Mycoplasma

The Pathogen That Will Kill You without Your Knowledge!

Part 2

Nine COVID Facts: A Pandemic of Fearmongering and Ignorance

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Global Research, October 30, 2020

Ever since the alleged pandemic erupted this past March the mainstream media has spewed a non-stop stream of misinformation that appears to be laser focused on generating maximum fear among the citizenry. But the facts and the science simply don't support the grave picture painted of a deadly virus sweeping the land.

Yes we do have a pandemic, but it's a pandemic of ginned up pseudo-science masquerading as unbiased fact. Here are nine facts backed up with data, in many cases from the CDC itself that paints a very different picture from the fear and dread being relentlessly drummed into the brains of unsuspecting citizens.

1) **The PCR test is practically useless**

According to an article in the New York Times August 29th 2020 testing for the Covid-19 virus using the popular PCR method results in up to 90% of those tested showing positive results that are grossly misleading.

Officials in Massachusetts, New York and Nevada compiled testing data that revealed the PCR test can NOT determine the amount of virus in a sample. (viral load) The amount of virus in up to 90% of positive results turned out to be so miniscule that the patient was asymptomatic and posed no threat to others. So the positive Covid-19 tests are virtually meaningless.

2) **A positive test is NOT a CASE**

For some reason every positive Covid-19 test is immediately designated a CASE. As we saw in #1 above up to 90% of positive Covid-19 tests result in miniscule amounts of virus that do not sicken the subject. Historically only patients who demonstrated actual symptoms of an illness were considered a case. Publishing positive test results as "CASES" is grossly misleading and needlessly alarming.

3) **The Centers for Disease Control dramatically lowered the Covid-19 Death Count**

On August 30th the CDC released new data that showed only 6% of the deaths previously attributed to Covid-19 were due exclusively to the virus. The vast majority,

94%, may have had exposure to Covid-19 but also had preexisting illnesses like heart disease, obesity, hypertension, cancer and various respiratory illnesses. While they died with Covid-19 they did NOT die exclusively from Covid-19. In fact, in New York City, most of those sent to nursing homes had DNR on their beds, DNR means "do not resuscitate." They were terminal cases before the outbreak.

4) **CDC reports Covid-19 Survival Rate over 99%**
The "Second Wave": Politics Influences the "Science" of COVID-19. Flawed Data, Flawed Models
The CDC updated their "Current Best Estimate" for Covid-19 survival on September 10th showing that over 99% of people exposed to the virus survived. Another way to say this is that less than 1% of the exposures are potentially life threatening. According to the CDC the vast majority of deaths attributed to Covid-19 were concentrated in the population over age 70, close to normal life expectancy.

5) **CDC reveals 85% of Positive Covid cases wore face masks Always or Often**
In September of 2020 the CDC released the results of a study conducted in July where they discovered that 85% of the positive Covid test subjects reported wearing a cloth face mask always or often for two weeks prior to testing positive. The majority, 71% of the test subjects reported always wearing a cloth face mask and 14% reported often wearing a cloth face mask. The only rational conclusion from this study is that cloth face masks offer little if any protection from Covid-19 infection.

6) **There are inexpensive, proven therapies for Covid-19**
Harvey Risch, MD, PhD heads the Yale University School of Epidemiology. He authored *"The Key to Defeating Covid-19 Already Exists. We Need to Start Using It* "which was published in *'Newsweek'* Magazine July 23rd, 2020. Dr. Risch documents the proven effectiveness of treating patients diagnosed with Covid-19 using a combination of Hydroxychloroquine, an antibiotic like azithromycin and the nutritional supplement zinc. Medical Doctors across the globe have reported very positive results using this protocol particularly for early stage Covid patients.

7) **The US Death Rate is NOT spiking**
If Covid-19 was the lethal killer it's made out to be one would reasonably expect to see a significant spike in the number of deaths reported. But that hasn't happened.

According to the CDC as of early May 2020 the total number of deaths in the US was 944,251 from January 1 – April 30th. This is actually slightly lower than the number of deaths during the same period in 2017 when 946,067 total deaths were reported. The single highest death rate for a single day was April 15th, which was less than one death per county in the U.S. Claims of record deaths are grossly exaggerated and distorted still. December figures are still less than one death per county. There are 3,143 counties in the U.S. and official figures for December, 2020 were between 1,800 and 2,200. For example, government data for December 6th, 2020, 2,254 deaths were recorded as being from Covid-19, if we can believe their reporting. If they are correct, this number is far short of a pandemic. The U.S. has a population of 327 million, and if

the death rate was just 1%, we would have 3,270,000 deaths. So the facts refute the claims that this is a pandemic. It's more like a plan-demic!

8) **Most Covid-19 Deaths Occur at the End of a normal Lifespan**
According to the CDC as of 2017 US males can expect a normal lifespan of 76.1 years and females 81.1 years. A little over 80% of the suspected Covid-19 deaths have occurred in people over age 65. According to a June 28th New York Post article almost half of all Covid-19 suspected deaths have occurred in Nursing Homes which predominately house people with pre-existing health conditions and close to or past their normal life expectancy.

9) **CDC Data Shows Minimal Covid Risk to Children and Young Adults**
The CDC reported in their September 10th update that it's estimated Infection Mortality Rate (IFR) for children age 0-19 was so low that 99.97% of those infected with the virus survived. For 20-49 year-olds the survival rate was almost as good at 99.98%. Even those 70 years-old and older had a survival rate of 94.6%. To put this in perspective the CDC data suggest that a child or young adult up to age 19 has a greater chance of death from some type of accident than they do from Covid-19.

Taken together it should be obvious that Covid-19 is pretty similar to typical flu viruses that sicken some people annually. The vast majority are able to successfully fight off the virus with their body's natural immune system. Common sense precautions should be taken, particularly by those over age 65 that suffer from preexisting medical conditions.
The gross over reaction by government leaders to this illness is causing much more distress, physical, emotional and financial, than the virus ever could on its own. The bottom line is there is NO pandemic, just a typical flu season that has been wildly blown out of proportion by 24/7 media propaganda and enabled by the masses paralyzed by irrational fear.

State and local governments in particular have ignored the rights of the people and have instituted outrageous attacks on freedom and liberty that was bought and paid for by the blood and sacrifice of our forefathers.

Slowly the people are recognizing the great fraud perpetrated on them by bureaucrats and elected officials who have sworn to uphold rights and freedoms as spelled out in the US Constitution. The time has come to hold these criminals accountable by utilizing the legal system to bring them to justice.

Either we act now to preserve freedom and liberty for our children and future generations yet unborn, or we meekly submit to tyrants who crave more power and control. I will not comply!

As a preface to the central issue of this segment, I encourage the reader to visit my series of "Depopulation #1 World Problem". It tracks the UN and the Club of Rome's designated plan to eliminate the world of billions. Since 1967 their agenda has been well documented and they are committed to killing lots of people!

In a newspaper clipping with the headline, **"Black Plague Needed"** source unknown, which reads "excerpted from **Dr. Aurelio Peccei** of the ***Club of Rome***'s *'News Watch' magazine* from Jan. 2, 1995," we see the following, [quoting:]

- **Sir Julian Huxley** said, *"Overpopulation is, in my opinion, the most serious threat to the whole future of our species."* The project, called ***MK-NAOMI***, was carried out at ***Fort Detrick***, Maryland. ***AIDS*** was made to reduce the population.

- Specifically targeted were the ***black***, ***Hispanic***, and ***homosexual populations***.

- The incurable disease AIDS has been spread with the willful aid of international agencies whose policies call for a drastic reduction of the population, ***using any means necessary***. Already, medical experts say as many as 30 million people in Africa have been infected with the ***AIDS*** virus.

- ***WHO*, *World Health Organization***, was established in 1948 with the help of **Dr. John Rawlings Rees**, the psychological warfare expert whose notorious ***Tavistock Institute and Clinic in London*** used brainwashing techniques as a means to carry out racial policies of genocide.

- Since its inception, the ***WHO*** membership and policies have overlapped those of the ***WFMH*** and ***UNESCO***, established in 1946 by British racialist **Julian Huxley**, as a vehicle for wiping out ***3rd World populations*** with a new "Dark Ages" of famine and pestilence.

  Each of the organizations named were set up as a project of the British "liberal" networks of **Bertrand Russell** and company whose explicit, stated policies of population control included **Russell**'s published call for the "*creation of a Black Death every 50 years*" to curb the black and yellow population.

  The ***Club of Rome***'s *raison d'être* is to wipe out half the human race in this century.

  Several Top Secret recommendations were made by **Dr. Aurelio Peceei** of the ***Club of Rome***. He advocated that a plague be introduced that would have the same effect as the famous **Black Death** of history. The chief recommendation was to develop a microbe which would attack the auto-immune system and thus render the development of a vaccine impossible. It exists and while we can't be positive of how it became known, such a pathogen was weaponized during the 1940s by the U.S. Army's biological warfare labs. It took a pathogen called ***Mycoplasma*** and weaponized it.

That is discussed in Part 1 of this series. Very few physicians know its name or of its lethality. Surprisingly, if you do any research on Chemtrails you will find many sites have recorded what has been found in the aerial spraying and many times the pathogen ***Mycoplasma*** is found. It also appears that few people finding ***Mycoplasma*** realize the

lethality of ***Mycoplasma*** as well. At the end of WW2, the U.S. military kept this a highly classified secret so that it did not become known to other nations that might be unfriendly toward the U.S. The U.S. Department of Defense went on to engineer ***Mycoplasma*** into a bioweapon.

The article below was published in May, 2020, and was presented in April, 2020, shortly after the Coronavirus became the front page issue of the world. The author Dr. Garth Nichols is associated with the Institute for Molecular Medicine, and is one of the leading experts on ***Mycoplasma.*** Dr. Nichols paper is essential in understanding how this pathogen plays an important role in many sicknesses, particularly The Gulf War Syndrome experienced by U.S. military personnel during the Gulf War of the 1990s.

COVID-19 Coronavirus: Is Infection along with *Mycoplasma* or Other Bacteria Linked to Progression to a Lethal Outcome?

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Abstract

Most patients with COVID-19 disease caused by the SARS-CoV-2 virus recover from this infection, but a significant fraction progress to a fatal outcome. As with some other RNA viruses, co-infection or activation of latent bacterial infections along with pre-existing health conditions in COVID-19 disease may be important in determining a fatal disease course. *Mycoplasma* spp. (*M. pneumonaie, M. fermentans*, etc.) have been routinely found as co-infections in a wide number of clinical conditions, and in some cases this has progressed to a fatal disease. Although preliminary, *Mycoplasma pneumoniae* has been identified in COVID-19 disease, and the severity of some signs and symptoms in progressive COVID-19 patients could be due, in part, to *Mycoplasma* or other bacterial infections. Moreover, the presence of pathogenic *Mycoplasma* species or other pathogenic bacteria in COVID-19 disease may confer a perfect storm of cytokine and hemodynamic dysfunction, autoimmune activation, mitochondrial dysfunction and other complications that together cannot be easily corrected in patients with pre-existing health conditions. The positive responses of only some COVID-19 patients to antibiotic and anti-malaria therapy could have been the result of suppression of *Mycoplasma* species and other bacterial co-infections in subsets of patients. Thus it may be useful to use molecular tests to determine the presence of pathogenic *Mycoplasma* species and other pathogenic bacteria that are commonly found in atypical pneumonia in all hospitalized COVID-19 patients, and when positive results are obtained, these patients should treated accordingly in order to improve clinical responses and patient outcomes.

Keywords
Pathogenic *Mycoplasma*, SARS-CoV-2 Virus, COVID-19 Disease, Acute Respiratory Distress Syndrome, Co-Infection, Pneumonia, Lethal Infection, Mitochondria, Cytokines, Anti-Microbial Therapy, Antibiotics, Anti-Malarial Therapy, Virus, Bacteria

Share and Cite:
Nicolson, G. and de Mattos, G. (2020) COVID-19 Coronavirus: Is Infection along with *Mycoplasma* or Other Bacteria Linked to Progression to a Lethal Outcome?. *International Journal of Clinical Medicine*, **11**, 282-302. doi: 10.4236/ijcm.2020.115029.

1. Introduction

The appearance of an outbreak of unexplainable pneumonia in Hubei province, China in 2019 revealed that a new coronavirus named 2019-nCoV (renamed SARS-CoV-2 coronavirus) was the cause [1] [2]. Patients presented with respiratory and other symptoms, such as cough, fever, and lung damage, along with fatigue, myalgia, dyspnoea, arthralgia, diarrhea, vomiting, headache, among other symptoms [2] [3].

Outcomes of COVID-19 vary from mild, self-limiting disease with respiratory symptoms to more severe manifestations and death [3] [4]. Patients with COVID-19 that progressed to death generally were older and had other underlying health conditions, such as hypertension, cardiovascular disease, chronic obstructive pulmonary disease, diabetes, chronic kidney disease, malignancy, or other conditions [4] [5]. The severe complications associated with non-survival from COVID-19 were primarily acute respiratory distress syndrome (ARDS), septic shock, metabolic acidosis, coagulation dysfunction and multiple organ failure [5] [6] [7]. Among the most common organ failures were lung, heart and kidney [7]. Rarely mentioned in these articles was the possibility that other bacterial or viral co-infections could be contributing to either the pathogenesis of SARS-CoV-2 or to the lethal phase of the disease.

This contribution will focus on a possible role for intracellular bacterial infections, such as Mycoplasma species and other possible intracellular bacteria (Chlamydia pneumoniae, among other possible infections), in the progression and non-survival of COVID-19 patients. Such infections, if present, could contribute to the lethality of the SARS-CoV-2 virus in COVID-19 patients.

2. Mycoplasma Species

One of the most commonly found co-infections in a variety of chronic health conditions and diseases are various pathogenic Mycoplasma species [8] [9] [10]. Pathogenic Mycoplasma species infections are usually community-acquired infections that are non-fatal, but some patients can progress to a fulminant, systemic disease that results in death [11] [12].

Mycoplasmal infections are often associated with other bacterial and viral infections [8] [9] [10] [13] [14] [15], and the presence of multiple Mycoplasma species (and other

bacteria and viruses) has been statistically associated with more severe signs and symptoms in chronic illnesses [14]. An example is tick-borne Lyme disease where several co-infections are involved in causing complex clinical presentations, and in this example Mycoplasma was usually the most common Lyme disease co-infection found with Borrelia species and other infections [15] [16]. Also, mycoplasma infections are often found in community-acquired pneumonia as co-infections with influenza and other infections [17] [18] [19] [20] [21]. Co-infections of mycoplasma have been found previously in patients with SARS virus infections [22].

Pathogenic mycoplasmas are often found as respiratory tract infections that induce airway inflammation and bronchial hyper-responsiveness (BHR) [23]. For example, the induction of *M. pneumoniae*-specific IgE and IgA is likely to play an important role in exacerbating BHR and asthma. Indeed, elevations of IgE antibodies specific to *M. pneumoniae* have been detected in the serum of patients with *M. pneumoniae*-induced pneumonia. The serum levels of specific IgE and IgA followed infection with *M. pneumoniae,* and this was especially true in patients with pre-existing asthma-BHR [24]. *M. pneumoniae* was found in 24.7% of patients with asthma-BHR but in only 5.7% of control subjects [25].

Mycoplasma pneumoniae has recently been identified in COVID-19 disease [26]. This communication [26], along with a different case report [27], suggested that Mycoplasma should be considered as a possible co-infection in progressive COVID-19 disease. In a separate study with 138 patients with COVID-19, 26.5% of COVID-19 patients were found to have Mycoplasma species infections [28]. This percentage may be low due to the insensitivity of the testing procedures used [28]. Other related bacteria, such as Chlamydia pneumoniae and other Chlamydia species were also found at similar levels, but it was not clear from this contribution whether this occurred in the same patients that were positive for mycoplasma or in different patients [28]. COVID-19 patients are rarely examined for intracellular bacterial infections like mycoplasma [2] [3] [4] [5] [6]. In the cases where bacterial infections have been considered, *Klebsiella pneumoniae*, *Aspergillus flavus*, *A. fumigatus*, extended spectrum β-lactamase-positive (ESBL) *K. pneumoniae*, ESBL-positive *Pseudomonas aeruginosa*, and ESBL-negative *Serratia marcescens*, and *Candida albicans* have been found, usually in individual patients. When these bacterial infections were found in COVID-19 patients, they were considered hospital-acquired and unrelated to patient mortality [7].

3. Oxygen Deprivation and Mitochondria

The usual clinical course for patients with fatal COVID-19 disease has been found to be progression to critical ARDS requiring oxygen and mechanical ventilation [1] [2] [3] [7]. In the severe cases of SARS-CoV-2 infections the most significant difference between surviving patients and non-surviving patients was the ratio of partial pressure of oxygen (PaO_2) to fraction of inspired oxygen (FiO_2, from arterial blood gas analysis)or acute onset hypoxemia [7]. The ratios of PaO_2 to FiO_2 were found to be significantly lower in non-survivors, consistent with severe ARDS [7] [29]. Even with extracorporeal membrane oxygenation [7] or inhaled pulmonary vasodilators [20], critical COVID-19 patients failed to survive. This suggests that oxygen is not being taken in, utilized

effectively and passed into the circulation by lung tissues, possibly because cells infected with SARS-CoV-2 virus and other intracellular bacterial co-infections have lost their abilities to maintain proper cellular and circulatory oxygen levels.

In cells oxygen is utilized by mitochondria to produce high-energy molecules through oxidative phosphorylation. Mitochondria are also required for other critical functions, such as regulation of ion and redox homeostasis, biosynthesis of lipid and other metabolites, innate immunity, autophagy, cell signaling, regulation of cell death, and other cellular functions [30] [31]. Mitochondria can be affected negatively by several types of infections, including coronaviruses (see below) and mycoplasmas [32] [33] [34] [35]. For example, Mycoplasma pneumoniae infection results in the excess production of Reactive Oxygen Species (ROS) that can damage mitochondrial membranes and mitochondrial DNA. ROS have also been found to interfere with mitochondrial metabolism and stress responses in human lung cells [35]. Infections like mycoplasma also steal important mitochondrial metabolites that are needed for mitochondrial function and produce toxic molecules that damage mitochondria and cells and affect mitochondrial function (see below).

In COVID-19 patients compromised oxygen exchange in the air sacs of the lungs could be the cause of dyspnea or hypoxia [36]. However, the problem is likely to be more systemic, involving widespread mitochondrial dysfunction in endothelial cells and in various tissues and organs affected by SARS-CoV-2 and other co-infections. Possible co-infections include various mycoplasmas and other intracellular bacteria that can cause mitochondrial dysfunction [32] - [37]. In addition to lungs, organ damage can also occur in other tissues, such as heart and kidney, and cause their failure [2] [3] [7].

4. Suppression of Host and Mitochondrial Responses

Mitochondria have an impact on the pathogenesis of many common diseases and disorders, including neurodegenerative diseases, metabolic diseases, cardiovascular diseases, fatiguing illnesses, among others, and importantly for this discussion, infectious diseases [31] [32] [33] [37] [38]. Some infections alter mitochondrial dynamics and promote pathogenesis that benefits the infectious process [33]. For example, SARS coronaviruses interfere with mitochondrial mitophagy and innate immunity against infections [34]. This will be discussed in more detail in the next section.

In acute COVID-19 cases with severe respiratory complications (ARDS) the patients who died had severe massive alveolar damage and progressive respiratory failure [7] [36], even in cases where antiviral and corticosteroid therapies were given in an effort to attenuate pulmonary inflammation [36]. Lymphocytopenia has been a common finding in COVID-19 patients [29], but this finding has not been useful in identifying whether a patient will survive or not [7]. When mononuclear cells were examined in COVID-19 patients, their status was concluded to be hyper-activated, with high proportions of CD4, CD8 and CD38 cells, increased numbers of proinflammatory cells, and high concentrations of cytotoxic granules inside cells [36].

Pathogenic mycoplasmas, such as M. pneumoniae, are known to cause community-acquired atypical pneumonias with immunological manifestations [12] [24] [39]. These infections are typified by inflammatory reactions and immune suppression [12] [24] [40] [41] [42]. However, mycoplasmas do not possess typical bacterial cell walls that contain inflammation-inducing endotoxins, such as lipopolysaccharides [12] [41]. Instead, mycoplasmas contain lipoproteins that can induce inflammatory responses through Toll-like (TLR) and other receptors, and they induce release of pro-inflammatory cytokines that contribute to the clinical problem [41] [42] [43]. This will be discussed further in Section 7.

Since the populous has not been exposed previously to the SARS-CoV-2 virus, they generally do not possess immunity to this infection and thus adaptive immune responses are non-existent [44]. However, based on findings with other coronaviruses, such as SARS-CoV, host innate immune response systems that utilize pattern recognition and TLR receptors will likely be involved in initial responses [45]. Even when the adaptive immune responses are initiated, involving various T cell linages and B cell production of antibodies, SARS-CoV-2 may initiate immune suppression by inducing apoptosis of T cells. This type of B-cell humoral immunity is thought to be important in combating infections of SARS-CoV-2 [44].

5. Blood and Coagulation Disturbances

Patients with COVID-19 disease and atypical pneumonia tend to show blood disturbances, such as leukoctyopenia, lymphocytopenia and thrombocytopenia, along with elevated levels of aspartate aminotransferase, alanine aminotransferase, creatine kinase and troponin 1 that were related to severity of disease [2] [7] [46]. These latter serum markers are indicative of liver, kidney and heart injury and are consistent with clinical findings on COVID-19 [2] [7] [44] [46].

Increased levels of C-reactive protein and erythrocyte sedimentation were also routinely found, suggesting endothelial cell damage in COVID-19 disease [44] [46] [47]. The COVID-19 patients requiring intensive care (ICU) also showed significant differences in prothrombin clotting time and increases in the presence of D-dimers (fibrin degradation fragments) [2]. There were differences also between surviving and non-surviving COVID-19 patients in ICUs [48]. Thrombotic complications have been a common finding in COVID-19 patients, with increases in acute pulmonary embolism, deep-vein thrombosis and systemic arterial embolism, despite intensive thromboprophylaxis [49]. It has been especially important to control blood hemodynamics in COVID-19 patients, especially in those patients requiring ventilation [47] [48] [49].

