

Covid-19 Con Job

Satanic Plan-Demic/Scam-Demic

Part 6

The crazed vaccine advocates of the world are doubling down on forcing vaccines upon people, and this segment opens with a report of a 'whistleblower' nurse reporting that hospitals are vaccinating patients by force without their knowledge.



By Jefferey Jaxen
Health Impact News

The momentum, consciousness and continual discussion around truth and education related to vaccine injury have never been greater. Parents and communities have taken the initiative to find answers for their sons and daughters who've suffered severe adverse events from immunization.

Evaporating fast are the days of dead end solutions and pharmaceutical answers provided by mainstream medicine's limited toolbox. Like an untamable ripple effect, this awakening has also encompassed the discussion around mandatory vaccination, lack of informed consent, pharmaceutical control of American healthcare and an overall lack of health freedom currently resting on a slippery slope.

The U.S. mainstream medical system and healthcare are failed establishments that have drifted away from healing to become profit-based outlets dispensing inferior and outdated pharmaceutical products. The historical direction has been clear to anyone paying attention and now it appears that the beginning of some tipping point has arrived. What it means and where it will lead is unknown. Yet the status quo of business as usual is changing moving forward as medical whistleblowers come forward and communities recoil against their loss of health freedom.

In two short years much has changed as a result of a countrywide mobilization fueled by the whistleblowing admission of Dr. William Thompson. Known as the CDC whistleblower, [Dr. Thompson went public recounting](#)^[1] — in detail — his experience about research fraud within the U.S. Center's for Disease Control and Prevention. The documentary film [Vaxxed: From Cover-Up to Catastrophe](#)^[2] supercharged the focus on the CDC's troubled vaccine division and simultaneously exposed a heavily controlled and censored mainstream media in the U.S.

Recently, another medical/health whistleblower made immediate waves by [publicly recounting her continued experiences](#)^[3] witnessing daily routine vaccine injury in U.S. hospital neonatal intensive care units (NICUs). Nurse whistleblower Michelle Rowton [told of a callous medical system](#)^[4] that regularly and inhumanly chooses to give the CDC's recommended vaccine schedule to premature infants causing massive increases in severe and life threatening adverse reactions. According to Rowton, the attending doctors and medical staff have made these routine, medically incompetent actions into jokes to be laughed at on the hospital floor and in break rooms.

Forced Flu Vaccinations

In the age of information, the incidences of whistleblowers are increasing. As health freedom and informed consent is eroding at breakneck speeds, those left with ethics, courage and humanity within such a system are keeping quiet no longer. Meeting on the first Friday of each month, the [Talk About Curing Autism's Pennsylvania chapter support meeting](#)^[5] gathers to provide education, support and resources for families that are in need.

At a recent meeting that took place during the first week of May, a nurse was filmed using the live streaming app Periscope warning of forced flu vaccinations occurring in U.S. hospitals. In addition, the nurse gave possible solutions to the unaware, targeted public in an effort to preserve their informed consent and avoid unwanted adverse reactions. [According to the new nurse whistleblower](#)^[6].

Since the Affordable Care Act came out, we are now — as nurses — required to ask every single patient when they come to the hospital if you've had your flu vaccine or your pneumococcal vaccine. If you say no to either one of those, in the computer, an order will generate that says we need to give you this vaccine. We don't need to speak to a doctor...its hospital policy. It's now health department policy that we now have to give you the vaccine.

New Signed Consent for Hospital Services Includes Vaccines – But Patients Unaware They are Granting Such Consent.

The bigger, headline-making story was made as [the nurse whistleblower continued](#)^[6]. When you go to the hospital if you need surgery — say you need a knee replacement surgery — first they're going to ask you if you've had your vaccines. You're going to say no. Then they're going to say you need to sign this consent if you're going to have surgery...you need to sign a consent. In the consent, there's a word call 'biogenics [biologics]' and if you sign the consent saying 'I consent for you to give me biogenics [biologics]' — that basically means that they can give you anything that they deem necessary including vaccines. So if you say that you didn't get a flu shot and its flu season and you sign the consent saying I agree to biogenics [biologics], they will give you a vaccine even when you're under anesthesia because you already signed the consent.

How do hospitals inform the patient they have just partaken in a medical procedure (immunization) having inherent risks without being given proper informed consent? [According to the nurse whistleblower](#)^[6], hospitals approach the subject by telling patients the following:

Unless you go and get your medical records, you will not know you got a flu vaccine. They [the hospital] may tell you at the end 'oh by the way, you're now covered, you've had the flu vaccine or you got the pneumococcal vaccine.'

Vaccines Forced on Patients Who do not Want Them in U.S. Hospitals

Is this really happening? Certainly people would be talking if it was. [The nurse whistleblower goes further saying](#)^[6]:

Two people now have reported to me last week saying that they got the vaccine; they did not want the vaccines. They did not know that the word biogenics [biologics] meant they're going to get a vaccine.

So how can people protect themselves? [According the nurse](#)^[6], perhaps a simple strategy can instantly combat this push towards forced vaccination now happening in U.S. hospitals. She warns:

When you sign consent for surgery, you can specifically say 'no vaccines, I don't want this.' You can write an initial after what you say you do not want and they have to honor that. And if they don't honor that, they can be sued.

The [US Food and Drug Administration \(FDA\) defines biologics](#)^[7] using the following statements:

Biological products include a wide range of products such as vaccines....In contrast to most drugs that are chemically synthesized and their structure is known, most biologics are complex mixtures that are not easily identified or characterized.

It should be noted that the [Department of Justice publishes a quarterly list](#)^[8] of vaccine severe adverse reaction settlements and injuries. The majority of the vaccine injuries contained on the DOJ's list are a direct result of the flu shot.

[In addition, the effectiveness of the flu shot last year was 23 percent](#)^[9] according to official CDC statistics. During manufacturing of the flu shot, the CDC and drug maker take a guess at what flu strains may be prominent for the coming year's flu season.

Due to this fact, every flu shot is different from the previous years and therefore untested. Since the ingredients are always changing, there is no time for true safety studies to be performed. Each year, individuals undergoing the medical procedure of vaccination are considered the final phase of public safety testing for an unproven pharmaceutical product.


Furthermore, denying the patient this knowledge — and access to the manufacturer's insert before injection — [constitutes a laundry list of broken medical ethics agreements and violations of international codes](#)^[10] protecting humans against forced medical experimentation.

Medical Doctors Opposed to Forced Vaccinations – Should Their Views be Silenced?

DOCTORS ON THE VACCINE DEBATE

The medical debate regarding vaccines is NOT between Anti-Vaccine doctors and Pro-Vaccine doctors. These are the two extreme positions, with hundreds of positions in between. There are 4 broad categories representative of the medical community.

Anti-Vaccine	Selective Vaccines	Delayed Vaccines	Pro-Vaccine
does not give any vaccines	some vaccines good, some not good	vaccines effective, but not too many at once	all vaccines for all people all the time, by force if necessary



The Vast Majority of Medical Professionals are Neither 100% Pro-Vaccine nor 100% Anti-Vaccine - but Somewhere in Between.

