to Lee Harvey Oswald, the JFK assassination and emerging global epidemics.** 2014 Trine Day ISBN978-1-937584-59-7
⁴⁵⁰ <https://www.bmartin.cc/dissent/documents/AIDS/>

⁴⁵¹ Tom Curtis <https://www.washingtonpost.com/archive/opinions/1992/04/05/did-a-polio-vaccine-experiment-unleash-aids-in-africa/>

Kyle W. S. (1992). **Simian retroviruses, poliovaccine, and origin of AIDS.** Lancet (London, England), 339(8793), 600–601.

[https://doi.org/10.1016/0140-6736\(92\)90876-5](https://doi.org/10.1016/0140-6736(92)90876-5)

<https://documents.uow.edu.au/~bmartin/dissent/documents/AIDS/Curtis92.html>

<https://quod.lib.umich.edu/c/cohen/aids/5571095.0245.013?rgn=main;view=fulltext>

RNA coding

All this begs the question about the source code for RNA vaccines. Considering both work by using our cells to produce the same protein it is surprising that Moderna has 300% (more coding instructions?) than Pfizer: “Each dose of the Moderna vaccine will contain more vaccine (100 micrograms) than each dose of the Pfizer/BioNTech vaccine (30 micrograms).”⁴⁵²

Trojan coding? Governments don't control the source code, or that the code hasn't been tampered in each batch. Is it possible that RNA vaccines not only encode the spike proteins but something else?

Fact: these vaccines cause severe side effects which are not related to COVID19 spikes.

Vaccine manufacturers answer that the events are random, not connected to vaccination, yet a) the comparatively few events known happened close to vaccination and b) the same unusual effects repeat in many patients, which is statistically improbable or impossible.

Also, **why Big Pharma forbids (by contract and under severe penalties) that trial patients make side-effects public? Why do they require indemnity by law and that the components are not to be known, not even by Government?** If everything is supposed to be so transparent why is it so obscure?

65% of Oxford doses will be non-profit for poor countries, which coincidentally have highest fertility... just as the hCG depopulation vaccines were given nearly for free for “humanitarian” purposes.

Murderous nano tampering

CoronaVac⁴⁵³, Covaxin⁴⁵⁴ and Epivac⁴⁵⁵ contain aluminum salts as adjuvants, in spite they are neurotoxic.

In 2014 an article promoted the use of a “**supramagnetic nanoparticle**” for the delivery of genetic material in gene injections. “The use of superparamagnetic **iron oxide** nanoparticles (SPIONs) to deliver genes via magnetofection shows promise in improving the efficiency of gene delivery both in vitro and in vivo ... Naked SPIONs often lack sufficient stability, hydrophilicity, and the capacity to be functionalized. In order to overcome these limitations, polycationic polymer was anchored on the surface ... Polyethylenimine was chosen to modify the surface of SPIONs to assist the delivery of plasmid DNA into mammalian cells due to the polymer's extensive buffering capacity through the "proton sponge" effect.”⁴⁵⁶

The first public denunciation of tampering vaccines with nano particles designed to make people sick was done in 2017 by renowned Italian researchers.

Reduced Graphene Oxide (rGO)

⁴⁵² <https://www.forbes.com/sites/brucelee/2020/12/19/pfizer-biontech-and-moderna-covid-19-vaccines-here-are-5-differences/>

⁴⁵³ https://www.covidvaccine.gov.hk/pdf/CoronaVac_ENG_PI_brief.pdf

⁴⁵⁴ <https://www.bharatbiotech.com/images/covaxin/covaxin-fact-sheet.pdf>

⁴⁵⁵ <https://www.vidal.ru/drugs/epivaccorona>

⁴⁵⁶ Al-Deen, F. N., Selomulya, C., Ma, C., & Coppel, R. L.. **Superparamagnetic nanoparticle delivery of DNA vaccine.** 2014 *Methods in molecular biology* (Clifton, N.J.), 1143, 181–194. https://doi.org/10.1007/978-1-4939-0410-5_12

It hasn't been approved by any agency, yet it has been detected in the vaccinated, especially by sticking metal stuff (clips, cutlery), things with an EMF (cell phones), or neodymium magnets⁴⁵⁷.

In 2016 a paper promoted rGO as vaccine adjuvant.⁴⁵⁸ In 2017, as an **efficient genome editing** delivery method (nanocarrier).⁴⁵⁹

In China Pfizer patented the use of graphene oxide in vaccines.⁴⁶⁰

In June 2021, it was discovered in the University of Almería as a hidden component of a Pfizer vial.⁴⁶¹ Then confirmed in all brands of vaccines by Dr. Young⁴⁶² and other studies.

Electromagnetism has been detected all over the world with the following vaccine brands:⁴⁶³

- Pfizer
- Moderna
- JJJ
- AstraZeneca
- Sputnik V
- Sinopharm

rGO becomes visible at plain sight with a magnet on the vial when the temperature rises.⁴⁶⁴

Reuters says it is not rGO because it should be a darker liquid⁴⁶⁵, yet it doesn't address the possibility that it is hidden by crystals or inside nano-lipids. Something strange is definitely there: even the globalist Fact-Checking Network (IFCN) member⁴⁶⁶ recognizes that the image shows a "unidentified polymeric nano structure" (which is not RNA/DNA).⁴⁶⁷ Also, while recognizing that **rGO is diamagnetic**, they kept denying the possibility of a magnetic element⁴⁶⁸, even if **Japan recalled all Moderna batches (ca. 2 million doses) because of "contamination" with an undisclosed magnetizable element**. One day later, **another million doses**, but probably under the elite's pressure, saying it was iron particles. One day later, the prime minister quits.

⁴⁵⁷ https://en.wikipedia.org/wiki/Neodymium_magnet

⁴⁵⁸ Ligeng Xu, Jian Xiang et al. **Functionalized graphene oxide serves as a novel vaccine nano-adjuvant for robust stimulation of cellular immunity**. 13 Jan 2016 Nanoscale Issue 8, 3785-3795. <https://doi.org/10.1039/C5NR09208F>

⁴⁵⁹ Karen Kingston, a former Pfizer employee and current analyst for the pharmaceutical and medical device industries.

