

Seventeen Covid Pandemic Lies We've Been Told

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Looking back over the past three years and ten months since the outbreak of the SARS-CoV-2 virus in Wuhan, the world has been on a roller coaster ride torn between competing and warring scenarios about what took place, how and why.

For those who promulgated the official narratives composed by the World Health Organization and governmental health ministries, medical dissenters constituted an "infodemic" of misinformation that criticized the institutional authority and scientific evidence embodied in the official policies that were supposed to protect public health.

On the other side of the fence, dissenting medical voices observed a potential "plandemic"—a pre-planned and orchestrated effort to take full advantage of a viral outbreak in order to serve ulterior motives and goals.

Aside from the "infodemic versus plandemic" debate, what is now certain is that much of what our federal health officials and their mainstream media mouthpieces told us during these three-plus years was patently false and untrue.

In fact, in retrospect, it was more of stream of ad hoc beliefs and wishful thinking instead of a public health strategy based upon hard scientific facts.

Therefore, we are listing many of the most egregious errors, and more likely intentional lies, that the American people have been indoctrinated into believing with a brief analysis and the evidence to lay these pandemic mythologies to rest.

1. Lockdown of COVID-19 Positive Individuals and Social Distancing Will Curtail the Pandemic

The federal health agencies decision to do a mass domestic lockdown of the nation to curtail the Covid-19 pandemic may be one of the greatest policy disasters in American history. It

was not supported by any consensual scientific data, and there was no historical precedent to warrant it.

The lockdown was catastrophic to the economy and small and mid-sized businesses, many which were forced into bankruptcy. By the end of May 2020, 36 million working Americans found themselves unemployed.

The nation's mental and physical health plummeted. Even the Great Depression took a couple of years to destroy the nation's economy to this degree, and not in several months, as did the lockdown.

Some nations realized early that lockdowns and business and school closures were a foolish policy. In August 2020, infectious disease expert and medical advisor to the UK government **Mark Woolhouse** called the British lockdown a "panic measure.... because we couldn't think of anything better to do." He correctly predicted that the lockdown would do greater harm than the Covid-19 virus.

People will be surprised to learn that according to a **Ron Paul** Institute investigation, the pseudo-science behind the rationale for social distancing originated in 2006 with a 15 year old Albuquerque high school student's science fair project and the assistance of her father, a government employed scientist.

The computer modeling project was based upon asking the question how might students be prevented from transmitting an infectious disease to each other? Thus arose the hypothesis of social distancing. Somehow, due to the girl's father's connections, her project wound up in the US Department of Homeland Security. In 2007, the CDC, under the Bush administration, made social distancing official policy.

Otherwise, there is absolutely no evidence based science to suggest that either lockdowns or social distancing can have any realistic impact during a pandemic. Government efforts to fund research to legitimize the lockdown policies were debunked as fundamentally flawed by Lund University researchers in Sweden and published in *Nature*.

Similarly, a review of lockdown measures taken by ten nations by Stanford University scientists, including signatories of the Great Barrington Declaration and world renowned medical statistician **John Ioannidis**, concluded that there were no benefits through restrictive lockdown measures, and the populations who were the least restrictive, such as Sweden and South Korea, fared better.

In fact, other consequences of lockdowns can have a far more detrimental impact upon society such as stunted mental development.

2. Schools Must be Shut Down to Protect Children



One of the most disconcerting consequences of rigid lockdowns and closures was the disruption in children’s education. The rationale for school closures never had a scientific basis and was based upon premature fears.

Outside of the US, early in the pandemic, health officials realized that children were not very susceptible to contracting or spreading SARS-CoV-2 as previously thought. Sweden never locked down schools and there were no spikes in Covid-19 infections among children.

In Canada a team of scientists representing several professional medical institutions monitored children’s capacity to transmit the virus in daycare, in schools, on the playground and other extracurricular activities. The researchers concluded there was no risk to children, nor adult staff, to restrict in-person classes and outdoor activities.

Nor was there ever evidence-based data to support the need to vaccinate children with the mRNA vaccines. A large study analyzing all hospital admissions and Covid-19 deaths across the UK during a twelve month period beginning March 2020, reported only 25 deaths in persons under 18 years of age.

