

Call for a Moratorium on COVID Jobs in North America

An Open Letter Seeking an End to Medical Experiments on Human Subjects That Violate the Nuremberg Principles, Experiments That Have the Potential “To Wipe Out Large Parts of the Human Population”

By [Prof. Anthony J. Hall](#)

Global Research, March 21, 2021

Region: [USA](#)

Theme: [Media Disinformation](#), [Police State & Civil Rights](#), [Science and Medicine](#)

All Global Research articles **can be read in 27 languages by activating the “Translate Website”** drop down menu on the top banner of our home page (Desktop version).

.

.

To Jason Kenney, Premier of Alberta,

Justin Trudeau, Prime Minister of Canada, and

Joe Biden, President of the United States

In responding to the dangers of the COVID concoctions currently being injected into the blood streams of the general public, vaccine designer Dr. Geert Vanden Bossche warned that humanity may be on the brink of “a global catastrophe without equal.”

As Dr. Bossche sees it, the experimental injections are threatening to decimate humanity. According to the vaccinologist, the injections are quite possibly turning “a relatively harmless virus into a bioweapon of mass destruction.” A “wild monster” is in the making. Concludes the scientist, “It is becoming increasingly difficult to imagine how the consequences of the extensive and erroneous human intervention in this pandemic are not going to wipe out large parts of the human population.” See [this](#).

Dr. Bossche is a principled and highly qualified whistleblower. He is well known and respected inside his industry as a man that has devoted the best part of his successful career to designing, testing and making vaccines. Dr. Bossche’s CV points to his involvement in many well-known agencies including Gavi, the Global Alliance for Vaccines and Immunization sponsored by Bill Gates. Such a notorious association inevitable raises a host of suspicions. In the current context, however, Dr. Vanden Bossche’s professional background serves to support the conclusion that he is breaking ranks to ring an alarm bell of major importance to the entire global population.

Given the character of his credentials, achievements, and professional associations, there is absolutely no way for media spin doctors and their partners in government to dismiss Dr. Bossche. They cannot easily discredit this whistleblower with cheap epitaphs such as “anti-VAXXER” or the all-purpose smear, “conspiracy theorist.” In fact Dr. Bossche makes fun of those who employ such small-minded tactics. He condemns those who have reduced the media discourse on COVID into something he compares with stock market pontificating.

Dr. Vanden Bossche is the most recent whistleblower in a long line of scientific truth tellers who have addressed a myriad of misrepresentations integral to the official narrative of COVID-19. The industry insider has felt no qualms about putting his very impressive career on the line. Dr. Bossche is presenting the shocking outlines of a monumental public policy gaff with enormous implications for humanity’s future. The tragic twist in this most recent scenario has its origins in the official COVID narrative which has been feverishly spun since this coronavirus scare was first incited in early 2020.

Geertz Vanden Bossche is careful to credit the work of his colleagues in their “brilliant” design of the new COVID vaccines. The inclination of this industry insider to be overly generous with his influential colleagues is understandable. Having sidelined the issue of blame for the imminent cataclysm he is predicting, Dr. Bossche moves boldly into his core analysis. He sees the marshalling of “prophylactic vaccines” against the supposed plague as rash and dangerous. This strategy has created the “wrong weapon” to win what Dr. Bossche considers a war against COVID-19.

Dr. Bossche blames human error rather than malevolent intent for the dangerous dissemination of this set of COVID injections to the general public at this time. Many of those who have grappled with the dismal cost-benefit relationship of our current medical impasse, however, are not so forgiving. They are decidedly unwilling to give Big Pharma’s vaccine developers the benefit of the doubt.

Bossche underlines that the current set of COVID injections is designed with the very limited goal of reducing symptoms. The manufacturers of the injections make no claims that their products are designed to stop viral infection or prevent its transmission.

The modest goal of symptom reduction contrasts dramatically with the very broad implications of introducing the COVID injections so aggressively and so experimentally into the biological matrix of human heath. While the complete record is being kept from us, we already know that over a thousand deaths and many thousands of injuries can already be traced back to the injections. Are the real figures ten times greater than the public figures or maybe even 100 times greater?