Similar to COVID-19 disease, patients with mycoplasma infections, especially M. pneumoniae infections, show significant increases in serum aspartate aminotransferase, alanine aminotransferase as well as increases in lactate dehydrogenase [50]. As found in COVID-19 disease, this suggests that organ damage to liver and possibly other organs by the infectious process could be enhanced by the presence of mycoplasma or other bacteria. Also, high levels of C-reactive protein are typical in M. pneumoniae infections, and the ratios of C-reactive protein to procalcitonin

were found to be predictive for mycoplasma-induced pneumonia [51]. Similar to COVID-19 patients, common findings in M. pneumoniae infections are thrombocytopenia, widespread platelet aggregation and hemolytic anemia [52].

6. Biotoxins and Host Responses

Various infective agents have evolved with different strategies to evade host non-immune and immune mechanisms that have been developed to inhibit infections. Simple RNA viruses use explosive replication to outpace host response mechanisms, but they have also evolved with particular strategies to deal with host responses, such as innate host responses and adaptive immune responses. SARS-CoV virus components or their replication intermediates are first recognized by host innate response systems using Pattern Recognition Receptors (PRRs) present in the cytosol and on various cellular membranes. These PRRs recognize viral Pathogen Associated Molecular Patterns (PAMPs) or viral structures with unique structural characteristics and initiate anti-infective responses [53] [54].

While SARS-CoV viruses attempt to evade host innate recognition and response systems, host cells that detect SARS-CoV viruses turn on production of cytokines, chemokines and interferon-stimulated gene (ISG)responses to counter SARS-CoV infections [54] [55]. This will be considered in the context of fatal infections in the next section. To counter innate immune signaling, SARS-CoV viruses encode several proteins that antagonize the host response to prevent activation of antiviral systems inside host cells and prevent host interferon responses [54].

Mycoplasmas use various virulence mechanisms to survive during their pathogenic development [56] [57]. Inside cells they compete for cellular nutrients and metabolites, and in this way they can deplete host precursor molecules and disrupthost metabolic and synthetic pathways [56]. They also secrete some of their own enzymes, such as lipases, proteases, nucleases and other enzymes, that can disrupt and interfere with host structures and metabolites [57] [58]. Mycoplasmas can also stimulate the generation of hydrogen peroxide and superoxide radicals that damage host cellular membranes, mitochondria and other structures [56].

Pathogenic mycoplasmas can synthesize degradative enzymes that can damage tissues and cause pathogenic changes, such as secondary necrosis [59]. They can also cause tissue damage with the morphological characteristics of apoptosis, such as chromatin condensation, as well as necrosis, with characteristic loss of membrane integrity and organelle swelling [60]. Arginine deaminase is an example of a growth-inhibitory mycoplasma-produced enzyme that inhibits the growth of human T-cells. This enzyme can suppresses IL-2 production and receptor expression in T-cells stimulated by non-specific mitogens. It can also produce the morphologic features of dying cells, such as DNA fragmentation that is seen during apoptosis [42]. This enzyme has been followed in patients with community-acquired pneumonia as a possible marker for M. pneumoniae infections [61].

Some Mycoplasma species can directly cause host cell death, but a more common feature of pathogenic mycoplasma infections is the induction of host cytokines [62]. Indeed, cytokine-inducing activity is a general feature of most, if not all, pathogenic Mycoplasma species, and this important topic for COVID-19 disease will be discussed in the next section. The cell death effects of mycoplasmas are usually mediated by lipid-associated molecules (lipoproteins), and they are not associated with decreases in mitochondrial trans-membrane potential or inhibited by pre-incubation with the drug N-acetylcysteine, which is typically found in TNFα-mediated apoptosis. Rather, a non-lipid-associated protein (15 - 30 kDa) was found to cause mycoplasma-mediated cell death [63].

Similar to SARS-CoV viruses, pathogenic mycoplasmas cause cardiovascular and pulmonary manifestations that can result in extreme patient morbidity and death [57] [61] [62]. Several examples of cardiovascular and pulmonary tissue damage have been reported as due to vascular occlusion via thrombosis and the formation of vascular immune complexes. Pathogenic mycoplasma-caused vascular occlusion has been reported for heart, lung, kidney, brain and other organs [60] [62].

Pathogenic mycoplasmas also release biotoxins that directly damage cells and tissues and stimulate host innate response systems [58] [62] [63] [64]. A Mycoplasma pneumoniae-released biotoxin, called the community-acquired respiratory distress syndrome toxin (CARDS), has been isolated and found to bean ADP- and protein-ribosylating as well as a vacuole-causing cytotoxin [65]. The effects of this biotoxin also include alterations of enzymes and other proteins of various metabolic pathways. As mentioned above, this biotoxin activates innate immunity, and this is mediated through the NLRP3 inflammasome complex, which ultimately causes cell-release of IL-1. It also stimulates hyper-inflammation and tissue damage, among other pathologic effects, and it appears to be responsible, in part, for pulmonary inflammation along with cytokine release. Clinically it causes significant airway dysfunction, which is usually seen as loss of ciliary function of the respiratory epithelium and includes lung cell vacuolization, lung cell rounding/distortion and disruption of pulmonary epithelial integrity. It may be responsible for respiratory failure and some of the fatal outcomes that have been found in acute M. pneumoniae infections [66].

7. Cytokines and Cytokine Storms

Excess inflammatory cytokine and chemokine production and release into the surrounding tissue and the circulatory system (“cytokine storm”) can be seen during severe infectious disease progression, and it is often found in fatal cases of viral infections. It is caused by a severe and excessive immune response initiated by a positive feedback cycle between various cytokines and immune cells.

COVID-19 disease progression to severe hypoxia, pulmonary edema, accumulation of inflammatory cells in the lungs, ARDS and eventually organ failure often ends in a lethal outcome with high mortality rates [2] [3] [5] [6] [7]. Consistent with this lethal progression is the increasing induction and production of inflammatory cytokines, including interleukin-1 (IL-1), IL-6, IL-7, IL-8, IL-10, tumor necrosis factor-alpha (TNFα) and other

cytokines and chemokines, all of which have been found in SARS-CoV viral infections [54] [55]. Compared to healthy, non-symptomatic adults the levels of plasma cytokines (IL-1β, IL-RA, IL-7, IL-8, IL-9, IL-10, TNFα and other cytokines and chemokines) were higher in both non-ICU and ICU patients with COVID-19 disease compared to controls [2]. Importantly, recent studies have shown significantly higher levels of inflammatory cytokines (IL-2R, IL-6, IL-8, IL-10, TNFα) in ICU non-survivors compared to ICU survivors of COVID-19 disease [67]. This suggests that excessive, multiple cytokines produced during progressive disease or 'cytokine storm' contributes to the fatal outcome seen in many COVID-19 patients.

Cytokine/chemokine release at tissue sites, such as the inflammatory cytokines and chemokines found at exaggerated levels in lung tissue during RNA virus infections, is particularly difficult to deal with in animals and in humans [68] [69]. There are over 150 different pro-inflammatory and anti-inflammatory cytokines, chemokines, interferons, growth factors and other tissue factors that are synthesized and released into tissues and the blood during a vigorous immune system response, and these signaling molecules can cause high fever, redness, swelling, fatigue, nausea and other symptoms [68] [69] [70].

At the cellular and tissue levels SARS-CoV viruses and the virus-induced cytokine storms that are caused by these viruses result in significant damage to tissues, especially lung tissue. This pulmonary damage can be observed as diffuse injury to alveolar epithelial cells, fibroblasts and alveolar macrophages. Specifically, the damage has been characterized as hyaline membrane formation, desquamation of pneumocytes, edema and inflammatory cell infiltration, among other adverse effects [71].

During the infection process lung cells secrete various cytokines and chemokines that induce fibroblast activation, extracellular matrix deposition and alveolar epithelial damage. Such aberrant response, along with excessive cytokine production, is not unique to RNA viruses; they have been associated with the pathogenesis of a variety of non-infectious and infectious diseases, from viral infections to neurodegenerative disorders [70].

Mycoplasma infections also result in the production of inflammatory cytokines, including IL-1β, IL-2, IL-6, IL-8 and TNFα as well as various interferons and leukocyte growth factors [57] [62] [63] [64]. In fatal cases of M. pneumoniae cytokines, such as IL-18 but not interferon, were found to be significantly higher in, for example, patients with fulminant pneumonia [12]. During infection by M. pneumonia the production of cytokines (IL-1β, IL-6, IL-10, TNFα, among others) increases markedly, and this is thought to be an indication of tissue damage [72]. In the case of M. pneumoniae such damage has been directly related to the release of various inflammatory cytokines, chemokines and other inflammatory molecules and the subsequent tissue and immune responses to these molecules [72].

8. Antibiotics, Anti-Malarial and Other Treatments

In describing some of the treatments used to fight COVID-19 disease, we will only discuss here those commonly used treatments that relate to possible bacterial co-infections or activated latent bacterial infections. Although the consequences of SARS-CoV-2 coronavirus anti-viral and other treatments and general ICU supportive procedures are fundamentally important in caring for COVID-19 patients, that is not the purpose of our contribution. The use of anti-viral and other drugs and ICU supportive procedures have been extensively reviewed by others, and this discussion will not be repeated here. Thus the reader is referred to other recent articles for information on primary and ICU supportive treatments useful in the management of COVID-19 disease [2] [6] [7] [28] [29] [44] [47] [48].

8.1. Antibiotics and COVID-19

Since mycoplasmas do not have cell walls, the antibiotics that act on cell wall synthesis, such as β-lactams (penicillins, cephalosporins, among others),are ineffective against mycoplasmas [24] [62] [64] [73] [74]. Thus mycoplasmas are often treated with anti-microbials that act on their metabolism, replication, synthetic machinery or other specific bacterial targets, even though the actions of these drugs are mainly bacterostatic [24] [62] [74]. Since most mycoplasmas are sensitive to tetracyclines (doxycycline, minocycline, among others) or macrolides (azithromycin, clarithromycin, among others), with some notable exceptions [62] [75] [76] [77], these are often used for frontline treatment of Mycoplasma species, and quinolones (ciprofloxacin, sparfloxacin, levofloxacin, among others), are often used as alternative treatments [62] [76].

In general viruses are not susceptible to antibiotics, but particular antibiotics have been used during viral infections to treat bacterial co-infections or latent infections. This is common in cases of adult community-acquired pneumonia where Mycoplasma species were often the most frequent type of bacterial infection found in cases identified as viral pneumonia [78].

In addition, some macrolide antibiotics, such as azithromycin, have anti-viral activities against specific viruses, such as rhinoviruses identified in virus-associated pulmonary conditions found in cystic fibrosis [79] and zika virus recovered from developing human brain tissue [80]. In bronchial epithelial cells pre-treatment with azithromycin reduced rhinovirus replication as well as asthma exacerbations and other complications, as estimated by the synthesis of pro-inflammatory cytokines, interferon-β responses and increases in rhinovirus-induced pattern recognition receptor [79].

Other macrolides may be useful in the treatment of respiratory viral infections due to their effects on pulmonary cells. In this situation the positive effects of macrolides have been attributed, in part, to their anti-inflammatory and immunomodulatory effects [81] [82] [83]. Although macrolides have been shown to be efficacious in treating some infections, their use comes with some possible risk of cardiac complications, such as QT prolongation [84].

In COVID-19 disease antibiotics have been used mainly as a part of supportive care and prevention of super-infection, without identification of possible bacterial co-

infections or activation of latent bacterial infections [2] [7] [44] [47] [48]. In some treatment studies on COVID-19 disease an antibiotic (azithromycin) was used with an anti-malarial drug (hydroxychloroquine). For example, this combination was used in Marseille, France in an open label non-randomized clinical trial, but the azithromycin was added mainly as a part of supportive care [85]. The results of this preliminary study will be discussed in the next section.

Another antibiotic active against mycoplasmas, doxycycline [62] [64] [73], might also be useful in COVID-19 because of its potential binding to rRNA and inhibition of microbial protein synthesis [86]. Indeed, doxycycline has proved to be an important option for chronic mycoplasma infections resistant to other treatments [62] [73], and its effectiveness in COVID-19 care might be more related to its suppression of bacterial growth than any anti-viral action.

8.2. Anti-Malarial Drugs and COVID-19

The interesting use of the anti-malarial drug, hydroxychloroquine, in the treatment of COVID-19 disease was reported by Gautret et al. [85]. This followed from an earlier study on the suppressive effects of chloroquine on SARS-CoV infection of Vero E6 cells in culture [87]. Chloroquine and hydroxychloroquine have many uses because of their anti-inflammatory and potential chemo-sensitization properties; they have been used widely to treat various human diseases, such as malaria and amoebiosis, without significant adverse effects [88]. The main anti-parasitic and anti-viral effects of the chloroquines are thought to occur by the alkylization of cellular endosomes, Golgi and lysosomes, and possibly also by affecting phospholipid metabolism and zinc ion levels to modify parasite and virus entry [89]. In addition, chloroquines block BK channels that are essential in proinflammatory responses that can lead to cytokine storms [90].

In China chloroquine phosphate has been used to treat COVID-19 pneumonia patients. Although a recent preliminary report on this lacks detail and analysis, it was stated that chloroquine could be a breakthrough in COVID-19 treatment [91]. In this study, patients receiving chloroquine phosphate showed less exacerbation of pneumonia, and they had improved lung imaging compared to control treatment. In addition, severe adverse reactions to chloroquine phosphate were not found in these patients [91]. In the French study using hydroxychloroquine and azithromycin, viral carriage was reduced significantly over a 6-day study with hydroxychloroquine, and the addition of azithromycin was significantly better than hydroxychloroquine alone [85]. In a recent randomized clinical trial using low (450 mg) and high (600 mg) dose chloroquine as adjunct therapy for COVID-19 patients viral RNA was detected at about the same prevalence in both groups: 31/41 (low dose) and 31/40 (high dose). However, by day 13 fatalities in the high-dose group were higher (39%) than in the low-dose group (15%), most likely because of a higher incidence of heart problems in the high-dose group [92]. Thus use of chloroquine or hydroxychloroquine for COVID-19 disease may come at a cost—a higher incidence of coronary problems [92]. Even with these limitations, hydroxychloroquine and chloroquine phosphate have been proposed to be potentially useful experimental drugs for the treatment of some COVID-19 patients [93].

8.3. Other Treatments in COVID-19

In addition to anti-viral drugs that target SARS-CoV-2 viral replication, other treatment approaches for COVID-19 disease include methods to inhibit viral attachment, fusion and entry into cells, suppression of inflammatory responses, vaccines and convalescent plasma treatments [94] as well as combinations of conventional and alternative medicine [37] [38] [94]. For example, various combinations of anti-viral, anti-inflammatory and other drugs along with anti-oxidants, zinc ion, and other approaches, such as the use of molecular hydrogen to help control inflammation and oxidative damage, have been proposed [95]. For the most part, the current approaches used to develop new treatments for COVID-19 disease do not take into account the possibility of bacterial co-infections or activation of latent bacterial infections.

9. Final Comments

Our hypothesis has been that infections like Mycoplasma and other bacterial species (Chlamydia pneumoniae, among others) could be contributing to the morbidity and mortality seen in COVID-19 disease. Infections like M. pneumoniae, M. fermentans and other Mycoplasma species are known to cause lethal diseases on their own in some patients, so when present with SARS-CoV-2 infections, they could be significantly contributing to COVID-19 mortality. In other diseases caused by RNA viruses, such as HIV-1, M. fermentans and M. penetrans co-infections have been proposed to be important co-factors in the development of fatal disease [96] [97]. This could also be, in part, the reason that some patients with COVID-19 progress to a fatal disease.

Mycoplasma and other similar bacterial infections should be carefully analyzed in critical COVID-19 patients. If such tests are positive, these patients should be treated accordingly [62] [64] [73]. In order to determine the possible role of Mycoplasma species in the progression of COVID-19 disease to a fatal disease course, patients who are positive for such infections should be compared to patients that do not have these infections at various stages of the disease process to see if the SARS-CoV-2 virus can activate latent Mycoplasma species or enhance sub-clinical mycoplasma infections and promote COVID-19 disease morbidity and progression to a fatal outcome.

Note Added in Proof

Since we prepared this manuscript, there have been recent contributions, mostly brief preprint reports or letters that support our hypothesis. Charkraborty and Das [98] discussed the possibility that anaerobic bacteria, including Mycoplasma species, could be causing secondary infections in COVID-19 disease. They have proposed that such infections may be altering hemoglobin degradation and producing metabolites that affect hypoxia in progressing COVID-19 patients [98]. Stricker and Fesler [99] suggested that patients who have COVID-19 disease should not progress to a fatal outcome, if their therapy includes combinations of antibiotics (including minocycline or doxycycline) used for tick-borne infections [99]. As we discussed previously, Lyme disease patients often have mycoplasma co-infections that are sensitive to minocycline and doxycycline [62] [75].

Acknowledgements

We would like to thank former and present colleagues for their intellectual support. This contribution was supported by internal funds from the Department of Molecular Pathology, The Institute for Molecular Medicine and the Department of Ion Channels, Biological Membranes and Cell Signaling, Department of Biophysics, Facultad de Medicina, Universidad de la República.

Disclosures
One of us (G.L.N.) is a part-time consultant to Nutritional Therapeutics, Inc., Naturally plus USA and UNVIA Naturally plus Taiwan.

Conflicts of Interest
The authors declare no conflicts of interest regarding the publication of this paper.

[The references cited in Garth L. Nicolson and co-author Gonzalo Ferreira de Mattos's paper is extensive and so for most of my readers are not of great interest per se, and so I am moving the list at the bottom of my article. –Pastor Bob]

Few people believe that this is all about a global agenda to depopulate the world. If you are one of them, consider this short report before going on reading my research on Mycoplasma.

A national nonprofit revealed Tuesday that testing commissioned by the group as well as separate analysis conducted by Massachusetts officials show samples of an aerially sprayed pesticide used by the commonwealth and at least 25 other states to control mosquito-borne illnesses contain toxic substances that critics call "forever chemicals."

Officially known as per- and polyfluoroalkyl substances (PFAS), this group of man-made chemicals — including PFOA, PFOS, and GenX — earned the nickname because they do not break down in the environment and build up in the body. PFAS has been linked to suppressed immune function, cancers and other health issues.

Lawmakers and regulators at various levels of government have worked to clean up drinking water contaminated by PFAS. The newly released results of pesticide testing by Public Employees for Environmental Responsibility (PEER) and the Massachusetts Department of Environmental Protection (MADEP) generated alarm about the effectiveness of such efforts.

"In Massachusetts, communities are struggling to remove PFAS from their drinking water supplies, while at the same time, we may be showering them with PFAS from the skies and roads," PEER science policy director Kyla Bennett, a scientist and attorney formerly with U.S. Environmental Protection Agency, said in a statement Tuesday.

"The frightening thing is that we do not know how many insecticides, herbicides, or even disinfectants contain PFAS," added Bennett, who arranged for the testing. "PEER found patents showing chemical companies using PFAS in these products, and recent articles

discuss the variety of pesticides that contain PFAS as either an active or an inert ingredient."

NEW: @PEERorg found that toxic PFAS "forever chemicals" were sprayed on millions of acres in MA & 25 other states. PFAS are linked to cancer, liver issues & more. The @EPA must hold polluters accountable & clean up our drinking water NOW! @BostonGlobe https://t.co/rEJZvsnDCh
— Food & Water Watch (@foodandwater) December 1, 2020

These types of events do not happen by accident, there are far too many such incidents around the nation.

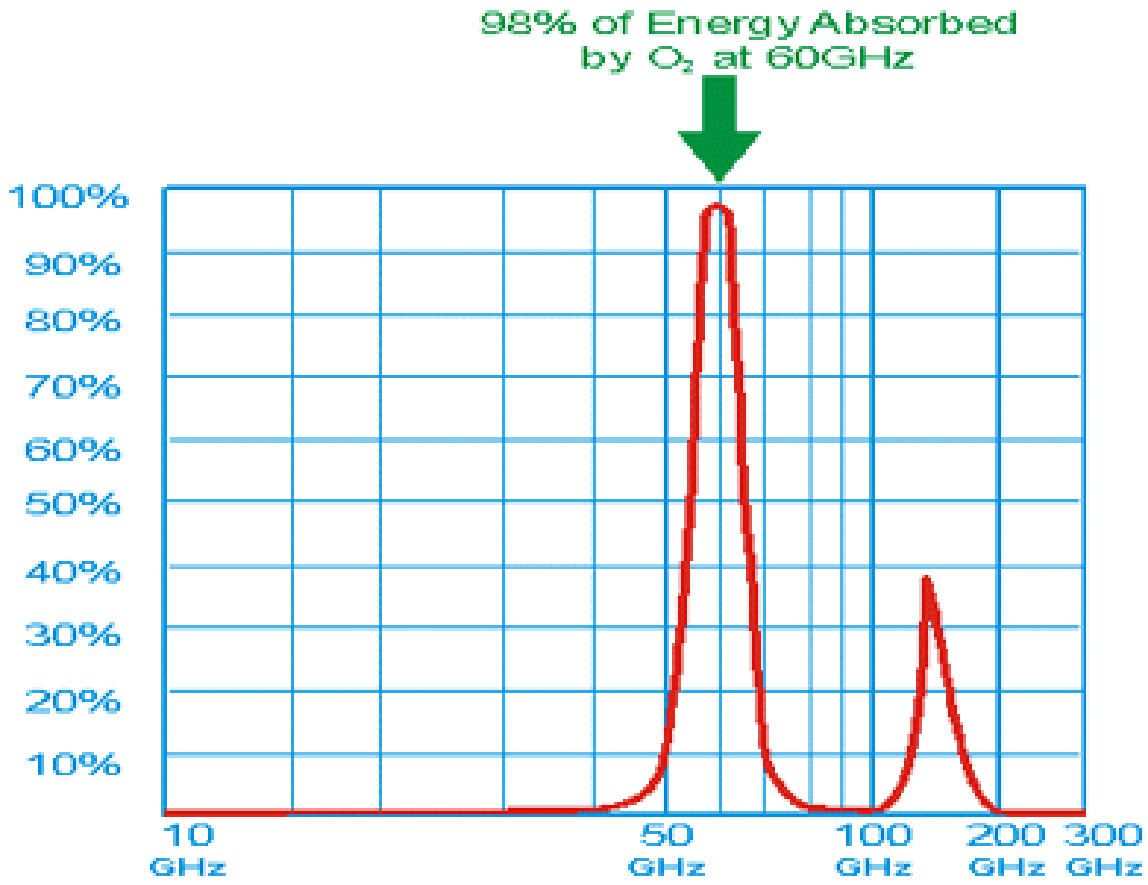
Even though most of you are not likely to grasp the grave implications, I will synthesize in the best manner possible the paper's implications. The purpose of the paper is to point out the implications of a largely unknown pathogen, and because of its nano-particle size, can easily be overlooked in the diagnosis of many diseases.