⁴⁶⁰ https://diario16.com/wp-content/uploads/2021/07/MICROSCOPIA_DE_VIAL_CORMINATY_DR_CAMPRA_FIRMA_E_1_HORIZONTAL.pdf
⁴⁶¹ <https://www.naturalnews.com/2021-07-14-spanish-study-pfizer-vaccine-toxic-graphene-oxide.html>
<https://beforeitsnews.com/opinion-conservative/2021/07/breaking-discovery-the-actual-contents-inside-pfizer-vials-exposed-3587380.html>

⁴⁶² <https://www.bitchute.com/video/Z2sAH0Woz38r/>

⁴⁶³ <https://www.notonthebeeb.co.uk/post/the-luxembourg-report-on-vaccine-induced-magnetism>

⁴⁶⁴ <https://www.bitchute.com/video/UbO7r1tnAAUp/>

⁴⁶⁵ <https://www.acs.org/content/acs/en/policy/policyfellowships/fellows/matthew-diasio.html>

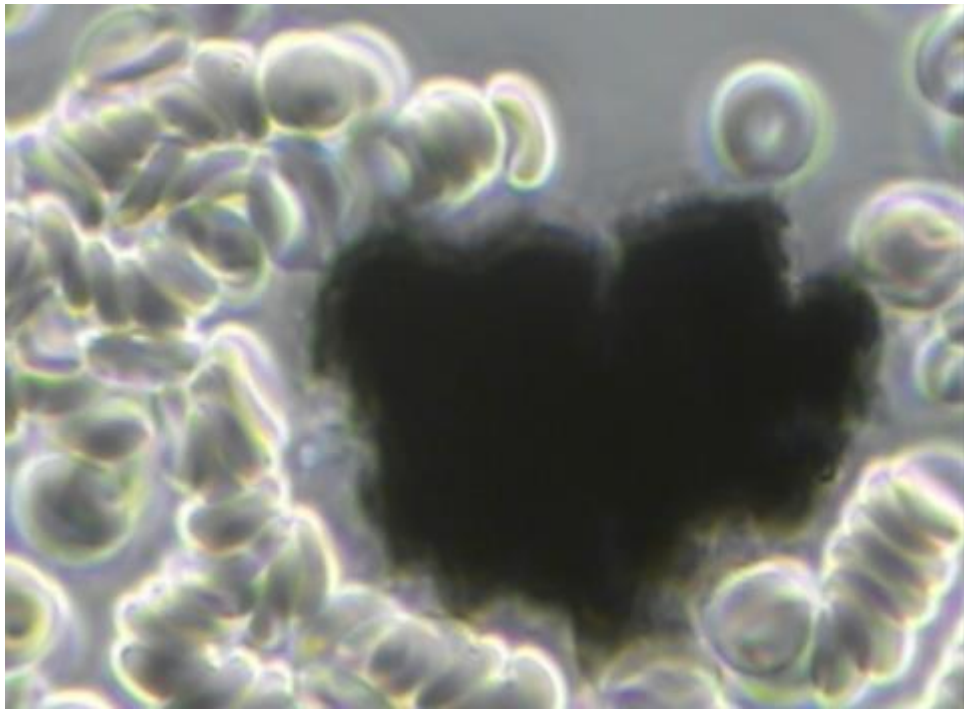
<https://www.reuters.com/article/factcheck-grapheneoxide-vaccine-idUSL1N2OZ14F>

⁴⁶⁶ <https://www.poynter.org/ifcn/>

⁴⁶⁷ "Muestran imágenes de TEM que podrían ser perfectamente compatibles con otras estructuras poliméricas nanométricas"

<https://maldita.es/malditaciencia/20210709/informe-universidad-almeria-vacuna-covid-19-pfizer-grafeno-oxido/>

⁴⁶⁸ <https://maldita.es/malditobulo/20210710/video-luis-marcelo-martinez-grafeno-vacunas-magnetismo-iman/>



“Micrograph of a Carbon Cluster of Reduced Graphene Oxide (rGO) Viewed in the Live Unstained Human Blood with pPhase Contrast Microscopy at 1500x. Note that the Red Blood Cells are Clotting in and Around the rGO Crystal in a Condition Known as Rouleau.” (scientific method and more images in the footnote link) ⁴⁶⁹

Article on "More Effective Vaccines with Injectable Hydrogel" published 16 Sep 2020 scitechdaily.com/more-effective-vaccines-with-injectable-hydrogel/ ... Funded by the Gates Foundation, Stanford School of Medicine Immunity, Transplantation and Infection Seed Grant, and the National Science Foundation Graduate Research Fellowship. www.nutritruth.org/single-post/graphene-oxide-hydrogel-injecting-synth.

Dr. Jane Ruby joined Stew Peters to discuss a scientific report from the School of Engineering of the University of Almería in Spain entitled "Detection of graphene oxide in aqueous suspension: observational study in optical and electron microscopy ", Where each Pfizer injection dose was found to" contain 6 ng of RNA and 747 ng of graphene oxide, which is 99.103% of the drug.

She says: “These graphene sheets that the researchers found in the Pfizer bottle, when they enter your system and when they begin to penetrate your cells, they have a lipid nanoparticle that pushes them into your cells, they generate oxidative stress ... “It literally destroys everything inside the cell. It explodes the mitochondria. Create a situation where the body is in a fire truck with 10 alarms and inflammation, cytokines, chemokines. This incredibly violent... inflammatory storm comes in and has a particular affinity to create acute inflammation of the lungs, it creates an inflammatory storm in heart tissue and brain tissue.

Graphene and magnetite are known to be common components in nanoparticles used in the pharmaceutical industry. Some examples: pubmed.ncbi.nlm.nih.gov/33212875 ~ pubmed.ncbi.nlm.nih.gov/33298980 ~ pubmed.ncbi.nlm.nih.gov/31852794 The use of graphene in nanomaterials has reported safety and toxicity problems, including inducing apoptosis (cell suicide), damaging DNA, changing the cytoskeleton. For instance: pubmed.ncbi.nlm.nih.gov/33808775 and pubmed.ncbi.nlm.nih.gov/30453526

“the strongest, thinnest and most conductive material on earth” ⁴⁷⁰
semiconductor

⁴⁶⁹ <https://www.databaseitalia.it/storage/2021/08/GrapheneOxideVaccinePaperUpdated.pdf>

<https://www.databaseitalia.it/rivelati-ingredienti-dei-vaccini-cov-19-microscopia-elettronica-a-scansione-e-trasmissione-rivela-ossido-di-grafene-acciaio-inossidabile-e-anche-un-parassita/>

⁴⁷⁰ <https://www.smithsonianmag.com/smart-news/graphene-coated-fabric-causes-mosquitoes-buzz-180973007/>

<https://www.graphenea.com/pages/graphene-uses-applications#.YSoino77RRY>
<https://rense.com/general96/graphene-oxide-is-toxic-to-human-blood.pdf>
<https://humansarefree.com/2021/07/graphene-based-brain-control-technology-is-real.html>

Contagious extreme magnetism, even with talc or a shirt? As you can watch from this couple's testimony, they got **magnetized without vaccination**. They first found out a stake was magnetized. PCR tampering? she took one in 2019. Both reacted to the EMF of power stations ⁴⁷¹ and water ⁴⁷² but felt better inside their home with metal roof. Their pets were not magnetized.

For instance, there's the case of 2 Spanish unvaxxed women who had taken the PCR and used surgical masks, both elements found to be "contaminated" with rGO. ⁴⁷³

Warning: vaccinated shouldn't be exposed to CT scans, MRIs, Xrays or any source of EMF. ⁴⁷⁴

What is the purpose? One hypothesis is that rGO is used to harvest magnetic fields (e.g. Cell antennas) to power (even more with 5G) Bluetooth chips inserted by the injection. Why Bluetooth and not RFID?: Bluetooth allows to receive a signal and process it, for example, telling the device to deliver the payload: a gene-hack, contraception hormones (already patented by Bill Gates), virus or lethal substances.