Half of those had severe comorbidities or disabilities requiring complex healthcare needs such as tube feeding—a rate of 2 per one million youth. This rate is far below children who die annually from regular vaccines on the CDC childhood vaccine schedule.

3. Face Masks Prevent Viral Transmission

Perhaps the most bizarre round of hypocrisy during the early phase of the pandemic was the row of inconsistencies by America’s doctor, **Anthony Fauci**, regarding the importance of face masks to lessen viral transmission. Appearing early on 60 Minutes, Fauci announced there was “no reason to be walking around with a mask” and it has “unintended consequences.”

This was a truthful statement and there is a large body of peer-reviewed research going back decades that show masks are essentially useless. Yet later in July 2020, he would declare the exact opposite, “We are trying to get people to universally wear masks.”

His flip-flop was stated in a critical response against prescribing hydroxychloroquine, and to promote masks as an alternative. Later still, Fauci would walk back masks’ preventative benefits, and then yet again restate their efficacy.

There are over 170 peer-reviewed research studies. There are many reasons for avoiding masks whenever possible. These include viral concentration in nasal passages resulting in viral damage to the olfactory channel and eventually the brain reduction of blood

oxygenation; an abnormal increase in CO2 levels (hypercapnia) and, hypoxia-associated headaches.

This poses an especially dangerous risk to cardiac and cancer patients, because cancer cells prefer a low-oxygen environment to proliferate. Wearing a mask for long periods of time will also increase concentrations of viruses in general, not simply coronavirus; a viral overload may in turn contribute to cytokine storms and trigger serious autoimmune conditions.

4. Everybody's Life Is Endangered by the SARS-CoV-2 Virus

Although the message to the global community emphasized that everyone's health was in jeopardy from the SARS-CoV-2 virus, health officials also acknowledged a 99 percent survival rate. Stanford University epidemiologist John Ioannidis calculated that the average mortality rate was 0.07 percent in people under 70 years of age.

In fact, a later study released by the Swiss Policy Institute on Covid-19 lethality, concluded that the median Covid death age is higher than the national life expectancy of most developed nations such as the US, UK, Canada, Australia, and Germany.

Moreover, the large majority of Covid-related deaths involved at least one prior serious comorbidity. In an Italian study, this was the case for over 99 percent of Covid fatalities. Most cases have been infirm patients in elderly care homes and hospitals. Consequently there was never any exaggerated rate of excess deaths.

5. The PCR Test Is the Most Accurate Method to Confirm SARS-2-CoV Infections



It is important to note that at the time the PCR test was widely deployed for the identification of the SARS-CoV-2 virus, there had to be a quantified virus isolate upon which to even develop the PCR with a modicum of accuracy. For this reason, the use of PCR to diagnose the Covid virus was awarded an Emergency Use Authorization by the FDA.

Despite PCR being ruled as the “gold standard” for testing SARS-CoV-2 infections, it was never designed to be a diagnostic tool. PCR's inventor, the Nobel Prize laureate **Kary Mullis** stated “PCR... doesn't tell you that you are sick, or that the thing that you ended up with was going to hurt you or anything like that.”

Moreover, PCR has a long history of being unreliable. For example, a Chinese study observed that a single patient could test differently on any given day. Before the roll out of the Covid-19 vaccines, PCR tests were set to high cycle thresholds of between 35-40 cycles.

Some US labs set the cycle at 45, which would assuredly result in a very high rate of false

positive results. Even Anthony Fauci is on record admitting that cycles over 35 are “almost never culturable”—in other words, there is insufficient virus present, if any, that can be isolated for culturing.

It wasn't until late 2021, long after the PCR served its intended goal to keep the illusion of Covid-19 infectious rates high, that nations began to dump it in preference for more accurate, quick tests. In fact, relying on PCR as a secondary confirmatory test was dropped as well.

On December 31, 2021, the CDC came clean and admitted PCR was unable to differentiate between the flu and Covid-19 virus. A study reported in the *Physician's Weekly* announced the CDC knew the kits were frequently contaminated and had a serious design error that contributed to false positives.

