

Trump Regime Immunity Certificates for Mass Vaxxing and Population Control

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Orwellian control over the lives and welfare of ordinary people would pose the greatest threat to free and open societies.

They'd no longer exist if the worst of it was imposed, notably by manipulating the public mind to accept the unacceptable for our own good.

Its modus operandi would include mass deception, mass surveillance, tracking our movements, controlling the message, tolerating no dissent, mass subjection to toxic vaxxing, and instituting draconian totalitarian control as the new normal.

Truth-telling would become a criminal offensive, only state approved views permitted. Life as it once was no longer would exist.

Is all of the above where the US, the West overall, and other nations are heading?

Are so-called COVID-19 immunity certificates part of the scheme? Will they be mandated to travel and interact with others in public?

Will schools, airports, rail and bus terminals, stores, theaters, stadiums, other public places where people gather, even doctors' offices, refuse entry to individuals without them?

Will harmful to human health toxic vaccinations, along with antibody testing be required to get one?

With the rarest of rare exceptions, no one elected or appointed to public office should be trusted as a guardian of our rights and welfare, notably not in the West.

Instead of serving public health and welfare, along with fostering free and open societies, policies of US-led Western officials are polar opposite — exploiting and otherwise harming ordinary people so privileged ones can benefit, no matter the human toll.

National Institute of Allergy and Infectious Diseases (NIAID) director Anthony Fauci is a front man for steering the US public to mass toxic vaccinations.

Last week he said the Trump regime is considering issuance of COVID-19 immunity certificates for individuals infected by and recovered from the virus.

“The proposal is contingent upon the widespread deployment of antibody tests which the National Institutes of Health and the Food and Drug Administration

are in the process of validating in the US,” he said, adding:

“Although coronavirus testing thus far has been able to determine if an individual has an active infection, antibody tests report whether an asymptomatic person was previously infected but has since recovered (and immune), potentially allowing them to return to their jobs.”

One problem with this scheme is that positive antibody tests would not be able to distinguish between infected individuals and others who recovered from the virus.

A second related problem is the accuracy of tests. COVID-19 PCR (polymerase chain reaction) and antibody tests are producing false positives and negatives — why accurate numbers of infected individuals in the US and elsewhere are unclear.

Does a positive antibody test mean an individual is ill or recovered from illness? It could be either so tests are meaningless.

According to microbiologist Edward Wright, a PCR test aims to “detect the genetic information of the virus, the RNA. That’s only possible if the virus is there and someone is actively infected.”

The problem with the test’s accuracy is that it takes a tiny amount of human tissue, expands it for analysis, but fails to tell how much virus is in a human body, if any.

The most serious issue is the prospect of mandating immunity certificates to force-feed mass toxic vaccinations on unsuspecting people to reenter society freely — unaware that they may be sorry, not safe by injection.

Will we be given a choice between vaccination or loss of personal freedom, unaware that both choices are harmful to human health and welfare?

Mandatory vaccinations to obtain immunity certificates pose serious ethical and scientific problems.

The former relates to the Hippocratic oath of doing no harm. There’s more potential harm than good from vaccines, known to contain a laundry list of toxic ingredients that are harmful to human health.

The latter relates to how long positive antibodies in recovered individuals protect from them from possible reinfection. It’s unknown.

According to Experimental Medicine Professor Peter Openshaw, “(m)y guess is that the protective immunity will last at least three months. That’s the worst-case scenario,” adding:

More likely it’ll “last between one and five years, but until that time has passed, we won’t know for sure.”

Britain is considering large-scale antibody testing. Scientists who evaluated test kits found them unreliable.

Professor of Medicine John Bell said they “have not performed well. This is not a good result for test suppliers or for us.”

Medical and scientific officials in other countries also reported test failures.

Bell: “We clearly want to avoid telling people they are immune when they are not, and we want all people who are immune to know accurately so they can get back to work.”

The US FDA has a Cellex Inc. developed finger-prick blood sample rapid antibody test.

The company cautioned that it should not be used as the sole basis for diagnosis — meaning it can produce inaccurate results.

Without symptoms, there’s no way to know if someone is ill or well. No scientifically proved tests exist so far to tell if someone is infected with COVID-19. Reported numbers are guesswork.

Are things headed toward a two-tiered US society? Will low-risk young people wish to contract COVID-19 to have antibodies to the virus on recovery, a passport to reenter the workplace?

Bioethics Professor I. Glenn Cohen said “(t)hat sounds crazy, but if having the antibodies becomes the cost of entering the job market and thus feeding your family, there may be workers who feel pressured into it.”

Will parents feel the same way about young children, wanting them exposed to the virus at a young age when symptoms are likely to be milder and recovery sooner?

Years ago, positive antibody tests meant infection was present. So how can the opposite be true now — namely that they show immunity to COVID-19?

A brave new world 2.0 is unfolding. It follows what happened to our detriment post-9/11.

Ahead our choices may be either be to get tested and vaccinated to reenter society publicly or be denied the right to function normally.

Both options are none at all, neither acceptable.

What’s coming remains to unfold. What’s known suggests things will likely be more unacceptable than already.

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