The COVID shots are making more lethal the evolutionary course of viral mutations that are inevitably taking place inside the biology of injected people. The coronavirus mutations that are taking place in response to the COVID shots will almost certainly render the viral pathogen more toxic and more transmissible. That development constitutes one of many reasons why a moratorium on the dissemination of COVID injections is imperative at this time.

Although Dr. Bossche himself holds back from drawing out the full implications of his analysis, some of those who have considered his diagnosis hold the view that vaccines are making humans into the designated hosts for Gain of Function alterations.

Gain of Function research usually employs animals, not humans, for experimental testing including the testing of new bioweapons and new remedies including vaccines. In this case, however, human subjects are being used to replace guinea pigs in the course of new research. Humans, it seems, are being set up as host organisms for Gain of Function research whose ultimate goal is to increase the lethality of bioweapons.

Gain of Function research together with the designing and deployment of bioweapons is technically outlawed by a UN instrument known as the Biological Weapons Convention. There is, however, no mechanism for enforcing this international prohibition. Thus there is currently a free-for-all when it comes to mixing medical and military research in high-tech biological labs like those that are situated in, for instance, Wuhan China, Fort Detrick Maryland, and Winnipeg Canada.

Questions about the role of bioweapons research have been swirling around the COVID crisis since it was introduced to the general public beginning in January of 2020. Are COVID injections now being deployed as part of Gain of Function research aimed at bringing about infertility and massive depopulation? Are the injections the final ingredients in the development of bioweapons made to depopulate us? The issues raised by Dr. Bossche help put this question in a compelling context.

There is an ironic side to the exclusion of animal testing in the very rushed development of the COVID injections. Dr. Bossche posits that the plague of heightened viral infection he anticipates might extend to domestic animal populations including pigs, cows, and chickens.

The Merger of Military and Medical Objectives as Reflected in COVID Gain of Function Research

Who could have imagined that the makers of the jabs coming from Pfizer, Moderna, AstraZeneca as well as Johnson and Johnson would circumvent well established scientific procedures by beginning the testing of new drugs with testing on animals. Humans continue to be the object of ongoing testing in the introduction of highly experimental products. These products have been introduced with the hope that genetic modification can trigger COVID immunity.

The transition from GMO food to GMO humans represents a shocking alteration in humanity's evolutionary trajectory. Humans have been commandeered into playing the role of guinea pigs in ongoing rounds of experimentation still being pushed forward at "Warp Speed."

This emphasis on speed over safety has resulted in the cutting and compression of many standard precautionary measures usually employed in the development of drugs. Observations of the effects of drugs should unfold over a number of years rather than a few months.

The scandemic has supplied the rationale for the quick buffalo jump into a zealously guarded pharmaceutical killing field. Were the risks from COVID severe enough to justify taking so many short cuts through well-established procedures for protecting public health? Many of those who have looked beyond the heavily engineered media spectacle to the known facts of this plandemic reply to this question with a resounding no.

In the procedures developed after the Second World War, the Nuremberg Principles

outlawed experiments on human subjects without informed consent. The current dissemination of experimental COVID injections clearly violates the Nuremberg Principles. Moreover, there is a paucity of clinical information available on these ill-tested injections. The lack of proven outcomes to widely replicated experiments makes it impossible for those currently receiving the still-experimental injections to get to the level of genuine informed consent.

The COVID injections have not gained full approval from even rigged regulatory agencies like Health Canada and the US Food and Drug Administration. The full industrial capture of regulatory agencies over recent decades endangers us all. When regulatory agencies are essentially owned and operated by the very corporations they are supposed to monitor and discipline, we are all subjected to increased risks and hazards. The ill-regulated and unregulated activities of Big Pharma epitomize the phenomenon.

The regulatory agencies typically undermine the health conditions of the many to further enrich the rich and to further empower the most powerful. The inequitable apportionment of benefits and risks from the COVID injections well reflects this pattern. This class of injections have only been given a temporary Emergency Use Authorization. The government's certification of the injections is therefore limited, conditional and temporary.

The authorizations are accompanied by government grants of indemnification to drug producers. These producers are thereby shielded from being sued for causing vaccine injuries. Why provide such a shield of impunity from being sued for causing injection injuries and death? Who gains and who loses? What are the implications of governments helping drug companies who seek release from the responsibility of standing behind the supposed safety of their products?

