

Crimson Contagion

Training Exercise or Live Event Or Perhaps a Bit of Both

Johns Hopkins Center for Health Security, a think tank started 23 years ago, in 1998 has conducted dozens of exercises on simulated pandemics and bioweapons attacks, including Operation Dark Winter in 2001, where one of the main objectives was how to force-vaccinate an uncooperative population. Was that what Senile Joe Biden was referring to in his “Dark Winter” comments a few months ago? Could sleepy Joe have been inferring a reference to a repeat of Operation Dark Winter in his babbling?

“Atlantic Storm” in 2005 addressed the logistics of mass-vaccinations and military quarantines. “Clade X” in 2018 pushed for radical fast-tracking of vaccine production. **“Crimson Contagion”** was a massive exercise launched in January of 2019. It involved scores of organizations, public and private, from both the federal and state level. **“Crimson Contagion”** lasted for over half a year and was based on a severe pandemic that originated in China.

On October 18th of 2019, Johns Hopkins partnered with the World Economic Forum and the Bill and Melinda Gates Foundation to sponsor Event 201, a simulation wherein an outbreak of a bat coronavirus kills 65 million people.

The culmination of all these studies was published in November of 2019. The CSIS Commission on Strengthening America’s Health Security urges the U.S. Government to, *“Replace the cycle of crisis and complacency that has long plagued health security preparedness with a doctrine of continuous prevention, protection and resilience.”*

In other words, they’re calling for the medical tyranny we’re now seeing manifest around us. Signed by former military, Big Pharma and US Representatives, the CSIS document calls for continuous rapid vaccines, while also warning that the vaccines may go wrong and start spreading more disease.

And on that subject, what disease are we talking about? After a year of COVID-19, the numbers show us it is no more deadly than the Common Cold and even the WHO admit that all the PCR tests from 2020 are meaningless – and they had the vaccine before the mysterious outbreak ever occurred!

The agenda is now clearly about endless vaccinations for everyone. New mRNA vaccines that have never gone through human testing until now; the same controversial technology as the CRISPR tech, wherein one can easily splice human DNA and permanently modify it. They say the possibilities are endless.

Jennifer Doudna, who won the Nobel Prize for CRISPR-Cas9 tried calling for a worldwide moratorium for any application of any gene-editing using CRISPR but no one seemed to care. Not only does there seem to be zero regulation but anyone can cheaply buy and learn what they need to online to permanently change the genome in practically any living creature.

The MRNA vaccine is based on CRISPR technology. China recently used CRISPR tech too genetically-modify babies to be immune to HIV – and as a result, lessened their lifespans, just like CSIS warned: It all may go wrong and when it does, Big Pharma et al is free from any and all liability. The solution will be more gene-altering vaccinations, until they finally get it right – or not.

Eventually, and certainly sooner rather than later, an unaltered, natural human body will be considered a biohazard and full control over the human genome will become the new normal.

Without argument, we are now in the era of genetically-modified humans and while millions are gleefully lining-up to get their experimental gene-editing jab, others are being tagged like chattel. Vaccine passports, vaccine certificates and “freedom bracelets” made by the same company that specializes in prison monitoring bracelets.

And now, we have a new think tank simulation, the “Spars Pandemic”. Another outbreak and another vaccine, with warnings of the anti-vaccination movement. And don’t forget the Rockefeller Foundation’s “Scenarios for the Future of Technology and International Development”; “Lock Step”, wherein they illustrate plans to use pandemics and Big Pharma to usher in “A world of tighter, top-down government control and more authoritarian leadership.”

Get ready for the next round, because without any opposition, this thing keeps going – straight into the abyss.

For many years I have listened to a web site by Alexandra Bruce, “Forbidden Knowledge”. It is now so forbidden that when I am alerted to a post, it is now blocked by my AOL censor. Consequentially, when I am censored or blocked from saving a document, I go into a different mode to see what I can dig up on whatever I am being blocked from reading.

The first thing that came in my search is the fact that The School of Hygiene and Public Health at Johns Hopkins was founded in 1916 with funding from the Rockefeller Foundation (RF). The school was the first of its kind in the United States and became enormously influential in the field. That fact is extremely interesting since the Rockefellers were into Eugenics, and the “Depopulation” movement.