Nevertheless, according to the Kaiser Foundation, the PCR tests were a huge financial windfall for healthcare clinics and hospitals. This was despite the test's complete misuse throughout the first two years of the pandemic, and the astronomical false positives that blew the severity and spread of the virus out of proportion.

There were cheaper and better alternatives such as Abbott's and Roche's analyzers that cost no more than \$25 per test rather than the average \$90 for a flawed PCR. One hospital charged \$1,400 per test.

In summary, the pandemic statistical rates based upon PCR testing were meaningless. There is also a high rate of upwards to 75 percent of Covid positive results which were asymptomatic but nevertheless qualified under WHO guidelines as being “confirmed.” This inevitably reinforced the perception of the SARS-2 virus' widespread transmission.

6. COVID-19 Vaccines Require Emergency Use Authorization Because There Are No Effective Drugs Against SARS-2-Cov

Unlike the United States, where we were told there was no effective drug or therapy to successfully treat Covid-19 infections, there was plenty of research and clinical application of available drugs and nutrients being used overseas.

The Western public is barely aware that between late January 2020 and early February, before the WHO official proclaimed a global pandemic, the Chinese government had ordered 50 tons of vitamin C from a Dutch firm and delivered them to Wuhan.

Starting on February 9th, hospitals began aggressive clinical trials with vitamin C. A week later, the Chinese government made vitamin C an official recommendation for treating Covid-19 infections. Other Asian countries, including Japan and South Korea followed suit. Shortly thereafter, China added hydroxychloroquine to its recommended list of treatments.

At home, as early as March 2020, there were front line doctors dedicated to finding available drugs with anti-viral properties that might target SARS-2. The government's recommendations of quarantine and eventual hospitalization showed no signs of success whatsoever and only increased the death rate.

It is therefore no surprise that the United States led the world in the highest Covid-19 death rate per capita. And there were plenty of drug candidates, among them hydroxychloroquine

(HCQ) and ivermectin, as well as what the Asian nations were doing with nutrients such as Vitamin C, Vitamin D and zinc.

There is only one reason for why the federal health agencies refused to acknowledge the repurposing of existing drugs. If there were an existing drug or protocol to successfully treat Covid-19 infections, the FDA could not give Emergency Use Authorization approval to the mRNA vaccines and expensive design drugs in the pharmaceutical companies' pipeline.

7. Quarantining COVID-19 Positive Individuals and Ventilation Are the Only Reliable Therapies

Before the launch of the Covid-19 vaccines at the end of 2020, the federal health officials' only recommended treatment was quarantining Covid-positive individuals and ventilation if admitted to the hospital with serious infection.

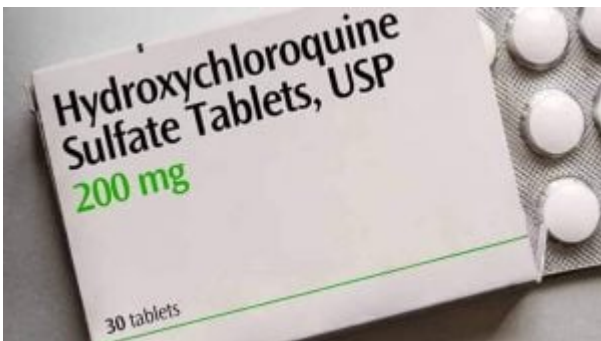
Inova Fairfax Hospital in Virginia published a study in *PLoS One* in November 2020, and reported "Mortality of patients with Covid-19 requiring invasive mechanical ventilation is high, with particularly daunting mortality seen in patients of advanced age, even in a well-resourced health care system."

The death rate for patients over 70 years old, who were most susceptible to infection, was 84 percent. In fact, ventilation has never cured any infectious disease. Nevertheless government health agencies, as well as the WHO recommended ventilation as a necessary medical intervention for serious Covid-19 cases, which during the early period of the pandemic was upward to 86 percent of all hospitalized patients.

