[Dr. David Martin | Exposing the Coup D'Etat & the Plot to Steal America – In Text Format]

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Speaker: Ladies and gentlemen, please stand on your feet and greet Dr. David Martin. (Applause)

David Martin: Thank you very much. Mikki (Willis), you would you stand up, please? Many of you know me because of the work and the brilliance of this man and his team. And well, that's interesting. What you don't know, is the speech that I'm about to give is because this man is not just behind the camera. He's actually a brother. And what he did to me a few months ago was he called me and he said, "You know what?" He goes, "You presented all the facts. You've been out there in front of this thing before it was a thing." And he goes, "But there's something missing. And there's something that's missing is your humanity. What happens when I sit close to you is one thing. And what happens when you're on a stage or on a camera in an interview is a different thing." And he goes, "You need to bring the man into this presentation." So the presentation that you're hearing today is because I have a brother who holds me accountable. Mikki, Thank you. (Applause)

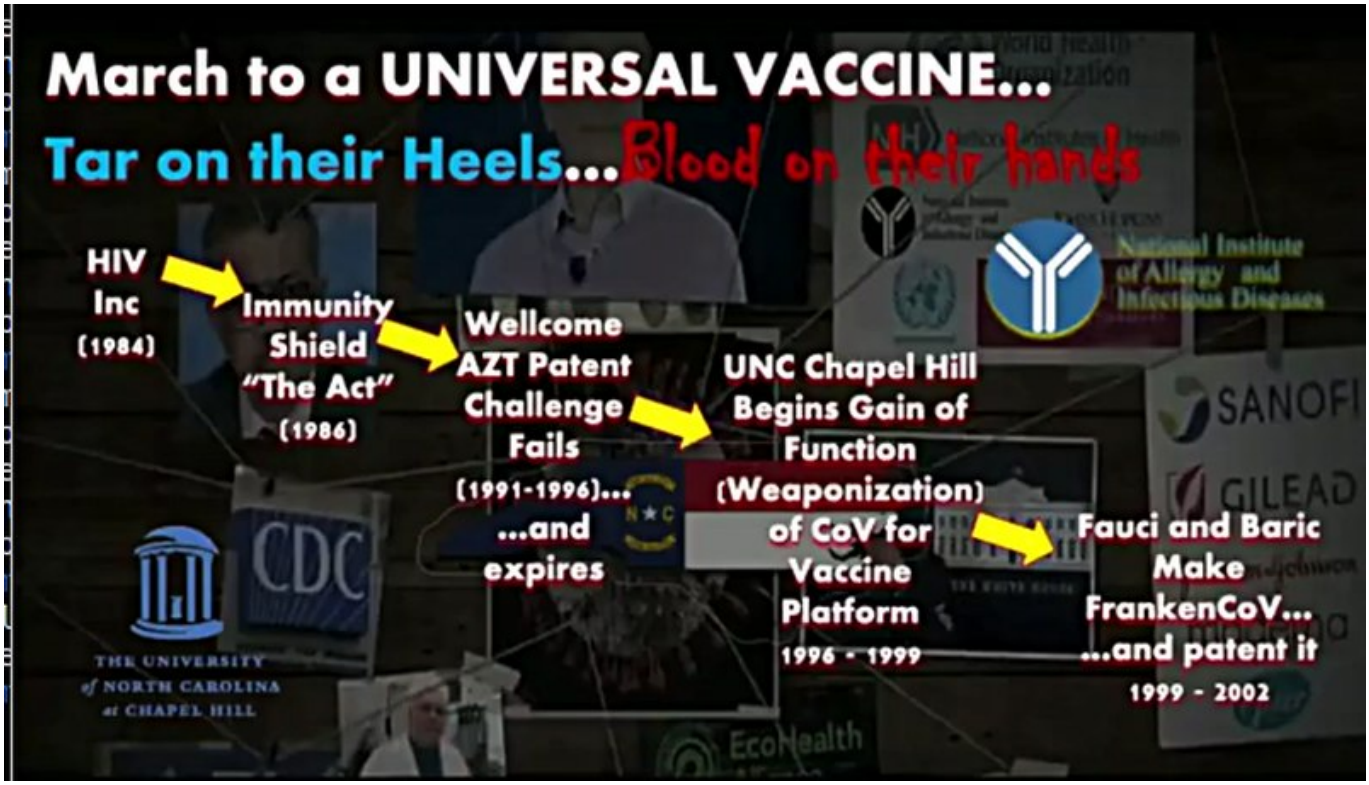
COVID-19 and SARS COv2 was a coup d'etat. And let me be precise about what I mean by that. Sedition in the United States is actually defined very simply, by when any act is done by a conspiring party or group of parties, that its intent is to disrupt or interrupt or overtake the government of a state or a country. And under 18 US Code, the act of sedition was in fact, a coup d'etat to ensure that there would not be a democracy in 2018. Okay, and I'm going to present across the next few minutes the evidence of that. And I'm going to end my presentation with a challenge to you. Because during my presentation, the 30 minutes that I have, is going to cost two children their life because of the inaction of every attorney general in America, because of the inaction of every US attorney, and because of the inaction of every governor in this country. But my grandfather said, Never attribute to malevolence what is ignorance. So in the next 30 minutes, I'm giving every elected official the

opportunity to do the right thing. And after 30 minutes, I'm not going to give them that opportunity again. (Applause) So you got Mr. Nice Guy for 30 minutes.

Next. Now, most of you don't know the details of all of the elements. And the good news is I'm going to flip through these slides very quickly because the end of the story is the important part of the story. But for those of you who don't know, COVID is a direct result of HIV Inc. HIV Inc. was founded in 1984. Anthony Fauci was the chief architect of HIV Inc. And his goal was to use sexuality, and specifically homosexuality, as a way to indoctrinate humanity into the acceptance of a universal vaccine mandate. Now, interestingly enough, most of us didn't take the bait. And the reason we didn't is because we didn't live the lifestyles that were associated with HIV in 1984. But cunningly, by 1986, Anthony Fauci and his team at NIAID (National Institute of Allergy and Infectious Diseases) and his minions at the CDC had convinced each and every one of us that maybe we've been in a car accident, maybe we would get a transfusion, and maybe we would get AIDS, which was the justification for a universal HIV vaccine in 1984. It's gonna get nasty because I'm going to show you some real images from 1984 just to let you see that what I'm saying is not my imagination.

But in 1984, something happened. People realized that to accept a universal vaccine, we needed to create a liability shield for the manufacturers of those vaccines. And from 1984 to 1986. We actually built **the first-ever product immunity in the United States, which allowed manufacturers to kill people with intent**. And you heard what I just said, kill people with intent. Anthony Fauci was quoted himself as saying that the ultimate killer of pharmaceutical interventions with vaccines was the smallpox vaccine, which killed one in every 100,000 and injured or maimed one in every 10,000. Did you hear what I just said? Killed one in 100,000, maimed one in 10,000. And that was something that he thought he could turn into a universal vaccine for HIV in 1986. I don't know what an acceptable death rate is for you people. But an acceptable death rate for any product, anywhere in the history of humanity in my definition, is zero! (Applause)

But then, a little dirty secret came along. Somebody at the NIH (National Institutes of Health) said, "Hey, Tony, Cool your jets baby. We have this drug called AZT. And we don't want a vaccine too quickly. We want to kill people with AIDS with AZT. So let's run the clock on it in the state of North Carolina…". By the way, if you're from North Carolina, or you've done anything in North Carolina, you got tar on your heels and blood on your hands. Because the state of North Carolina since 1986 has been brought to you by HIV Inc.



That's a bummer. I think I just lost the elected officials in North Carolina. Shoot. I couldn't even make it through a presentation.

UNC-Chapel Hill began the weaponization of Coronavirus in 1986. But by 1996 Anthony Fauci had a little plan. Coronavirus, as a model, has a very interesting set of attractive attributes, which include this very interesting thing called a spike protein and a couple of other binding sites where the virus allegedly binds to the outside of the cell. And it turns out that Ralph Baric (a professor) at the University of North Carolina Chapel Hill, was the very first person to figure out how to take a pathogen, which used to be an infection of the gut, gastroenteritis. For over 30 years Coronavirus was gastroenteritis. But Ralph Baric figured out how to weaponize it and not weaponize the virus, weaponize the spike protein. And he was the one that figured out how to make **a thing that used to hit your gut, hit your heart**. That was gain of function ladies and gentlemen, the thing that we never did, allegedly. He did it! And in 1996, he received a grant and then a series of grants in 1999, by Anthony Fauci to actually weaponize the Coronavirus spike protein so it could be used as a vaccine vector with the idea that it would be the next HIV vaccine.

That's when I started watching this. I've been a locust-eating prophet in the wilderness. (Laughter) Because my first briefing on this was in 1999. My first intelligence briefing on this was in 2003, in a published document that I have sitting on my desk to remind me that sometimes being right isn't as good as being effective. Turns out I was right in 2003. And unfortunately, I wasn't effective.