[12]

One of the biggest myths being propagated in the compliant mainstream media today is that doctors are either pro-vaccine or anti-vaccine, and that the anti-vaccine doctors are all “quacks.”

However, nothing could be further from the truth in the vaccine debate. Doctors are not unified at all on their positions regarding “the science” of vaccines, nor are they unified in the position of removing informed consent to a medical procedure like vaccines.

The two most extreme positions are those doctors who are 100% against vaccines and do not administer them at all, and those doctors that believe that ALL vaccines are safe and effective for ALL people, ALL the time, by force if necessary.

Very few doctors fall into either of these two extremist positions, and yet it is the extreme pro-vaccine position that is presented by the U.S. Government and mainstream media as being the dominant position of the medical field.

In between these two extreme views, however, is where the vast majority of doctors practicing today would probably categorize their position. Many doctors who consider themselves “pro-vaccine,” for example, do not believe that every single vaccine is appropriate for every single individual.

Many doctors recommend a “delayed” vaccine schedule for some patients, and not always the recommended one-size-fits-all CDC childhood schedule. Other doctors choose to recommend vaccines based on the actual science and merit of each vaccine, recommending some, while determining that others are not worth the risk for children, such as the suspect seasonal flu shot.

These doctors who do not hold extreme positions would be opposed to government-mandated vaccinations and the removal of all parental exemptions.

In this article, I am going to summarize the many doctors today who do not take the most extremist pro-vaccine position, which is probably not held by very many doctors at all, in spite of what the pharmaceutical industry, the federal government, and the mainstream media would like the public to believe.

Read:

[**Medical Doctors Opposed to Forced Vaccinations – Should Their Views be Silenced?**](#) ^[12]

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URLs in this post:

[1] Dr. Thompson went public recounting: <https://vaccineimpact.com/2016/more-evidence-from-cdc-whistle-blower-on-autism-and-vaccines-revealed-to-public-in-documentary/>

[2] *Vaxxed: From Cover-Up to Catastrophe*: <https://vaccineimpact.com/2016/producer-of-vaxxed-speaks-out-this-is-bigger-than-watergate/>

[3] publicly recounting her continued experiences:

<http://www.jeffereyjaxen.com/blog/daily-routine-injury-ignored-in-us-hospital-nicu-units>

[4] told of a callous medical system: <https://www.youtube.com/watch?v=i-J8yuYMBnA>

[5] Talk About Curing Autism's Pennsylvania chapter support meeting:

<http://www.tacanow.org/local-chapters/taca-meeting-video/>

[6] According to the new nurse whistleblower:

<https://www.youtube.com/watch?v=7XqRxsVnc7Y>

[7] US Food and Drug Administration (FDA) defines biologics:

<http://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CBER/ucm133077.htm>

[8] Department of Justice publishes a quarterly list: <http://vaccineimpact.com/2015/flu-shot-remains-most-dangerous-vaccine-based-on-injuries-and-deaths-compensated-by-government/>

[9] In addition, the effectiveness of the flu shot last year was 23 percent:

<https://vaccineimpact.com/2016/cdc-admits-flu-shots-fail-half-the-time/>

[10] constitutes a laundry list of broken medical ethics agreements and violations of international codes: <https://vaccineimpact.com/2016/n-y-law-professor-addresses-u-n-on-government-vaccine-policies-violating-the-nuremberg-code/>

[11] Image: https://healthytraditions.com/products/a-guide-to-healing-from-vaccine-injuries-ebook?_pos=6&_sid=59d560278&_ss=r

[12] Image: <https://vaccineimpact.com/2015/medical-doctors-opposed-to-forced-vaccinations-should-their-views-be-silenced/>

Dr. Joseph Mercola shares another recent report during the lockdown in New York City, a 'whistleblower' story in a recent article on his web page. This becomes more common than people seem to think. The axiom that should be honored as: "My Body, My Choice!"

Story at-a-glance -

- Nurse Erin Marie Olszewski blew the whistle on the horrific maltreatment of COVID-19 patients at Elmhurst Hospital Center, a public hospital in Queens, New York, that was the epicenter of the COVID-19 pandemic in the U.S.
- Elmhurst did not isolate COVID-positive from untested patients, instead rooming them together, thereby ensuring maximum spread of the disease
- Some patients who tested negative for COVID-19 were listed as positive and placed on mechanical ventilation, thus artificially inflating the case numbers while condemning the patient to death from lung injury
- One such case involved a male patient admitted for high blood glucose, which is easily remedied and under no circumstance would require ventilation
- Some of the doctors treating COVID-19 patients at Elmhurst were first-year residents who were treating without supervision. Most also ignored the expert advice of more experienced nursing staff, choosing to use patients as test subjects and "cash cows" instead

Dr. Mercola Interviews the Experts

This article is part of a weekly series in which Dr. Mercola interviews various experts on a variety of health issues. To see more expert interviews, click [here](#).

In this interview, retired Army combat veteran Erin Marie Olszewski, a nurse who for several months [treated COVID-19 patients at the Elmhurst Hospital Center](#), a public hospital in Queens, New York — the epicenter of the pandemic in the U.S.

She has now written a book, "[Undercover Epicenter Nurse: How Fraud, Negligence, and Greed Led to Unnecessary Deaths at Elmhurst Hospital](#),"¹ which details her experiences.

Olszewski was born in Michigan and raised in a small Wisconsin town and joined the military at 17. When 9/11 happened, she was in basic training. "I was only 18 years old so I grew up pretty quickly," she says.

Altogether, she was stationed in Iraq for just over a year. Upon her return to the U.S., she worked at the Special Operations Command in Tampa, Florida, before leaving the military and going into nursing. Just a bit over 20 years ago, July 2000, I read a study by Dr. Barbara Starfield² published in JAMA. It contained stats that identified physicians as [the third leading cause of death](#).

I created that headline in July 2000, which took off as a meme and spread across the world. In a shocking follow-up to Starfield's article, in 2012 her husband wrote a disturbing article in the Archives of Internal Medicine³ about her death, pointing to a drug she was taking as a possible contributor to it.

"Specialization, fragmentation, drug-orientation and profit-seeking help make American medical care the most expensive in the world, but not the safest or most effective," Dr. Neil A. Holtzman wrote. *"The lessons from Barbara's death should be put in the perspective of the millions who cannot afford even basic services in our expensive system and suffer as a result."*

As if that's not egregious enough, newer death statistics reveal the situation has only gotten worse over the years, and Olszewski's experience during the COVID-19 pandemic demonstrates just how much more dangerous medicine has become.

"I did go into this profession to help people ... [but] it did not take me long to realize that we're literally just pumping our patients full of medications. Most of my job was morning meds, afternoon meds, night meds ... [and] tests."

I've always had a passion for more of a natural approach to health and it was devastating to me to realize that I wasn't really helping these patients, I was contributing to the problem," Olszewski says.

"I always had that mindset as a nurse: How can I get these patients to look through these meds and talk to the doctors and advocate for them to get them off of all this?"

"I would hit a lot of roadblocks and so I ended up going to work at a private practice where doctors were more concerned about not so much profit, but the people. I always

continued along those lines. Fast forward to this year, we were essentially laid off from our jobs."

