

The 2020-21 Worldwide Corona Crisis: Destroying Civil Society, Engineered Economic Depression, Global Coup d'État and the “Great Reset”

Global Research E-Book, Centre for Research on Globalization (CRG)

By [Prof Michel Chossudovsky](#)
Global Research, June 05, 2021

Theme: [Crimes against Humanity](#), [Global Economy](#), [Media Disinformation](#), [Police State & Civil Rights](#), [Science and Medicine](#)

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This E-book consists of a Preface and Ten Chapters.

We are dealing with an exceedingly complex process.

In the course of the last twelve months starting in early January 2020, I have analyzed almost on a daily basis the timeline and evolution of the Covid crisis. From the very outset in January 2020, people were led to believe and accept the existence of a rapidly progressing and dangerous epidemic.

I suggest you first read the Highlights (below), the Preface and Introduction before proceeding with chapters II through X.

Alternatively you may wish to View the Global Research Video entitled: [The 2021 Worldwide Corona Crisis](#) (released in February 2021), which provides a 25 minutes summary.

Each of the ten chapters provides factual information as well as analysis on the following topics:

What Is Covid-19, what is SARS-CoV-2, how Is it identified, how is it estimated?

The timeline and historical evolution of the Corona Crisis,

The devastating economic and financial impacts,

The enrichment of a social minority of billionaires,

How the lockdown policies trigger unemployment and mass poverty Worldwide,

The devastating impacts on mental health.

The E-book also includes analysis of curative and preventive drugs as well as a review of Big Pharma's Covid-19 "messenger" mRNA vaccine which is an "unapproved" and "experimental" drug affecting the human genome. (It is a dangerous drug. See Chapter VIII)

Also analyzed are issues pertaining to the derogation of fundamental human rights, censorship of medical doctors, freedom of expression and the protest movement.

The last chapter focusses on the unfolding global debt crisis, the destabilization of national governments, the threats to democracy including "global governance" and the World Economic Forum's "Great Reset" proposal.

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Since its publication in mid-December 2020, the E-Book has been consulted by more than 230,000 readers.

Readers can reach Prof. Michel Chossudovsky at crgeditor@yahoo.com

Video

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Highlights

We are at the crossroads of one of the most serious crises in World history. We are living history, yet our understanding of the sequence of events since January 2020 has been blurred.

Worldwide, people have been misled both by their governments and the media as to the causes and devastating consequences of the Covid-19 "pandemic".

The unspoken truth is that the novel coronavirus provides a pretext and a justification to powerful financial interests and corrupt politicians to precipitate the entire World into a spiral of mass unemployment, bankruptcy, extreme poverty and despair.

More than 7 billion people Worldwide are directly or indirectly affected by the corona crisis.

The COVID-19 public health “emergency” under WHO auspices was presented to public opinion as a means (“solution”) to containing the “killer virus”.

If the public had been informed and reassured that Covid is (according to the WHO definition) “Similar to Seasonal Influenza”, the fear campaign would have fallen flat. The lockdown and closure of the national economy would have been rejected outright.

The first stage of this crisis (outside China) was launched by the WHO on January 30th 2020 at a time when there were 5 cases in the US, 3 in Canada, 4 in France, 4 in Germany.

Do these numbers justify the declaration of a Worldwide public health emergency?

Region of the Americas	United States of America	5
	Canada	3
European Region	France	4
	Germany	4

The fear campaign was sustained by political statements and media disinformation.

People are frightened. They are encouraged to do the PCR test, which is flawed. A positive PCR test does not mean that you are infected and/or that you can transmit the virus.

The RT-PCR Test is known to produce a high percentage of false positives. Moreover, it does not identify the virus.

From the outset in January 2020, there was no “scientific basis” to justify the launching of a Worldwide public health emergency.

In February, the covid crisis was accompanied by a major crash of financial markets. There is evidence of financial fraud.

And on March 11, 2020: the WHO officially declared a Worldwide pandemic at a time when there were 44,279 cases and 1440 deaths outside China out of a population of 6.4 billion (Estimates of confirmed cases based on the PCR test)..

Immediately following the March 11, 2020 WHO announcement, confinement and lockdown instructions were transmitted to 193 member states of the United Nations.

Unprecedented in history, applied almost simultaneously in a large of number countries, entire sectors of the World economy have been destabilized. Small and medium sized enterprises have been driven into bankruptcy. Unemployment and poverty are rampant.

The social impacts of these measures are not only devastating, they are ongoing under what is described as “A Second Wave”. There is no evidence of a “Second Wave”. Amply documented the PCR estimates are flawed.

The health impacts (mortality, morbidity) resulting from the closing down of national economies far surpass those attributed to Covid-19.

Famines have erupted in at [least 25 developing countries](#) according to UN sources.

The mental health of millions of people Worldwide has been affected as a result of the lockdown, social distancing, job losses, bankruptcies, mass poverty and despair. The frequency of suicides and drug addiction has increased Worldwide.

“V the Virus” is said to be responsible for the wave of bankruptcies and unemployment. That’s a lie. There is no causal relationship between the (microscopic) SARS-2 virus and economic variables.



It’s the powerful financiers and billionaires who are behind this project which has contributed to the destabilization (Worldwide) of the real economy. And there is ample evidence that the decision to close down a national economy (resulting in poverty and unemployment) will inevitably have an impact on patterns of morbidity and mortality.

Since early February 2020, the Super Rich have cashed in on billions of dollars.

Amply documented it’s the largest redistribution of global wealth in World history, accompanied by a process of Worldwide impoverishment.



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Readers can reach Prof. Michel Chossudovsky at crgeditor@yahoo.com

Preface

The fear campaign has served as an instrument of disinformation.

Media lies sustained the image of a killer virus which initially contributed to destabilizing US-China trade and disrupting air travel. And then in February “V- the Virus” (which incidentally is similar to seasonal influenza) was held responsible for triggering the most serious financial crisis in World history.

And then on March 11, a lockdown was imposed on 193 member states on the United Nations, leading to the “closure” of national economies Worldwide.

Starting in October, a “second wave” was announced. “The pandemic is not over”.

The fear campaign prevails. And people are now led to believe that the corona vaccine sponsored by their governments is the “solution”. And that “normality” will be restored once the entire population of the planet has been vaccinated.

The SARS-CoV-2 Vaccine

How is it that a vaccine for the SARS-CoV-2 virus, which under normal conditions would take years to develop, was promptly launched in early November 2020? The mRNA vaccine announced by Pfizer is based on an experimental gene editing [mRNA technology which has a bearing on the human genome](#).

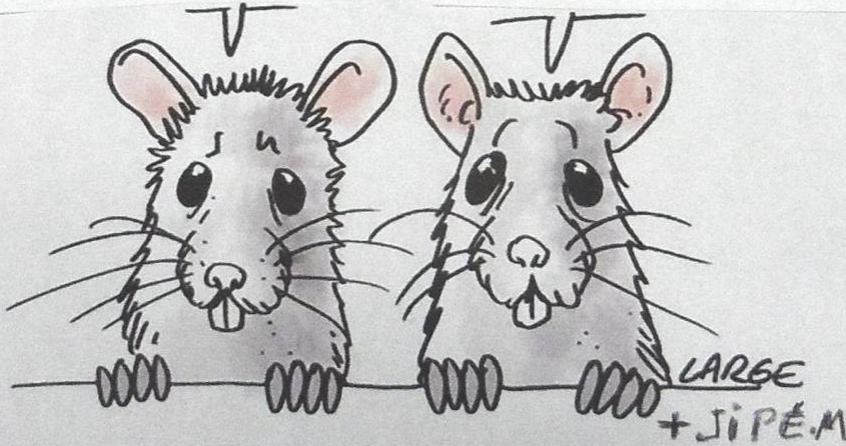
Were the standard animal lab tests using mice or ferrets conducted?

Or did Pfizer [“go straight to human “guinea pigs.”](#) Human tests began in late July and early August. “Three months is unheard of for testing a new vaccine. [Several years is the norm.](#)”

LA VIE DANS LES LABOS

Tu vas te faire vacciner ?

T'es folle, ils n'ont pas
terminé les essais sur
l'homme !



Our thanks to Large and JIPÉM

This caricature by Large + JIPÉM explains our predicament:

Mouse No 1: "Are You Going to get Vaccinated",

Mouse No. 2: Are You Crazy, They Haven't finished the Tests on Humans"

And why do we need a vaccine for Covid-19 when both the WHO and the US Center for Disease Control and Prevention (CDC) have confirmed unequivocally that Covid-19 is "similar to seasonal influenza".

The plan to develop a vaccine is profit driven. It is supported by corrupt governments serving the interests of Big Pharma. The US government had already ordered 100 million doses back in July and the EU is to purchase 300 million doses. It's Big Money for Big Pharma, generous payoffs to corrupt politicians, at the expense of tax payers.

In the following chapters, we define the SARS-CoV-2 virus and the controversial RT-PCR test which is being used to "identify the virus" as well establish the "estimates" of the so-called "positive cases".(Chapter III)

In Chapter II, we examine in detail the timeline of events since October 2019 leading up to the historic March 11, 2020 lockdown.

We assess the broad economic and social consequences of this crisis including the process

of Worldwide impoverishment and redistribution of wealth in favour of the Super Rich billionaires.(Chapter IV and V).

The devastating impacts of the Lockdown policies on mental health are examined in Chapter VI.

Big Pharma's vaccination programme which is currently being imposed on millions of people Worldwide is reviewed in Chapter VIII.

Chapter X concludes with an analysis of the World Economic Forum's proposed "Great Reset" which if adopted would consist in scrapping the Welfare State and imposing massive austerity measures on an impoverished population.

This E-Book is preliminary. There is a sense of urgency. People Worldwide are being lied to by their governments.

A word on the methodology: our objective is to refute the "Big Lie" through careful analysis consisting of:

- *A historical overview of the Covid crisis, with precise data.*
- *Quotations from official documents and peer reviewed reports. Numerous sources and references are indicated.*
- *Scientific analysis and detailed review of "official" data, estimates and definitions,*
- *Analysis of the impacts of WHO "guidelines" and government policies on economic, social and public health variables.*

Our objective is to inform people Worldwide and refute the official narrative which has been used as a pretext and justification to destabilize the economic and social fabric of entire countries.

This crisis affects humanity in its entirety: 7.8 billion people. We stand in solidarity with our fellow human beings Worldwide. Truth is a powerful instrument.

I remain indebted to our readers, our authors and the Global Research team.

Michel Chossudovsky, Global Research, December 11, 2020, crgeditor@yahoo.com

(Revised on January 31, 2020, revised and updated on February 21, April 3, 2021, May 23, 2021)

An additional chapter examines the impacts of the lockdown on mental health including the rise in suicides, alcoholism and drug addiction. (Chapter VI).

Spread the word. Please forward this text to friends and colleagues.

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The preface and Introductory chapter can be crossposted with a link to the complete E-book. If you wish to use or reproduce the text of the E-Book or sections thereof, kindly contact Michel Chossudovsky at crgeditor@yahoo.com

About the Author



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He has undertaken field research in Latin America, Asia, the Middle East, sub-Saharan Africa and the Pacific and has written extensively on the economies of developing countries with a focus on poverty and social inequality. He has also undertaken research in Health Economics (UN Economic Commission for Latin America and the Caribbean (ECLAC), UNFPA, CIDA, WHO, Government of Venezuela, John Hopkins [International Journal of Health Services](#) (1979, 1983)

He is the author of eleven books including *The Globalization of Poverty and The New World Order* (2003), *America's "War on Terrorism"* (2005), *The Globalization of War, America's Long War against Humanity* (2015).

He is a contributor to the Encyclopaedia Britannica. His writings have been published in more than twenty languages. In 2014, he was awarded the Gold Medal for Merit of the Republic of Serbia for his writings on NATO's war of aggression against Yugoslavia. He can be reached at crgeditor@yahoo.com

See [Michel Chossudovsky, Biographical Note](#)

[Michel Chossudovsky's Articles on Global Research](#)

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Chapter I

Introduction

Destroying Civil Society. The Fear Campaign

“It is time for everyone to come out of this negative trance, this collective hysteria, because famine, poverty, mass unemployment will kill and destroy the lives of many more people than SARS-CoV-2! ” ([Dr. Pascal Sacré](#))

“I’m seeing patients that have facial rashes, fungal infections, bacterial infections. ... In February and March we were told not to wear masks. What changed? The science didn’t change. The politics did. This is about compliance. It’s not about science...” ([Dr. James](#))

[Meehan](#))

"Once the Lie Becomes the Truth, there is No Moving Backwards. Insanity prevails. The world is turned upside down." (Michel Chossudovsky)

"We're Being Locked-down for an Infection Fatality Rate of Less than 0.2%" ([Dr. Richard Schabas](#))

We are at the crossroads of one of the most serious crises in World history. We are living history, yet our understanding of the sequence of events since January 2020 has been blurred. Worldwide, people have been misled both by their governments and the media as to the causes and devastating consequences of the Covid-19 "pandemic".

The unspoken truth is that the novel coronavirus provides a pretext and a justification to powerful financial interests and corrupt politicians to precipitate the entire World into a spiral of mass unemployment, bankruptcy, extreme poverty and despair.

This is the true picture of what is happening. It is the result of a complex decision-making process.

"Planet Lockdown" is an encroachment on civil liberties and the "Right to Life".

Entire national economies are in jeopardy. In some countries martial law has been declared.

Small and medium sized capital are slated to be eliminated. Big capital prevails.

A massive concentration of corporate wealth is ongoing.

Its a diabolical "New World Order" in the making.



Red Zones, the facemask, social distancing, the closing down of schools, colleges and universities, no more family gatherings, no birthday celebrations, music, the arts: no more cultural events, sport events are suspended, no more weddings, "love and life" is banned outright.

And in several countries, family Christmas and New Year reunions were illegal.



Closing down the Global Economy is presented to us as a means to combating the Virus. That's what they want us to believe. If the public had been informed that Covid-19 is "similar to seasonal Influenza", the fear campaign would have fallen flat...

Image Pakistan Daily Times: Trainee Santas in UK

The Pandemic was officially launched by the WHO on March 11, 2020 leading to the Lockdown and closure of the national economies of 190 (out of 193) countries, member states of the United Nations. The instructions came from above, from Wall Street, the World Economic Forum (WEF), the billionaire foundations.

The March 11, 2020 pandemic was preceded by a WHO Public Health Emergency of International Concern (PHEIC) on January 30th, 2020 which was followed in February by the destabilization of financial markets. On January 30th there were 83 cases outside China out of a total population of 6.4 billion. In the days preceding the February Financial Crash there were 453 cases outside China. (See our analysis in Chapter II)

This diabolical project based on scanty and flawed estimates is casually described by the corporate media as a "humanitarian" endeavour. The "international community" has a "Responsibility to Protect" (R2P).



In the words of Diana Johnstone, it's "The Global Pretext". An unelected "public-private partnership" under the auspices of the World Economic Forum (WEF), has come to the rescue of Planet Earth's 7.8 billion people. The closure of the global economy is presented as a means to "killing the virus".

Sounds absurd. Closing down the real economy of Planet Earth is not the "solution" but rather the "cause" of a diabolical process of Worldwide destabilization and impoverishment.

The national economy combined with political, social and cultural institutions is the basis for the "reproduction of real life": income, employment, production, trade, infrastructure, social services.

Destabilizing the economy of Planet Earth cannot constitute a "solution" to combating the virus. But that is the imposed "solution" which they want us to believe in. And that is what they are doing.

It's the destruction of people's lives. It is the destabilization of civil society.

The Lies are sustained by a massive media disinformation campaign. 24/7, Incessant and Repetitive "Covid alerts" in the course of the last 16 months. ... It is a process of social engineering.

What they want is to hike up the numbers so as to justify the Lockdown.

And now there is a so-called “Second Wave”, followed by a “Third Wave”. Millions of covid-Positive Tests are now being tabulated.

Covid-19 is portrayed as the “killer Virus”.

Destroying Civil Society

People are frightened and puzzled. “Why would they do this?”

Empty schools, Empty airports, bankrupt grocery stores.

In France “Churches are [threatened with Kalashnikovs over Covid-19 outbreak](#)” (April 2020)



Coronavirus: The church threatened with Kalashnikovs over Covid-19 outbreak

The entire urban services economy is in crisis. Shops, bars and restaurants are driven into bankruptcy. International travel and holidays are suspended. Streets are empty. In several countries, bars and restaurants are required to take names and contact information [to support effective contact tracing if necessary](#).

Cultural Lockdown

At the same time, starting in March 2020, the Worldwide closure of national economies was accompanied by a Cultural Lockdown affecting music and artistic events. Empty museums, no more operas, no more symphonies, concert halls are closed down Worldwide. So-called digital stay home platforms were put forth. In the US, museums announced closure on March 12, starting with the New York Metropolitan Museum of Art. In France, the Louvre, Versailles and the Eiffel Tower were closed down on March 13th.

Free Speech is Suppressed

The lockdown narrative is supported by media disinformation, online censorship, social engineering and the fear campaign.

Medical doctors who question the official narrative are threatened. They lose their jobs. Their careers are destroyed. [Those who oppose the government lockdown are categorized as “anti-social psychopaths”:](#)

Peer reviewed psychological “studies” are currently being carried in several countries using sample surveys.

Accept the “big Lie” and you are tagged as a “good person” with “empathy” who understands the feelings of others.

...[E]xpress reservations regarding ... social distancing and the wearing of the face mask, and you will be tagged (according to “scientific opinion”) as a “callous and deceitful psychopath”.

In colleges and universities, the teaching staff is pressured to conform and endorse the official covid narrative. Questioning the legitimacy of the lockdown in online “classrooms” could lead to dismissal.

Several medical doctors who oppose the COVID consensus or the vaccine have been arrested. In December, [“Jean-Bernard Fourtillan,”](#) a retired university professor known for his opposition to the COVID-19 vaccine was arrested “by law enforcement officers under military command, and forcibly placed in solitary confinement at the psychiatric hospital of Uzès.” Fourtillan is known as “longtime critic of vaccines that use dangerous adjuvants”.



In Belgium, an anesthesiologist was fired after questioning government virus measures. In France, some doctors are facing similar pressure and have denounced the suppression of speech.

Screen Shot: NTD, December 16, 2020

Google and Twitter Marketing the Big Lie

The opinions of prominent scientists who question the lockdown, the face-mask or social distancing are “taken down” by Google:

[“YouTube doesn’t allow content that spreads medical misinformation](#) that contradicts the World Health Organization (WHO) or local health authorities’ medical information about COVID-19, including on methods to prevent, treat or diagnose COVID-19, and means of transmission of COVID-19.” (emphasis added) They call it “fact checking”, without acknowledging that both the WHO and local health authorities contradict their own data and concepts.

Similarly, Twitter has confirmed that “it will remove all posts that suggest there are ‘adverse impacts or effects of receiving vaccinations’ ... Twitter will: “memory-hole any posts that “invoke a deliberate conspiracy” or “advance harmful, false, or misleading narratives’ about vaccines.”



March 11, 2020: Engineered Economic Depression. Global Coup d’Etat?

Destabilizing in one fell swoop the national economies of more 190 countries is an act of “economic warfare”. This diabolical agenda undermines the sovereignty of nation states. It impoverishes people Worldwide. It leads to a spiralling dollar denominated global debt.

The powerful structures of global capitalism, Big Money coupled with its intelligence and military apparatus are the driving force. Using advanced digital and communications technologies, the Lockdown and Economic Closure of the global economy is unprecedented in World history.

This simultaneous intervention in 190 countries derogates democracy. It undermines the sovereignty of nation states Worldwide, without the need for military intervention. It is an advanced system of economic warfare which overshadows other forms of warfare including conventional (Iraq-style) theater wars. (See Chapters IV, IX)

“Global Governance” Scenarios. World Government in the Post-Covid Era?



The March 11 2020 Lockdown project uses lies and deception to ultimately impose a Worldwide totalitarian regime, entitled “Global Governance” (by unelected officials). In the words of David Rockefeller:

“...The world is now more sophisticated and prepared to march towards a world government. The supranational sovereignty of an intellectual elite and world bankers is surely preferable to the national auto-determination practiced in past centuries.” (quoted by [Aspen Times](#), August 15, 2011, emphasis added)

The Global Governance scenario imposes an agenda of social engineering and economic compliance:

It constitutes an extension of the neoliberal policy framework imposed on both developing and developed countries. It consists in scrapping “national auto-determination” and constructing a Worldwide nexus of pro-US proxy regimes controlled by a “supranational sovereignty” (World Government) composed of leading financial institutions, billionaires and their philanthropic foundations. (See Michel Chossudovsky, [Global Capitalism, “World Government” and the Corona Crisis](#), May 1, 2020).

Simulating Pandemics

Rockefeller’s “Lock Step Scenario”

The Rockefeller Foundation proposes the use of “scenario planning” as [a means to carry out “global governance”](#).

In the Rockefeller’s 2010 Report entitled [“Scenarios for the Future of Technology and International Development Area”](#) scenarios of Global Governance and the actions to be taken in the case of a Worldwide pandemic are contemplated.

More specifically, the report envisaged [\(p 18\)](#) the simulation of a Lock Step scenario including a global virulent influenza strain.

The Lock Step scenario describes “a world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback.” In “2012” (i.e. two years after the report’s publication), [as part of the simulation] an “extremely virulent and deadly” strain of influenza originating with wild geese brings the world to its knees, infecting 20 percent of the global population and killing 8 million people in just seven months – “the majority of them healthy young adults.” ([Helen Buyniski](#), February 2020)

The 2010 Rockefeller report was published in the immediate wake of the 2009 H1N1 swine flu pandemic.

The Clade X Table Top Simulation

On May 15 2018, a Toptable Simulation of a pandemic entitled Clade X was conducted under the auspices of the John Hopkins Center for Health Security.

CLADE X EXERCISE



The Johns Hopkins Center for Health Security hosted the Clade X pandemic tabletop exercise on May 15, 2018, in Washington, DC. The purpose of the exercise was to illustrate high-level strategic decisions and policies that the United States and the world will need to pursue in order to prevent a pandemic or diminish its consequences should prevention fail.

Clade X was described by its organizers as “...a day-long pandemic tabletop exercise that simulated a series of National Security Council-convened meetings of 10 US government leaders, played by individuals prominent in the fields of national security or epidemic response”.

Event 201

Clade X was followed by another tabletop simulation entitled Event 201 (also under the auspices of the Johns Hopkins Center for Health Security). Event 201 pertained to a coronavirus epidemic entitled nCoV-2019. It was held on October 18, 2019, less than 3 months before SARS-2 was “officially” identified in early January 2020.

Statement about nCoV and our pandemic exercise

In October 2019, the Johns Hopkins Center for Health Security hosted a pandemic tabletop exercise called [Event 201](#) with partners, the World Economic Forum and the Bill & Melinda Gates Foundation. Recently, the Center for Health Security has received questions about whether that pandemic exercise predicted the current novel coronavirus outbreak in China. To be clear, the Center for Health Security and partners did not make a prediction during our tabletop exercise. For the scenario, we modeled a fictional coronavirus pandemic, but we explicitly stated that it was not a prediction. Instead, the exercise served to highlight preparedness and response challenges that would likely arise in a very severe pandemic. We are not now predicting that the nCoV-2019 outbreak will kill 65 million people. Although our tabletop exercise included a mock novel coronavirus, the inputs we used for modeling the potential impact of that fictional virus are not similar to nCoV-2019.

Screenshot, 201 A Global Pandemic Exercise

The Event 201 Pandemic Exercise. October 18, 2019 also addressed within the simulation how to deal with online social media and so-called “misinformation”. (Listen carefully)

Video

Many features of the 201 “simulation exercise” did in fact correspond to what actually happened when the WHO Director General launched a global public health emergency on January 30, 2020.

In the Event 201 Scenario, [a 15% collapse of financial markets had been “simulated”](#). It was not “predicted” according to the organizers and sponsors of the event, which included the Bill and Melinda Gates Foundation as well the World Economic Forum.

It is worth noting that the sponsors of the 201 Event including the WEF and the Gates Foundation have been actively involved from the very outset in coordinating (and financing) the Covid-19 related policies including the PCR-test, the lockdown procedures as well as mRNA vaccine. The evidence suggests that these policies had been planned and envisaged at a much earlier date.

It is also worth noting that the [WHO initially adopted a similar acronym](#) (to designate the coronavirus) to that of the John Hopkins Pandemic Event 201 Exercise (nCoV-2019).

“...The new virus was initially named 2019-nCoV by WHO.

On Feb 11, 2020, WHO renamed the disease as coronavirus disease 2019 (COVID-19). That same day, the Coronavirus Study Group (CSG) of the International Committee on Virus Taxonomy posted a manuscript on *bioRxiv* in which they suggested designating 2019-nCoV as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on the basis of a phylogenetic analysis of related coronaviruses” ([Lancet](#))

The selection of the name SARS-CoV-2 is explained in Chapter III in relation to the so-called Drosten report.

Intelligence and “The Art of Deception”

The Covid crisis is a sophisticated instrument of the power elites. It has all the features of a carefully planned intelligence op. using [“deception and counter-deception”](#). Leo Strauss: “viewed intelligence as a means for policymakers to attain and justify policy goals, not to describe the realities of the world.” And that is precisely what they are doing in relation to Covid-19.

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“The Global Pretext”

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Confirmed by prominent scientists as well as by official public health bodies including the World Health Organization (WHO) and the US Center for Disease Control and Prevention (CDC). Covid-19 is a public health concern but it is NOT a dangerous virus.

The COVID-19 crisis is marked by a public health “emergency” under WHO auspices which is being used as a pretext and a justification to trigger a Worldwide process of economic, social and political restructuring. The tendency is towards the imposition of a totalitarian State.

Social engineering is being applied. Governments are pressured into extending the lockdown, despite its devastating economic and social consequences.

There is no scientific basis for implementing the closing down of the global economy as a means to resolving a public health crisis. Both the media and the governments are involved in spreading disinformation.

The fear campaign has no scientific basis. Your governments are LYING. In fact they are lying to themselves.

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Chapter II

The Corona Timeline

This chapter provides a detailed Timeline of the Corona Crisis starting in August 2019

August 1, 2019: Glaxo-Smith-Kline (GSK) and Pfizer announce the establishment of a corporate partnership in Consumer Health Products including Vaccines.

September 19, 2019: The ID2020 Alliance held their Summit in New York, entitled “Rising to the Good ID Challenge”. The focus was on the establishment under the auspices of GAVI (Alliance for Vaccine Identity) of a vaccine with an embedded digital passport. The stated objective was the creation of a [global digital data base](#).

“[Digital ID is being defined and implemented today](#), and we recognize the importance of swift action to close the identity gap,” said Dakota Gruener, executive director of ID2020:

[“With the opportunity for immunization to serve as a platform for digital identity](#), the program harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent biometrically-linked digital identity. The program will also explore and assess several leading infant biometric technologies to offer a persistent digital identity from birth ...

“We are implementing a forward-looking approach to digital identity that gives individuals control over their own personal information, while still building off existing systems and programs,”

October 18, 2019. Event 201. The 201 Pandemic Simulation Exercise

The coronavirus was initially named [2019-nCoV by the WHO](#), the same name (with the exception of the placement of the date) as that adopted at [the October 18, 2019 201 Simulation exercise](#) under the auspices of the John Hopkins Bloomberg School of Health, Centre for Health Security (an event sponsored by the Gates Foundation and World Economic Forum).([Event 201](#))

In October 2019, the Johns Hopkins Center for Health Security hosted a pandemic tabletop exercise called [Event 201](#) with partners, the World Economic Forum and the Bill & Melinda Gates Foundation. ... For the scenario, we modeled a fictional coronavirus pandemic, but we explicitly stated that it was not a prediction.

Instead, the exercise served to highlight preparedness and response challenges that would likely arise in a very severe pandemic. We are not now predicting that the nCoV-2019 outbreak will kill 65 million people.

Although our tabletop exercise included a mock novel coronavirus, the inputs we used for modeling the potential impact of that fictional virus are not similar to nCoV-2019. “We are not now predicting that the nCoV-2019 [which was also used as the name of the simulation] outbreak will kill 65 million people.

.Although our tabletop exercise included a mock novel coronavirus, the inputs we used for modeling the potential impact of that fictional virus are not similar to nCoV-2019.”

December 31, 2019: First cases of pneumonia detected and reported in Wuhan, Hubei Province. China.

January 1, 2020: Chinese health authorities close the Huanan Seafood Wholesale Market in Wuhan after Western media reports that wild animals sold there may have been the source of the virus. This initial assessment was subsequently refuted by Chinese scientists.

January 7, 2020: Chinese authorities “identify a new type of virus” which (according to reports) was isolated on 7 January 2020.

January 11, 2020 – The Wuhan Municipal Health Commission announces the first death caused by the coronavirus.

January 22, 2020: WHO. [Members of the WHO Emergency Committee](#) “expressed divergent views on whether this event constitutes a PHEIC or not”. The Committee meeting was reconvened on January 23, 2020, overlapping with the World Economic Forum meetings in Davos (January 21-24, 2020).

The meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should be reconvened in a matter of days to examine the situation further.

January 21-24, 2020: Consultations at the World Economic Forum, Davos, Switzerland under auspices of the Coalition for Epidemic Preparedness Innovations (CEPI) for development of a vaccine program. CEPI is a WEF-Gates partnership. With support from CEPI, Seattle based Moderna will manufacture an mRNA vaccine against 2019-nCoV, “The Vaccine Research Center (VRC) of the National Institute of Allergy and Infectious Diseases (NIAID), part of NIH, collaborated with Moderna to design the vaccine.”

Today we announced funding for three programmes to develop vaccines against the novel [#coronavirus](#), nCoV-2019 🚫

We'll be supporting pioneering technologies designed to speed up the development of vaccines against emerging threats
[#OutsmartEpidemics](#) ➡ bit.ly/2GjEmSS



Richard Hatchett
Chief Executive Officer, CEPI

“Given the rapid global spread of the novel coronavirus, the world needs to act quickly and in unity to tackle this disease. We hope this work could provide a significant and important step forward in developing a vaccine.”

CEPI

Note: The development of a 2019 nCoV vaccine was announced at Davos, 2 weeks after the January 7, 2020 announcement, and barely a week prior to the official launching of the WHO's Worldwide Public Health emergency on January 30. The WEF-Gates-CEPI Vaccine Announcement precedes the WHO Public Health Emergency (PHEIC)

[See WEF video](#)

Dominant financial interests, billionaire foundations and international financial institutions played a key role in launching the WHO Public Health Emergency (PHEIC).

In the week preceding this historic WHO decision. The PHEIC was the object of “consultations” at the World Economic Forum (WEF), Davos (January 21-24). The WHO Director General Dr. Tedros was present at Davos. Were these consultations instrumental in influencing the WHO's historic decision on January 30th.

Was there a [Conflict of Interest as defined by the WHO](#)? The WHO's largest donor is the Bill and Melinda Gates Foundation, which together with the WEF and CEPI had already

announced in Davos the development of a Covid-19 vaccine prior to the historic January 30th launching of the PHEIC.

The WHO Director General had the backing of the Bill and Melinda Gates Foundation, Big Pharma and the World Economic Forum (WEF). There are indications that the decision for the WHO to declare a Global Health Emergency was taken on the sidelines of the World Economic Forum (WEF) in Davos (January 21-24) overlapping with the Geneva January 22 meeting of the Emergency Committee.

The WHO's Director General Tedros was present at Davos 2020.

