

The Corona Crisis: Over and Over, We Have Been Hoaxed

Review Article

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It is difficult for me to believe that two thirds of the US (according to a Harris poll) are [favorably inclined to the pharmaceutical industry](#), up 30 percentage points since January 2020, just before the pandemic. Do you believe it?

Who do you trust: Common sense, or the media’s experts?

Surely most Americans have by now figured out that almost everything they are being told about Covid by the experts, the government and the media is untrue? Haven’t they noticed how the stories change with the wind? That most of them simply make no sense?

Masking

Wear no mask–one mask–two masks–oh, and [add some pantyhose to get that tight fit someone over at CDC just decided was de rigeur](#). Do any of these 4 choices provide reliable protection? Do people really believe that Fauci and CDC are calibrating their advice to the newest scientific findings? CDC reviewed the mask research back in 2014, after it badly bungled its [PPE recommendations for Ebola](#). I [discussed CDC’s many flip-flops regarding droplets and aerosol spread](#) in 2014.

CDC is pulling the correct ‘social distance’ out of thin air, since [there is no effective distance](#) if you are indoors along with some aerosolized virus. [WHO says 3 feet](#). But if CDC used 3 feet, kids could all go back to school, then parents could go back to work, then the economy could restart. And someone doesn’t want that happening. CDC just released its long-awaited guidance on reopening schools. But [CNBC](#) says following it would keep 90% of schools at least partially closed. Who’s fooling who?

Viral mutations a.k.a. variants

New viral variants are coming, *so be afraid*. Oh, they are already here. Oh, they have been here since at least October. They are not more lethal, just more infectious. *Be less afraid*. But they do reduce vaccine and antibody effectiveness. *Get ready for more vaccines*. Rush out and get your vaccination now, there is a shortage.

In many businesses, nursing homes and hospitals, employees are being threatened with job loss to stimulate vaccine uptake. Why are people who already had Covid being given the shots, when they cannot do any good, and might even put the recipients at greater risk for immune-mediated, vaccine-induced harm? Why has [CDC covered this up, and lied](#) about it?

Why the rush to vaccinate the elderly when new vaccines will supposedly be needed for the new variants? And the elderly seem to be expiring at high rates post-vaccination. And we don't even know the vaccine's efficacy in the frail elderly, who were never tested in the clinical trials. Nor do we know the vaccine's safety in this group. Many vaccines [fail to stimulate immunity](#) in the elderly, and some vaccines have even [made the recipient more susceptible](#) to the diseases they were supposed to prevent. Where is the proof the Covid vaccines aren't doing the same thing, or doing it in older age groups?

And why in heaven's name are the media, government and industry pushing out the same story about the frightening mutants, when there is very little evidence to support the scare? For example, the Financial Times titled a [Feb 5 story](#), "*Britain Risks Becoming Virus Melting Pot as Mutations Spread.*" Yet the [BMJ](#) tells us that deaths, hospitalizations and cases have been falling dramatically in the UK over the past month, similar [to the US](#).

From the 2/20/2021 [LA Times](#), "*Dr. Monica Gandhi, an infectious disease specialist, put it simply: **“Try not to worry about the variants.”***"

Chloroquine and its cousin hydroxychloroquine: sinking the magic bullet

Chloroquine and hydroxychloroquine are licensed generic drugs, which any US doctor is free to prescribe off label for any valid reason, with patient acquiescence. I routinely prescribe hydroxychloroquine for lupus, rheumatoid arthritis, Lyme disease and now Covid. I have found it to be very safe, and estimate I have used it in 200 patients. In 2005, the *Virology Journal* published an article that said chloroquine killed SARS-1 coronavirus in tissue culture. In fact, [CDC scientists did the experiment and wrote the article](#). Here is their final paragraph:

Conclusion

Chloroquine, a relatively **safe, effective and cheap drug** used for treating many human diseases including malaria, amoebiasis and human immunodeficiency virus is effective in inhibiting the infection and spread of SARS CoV in cell culture. The fact that the drug has significant inhibitory antiviral effect when the susceptible cells were treated either prior to or after infection **suggests a possible prophylactic and therapeutic use.**

Then suddenly Chloroquine drugs were too dangerous to use, more likely to kill you than coronavirus. What happened? A [lot more than Trump's praise](#).