The Revelations of Prior Whistleblowers

Dr. Bossche is the most recent addition to a long line of whistleblowers that have questioned and overturned various aspects of COVID orthodoxy as evangelized by Big Pharma and its minions in media, academia, and government. It would be far beyond the scope of this open letter to outline the interventions of all the many whistleblowers that have helped set the record straight for those who are attentive. It makes sense, however, to acknowledge briefly some of the alterations of interpretation achieved even in the face of sweeping censorship, woke cancel culture, and corporate-corrupted "fact checking."

Much of the COVID-related cancel culture has been directed at experts in fields such as virology, immunology, microbiology, and demography. Often *ad hominem* attacks are aimed at smearing the professional reputations of those attempting to speak truth to power. The tactic is old. It has long been widely deployed. The goal of the defamers is to kill the messenger in order to kill the message.

The overall number of COVID casualties has been the subject of considerable sceptical inquiry and revision by conscientious whistleblowers. Significantly the supposed deaths from COVID did not meaningfully alter normal mortality rates from all causes. The implication is that COVID deaths were largely drawn from other categories of morbidity grouped according to causes like diabetes, heart attacks, strokes, flu and bacterial pneumonia.

Those who looked into it found the numbers of official deaths from COVID have in many instances been significantly inflated, sometimes by several orders of magnitude. The mother

lode of supposed COVID mortalities so far has been in nursing homes where some of the residents are on death's doorstep. In 2020 nursing homes, places where the causes of death are often complex and unclear, formed primary sites of registered COVID mortalities. In Canada, for instance, about 80% of registered COVID deaths are nursing home deaths.

This pattern of statistical manipulation was reinforced by significant changes in many jurisdictions in the altered legal wording that appears on death certificates in various jurisdictions. The aim was to make it easier for motivated officials to inflate COVID deaths. Often individuals and institutions receive cash incentives for recording COVID fatalities regardless of the real causes of death.

Again and again people who passed away supposedly *with* COVID were listed as if they expired *from* COVID. The energy devoted to inflating the statistics on COVID deaths raises important issues about the nature of the motivations and objectives of those behind the fraud in calculating COVID death numbers.

The inflation of death numbers has been matched in the problematic procedures used to calculate COVID case numbers, a favourite topic for front page news coverage throughout 2020 and early 2021. Most of the statistics concerning the number of people who have contracted COVID are almost completely unreliable. They reflect the notorious inaccuracies produced by misguided dependence on PCR testing.

Are the failures in accurately counting COVID cases inadvertent? Or are these problems part of a scheme giving media and government agents added leeway to take artistic license in generating fear, anxiety and confusion in the general public? The inventor of these PCR tests, Kary Mullis, made it very clear he never intended his invention to be used for the purpose of diagnosing diseases, but especially viral diseases.

The massive evidence of efforts to inflate COVID death figures and case figures has not been much presented or discussed in the agencies charged to put across the official narrative of COVID-19. Nevertheless the understanding is becoming widespread that the COVID numbers being pushed at us are much exaggerated.

Fortunately, many millions of citizens have learned to see through the lies by conducting their own independent research on COVID controversies. They have come to understand that much depends on looking beyond the mind-rotting poison being pushed at us like a cheap drug by mainstream media and much social media as well.

Whistleblowers have shed significant light on the tsunami of media signals whose goal is to influence us to see and treat our fellow human beings primarily as potential biohazards. This signalling has caused a shift in public perceptions. The shift helps justify the mass imposition of social distancing together with the travesty of mandatory masking. The intellectual poverty of those pumping the propaganda of the false pandemic includes weird spectacles like putting checkout clerks, bank tellers, butchers and such in plastic-wrapped cubicles.

The problematic PCR tests have made it especially easy to inflate artificially the number of so-called "Covid cases." The inflated case and death numbers have helped to give the appearance of a genuine crisis severe enough to justify lockdowns.

Whistleblowers have made advancements in establishing the wrongheaded and even

criminal nature of the lockdowns imposed on communities and businesses without popular consent. It will become clear over time that the lockdowns are an instrument of sabotage responsible for inflicting more severe injuries on the public than the flu-like effects of COVID-19.

There are many different types and degrees of lockdown. The process begins with governments ordering the incarceration of people in their own homes as if they are under house arrest.