It suggests a strong correlation may or exists between the factors that result in hypoxia, the single most found in the death of those alleged to have died of Covid-19. Hypoxia is starvation of oxygen. Blood hemoglobin is unable to bind with the victim's intake of oxygen, essentially starved of oxygen.

Under normal function the blood hemoglobin binds with the oxygen and circulates throughout the body's network of veins, arteries, and capillaries to nourish cell functions as energy. This is precisely what wireless energy 5G prevents when it is modulated to higher levels of GHz. In various articles, I have shown the graph of what happens when 5G at 60GHz – it consumes or absorbs 98% of the oxygen in the lungs, with death resulting in a second or two.

Hospitals and the medical community were one of the earliest and largest sectors of the economy to adopt and add to their facilities the use of Wireless EMF 5G technologies. The general consensus by emergency medical staff was that putting patients on ventilators actually contributed to the patients deaths. We recall well how the governor of New York and the mayor of NYC were calling for more ventilators for the elderly in the hospital. The ventilators serve to pump oxygen to the patient's lungs; however, their blood hemoglobin was unable to bind the blood oxygen molecules to carry it to the lungs. Why?

This is the big question. The answer is likely to be found in the fact that 5G at 60-GHz, the liquid molecules are oscillating, rotating, or dancing around so as to prevent the bonding of blood and oxygen to do its job. In the modulating 5G wireless energy, this issue may occur at lower levels such as 30-GHz, or 40-GHz. Nonetheless it is a well-known proven fact, at 60-GHz, it's all over for the victim! Their death-certificate will note cause of death as being from Covid-19 rather than the true cause of 5G RF radiation.



In his [***Pentagon***] report dated July 14, 1995, titled *The "Cover-Up" of Gulf War Syndrome - A Question of National Integrity*, Dr. Lindsey Arison writes, [quoting:]

Gulf War Syndrome is the direct health consequence of prolonged (chronic) exposure to low (non-lethal) levels of chemical and biological agents released primarily by direct Iraqi attack via missiles, rockets, artillery, or aircraft munitions and by fallout from allied bombings of Iraqi chemical warfare munitions facilities during the 38-day air war.

The effects of these exposures were exacerbated by the deleterious and synergistic side-effects of unproven *Pyridostigmine bromide pills* (nerve agent pre-treatment pills which were administered involuntarily), the investigational ***botulinum toxoid vaccines*** (which were also involuntary), ***anthrax vaccines***, depleted uranium residues principally from battlefield vehicles damaged by depleted uranium-tipped armor-penetrating munitions, and to a much lesser extent, other environmental hazards such as oil fire contamination, pesticides, petrochemicals, and electromagnetic radiation from radars and communications equipment.

The infinite number of combinations and permutations of the effects of chronic exposure to low, non-lethal levels of cumulatively-effecting chemical nerve agents, to blister agents, biological agents and "cocktails", coupled with the effects of nerve agent pills, botulinum and anthrax vaccines, depleted uranium dusts, and other environmental

contaminants, has produced the infinite variations in symptomatologies in ***Gulf War veterans***. Therefore, the "*mystery illness*". There is, however, one principle cause.

The Department of Defense, however, continues to deny that chemical and biological agents were used during the Gulf War.

DoD is lying to our veterans and their families, to the U.S. Congress, and to the American people about the exposure of U.S. soldiers to chemical and biological agents during the Gulf War.
[End quoting.]

GULF WAR ILLNESS - EBOLA RESTON

In a document received from **Peter Kawaja** titled *The Saddest Chapter In America's History Is Now Being Written*, we read [quoting:]

Gulf War Illness is a communicable disease, spreading worse than ***AIDS***, by mere casual contact, through perspiration, or by being close to someone who coughs. You can become infected by brushing by someone at a store. Your children can be infected at a playground or at school. ***Mycoplasma incognitus*** contains most of the ***HIV*** (***AIDS***) envelope, which was tampered with by humans. It is a warfare agent by design. Our government is involved in this great crime and cover-up. A nationwide/worldwide panic is going to be created, of such magnitude, that it will threaten our very existence. This

same government will then step in to offer a solution; they will have "an antidote", a treatment, but only those who will accept the medical ID card will be treated, all others will be considered a danger and threat to society, hunted down, and imprisoned or killed. Americans will welcome this solution, and will turn in their neighbors and friends in order to survive themselves. At the same time, this instrument will suspend the Constitution of these United States, to allow ***United Nations*** rule, the ***New World Order***, ***One World Government.***

America will be enslaved. Approximately 40% (from confidential sources) of the American population is already a carrier of one form (or another) of ***HIV***, as there are now over 2,000+ strains, effectively making almost half of the population a carrier to infect others of (example) ***Ebola Reston***, a slow-acting deadly agent, taking years to manifest itself, killing you in pain worse than ***Ebola Zaire***, which is quick acting.

The government is already leaking news stories through the mainstream media, warning America: it is not IF, but WHEN, we will soon face a worldwide outbreak. They are preparing you for what they already know and have planned. What they are saying, however, is that this will happen by accident, because of international air travel, and Americans are believing it.
[End quoting.]

A major "change agent" is Prince Charles of Wales, and his father, Prince Philip, and Prince Philip has been very outspoken for decades about too many people on the Earth. In his own words, Prince Philip said, *"We need to cull the surplus population".* The word "cull" can be rendered "kill" with the greater impact.

Don't Interfere with the "Balance of Nature" dominates the Royal Family thinking and their preoccupation with the rationale of such thinking is dominated with finding the means of achieving it. Their way of thinking is equated with "the end justifies the means". Definition: – *"used to say that a desired result is so good or important that any method, even a morally bad one, may be used to achieve it."* They believe that the end justifies the means and will do anything to get what they want.

Once you have interfered with the balance of nature it becomes necessary to maintain the balance by artificial means. This means that some animals have to be killed in the interest of maintaining the health and viability of the species as a whole as well as the benefit of other more vulnerable species. Unfortunately there are many people who object to that sort of thing.

Ecology is not concerned with the fate of individual animals. It accepts the concept of the exploitation of surplus natural resources because that is in the way the natural system works, but it must always be done on the principle of maintaining a sustainable yield.... The inexorable rule of nature is that if you mess up your environment you will have to pay a heavy price sooner or later.... Just look around the globe today and you cannot fail to notice areas which at one time supported highly successful and civilized populations are either deserts or they have reverted to jungle.

The reason is quite simple: they over-exploited their natural resources and they paid the price. It is naive to think that we can escape the same fate for very much longer. We are only managing to put off the evil hour by frantically digging up and using mineral resources that can never be renewed. As if that were not enough, we are polluting the atmosphere, the land and the waters with every kind of noxious substance. The "greenhouse effect" alone could well have devastating consequences for all life on earth.

This is a reflection of the duality of man's brain. The left brain produces the reasonable answers after objective scientific research, while the right brain prefers the acceptable and the emotionally satisfactory answers. How often do people say, *"That may be so, but I prefer to `believe' or I like to believe ... this, that or the other"?*

The duality of the brain has created great problems for modern man.... It is ... significant that successful engineering makes money. This is in stark contrast to the supernatural, whether it is religious or mythological. In the latter cases the truth may be equally certain, but it is not verifiable, and the outcome of following rules is seldom predictable. It is, of course, possible to exploit magic and mythology commercially, but it could hardly be described as a manufacturing industry....

There is an understandable public pressure for schools and colleges to concentrate on utilitarian subjects to the exclusion of cultural and aesthetic development. In other words, the development of the left brain is given a great deal more attention than that of the right brain.... The trouble is that neglect of the development of the right brain leaves it in a state of vacuum.... This means that the right brain is ready to absorb the first plausible ideas it happens across. The occult, obscure religious rites, parapsychology, astrology and similar attractive but irrational notions are sucked into the vacant space without any discrimination or critical faculty.... I also suspect that the use of drugs might be seen as a substitute, or short cut, to filling the vacuum of the right brain....

I mention all this because man's attitude to nature is partly a function of the left brain and partly a function of the right brain. It is easy enough to encourage an emotional concern for nature and the living world.... Everyone can comprehend the idea of cruelty, yet very few can comprehend the extinction of a species.

Humans are the Greatest Threat to Survival

In an interview with HRH Prince Philip, Duke of Edinburgh, in *'People'* Dec. 21, 1981 titled "Vanishing Breeds Worry Prince Philip, But Not as Much as Overpopulation," the father of Prince Charles, unapologetically responded.

Q: What do you consider the leading threat to the environment?

A: *"Human population growth is probably the single most serious long-term threat to survival. We're in for a major disaster if it isn't curbed - not just for the natural world, but for the human world. The more people there are, the more resources they'll consume, the more pollution they'll create, the more fighting they will do. We have no option. If it*

isn't controlled voluntarily, it will be controlled involuntarily by an increase in disease, starvation and war."

In his address to the Joint Meeting of the All-Party Group on Population and Development and the All-Party Conservation Committee in London, March 11, 1987, the king said,

"I do believe ... that human population pressure--the sheer number of people on this planet--is the single most important cause of the degradation of the natural environment, of the progressive extinction of wild species of plants and animals, and of the destabilization of the world's climatic and atmospheric systems."

"The simple fact is that the human population of the world is consuming natural renewable resources faster than it can regenerate, and the process of exploitation is causing even further damage. If this is already happening with a population of 4 billion, I ask you to imagine what things will be like when the population reaches six and then 10 billion.... All this has been made possible by the industrial revolution and the scientific explosion and it is spread around the world by the new economic religion of development."

Address at the Salford University Degree Ceremony, July 16, 1973.

"There may be disagreements about the time scale, but in principle there can be little doubt that the population cannot go on increasing indefinitely. Resources presently being used will not last forever and pollution in its broadest sense, unless severely checked, is bound to increase with population and industrial activity."

Address to All-Party Conservation Committee in London, Feb. 18, 1981.

"I suspect that the single most important gift of progress to conservation has been the development of human contraception techniques."

The survival of the "most important"

In that same Interview with HRH Prince Philip, Duke of Edinburgh, in People magazine, Dec. 21, 1981 titled "Vanishing Breeds Worry Prince Philip, But Not as Much as Overpopulation, he stated:

Q: Is birth control part of the solution?

A: Yes, but you can't legislate these problems away. You've got to get people to understand the need for it: the more important people, the ones who have responsibilities have got to do it because they're at the receiving end. They've got to accept the measures.

The Chancellor's Lecture, Salford University, June 4, 1982.

“As long ago as 1798, Malthus explained what happens when the factors limiting the increase in any population are removed. One of the factors noticed by Darwin was that all species are capable of producing vastly greater populations than can be sustained by existing resources; populations did not increase at the rate at which they are capable was the basis for his theory of Evolution by Natural Selection.

The relevance to natural selection of this capacity for overproduction is that as each individual is slightly different to all the others it is probable that under natural conditions those individuals which happen to be best adapted to the prevailing circumstances have a better chance of survival. Well, so what? Well, take a look at the figures for the human population of this world. One hundred fifty years ago it stood at about 1,000 million or in common parlance today, 1 billion. It then took about a 100 years to double to 2 billion. It took 30 years to add the third billion and 15 years to reach today's total of 4.4 billion. With a present world average rate of growth of 1.8%, the total population by the year 2000 will have increased to an estimated 6 billion and in that and in subsequent years 100 million people will be added to the world population each year. In fact it could be as much as 16 billion by 2045.”

“As a consequence the demand on resources of land alone will mean a third less farm land available and the destruction of half of the present area of productive tropical forest. Bearing in mind the constant reduction of non-renewable resources, there is a strong possibility of growing scarcity and reduction of standards. More people consume more resources. It is as simple as that; and transferring resources and standards from the richer to the poorer countries can only have a marginal effect in the face of this massive increase in the world population.”

Speech at the Margaret Pyke Memorial Trust Dinner in London, Dec. 14 1983.

“So long as they [birth control methods] ... remained taboo subjects the chances of making any impression on the human population explosion were that much more remote.”

“In the introduction to the IUCN Red Data Books which list all animals and plants under threat of extinction, it says that virtually everywhere the major threat to a wild species is loss of habitat to a rapidly increasing human population requiring more space in order to build villages and cities and grow more food. But starvation and poverty cannot be eradicated solely by increased food and resources at the expense of what remains of the natural world. Any increase in the provision of food and resources must be accompanied by a drastic reduction in the rate of increase in the human population.”

Address on Receiving Honorary Degree from the University of Western Ontario, Canada, July 1, 1983.

“The industrial revolution sparked the scientific revolution and brought in its wake better public hygiene, better medical care and yet more efficient agriculture. The consequence was a population explosion which still continues today.

The sad fact is that, instead of the same number of people being very much better off, more than twice as many people are just as badly off as they were before. Unfortunately all this well-intentioned development has resulted in an ecological disaster of immense proportions."

The Chancellor's Lecture, Salford University, June 4, 1982.

"The object of the WWF is to "conserve" the system as a whole; not to prevent the killing of individual animals. Those who are concerned about their conservation of nature accept that all species are prey to some other species. They accept that most species produce a surplus that is capable of being culled without in any way threatening the survival of the species as a whole."

A Question of Balance by HRH Prince Philip, Duke of Edinburgh, Michael Russel (Publishing) Ltd., 1982.

"It is curious how many philosophers from Plato to Keynes' time have believed in and advocated the control of society by "philosopher kings." According to Plato, "its kings must be those who have shown the greatest ability in philosophy," but--realistically--he added, "and the greatest aptitude for war." Such people may exist in the imagination and occasionally someone with the necessary qualities may briefly dominate the stage of history, but it is a naive appreciation of human nature to imagine that such processed paragons can be invested with the necessary powers and not be tempted to take advantage of their situation."

How do you think HRH Prince Philip, Duke of Edinburgh words reflect the thinking of his son, Prince Charles of Wales impact our world today. Simply take a close look at Bill Gates, whose father and mother reflect the agenda for Eugenics. Bill Gates mother and father were major figures in the organization of Planned Parenthood, i.e., Abortion.

Consider this quote:

"In the event that I am reincarnated, I would like to return as a deadly virus, in order to contribute something to solve overpopulation"

HRH Prince Philip, Duke of Edinburgh at a lecture in 1986

When the husband of a reigning sovereign is permitted to make remarks of this sort and is not shouted down for them, it makes you wonder if there is more to chemtrails and the strange deaths of microbiologists like David Kelly than meets the eye. But that is another story for unveiling in this global agenda of depopulating the world for the elite.

CREATION OF THE MYCOPLASMA - A Laboratory-Made Disease Agent

Many doctors don't know about this ***mycoplasma*** disease agent because it was developed by the U.S. military in biological warfare experimentation and it was not made public. This pathogen was patented by the United States military and Dr. Shyh-Ching Lo.

All the countries at war were experimenting with biological weapons. In 1942, the governments of the United States, Canada and Britain entered into a secret agreement to create two types of biological weapons (one that would kill, and one that was disabling) for use in the war against Germany and Japan, who were also developing biological weapons. While they researched a number of disease pathogens, they primarily focused on the Brucella bacterium and began to weaponize it. Remember Great Britain is where HRH Prince Philip reigns, husband of Queen Elizabeth II.

From its inception, the bio-warfare program was characterized by continuing in-depth review and participation by the most eminent scientists, medical consultants, industrial experts and government officials, and it was classified Top Secret.

The U.S. Public Health Service also closely followed the progress of biological warfare research and development from the very start of the program, and the Centers for Disease Control (CDC) and the National Institutes of Health (NIH) in the United States were working with the military in weaponizing these diseases. These are diseases that have existed for thousands of years, but they have been weaponized—which means they've been made more contagious and more effective. And they are spreading.

The Special Virus Cancer Program, created by the CIA and NIH to develop a deadly pathogen for which humanity had no natural immunity (AIDS), was disguised as a war on cancer but was actually part of MKNAOMI.
Many members of the Senate and House of Representatives still do not know what has been going on. For example, the US Senate Committee on Government Reform had searched the archives in Washington and other places for the document titled "The Special Virus Cancer Program: Progress Report No. 8", and couldn't find it.

November 21, 2016
Weaponized Mycoplasma
Donald Scott is a retired high school teacher and university professor who is currently president of the Common Cause Medical Research Foundation and adjunct professor of the Institute of Molecular Medicine. He has extensively researched neurosystemic degenerative diseases over the past five years and has authored many documents on the relationship between degenerative diseases and a pathogenic mycoplasma called Mycoplasma fermentans. His research is based upon solid government evidence.

I - THE MYCOPLASMA
A COMMON PATHOGENIC MYCOPLASMA:
There are 200 species of mycoplasmas.
Most are innocuous and do no harm; only four or five are pathogenic. The Mycoplasma fermentans (incognitus strain) probably comes from the nucleus of the brucellosis

bacteria. This disease agent is not a bacteria, and not a virus; it is a mutated form of the brucellosis bacteria, mutated with a visna virus, from which the mycoplasma, is extracted.

Dr. Maurice Hilleman, chief virologist for the pharmaceutical company of Merck, Sharp and Dohme, stated that this disease agent is now carried by everybody in North America and possibly most people throughout the world. The mycoplasma used to be very innocuous. Only one person out of 500,000 would get multiple sclerosis; one out of 300,000 would develop Alzheimer's; one out of 1,000,000 would develop Creutzfeldt-Jakob disease. Before the early 1980's, nobody ever died of AIDS because it didn't exist. The mycoplasma is also the disease agent in AIDS, and I have all the documentation to prove it.

BIOWARFARE RESEARCH:
Between 1942 and the present time, biological warfare research has resulted in a more deadly and infectious form of the mycoplasma. They extracted this mycoplasma from the brucellosis bacteria, weaponized it and actually reduced the disease to a crystalline form.

According to Dr. Shyh-Ching Lo, one of America's top researchers, this disease agent, the mycoplasma, causes among other things, AIDS, chronic fatigue syndrome, multiple sclerosis, Wegener's disease, Parkinson's disease, Crohn's colitis, Type I diabetes, and collagen-vascular diseases such as rheumatoid arthritis and Alzheimer's. The mycoplasma enters into the individual cells of the body depending upon your genetic predisposition. You may develop neurological diseases if the pathogen destroys certain cells in your brain, or you may develop Crohn's colitis if the pathogen invades and destroys cells in the lower bowel. Once it gets into the cell, it can lie there doing nothing sometimes for 10, 20 or 30 years, but if a trauma occurs like an accident, or a vaccination that doesn't take, the mycoplasma can become triggered. Because it is only the DNA particle of the bacteria, it doesn't have any organelles to process its own nutrients, so it grows by uptaking preformed sterols from its host cell, literally kills the cell, and the cell ruptures and what is left gets dumped into the blood stream.

DOCUMENTED EVIDENCE:
My conclusions are entirely based upon official documents: 80% are United States or Canadian official government documents, and 20% are articles from peer-reviewed journals, such as the Journal of the American Medical Association, The New England Journal of Medicine, and The Canadian Medical Association Journal. The journal articles and government documents complement each other. We also have a document from Dr. Shyh-Ching Lo which names the mycoplasma as a cause of cancer. Dr. Charles Engel who is with the National Institutes of Health, Bethesda, Maryland, stated at an NIH meeting on February 7, 2000, *"I am now of the view that the probable cause of Chronic Fatigue Syndrome and fibromyalgia is the mycoplasma".*

II CREATION OF THE MYCOPLASMA
MYCOPLASMA PATENT:

Many doctors don't know about this mycoplasma because it was developed by the U.S. military in biological warfare experimentation, and it was not made public. This pathogenic mycoplasma disease agent was patented by the United States military by Dr. Shyh-Ching Lo, who was the top researcher for the military biological warfare research facility. I have the documented patent from the U.S. patent office.

A LABORATORY-CREATED PATHOGEN BY THE U.S. MILITARY:
Researchers in the United States, Canada and Britain were doing biowarfare research with the brucellosis bacteria as well as with a number of other disease agents. From its inception, the biowarfare program was characterized by continuing in-depth review and participation by the most eminent scientists, medical consultants, industrial experts and government officials, and it was top secret. The U.S. Public Health Service also closely followed the progress of biological warfare research and development from the very start of the program, and the Centers for Disease Control (CDC), and the National Institutes of Health (NIH) in the United States were working with the military in weaponizing these diseases. These are diseases which have existed for thousands of years, but they have been weaponized which means they were made more contagious and more effective. And they are spreading. A program developed by the CIA and NIH to develop a deadly lethal pathogen for which humanity had no natural immunity (AIDS) was disguised as a war on cancer and was part of MKNAOMI (ref. Special Virus Cancer Program: Progress Report 8, prepared by National Cancer Institute, Viral Oncology, Etiology Area, July, 1971 and submitted to NIH Annual Report in May, 1971 and updated July, 1971).

COMMITTEE ON GOVERNMENT REFORM:
Many members of the Senate and House of Representatives do not know what has been going on. For example, the US Senate Committee on Government Reform had searched the archives in Washington and other places for the document titled The Special Virus Cancer Program: Progress Report No.8 mentioned above and couldn't find it. Somehow they heard I had it, called me and asked me to mail it to them. Imagine. A retired school teacher being called by the United States Senate and asked for one of their secret documents! The United States Senate through their government reform committee is trying to stop this type of government research.

BIOLOGICAL WARFARE RESEARCH AGREEMENT:
All the countries at war were experimenting with biological weapons. In 1942, the governments of the United States, Canada and Great Britain entered into a secret agreement to create two types of biological weapons (one that would kill and one that was disabling) for use in the war against Germany and Japan, who were also developing biological weapons. They primarily focused on brucellosis, and they began to weaponize the brucellosis bacteria.

CRYSTALLINE BRUCELLOSIS:
In a genuine U.S. Senate Study unclassified on February 24,
1977, the title page of this government record reports that George Merck, of the pharmaceutical company, Merck, Sharp and Dohme (which now makes cures for

diseases they at one time created), in 1946, reported to the Secretary of War in the United States that his researchers had produced in isolation for the first time, a crystalline bacterial toxin extracted from brucellosis bacteria. The bacterial toxin could be removed in crystalline form and delivered by other vectors (in nature they are delivered within the bacteria). But the factor that is working in the brucellosis is the mycoplasma.