Two very terrible things happened. Two deadly medical frauds. The fact that Trump recommended the chloroquines was only a sideshow, used to confuse those who were not paying close attention.

A number of clinical trials were set up to force hydroxychloroquine to fail in treating Covid. The more benign of these trials simply used the drug too late, after virus was no longer multiplying in the body. This happens about a week after the onset of

symptoms. [At that point you need steroids, blood thinners and other medications to combat the downstream, autoimmune effects of the virus.](#) Trying to kill the virus (when there *is no* intact virus) doesn't work at that point. The drug appears to be ineffective, but [had it been given a week earlier, its efficacy would have been obvious to all.](#)

The more malignant of these trials set out to poison patients with potentially lethal doses of hydroxychloroquine. Largest among these trials were Recovery (sponsored by the UK government, Oxford University, Gates Foundation and the Wellcome Trust, among others) and Solidarity (sponsored by the WHO, Gates Foundation, and others). I have delved deeply into the dosing [here](#). In the hydroxychloroquine arm of the Recovery trial over 25% of the subjects died: 396 people. The Solidarity hydroxychloroquine trial had similar results—and shut down 3 days after I warned WHO officials that their failure to disclose to subjects they were being given a known, potentially lethal treatment dose left the WHO liable for damages.

Yet despite using poisonous doses, these trials [continue to be cited](#) as evidence of the dangerousness and lack of efficacy of hydroxychloroquine, even by otherwise highly capable scientists who simply failed to pay attention to the doses used.

The second terrible thing that tanked the use of chloroquine and hydroxychloroquine was a fabricated [journal article](#) in the *Lancet* published May 22, 2020. The article purported to have access to a phenomenal realtime database, with information from over 600 hospitals on 6 continents, including both medical and financial records in many different languages. Had any editor every heard of such a database previously? Of course not, because nothing like it exists. But a Harvard professor was the paper's first author, the paper supposedly sailed through peer review, and a massive media blitz sounded forth on the day of publication. The blitz announced to almost everyone in the world listening to radio or television that day that hydroxychloroquine and its cousin chloroquine kill Covid patients. [Here](#) is an example.

Two weeks later the *Lancet* paper was exposed as a "[monumental fraud](#)" and retracted, and then *Lancet* editor Richard Horton admitted to the NY Times that the paper and its global database were a [fabrication](#). But the damage was done. The damage had been planned and executed like clockwork. No one has admitted any responsibility nor explained how the publication came to be written and published, nor who orchestrated and paid for the massive media blitz. Most people heard about the drug's danger, but never heard about the paper's fabrication.

Deaths, cases, hospitalizations: can any of these numbers be trusted?

Alexis Madrigal, a journalist for *The Atlantic*, co-founded the [Covid Tracking Project](#) last March because of the totally inadequate data being released by the states and CDC. It quickly became the go-to site for data on Covid, better than federal data or another site sponsored by Johns Hopkins. On a shoestring at first, this team put together an amazingly good data collection, independently culling from the states and municipalities, because that was what needed to be done.

However, significant data accuracy problems remained, and persist to the present. The problem is that we do not have reliable tests for Covid in the US, which I have previously detailed. We don't have normal, useful case definitions. We have numbers, but we don't know how accurate they are. We have no idea what the false positive and false negative

rates are of the tests we are using to diagnose Covid. FDA has not approved and licensed a single PCR, antibody or rapid antigen test for Covid yet. All were “authorized” under emergency regulations. There are over 300 tests authorized for use in the US currently, and FDA has not managed to establish their validity. [FDA has gotten as far as listing a “limit of detection”](#) for some of the tests, but not all of them. While FDA [warned](#) about false positive antigen tests in November, the public and professionals have never been informed of the false positive and false negative rates of any of the Covid tests.