"In Florida, we did it right. We didn't ban any of the alternative treatments. They left it up to individual hospitals to make up their own minds, so that's why we were very successful, whereas New York was not."

Medical Negligence Was the Norm

As the COVID-19 pandemic progressed, New York, being a hotspot, was in desperate need for skilled nurses, so Olszewski ended up volunteering and went to work at Elmhurst in April 2020. *"It was still extremely packed in these hospitals with pretty much every single person on a ventilator,"* she says.

Curiously, when she got there, she was told she'd have to wait days for her assignment. Normally, in times of war, you're expected to immediately get to work. This was the first red flag suggesting all was not as it seemed. Some of the nurses had waited in hotel rooms for 18 days before they received their assignments.

"Why weren't they utilizing their resources, complaining that they didn't have enough help when [there were] ... 1,000, 2,000 nurses sitting around in New York waiting for an assignment? That was very confusing to me. If indeed this was essentially a war zone, people are literally dying left and right, why aren't they utilizing us?"

"I finally did get an assignment and they put me at Elmhurst Hospital ... I got there and literally it took me one shift — 12 hours — to realize that this is absolute chaos, and not because we didn't have enough staff."

"We were well staffed. It was because nobody cared. I literally felt like I was living in the twilight zone. And, just knowing what I know about our system anyway on a good day, this was just absolute negligence."

Clearly, when you go into the hospital, you are at great risk of medical mistakes that can accidentally kill you, and Olszewski's experience highlights one of the key problems: willful gross negligence. This is why it's so crucial to make sure you have an advocate with you around the clock who can speak for you, ask questions and ensure you're getting the appropriate treatment.

Due to COVID-19 infection concerns, family members were excluded from the process here. They simply weren't allowed in. To me, that was probably why so much of this abuse was able to occur. Olszewski agrees, saying:

"That's exactly right. On top of that, they created a liability-free environment. So now you have a liability-free environment where everybody knows that no matter what they do, they're not going to get in trouble for it. We have no family around putting us in check ... "

“You've got doctors and nurses that, at that point, just didn't care because everybody was going to die anyway so what's the point? And then you have everybody on a ventilator. So, these patients can't even speak for themselves. They're at the hands of whoever is taking care of them.”

“How do you sit by and allow this to happen? I don't know how so many people knowingly knew this was going on and just chose to remain quiet. It's just really sad.”

Routine Ventilation Was a Death Sentence

By the time Olszewski started working at Elmhurst in April, doctors around the world, including the U.S., had already started raising [questions about the routine use of mechanical ventilation](#) for COVID-19 patients. Within weeks, many started arguing that it appeared to be doing more harm than good.

That certainly proved accurate at Elmhurst. In a four-week period, Olszewski only witnessed one patient put on mechanical ventilation who survived, and that's because the sedation didn't quite take and he ended up extubating himself. The sad tragedy is he didn't have any medical indications warranting him being placed on a ventilator to begin with.

Essentially, being put on a vent is the kiss of death and, according to Olszewski, the staff at Elmhurst were aware of that. So, within her first week, Olszewski spoke to an attorney and began secretly videotaping her findings and interactions with the staff at Elmhurst. This was necessary so that the public would believe her story. She explains:

“Like I said, it didn't take me more than a shift to realize what was going on. I got back to my hotel room and just broke down in tears ... I couldn't even believe it. I have a lot of nurse friends and I asked them to hop on a Zoom call with me and I just let it all out.

One of them is a nurse practitioner, and she ended up kind of being my proxy. She did a live video and it went pretty viral ... She got gaslighted by everybody. She had death threats. Everyone said she was making it up.

So, I had contacted an attorney after a few days of seeing what was going on with her, just trying to get my message out. And I'm like, 'Listen. No one's going to believe what's happening here because they don't believe her ... The only way the public is ever going to be able to take this seriously and believe what I'm saying ... is with actual video.'

I had already tried to go up the chain of command and everybody would just tell you, 'Just be quiet or you're gone.' You were considered a troublemaker if you tried to advocate for your patients, and you were pretty much shunned ... There were nurses sent home prior to me getting there, for doing the same things ...

Ethics essentially just went out the window. My attorney actually ended up getting me a pair of spy glasses in order to videotape and they fit in with the rest of the PPE so it was never really questioned ...

It was pretty terrifying, but at the same time I'm going in there, looking at my patients like, 'You know what? You guys deserve justice. This should have never happened, and I hope history never repeats itself ever again.' That was the mission.

People need to know the truth and those that thought this was OK need to be held accountable for these actions. In our profession, we're supposed to be there for the patients. We're supposed to act with integrity and compassion and none of that was happening."

Nurses Fired for Protecting Patients

As a general rule, nurses, who are in the trenches day in and day out, are far more knowledgeable about the practical details to optimize patient care than most physicians, who may understand the science better but typically fail to appreciate critical implementation variables.

Nurses who are in the trenches day in and day out typically know what works and what doesn't. I can remember many times during my own medical residency where nurses would correct decisions that, if implemented, could have harmed the patient.

So, skilled nursing staff are really crucial components that help keep patients safe. Unfortunately, in this case, nurses were routinely overruled and ignored. According to Olszewski, she had many conversations with her coworkers, all of whom said the same thing. They just couldn't believe what was happening.

"I actually recorded a lot of those conversations too just because I didn't want people to think it was just me," she says. "Really, everybody thought 'This is not OK.' But everybody was afraid to say something ... There are a lot of upset people and they try to hurt you and silence you in any way that they can."

Olszewski was ultimately fired from Elmhurst for speaking out about the conditions there. There are also petitions to remove her nursing license. That, it seems, is a commonly used way to silence the opposition these days. Olszewski vows to fight to keep her license.

Medical Experimentation by Residents Killed Patients

Making matters worse, many of the doctors treating COVID-19 patients at Elmhurst were first-year residents, many of whom had never interacted with patients before. According to Olszewski, many had "zero bedside manner" and approached their patients as little more than "something to practice on." "There were not many of them that really had compassion for these lives," she says.

Typically, private hospitals do not have medical residents treating patients, and if they do, they're strictly supervised. Elmhurst Hospital, however, is a training hospital, and according to Olszewski, residents had virtually no supervision at all. *"I very rarely saw an attending, so it was the residents running these floors,"* she says. Worse, the residents were not leaning on the expertise of the nursing staff.

"We couldn't even leave our patient's room because [the residents] would come in and dial the ventilators, they'd mess with our drips. We had to lock our pumps because they

would just come in and change it. That's unheard of on a normal day. Physicians never touch our pumps or ventilators without letting us know."

When asked why residents would behave so inappropriately, Olszewski replies:
"A lot of ego, a lot of, 'They're going to die anyway so we just want to experiment and see what works and what doesn't.' There were a lot of errors being made and unnecessarily causing a lot of death. And I can't explain it. Like I said, [you had a] liability-free environment ... [and] these residents weren't being monitored by the attending doctors ..."