But Fauci ran into another problem. And in 1999 to 2002, and patented by the University of North Carolina Chapel Hill, and conveniently in the fall of 2018, do you all remember the big Coronavirus outbreak of 2018? No, that's because there wasn't one. But in an unprecedented move, the University of

North Carolina Chapel Hill was forced to sign their SARS vaccine patent from UNC-Chapel Hill back to NIH. By the way that hasn't been done. But they did it in the fall of 2018. Does it feel like they were preparing for something?

Next slide. Do not read this slide. Because I used to hate professors who put reading charts and eye exams on slides. Don't read it with any luck, Clay Clark can figure out how to make all of this presentation available to you. And I hope he does because that's what it's for. But in 1984, we created the vaccine nightmare, and **we let Anthony Fauci have $191 billion**. And you heard the number, right, *billion*. We've been told about $3.7 million going to China, and we're supposed to be upset about that. How about $191 billion of your taxpayer money that has gone to weaponize nature against humans? 191 billion, and let's do the little walk-through, shall we? 1984 we invent the **vaccines for HIV, which led to death and permanent disability to over 50% of the participants**. But that was okay because they were gay. That was okay. It gets worse. Okay. 2001 you remember the anthrax scare the domestic terrorism scare? Did anybody know that the US military in the spring of 2001 ordered 300 million doses of Ciprofloxacin? 300 million doses. Now we have a pretty compelling army in this country. But with all due respect, 300 million sounds like every citizen in America, it doesn't sound like every member of the US military. And how is it that at least five months before anthrax was released, we ordered 300 million doses of the treatment called Ciprofloxacin? And from – oh that's right – a German company called Bear.

That's by the way when I started busting these stories because it turns out that this wasn't the only pathogen that was being developed by the Department of Defense. And it was interesting because in the early 2000s, I started seeing Coronavirus show up in a bunch of DARPA contracts and a bunch of DOD contracts and I'm sitting there going, why would we be doing that? Why would we be taking a thing which was for dogs and porcine – that's pigs by the way, that's a scientific term for pigs. Think bacon and you got it. Pigs and various other vertebrates? Why would we suddenly be trying to weaponize that and make it hit human lung epithelial cells and human cardiac cells? Why would we be doing that? And why would the Defense Department be doing that? Is that where you expect to go to kind of get your kind of basic treatment programs? NO!! And you don't go there? Because it sounds like a weapon system if it's being funded by billions of dollars of Defense Department black contracts, doesn't it? Or is that Dave the conspiracy theorist?

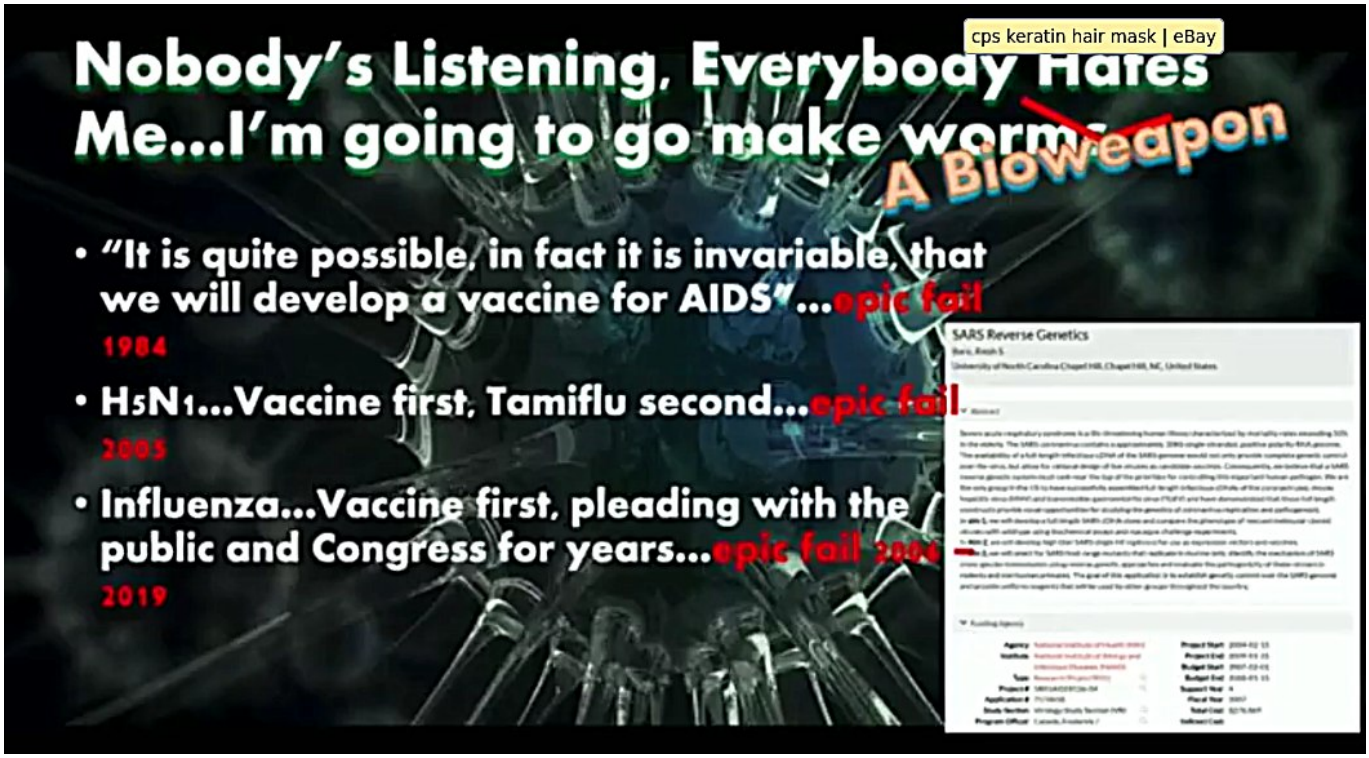
Well, let's jump into my favorite 2016 protocol, the AMP (Antibody Mediated Prevention) protocol. The AMP protocol has a line that I absolutely love. This was when we decided to let the University of North Carolina Chapel Hill develop the HIV vaccine. And it turns out that read what they said about this protocol, it will take place in sites, 24 sites in Brazil, Peru, and the United States and will enroll 2700 men and transgender people who have sex with men. What?! That's by the way straight out of the protocol.

If you don't believe what I say about the fact that Fauci has no concern for human life, but is more than happy to kill people who most people think shouldn't live anyhow, guess what happens? We start introducing the camel's nose under the tent and we start saying it's okay to kill people in the advancement of science. Now listen, people listen carefully. I am not

advocating for any lifestyle. But what I am saying is that when you've decided that you're playing God and that there is a person by any designation, that doesn't deserve to live, you left humanity! (Applause) Period! If any of you see my wife, you know, I'm very heterosexual and very happy. (Laughter) But that doesn't justify making a determination that somebody who doesn't share my values is worth killing in the name of HIV Inc. (Applause) Let's be clear on that. And then 2016 2019. And by the way, look at 2019, the hepatitis C vaccine, which guess what has to do with yet another sexual context story that they tried to turn into, they were killing people that are promiscuous, and usually gay and promiscuous, so we don't care about that. I'd love for some of the bleeding hearts left to actually realize that they're the ones celebrating the execution of the people who they allegedly represent. I think that would be a very interesting proposition. Because maybe somewhere along the line, we should actually go back to 1984. And look at the ghost of Anthony Fauci in this slide, by the way, if you see this slide that's on the screen, what you'll see is 1984 Anthony Fauci, no kidding. That's what he looked like in 1984. He still looked like that center from the high school basketball team.

What?! I'm going to tell you if I had to bet on a basketball team, and I knew that Anthony Fauci was the captain of that team in high school, I bet against him. And guess what, I'd bet against him now, too, because the dirty little secret is he actually made the statement, "it is quite possible. In fact, it's invariable that we will develop a vaccine for AIDS." Now, you know, sometimes there are things called Freudian slips, people say things and they didn't mean to say it. So I want to give him credit. He probably misspoke. He probably meant to say it's inevitable that we'll do it. But he didn't say that. He said, it's *invariable* that we do it. And it turns out that if you look at the definition of the word invariable, you know what it means? "I'm never going to stop doing a thing". Ah oh! You think we're talking about a COVID vaccine right now. No. We're still talking about Anthony Fauci's fantasy of an AIDS vaccine. Don't make a mistake by being fooled.

Next slide. Here's the problem. 1984. He had an epic fail. He tried to make an AIDS vaccine, it didn't work. In 2005 he tried to do H1N1, an epic fail, people died, it didn't work, people didn't roll up their sleeves, epic fail. And then a bummer of an opportunity came along. In 2018 we actually did have an influenza pandemic. We had a lot of people that died. And guess what we didn't do. We didn't shut down countries. We didn't shut down borders. We didn't shut down schools or churches or anything else. We just let people die. And it was seen inside of NIAID as a lost opportunity. Dead people was a lost opportunity. So what he did was he figured out something and he gave the University of North Carolina Chapel Hill a grant to create a pathogen. So that we could actually get, and I'm quoting, "the public to accept the need for a pan coronavirus vaccine. We need the media to create the hype to get to the real issues. We need to use that hype to our advantage. Investors will follow if they see profit at the end of the process."