January 28, 2020: The US Centre for Disease Control and Prevention (CDC) [confirmed that the novel corona virus had been isolated.](#)

January 30, 2020: The WHO's Public Health Emergency of International Concern (PHEIC)

The first stage of this crisis was launched by the WHO on January 30th. While officially it was not designated as a "Pandemic", it nonetheless contributed to spearheading the fear campaign.

From the very outset, the estimates of "confirmed positive cases" have been part of a "Numbers Game".

In some cases the statistics were simply not mentioned and in other cases the numbers were selectively inflated with a view to creating panic.

Not mentioned by the media: The number of "confirmed cases" based on faulty estimates (PCR) used to justify this far reaching decision was ridiculously low.

The Worldwide population outside China is of the order of 6.4 billion. On January 30, 2020 outside China there were:

83 cases in 18 countries, and only 7 of them had no history of travel in China. (see [WHO](#), January 30, 2020).

On January 29, 2020, the day preceding the launching of the PHEI ([recorded by the WHO](#)), there were 5 cases in the US, 3 in Canada, 4 in France, 4 in Germany.

There was no "scientific basis" to justify the launching of a Worldwide public health emergency.

Region of the Americas	United States of America	5
	Canada	3
European Region	France	4
	Germany	4

Those low numbers (not mentioned by the media) did not prevent the launching of a Worldwide fear campaign.

January 31, 2020: President Trump's Decision to Suspend Air Travel with China

On the following day (January 31, 2020), Trump announced that he would deny entry to the US of both Chinese and foreign nationals "who have traveled in China in the last 14 days". This immediately triggered a crisis in air travel, transportation, US-China trade relations as well as freight and shipping transactions.

Whereas the WHO "[did] not recommend any travel or trade restrictions" the five so-called "confirmed cases" in the US were sufficient to "justify" President Trump's January 31st 2020 decision to suspend air travel to China while precipitating a hate campaign against ethnic Chinese throughout the Western World.

This historic January 31st decision paved the way towards the disruption of international commodity trade as well as Worldwide restrictions on air travel.

"Fake media" immediately went into high gear. China was held responsible for "spreading infection" Worldwide.

Early February 2020: the acronym of the coronavirus was changed from nCoV- 2019 (its name under the October Event 201 John Hopkins Simulation Exercise before it was identified in early January 2020) to SARS-nCoV-2. Covid-19 indicates the disease triggered by SARS-CoV-2

February 20-21, 2020. Worldwide Covid Data Outside China: The Diamond Princess Cruise Ship

While China reported a total of 75,567 cases of COVID-19, (February 20) the confirmed cases outside China were abysmally low and the statistics based in large part on the the PCR test used to confirm the "Worldwide spread of the virus" were questionable to say the least. Moreover, out of the 75,567 cases in China, a large percentage had recovered. And recovery figures were not acknowledged by the media.



On the day of Dr. Tedros' historic press conference (February 20, 2020) the recorded number of confirmed cases outside China was 1073 of which 621 were passengers and crew on the Diamond Princess Cruise Ship (stranded in Japanese territorial waters).

From a statistical point of view, the WHO decision pointing to a potential "spread of the virus Worldwide" did not make sense.

On February 20th, 57.9 % of the Worldwide Covid-19 “confirmed cases” were from the Diamond Princess, hardly representative of a Worldwide “statistical trend”. The official story is as follows:

- A Hong Kong based passenger who had disembarked from the Diamond Princess in Hong Kong on January 25 developed pneumonia and was tested positive for the novel coronavirus on January 30.
- He was reported to have travelled on January 10, to Shenzhen on mainland China (which borders on Hong Kong’s new territories).
- The Diamond Princess arrived at Yokohama on February 3. A quarantine was imposed on the cruiser [See NCBI study](#).
- Many passengers fell sick due to the confinement on the boat.
- All the passengers and crew on the Diamond Princess undertook the PCR test.
- The number of confirmed cases increased to [691 on February 23](#).

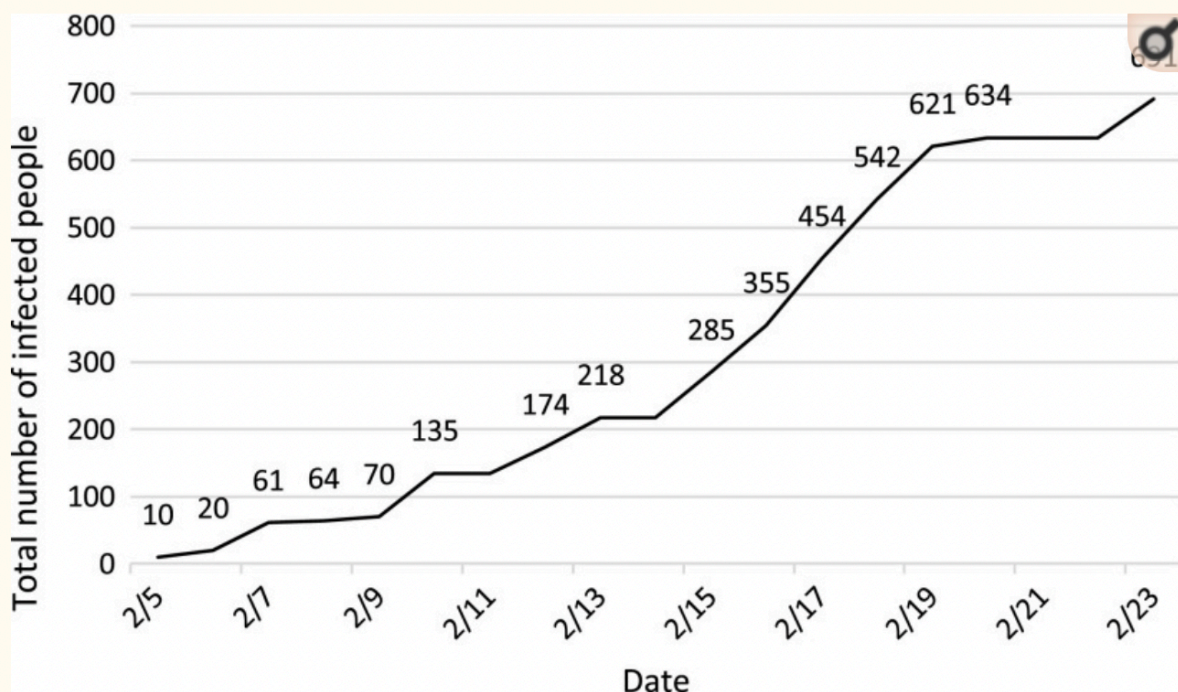


FIGURE 2

Infected Passengers and Crew Members on the Diamond Princess. (All Data Were Retrieved From Press Releases By the Ministry of Health, Labour and Welfare of Japan.⁶)

Scan Source: [NCBI Study](#)

Read carefully: From the standpoint of assessing Worldwide statistical trends, the data doesn’t stand up. Without the Diamond Princess data, the so-called confirmed cases worldwide outside China on February 20th 2020 were of the order of 452, out of a population of 6.4 billion.

Examine the WHO Graph below. The blue indicates the confirmed cases on the Diamond Princess (international conveyance) (which arrived in Yokohama on February 3, 2020), many of whom were sick, confined to their rooms for more than two weeks (quarantine imposed

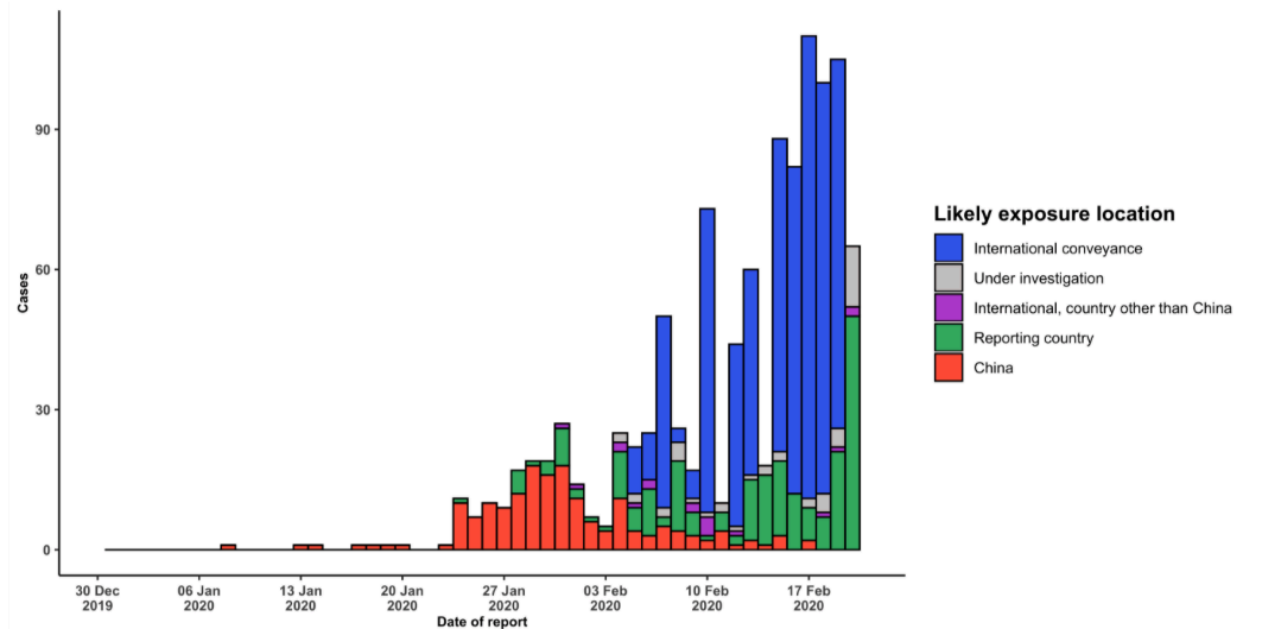
by Japan). All passengers and crew took the RT-PCR test (which does not detect or identify Covid-19).

Needless to say, this so-called data was instrumental in spearheading the fear campaign and the collapse of financial markets in the course of the month of February. (see section below)

Other						
International conveyance [‡] (Diamond Princess)	621 (79)	0 (0)	0 (0)	0 (0)	621 (79)	2 (2)

Case classifications are based on [WHO case definitions](#) for COVID-19.
Location of transmission is classified based on WHO analysis of available official data and may be subject to reclassification as additional data become available.
[‡]Cases identified on a cruise ship currently in Japanese territorial waters.

Figure 3. Epidemic curve of COVID-19 cases (n=1073) identified outside of China, by date of report and likely exposure location, 20 February 2020



February 20th, 2020: At a press conference on Thursday the [20th of February afternoon](#) (CET Time) in a [briefing in Geneva, the WHO Director General](#). Dr Tedros Adhanom Ghebreyesus, said that he was

“concerned that the chance to contain the coronavirus outbreak was “closing” ...

“I believe the window of opportunity is still there, but that the window is narrowing.”

There were only 1076 cases outside China (including the Diamond Press:

The data from China continue to show a decline in new confirmed cases. Once again, we're encouraged by this trend, but this is no time for complacency.

Outside China, there are now 1076 cases in 26 countries, with a total of seven deaths.

[Screenshot, WHO Press Conference, February 20th, 2020](#)

Region of the Americas	
United States of America	15 (0)
Canada	8 (0)
European Region	
Germany	16 (0)
France	12 (0)
The United Kingdom	9 (0)
Italy	3 (0)
Russian Federation	2 (0)
Spain	2 (0)
Belgium	1 (0)
Finland	1 (0)
Sweden	1 (0)

Note: The tabulated data above for February 20, 2020 indicates 1073 cases. 1076 cases in WHO Press Conference)

These “shock and awe” statements contributed to heightening the fear campaign, despite the fact that the number of confirmed cases outside China was exceedingly low. February 20-21, 2020 marks the beginning of the 2020 Financial Crash.

Excluding the Diamond Princess, 452 so-called “confirmed cases” Worldwide outside China, for a population of 6.4 billion recorded by the WHO on February 20th, 15 in the US, 8 in Canada, 9 in the UK. (See table right, February 20, 2020). Those are the figures used to justify Dr. Tedros’ warnings: “the window is narrowing”:

A larger number of cases outside China were recorded in South Korea (153 cases according to WHO) and Italy (recorded by national authorities).

WHO data recorded on February 2020 at the outset of the so-called Covid Financial Crash (right)

The statement by Dr. Tedros (based on flawed concepts and statistics), set the stage for the February financial collapse. (See Chapter IV).

February 24: Moderna Inc supported by CEPI announced that its experimental mRNA COVID-19 vaccine, known as mRNA-1273, [was ready for human testing](#).

February 28, 2020: [A WHO vaccination campaign was announced](#) by WHO Director General Dr. Tedros Adhanom Ghebreyesus

More than 20 vaccines are in development globally, and several therapeutics are in clinical trials. We expect the first results in a few weeks.

The campaign to develop vaccines was initiated prior to decision of the WHO to launch a Global Public Health emergency. It was first announced at the WEF meeting at Davos (21-24 January) by CEPI.

Early March: China: More than 50% of the infected patients recovered and were discharged from the hospitals.

A total of 49,856 patients have recovered from COVID-19 and were discharged from hospitals in China. (WHO). What this means is that the total number of “confirmed infected cases” in China was 30,448. (Namely 80,304 minus 49,856 = 30,448 (80,304 is the total number on confirmed cases in China (WHO data, March 3, 2020). These developments concerning “recovery” are not reported by the Western media.

March 5, WHO Director General confirms that outside China there are [2055 cases reported in 33 countries](#). Around 80% of those cases continue to come from just three countries (South Korea, Iran, Italy).

March 7: USA: The number of “confirmed cases” (infected and recovered) in the United States in early March is of the order of 430, rising to about 600 (March 8). Rapid rise in the course of March.

Compare that to the figures pertaining to the Influenza B Virus: The CDC estimated for 2019-2020 “at least 15 million virus flu illnesses... 140,000 hospitalizations and 8,200 deaths. ([The Hill](#))

March 7: China: The Pandemic is Almost Over

Reported new cases in China fall to double digit. [99 cases recorded on March 7](#). All of the new cases outside Hubei province are categorized as “imported infections”(from foreign countries). The reliability of the data remains to be established:

99 newly confirmed cases including 74 in Hubei Province, ... The new cases included 24 imported infections — 17 in Gansu Province, three in Beijing, three in Shanghai and one in Guangdong Province.

March 11, 2020: The Historic Covid-19 Pandemic, Lockdown, Closing Down of 190 National Economies

The WHO Director General had already set the stage in his [February 21st Press Conference](#) .

“the world should do more to prepare for a possible coronavirus pandemic”. The WHO had called upon countries to be “in a phase of preparedness”.

The WHO officially declared a Worldwide pandemic at a time when there were 118,000 confirmed cases and 4291 deaths Worldwide (including China). ([March 11, 2020, according](#)

[to press conference](#)). What do these “statistics” tell you?

Globally

125 260 confirmed (6741 new)

4613 deaths (321 new)

China

80 981 confirmed (26 new)

3173 deaths (11 new)

Outside of China

44 279 confirmed (6915 new)

1440 deaths (310 new)

117 countries/territories/
areas (4 new)

The number of confirmed cases outside China (6.4 billion population) was of the order of [44279 and 1440 deaths](#) (figures recorded by the WHO for March 11, (on March 12) (see table right). (The death figure outside China mentioned in Tedros’s press conference was 4291). in the US, recorded on March 11, 2020, there were according to John Hopkins: 1,335 “cases” and 29 deaths (“presumptive” plus PCR confirmed)

Immediately following the March 11, 2020 WHO announcement, the fear campaign went into high gear. (the economic and financial impacts are reviewed in Chapter IV)

March 16, 2020: Moderna mRNA-1273 is tested in several stages with 45 volunteers in Seattle, Washington State. The vaccine program started in early February:

“We don’t know whether this vaccine will induce an immune response, or whether it will be safe. That’s why we’re doing a trial,” Jackson stressed. “It’s not at the stage where it would be possible or prudent to give it to the general population.” ([AP](#), March 16, 2020)

March 18, 20. 2020. Lockdown in the United States

Second Wave Announcements and Press reports Canada and the US. [Early to Mid-June](#)

November 8, 2020. The Covid-19 Vaccine is launched

November- December 2020: Ongoing Partial Lockdowns, Social Distancing and Social Gathering measures applied in numerous countries including Britain, France, Germany, Canada.

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Chapter III

What Is Covid-19, SARS-CoV-2

How Is It Tested? How Is It Measured?

"Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms. The performance of this test has not been established for monitoring treatment of 2019-nCoV infection. This test cannot rule out diseases caused by other bacterial or viral pathogens." — [The Centers For Disease Control and Prevention](#)

"...all or a substantial part of these positives could be due to what's called false positives tests."— [Michael Yeadon: former Vice President and Chief Science Officer for Pfizer](#)

**

Are we dealing with a dangerous virus. Is it a pandemic?

The fear campaign is relentlessly spearheaded by political statements and media disinformation. A closer examination of official reports from national health authorities as well as peer reviewed articles provides a totally different picture.

SARS-CoV-2 is not a Killer Virus.

According to an early [report by the WHO](#) pertaining to China's epidemic:

The most commonly reported symptoms [of COVID-19] included fever, dry cough, and shortness of breath, and most patients (80%) experienced mild illness. Approximately 14% experienced severe disease and 5% were critically ill. Early reports suggest that illness severity is associated with age (>60 years old) and co-morbid disease. (largely basing on WHO's assessment of COVID-19 in China)

The World Health Organization says those who become infected generally experience mild illness and recover in about two weeks.

Screenshot The Hill, March 19, 2020

What is Covid-19, SARS-CoV-2.

Lies through omission: the media has failed to reassure the broader public. Below is the official [WHO definition of Covid-19](#):

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections

ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

“The most common symptoms of COVID-19 are fever, dry cough, and tiredness. ... These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms. Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.”

“COVID-19 is similar to SARS-1”: [According to](#) Dr. Wolfgang Wodarg, pneumonia is “regularly caused or accompanied by corona viruses”. Immunologists broadly confirm the CDC definition. COVID-19 has similar features to a seasonal influenza coupled with pneumonia.

According to Anthony Fauci (Head of NIAID), H. Clifford Lane and Robert R. Redfield (Head of CDC) in [the New England Journal of Medicine](#)

“...the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively.”

Dr. Anthony Fauci is lying to himself. In his public statements he says that Covid is [“Ten Times Worse than Seasonal Flu”](#).

He refutes his peer reviewed report quoted above. From the outset, Fauci has been instrumental in waging the fear and panic campaign across America:

CORONAVIRUS

COVID-19 Mortality Rate 'Ten Times Worse' Than Seasonal Flu, Says Dr. Anthony Fauci

Initial hopes that the public health consequences of the new coronavirus would be mild are fading.

RONALD BAILEY | 3.11.2020 6:00 PM



The World Health Organization says those who become infected generally experience mild illness and recover in about two weeks.

Screenshot The Hill, March 19, 2020

Covid-19 versus Influenza (Flu) [Virus A and Virus B \(and subtypes\)](#) (Bear in mind seasonal influenza is not a coronavirus)

Rarely mentioned by the media or by politicians: [The CDC \(which is an agency of the US government\) confirms that Covid-19 is similar to Influenza](#)

“Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with [influenza viruses](#). Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. Flu and COVID-19 share many characteristics, but there are some key differences between the two.”

If the public had been informed and reassured that Covid is “similar to Influenza”, the fear campaign would have fallen flat.

The lockdown and closure of the national economy would have been rejected outright.

Detecting the Virus. Estimating and Tabulating the Numbers. The Reverse Transcription Polymerase Chain Reaction Test (RT-PCR)

The standard test used to “detect / identify” SARS-2 around the World is The Reverse Transcription Polymerase Chain Reaction Test (RT-PCR).

The RT-PCR test has been used to estimate and tabulate the number of so-called “confirmed” positive Covid-19 cases. (This is not the only test used. Observations below pertain solely to the standard PCR test).

According to [Nobel Laureate](#) Dr. Kary Mullis who invented the RT-PCR test. ([Dr. Mullis wrote, on May 7, 2013](#)):

“PCR detects a very small segment of the nucleic acid which is part of a virus itself. The specific fragment detected is determined by the somewhat arbitrary choice of DNA primers used which become the ends of the amplified fragment.”

The PCR-RT developed by Dr. Kary Mullis has been applied in an erroneous way with a view to “estimating” SARS-2 positive cases, in most cases without a medical diagnosis of the patient.

(See our observations below on the Drosten RT-PCR Study. As emphasized by Dr. Mullis and confirmed by prominent medical doctors, the PCR test does not “identify the virus”).

Below are the concepts developed by the CDC.

The Test for Covid-19 “Confirmed Cases”

Below are the official definitions and procedures which are contradictory:

“The COVID-19 RT-PCR test is a real-time reverse transcription polymerase chain reaction (rRT-PCR) test for the qualitative detection of nucleic acid from SARS-CoV-2 in upper and lower respiratory specimens ... collected from individuals suspected of COVID 19 ... [as well as] from individuals without symptoms or other reasons to suspect COVID-19 infection. ...

This test is also for use with individual nasal swab specimens that are self-collected using the Pixel by LabCorp COVID-19 test home collection kit ... The COVID-19 RT-PCR test is also for the qualitative detection of nucleic acid from the SARS-CoV-2 in pooled samples, using a matrix pooling strategy (FDA, [LabCorp Laboratory Test Number: 139900](#))

This test is based on upper and lower respiratory specimens.

[The criteria and guidelines confirmed by the CDC](#) pertaining to “The CDC 2019-Novel Coronavirus (2019-nCoV) Diagnostic Panel” are as follows (Read carefully):

Results are for the identification of 2019-nCoV RNA. The 2019-nCoV RNA is generally detectable in upper and lower respiratory specimens during infection. Positive results are indicative of active infection with 2019-nCoV but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities.

Negative results do not preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

What this suggests is that a positive infection could be the result of co-infection with other viruses. According to the CDC it “does not rule out “bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.” (CDC)

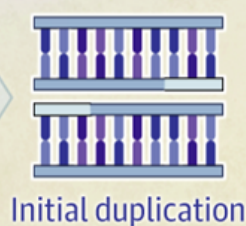
[The following diagram](#) summarizes the process of identifying positive and negative cases: All that is required is the presence of “viral genetic material” for it to be categorized as “positive”. The procedure does not identify or isolate Covid-19. What appears in the tests are fragments of the virus.

How does PCR testing for COVID-19 work?

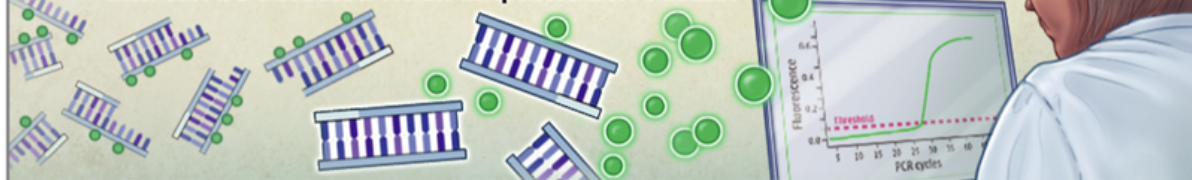
Polymerase chain reaction (PCR) testing can detect even very small amounts of viral genetic material in a sample by duplicating it many times over through a complex laboratory process called amplification.

- 1 A test sample is swabbed from the back of the nose and processed to isolate genetic material.

- 2 Small pieces of specifically engineered genetic material, called primers, are introduced and bind to the isolated viral genetic material, initiating amplification.



- 3 Fluorescent markers bound to the copies during PCR are released and can be detected when amplification occurs.



Positive result

When there is viral genetic material in the sample, amplification occurs, releasing enough fluorescent markers to be detected.

Negative result

If there is no viral genetic material in the sample, amplification will not occur and no fluorescent markers will be detected.

A positive test does not mean that you have the virus and/or that you could transmit the virus.

A negative test does not mean that you do not have it.

The CDC concepts cited above suggest that the RT-PCR test as applied to estimate the spread of the virus- is dysfunctional. Moreover, amplification (threshold) in excess of 25 cycles (Ct) will inevitably result in misleading estimates. What the governments want is to inflate the number of positive cases, specifically in the contest of the Second Wave. Amplification has been conducted well in excess of the recommended 25 cycles.

“Presumptive” vs. “Confirmed” Cases

This section deals with testing procedures at the outset of the pandemic in February 2020.

In the US, the CDC data include both “confirmed” and “presumptive” positive cases of COVID-19 reported to CDC or tested under the jurisdiction by CDC since January 21, 2020. The presumptive positive data does not confirm coronavirus infection.

Presumptive testing involves “chemical analysis of a sample that establishes the possibility that a substance is present” (emphasis added). The presumptive test must then be sent for confirmation to an accredited government health lab.” (For further details see: Michel Chossudovsky, [Spinning Fear and Panic Across America. Analysis of COVID-19 Data](#), March 20, 2020)

Similarly in Canada, “[A point-of-care test](#)” is a “rapid test done at the time and place of care, such as a hospital or doctor’s office”. It consists in collecting “samples from the nose or throat using swabs”, which are then tested on site, with almost immediate results (in 30 to 60 minutes). But it does not confirm the presence of SARS-CoV-2.

Serological testing or Antibody Tests for COVID-19

According to the CDC, Serological tests do not detect the virus itself, “they detect the antibodies produced in response to an infection.” Serological tests are not used for “early diagnosis of COVID-19.”

“False Positives” and the Identification of the Virus. Does the PCR Test Identify SARS-CoV-2?

While SARS-CoV-2 –namely the the virus which is said to cause COVID-19 (categorized as a disease), was isolated in a laboratory test in January 2020, the RT-PCR test does not identify/detect the virus. What it detects are fragments of viri. According to renowned Swiss immunologist [Dr B. Stadler](#)

So if we do a PCR corona test on an immune person, it is not a virus that is detected, but a small shattered part of the viral genome. The test comes back positive for as long as there are tiny shattered parts of the virus left. Even if the infectious viri are long dead, a corona test can come back positive, because the PCR method multiplies even a tiny fraction of the viral genetic material enough [to be detected].

The Question is Positive for What?? The PCR test does not detect the identity of the virus, According to [Dr. Pascal Sacré](#),

“These tests detect viral particles, genetic sequences, not the whole virus.

In an attempt to quantify the viral load, these sequences are then amplified several times through numerous complex steps that are subject to errors, sterility errors and contamination.

Positive RT-PCR is not synonymous with COVID-19 disease! PCR specialists make it clear that a test must always be compared with the clinical record of the patient being tested, with the patient's state of health to confirm its value [reliability]

The media frighten everyone with new positive PCR tests, without any nuance or context, wrongly assimilating this information with a second wave of COVID-19.

While the RT-PCR test was never intended to identify the virus, it nonetheless constitutes from the very outset the cornerstone of the official estimates of Covid-19 "positives".

WHY then was it adopted?

The WHO Instates the RT-PCR Covid Test in January 2020. The Controversial Drosten Study

[F. William Engdahl](#) documents how the RT-PCR Test was instated by the WHO at the outset in January 2020, despite its obvious shortcomings in identifying the 2019-nCoV. The scandal takes its roots in Germany involving "a professor at the heart of Angela Merkel's corona advisory group":

On January 23, 2020, in the scientific journal *Eurosurveillance*, of the EU Center for Disease Prevention and Control, [Dr. Christian Drosten, along with several colleagues](#) from the Berlin Virology Institute at Charité Hospital, [together] with the head of a small Berlin biotech company, TIB Molbiol Syntheselabor GmbH, published a study entitled, ["Detection of 2019 novel coronavirus \(2019-nCoV\) by real-time RT-PCR"](#) (*Eurosurveillance* January 23, 2020).

While Drosten et al's [Eurosurveillance article](#) (undertaken in liaison with the WHO) confirmed that "several viral genome sequences had been released", in the case of 2019-nCoV, however, "virus isolates or samples from infected patients were not available ...":

"The genome sequences suggest presence of a virus closely related to the members of a viral species termed severe acute respiratory syndrome (SARS)-related CoV, a species defined by the agent of the 2002/03 outbreak of SARS in humans [[3,4](#)].

We report on the the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation [using the RT-PCR test], designed in absence of available virus isolates or original patient specimens. Design and validation were enabled by the close genetic relatedness to the 2003 SARS-CoV, and aided by the use of synthetic nucleic acid technology." ([Eurosurveillance](#), January 23, 2020, emphasis added).

What this statement suggests is that the identity of 2019-nCoV was not required and that "validation" would be enabled by "the close genetic relatedness to the 2003-SARS-CoV." It also suggests that the WHO did not in January 2020 have in its possession the "virus isolates" required to identify the virus.

The recommendations of the Drosten study ([supported and financed by the Gates Foundation](#)) pertaining to the use of the RT-PCR test applied to 2019-nCoV were then

transmitted to the WHO. They were subsequently endorsed by the Director General of the WHO, Tedros Adhanom. The identity of the virus was not required.

The above also explains the subsequent renaming by the WHO of the 2019-nCoV to SARS-CoV-2.

The Drosten et al article pertaining to the use of the RT-PCR test Worldwide (under WHO guidance) was challenged in a [November 27, 2020 study](#) by a group of 23 international virologists, microbiologists et al. “Their careful analysis of the original [Drosten] piece is [damning](#). ...They accuse Drosten and cohorts of “fatal” scientific incompetence and flaws in promoting their test” ([Engdahl](#), December, 2020).

According to Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, et al

In light of all the consequences resulting from this very publication for societies worldwide, a group of independent researchers performed a point-by-point review of the aforesaid publication [Drosten] in which 1) all components of the presented test design were cross checked, 2) the RT-qPCR protocol-recommendations were assessed w.r.t. good laboratory practice, and 3) parameters examined against relevant scientific literature covering the field.

The published RT-qPCR protocol for detection and diagnostics of 2019-nCoV and the manuscript suffer from numerous technical and scientific errors, including insufficient primer design, a problematic and insufficient RT-qPCR protocol, and the absence of an accurate test validation. Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication. Further, serious conflicts of interest of the authors are not mentioned. Finally, the very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed here, or of problematic poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws. ([November 27, 2020 Critique of Drosten article](#), emphasis added)

The results of the PCR Test applied to SARS-2 are blatantly flawed. Drosten et al recommended the use of a 35-45 amplification threshold cycle (Ct), which was endorsed by the WHO in January 2020 and retracted one year later. (See our analysis on the WHO’s *Corrigendum* and *Mea Culpa* at the end of this chapter).

The RT-PCR Test. CDC “Estimates” of So-called Covid-19 “Positive Cases”. How is the Data Tabulated?

Below is a screen shot of the [CDC form](#) entitled Human Infection with 2019 Novel Coronavirus Case Report Form to be filled in by authorized medical/ health personnel

Note the categorization, bearing in mind that neither the “Probable Case” nor the (RT-PCR) “Lab-confirmed case” are “confirmed”. Moreover, there is no way to identify the SARS-CoV-2 virus in a PCR lab test (as stated above).

Case Classification and Identification

What is the current status of this person?

☐ Lab-confirmed case* ☐ Probable case

If probable, select reason for case classification:

- ☐ Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing*
- ☐ Meets presumptive lab evidence[±] AND either clinical criteria OR epidemiologic evidence
- ☐ Meets vital records criteria with no confirmatory lab testing

*Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test

[±] Detection of specific antigen in a clinical specimen, OR detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection

In the US, the probable (PC) and the lab confirmed cases (CC) are lumped together. And the total number (PC + CC) constitutes the basis for establishing the data for COVID-19 infection. It's like adding apples and oranges.

The total figure (PC+CC) categorized as "Total cases" is meaningless. It does not measure positive COVID-19 Infection.

