THE REAL ANTHONY FAUCI

Summary of the Summary

Key Points:

- While Tony Fauci has been with NIAID for 50 years, America's health has seriously declined.
- During the pandemic, Fauci fraudulently derailed America's access to hydroxychloroquine as well as ivermectin, a Nobel Prize winning safe and effective early treatment.
- Remdesevir is significantly more dangerous than either, and 1000x more expensive.
- Covid jabs have caused over 17,000 deaths with hundreds of thousands of adverse reactions.
- Through the AIDS crisis, experiments on children, vaccines mandated in Third World countries and global epidemics, Dr. Fauci and Pharma associates have rigged virtually all the critical drug approval panels, approving virtually every new drug, with or without safety studies, receiving royalty payments on drugs they help develop and usher through the approval process.
- Fauci partnered with the Pentagon to approve taxpayer-funded "gain-of-function" experiments to breed pandemic superbugs in poorly regulated labs in Wuhan, China and elsewhere, under conditions that almost certainly guaranteed the escape of weaponized microbes like SARS-CoV-2.
- Simulated Germ Games over the last 20 years have gotten governments, health agencies, and the media on board a lockstep approach to totalitarianism and mandated vaccines.

Summary of Summary:

During Dr. Anthony Fauci's 50 year career at the National Institute of Allergy and Infectious Diseases (NIAID), America has gone from among the world's healthiest populations to dead last among industrialized nations, with the highest infant mortality and the lowest life expectancy. Through the COVID pandemic, Fauci dictated a series of policies that resulted in by far the most deaths, and one of the highest percentage COVID-19 body counts of any nation on the planet.

FDA approved Ivermectin (IVM) as safe and effective for human use in 1996. Although it is the world's most prescribed veterinary medicine, it won the Nobel Prize for those billions of times it helped humans. Both IVM and hydroxychloroquine (HCQ) were long ago deemed as "essential medicines" by WHO. Both have been found to reduce COVID-19 mortality by 80 percent.

Dr. Fauci led an effort to deliberately derail America's access to lifesaving drugs and medicines that might have saved hundreds of thousands of lives and dramatically shortened the pandemic. HCQ and IVM posed an existential threat to Dr. Fauci and Bill Gates' $48 billion COVID vaccine project, and particularly to their vanity drug remdesivir, in which Gates has a large stake and which wholesales at roughly 1,000x more than HCQ and IVM. Under federal law, new vaccines and medicines cannot quality for Emergency Use Authorization (EUA) if any existing FDA-approved drug proves effective against the same malady.

Compare ivermectin's safety record to remdesivir and the COVID vaccines:

* Over 30 years and billions of doses, ivermectin has been associated with only 379 reported deaths.
* Over the 18 months since remdesivir received an EUA, about 1.5 million patients have received it, with 1,499 deaths reported.
* Among recipients of COVID jabs in the US during the ten months following their rollout, some 17,000 deaths have occurred (it could be more like 150,000, according to Steve Kirsch who has offered a million-dollar reward for anyone who finds an error in this calculation.)

Ivermectin, therefore, is thousands of times safer than remdesivir and COVID vaccines. The science also indicates that it is far more effective than either.

In 1984, Dr. Robert Gallo announced that AIDS was caused by HIV; as an infectious disease, Fauci argued NIAID had jurisdiction, capturing that revenue stream for his agency. He allowed Burroughs Wellcome to skip animal testing for azidothymidin (AZT) and to proceed directly to human trials (like with Pfizer/BioNTech COVID-19 vaccine), and to charge $10,000 annually for AZT, knowing that it cost a mere $5/dose to manufacture. It's been estimated that AZT killed 330,000 gay men between 1987 and 2019. Many of the dead were perfectly healthy before beginning the AIDS regimen. Meanwhile, no study has demonstrated that HIV is the sole cause of AIDS. The federal government has spent well over half of a trillion dollars on AIDS, yet the growing list of medications hasn't demonstrably extended the life of a single patient.

During the decades since Dr. Fauci took over NIAID, he has sanctioned drug companies to experiment on at least fourteen thousand children, many of them Black and Hispanic orphans living in foster homes. Under Dr. Fauci's laissez faire rubric, these companies systematically abused and, occasionally, killed children.

To capture funding for NIAID, Tony Fauci spent half a century crafting public responses to a series of real and concocted viral outbreaks. When authentic epidemics failed to materialize, Dr. Fauci became skilled at exaggerating the severity of contagions to scare the public and further his career. In an email, he drew a tournament style bracket scoring the pestilential contestants during two decades of mostly phony contagions; he scored COVID-19 as champion.