Despite the growing medical evidence from around the world indicating the high success rate of repurposed drugs, such as hydroxychloroquine and ivermectin, published in scientific journals, the government continued to do nothing to save lives and continued advancing proven ineffective recommendations until a vaccine was available.

Furthermore, long-term ventilation has its own serious side effects including memory loss, muscle weakness and sleeping disorders. After reviewing the literature, the Chief Physician Editor for WebMD estimated that between 40-50 percent of ventilated patients die.

8. Hydroxychloroquine Is Ineffective and Dangerous



An Emergency Use Authorization cannot be authorized for any product or medical intervention if there is an FDA approved alternative product already available, unless the experimental product clearly shows significant advantages. EUA products also require informed patient consent.

Therefore, Anthony Fauci and other government health officials made it certain that no prior medical products could challenge the Covid-19 vaccines EUA status and assured they would be forced through the regulatory process with limited federal evaluation.

The only explanation for the federal health agencies' refusal to recommend hydroxychloroquine (HCQ) for treating Covid-19 patients is intentional malfeasance. In February 2020, the National Health Commission of China included hydroxychloroquine in its guidelines for treating mild, moderate and severe SARS-2 cases with notable success.

Throughout the pandemic, Covid-19 mortality rates in China were far below the United States and most European nations that followed America's example. Early in the pandemic, physicians such as the late New York doctor **Vladimir Zelenko** quickly earned a reputation for successfully treating patients with a combination of HCQ, the antibody azithromycin and zinc, which directly threatened the Fauci formula to do nothing except distance and isolate.

Other physicians including **Dr. Paul Marik** at Eastern Virginia Medical School and **Dr. Pierre Kory** likewise adopted HCQ with enormous success. Yet throughout the first years of the pandemic, the mainstream media continued to promulgate Fauci's do nothing strategy by reminding the public that "months would be needed to find an effective treatment."

There was absolutely no reason for the CDC to intentionally ignore and denigrate HCQ. To date there are over 430 studies evaluating the drug's efficacy, with the large majority of random controlled trials proving its successful efficacy especially during early treatment with a 72 percent reduction in mortality.

9. Ivermectin Is Ineffective and Dangerous



Similar to hydroxychloroquine, ivermectin posed a second threat to the Covid-19 vaccines and any future novel anti-Covid drugs. Ivermectin was first introduced to the market in the early 1980s as an anti-parasitic drug.

However, its effectiveness was observed later to possess a broad range of antiviral properties against a variety of RNA viruses such as avian influenza, zika, dengue, HIV, West Nile, yellow fever, chikungunya and earlier severe respiratory coronaviruses.

It has also been found effective against DNA viruses such as herpes, polyomavirus, circovirus-2 and others. By April 2020, there was strong evidence that the drug was capable of killing the SARS-CoV-2 virus in 48 hours.

Therefore, front line clinical physicians naturally wanted to prescribe ivermectin to their patients because quarantine and ventilation were a failure. However, a government public

relations campaign led by Anthony Fauci spread fear into the public by spreading false information that the drug was only a veterinarian dewormer medication.

Corporate media consistently repeated the government's talking point despite ivermectin having one of the longest safety profiles in medical history and having been prescribed to over 3.5 billion people worldwide. Both HCQ and ivermectin are listed on the World Health Organization's essential drug list.

Ivermectin has an impressive success profile across the entire course of SARS-2 infection: 85 percent improvement as a prophylaxis, 62 percent improvement for early and 41 percent for late treatment.

One hundred seventy-five of 225 ivermectin studies have been peer-reviewed and 99 were clinical trials comparing ivermectin treatment and control groups. Fifty-one studies show that ivermectin lowers overall mortality by an average 55 percent. Twenty-two countries have officially adopted ivermectin for early treatment.

10. Remdesivir Is the Go-To Drug Against COVID-19 Infections



Despite hydroxychloroquine's and ivermectin's successful therapeutic profiles, and its widespread use without FDA approval for Covid-19, the federal agencies continued to await a novel, designer drug to treat SARS-2 infections.