One positive PCR test makes you a ‘confirmed’ case, regardless of symptoms. One positive rapid antigen test makes you a ‘probable’ case. But since last April 14, [CDC has been recoding what the states called probable cases and deaths, as definite cases and deaths](#). And some states have been changing their protocols and methods regarding what constitutes a death due to Covid, [for example Iowa](#).

Yet FDA and CDC are well aware of high false positive rates on the PCR tests due to excessively high cycle thresholds. Fauci [admitted it](#) in July. The NY Times ran a detailed [expose](#) of the problem back in August. The WHO warned about this in [December](#) and [January](#), noting both the need to dial the cycle thresholds down, and suggesting the need to perform confirmatory testing when the patient lacked symptoms consistent with Covid. But that has never been standard procedure in the US. It seems to me that the federal agencies have been doing their best to maximize case and death numbers. This helped strengthen the narrative that we had something so dire to fear that it was worth wrecking the economy and locking us up to slow it down.

Public health officials suddenly jumping ship—Why?

Now I am wondering why such a huge number of public health officials quit their jobs or were fired since the start of the pandemic.

[“An investigation by The Associated Press and KHN found that at least 181 state and local public health leaders in 38 states have resigned, retired or been fired since the beginning of the pandemic, the largest exodus of public health leaders in U.S. history.”](#)

[“In some cases, officials resign after clashing with government officials and elected leaders... In other states, officials are fired for reporting or data issues.”](#)

Iowa’s former public health director is suing the state. So is the department’s former spokesperson, who [claims she was ousted for complying with Iowa’s open records law](#) to provide journalists information on Covid. She also blew the whistle that an Emergency Operations Center was created, with new email addresses, and its emails were concealed from public records requesters.

Did other public health officials refuse to lie or to withhold information, and is that why they are gone?

Is the vaccine saving the day?

According to the [BMJ](#), not so fast. While deaths and cases have been dropping like a stone since mid January, the drop may be comparable in the young unvaccinated population as in the older age groups, 1/3 of whom have received at least one shot. [BMJ noted](#):

“the fall in prevalence was similar among those aged 65 years and over compared with other age groups. The study authors from Imperial College London said this suggests that if vaccines are effective at reducing transmission as well as disease, this effect is not yet a major driver of prevalence trends. Therefore, the observed falls described here are most likely because of reduced social interactions during lockdown.”

Are we approaching herd immunity?

In the US, about 40 million people are reported to have received at least one Covid vaccine dose. That is about 12% of the population. I’ve no idea how many got so sick from the first dose that they refused the second, while I am hearing anecdotes that many have. How much immunity will a single dose provide?

The [LA Times today](#) and the Wall Street Journal several days ago, in an [Op-Ed](#) by Marty Makary, MD, suggested we are fast approaching herd immunity. New cases are down 75% in just over a month. (But that could have been helped by dialing down those pesky cycle thresholds, and performing 30% fewer tests than in mid January.)

No one was allowed to talk about herd immunity until after Covid vaccines rolled out. Has everyone who wanted a shot already been served? Why is herd immunity back on the table? I’m very glad it is, because achieving herd immunity will end all lockdown excuses. Hopefully we are at the end of the big waves.

Why am I rehashing issues I have already written about?

Because each issue is an example of how the public has been fooled by the experts, the media and the government, all three dissembling in concert. If I’m correct, we are facing a pernicious conspiracy.

Who really trusts Big Pharma today? You’d need to be mad to trust the industry that throttled drugs that work against Covid, in order to inject you with new concoctions that tickled Tony Fauci’s fancy and [pay royalties to his institute](#). Who trusts government pronouncements? Media? Our bought experts? The corporations and ‘charitable’ foundations that bought them?

Today I just wanted to make a little list, short enough for a blog post, as a reminder that we have been hoaxed and played, over and over again.

My advice? Listen to your common sense, and turn off the TV and radio. Don’t let the propaganda get access to even your unconscious mind. Help others dissect what is going on. Stay strong. There are lots of quiet, sensible people out there. Speak your truth. Let’s find each other and turn this around.

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