Lack of Segregation Led to Unnecessary Deaths

The refusal to segregate infected patients from non-infected ones also undoubtedly worsened the situation, placing lives at risk. In a perfect scenario, infected patients would have been isolated in negative pressure rooms, since the normal ventilation system can circulate the virus throughout the hospital.

Still, by rooming infected and noninfected patients together, you virtually ensure the disease will spread to noninfected patients being treated for other health conditions.

Nobody really cared anymore. The doctors expected all patients to die anyway, and there was no liability for anything that was being done or not done.

Nurses also were not changing their personal protective equipment (PPE) between patients. The same PPE was worn all day long. Elmhurst didn't even have regulations requiring fresh PPE between patients or when going from one room to the next.

COVID-Negative Patients Placed on Ventilation

Perhaps most egregious, COVID-negative patients were listed and treated as confirmed positive, and some were even placed on mechanical ventilation. One of them was a male patient admitted for high blood glucose, which is easily remedied and under no circumstance would require ventilation. Olszewski tells the story:

"They ended up giving him a lot of different psych drugs which, ultimately, just kept that blood sugar going up and up. And, instead of treating that, they ventilated him. They put him on our COVID ICU floor, which is unheard of. And he's anxious, so they have him tied down to the bed in restraints, which makes anybody even more anxious. You can't have any family in there, there's a bunch of nurses telling you to be quiet. Anyone's going to fight in that type of situation. You're terrified to be there in the first place ...I was in there just trying to hold his hand, talk to him, calm him down, and one of the residents comes in saying 'If you don't calm down, we're going to have to put a tube down you to help you breathe.' I was just like, 'What are you doing? He doesn't need that.' Within five minutes of my leaving for the end of my shift, he was on a ventilator. That right there, that's just negligence."

New York Had Adequate Resources That Went Unused

The same medical fellow also refused to allow another patient to be resuscitated, even though he did not have a do-not-resuscitate (DNR) order. A fellow is someone who has completed their formal medical training, graduated medical school, internship, and residency, and is doing a sub specialty in some discipline of medicine. So, you'd expect a fellow to act more responsibly than that.

"At that point, nobody really cared anymore," Olszewski says. The doctors expected all patients to die anyway, and there was no liability for anything that was being done or not done. Unfortunately, there was a clear financial incentive for treating noninfected patients as COVID-19 patients, and placing them all on mechanical ventilation. As explained by Olszewski:

"They essentially turned Elmhurst into an all-COVID hospital ... If they were going to admit somebody, they were either COVID positive or they were awaiting their test results. So, they would be admitted as 'COVID rule-out' and the hospital would still get the kickback. It was \$13,000 to admit a patient to the floor.

Some of these people, like the one that was unnecessarily vented, he could have gone to the Navy ship Comfort, knowing he was negative for COVID-19. They knew that. But they still admitted him, got the \$13,000 and then ventilated him for another \$39,000. This was happening consistently.

There's no reason these patients had to be packed in like sardines when we had external resources that weren't being utilized. So why? ... Maybe it was the financial incentive ... That's just people just not caring and putting profit over these patients."

Death Rate Plummeted Once Treatment Protocols Were Exposed

While Olszewski has been largely ostracized by her nursing colleagues, most of whom likely fear losing their jobs if they openly side with her, the death rate at Elmhurst plummeted after Olszewski's undercover videos started making the rounds on social media.

Her hour-long interview in the "Perspectives on the Pandemic" series, which has 1.4 million views,⁴ was released to the public June 9, 2020. Daily death rates in New York City hospitals dropped dramatically after that.⁵

"I personally think that this has had an impact on the deaths in New York because after that video went out and they were outed on their treatment protocols, the death rate plummeted," Olszewski says.

"I think they're a lot more cautious about who they're admitting to these hospitals and how many people are being put on the ventilators [now]. In early April when I got there, I questioned a doctor that I also recorded and he admitted that not one patient had been successfully extubated. So, by the time I got there, every single patient on a ventilator died. And they refused to try any alternative treatments even though we know a lot of alternative treatments existed. Their excuse was that they didn't work. And my question

was, 'Listen, if you know the ventilators aren't working, then why not try [the alternatives]?'"

Government Should Not Interfere in Medical Decisions

The tragedy is that hydroxychloroquine with zinc likely would have made a significant difference if routinely used in the early stages of disease, and in suspected cases. It clearly was helpful in Florida, where some doctors have been using it.

Quercetin also works similarly to hydroxychloroquine. Both drive zinc into the cell, and quercetin, being a supplement, doesn't require a prescription and also has other effects, such as SIRT2 activation and decreasing inflammation, which actually make it a better choice. However, like hydroxychloroquine, quercetin must also be used with zinc — and administered very early in the course of the illness.

Still, considering asymptomatic patients were being roomed with those who had confirmed COVID-19, either of these options could have protected many of these patients. It's really incomprehensible that a treatment has been so badly maligned, to the point that pharmacy boards have refused to fill prescriptions for a drug that's been on the market for more than six decades.

"I think every patient has a right to try multiple different alternatives," Olszewski says. "High-dose IV vitamin C [has also] successfully treated patients in Asia and some people in New York when [the pandemic] first started. Why are these alternative treatments being frowned upon?"

"Has this caused even more deaths? Honestly, government shouldn't ever get involved in the doctor-patient relationship. People should be able to have a choice and the freedom to be able to have these alternative treatments available to them if they can save their life."

"Autonomy and patient rights are just gone ... Patients deserve to be treated like humans, and politics and profit should never be placed above human life, ever."

One of the most effective treatments to date in the hospital setting appears to be the [MATH+ protocol](#), which includes high-dose vitamin C, steroids, thiamine and heparin. It has protocols both for early intervention and late-stage disease.

However, I plan on posting an update to the nebulized hydrogen peroxide video as I have modified the recommendation. I've had a number of people use it with very severe disease and recovered from the symptoms in a matter of hours. I had no idea this treatment was so effective.

Fortunately, since Olszewski started speaking out, others have braved the backlash and spoken out about medical mismanagement as well. One of them is featured in the video below. Warning though the video is very emotional and the nurse uses some understandable profane language.

On the downside, physicians at Elmhurst who were responsible for implementing orders that led to patients' deaths may or may not be held liable for their actions.

The two examples that I have cited above confirm there is a serious disregard for those in hospitals and nursing homes.

It is difficult not to notice something contrived in the currently announced “pandemic” of the Covid-19 virus. Media coverage of this event has all the hallmarks of a coordinated hysterical campaign, namely:

- the use of emotions instead of numbers and logic (for example videos showing allegedly overflowing hospitals and morgues, which can easily be staged or occur due to a natural situation unrelated to Covid-19)
- the refusal to even mention the most obvious counter-arguments (for example, the media will never compare the number of deaths caused by flu in recent years with Covid-19 deaths)
- and the complete censorship of all opinions that disagree with the mainstream media narrative, even those that come from recognized experts.

We have witnessed the publication of numerous fake stories, like the CNN report about bodies being left on the streets in Ecuador which was later debunked. We have frequently seen hysterical headlines that are not supported in any way by the contents of the article.

Finally, the national, as well as the local coverage, is always vague, never saying who exactly is ill or what they've got, or whether they are at home or in a hospital, and they never say how they treat the disease. Vagueness in media is a sure sign of lying.