Gilead's drug remdesivir received emergency use approval in May 2020 and was officially launched in late October. In the interim, tens of thousands of Americans died who could have been saved with the preexisting medications. Without proper FDA review to evaluate the drug's safety profile and efficacy, it was touted as the go-to drug to fight Covid-19 infections.

However, remdesivir's profile is horrible. Sixty studies have been conducted to determine its efficacy and only 22 are favorable with weak results. Its viral clearance is a poor 10 percent. It is equally poor for late serious treatment (9 percent).

The drug prevents mortality only by 11 percent and has a negative adverse track rate in preventing hospitalization (-5 percent). Moreover, remdesivir carries a serious warning for acute kidney injury.

11. The COVID-19 Vaccines Are 95% Effective

When the two vaccine developers, Pfizer and Moderna, made their announcements to the world that their mRNA Covid-19 vaccines were 95 percent effective in protecting people from the SARS-CoV-2 virus and for preventing infection, it was an automatic green light for

their rapid launch.

However, the news was based only upon press releases and some study protocols without release of the trials' full data. As more trial information was released as the vaccination programs were underway, the data showed a completely different picture.

Some of the original trial participants were missing, data that would be expected to appear was missing, observed adverse effects were oddly redefined so as to be ruled coincidental and unrelated to the vaccines, and trials were discontinued before their end dates.

There were also problems with the PCR tests to determine whether or not trial participants were infected or not. One Pfizer document excluded 3,410 "suspected confirmed Covid-19" cases following vaccination. **Peter Doshi**, then an associate editor at the *British Medical Journal* conducted a thorough investigation into the companies' trial data that was publicly available at the time.

He uncovered widespread inconsistencies and protocol deviations. The FDA wanted to keep tens of thousands of Pfizer's vaccine safety data documents sealed for 75 years; however after considerable pressure from civil and public health groups, a federal court ruled the FDA had eight months to release them.

After the mass vaccination campaigns were underway, reports challenging the 95 percent efficacy started to regularly appear in the medical literature. First, Johns Hopkins University published a study that the vaccines were less effective in persons with diverse autoimmune diseases including rheumatoid arthritis and musculoskeletal diseases.

Soon the vaccines were only 75 percent effective, 60 percent effective and finally only effective for a maximum of 5 months. In early 2022, Pfizer CEO **Albert Bourla**, who earlier stated 100 percent vaccine efficacy, stated that two shots offered limited protection, "if any".

12. The COVID-19 Vaccines Will Protect Recipients from Infection and Transmission



Throughout the course of the Covid-19 vaccination campaigns we were repeatedly told by the White House, Anthony Fauci and other health officials, and the media pundits that it was incumbent for citizens to get vaccinated in order to stop the pandemic.

Only the vaccinated would be protected from infection, not carry the virus and, therefore, would not transmit the virus to others. This message's rhetoric became fear mongering; it was everyone's patriotic duty to get vaccinated and those who refused endangered society.

However, nothing in the message was based upon medical consensus. In fact, by June 2021, it was learned that the federal government didn't possess sufficient or accurate data to calculate the transmissibility of the virus.

Therefore, federal officials were incapable of predicting a target for vaccine "herd immunity". In other words, all the targets for the percentage of Americans necessary to protect the population were strictly fictitious.

During a CNN interview, then CDC director **Rochelle Walensky** admitted that the vaccines were no longer able to "prevent transmission." When asked, she also admitted that although an infected person may be asymptomatic, the virus can still be transmitted.

In fact, as time wore on and a greater understanding about the mRNA's flaws and risks were published, this was all misinformation. During a large outbreak of the Delta variant at an indoor gathering in Provincetown, Massachusetts in July 2021, an overwhelming number of infected cases were fully vaccinated.

Despite all the evidence to the contrary, and as similar outbreaks among fully vaccinated persons continued to multiply, it did not bring an end to virtue signaling and the condemnation of the unvaccinated as enemies to the health of the nation.

13. Natural Immunity Following COVID-19 Infection Is Insufficient

The proponents of the official Covid-19 vaccine narrative want us to believe that natural immunity following infection with any of the virus' variants is insufficient and not a substitute for not getting vaccinated. If this were true, then this contradicts the evidence of natural immunity's superiority over vaccine immunity for all other RNA viruses.