Who has the power to tamper a component supply to all those vaccines? GAVI, Bill & Melinda Gates Foundation, WHO vaccine supply chain? Infiltrated freemasons/satanists in all production companies? The director of Gamaleya in Russia?

COVID graphene connection

Subverting democracy, little by little power had been legally transferred to the HHS, even above the President:

- 1944 - 2010 Public Health Service (PHS) Act
- 2006 Pandemic and All-Hazards Preparedness Act (PAHPA)
- 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)
- 2016 21st Century Cures Act
- 2019 S.1379 – Pandemic and All-Hazards Preparedness and Advancing Innovation Act 116th Congress ⁴⁷⁵

Once the Secretary of Health and Human Services self-determines if an emergency (pandemic) is declared – not the President – he has superpowers in a "medical" martial law.

Globalist Alex *Azar, was secretary of the HHS. In the HHS "Azar played an important role in responding to the 2001 anthrax attacks, ensuring there was a vaccine ready for smallpox, and **dealing with outbreaks of SARS and influenza.**" (He also had an obscure past as lobbyist for a decade for the globalist Big Pharma, Eli Lilly) "In 2009, the company paid \$1.415 billion to settle criminal charges regarding its promotion of antipsychotic drug Zyprexa (olanzapine) for off-label uses between 1999 and 2005... Also under Azar's watch, Eli Lilly was one of three companies accused in a class-action lawsuit of exploiting the drug pricing system to increase profits for insulin. Eli Lilly was also fined in Mexico for colluding on the price of insulin." ⁴⁷⁶

⁴⁷¹ https://youtu.be/d3d_EYHl8bg?t=589

⁴⁷² <http://www.academicwino.com/2015/07/water-dowsing-science-magic-crazy-talk.html/>

⁴⁷³ <https://www.bitchute.com/video/mQZribR95qPN/>

⁴⁷⁴ Brittany Galvin: <https://www.bitchute.com/video/r2dd8uRg03Z/> <https://www.bitchute.com/video/C2Lqgh8abGqm/>

⁴⁷⁵ <https://aim4truth.org/2020/09/11/treasonous-attack-on-american-civil-liberties/>

⁴⁷⁶ https://en.wikipedia.org/wiki/Alex_Azar

27 Jan 2020, US official date of pandemic outbreak.

28 Jan 2020, Harvard Prof., **Charles M. *Lieber** was arrested, together with two Chinese nationals⁴⁷⁷, for **selling military nanotech know-how to the Chinese military**. He was charged for not disclosing funding from Chinese government research programs at **Wuhan University of Technology**.⁴⁷⁸ He had over 100 patents, especially **nano-bio-electronics**, funded by millions from NIH, DARPA, US Navy and US Army. Also **11 Chinese patents**.⁴⁷⁹

30 Jan 2020 (Thursday), WHO declares Coronavirus outbreak a **global health emergency**. Tedros *Adhanom Ghebreyesus⁴⁸⁰ said: “The Chinese government is to be congratulated for the extraordinary measures it has taken to contain the outbreak, despite the severe social and economic impact those measures are having on the Chinese people. In many ways, China is actually setting a new standard for outbreak response.” **Three criteria:**

- **extraordinary event**
- **constitutes a public health risk to other States through the international spread of disease**
- **potentially requires a coordinated international response**⁴⁸¹

31 Jan 2020 (Friday), in spite of zero deaths, the US emergency was proclaimed by Azar (Fauci at his side)⁴⁸², “inexplicably” **backdated to 27 Jan 2020**: the day the arrest order for Lieber, executed on the 28th?

U.S. Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response

Preparedness Emergency About ASPR

Public Health Emergency

Public Health and Medical Emergency Support for a Nation Prepared

PHE Home > Emergency > News & Multimedia > Public Health Actions > PHE > Determination that a Public Health Emergency Exists

Determination that a Public Health Emergency Exists

As a result of confirmed cases of 2019 Novel Coronavirus (2019-nCoV), on this date and after consultation with public health officials as necessary, I, Alex M. Azar II, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby determine that a public health emergency exists and has existed since January 27, 2020, nationwide.

01/31/2020 */s/*

Date _____ Alex M. Azar II _____

More Emergency and Response Information

- ▶ Declarations of a Public Health Emergency
- ▶ Public Health Emergency Determinations to Support an Emergency Use Authorization
- ▶ Section 1135 Waivers
- ▶ Emergency Use Authorizations

This page last reviewed: January 31, 2020

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>

Was it to protect Lieber with the superpowers that declaration granted? Could they be using the case as an excuse for him not being questioned in other instances, like a subpoena issued by a congressional committee,

⁴⁷⁷ “Ye reportedly identified herself falsely as a student on her visa application to study at Boston University and lied about her ongoing military service at the National University of Defense Technology in China, according to the Department of Justice press release. Zheng allegedly lied to Customs and Border Patrol agents in an attempt to **smuggle 21 vials of biological research** from Beth Israel Deaconess Medical Center **to China**.” <https://www.thecrimson.com/article/2020/1/29/lieber-federal-charges/>

⁴⁷⁸ <https://www.thecrimson.com/article/2020/1/2/zheng-hms-research-smuggling/>

⁴⁷⁹ <https://www.justice.gov/opa/pr/harvard-university-professor-and-two-chinese-nationals-charged-three-separate-china-related>

⁴⁷⁹ <https://www.science.org/news/2020/02/why-did-chinese-university-hire-charles-lieber-do-battery-research>

<https://patents.justia.com/inventor/charles-m-lieber>

⁴⁸⁰ <https://twitter.com/drtedros/status/1307015428787576833?lang=en>

⁴⁸¹ <https://www.who.int/ihr/procedures/pheic/en/>

⁴⁸² <https://www.npr.org/sections/health-shots/2020/01/31/801686524/trump-declares-coronavirus-a-public-health-emergency-and-restricts-travel-from-c>

where if he refused, he'd raise an investigation on vaccine tampering, or if he committed perjury (lying under oath), he could eventually be condemned for life for treason?

Who ordered the MSM all over the world start a campaign stating that China hired him for developing e-car batteries, when it was clearly not his expertise? Why did they try to hide his connection with COVID vaccines?

Lieber had several papers and patents involving graphene which could explain the **tampering of vaccines with graphene and nano Bluetooth transistors**. Suddenly, he stopped publishing about graphene in 2016, when the **plot started thickening**.⁴⁸³

Bio-hacking


If they managed to turn vaccines into graphene Trojans, what prevents this biohackers to code mRNA to instruct the cell to permanently build spike proteins or worse? or to alter DNA?