Dr. Fauci greenhouses a pipeline of new vaccines in NIAID labs and farms them out for cultivation in clinical trials by his university PIs ("principal investigators," controlled by pharmaceutical companies, often using fraudulent protocols and concealing adverse side effects); Gates then builds out supply chains and creates innovative financial devices for guaranteeing those companies markets in Third World countries, pressuring developing countries to purchase the vaccines.

Annual advertising revenues from pharmaceutical firms of $9.53 billion and large strategic investments from Gates to fact checking organizations drown out most of the voices of vaccine dissent in mainstream media. "Misinformation" has come to mean any expression that departs from official orthodoxies.

Gates promotes the need for a rapid mass vaccination strategy to anticipate the accidental or deliberate release of the kind of enhanced pathogens that his working partner, Dr. Fauci, was funding the development of in Wuhan, under the pretext of vaccine research. Over a dozen "Germ Games" simulations have been staged over the past 20 years by military, medical, and intelligence planners leading up to COVID-19. Each rehearsal ends with the same grim punchline: the global pandemic is an excuse to justify the imposition of tyranny and coerced vaccination.

In conclusion, Kennedy states, "The Director of the CDC, Dr. Fauci, and the WHO have all had to reluctantly acknowledge that the vaccines cannot stop transmission… Forcing an entire population to accept an arbitrary and risky medical intervention is the most intrusive and demeaning action ever imposed by the United States Government, and perhaps any government."

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Read the whole summary below to get the background information on all this, and much more. References for the information can be found in the Kindle version of the book, by copying a few words from the summary text.

THE REAL ANTHONY FAUCI

Bill Gates, Big Pharma, and the Global War on Democracy and Public Health

Robert F. Kennedy Jr.

Summary by Kathleen Gildred

"Dr. Joseph Goebbels wrote that 'A lie told once remains a lie, but a lie told a thousand times becomes the truth.' Tragically for humanity, there are many, many untruths emanating from Fauci and his minions. RFK Jr. exposes the decades of lies."
— **Luc Montagnier,** Nobel laureate

INTRODUCTION

I wrote this book to help Americans—and citizens across the globe—understand the historical underpinnings of the bewildering cataclysm that began in 2020. In a single *annus horribilis*, liberal democracy effectively collapsed worldwide. The very governmental health regulators, social media eminences, and media companies that idealistic populations relied upon as champions of freedom, health, democracy, civil rights, and evidence-based public policy seemed to collectively pivot in lockstep assault against free speech and personal freedoms.

Suddenly, those trusted institutions seemed to be acting in concert to generate fear, promote obedience, discourage critical thinking, and herd seven billion people to march to a single tune, culminating in mass public health experiments with a novel, shoddily tested and improperly licensed technology so risky that manufacturers refused to produce it unless every government on Earth shielded them from liability.

But I also watched how the industry, supposedly being regulated, used its indentured servants on Capitol Hill to systematically hollow out those agencies beginning in 1980, disabling their regulatory functions and transforming them, finally, into sock-puppets for the very industry Congress charged them with regulating. The CDC, for example, owns 57 vaccine patents and spends $4.9 of its $12.0 billion-dollar annual budget (as of 2019) buying and distributing vaccines. NIH owns hundreds of vaccine patents and often profits from the sale of products it supposedly regulates. High level officials, including Dr. Fauci, receive yearly emoluments of up to $150,000 in royalty payments on products that they help develop and then usher through the approval process. The FDA receives 45 percent of its budget from the pharmaceutical industry, through what are euphemistically called "user fees." Fauci's $417,608 annual salary makes him the highest paid of all four million federal employees, including the President.

Dr. Fauci played a historic role as the leading architect of "agency capture"—the corporate seizure of America's public health agencies by the pharmaceutical industry. He spent half a century as America's reigning health commissar, ever preparing for his final role as Commander of history's biggest war against a global pandemic. His 50-year regime has been calamitous for public health and for democracy. When Dr. Fauci took office, America was still ranked among the world's healthiest populations. An August 2021 study by the Commonwealth Fund ranked America's health care system dead last among industrialized nations, with the highest infant mortality and the lowest life expectancy.

His administration of the COVID pandemic was, likewise, a disaster. As the world watched, Tony Fauci dictated a series of policies that resulted in by far the most deaths, and one of the highest

percentage COVID-19 body counts of any nation on the planet. Only relentless propaganda and wall-to-wall censorship could conceal disastrous mismanagement during COVID-19's first year. The US, with 4 percent of the world's population, suffered 14.5 percent of total COVID deaths. By September 30, 2021, mortality rates in the US had climbed to 2,107/1,000,000, compared to 139/1,000,000 in Japan.

As we shall see from this 50-year saga, Dr. Fauci's remedies are often more lethal than the diseases they pretend to treat. With his narrow focus on the solution of mass vaccination, Dr. Fauci never mentioned any of the many other costs associated with his policy directives. Anthony Fauci seems to have not considered that his unprecedented quarantine of the healthy would kill far more people than COVID, obliterate the global economy, plunge millions into poverty and bankruptcy, and grievously wound constitutional democracy globally. Dr. Fauci's business closures pulverized America's middle class and engineered the largest upward transfer of wealth in human history. In 2020, workers lost $3.7 trillion while billionaires gained $3.9 trillion. As Dr. Fauci's policies took hold globally, 300 million humans fell into dire poverty, food insecurity, and starvation.

MISMANAGING A PANDEMIC

Peer-reviewed science offered anemic if any support for masking, quarantines, and social distancing, and Dr. Fauci offered no citations or justifications to support his diktats. Both common sense and the weight of scientific evidence suggest that all these strategies, and unquestionably shutting down the global economy, caused far more injuries and deaths than they averted.

Dr. Fauci was clearly aware that his mask decrees were contrary to overwhelming science. His detailed explanations to the public and to high-level health regulators indicate he genuinely believed that ordinary masks had little to no efficacy against viral infection. During a January 28, 2020 speech to Health and Human Services (HHS) regulators, he explained the fruitlessness of masking asymptomatic people, saying: **"**In all the history of respiratory borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person." A December 2020 comprehensive study of 10 million Wuhan residents confirmed Fauci's assertion that asymptomatic transmission of COVID-19 is infinitesimally rare.

In a February 17 interview with *USA Today*, he stated: "A mask is much more appropriate for someone who is infected and you're trying to prevent them from infecting other people than it is in protecting you against infection." Dr. Fauci's acknowledgement to the *New York Times* that he had twice lied to Americans to promote his agendas—on masks and herd immunity—raised the prospect that some of his other "scientific" assertions were, likewise, noble lies to a credulous public he believes is unworthy of self-determination.

Consistent with Dr. Fauci's earlier statements, the peer-reviewed scientific literature has steadfastly refused to support masking the healthy as an effective barrier to viral spread. Some 52 studies—all available on NIH's website—find that ordinary masking (using less than an N95 respirator) doesn't reduce viral infection rates, even—surprisingly—in institutional settings like hospitals and surgical theaters. Moreover, some 25 additional studies attribute to masking a grim retinue of harms, including respiratory and immune system illnesses, as well as dermatological, dental, gastrointestinal, and psychological injuries. Fourteen of these studies are randomized, peer-reviewed placebo studies. There is no well-constructed study that persuasively suggests masks have convincing efficacy against COVID-19 that would justify accepting the harms associated with masks.

Regional analysis in the United States does not show that [mask] mandates had any effect on case rates, despite 93 percent compliance. Moreover, according to CDC data, 85 percent of people who contracted COVID-19 reported wearing a mask.

Social distancing mandates also rested on a dubious scientific footing. In September 2021, former FDA Commissioner Dr. Scott Gotleib admitted that the six-foot distancing rule that Dr. Fauci and his Health and Human Services (HHS) colleagues imposed upon Americans was "arbitrary," and not, after all, science backed.

Finally, the lockdowns of the healthy were so unprecedented that WHO's official pandemic protocols recommended against them. Some WHO officials were passionate on the topic, among them Professor David Nabarro, Senior Envoy on COVID-19, a position reporting to the Director General. On October 8, 2020, he said: "We in the World Health Organization do not advocate lockdowns as a primary means of controlling this virus. Stop using lockdown as your primary control method . . . lockdowns just have one consequence that you must never ever belittle—and that is making poor people an awful lot poorer."

At the outset of the pandemic, Dr. Fauci used wildly inaccurate modeling that overestimated US deaths by 525 percent. Dr. Fauci used this model as justification for his lockdowns. Dr. Fauci acquiesced to CDC's selective protocol changes for completing death certificates in a way that inflated the claimed deaths from COVID, and thus inflated its infection mortality rate. CDC later admitted that only 6 percent of COVID deaths occurred in entirely healthy individuals. The remaining 94 percent suffered from an average of 3.8 potentially fatal co-morbidities. Regulators misused PCR tests that CDC belatedly admitted in August 2021 were incapable of distinguishing COVID from other viral illnesses.

As America's COVID czar, Dr. Fauci never complained about CDC's decision to skip autopsies from deaths attributed to vaccines. This practice allowed CDC to persistently claim that all deaths following vaccination were "unrelated to vaccination."