Brucellosis is a disease agent that doesn't kill people; it disables them. But they found that if they had mycoplasma at a certain strength, actually ten to the tenth power, it would develop into AIDS, and the person would die from it within a reasonable period of time because it could bypass our natural human defenses. If it was 108, the person would manifest with chronic fatigue syndrome or fibromyalgia. If it was 107, they would present as wasting; they wouldn't die, and they wouldn't be disabled, but they would not be that interested in life, they would waste away (ref. Dr. Donald MacArthur of the Pentagon appearing before a Congressional Committee, June 9, 1969, Department of Defense Appropriations, p.114, 129). Most of us have never heard of brucellosis because it largely disappeared when they began pasteurizing milk, which was the carrier. One salt shaker of this pure disease in a crystalline form could sicken the entire population of Canada. It is absolutely deadly, not in terms of killing the body, but in terms of disabling the body. The advantage of this crystalline disease agent is that it does not show up in blood and tissue tests because the bacteria have disappeared and only the pure disease agent remains. So the doctor thinks that it's all in your head.

CRYSTALLINE BRUCELLOSIS AND MULTIPLE SCLEROSIS:
About three years ago in Rochester, New York, a gentleman gave me a document and told me, *"I was in the U.S. Army, and I was trained in bacteriological warfare. We were handling a bomb filled with brucellosis, only it wasn't brucellosis; it was a brucellosis toxin in crystalline form. We were spraying it on the Chinese and North Koreans."* He showed me his certificate listing his training in chemical, biological, and radiological warfare. Then he showed me 16 pages of documents given to him by the U.S. military when he was discharged from the service. It linked brucellosis with multiple sclerosis and stated:

"Veterans with multiple sclerosis, a kind of creeping paralysis developing to a degree of 10% or more disability within two years after separation from active service may be presumed to be service-connected for disability compensation. Compensation is payable to eligible veterans whose disabilities are due to service." In other words, *"If you become ill with multiple sclerosis, it is because you were handling this brucellosis and we will give you a pension. Don't go raising any fuss about it."*

The government of the United States, in this official document revealed evidence of the cause of multiple sclerosis, but they didn't make it known to the public, or to your doctor. In a 1958 report, Drs. Kyger and Haden suggest "...the possibility that multiple sclerosis might be a central nervous system manifestation of chronic brucellosis". *Testing approximately 113 MS patients, they found that almost 95% also tested positive for brucellosis*. We have a document from a medical journal which concludes that one out

of 500 people who had brucellosis would develop what they called neurobrucellosis, in other words, brucellosis in the brain which settles in the lateral ventricles where the disease multiple sclerosis is basically located.

CONTAMINATION OF CAMP DETRICK LAB WORKERS:
A report from the New England Journal of Medicine, 1948, Vol.236, p.741 called "Acute Brucellosis Among Laboratory Workers" shows us how actively dangerous this agent is. The laboratory workers were from Camp Detrick, Frederick, Maryland where they were developing biological weapons. Even though these laboratory workers had been vaccinated, wore rubberized suits and masks, and worked through holes in the compartment, many of them came down with this awful disease because it is so absolutely and terrifyingly infectious. The article was written by Lt. Calderone Howell, Marine Corps, Captain Edward Miller, Marine Corps, Lt. Emily Kelly, United States Naval Reserve and Captain Henry Bookman. They were all military personnel engaged in making the disease agent brucellosis into a more effective biological weapon.

III. COVERT TESTING OF THE MYCOPLASMA
TESTING BRUCELLOSIS UPON AN UNSUSPECTING PUBLIC:
Documented evidence proves that the biological weapons they were developing were tested on the public in various communities without their knowledge or consent. The government knew that crystalline brucellosis would cause disease in humans. Now they needed to determine how it spread, and the best way to disperse it. They tested dispersal methods for Brucella suis and Brucella melitensis at Dugway Proving Ground, Utah, June and September 1952. Probably, 100% of us now are infected with Brucella suis and Brucella melitensis. (ref. p.135, table 4 of Special Virus Cancer Program: Progress Report 8). Another government document recommended the genesis of open air vulnerability tests, and covert research and development programs to be conducted by the army and supported by the Central Intelligence Agency. At that time, the government of Canada was asked by the government of the United States to cooperate in testing weaponized brucellosis, and Canada cooperated fully with the government of the United States. They wanted to determine (i) if mosquitoes will carry the disease and (ii) if the air will carry it. A government report stated that "...open air testing of infectious biological agents is considered essential to an ultimate understanding of biological warfare potentialities because of the many unknown factors affecting the degradation of micro-organisms in the atmosphere".

TESTING BRUCELLOSES VIA MOSQUITO VECTOR IN PUNTA GORDA:
A report from *'The New England Journal of Medicine'*, August 22, 1957, p. 362 reveals that one of the first outbreaks of chronic fatigue syndrome was in Punta Gorda, Florida, back in 1957. It was a strange coincidence that a week before these people came down with chronic fatigue syndrome, there was a huge influx of mosquitoes. The National Institutes of Health claimed that the mosquitoes came from a forest fire 30 miles away. When the forest fire broke out, the mosquitoes all said, "Well, let's go over to Punta Gorda - there will be a bunch of people over there, we can have a picnic, and then we will go home". The truth is that those mosquitoes were infected in Canada by Dr. J.B. Reed at Queen's University. They were bred in Belleville, Ontario, and taken down and

released in Punta Gorda. Within a week, the first five cases ever of chronic fatigue syndrome were reported to the local clinic in Punta Gorda, and it continued until finally 450 people were ill with the disease.

TESTING BRUCELLOSIS VIA MOSQUITO VECTOR IN ONTARIO:
The government of Canada established the Dominion Parasite Laboratory in Belleville, Ontario, and raised 100 million mosquitoes a month which were shipped to Queen's University and certain other facilities to be infected with this disease agent. The mosquitoes were then let loose in certain communities in the middle of the night so they could determine how many people would become ill with chronic fatigue syndrome, or fibromyalgia, which was the first disease to show. One of the communities they tested it on was the St. Lawrence Seaway valley all the way from Kingston to Cornwall in 1984. They let out absolutely hundreds of millions of infected mosquitoes. Over 700 people in the next four or five weeks developed myalgic encephalomyelitis, or chronic fatigue syndrome.

IV - OTHER SECRET GOVERNMENT TESTING
MAD COW DISEASE IN THE FORE INDIAN TRIBE:
At the infamous Japanese Camp 731 in Manchuria, they contaminated prisoners of war with certain disease agents. They also established a research camp in New Guinea in1942, and experimented upon the Fore Indian tribe, and inoculated them with a minced-up version of the brains of diseased sheep containing the visna virus which causes mad cow disease (Creutzfeldt-Jakob disease which is known to you as mad cow disease, but which was known to the Fore Indian tribe as kuru). About five or six years later, after the Japanese had been driven out, the poor people of the Fore tribe developed what they called kuru which was their word for wasting, and they began to shake, lose their appetites, and die. The autopsies revealed that their brains had literally turned to mush. They had contracted mad cow disease from the Japanese experiments. When World War II ended, the Japanese General Doctor who was in charge of biological warfare experimentations in Japan, Dr. Ishii Shiro, was captured. They gave him the choice of a job with the United States Army or execution as a war criminal. Not surprisingly, Dr. Ishii Shiro chose to work with the United States military to demonstrate how they had created mad cow disease in the Fore Indian tribe. In 1957, when the disease was beginning to blossom in full among these Fore Indian people, Dr. Carleton Gajdusek of the National Institutes of Health of the U.S. headed down to New Guinea to determine how the minced-up brains of the visna-infected sheep affected these people. He spent a couple of years in New Guinea studying the Fore tribe, wrote an extensive report on it, and won the Nobel Prize for "discovering" kuru disease (also known as mad cow or Creutzfeldt-Jakob disease) in the Fore Indian tribe in New Guinea.

TESTING CARCINOGENS IN RUSSIA:
In 1953, the Americans developed a carcinogenic chemical which they wanted to test, but they didn't want to test it in the United States so they flew over Russia, accidentally wandered off course, and sprayed this stuff. Many people started getting cancer. And the U.S. had some jokes about this. One American researcher, Dr. Maurice Hilleman of

Merck, Sharp and Dohme, joked, "We are going to win the next Olympics because all the Russians are going to turn up with 40-pound tumors." They thought it was a big joke.

TESTING CARCINOGENS IN WINNIPEG:

Next they said, "How about testing it in Canada?" In 1953, the U.S. asked the government of Canada if they could test this carcinogenic chemical over the city of Winnipeg. It was a big city with 500,000 people, miles from anywhere. They sprayed the chemical in a 1,000% attenuated form, which they said would be so watered down that nobody would get very sick. However, if people came to clinics with a sniffle, a sore throat, or ringing in their ears, the researchers would be able to determine what percentage would have developed cancer if it had been full strength. When we located evidence that the Americans had tested this carcinogenic chemical over the city of Winnipeg in 1953, and informed the government that we had this evidence, they denied it. However, finally, on May 15, 1997, a story out of the Canadian Press in Washington, D.C. by Robert Russo, published in the Toronto Star, stated that the Pentagon of the United States admitted that in 1953 they had obtained permission from the government of Canada to fly over the city of Winnipeg and spray this crap out, and it sifted down on kids going to school, housewives hanging out their laundry, and people going to work. U.S. Army planes and trucks released the chemical 36 times between July and August 1953. The chemical used was zinc cadmium sulfide, a carcinogen. They got their statistics, which indicated that if it had been full strength, approximately a third of the population of Winnipeg would have developed cancers over the next five years. The Pentagon called a press conference to admit what they had done. One professor, Dr. Hugh Fudenberg, MD, who was nominated twice for the Nobel Prize wrote a magazine article which stated that the Pentagon has come clean on this because two researchers up in Sudbury, Ontario, Don Scott and his son Bill Scott had been revealing this to the public. The US Army actually conducted a whole series of simulated germ warfare tests in Winnipeg. The Pentagon lied about the tests to the mayor, saying that they were testing a chemical fog over the city, which would protect Winnipeg in the event of a nuclear attack. A report commissioned by US Congress, chaired by Dr. Rogene Henderson, lists 32 American towns and cities used as test sites as well-established a research camp in New Guinea in 1942, and experimented upon the Fore Indian tribe, and inoculated them with a minced-up version of the brains of diseased sheep containing the visna virus which causes mad cow disease (Creutzfeldt-Jakob disease which is known to you as mad cow disease, but which was known to the Fore Indian tribe as kuru). About five or six years later, after the Japanese had been driven out, the poor people of the Fore tribe developed what they called kuru which was their word for wasting, and they began to shake, lose their appetites, and die. The autopsies revealed that their brains had literally turned to mush. They had contracted mad cow disease from the Japanese experiments.

V - BRUCELLOSIS MYCOPLASMA AND DISEASE

AIDS:

The AIDS pathogen was created out of a brucellosis bacteria mutated with a visna virus; then the toxin was removed as a DNA particle called a mycoplasma. They used the

same mycoplasma to develop disabling diseases like MS, Crohn's colitis, Lyme disease etc. In a United States congressional document of a meeting held June 9, 1969, the Pentagon delivered a report to Congress about biological weapons (described on page 129 of the document). The Pentagon stated, "We are continuing to develop disabling weapons." Dr. MacArthur, who was in charge of the research said, *"We are developing a new lethal weapon, a synthetic biological agent that does not naturally exist, and for which no natural immunity could have been acquired."* Think about it. If you have a deficiency of acquired immunity, you have an acquired immunity deficiency. Plain as that AIDS. In laboratories throughout the United States and a certain number in Canada, including the University of Alberta, the U.S. government provided the leadership for the development of the AIDS virus for the purpose of population control.

After they had it perfected, they sent medical teams from the Centers for Disease Control to Africa and other mid-eastern countries where they thought the population was becoming too large. They gave them all a free vaccination for smallpox. Five years after receiving this smallpox vaccination, 60% of them were suffering from AIDS. They tried to blame it on a monkey, which is nonsense. There was a report in the newspapers a while back about a professor at the University of Arkansas who claimed that while studying the tissues of a dead chimpanzee, she found the HIV virus. The chimpanzee that she had tested was born in the United States 23 years earlier. It had lived its entire life in a U.S. military laboratory where it was used as an experimental animal for the development of these diseases. When it died, its body was shipped to a storage place where it was deep-frozen and stored in case they wanted to analyze it later. Then they decided that they didn't have enough space for it, so they said, "Anybody want this dead chimpanzee?", and this researcher from Arkansas said, "Yes. Send it down to the University of Arkansas. We are happy to get anything that we can get." They shipped it down and she found the HIV virus in it. That virus was acquired by that chimpanzee in the laboratories where it was tested.

APPEALS TO CANADA PENSION:

Many people with chronic fatigue syndrome, myalgic encephalo-myelitis and fibromyalgia who apply to the Canada Pension Plan will be turned down because they cannot prove that they are ill. Over the past year I have conducted several appeals to Canada Pension and Workers Compensation on behalf of people who have been turned down. I provided documented evidence of these illnesses, and they were all granted their pensions on the basis of the evidence that I provided. In March of last year, for example, I appealed to the Workers' Compensation on behalf of a lady with fibromyalgia who had been denied her pension back in 1993. The vice-chairman of the board came up to Sudbury to hear the appeal, and I showed him a number of documents which proved that this lady was physically ill with fibromyalgia. It was a disease which caused physical damage, and the disease agent was a mycoplasma. The guy listened for three hours and then he said to me, "Mr. Scott, how is it I have never heard of any of this before? I said, "We brought a top authority in this area into Sudbury to speak on this subject and not a single solitary doctor came to that presentation."

VI - TESTING FOR THE PRESENCE OF MYCOPLASMA IN YOUR BODY

THE POLYMERASE CHAIN REACTION TEST:

Information is not generally available about this agent, because first of all, the mycoplasma is such an infinitely small disease agent. A hundred years ago certain medical theoreticians conceived that there must be something smaller than the bacteria and the virus, which are the most common living forms of disease agents. This pathogenic organism is so infinitely small that normal blood and tissue tests will not reveal the source of the disease. Your doctor may diagnose you with Alzheimer's and he will say, "Golly, we don't know where Alzheimer's comes from. All we know is that your brain begins to deteriorate, cells rupture, the myelin sheath around the nerves dissolves, and so on." Or if you have chronic fatigue syndrome, the doctor will not be able to find any cause for your illness with ordinary blood and tissue tests. This mycoplasma couldn't be detected until about 30 years ago when they developed the polymerase chain reaction test in which they examine a sample of your blood, remove damaged particles, and subject that damaged particle to a polymerase chain reaction. This causes the DNA in the particle to break down. Then they place it in a nutrient which causes the DNA to grow back into its original form. If they get enough of it they can recognize what it is, and determine whether brucellosis or another kind of agent is behind that particular mycoplasma.

THE BLOOD TEST:

If anybody in your family has myalgic encephalomyelitis, fibromyalgia, multiple sclerosis, or Alzheimer's, you can send a blood test to Dr. Les Simpson in New Zealand. If you are ill with these diseases, your red blood cells will not be normal donut-shaped blood cells capable of being compressed and squeezed through the capillaries, but will swell up like cherry-filled donuts, which cannot be compressed. The blood cells become enlarged and distended because the only way the mycoplasma can exist is by uptaking preformed sterols from the host cell. One of the best sources of preformed sterols ischolesterol, and cholesterol is what gives your blood cells flexibility. If the cholesterol is taken out by the mycoplasma, the red blood cell swells up, doesn't go through and the person begins to feel all the aches and pains, and all the damage it causes to the brain, the heart, the stomach, the feet and the whole body because blood and oxygen is cut off. And that is why people with fibromyalgia and chronic fatigue syndrome have such a terrible time. When the blood is cut off from the brain, punctate lesions appear, because those parts of the brain die. It will get into portions of the heart muscle, especially the left ventricle, and those cells will die. Certain people have cells in the lateral ventricles of the brain that have a genetic predisposition to admit the mycoplasma, and it causes the lateral ventricles to deteriorate and die and this leads to multiple sclerosis which will progress until they are totally disabled and frequently die prematurely. It will get into the lower bowel and parts of the lower bowel will die and cause colitis. All of these diseases are caused by the degenerating properties of the mycoplasma. About two months ago a gentleman in Sudbury phoned me and told me he had fibromyalgia. He applied for Canada Pension and was turned down because his doctor said it was all in his head and there was no external evidence. I gave him the proper form and a vial, and he sent his blood to Dr. Les Simpson of New Zealand to be tested. He did this with his family doctor's approval, and the results from Dr. Simpson showed that only 4% of his red

blood cells were functioning normally and carrying the appropriate amount of oxygen to his poor body, whereas 83% were distended, enlarged and hardened, and wouldn't go through the capillaries without an awful lot of pressure and trouble. This is the physical evidence of the damage that is done.

THE ECG TEST:

You can also ask your doctor to give you a 24-hour Holter ECG. You know, of course, that an electrocardiogram is a measure of your heart beat, which shows what is going on in the right ventricle, the left ventricle, and so on. Tests show that 100% of patients with chronic fatigue syndrome and fibromyalgia have an irregular heart beat. At various periods of time, during the 24 hours, the heart, instead of working happily away, going "bump-BUMP, bump-BUMP", bump-BUMP, every now and again, it will go "buhbuhbuhbuhbuhbuhbuhbuhbuh". The T-wave (the waves are called P, Q, R, S, and the last one is T) is normally a peak, and then the wave levels off and starts with the P-wave again. In chronic fatigue and fibromyalgia patients, the T-wave flattens off, or actually inverts. That means the blood in the left ventricle is not being squeezed up through the aorta and around through the body. My client did this test, and lo and behold, the test results stated: "The shape of T and S-T suggest left ventricle strain pattern, although voltage and so on is normal". The doctor had no clue as to why the T-wave was not working properly. I analyzed the report of the patient who had been turned down by Canada Pension and sent it back to them. They wrote back and said, "It looks like we may have made a mistake. We are going to give you a hearing and you can explain this to us in more detail." So it is not all in your imagination. There is actual physical damage to the heart. The left ventricle muscles do show scarring. That is why many people are diagnosed with a heart condition when they first develop fibromyalgia, but it's only one of several problems because the mycoplasma can do all kinds of damage.

BLOOD VOLUME TEST:

You can also ask your doctor for a blood volume test. Every human being requires a certain amount of blood per pound of body weight, and it has been observed that people with fibromyalgia, chronic fatigue syndrome, multiple sclerosis and others do not have the normal blood volume their body needs to function properly. Doctors aren't normally aware of this. This test measures the amount of blood in the human body by taking out five cc, putting a tracer in it, and then putting it back in the body. One hour later take out five cc again and look for the tracer. The thicker the blood and the lower the blood volume, the more tracer you will find. The analysis of one of my clients stated: "This patient was referred for red cell mass study. The red cell volume is 16.9 ml per kg of body weight. The normal range is 25 to 35 ml. per kg." This guy has 36% less blood in his body than the body needs to function". And the doctor hadn't even known the test existed. If you lost 36% of your blood in an accident, do you think your doctor would tell you that you are all right, just take up line dancing and you will get over it? They would rush you to the nearest hospital and start infusing you with blood transfusions. These tragic people with these awful diseases are functioning with anywhere from 7% to 50% less blood than their bodies need to function.

UNDOING THE DAMAGE:
The body undoes the damage itself. The scarring in the brain of people with chronic fatigue and fibromyalgia will be repaired. There is cellular repair going on all the time. But the mycoplasma has moved on to the next cell. In the early stages of a disease, doxycycline may reverse the disease. It is one of the tetracycline antibiotics, but it is not bactericidal; it is bacteriostatic. It stops the growth of the mycoplasma, and if it is stopped long enough, then the immune system takes over. (Nicholson, G.L., Doxycycline treatment and Desert Storm,

JAMA, 1995, 273: 618-619),
GULF WAR RESEARCH:
Professor Garth Nicholson, Ph.D., of the Institute for Molecular Medicine is one of the top experts on mycoplasma. He was been given an $8 million grant to study 450 Gulf War veterans, because Gulf War illness is caused by the mycoplasma. Dr. Les Simpson has done most of the research in detecting the disease by the polymerase chain reaction blood test. You may contact Dr. Nicholson at 15162 Triton Lane, Huntington Beach, Ca, 92649-1401, tel 714-903-2900
.
In summary, there is a disease agent that is called a mycoplasma. All of these neurodegenerative systemic diseases are caused by a particle of a bacterial DNA, a mycoplasma that enters into the cells of living organisms and takes the cells apart, sterol by sterol, leaving scar tissue, and causing all the range of symptoms that you see in people with these diseases. The military and the National Institutes of Health and the government are all dedicated to keeping this mycoplasma as covert as they possibly can.

Weaponized mycoplasma is a **bio weapon** designed to achieve a **soft kill** of the population on a massive scale. Big Pharma was instrumental in this research along with the **military bio weapons** R&D agencies in increasing the efficacy, transmission and contagion factors of this bio weapon.

It is under **US Patent No. 5,242,820.**

Edward R. Winstead wrote on September 27, 2002, In the 1950s, the U.S. military developed artillery shells and bombs armed with a bacterium that causes a debilitating flu-like disease in humans. Now, three decades after those weapons were destroyed, scientists have sequenced the genome of the organism—a pathogen typically found in pigs called Brucella suis. There are six species of Brucella bacteria, four of which can infect humans but are primarily animal pathogens. They cause brucellosis, a disease that leads to abortions and stillbirths in pigs, cattle, and goats. Humans with brucellosis experience long-term spiking fevers that are rarely fatal unless the infected person has an immune deficiency.

Brucella suis is on the "B" list of organisms considered potential bioweapons by the Centers for Disease Control and Prevention in Atlanta, Georgia. The bacterium can be delivered as an aerosol, making it relatively easy to disseminate. An outbreak of infections would be difficult to detect because the earliest signs are flu-like symptoms.

The sequencing of the Brucella suis genome began in the summer of 2001, before the terrorist attacks and anthrax deaths. These events did not accelerate the research, but they "certainly gave us a heightened awareness of how Brucella suis might be used," says Ian T. Paulsen of The Institute for Genomic Research (TIGR) of Rockville, Maryland, where the sequencing was done.

The US Defense Advanced Research Projects Agency, or DARPA—part of the Defense Department—funded the project under its program to sequence biological warfare agents. The grant, which came through the National Institutes of Health, mandates the publication of the genome sequence. But the information is unlikely to advance the aims of terrorists, according to the researchers.