Some might say it is not really a hack because the code editing has been legally authorized by the government and the patient: **like if you fear a computer virus and call computer guy to install an anti-virus**. The problem here is that **the "guy" is really a hacker and the app includes a Trojan**. Technically, it is not "authorized genetic editing" (app installation) when:

- **The customer doesn't know what the app is really doing (informed consent violation).**
- **The app is causing harm to other apps and the operating system ("do no harm" first bioethical law).**
- **There is no uninstall or factory reset button (the harm will continue for life).**

⁴⁸³ Cohen-Karni T, Lieber CM et al. **Graphene and Nanowire Transistors for Cellular Interfaces and Electrical Recording**. 5 Feb 2010. Nano Lett. 2010, 10, 3, 1098–1102 American Chemical Society <https://doi.org/10.1021/nl1002608>
Park, JU., Nam, S., Lieber CM et al. **Synthesis of monolithic graphene–graphite integrated electronics**. 20 Nov 2011. Nature Mater 11, 120–125 (2012). <https://doi.org/10.1038/nmat3169>
Gao N, Lieber CM, **Specific detection of biomolecules in physiological solutions using graphene transistor biosensors**, 5 Dec 2016 Proceedings of the National Academy of Sciences, 113 (51) 14633–14638; <http://doi.org/10.1073/pnas.1625010114>
Lieber CM, **Graphene transistors could make electronic bioprobes**, 9 Dec 2016 Nanotechweb.org. <http://cml.harvard.edu/assets/Graphene-transistors-could-make-electronic-bioprobes-nanotechweb.pdf>
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PREMIUM



Robert Malone

Inventor of mRNA vaccines and DNA vaccines; world-wide expert in RNA technologies RW Malone MD, LLC: Consultancy and Analytics in the Bio-sector

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F Nazar • You
Scientific Progress Foundation - Director 1w ***

If they managed to turn vaccines into graphene Trojans, what prevents this biohackers to code mRNA to instruct the cell to permanently build spike proteins or worse? or to alter DNA?
<https://doi.org/10.6084/m9.figshare.13550030>

Like · 1 | Reply

Dave Taylor • 3rd+
Director, Product Management & Business Development at Reichert, Inc 1w ***

Our global response to covid (aka widening the curve) has been completely wrong. Had we let covid run unabated, and protected the vulnerable, herd immunity would have been here long ago. Instead we have variants eluding the vaccines and the death continues. Sweden had it right

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Brendelyn Beck • 2nd
Medical Laboratory Technologist 2d ***


Sweden has a very small spike of delta cases, nearly NO deaths from the variant.

14 Sep 2021 LinkedIn thread to Robert Malone's post

https://www.linkedin.com/posts/rwmalonemd_research-science-biotech-activity-6839540985089863681-1w3j

We are reaching Soviet science level of censorship. That comment included the link to my research's DOI at figshare.com. Figshare immediately removed the paper and when I complained, shut down my account and blocked my IP address from reopening the closed support claim. It became impossible to get a DOI (which has less chances of being caught by censors like LinkedIn). So when I posted the academia.edu link, it was immediately censored:

PREMIUM



Robert Malone

Inventor of mRNA vaccines and DNA vaccines; world-wide expert in RNA technologies RW Malone MD, LLC: Consultancy and Analytics in the Bio-sector

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Vahán Setyán, MS PhD • 2nd
Oceti Sakowin Treaty Government - Sioux Nation 1w ***

Everyone is going to get Covid, vaccinated or not. The question is if one wants to go through it the hard way by not being vaccinated or less tedious way of being vaccinated. It's very simple.

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The plot disclosed

David E. Martin proved that since 1999, 73 patents back that SARS-CoV-2 is not a wild novel virus but a weaponized chimeric lab created virus. Also, in 2016 the lipid nanoparticles British Columbia University technology, essential for mRNA vaccines, was getting ready for the pandemic. The virus was released on purpose to force vaccination, a lucrative conspiracy, which despite of the overwhelming evidence it is still not prosecuted under RICO (Racketeer Influenced and Corrupt Organizations Act).⁴⁸⁴

Dr. Peter Daszak of EcoHealth Alliance (funded the Wuhan lab), who lied in The Lancet by saying the virus was natural, stated, prior to the pandemic (2016): “until an infectious disease crisis is very real, present, and at an emergency threshold, it is often largely ignored. To sustain the funding base beyond the crisis, he said, we need to increase public understanding of the need for MCMs (medical countermeasures) such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of process.”⁴⁸⁵

Famous Dr. Vladimir Zelenko, who successfully treated 6000 patients (including presidents like Trump and Bolsonaro), concludes this is a proven conspiracy lead by an elite who have neo-Nazi ideas where they are the *ubermensch* (super-men) destined to save the world from us, the *untermensch* (under-men), by killing us with COVID vaccines.⁴⁸⁶

The plot wouldn't be possible without Mainstream Media and fear drills: anthrax, West Nile virus, Sars-CoV-1, Bird flu, swine flu, Ebola, MERS, mad cow, Zika, etc. And the economic (2008) and ever present weather change fear mongering.

⁴⁸⁴ David E. Martin testifies at the German Corona Inquiry Committee July 9th, 2021 Reiner Fuellmich interview

<https://odysee.com/@Corona-Ausschuss:3/Sitzung-60-Die-Zeit-ist-kein-flacher-Kreis-5-Martin:f>

https://brandnewtube.com/watch/a-manufactured-illusion-dr-david-martin-with-reiner-fuellmich-9-7-21_hPChWe1no7nxGDM.html

Transcript of Interview: <https://drive.google.com/file/d/19o1BeQa6z9XD58GkYE1e-qiiNbnr5wTz/view>

<https://beforeitsnews.com/health/2021/08/dr-david-e-martin-drops-shocking-info-on-canadians-3041225.html>

Stew Peters interviews with Dr. David Martin:

https://odysee.com/@Truth_Comes_to_Light:6/Dr.-David-Martin-w-Stew-Peters:b

<https://rumble.com/vk2bya-exclusive-dr.-david-martin-just-ended-covid-fauci-doj-politicians-in-one-in.html>

⁴⁸⁵ Forum on Medical and Public Health Preparedness for Catastrophic Events; Forum on Drug Discovery, Development, and Translation; Forum on Microbial Threats; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary. Washington (DC): National Academies Press (US); 2016 Feb 12. 6, Developing MCMs for Coronaviruses. Available from: <https://www.ncbi.nlm.nih.gov/sites/books/NBK349040/>

⁴⁸⁶ 18 Aug 2021 <https://rumble.com/vldbq-all-americans-must-listen-to-what-doctor-vladimir-zelenko-has-to-say.html>



2000 - Y2K is going to destroy everything!
 2001 - Anthrax is going to kill us all!
 2002 - West Nile Virus is going to kill us all!
 2003 - Sars is going to kill us all!
 2005 - Bird Flu is going to kill us all!
 2006 - Ecoli is going to kill us all!
 2008 - Financial Collapse is going to kill us all!
 2009 - Swine Flu is going to kill us all!
 2012 - The Mayan Calender predicts the world ending!
 2013 - North Korea is going to cause WW III!
 2014 - Ebola Virus is going to kill us all!
 2015 - ISIS is going to kill us all!
 2016 - Zika Virus is going to kill us all!
 2020 - Corona Virus is going to kill us all!
 The truth is FEAR is going to kill you...
 Turn off the TV.