Most of the "presumptive tests" are undertaken by private clinics or commercial clinics.

In the UK, according to a [Daily Telegraph May 21 report](#): "samples taken from the same patient are being recorded as two separate tests in the Government's official figures".

Tens of thousands of coronavirus tests have been double-counted, officials admit

Two samples taken from the same patient are being recorded as two separate tests in the Government's official figures

By Mason Boycott-Owen *and* Paul Nuki, GLOBAL HEALTH SECURITY EDITOR, LONDON

21 May 2020 • 9:00pm

This is only one example of data manipulation.

In the US, clinics are paid (\$\$\$) to hike up the number of Covid-19 admissions. A probable case does not require a lab exam: "Meets vital records criteria with no confirmatory lab testing" (see form above)

COVID-19 Recovery Rates

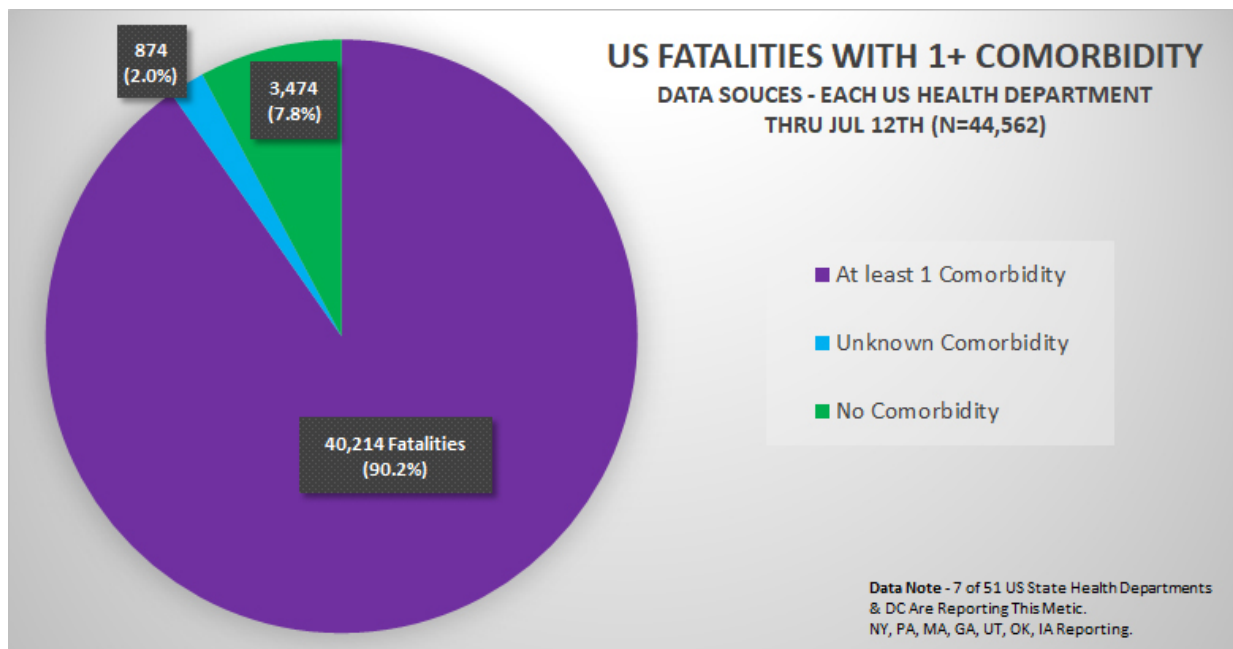
The CDC Data tabulates both "confirmed" and "presumptive" positive cases since January 21, 2020. Yet what it fails to make public is that among the confirmed and presumptive cases, a large number of Americans have recovered. But nobody talks about recovery. It does not make the headlines.

The Falsification of Death Certificates in the U.S.

At the outset of the pandemic, the CDC had been instructed to change the methodology

regarding Death Certificates with a view to artificially inflating the numbers of “Covid deaths”. According to [H. Ealy, M. McEvoy et al](#)

“The 2003 guidelines for establishing death certificates had been cancelled. “Had the CDC used its industry standard, *Medical Examiners’ and Coroners’ Handbook on Death Registration and Fetal Death Reporting Revision 2003*, as it has for all other causes of death for the last 17 years, the COVID-19 fatality count would be approximately 90.2% lower than it currently is.” ([Covid-19: Questionable Policies, Manipulated Rules of Data Collection and Reporting. Is It Safe for Students to Return to School?](#) By [H. Ealy](#), [M. McEvoy](#), and [et al.](#), August 09, 2020



CDC Deaths Attributed to COVID-19. Comorbidities

A December 2020 CDC report confirms that [94% of the deaths attributed to Covid have “comorbidities”](#), (i.e. deaths due to other causes).

For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. The number of deaths with each condition or cause is shown for all deaths and by age groups.



[On March 21, 2020 the following specific guidelines were introduced by the CDC](#) regarding Death Certificates (and their tabulation in the National Vital Statistics System (NVSS))

COVID-19: The “Underlying Cause of Death” and the CDC’s “More Often Than Not” Clause

Will [COVID-19 be the underlying cause of death?](#) This concept is fundamental.

The underlying cause of death is defined by the WHO as “the disease or injury that initiated the train of events leading directly to death”.

What the CDC is recommending with regards to statistical coding and categorization is that COVID-19 is expected to be the underlying cause of death “more often than not.”

The CDC combines these two criteria. “underlying cause of death”, more often than not.

[Will COVID-19 be the underlying cause of death?](#)

“The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID- 19 being the underlying cause more often than not.”

The above directive is categorical.

Below are CDC concepts and justifications

The Certifier is not allowed to report coronavirus without identifying a specific strain. And the guidelines recommend that COVID-19 must always be indicated.

Will COVID-19 be the underlying cause?

The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

What happens if certifiers report terms other than the suggested terms?

If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19. As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code. However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

(see below): (source CDC)

The certifier cannot depart from the CDC criteria. Covid-19 is imposed. Read carefully the criteria below:

“What happens if certifiers report terms other than the suggested terms?

If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19.

As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code. However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

What happens if the terms reported on the death certificate indicate uncertainty?

If the death certificate reports terms such as “probable COVID-19” or “likely COVID-19,” these terms would be assigned the new ICD code. It is not likely that NCHS will follow up on these cases.

If “pending COVID-19 testing” is reported on the death certificate, this would be considered a pending record. In this scenario, NCHS would expect to receive an updated record, since the code will likely result in R99. In this case, NCHS will ask the states to follow up to verify if test results confirmed that the decedent had COVID-19.

... COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc.”

There are no loopholes. These CDC directives have contributed to categorizing Covid-19 as the recorded “cause of death”. Two fundamental concepts prevail throughout:

1. The “underlying cause of death”
2. The “More Often than Not” Clause which falsifies the Cause of Death

And these criteria are imposed despite the fact that the RT-PCR test used to corroborate the “cause of death” provides misleading results.

In practice, as outlined above: “probable COVID-19” or “likely COVID-19,” will be considered as the cause of death without the conduct of a PCR test and without performing an autopsy.

Case Study: Flawed “Estimates” of the Cause of Death in Quebec

The criteria establishing the “underlying” Cause of Death in the US are based on “the more often than not” clause (see above) established nationally by the CDC.

In Canada, the criteria differ from one province to another. [Categorizing the cause of death in Canada’s Province of Quebec](#) has been the object of gross manipulation.

According to a [directive from Quebec’s Ministry of Health](#) (April 2020):

“If the presumed cause of death is Covid-19 (with or without a positive test) an autopsy should be avoided [emphasis in original document] and death should be attributed to Covid-19 as the probable cause of death. In addition, deaths whose probable cause is Covid-19 are considered natural, and are not subject to a coroner’s notice.” (emphasis in the original document).

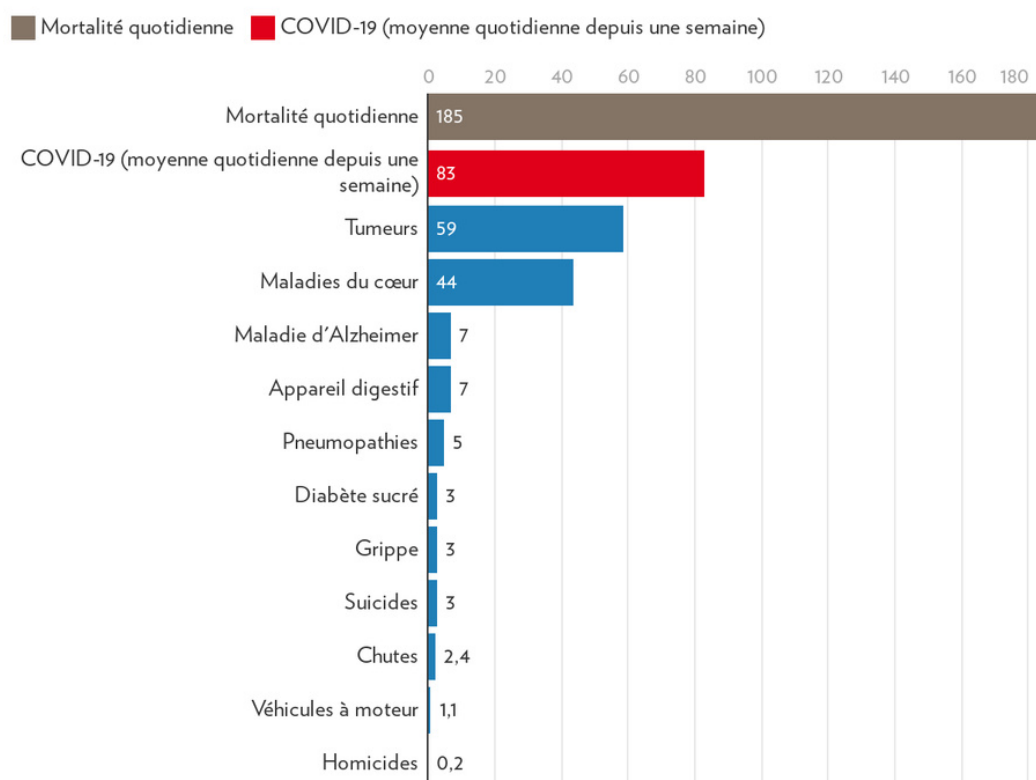
The directive does not allow the counting of co-morbidities. Applied on April 16, 2020, this directive was conducive to an immediate sharp increase in the number of deaths attributed to Covid-19:

44.9% of total deaths in Quebec were attributed to Covid-19 (week of 11-18 April 2020) (see table below).

According to Montreal's *La Presse*, "April [2020] was the deadliest month" . But did *La Presse* consult the directives of the Ministry of Health:

Below are the (daily) causes of death for Quebec corresponding to the week of April 12 to 18, 2020 (immediately following the government directive) measured according to the [criteria issued by the Ministry of Health](#).

Moyenne des décès quotidiens au Québec



Source : INSPQ, année 2018 pour les maladies, 2016 pour les chutes, accidents de véhicule, suicides et homicides



Are these figures the result of the so-called deadly pandemic? Or are they the result of the Ministry of Health's "guidelines" based on erroneous criteria?

- "presumed" case pertaining to Covid,
- "With or without a positive test",
- "probable" cause of death,
- "Autopsy should be avoided" in the case of Covid-19.
- "Deaths of which the probable cause is Covid-19, are considered natural, and are not the object of a notice to the coroner "

According to Mr. Paul G. Brunet, of the Council for the protection of the sick (CPM):

"... We realized through the denunciations by some of the doctors that people did not die from COVID, but from dehydration, malnutrition, abandonment, laments Mr. Brunet. So what did the thousands of people in CHSLDs [old persons nursing homes] and private residences really die of?" (quoted in *La Presse*, translated from French)

Test, Test, Test

The RT-PCR Test is known to produce a high percentage of false positives. People are frightened. They are encouraged to do the PCR test, which increases the number of fake positives. And governments are currently involved in increasing the number of PCR tests with a view to inflating the number of so-called Covid-19 positive cases. These so-called estimates are then used to justify the lockdown

But a PCR positive does not confirm a Covid-19 positive.

These inflated Covid positive “estimates” (from the PCR test) are then tabulated and used to sustain the fear campaign. The hype in Covid-19 deaths is based on flawed and biased criteria.

According to Dr. Pascal Sacré in an article entitled: [The COVID-19 RT-PCR Test: How to Mislead All Humanity. Using a “Test” To Lock Down Society](#): .

This misuse of RT-PCR technique is used as a relentless and intentional strategy by some governments, supported by scientific safety councils and by the dominant media, to justify excessive measures such as the violation of a large number of constitutional rights, the destruction of the economy with the bankruptcy of entire active sectors of society, the degradation of living conditions for a large number of ordinary citizens, under the pretext of a pandemic based on a number of positive RT-PCR tests, and not on a real number of patients.

[The RT- PCR tests do not prove infection](#):

“Today, as authorities test more people, there are bound to be more positive RT-PCR tests. This does not mean that COVID-19 is coming back, or that the epidemic is moving in waves. There are more people being tested, that’s all.”

This procedure of massive data collection is there to provide supportive (faulty) “estimates” (False positives) to justify the application of a lockdown coupled with a second Worldwide wave of economic and social destabilization. (See Chapters IV and X)

The WHO’s Retraction. “We Made a Mistake”. Recommends rRT-PCR “Re-Testing”

The Real Time Reverse Transcription Polymerase Chain Reaction (rRT-PCR) test was adopted by the WHO on January 23, 2020 as a means to detecting the SARS-COV-2 virus, following the recommendations of the Virology research group (based at Charité University Hospital, Berlin), supported by the [Bill and Melinda Gates Foundation](#). (See our analysis above on the [Drosten Study](#))

Exactly one year later on January 20th, 2021, the WHO retracts. They don’t say “We Made a Mistake”. The retraction is carefully formulated. (See the [WHO’s retraction notice dated January 20, 2021](#))

While the WHO does not deny the validity of their misleading January 2020 guidelines,

they nonetheless recommend “Re-testing” (which everybody knows is an impossibility).

The contentious issue pertains to the number of amplification threshold cycles (Ct). According to Pieter Borger, et al

The number of amplification cycles [should be] less than 35; preferably 25-30 cycles. In case of virus detection, >35 cycles only detects signals which do not correlate with infectious virus as determined by isolation in cell culture...([Critique of Drosten Study](#))

The World Health Organization (WHO) tacitly admits one year later that ALL PCR tests conducted at a 35 cycle amplification threshold (Ct) or higher are INVALID. But that is what they recommended in January 2020, in consultation with the virology team at Charité Hospital in Berlin.

If the test is conducted at a 35 Ct threshold or above (which was recommended by the WHO), segments of the SARS-CoV-2 virus cannot be detected, which means that ALL the so-called confirmed “positive cases” tabulated in the course of the last 14 months are invalid.

According to [Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, et al](#), the Ct > 35 has been the norm “in most laboratories in Europe & the US”.

The WHO’s Mea Culpa

Below is the WHO’s carefully formulated “Retraction”. The full text with link to the original document is in annex:

“WHO guidance [Diagnostic testing for SARS-CoV-2](#) states that careful interpretation of weak positive results is needed (1). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient’s viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology. (emphasis added)

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (2). 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.”

“Invalid Positives” is the Underlying Concept

This is not an issue of “Weak Positives” and “Risk of False Positive Increases”. What is at stake is a “Flawed Methodology” which leads to invalid estimates.

What this admission of the WHO confirms is that the estimate of covid positive from a PCR test (with an amplification threshold of 35 cycles or higher) is invalid. In which case, the WHO recommends retesting: “a new specimen should be taken and retested...”.

[The WHO calls for “Retesting”](#), which is tantamount to “We Screwed Up”.

That recommendation is pro-forma. It won’t happen. Millions of people Worldwide have already been tested, starting in early February 2020. Nonetheless, we must conclude that unless retested, those estimates (according to the WHO) are invalid.

From the outset, the PCR test has routinely been applied at a Ct amplification threshold of 35 or higher, following the January 2020 recommendations of the WHO. What this means is that the RT-PCR methodology as applied Worldwide has in the course of the last 12-14 months led to the compilation of faulty and misleading Covid statistics.

And these are the statistics which are used to measure the progression of the so-called “pandemic”. Above an amplification cycle of 35 or higher, the test will not detect the virus. Therefore, the official “covid numbers” are meaningless.

It follows that there is no scientific basis for confirming the existence of a pandemic.

Which in turn means that the lockdown / economic measures which have resulted in social panic, mass poverty and unemployment (allegedly to curtail the spread of the virus) have no justification whatsoever.

According to scientific opinion:

“if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97% ([Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, et al, Critique of Drosten Study](#))

3. The number of amplification cycles (less than 35; preferably 25-30 cycles);

In case of virus detection, >35 cycles only detects signals which do not correlate with infectious virus as determined by isolation in cell culture [reviewed in 2]; if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97% [reviewed in 3]

.

As outlined above, “the probability that said result is a false positive is 97%”: It follows that using the >35 cycles detection will indelibly contribute to “hiking up” the number of “fake positives”.

At the time of writing (mid-March 2021), despite the WHO retraction, the PCR test is being used extensively to hike up the numbers with a view to sustaining the fear campaign, justifying the ongoing lockdown policies as well as the implementation of the Covid vaccine.

Ironically, the flawed numbers based on “invalid positives” are in turn being manipulated to ensure an upward trend in Covid positives.

Moreover, those PCR tests are not routinely accompanied by a medical diagnosis of the patients who are being tested.

And now, national health authorities have issued (fake) warnings of a “Third Wave” as part of their propaganda campaign in support of the Covid-19 Vaccine.

The WHO confirms that the Covid PCR test procedure as applied is invalid. There is absolutely no scientific basis for implementing the Covid Vaccine.

Both the WHO and the scientific assessment of Pieter Borger, et al (quoted above) confirm unequivocally that the tests adopted by governments to justify the lockdown and the destabilization of national economies are INVALID.

Concluding Remarks. Invalid Data and the “Numbers’ Game”

It should be understood that these “invalid estimates” based on a faulty PCR methodology (which the WHO has now acknowledged) are the “numbers” quoted relentlessly 24/7 by the media in the course of the “First Wave” and “Second Wave”, which have been used to feed the fear campaign and “justify” ALL the policies put forth by the governments:

- lockdown,
- closure of economic activity,
- restrictions on social gatherings, family reunions, weddings, funerals
- closure or partial closure of schools, colleges and universities
- closure of cultural and sports events
- closure of museums
- confinement leading to job losses,
- the triggering of poverty and mass unemployment,
- bankruptcies
- social distancing,
- face mask,
- curfew,
- the vaccine.
- the health passport

And Now we have entered a so-called “Third Wave”.

But where’s the data? How are the tests being conducted?

What is the underlying methodology in relation to the amplification cycles (Ct) threshold? How are the estimates of positive cases being conducted and tabulated?

Annex to Chapter III

[Full text of the WHO directive dated January 20, 2021](#)

WHO Information Notice for IVD Users 2020/05

Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

20 January 2021 | Medical product alert | Geneva | Reading time: 1 min (370 words)

Product type: Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

Date: 13 January 2021

WHO-identifier: 2020/5, version 2

Target audience: laboratory professionals and users of IVDs.

Nucleic Acid Testing (NAT) Technologies that Use Polymerase Chain Reaction (PCR) for Detection of SARS-CoV-2

Product type: Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

Date: 13 January 2021

WHO-identifier: 2020/5, version 2

Target audience: laboratory professionals and users of IVDs.

Purpose of this notice: clarify information previously provided by WHO. This notice supersedes WHO Information Notice for In Vitro Diagnostic Medical Device (IVD) Users 2020/05 version 1, issued 14 December 2020.

Description of the problem: WHO requests users to follow the instructions for use (IFU) when interpreting results for specimens tested using PCR methodology.

Users of IVDs must read and follow the IFU carefully to determine if manual adjustment of the PCR positivity threshold is recommended by the manufacturer.

WHO guidance [Diagnostic testing for SARS-CoV-2](#) states that careful interpretation of weak positive results is needed (1). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology.

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (2). 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.

Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information.

Actions to be taken by IVD users:

1. Please read carefully the IFU in its entirety.
2. Contact your local representative if there is any aspect of the IFU that is unclear to you.
3. Check the IFU for each incoming consignment to detect any changes to the IFU.
4. Provide the Ct value in the report to the requesting health care provider.

Notes

1. Diagnostic testing for SARS-CoV-2. Geneva: World Health Organization; 2020, WHO reference number WHO/2019-nCoV/laboratory/2020.6.

2. Altman DG, Bland JM. Diagnostic tests 2: Predictive values. BMJ. 1994 Jul 9;309(6947):102. doi: 10.1136/bmj.309.6947.102.

Chapter IV

Engineered Economic Depression

At the time of writing, there are essentially four distinct phases in the engineered destabilization of the global economy.

- The First phase was launched in late January, when the Trump administration announced (Jan 31, 2020) that it will deny entry to [foreign nationals “who have traveled in China in the last 14 days”](#). This immediately triggered a crisis in air transportation. China-US trade as well as the tourism industry were affected.
- The second phase was initiated on February 20th, following WHO Director General’s Dr. Tedros warning that a pandemic was imminent, which served to trigger the beginning of the 2020 Corona Financial crash.
- The third Phase was launched with the March 11 lockdown and closing down of 190 national economies, with devastating social consequences and
- A Fourth phase was initiated in October-November coinciding with the so-called “Second Wave”.
- A “Third Wave” was launched in early 2021.

The Disruption of US-China Trade

Trump’s decision on January 31, 2020 was taken immediately following the announcement

by the WHO Director General of a Public Health Emergency of International Concern (PHEIC) (January 30, 2020). In many regards, this was an act of “economic warfare” against China.

And then, following Trump’s January 31st 2020 decision to curtail air travel and transportation to China, a campaign was launched in Western countries against China as well against ethnic Chinese. [The Economist reported](#) that “The coronavirus spreads racism against and among ethnic Chinese”

“Britain’s Chinese community faces racism over coronavirus outbreak”

According to the [South China Morning Post \(Hong Kong\)](#):

“Chinese communities overseas are increasingly facing racist abuse and discrimination amid the coronavirus outbreak. Some ethnic Chinese people living in the UK say they experienced growing hostility because of the deadly virus that originated in China.”

And this phenomenon happened all over the U.S.



China Town, San Francisco

US-China Trade. America’s Dependence on “Made in China”

What the Trump administration failed to comprehend is that the United States is heavily dependent on commodity imports from China.

The unspoken truth is that America is an import led economy (resulting from offshoring) with a weak manufacturing base, heavily dependent on imports from the PRC. Despite America’s financial dominance and the powers of the dollar, there are serious failures in the structure of America’s “Real Economy” which have been exacerbated by the corona crisis.

US imports from China have declined significantly as a result of the “pandemic”, the impacts on US retail trade are potentially devastating. This process of disruption affecting production, supply lines, international transport started in early February, following Trump’s declaration on January 31st 2020

Political and geopolitical factors played a key role including the anti-Chinese campaign launched in February 2020 as well threats by the Trump administration, claiming that China was responsible for “spreading the virus”.

The impacts on bilateral US-China trade were devastating: US commodity imports from China declined by 28.3% (average over first three months of 2020 in relation to first 3 months of 2019).

Following the March 11 lockdown and closure of the global economy, the decline of [US imports from China in March 2020 were of the order of 36.5%](#) (in relation to March 2019). The decline in China’s exports to the US recorded in April and May were of the order 7.9% to 8.5% in relation to April-May 2019.

Moreover, according to figures quoted by the [the Financial Times](#) (largely attributable to the deep-seated financial crisis which started in February 2020), the value of (announced) Chinese direct investment projects into the US had fallen by about 90%: \$200 million in the first quarter of 2020, down from an average of \$2 Billion per quarter in 2019.

“Chinese direct investment into the US stood at \$5bn, a slight drop from \$5.4bn in 2018 and well off a recent peak of \$45bn in 2016, when Chinese companies were much more free to acquire US counterparts”

While the US economy had entered into a deep-seated crisis (starting in February 2020 with the financial crash), China’s economy had recovered: [China’s overall exports Worldwide \(dollars\) in April rose by 3.5%](#) (in relation to April 2019).

What has transpired is a major redirection of China’s exports to the European Union (EU) and the rest of the World, which inevitably affects “Made in China” retail trade throughout the US.

The geopolitical implications are far-reaching, while the real economy in the US is in a shambles, China has now become the EU’s largest trading partner.

The February 2020 Corona Financial Crash

Speculative trade and financial fraud played a key role. On Thursday the 20th of February afternoon in Geneva, (CET Time) [the WHO Director General](#). Dr Tedros Adhanom Ghebreyesus held a press conference. I am “concerned”, he said, “that the chance to contain the coronavirus outbreak” is “closing” ...

“I believe the window of opportunity is still there, but that the window is narrowing.”

These “shock and awe” statements contributed to triggering panic, despite the fact that the number of confirmed cases outside China was exceedingly low: 1076 cases outside China, for a population of 6.4 billion. (Excluding the Diamond Princess, there were 452 so-called “confirmed cases” Worldwide)

The statement by Dr. Tedros (based on flawed concepts and statistics), set the stage for the February financial collapse triggered by inside information, foreknowledge, derivative trade, short-selling and a galore of hedge fund operations.

COVID-19 was narrowly identified as the catalyst of the financial crash.

Who was behind this catalyst?

Who was behind the fear campaign which contributed to triggering chaos and uncertainty on financial markets?

The small number of confirmed cases outside China (1076) did not in any way confirm the spread of a Worldwide epidemic. But this did not prevent the markets from plummeting.

The markets had been manipulated. Whoever had foreknowledge (inside information) of the WHO Director General's February 20th, 2020 statement would have reaped significant monetary gains.



Was there a conflict of interest ([as defined by the WHO](#))? The WHO receives funds from the Gates Foundation. Bill Gates has “60% of his assets invested in equities [including stocks and index funds]”, according to a [September 2019 CNBC report](#).

The stock market crash initiated on February 20th referred to as the 2020 Coronavirus Crash (February 20-April 7, 2020), was categorized as:

“the fastest fall in global stock markets in financial history, and the most devastating crash since the Wall Street Crash of 1929.”

The cause of the financial crash was (according to “analysts”) V. The Virus, namely, the “massive spread” of the epidemic outside China. But that was an outright lie: there were only 1076 cases Worldwide for a population of 6.4 billion outside China. (see Chapter III). Media disinformation played a key role in spearheading the fear campaign

Insider Trading and Financial Fraud

The possibility of financial fraud and “inside trading” (which is illegal) was casually dispelled by financial analysts and media reports.

Without the human hand, there is no causal relationship between a microscopic virus and the complex gamut of financial variables.

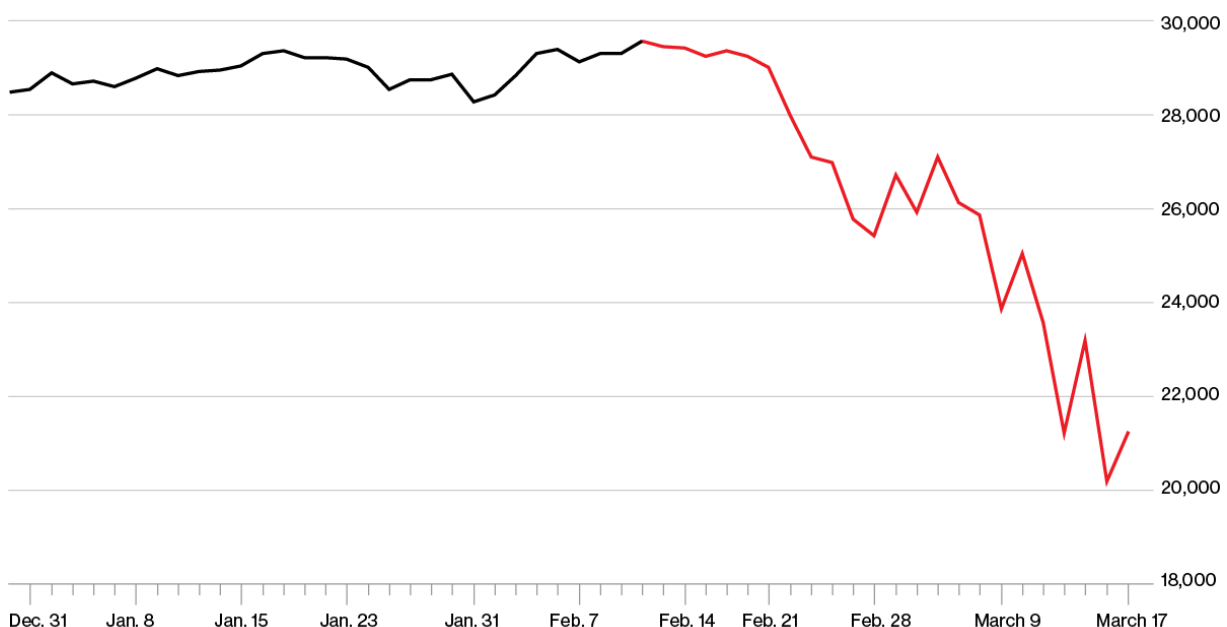
The “killer virus” fear campaign coupled with Dr. Tedros’ timely “warnings” of the need to implement a Worldwide pandemic indelibly served the interests of Wall Street’s institutional speculators and hedge funds. The financial crash led to a major shift in the distribution of money wealth. (See analysis in Chapter V)

In the week following the February 20-21 WHO announcement, the Dow Jones collapsed by 12% ([CNBC](#), February 28, 2020). According to analysts, the plunge of the DJIA was the result of the Worldwide spread of the virus. A nonsensical statement in contradiction with the (small) number of WHO Covid positive estimates (1076 outside China), most of which were based on the faulty PCR test.



On Monday, February 24th upon the reopening of stock markets, there was an unprecedented plunge in the Dow Jones attributable to the “impending dangers” that “Covid was spreading Worldwide creating uncertainties in financial markets”.

“Stocks fell sharply on Monday (February 24) as the number of coronavirus cases outside China surged, stoking fears of a prolonged global economic slowdown from the virus spreading. The [Dow Jones Industrial Average](#) closed 1,031.61 points lower, or 3.56%, at 27,960.80.” (CNBC) (emphasis added)



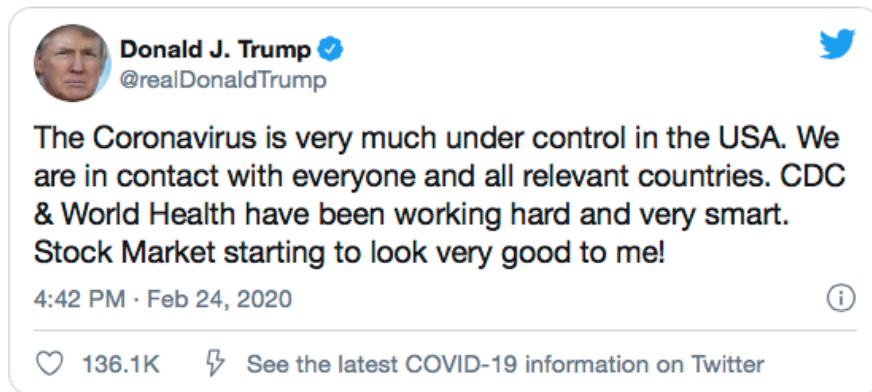
Dow Jones Industrial Average December 2019 – March 2020

Also on February 24th, Trump requested a \$1.25 billion emergency aid.

February 24: Stock market tumbles, Trump claims control

Trump asks for a \$1.25bn in emergency aid after the Dow Jones Industrial Average tumbles 1,000 points on coronavirus fears.