In my view the lockdowns will probably become a permanent feature of social control as COVID police states become more and more repressive. Lockdowns provide governments with a way of discouraging public involvement in the little that remains of parliamentary democracy. Covid lockdowns have already provided a rationale for altering electoral rules so that the Democratic Party could cheat its way into the White House.

The abuse of lockdowns have simply become too valuable as a political strategy for social control. Lockdowns have been established as useful weapons in marginalizing effective popular resistance to many forms of police state repression.

Lockdowns help in dividing people so that they do not develop solidarity in opposing their real enemies. Lockdowns put in place restrictions aimed at undermining the working and middle classes in order to further reward the most aggressive members of the billionaires club.

The billionaires' big box businesses like Amazon, Costco and WalMart have flourished at the expense of local businesses. Lockdowns can extend from the domestic sphere to the commercial sphere affecting stores, schools, gyms, movie theatres, airlines, pubs, restaurants, and stadiums just for starters. Thousands of universities remain locked down to this day. These institutions have been locked down for over a year. It is not at all certain they will be offering next September live education in real space. Schooling at all levels has become a chaos of conflicting political agendas, a victim of labour/management disputes as well as non-partisan lies and alarmism.

When it comes to the subject of lockdowns not all whistleblowers have been completely censored from mainstream media. For instance Dr. Jay Battacharya from Stanford University told *Newsweek* that lockdowns don't work and have proven to be "the single worst public health mistake in the last 100 years." See [this](#).

Whistleblowers like Dr. Simone Gold, Dr. Michel Chossudovsky and Del Bigtree have done much to document the efforts of government and media to represent the interests of Big Pharma's owners and lackies. They have called skeptical attention to the efforts of the COVID cabal to prevent the wide adoption of viable remedies for COVID infection.

The campaigns to limit the availability of relatively cheap and widely available remedies have targeted ivermectine, bedononide as well as the combination of zinc plus hydroxychloroquine. It seems that the application of cancel culture to cheap and accessible COVID remedies is part of the strategy to put the clinical emphasis on expensive patented drugs but especially the COVID injections.

From the beginning of this crisis, those who seem to have engineered it have emphasized that their ultimate solution lies in mandatory vaccines. As the larger agenda pushed by the

vaccine extremists comes to light, all the talk of immunity passports, green passes, and such help expose the real goals of the billionaires' scamdemic.

The strategic gateway to what Justin Trudeau and Karl Schwab refer to as the "Great Reset" is to replace what we have known as citizenship with a system ruled by a cradle-to-grave scheme of mandatory vaccines.

Those who opt out of this project of mandatory vaccines potentially face a future of harsh recriminations. The vaccine fanatics make it clear they want to usher in an era of medical apartheid. In the apartheid regime being planned for the Reset world to be ruled by AI and totalitarian autocrats, the ruling council of billionaires and their agents will extend their discriminatory propensities to new extremes. Those of us who refuse to sacrifice our immune systems to the Frankenstein schemes of Big Pharma are to be treated as a permanent underclass without freedom of movement, assembly, and religion.

The effort to integrate the use of hydroxychloroquine plus zinc into standard COVID treatments is being intensely resisted by the medical mafia. Its Don Corleone is Anthony Fauci, Big Pharma's main man inside the federal government. Fauci is the highest paid civil servant in the US government.

The usefulness of the hydroxychloroquine treatment for COVID 19 found many very expert and committed champions including, for instance, Dr. Vladimir Zelenko, a practising medical doctor in New York state, and Dr. Didier Roullet, a French physician and research biologist based at Aix-Marseille University.

Both doctors happily circulated their clinical findings showing that, with proper doses, the remedy, hydroxychloroquine plus zinc, is very effective at easing COVID symptoms and accelerating recovery in ways that avoid hospitalization.

Hydroxychloroquine comes from the bark of an abundant tropical tree. This elixir from nature has for generations been known as an effective remedy for malaria illness.

As Dr. Simone Gold and many other critics of government policy have observed, the COVID cabal has invested huge financial and political capital in discrediting the hydroxychloroquine cure for COVID. Why?