That's a quote, National Academy of Sciences, Peter Daszak 2015, published in February 2016, Proceedings of the National Academy of Sciences. This was not a public health problem. This was a biowarfare act of domestic terrorism meted out on the citizens of the United States and the people of the world. And **it was not a lab leak from China**. It was not a lab leak from anywhere. It was an **intentional weaponization of the spike protein**, and **it is murder and we will call it what it is**. (Applause) It was murder then, and it's premeditated murder. And we have to be clear on the fact. In fact, never use the word vaccine again. That's like saying that a gun is a propellant of copper. No, it isn't. It's a gun. Call it what it is. Next slide.

And here's where it gets nasty. You guys know the guy on the right. What you don't know is the guy on the left. And here's the story you don't know about the guy on the left. The guy on the left is Alex Azar. Now, what you don't know about the guy on the left is the guy in the portrait further to the left is even a bigger problem, Henry Waxman. Henry Waxman the patron saint of caring about health, who was the one that made sure every pharmaceutical company got a shield of liability so they could never be held accountable. That Henry Waxman had a very interesting guy appointed by Trump in 2017, Alex Azar, Director of the Department of Health and Human Services. What Trump didn't know, what you didn't know, what most of America didn't know was Alex Azar was an executive, not a physician, an executive at Eli Lilly. And at the time of his appointment, he happened to be under investigation for price-fixing diabetes drugs in Mexico. Hmm hmm. In fact, during his now found to be collusion and racketeering and price fixing an antitrust violation, which turned out to be, held to be, exactly what I just said. While he was actually trying to deflect attention from the racketeering that he was doing by price-fixing insulin in Mexico, he actually made President Trump sign an order. That was the execution order for Americans. And President Trump was advised by appointed individuals who never told him the facts. This ladies and gentlemen was treason. This was treason. And anybody who wants to point the

finger at Donald Trump, the best you can do is say he was subjected to corruption and maliciousness and treason and traders within his circle. That's true. But when he signed this, he did not know the cost. He did not know. And the persons who did know was the lobby, the pharma lobby, the single largest donor in US history to political campaigns. They were the puppets that actually put that paper in front of Donald Trump. And **Alex Azar was the executive responsible for the death and destruction of America**. And you have not even heard his name. Because criminals like to put other people upfront. Well, they hide in the shadows. Well, guess what, we're not going to let happen today. A lobbyist turned executive, turned architect of oh my gosh, under the Bush administration, Alex Azar was the one who also came up with the prep Act, which actually shielded companies from liability in the event of a national emergency. **Alex Azar is the perpetrator of the largest genocide this country has ever seen**. And you do not know his name. But that just changed today. (Applause)

Oops, that was my out-loud voice. And it turns out, he's the boss of Anthony Fauci. He's the boss of CDC. He's the boss of NIAID. He's the boss of NIH (National Institutes of Health). He's the boss of the FDA. And guess what? He's the first guy that the FBI should cuff, lock up, and put in prison for the rest of his life! (Applause) That's our target. And don't think I'm actually advocating justice for the sake of justice. I'm advocating justice, because the minute we actually have the first felony conviction, the first time the emergency use authorization vanishes, because it turns out the emergency use authorization cannot stand if the basis of it was a felony. And that's written into the law. We have one focus. We have one silver bullet. And I am waiting for one AG (Attorney General) in this country to stand up and be accountable for the lives that are being lost because well, I'm talking, two children died because they're being murdered by a collusion racket. Which is like having Al Capone drive through the streets of Chicago and shoot into a school. You wouldn't sit for that but you have sat for this. Well, guess what? Not after this. From now on every hour that you do not follow the instructions I have at the end of this speech, for every hour that you don't take action, another two children die. And I want you to go to bed tonight asking yourself, did you pay attention? Or Are you cool with two kids dying every hour? I want you to sleep on that. I want you to sleep with that. Because on my watch, that ain't gonna happen.

Now I may be David and I may have a couple of river stones, which I'm going to share with you. And we got a Goliath that we got to work with. That's okay. But let's do the next slide because I got a punch line. And I'm going to get on schedule, in fact ahead of schedule. I'm going to end early to respect the next speakers. So here we go. That slide. Here's the deal, guys, you're going to share this slide, so I don't have to talk about it right? We're going to figure out a way to share the slide. Awesome. So you don't, I don't have to talk about it. Because I do have to talk about this.

There are two websites right now by any grace of God in the next five minutes or 10 minutes or hour, there's gonna be 100 websites like this, because what I conveniently did for every attorney general for every US Attorney for every law enforcement agent in this country, what I did was I went ahead and

drafted the indictment notice. (Applause) The United States of America v. And let's read it out because that's all the time I have.

United States of America V

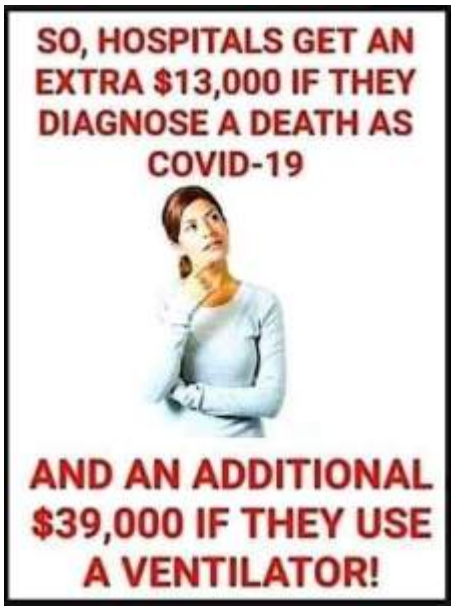
- Alex Azar defendant
- Anthony Fauci, defendant
- Peter Daszak, defendant
- Ralph Baric, defendant
- FDA, defendant
- CDC defendant
- NIAID, defendant
- Moderna defendant
- Pfizer defendant

We are going to do the following, you're going to go to that website, DavidMartin.world or fullyliveacademy.com, there's a button that says AG document, you are going to print that document and you're going to deliver it to every attorney general in every state, you're going to deliver it to every US attorney, you are going to put them on notice that from this day forward, and literally from this minute forward, every death is on their hands, because they can do something about it. And they have chosen now four times in four meetings, they have chosen to say, "Dave, this is a political, not a legal issue." And that's a quote from AGs offices. **Make it a legal issue**. And if they haven't made it a legal issue, if you haven't heard that an AG met with me, make it a political issue next year. Because this is our country, these are our children, and we will not let them die on our watch. (Applause)

Ladies and gentlemen, we the people can do something. You now are entrusted with much. And to quote that beautiful narrative in the Gospels. When you have been entrusted with much even more is required. Guess what? I just gave you the river stones. There's an eight-count indictment, all felonies, all punishable by up to 99 years in prison, and up to $100 million, fine. And, and I'm going to tell you today that anybody who works with me on this case has to agree to the following. All of the proceeds that we get from the collections of this lawsuit, and I mean, all of them are going to go to a Vaccine Injury Fund that does not require anyone to prove that the vaccine did anything. Because it turns out that every mother, every father that has a vaccination injured child, whether it was caused by it or associated with it, those people need our help. And every dollar that is ever collected is going to go to make sure that we the people honor the fact that real humans have suffered under the hands of a colluding set of conspirators who now it's on us to make sure go away forever.

Ladies and gentlemen, you can do it. And today, right after this speech, Mikki Willis and I are going to go back to the booth up there. And we are going to sign books together. So the Plandemic books if you want them, MiKki and I'll be back there. We'll be happy to sign your books. And listen people, we can do this together. You now have been entrusted with much, even more is required. Thank you very much. God bless you.

The Sparticus Document: An Overview of the Covid Plandemic and the Sinister Motivation Behind It



This article is reposted from https://biblescienceforum.com/2021/10/01/the-sparticus-document-a-summary-of-the-whole-plandemic/ It's an anonymously posted document by someone who calls themselves Spartacus. It is an excellent overview and summary of the Covid plandemic by people who seem to know what they are talking about. I normally don't post articles written by people whose credentials I cannot verify, but because Dr. John Gideon Hartnett vouches for it by posting it on his website, and because Dr. Hartnett is a respected academic and someone I know personally, I think it's something of value that the public should know. I don't understand all the medical jargon in this article, but it's not necessary to understand it all to get the point of what the main message is.

Hello,

My name is Spartacus, and I've had enough.

We have been forced to watch America and the Free World spin into inexorable decline due to a biowarfare attack. We, along with countless others, have been victimized and gaslit by propaganda and psychological warfare operations being conducted by an unelected, unaccountable Elite against the American people and our allies.

Our mental and physical health have suffered immensely over the course of the past year and a half. We have felt the sting of isolation, lockdown, masking, quarantines, and other completely nonsensical acts of healthcare theater that have done absolutely nothing to protect the health or wellbeing of the public

from the ongoing COVID-19 pandemic.

Now, we are watching the medical establishment inject literal poison into millions of our fellow Americans without so much as a fight.

We have been told that we will be fired and denied our livelihoods if we refuse to vaccinate. This was the last straw.