He tweets that the virus “is very much under control” and the stock market “starting to look very good to me!”



According to the BBC, [Worldwide stock markets saw sharp falls](#) “because of concerns about the economic impact of the virus”, suggesting that the Virus was “the invisible “hand” responsible for the decline of financial markets.

COVID-19 was narrowly identified as the catalyst of the financial crash.

Who was behind the fear campaign which contributed to triggering chaos and uncertainty on financial markets coupled with bankruptcies and a massive redistribution of money wealth?

March 11, 2020: The Covid-19 Pandemic, Lockdown, Closing Down of 190 National Economies

On March 11, 2020: the WHO officially declared a Worldwide pandemic at a time when there were 118,000 confirmed cases and 4291 deaths Worldwide (including China). (March 11, 2020, according to press conference). What do these “statistics” tell you?

The number of confirmed cases outside of China (6.4 billion population) was of the order of [44279 and 1440 deaths](#) (figures recorded for March 11 by the WHO, (on March 12). (There is a contradiction in the number of deaths outside China recorded by the WHO. In Tedros’ WHO press conference: 4291 outside China). (See Chapter III).

Immediately following the March 11, 2020 WHO announcement, the fear campaign went into high gear. As in the case of the February 20-21 crash, the March 11 statement by the WHO Director General had set the stage.

Stock markets crashed worldwide. On the following morning, the Dow (DJIA) plummeted by 9.99% (A decline of **2,352.60** to close at 21,200.62) Black Thursday, March 12, 2020 was [“the Dow’s worst day” since 1987](#). Financial fraud was the trigger. A massive transfer of

financial wealth had taken place in favor of America's billionaires. (see chapter V)

"Stay at Home" confinement instructions were transmitted to 193 member states of the United Nations. Politicians are the instruments of powerful financial interests. Was this far-reaching decision justified as a means to combating the Virus?

The decision was based on a flawed lockdown model designed by Imperial College London.

Unprecedented in history, applied almost simultaneously in a large number countries, entire sectors of the World economy were destabilized. Small and medium sized enterprises were driven into bankruptcy. Unemployment and poverty are rampant.

In several developing countries, famines have erupted out (see analysis below). The social impacts of these measures are devastating. The health impacts (mortality, morbidity) of these measures including the destabilization of the system of national health care (in numerous countries) far surpass those attributed to Covid-19.

Economic Warfare

The instructions came from above, from Wall Street, the World Economic Forum, the billionaire foundations. This diabolical project is casually described by the corporate media as a "humanitarian" public health endeavor. The "international community" has a "Responsibility to Protect" (R2P). An unelected "public-private partnership" under the auspices of the World Economic Forum (WEF), has come to the rescue of Planet Earth's 7.8 billion people. The closure of the global economy is presented as a means to "killing the virus".

Sounds absurd. Closing down the real economy of Planet Earth is not the "solution" but rather the "cause" of a process of Worldwide destabilization and impoverishment, which in turn will inevitably have an impact on patterns of morbidity and mortality. In this regard, what must be addressed is the causal relationship between economic variables (i.e purchasing power) and the state of health of the population.

The national economy combined with political, social and cultural institutions is the basis for the "reproduction of real life": income, employment, production, trade, infrastructure, social services.

Destabilizing the economy of Planet Earth cannot constitute a "solution" to combating the virus. But that is the imposed "solution" which they want us to believe in. And that is what they are doing.

The Lockdown and the Process of Engineered Bankruptcy

There is an important relationship between the "Real Economy" and "Big Money", namely the financial establishment.

What is ongoing is a process of concentration of wealth, whereby the financial establishment, (i.e. the multibillion dollar creditors) are slated to appropriate the real assets of both bankrupt companies as well as State assets.

The “Real Economy” constitutes “the economic landscape” of real economic activity: productive assets, agriculture, industry, goods and services, trade, investment, employment as well social and cultural infrastructure including schools, hospitals, universities, museums, etc. The real economy at the global and national levels is being targeted by the lockdown and closure of economic activity.

The lockdown instructions transmitted to national governments have been conducive to the destabilization of “the national economic landscape”, which consists of an entire economic and social structure. The “stay at home” lockdown prevents people from going to work. From one day to the next, it creates mass unemployment (Worldwide). In turn, the lockdown is coupled with the closure of entire sectors of the national economy.

The lockdown immediately contributes to the disengagement of human resources (labor) which brings productive activity to a standstill. On the one hand the channels of supply and distribution are frozen, which eventually leads to potential shortages in the availability of commodities.

In turn, several hundred million workers Worldwide lose their jobs and their earnings. While national governments have set up various “social safety nets” for the unemployed, the payment of wages and salaries by the employer is disrupted which in turn leads to a dramatic collapse of purchasing power.

It’s a payments crisis. Wages and salaries are not paid. Impoverished households are unable to purchase food, pay their rent or monthly mortgage. Personal and household debts (including credit card debts) go fly high. It’s a cumulative process.

The globalization of poverty leads to a decline in consumer demand which then backlashes on the productive system, leading to a further string of bankruptcies. Inevitably, the structure of international commodity trade is also affected.

Global Indebtedness

The Global Money financial institutions are the “creditors” of the real economy which is in crisis. The closure of the global economy has triggered a process of global indebtedness. Unprecedented in World history, a multi-trillion bonanza of dollar denominated debts is hitting simultaneously the national economies of 193 countries.

The creditors will also seek to acquire ownership and/or control of “public wealth” including the social and economic assets of the State through a massive indebtedness project under the surveillance of creditor institutions including the IMF, the World Bank, the regional development banks, etc.

Under the so-called “New Normal” [Great Reset put forth by the World Economic Forum \(WEF\)](#), the creditors (including the billionaires) are intent upon buying out important sectors of the real economy as well as taking over bankrupt entities (See Chapter IX)

Crisis of the Global Economy. The Evidence

In the sections below we review the dramatic impacts of the closure of the global economy focussing on bankruptcies, global poverty, unemployment, the outbreak of famines as well

as education.

Most of the figures quoted below are from UN, government and related sources, which tend to underestimate the seriousness of this ongoing global crisis, which is literally destroying people's lives.

Indebtedness in all sectors of economic activity Worldwide is the driving force.

What is presented below is but the tip of the iceberg. Much of the data corresponds to the first 6-8 months of 2020. The devastating impacts of the Second Wave lockdown which are ongoing are yet to be assessed:

Bankruptcies

The wave of bankruptcies triggered by the closure of the World economy affects both Small and Medium Sized Enterprises (SME) as well as large Corporations. The evidence suggests that small and medium sized enterprises are literally being wiped out.

According to a survey by the International Trade Centre, quoted by the OECD, pertaining to SMEs in 132 countries:

two-thirds of micro and small firms report that the crisis strongly affected their business operations, and one-fifth indicate the risk of shutting down permanently within three months. Based on several surveys in a variety of countries, McKinsey (2020) indicates that between 25% and 36% of small businesses could close down permanently from the disruption in the first four months of the pandemic. ([OECD Report](#), emphasis added)

According to Bloomberg: "Over half of Europe's small and medium-sized businesses say they face bankruptcy in the next year if revenues don't pick up, underscoring the breadth of damage wrought by the Covid-19 crisis.

One in five companies in Italy and France anticipate filing for insolvency within six months, according to a McKinsey & Co. survey in August of more than 2,200 SMEs in Europe's five largest economies.

The surveys tend to underestimate the magnitude of this unfolding catastrophe. The numbers are much larger than what is being reported.

In the US, the bankruptcy process is ongoing. According to a group of academics in a letter to Congress:

"we anticipate that a significant fraction of viable small businesses will be forced to liquidate, causing high and irreversible economic losses,. "Workers will lose jobs even in otherwise viable businesses. ...

"A run of defaults looks almost inevitable. At the end of the first quarter of this year, U.S. companies had amassed nearly \$10.5 trillion in debt — by far the most since the Federal Reserve Bank of St. Louis began tracking the figure at the end of World War II. "An explosion in corporate debt," Mr. Altman said" ([NYT](#), June, 16, 2020).

With regard to small businesses in the US:

almost 90% of small businesses experienced a strong (51%) or moderate (38%) negative impact from the pandemic; 45% of businesses experienced disruptions in supply chains; 25% of businesses has less than 1-2 months cash reserves." ([OECD](#))

The results of a survey of over 5 800 small businesses in the United States:

... shows that 43% of responding businesses are already temporarily closed. On average, businesses reduced their employees by 40%. Three-quarters of respondents indicate they have two months or less in cash in reserve. ... (OECD)

[In a recent survey:](#)

"half of all US small business owners in the entire country believe that they may soon be forced to close down for good. Not even during the Great Depression of the 1930s did we see anything like this"

Global Unemployment

A massive Worldwide contraction in employment is ongoing. In an August report, the [International Labour Organization \(ILO\)](#) confirms that:

The COVID-19 crisis has severely disrupted economies and labour markets in all world regions, with estimated losses of working hours equivalent to nearly 400 million full-time jobs in the second quarter of 2020, most of which are in emerging and developing countries...(ILO, 2020a). ...

Among the most vulnerable are the 1.6 billion informal economy workers, representing half of the global workforce, who are working in sectors experiencing major job losses or have seen their incomes seriously affected by lockdowns.

The COVID-19 crisis is disproportionately affecting 1.25 billion workers in at-risk jobs, particularly in the hardest-hit sectors such as retail trade, accommodation and food services, and manufacturing (ILO, 2020b). Most of these workers are self-employed, in low-income jobs in the informal sector... Young people, for example, are experiencing multiple shocks including disruption to education and training, employment and income, in addition to greater difficulties in finding jobs.

[VIDEO: The 2020 Economic Crisis. Global Poverty, Unemployment and Despair](#)

The ILO does not in any way explain the political causes of mass unemployment, resulting from actions taken by national governments, allegedly with a view to resolving the Covid pandemic. Moreover, the ILO tends to underestimate both the levels as well as the dramatic increase in unemployment.

Governments are under the control of global creditors. What is contemplated for the post-Covid era is the implementation of massive austerity measures including the cancellation of workers' benefits and social safety nets.

Unemployment in the U.S.



In the US, “more than 30 million people, over 15% of the workforce, have applied for unemployment benefits...” ([CSM, May 6, 2020](#)).

Announced in early December: ““More than 10 million Americans are projected to lose their unemployment benefits the day after Christmas unless Congress acts to extend key pandemic-related programs – a prospect that as of now looks uncertain at best.” ([US News and World Report](#))

The cliff edge looms as coronavirus cases surge around the country and applications for unemployment benefits rise with states and localities reimposing virus-related restrictions. The lapse is also set to occur as protections for renters, student loan borrowers and homeowners expire – a potential devastating confluence of events for both individuals, whose savings have been ravaged by the pandemic, and the economy at large, which is gradually clawing its way back from the coronavirus-induced recession.

When the programs lapse at the end of December [2020], an estimated 12 million people could lose jobless benefits, [according](#) to the Century Foundation. ([US News and World Report](#))

During the [most severe Main Street economic collapse](#) in US history — with over one-fourth of working-age Americans jobless — an additional calamity looms:

According to Census Bureau estimates, 30 to 40 million Americans face possible eviction in 2021 for lack of income to pay rent or service mortgages.

Without federal aid or an extended rent moratorium, a calamity of biblical proportions may unfold in the coming months. [Stephen Lendman](#)

Unemployment in the European Union (EU)

“[Unemployment across the whole of the European Union](#) is expected to rise to nine percent in 2020, in the wake of the Coronavirus pandemic and subsequent lockdowns enforced by national governments”.

[According to official EU figures:](#)

Greece, Spain and Portugal ... have once again seen large rises in youth unemployment since the start of the pandemic. Greece saw a surge from 31.7 percent in March to 39.3 percent in June, while Spain and Portugal had similar increases, from 33.9 percent to 41.7 percent and 20.6 percent to 27.4 percent, respectively.

Unemployment in Latin America

In Latin America, the average unemployment rate was estimated at 8.1 per cent at the end of 2019. [The ILO states](#) that it could rise by a modest 4 to 5 percentage points to 41 million unemployed.

In absolute numbers, these rates imply that the number of people who are looking for jobs but are not hired rose from 26 million before the pandemic to 41 million in 2020, as announced by ILO experts.

These estimates of the ILO and the World Bank are misleading. According to the [Inter American Development Bank \(IDB\)](#), the increase in unemployment for the Latin American region is of the order of 24 million, with jobs losses in Colombia of the order of 3.6 million, Brazil, 7.0 million and Mexico 7.0 million.

Even these figures tend to underestimate the dramatic increase in unemployment. And the situation is likely to evolve in course of the Second Wave lockdown which has triggered a renewed wave of bankruptcies.

According to a Survey conducted by the Instituto Nacional de Estadística y Geografía (INEGI) the increase in [unemployment in Mexico was of the order of 12.5 million](#) in April, i.e. in the month following the March 11, 2020 lockdown and closure of the national economy.

The Outbreak of Famines

Famines have erupted in at [least 25 developing countries](#) according to UN sources. According to the FAO July 17, 2020

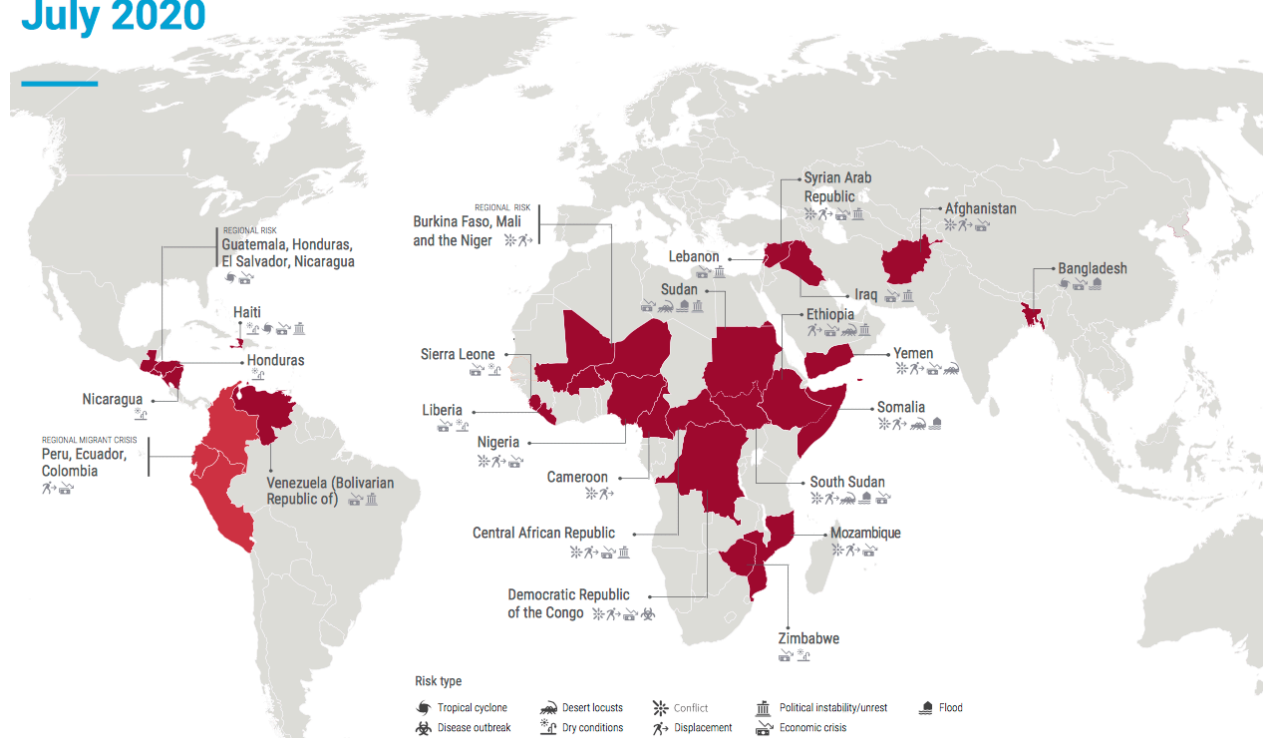
The UN's Food and Agriculture Organization (FAO) and World Food Programme (WFP) identifies 27 countries that are on the frontline of impending COVID-19-driven food crises, as the pandemic's knock-on effects aggravate pre-existing drivers of hunger.

No world region is immune, from Afghanistan and Bangladesh in Asia, to Haiti, Venezuela and Central America, to Iraq, Lebanon, Sudan and Syria in the Middle East to Burkina Faso, Cameroon, Liberia Mali, Niger, Nigeria, Mozambique, Sierra Leone and Zimbabwe in Africa.

The [joint analysis by FAO and WFP](#) warns these "hotspot countries" are at high risk of – and in some cases are already seeing – significant food security deteriorations in the coming months, including rising numbers of people pushed into acute hunger.

FAO-WFP early warning analysis of acute food insecurity hotspots

July 2020



The COVID-19 pandemic has potentially far-reaching and multifaceted indirect impacts on societies and economies, which could last long after the health emergency is over. These could aggravate existing instabilities or crises, or lead to new ones with repercussions on food security, nutrition and livelihoods.

With over two billion people, or 62 percent of all those working worldwide, employed in the informal economy according to ILO data, millions of people face a growing risk of hunger. Earnings for informal workers are estimated to decline by 82 percent, with Africa and Latin America to face the largest decline (ILO 2020). ([FAO](#), p. 6)

Famine and Despair in India

The social and economic impacts of the March 11 Lockdown in India are devastating triggering a wave of famine and despair. [“Millions of people who have lost income](#) now face increased poverty and hunger, in a country where even before the pandemic 50 percent of all children suffered from malnourishment”

In late November, the largest general strike in the country’s history was carried out against the Modi government with more than 200 million workers and farmers. [According to the Mumbai University and College Teachers’ Union:](#)

This strike is against the devastating health and economic crisis unleashed by COVID-19 and the lockdown on the working people of the country. This has been further aggravated by a series of anti-people legislations on agriculture

and the labour code enacted by the central government. Along with these measures, the National Education Policy (NEP) imposed on the nation during the pandemic will further cause irreparable harm to the equity of and access to education.

According to [Left Voice](#):

“The pandemic has spread from major cities such as Delhi, Mumbai, and other urban centers to rural areas where public health care is scarce or non-existent. The Modi government has handled the pandemic by prioritizing the profits of big business and protecting the fortunes of billionaires over protecting the lives and livelihoods of workers.”

Food Insecurity in the U.S.

Nutrition and food insecurity is not limited to developing countries. In the US, according to [Stephen Lendman](#):

“Around one in four US households experienced food insecurity this year — over 27% of households with children.

A Northwestern University Institute for Policy Research study estimates the number of food insecure households with children at nearly 30%. Black families are twice as food insecure as their white counterparts. Latino households are also disproportionately affected.”

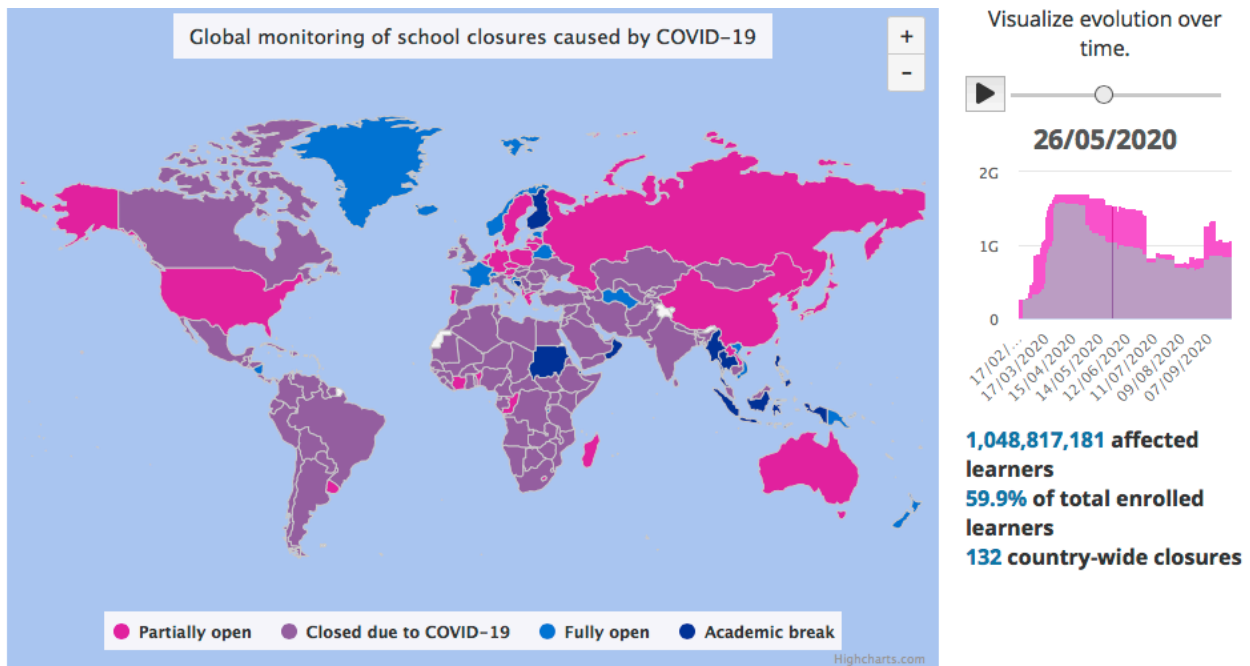
Education: The Impacts on Our Children

The very foundations of civil society are threatened. [UNICEF estimates that 1.6 billion children and adolescents are affected](#) by the closure of schools Worldwide.

“As the COVID-19 pandemic has spread across the globe, a majority of countries have announced the temporary closure of schools, impacting more than 91 per cent of students worldwide... Never before have so many children been out of school at the same time...

Colleges and universities are also paralysed. Students are denied the right to education. While [UNESCO confirms that more than one billion learners are affected](#), it offers no concrete solution or critique. The official narrative imposed by the so-called “public / private partnership” which is imposed on national governments has been adopted at face value.

School closures have been implemented in 132 countries. See diagram below (UNESCO, May 2020).



click map [to access UNESCO report.](#)

The Macro-Economic Implications: Supply, Demand and The Fiscal Crisis of the State

The above review of the economic and social impacts points to a complex process. Large sectors of the World population have been precipitated into poverty and despair.

I will attempt to conclude this chapter with some simple concepts which describe the nature of this Worldwide crisis.

The Lockdown has triggered a process of Worldwide economic destabilization which directly affects both “Supply” and “Demand” relations. It’s the most serious economic crisis in World history affecting simultaneously more than a 150 countries.

“Supply” pertains to the production of goods and services, namely the activities of the “Real Economy”.

“Demand” pertains to the ability of consumers given their purchasing power to acquire goods and services.

Both supply and demand relations are in jeopardy.

Worldwide, large sectors of industry, agriculture and urban services stand idle. The lockdown initiated in March 2020 has triggered bankruptcies and unemployment, which in turn have been conducive to a process of disengagement of human resources (labor) and productive assets from the economic landscape.

The freeze of air-travel, the contraction in international trade in the course of the last year has also contributed to a massive decline in production and investment.

As documented in this chapter, the consequences are twofold:

On the supply side, a massive contraction in the production and availability of goods and

services (commodities) is unfolding. Entire sectors of the global economy are “not producing”: scarcities of certain commodities and services have emerged.

On the demand side, mass unemployment and poverty triggered by the lockdown has contributed to an unprecedented collapse in purchasing power (of families and households Worldwide), which in turn has led to the collapse in the demand for goods and services. People do not have money to buy food.

Contraction of production (supply) coupled with the collapse of purchasing power (demand) is conducive to a deep-seated economic depression.

In turn, the collapse in purchasing power resulting from mass unemployment has led to a mounting personal debt crisis.

The Fiscal Crisis of the State

Public sector activities (funded by the State) including health, education, culture, sports and the arts are also in jeopardy.

Since the onset of the corona crisis, the public debt in country after country has gone fly high.

Why? The answer is obvious.

Bankrupt companies no longer pay taxes.

Unemployed workers (without earnings) no longer pay taxes.

Tax dollars are no longer coming into the coffers of the State.

The increase in global unemployment and poverty coupled with bankruptcies have led to an unprecedented fiscal crisis.

The creditors of the state are “Big Money”. Ultimately they call the shots. What is unfolding is the “privatization of the State” including the “Welfare State”.

Chapter V

The Enrichment of the Super Rich

The Appropriation and **Redistribution of Wealth**

“V the Virus” is said to be responsible for the wave of bankruptcies and unemployment. That’s a lie. There is no causal relationship between the virus and economic variables.



The decision-making process must be addressed. It's the powerful financiers and billionaires who are behind this project which has contributed to the destabilization (Worldwide) of the real economy.

Since early February 2020, the Super Rich have cashed in on billions of dollars. Between April and July (four months) the total wealth held by billionaires around the world has grown from \$8 trillion to more than \$10 trillion.

There are three distinct phases, which are directly related to the corona crisis, each of which is marked by major shifts in the distribution of global wealth.

1. The financial crisis initiated on February 20th, was conducive to a dramatic redistribution of money wealth and ownership of financial assets. Foreknowledge, inside information and speculative trade played a key role. Was there foreknowledge and/or inside information of WHO's Dr. Tedros February 20th Statement? (see Chapter IV)
2. The March 11 lockdown and closing down of the national economies of 190 UN member states, which triggered corporate as well as SME bankruptcies Worldwide. The March 11 event was also marked by the plunge of stock markets worldwide, starting on Black Thursday March 12, 2020. (See Chapter IV)
3. The third stage of billionaire enrichment pertains to the implementation of the so-called "Second Wave" lockdown which consists in triggering a renewed wave of bankruptcies.

The redistribution of wealth in favor of the billionaire class is confirmed by an [IPS](#) study pertaining to the closing down of the global economy.

At the global level, billionaires are big winners during the Covid-19 pandemic.

According to a [UBS report](#), the roughly 2,189 global billionaires now have \$10.2 trillion. This is an estimated increase of \$1.5 trillion during the 2020 pandemic looking at both UBS and Forbes billionaire data from 2019.

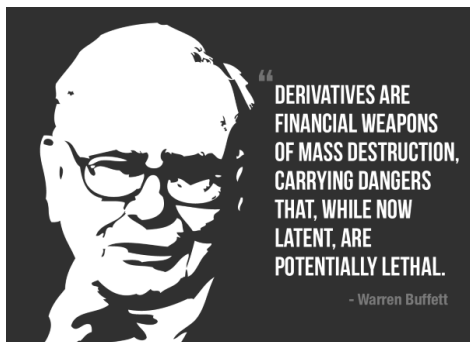
The UBS report raises the question: are the billionaires "innovators" or "disruptors"?:

When the storm passes, a new generation of billionaire innovators looks set to play a critical role in repairing the damage. Using the growing repertoire of emerging technologies, tomorrow's innovators will digitize, refresh and revolutionize the economy.

Let us be under no illusions these corrupt billionaires are "impoverishers".

“Financial Weapons of Mass Destruction” (FWMD)

While the UBS and [Forbes report](#) (quoted above) fail to explain how the Covid-19 pandemic contributed to this massive redistribution of wealth, they nonetheless confirm that: “collective billionaire wealth has grown at its fastest rate over any period over the past decade.”



In fact it is the largest redistribution of global wealth in World history. It is predicated on a systematic process of Worldwide impoverishment. It is an act of economic warfare.

The billionaires were not only the recipients of generous “government stimulus packages” (i.e. Handouts), the bulk of their financial gains from the outset of the Covid fear campaign in early February was the result of insider trading, derivative trade and the manipulation of both financial and commodity markets.

Warren Buffett rightfully identifies these speculative instruments (supported by sophisticated algorithms) as “Financial Weapons of Mass Destruction”.

U.S. Billionaire Wealth Is Up \$850 Billion Since March 18th

U.S. billionaire wealth has climbed 28 percent since March 18th, 2020. During the same span, global billionaire wealth is up \$1.5 trillion.

October 8, 2020

[Chuck Collins](#)

On March 18, 2020, U.S. billionaires had combined wealth of \$2.947 trillion. By October 8th, their wealth had surged to \$3.8 trillion. A monetary increase of \$850 billion, a rise of their combined wealth of the order of more than 28 percent. (see [IPS study](#))

This estimate does not account for the increase in wealth during the period preceding March 18, which was marked by a series of stock market crashes. (See Michel Chossudovsky, *Economic Chaos and Societal Destruction*, [November 7, 2020](#))

And commencing in late 2020, the billionaire class is involved in sustaining a Second Wave Lockdown involving the partial closure of the World economy.

The table below identifies the increase in personal wealth of the five richest US billionaires (March 18- June 17, 2020). (Not outlined in the Table is the wealth of US billionaires which increased by another \$266 billion from June to October 2020).

WEALTH OF U.S. BILLIONAIRES GREW \$584 BILLION (20%) SINCE BEGINNING OF PANDEMIC					
March 18 – June 17, 2020					
Name	March 18 Net Worth (\$ Billions)	June 17 Real Time Worth (\$ Billions)	Wealth Growth in 3 Months (\$ Billions)	% Growth in 3 Months	Source
Jeff Bezos	\$113.0	\$156,751	\$43,751	38.7%	Amazon
Bill Gates	\$98.0	\$109,472	\$11,472	11.7%	Microsoft
Mark Zuckerberg	\$54.7	\$86,766	\$32,066	58.6%	Facebook
Warren Buffett	\$67.5	\$71,929	\$4,429	6.6%	Berkshire Hathaway
Larry Ellison	\$59.0	\$69,003	\$10,003	17.0%	Oracle
SUBTOTAL	\$392.2	\$493,921	\$101,721	25.9%	
ALL OTHERS	\$2,555.3	\$3,037,459	\$482,159	18.9%	
TOTAL	\$2,947.5	\$3,531,379	\$583,879	19.8%	

[Source: IPS](#)

Billionaire Wealth Growth (March 2020 – March 2021) Resulting From the Implementation of the March 2020 Lockdown

[Chuck Collins](#) (in an incisive study published by [Inequality.org](#)) estimates billionaire wealth growth over a full year, based on *Forbes* data [compiled in this report](#) by ATF and IPS).

March 18 is used as the unofficial beginning of the crisis because by then most [federal](#) and [state](#) economic restrictions responding to the virus were in place. March 18 was also the date that *Forbes* picked to measure billionaire wealth for the 2020 edition of its annual billionaires' report, which provided a baseline that ATF and IPS compare periodically with real-time data from the *Forbes* website. [PolitiFact has favorably reviewed](#) this methodology.