Out of any proportion to reality, the mass media continues to drone on ominously that this is the New Normal, and that we might as well get used to it, that the world will never be as it was before the coronavirus. This is nothing more and nothing less than classic psychological warfare.

Why would a viral outbreak require “psy-ops”, that is, unless something larger was afoot?

The mainstream media as usual labels everybody who objects to their version of events a “Conspiracy Theorist.”

However, in addition to usual roster of sceptics like James Corbett or Del Bigtree, we now have many established scientists and doctors publicly questioning the version of events that is being presented by the mainstream media and governments.

These are, to name a few: Dr. Sucharit Bhakdi, a professor emeritus at the Johannes Gutenberg University in Mainz and former head of the Institute for Medical Microbiology; Dr. Wolfgang Wodarg, a member of PACE; Prof Dolores Cahill, Vice Chair of the IMI

Scientific Committee (she has more important titles than I can fit here); Dr. Peer Eifler from Austria; Dr. Claus Köhnlein; Dr. Scott Jensen, Minnesota Senator; Harvey A. Risch, professor of epidemiology at Yale School of Public Health.

Each one of these intelligent, articulate and trustworthy people with top credentials disagree with the official story.

All these doctors accuse media, governments and WHO of fabricating the Covid-19 pandemic and abusing their powers by taking extreme measures in the face of a disease that has shown no signs of being any worse than a typical seasonal flu.

Some of these doctors add even more disturbing accusations, namely, that some patients died because doctors used a wrong treatment protocol, that medical authorities were directed to list 'coronavirus' as the cause of death even when no coronavirus analysis was made, that many deaths were caused by putting people with active Covid-19 into nursing homes and, finally, that a drug capable of saving hundreds of thousands of lives is being denied to the population.

The question is...is this campaign of fear a spontaneous overreaction to a new virus, or was it organized by somebody to achieve some malicious goals?

If we conclude that the pandemic indeed is fake, the worldwide media campaign manufactured, government officials and WHO bribed or coerced, then further questions arise. Is there anyone who has the ability to pull this off?

If yes, then why did they do it, and how?

Long before this "pandemic" we heard talk that we are living through a time of crisis, but it seems nobody ever fully identifies the crisis or what caused it. In our view, the false pandemic is closely related to this crisis and it is impossible to understand current events without a clear understanding of the crisis.

A short answer to the questions posed above: we live in a unique time, at the tail end of a European colonial project that existed for 500 years, making Europe and the U.S. the richest, most influential part of the world and the envy of most of its inhabitants.

From the end of WWII through the 1960's, this colonial project was gradually replaced by neo-colonialism, controlled almost exclusively by U.S. plutocrats. In the last 10-20 years, the systems of neo-colonialism began to break down due to the economic rise of China and also due to the degeneration of Western elites. In recent years, what we call the Free World maintains its way of life simply by going deeper and deeper into debt.

This situation cannot continue indefinitely, and very soon we can expect an abrupt fall in the standard of living in the U.S., the UK and most European countries, accompanied by tremendous social upheavals. The U.S. plutocracy has no economic or military means to stop this collapse.

A clever solution would be to pin the blame on a natural phenomenon, like a disease, and then justify any amount of violence necessary to keep the problems resulting from the crisis under control.

U.S. plutocrats conveniently control most of the world's media and have a huge network of "charitable" foundations and affiliated NGO institutions all over the world. This network has been used for generations as a tool for influencing media, educational institutions, governments and international organizations, for social engineering and ideological control.



Is such a campaign at all possible? Is there somebody out there who is capable of organizing a world-wide media campaign supported by governments and international organizations?

Yes, we can be sure that such players exist because we have a recent example of one such media campaign that was clearly artificially created.

Coincidentally, this campaign was also aimed at convincing the population that we are in immediate danger, and that it will require drastic measures to save us.

I mean, of course, the Greta Thunberg campaign. In no time at all, a 13-year-old charmless girl was elevated to a position of worldwide prominence by mysterious agents. Whoever organized this campaign was also able to arrange for Greta to speak at the United Nations, the European Parliament, and the Davos Economic Forum and so on. On top of this, Amnesty International gave her an award. This makes no sense unless Amnesty International is directed from the same center that commands our “independent” mainstream media.

Just recently the first Gulbenkian Foundation Prize for Humanity, about one million Euros, was given to Greta. She was called “one of the most remarkable figures of our days” and a “charismatic and inspiring personality.”

It would be highly unlikely, to say the least, that journalists all over the world became simultaneously fascinated by this little girl and the simple-minded message she was coached to deliver. It is equally unlikely that the UN, the Davos Forum and the European Parliament all independently decided that her platitudes were something interesting and important for them to hear in person. And I am sure that the people in Amnesty International and the Gulbenkian Foundation are not so deranged as to sincerely believe in Greta’s greatness.

To believe that this campaign was caused exclusively by the virtues of Greta would be as naive as believing the 1960’s Soviet media campaign that once glorified the “simple Soviet girl” who wanted to donate her eyes to blind USA Communist party leader Henry Winston came into existence because of sincere journalistic interest in this “heroine” instead of being commanded by the Politburo.

Thus we can safely conclude that forces capable of organizing worldwide media campaigns and influence the corridors of power do exist.

Volumes have been written about plutocratic control of the American media, among them *‘Manufacturing Consent’* by Edward Herman and Noam Chomsky, *‘The Media Monopoly’* by Ben Bagdikian, *‘Taking the Risk out of Democracy’* by Alex Carey, *‘Media Control’* and *‘Necessary Illusions’* by Noam Chomsky.

Already in 1928, Edward Bernays, considered the father of public relations in America, wrote:

“In almost every act of our daily lives, whether in the sphere of politics or business, in our social conduct or our ethical thinking, we are dominated by the relatively small number of persons...who understand the mental processes and social patterns of the masses. It is they who pull the wires which control the public mind.”

Noam Chomsky put it more bluntly:

“Any dictator would admire the uniformity and obedience of the US media.”

Note that control over the US media is achieved without requiring direct ownership of it. Herman and Chomsky quote Sir George Lewis, that the market would promote those papers “*enjoying the preference of the advertising public...advertisers thus acquired a de facto licensing authority since, without their support, newspapers ceased to be economically viable.*”

Of course, only big advertisers can exercise significant political clout over the media. In the next part of our article we will describe an even more important source of media control, the so-called “charitable” foundations.

To a substantial extent, the mainstream media outside of the U.S. is also controlled by American plutocrats.

Control is achieved in large part because the overwhelming majority of newspapers around the world get their international stories from three (3) news agencies. Two out of the three big news agencies, Reuters and Associated Press, are directly controlled by American plutocrats whose paychecks are signed by the Rothschild’s.

More direct methods of control are described, for example, in the book ‘*Journalists for Hire: How the CIA Buys the News*’ by Dr. Udo Ulfkotte. Dr. Ulfkotte died from heart attack at a relatively young age shortly after publishing his book in 2014. An English translation of his book is already for years listed as “Currently unavailable” on Amazon. The invisible hand of the free market is refusing to bring this book to its readers. Although Dr. Ulfkotte mentions only the CIA in the title of his book, he makes it clear that “charitable” foundations are also heavily involved in foreign media control.