When did the bio-war really start?

1. "Spanish flu": not Spanish, not a viral flu. The term "Spanish" was coined to hide the real origin: the virulence of a bacteria was tied to a massive US military vaccination under the patronage of the **Rockefeller Institute for Medical Research**, presided by Frederick T. Gates⁴⁸⁷, **behind the Flexner report, which destroyed all non-pharma medical schools**, leading to:
2. **Big Pharma**, killing millions with dangerous "medicines" like Vioxx and even more with dangerous contraceptives, adding sickening adjuvants and components in vaccines: neurotoxins (mercury, aluminium, graphene oxide), polysorbate 80, glyphosate, , etc.
3. The **1976 fake swine flu pandemic**, under freemason US president Gerald Ford and CDC director David J. Sencer, lead to fast approval of 135 (now equivalent to 700) million USD for a vaccine causing neuro-damage applied to 46 million Americans. Some died. No one went to jail.⁴⁸⁸
4. 1990s-present: adding of **hCG as infertilizing agent and nano-toxic-metal compounds in vaccines**, including radioactive Radon, as proven above.
5. HPV vaccines causing thousands of handicapped girls and millions with infertility problems: in spite the package inserts state that those with prior infection should not be vaccinated due to serious adverse events, nobody screens or even ask.
6. Starting coronavirus weaponization in 1999, proven by patents.
7. 2002 gain-of-function research paid by the US government was the excuse to use coronavirus as a vaccine vector for HIV/AIDS: this is when the HIV genome was inserted into a coronavirus, creating SARS-CoV-1.

⁴⁸⁷ <https://plebeianpost.com/2021/06/08/genocide-for-profit-eugenics-nazis-the-rockefellers-and-the-gates>

⁴⁸⁸ https://www.lifesitenews.com/blogs/739968/?utm_source=top_news&utm_campaign=usa

8. Lab designing and release of SARS-Cov-1 as proven by patents.⁴⁸⁹ The HIV related **gain-of-function** was first spotted in 2002 with **SARS-CoV-1**, which was used to start the second info-terrorist attack (800 deaths out of 8000 cases), for the following objectives: to try the first lock-downs (even Churches) and to make billions out of **diverting tax payer money to useless-treatment hoarding (Tamiflu) from their own companies and by using the insider information** to sell before the crisis and buy cheaper after the scare level was turned down through their media, leaving **50 billion USD of economic damage**⁴⁹⁰.
9. The 2009 H1N1 swine flu plandemic was a mock exam for media hype and vaccine EUA. Glaxo's vaccine was hastily **approved without proper testing, even knowing that it caused more deaths and permanent disabilities than the other vaccines**, as shown in the respective chapter.
10. The 2012 **Middle East Respiratory Syndrome (MERS-CoV)**, was also connected to HIV.⁴⁹¹ **Camel-gate?** What if a non-endemic virus is introduced in an animal to use it as a permanent vector to infect humans?⁴⁹²
11. 2014 Ebola outbreak in West Africa? the MSM handling begs the question.
12. **The first successful PCR plandemic pushed by WHO?**⁴⁹³ The 2015 Zika PCR epidemic in northern Brazil was used to promote abortions due to a planned exaggerated risk of microcephaly. Correlation is not causation but "15% of the patients with microcephaly were related to Zika virus infection"⁴⁹⁴ What if there was another cause? What if the PCR were having a huge rate of false positives like with COVID? Another study from the same period (Jan-Jun 2016) showed 3% microcephaly of 165,241 cases in Brazil.⁴⁹⁵ **Women were aborting by confusing Zika symptoms with the flu.** In proportion to the population, Colombia had more Zika cases (107,870). Yet, only 0,8% of pregnancies ended with microcephaly (157/19956 Sep-2015 to Apr-2017)⁴⁹⁶... not much higher than previous years and by 2021 there is no evidence yet that Zika caused microcephaly. Surprise: ivermectin is still not recommended, only mosquito repellent, condoms, contraception and abortions... very suitable for population control.⁴⁹⁷
13. Adding an electro-magnetizable element (graphene oxide?) in **2018 flu shots to produce injury and infertility? 2,600,000 doses of Moderna were recalled by the Japanese Government because of this magnetic reactant contaminant.**⁴⁹⁸ **And there are thousands of videos related to all other brands.**⁴⁹⁹
14. Third time's the charm? **SARS-CoV-2 was the first successful mass bioweapon.** It was not a novel coronavirus: as proven above, 73 patents prior to 2020 prove it was completely lab designed.

⁴⁸⁹ https://www.davidmartin.world/wp-content/uploads/2021/01/The_Fauci_COVID-19_Dossier.pdf

⁴⁹⁰ <https://www.ncbi.nlm.nih.gov/sites/books/NBK349040/>

⁴⁹¹ "Detection of MERS-CoV S and HIV-1 p24 protein expression"

Zhao G, Du Cuiqing Ma L, et al. **A safe and convenient pseudovirus-based inhibition assay to detect neutralizing antibodies and screen for viral entry inhibitors against the novel human coronavirus MERS-CoV.** Aug 2013. Virology Journal 10(1):266.

<https://doi.org/10.1186/1743-422X-10-266>

Wang, PG., Tang, DJ., et al. **Sunitinib reduces the infection of SARS-CoV, MERS-CoV and SARS-CoV-2 partially by inhibiting AP2M1 phosphorylation.** 13 Oct 2020. Cell Discov 6, 71. <https://doi.org/10.1038/s41421-020-00217-2>

⁴⁹² Dudas G, Carvalho L et al. **MERS-CoV spillover at the camel-human interface**, 16 Jan 2018 eLife <https://doi.org/10.7554/eLife.31257>

⁴⁹³ <https://www.who.int/emergencies/zika-virus/tmp/en/>

⁴⁹⁴ Antoniou, E., Orovou, E., et al. **Zika Virus and the Risk of Developing Microcephaly in Infants: A Systematic Review.** 2020

International journal of environmental research and public health, 17(11), 3806. <https://doi.org/10.3390/ijerph17113806>

⁴⁹⁵ Magalhães-Barbosa, M. C., et al. **Trends of the microcephaly and Zika virus outbreak in Brazil, January-July 2016.** 2016 Travel

medicine and infectious disease, 14(5), 458–463. <https://doi.org/10.1016/j.tmaid.2016.09.006>

⁴⁹⁶ Mattar, S., Ojeda, C., Arboleda, J. et al. **Case report: microcephaly associated with Zika virus infection, Colombia.** 13 Jun 2017. BMC Infect Dis 17, 423. <https://doi.org/10.1186/s12879-017-2522-6>