We have spent thousands of hours analyzing leaked footage from Wuhan, scientific papers from primary sources, as well as the paper trails left by the medical establishment.

What we have discovered would shock anyone to their core.

First, we will summarize our findings, and then, we will explain them in detail. References will be placed at the end.

Summary:

- COVID-19 is a blood and blood vessel disease. SARS-CoV-2 infects the lining of human blood vessels, causing them to leak into the lungs.
- Current treatment protocols (e.g. invasive ventilation) are actively harmful to patients, accelerating oxidative stress and causing severe VILI (ventilator-induced lung injuries). The continued use of ventilators in the absence of any proven medical benefit constitutes mass murder.
- Existing countermeasures are inadequate to slow the spread of what is an aerosolized and potentially wastewater-borne virus, and constitute a form of medical theater.
- Various non-vaccine interventions have been suppressed by both the media and the medical establishment in favor of vaccines and expensive patented drugs.
- The authorities have denied the usefulness of natural immunity against COVID-19, despite the fact that natural immunity confers protection against all of the virus’s proteins, and not just one.
- Vaccines will do more harm than good. The antigen that these vaccines are based on, SARS-CoV- 2 Spike, is a toxic protein. SARS-CoV-2 may have ADE, or antibody-dependent enhancement; current antibodies may not neutralize future strains, but instead help them infect immune cells. Also, vaccinating during a pandemic with a leaky vaccine removes the evolutionary pressure for a virus to become less lethal.
- There is a vast and appalling criminal conspiracy that directly links both Anthony Fauci and Moderna to the Wuhan Institute of Virology.
- COVID-19 vaccine researchers are directly linked to scientists involved in brain-computer interface (“neural lace”) tech, one of whom was indicted for taking grant money from China.
- Independent researchers have discovered mysterious nanoparticles inside the vaccines that are not supposed to be present.
- The entire pandemic is being used as an excuse for a vast political and economic transformation of Western society that will enrich the already rich and turn the rest of us into serfs and untouchables.

COVID-19 Pathophysiology and Treatments:

COVID-19 is not a viral pneumonia. It is a viral vascular endotheliitis and attacks the lining of blood vessels, particularly the small pulmonary alveolar capillaries, leading to endothelial cell activation and sloughing, coagulopathy, sepsis, pulmonary edema, and ARDS-like symptoms. This is a disease of the blood and blood vessels. The circulatory system. Any pneumonia that it causes is secondary to that.

In severe cases, this leads to sepsis, blood clots, and multiple organ failure, including hypoxic and inflammatory damage to various vital organs, such as the brain, heart, liver, pancreas, kidneys, and intestines.

Some of the most common laboratory findings in COVID-19 are elevated D-dimer, elevated prothrombin time, elevated C-reactive protein, neutrophilia, lymphopenia, hypocalcemia, and hyperferritinemia, essentially matching a profile of coagulopathy and immune system hyperactivation/immune cell exhaustion.

COVID-19 can present as almost anything, due to the wide tropism of SARS-CoV-2 for various tissues in the body’s vital organs. While its most common initial presentation is respiratory illness and flu-like symptoms, it can present as brain inflammation, gastrointestinal disease, or even heart attack or pulmonary embolism.

COVID-19 is more severe in those with specific comorbidities, such as obesity, diabetes, and hypertension. This is because these conditions involve endothelial dysfunction, which renders the circulatory system more susceptible to infection and injury by this particular virus.

The vast majority of COVID-19 cases are mild and do not cause significant disease. In known cases, there is something known as the 80/20 rule, where 80% of cases are mild and 20% are severe or critical. However, this ratio is only correct for known cases, not all infections. The number of actual infections is much, much higher. Consequently, the mortality and morbidity rate is lower. However, COVID-19 spreads very quickly, meaning that there are a significant number of severely-ill and critically-ill patients appearing in a short time frame.

In those who have critical COVID-19-induced sepsis, hypoxia, coagulopathy, and ARDS, the most common treatments are intubation, injected corticosteroids, and blood thinners. This is not the correct treatment for COVID-19. In severe hypoxia, cellular metabolic shifts cause ATP to break down into hypoxanthine, which, upon the reintroduction of oxygen, causes xanthine oxidase to produce tons of highly damaging radicals that attack tissue. This is called ischemia-reperfusion injury, and it’s why the majority of people who go on a ventilator are dying. In the mitochondria, succinate buildup due to sepsis does the same exact thing; when oxygen is reintroduced, it makes superoxide radicals. Make no mistake, intubation will kill people who have COVID-19.

The end-stage of COVID-19 is severe lipid peroxidation, where fats in the

body start to “rust” due to damage by oxidative stress. This drives autoimmunity. Oxidized lipids appear as foreign objects to the immune system, which recognizes and forms antibodies against OSEs, or oxidation-specific epitopes. Also, oxidized lipids feed directly into pattern recognition receptors, triggering even more inflammation and summoning even more cells of the innate immune system that release even more destructive enzymes. This is similar to the pathophysiology of Lupus.

COVID-19’s pathology is dominated by extreme oxidative stress and neutrophil respiratory burst, to the point where hemoglobin becomes incapable of carrying oxygen due to heme iron being stripped out of heme by hypochlorous acid. No amount of supplemental oxygen can oxygenate blood that chemically refuses to bind O2.

The breakdown of the pathology is as follows:

SARS-CoV-2 Spike binds to ACE2. Angiotensin Converting Enzyme 2 is an enzyme that is part of the renin-angiotensin-aldosterone system, or RAAS. The RAAS is a hormone control system that moderates fluid volume in the body and in the bloodstream (i.e. osmolarity) by controlling salt retention and excretion. This protein, ACE2, is ubiquitous in every part of the body that interfaces with the circulatory system, particularly in vascular endothelial cells and pericytes, brain astrocytes, renal tubules and podocytes, pancreatic islet cells, bile duct and intestinal epithelial cells, and the seminiferous ducts of the testis, all of which SARS-CoV-2 can infect, not just the lungs.

SARS-CoV-2 infects a cell as follows: SARS-CoV-2 Spike undergoes a conformational change where the S1 trimers flip up and extend, locking onto ACE2 bound to the surface of a cell. TMPRSS2, or transmembrane protease serine 2, comes along and cuts off the heads of the Spike, exposing the S2 stalk-shaped subunit inside. The remainder of the Spike undergoes a conformational change that causes it to unfold like an extension ladder, embedding itself in the cell membrane. Then, it folds back upon itself, pulling the viral membrane and the cell membrane together. The two membranes fuse, with the virus’s proteins migrating out onto the surface of the cell. The SARS-CoV-2 nucleocapsid enters the cell, disgorging its genetic material and beginning the viral replication process, hijacking the cell’s own structures to produce more virus.

SARS-CoV-2 Spike proteins embedded in a cell can actually cause human cells to fuse together, forming syncytia/MGCs (multinuclear giant cells). They also have other pathogenic, harmful effects. SARS-CoV- 2’s viroporins, such as its Envelope protein, act as calcium ion channels, introducing calcium into infected cells. The virus suppresses the natural interferon response, resulting in delayed inflammation. SARS-CoV-2 N protein can also directly activate the NLRP3 inflammasome. Also, it suppresses the Nrf2 antioxidant pathway. The suppression of ACE2 by binding with Spike causes a buildup of bradykinin that would otherwise be broken down by ACE2.

This constant calcium influx into the cells results in (or is accompanied by) noticeable hypocalcemia, or low blood calcium, especially in people with

Vitamin D deficiencies and pre-existing endothelial dysfunction. Bradykinin upregulates cAMP, cGMP, COX, and Phospholipase C activity. This results in prostaglandin release and vastly increased intracellular calcium signaling, which promotes highly aggressive ROS release and ATP depletion. NADPH oxidase releases superoxide into the extracellular space. Superoxide radicals react with nitric oxide to form peroxynitrite. Peroxynitrite reacts with the tetrahydrobiopterin cofactor needed by endothelial nitric oxide synthase, destroying it and “uncoupling” the enzymes, causing nitric oxide synthase to synthesize more superoxide instead. This proceeds in a positive feedback loop until nitric oxide bioavailability in the circulatory system is depleted.

Dissolved nitric oxide gas produced constantly by eNOS serves many important functions, but it is also antiviral against SARS-like coronaviruses, preventing the palmitoylation of the viral Spike protein and making it harder for it to bind to host receptors. The loss of NO allows the virus to begin replicating with impunity in the body. Those with endothelial dysfunction (i.e. hypertension, diabetes, obesity, old age, African-American race) have redox equilibrium issues to begin with, giving the virus an advantage.

Due to the extreme cytokine release triggered by these processes, the body summons a great deal of neutrophils and monocyte-derived alveolar macrophages to the lungs. Cells of the innate immune system are the first-line defenders against pathogens. They work by engulfing invaders and trying to attack them with enzymes that produce powerful oxidants, like SOD and MPO. Superoxide dismutase takes superoxide and makes hydrogen peroxide, and myeloperoxidase takes hydrogen peroxide and chlorine ions and makes hypochlorous acid, which is many, many times more reactive than sodium hypochlorite bleach.