TABLE 1

U.S. BILLIONAIRES WITH THE GREATEST TOTAL WEALTH GROWTH IN ONE YEAR						
March 18, 2020 - March 18, 2021						
Name	Net Worth Mar. 18, 2020 (\$ Billions)	Real Time Worth Mar. 18, 2021 (\$ Billions)	Wealth Growth Mar. 18, 2020 - Mar. 18, 2021 (\$ Billions)	% Wealth Growth Mar. 18, 2020 - Mar. 18, 2021	Primary Source	State
Elon Musk	\$24.0	\$102.1	\$137.5	568.8%	Tesla, SpaceX	California
Jeff Bezos	\$113.0	\$178.1	\$65.1	57.6%	Amazon	Washington
Mark Zuckerberg	\$54.7	\$101.7	\$47.0	85.9%	Facebook	California
Daniel Gilbert	\$0.5	\$48.2	\$41.7	641.5%	Quicken Loans	Michigan
Larry Page	\$50.9	\$88.5	\$37.7	74.1%	Google	California
Sergey Brin	\$49.1	\$86.0	\$36.9	75.2%	Google	California
Larry Ellison	\$59.0	\$90.2	\$31.2	52.9%	Oracle	California
Warren Buffett	\$67.5	\$96.5	\$29.0	43.0%	Berkshire Hathaway	Nebraska
Bill Gates	\$68.0	\$128.5	\$60.5	28.1%	Microsoft	Washington
Phil Knight	\$29.5	\$62.9	\$33.4	79.3%	Nike	Oregon
Michael Dell	\$22.9	\$49.2	\$25.3	101.7%	Dell computers	Texas
MacKenzie Scott	\$38.0	\$53.5	\$17.5	48.6%	Amazon	Washington
Steve Ballmer	\$52.7	\$88.4	\$35.7	29.8%	Microsoft	Washington
Lee <u>Stavitsky</u>	\$17.0	\$31.7	\$14.7	88.5%	diversified	
Ernest Garcia, II	\$2.4	\$19.0	\$13.6	566.7%	used cars	Arizona
SUBTOTAL	\$663.8	\$1,248.6	\$582.8	89.3%		
ALL OTHERS	\$2,263.7	\$3,918.9	\$753.2	33.3%		
TOTAL	\$2,947.5	\$4,263.5	\$1,316.0	44.8%		

Source: [Forbes data analyzed by Americans for Tax Fairness and Institute for Policy Studies](#), March 18, 2021

TABLE 2

U.S. BILLIONAIRES WITH THE GREATEST PERCENT OF WEALTH GROWTH IN ONE YEAR						
March 18, 2020 - March 18, 2021						
Name	Net Worth Mar. 18, 2020 (\$ Billions)	Real Time Worth Mar. 18, 2021 (\$ Billions)	Wealth Growth Mar. 18, 2020 - Mar. 18, 2021 (\$ Billions)	% Wealth Growth Mar. 18, 2020 - Mar. 18, 2021	Primary Source	State
Born Kim	\$1.0	\$7.7	\$6.7	670.0%	online retailing	
Daniel Gilbert	\$0.5	\$48.2	\$41.7	641.5%	Quicken Loans	Michigan
Ernest Garcia, II	\$2.4	\$19.0	\$13.6	566.7%	used cars	Arizona
Elon Musk	\$24.0	\$102.1	\$137.5	568.8%	Tesla, SpaceX	California
Brian Armstrong	\$1.0	\$6.5	\$5.5	550.0%	cryptocurrency	California
Bobby Murphy	\$1.9	\$12.0	\$10.1	531.6%	Snapchat	California
Evan Spiegel	\$1.9	\$11.2	\$9.3	489.5%	Snapchat	California
Jack Dorsey	\$2.6	\$12.9	\$10.3	396.2%	Twitter, Square	California
Anthony Wood	\$1.6	\$9.0	\$5.3	331.3%	Roku	California
Jeff Green	\$1.0	\$4.0	\$3.0	300.0%	digital advertising	California
SUBTOTAL	\$44.5	\$287.5	\$243.0	546.1%		
ALL OTHERS	\$2,903.0	\$3,976.0	\$1,073.0	37.0%		
TOTAL	\$2,947.5	\$4,263.5	\$1,316.0	44.6%		

TABLE 3

ONE-YEAR U.S. BILLIONAIRE WEALTH GROWTH BY INDUSTRY					
March 18, 2020 - March 18, 2021					
Industry	Net Worth Mar. 18, 2020 (\$ Billions)	Net Worth Mar. 18, 2021 (\$ Billions)	1 Year Wealth Growth (\$ Billions)	1 Year % Wealth Growth	Number of Billionaires Per Industry
Technology	\$833	\$1,367	\$534	67.8%	121
Finance & Investments	\$817	\$943	\$126	16.6%	166
Automotive	\$54	\$227	\$172	318.0%	17
Fashion & Retail	\$303	\$403	\$100	32.4%	51
Media & Entertainment	\$191	\$249	\$58	30.6%	38
Food & Beverage	\$218	\$271	\$54	24.8%	63
Diversified	\$104	\$136	\$31	30.1%	18
Healthcare	\$68	\$106	\$38	52.9%	27
Manufacturing	\$62	\$80	\$18	45.8%	26
Energy	\$84	\$107	\$23	26.8%	31
Service	\$68	\$82	\$16	24.7%	26
Real Estate	\$142	\$167	\$15	10.7%	44
Logistics	\$18	\$22	\$4	37.9%	6
Sports	\$74	\$79	\$5	6.3%	23
Construction & Engineering	\$11	\$14	\$3	29.0%	3
Telecom	\$8	\$11	\$3	37.2%	3
Gambling & Casinos	\$37	\$13	(\$25)	-68.2%	4
TOTAL	\$2,947.5	\$4,263.5	\$1,316.0	44.6%	657

Source: [Forbes data analyzed by Americans for Tax Fairness and Institute for Policy Studies](#), March 18, 2021

Personal Enrichment of Big Pharma CEOs

[The Forbes Report](#) underscores the enrichment of the CEO's of both Western and Chinese Big Pharma conglomerates involved in the Covid vaccine as well as in the lucrative sale (Worldwide) of face masks and medical supplies.

These include Moderna CEO [Stéphane Bancel](#) and BioNTech cofounder [Uğur Şahin](#) as well as the CEOs of several China based pharmaceutical companies including Tianjin's CanSino Biologics, Inco, Shenzhen's Contec Medical Systems, Sansure Biotech, which makes Covid-19 tests, as well as China's vaccine conglomerate Sinovac). Among China's Big Pharma multibillionaires is [Li Jianquan](#), president of Chinese medical products manufacturer Winner Medical. Li Jianquan's has net worth of 6.8 billion. (For details see [Forbes Report](#))

[For the complete list of billionaires in 2020-2021, consult the Forbes list](#)

Billionaire Wealth is Not the Result of Economic Growth

This Enrichment of a social minority is not based on the creation of "New Wealth" resulting from real economic growth. Quite the opposite. It is the result of a deep-seated global economic depression.

The process of billionaire enrichment feeds on economic and social chaos. It relies heavily on the "fear campaign" and the Worldwide destabilization of both financial markets and the real economy.

It has been instrumental in triggering an unprecedented process of redistribution of income and wealth. Large sectors of the World population have been driven into extreme poverty.

Billionaire enrichment involves the acquisition of economic and financial assets at rock bottom prices, the takeover of bankrupt enterprises in major sectors of economic activity, the manipulation of markets (bonds, equities, commodities, currency markets, etc.) including the use of speculative instruments, derivative trade, involving “foreknowledge” and “inside information”. (See Chapter IV)

The US Public Debt Goes Fly High

The enrichment of the billionaire class has also contributed to the destabilization of the State.

The private appropriation of wealth has precipitated a global debt crisis. In country after country the public debt has skyrocketed.

In the US the federal budget deficit hit an all-time high of \$3.1 trillion in the 2020 budget year (September), more than three times the size of the 2019 budget year deficit of \$984 billion.

It was the US government’s largest annual shortfall in dollar terms, surpassing the previous record of \$1.4 trillion set in 2009. ... The 2020 deficit, in terms of its relationship to the economy, represented 15.2 percent of total gross domestic product (GDP), the sum of all the goods and services produced by the country. That was the highest level since 1945, when the US was borrowing heavily to finance World War II. ([Al Jazeera](#))

The Trump administration’s 2020 budget year was marked by a 47.3 percent surge in spending to \$6.55 trillion, largely used to finance corporate bailouts and handouts as well as the multibillion dollar social safety nets resulting from the Covid financial crash in February and the March 2020 lockdown, which was conducive to the partial closure of the US economy.

In the wake of the corona crisis, the social safety nets will be abolished. The implementation of drastic austerity measures are envisaged.

“The Second Wave”. Another Lockdown

The Second Wave is a Lie. It is presented to public opinion as a means to combating the virus and saving lives.

That is what the governments are telling us. The fear campaign has gone into high gear,



applied simultaneously in different regions of the world.

Test, Test, the objective of which is to push up the numbers of so-called positive cases.

If you live alone in the UK, you can set up a “Support Bubble (see image)

Needless to say: at the outset of this Second Wave, the global economy is already in a state of chaos. While the reports fail to reveal the depth and seriousness of this global crisis, the evidence (which is still tentative and incomplete) speaks for itself.

The rationale of the Second and Third Waves is to prevent and postpone the complete reopening of the national economy, coupled with the enforcement of social distancing, the wearing of the face mask, etc.

The intent is to trigger a second wave and third wave of bankruptcies.

The targets are the service economy, the airlines, the tourist industry, etc. Maintaining strict restrictions on air travel is tantamount to spearheading major airlines into bankruptcy. It is also an impediment to international business transactions including commodity trade and investment.



The Second and Third Waves are intent upon enabling the billionaires to “pick up the pieces”, acquiring ownership of entire sectors of economic activity at rockbottom prices.

The money they appropriated in the course of the financial crisis (through outright manipulation) will be used to buy out bankrupt corporations as well as bankrupt governments.

The financial establishment has instructed governments to implement what is tantamount to a second bankruptcy program using as a pretext and a justification that the number of Covid positive cases has increased.

In all likelihood these second and third waves extending into Summer of 2021 will lead to a further process of appropriation and concentration of wealth.

Concurrently, there is a tendency towards totalitarian forms of government.

At the outset of the Second Wave, the process of postponing the reopening of the global economy has indelibly contributed to wiping out (regional and local) small and medium sized enterprises worldwide, while also precipitating the bankruptcy of entire sectors of the World economy including airlines, hotel chains and the tourist industry.

This in turn will lead to the appropriation of real assets by powerful financial interests. This appropriation of real assets by the Super-Rich is ongoing.

The Global Travel and Tourism Economy

Prior to the corona crisis, travel and tourism represented a major share of the global economy: approximately 10 percent of Global GDP with an estimated workforce of [more than 320 million jobs worldwide](#).

Travel and tourism which includes airlines, airport facilities, land transportation, hotels, see resorts, restaurants, museums, concert halls, parks, and a variety of urban services has been precipitated into process of global bankruptcy resulting in mass unemployment.

The economic and social impacts are devastating particularly in countries which have a sizeable tourist economy (e.g. Italy, France, Switzerland, Thailand, Vietnam, Mexico, Cuba, The Dominican Republic, Peru, Panama, among others).

The estimated loss of jobs in the tourism industry is estimated to be of the order of 100 million Worldwide (November 2020 report, see also [IMF report](#), pdf).

Job Losses in the US

According to the World Travel and Tourism Council (WTTC) a [“staggering 9.2 million jobs](#) could be lost in the U.S ... if barriers to global travel remain in place”. The WTTC estimates that more than half of all jobs supported by the sector in the U.S. in 2019 are slated to be lost, Between 10.8 million and 13.8 million jobs within the Travel and Tourism sector “are at serious risk”.

The Airlines

While most of the bankruptcies triggered by the lockdown are smaller regional airlines, a large number of national flag carriers have also been precipitated into a de facto bankruptcy situation, including Aero-Mexico, Avianca, South African Airlines among others. According to a [report](#): “43 commercial airlines have failed since January 2020,... completely ceasing or suspended operations”. There is also a backlash on the production of civilian aircraft.

The plight of Travel and Tourism was triggered by the lockdown decisions as well as restrictions on air travel.

Trump’s suspension of air travel to China on January 31st, 2020 based on 5 confirmed Covid-19 positive cases in the U.S. played a key role in setting the stage of the Air Travel and Tourism crisis.

The lockdown has also undermined the largest transport infrastructure project in Europe, namely the underground tunnel between the UK and continental Europe. The Eurostar is currently in a situation of de facto bankruptcy.

All of these disruptions in international travel are presented to public opinion as a means to combating the killer virus. It's a big lie.

Bankrupt hotel chains and major airlines in all likelihood will be "picked up" at rock bottom prices by the multibillionaires.

Bankruptcies and the Demise of the Family Farm

The ongoing demise of the family owned agriculture has been exacerbated by the lockdown policies.

Bill Gates is using the money appropriated during the financial crisis to extend his corporate control in a variety of economic activities, "buying devalued assets at fire-sale prices" including the acquisition of farmland (See [F. William Engdahl on Neo-feudalism](#)).

According to [The Land Report](#), (February 2021), Bill and Melinda Gates are now America's largest farm owners to the detriment of family farming, which over the years has been driven into bankruptcy.

The Gates portfolio consists of "[242,000 acres of American farmland](#) and nearly [27,000 acres of other land](#) across Louisiana, Arkansas, Nebraska, Arizona, Florida, Washington [and 18 other states](#)." (See the analysis by [F. William Engdahl](#))

See the map below indicating a total of 268,984 acres accruing to the Gates. This is tantamount in the de facto expropriation of thousands of family farms over a vast area of the United States.

This process spearheaded by mounting debts and bankruptcies commenced prior to the pandemic and will in all likelihood continue under the so-called "New Normal".

AMERICA'S TOP FARMLAND OWNERS

No. 1 Bill & Melinda Gates
242,000 acres

No. 2 Offutt Family
190,000 acres

No. 3 Stewart & Lynda Resnick
190,000 acres

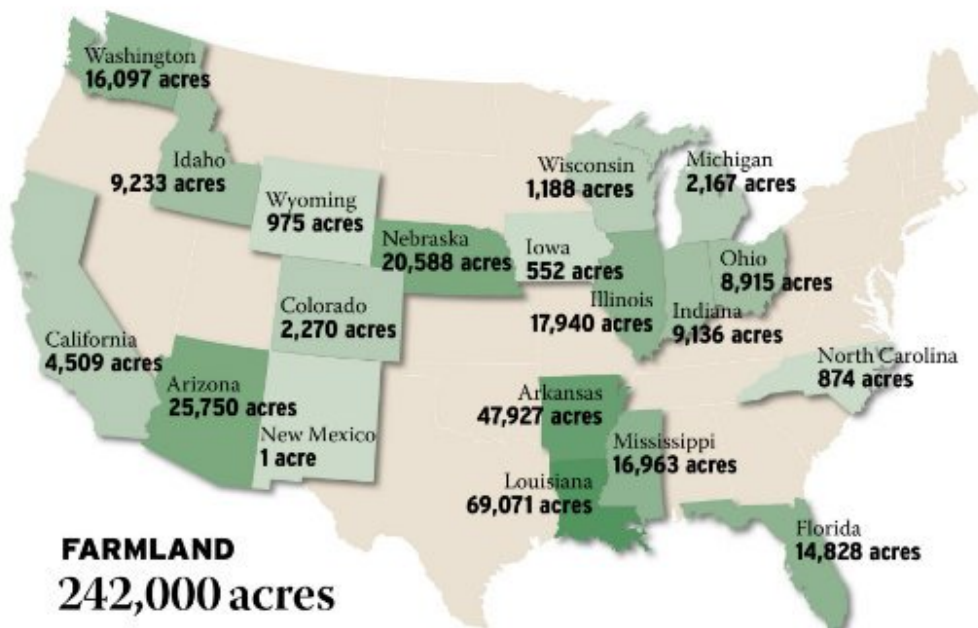
No. 4 Fanjul Family
160,000 acres

No. 5 Boswell Family
150,000 acres

SOURCE: 2020 LAND REPORT 100



THE GATESES' LANDHOLDINGS BY STATE



FARMLAND
242,000 acres

TRANSITIONAL
25,750 acres

RECREATIONAL
1,234 acres

TOTAL
268,984 acres

SOURCE: ACREVALUE
& COUNTY RECORDS

Concluding Remarks

The fear campaign has once again gone into high gear.

Official statistics based on faulty and manipulated estimates of so-called “confirmed” Covid positive cases constitute the basis for justifying these diabolical lockdown measures which have been conducive to the concentration of global wealth coupled with the impoverishment of vast sectors of the World population.

“V the virus” is presented as the Threat. But the Virus has no direct impact on key economic variables.

What is at stake is unprecedented: It’s a complex decision-making process. It’s a global neoliberal agenda carried out by corrupt governments on behalf of the multibillionaires and the financial establishment. (For further details see Chapter X)

Common sense tells us that the closure of the global economy destroys people’s lives.

Disrupting the fear campaign as well as media disinformation constitutes the first step towards reversing the tide.

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Chapter VI

The Impacts on Mental Health

“There has been another cost that we’ve seen, particularly in high schools. We’re seeing, sadly, far greater suicides now than there are deaths from COVID. We’re seeing far greater deaths from drug overdose,” ([Dr. Robert Redfield](#), former director of the CDC, July 14, 2020).

*

The corona virus mental health predicament of several million people Worldwide is the result of

- *social engineering including confinement, isolation, social distancing and the mask,*
- *the incessant 24/7 fear campaign waged by the media and the governments,*
- *the spike in unemployment, mass poverty and despair triggered by the Worldwide destabilization of national economies.*

Psychiatrists have addressed the “negative impacts” on mental health pertaining to the factors mentioned above. Confirmed by peer reviewed reports, the lockdowns have also been conducive to [triggering depression, uncertainty, and anxiety](#).

“There is concern the Coronavirus Disease (COVID)-19 pandemic is having a negative impact on the mental health of the general population through a range of suggested mechanisms: fear, uncertainty, and anxiety; social distancing/isolation; loneliness; and economic repercussions”

The overall picture of the impacts of the corona crisis on mental health is yet to be fully addressed. Our analysis will focus on the following issues for which data is available:

1. the dramatic increase in suicides Worldwide in countries where the lockdown was imposed,
2. the increase in mortality attributable to drug overdose (cocaine, opioids),
3. the rise in alcoholism resulting from a hike in alcohol consumption.

Worldwide Rise in Suicides

The frequency of suicides has increased in numerous countries. The complete data and tendencies remain to be firmly established. [US data on suicides in 2020 \(CDC\) are not yet available](#). In 2019, suicides were the 10th leading cause of death in the US, [47,511 Americans died by suicide](#). In 2019, there were an estimated 1.38M suicide attempts. (See AFSP statistics). A word of caution. Official statistics on suicide as a cause of death are unreliable.

Suicides in the US

A CDC sponsored [peer reviewed report](#) (Mark É. Czeisler, Rashon I. Lane, Emiko Petrosky, et al) suggests that the loss of employment and purchasing power by “vulnerable” social and low income groups often triggers a wave of depression and anxiety, which results in “suicide ideation” (thinking about different ways to die). The authors confirm that:

Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020 [in the immediate aftermath of the mid March 2020 lockdown], compared with the same period in 2019 (1,2).

The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults (30.7%), and essential workers (21.7%).

Another study confirms that: Social distancing/ isolation and loneliness’ resulting from the lockdown policies are factors which may contribute to suicide:

“Secondary consequences of social distancing may increase the risk of suicide,” researchers [noted in an April 10 paper](#) published by the American Medical Association. “It is important to consider changes in a variety of economic, psycho-social, and health-associated risk factors.” (See [FEE](#))

Essentially, researchers warned, forced isolation could prove to be “a perfect storm” for suicide. (emphasis added)

The central issue –which is not always addressed by the [peer reviewed reports](#)— is how the

engineered loss of employment and purchasing power coupled with confinement leads to depression and despair.

April 10, 2020

Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm?

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[» Author Affiliations](#) | [Article Information](#)

JAMA Psychiatry. 2020;77(11):1093-1094. doi:10.1001/jamapsychiatry.2020.1060

Anxiety and depression resulting from unemployment and loss of income is a Worldwide phenomenon, unprecedented in World history. Country by country, one can observe similar tendencies. Low income developing countries such as India are experiencing a situation of total despair affecting large sectors of an impoverished population.

Suicides in India

[The lockdown in India](#) has been conducive to a spike in suicides which is a consequence of: “severe hardship ... as entire livelihoods have come undone, amid an escalating job crisis”.

“It should come as little surprise then that the spectre of suicide has raised its ugly head, with spikes in reports of people, who see no change in fortune on the horizon, taking their own lives.”

The Brookings Institute has also addressed the role of the corona crisis in [triggering suicides in India](#):

Anecdotal evidence for India, meanwhile, suggests increases in rural suicides. India instituted one of the world’s strictest lockdowns amidst high rates of poverty. ... Lockdowns resulted in millions of more Indians entering poverty and exacerbated one of the highest suicide rates in the world. The additional numbers of suicides are estimated to be well into the thousands.

Suicides in Japan

Within a different context, the developed high income countries are also experiencing an unprecedented rise in suicides. In Japan, a significant increase in the number of suicides was recorded in the wake of the lockdown:

“Far more Japanese people are dying of suicide, likely exacerbated by the economic and social repercussions of the pandemic, than of the COVID-19 disease itself. ... Provisional statistics from the National Police Agency show suicides surged to 2,153 in October alone, marking the fourth straight month of increase.” [CBS November 2020 report](#) (emphasis added)

[The above report](#), confirms that suicides among women in Japan increased dramatically: in

October 2020 (compared to October of the previous year) female suicides had increased by 83% (in comparison to male suicides which increased by 22% over the same time period).

Deaths Resulting from Drug Overdose

The main drug opioid categories (CDC) are as follows:

- illegal heroin,
- synthetic opioids such as fentanyl,
- so-called “pain relievers” including oxycodone (OxyContin®), hydrocodone (Vicodin®),
- codeine,
- morphine,
- etc.

The drugs listed above are “chemically related and interact with opioid receptors on nerve cells in the body and brain” (CDC).

Recorded in 2020, the corona crisis has contributed to a significant increase in both opioid and cocaine sales. According to the CDC:

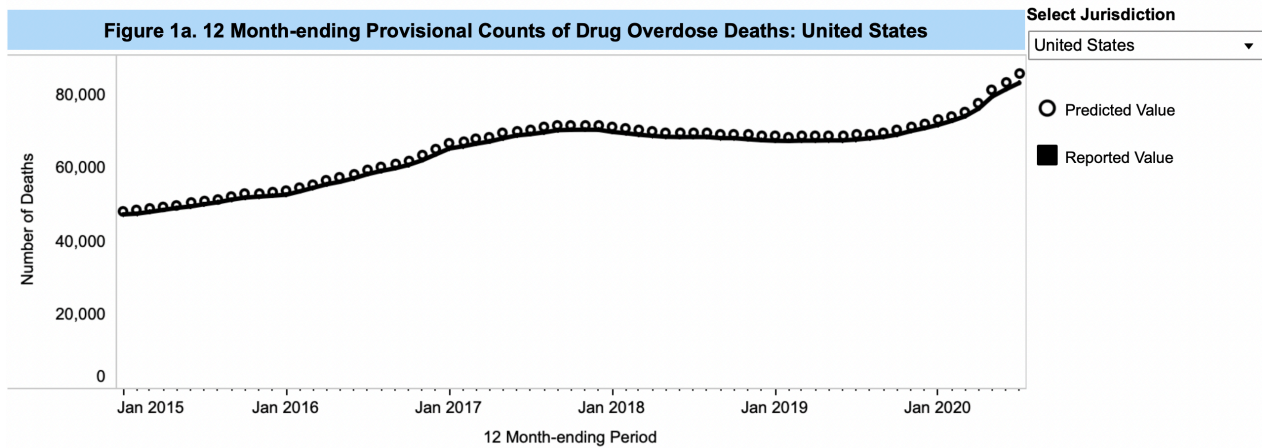
Synthetic opioids ([categorized by the CDC as] primarily illicitly manufactured fentanyl) appear to be the primary driver of the increases in overdose deaths, increasing 38.4 percent from the 12-month period leading up to June 2019 compared with the 12-month period leading up to May 2020. ...

Overdose deaths involving cocaine also increased by 26.5 percent. ... Overdose deaths involving psychostimulants, such as methamphetamine [produced by GSM], increased by 34.8 percent. The number of deaths involving psychostimulants now exceeds the number of cocaine-involved deaths. ([CDC December 2020 Report](#)) (emphasis added)

The US Centers for Disease Control and Prevention (CDC) [reported in December 2020](#) “that the pandemic may have contributed to “a rise in deadly drug overdoses”. While the data is incomplete, the CDC report confirms a sizeable increase in the number of deaths attributable to drug overdose (related to consumption of cocaine and opioids):

Drug overdoses were linked to more than 81,000 people’s deaths between June 2019 and May 2020, according to the [Centers for Disease Control and Prevention](#), jumping 18 percent compared to the previous 12-month period. Such deaths rose 20 percent or more in 25 states and the District of Columbia, the report said. (PBS report)

The CDC graph based on both the predicted as well reported values (ie. numbers) of deaths attributed to drug overdoses reveals the that the monthly count started to accelerate in February 2020.



[Screenshot of CDC graph](#)

In April, 2020, 2,146 people died of opioid overdose, followed by 3,388 deaths in May, 2020 marking the largest monthly increases since 2015 when the federal government began collecting this data. ([quoted in PBS report](#))

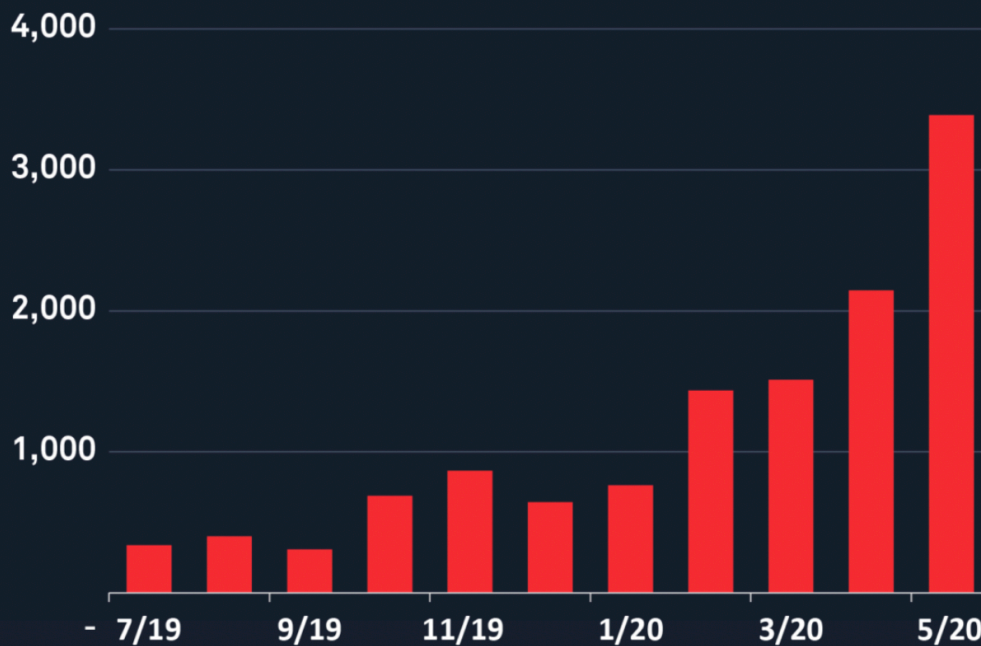
The following graph indicates the US monthly data. In the months prior to the corona crisis (July 2019 to January 2020), the monthly drug overdose death count was substantially below 1000.

The hike starts in February (coinciding with the financial crash). Following the mid-March lock down, drug overdose deaths go fly high.

In May 2020 the overdose death count was in excess of 3000, i.e. a more than three fold increase in relation to the drug overdose deaths recorded prior to the corona crisis. In the US, the recorded monthly drug overdose deaths in 2020 have more than tripled.

Predicted drug overdose deaths in the U.S., July 2019 - May 2020

PBS
NEWS
HOUR



Source: Centers for Disease Control and Prevention

[Graph based on CDC data quoted above, Source PBS](#)

Based on [data published in May 2021 by the CDC](#), the increase in deaths attributable to drug overdose increased by [18,228 from February 2020 to October 2020](#) (inclusive) over a nine month period.

Opioid Related Deaths in Ontario

The tendency in Canada is consistent with that observed in the US. A dramatic increase in opioid related deaths was recorded in Ontario following the March 17, 2020 lockdown emergency which was coupled with mass unemployment following the closing down of economic activity:

The number of opioid-related deaths increased quickly in the weeks following the state of emergency declaration in Ontario on March 17, 2020. Overall, there was a 38.2% increase in opioid-related deaths in the first 15 weeks of the COVID-19 pandemic (695 deaths; average of 46 deaths weekly) compared to the 15 weeks immediately prior (503 deaths; average of 34 deaths weekly).

Trends in Opioid-Related Deaths

Weekly number of opioid-related deaths in Ontario prior to, and during, the COVID-19 pandemic

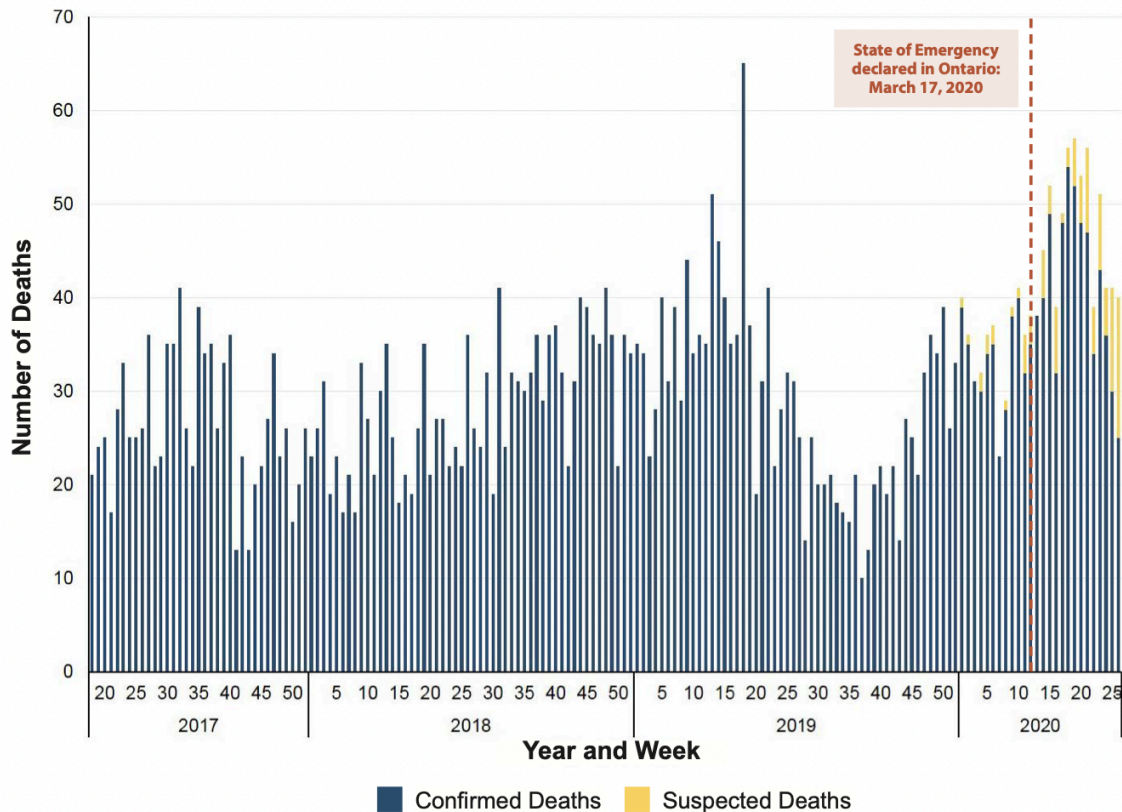


Figure 1. Opioid overdose emergency department visit count by month in Ottawa, 2019 to 2020



The Production and Trade in **Opioids**

According to UN sources, Afghanistan currently produces 94% percent of the World's opium supply, which is transformed into heroin, morphine as well pharmaceutical opioids. [The heroin trade is protected](#). US military presence in Afghanistan plays a key role. It's a multibillion dollar operation involving both the Drug Cartels (illegal heroin) and (indirectly) Big Pharma which is involved in the [sale and distribution of pharmaceutical opioids](#).