CDC also refused to conduct follow-up medical inquiries among people claiming vaccine injuries. Inspired by rich incentives to classify every patient as a COVID-19 victim—Medicare paid hospitals $39,000 per ventilator when treating COVID-19 and only $13,000 for garden variety respiratory infections—hospitals contributed to the deception. Once more, Dr. Fauci winked at the fraud.

Dr. Fauci's refusal to fix the HHS's notoriously dysfunctional Vaccine Adverse Event Reporting System (VAERS) constituted inexcusable negligence. HHS's own studies indicate that VAERS may be understating vaccine injuries by OVER 99 percent.

Instead of demanding blue-ribbon safety science and encouraging honest, open, and responsible debate on the science, badly compromised government health officials charged with managing the COVID-19 pandemic collaborated with mainstream and social media to shut down discussion on key public health questions. They silenced doctors who offered any early treatments that might compete with vaccines or who refused to pledge unquestioning faith in zero liability, shoddily tested, experimental vaccines. Some of America's most accomplished scientists, and the physicians leading the battle against COVID in the trenches, came to believe that Anthony Fauci's do-or-die obsession with novel mRNA vaccines—and Gilead's expensive patented antiviral, remdesivir—prompted him to ignore or even suppress effective early treatments, causing hundreds of thousands of unnecessary deaths while also prolonging the pandemic.

"The Best Practices for defeating an infectious disease epidemic," says Yale epidemiologist Harvey Risch, "dictate that you quarantine and treat the sick, protect the most vulnerable, and aggressively develop repurposed therapeutic drugs, and use early treatment protocols to avoid hospitalizations." Risch is one of the leading global authorities in clinical treatment protocols. He is the editor of two high-gravitas journals and the author of over 350 peer-reviewed publications. Other researchers have cited those studies over 44,000 times.

Dr. Peter McCullough observes that "We could have dramatically reduced COVID fatalities and hospitalizations using early treatment protocols and repurposed drugs including ivermectin and hydroxychloroquine and many, many others." He has treated some 2,000 COVID patients with these therapies. He points out that hundreds of peer-reviewed studies now show that early treatment could have averted some 80 percent of deaths attributed to COVID. "Using repurposed drugs, we could have ended this pandemic by May 2020 and saved 500,000 American lives, but for Dr. Fauci's hard-headed, tunnel vision on new vaccines and remdesivir." Dr. McCullough argues that, as COVID czar, Dr. Fauci should have created an international communications network linking the world's 11 million front-line doctors to gather real-time tips, innovative safety protocols, and to develop the best prophylactic and early treatment practices.

Drs. Risch, McCullough, and Kory are among the large chorus of experts (including Nobel Laureate Luc Montagnier) who argue that, by treating infected patients at home during the early stages of the illness, we could have averted cataclysmic lockdowns and found medicine resources for protecting vulnerable populations while encouraging the spread of the disease in age groups with extremely low-risk, in order to achieve permanent herd immunity. They point out that natural immunity, in all known cases, is superior to vaccine-induced immunity, being both more durable (it often lasts a lifetime) and broader spectrum—meaning it provides a shield against subsequent variants. "Vaccinating citizens with natural immunity should never have been our public health policy," says Dr. Pierre Kory, president of the Front Line COVID-19 Critical Care Alliance (FLCCC). "It is absolutely shocking that he (Fauci) recommended no outpatient care, not even Vitamin D despite the fact he takes it himself and much of the country is Vitamin D deficient. Dr. Fauci's treatment strategies all began once all these under-medicated patients were hospitalized. By that time, it was too late for many of them. It was insane. It was perverse. It was unethical."

Dr. Risch says that in addition to developing early treatment protocols, public health officials should have made sure that elderly patients remained in quarantine hospitals until no longer contagious so we wouldn't be sending infected patients to crowded nursing homes. He points out that taxpayers spent $660 million building field hospitals across the country. Democratic Governor Andrew Cuomo and other Democratic governors kept these facilities empty to maintain bed inventories in anticipation of the flood of patients inaccurately predicted by the fear-mongering models.

Dr. Fauci made another inexplicable policy choice of not supplying the nursing homes with monoclonal antibodies where they might have saved thousands of lives. "With Operation Warp Speed, we had monoclonal antibodies that were high tech and fully FDA-approved by November 2020—long before the vaccines," says Dr. McCullough. "Monoclonal antibodies work great, but they're not suitable for outpatients because they are administered IV. It's therefore perfect for nursing homes. About one-third of COVID deaths occurred in the nursing homes across the US during the pandemic.