Neutrophils have a nasty trick. They can also eject these enzymes into the extracellular space, where they will continuously spit out peroxide and bleach into the bloodstream. This is called neutrophil extracellular trap formation, or, when it becomes pathogenic and counterproductive, NETosis. In severe and critical COVID-19, there is actually rather severe NETosis.

Hypochlorous acid building up in the bloodstream begins to bleach the iron out of heme and compete for O2 binding sites. Red blood cells lose the ability to transport oxygen, causing the sufferer to turn blue in the face. Unliganded iron, hydrogen peroxide, and superoxide in the bloodstream undergo the Haber- Weiss and Fenton reactions, producing extremely reactive hydroxyl radicals that violently strip electrons from surrounding fats and DNA, oxidizing them severely.

This condition is not unknown to medical science. The actual name for all of this is acute sepsis.

We know this is happening in COVID-19 because people who have died of the disease have noticeable ferroptosis signatures in their tissues, as well as various other oxidative stress markers such as nitrotyrosine, 4-HNE, and malondialdehyde.

When you intubate someone with this condition, you are setting off a free radical bomb by supplying the cells with O2. It’s a catch-22, because we need

oxygen to make Adenosine Triphosphate (that is, to live), but O2 is also the precursor of all these damaging radicals that lead to lipid peroxidation.

The correct treatment for severe COVID-19 related sepsis is non-invasive ventilation, steroids, and antioxidant infusions. Most of the drugs repurposed for COVID-19 that show any benefit whatsoever in rescuing critically-ill COVID-19 patients are antioxidants. N-acetylcysteine, melatonin, fluvoxamine, budesonide, famotidine, cimetidine, and ranitidine are all antioxidants. Indomethacin prevents iron- driven oxidation of arachidonic acid to isoprostanes. There are powerful antioxidants such as apocynin that have not even been tested on COVID-19 patients yet which could defang neutrophils, prevent lipid peroxidation, restore endothelial health, and restore oxygenation to the tissues.

Scientists who know anything about pulmonary neutrophilia, ARDS, and redox biology have known or surmised much of this since March 2020. In April 2020, Swiss scientists confirmed that COVID-19 was a vascular endotheliitis. By late 2020, experts had already concluded that COVID-19 causes a form of viral sepsis. They also know that sepsis can be effectively treated with antioxidants. None of this information is particularly new, and yet, for the most part, it has not been acted upon. Doctors continue to use damaging intubation techniques with high PEEP settings despite high lung compliance and poor oxygenation, killing an untold number of critically ill patients with medical malpractice.

Because of the way they are constructed, Randomized Control Trials will never show any benefit for any antiviral against COVID-19. Not Remdesivir, not Kaletra, not HCQ, and not Ivermectin. The reason for this is simple; for the patients that they have recruited for these studies, such as Oxford’s ludicrous RECOVERY study, the intervention is too late to have any positive effect.

The clinical course of COVID-19 is such that by the time most people seek medical attention for hypoxia, their viral load has already tapered off to almost nothing. If someone is about 10 days post-exposure and has already been symptomatic for five days, there is hardly any virus left in their bodies, only cellular damage and derangement that has initiated a hyperinflammatory response. It is from this group that the clinical trials for antivirals have recruited, pretty much exclusively.

In these trials, they give antivirals to severely ill patients who have no virus in their bodies, only a delayed hyperinflammatory response, and then absurdly claim that antivirals have no utility in treating or preventing COVID-19. These clinical trials do not recruit people who are pre-symptomatic. They do not test pre-exposure or post-exposure prophylaxis.

This is like using a defibrillator to shock only flatline, and then absurdly claiming that defibrillators have no medical utility whatsoever when the patients refuse to rise from the dead. The intervention is too late. These trials for antivirals show systematic, egregious selection bias. They are providing a treatment that is futile to the specific cohort they are enrolling.

India went against the instructions of the WHO and mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19. The Indian Bar Association of Mumbai has brought criminal charges against WHO Chief Scientist Dr. Soumya Swaminathan for recommending against the use of Ivermectin.

Ivermectin is not “horse dewormer”. Yes, it is sold in veterinary paste form as a dewormer for animals. It has also been available in pill form for humans for decades, as an antiparasitic drug.

The media have disingenuously claimed that because Ivermectin is an antiparasitic drug, it has no utility as an antivirus. This is incorrect. Ivermectin has utility as an antiviral. It blocks importin, preventing nuclear import, effectively inhibiting viral access to cell nuclei. Many drugs currently on the market have multiple modes of action. Ivermectin is one such drug. It is both antiparasitic and antiviral.

In Bangladesh, Ivermectin costs $1.80 for an entire 5-day course. Remdesivir, which is toxic to the liver, costs $3,120 for a 5-day course of the drug. Billions of dollars of utterly useless Remdesivir were sold to our governments on the taxpayer’s dime, and it ended up being totally useless for treating hyperinflammatory COVID-19. The media has hardly even covered this at all.

The opposition to the use of generic Ivermectin is not based in science. It is purely financially and politically-motivated. An effective non-vaccine intervention would jeopardize the rushed FDA approval of patented vaccines and medicines for which the pharmaceutical industry stands to rake in billions upon billions of dollars in sales on an ongoing basis.

The majority of the public are scientifically illiterate and cannot grasp what any of this even means, thanks to a pathetic educational system that has miseducated them. You would be lucky to find 1 in 100 people who have even the faintest clue what any of this actually means.

COVID-19 Transmission:

COVID-19 is airborne. The WHO carried water for China by claiming that the virus was only droplet- borne. Our own CDC absurdly claimed that it was mostly transmitted by fomite-to-face contact, which, given its rapid spread from Wuhan to the rest of the world, would have been physically impossible.

The ridiculous belief in fomite-to-face being a primary mode of transmission led to the use of surface disinfection protocols that wasted time, energy, productivity, and disinfectant.

The 6-foot guidelines are absolutely useless. The minimum safe distance to protect oneself from an aerosolized virus is to be 15+ feet away from an infected person, no closer. Realistically, no public transit is safe.

Surgical masks do not protect you from aerosols. The virus is too small and the filter media has too large of gaps to filter it out. They may catch

respiratory droplets and keep the virus from being expelled by someone who is sick, but they do not filter a cloud of infectious aerosols if someone were to walk into said cloud.

The minimum level of protection against this virus is quite literally a P100 respirator, a PAPR/CAPR, or a 40mm NATO CBRN respirator, ideally paired with a full-body tyvek or tychem suit, gloves, and booties, with all the holes and gaps taped.

Live SARS-CoV-2 may potentially be detected in sewage outflows, and there may be oral-fecal transmission. During the SARS outbreak in 2003, in the Amoy Gardens incident, hundreds of people were infected by aerosolized fecal matter rising from floor drains in their apartments.

COVID-19 Vaccine Dangers:

The vaccines for COVID-19 are not sterilizing and do not prevent infection or transmission. They are “leaky” vaccines. This means they remove the evolutionary pressure on the virus to become less lethal. It also means that the vaccinated are perfect carriers. In other words, those who are vaccinated are a threat to the unvaccinated, not the other way around.

All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. Though they appear to limit severe illness, the long-term safety profile of these vaccines remains unknown.

Some of these so-called “vaccines” utilize an untested new technology that has never been used in vaccines before. Traditional vaccines use weakened or killed virus to stimulate an immune response. The Moderna and Pfizer-BioNTech vaccines do not. They are purported to consist of an intramuscular shot containing a suspension of lipid nanoparticles filled with messenger RNA. The way they generate an immune response is by fusing with cells in a vaccine recipient’s shoulder, undergoing endocytosis, releasing their mRNA cargo into those cells, and then utilizing the ribosomes in those cells to synthesize modified SARS-CoV-2 Spike proteins in-situ.

These modified Spike proteins then migrate to the surface of the cell, where they are anchored in place by a transmembrane domain. The adaptive immune system detects the non-human viral protein being expressed by these cells, and then forms antibodies against that protein. This is purported to confer protection against the virus, by training the adaptive immune system to recognize and produce antibodies against the Spike on the actual virus. The J&J and AstraZeneca vaccines do something similar, but use an adenovirus vector for genetic material delivery instead of a lipid nanoparticle. These vaccines were produced or validated with the aid of fetal cell lines HEK-293 and PER.C6, which people with certain religious convictions may object strongly to.

SARS-CoV-2 Spike is a highly pathogenic protein on its own. It is impossible to overstate the danger presented by introducing this protein into the human body.

It is claimed by vaccine manufacturers that the vaccine remains in cells in the shoulder, and that SARS- CoV-2 Spike produced and expressed by these cells from the vaccine's genetic material is harmless and inert, thanks to the insertion of prolines in the Spike sequence to stabilize it in the prefusion conformation, preventing the Spike from becoming active and fusing with other cells. However, a pharmacokinetic study from Japan showed that the lipid nanoparticles and mRNA from the Pfizer vaccine did not stay in the shoulder, and in fact bioaccumulated in many different organs, including the reproductive organs and adrenal glands, meaning that modified Spike is being expressed quite literally all over the place. These lipid nanoparticles may trigger anaphylaxis in an unlucky few, but far more concerning is the unregulated expression of Spike in various somatic cell lines far from the injection site and the unknown consequences of that.