Several Big Pharma's companies involved in the marketing of the Covid-19 vaccine including Pfizer, and Johnson and Johnson are also involved in the highly profitable and (legal) sale of pharmaceutical opioids, which in the course of the corona crisis (2020-2021) have become one of the main sources of drug overdose.

Corrupt Big Pharma Companies

Local communities across America took a stance against the Pharma Giants in regards to opioids. In 2019-20, [a multibillion dollar opioid settlement](#) was reached with Purdue Pharma on behalf of thousands of US cities and counties.

"In October [2020], Oxycontin-maker Purdue admitted to enabling the supply of drugs "without legitimate medical purpose", paying doctors and others illegal kickbacks to prescribe the drugs, among other claims. It agreed to pay \$8.3bn." ([BBC](#), February 4, 2021)

At the height of the corona crisis (November 2020):

"Four major Big Pharma distributors (Johnson & Johnson, McKesson, Cardinal Health, Amerisource Bergen) involved in the production (J & J) and distribution of prescription opioids "reached [a tentative \\$26 billion settlement](#) with counties and cities that sued

them for damages”.

The settlement was referred to as the “Opioid Epidemic”. What relationship to the corona crisis?

These same Big Pharma distributors benefited from the spike in the sales of opioids resulting from the lockdown, which in turn contributed to a significant increase in drug overdose deaths in the course of 2020-2021. (see graph above)

In a bitter irony, the spike in drug overdose has led to increased profits for Big Pharma”.

While Big Pharma is the object of a multibillion dollar civil lawsuit on the fraudulent distribution of prescription opioids, several of these corrupt companies are now entangled in promoting the Covid-19 vaccine initiative. According to [Bloomberg](#), “more than 400,000 Americans have died over the last two decades from [drug] overdose”.

And now, since the onslaught of the corona crisis in February 2020, monthly deaths resulting from [drug overdose have more than tripled](#) (see graph above).

Alcoholism

Drug abuse and alcoholism are often related.

“[Drug and alcohol abuse have increased with COVID](#), and so has suicide. Help hotlines are flooded and certain statistics — online alcohol sales increased in the U.S. by over 200% — paint a dark picture.”

“Addiction is skyrocketing. says addiction therapist Cindi Brand, who worked formerly with CAMH.

The pandemic has increased all forms of anxiety and stress even ... Social distancing means people with addiction issues “can’t possibly get the help they need right now,” she says. (emphasis added).

Increase in Sales of alcohol

An upward trend in alcoholism during the corona crisis in the US is confirmed by a significant increase in the sale of alcohol. According to a [Nielsen study](#), the stay at home orders in March 2020 resulted in “a 54% increase in national sales of alcohol for the week ending March 21, 2020, compared with 1 year before; online sales increased 262% from 2019.”

[A RAND corporation sample survey study](#) conducted with the support of the National Institute of Alcohol Abuse and Alcoholism (NIAAA) consisted in comparing adults’ drinking habits in 2019 with those prevailing during the corona crisis (2020):

“American adults have sharply increased their consumption of alcohol during the shutdown triggered by the coronavirus pandemic, with women increasing their heavy drinking episodes (four or more drinks within a couple of hours) by 41%” (RAND

Corporation [study](#))

A national survey found that the overall frequency of alcohol consumption increased by 14% among adults over age 30, compared to the same time last year. The increase was 19% among all adults aged 30 to 59, 17% among women, and 10% among non-Hispanic white adults. ([Rand Corporation](#))

While [the Rand Corporation study](#) on drinking habits reveals an increase in the consumption of alcohol, the results must be interpreted with caution. The recorded increase in the actual sale of alcohol (54%) was significantly higher than the estimated increase in drinking, based on the Rand sample survey. Concurrently, however, under the lockdown, consumption of alcohol has largely been taking place in homes, rather than in (closed) bars and restaurants.

[According to Michael Pollard](#), lead author of the study at RAND: “People’s depression increases, anxiety increases, [and] alcohol use is often a way to cope with these feelings.”

Chapter VII

“There is No Cure”

Suppression of Hydroxychloroquine (HCQ),

A Cheap and Effective Drug

There is an ongoing battle to suppress Hydroxychloroquine (HCQ), a cheap and effective drug for the treatment of Covid-19. The campaign against HCQ is carried out through slanderous political statements, media smears, not to mention an authoritative peer reviewed “evaluation” published on May 22nd by The Lancet, which was based on fake figures and test trials.

The study was allegedly based on data analysis of 96,032 patients hospitalized with COVID-19 between Dec 20, 2019, and April 14, 2020 from 671 hospitals Worldwide. The database had been fabricated. The objective was to kill the Hydroxychloroquine (HCQ) cure on behalf of Big Pharma.

While [The Lancet article was retracted](#), the media casually blamed “a tiny US based company” named Surgisphere whose employees included “a sci-fi writer and adult content model” for spreading “flawed data” ([Guardian](#)). This Chicago based outfit was accused of having misled both the WHO and national governments, inciting them to ban HCQ. None of those trial tests actually took place.

Background

Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.

Methods

We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory finding for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagnosis were included in one of four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychloroquine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed the control group. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis or while they were on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outcomes of interest were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias (non-sustained or sustained ventricular tachycardia or ventricular fibrillation).

Mehra MR • Desai SS • Ruschitzka F •
Patel AN

Hydroxychloroquine or chloroquine with or
without a macrolide for treatment of COVID-
19: a multinational registry analysis.

Lancet. 2020; (published online May 22.)

[10.1016/S0140-6736\(20\)31180-6](https://doi.org/10.1016/S0140-6736(20)31180-6)

[Summary](#) • [Full Text](#) • [Full Text PDF](#) •

[Scopus \(22\)](#) • [Google Scholar](#)

While the blame was placed on Surgisphere, the unspoken truth (which neither the scientific community nor the media have acknowledged) is that the study was coordinated by [Harvard professor Mandeep Mehra](#) under the auspices of Brigham and Women's Hospital (BWH) which is a partner of the Harvard Medical School.

When the scam was revealed, Dr. Mandeep Mehra who holds the Harvey Distinguished Chair of Medicine at Brigham and Women's Hospital apologized:

I have always performed my research in accordance with the highest ethical and professional guidelines. However, we can never forget the responsibility we have as researchers to scrupulously ensure that we rely on data sources that adhere to our high standards.

It is now clear to me that in my hope to contribute this research during a time of great need, I did not do enough to ensure that the data source was appropriate for this use. For that, and for all the disruptions – both directly and indirectly – I am truly sorry. (emphasis added)

Mandeep R. Mehra, MD, MSC ([official statement on BWH website](#))

But that “truly sorry” note was just the tip of the iceberg. Why?

The Studies respectively on Gilead Science's Remdesivir and on Hydroxychloroquine (HCQ) Were Conducted Simultaneously by Brigham and Women's Hospital (BWH)

While *The Lancet* report (May 22, 2020) coordinated by Dr. Mandeep Mehra was intended “to kill” the legitimacy of HCQ as a cure of Covid-19, another important (related) study was being carried out (concurrently) at BWH pertaining to Remdesivir on behalf of Gilead

Sciences Inc.

Dr. Francisco Marty, a specialist in Infectious Disease and Associate Professor at Harvard Medical School was entrusted with coordination of [the clinical trial tests of the antiviral medication Remdesivir under Brigham's contract with Gilead Sciences Inc](#):

Brigham and Women's Hospital began enrolling patients in two clinical trials for Gilead's antiviral medication remdesivir. The Brigham is one of multiple clinical trial sites for a Gilead-initiated study of the drug in 600 participants with moderate coronavirus disease (COVID-19) and a Gilead-initiated study of 400 participants with severe COVID-19.

... If the results are promising, this could lead to FDA approval, and if they aren't, it gives us critical information in the fight against COVID-19 and allows us to move on to other therapies."

While Dr. Mandeep Mehra was not directly involved in the Gilead Remdesivir BWH study under the supervision of his colleague Dr. Francisco Marty, he nonetheless had contacts with Gilead Sciences Inc: "He participated in a conference sponsored by Gilead in early April 2020 as part of the Covid-19 debate" (France Soir, May 23, 2020) [URL](#)

What was the intent of his (failed) study? To undermine the legitimacy of Hydroxychloroquine?

According to France Soir, in a report published after The Lancet Retraction:

The often evasive answers produced by Dr Mandeep R. Mehra, ... professor at Harvard Medical School, did not produce confidence, fueling doubt instead about the integrity of this retrospective study and its results. (France Soir, June 5, 2020) [URL](#)

Was Dr. Mandeep Mehra in conflict of interest? (That is a matter for BWH and the Harvard Medical School to decide upon).

Who are the Main Actors?

Dr. Anthony Fauci, advisor to Donald Trump, portrayed as "America's top infectious disease expert" has played a key role in smearing the HCQ cure which had been approved years earlier by the CDC as well as providing legitimacy to Gilead's Remdesivir.

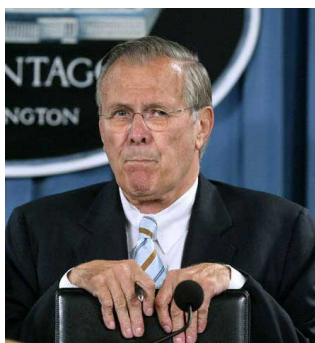
Dr. Fauci has been the head of the National Institute of Allergy and Infectious Diseases (NIAID) since the Reagan administration. He is known to act as a mouthpiece for Big Pharma.

Dr. Fauci launched Remdesivir in late June (see details below). According to Fauci, Remdesivir is the "corona wonder drug" developed by Gilead Science Inc. It's a \$1.6 billion dollar bonanza.

Gilead Sciences Inc: History

[Gilead Sciences Inc](#) is a Multibillion dollar bio-pharmaceutical company which is now

involved in developing and marketing Remdesivir. Gilead has a long history. It has the backing of major investment conglomerates including the Vanguard Group and Capital Research & Management Co, among others. It has developed ties with the US Government.



In [1999 Gilead Sciences Inc. developed Tamiflu](#) (used as a treatment of seasonal influenza and bird flu). At the time, Gilead Sciences Inc was headed by Donald Rumsfeld (1997-2001), who later joined the George W. Bush administration as Secretary of Defense (2001-2006). Rumsfeld was responsible for coordinating the illegal and criminal wars on Afghanistan (2001) and Iraq (2003).

Rumsfeld maintained his links to Gilead Sciences Inc throughout his tenure as Secretary of Defense (2001-2006). According to [CNN Money \(2005\)](#): “The prospect of a bird flu outbreak ... was very good news for Defense Secretary Donald Rumsfeld [who still owned Gilead stocks] and other politically connected investors in Gilead Sciences”.

Anthony Fauci has been in charge of the NIAID since 1984, using his position as “a go between” the US government and Big Pharma. During Rumsfeld’s tenure as Secretary of Defense, the budget allocated to bio-terrorism increased substantially, involving contracts with Big Pharma including Gilead Sciences Inc. Anthony Fauci considered that [the money allocated to bio-terrorism in early 2002 would:](#)

“accelerate our understanding of the biology and pathogenesis of microbes that can be used in attacks, and the biology of the microbes’ hosts — human beings and their immune systems. One result should be more effective vaccines with less toxicity.” (Washington Post report)

In 2008, Dr. Anthony Fauci was granted the Presidential Medal of Freedom by president George W. Bush “for his determined and aggressive efforts to help others live longer and healthier lives.”



The 2020 Gilead Sciences Inc Remdesivir Project

We will be focussing on key documents (and events)

Chronology

February 21: Initial Release pertaining to NIH-NIAID Remdesivir placebo test trial

April 10: The Gilead Sciences Inc study published in the NEJM on the [“Compassionate Use of Remdesivir”](#)

April 29: NIH Release: Study on Remdesivir (Report published on May 22 in NEJM)

May 22, [The BWH-Harvard Study on Hydroxychloroquine](#) coordinated by Dr. Mandeep Mehra published in The Lancet

May 22, [Remdesivir for the Treatment of Covid-19 — Preliminary Report](#) National Institute of Allergy and Infectious Diseases, National Institutes of Health, New England Journal of Medicine, (NEJM)

June 5: [The \(fake\) Lancet Report](#) (May 22) on HCQ is Retracted.

June 29, Fauci announcement. The \$1.6 Billion Remdesivir HHS Agreement with Gilead Sciences Inc [URL](#)

April 10: The Gilead Sciences Inc. study published in the NEJM on the “Compassionate Use of Remdesivir”

A Gilead sponsored report was published in [New England Journal of Medicine](#) in an article entitled [“Compassionate Use of Remdesivir for Patients with Severe Covid-19”](#). It was co-authored by an impressive list of 56 distinguished medical doctors and scientists, many of whom were recipients of consulting fees from Gilead Sciences Inc.

Gilead Sciences Inc. funded the study which included several staff members as co-authors.

Compassionate Use of Remdesivir for Patients with Severe Covid-19

Jonathan Grein, M.D., Norio Ohmagari, M.D., Ph.D., Daniel Shin, M.D., George Diaz, M.D., Erika Asperges, M.D., Antonella Castagna, M.D., Torsten Feldt, M.D., Gary Green, M.D., Margaret L. Green, M.D., M.P.H., François-Xavier Lescure, M.D., Ph.D., Emanuele Nicastri, M.D., Rentaro Oda, M.D., [et al.](#)

The testing included a total of 61 patients [who] received at least one dose of remdesivir on or before March 7, 2020; 8 of these patients were excluded because of missing postbaseline information (7 patients) and an erroneous remdesivir start date (1 patient) ... Of the 53 remaining patients included in this analysis, 40 (75%) received the full 10-day course of remdesivir, 10 (19%) received 5 to 9 days of treatment, and 3 (6%) fewer than 5 days of treatment.

The NEJM article states that “Gilead Sciences Inc began accepting requests from clinicians for compassionate use of remdesivir on January 25, 2020”. From whom, From Where? According to the WHO (January 30, 2020) there were 86 cases in 18 countries outside China of which 5 were in the US, 5 in France and 3 in Canada.

Several prominent physicians and scientists [have cast doubt on the Compassionate Use of Remdesivir study](#) conducted by Gilead, focussing on the small size of the trial. Ironically, the number of patients in the test is less than the number of co-authors: “53 patients” versus “56 co-authors”

Below we provide excerpts of scientific statements on the Gilead NEJM project ([Science Media Centre](#) emphasis added) published immediately following the release of the NEJM article:

“‘Compassionate use’ is better described as using an unlicensed therapy to treat a patient because there are no other treatments available. Research based on this kind of use should be treated with extreme caution because there is no control group or randomisation, which are some of the hallmarks of good practice in clinical trials. Prof Duncan Richard, Clinical Therapeutics, University of Oxford.

“It is critical not to over-interpret this study. Most importantly, it is impossible to know the outcome for this relatively small group of patients had they not received remdesivir. Dr Stephen Griffin, Associate Professor, School of Medicine, University of Leeds.

“The research is interesting but doesn’t prove anything at this point: the data are from a small and uncontrolled study. Simon Maxwell, Professor of Clinical Pharmacology and Prescribing, University of Edinburgh.

“The data from this paper are almost uninterpretable. It is very surprising, perhaps even unethical, that the *New England Journal of Medicine* has published it. It would be more appropriate to publish the data on the website of the pharmaceutical company that has sponsored and written up the study. At least Gilead have been clear that this has not been done in the way that a high quality scientific paper would be written. Prof Stephen Evans, Professor of Pharmacoepidemiology, London School of Hygiene & Tropical Medicine.

“It’s very hard to draw useful conclusions from uncontrolled studies like this particularly with a new disease where we really don’t know what to expect and with

wide variations in outcomes between places and over time. One really has to question the ethics of failing to do randomisation – this study really represents more than anything else, a missed opportunity.” Prof Adam Finn, Professor of Paediatrics, University of Bristol.

To review [the complete document of Science Media Centre pertaining to expert assessments click here](#)

April 29: The National Institutes of Health (NIH) Study on Remdesivir.

On April 29th following the publication of the Gilead Sciences Inc Study in the NEJM on April 10, [a press release of the National Institutes of Health \(NIH\) on Remdesivir was released](#). The full document was published on May 22, by the NEJM under the title:

[Remdesivir for the Treatment of Covid-19 — Preliminary Report](#) (NEJM)

The study had been initiated on February 21, 2020. The title of the April 29 Press Release was:

“Peer-reviewed data shows remdesivir for COVID-19 improves time to recovery”

It’s a government sponsored report which includes preliminary data from a randomized trial involving 1063 hospitalized patients. The results of the trial labelled [Adaptive COVID-19 Treatment Trial](#) (ACTT) are preliminary, conducted under the helm of Dr. Fauci’s [National Institute of Allergy and Infectious Diseases \(NIAID\)](#):

An independent data and safety monitoring board (DSMB) overseeing the trial met on April 27 to review data and shared their interim analysis with the study team. Based upon their review of the data, they noted that remdesivir was better than placebo from the perspective of the primary endpoint, time to recovery, a metric often used in influenza trials. Recovery in this study was defined as being well enough for hospital discharge or returning to normal activity level.

Preliminary results indicate that patients who received remdesivir had a 31% faster time to recovery than those who received placebo ($p < 0.001$). Specifically, the median time to recovery was 11 days for patients treated with remdesivir compared with 15 days for those who received placebo. Results also suggested a survival benefit, with a mortality rate of 8.0% for the group receiving remdesivir versus 11.6% for the placebo group ($p = 0.059$). (emphasis added)

In the NIH’s earlier February 21, 2020 report (released at the outset of the study), the methodology was described as follows:

... A randomized, controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral remdesivir in hospitalized adults diagnosed with coronavirus disease 2019 (COVID-19) ...

Numbers. Where? When?

The February 21 report confirmed that the first trial participant was “an American who was

repatriated after being quarantined on the Diamond Princess cruise ship” that docked in Yokohama (Japanese Territorial Waters). “Thirteen people repatriated by the U.S. State Department from the Diamond Princess cruise ship” were selected as patients for the placebo trial test.

Ironically, at the outset of the study, 58.7% of the “confirmed cases” Worldwide (542 cases out of 924) (outside China), were on the Diamond Cruise Princess from which the initial trial placebo patients were selected.

Where and When: The trial test in the 68 selected sites? That came at a later date because on February 19th (WHO data), the US had recorded only 15 positive cases (see Table Below).

“A total of 68 sites ultimately joined the study—47 in the United States and 21 in countries in Europe and Asia.” (emphasis added)

In the final May 22 NEJM report entitled [Remdesivir for the Treatment of Covid-19 — Preliminary Report](#):

There were 60 trial sites and 13 subsites in the United States (45 sites), Denmark (8), the United Kingdom (5), Greece (4), Germany (3), Korea (2), Mexico (2), Spain (2), Japan (1), and Singapore (1). Eligible patients were randomly assigned in a 1:1 ratio to receive either remdesivir or placebo. Randomization was stratified by study site and disease severity at enrollment

[The Washington Post](#) applauded Anthony Fauci’s announcement (April 29):

“The preliminary results, disclosed at the White House by Anthony S. Fauci, ... fall short of the magic bullet or cure... But with no approved treatments for Covid-19,[Lie] Fauci said, it will become the standard of care for hospitalized patients ...The data shows that remdesivir has a clear-cut, significant, positive effect in diminishing the time to recovery,” Fauci said.

Gilead’s remdesivir improves recovery time of coronavirus patients in NIH trial

April 29, 2020 at 7:50 am | Updated April 29, 2020 at 3:48 pm

By [Laurie McGinley](#) and [Christopher Rowland](#)

The Washington Post

The government’s first rigorous clinical trial of the experimental drug remdesivir as a coronavirus treatment delivered mixed results to the medical community Wednesday — but rallied stock markets and raised hopes that an early weapon to help some patients was at hand.

The government’s first rigorous clinical trial of the experimental drug remdesivir as a coronavirus treatment delivered mixed results to the medical community Wednesday — but rallied stock markets and raised hopes that an early weapon to help some patients

was at hand.

The preliminary results, disclosed at the White House by Anthony Fauci, chief of the National Institute of Allergy and Infectious Diseases, which led the placebo-controlled trial found that the drug accelerated the recovery of hospitalized patients but had only a marginal benefit in the rate of death.

... Fauci's remarks boosted speculation that the Food and Drug Administration would seek emergency use authorization that would permit doctors to prescribe the drug.

In addition to clinical trials, remdesivir has been given to more than 1,000 patients under compassionate use. [also refers to the Gilead study published on April 10 in the NEJM]

The study, involving [more than] 1,000 patients at 68 sites in the United States and around the world (??), offers the first evidence (??) from a large (??), randomized (??) clinical study of remdesivir's effectiveness against COVID-19.

The NIH placebo test study provided "preliminary results". While the placebo trial test was "randomized", the overall selection of patients at the 68 sites was not fully randomized. See the full report.

May 22: The Controversial (Retracted) Lancet Report on Hydroxychloroquine (HCQ)

It is worth noting that [the full report of the NIH-NIAID](#) entitled [Remdesivir for the Treatment of Covid-19 — Preliminary Report](#) was released on May 22, 2020 in the NEJM, on the same day as the controversial Lancet report on Hydroxychloroquine.

Immediately following its publication, the media went into high gear, smearing the HCQ cure, while applauding the NIH-NIAID report released on the same day.

[Remdesivir, the only drug cleared to treat Covid-19](#), sped the recovery time of patients with the disease, ... "It's a very safe and effective drug," said Eric Topol, founder and director of the Scripps Research Translational Institute. "We now have a definite first efficacious drug for Covid-19, which is a major step forward and will be built upon with other drugs, [and drug] combinations."

When the Lancet HCQ article by Bingham-Harvard was retracted on June 5, it was too late, it received minimal media coverage. Despite the Retraction, the HCQ cure "had been killed".

June 29: Fauci Greenlight. The \$1.6 Billion Remdesivir Contract with Gilead Sciences Inc

Dr. Anthony Fauci granted the "Greenlight" to Gilead Sciences Inc. on June 29, 2020.

The semi-official US government NIH-NIAID sponsored report (May 22) entitled [Remdesivir for the Treatment of Covid-19 — Preliminary Report](#) (NEJM) was used to justify a major agreement with Gilead Sciences Inc. (A Final Report was Released on November 5, 2020)

The Report was largely funded by the National Institute of Allergy and Infectious Diseases (NIAID) headed by Dr. Anthony Fauci and the National Institutes of Health (NIH).

On June 29, based on the findings of the NIH-NIAID Report published in the NEJM, the Department of Health and Human Services (HHS) announced on behalf of the Trump Administration [an agreement to secure large supplies of the remdesivir drug from Gilead Sciences Inc.](#) for the treatment of Covid-19 in America's private hospitals and clinics.

The earlier Gilead study based on scanty test results published in the NEJM (April 10), of 53 cases (and 56 co-authors) was not highlighted. The results of this study had been questioned by several prominent physicians and scientists.

Who will be able to afford Remdesivir? 500,000 doses of Remdesivir are envisaged at \$3,200 per patient, namely [\\$1.6 billion](#) (see the [study by Elizabeth Woodworth](#))

The Drug was also approved for [marketing in the European Union](#), under the brandname Veklury.

If this contract is implemented as planned, it represents for Gilead Science Inc. and the recipient US private hospitals and clinics a colossal amount of money.

Gilead's COVID-19 Treatment Remdesivir Will Cost \$3,120 for Typical U.S Patient With Private Insurance

According to The Trump Administration's HHS Secretary Alex Azar (June 29, 2020):

"To the extent possible, we want to ensure that any American patient who needs remdesivir can get it. [at \$3200] The Trump Administration is doing everything in our power to learn more about life-saving therapeutics for COVID-19 and secure access to these options for the American people."

[Remdesivir for Covid-19: \\$1.6 Billion for a "Modestly Beneficial" Drug?](#)

Remdesivir versus Hydroxychloroquine (HCQ)

Careful timing:

[The Lancet study](#) (published on May 22, 2020 and subsequently retracted) was intended to undermine the legitimacy of Hydroxychloroquine as an effective cure to Covid-19, with a view to sustaining the \$1.6 billion agreement between the HHS and Gilead Sciences Inc. on June 29th. The legitimacy of this agreement rested on the May 22 NIH-NIAID study in the NEJM which was considered "preliminary".

What Dr. Fauci failed to acknowledge is that Chloroquine had been "studied" and tested fifteen years ago by the CDC as a drug to be used against coronavirus infections. And that Hydroxychloroquine has been used in the course of 2020 in the treatment of Covid-19 in several countries.

According to the Virology Journal (2005) (See below) “Chloroquine is a potent inhibitor of SARS coronavirus infection and spread”. It was used in the SARS-1 outbreak in 2002. It had the endorsement of the CDC.

Research | [Open Access](#) | [Published: 22 August 2005](#)

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread

[Martin J Vincent](#), [Eric Bergeron](#), [Suzanne Benjannet](#), [Bobbie R Erickson](#), [Pierre E Rollin](#), [Thomas G Ksiazek](#), [Nabil G Seidah](#) & [Stuart T Nichol](#) 

[Virology Journal](#) **2**, Article number: 69 (2005) | [Cite this article](#)

279k Accesses | **248** Citations | **28322** Altmetric | [Metrics](#)

HCQ is not only effective, it is “inexpensive” when compared to Remdesivir, at an estimated “\$3120 for a US Patient with private insurance”.

Concluding Remarks

The Gilead Sciences Inc. Remdesivir study (50+ authors) was published in the New England Journal of Medicine (April 10, 2020).

It was followed by the NIH-NIAID [Remdesivir for the Treatment of Covid-19 — Preliminary Report](#) on May 22, 2020 in the NEJM. And on that same day, May 22, the [report on Hydroxychloroquine](#) coordinated by BWH-Harvard Dr. Mehra was published by The Lancet (which was subsequently retracted).

Harvard Medical School and the BWH bear responsibility for having hosted and financed the Lancet report on HCQ coordinated by Dr. Mandeep Mehra.

Is there conflict of interest? BWH was simultaneously involved in a study on Remdesivir in a contract with Gilead Sciences, Inc.

While the Lancet report coordinated by Harvard’s Dr. Mehra was retracted, it nonetheless served the interests of Gilead Sciences Inc.

It is important that an independent scientific and medical assessment be undertaken, respectively of the Gilead Sciences Inc New England Journal of Medicine (NEJM) peer reviewed study (April 10, 2020) as well as the NIH-NIAID study also published in the NEJM (May 22, 2020).

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Chapter VIII

Big Pharma's Covid Vaccine

Introduction

The Covid-19 vaccine is profit driven. The US government had already ordered 100 million doses back in July 2020 and the EU is to purchase 300 million doses. It's Big Money for Big Pharma, generous payoffs to corrupt politicians, at the expense of tax payers.

The objective is ultimately to make money, by vaccinating the entire planet of 7.8 billion people for SARS-CoV-2.

The Covid vaccine in some cases envisages more than one shot. If this initiative goes ahead as planned, it would be the largest vaccine project in World history and the biggest money making operation for Big Pharma.

The Second Wave of the pandemic commenced in October 2020. The Pfizer Moderna corona vaccine was launched in early November 2020.

Worldwide, people are led to believe that the corona vaccine is a solution. And that "normality" will then be restored.

How is it that a vaccine for the SARS-CoV-2 virus, which under normal conditions would take years to develop, was promptly launched on the 9th of November 2020?

Moreover, the vaccine announced by Pfizer, Moderna Inc, AstraZeneca and Johnson and Johnson (J & J) is based on an experimental gene editing mRNA technology which has a bearing on the human genome. Coupled with the mRNA vaccine initiative is the development of a so-called digital passport which will be imposed on entire populations. (See analysis below).

And why do we need a vaccine for Covid-19 when the WHO, the US Center for Disease Control and Prevention (CDC) as well as numerous scientists have confirmed unequivocally that Covid-19 is "similar to seasonal influenza". (See our analysis in Chapter III).

The mRNA Vaccine is **"Unapproved" and "Experimental"**

Four major companies including Pfizer Inc, Moderna Inc, AstraZeneca and Johnson and Johnson (J & J) are currently involved (early 2021) in marketing the experimental mRNA vaccine with the relentless support of national governments.

Amplly documented, barely reported by the media, numerous cases of deaths and injury have occurred.

The "Green Light" to market the experimental mRNA vaccine was granted back in December 2020, despite the fact that according to the FDA, the vaccine is an "unapproved product".

[The FDA in an ambiguous statement](#) has provided a so-called Emergency Use Authorization (EUA) to the Pfizer-BioNTech vaccine, namely "to permit the emergency use of the unapproved product, ... for active immunization..." ([see below](#))

EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19)

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product, **Pfizer-BioNTech COVID-19 Vaccine**, for active immunization to prevent COVID-19 in individuals 16 years of age and older.

There is something fishy and “contradictory” in this statement. The experimental Pfizer mRNA vaccine is both “unapproved” and “permitted”.

I have checked this statement with a prominent lawyer. It is blatantly illegal to market an “unapproved product”.

In the US, the Pfizer-Moderna vaccine is categorized by the CDC as an “investigational drug”. “The emergency use” clause is there to justify the launching of what might be described as an “illegal drug”.

There is an ongoing fear campaign but there is no “Emergency” which justifies “Emergency Use”. Why?

1. Both the WHO and the CDC have confirmed that Covid-19 is “similar to seasonal influenza”, It is not a killer virus.
2. The PCR test used to estimate “confirmed positive cases” is flawed. Since March 2020, the Covid-19 “numbers” have been manipulated, hiked up.
3. The overall validity of the PCR test (and estimates) as applied since January 2020 [has been questioned \(January 2021\) by the WHO](#). (See our analysis in Chapter III)

“Fraudulent Marketing” of an “Unapproved Product”

Flashback to 2009. In a historic [US Department of Justice decision in September 2009](#), Pfizer Inc. pleaded guilty to criminal charges. It was “The Largest Health Care Fraud Settlement” in the History of the US Department of Justice:

American pharmaceutical giant Pfizer Inc. and its subsidiary Pharmacia & Upjohn Company Inc. ... have agreed to pay \$2.3 billion, the largest health care fraud settlement in the history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products, ... ” (September 2, 2009)



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FOR IMMEDIATE RELEASE

Wednesday, September 2, 2009

Justice Department Announces Largest Health Care Fraud Settlement in Its History

Pfizer to Pay \$2.3 Billion for Fraudulent Marketing

To view the [C-Span Video Click Screen below](#)



Déjà Vu: Flash Forward to 2020-2021

How on Earth could you trust a Big Pharma vaccine conglomerate which pleaded guilty to criminal charges by the US Department of Justice including “fraudulent marketing” and “felony violation of the Food, Drug and Cosmetic Act”?

I should mention, however, that in 2009, [Pfizer was so to speak “Put on Probation”](#) by the US Department of Justice. It was obliged to enter into “a corporate integrity agreement” with the Inspector General of the Department of Health and Human Services (DHHS). “That

agreement provided for “procedures and reviews to ... avoid and promptly detect” misconduct on the part of Pfizer, Inc.

Johnson and Johnson and “The Opioid Epidemic”

At the height of the corona crisis, barely covered by the media, coinciding with the launch of the Covid-19 vaccine in early November 2020, Johnson and Johnson (and its three distributors) (involved in the marketing of prescription opioids) “reached [a tentative \\$26 billion settlement](#) with counties and cities that sued them for damages”. The class action law suit was “the largest federal court case in American history” (For further details see Chapter VI pertaining to “The Impacts on Mental Health”)

Are these legal antecedents relevant to an understanding of Big Pharma’s vaccine initiative?

Johnson and Johnson is currently involved in the production and marketing of a Covid adenovirus viral vector vaccine which also entails genetic therapy. (The above J & J 26 billion dollar settlement is one among several law suits against J&J).

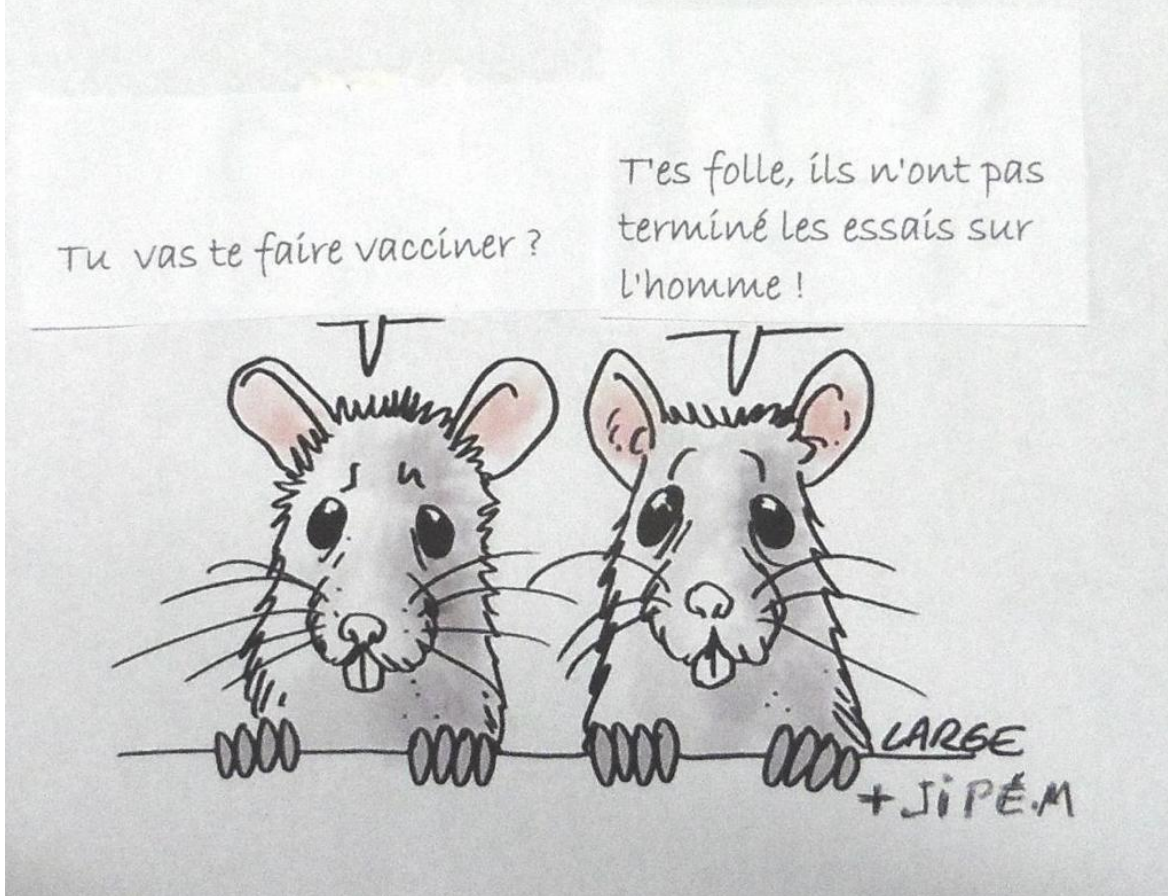
Human Guinea Pigs

In relation to the Covid Vaccine, “fraudulent marketing” is an understatement: The mRNA vaccine announced by Pfizer, Moderna Inc, Johnson and Johnson and AstraZeneka is an “unapproved drug” based on the “experimental” gene editing [mRNA technology which has a bearing on the human genome](#).

Moreover, the standard animal lab tests using mice or ferrets were not conducted. Pfizer [“went straight to human “guinea pigs.”](#)

“Human tests began in late July and early August [2020]. Three months is unheard of for testing a new vaccine. Several years is the norm.” ([F. William Engdahl, Global Research](#), November 2020)

LA VIE DANS LES LABOS



This caricature by Large + JIPÉM explains our predicament:

Mouse No 1: "Are You Going to get Vaccinated",

Mouse No. 2: Are You Crazy, They Haven't finished the Tests on Humans"

Un grand merci aux caricaturistes Large et JIPÉM

Dr. Michael Yeadon, a former Vice President of Pfizer [has taken a firm stance](#):

"All vaccines against the SARS-COV-2 virus are by definition novel. No candidate vaccine has been... in development for more than a few months.":

"If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent."

In early December, Dr Michael Yeadon together with Dr. Wolfgang Wodarg "[filed an application with the EMA](#), the European Medicine Agency responsible for EU-wide drug approval, for the immediate suspension of all SARS CoV 2 vaccine studies, in particular the BioNtech/Pfizer study on BNT162b (EudraCT number 2020-002641-42).

History of the SARS-CoV-2 Vaccine Project

There are many contradictions. The analysis below addresses the earlier stages of the vaccine project as well as the role of the 201 Simulation under the auspices of the John Hopkins School of Medicine held in New York on October 19, 2019.

The Covid vaccine is a multibillion dollar Big Pharma operation which will contribute to increasing the public debt of more than 150 national governments.

Supported by the fear campaign, Money rather than Public Health is the driving force behind this initiative.

The GSK-Pfizer Partnership

Five months before the onset of the Covid-19 crisis, two of the largest Worldwide Pharma conglomerates decided to join hands in a strategic relationship. In August 2019, GSK confirmed the formation of a major partnership with Pfizer entitled [the Consumer Health Joint Venture](#).

While the relationship is said to be limited to “trusted consumer health brands”, the agreement envisages joint financial procedures including joint multibillion dollar investment projects. While it does not constitute a merger, the GSK-Pfizer alliance implies selective integration and de facto collusion in many of the two companies’ activities including the vaccine market.

“The completion of the joint venture with Pfizer marks the beginning of the next phase of our transformation of GSK. This is an important moment for the Group, laying the foundation for two great companies, one in Pharmaceuticals and Vaccines and one in Consumer Health.” ([GSK](#), August 1, 2019, emphasis added)

This GSK-Pfizer relationship also encompasses a network of partner pharmaceutical companies, research labs, virology institutes, military and biotech entities, etc. many of which are currently involved in the Covid vaccine initiative.

At present, a handful of multinational companies including GSK and Pfizer control 80% of the global vaccine market. Under the agreement between the two companies, GSK-Pfizer is slated to play a dominant and coordinated role in regards to the Covid-19 vaccine.

The October 2019 Coronavirus Event 201 Simulation Exercise

The coronavirus was initially named [nCoV-19](#) by CEPI and the WHO: exactly the same name as that adopted in the WEF-Gates-John Hopkins Event 201 (2019-nCov) pertaining to a coronavirus simulation exercise held in Baltimore in mid October 2019.

The Event 201 John Hopkins simulation [addressed the development of an effective vaccine](#) in response to millions of cases (in the October 2019 simulation) of the 2019 nCoV. The simulation announced a scenario in which the entire population of the planet would be affected: “During the initial months of the pandemic, the cumulative number of cases [in the simulation] increases exponentially, doubling every week. And as the cases and deaths accumulate, the economic and societal consequences become increasingly severe.”

The scenario ends at the 18-month point, with 65 million deaths. The pandemic is beginning to slow due to the decreasing number of susceptible people. The pandemic will continue at some rate until there is an effective vaccine or until 80-90 % of the global population has been exposed. From that point on, it is likely to be an endemic childhood disease.

According to the WEF Video below, produced in relation to the 201 Simulation, “we ran a massive viral pandemic simulation.., 65 million deaths Worldwide.”.

[See also the analysis of F. William Engdahl on the 201 Simulation](#)

Video Produced by the World Economic Forum in association with the 201 John Hopkins Simulation

Ironically, on January 30th 2020, the WHO defined the new virus as 2019-nCoV, i.e. the same name as that used in the 201 simulation in October 2019.



It was only later that Covid-19 was identified by the WHO not as a virus but as a disease: coronavirus disease (COVID-19), the Virus was identified as “severe acute respiratory syndrome” coronavirus 2 (SARS-CoV-2)

Two weeks after the virus had been formally identified by the People’s Republic of China (Jan 7, 2020), a vaccine for the novel coronavirus was announced by CEPI at the Davos World Economic Forum, January 20-24, 2020.

The Central Role of the Coalition for Epidemic Preparedness Innovations (CEPI)

The lead entity for the novel coronavirus vaccine initiative is the Coalition for Epidemic Preparedness Innovations (CEPI) an organization sponsored and financed by the World Economic Forum (WEF) and the Bill and Melinda Gates Foundation.

Note the chronology: The development of the 2019 nCoV vaccine was announced at the Davos World Economic Forum (WEF) a week prior to the official launching by the WHO of a Worldwide Public Health Emergency (January 30) at a time when the number of “confirmed cases” Worldwide (outside China) was 83. (see Chapter II)

The pandemic was launched by the WHO on March 11. And five days later, barely covered by the media, the first tests involving human volunteers were conducted by Moderna in Seattle on March 16.

According to [Richard Hatchett](#), CEO of the Coalition for Epidemic Preparedness Innovations (CEPI) the project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 7, 2020) but several months prior to the October 2019 simulation exercise.

“We did that in the last year or so [early 2019]. ... ”

(scroll down for interview with Richard Hatchett)

CEPI is seeking a “monopoly” role in the vaccination business the objective of which is a “global vaccine project”, in partnership with a large number of “candidates”.

It announced funding for its existing partnership with Inovio and The University of Queensland (Australia). In addition, CEPI confirmed (January 23) its contract with Moderna, Inc. and the U.S. National Institute of Allergy and Infectious Diseases (NIAID) headed by Dr. Anthony Fauci, who has been instrumental in waging the fear and panic campaign across America: “Ten Times Worse than Seasonal Flu”. ([See WEF Video](#) below)

The presentation of the representative from Moderna Inc describing the features of the mRNA vaccine starts at 11’50”.

“We inject instructions ... mRNA is a platform”

CEPI was dealing simultaneously with several pharmaceutical companies. The Moderna-NIAID agreement was implemented. The mRNA COVID-19 vaccine was launched in the US in late November 2020.

On January 31st, 2020 the day following the WHO’s official launching of the global public health emergency (PHEIC) and Trump’s decision to curtail air travel with China, CEPI announced its partnership with CureVac AG, a German-based biopharmaceutical company.

A few days later, in early February 2020, CEPI “announced that major vaccine manufacturer GSK would allow its [proprietary adjuvants](#)— compounds that boost the effectiveness of vaccines — to be used in the response”. (The pandemic was officially launched on March 11).

There were many “potential vaccines in the pipeline” with “dozens of research groups around the world racing to create a vaccine against COVID-19”.

The COVID-19 Global Vaccination Program

CEPI (on behalf of Gates-WEF, which funded the 201 simulation exercise) is currently playing a key role in a large scale Worldwide vaccination program in partnership with biotech companies, Big Pharma, government agencies as well as university laboratories.

Today we announced funding for three programmes to develop vaccines against the novel [#coronavirus](#), nCoV-2019 📌

We'll be supporting pioneering technologies designed to speed up the development of vaccines against emerging threats
[#OutsmartEpidemics](#) ➡ bit.ly/2GjEmSS



Richard Hatchett
Chief Executive Officer, CEPI

“Given the rapid global spread of the novel coronavirus, the world needs to act quickly and in unity to tackle this disease. We hope this work could provide a significant and important step forward in developing a vaccine.”

CEPI

The foregoing statement by CEPI was made nearly two months prior to the official declaration of a pandemic on March 11.

“We’re having conversations with a broad array of potential partners”. And critical to those conversations is: What’s the plan to make very large quantities of vaccine within a time frame that is potentially relevant to what people seem to be increasingly certain will be a pandemic, if it isn’t already there? ...” [[Richard Hatchett, CEPI CEO](#) in interview with [stat.news.com](#)]. ...

The underlying focus was to develop a global vaccine:

And part of that was doing a global survey of manufacturing capacity to think about where we wanted to plant the manufacturing of any successful products we were able to bring forward.

Of significance, Hatchett confirmed that the project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 7, 2020) but several months prior to the October 2019 201 simulation exercise.

[“We did that in the last year or so.](#) [early 2019]... We are using the information that we have collected and have that team now thinking about opportunities for scaling vaccines of various different types. That is a work in progress. For some of the technologies the tech transfer [to a manufacturer] may be something that could be done in a time frame that was pertinent to the epidemic, potentially.

I think it is going to be really important to engage those folks who have access to really substantial production capacity. And having the big producers at the table — because of their depth, because of their experience, because of their internal resources — would be very, very important.

The candidate vaccines will be very, very quick. Dr. Anthony Fauci, director of NIAID [who has been spreading panic on network TV], is out in public as saying he thinks the clinical trial for the Moderna vaccine may be as early as the spring. (emphasis added)

What is now unfolding in real life is in some regards similar to the October 2019 201 Simulation exercise at John Hopkins.

The scenario is how to produce millions of vaccine shots on the presumption that the pandemic will spread Worldwide, and for that you need the Covid-19 “positive cases” to go fly high.

The CEPI sponsored vaccine conglomerates had already planned their investments well in advance of the global Worldwide health emergency (declared by the WHO on January 30, 2020):

I [Hachett] think part of the general strategy is to have a large number of candidates. [and] you want to have enough candidates that at least some of them are moving rapidly through the process.

And then for each candidate, you need to ask yourself the question: How do you produce that? ... [And] how are you going to get to that point with production at a scale that is meaningful in the context of a disease that is going to infect the whole of society?(Interview conducted by Helen Branswell, [statsnews](#), February 3, 2020)

Moderna Inc

Moderna Inc based in Seattle was one of the several candidates involved and supported by CEPI.

Moderna announced on February 24th the development of “an experimental (messenger) mRNA COVID-19 vaccine, known as mRNA-1273”. “The initial batch of the vaccine has already been shipped to U.S. government researchers from the National Institute of Allergy and Infectious Diseases (NIAID)” headed by Dr. Antony Fauci.

While Moderna Inc initially stated that the first clinical trials would [commence in late April](#), tests involving human volunteers started in mid-March in Seattle: (bear in mind the pandemic was officially launched on March 11)

Coronavirus vaccine test opens as volunteer in Seattle gets 1st shot

POSTED 10:14 AM, MARCH 16, 2020, BY ASSOCIATED PRESS, UPDATED AT 10:24AM, MARCH 16, 2020

[Researchers in Seattle gave the first shot to the first person](#) in a test of an experimental [coronavirus](#) vaccine Monday — leading off a worldwide hunt for protection even as the pandemic surges. ...

Some of the study's carefully chosen healthy volunteers, ages 18 to 55, will get higher dosages than others to test how strong the inoculations should be. Scientists will check for any side effects and draw blood samples to test if the vaccine is revving up the immune system, looking for encouraging clues like the NIH earlier found in vaccinated mice.

"We don't know whether this vaccine will induce an immune response, or whether it will be safe. That's why we're doing a trial," Jackson stressed. "It's not at the stage where it would be possible or prudent to give it to the general population." ([FOX news local](#))

The Covid Vaccine and the ID2020 Digital Identity Platform

While CEPI had announced the launching of a global vaccine at the Davos World Economic Forum, another important and related endeavor was underway. It's called the ID2020 Agenda, which, [according to Peter Koenig](#) constitutes "an electronic ID program that uses generalized vaccination as a platform for digital identity".

"The program harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent biometrically-linked digital identity". ([Peter Koenig](#), March 2020)

The founding Partners of ID2020 are Microsoft, the Rockefeller Foundation and the Global Alliance for Vaccines and Immunization (GAVI) (an initiative of the Gates Foundation).

GAVI and its partners (WHO, UNICEF, World Bank, the IMF) are actively involved in the implementation (financing) of the global vaccine project entitled COVAX.

The key entities involved in coordinating COVAX are the Vaccine Alliance (GAVI), the Coalition for Epidemic Preparedness Innovations (CEPI) and the World Health Organization (WHO). All three entities receive financial support from the Bill and Melinda Gates Foundation.

COVAX

With a fast-moving pandemic, no one is safe, unless everyone is safe

COVAX is co-led by [CEPI](#), [Gavi](#) and WHO, alongside key delivery partner [UNICEF](#). In the Americas, the PAHO Revolving Fund is the recognized procurement agent for COVAX.



It is worth noting the timeline: The ID2020 Alliance held their Summit in New York, entitled “Rising to the Good ID Challenge”, on September 19, 2019, exactly one month prior to the nCov-2019 simulation exercise entitled Event 201 at John Hopkins in New York:

Is it just a coincidence that ID2020 is being rolled out at the onset of what the WHO calls a Pandemic? – Or is a pandemic needed to ‘roll out’ the multiple devastating programs of ID2020? ([Peter Koenig](#), March 2020)

ID2020 is part of a “World Governance” project which, if applied, would roll out the contours of what some analysts have described as a Global Police State encompassing through vaccination (embedded microchip) the personal details of several billion people Worldwide.

According to [Dr. David Martin \(quoted by Makia Freeman\)](#):

“This is not a vaccine ... using the term vaccine to sneak this thing under public health exemptions ... This is a mRNA packaged in a fat envelope that is delivered to a cell. It is a medical device designed to stimulate the human cell into becoming a pathogen creator. It is not a vaccine! Vaccines actually are a legally defined term ... under public health law ... under CDC and FDA standards, and a vaccine specifically has to stimulate both an immunity within the person receiving it, but it also has to disrupt transmission.

In the Wake of the Lockdown. The Second and Third Waves

The Second Wave: The fear campaign continues in the wake of the lockdown. A new lockdown is unfolding (December-January) in several countries.

Will the hardships of the economic and social crisis (coupled with a fear campaign) encourage people to get vaccinated?

To implement the Global Vaccine, the propaganda campaign must continue. The Truth must be suppressed. These are their “guidelines”, which must be confronted and challenged.

Several governments (aka corrupt politicians) including the US, UK, France, Germany,

Canada as well as India have already provided the green light. Information and analysis on the features of the virus (similar to seasonal influenza) is being suppressed by the media.

While Hydroxychloroquine (HCQ) has been used to treat patients in both Europe and North America, Big Pharma with the support of the governments is intent upon suppressing evidence on how COVID-19 can be cured, without the need of a vaccine. (See Chapter VI)

The Covid Vaccine and “Herd Immunity”: Changing the Definitions

Herd immunity is an important concept in medicine. According to Healthline:

“It happens when so many people in a community become [immune](#) to an infectious disease that it stops the disease from spreading.

This can happen in two ways:

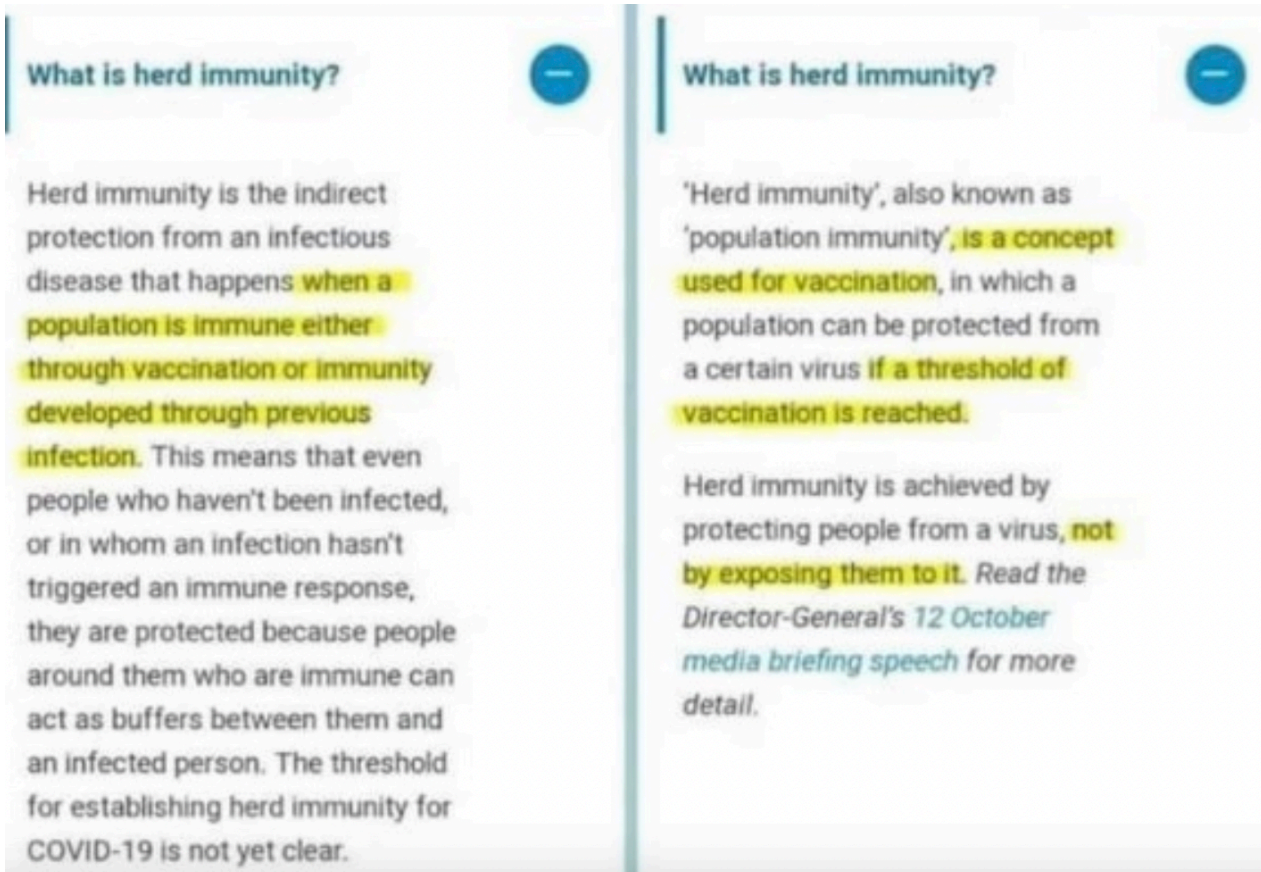
1. Many people contract the disease and in time build up an immune response to it (natural immunity).
2. Many people are vaccinated against the disease to achieve immunity.

Herd immunity can work against the spread of some diseases. There are several reasons why it often works.” ([See Healthline](#))

The WHO has redefined herd immunity with a view to supporting the multibillion dollar Covid vaccine initiative:

Below (Left) is the official WHO definition (June 2020). And in November (Right) the WHO decided unilaterally to redefine a fundamental medical concept, focussing solely on the role of vaccination in achieving herd immunity.





To our knowledge, the peer reviewed definition of herd immunity has not changed.

The new "definition" of the WHO visibly serves the interests of Big Pharma.

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Flashback: The 2009 H1N1 Swine Flu Pandemic

Remember the 2009 H1N1 "pandemic" when Obama's Council of Advisors on Science and Technology compared the H1N1 pandemic to the 1918 Spanish flu pandemic while reassuring the public that the latter was more deadly. (CBC: Get swine flu vaccine ready: U.S. advisers).

For further details see [Michel Chossudovsky, August 2009 Study on H1N1 Pandemic](#))

Based on incomplete and scanty data, the WHO Director General Margaret Chan predicted with authority that: "as many as 2 billion people could become infected over the next two years — nearly one-third of the world population." (World Health Organization as reported by the Western media, July 2009).

It was a multibillion bonanza for Big Pharma supported by the WHO's Director-General Margaret Chan.

WHO sees 4.9 billion pandemic flu shots in best-case

By Katie Reid, Laura MacInnis

5 MIN READ



In a subsequent statement Dr. Chan confirmed that:

“Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario”, [Margaret Chan, Director-General, World Health Organization \(WHO\)](#), quoted by Reuters, 21 July 2009).

“Swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren’t successful.” (Official Statement of Obama Administration, Associated Press, 24 July 2009).

GENEVA (Reuters) - Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario, the head of the World Health Organization said on Tuesday, as rich and poor countries grappled over limited supplies.



United Nations Secretary-General Ban Ki-moon (R) listens to WHO Director-General Margaret Chan (C) during a visit to the Strategic Health Operations Centre (SHOC) room at the World Health Organization (WHO) headquarters in Geneva, May 19, 2009. REUTERS/Christopher Balck/WHO/Handout

There was no H1N1 pandemic affecting 2 billion people. Millions of doses of swine flu

vaccine had been ordered by national governments from Big Pharma.

Millions of vaccine doses were subsequently destroyed: a financial bonanza for Big Pharma, an expenditure crisis for national governments.

There was no investigation into who was behind this multibillion dollar fraud. Several critics said that the H1N1 Pandemic was “Fake”

The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is [publicly investigating](#) the WHO's motives in declaring a pandemic. Indeed, the chairman of its influential health committee, epidemiologist Wolfgang Wodarg, [has declared that](#) the “false pandemic” is “one of the greatest medicine scandals of the century.” (Michael Fomento, [Forbes](#), February 10, 2010)



Michael Fomento concludes:

Even within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr. Ulrich Kiel, has [essentially labeled](#) the pandemic a hoax. “We are witnessing a gigantic misallocation of resources [[\\$18 billion](#) so far] in terms of public health,” he said.

They’re right. This wasn’t merely overcautiousness or simple misjudgment. The pandemic declaration and all the Klaxon-ringing since reflect sheer dishonesty motivated not by medical concerns but political ones.

Unquestionably, swine flu has proved to be vastly milder than ordinary seasonal flu. It kills at a third to a tenth the rate, [according to](#) U.S. Centers for Disease Control and Prevention estimates. Data from other countries like France and Japan indicate it’s far tamer than that.

PACE to prepare report on the handling of the Swine Flu pandemic

26/01/2010 11:02:52 SOCIAL AFFAIRS, HEALTH AND SUSTAINABLE DEVELOPMENT

"Are decisions on pandemics taken on the best scientific evidence only?" was the question asked at a January public hearing of PACE's Committee on Social, Health and Family Affairs which looked into the handling of the H1N1 pandemic. The World Health Organisation's flu chief defended his organisation, saying its advice was not improperly influenced by the pharmaceutical industry.

The committee now intends to hold a second public hearing in Paris, with the participation of government officials who dealt with the pandemic. Rapporteur Paul Flynn (United Kingdom, SOC) is also due to visit the WHO's headquarters in Geneva. His report should be available at the end of April, for a possible plenary debate in June.

[H1N1 2009 Vaccine Causes Brain Damage to Children](#) : GSK's ArepanrixTD applied in Canada

In Memory of a Little Girl Called Amina Abudu

[See complete article here](#)

The WHO's H1N1 pandemic was declared in June 11, 2009. GSK was on contract to the Canadian government. The GSK's ArepandrixTM vaccine was delivered to Canadian health authorities within less than four months.

"As a result, an impressive 45% of Canadians received protection from the H1N1 virus by being vaccinated with GSK's ArepanrixTM" according to GSK'S President-CEO Paul Lucas in a statement on October 9 2009 to Canada's [Senate Standing Committee on Social Affairs, Science and Technology](#).

Within four months?. Does that give them Time to Test????

Lots of people in Canada fell sick after receiving the H1N1 ArepanrixTD vaccine.

And that vaccine killed a little girl called Amina Abudu, which then led to a ten year lawsuit against GSK.



The parents of five-year-old Amina Abudu blame her 2009 death on a flu shot. Peter J. Thompson/National Post

A vaccine was rushed to market, and the five year old was among millions of Canadians to get the shot, amid widespread fears about the new pathogen.

Five days later, Amina's older brother found her lying unconscious in the bathroom of the family's east-end Toronto home. She was dead.

Her devastated parents came to blame the flu shot itself and sued the vaccine's manufacturer, Glaxo Smith Kline (GSK), for \$4.2 million. The little-noticed trial of that lawsuit drew toward a close on Tuesday, a rare judicial airing in Canada of a vaccine's alleged side effects.

The parents' lawyer, Jasmine Ghosn, alleged the preventive drug was brought out quickly and without proper testing during a chaotic flu season, as the federal government exerted "intense pressure" on Canadians to get immunized. ([National Post, November 2019](#))

At rare trial of alleged vaccine side effects, parents say H1N1 flu shot killed 5-year-old daughter

In 2009, Governments faced major pressure to procure the vaccine and administer it widely, but at the same time there were concerns about its safety

[Screenshot of National Post. Death of Canadian girl in 2009](#) (Report is dated November 2019)

It took ten years for a judgment. The Family lost. GSK declined responsibility for her death. And the Canadian government reimbursed GSK's legal expenses.

That lawsuit against GSK should be reopened. Canada's government bears the burden of responsibility.

ArepanrixTD (2009) vs PandemrixTM (2009)

GSK has casually acknowledged that the ArepanrixTD which was used in Canada is “similar” to the GSK’s PandemrixTM applied in the UK and the EU, which led to brain damage in Children. It was subsequently withdrawn. But ArepandrixTD applied in Canada prevailed. An ArepandrixTD (2010) was subsequently released the following year (and compared to PandemrixTD (2009)

GSK acknowledges that PandemrixTD (2009) causes narcolepsy, which is categorized as “a chronic neurological disorder that affects the brain’s ability to control sleep-wake cycles.”

COVID-19 Vaccine is Déjà Vu. Lets not be taken in again.

Important Lessons to be Learned from the 2009 H1N1 Pandemic

The COVID-19 “pandemic” is far more serious and diabolical than the 2009 H1N1. The COV-19 pandemic has provided a pretext and a justification for destabilizing the economies of entire countries, impoverishing large sectors of the World population. Unprecedented in modern history.

And it is important that we act cohesively and in solidarity with those who are victims of this crisis.

People’s lives are in a freefall and their purchasing power has been destroyed.

What kind of twisted social structure awaits us in the wake of the lockdown?

Can we trust the World Health Organization (WHO) and the powerful economic interest groups behind it. The answer is obvious.

Can we trust the main actors behind the multibillion dollar global vaccination project?

Can we trust the Western media which has led the fear campaign?

Disinformation sustains the lies and fabrications.

Can we trust our “corrupt” governments? Our national economy has been devastated.

In recent developments, the Covid vaccine is being implemented in a large number of countries.

Dr. Wolfgang Wodarg who revealed the fraud behind H1N1 is actively involved together with Dr. Michael Yeadon in the campaign against the Covid-19 vaccine.

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Chapter IX

Freedom of Expression

Categorizing The Protest Movement as “Anti-Social”

A diabolical process is underway which consists in “identifying” all those who are opposed to the governments’ management of the coronavirus pandemic. According to ongoing psychological studies, these opponents are categorized as “anti-social psychopaths”.

The unspoken objective is to shunt the emergence of an organized protest movement pertaining to social engineering and the decision taken Worldwide at a political level to close down the national economies of more than 150 members states of the United Nations.

Free Speech is Suppressed

The lockdown narrative is supported by media disinformation, online censorship, social engineering and the fear campaign.

Medical doctors who question the official narrative are threatened. They lose their jobs. Their careers are destroyed. [Those who oppose the government lockdown are categorized as “anti-social psychopaths”:](#)

In colleges and universities, the teaching staff is pressured to conform and endorse the official covid narrative. Questioning the legitimacy of the lockdown in online “classrooms” could lead to dismissal.

Several medical doctors who oppose the COVID consensus or the vaccine have been arrested. In December, [“Jean-Bernard Fournillan,](#) a retired university professor known for his opposition to the COVID-19 vaccine was arrested “by law enforcement officers under military command, and forcibly placed in solitary confinement at the psychiatric hospital of Uzès.” Fournillan is known as “longtime critic of vaccines that use dangerous adjuvants”.