Yet there is no convincing evidence to support the official claim. One large study that analyzed over one million people found natural immunity following a SARS-2 infection offers longer lasting protection than vaccination.

In the same paper, Weill Cornell Medicine found that full vaccination after three doses of both Pfizer's and Moderna's mRNA vaccines provided no immunity against the omicron variant. To the contrary, natural immunity was 97 percent effective against severe Covid-19 after 14 months.

When the FDA approved Pfizer's BNT162b2 vaccine for emergency use in children between 5 to 11 years of age, a group of professors of medicine and physicians at the University of North Carolina and the North Carolina Department of Health and Human Services published evidence in the *New England Journal of Medicine* that the vaccine's effectiveness becomes negative within five months, but also destroys any prior natural immunity the person may have.

In other words, in less than half a year, the vaccinated are more susceptible to Covid-19 infection than the unvaccinated. This study is especially worrisome. Nevertheless, it was never picked up by the media despite being published in one of the world's most prestigious medical journals.

14. The COVID-19 Vaccines Are Perfectly Safe and Adverse Effects Such as Myocarditis Are Extremely Rare

Anyone willing to take the time to investigate the medical evidence will quickly realize this false claim that is repeatedly voiced by the CDC and mainstream media and has no supporting evidence whatsoever.

There are now well over 1,000 studies appearing in the medical literature detailing Covid-19 vaccine injuries for 118 different medical conditions. In particular, the mRNA vaccines target the heart and cardio-vascular system. The most frequently reported adverse event, contributing to the majority of vaccine-induced deaths, are myocarditis-related.

Currently there are at least 228 peer-reviewed papers confirming Covid-19 vaccines inflamed heart muscle resulting in arrhythmias.

The other most frequent life-threatening vaccine injuries include thrombosis and thromboembolism (150 studies), thrombocytopenia (116 studies), cerebral venous thrombosis (61 studies), vasculitis or inflammation of blood vessels (43 studies), Guillain Barre Syndrome (43 studies), lymphadenopathy or diseased lymph nodes (35 studies), and myopericarditis (21 studies).

Due to the many sudden deaths associated with heart attacks and strokes following mRNA vaccination that appear on social media and cannot be hidden, myocarditis obviously has gained the greatest attention.

Nevertheless there is an ever-increasing number of case reports of intracerebral hemorrhage, Bell's Palsy, acute encephalopathy, acute kidney injury, CNS inflammation, autoimmune disorders, cancer, and a variety of reproductive organ, fertility and pregnancy complications that have yet to be studied more thoroughly.

Finally, a large independent study conducted by the Correlation Research in the Public Interest organization in Canada evaluated the potential number of Covid-19 vaccine-related mortality compared to all cause mortality (ACM) in seventeen nations in the Southern Hemisphere, which included Australia, Brazil, Malaysia, New Zealand, Singapore, which comprise over 9 percent of the world's population.

The study's conclusion was that the vaccines contributed to approximately 17 million additional deaths above ACM, and there is no evidence they actually saved lives.

15. The Vaccines' mRNA Remains Only at the Site of Inoculation

Health officials, physicians and medical personnel administering the mRNA Covid-19 vaccines tell vaccine recipients that the genetic material coding for the spike protein and encapsulated by the lipid PEG nanoparticle remains only at the muscle location of the inoculation.

In other words, it doesn't traverse through the body's other tissues and organs. This may be partially true for traditional vaccines, which rely upon a bacterial or viral component or vector; however this is not the case for the Pfizer and Moderna vaccines that use a nanoparticle, which are capable of diffusing across cell membranes and even the blood-brain barrier.

This was reported in one of Pfizer's own studies to observe the vaccine's toxicological effects in rats.

In the Pfizer document, after a 48-hour period following injection, the mRNA nanoparticles distribute themselves specifically to the liver, adrenal glands, spleen and reproductive organs, including the ovaries.

Non-specifically, the mRNAs can migrate to the heart, kidney, lung and brain. It is no different for Moderna's vaccine. A Moderna study reports, "low levels of mRNA could be detected in all examined tissues except the kidney. This included heart, lung, testis and brain tissues, indicating that the mRNA/LNP crossed the blood brain barrier."