The most obvious reason is the desire of the vaccine pushers to eliminate any treatment that might limit or undermine the allure the expensive COVID injections. How many have already died from COVID who might not have died if other remedies had been made readily and inexpensively available? How many people would feel an improved sense of security by having easy access to real COVID remedies? There are murderous implications in the suppression of proven COVID remedies to favour dangerous experimental injections. With some exceptions, the medical establishment is doing great harm by its complicity in the lie that these life and death experiments offer the only means of returning to some sort of normalcy? Dr. Zelenko went as far as to propose that because of the wide professional complicity in the banishment of viable COVID cures, the American Medical Association should be renamed the American Murder Association.

Those who attacked unpatented remedies not owned and controlled by Big Pharma have intervened in issues that touch directly on life and death matters. The attacks and attackers targeting viable COVID remedies seem to fly the banner of science while actually defying its

evidence-based requirements.

This contention forms an important facet of my broadly-published article on the major outlines of the whole COVID scam. The article points to an ongoing "[assault on science in the name of science.](#)"

In the article I go into some detail outlining a major fraud aimed at discrediting the hydrochloroquine-zinc treatment. The fraud puts into serious doubt the credibility of a primary means of honing in on scientific truth through systems of academic peer review.

This fraud involved in the presentation of pseudo-evidence concocted to support a false conclusion about the alleged health dangers attending the use of hydroxychloroquine. The various elements of the fraud were put together by an organization known as Surgisphere. The operatives of this criminal outfit managed to get their dishonest study published in the prestigious peer-reviewed journals, *Lancet* and the *New England Journal of Medicine*.

The discovery of the fraud put into disrepute the peer-review process of two pillars of published scholarship in the field of medicine. Attentive expert readers managed to see through the fabrication of data that was presented as if it was based on findings derived from scientific assessment of about 100,000 patients and over 600 hospitals.

Surgisphere was nothing but an empty shell disguised as a legitimate research organization. Before the fraudulent nature of Surgisphere's study was exposed, however, its publication resulted in the sidelining of hydroxychloroquine as a COVID-19 remedy in many jurisdictions including the United States and many Canadian provinces including Alberta.

The Surgisphere/hydroxychloroquine fraud was quickly recognized as one of the most monumental deceptions of scientific research ever conducted. This episode serves as one of the best examples that those pushing an agenda of compulsory injections as the best means of combating COVID-19 are the foes rather than the friends of the scientific method.

Now Dr. Geert Vanden Bossche has sent out an alarm indicating that the current injection program may pose one of the greatest threats ever pointed at humanity. That is why many interveners including this one are calling for a moratorium on the project of injecting a major portion of the global population.

The COVID cabal persisted after the Surgisphere fiasco with their political agenda to recruit Bill Gates- supported agents in organizing more rigged tests. These tests were designed to deprive the hydroxychloroquine-zinc treatment of acceptance by the dominant cliques in the medical profession.

The post-Surgisphere tests were organized at a number of academic institutions including at McGill University. The tests were organized based on dosage amounts 4 times the size of those administered by Drs. Zelenko and Raoult. Why is the medical establishment not living up to its Hippocratic Oath to do no harm? Will the doctors complicit in creating the causes of unnecessary deaths be held accountable for their silence and for their other crimes of omission?

Mandatory Vaccines?

This plea is directed at North American leaders. It demands that they respond to news of the enormous threat that might eliminate major portions of the global population. It is hard to

grapple with the possibility that such a gross depopulation might be the goal of some of those that concocted and promoted the COVID crisis.

In the face of all of this, the author of this document is joining many well informed people in Europe that are calling for a moratorium on the mass injection of experimental COVID products. In rounding out the argument supporting this demand, let us briefly examine calls from senior European scientists that the European Medical Agency should stop with the injections of citizens in European countries.

Image on the right is from Shutterstock



One of the senior interveners is Dr. Mike Yeadon who lives in Great Britain. Dr. Yeadon is a retired Chief of Research at Pfizer, a Big Pharma manufacturer of one of the experimental mRNA injections. Significantly Pfizer has recently contracted with the Israeli government whose leader agreed to let the county and its population be used as the site of major experiments on human subjects. This agreement runs classically against the terms of the Nuremberg Principles.