In Belgium, an anesthesiologist was fired after questioning government virus measures. In France, some doctors are facing similar pressure and have denounced the suppression of speech.

Screen Shot: NTD, December 16, 2020

Google and Twitter Censorship

The opinions of prominent scientists who question the lockdown, the face-mask or social distancing are “taken down” by Google:

“[YouTube doesn’t allow content that spreads medical misinformation](#) that contradicts the World Health Organization (WHO) or local health authorities’ medical information about COVID-19, including on methods to prevent, treat or diagnose COVID-19, and means of transmission of COVID-19.” (emphasis added)

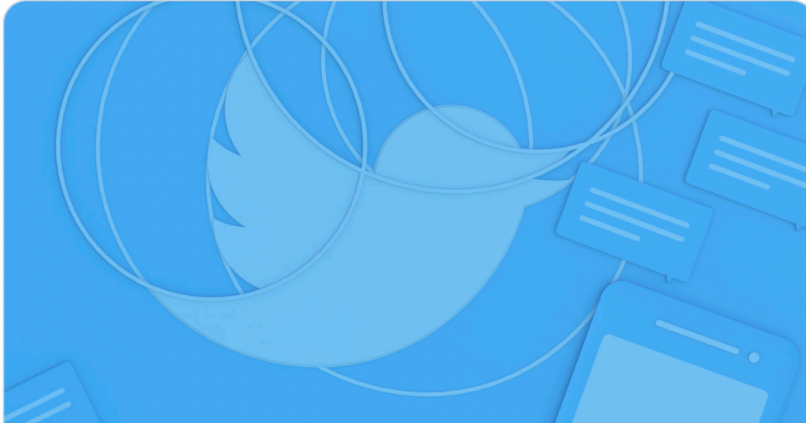
Similarly, Twitter has confirmed that “it will remove all posts that suggest there are ‘adverse impacts or effects of receiving vaccinations’... Twitter will: “memory-hole any posts that “invoke a deliberate conspiracy” or “advance harmful, false, or misleading narratives’ about vaccines.”



Twitter Safety 
@TwitterSafety



As the global distribution of [#COVID19](#) vaccines begins, we're providing guidance on how we'll address potentially harmful misleading content about these vaccines and help people stay informed.



COVID-19: Our approach to misleading vaccine information

As the world continues to fight the COVID-19 pandemic we're updating our rules to protect the conversation around this critical public health ...

blog.twitter.com

3:00 PM · Dec 16, 2020



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See the latest COVID-19 information on Twitter

Protest against the “official truth”, criticize government guidelines, express reservations regarding the closing down of the global economy, social distancing and the wearing of the face mask, and you will be tagged (according to “scientific opinion”) as a “callous and deceitful psychopath”.

Psychology: Empirical Studies

Peer reviewed psychological “studies” have been carried in several countries using sample surveys.

Accept the “official narrative” and you are tagged as a “good person” with “empathy” who understands the feelings of others.

A so-called peer reviewed “empirical report” describes those who refuse to wear the face mask or abide by social distancing as having “anti-social personality disorders”.

Those who “do not adhere to measures to prevent the spread of COVID-19” are tagged as “anti-social”.

The findings of the Brazilian study involving a “sample” of 1578 adults was published in the journal [Personality and Individual Differences](#). under the title:

Compliance with containment measures to the COVID-19 pandemic over time: Do antisocial traits matter?

Fabiano Koich Miguel ^a ✉, Gisele Magarotto Machado ^b, Giselle Pianowski ^b, Lucas de Francisco Carvalho ^b ✉

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<https://doi.org/10.1016/j.j.paid.2020.110346>

Get rights and conten

Highlights

- First empirical report of findings from a Latin American country on antisocial traits associated with compliance with containment measures.
- Lower levels of empathy and higher levels of Callousness, Deceitfulness, and Risk-taking are associated with lower compliance with containment measures.
- The increase in COVID-19 cases in the country are not associated with people's adherence to containment measures.

“Empathy” versus “Anti-social Traits”

The statistical “methodology” of this study is straightforward. It is intended to serve as a model.

It consists in categorizing a so-called sample of adults from all major regions of Brazil into two distinct groups. It examines:

“...the relationships between antisocial traits and compliance with COVID-19 containment measures. The sample consisted of 1578 Brazilian adults aged 18–73 years ... and a questionnaire about compliance with containment measures.

Latent profile analyses indicated a 2-profile solution: “the antisocial pattern profile which presented higher scores in Callousness, Deceitfulness, Hostility, Impulsivity, Irresponsibility, Manipulativeness, and Risk-taking, as well as lower scores in Affective resonance”;

and “the empathy pattern profile which presented higher scores in Affective resonance ...”

The antisocial and empathy groups showed significant differences. ... Our findings indicated that antisocial traits, especially lower levels of empathy and higher levels of Callousness, Deceitfulness, and Risk-taking, are directly

associated with lower compliance with containment measures. These traits explain, at least partially, the reason why people continue not adhering to the containment measures even with increasing numbers of cases and deaths. (emphasis added)

[The research methodology](#) is built around 3 main questions:

- “Do you think it is necessary to avoid approaching people as much as possible until the coronavirus situation is controlled?” (social distancing),
- “Do you think it is necessary to wash your hands and/or use alcohol gel as many times a day until the coronavirus situation is controlled?” (hygiene),
- “Do you think it is necessary to use facemask (that protects nose and mouth) in Brazil?” (facemask).

Yes/No Categorization

Answer Yes to these Three Questions: you are categorized as having “Empathy” (i.e. the ability to understand and share the feelings of others).

Answer No to all Three Questions: you are categorized (according to the study) as having “higher levels of Callousness, Deceitfulness, Hostility, Impulsivity, Irresponsibility, Manipulativeness, and Risk-taking” (as quoted above).

It all sounds very scientific. The unspoken objective of these psycho-studies is to provide governments with a mandate to intimidate as well as to enforce compliance, while smearing the alleged psychopaths who refuse to conform to the official narrative, which is an outright lie.

“The Dark Triad” and “Collective Narcissism”

According to [Eric W. Dolan](#) (PsyPost) the above study consisted in identifying “a measure of maladaptive personality traits... “. Dolan also refers to a related study focussing on: “the “Dark Triad” of narcissism, psychopathy, and Machiavellianism associated with ignoring preventative COVID-19 measures.”.

The study conducted in Poland is entitled:

[“Adaptive and maladaptive behavior during the COVID-19 pandemic: The roles of Dark Triad traits, collective narcissism, and health beliefs”](#)

The study refers to the practice of [“collective narcissism”](#), namely a common belief and practice by a so-called ‘In-Group’ (aka protest movement, collective of dissident medical doctors, scientists) directed against the official corona virus “truth” (aka the Big Lie). Collective narcissism is embedded in what psychologists call the Dark Triad.

Adaptive and maladaptive behavior during the COVID-19 pandemic: The roles of Dark Triad traits, collective narcissism, and health beliefs ☆

Bartłomiej Nowak ^a, Paweł Brzóska ^a, Jarosław Piotrowski ^b, Constantine Sedikides ^c, Magdalena Żemojtel-Piotrowska ^b ✉, Peter K. Jonason ^{b, d}

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Received 20 May 2020, Revised 29 June 2020, Accepted 30 June 2020, Available online 15 July 2020.

The study is based on “a nationally representative sample from Poland ($N = 755$)”. It examines: “the relationships between the Dark Triad traits (i.e., psychopathy, Machiavellianism, and narcissism) and collective narcissism (i.e., agentic and communal) ... Participants characterized by the Dark Triad traits engaged less in prevention ...”

“The results point to the utility of health beliefs in predicting behaviors during the pandemic, explaining (at least in part) problematic behaviors associated with the dark personalities (i.e., Dark Triad, collective narcissism). ...

The traits, such as the Dark Triad (i.e., narcissism, Machiavellianism, psychopathy) and collective narcissism ... may have implications for how one copes with the virus... For example, individuals characterized by the Dark Triad traits may be less likely to follow governmentally-enforced restrictions related to COVID-19

The Term “Agentic” quoted above refers to “goal-achievement”.

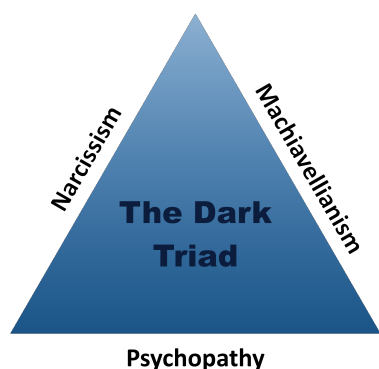
And here is the Methodology

“We measured the Dark Triad traits (Wave 2) ... [also with reference to] the Dark Triad Dirty Dozen scale ([Jonason & Webster, 2010](#)). The scale consists of four items assessing individual differences in psychopathy (e.g., “*I tend to lack remorse*”), narcissism (e.g., “*I tend to seek prestige or status*”), and Machiavellianism (e.g., “*I tend to manipulate others to get my way*”). Participants indicated their agreement with each item (1 = *strongly disagree*, 5 = *strongly agree*). We averaged responses to create indices of each trait.”

Sounds scientific. What are the conclusions?

“We advanced the scope of the model by illustrating the relevance of dark personality traits in predicting both adaptive and maladaptive behaviors in response to the

pandemic by person-focused(i.e., the Dark Triad traits) and group-focused (i.e., collective narcissism) personality traits.” [The read the full report click here](#) emphasis added)



The psychological definition of Dark Triad Traits comprises the combined personality traits of narcissism, Machiavellianism, and psychopathy. “They are called “**dark**” because of their malevolent qualities.”

The **Dark Triad Dirty Dozen (DTDD)** consists of a broader “personality inventory” which assesses and measures the three personality components of the Dark Triad. (see image right)

In substance, what this “scientific report” confirms is that people who question the covid-19 official narrative have “malevolent personality disorders”. They are said to suffer from the Dirty Dozen “Dark Triad Traits” (DTDD).

When they act contiguously within a In-Group or a Protest movement (E.g. The August Mass Rally in Berlin), they are tagged as applying “collective narcissism”.

The framework of the above study is also envisaged for other [countries in partnership](#) (with the Warsaw group). Another related study is entitled: [“Who complies with the restrictions to reduce the spread of COVID-19?: Personality and perceptions of the COVID-19 situation”](#)

Strong words. “Peer Reviewed”?

Psychology is being used in a pernicious way to provide legitimacy to a Police State with a mandate to “go after” those who allegedly have Dark Triad “malevolent personality disorders”.

It’s an inquisitorial doctrine, which could eventually evolve towards a digital witch hunt, far more sophisticated than the “Spanish Inquisition”.

“In contrast to the Spanish Inquisition, the contemporary inquisitorial system has almost unlimited capabilities of spying on and categorizing individuals.

People are tagged and labeled, their emails, cell phones are monitored, detailed personal data is entered into giant Big Brother data banks. Once this digital cataloging has been completed, people are locked into watertight compartments. Their profiles are established and entered into a computerized system.

Law enforcement is systematic. The witch hunt is not only directed against presumed “terrorists” through ethnic profiling, etc., the various human rights, affirmative action, antiwar cohorts are themselves the object of the anti-terrorist legislation and so on.

Needless to say, converting or recanting by antiwar heretics is not permitted.

Meanwhile war criminals occupy positions of authority. The citizenry is galvanized into supporting rulers, “committed to their safety and well-being”, “who are going after the bad guys.” (Michel Chossudovsky, [The Spanish Inquisition, “Made in America”](#), Global Research, December 2004)



Francisco Goya: The Spanish Inquisition (1812-1819) [Real Academia de Bellas Artes de San Fernando, Madrid](#)

Are the Billionaires Mentally Deranged?

These empirical psychology studies are meant to be used against citizens who are opposed to the instructions of their respective governments. In turn these governments obey orders from higher up.

While ordinary citizens are tagged, what is increasingly obvious is that the billionaires, “philanthropists”, corrupt politicians, et al., who are the unspoken architects of the global economic lockdown are psychopaths in their own right.

While their personality traits are not the motive of scientific investigation, the corrupt billionaires who are behind the corona lockdown and closure of the global economy are mentally deranged. Money and enrichment is the driving force.

However, tagging politicians and financiers as “psychopaths” is an understatement. Calling for the simultaneous closing down of the national economies of 193 member states of the UN is an act of “economic genocide”.

Economic and social decision-making is criminalized. The legitimacy of Wall Street, the World Economic Forum (WEF), Big Pharma and the billionaire foundations which ordered the closure of the global economy on March 11, 2020 must be forcefully addressed.

Chapter X

Global Coup d'État? The “Great Reset”, Global Debt and Neoliberal “Shock Treatment”

History of Economic “Shock Treatment”. From The Structural Adjustment Programme (SAP) to “Global Adjustment (GA)”

The March 11, 2020 (simultaneous) closing down of the national economies of 190 member states of the UN is diabolical and unprecedented. Millions of people have lost their jobs, and their lifelong savings. In developing countries, poverty, famine and despair prevail. The closure of national economies has led to a spiralling global debt. Increasingly, national governments are controlled by the creditors, which are currently financing the social safety nets, corporate bailouts and handouts.

While this model of “global intervention” is unprecedented, it has certain features reminiscent of the country-level macro-economic reforms including the imposition of strong “economic medicine” by the IMF. To address this issue let us examine the history of so-called “economic shock treatment”([a term first used in the 1970s](#)).



Flash back to Chile, September 11 1973.

As a visiting professor at the Catholic University of Chile, I lived through the military coup directed against the democratically elected government of Salvador Allende. It was a CIA op led by Secretary of State Henry Kissinger coupled with devastating macro-economic reforms.

Image on the left: Kissinger together with General Augusto Pinochet (1970s)

In the month following the Coup d'Etat, [the price of bread increased from 11 to 40 escudos overnight](#). This engineered collapse of both real wages and employment under the Pinochet

dictatorship was conducive to a nationwide process of impoverishment. While food prices had skyrocketed, wages had been frozen to ensure “economic stability and stave off inflationary pressures.” From one day to the next, an entire country had been precipitated into abysmal poverty: in less than a year the price of bread in Chile increased thirty-six times and eighty-five percent of the Chilean population had been driven below the poverty line.” That was Chile’s 1973 “Reset”.



Two and a half years later in 1976, I returned to Latin America as a visiting professor at the National University of Cordoba in the northern industrial heartland of Argentina. My stay coincided with another military coup d’état in March 1976. Behind the massacres and human rights violations, [“free market” macro-economic reforms had also been prescribed](#) – this time under the supervision of Argentina’s New York creditors, including David Rockefeller who was a friend of The Junta’s Minister of Economy José Alfredo Martínez de Hoz.

Image on the right: General President Jorge Videla, David Rockefeller and Argentina’s Economy Minister Martínez de Hoz, Buenos Aires (1970s)

Chile and Argentina were “dress rehearsals” for things to come: The imposition of the IMF-World Bank Structural Adjustment Programme (SAP) was imposed on more than 100 countries starting in the early 1980s. (See Michel Chossudovsky, [The Globalization of Poverty and the New World Order](#), Global Research, 2003)

A notorious example of the “free market”: [Peru in August 1990 was punished for not conforming to IMF diktats](#): the price of fuel was hiked up 31 times and the price of bread increased more than twelve times in a single day. These reforms – carried out in the name of “democracy” – were far more devastating than those applied in Chile and Argentina under the fist of military rule.



The March 2020 Lockdown

And now on March 11, 2020, we enter a new phase of macro-economic destabilization, which is more devastating and destructive than 40 years of “shock treatment” and austerity

measures imposed by the IMF on behalf of dominant financial interests.

There is rupture, a historical break as well as continuity. It's "Neoliberalism to the n-th Degree"

Image on the left: Kissinger with Argentina's Dictator General Jorge Videla (1970s)

Closure of the Global Economy: Economic and Social Impacts at the Level of the Entire Planet

Compare what is happening to the Global Economy today with the country by country "negotiated" macro-economic measures imposed by creditors under the Structural Adjustment Program (SAP). The March 11, 2020 "Global Adjustment" was not negotiated with national governments. It was imposed by a "public / private partnership", supported by media propaganda, and accepted, invariably by co-opted and corrupt politicians.

"Engineered" Social Inequality and Impoverishment. The Globalization of Poverty

Compare the March 11, 2020 "Global Adjustment" "guidelines" affecting the entire Planet to Chile September 11, 1973.

In a bitter irony, the same Big Money interests behind the 2020 "Global Adjustment" were actively involved in Chile (1973) and Argentina (1976). Remember "Operation Condor" and the "Dirty War" (*Guerra Sucia*).

There is continuity: The same powerful financial interests: The IMF and the World Bank bureaucracies in liaison with the Federal Reserve, Wall Street and the WEF are currently involved in preparing and managing the "post-pandemic "New Normal" debt operations (on behalf of the creditors) under the Great Reset.

Henry Kissinger was involved in coordinating Chile's 9/11, 1973 "Reset".

The following year (1974), he was in put charge of the drafting of the ["National Strategic Security Memorandum 200 \(NSSM 200\)"](#) which [identified depopulation](#) as "the highest priority in US foreign policy towards the Third World".

The Thrust of "Depopulation" under the Great Reset?



**"Control oil
and you control
nations;
control food
and you control
the people."**

– Henry Kissinger

Today, Henry Kissinger is a firm supporter alongside the Gates Foundation (which is also firmly committed to depopulation) of the Great Reset under the auspices of the World Economic Forum (WEF).

No need to negotiate with national governments or carry out “regime change”. The March 11, 2020 lockdown project constitutes a “Global Adjustment” which triggers bankruptcies, unemployment and privatization on a much larger scale affecting in one fell swoop the national economies of more than 150 countries.

And this whole process is presented to public opinion as a means to combating the “killer virus” which, according to the CDC and the WHO is similar to seasonal influenza. (Viruses A, B).

The Hegemonic Power Structure of Global Capitalism

Big Money including the billionaire foundations are the driving force. It’s a complex alliance of Wall Street and the Banking establishment, The Big Oil and Energy Conglomerates, the so-called “Defense Contractors”, Big Pharma, the Biotech Conglomerates, the Corporate Media, the Telecom, Communications and Digital Technology Giants, together with a network of think tanks, lobby groups, research labs, etc. The ownership of intellectual property also plays a central role.

This powerful digital-financial decision-making network also involves major creditor and banking institutions: The Federal Reserve, the European Central Bank (ECB), the IMF, the World Bank, the regional development banks, and the Basel based Bank for International Settlements (BIS), which plays a key strategic role.

In turn, the upper echelons of the US State apparatus (and Washington’s Western Allies) are directly or indirectly involved, including the Pentagon, US Intelligence (and its research labs), the Health authorities, Homeland Security and the US State Department (including US embassies in over 150 countries).

The “Real Economy” and “Big Money”

Why are these Covid lockdown policies spearheading bankruptcy, poverty and unemployment?

Global capitalism is not monolithic. There is indeed “A Class Conflict” “between the super-rich and the vast majority of the World population.

But there is also intense rivalry within the capitalist system. Namely a conflict between “Big Money Capital” and what might be described as “Real Capitalism” which consists of corporations in different areas of productive activity at the national and regional levels. It also includes small and medium sized enterprises.

What is ongoing is a process of concentration of wealth (and control of advanced technologies) unprecedented in World history, whereby the financial establishment, (i.e. the multibillion dollar creditors) are slated to appropriate the real assets of both bankrupt companies as well as State assets.

The “Real Economy” constitutes “the economic landscape” of real economic activity: productive assets, agriculture, industry, services, economic and social infrastructure, investment, employment, etc. The real economy at the global and national levels is being targeted by the lockdown and closure of economic activity. The Global Money financial institutions are the “creditors” of the real economy.

Global Governance: Towards a Totalitarian State

The individuals and organizations involved in the October 18, 2019 201 Simulation are now involved in the actual management of the crisis once it went live on January 30th, 2020 under the WHO's Public Health Emergency of International Concern (PHEIC), which in turn set the stage for the February 2020 financial crisis and the March Lockdown.

The lockdown and closure of national economies triggers a second spree of mass unemployment coupled with the engineered bankruptcy (applied Worldwide) of small and medium sized enterprises.

All of which is spearheaded by the installation of a global totalitarian State which is intent upon breaking all forms of protest and resistance.

The Covid vaccination program (including the embedded digital passport) (see Chapter VI) is an integral part of a global totalitarian regime.

What is the infamous **ID2020**? It is an alliance of public-private partners, including UN agencies and civil society. It's an electronic ID program that uses generalized vaccination as a platform for digital identity. The program harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent biometrically-linked digital identity. red zones, face masks, social distancing, lockdown, ([Peter Koenig](#), March 12, 2020)

"The Great Reset"

The same powerful creditors which triggered the Covid Global Debt Crisis are now establishing a "New Normal" which essentially consists in imposing what the World Economic Forum describes as the "Great Reset"

Using COVID-19 lockdowns and restrictions to push through this transformation, the Great Reset is being rolled out under the guise of a 'Fourth Industrial Revolution' in which older enterprises are to be driven to bankruptcy or absorbed into monopolies, effectively shutting down huge sections of the pre-COVID economy. Economies are being 'restructured' and many jobs will be carried out by AI-driven machines.

The jobless (and there will be many) would be placed on some kind of universal basic income and have their debts (indebtedness and bankruptcy on a massive scale is the deliberate result of lockdowns and restrictions) written off in return for handing their assets to the state or more precisely to the financial institutions helping to drive this Great Reset. The WEF says the public will 'rent' everything they require: stripping the right of ownership under the guise of 'sustainable consumption' and 'saving the planet'. Of course, the tiny elite who rolled out this great reset will own everything. (Colin Todhunter, [Dystopian Great Reset](#), November 9, 2020)

Push the Reset Button

The World Economic Forum's Great Reset has been long in the making. "Push the reset button" with a view to saving the World Economy had was announced by WEF Chairman Klaus Schwab in January 2014, six years prior to the onslaught of the Covid 19 pandemic.

“What we want to do in Davos this year [2014] is to Push the Reset Button, The World is much too much caught in a crisis mode.”

Two years later in a 2016 interview with the Swiss French language TV network (RTS), Klaus Schwab talked about implanting microchips in human bodies, which in essence is the basis of the “experimental” Covid mRNA vaccine. “What we see is a kind of fusion of the physical, digital and biological world” said Klaus Schwab.

Schwab explained that human beings will soon receive a chip which will be implanted in their bodies in order to merge with the digital World. (listen to interview in French)

RTS: “When will that happen?

KS: “Certainly in the next ten years.

“We could imagine that we will implant them in our brain or in our skin”.

“And then we can imagine that there is direct communication between the brain and the digital World”.

<https://www.youtube.com/watch?v=dg6BlXuj8cM> .

June 2020. The WEF officially announces the Great Reset

“The pandemic represents a rare but narrow window of opportunity to reflect, reimagine, and reset our world to create a healthier, more equitable, and more prosperous future” — Klaus Schwab, WEF (June 2020)

What is envisaged under “the Great Reset” is a scenario whereby the global creditors will have appropriated by 2030 the World’s wealth, while impoverishing large sectors of the World Population.

In 2030 “You’ll own nothing, And you’ll be happy.” (see video below)

The United Nations: An Instrument of Global Governance on Behalf of an Unelected Public / Private Partnership

The UN system is also complicit. It has endorsed “global governance” and The Great Reset.



While UN Secretary General Antonio Guterres rightfully acknowledges that the pandemic is “more than a health crisis”, no meaningful analysis or debate under UN auspices as to the real causes of this crisis has been undertaken.

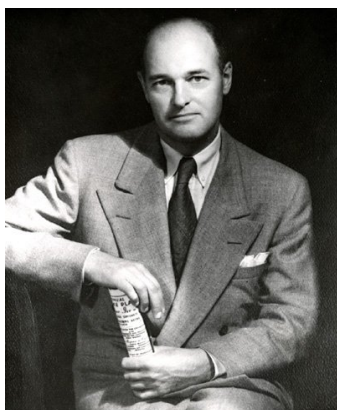
According to a September 2020 UN Report:

“Hundreds of thousands of lives have been lost. The lives of billions of people have been disrupted. In addition to the health impacts, COVID-19 has exposed and exacerbated deep inequalities ... It has affected us as individuals, as families, communities and societies. It has had an impact on every generation, including on those not yet born. The crisis has highlighted fragilities within and among nations, as well as in our systems for mounting a coordinated global response to shared threats. ([UN Report](#))

The far-reaching decisions which triggered social and economic destruction Worldwide are not mentioned. No debate in the UN Security Council. Consensus among all Five Permanent Members of the UNSC.

V the Virus is casually held responsible for the process of economic destruction.

The World Economic Forum’s “public-private partnership” project entitled “Reimagine and Reset our World” has been endorsed by the United Nations.



Flash back to George Kennan and the Truman Doctrine in the late 1940s. Kennan believed that the UN provided a useful way to “connect power with morality,” using morality, as a means to rubber-stamp America’s “humanitarian wars”.

The Covid crisis and the lockdown measures are the culmination of a historical process.

The lockdown and closure of the global economy are “weapons of mass destruction” which in the real sense of the word “destroy people’s lives”.

What we are dealing with are extensive “crimes against humanity”.

President Joe Biden and the “Great Reset”

Joe Biden is a groomed politician, a trusted proxy, serving the interests of the financial establishment.

Let’s not forget that Joe Biden was a firm supporter of the Invasion of Iraq on the grounds that Saddam Hussein “had weapons of mass destruction”. “The American People were deceived into this war”, said [Senator Dick Durbin](#). Do not let yourself be deceived again by Joe Biden.

Evolving acronyms. 9/11, GWOT, WMD and now COVID: Biden was rewarded for having supported the invasion of Iraq.

During the election campaign, Fox News described Biden as a “socialist” who threatens capitalism: “Joe Biden’s disturbing connection to the socialist ‘Great Reset’ movement”.

While this is absolute nonsense, many “progressives” and anti-war activists have endorsed Joe Biden without analyzing the broader consequences of a Biden presidency.

“The Great Reset” is socially divisive, it’s racist. It is a diabolical project of Global Capitalism. It constitutes a threat to the large majority of Americans workers as well as to small and medium sized enterprises. It also undermines several important sectors of the capitalist economy.



The Biden Presidency and the Lockdown

With regard to Covid, Biden is firmly committed to the “Second Wave”, i.e. maintaining the partial closing down of both the US economy and the global economy as a means to “combating the killer virus”.

Joe Biden will push for the adoption of the WEF’s “Great Reset” both nationally and internationally, with devastating economic and social consequences. The 2021 World Economic Forum (WEF) meetings scheduled for Summer 2021 in Singapore will focus on the implementation of the “Great Reset”.

President Biden is a firm supporter of the Corona lockdown. His statements concerning a “Dark Winter” in 2021 confirm that he not only endorses the adoption of staunch Covid-19 lockdown policies, his administration will pursue and adopt the World Economic Forum’s “Great Reset” as an integral part of US foreign policy, to be implemented or more correctly “imposed” Worldwide.

In turn, the Biden-Harris administration will attempt to override all forms of popular resistance to the corona virus lockdown.

What is unfolding is a new and destructive phase of US imperialism. It’s a totalitarian project of economic and social engineering, which ultimately destroys people’s lives Worldwide. This “novel” neoliberal agenda using the corona lockdown as an instrument of social oppression has been endorsed by President Biden and the leadership of the Democratic Party.

The Biden White House will be used to instate what David Rockefeller called “Global Governance”, which is tantamount to a Worldwide “democratic dictatorship”.

It should be noted that the protest movement in the US, against the lockdown is weak. In fact there is no coherent grassroots national protest movement. Why? Because “progressive forces” including leftist intellectuals, NGO leaders, trade union and labor leaders –most of

whom are aligned with the Democratic Party– have from the outset been supportive of the lockdown. And they are also supportive of Joe Biden.

In a bitter irony, antiwar activists as well as the critics of neoliberalism have endorsed Joe Biden.

Unless there is significant protest and organized resistance, nationally and internationally, the Great Reset will be embedded in both domestic and US foreign policy agendas of the Joe Biden-Kamala Harris administration.

It's what you call Imperialism with a "Human Face".

Where is the Protest Movement against this Unelected Corona "public-private partnership"?

The same philanthropic foundations (Rockefeller, Ford, Soros, et al) which are the unspoken architects of the "Great Reset" and "Global Governance" are also involved in (generously) financing Climate Change activism, the Extinction Rebellion, the World Social Forum, Black Lives Matters, LGBT, et al.

What this means is that the grassroots of these social movements are often misled and betrayed by their leaders who are routinely coopted by a handful of corporate foundations.

The World Social Forum (WSF), which is commemorating its 20th anniversary brings together committed anti-globalization activists from all over the World. But who controls the WSF? From the outset in January 2001, it was (initially) funded by the Ford Foundation.

It's what you call "manufactured dissent" (far more insidious than Herman-Chomsky's "manufactured consent").

The objective of the financial elites "has been to fragment the people's movement into a vast "do it yourself" mosaic. Activism tends to be piecemeal. There is no integrated anti-globalization anti-war movement." (Michel Chossudovsky, [Manufacturing Dissent](#), Global Research, 2010)

In the words of McGeorge Bundy, president of the Ford Foundation (1966-1979):

"Everything the [Ford] Foundation did could be regarded as "making the World safe for capitalism", reducing social tensions by helping to comfort the afflicted, provide safety valves for the angry, and improve the functioning of government

The Protest movement against the Great Reset which constitutes a "Global Coup d'état" requires a process of Worldwide mobilization:

."There can be no meaningful mass movement when dissent is generously funded by those same corporate interests [WEF, Gates, Ford, et al] which are the target of the protest movement".

The Road Ahead

More than 7 billion people Worldwide are directly or indirectly affected by the corona crisis. Several billion people are slated to be vaccinated by an "unapproved" experimental mRNA vaccine.

What is required is the development of a broad based grassroots network which confronts both the architects of this crisis as well as the national and regional governments (States, provinces) involved in imposing the vaccine as well carrying out the lockdown and closure of economic activity as a means to combating “V the Virus”.

The legitimacy of politicians and their powerful corporate sponsors must be questioned, including the police state measures adopted to enforce the closure of economic activity, the imposition of a digital vaccine passport as well as the wearing of the face mask, social distancing, etc.

This network would be established (nationally and internationally) at all levels of society, in towns and villages, work places, parishes. Trade unions, farmers organizations, professional associations, business associations, student unions, veterans associations, church groups would be called upon to integrate this movement.

The first task would be to disable the fear campaign and media disinformation as well put an end to Big Pharma’s Covid vaccination programme.

The corporate media would be directly challenged, without specifically targeting mainstream journalists, many of whom have been instructed to abide by the official narrative. This endeavour would require a parallel process at the grassroots level, of sensitizing and educating fellow citizens on the nature of virus, the PCR test, the impacts of the lockdown, the face mask and social distancing.

“Spreading the word” through social media and independent online media outlets will be undertaken bearing in mind that Google as well as Facebook are instruments of censorship.

The creation of such a movement, which forcefully challenges the legitimacy of the financial elites as well as the structures of political authority at the national level, is no easy task. It will require a degree of solidarity, unity and commitment unparalleled in World history.

It will also require breaking down political and ideological barriers within society (i.e. between political parties) and acting with a single voice. We must also understand that the “corona project” is an integral part of the U.S. imperial agenda. It has geopolitical and strategic implications. It will also require eventually unseating the architects of this diabolical “pandemic” and indicting them for crimes against humanity.

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