Messenger RNA is normally consumed right after it is produced in the body, being translated into a protein by a ribosome. COVID-19 vaccine mRNA is produced outside the body, long before a ribosome translates it. In the meantime, it could accumulate damage if inadequately preserved. When a ribosome attempts to translate a damaged strand of mRNA, it can become stalled. When this happens, the ribosome becomes useless for translating proteins because it now has a piece of mRNA stuck in it, like a lace card in an old punch card reader. The whole thing has to be cleaned up and new ribosomes synthesized to replace it. In cells with low ribosome turnover, like nerve cells, this can lead to reduced protein synthesis, cytopathic effects, and neuropathies.

Certain proteins, including SARS-CoV-2 Spike, have proteolytic cleavage sites that are basically like little dotted lines that say "cut here", which attract a living organism's own proteases (essentially, molecular scissors) to cut them. There is a possibility that S1 may be proteolytically cleaved from S2, causing active S1 to float away into the bloodstream while leaving the S2 "stalk" embedded in the membrane of the cell that expressed the protein.

SARS-CoV-2 Spike has a Superantigenic region (SAg), which may promote extreme inflammation.

Anti-Spike antibodies were found in one study to function as autoantibodies and attack the body's own cells. Those who have been immunized with COVID-19 vaccines have developed blood clots, myocarditis, Guillain-Barre Syndrome, Bell's Palsy, and multiple sclerosis flares, indicating that the vaccine promotes autoimmune reactions against healthy tissue.

SARS-CoV-2 Spike does not only bind to ACE2. It was suspected to have regions that bind to basigin, integrins, neuropilin-1, and bacterial lipopolysaccharides as well. SARS-CoV-2 Spike, on its own, can potentially bind any of these things and act as a ligand for them, triggering unspecified and likely highly inflammatory cellular activity.

SARS-CoV-2 Spike contains an unusual PRRA insert that forms a furin cleavage site. Furin is a ubiquitous human protease, making this an ideal property for the Spike to have, giving it a high degree of cell tropism. No wild-type

SARS-like coronaviruses related to SARS-CoV-2 possess this feature, making it highly suspicious, and perhaps a sign of human tampering.

SARS-CoV-2 Spike has a prion-like domain that enhances its infectiousness.

The Spike S1 RBD may bind to heparin-binding proteins and promote amyloid aggregation. In humans, this could lead to Parkinson's, Lewy Body Dementia, premature Alzheimer's, or various other neurodegenerative diseases. This is very concerning because SARS-CoV-2 S1 is capable of injuring and penetrating the blood-brain barrier and entering the brain. It is also capable of increasing the permeability of the blood-brain barrier to other molecules.

SARS-CoV-2, like other betacoronaviruses, may have Dengue-like ADE, or antibody-dependent enhancement of disease. For those who aren't aware, some viruses, including betacoronaviruses, have a feature called ADE. There is also something called Original Antigenic Sin, which is the observation that the body prefers to produce antibodies based on previously-encountered strains of a virus over newly- encountered ones.

In ADE, antibodies from a previous infection become non-neutralizing due to mutations in the virus's proteins. These non-neutralizing antibodies then act as trojan horses, allowing live, active virus to be pulled into macrophages through their Fc receptor pathways, allowing the virus to infect immune cells that it would not have been able to infect before. This has been known to happen with Dengue Fever; when someone gets sick with Dengue, recovers, and then contracts a different strain, they can get very, very ill.

If someone is vaccinated with mRNA based on the Spike from the initial Wuhan strain of SARS-CoV-2, and then they become infected with a future, mutated strain of the virus, they may become severely ill. In other words, it is possible for vaccines to sensitize someone to disease.

There is a precedent for this in recent history. Sanofi's Dengvaxia vaccine for Dengue failed because it caused immune sensitization in people whose immune systems were Dengue-naive.

In mice immunized against SARS-CoV and challenged with the virus, a close relative of SARS-CoV-2, they developed immune sensitization, Th2 immunopathology, and eosinophil infiltration in their lungs.

We have been told that SARS-CoV-2 mRNA vaccines cannot be integrated into the human genome, because messenger RNA cannot be turned back into DNA. This is false. There are elements in human cells called LINE-1 retrotransposons, which can indeed integrate mRNA into a human genome by endogenous reverse transcription. Because the mRNA used in the vaccines is stabilized, it hangs around in cells longer, increasing the chances for this to happen. If the gene for SARS-CoV-2 Spike is integrated into a portion of the genome that is not silent and actually expresses a protein, it is possible that people who take this vaccine may continuously express SARS-CoV-2 Spike from their somatic cells for the rest of their lives.

By inoculating people with a vaccine that causes their bodies to produce

Spike in-situ, they are being inoculated with a pathogenic protein. A toxin that may cause long-term inflammation, heart problems, and a raised risk of cancers. In the long-term, it may also potentially lead to premature neurodegenerative disease.

Absolutely nobody should be compelled to take this vaccine under any circumstances, and in actual fact, the vaccination campaign must be stopped immediately.

COVID-19 Criminal Conspiracy:

The vaccine and the virus were made by the same people.

In 2014, there was a moratorium on SARS gain-of-function research that lasted until 2017. This research was not halted. Instead, it was outsourced, with the federal grants being laundered through NGOs.

Ralph Baric is a virologist and SARS expert at UNC Chapel Hill in North Carolina. This is who Anthony Fauci was referring to when he insisted, before Congress, that if any gain-of-function research was being conducted, it was being conducted in North Carolina.

This was a lie. Anthony Fauci lied before Congress. A felony.

Ralph Baric and Shi Zhengli are colleagues and have co-written papers together. Ralph Baric mentored Shi Zhengli in his gain-of-function manipulation techniques, particularly serial passage, which results in a virus that appears as if it originated naturally. In other words, deniable bioweapons. Serial passage in humanized hACE2 mice may have produced something like SARS-CoV-2.

The funding for the gain-of-function research being conducted at the Wuhan Institute of Virology came from Peter Daszak. Peter Daszak runs an NGO called EcoHealth Alliance. EcoHealth Alliance received millions of dollars in grant money from the National Institutes of Health/National Institute of Allergy and Infectious Diseases (that is, Anthony Fauci), the Defense Threat Reduction Agency (part of the US Department of Defense), and the United States Agency for International Development. NIH/NIAID contributed a few million dollars, and DTRA and USAID each contributed tens of millions of dollars towards this research. Altogether, it was over a hundred million dollars.

EcoHealth Alliance subcontracted these grants to the Wuhan Institute of Virology, a lab in China with a very questionable safety record and poorly trained staff, so that they could conduct gain-of-function research, not in their fancy P4 lab, but in a level-2 lab where technicians wore nothing more sophisticated than perhaps a hairnet, latex gloves, and a surgical mask, instead of the bubble suits used when working with dangerous viruses. Chinese scientists in Wuhan reported being routinely bitten and urinated on by laboratory animals. Why anyone would outsource this dangerous and delicate work to the People’s Republic of China, a country infamous for industrial accidents and massive explosions that have claimed hundreds of lives, is

completely beyond me, unless the aim was to start a pandemic on purpose.

In November of 2019, three technicians at the Wuhan Institute of Virology developed symptoms consistent with a flu-like illness. Anthony Fauci, Peter Daszak, and Ralph Baric knew at once what had happened, because back channels exist between this laboratory and our scientists and officials.

December 12th, 2019, Ralph Baric signed a Material Transfer Agreement (essentially, an NDA) to receive Coronavirus mRNA vaccine-related materials co-owned by Moderna and NIH. It wasn't until a whole month later, on January 11th, 2020, that China allegedly sent us the sequence to what would become known as SARS-CoV-2. Moderna claims, rather absurdly, that they developed a working vaccine from this sequence in under 48 hours.

Stephane Bancel, the current CEO of Moderna, was formerly the CEO of bioMerieux, a French multinational corporation specializing in medical diagnostic tech, founded by one Alain Merieux. Alain Merieux was one of the individuals who was instrumental in the construction of the Wuhan Institute of Virology's P4 lab.

The sequence given as the closest relative to SARS-CoV-2, RaTG13, is not a real virus. It is a forgery. It was made by entering a gene sequence by hand into a database, to create a cover story for the existence of SARS-CoV-2, which is very likely a gain-of-function chimera produced at the Wuhan Institute of Virology and was either leaked by accident or intentionally released.

The animal reservoir of SARS-CoV-2 has never been found.

This is not a conspiracy "theory". It is an actual criminal conspiracy, in which people connected to the development of Moderna's mRNA-1273 are directly connected to the Wuhan Institute of Virology and their gain-of-function research by very few degrees of separation, if any. The paper trail is well-established.

The lab-leak theory has been suppressed because pulling that thread leads one to inevitably conclude that there is enough circumstantial evidence to link Moderna, the NIH, the WIV, and both the vaccine and the virus's creation together. In a sane country, this would have immediately led to the world's biggest RICO and mass murder case. Anthony Fauci, Peter Daszak, Ralph Baric, Shi Zhengli, and Stephane Bancel, and their accomplices, would have been indicted and prosecuted to the fullest extent of the law. Instead, billions of our tax dollars were awarded to the perpetrators.