Dr. Bosse's warnings seem to be born out with the delivery of the Pfizer double shot to more than half of the Israeli population. With the mass injections, rates of death from COVID rose quickly and dramatically. Those killed included an unexpectedly large percentage of younger people, a dramatic change in the initial demography of death for the supposedly new coronavirus. The evidence seems clear that the injection program is creating in Israel types of mutations that are significantly altering the character of the Covid coronavirus.

Dr. Yeadon announced in the summer of 2020 that the COVID crisis was essentially over and that authorities should act accordingly. The time had come to end the lockdowns and go back to work and school without the monitoring and control of the COVID police, COVID media, and Covid-obsessed governments.

Back in December Dr Yeadon teamed up with German medical research scientist, Dr. Wolfgang Wodarg. The Yeadon-Wodarg team introduced a petition calling for a "stay of action" in order to reorient clinical trials so that they follow appropriate scientific methodologies and procedures. See [this](#).

Twelve renowned research scientists in Europe recently intervened also with the European Medical Agency (EMA). They demanded answers to a number of specific health questions that they had already been asking repeatedly without receiving any responses. They asked in their most recent communication about the findings from the tests leading up the grant of Emergency Use Authorizations (EUAs) to the makers of the three injection products.

The twelve scientists explained that

the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute ‘human experimentation’, which was and still is in violation of the Nuremberg Code.” See [this](#).

The scientists made it explicit that if they failed to receive answers this time around they would have no choice but to insist that the Emergency Use Certificates be withdrawn. Especially after Dr. Bossche’s warning this same type of Emergency Use Certificate should also be withdrawn from the companies selling COVID injections in North America.

The scientists’ questions pertained to the failure to do animal tests and the possibility of autoimmune reactions. Autoimmune reactions can include the nightmare scenario of antibody dependent amplifications causing the chaos of immune dysfunction in the throes of cytokine storms. When this convergence occurs the body essentially goes to war with itself. Ironically this reaction is sometimes triggered by the presence of the very “wild” viruses that the injections were supposed to protect against.

The scientists also called for answers to questions involving the injections as possible stimulants of blood clotting, stroke, and internal bleeding especially of the brain, spinal cord and heart. The experts pointed out that injuries are three times as common among those that have been previously infected with COVID. What lies behind the persistence of this pattern?

The authors asked for a full enumeration and evaluation of all those who died within 28 days of receiving the injection. They asked for a comparison between the health of those who have and have not received the injections.

The main spokesperson for the group of experts is Virologist Dr. Sucharit Bhakdi. He is the co-author of *Corona, False Alarm? Facts and Figures*. Dr. Bhakdi has recorded a video offering an explanation of the expert group’s position. See [this](#).

In Europe the AstraZeneca injections have already been removed from their Emergency Use Authorizations because the experimental COVID product has caused dozens of recipients to develop blood clots. So the precedent for the withdrawal of an emergency measures product has already been established. However Canada’s Prime Minister, Justin Trudeau, did not go along with withdrawing the AstraZeneca product from the market. The Canadian version of the AstraZeneca product was manufactured in India.

The Parliamentary Assembly of the Council of Europe has recently legislated a very important provision in Resolution 2361. That Resolution calls for a prohibition against medical apartheid. This form of discrimination would be ushered into place if adherence to mandatory vaccines and injections were to become a prerequisite for freedom of movement, assembly, and religion as well the basis of eligibility for employment and schooling.

Section 7.3.1 is to “ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves.”

Section 7.3.2 is to “ensure that no one is discriminated against for not having been vaccinated due to possible health risks or not wanting to be vaccinated.” See [this](#).

There is much North Americans can learn from Europeans about the COVID crisis. The Europeans are developing a strong resistance movement against all the police state infractions being mounted in the name of COVID. This resistance is being led by a partnership of leading jurists and scientists who are becoming very effective critics of where the woke COVID fanatics are trying to point society.

We North American critiques of the unbridled COVID zealotry on the part of our cultish corrupt governments and our fake news media should learn from our European peers and allies. We should accept and adapt their leadership in some matters even as we develop our own style of pushing back on the madness with poise, determination, and inventiveness.

*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

The original source of this article is Global Research
Copyright © [Prof. Anthony J. Hall](#), Global Research, 2021

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Prof. Anthony J. Hall](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca
www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca