Covid is the Culling of Old People

Remove the 'Cu' and replace it with a 'Ki'

In one of the first articles I wrote about the Coronavirus, probably back in early April, maybe late April, 2020, I said Covid-19 was all about getting rid of us old people. I was watching closely the story of the 'Diamond Princess' cruise ship at sea and no one would allow the ship to dock.

Definition for the word "Cull"
- reduce the population of (a wild animal) by selective slaughter
- send (an inferior or surplus animal on a farm) to be slaughtered.
- pick (flowers or fruit).

A brother in Christ sent me this quote this morning by Pastor John MacArthur:
"The pastor noted his congregations of 6,000-7,000 people have been gatherings "Sunday after Sunday" for months with *"no one ill, no one in the hospital, and no one dies." "We're like a living illustration of the narrative of COVID being a lie,"* he said.

(Natural News) The biggest public health threat facing America today is not the Wuhan coronavirus (Covid-19), according to Anthony Fauci. It is Americans who are planning to refuse Big Pharma's fast-approaching experimental Covid-19 vaccines.

Speaking to *The New York Times* in a recent interview, Fauci whined about the fact that tens of millions of Americans are still not buying what he is trying to sell them, no matter how many times he attempts to peddle it. [That is because Fauci is a lying Jesuit Coadjutor carrying out his Pied Piper role as a Judas goat!. He has not proved any of his premises.]

There are actually people out there, much to Fauci's surprise, who "don't think that this is a problem" – "this" being the *plandemic*. The endless fearmongering is apparently not producing the desired outcome, though Fauci is apparently going to keep trying.

"Despite a quarter million deaths, despite more than 11 million infections, despite 150,000 new infections a day, they don't believe it's real," Fauci pouted. *"That is a real problem."*

Poor Fauci. It must be really tough to come to the stark realization that you are totally and completely irrelevant – a nobody who thinks he is somebody, and the laughingstock of the nation.

Save for those with an extreme case of Stockholm syndrome, no rational, critically thinking person cares one iota about what Fauci has to say. And yet he keeps on saying it as though his opinions matter.

Fauci is about as legitimate as those Nigerian princes who used to send us all emails asking for our bank routing numbers so they could deposit a secret African inheritance. In other words, Fauci is nothing more than a scam artist pretending to be a public health expert.

Fauci says get your Covid-19 jab or you're not a real American

As for the rapacious push to unleash Covid-19 vaccines at warp speed, Fauci claims that this is perfectly normal and in-line with the nature of messenger RNA (mRNA) technology, which he claims made it simple to produce the jabs in a matter of months.

For a little scientific background on mRNA technology, check out this article.

The Big Pharma companies that have developed mRNA vaccines for Covid-19 have done their due diligence, Fauci insists, and Americans should not even think twice about taking the jabs.

"By the time you get the FDA deeming that this is a safe and efficacious vaccine, you've had an independent and transparent process decide," Fauci added during his screed.

"We've got to keep hammering that home because for the group of people who are concerned about the process, the process is sound."

It is certainly our intention to keep *"hammering"* home the truth about these vaccines, which is that they do not work and are not safe, period. There is no legitimate scientific evidence to back them, and only empty promises coming from vaccine companies that are focused solely on profits.

Anyone who believes otherwise has his head deeply buried in the sands of cognitive dissonance because the truth is out there for those who are interested in it. Those who are not will be the ones lining right up to get the Trump-Fauci jabs once they are ready to be "powerfully distributed" by the military at warp speed.

"The solely theoretical concept / computer model of 'herd immunity' was invented by those folks to find the justification for vaccinating people not at risk of a pathogen or disease," wrote one *Zero Hedge* commenter, noting that the very bedrock of the Religion of Vaccines is fatally flawed.

"If you don't get the jab then you are a grandma-murdering, asymptomatic super-spreader," wrote another, speculating about the type of propaganda we can all expect once the jabs are released. "See how that works?"

To keep up with the latest WuFlu news, visit Pandemic.news.

Now if Fauci's attack on your patriotism is not enough to tick us off, the corrupt drug maker Pfizer now is demanding FDA approval of its experimental vaccine.

Natural News) After declaring its own experimental Wuhan coronavirus (Covid-19) vaccine to be "safe," "effective," and ready to go, drug giant Pfizer is now planning to file for emergency use authorization from the U.S. Food and Drug Administration (FDA).

In a press release, Pfizer and its German partner BioNTech indicated plans to immediately petition the FDA for fast-tracked approval of its BNT162b2 jab which, if granted, would "potentially enable use of the vaccine in high-risk populations in the U.S. by the middle to end of December 2020."

With an alleged 95 percent effectiveness rate and "no serious safety concerns," according to Pfizer, BNT162b2 could be rolled out on a mass scale in a matter of weeks. This would mean that tens of thousands of Americans would get vaccinated just in time for Christmas.

"Filing in the U.S. represents a critical milestone in our journey to deliver a Covid-19 vaccine to the world and we now have a more complete picture of both the efficacy and safety profile of our vaccine," announced Pfizer CEO Albert Bourla in a statement.

Pfizer also seeking emergency approval in the U.K., Canada, Australia, Japan, and much of Europe

To maximize their market share in a race against Modern, which is also seeking emergency approval for its "safe and effective" Wuhan coronavirus (Covid-19) vaccine, Pfizer and BioNTech are likewise pushing to get their jab into foreign countries.

The United Kingdom, Australia, Canada, Japan, and a bunch of European countries are all on Pfizer's wish list, the goal being to saturate the world in Pfizer Covid-19 vaccines before Moderna beats it to the punch.