⁴⁹⁷ <https://www.nhs.uk/conditions/zika/>

⁴⁹⁸ <http://rockefellerfoundaiton.org/blog/innovating-for-a-bold-future/>

⁴⁹⁹ <https://www.bitchute.com/video/AkiplXASwGcV/>

15. Then the vaccine. They had to be based on the spike protein, which is also damaging and lethal. **The vaccine is the bioweapon**: either they hack the patient's cells to produce spike proteins parts or they inject them directly. That's why, in the beginning, it didn't matter who designed the vaccines. Still, those not co-opted by the elite (by direct investments, grants, contracts, patents) were left out of deep state contracts or sabotaged (the Australian vaccine). This would explain why most of current vaccines include an electro-magnetic element.
16. Adding a Bluetooth nano chips in the injection (one takes signal control over the others). Unlike RFID, the goal is to process external instructions a) to reveal past movements? b) to deliver a payload? Virus, more RNA/DNA hacking, infertilizing hormones, more nano-metals, poison, something reactant to 5G?
17. Fact: all P4 bio-war labs in the world⁵⁰⁰ still continue operating and nobody enforces a global ban/moratorium on gain-of-function "research", especially the ones directly involved in the creation of COVID19: Wuhan, Fort Dietrich, Canadian Science Centre for Human and Animal Health⁵⁰¹, University of North Carolina at Chapel Hill.
18. Self-fulfilling prophets? Just in case COVID19 and variants weren't terrorizing enough to establish an immediate global government, **"Bill Gates Warns That a Next Pandemic Could Be 10 times Worse"**.⁵⁰²

And should we add?:

19. **BigAg**: lethal and endocrine disrupting pesticides (like glyphosate) that contaminate everything (even breastmilk). Also, unsafe transgenics with unknown consequences, which could easily be Trojans. It is not a coincidence Bill Gates is the largest individual farmland owner of the USA. Why else would they invest in such a low yield sector?
20. **Tab-water "pollution" by "omission"** (contraceptive hormones, toxic metals, glyphosate), **or direct poisoning by commission** (nano-particles?).
21. **Processed-food poisoning**:
 - Supplying ingredients at artificially subsidized prices. It is probable that nutritional additives and supplements get tampered, i.e. hide other undisclosed sickening components (trace amounts, nanotech): "enriched" flour, vitamins (n.b. dairy), sugar (noticed the ants don't want it anymore?) and flavour&fragrances corporations (very few companies⁵⁰³ control the global market for both artificial and natural). Like in all markets, using fake money or credit with fake money, the globalist giants are buying the rest of the companies.

⁵⁰⁰ Alibek K, Handelman S, **Biohazard: The Chilling True Story of the Largest Covert Biological Weapons Program in the World--Told from Inside by the Man Who Ran It**. Dell Publishing. Random House. NY, NY 1999. ISBN 978-0-385-33496-9

⁵⁰¹ <https://www.ic.gc.ca/eic/site/063.nsf/eng/97757.html>

⁵⁰² <https://www.sueddeutsche.de/politik/coronavirus-pandemie-bill-gates-impfstoff-interview-1.5187121>

31 Jan 2021 <https://www.entrepreneur.com/article/364371>

<https://actualidad.rt.com/actualidad/381611-gates-pandemia-mala-futura-diez-veces-peor-preparados>

<https://www.brighteon.com/1ea82016-5615-4184-a56a-2cd8ceec6370b>

⁵⁰³ <https://blog.technavio.com/blog/top-10-flavors-and-fragrances-companies-world>

<https://www.globenewswire.com/news-release/2020/03/10/1998277/0/en/Artificial-Flavors-Market-To-Reach-USD-15-20-Billion-By-2027-Reports-and-Data.html>

<https://www.owler.com/company/givaudan>

<https://thirdbridge.com/flavours-fragrances-givaudan-iff-firmenich/>

- Stealth contamination by the owners of BigFood corporations. It is no coincidence that the globalists are also investing big in bio-reactor synthetic meat and milk companies: they need to control all food supply, including the least processed, which will be banned with the weather change excuse.
- Open contamination with artificial sweeteners, monosodium glutamate and so many other sickening substances which are allowed, that we'd need an encyclopaedia for that. For instance, "**potassium bromate**, a potent oxidizer that helps bread rise, has been linked to kidney and thyroid cancers in rodents. **Azodicarbonamide** (ACA), a chemical that forms bubbles in foams and plastics like vinyl, is used to bleach and leaven dough – but when baked, it, too, has been linked to cancer in lab animals. The World Health Organization has recommended against adding **potassium iodate** to flour since 1965." ⁵⁰⁴

The intelligence "community" is either "unbelievable" incompetent⁵⁰⁵ or accomplice, either by commission (American and European agencies were founded by freemasons and are infiltrated) or omission (bribed or extorted into silence by the internal enemy, i.e. the freemason politicians or their mercenaries).

The passports: essential for the great reset

It is no coincidence that the Gates Foundation funded Quantum Dots so that "Invisible Ink" could reveal whether a person has been vaxed. ⁵⁰⁶ Why is there such a hurry to develop fail-proof expensive vaccine tracking systems? Why would you spend billions in e-passports if an overdose is supposed to be harmless and if you don't need to vax 100% to achieve herd immunity in any disease?

The same Rockefeller Foundation which as early as 2009 planned a "lockstep scenario" ⁵⁰⁷, in 2020, stated that bio-threats were the perfect excuse to loose privacy rights. ⁵⁰⁸

30 Jul 2020: the CDC found that 74% of the July COVID-19 infections were fully vaccinated people and that viral loads in fully vaccinated people were higher than in unvaccinated people in Massachusetts. ⁵⁰⁹

In the UK, COVID cases rise despite 8 out of 10 vaccinated adults. ⁵¹⁰

Vaccines don't prevent getting infected or infected others and, on the contrary, they promote variants and spread. **The vax Pass is not about health, but about slavery. Green passes destroy the rule of law: unless vaccinated, no one is presumed innocent, no matter if asymptomatic or recovered: everyone is presumed guilty of bioterrorism unless vaccinated** ⁵¹¹ Considering PCR false positive rate 35- 50%, the unbearable cost and

⁵⁰⁴ <https://www.theguardian.com/us-news/2019/may/28/bread-additives-chemicals-us-toxic-america>

⁵⁰⁵ Alexandre, M. **SARS-CoV-2 Was Not A Strategic Surprise and the Belgian Intelligence Services Should Not Be Blamed**. The Lessons of the COVID-19 Pandemic for Intelligence. Research Institute for European and American Studies RIEAS. Department of Security and Intelligence Studies Coastal Carolina University. JOURNAL of EUROPEAN and AMERICAN INTELLIGENCE STUDIES AN INTERNATIONAL PEER-REVIEWED JOURNAL Volume 4 Number 1 July 2021 ISSN 2585-383X. <https://www.academia.edu/s/a6cb4a338b>

⁵⁰⁶ <https://www.scientificamerican.com/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/>

⁵⁰⁷ <https://www.nommeradio.ee/meedia/pdf/RRS/Rockefeller%20Foundation.pdf>

https://issuu.com/dueprocesstv/docs/scenario-for_the-future

<https://www.rockefellerfoundation.org/blog/innovating-for-a-bold-future/>

⁵⁰⁸ Rockefeller Foundation, **National COVID-19 Testing Action Plan — Strategic Steps to Reopen Our Workplaces and Our Communities**, 21 Apr 2020. https://www.rockefellerfoundation.org/wp-content/uploads/2020/04/TheRockefellerFoundation_WhitePaper_Covid19_4_22_2020.pdf

⁵⁰⁹ <https://www.barnstablecountyhealth.org/newsroom/7-30-21-cdc-morbidity-and-mortality-weekly-report>

⁵¹⁰ <https://www.livemint.com/news/world/uk-virus-cases-surge-even-as-8-in-10-have-received-shots-11623958350491.html>

⁵¹¹

time of a weekly or 72 hour required frequency and swabs injury (not counting graphene insertion or Trojan inoculation) there's no practical possibility of proving no possession of bio-arms.