16. Pregnant Women Should Receive COVID-19 Vaccines

The belief that the Covid-19 vaccines given to pregnant women will protect both the mother and fetus from infection remains unfounded. The only studies making these claims are poorly designed cohort analyses. However, many gynecologists with large patient loads of pregnant women have observed an inordinate rise in the number of miscarriages and anomalies since the mRNA vaccines were launched.

The most commonly reported pregnancy-related adverse event reported in the government's VAERS Covid-19 vaccine injury database is spontaneous abortions.

A separate ratio analysis performed on the VAERS data that compared post-Covid-19 vaccine reports against pre-pandemic flu vaccination found a greater than 100 percent increase in menstrual abnormality, miscarriage, fetal chromosomal abnormalities, fetal cardiac disorders and arrhythmia, placental thrombosis and fetal death/stillbirths during the Covid-19 period.

A later study by the same authors, suggests there may be as high as a 92 percent chance of a spontaneous abortion before 13 weeks gestation.

Based upon one of Pfizer's own mRNA vaccine reproduction toxicity studies on pregnant rats, incidences of pregnancy loss doubled following vaccination. The study also observed that the vaccine's nanoparticles were distributed to "all tissues in the body." Unlike the European Union, the FDA has failed to release the study's full details.

17. Medical Voices Who Dissent from the Official Narrative Are Spreading Misinformation and Should be Censored

As the dissenting voices within the medical community challenging the government's official pandemic narrative and preventative policies grew, the establishment declared we were in an "infodemic" that threatened global health.

The term appears to have originated from a United Nations communications official, **Melissa Fleming**, during a podcast aired by the World Economic Forum in November 2020. Also on the broadcast was a former Twitter employee **Mark Little**, who advocated for a global counter-attack on pandemic dissenters through social media.

The World Economic Forum determined misinformation was a global crisis that required immediate coordinated responses from governments, private industries and civil society groups working together. This is just one among many other initiatives to begin an orchestrated censorship of physicians and other medical professionals who spoke out against government pandemic response policies.

One such effort was a collaborative agreement between the World Health Organization and Wikipedia, according to the *New York Times*. Shortly after entering the White House, one of **Biden's** first initiatives was to recruit the large social media firms, such as Google, Facebook and Twitter “to clamp down on chatter that deviates from officially distributed Covid-19 information.” The primary goal was to silence voices that opposed the vaccines.

We should be reminded that efforts to curtail, marginalize and condemn dissenting medical practitioners began immediately before and after the Covid-19 vaccine rollouts.

At the outset, it was widely acknowledged that the mRNA vaccines were experimental medical interventions, which were never studied under real life conditions to make any realistic evaluation about their efficacy and safety.

The federal health agencies were determined to have complete ownership over whatever narrative was necessary to meet its vaccination and pandemic policy goals. This required silencing information, even peer-reviewed research that supported the anti-vaccination concerns, by whatever means available.

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They are regular contributors to Global Research.

The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

Reviews

This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —Dr. Mike Yeadon

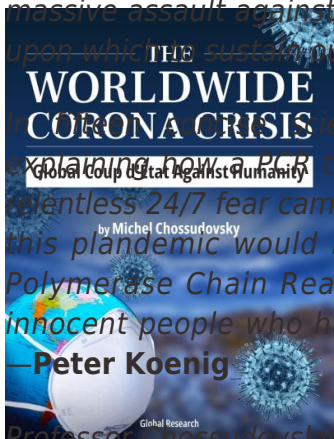
In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky’s book is a rock upon which we can sustain our fight. —Dr. Emanuel Garcia

In science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden “plandemic”; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test - which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists.

—Peter Koenig

Professor Chossudovsky exposes the truth that “there is no causal relationship between the virus and economic variables.” In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. —David Skripac

A reading of Chossudovsky’s book provides a comprehensive lesson in how there is a global coup d’état under way called “The Great Reset” that if not resisted and defeated by freedom



loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. -Edward Curtin

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