"This type of genome data will be far more valuable to someone working on vaccines than to someone working on developing weapons," says Paulsen. His team and their collaborators are currently mining the genome sequence for new targets for human vaccines and therapies.

Brucella suis infections are treatable, but the course of antibiotics can last nine months or more. Even with the antibiotics, the infection is difficult to eliminate entirely; treating an outbreak of brucellosis would be expensive because patients would need to be on antibiotics for extended periods of time. *"Brucellosis is like having the flu times ten,"* says Stephen M. Boyle of the Virginia Polytechnic Institute and State University in Blacksburg, who is a member of the research team. *"You're basically in bed and debilitated, though it's not life-threatening unless you have some other condition."*

The surprise of the study was the similarity between this animal pathogen and some plant pathogens and microbes that live symbiotically with plants. Despite their preferences for different kingdoms, the various organisms share genes, genomic structures and biological pathways.

For many Brucella genes, the closest matches were with a plant pathogen (Agrobacterium tumefaciens) and a plant symbiont (Mesorhizobium loti). When the researchers investigated the biology of these organisms, they found similar pathways, particularly for the metabolism of plant-derived compounds.

If Brucella suis can metabolize compounds in soil associated with plants, then this may explain its ability to survive outside human and animal hosts. It appears that the plant and animal pathogens may share a common ancestor—a soil bacterium.

"From my perspective, the study's most interesting findings are the similarity in genome sequence and in biological pathways between the plant and animal pathogens," says Paulsen. Comparing these species may yield insights into how the pathogens select a preferred host and how they cause disease.

A British army surgeon, Sir David Bruce, discovered Brucella melitensis on the island of Malta in 1887. He realized that soldiers were becoming ill from drinking milk from infected goats. The disease in sheep and goats is still a problem in the Mediterranean and parts of Asia, Africa, and Latin America.

In the fifties and sixties, the US military did extensive research on Brucella suis and developed a way to 'weaponize' the pathogen. They created extensive stocks of artillery and bombs that were supposedly destroyed when the Army abandoned its biological weapons program in 1969.

"The US Army quite liked Brucella suis because they were hoping the pathogen would give them a way of debilitating people without killing them," says Paulsen*. "The Soviets were less interested in this pathogen because they wanted lethal agents."*

"I'm not sure anyone knows what other countries may or may not have been up to with these pathogens," Paulsen adds.

The evidence offered in this segment becomes prima facia evidence that ***Mycoplasma*** is the likely weapon of choice by the elite overseeing the "Depopulation" of the world. Because our military-industrial overlords brazenly poison the very grunts that make their war games possible, we must logically conclude there is virtually nothing they would not secretly and sadistically do to the rest of us. Military officials lie as perniciously about chemtrail operations as they do about effects of DU weaponry. If people were to consider the published science regarding chemtrails and DU, they would understand that we are all in mortal jeopardy.

Both the Pentagon's aerosol operations and its limited nuclear wars are deeply interconnected. We can trace the beginnings of Operation Cloverleaf right to the Strangelove brain of Dr. Edward Teller, father of the hydrogen bomb and proponent of nuking inhabited coast lines to rearrange them for economic projects. Before he died in 2003, Teller was director emeritus of Lawrence Livermore National Laboratory, where plans for nuclear, biological and directed energy weapons are crafted. In 1997, Teller publicly outlined his proposal to use aircraft to scatter in the stratosphere millions of tons of electrically-conductive metallic materials, ostensibly to reduce global warming.

Shortly after Teller's presentation, the public began seeing frenetic chemtrailing. In 2000, CBS News admitted that scientists were "looking at drastic solutions for global warming, including manipulating the atmosphere on a massive scale." CBS confirmed that the plan to load the air with tiny particles would "deflect enough sunlight to trigger global cooling."

Dr. Teller estimated that commercial aircraft could be used to spew these particles at a cost of 33 cents a pound. This gives credence to a report by an airline manager, forced by a compulsory non-disclosure agreement to remain anonymous, that commercial aircraft have been co-opted to assist the military in consummating Project Cloverleaf. A 1991 Hughes aircraft patent confirms that sunscreen particulate materials can be run

through jet engines. A science textbook now used in some public schools discusses the sunscreen project by showing a large orange-red jet with the caption, “Jet engines running on richer fuel would add particles to the atmosphere to create a sunscreen.” The logo on the plane says “Particle Air.” The implications of this crucial information should not be understated. A program to make America’s millions of annual jet flights a source of specially designed particulate pollution is serious business.

Cloverleaf particles and polymers saturating the air we breathe are smaller than 10 microns and are invisible to the human eye. By comparison, a human hair is 60 to 100 microns in thickness. Scientists and the EPA report that because PM10 and sub-micron pollution particles bypass lung filters and enter the blood stream, they cause radical changes in the endocrine and nervous systems. They can trigger high blood pressure and cause heart attack within two hours of inhalation. They cause the blood to become sticky, making it tougher for the heart to pump and increasing the risk of blood clots and vessel damage. Now researchers in Taiwan document “a significant increase” in the number of stroke victims when PM10 pollutant levels rise. The American Lung Association confirms that we are breathing more toxic air than ever. No wonder nationwide asthma rates have been soaring in recent years.

Tiny synthetic filaments called polymers are part of the brew. In 1990, a NATO report detailed how high-flying aircraft can modify the atmosphere by spraying polymers to absorb electromagnetic radiation. **U.S. patent number 6315213** describes how cross-linked aqueous polymers dispersed into a storm diminish rain.

Polymer chemist Dr. R. Michael Castle has studied atmospheric polymers for years. He has found that some of them contain bioactive materials, which can cause “serious skin lesions and diseases when absorbed into the skin.” He has identified microscopic polymers comprised of genetically-engineered fungal forms mutated with viruses. He says that trillions of fusarium (fungus)/virus mutated spores, which secrete a powerful mico-toxin, are part of the air we breathe. Allergies anyone?

We can safely bet that into our particle-enriched air, experimenters are also dumping nanoparticles, developed for a variety of military and industrial uses. These engineered carbon molecules, as small as one-thousandth the diameter of human hair, display bizarre chemical properties and are known to trigger organ damage. A recent study at Southern Methodist University found that fish exposed to one type of nanoparticle suffered severe brain damage after only 48 hours.

U.S Black Budget to Spray the Populace like Roaches

I found out that a secret “black” budget of former President Obama sponsoring our own demise; shockingly, I discovered that we unknowingly finance our own genocide (Secret Presidential Chemtrail Budget Uncovered—Congress Exceeds Billions To Spray Populace Like Roaches, according to the IntelHub.com and that it goes on for decades. Here is the words of Dane Winington on the ongoing Chemtrails / Geoengineering: *“Historical records prove beyond doubt that climate engineering has been fully deployed on a substantial scale for over 65 years (hurricane suppression for over 53 years), so*

why do major publications continue to lie about this blatant reality? Because that is what they are paid to do. Once global populations fully grasp the gravity of the biosphere collapse that is rapidly unfolding around them (further exacerbated by Geoengineering), our paradigm will overturn. The power structure is trying desperately to hide this reality for as long as possible. Unfortunately, most environmental groups and organizations are major participants in Geoengineering denial. I and several other activists just attended a global warming presentation with standing room only, we made sure that the Geoengineering subject was not omitted from this event." -(GeoengineeringWatch.org)

According to this agenda (Agenda 21 and Agenda 2030), humans are on the same level as animals. We are to be managed like flora and fauna. Behind it all is a materialistic and secularized view of humanity, which rejects the idea humans are sacred and part of the divine! Needless to say, this is just the tip of the iceberg in regards to this hideous agenda.

The military's aerosol operations have been climate altering to the extreme. Air traffic is a huge source of greenhouse pollution. Increasing that traffic exponentially in order to scatter tons of heat-trapping metallic particulates and heat-liberating barium salts have undoubtedly led to accelerated global warming. Greenhouse gases in the atmosphere, including carbon dioxide, have reached a record high this year. As carbon dioxide levels rise, oxygen levels decrease.

Yet the Pentagon has been involved for decades in the drastic manipulation of weather, climate and atmospheric conditions. The U.S. used a chemical agent dubbed Olive Oil during Operation Popeye to induce heavy rains in Vietnam 40 years ago. The Air Force document titled "Weather As a Force Multiplier: Owning the Weather in 2025" lists its weaponized agenda for creating abrupt climate change including: Storm creation and modification, fog and cloud creation, precipitation enhancement, precipitation denial, drought inducement and artificial creation of "space weather." This document also states that the military's radical weather modification agenda will "become a part of national security policy with both domestic and international applications."

Weather weapons are now routinely used in war zones. A citizen reporting from Serbia noted that during NATO operations in the Balkans, black clouds suddenly materialized out of blue skies, hailstones were the size of eggs, and surreal thunder and lightning terrified the people. He reported that scientists found that the electromagnetic field over Serbia had been punctured, causing rain systems to circumvent the region. In addition to manufactured drought, scientists also predict that Serbia will suffer 10,000 cancer deaths from DU weaponry used there.

Despite visual evidence that every aspect of our physical environment is being manipulated and damaged for war games, some Americans cannot accept that dangerous covert operations are being conducted by a government they still believe to be a virtuous defender of freedom. Their stumbling block is a numbing belief that their own officials would never perpetrate dangerous experimentation on humanity since

"they have families too." History and the release of declassified government documents disprove such naiveté.

Although "they" had families too, the U.S. government and its defense contractors exposed citizens of the northwest U.S. to huge and deliberate releases of radioactive iodine 131 from the Hanford Nuclear Reservation where plutonium was produced for nuclear bombs. Those Cold War releases unleashed radiation illnesses upon thousands of down-winders, some of whom received up to 350 rads of radiation when a maximum safety dose is set at .025 rads annually. Between 1949 and 1952, radioactive pellets, dust and particles were tested on the hapless citizens of Utah and New Mexico.

To understand how our nation has arrived at this doomsday corruption, we must recall that immediately after WWII ended, the U.S. government initiated Operation Paperclip through which a large number of German Nazi scientists were imported to the United States. Once issued new identities, these death industry pros were employed in U.S. military laboratories to develop a dazzling array of secret weaponry projects. With congressional funding, the crowning achievement of this nexus was the creation of ghastly new bioweapons, including the AIDS virus and an incapacitating chronic fatigue agent engineered from mycoplasma and brucella.

The military is empowered to continue lethal experimentation by devious wording of Section 1520a Chapter 32 of U.S. Code Title 50. The law states that the Secretary of Defense may NOT conduct any chemical or biological test or experiment on civilian populations, **unless such tests are for medical, therapeutic, pharmaceutical, agricultural, industrial purposes or for research in general or for protection against weapons or for law enforcement purposes, including riot control**. So the Department of Defense may not use us for guinea pigs, unless it is for any "good" reason under the Sun! The law states that human subjects must give informed consent. But a nasty loophole in Section 1515 of Chapter 32 allows informed consent to be suspended by executive order during a period of national emergency, a situation under which this nation perpetually labors by deliberate hobgoblin design.

Few American test rats realize that the Pentagon's boys in Congress have now: So, while we await the great awakening, have a wonderful, barium-dried summer under a synthetic tarpaulin of aluminum-white, particle-laden, electrically-charged aviation scum that passes for sky. Endure well your respiratory and ocular difficulties while staring at huge oily sun rings and smeary sundogs, the patent signature of chemical assault. Don't forget to salute and click your heels when you see tanker formations patriotically saturating the atmosphere with such a dense, micro-particulate brew that they cast black shadows alongside or ahead of themselves.

As you witness the noxious drama in the skies, remember, it's all just part of the "kill chain." The Center for Disease Control and Prevention (CDC) lists 35 agents as potential bio-weapons, however, they are all categorized into 3 different groups based on their estimated threat level.

- **Category A:** *Have the highest potential for dissemination and mortality rates. Pose the greatest risk to national security as well as causing massive public fear and civil disruption. Require the most public health preparedness.*
- **Category B:** *Also pose a potential risk through dissemination, although with fewer incidents of illness and lower rates of mortality. Considerable public health preparedness.*
- **Category C:** *Not considered a significant threat as category A and B, although there is the potential for these agents to be developed as future weapons with better scientific understanding. Could still potentially lead to incidents of morbidity. Non-specific preparedness through overall bio-terrorism assessment.*

Mycoplasma is the smallest free-living entity capable of autonomous growth. I have viewed laboratory slide presentations. With all the evidence that I have viewed, read, listened to has been more than enough to cause all of us to have fear for our lives. It remains the most debilitating as well as lethal biological weapon in history. Through "gain of function" and years of chemtrail aerosol spraying, scientists are convinced the entire world has been infected with Mycoplasma. In fact, description of several family members, who were supposedly diagnosed with the alleged Covid-19, said it was like having the flu but ten times worse, yet they were only down for two days.

5G and Mycoplasma is the perfect "Silent Weapon for a Quiet War."

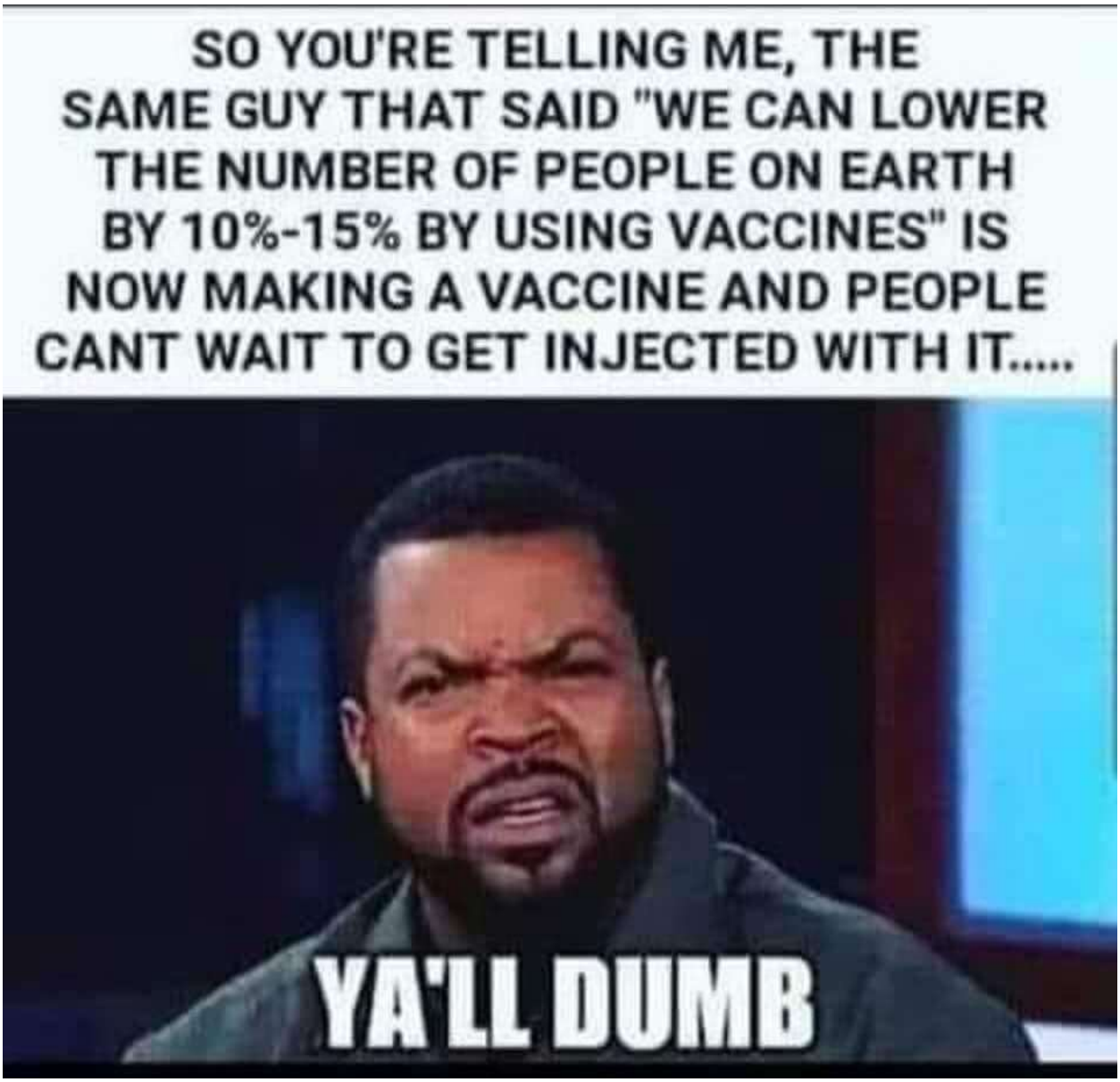
With the lunacy of public health agencies along with the fact this has not been in any way a serious epidemic or pandemic, it begs the question that if it is not a virus, then what is it? But what really is it we ask?

I have not discovered anything that would change my mind that this is anything more than exosomes being excreted from the body as a result of wireless 5G EMF toxic non-ionizing radiation poisoning and exhibiting symptoms that mimic a pathogen within the SARS-cov-2 family. If I am right on this, we have only seen what has been the prelude to an even larger but more lethal biological weapon yet to come. Remember, it was Bill Gates who recently stated in an interview *"that we should prepare for the next pandemic,"* and he did so with a smile, *"that will get attention this time."*

Pandemic predictions are nothing new for Bill Gates. While the 2020 coronavirus outbreak seemed to take world leaders by surprise, Gates has been talking about the threat of a global pandemic for years. In a 2015 TED Talk Gates warned that the US and other countries were not prepared for a pandemic:

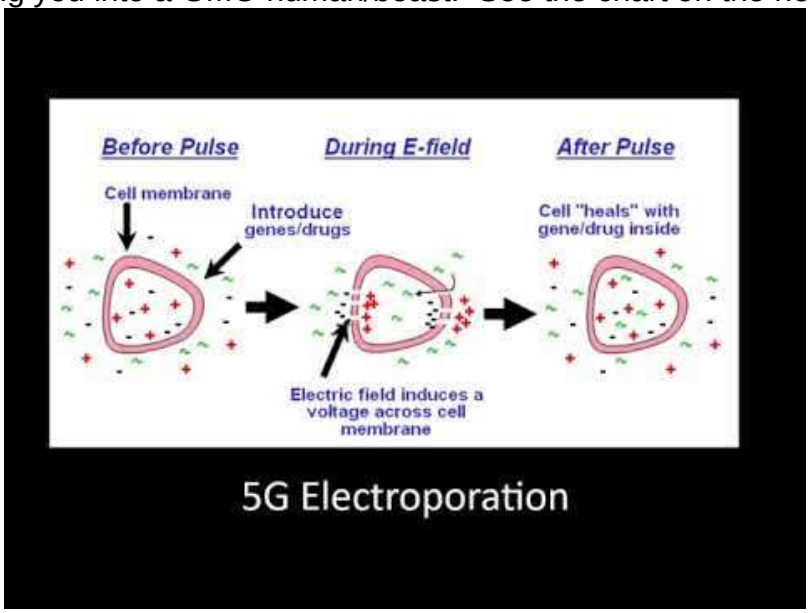
"If anything kills over 10 million people in the next few decades, it's most likely to be a highly infectious virus rather than a war," he said. "Not missiles, but microbes."

More recently, in 2018 the billionaire philanthropist told an audience at an epidemic discussion hosted by the Massachusetts Medical Society that a pandemic could wipe out tens of millions if not combatted effectively. He cited a simulation carried out by the Institute for Disease Modelling that suggested that a modern version of the 1918 flu pandemic would now kill around 30 million people in just six months.



But his arrogance was exposed when Bill Gates used the TED Talk presentation to promote his vaccination programs, literally saying, *"If we are doing a real good job vaccinating children, we can reduce the world population by 10% to 15%".* This sounds very much like eugenics. And he wants you to take the vaccine! His arrogance betrays his stupidity. It's no wonder that he dropped out of Harvard in his second year.

The promoters of the Covid-19 vaccine fail to tell the public that their vaccines do change or alter your DNA that is being dishonest and deceptive. Any vaccine, mRNA or mDNA injected into your arm, changes your DNA by the mere fact it wraps itself around our DNA, making you into a GMO human/beast. See the chart on the next page.