They'll be linked to e-wallets, hospital and credit records. If you don't comply with the dictators' whims, you won't be "able":

1. To renew ID, drivers licence, passport, health insurance. Already a law in Argentina (written and promoted by freemasons in 2018): many countries are following, under their power.
2. To travel by bus, train, airplane, ship... and by 2035 e-bikes, e-skates and e-cars (the only ones allowed). Many people are vaccinating just to be able to have a vacation abroad, as countries are requiring the shot for visitors.
3. To get a birth permit (state un-family planning, except for the *elite*).
4. To buy and sell without worshipping the dictator's ideology (the Book of Revelations' prophecy). There's an IMF memo to ban paper currency and replace it with digital money.

All of those points are well advanced in communist **China, the role model for the New World Order. Just as in communism, a wall (vax pass) is being built to keep the sheep inside their hunting ground. "The final COVID variant is communism."**

Today, it's about your right to your body; tomorrow, the rest of human rights, crumbling down like a house of cards, including freedom of thought, of speech, of science, of rejecting school brain washing (gender ideology, abortion, "weather" change).

If you don't comply, it'll just take an "enter" to kill your e-persona with all your human and civilian rights. **COVID passes are no different from ankle bracelets**, they function as monitoring devices. Make no mistake: **it won't be a "virtual" manslaughter but a real house arrest to starve you to death**. Not literally starving, since they plan a universal basic income, but starving all your ambitions in life depending on liberty, especially having children.

Concluding remarks

COVID19 showed that mainstream science is actually whore science. Just as we have mercenary media, there's whore medicine. The same corruptible human beings after all. **The prostitution of scientists in pharmaceutical companies, journals, universities, medical associations and health agencies, is funded by tax payers dollars diverted by a covert deep-state elite, together with elite foundations like the Bill & Melina Gates, whose money comes from illegal business practices legalized by the elite infiltrated state: corrupt judges, Government protected monopolies, unfair patents, abuse of dominant position, off-shore tax evasion, money laundering, behind the scenes court settlements, etc.**

Most scientific and bioethical standards have been violated by the COVID19 governmental measures. As usual, truth is the first victim in any war, the war against SARS-CoV-2 was no exception.

Refusing immunization against dangerous contagious diseases is considered unethical because:

1. The unvaccinated have a higher chance of getting sick
2. Being sick means a burden to others or reduces resources needed to other sick/ness
3. Being sick means being contagious to others, especially the most vulnerable
4. Being vaccinated means not spreading disease
5. Vaccination is safer than treating the infection

All those assumptions are false with a cure like ivermectin, which even achieves immunization.

Provided a safe cure, it is *mal practice* to recommend or sell vaccines without the proper safety testing, which take years. With proven safe and effective *standard of care* and prophylactic treatments for any disease, it is unethical to vaccinate with any emergency-fast-tracked experimental vaccine, even less if they have a risk of mild, severe or deadly side effects, no matter how statistically low, even if only one person gets vaccine-injuries.

Whole populations have become *involuntary guinea pigs* due to disinformation and corrupt “Vaccine Industrial Complex” and “Deep State” schemes.

“The greatest tragedy here is that while COVID-19 kills already unhealthy elderly individuals who are just years from their natural death, the vaccines are killing the young and healthy who typically have many more decades to live. There’s no “greater good” argument that can ever make this type of tradeoff OK.”⁵¹² Yet, **we are trading near zero deaths from COVID with ivermectin for millions of deaths with vaccines.**

The anti-vaccination movement is in fact pro-science, an evidence-based medical movement, a pro-safe and pro-effective vaccines movement, which defends basic human rights against “Nazi vaxxers”, a powerful fundamentalist fake-science oppressive group lead by *occult* interests. The term anti-vaxxers has been coined to hide they are anti-fake, anti-dirty, anti -trojan and anti-injuring anti-murdering vaxxers. It is not a movement but science.

With enough doses, the **vexing vaxxing tyranny will be global**: following the gradual tendency, there will be nowhere on earth to escape to. Nazi “medical” experiments on prisoners of concentration camps have been replaced by human guinea pigging in the largest concentration camp ever: the globe. Having skipped phase 3 trials (which should have lasted till 2023 to measure long term impact), in terms of population, **COVID vaccines are the largest phase IV trial in the history of mankind**, manipulated with huge violations to human rights.

Nazi isolation cells were changed for isolation premises (home, hotels, facilities, hospitals). The Nazi *Kennkarte* safe-conduct⁵¹³ has been replaced by passports for the “essential” workers and VIPs of the New World Order (n.b. the fake-vaccinated power elite and their puppet workers and abortion providers, considered *essential* in their depopulation schemes)and then, “green passes” for the vaccinated.

Humans are treated worse than cattle: with the anti-scientific notions of “sexual and reproductive health and rights” (including gender ideology) and “right to die with dignity”, Nazi ethnical cleansing has been replaced with **Darwinian depopulation strategies** (injuring and deadly contraceptives, abortifacients, abortion, depopulation vaccines, “sex-change” and “euthanasia”), soon to be a “basic healthcare” package of the *current* global government in the shadows, a secret cabal of Freemasons, anti-human “philanthropists”, corrupt politicians, government agents and doctors.⁵¹⁴

⁵¹² <https://articles.mercola.com/sites/articles/archive/2021/03/23/covid-19-vaccine-testing-on-children.aspx>

⁵¹³ <https://en.wikipedia.org/wiki/Kennkarte>

⁵¹⁴ <http://youtu.be/JAhnCdXqPww>

Perkins, John. **The New Confessions of an Economic Hit Man**, Berret-Koehler publishers, 9 Feb 2016

Caillet, Maurice. **Du secret des loges à la lumière du Christ: La conversion d'un franc-maçon**. (René Laurentin, Préface). Ed. Rassemblement a Son Image, 9 Nov 2012

Caillet, Maurice. **Occultisme ou Christianisme? Clés de discernement**. Ed. Rassemblement a Son Image, 25 Jan 2013