The RF’s decision to invest in public health education was a natural extension of its already established role in improving basic medical education and conducting global campaigns against targeted diseases. Prior to its investment in public health education,

the RF had waged international health campaigns to eradicate hookworm, malaria and yellow fever. These campaigns demonstrated the need for appropriately educated health officers to organize and manage the campaigns and to emphasize the importance of prevention to local populations and governments. Success in these campaigns depended upon selecting and educating these officers.

The decision to establish the first public health institute at Baltimore's Johns Hopkins University came after a survey conducted by Wickliffe Rose, Abraham Flexner and Jerome Greene on behalf of the GEB. These men visited and surveyed four institutions in competition for the RF funding, including Columbia University, Harvard University, the University of Pennsylvania (Penn) and Johns Hopkins University. The final report of this survey acknowledged that Columbia, Harvard and Penn possessed superior supporting university departments and were located in cities with strong health departments. Although Hopkins was described as "inferior" in certain areas, Hopkins was unanimously chosen based on the potential of its existing medical school, which was described as "...the University's greatest asset." The authors continued, "It is a genuine University department, on the clinical as well as the laboratory side. The faculty is a small body, and, since the introduction of the full-time scheme, entirely homogenous in character, animated by high ideals and very efficiently led."

From 1916 to 1947 the RF contributed \$8 million in funding to the School of Hygiene and Public Health. Further funding was provided after 1948 for the emerging fields of mental health care and public health nursing.

The story about "**Crimson Contagion**" bears ominous similarities with what the country has experienced in the past year+.

The outbreak started in January 2019. A 57-year-old man returned home to Chicago from a tour of China. Somewhere along the way, his group—including travelers from Australia, Kuwait, Malaysia, Thailand, Britain, and Spain—had picked up a flu virus; by the time they headed home, they'd begun to develop fevers and respiratory symptoms. The Chicagoan had "low energy and a dry cough." The same day he came home, his 17-year-old son went out, spreading the flu to others—by August, 1,400 people in Chicago were infected, with 12,100 cases reported nationwide.

It's a frighteningly familiar scenario—but it's not real. As The *'New York Times'* reported, last year at least a dozen federal agencies, 12 states, and major health organizations such as the American Red Cross, American Nurses Association, and the Mayo Clinic, conducted a pandemic readiness exercise called **Crimson Contagion**. Using the premise of a flu arriving in Chicago, the teams gamed out the U.S. response in real-time. The idea was to identify weaknesses and improve the official reaction in case of a real pandemic.

The results were....not great. And, unfortunately, many of the problems discovered during **Crimson Contagion** are similar to those we're facing now, with Covid-19. As the

faux flu spread across the US, for example, the CDC recommended social distancing, encouraging people to work from home.

Federal and state officials, though, had trouble identifying essential employees and the equipment they needed to work from home. School closings turned chaotic, with some districts proceeding with business as usual while others shut down. Requests from states for federal aid clogged up the bureaucracy, while front-line workers say shortages of antiviral medications, personal protective equipment, and ventilators. Organizers realized just how starved for medical equipment the country would be, unable to quickly manufacture needles, syringes, N95 respirators, and ventilators, among others.

The report went to Congress, as the Times lays out, but little was done, paving the way for our current Covid-19 situation. It's a chilling reminder that far from being completely unpredictable, today's pandemic—and the massive problems responding to it—were actually easy to see coming.

One of the benefits of hind-sight is that clarity of data and the facts becomes a great leveler and enables one to make intelligent observations and judgment calls. So what I have done here is put together an overview of official data and analysis to negate or corroborate the initial proclamations and claims. You can understand why it is not wise to yell fire in a movie theater. So study what we now know a year later from the World Health Organization (WHO) calling this a pandemic.

1. **Lethality:** According to the latest immunological studies, the overall infection fatality rate (IFR) of covid-19 in the general population is about 0.1% to 0.5% in most countries, which is most closely comparable to the medium influenza pandemics of 1957 and 1968.

2. **Treatment:** For people at high risk or high exposure, early or prophylactic treatment is essential to prevent progression of the disease. According to numerous international studies, early outpatient treatment of covid may reduce hospitalizations and deaths by about 75%.

3. **Age profile:** The median age of covid deaths is over 80 years in most Western countries (but 78 in the U.S.) and about 5% of the deceased had no serious preconditions. The age and risk profile of covid mortality is therefore comparable to normal mortality, but increases it proportionally.

4. **Nursing homes:** In many Western countries, up to two thirds of all covid deaths have occurred in nursing homes, which require targeted and humane protection. In some cases, care home residents died not from the coronavirus, but from weeks of stress and isolation.

5. **Excess mortality:** In most Western countries, the pandemic increased mortality by 5% to 20% in 2020. Up to 30% of the additional deaths were caused not by covid, but

by indirect effects of the pandemic and lockdowns (e.g. fewer treatments of cancer and heart attack patients).

6. **Antibodies:** By the end of 2020, antibody seroprevalence was between 10% and 30% of the population in most Western countries. At seroprevalence levels above 30%, a significant decrease in the infection rate was observed in many regions.

7. **Symptoms:** Up to 40% of all infected persons show no symptoms. Overall, about 95% of all people develop at most mild or moderate symptoms and do not require hospitalization. Early outpatient treatment may significantly reduce hospitalizations.

8. **Long covid:** About 10% of symptomatic people experience post-acute or long covid, i.e. symptoms or exhaustion that may last for several weeks or months. Long covid also affects younger and previously healthy people whose initial coronavirus disease was rather mild.

9. **Transmission:** According to current knowledge, the main routes of transmission of the virus are indoor aerosols and droplets produced when speaking or coughing, while outdoor aerosols as well as most object surfaces appear to play a minor role. The coronavirus season in the northern hemisphere lasts from about November to April.

10. **Masks:** There is still little to no scientific evidence for the effectiveness of cloth face masks in the general population, and the introduction of mandatory masks couldn't contain or slow the epidemic in most countries. If used improperly, masks may increase the risk of infection.

11. **Children and schools:** In contrast to influenza, the risk of disease and transmission in children is rather low in the case of covid. There was and is therefore no medical reason for the closure of elementary schools or other measures specifically aimed at children.

12. **Contact tracing:** A WHO study of 2019 on measures against influenza pandemics concluded that from a medical perspective, contact tracing is "not recommended in any circumstances". Contact tracing apps on cell phones have also proven ineffective in most countries.

13. **PCR tests:** The virus test kits used internationally may in some cases produce false positive or false negative results (90% of the time) or react to non-infectious virus fragments from a previous infection. In this regard, the so-called cycle threshold or ct value is an important parameter.

14. **Virus mutations:** Similar to influenza viruses, mutations occur frequently in coronaviruses. Most of these mutations are insignificant, but some of them may increase the transmissibility, virulence or immune evasion of the virus to some extent.

15. **Lockdowns:** In contrast to early border controls, lockdowns have had no significant effect on the pandemic. According to the UN, lockdowns may put the livelihood of 1.6 billion people at acute risk and may push an additional 150 million children into poverty.

16. **Sweden:** In Sweden, covid mortality in 2020, without a lockdown, was comparable to a strong influenza season and close to the EU average. About 60% of Swedish deaths occurred in nursing facilities and the median age of Swedish covid deaths was about 84 years.

17. **Vaccines:** Real-world studies showed high vaccine effectiveness in people up to 60 years old, but not in people over 80. In some cases, serious adverse events or sudden deaths have been reported after covid vaccinations. Their long-term safety and effectiveness remains unknown.

18. **Media:** The reporting of many media has been unprofessional, has increased fear and panic in the population and has led to a hundredfold overestimation of the lethality of covid. Some media even used manipulative pictures and videos to dramatize the situation.

19. **Virus origin:** The origin of the new coronavirus remains unknown, but the best evidence currently points to a covid-like pneumonia incident in a Chinese mine in 2012, whose virus samples were collected, stored and researched by the Virology Institute in Wuhan (WIV). They ignore or avoid mention that this has been proven to be a bioweapon engineered in a lab, injected with HIV1, confirmed in four countries: Australia, China, France, and Italy. Not dealt with in discussions, why?

20. **Surveillance:** NSA whistleblower Edward Snowden warned that the coronavirus pandemic may be used to expand global surveillance. Many governments restricted fundamental rights of their citizens and announced plans to introduce digital biometric vaccine passports.

All in all, the twenty specific points about Covid paint a picture that has been grossly exaggerated and one has to wonder about the motives of the planners, monitors, agenda, and their overall mindset. Was it a training exercise or was it orchestrated by those wanting to enslave the country through the use of fear-mongering and intimidation. This is the way I read the narrative.

I think that everyone should be mindful of the fact that our government has not been totally honest with us regarding these viruses that they want us to believe they are from natural causes. The title of this article suggests that these so-called “exercises” just might be cover stories to hide the real “live event” that seem to be happening all too often. I am reminded of the decades of the U.S. government’s involvement with chemical and biological warfare.

Investigative Journalist Makia Freeman nearly a year ago wrote a piece titled “**9 Simulations, Drills and Laws that Planned and Prepared for the Coronavirus**” I

have a pretty good mind for news about bioweapons and from my special interest in the bacteria Mycoplasma that had been kept secret for decades after the end of World War II. This may jar your thinking: “Learn about at least 9 simulations, drills & laws that planned & prepared for the coronavirus, plus other coronavirus foreknowledge. Coincidence? No!”

“They planned and prepared for the coronavirus ... decades in advance. The infrastructure has been clearly set up over the last 2+ decades to ensure that when Operation Coronavirus went live, all the pieces would be in place to bamboozle and enslave people, forcing them into a place where they would gladly accept or beg for mass vaccination. Operation Coronavirus resembles a false flag op in many ways. One similarity is that it was meticulously planned for long in advance. Astute readers may notice another similarity: the phenomenon of the drill “going live” (we are in a “live exercise” as Mike Pompeo said). This crops up in so many false flag attacks, i.e. when the exact scenario being trained and prepared for in an exercise occurs in the real world. Below is a list of various simulations, drills, exercises, papers, scenarios and laws that all in some way anticipated and prepared for the coronavirus pandemic.

Dark Winter (June 2001)

The NWO (New World Order) ruling class and the USG (U.S. Government) have been carrying out drills or simulations for pandemics for a long time. In June 2001, they conducted an operation known as “Dark Winter” which simulated a bio-warfare anthrax attack. By a strange coincidence, such an anthrax attack actually happened after 9/11. By another strange coincidence, Johns Hopkins was involved, and they also just happened to be involved in Event 201 (see below). On this website, the Johns Hopkins’ Center for Health Security summarizes “Dark Winter” as an exercise which “portrayed a fictional scenario depicting a covert smallpox attack on U.S. citizens. The scenario is set in 3 successive NSC meetings that take place over 2 weeks. The exercise was held at Andrews Air Force Base, Washington, DC.” Johns Hopkins is responsible for the ‘official’ (and inflated) COVID-19 case and death count map.

Whitney Webb’s piece on “Dark Winter” points out how “government insiders had foreknowledge of the Covid-19 crisis on a scale that, thus far, has gone unreported and that those same insiders are now manipulating the government’s response and public panic in order to reap record profits and gain unprecedented power for themselves.” She writes:

“Upon further investigation, key leaders of both Event 201 and **Crimson Contagion**, not only have deep and longstanding ties to U.S. Intelligence and the U.S. Department of Defense, they were all previously involved in that same June 2001 exercise, “Dark Winter”. Some of these same individuals would also play a role in the FBI’s “sabotaged” investigation into the subsequent Anthrax attacks and are now handling major aspects of the U.S. government’s response to the Covid-19 crisis. One of those individuals, Robert Kadlec, was recently put in charge of the U.S. Department of Health and Human Services (HHS) entire Covid-19 response efforts, despite the fact that he was recently and directly responsible for actions that needlessly infected Americans with Covid-19.

Other major players in “Dark Winter” are now key drivers behind the “biodefense” mass surveillance programs currently being promoted as a technological solution to Covid-19’s spread, despite evidence that such programs actually worsen pandemic outbreaks. Others still have close connections to the insider trading that recently occurred among a select group of U.S. Senators regarding the economic impact of Covid-19 and are set to personally profit from lucrative contracts to develop not just one, but the majority, of experimental Covid-19 treatments and vaccines currently under development by U.S. companies.”

Model State Emergency Health Powers Act (Drafted 2001)

MSEHPA (Model State Emergency Health Powers Act) is a public health act originally drafted by the CDC (Center for Disease Control and Prevention) with the intention of getting the 50 US states to enact similar legislation. It included sweeping and draconian legislation – including forced vaccination – as a response to epidemics, pandemics and bioterrorism. It is crucial to realize that the CDC owns patents on several vaccines so functions as a giant vaccine company as a much as (or even more so than) a governmental agency. The ACLU writes:

“The Act lets a governor declare a state of emergency unilaterally and without judicial oversight, fails to provide modern due process procedures for quarantine and other emergency powers, it lacks adequate compensation for seizure of assets, and contains no checks on the power to order forced treatment and vaccination ... The act includes an overbroad definition of “public health emergency” that sweeps in HIV, AIDS, and other diseases that clearly do not justify quarantine, forced treatment, or any of the other broad emergency authorities that would be granted under the Act ... The Act requires the disclosure of massive amounts of personally identifiable health information to public health authorities, without requiring basic privacy protections ...”

According to Wikipedia:

“The Association of American Physicians and Surgeons claimed that the draft used sweeping language to the extent that it “could turn governors into dictators” since the MSEHPA gave governors the authority to declare public health emergencies, and afterward force vaccinations on the general public without their informed consent. The deployment of state National Guards could be used to administer the vaccines or substances. Legal liabilities for drug companies which manufactured the vaccines and/or substances were removed.”

“As of 2007, 33 states had introduced 133 legislative bills or resolutions that were based upon or featured provisions related to the articles or sections of the act. Of these, 48 had passed ... As of August 1, 2011, forty states have passed various forms of MSEHPA legislation.”

The Project BioShield Act (2004)

The Project Bioshield Act was an act passed by the United States Congress in 2004 calling for \$5.6 billion for purchasing vaccines that would be used in the event of a bioterrorist attack. It was passed in the years following 9/11 and the Dark Winter-

predicted anthrax attack, in days of fear over WMDs, chemical weapons, biological weapons and more. This law is classic problem-reaction-solution stuff, justifying all sorts of Big Pharma interventions by playing off the fear of the day. It was basically a 10-year, almost \$6 billion plan for the USG to create and produce vaccines and treatments for anthrax, ebola, the plague and other potential bioterrorism agents. This FAS article reports:

“This law has three main provisions: (1) relaxing procedures for some CBRN [chemical, biological, radiological, nuclear] terrorism-related spending, including hiring and awarding research grants; (2) guaranteeing a federal government market for new CBRN medical countermeasures; and (3) permitting emergency use of unapproved countermeasures. The Department of Health and Human Services (HHS) has used each of these authorities. The HHS used expedited review authorities to approve grants relating to developing treatments for radiation exposure and used the authority to guarantee a government market to obligate approximately \$2.3 billion to acquire countermeasures against anthrax, botulism, radiation, and smallpox. The HHS has also employed the emergency use authority several times including allowing young children with H1N1 “swine flu” to receive specific antiviral drugs.”

The Public Readiness and Emergency Preparedness Act (2005)

Where would Big Pharma be without their favorite politician’s constantly passing laws to legally protect them from liability arising from their toxic products? In 1986, the US Congress passed the National Childhood Vaccine Injury Act which set up special courts for the vaccine-damaged. The Public Readiness and Emergency Preparedness (PREP) Act, codified at 42 USC §247d-6d, gives the Secretary of the Department of Health and Human Services (HHS) the power to waive legal liability for corporations producing “covered countermeasures” (i.e. vaccines) in the case of a public health emergency. A PREP Act Declaration (effective February 4th 2020) was issued to provide liability immunity for activities related to medical countermeasures against COVID-19.

Rockefeller Foundation Paper

A 2010 Rockefeller Foundation paper analyzed the NWO plan to use a pandemic to grab power.

Lock Step (Rockefeller Foundation Paper, 2010)

As I covered in an earlier article 2010 Rockefeller Foundation Paper and The New Normal, a Rockefeller Foundation paper analyzed a scenario called “Lock Step” (a phrase with negative overtones and suggestive of soldiers, military and fascism) where they outlined governmental responses to a rapidly emerging viral pandemic. The paper outlined a scenario where a pandemic has hit, and the governments of the world use it to expand their authority and increase their grip on power. Although the authors of the paper try to claim they are just imagining not predicting the future, given the immense role of the Rockefeller family bloodline and Rockefeller Foundation in pushing the NWO Global Government, this is a ruse to cover their active planning for crisis scenarios that they know will happen. It is also a fine example of predictive programming.