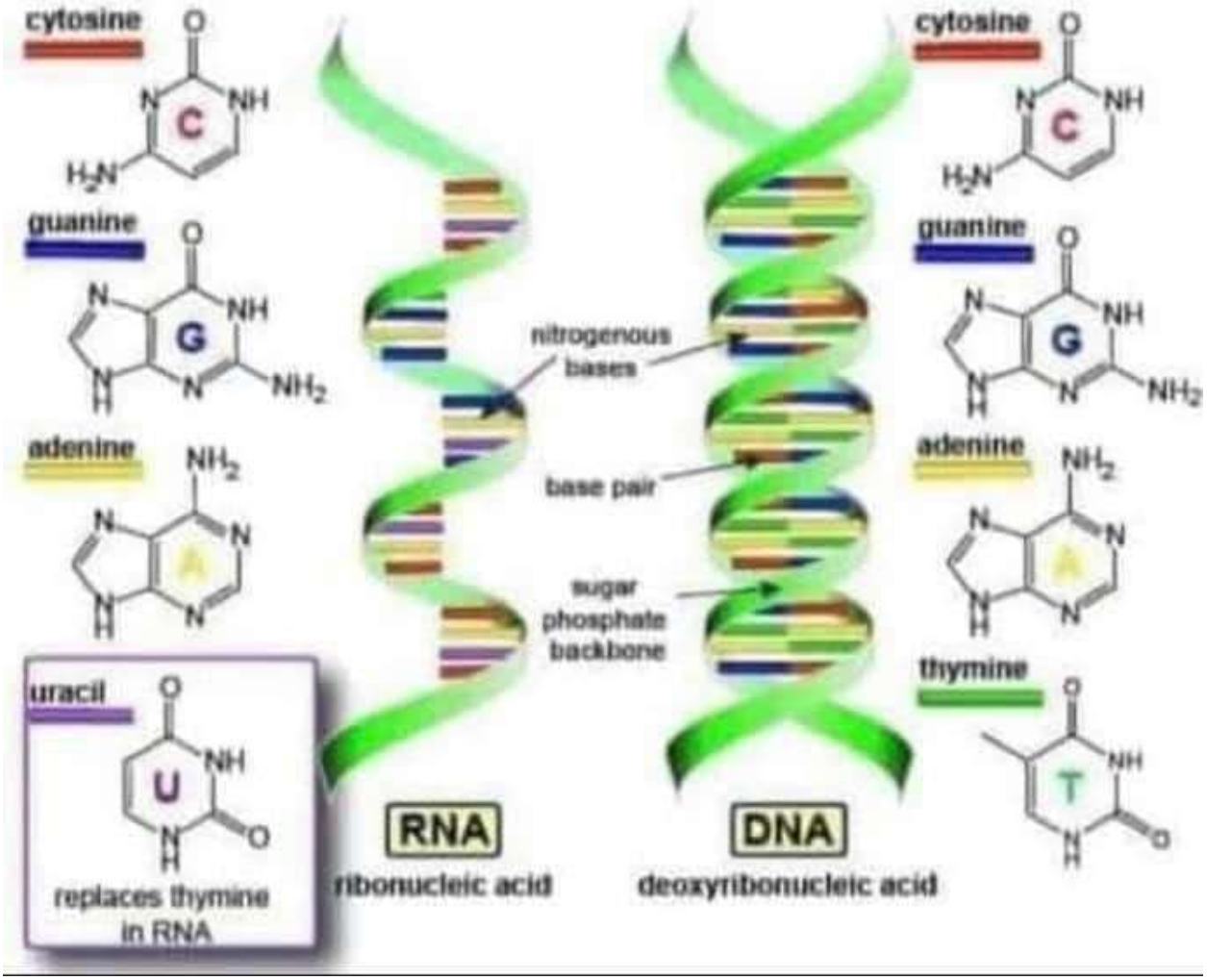


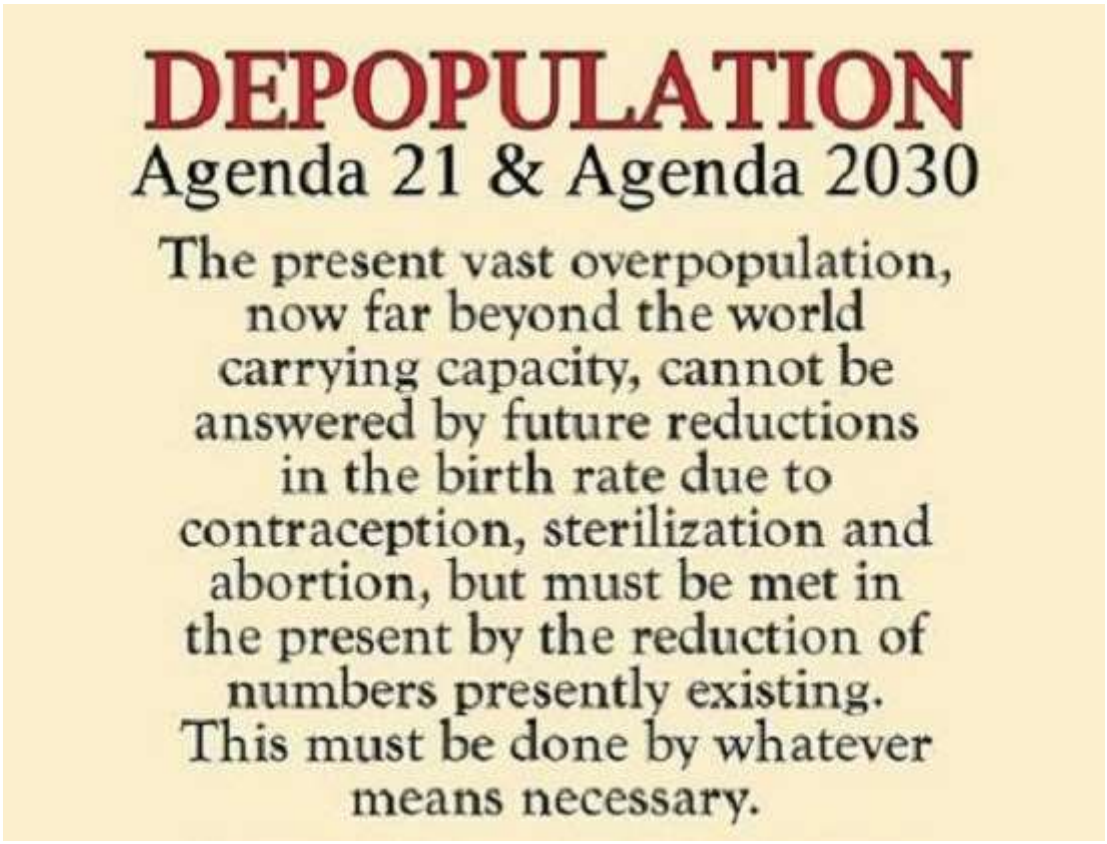
I am always reminded of Dr. Edward Teller's statement that it only costs 33-cents a lb. to aerosol this pathogen to reduce the world's population. At that price ***Mycoplasma*** is the perfect "Silent Weapon for Quiet Wars" in conjunction with the roll out of 5G wireless EMF toxic radiation poisoning. Since I posted the latest segment of my series on "Depopulation" two days ago, another 117 5G locations went live and operational.

Wireless 5G EMF through Electroporation
will activate the existing pathogen
"Mycoplasma"

Many have nailed 5G as the real cause for what is being labeled Covid-19, but to my knowledge, Dr. Garth Nichols and perhaps a few dozen other researchers have made the connection linking it to the activation of ***Mycoplasma***. Since no two of us are exactly alike, and each of us has our own predisposed or specific genome physical weak points, it becomes impossible to have or find points of similarities, our analysis in drawing sound conclusions. All aspects of ***Mycoplasma*** are perfect for the mass murderers seeking to pull off the perfect murder of millions. This much I know, 5G can kill, and ***Mycoplasma*** kills. Both are silent, invisible, and ultimately lethal. In Mitigating against 5G and ***Mycoplasma*** requires different measures, but in each case, there is no magic bullet so to speak to defeat either of these toxic pathogens and their lethality.

The new vaccine for Covid–19 will be the first of its kind EVER. It will be an mRNA vaccine which will literally alter your DNA. It will wrap itself into your system. You will essentially become a genetically modified human being.

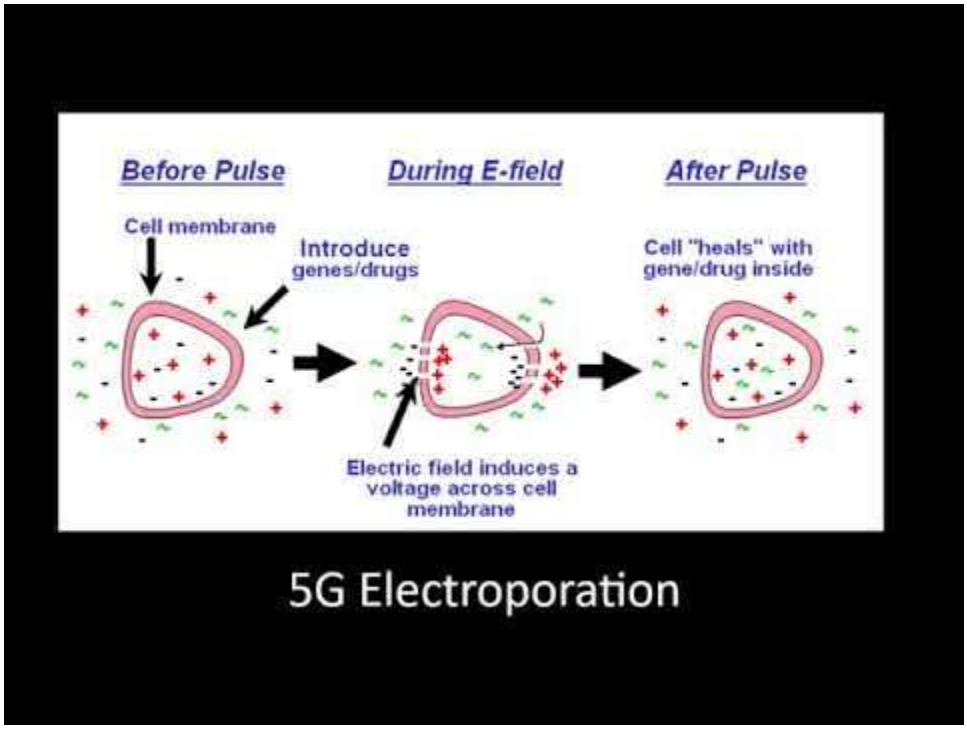




Wireless 5G EMF through Electroporation will activate the existing pathogen "Mycoplasma"

I have not said much in this article about the method of delivering the kill shot or the actuating the ***Mycoplasma***. The slide below is a visual rendition of how 5G is electroporated into the body cell structure through the pores of a person's skin.

Mycoplasma already is in virtually every human being around the planet. It got there from our breathing in aerosol nano-particles dispersed through twenty-five-years of government military spraying chemtrails in the sky overhead, day and night.



Electroporation is not a particularly new method, it is gene therapy created to deliver cancer treatments to areas of the body where chemo-therapy fails to succeed. You may have heard of “Crispr” in the last few years, a new technique of “gene” editing or “gene” therapy. I first learned of “Crispr” in 2017 in a news report on SkyWatchTV.

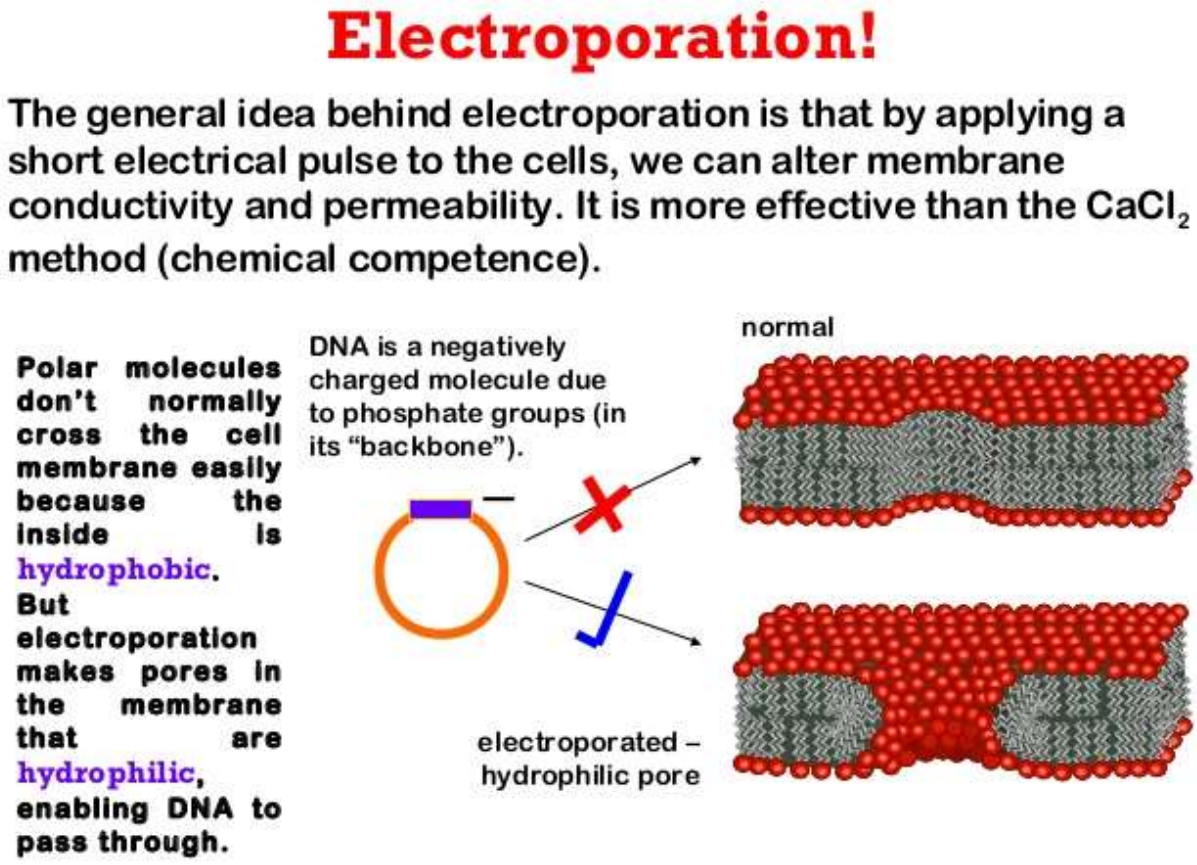
There are several types of therapies that aim to treat diseases by using genes—and gene replacement therapy is just one type. These approaches replace a nonworking or missing gene, change how your existing genes act, or introduce modified cells into your body.

The idea is to take a missing or nonworking gene and create a new working copy of the gene. In gene replacement therapy the purpose is to give the cells a new, working copy of the missing or nonworking gene.

This gene is created in a laboratory and then packaged in a delivery vehicle called a vector. This vector carries the gene into the nucleus of specific cells. Once there, the gene may become part of the cell’s DNA, or it may stay separate. Either way, it starts to make the protein that’s missing or in short supply. When the vector is no longer needed, it is eliminated from the body.

Unfortunately, almost anything created for good or benefit to humanity can be turned and used against humanity; and “Crispr” and gene editing is no different. The Wi-Fi 5G operates on a millimeter wave spectrum that can be aimed much like a scope on a sniper rifle used in a military operation. It can be targeted specifically to GPS coordinates of IP addresses, a URL address of a computer, to your “Smart” cell phone,

etc. With the launch (so far) of 40,000+ 5G satellites in orbit, there will be no play to hide! Seriously folks you will not be able to hide.

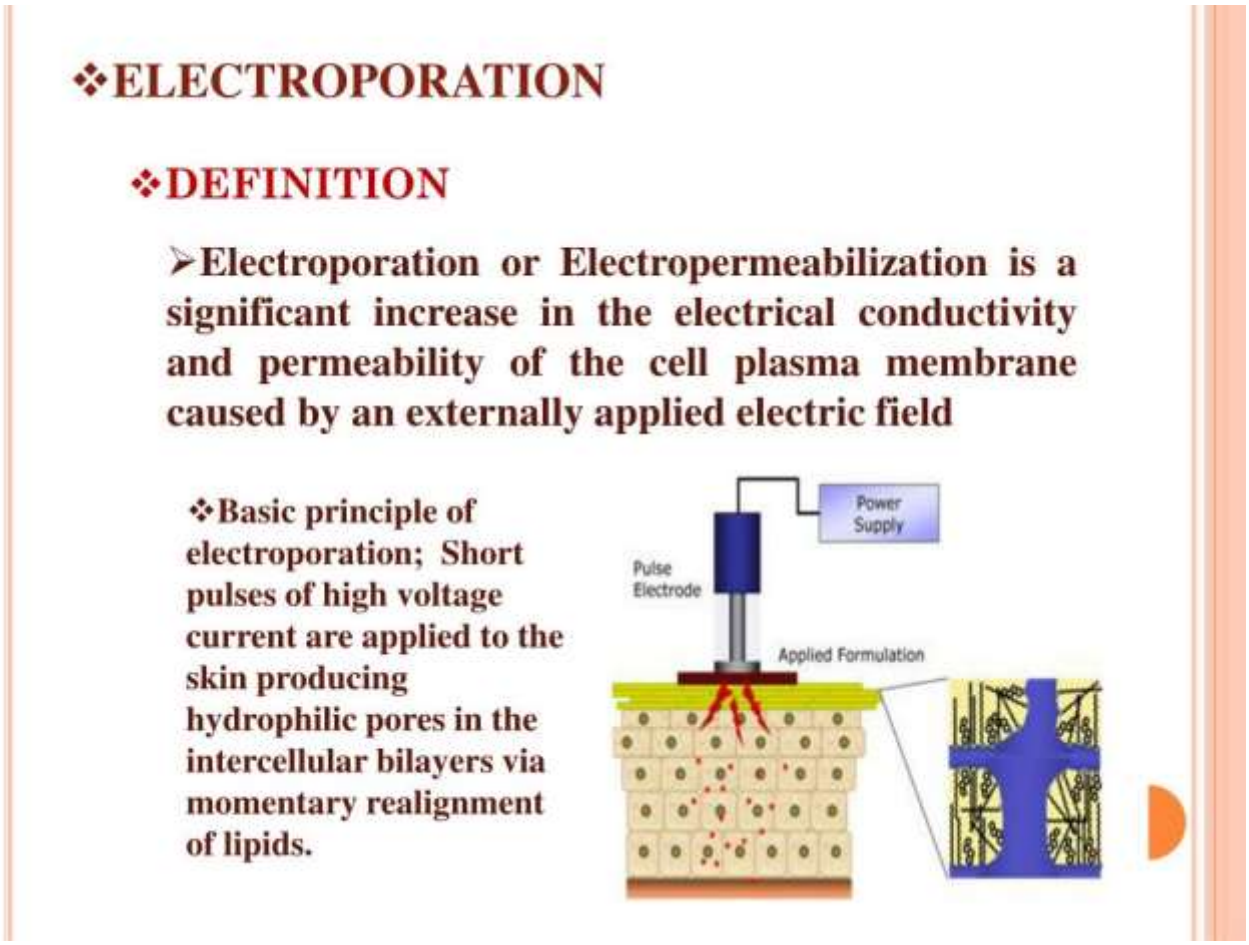


Gene replacement therapy has been an area of study in humans since 1989. It has taken nearly 30 years for the first gene replacement therapy to be approved by the Food and Drug Administration (FDA) for use in people outside of a clinical study. In late 2017, a gene replacement therapy was approved for the first time to treat a rare, inherited form of vision loss.

Research in gene replacement and gene editing has been underway since the late 1970s. My first wife was diagnosed with Huntingdon's Disease in 1972 and her neurosurgeon and physicians at the time could offer us no hope until a future date when this new gene therapy was projected to be able to do in today's research medicine. She died from what the disease did to her mind and body over 25 years. Huntingdon's is inherited from a parent carrying the defective gene. My wife's mother was also a victim of Huntingdon's disease, which does not exhibit symptoms until one is in their early 30s.

My interest in genetics goes back to 1972. I have two grown children who were tested and neither had inherited the defective gene and they are free of that specific gene. However, everyone carries a predisposition to some genetic disorder that one day will

lead to our death. ***Mycoplasma*** will one day sense that and be activated and begin its cell consumption process. The process of death decomposition begins in earnest. Wireless 5G because of its millimeter wave band can be activated unbeknownst to the individual and through Electroporation, can activate the dormant ***Mycoplasma*** in one's body, to attack that predisposition to say kidney disease, Alzheimer's, or cancer of the pancreas, or prostate, or breast cancer. There are infinite ways ***Mycoplasma*** will lead to death.



What I learned a few years ago is that researchers in biology and genetics now believe that Huntingdon's Disease is caused by ***Mycoplasma***. This bacterial pathogen has been around for centuries. Through development of optics, electron molecular telescopes, and chemistry has enabled researchers to learn so much more about ***Mycoplasma***. We know from the information in this report and work by Dr. Garth Nichols that it has been weaponized into a biological weapon. It may seem strange that one segment of society works towards cures and better health, while another is using the same technology to kill with greater intensity and lethality!

It lies dormant in the body and it is monitoring the human body for three things that awaken it from its dormant state. At this juncture, it is unknown what it is that wakes up the dormant ***Mycoplasma***. It is somehow monitoring these bodily functions:

1. Your pH level or balance
2. Your blood/oxygen level or balance
3. Your immune system state

Another factor which I have not discussed in this or previously in Part 1 is the matter of stress. In my research, I learned that the matter of stress plays a role into the activation of ***Mycoplasma.*** The Mayo Clinic web page states:

Everyone has different stress triggers. Work stress tops the list, according to surveys. Forty percent of U.S. workers admit to experiencing office stress, and one-quarter say work is the biggest source of stress in their lives. Causes of work stress include:

•Being unhappy in your job
•Having a heavy workload or too much responsibility
•Working long hours
•Having poor management, unclear expectations of your work, or no say in the decision-making process
•Working under dangerous conditions
•Being insecure about your chance for advancement or risk of termination
•Having to give speeches in front of colleagues
•Facing discrimination or harassment at work, especially if your company isn't supportive

Life stresses can also have a big impact. Examples of life stresses are:

•The death of a loved one
•Divorce
•Loss of a job
•Increase in financial obligations
•Getting married
•Moving to a new home
•Chronic illness or injury
•Emotional problems (depression, anxiety, anger, grief, guilt, low self-esteem)
•Taking care of an elderly or sick family member
•Traumatic event, such as a natural disaster, theft, rape, or violence against you or a loved one

Sometimes the stress comes from inside, rather than outside. You can stress yourself out just by worrying about things. All of these factors can lead to stress:

•Fear and uncertainty. When you regularly hear about the threat of terrorist attacks, global warming, and toxic chemicals on the news, it can cause you to feel stressed, especially because you feel like you have no control over those events. And even though disasters are typically very rare events, their vivid coverage in the media may make them seem as if they are more likely to occur than they really are. Fears can also

hit closer to home, such as being worried that you won't finish a project at work or won't have enough money to pay your bills this month.

•Attitudes and perceptions. How you view the world or a particular situation can determine whether it causes stress. For example, if your television set is stolen and you take the attitude, "It's OK, my insurance company will pay for a new one," you'll be far less stressed than if you think, "My TV is gone and I'll never get it back! What if the thieves come back to my house to steal again?" Similarly, people who feel like they're doing a good job at work will be less stressed out by a big upcoming project than those who worry that they are incompetent.

•Unrealistic expectations. No one is perfect. If you expect to do everything right all the time, you're destined to feel stressed when things don't go as expected.

•Change. Any major life change can be stressful -- even a happy event like a wedding or a job promotion. More unpleasant events, such as a divorce, major financial setback, or death in the family can be significant sources of stress.

Your stress level will differ based on your personality and how you respond to situations. Some people let everything roll off their back. To them, work stresses and life stresses are just minor bumps in the road. Others literally worry themselves sick.

The point of all this is to enable the reader to understand how all of this can be explained as a Weapon of Mass Destruction and the likelihood that evil scientists have found the idea weapon to reduce the world's population to fit the first secular commandment of the Georgia Guide Stones.