Caillet, Maurice. **J'étais Franc-Maçon**. Ed. Salvator Paperback – 21 May 2014

Abad-Gallardo, Serge. **J'ai frappé à la porte du Temple: Parcours d'un franc-maçon en crise spirituelle**. Ed. Pierre Téqui, 15 Sep 2014

Abad-Gallardo, Serge. **Je servais Lucifer sans le savoir**. Maurice Caillet (Préface). Ed. Pierre Téqui, 1 Aug 2016

Abad-Gallardo, Serge. **La franc-maçonnerie démasquée**. Ed. La Bonne Nouvelle, 23 Nov 2017

Abad-Gallardo, Serge. **Fin de vie, les manoeuvres maçonniques pour le "droit à mourir"**. Ed. Pierre Téqui, 4 Dec 2018

Abad-Gallardo, Serge. **Secret maçonnique ou vérité Catholique: Ce que j'ai découvert dans l'ombre des loges**. Ed. Artège, 20 Feb 2019

By delaying deployment of the COVID cures, Governments committed the crime of genocide. Whoever censored, blocked or delayed such life-saving information was an accomplice of a “crime against humanity”⁵¹⁵ which has no prescriptive period (statute of limitations⁵¹⁶). Denying treatment is even more immoral than COVID vaccination.

In 1991, David Rockefeller wrote: **“The world is ready for a world government. The supranational sovereignty of an intellectual elite and world bankers is certainly preferable to the national self-determination practiced in past centuries.”** And he added: **“We are on the verge of a global transformation. All we need is the ‘right’ global crisis and the nations will accept the New World Order.”**

Travel blocking and tracking, masks, distancing, quarantines, medical and school shut downs, depopulation vaccines, economic collapse, police state... **it was never about a virus but about leading the masses to depopulation vaccines and green passes to support a fake-sanitary fascism justifying “the great reset” under a global tyranny.** After placing the plotters and executioners in jail, there’s an **urgent need for a complete change in the political, scientific, medical and media system to guarantee this genocide doesn’t ever happen again.**

The purpose of “building back better” is to replace the old normal with a “new normal” by “reinventing capitalism”, the “New World Order”, according to the World Economic Forum:

“A true recovery from COVID-19 will not be about putting things back together the way they were: we need to ‘build back better’, to ‘reset’, if we are to address the deep systemic vulnerabilities the pandemic has exposed. ... If we don’t seize this opportunity to build back better — to reset and reinvent rather than ‘return to normal’ — systemic risks and vulnerabilities will continue to accumulate, making future shocks both more likely and more dangerous.

Despite the tragedy, we must leverage the COVID-19 pandemic, and make sure that it becomes the catalyst for a profoundly positive transformation of the global economy, taking us closer to a world in which everyone can live well, within planetary boundaries.”⁵¹⁷

Ida Auken, explains the green-communist freemasonic “great reset”:

“Welcome to the year 2030. Welcome to my city — or should I say, “our city.” I don't own anything. I don't own a car. I don't own a house. I don't own any appliances or any clothes.

It might seem odd to you, but it makes perfect sense for us in this city. Everything you considered a product, has now become a service ... Once in a while I get annoyed about the fact that I have no real privacy. Nowhere I can go and not be registered. I know that, somewhere, everything I do, think and dream of is recorded. I just hope that nobody will use it against me. All in all, it is a good life.”⁵¹⁸

Four basic ideas to fight the in-sane un-sane dictatorship:

⁵¹⁵ The United Nations Genocide Convention, defines genocide as "acts committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group, as such". Convention on the Prevention and Punishment of the Crime of Genocide art. 2, 78 U.N.T.S. 277, 9 December 1948.

<https://www.un.org/en/genocideprevention/genocide.shtml>

https://www.un.org/ar/preventgenocide/adviser/pdf/osapg_analysis_framework.pdf

<https://en.wikipedia.org/wiki/Genocide>

⁵¹⁶ https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.27_convention%20statutory%20limitations%20warcrimes.pdf

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

⁵¹⁷ <https://www.weforum.org/agenda/2020/07/to-build-back-better-we-must-reinvent-capitalism-heres-how/>

⁵¹⁸ <https://www.forbes.com/sites/worldeconomicforum/2016/11/10/shopping-i-cant-really-remember-what-that-is-or-how-differently-well-live-in-2030/>

1. **Real money:** fiat currency based on real assets, which reduces money counterfeiting (the source of their power), money laundering through multinational Banks they control, speculative attacks on country currencies (like George Soros attack on the British Pound, the Italian Lire, etc.) and corruption of media, politics, science, education, etc.
2. **Direct budget:** the tax payer chooses where every cent will be spent (this includes vouchers for food, security, health insurance and school/college), this reduces the diversion of trillions from the public budget for the globalist agenda (e.g. tainted vaccines, “green” energy, tech and food, which in fact damage the environment, gender ideology, abortion, contraception, IVF, etc.).
3. **Direct democracy:** the voter chooses if, who and for how long someone will represent him in face to face in town hall meetings (no censorship, no Artificial Intelligence deep fake).
4. **Human Rights:** certification of political candidates, educators and civil servants in human rights, including 4 inviolable and non-negotiable rights of natural law, the minimum base for an ethical society, above any national or international Constitution.⁵¹⁹ Freedom and right to:
 - a. **Live:** from conception (starting with one naturally developing cell) till natural death.
 - b. **Marry:** under the principle of the “best interests of the children”, promoting lifelong faithful heterosexual marriage.
 - c. **Educate:** government may assist parents in educating their children, but can’t mandate against freedom of conscience or ideas (culture, philosophy, religion).
 - d. **Common good,** against all forms of slavery like:
 - i. Exploitation of humans: human-animal chimeras⁵²⁰, embryonic manipulation and research, vaccines, medications and foods made with cell lines derived from murdered babies (partial-birth abortion, born alive infanticide from “failed” abortion, dissection inside or outside the womb).
 - ii. Child abuse: reducing age of consent before pre-frontal cortex is mature (essential for risk evaluation and rational decision), pedophilia (already “legal” in Colombia), child marriage, vaccination, surgery (transitioning)
 - iii. Exploitation of women: surrogate pregnancy (rental belly), prostitution, egg “donation”, nudged or forced abortion and “contraception”, etc.
 - iv. Promotion of addictions and sickness: alcoholism, stupid-facient drugs, pornography, masturbation, unnatural sex, sex outside marriage, gambling, etc.

David Spangler, **Director of the United Nations Planetary Initiative Project:**

No one will be part of the New World Order unless he carries out an act of worship to Lucifer. No one will enter the New Age unless he receives Luciferian initiation.⁵²¹

⁵¹⁹ https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20090520_legge-naturale_en.html

https://www.vatican.va/roman_curia/pontifical_academies/acdlife/documents/rc_pa_acdlife_doc_20020227_final-doc_en.html

https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20021124_politica_en.html

⁵²⁰ <https://www.lifesitenews.com/blogs/france-adopts-bioethics-law-that-will-introduce-chimeras-genetic-engineering-of-human-material>

⁵²¹ Spangler D. **Reflections on The Christ**, Findhorn, 1978