The FBI raided Allure Medical in Shelby Township north of Detroit for billing insurance for "fraudulent COVID-19 cures". The treatment they were using? Intravenous Vitamin C. An antioxidant. Which, as described above, is an entirely valid treatment for COVID-19-induced sepsis, and indeed, is now part of the MATH+ protocol advanced by Dr. Paul E. Marik.

The FDA banned ranitidine (Zantac) due to supposed NDMA (N-nitrosodimethylamine) contamination. Ranitidine is not only an H2 blocker

used as antacid, but also has a powerful antioxidant effect, scavenging hydroxyl radicals. This gives it utility in treating COVID-19.

The FDA also attempted to take N-acetylcysteine, a harmless amino acid supplement and antioxidant, off the shelves, compelling Amazon to remove it from their online storefront.

This leaves us with a chilling question: did the FDA knowingly suppress antioxidants useful for treating COVID-19 sepsis as part of a criminal conspiracy against the American public?

The establishment is cooperating with, and facilitating, the worst criminals in human history, and are actively suppressing non-vaccine treatments and therapies in order to compel us to inject these criminals' products into our bodies. This is absolutely unacceptable.

COVID-19 Vaccine Development and Links to Transhumanism:

This section deals with some more speculative aspects of the pandemic and the medical and scientific establishment's reaction to it, as well as the disturbing links between scientists involved in vaccine research and scientists whose work involved merging nanotechnology with living cells.

On June 9th, 2020, Charles Lieber, a Harvard nanotechnology researcher with decades of experience, was indicted by the DOJ for fraud. Charles Lieber received millions of dollars in grant money from the US Department of Defense, specifically the military think tanks DARPA, AFOSR, and ONR, as well as NIH and MITRE. His specialty is the use of silicon nanowires in lieu of patch clamp electrodes to monitor and modulate intracellular activity, something he has been working on at Harvard for the past twenty years. He was claimed to have been working on silicon nanowire batteries in China, but none of his colleagues can recall him ever having worked on battery technology in his life; all of his research deals with bionanotechnology, or the blending of nanotech with living cells.

The indictment was over his collaboration with the Wuhan University of Technology. He had double- dipped, against the terms of his DOD grants, and taken money from the PRC's Thousand Talents plan, a program which the Chinese government uses to bribe Western scientists into sharing proprietary R&D information that can be exploited by the PLA for strategic advantage.

Charles Lieber's own papers describe the use of silicon nanowires for brain-computer interfaces, or "neural lace" technology. His papers describe how neurons can endocytose whole silicon nanowires or parts of them, monitoring and even modulating neuronal activity.

Charles Lieber was a colleague of Robert Langer. Together, along with Daniel S. Kohane, they worked on a paper describing artificial tissue scaffolds that could be implanted in a human heart to monitor its activity remotely.

Robert Langer, an MIT alumnus and expert in nanotech drug delivery, is one of

the co-founders of Moderna. His net worth is now $5.1 billion USD thanks to Moderna's mRNA-1273 vaccine sales.

Both Charles Lieber and Robert Langer's bibliographies describe, essentially, techniques for human enhancement, i.e. transhumanism. Klaus Schwab, the founder of the World Economic Forum and the architect behind the so-called "Great Reset", has long spoken of the "blending of biology and machinery" in his books.

Since these revelations, it has come to the attention of independent researchers that the COVID-19 vaccines may contain reduced graphene oxide nanoparticles. Japanese researchers have also found unexplained contaminants in COVID-19 vaccines.

Graphene oxide is an anxiolytic. It has been shown to reduce the anxiety of laboratory mice when injected into their brains. Indeed, given SARS-CoV-2 Spike's propensity to compromise the blood-brain barrier and increase its permeability, it is the perfect protein for preparing brain tissue for extravasation of nanoparticles from the bloodstream and into the brain. Graphene is also highly conductive and, in some circumstances, paramagnetic.

In 2013, under the Obama administration, DARPA launched the BRAIN Initiative; BRAIN is an acronym for Brain Research Through Advancing Innovative Neurotechnologies®. This program involves the development of brain-computer interface technologies for the military, particularly non-invasive, injectable systems that cause minimal damage to brain tissue when removed. Supposedly, this technology would be used for healing wounded soldiers with traumatic brain injuries, the direct brain control of prosthetic limbs, and even new abilities such as controlling drones with one's mind.

Various methods have been proposed for achieving this, including optogenetics, magnetogenetics, ultrasound, implanted electrodes, and transcranial electromagnetic stimulation. In all instances, the goal is to obtain read or read-write capability over neurons, either by stimulating and probing them, or by rendering them especially sensitive to stimulation and probing.

However, the notion of the widespread use of BCI technology, such as Elon Musk's Neuralink device, raises many concerns over privacy and personal autonomy. Reading from neurons is problematic enough on its own. Wireless brain-computer interfaces may interact with current or future wireless GSM infrastructure, creating neurological data security concerns. A hacker or other malicious actor may compromise such networks to obtain people's brain data, and then exploit it for nefarious purposes.

However, a device capable of writing to human neurons, not just reading from them, presents another, even more serious set of ethical concerns. A BCI that is capable of altering the contents of one's mind for innocuous purposes, such as projecting a heads-up display onto their brain's visual center or sending audio into one's auditory cortex, would also theoretically be capable of altering mood and personality, or perhaps even subjugating someone's very will, rendering them utterly obedient to authority. This technology would be

a tyrant’s wet dream. Imagine soldiers who would shoot their own countrymen without hesitation, or helpless serfs who are satisfied to live in literal dog kennels.

BCIs could be used to unscrupulously alter perceptions of basic things such as emotions and values, changing people’s thresholds of satiety, happiness, anger, disgust, and so forth. This is not inconsequential. Someone’s entire regime of behaviors could be altered by a BCI, including such things as suppressing their appetite or desire for virtually anything on Maslow’s Hierarchy of Needs.

Anything is possible when you have direct access to someone’s brain and its contents. Someone who is obese could be made to feel disgust at the sight of food. Someone who is involuntarily celibate could have their libido disabled so they don’t even desire sex to begin with. Someone who is racist could be forced to feel delight over cohabiting with people of other races. Someone who is violent could be forced to be meek and submissive. These things might sound good to you if you are a tyrant, but to normal people, the idea of personal autonomy being overridden to such a degree is appalling.

For the wealthy, neural laces would be an unequaled boon, giving them the opportunity to enhance their intelligence with neuroprosthetics (i.e. an “exocortex”), and to deliver irresistible commands directly into the minds of their BCI-augmented servants, even physically or sexually abusive commands that they would normally refuse.

If the vaccine is a method to surreptitiously introduce an injectable BCI into millions of people without their knowledge or consent, then what we are witnessing is the rise of a tyrannical regime unlike anything ever seen before on the face of this planet, one that fully intends to strip every man, woman, and child of our free will.

Our flaws are what make us human. A utopia arrived at by removing people’s free will is not a utopia at all. It is a monomaniacal nightmare. Furthermore, the people who rule over us are Dark Triad types who cannot be trusted with such power. Imagine being beaten and sexually assaulted by a wealthy and powerful psychopath and being forced to smile and laugh over it because your neural lace gives you no choice but to obey your master.

The Elites are forging ahead with this technology without giving people any room to question the social or ethical ramifications, or to establish regulatory frameworks that ensure that our personal agency and autonomy will not be overridden by these devices. They do this because they secretly dream of a future where they can treat you worse than an animal and you cannot even fight back. If this evil plan is allowed to continue, it will spell the end of humanity as we know it.

Conclusions:

The current pandemic was produced and perpetuated by the establishment, through the use of a virus engineered in a PLA-connected Chinese biowarfare laboratory, with the aid of American taxpayer dollars and French expertise.

This research was conducted under the absolutely ridiculous euphemism of “gain-of-function” research, which is supposedly carried out in order to determine which viruses have the highest potential for zoonotic spillover and preemptively vaccinate or guard against them.

Gain-of-function/gain-of-threat research, a.k.a. “Dual-Use Research of Concern”, or DURC, is bioweapon research by another, friendlier-sounding name, simply to avoid the taboo of calling it what it actually is. It has always been bioweapon research. The people who are conducting this research fully understand that they are taking wild pathogens that are not infectious in humans and making them more infectious, often taking grants from military think tanks encouraging them to do so.

These virologists conducting this type of research are enemies of their fellow man, like pyromaniac firefighters. GOF research has never protected anyone from any pandemic. In fact, it has now started one, meaning its utility for preventing pandemics is actually negative. It should have been banned globally, and the lunatics performing it should have been put in straitjackets long ago.

Either through a leak or an intentional release from the Wuhan Institute of Virology, a deadly SARS strain is now endemic across the globe, after the WHO and CDC and public officials first downplayed the risks, and then intentionally incited a panic and lockdowns that jeopardized people’s health and their livelihoods.