USNORTHCOM Branch Plan 3560 (January 2017)

This unclassified 2017 US Military paper from NORTHCOM warned of a possible “novel influenza disease” that could strike the US and leave it unprepared. It outlines a planned and coordinated response to an infectious disease outbreak involving numerous governmental agencies, such as DHS, FEMA, USDA, HHS and even NGOs like USAID.

Cybersecurity and Infrastructure Security Agency Act (2017)

Similar to section 817 of the Patriot Act (the Expansion of the Biological Weapons Statute which gave the USG immunity from violating its own biological weapons laws), this act reorganizes the Department of Homeland Security’s National Protection and Programs Directorate (NPPD) into a new agency: the Critical Infrastructure and Cyber Security Agency. Activist Post reporter Janet Phelan wrote that this new act further cemented the USG’s “ability to covertly deploy through water, which is defined as critical infrastructure, any biological or chemical agent and claim not only immunity but also deny any legal right to protest this through the legal system. Given the covert nature of this delivery system, it is to be expected that the US would claim that the resultant mass deaths to be attributable to a naturally occurring pandemic.”

Crimson Contagion (August 2019)

In 2019, there were 2 exercises conducted in the second half of the year that both happened to simulate a situation where a viral pandemic broke out and made its way to the US! The first one that finished in August 2019 was called **Crimson Contagion** and was run by the USG. The full name was **Crimson Contagion 2019 Functional Exercise**. In it, the USG prophetically simulated a viral outbreak that began in China and landed in Chicago, infecting 110 million Americans. The conclusion of the ‘simulation’ was that the Federal Government lacked the funds, coordination and resources to effectively combat the virus, a finding which justifies even greater spending on pandemic preparedness. The simulation was led by former Air Force physician Robert Kadlec (mentioned above) who was also involved in Dark Winter ... and now COVID-19. What another amazing coincidence.

Event 201 (October 2019)

It’s the event everyone is talking about! 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 was a simulation of a coronavirus pandemic that broke out in Brazil and came to the USA. Just another coincidence of course. Attendees included the US CDC, the Chinese CDC, WEF (in partnership with the WHO), Big Pharma reps (e.g. Johnson and Johnson) and others. Event 201 was run by NWO front man Bill Gates, who has used his fortune to push GMOs and vaccines all over the world. Gates has been very visible during this pandemic using MSM platforms to preach the need for mandatory vaccines and possible “digital certificates” or “immunity passports” which people would need to travel again after the lockdown. Event 201 happened a mere 2 months before the December 2019 outbreak and meticulously prepared for the coronavirus censorship to come, which has resulted in Big Tech (e.g. YouTube) only allowing info in alignment with the WHO (funded by Bill Gates).

Other Foreknowledge Showing Some Were Prepared for the Coronavirus – Imminently

Other foreknowledge outside of the above 9 points includes the US senators who dumped stocks right before the outbreak began (between late January and February 14th), as well as the hundreds of CEOs who unexpectedly quit around January 2020. Are we meant to believe that was all this just lucky timing? Why did USG, on September 30th 2019, end the pandemic early-warning program to detect coronaviruses, just months before the coronavirus crisis started in China? Just as there was clear 9/11 foreknowledge, so too is there clear and unmistakable coronavirus foreknowledge.

Clearly, They Prepared for the Coronavirus

So all in all, Operation Coronavirus is a carefully engineered crisis which has been planned at least 2 decades in advance, if not longer. The psychopathic social engineers who run the world have AI supercomputers to test all scenarios and permutations of their ideas, just like plugging in variables into an algebraic equation. One thing is for sure: this operation has many phases and possibilities and we are just in the opening scene of what is to come. The plan is to rapidly accelerate as many NWO agendas as possible while people are still ignorant and afraid. To what extent they succeed will depend on how many people can get out of fear, educate themselves, unite and stand in the true sovereign power, in the knowledge of their inherent birthright of freedom.

Bloomberg has published an article by Andreas Kluth which argues that new variants of COVID-19 mean the pandemic will be “permanent” and that there will be an “endless cycle” of restrictions. Andreas Kluth is writing “mind conditioning” propaganda, again to fear monger the point we are to live in fear. Kluth says that the idea the world will at some point go “back to normal” is “almost certainly wrong” and that SARS-CoV-2 will become “our permanent enemy, like the flu but worse.” This is a polite way to describe we will live as slaves. Folks, you either live free or die as a slave!

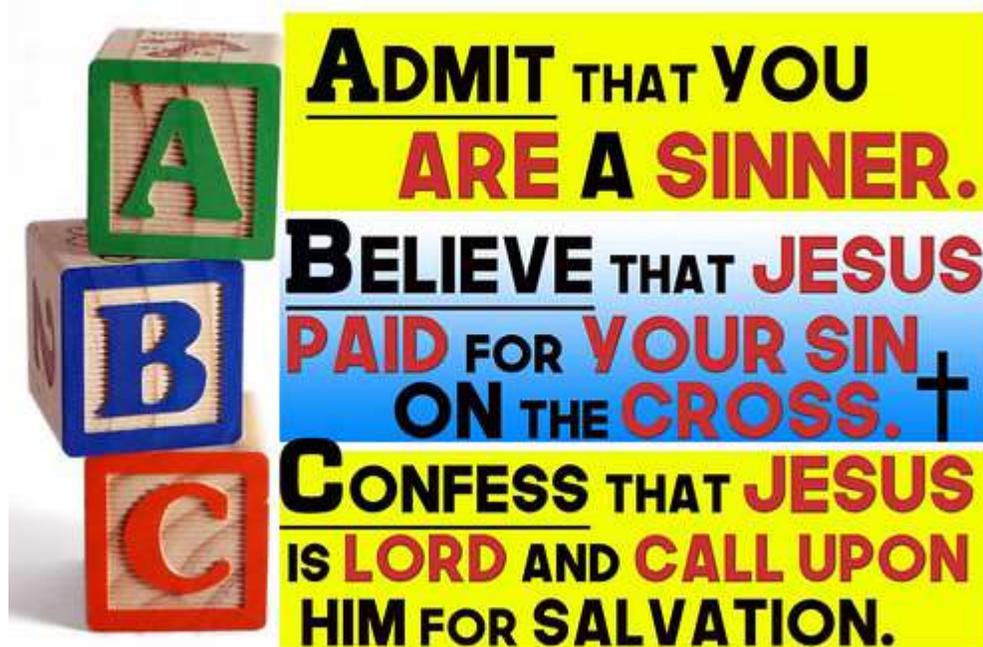
The author cites “the ongoing emergence of new variants that behave almost like new viruses” which means that “we may never achieve herd immunity” because current vaccines are “powerless against the coming mutations.”

“If this is the evolutionary trajectory of SARS-CoV-2, we’re in for seemingly endless cycles of outbreaks and remissions, social restrictions and relaxations, lockdowns and reopenings,” says Kluth. “At least in rich countries, we will probably get vaccinated a couple of times a year, against the latest variant in circulation, but never fast or comprehensively enough to achieve herd immunity.”

Despite the fact the global population has been hit with worse pandemics which at the time it had far less medical expertise to deal with and eventually got over them, Kluth somehow thinks that won’t be the case with COVID. Kluth is by no means the first to suggest that the pandemic won’t end for years if ever.

In his book 'Covid-19: The Great Reset', World Economic Forum globalist Klaus Schwab asserts that the world will "never" return to normal, despite him admitting that coronavirus "doesn't pose a new existential threat."

A senior U.S. Army official also said that mask wearing and social distancing will become permanent, while CNN's international security editor Nick Paton Walsh asserted that the mandatory wearing of masks will become "permanent," "just part of life," and that the public would need to "come to terms with it." That said, I point you back to Makia Freeman's article showing how all of this has been in the works for decades. I know that many want to bury their head in the sand until this all goes away. Forget it, but there is only answer for you. Seek the presence and peace of God in your life. Acknowledge the ABC's of the Christian faith. You have nothing to lose and everything to gain. The time is running out for all freedom loving people!



A lot of you do not believe in the Rapture, but that's OK. The late Dr. Chuck Missler had a great saying, "We will explain it to you on our way up!" The time is past for me to provide you all the reasons, and fortunately, you can get most answers in the hundreds of articles on my archived site as well as my web page.

Blessings, Jesus is at the Door!

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