The hardest part to understand is how governments all over the world were forced to accept the media narratives during this false pandemic.

To start with, most governments have no independent capacity to evaluate medical events and they have no choice other than to accept WHO advice. Furthermore, US government and globalist medical organizations used their influence.

One of the very few heads of state who dared to reject the coronavirus panic, Belarus President Lukashenko, testified that **he was offered 950 million dollars from the IMF and the World Bank** if he would introduce quarantine, isolation and curfew “like in Italy”.

The Plutocratic Influence Network

To organize a worldwide campaign changing life in the whole world, a force that deserves to be called a shadow government is needed. Theodore Roosevelt, who was US President from 1901 to 1909, informed the world that:

“Behind the ostensible government sits enthroned an invisible government owing no allegiance and acknowledging no responsibility to the people.”

He called this shadow government *“the unholy alliance between corrupt business and corrupt politics.”*

However, to run a shadow government on such a scale, one needs large, well-financed institutions. Skull & Bones, the Freemasons or the Illuminati would not do. It would require an extensive network of institutions that employ well-paid professionals who are given reliable career paths.

The only way to run such an extensive network (designed, as it were, for essentially nefarious purposes) would be to keep it in full view, but disguised with an innocent appearing cover. US plutocrats a long time ago found the perfect cover story that would allow them to establish shadow government institutions.

These institutions are masked as “charitable” foundations. The foundations act through financing wide networks of “think tanks” and NGO’s all over the world, and therefore their power is not constrained by national boundaries.

The most notorious foundations are, to name but a few: The Rockefeller Foundation, The Ford Foundation, the Open Society Foundation, the Carnegie Foundation, and the Bill & Melinda Gates Foundation.

One important line of foundation activity is helping careers of servile journalists, scholars and experts lifting them into positions of prominence. Foundations aid struggling journalists and academics by giving them “prestigious” prizes, fellowships and research grants. Though many of these professionals will spend most or all of their careers in university and government being supported mostly by taxpayer money, they get these lucrative and prestigious appointments due to their history of conformity to foundation agenda.

For example, nothing will help a recent PhD in political or social sciences to get a tenure-track professorship position better than being awarded a grant by a foundation. In this way, foundations leverage their money by elevating professionals that have shown their fidelity to positions supported by state money in the amounts much greater than the money they have spent for prizes, fellowships and grants. The result is that, though few people occasionally rebel, most of professionals in ideological sphere understand the game and toe the line.

Foundations often collaborate closely with the CIA, but it would be incorrect to say that the foundations are controlled by the CIA. It is rather that same people who control the foundations, also control the government including the CIA. Both systems are merely parts of a larger system that freely shares cadres between entities; this is often referred to as the “revolving door”. As we mentioned above, foundations act through think tanks and NGOs. Hundreds or thousands of these organizations exist. Here we will not make the effort to classify them and enumerate them. We will simply call all the foundations, together with think tanks and NGOs, the Plutocratic Influence Network.

The Plutocratic Influence Network is involved in ideological control, social engineering, and direct subversion of “dictatorships,” meaning regimes that do not allow American plutocrats to exploit their countries. Plutocratic media prefers to call PIN “Civil Society,” cleverly disguising PIN as a loose network of independent citizen initiatives and the basis of democracy.

Here is what think tanks do, according to Martin S. Indyk, vice president and director of the Foreign Policy Program at Brookings, one of the oldest and most prestigious think tanks in Washington:

“Our business is to influence policy with scholarly, independent research, based on objective criteria, and to be policy-relevant, we need to engage policy makers,”

Of course, “*objective research*” never brings results which are contrary to plutocratic interests.

According to Matt Taibbi:

“the largest dozen or so of these privately funded ‘research institutions’ have an immense impact on public discourse. The Heritage Foundation, the American Enterprise Institute and the Cato Institute exist solely to produce research and commentary that will influence public opinion. They have fancy halls in which to hold press conferences and roundtables and their hired help – people like Heritage’s Cohen and Carnegie’s McFaul – wait virtually around the clock for journalists to call.”

The Russia Journal, March 15-21, 2002

Think tanks also receive money directly from corporations and from Western governments. To complicate things further, foundations make grants to each other and occasionally to private companies.

The scale of foundation and think tank activity is enormous. According to political commentator Vladimir Simonov, in 2004 there were *at least 2,000 Russian non-governmental organizations that live on US grants and other forms of financial assistance.*” Many millions of dollars are spent on “*nurturing some ‘independent press centres’, ‘public commissions’ and ‘charity foundations’*” (RIA Novosti June 1, 2004).

The diabolical horns of the foundations pop up in the most unexpected places. The World Health Organization, which most presume is a public resource, is “generously” supported by the Bill & Melinda Gates Foundation (BMGF).

Swissmedic, the Swiss Agency for Therapeutic Products, (which sounds like the epitome of cleanness and neutrality) is also supported by BMGF. There is little doubt that we will find foundation money in hundreds of other organizations we had presumed neutral.

We can only guess how this money will influence bureaucrats and thus put much larger amounts of taxpayer money under foundation control. As experience shows,

bureaucrats and politicians are surprisingly easy to bribe. All it takes is a little additional money for travel or a few conferences in nice places. Or it might be small bonuses on top of their salaries, or an opportunity to get a well-paid and honorable position after retirement or good jobs for bureaucrat's relatives and friends.

While it is difficult to penetrate the secretive world of the Plutocratic Influence Network, sometimes events occur that show us the degree of coordinated control inside it. What is the connection between Transparency International (TI) and the Covid-19 fake pandemic?

Dr Wolfgang Wodarg, previously a distinguished member of TI's Board of Directors, publicly denied the existence of the pandemic. In response, Transparency International removed D. Wolfgang Wodarg from its board. The situation is bizarre.

Dr Wodarg (who is a medical doctor) had expressed his own professional opinion which was in no way related to his work at TI. The censorship of TI can only be explained by an order from those who fund and control it, i.e. the same Plutocratic Influence Network which, in our opinion, organized the whole Covid-19 campaign.

Any serious investigation into the Plutocratic Influence Network requires huge resources and political will. The US Congress tried to investigate foundations only twice, the first time between 1913-1915 (the Walsh Commission) and then in 1954 (the Reece Committee).

The Walsh Commission was created to study industrial relations and touched foundations only tangentially. Its final report in 1915 points out that the goal of a foundation is not charity, at least not in the original meaning of this word, but ideological control over education and media:

The domination by the men in whose hands the final control of a large part of American industry rests is not limited to their employees, but is being rapidly extended to control the education and "social service" of the nation. This control is being extended largely through the creation of enormous privately managed funds for indefinite purposes, hereinafter designated as "foundations," by the endowment of colleges and universities, by the creation of funds for the pensioning of teachers, by contributing to private charities as well as through controlling or influencing the public press.

The Reece Committee did a more comprehensive investigation, which however did not come to completion because it was sabotaged by powerful forces in Congress. Nevertheless, a lot of valuable materials were collected, and in 1958, Rene A. Wormser, a member of the Committee, published a book, *Foundations: Their Power and Influence*, in which he described the results of the investigation.

We have no space here to review this book and will limit ourselves to some short quotes.

Wormser notes a great (and dire) influence that foundation-financed social research has on government:

Many of these scholars...serve as “experts” and advisers to numerous governmental agencies. Social scientists may be said to have come to constitute a fourth major branch of government. They are the consultants of the government, the planners, and the designers of governmental theory and practice.

They are free from the checks and balances to which the other three branches of government (legislative, executive, and judicial) are subject. They have attained their influence and their position in government through foundation support.

What is more, much of this research can be classified as “scientism,” that is, pseudo-science pretending to be as objective as physics, but in fact giving results that are desired by those who run the show.

Wormser quotes the 1925 Carnegie Endowment for International Peace report which openly states its antidemocratic coercive goals:

“Underneath and behind all these undertakings there remains the task to instruct and to enlighten public opinion so that it may not only guide but compel the action of governments and public officers in the direction of constructive progress.”

The book also describes briefly a blatant case of social engineering by the Rockefeller Foundation, when they supported the fake sex research of Dr. Kinsey. The Kinsey Reports went on to eventually cause tremendous changes in the private lives of Americans.

Here we can conclude that the Plutocratic Influence Network was created for influencing education, public opinion and governments. It may even alter our most basic and private attitudes by making use of covert propaganda and fake social “research”. The plutocrats have huge resources and many thousands of trained professionals to perform these tasks. Therefore, they are very likely to have the appropriate tools required to create a false pandemic.

We will talk about their specific techniques and goals below.

What crisis?

Since at least 2008 we have been hearing from everywhere that we live in troubled times, that a crisis is coming. According to WEF Founder Klaus Schwab, “The Great Reset” is required. The whole world order is nearing its end and new and sinister order is coming. What exactly this crisis is remains unexplained.

As already noted in the introduction, our claim is that the much-publicized impending crisis is simply the denouement of the European colonial project that began over 500 years ago. During this period of time, Western European civilization (including its extensions, most importantly the US) led the world economically and militarily, and

dominated the world's art, science and ideology. The result of this crisis will be the loss of Europe's leading position and a precipitous drop in the standard of living of its population.

Western propaganda, of course, attributes the material prosperity of the West to freedom, democracy, free enterprise, free media, and human rights. And last but not least, to important contribution of feminism and LGBTQ+ rights. Though few Westerners would dare say it openly nowadays, most believe that their prosperity is also due to their superior work ethic and mental abilities.

In fact, it is the opposite. Western prosperity is based largely upon military power, the systematic violation of the most basic freedoms and human rights in exploited countries, and systematic interference in free markets. The wealth of the West is directly connected to the misery of most of the world.

US army bases all over the world, constant wars, bombings and drone strikes are not required for free trade and free markets. It would be naive to believe that the US Army is used to bring freedom and human rights onto benighted natives. On the contrary, armies are employed to steal resources and exploit conquered populations as cheap labor.

For our purposes we can divide the era of colonialism into three stages, Direct Colonialism, Neo-colonialism and, more recently, the Terminal Stage of Neo-colonialism which is based on deeper and deeper levels of indebtedness.

Western Direct Colonialism of the New World and what later became known as the Third World began in earnest over 500 years ago, but this period of direct rule gradually began to break down after the end of WWII.

When war between Nazi Germany and the USSR was ignited, it looked like the Anglo-American domination of the post-war world was assured. Unfortunately for the West, WWII led to the rise of the Soviet Union as a global power, and the creation of a socialist China (the full implications of which were not felt until recent decades). The American establishment briefly hoped that the situation might be saved by their new nuclear weapons; however, the Soviet nuclear bomb tested in 1949 put an abrupt end to their dreams of perpetual global rule.

Economically, though, full victory was achieved. At this point in time, the US produced 50 percent of the world's economic output. Most technically-advanced products were manufactured only in the US and therefore sold at top prices, due to almost complete absence of competition. Their main industrial rivals, Germany and Japan, were laid in ruins.

The US planned to prevent the rebuilding of their industries in an attempt to maintain their economic world domination indefinitely. The Morgenthau Plan was a proposal to eliminate Germany's ability to wage war by eliminating its arms industry and its ability to

compete by restricting other key German industries. Japan was completely prostrate before the American Navy and occupation forces.

With the US economic and naval domination of the world, British, French and all the other colonies naturally began to fall under de facto control of the US. To exploit them, old style colonial direct control was no longer needed.

Therefore the decolonization process and transition to Neo-colonialism. In establishing formal independence of former colonies, Soviet help was only of secondary importance, except in China, Korea and later Vietnam.

Militarily and politically the West ran into a quagmire soon after WWII. The Soviet Union suddenly became a strong military rival, seizing control of Eastern Europe and immediately afterwards aiding China to liberate itself. There were strong communist parties in Italy, France and Greece; China soon began to put pressure on Asia, most significantly in Korea and Vietnam.

To contain the Soviet Union and China, the US desperately needed allies. The only solution was to allow Germany and Japan to restore and develop their industries.

As it turned out, this solution contained seeds of its own destruction. Over the years, German and Japanese manufacturers quickly became successful competitors, and gradually undermined American pre-eminence. America's treatment of Germany and Japan is often presented to us as the epitome of virtuous generosity, of the beatific desire to share American-style democracy and prosperity with all the nations of the world.

This apparent open-handedness was, however, the exception rather than the rule. If these countries had not been needed as bulwarks to contain the spread of communism, they would have been left de-industrialized, backward and exploited.

Common tactics of neo-colonialists include bribing the local elites, providing them with weapons, loans, mercenaries, police and security services training, political and media support, offshore havens for stolen monies and the ever-present threat of direct military intervention. These methods are described in detail by Chomsky and Perkins among others.

After the breakup of the Soviet Union and the reforms in China, it looked again, as it did during WWII that an era of US world domination was at hand. Russia was greatly weakened, its wealth plundered. Politically, it was dominated by the US. China appeared to be nothing more than a limitless Bangladesh, an endless source of cheap labor, a loss of control by the Communist Party just a matter of time.

Only one obstacle stood between the US and total world domination – the Russian Strategic Nuclear Forces.

It was expected, however, that Russia could not maintain them for long. The American foreign debt, which had grown so rapidly throughout the Reagan era because of growing Germans and the Japanese competition, stopped growing under Clinton. All looked rosy. Even military expenditures were somewhat reduced under Clinton. It was the “end of history”, they proclaimed.

And then, the victory unexpectedly turned into a crushing defeat. Putin wrestled control of Russia away from the West-friendly oligarchs and started to restore its economy, its independence, and its army. This was followed by unexpected victories over American-supported-and-armed Georgian forces in South Ossetia, then Crimea, Donbass and Syria. Russian military contractors began popping up in Libya and other African countries.