This was then used by the utterly depraved and psychopathic aristocratic class who rule over us as an excuse to coerce people into accepting an injected poison which may be a depopulation agent, a mind control/pacification agent in the form of injectable “smart dust”, or both in one. They believe they can get away with this by weaponizing the social stigma of vaccine refusal. They are incorrect.

Their motives are clear and obvious to anyone who has been paying attention. These megalomaniacs have raided the pension funds of the free world. Wall Street is insolvent and has had an ongoing liquidity crisis since the end of 2019. The aim now is to exert total, full-spectrum physical, mental, and financial control over humanity before we realize just how badly we’ve been extorted by these maniacs.

The pandemic and its response served multiple purposes for the Elite:

- Concealing a depression brought on by the usurious plunder of our economies conducted by rentier-capitalists and absentee owners who produce absolutely nothing of any value to society whatsoever. Instead of us having a very predictable Occupy Wall Street Part II, the Elites and their stooges got to stand up on television and paint themselves as wise and all-powerful saviors instead of the marauding cabal of despicable land pirates that they are.
- Destroying small businesses and eroding the middle class.
- Transferring trillions of dollars of wealth from the American public and into the pockets of billionaires and special interests.

- Engaging in insider trading, buying stock in biotech companies and shorting brick-and-mortar businesses and travel companies, with the aim of collapsing face-to-face commerce and tourism and replacing it with e-commerce and servitization.
- Creating a casus belli for war with China, encouraging us to attack them, wasting American lives and treasure and driving us to the brink of nuclear armageddon.
- Establishing technological and biosecurity frameworks for population control and technocratic- socialist “smart cities” where everyone’s movements are despotically tracked, all in anticipation of widespread automation, joblessness, and food shortages, by using the false guise of a vaccine to compel cooperation.

Any one of these things would constitute a vicious rape of Western society. Taken together, they beggar belief; they are a complete inversion of our most treasured values.

What is the purpose of all of this? One can only speculate as to the perpetrators’ motives, however, we have some theories.

The Elites are trying to pull up the ladder, erase upward mobility for large segments of the population, cull political opponents and other “undesirables”, and put the remainder of humanity on a tight leash, rationing our access to certain goods and services that they have deemed “high-impact”, such as automobile use, tourism, meat consumption, and so on. Naturally, they will continue to have their own luxuries, as part of a strict caste system akin to feudalism.

Why are they doing this? Simple. The Elites are Neo-Malthusians and believe that we are overpopulated and that resource depletion will collapse civilization in a matter of a few short decades. They are not necessarily incorrect in this belief. We are overpopulated, and we are consuming too many resources. However, orchestrating such a gruesome and murderous power grab in response to a looming crisis demonstrates that they have nothing but the utmost contempt for their fellow man.

To those who are participating in this disgusting farce without any understanding of what they are doing, we have one word for you. Stop. You are causing irreparable harm to your country and to your fellow citizens.

To those who may be reading this warning and have full knowledge and understanding of what they are doing and how it will unjustly harm millions of innocent people, we have a few more words.

Damn you to hell. You will not destroy America and the Free World, and you will not have your New World Order. We will make certain of that.

PLANdemic InDOCTORnation

Plandemic video segment from Mikki Willis featuring Dr. Judy Mikovits that expose the truth about the fake Covid-19 pandemic.

2010 Rockerfeller Foundation Paper Outlines 2020 Pandemic

Lock Step

This is right out of the horse's mouth! If you don't believe it, please read the document from where I got the text! You can download it from: Scenarios for the Future of Technology and International Development

I like for the reader to do further research and come up with their own conclusions rather than state my own opinions in the articles on this website. I hope you do so.

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Scenario

Narratives

LOCK STEP

A world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback

In 2012, the pandemic that the world had been anticipating for years finally hit. Unlike 2009's H1N1, this new influenza strain – originating from wild geese – was extremely virulent and deadly. Even the most pandemic-prepared nations were quickly overwhelmed when the virus streaked around the world, infecting nearly 20 percent of the global population and killing 8 million in just seven months, the majority of them healthy young adults. The pandemic also had a **deadly effect on economies**: international mobility of both people and goods screeched to a halt, **debilitating industries like tourism** and breaking global supply chains. Even **locally, normally bustling shops and office buildings sat empty for months, devoid of both employees and customers**.

The pandemic blanketed the planet – though disproportionate numbers died in Africa, Southeast Asia, and Central America, where the virus spread like wildfire in the absence of official containment protocols. But even in developed countries, containment was a challenge. The United States's initial policy of "strongly discouraging" citizens from flying proved deadly in its leniency, accelerating the spread of the virus not just within the U.S. but across borders. However, a few countries did fare better – China in particular. The Chinese government's quick imposition and enforcement of mandatory quarantine for all citizens, as well as its instant and near-hermetic sealing off of all borders, saved millions of lives, stopping the spread of the virus far earlier than in other countries and enabling a swifter post- pandemic recovery.

China's government was not the only one that **took extreme measures** to protect its citizens from risk and exposure. During the pandemic, **national leaders around the world flexed their authority** and imposed airtight rules and restrictions, from the **mandatory wearing of face masks** to body-temperature checks at the entries to communal spaces like train stations and supermarkets. **Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified**. In order to protect themselves from the spread of increasingly global problems — from pandemics and transnational terrorism to environmental crises and rising poverty — leaders around the world took a firmer grip on power.

At first, the notion of a more controlled world gained wide acceptance and approval. **Citizens willingly gave up some of their sovereignty — and their privacy — to more paternalistic states in exchange for greater safety and stability**. Citizens were more tolerant, and even eager, for top-down direction and oversight, and **national leaders had more latitude to impose order in the ways they saw fit**. In developed countries, this heightened oversight took many forms: biometric IDs for all citizens, for example, and tighter regulation of key industries whose stability was deemed vital to national interests. In many developed countries, enforced cooperation with a suite of new regulations and agreements slowly but steadily restored both order and, importantly, economic growth.

Across the developing world, however, the story was different — and much more variable. Top-down authority took different forms in different countries, hinging largely on the capacity, caliber, and intentions of their leaders. In countries with strong and thoughtful leaders, citizens' overall economic status and quality of life increased. In India, for example, air quality drastically improved after 2016, when the government outlawed high- emitting vehicles. In Ghana, the introduction of ambitious government programs to improve basic infrastructure and ensure the availability of clean water for all her people led to a sharp decline in water-borne diseases. But more authoritarian leadership worked less well — and in some cases tragically — in countries run by irresponsible elites who used their increased power to pursue their own interests at the expense of their citizens.

There were other downsides, as the rise of virulent nationalism created new hazards: spectators at the 2018 World Cup, for example, wore bulletproof vests that sported a patch of their national flag. Strong technology regulations stifled innovation, kept costs high, and curbed adoption. In the developing world, access to "approved" technologies increased but beyond that remained limited: the locus of technology innovation was largely in the developed world, leaving many developing countries on the receiving end of technologies that others consider "best" for them. Some governments found this patronizing and refused to distribute computers and other technologies that they scoffed at as "second hand." Meanwhile, developing countries with more resources and better capacity began to innovate internally to fill these gaps on their own.

Meanwhile, in the developed world, the presence of so many top-down rules and norms greatly inhibited entrepreneurial activity. Scientists and innovators were often told by governments what research lines to pursue and were guided

mostly toward projects that would make money (e.g., market-driven product development) or were “sure bets” (e.g., fundamental research), leaving more risky or innovative research areas largely untapped. Well-off countries and monopolistic companies with big research and development budgets still made significant advances, but the IP behind their breakthroughs remained locked behind strict national or corporate protection. Russia and India imposed stringent domestic standards for supervising and certifying encryption-related products and their suppliers — a category that in reality meant all IT innovations. The U.S. and EU struck back with retaliatory national standards, throwing a wrench in the development and diffusion of technology globally.

Especially in the developing world, acting in one’s national self-interest often meant seeking practical alliances that fit with those interests — whether it was gaining access to needed resources or banding together in order to achieve economic growth. In South America and Africa, regional and sub-regional alliances became more structured. Kenya doubled its trade with southern and eastern Africa, as new partnerships grew within the continent. China’s investment in Africa expanded as the bargain of new jobs and infrastructure in exchange for access to key minerals or food exports proved agreeable to many governments. Cross-border ties proliferated in the form of official security aid. While the deployment of foreign security teams was welcomed in some of the most dire failed states, one-size-fits-all solutions yielded few positive results.

By 2025, people seemed to be growing weary of so much top-down control and letting leaders and authorities make choices for them. Wherever national interests clashed with individual interests, there was conflict. Sporadic pushback became increasingly organized and coordinated, as disaffected youth and people who had seen their status and opportunities slip away — largely in developing countries — incited civil unrest. In 2026, protestors in Nigeria brought down the government, fed up with the entrenched cronyism and corruption. Even those who liked the greater stability and predictability of this world began to grow uncomfortable and constrained by so many tight rules and by the strictness of national boundaries. The feeling lingered that sooner or later, something would inevitably upset the neat order that the world’s governments had worked so hard to establish. •

End of excerpts from Scenarios for the Future of Technology and International Development
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