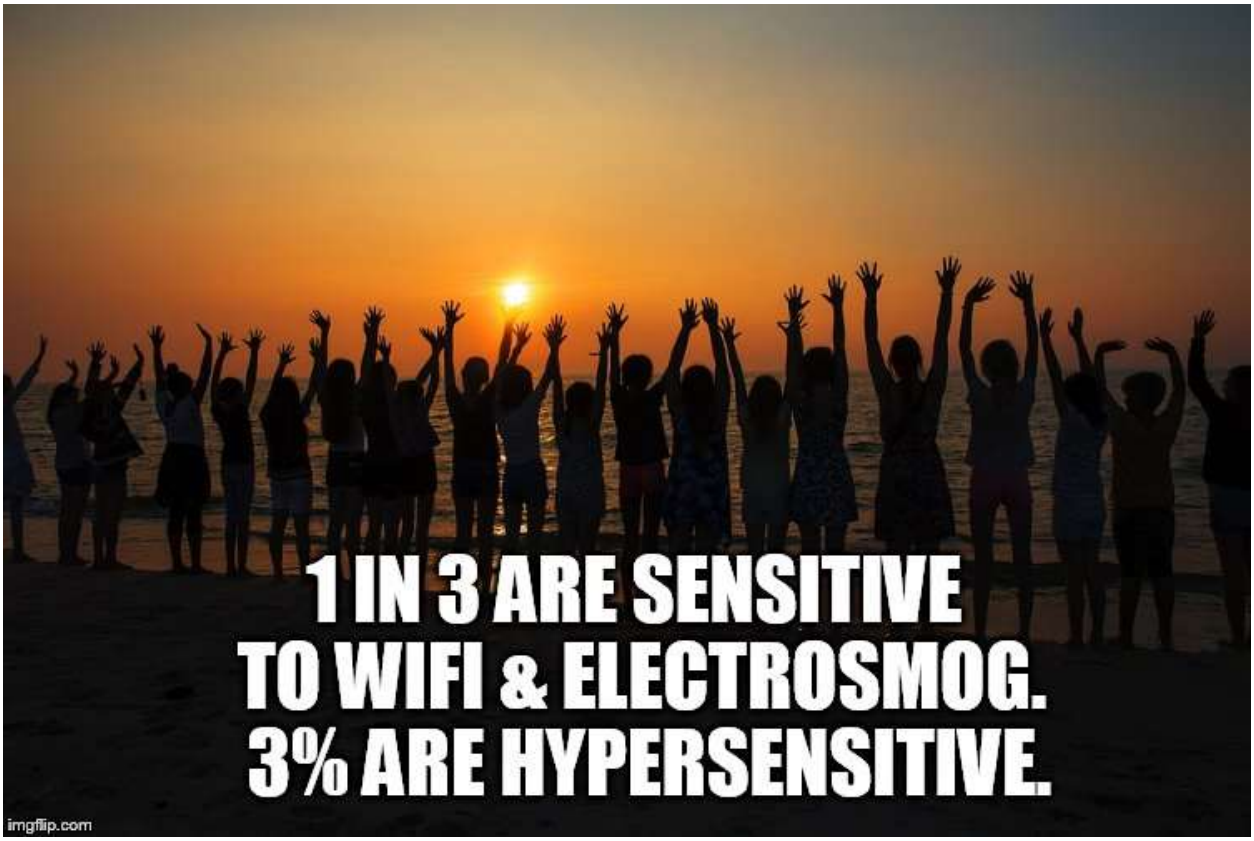
5G and Mycoplasma is the perfect "Silent Weapon for a Quiet War."

In my research, which originated from my own personal experiences, and interests, I have been reading books, papers, articles, related to the larger issue here which yet seem to have no connection other than the fact that they all play a significant role in what began and resulted from Paul Ehrlich's book, *'The Population Bomb'* published in 1967. Had I not retired and stuck to my day job calling as a pastor preaching and teaching the Good News of Jesus Christ, I might never had any idea of what was being planned for our world today. We are the final generation as the war between God and Lucifer goes ballistic. If you have not made your peace with the Lord Jesus Christ, you don't have a great deal of time left to address your sins. Back in June, I coined ***Mycoplasma*** as the "Sin" gene or pathogen! God placed me here at this opportune time to be a witness to End Times history. It's not a curse, but quite a blessing to be able to witness to you about the soon coming of the Lord Jesus Christ in an event we call the Rapture! We call it, ***"The Blessed Hope"*** referred to in Titus 2:13! God is

love, and His love provides for those who trust in His Son Jesus Christ a “Get Out of Jail Free” card like in my favorite board game beside chess, Monopoly!

Wireless 5G EMF through Electroporation will activate the existing pathogen “Mycoplasma”

The new 5G EMF technology operates on the principle of laser “beam directed” energy from satellite to satellite to satellite to receiver. Most people have a cell phone, and I probably had to be one of the last adults to get one a few years ago predicated on the basis of what if an emergency came up. We had “dial-up” internet until 2010. When we got Wi-Fi from Verizon during the summer of 2010 my problems began. Ten days later, I developed Lymphedema/Lymphorreah. We were living in a small community east of the Pittsburgh area at the time. I went to the UPMC ER, they admitted me and after six days six doctors could not explain why I had blisters all over my legs below the knees. We moved back to Kentucky in September, 2012 and at both residences we were within eye-sight of a cell tower. I have a dietary and supplement regimen that I follow to keep my specific ***Mycoplasma*** under control. Researchers in this field appear to be in universal agreement that it is the source of all disease.



Although I have written a great deal on 5G, the simple fact is, wireless communications, 3G, 4G, or 5G, all of it is harmful to the human body, to one degree or another. The 40,000+ satellites AT&T, T-Mobile, Verizon, Hughes, Elon Musk, and others are launching into the low and medium orbit are also equipped for the next level of 6G phase of wireless communications. It can only get much worse. How it affects each of us varies, adding to the dilemma because it impacts each of us differently. I have been hyper-sensitive to electricity since I was a teenager. That is where ***Mycoplasma*** comes into the big picture.

Recall my statement that we all are infected with this pathogen from aerosol spraying by the government and military aircraft. We have inhaled enough aluminum, barium, and ***Mycoplasma*** since 1996 to become a receiver for wireless communications and a host for the ***Mycoplasma*** pathogen***.*** Aluminum is one of the best receivers of RF energy waves. This is the end of the cruise industry as I have written about before.

Cruise ships that restarted in Europe over the summer are shutting back down. The comeback of cruising that began over the summer in Europe started to stall in October as coronavirus cases surged. And now it's in full reversal mode.

Two of the biggest lines to restart limited sailings in Europe in recent months — MSC Cruises and Costa Cruises — this week said they would pause all voyages in the coming days due to growing travel restrictions brought on by higher coronavirus case counts.

MSC Cruises on Friday canceled three departures of the only ship that it currently has operating, MSC Grandiosa, that are scheduled to take place between December 20 and January 10. The 4,842-passenger cruise ship — one of the world's largest — had resumed sailings on August 16 out of Genoa, Italy, in what at the time was considered a major milestone in the post-COVID comeback of cruising. MSC Cruises was the first major cruise line to restart sailings in the Mediterranean since the start of the coronavirus pandemic.

Costa Cruises resumed limited sailings in the Mediterranean in September. MSC Cruises on Friday also pushed back plans to bring a second vessel into service in the Mediterranean on December 18. The line now is targeting January 15 for the first COVID-era voyage of the 2,550-passenger ship, MSC Magnifica.

The MSC Cruises cancellations came a day after Costa announced it was canceling all sailings from December 20 through January 6. The line restarted limited operations out of Italy on Sept. 6 and has had as many as three ships sailing out of Italy at times over the past three months.

The line plans to restart operations with just a single vessel, Costa Smeralda, on January 7. The cancellations at the two lines come in the wake of new COVID-related travel restrictions in Italy announced on Wednesday. The new restrictions include a complete ban on travel between Italian regions from December 21 through January 6.

The Italian government also is forbidding its residents from leaving their home towns on Christmas Day, December 26 and New Year's Day.

The Italian government is hoping that a complete stop of travel over the holiday period, when many Italians have time off from work, will help stop the spread of the new coronavirus in the country. New COVID cases began surging in Italy in early October and remain high, though they have started coming down in recent weeks.

"Costa … joins the further efforts requested to the country and to all Italians during the next Christmas and New Year holidays by suspending its activities," the line said in a statement.

MSC Cruises and Costa are just the latest lines forced to pull back on efforts to revive cruising due to growing travel restrictions.

More than a half dozen other ocean cruise and river cruise lines that had restarted operations in Europe since the summer have had to cancel sailings in recent weeks due to growing travel restrictions in Germany, France and other European countries. The travel restrictions have been driven by soaring coronavirus case counts.

River cruising in Europe, which began coming back for locals only in June, has ground to a halt since October. The reversal of the restart to cruising in Europe in recent weeks comes as cruise lines that operate in North America continue to push out the date when they expect to resume sailings in the region.

Nearly every major cruise line that operates in North America including Royal Caribbean, Carnival Cruise Line, Norwegian Cruise Line and Disney Cruise Line this week canceled sailings in the region through at least the end of February. Some lines have canceled North American sailings even further into 2021.

All cruise lines around the world halted departures in March as the coronavirus outbreak grew and many have yet to restart operations anywhere in the world. Carnival, Norwegian and Disney are among the lines that haven't operated a single departure since March.

Royal Caribbean only has resumed sailings with a single ship, Quantum of the Seas. The vessel began short voyages out of Singapore on Tuesday for local Singapore residents only. Singapore is one of the few places in the world that has almost completely eliminated the new coronavirus.

Due to restrictions imposed by the U.S. Centers for Disease Control and Prevention, there has been almost no cruising since March in North America.

In November, a small line that focuses on small-ship cruising, SeaDream Yacht Club, attempted to restart cruises in the Caribbean out of Barbados on a single ship, the

112-passenger SeaDream 1. But its plans were derailed after a COVID outbreak on the first sailing.

The U.S. military continue to be plagued by what they believe is the Covid-19 virus. An Ohio-based Navy reservist and two Navy civilians have died from complications related to COVID-19 infections in the last week, the service announced today.

The sailor was assigned to Navy Operational Support Center (NOSC) in Akron and was not activated at the time of his death at an area hospital, Navy Reserve spokesman Cmdr. Ben Tisdale told USNI News.

Public health officials confirmed to the service that a Navy civilian assigned Naval Air Warfare Center Training Systems Division at Naval Support Activity Orlando, Fla., died on Nov. 30 from complications related to COVID-19. The service also announced that a Navy civilian assigned to Fleet Readiness Center East in Havelock, N.C., died on Nov. 25 due to complications from the disease.

The reservist is the second sailor to die from complications from the virus. Chief Petty Officer Charles Robert Thacker Jr., 41, was assigned to USS *Theodore Roosevelt* (CVN-71) and died in U.S. Naval Hospital Guam during the outbreak onboard that carrier. The carrier was sidelined for two months with an outbreak that resulted in more than 1,200 sailors infected with the novel coronavirus.

The Navy has been the service most visibly affected by the virus due to the March outbreak on *the USS Theodore Roosevelt*. Since the start of the plan-demic, the service has seen a cumulative total of 17,036 cases in sailors, with 2,817 active cases as of Wednesday, according to data from the service. Its civilian workforce has a cumulative total of 5,369 cases since the start of the pandemic and 1,329 active cases, with a total of 22 deaths from complications related to the infection.

Across the military, the Pentagon reports 80,592 total infections, 834 troops currently hospitalized, 49,472 recovered and 12 deaths, according to a Wednesday morning report from the Department of Defense. This is, to my knowledge, the first public report on total military cases being blamed on the Covid-19.

Those of you reading my articles know that I called this in late December, 2019 and early January, 2020, with the Coronavirus breakout on the cruise ship Diamond Princess, as being Wireless EMF RF non-ionizing radiation poisoning from the activation of newly installed 5G satellites in three designated world-class “smart” cities. In early January, 2020, I stated that this was a Beta-test “dry run” for a much larger global depopulation event. I believe this was planned years ago, perhaps around 1992-1996. While the United Nations decorates its publications with concerned, caring terminology, such as “cleaner,” “greener,” “more equitable income growth,” and “poverty elimination,” the truth is the people behind Agenda 21 want to drastically reduce the population of the earth. Ted Turner, CNN founder and Club of Rome member, announced in Audubon magazine in 1996, *“A total population of 250 to 300 million people, a 95% decline from present levels, would be ideal.”*

The United Nations policy of reducing population to prevent environmental catastrophe was re-affirmed as recently as March, 2009, when Jonathon Porritt, one of Gordon Brown's leading green advisers, warned that Britain must drastically cut its population to 30 million if the country wants to feed itself sustainably.

The Rio+20 Sustainable Development conference was about saving the planet from humanity by severely limiting human activity. This was about placing creation above God: ***"Professing themselves to be wise, they became fools, And changed the glory of the uncorruptible God into an image made like to corruptible man, and to birds, and four-footed beasts, and creeping things…Who changed the truth of God into a lie, and worshipped and served the creature more than the Creator."*** – (Romans 1:22-23, 25).

Sustainable Development is a "totalitarian plan" to create a world that controls the actions and movements of every individual on the planet. The green cities will actually be prisons, and residents will unknowingly assist in the transition of the planet into a collectivist society, under the oppression of a world dictator that Bible students call the Antichrist. Sustainable Development sounds like the environmental cleanup of air, water and litter. It is not. Promoters of Sustainable Development mask their socialist, one-world government agenda by promoting the concept that man is a danger to the earth. *"The earth and the animals could have a chance,"* they seem to say*, "if only man could be eliminated."* The lead name linked to Sustainable Development is Prince Charles of Wales. This comes as no surprise to me since the Queen and Prince Philip have nothing but contempt for humanity.

Interestingly, when someone posted a scientist paper presentation on Electroporation on the Internet, Google began one of those debunk, refute, and obfuscate "CYA" moments to suppress the largely unknown process known as Electroporation. This was further added confirmation that the globalist powers are planning to use 5G, to reduce the global population. Makia Freeman's report is at the link below; however, it does not bring together all the elements of the plan to reduce the world's population.

There's a [DIRECT] Connection between Coronavirus and 5G …

stateofthenation.co/?p=7709

The report was posted on February 24, 2000, by Makia Freeman, and she states or discusses all but the issue of ***Mycoplasma***. Her report was spot on but incomplete albeit the topic of ***Mycoplasma*** and how it was distributed through aerosol spraying from U.S. military and commercial aircraft on schedule flights and regular routes. ***Mycoplasma*** has been the unknown factor in all of this virus nonsense. I have been told by knowledgeable sources that aerial spraying occurs all over the world with three exceptions: China, North Korea, and Russia.

It is phased array weaponry being sold and disguised as primarily a communications system when the frequency bands it uses (24GHz – 100+GHz including MMW [millimeter waves]) are the very same ones used in Active Denial Systems, i.e. crowd

control. 5G originally was a weapon of mass destruction, with overtones in military pilots getting cancer, state troopers getting cancer from the radar gun, and health workers getting sick from the hi-tech equipment in hospitals.

Even mainstream Wikipedia describes Active Denial Systems as directed energy weaponry; it disperses crowds by firing energy at them, causing immediate and intense pain, including a sensation of the skin burning.

Numerous scientists have warned of the dangerous health effects of 5G. For instance, in this 5G Appeal from 2017 entitled Scientists and Doctors Warn of Potential Serious Health Effects of 5G, scientists warned of the harmful of non-ionizing RF/EMF radiation:

"Effects include increased cancer risk, cellular stress, increase in harmful free radicals, genetic damages, structural and functional changes of the reproductive system, learning and memory deficits, neurological disorders, and negative impacts on general wellbeing in humans. Damage goes well beyond the human race, as there is growing evidence of harmful effects to both plants and animals."

If you listen to Mark Steele and Barrie Trower, you'll get an idea of the horrifying effects of 5G. In this interview, Trower echoes the above quote by stating how **5G damages the immune system of trees and kills insects**.

He reveals how in 1977, 5G was tested on animals in hopes of finding a weapon. The results were severe demyelination – stripping the protective sheath of nerve cells. Some nations are now noticing a 90% loss of insects (including pollinating insects like bees) which congregate around lamp-posts where 5G is installed.

Wuhan Military Games And Event 201 Simulation

If you dig deep enough, some disturbing connections arise between 5G and the men who have developed or are developing vaccines for novel viruses like Ebola, zika and the new coronavirus COVID-19.

In a fantastic piece of research, an author under the pen name of Annie Logical wrote the article Corona Virus Fakery And The Link To 5G Testing that lays out the coronavirus 5G connection. There is a ton of information, so I will break it all down to make it more understandable.

From October 18-27th 2019, Wuhan hosted the Military World Games and **specifically used 5G (for the first time ever) for the event**. Also on October 18th, 2019 in New York, the Johns Hopkins Center in partnership with World Economic Forum (WEF) and the Bill and Melinda Gates Foundation hosted Event 201 – "A Global Pandemic Exercise" which is a simulation of a pandemic.

Guess what virus they happen to choose for their 'simulation'? **A coronavirus! Guess what animal cells they use? Pig cells!**

(COVID-19 was initially reported to be derived from a seafood market, and the fish there are known to be fed on pig waste).

Event 201 includes the UN (since the WEF now has a partnership agreement with UN), Big Pharma (Johnson and Johnson), Bill Gates (key figure in pushing vaccines, human microchipping and Agenda 2030) and both China and America's CDC.

Participants in Event 201 recommended that governments force social media companies to stop the spread of 'fake news' and that ultimately the only way to control the information would be for the WHO (World Health Organization, part of the UN) to be the sole central purveyor of information during a pandemic.

Inovio, Electroporation And 5G

As reported on January 24th, 2020, US biotech and pharmaceutical company Inovio received a $9 million grant to develop a vaccine for the coronavirus. Inovio got the money grant from the Coalition for Epidemic Preparedness Innovations (CEPI), however they already have an existing partnership with CEPI; in April 2018 they got up to $56 million to develop vaccines for Lassa Fever and Middle East Respiratory Syndrome (MERS).

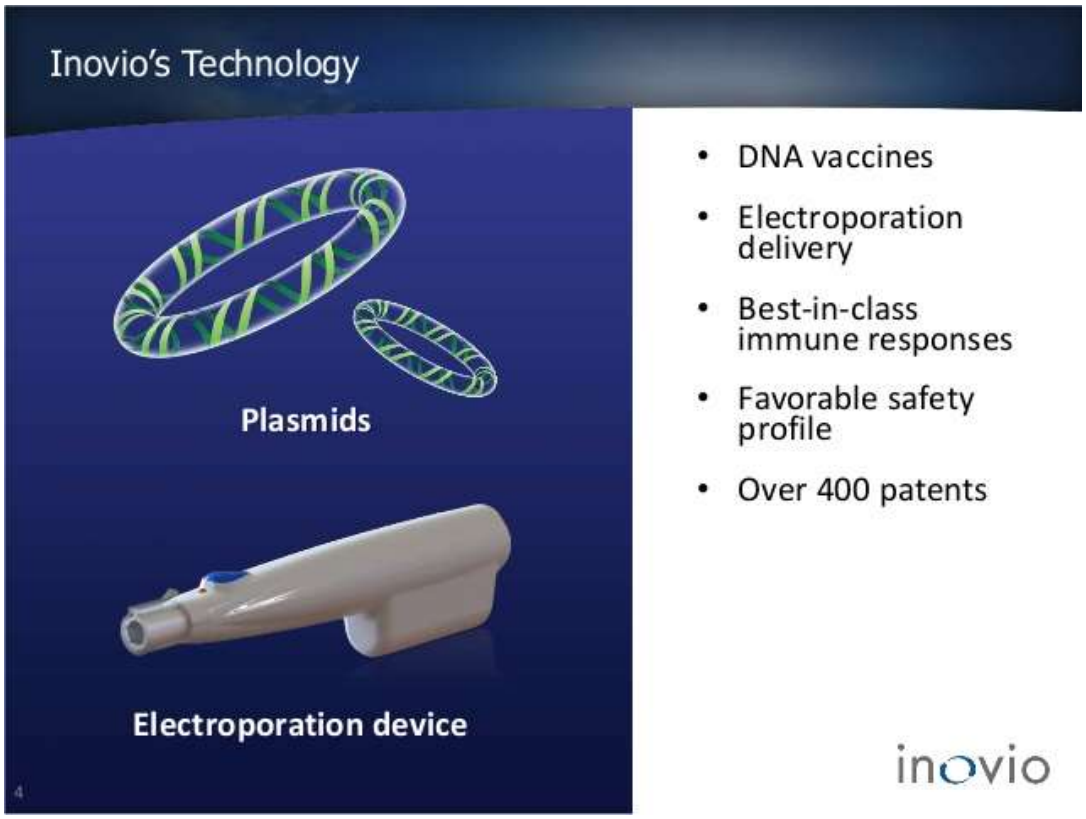
CEPI was founded in Davos by the governments of Norway and India, the Wellcome Trust … and the participants of Event 201: the Bill and Melinda Gates Foundation and the WEF. CEPI's CEO is the former director of BARDA (US Biomedical Advanced Research and Development Authority) which is part of the HHS.

Inovio claimed they developed a coronavirus vaccine in 2 hours! On the face of it such a claim is absurd; what is more likely is that they are lying or that they already had the vaccine because they had the foreknowledge that the coronavirus was coming and was about to be unleashed.

So who owns and runs Inovio? Two key men are David Weiner and Dr. Joseph Kim. Weiner was once Kim's university professor. Weiner was involved with developing a vaccine for HIV and Zika (you can read my articles about Zika here and here where I exposed some of the lies surrounding that epidemic).

Kim was funded by Merck (a large Big Pharma company) and produced something called Porcine Circovirus (PCV 1 and PCV 2). As mentioned above, there is a link between pig vaccines/pig DNA and the coronavirus; Annie Logical notes that it "has long been established that seafood in the area is fed on pig waste."

Kim served a 5-year tenure as a member of the WEF's Global Agenda Council – yet another organ pushing the New World Order One World Government under the banner of Agenda 2030 Global Governance.



Weiner is an employee and advisor to the FDA, is considered a DNA technology expert and pioneered a new DNA transference method called electroporation – a microbiology technique which uses an electrical pulse to create temporary pores in cell membranes through which substances like chemicals, drugs or DNA can be introduced into the cell.

This technique can be used to administer DNA vaccines, which inject foreign DNA into a host's cells that changes the host's DNA. This means if you take a DNA vaccine, you are allowing your DNA to be changed!

As if vaccines weren't already horrific enough … but here's the kicker: electroporation uses pulsed waves. Guess what else uses pulsed waves? 5G! This is either a startling coincidence or evidence or a sinister coronavirus 5G-connection. Annie writes:

"The same action that 5G technology uses in pulsed waves and the coronavirus was reported to have started in an area in China that had rolled out 5G technology!"

"So we can see how geneticists using scientists are tampering with the building blocks of our existence and what is disturbing is that Prof Wiener is a HIV pioneer and we know that soon after the Polio vaccines were given to millions in Africa that HIV emerged. They have perfected the art of injecting animal or bird DNA into human chromosomes which alters our DNA and causes things like haemorrhaging, fever, cancers and even death."

Speaking of HIV (which is not the same things as AIDS, but that is another story), remember also that a group of Indian scientists put out their research that the virus was manmade and had HIV inserts.

They found that 4 separate HIV genes were randomly embedded within the coronavirus. These genes somehow converged to create receptor sites on the virus that were identical to HIV, which was a surprise due to their random placement.

They also specifically stated that this was not likely to happen naturally ("unlikely to be fortuitous in nature"). In yet another example of egregious censorship, these scientists were pressured to withdraw their work.

5G And Electroporation DNA Vaccines – Both Producing Pulsed EMF Waves

Consider the implications of this for a moment. The technology exists to use EMFs to open your very skin pores and inject foreign DNA into your bloodstream and cells.

This is an extreme violation of your bodily sovereignty, and it can have long-term effects, because of genetic mutation – changing your very DNA which is the biological blueprint and physical essence of who you are.

What if 5G mimics electroporation? What if 5G can do on a large scale what electroporation does on a small scale? We already know that 5G has the potential to be mutagenic (DNA-damaging).

The frequencies that 5G uses, especially 75-100GHz, interact with the geometrical structure of our skin and sweat ducts, acting upon them like a transmission reaching an antenna, and fundamentally affecting us and our mood.

What if 5G is being used to open up the skin of those in Wuhan so as to allow the new bioweapon coronavirus to infiltrate more easily?

Mandatory Vaccines, Depopulation And Transhumanism

So, what's at the bottom of the coronavirus-5G connection rabbit hole? I would suggest we will find the mandatory vaccine agenda, the depopulation agenda and transhumanist agenda (via DNA vaccines).

The key figures and groups who appear to have planned this already have the vaccine in place, just as they did for the other epidemics that fizzled out (SARS, Ebola and Zika). Weiner even has links to HIV/AIDS, and if you dive into that as Jon Rappoport did, you find gaping holes in that story.

It's the same epidemic / pandemic game played out every 2-3 years. There's a couple of versions.

In the first version, you invent a virus, hype it up, get people scared, do ineffectual and inconclusive tests (e.g. like the PCR test which measures if a viral

fragment is present but doesn't tell you the quantities of whether it would actually causing the disease), inflate the body count, justify quarantine/martial law and brainwash people into thinking they have to buy the (toxic) vaccine and introduce mandatory vaccination. You don't even need a real virus or pathogen for the version.

In the second version, you create a virus as a bioweapon, release it as a test, pretend it was a natural mutation, watch how many people it kills (which helps with the eugenics and depopulation agendas), again justify martial law, again justify the need for mandatory vaccines and even pose as the savior with the vaccine that stops it.

As a variation on this second version, you can even develop a race-specific bioweapon so as to reduce the population of rival nations or enemy races as a geopolitical strategy.

This article suggests that the coronavirus targets Chinese people / Asians more than others, and certainly the official death count attests to that, although it's always hard to trust governmental statistics. Annie Logical gives her take:

"The con job goes like this.

Step 1) poison the population purposely to create disease that does not and would never occur naturally

Step 2) parlay the purposely created disease as being caused by something invisible, outside the realm of control or knowledge of the average person

Step 3) create a toxic vaccine or medication that was always intended to further poison the population into an early grave

Step 4) parlay the vaccine or medication poisoning as PROOF the disease, which never existed, is much worse than anticipated

Step 5) increase the initial poisoning, which is marketed as a fake disease, and also increase the vaccine and medication poisoning, to start piling the bodies into the stratosphere

Step 6) repeat as many times as possible upon an uninformed population because killing a population this way (the art of having people line up to kill themselves with poison……known as a "soft kill" method) is the only legal way to make sure such eugenic operations can be executed on mass and in plain sight."

DNA vaccines are a disturbing new advancement for transhumanism. After all, the objective of the transhumanist agenda is to merge man with machine, and in doing so,

wipe out what fundamentally makes us human, so we can be controlled and overtaken by a deeply sinister and negative force.

It's all about changing us at the fundamental level, or attacking human sovereignty itself. DNA vaccines fit right in with that – literally changing your DNA by forcefully inserting foreign DNA to change your genetics, with consequences no one could possibly fully foresee and predict.

One Last Coronavirus – 5G Connection

Finally, I will finish with another coronavirus-5G connection. The word coronavirus itself refers to many kinds of viruses by that name, not just COVID-19.

Guess who owns a patent for a coronavirus strain that can be used to develop a vaccine? The Pirbright Institute. And guess who partially owns them? Bill Gates!

As you can read here Pirbright is being supported in their vaccine development endeavors by a British company Innovate UK … who also funds and supports the rollout of 5G. Innovate UK ran a competition in 2018 with a £15 million share out to any small business that could produce vaccines for 'epidemic' potential.

The Motivation to Hype and The Motivation To Downplay

History has shown that in cases of epidemics (or fake epidemics) there is almost always a morass of conflicting reports and contradictory information. In such situations, it can be very difficult to get to the bottom of the matter and find the truth. The conflict stems from the different motivations of nations, governments and other interested groups.

Essentially, there are 2 main motivations: the motivation to hype (exaggerate and use fear to grab attention, sell something, make a group look bad/incompetent, make people scared, make the public accept mandatory vaccination and martial law) and the motivation to downplay (cover up and hide the true extent of the damage, morbidity or mortality so as to appear competent and in control, to lessen possible anger, backlash or disorder).

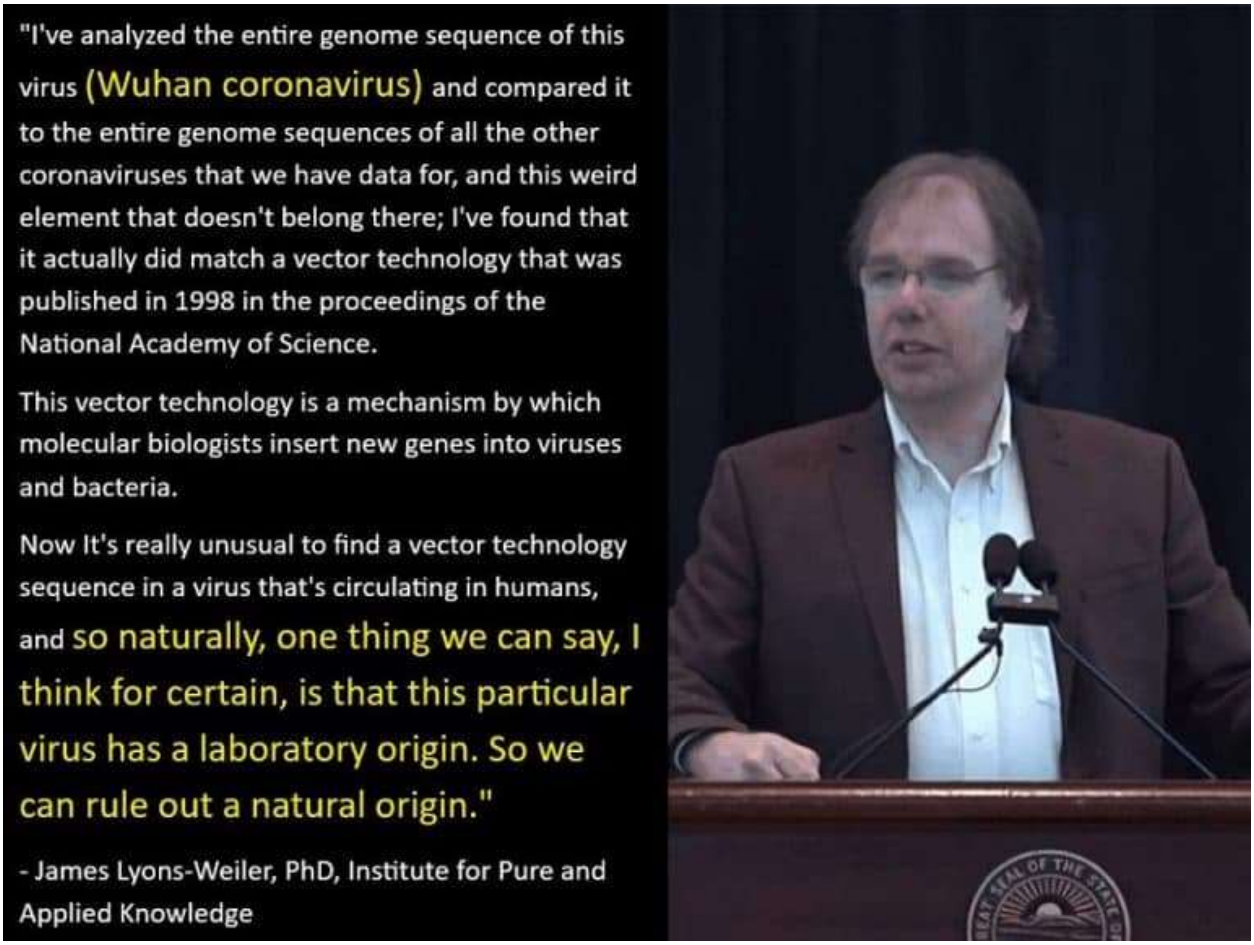
Sometimes, these 2 motivations may drive the behavior of the same group, e.g. in the case of the Chinese Government, it has the motivation to hype (to get people afraid so they easily follow its draconian quarantine rules) and the motivation to downplay (so as to appear in the eyes of its people and the rest of the entire world to have the situation under control, to ensure saving face, credibility and a good reputation).

Final Thoughts on The Coronavirus 5G Connection

Governments around the world have experimented with bioweapons both on their own citizens and foreign citizens, and even sold that research to other governments for their own benefit (e.g. Japan's notorious Unit 731 which developed bioweapons in China, only to hand over that research to the US after losing World War 2).

See Bioweapons: Lyme Disease, Weaponized Ticks, Plum Island & More for a brief history of the USG's usage of weaponized ticks which resulted in Lyme Disease.

The evidence that COVID-19 is a bioweapon is overwhelming – and so is the evidence that 5G is involved to either cause the flu-like symptoms/pneumonia people have been experiencing, and/or to exacerbate the virility of the virus by weakening people's immune systems and subjecting them to pulsed waves of EMF to open up their skin to foreign DNA fragments (including viruses).



Wireless 5G EMF through Electroporation will activate the existing pathogen "Mycoplasma"

Dr. Igor Shepherd is a Toxicologist, a Wyoming Health official has stated that Covid is a Communist plot and he should know since he was trained as a Communist bioweapons expert in the Russian Communist Party. His web page is Stop the Vaccine.com where you can view a power point slide presentation of his important information. He has

been placed on administrative leave because of his presentation at a number of churches in Colorado.

Dr. Igor Shepherd provides a long list of reasons why a person should not take the vaccine just below. I viewed his presentation and Dr. Shepherd states that the vaccine is a bioweapon, confirming much of what I have known and discovered this past year. The talk, which is about 90 minutes long, may be found at:

https://drive.google.com/file/d/1igLAApM7vkRIZZbmPOTgoUFqsbAoOOlF/view

Since it contains a stinging indictment of the betrayal of the American people by their own leaders, it is not likely to remain accessible for very long. Dr. Shepherd married an American lady, through her, he became a Christian believer.

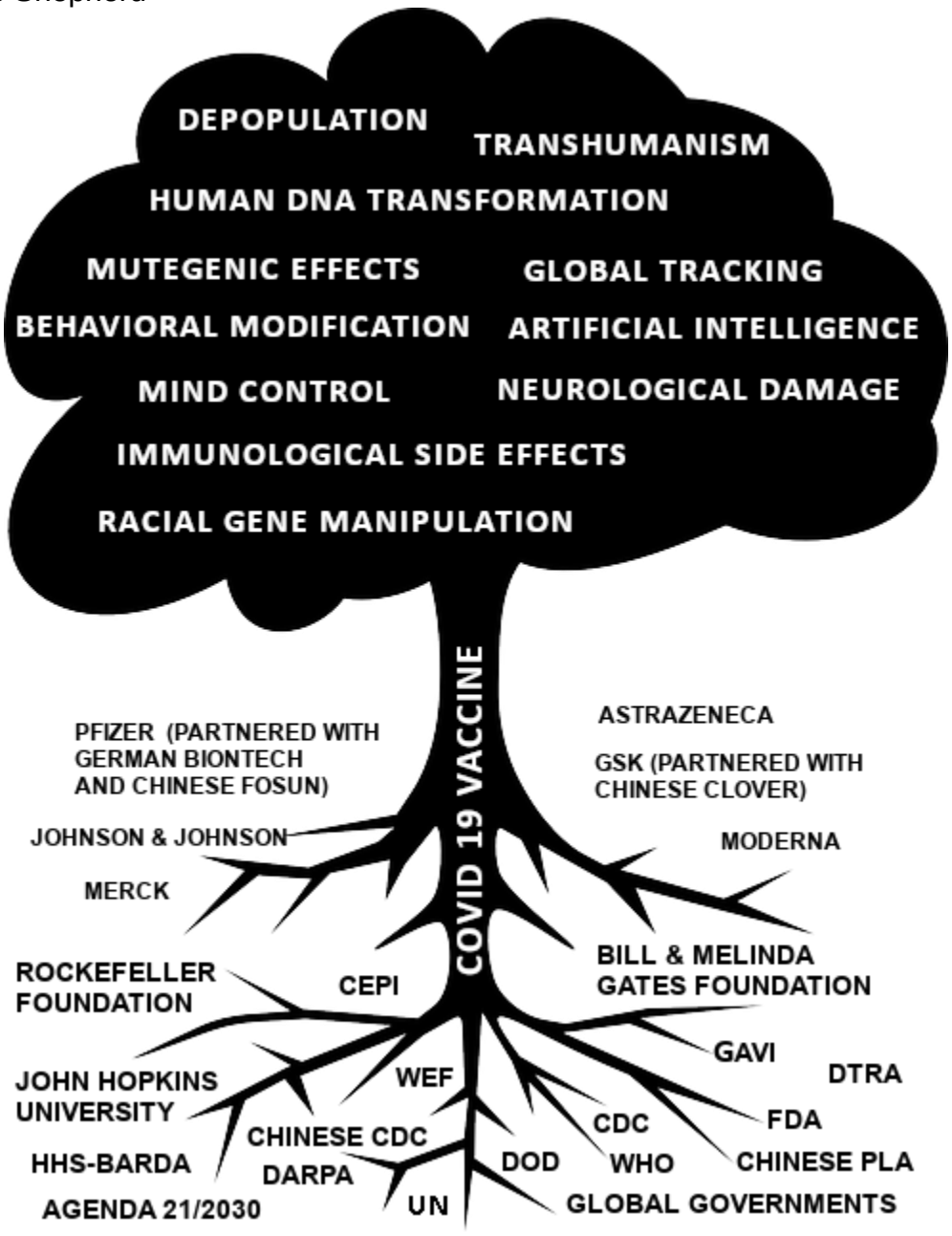
The speaker, Dr Igor Shepherd, worked for many years in the former Soviet Union as a medical professional specializing in the development of deadly bio-weapons. He knew that this top-secret program was devoted to the advancement of world Communism and would be used one day to destroy the United States. At that time, steeped in Communist ideology, he saw nothing wrong with the murder of a hundred million people. Both he and his colleagues believed it was a small price to pay for the creation of a worldwide Communist utopia. ... Dr Shepherd held a senior position for about seven years with the Department of Public Health in the state of Wyoming but was recently removed pending an investigation into the talk he gave on 10 November. Both he and his wife, June, knew that his career would suffer if he took this step.

As a former KGB officer, having grown up in the Soviet Union and worked closely with the Russian military, he knows that the planned Communist conquest of all nations has been continuously active since the formation of the Soviet Union in 1917. The supposed "fall" of the Soviet Union in 1991 was merely a reorganization of the way it functioned. The same Elite group remained in control throughout. The biographical information on his website (https://www.stopthevaccine.com/) includes the following details about his time in the Soviet Union: "He grew up in the Soviet Union in St. Petersburg, Russia, and graduated from the SM Kirov Military Medical Academy as a military medical doctor of internal medicine. He trained under the Russian Strategic Rocket Force and specialized in military toxicology, infection control, CBRN proliferation, weapons of mass destruction, and nuclear/biological/chemical warfare."

Dr. Igor Shepherd corroborates much of what I have shared in my two articles on ***Mycoplasma***. Although he does not mention the name of ***Mycoplasma*** per se, he would be well aware and knowledgeable of its existence as a bioweapon and that the former Soviet Union would have had it in its bioweapon arsenal.

Disarming Americans with vaccines. *"The vaccines have nothing at all to do with our health, but everything to do with controlling our minds and bodies. They are part of the pre-planned hoax pandemic with which to undermine our way of life in every aspect we can imagine. They will control what we eat, where we go, what we do, and how we think*

if we do not rise together in unity and push back. They know that as they continue to strip Americans of more freedoms, there will eventually be a huge opposition of armed Americans rising up. ...Vaccinating the population rapidly (Operation Warp Speed) ... is a brilliant tactic with which to take out hundreds of thousands of citizens without firing one shot. Injecting them with toxic or DNA-altering vaccinations would slowly paralyze the nation and allow for the completion of the New World Order's Great Reset." - Igor and June Shepherd



Reasons Why Every Person Should Refuse and Resist Taking the Covid-19 Vaccination

- NO need for global vaccinations (survival rate is 99% & death rate 0.5%)
- Genetically modified technology (mRNA & rDNA) never before used on humans
- Similar technology used in developing bioweapons
- Vaccines companies funded by DOD, DARPA, DTRA/partnered with China
- Chinese military linked with US in vaccine research and development
- Most vaccine companies investigated for fraud or crimes
- Vaccines did not go through proper testing protocols and are unsafe
- Vaccines have undisclosed 'patented' ingredients
- Vaccines will be used for rapid global depopulation
- Vaccines use insect, mammalian, or plant mRNA platforms
- Original DNA will be altered which causes mutations, cancers, etc.
- Vaccines can cause severe side effects and deaths to millions
- Vaccines will usher in transhumanism (merging technology with humans)
- Capabilities to genetically modify human sexual composition/non-genders
- All vaccine companies are part of Agenda 2030/The Great Reset
- Vaccine manufacturers are legally exempted from all liability
- Vaccines are potentially cytotoxic (cell damage or cell death)
- Pollution from synthetic manmade materials disrupt cellular function
- Forceful reprogramming of human body functions via mRNA technology
- Over stimulation of the immune system
- Modification of the racial gene (possible extermination of certain races)
- Dangerous pathological immune reactions
- Behavioral and mood modifications
- Vaccine recipients will be tracked for 2 years by Operation Warp Speed
- Connected to digital ID for global surveillance
- Synchronization with artificial intelligence through Nanotechnology
- Questionable stability on storage and dispensing vaccine

Technocracy: *"Technocracy is an ideological system of governance in which those in power (the technocrats) control the masses and run nations through advanced technical knowledge. This is one reason why the 5G wireless technology was important, and rolled out, despite the scientific proof of its health dangers. The lockdowns, business closures, and distancing is part of a conditioning to prepare the masses for this type of harshly-regulated lifestyle."*

Silent Biowarfare. "Because there is no pandemic, and the virus is a hoax, I believe that these vaccines are biological weapons of mass destruction, and will be used to depopulate the world, as well as alter the human genome for other sinister reasons that will benefit their agenda... These Covid-19 vaccines are weapons for a soft kill, like the other numerous toxic drugs put on the market for decades, but much worse because they now have the technology to mess with our original human genome. They will get away with mass murder because if, in six months or a year, hundreds or thousands of deaths occur, it can be blamed on "other factors" and not the Covid vaccine. This is the way silent biowarfare works." -(Dr. Igor Shepherd)

The Great Reset. "The Great Reset is a planned communist regime-style global government, currently underway (by force) via the pre-planned and hoaxed Covid-19 pandemic. It is a totalitarian global agenda that came into popularity in 1987 through the United Nations. It was titled Agenda 21 because the goal was to completely reset all world governments and economies by the year 2021. Since they are unable to finalize that goal by 2021 and needed to extend their timeline (though they have made massive headway this year, in 2020, using this pandemic), Agenda 21 has been updated to Agenda 2030. This gives them an additional ten years to complete the global takeover." –(Igor Shepherd [text from his website])

Nearly all leaders support the New World Order. *"Almost every leader in the world, including President Donald Trump, is behind implementing Agenda 21 / Agenda 2030 / Sustainable Development as a new way of life, or plainly put, as a new way of tyrannical life under their technocratic New World Order."* –(Igor and June Shepherd [text from their website])

Depopulation, sterilization and slow-term genocide. *"How can we trust companies manufacturing the Covid-19 vaccines when they support a global agenda which endorses depopulation? How can we be sure they have developed vaccines that are actually safe for us and will not be used for sterility purposes, slow-term genocide, or DNA-altering....?"* - Igor and June Shepherd [text from their website]

Bill Gates and the vaccine companies. *"Bill Gates, who is behind all of the Covid-19 vaccine companies for the US, was caught hiding sterility hormones HCG in his tetanus shot in Africa and the Philippines, causing infertility in thousands of women. Do you really believe these same people care anything at all about your health? The Covid-19 vaccines are not developed to save your life, but rather to depopulate, change the makeup of humanity through genetic engineering, and control populations."* - Igor and June Shepherd [text from their website]

This is hard for some to believe, and if it were not for the fact I have been studying the history of this ultimate plan that was given birth back in 1967, and the UN commissioning the Club of Rome in 1968 to find a **"Silent Weapon for a Quiet War",** I might not believe it either. I have written 12 segments on **"Depopulation #1 Global Issue Since 1968".** The most recent segment, part 12 was posted a week ago and appears at the top of my web page. I started work on part 13 before writing this segment on ***Mycoplasma***.

5G and Mycoplasma is the perfect "Silent Weapon for a Quiet War."

The information shared in this article is not known for obvious reasons, and because the data is from multi-disciplinary fields of research, it would be hard for people to make the connections that are essential for this to be launched against the entire world.

I would have liked to had more time to add additional information that would come up in questions but time has become of the essence. I have had a year to anticipate those questions you might have. At this point, in the time that remains, I can tell you there are few questions that remain for which an answer does exist.

Blessings are yours in Jesus Christ,

Pastor Bob, EvanTeachr@aol.com
www.pastorbobreid.com
http://jesusisthewaythetruththelife.com/node/22

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