China has become even a bigger problem. The Chinese tricked the West in a big way. The Communist Party kept the control. They attracted Western companies with cheap labor, good organization and infrastructure. And then, the Party created conditions first for copying and mastering Western technologies and later for developing their own advanced technologies. Unlike Bangladesh, they did not let hard-earned dollars to be squandered for upper-class consumption. They spent them for education, research, infrastructure and building up their own industrial might.

With its growing economic power, China was able to do what the Soviet Union was never able to do – to displace the West economically in the Third World, which included most of Asia, Africa and Latin America. With losing its pre-eminent place at the top of the global economic pyramid, America’s foreign debt resumed its growth and has now reached truly unsustainable dimensions.

Similar debt crises have occurred in the UK, Spain, Italy and other countries that piggy-backed onto American neo-colonialism.

This crisis does not depend on the incompetency of Trump or the cleverness of Putin or Xi, it is entirely objective.

For a while after the initial setbacks, the US government continued to pin its hope on the military. After 2001 the Pentagon budget was growing again, starting up new wars all around the world.

However, these wars failed to produce the desired economic benefits. Quite the opposite. Gradually, American generals began to realize the limits of American military power. They realized that they cannot fight Russia and China under realistic scenarios. We have no space here for a more detailed analysis of this interesting and important question.

We found only one work that attempts to quantify the “real” GDP of Western countries – one that takes into account the massive foreign trade deficit. The Awara Study on Real GDP Growth Net-of-Debt concluded that:

“The real, debt-adjusted, GDP growth of Western countries has been in negative territory for years. Only by massively loading up debt have they been able to hide the true picture and delay the onset of an inevitable collapse of their respective economies. The study shows that the real GDP of those countries hides hefty losses after netting the debt figures, which gives the Real-GDP-net-of-debt.”

This study claims that from 2009 through 2013, the real GDP-net-of-debt decreased approximately 45% in the US and the UK; it dropped in Spain by 55%, Italy by 35%, and France by 30% and Germany by 18%. Though we do not consider these numbers precise, we think they reflect the reality pretty accurately.

Even though the West is already feeling a pinch, it is still very difficult for the majority of Westerners to recognize the coming crisis.

They may be reluctant to admit they were ever the beneficiaries of brutal colonial thievery, or that the free ride has come to an end. They short-sighted focus on blaming China for taking their industrial jobs, never doubting for a moment their right to cheap Chinese products. They still fail to understand that when Western jobs come back, the goods currently being manufactured in China by cheap labor will become unaffordable to most Westerners.

Why would they do it?

Assume, as we have shown above, the ruling plutocrats have the ability to organize a fake worldwide pandemic. Why would they want to do such a thing? How would they profit? Let's look at possible motives.

Nothing is new under the moon, and the regime in Washington has a history of using fabricated crises to achieve their goals. According to H.L. Mencken:

“The whole aim of practical politics is to keep the populace alarmed (and hence clamorous to be led to safety) by menacing it with an endless series of hobgoblins, all of them imaginary.”

One reason for a “pandemic” might be to extract benefits from the widespread economic disruption resulting from lockdowns. It is quite likely that the big companies will be able to swallow up their smaller competitors, who were often forced to close their doors by the local authorities.

US administrators and those of the European Union announced huge Covid19 relief measures to the tune of many hundreds of billions of dollars and euros respectively. Who will profit from this windfall? Most likely some well-connected big players. Business Insider magazine reported in June 2020 that *“American billionaires are now nearly 20% richer than they were at the start of the coronavirus pandemic, according to a new report by the Institute for Policy Studies.”*

Pharmaceutical companies will be certainly interested in vaccination profits. But are they powerful enough to pull the whole show? Not likely.

Atomization of society, breaking up community solidarity, eroding all non-monetary connections between people, destroying family relations and weakening blood ties, is a long-standing plutocratic project. Now, using this fake pandemic, the plutocrats have gone even further, now they train us to see each other not as friend, not as brother, not even as a source of profit, but mainly as a source of mortal infection.

This message is conveyed not only verbally through the mass media; we are physically compelled to keep our distance, shamed into refusing our neighbor's handshake, and threatened with fines for being seen without a mask. The physical aspect of social engineering is more effective than simple verbal brainwashing and it makes the social changes more permanent.

Physical restraint creates social habits that will be difficult to break in the future. While all the above reasons may be valid, the main reason in our opinion is the impending crisis of the West described above. The paradigm of Western society is based upon ever-growing consumption. Westerners do not understand that it is possible to live with less and be happy.

One can expect that the coming drastic fall in consumption will result in the permanent breakdown of Western society. We are already seeing widespread rioting in American cities. With the widely accepted cover story of the "global pandemic", ruling plutocrats intend to cover up their past failures and continue ruling under an artificially created state of emergency.

Conclusion

This analysis of the current Covid-19 "pandemic", If indeed deliberately planned it could be considered a crime against humanity. Even more ominously, there are indications that global lockdown is only the first taste of what eventually might be a semi-permanent state of emergency rule.

Bill Gates himself, on June 23 in a video currently featured on the US Chamber of Commerce Foundation website, openly promised us that there is going to be a "next one", and – "That one, I say, will get attention this time."

One of the most important considerations in investigating a suspected crime is finding a motive. Cui bono – who benefits? What is described in this scam provides a possible motive for the events and showed that the suspects possess instruments that make fabricating a global "pandemic" possible.

My analysis, for what it is worth, and as thorough I have tried to be, does not bode well for the future of the planet and humanity. My strength, confidence, assurance really relies on what I believe relative to the Biblical narrative; and I have not changed my view that God will deliver those of us who trust completely in the Lord Jesus Christ. As bleak

as events are and all the issues people are facing, it is my personal view that God will perform another “Exodus” event as was done at the shores of Yom Suph on the Red Sea!. Throughout Scripture, what God does once in the Old Testament, it is repeated a second time in the New Testament, “thematically”. Events are distributed throughout the Bible in such a way to demonstrate for His creation. It is darkest just before day break on a moonless night. I learned that years ago in the Army, and so we “occupy until He comes” and remain courageous in the interim until our deliverance. Those of you who have read Revelation know who wins in the end!

The next segment of this series will focus on how 5G and the Covid-19 actually operates and how the evil forces muddied the waters deliberately to confuse and distract those seeking answers and solutions. It is brilliant nonetheless, although diabolic, it is brilliant nonetheless.

Do Not Take a Vaccine or Submit to a Fake Test to Determine Whether One Has a Virus!

Share This!

“My people are destroyed for lack of knowledge: because thou hast rejected knowledge, I will also reject thee, that thou shalt be no priest to me: seeing thou hast forgotten the law of thy God, I will also forget thy children.” –(Hosea 4:6)

The words of the 8th century B.C. prophet Hosea are going to have global significance by the events that will take place in the next twelve weeks

3% of the population will pay attention, 7% will give passing consideration, but 90% will disregard the warning about the things that are coming within the next twelve weeks shared in this article.

Blessings,

Pastor Bob, EvanTeachr@aol.com
www.pastorbobreid.com

P.S.: If you are interested in subsequent segments of this series, send your e-mail address to me at my e-mail address. They will be posted as quickly as I edit them on my web page above. Internet censors have blocked me in the past and do so on critical topics they do not want widely known.