"Over the last two weeks, we've seen just unprecedented historic news about vaccines, two vaccines, each with 95 percent efficacy, rivaling the 98 percent efficacy of our measles vaccine," announced Trump's White House Coronavirus Task Force head Alex Azar.

Moderna's vaccine is actually only 90 percent effective, supposedly, but who really cares about data accuracy when we have emergency vaccines to get approved at warp speed?

Meanwhile, Anthony Fauci of the National Institute of Allergy and Infectious Diseases (NIAID) could not be more thrilled at the news. Fauci insists that this warp speed endeavor did not cut any corners, and that the vaccines will all be perfectly safe and effective, for sure.

"The process of the speed did not compromise at all safety, nor did it compromise scientific integrity," the elf-like authority declared.

"It was a reflection of the extraordinary scientific advances in these types of vaccines, which allowed us to do things in months that actually took years before."

Fauci says Big Pharma's vaccine rush is an "independent" endeavor

Fauci, who is financially invested in the novel antiviral drug remdesivir, further claimed that Operation Warp Speed and the push to manufacture and release Covid-19 vaccines as fast as possible has nothing to do with catering to special interests.

Fauci insists that the program is made up of an *"independent body of people who have no allegiance to anyone, not to the administration, not to me, not to the companies, that looked at the data and deemed it to be sound."*

Frustrated that millions of Americans are asking questions about what quite clearly is a sham endeavor, Fauci snapped that people need to *"put to rest any concept that this was rushed in an inappropriate way"* because the science, he claims, *"is really solid."*

Both the Pfizer and Moderna vaccines are made from messenger RNA (mRNA) technology, which involves reprogramming human DNA to supposedly produce a synthetic immune response to the novel virus.

Other drug companies ramping up to release their own Covid-19 vaccines include AstraZeneca, which is working with the *University of Oxford*, and Johnson & Johnson.
More of the latest news about the Wuhan coronavirus (Covid-19) can be found at Pandemic.news.

If the coronavirus vaccine is so "effective" … why are public health experts trying to convince us we'll need two shots for it to work? Since vaccines were first mentioned when the alleged virus was first mention, we have been hearing over and over that we will need two shots and it might be needed on a yearly basis, my attention began to see concern. Bill and Melinda Gates morning appearances on news programs beat that drum as well. Sounded like propaganda as the months have passed.

It's "95% effective," big pharma bigwig Moderna claims. Never mind that there's no proof that the vaccine will actually provide long-term immunity. Never mind that, according to one official from the Yale Institute for Global Health, many people will likely require more than one dose.

Multiple doses, multiple rounds of known and anticipated side effects: fatigue, fever, muscle pain, and flu-like symptoms that can last for days – and that doesn't even include the potential for serious effects that have already occurred in trials, including a life-altering condition called transverse myelitis.

Let's not let mainstream media pull the wool over our eyes on this one. After all, there are plenty of other vaccines causing death and destruction to innocent victims to this very day. Just look at South Korea:

According to the CDC, nearly 60 South Koreans have died as of October 2020 after receiving the annual flu shot in their country. Of course, the Korea Disease Control and Prevention Agency (KDCPA) claims there is no proven link between the flu vaccine and these deaths upon autopsy examination … meanwhile, the KDCPA has not suspended its flu vaccination program.

You likely won't hear about these concerning correlations in the media. Stay tuned and stay vigilant for more COVID-19 vaccine news as it continues to play out. And, of course, do everything you can to keep your immune system healthy and strong – naturally.

Facts the Media & Govt Are NOT Telling You About COVID19
Published on November 23, 2020
Written by Ross Clark

In the UK, despite the fearmongering, the number of Covid-19 deaths is significantly lower than the peak back in April. Latest ONS estimate shows that in the week ending November 14, new infections were already levelling off.

With the nation's health at stake, it was revealed this week that GCHQ has embedded a team in Downing Street to provide Boris Johnson with real-time updates to combat the 'emerging and changing threat' posed by Covid-19.

The intelligence analysts will sift through vast amounts of data to ensure the Prime Minister has the most up-to-date information on the spread of the virus. But what exactly should Mr. Johnson be looking for? Here, ROSS CLARK reveals what he should be asking…

How accurate were the Government's grim predictions?

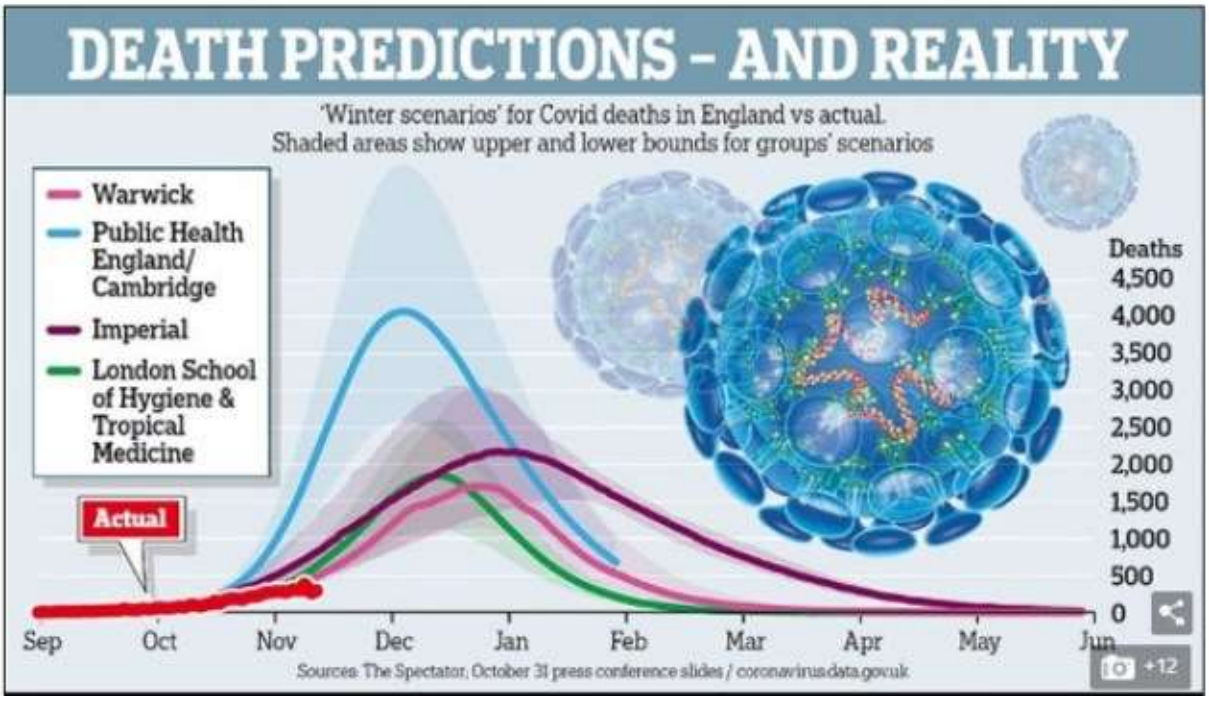
The short answer is: not very. In a July report commissioned by Chief Scientific Adviser Sir Patrick Vallance, scientists estimated that there could be 119,000 deaths if a second spike coincided with a peak of winter flu. Yesterday, that figure stood at 54,286 – less than half that.

In fact, the second peak seems to have passed – over the past week there has been an average of 22,287 new infections a day, down from 24,430 the week before.

In mid-September, Sir Patrick made the terrifying claim that the UK could see 50,000 new coronavirus cases a day by mid-October unless more draconian restrictions were introduced. Yet we have never got near that figure.

What about its prophecies on deaths?

Ditto. Its warnings simply don't bear any relation to reality.
During the 'Halloween horror show' press conference used by Sir Patrick and Chief Medical Officer Professor Chris Whitty to scare the Government into implementing a second lockdown, one of their slides suggested that daily Covid-19 deaths could reach 4,000 a day by December.

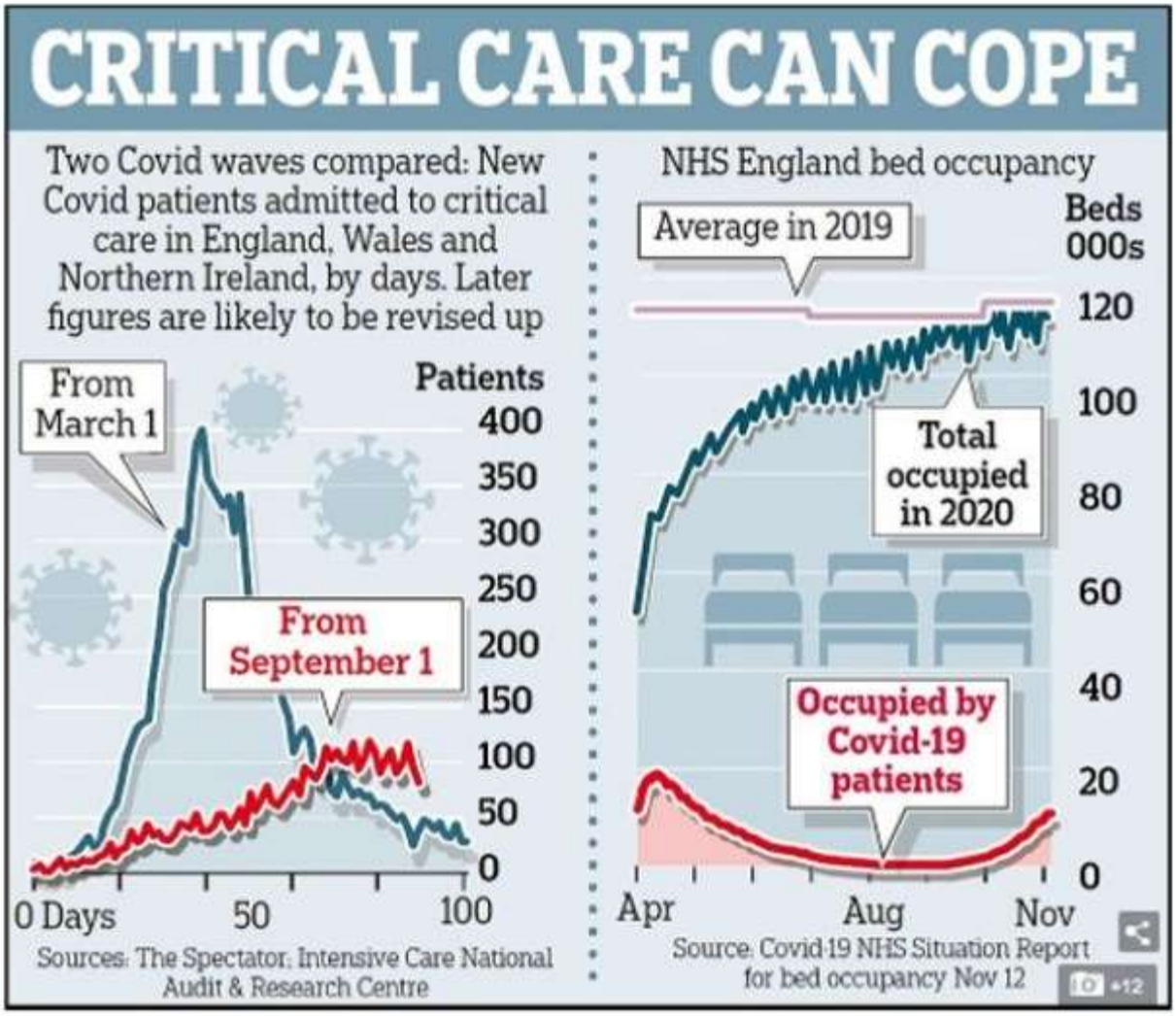


Chief Medical Officer Professor Chris Whitty when the second national lockdown was announced, had shown a slide predicting up to 4,000 deaths a day by December. But with ten days to go, we're still at less than 15 per cent of that figure.

With ten days to go, we're still at less than 15 per cent of that figure. In fact, as the graph above shows, the current death rate is significantly below almost every modelled winter scenario.

Are hospitals close to full capacity?
The answer is 'no' – contrary to what the Government experts would have you think after they last month published a chart that gave the impression that hospitals were close to overflowing, when at least half didn't have a single Covid-19 patient.

Currently, only 13 per cent of NHS beds are occupied by patients with Covid-19. On Monday this week, 16,271 hospitals beds across the UK were taken up with patients who had tested positive for Covid-19.



On Monday this week, 16,271 hospitals beds across the UK were taken up with patients who had tested positive for Covid-19, a steady rise from last Monday, when there were 14,279 Covid patients.

Remarkably, the number of NHS England beds currently occupied is lower than last year's average

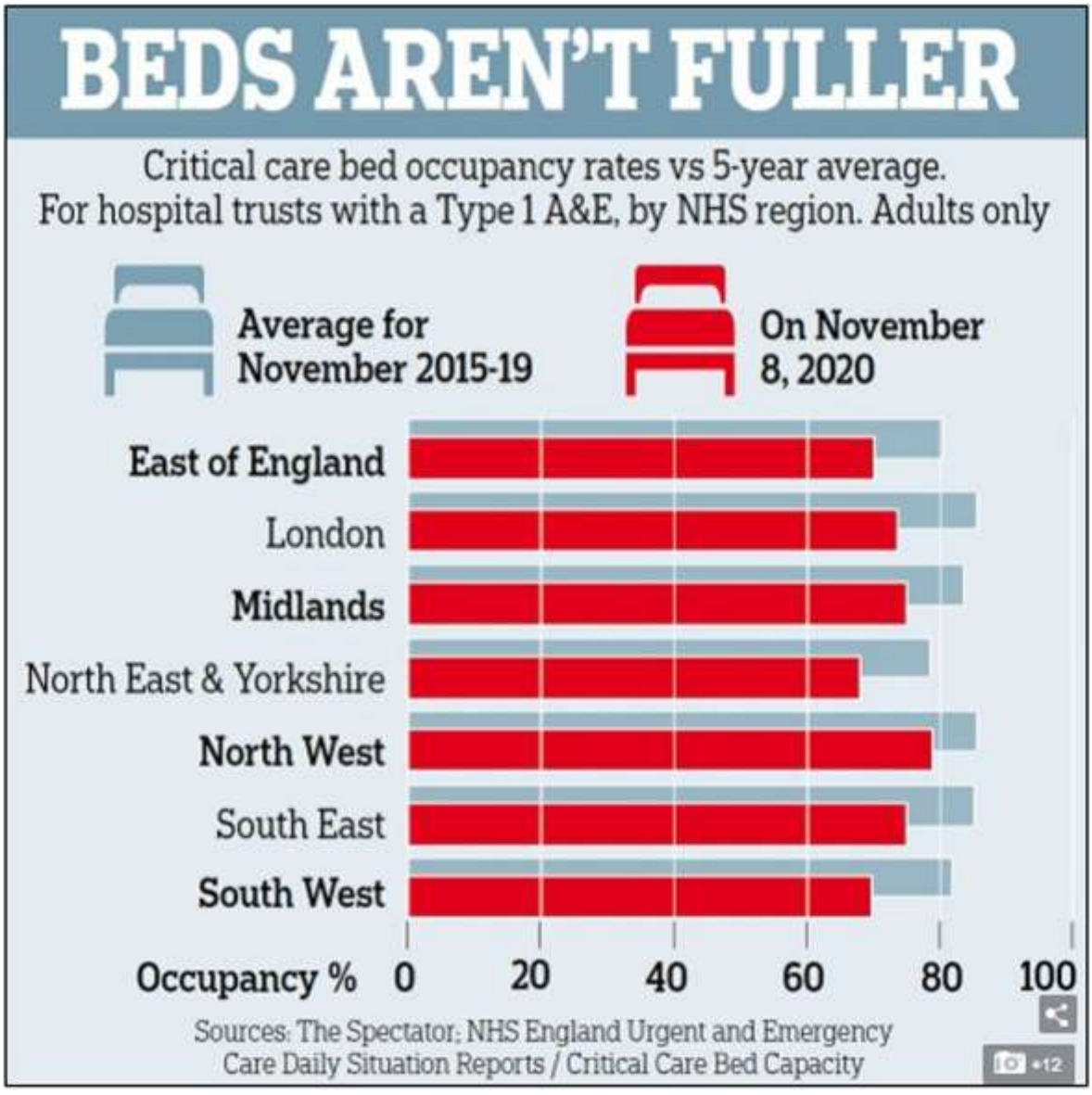
This did show a steady rise from the previous Monday, when there were 14,279 patients with Covid. But to put this figure into perspective, the NHS in England had 101,255 general and acute beds available in March of this year plus 15,392 in Scotland and 10,563 in Wales.

How does it compare with last year?

Remarkably, as the graph shows, the number of NHS England beds currently occupied is lower than last year's average.

On November 5, the most recent date available, there were actually 1,293 fewer patients in hospital beds than last year's November average.

Surely intensive care beds are full?
Some hospitals are under pressure but that is not the picture everywhere as the chart above shows. On Wednesday, 1,430 people with Covid-19 were occupying beds with mechanical ventilation.



Despite the fanfare surrounding the construction of the Nightingale hospitals (such as Sunderland's, pictured on its opening day in May) they were never more than 1.23 per cent full.

Given that before the crisis there were 4,119 intensive care beds in England plus 269 in Scotland and 153 in Wales, roughly only 31 per cent of ICU beds – not including those

which have been recently converted from normal beds – are currently occupied by patients with Covid.

In fact, on November 8, the number of occupied critical beds was actually lower than five-year average for 2015-19.

Even at the height of the first wave in the spring, the percentage of mechanical ventilation beds in existing NHS hospitals that were used never exceeded 62 per cent, according to a study by University College London.

But wasn't that because of the Nightingale hospitals?

Not at all. In fact, despite all the fanfare surrounding the Nightingale hospitals' rapid construction, they were never more than 1.23 per cent full.

Moreover, doctors are now far better prepared to treat Covid-19, such as knowing when and when not to put patients on ventilators.

So who is Covid-19 killing?

To put it simply, the victims are overwhelmingly the elderly and those with pre-existing conditions.

Of the 37,470 Covid-19 deaths recorded by NHS England up to November 18, 53.7 percent were of people aged over 80.

In comparison, there have been just 275 deaths (only 0.7 per cent of the total) in people under 40. And crucially, those who have died from Covid-19 are overwhelmingly likely to have suffered from a pre-existing condition.

Of those who have died from coronavirus, 35,806 people (95.6 per cent of the total) had at least one pre-existing serious medical condition. In fact, there have been just 42 deaths of people aged under 40 without a pre-existing condition.

What count as pre-existing conditions?

While there has been lots of discussion about how a person's lifestyle – their weight or general respiratory condition, for example – makes them more vulnerable to Covid-19, the truth is that those who die with pre-existing conditions tend to be suffering from serious, debilitating diseases.

Some 27 per cent of them had diabetes, while 18 per cent had dementia – both of which render a person extremely vulnerable to any viral infection.

Are more dying now than in the first wave?

No. The number of Covid-19 deaths is significantly lower than the peak in April as the graph above shows. On April 21, for example, there were 1,224 Covid-19 deaths, and a daily average for the week of 838. Yesterday, 511 new deaths were reported.

Are more dying now than last year?
Despite what the fear-mongers would have you think, deaths are not far above average for this time of year as the graph above shows.

Yes, in the week to November 6, overall deaths in England and Wales stood at 11,812 – which was 14.3 per cent, or 1,481 deaths higher, than the five-year average.

But that hides the fact that in contrast to the spring, when deaths from non-Covid-19 causes were running above average, non-Covid-19 deaths in recent weeks have actually been running substantially below average.

Surely more elderly people are dying than normal?

It doesn't look like it. According to the latest Office for National Statistics (ONS) figures – for October 2020 – in spite of all the Covid-19 deaths, the average death rate in the over-75s was significantly lower this year than it was last October – 6,901.7 per 100,000 people, compared with 7141.7 for last year.

But isn't the infection rate now going up?

The latest ONS estimate shows that in the week ending November 14, new infections were already levelling off: one in 80 people in England had the disease that week, compared with 1 in 85 the week before.

And it could now be falling: according to research published this week by scientists at Cambridge University – whose data is used by the Government's Sage advisory group – infection rates of Covid-19 have actually stopped growing across England.

The Government's Scientific Advisory Group for Emergencies (SAGE) said the reproduction 'R' rate – the average number of people each Covid-19 patient passes the disease to – had fallen slightly to a maximum of 1.1, from a maximum of 1.2 last week, and could be as low as 1.0 or lower in every region of Britain.

Indeed, they claim, the R rate – the average number of people infected by somebody with the virus – has fallen to one. If the figure is below one, the epidemic subsides; above one and it grows; and if it is one, infection rates stay the same.

Couldn't that just be an anomaly?

Actually, that figure for the R rate tallies with a number of other studies.
The Government's latest estimate – derived from Imperial College London's REACT study, which has been swabbing tens of thousands of people every week – is that the R number for England as a whole is currently between 1 and 1.2.

Meanwhile, the Covid-19 Symptom Study run by King's College London, even puts the R number at 0.9 – the lowest it has been since August.

Whatever the truth, data released by the ONS yesterday confirmed that infection rates are levelling off in England and Scotland. We find that what the UK is really reporting that the people dying of Covid-19 are the elderly. Ten months into this alleged virus, we see the evidence piling up and pointing at the elderly being culled or killed by the virus.

The other day Jon Rappoport posted an article that resonated with my original reaction about the Coronavirus being of little consequence for most people under the age of 60. In my series on **"Depopulation #1 Global Issue Since 1968"** evidence over the years since 1968 implies there is a concerted effort to eliminate the elderly because of their drain on the national treasury for health care, pensions, and the social costs. The U.S. has unfunded liabilities that neighbor in the range of $200 to $220 trillion, not billions, but trillions. Public and private pension funds, and their lack of funded liabilities is a major concern for government. The Social Security Administration has said that the Social Security is funded through 2032, but hedge on speculation beyond that date. This might not have been a problem had the country not legalized abortion and removed from the picture the 65-million babies through legalized murder, excuse me – abortion!

I realize that most of those under sixty do not know their history but I reiterate my point that the global elite have been dealing with this issue before most of you were out of Pampers. The world leaders long ago were getting concerned about too many of us threatening their lives and lifestyles. That is the central theme of *'Silent Weapons for Quiet Wars'.* The simple facts suggest that a quiet war has been ongoing since the years following the Vietnam War.

We cannot ignore the evidence that the alleged Coronavirus is a globalist bioweapon: The patent page for coronavirus explains that it "may be used as a vaccine for treating and/or preventing a disease, such as infectious bronchitis, in a subject," suggesting that

this is just another **weaponized viral strain designed to sell more useless, deadly vaccines, while at the same time killing off a few thousand, or perhaps a few *million*, people.**

A close look at the patent page also shows that the Pirbright Institute owns all sorts of other virus patents, including one for African swine fever virus, which is listed as a "vaccine." I showed the Pirbright Institute U.S. Patent six months ago and so it was evident back as early as May of 2020 that this was a bioweapon, and the means by which it was reported in Chinese media, individual cell phone footage, and the remarks by Secretary of State Mike Pompeo in March, it was further confirmation that this alleged virus was a "depopulation" weapon to kill as many people as possible, and yet the growing evidence is that it was intended to cull or could we say "kill" people.

Does it come as a surprise that Bill Gates is a Pirbright Institute financial backer, as he is for Dr. Anthony Fauci, seeing as how he's one of the most aggressive, vaccine-pushing "philanthropists" on the planet? The Coronavirus was patented in August, 2017 – Patent US2017/0216427. What is noteworthy is that the patent was applied for two years earlier on July 21, 2015. And there is another patent for Coronavirus, isolated from humans — Patent US7220852B1 – CORONAVIRUS a.k.a. SARS. The patent was granted to the CDC and the "inventors" are all American. How is it that two patents exist and yet from the get-go we were told this was a novel virus, unusual or in their terms: "A "novel" coronavirus (nCoV) is a new strain that has not been previously identified in humans. COVID-19's animal-to-person spread was suspected after the initial outbreak among people who had a link to a large seafood and live animal market. Because it's so new, very little is known about how this coronavirus acts." IT WAS ALL A CON JOB ON THE PUBLIC. The only thing novel about it is the name. It is as common as the common cold. WAKE UP FOLKS!

The following is from a recent post of Jon Rappoport, entitled: ***"Soylent Green is people; COVID-19 is old people"***, posted on November 23rd, 2020.

"I've never been a big fan of depopulation. It doesn't make me sit up and think, this is the way to go. I assume you aren't in favor of it, either. Most people don't like it.

Even anarchists can see a plan to wipe out large numbers of people might come around and tap them on the shoulder. Self-absorbed nihilists with no moral compass whatsoever do retain an urge to survive.

(Bill Gates and Rockefeller technocrats don't count. They aren't anarchists. They want to build on the ashes of what they destroy.)

There are slippery ways to talk about depopulation. There are ways to make it sound "humane."

A new member of Biden's coronavirus task force is Dr. Zeke Emanuel. In the past, Zeke has stated there is no reason people should want to live beyond the age of 75. Just go gently into that good night.

This prompted me to retrieve several articles I wrote this past spring. Because, you see, COVID is old people.

Following Zeke's formula, the best treatment would be no remedy at all. Just stack up the bodies.

My first clue, months ago, about the elderly, came from a report published by Italy's National Institute of Health. It stated that the average age of people dying from COVID in the country was 79.5. That clue was the size of an aircraft carrier parked outside your house.

Soon after the Italian report, the Institute of Health went dark. No more research was released. No updates. They'd spoken out of school, and someone slapped them in the head.

Other revelations followed. Here are excerpts from articles I wrote between April and June:

In the 1973 film, 'Soylent Green', a NY police detective discovers that the vastly overcrowded, poverty–stricken population of the city—who are being sustained on processed government food, called Soylent—are now eating humans who have died. That's what Soylent Green is made of.

Open-source press reports reveal the "excess mortality" of 2020 is largely the result of elderly people dying in nursing homes.

This has nothing to do with a virus.

It has to do with patients who are ALREADY on a long downward health slide—then hit with the terror of an arbitrary and fake COVID-19 diagnosis, and then isolated and shut off from family and friends—in facilities where gross neglect and indifference are all too often the "standard of care."

Death is the direct result. Forced premature death.

The managers of pandemic information tell the big lie. They spin tales about "the virus" having a greater impact on the elderly.

No, the STORY about a virus has the impact. The terror has the deadly impact. The isolation has the deadly impact.

To an astounding extent, COVID-19 is a NURSING HOME DISASTER.

Mass murder by cruelty.

Memo to financial investigators: Calculate how much money government and private insurers are saving, because they don't have to keep paying for the long-term care of all the old people who are dying premature deaths in nursing homes. The money number will be staggering.

Tony Fauci knows the con. He knows COVID-19 is old people. But he's busy giving advice to the NFL and Major League Baseball about how to play their seasons, while people are dying from the fear he promotes. Fauci has no shred of shame. He's a mouthpiece turned out by Bill Gates and David Rockefeller.

Evil permeates the COVID operation. The elderly in nursing homes are the primary target. Getting them to die earlier is the tactic, in order to pump up the fake COVID mortality numbers.

Without those phony numbers, the whole "pandemic" would be exposed in an hour.

I've said there were two key events in the foisting of the whole vicious COVID fiction—the Chinese regime locking down 50 million citizens overnight for no good medical reason, giving the green light to the World Health Organization and the CDC to "follow the new model"; and the Bill Gates-financed computer projection of deaths, put together by Neil Ferguson, who lied through his teeth when he claimed half a million people could die in the UK and two million in the US—thus supplying the final "rationale" for the lockdowns.

The third key event was and is the sustained attack on the elderly.

Kill these people with terror and isolation, and make the death numbers escalate.

As of May 22, Forbes reports that, "…in the 43 states that currently report such figures, an astounding 42% of all COVID-19 deaths have taken place in nursing homes and assisted living facilities."

Washington Post, May 18: "The World Health Organization said half of Europe's covid-19 deaths occurred in such facilities."

Headline of same Post article: "Canada's nursing home crisis: 81 percent of coronavirus deaths [in the country] are in long-term care facilities."

The Guardian, May 16: "About 90% of the 3,700 people who have died from coronavirus in Sweden were over 70, and half were living in care homes, according to a study from Sweden's National Board of Health and Welfare at the end of April."

"Spain—The country was shocked at the end of March when the defence minister revealed that soldiers drafted in to disinfect residential homes had found some elderly people abandoned and dead in their beds."

"…the regional governments of Madrid and Catalonia have been publishing their own figures on people who have died in care homes from the virus, or while exhibiting symptoms consistent with it." [AKA, absurd eyeball diagnosis]

"In Madrid, the total for Covid, or suspected Covid, deaths since 8 March stood at 5,886 on Thursday. In Catalonia, it was 3,375. Between them, care home deaths in the two regions account for more than a third of all the coronavirus deaths in the country."

And there was a great deal of early warning on the subject, if anyone from public health agencies wanted to pay attention—The Guardian, 13 April: "About half of all Covid-19 deaths appear to be happening in care homes in some European countries…Snapshot data from varying official sources shows that in Italy, Spain, France, Ireland and Belgium between 42% and 57% of deaths from the virus have been happening in homes, according to the report by academics based at the London School of Economics (LSE)."

These nursing home figures only give a partial picture. Consider the HUGE NUMBER of elderly, already-ill people who are basically in the same situation AT HOME—terrified by COVID propaganda, locked down, isolated; and then die—and also those who manage to make it to a hospital, where they are put on breathing ventilators, heavily sedated, and killed.

The Hill, undated (late April 2020), reporting on "data…gathered at Northwell Health, New York state's largest hospital system. The study, published in the Journal of the American Medical Association (JAMA) examines 5,700 patients hospitalized with coronavirus infections in the New York City region, with final outcomes recorded for 2,634 patients. The average patient age was 63 years old… For the next oldest age group, ages 66 years and older, patients receiving mechanical ventilation recorded a 97.2 percent mortality rate."

And yet the ventilator death-treatment continues.

The New York Times (June 27) is reporting that 43 percent of all US COVID deaths are occurring in nursing homes and other long-term care facilities for the elderly. In at least 24 states, more than 50 percent of all COVID deaths are occurring in these facilities. The Times fails to mention deaths of the elderly at hospitals or, at home, cut off from family and friends. The situation is far worse than the Times makes it out to be.

COVID is old people. Pushed into death.

You see, there are not only slippery ways to talk about depopulation, there are slippery ways to make it happen.

Shocking, you say? I've been saying that for nine months, every day in these pages. It's mass murder.

Behind politicians' and public health officials' oh so caring directives and demands and declarations and pronouncements, it's mass murder.

Imagine YOU were 80 years old. For years you've been suffering from multiple serious health conditions. Doctors have been giving you many toxic drugs, carving up your immune system, weakening your body, affecting your judgement. Along comes a false story about a deadly virus. Every time you turn on the television set, there it is, that fearful story. You're terrified. Maybe the virus will visit you. And then one day, your doctor gives you a test, or simply eyeballs your clinical symptoms, and says yes, you have it. The virus. You're infected. Your terror escalates. Your worst nightmare has come true. And suddenly, you're isolated in your home, alone, or you're locked up in your room in a nursing home, cut off from family and friends. Day after day, week after week. What would you do?

Chances are, you would see no point in living. You would give up and die.

The operation called COVID is old people."

COVID-19 is a recently labeled infectious disease which is presumably caused by a novel coronavirus labeled as SARS-CoV-2. So they say, but prove it!

It is important to note that COVID-19 is not based on any defined and specific symptoms but common and general flu-like potentially treatable with antibiotic regimens However, medical experts and regulatory authorities, in particular FDA, have adopted an official position that illness is because of a viral infection caused by SARS-CoV-2. Being a viral disease led to a policy decision that a vaccine is needed for its treatment that is to be developed.

The pharmaceutical industry has made great efforts in collaboration with the authorities to develop vaccines quickly. There have been media reports that some vaccines are at a late development stage and ready to be submitted to the FDA for marketing approval.

In general, the FDA approves medicinal products (medicines or drugs) under the mandate of evaluating them for safety, efficacy, and quality. These characteristics are generally assessed based on clinical trials. A clinical trial assesses drugs (including therapeutics and vaccines) in humans to demonstrate their efficacy without having any significant safety or toxicity concerns.

For efficacy assessment, a clinical trial's primary goal is to show that a drug is effective (has efficacy) to treat the illness. It means that the clinical trial would require a clearly

defined and measurable efficacy (or disease) endpoint. What would be the endpoint in the case of vaccine development for COVID-19? The answer requires a short explanation.

It is a very well-known fact that, at present, the virus which is presumed to be causing the COVID-19 has never been isolated or positively identified. Therefore it cannot be used as an endpoint, i.e., if something is not shown to exist, how it could be killed or removed. Similarly, as the virus is not identified, it cannot be linked to the illness; hence, its specific symptom cannot be used as an endpoint. So, how could a pertinent clinical trial be conducted?

And this is the fundamental weakness of modern drug development practices under the current regulatory system. As a result, under the current system, authorities and experts collectively develop some agreed-upon arbitrary criteria which could be used to monitor the illness. The success or failure of clinical trials, hence the development of drugs, is usually based on such “accepted” arbitrary criteria.

The development of treatment or vaccine for COVID-19 is following the same path. It appears that the chosen endpoint for the vaccines’ development is the absence of flu-like symptoms supported by PCR tests. Both PCR tests and flu-like symptoms are non-specific and non-quantitative. Therefore, it is unlikely that the suggested endpoints will provide relevant and measurable monitoring of the illness, i.e., COVID-19.

However, authorities/FDA, in collaboration with the pharmaceutical industry, have developed “guidance or standards” for the industry to follow. It must be clear that these guidance’s and standards lack a link to the actual underlying (analytical) science/chemistry because of the reasons mentioned above, but are only the FDA’s suggested “compliance” criteria.

For example, if no flu-like symptoms or negative PCR tests are to be observed in a “vaccine” treated group of volunteers than those of untreated (placebo), then the “vaccine” would be considered efficacious or effective. By way of an analogy, people with no or smaller amount of cash in their wallets would be regarded as low-income workers; in contrast, people with larger money would be viewed as higher-income workers.

Media reports regarding successful vaccine development are based on such criteria, i.e., lower flu-like symptoms and negative PCR test results with vaccine treatment. It could be argued that media reports may be a feeler to get a public reaction, i.e., to see if the public, including medics, to buy into the “developed vaccines” news to proceed with the regulatory approval process.

Considering media reports, although they do quip about the subject to regulatory approval, the industry is expecting and planning for certain and swift regulatory approval. In practical terms, the industry’s assumptions of vaccines’ approval may be

correct and valid because they most likely have done the studies following FDA acceptable guidance and criteria.

The next step still, however, would be submitting the clinical studies data to the FDA for formal approval. It is important to note that FDA and other regulatory authorities, as commonly presumed, usually do not have command in scientific expertise of drug development and manufacturing aspects.

FDA plays a role of a judge, to make a judgment or declaration, without having practical experience of the situation (science) but by listening to the industry and experts (often assumed independent and unbiased). There is a serious misunderstanding about the scientific capability of the authorities to monitor the scientific aspect.

However, to maintain the impression and promotion of its public-safety watchdog status, neutrality, and authority on the subject matter, the FDA occasionally punishes the applicants, including industry, with denial of approvals and/or legal retributions. The authorities protect their authority often with extreme force and persuasive publicity.

Considering this background, let us see the potential outcome scenario of the vaccine approval exercise. From the perspective of meeting the study evaluation and the standards, it is highly unlikely that authorities would have any objection at present. The reasons being: (1) they would have limited, at least internally, expertise to independently and critically evaluate the studies; (2) most likely, the clinical trials would have followed the agreed-upon protocol and endpoints.

However, the safety aspect is usually the primary cause of concern for the authorities, and this is the sledgehammer authorities generally use to maintain and implement their authority. In this regard, developed vaccines may have considerable weakness because of the rush and lack of appropriate (animal and long-term human) studies, i.e., poor safety and toxicity assessment.

Lack of such studies typically would be considered criminal negligence. Approving the vaccine at this stage could be a problematic undertaking of risk on the authorities' side, which authorities would be and should be unwilling to take, in my view. Therefore, authorities may seek some clear and measurable evidence of safety assurance. Also, there is a better understanding now that the virus, and its testing, are not as reliable as previously believed.

It should make the authorities extremely cautious in approving the vaccines for a low-risk illness with the potential of high-risk safety concerns. FDA is or will be in a very tough situation. The way out of this situation would be to resist the approval or delay it by seeking further clarifications and studies.

The delay could be justified with rationales such as; non-specificity of flu-like symptoms as an endpoint; availability of new information on irrelevancy and weakness of the PCR test; non-availability of the actual virus reference standard; lack of appropriate

safety/toxicity monitoring, in particular, long term; significantly low death rate than predicted.

So, to the question, *"Should FDA, and other authorities, approve the SARS-CoV-2/COVID-19 vaccines?"* the answer is a resounding **NO**! It is hoped that the FDA will take this route, avoiding potentially severe detrimental impact on its credibility as a science-based regulatory authority.

On the other hand, as a side note, there is an urgent need to audit scientific expertise and capacity at the authorities, including the FDA, for drug approval practices. It is quite clear that isolation and identification of the virus and the associated disease have not been handled in a scientifically valid manner, which has led to the false declaration of the pandemic.

Arguably, there appears to be no need, at least on an urgent basis, for developing a vaccine or any other new therapies for the illness showing mild flu-like symptoms, which could be handled with already developed and available medications. Clinical trials have been conducted without scientifically valid study designs based on vague endpoints, and invalid analytical (PCR) tests that ought to produce useless conclusions and products.

The bottom line and I have been saying this since late December, 2019 and January, 2020, the "novel" virus is not new or "novel", it is part of a family of pathogens the various agencies have used to create vaccines of which you have not the slightest proof of efficacy, but rather are intended to "depopulate" or "cull" the population through fraud, fakery, and poisons. If you are 65 or older you have a bullseye on your back!

Blessings,

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