Early in the pandemic, Dr. Kory and his mentor, Dr. Paul Marik, Professor of Medicine and chief of the Division of Pulmonary and Critical Care Medicine at Eastern Virginia Medical School, began

assembling the world's most highly published and accomplished critical care specialists to rapidly develop functional COVID treatments. Each of the core five founders of FLCCC is globally renowned for having made significant pre-COVID contributions to the science of critical care and pulmonary illnesses. Some 1,693 front-line physicians globally now belong to their alliance. These doctors stepped into the breach left by the government agencies and pandemic centers and began coordinating the development of early treatments with repurposed drugs. They quickly proved that they could drastically reduce COVID's lethality. Instead of winning applause as medical healers, their success at treating COVID made them enemies of the State.

Dr. Fauci adopted the unprecedented protocol of telling doctors to let patients diagnosed with a positive COVID test go home, untreated—leaving them in terror, and spreading the disease—until breathing difficulties forced their return to hospitals. There they faced two deadly remedies: remdesivir and ventilators. Dr. Fauci's choice to deny infected Americans early treatment was not just a bad public health strategy; it was, Dr. McCullough avows, "Cruelty at a population level. Never in history have doctors deliberately treated patients with this kind of barbarism."

Hydroxychloroquine

Hydroxychloroquine (HCQ) is a 65-year-old formula that regulators around the globe long ago approved as both safe and effective against a variety of illnesses. For decades, WHO has listed HCQ as an "essential medicine," proven effective against a long list of ailments. It is a generally benign prescription medicine, far safer—according to the manufacturer's package inserts—than many popular over-the-counter drugs.

HHS's early studies supported hydroxychloroquine's efficacy against coronavirus since 2005, and by March 2020, doctors from New York to Asia were using it against COVID with extraordinary effect. That month, Dr. Peter McCullough and other physicians at his medical center organized, with the FDA, one of the first prophylactic protocols using hydroxychloroquine. They discovered that while HCQ and ivermectin (IVM) work well against COVID, adding other medications boosts outcomes drastically. These included azithromycin or doxycycline, zinc, vitamin D, Celebrex, bromhexine, NAC, IV vitamin C, and quercetin.

By July 1, McCullough and his growing team of 50+ front-line doctors had developed the first protocol based on signals of benefit and acceptable safety. They submitted the protocol to the American Journal of Medicine. That study, titled "The Pathophysiologic Basis and Clinical Rationale for Early Ambulatory Treatment of COVID-19," quickly became the world's most-downloaded paper to help doctors treat COVID-19. Though now he is often censored, the AMA still lists Dr. McCullough's study as the most frequently downloaded paper for 2020. The Association of American Physicians and Surgeons (AAPS) downloaded and turned McCullough's AMA article into its official treatment guide.

"It is extraordinary that Dr. Fauci never published a single treatment protocol before that," says Dr. McCullough, "and that 'America's Doctor' has never, to date, published anything on how to treat a COVID patient. It shocks the conscience that there is still no official protocol. Anyone who tries to publish a new treatment protocol will find themselves airtight blocked by the journals that are all under Fauci's control."

In July 2020, Dr. David Brownstein and his seven colleagues published a peer-reviewed article describing their stellar success with early treatment. FTC sent him a letter warning him to take it

down. “No one wanted Americans to know that you didn’t have to die from COVID. It’s 100 percent treatable,” says Dr. Brownstein. “We proved it. No one had to die.”

By autumn, front-line physicians had assembled a pharmacopeia of repurposed drugs, all of which were effective against COVID. Some 200 peer-reviewed studies (C19Study.com) by government and independent researchers deem HCQ safe and effective against Coronavirus, especially when taken prophylactically or when taken in the initial stages of illness along with zinc and Zithromax.

The CDC and World Health Organization, indeed all global health authorities, have recognized that healthy people, with healthy immune systems, bear minimal risk from COVID. Dr. Ryan Cole points out that, “If you are under 70 years of age and have no severe preexisting illness, you can hardly die [from SARS-CoV-2 infection]. So, there is no fatality rate that can be reduced. . . . And for people who are elderly and have preexisting illness,” he adds, “as we know from Dr. Peter McCullough and his colleagues’ work, there are miraculously effective medicines to treat this virus so that the fatality rates go down another 70 to 80 percent, which means there is no ground for emergency use whatsoever.”

From the outset, hydroxychloroquine and other therapeutics posed an existential threat to Dr. Fauci and Bill Gates’ $48 billion COVID vaccine project, and particularly to their vanity drug remdesivir, in which Gates has a large stake. Under federal law, new vaccines and medicines cannot qualify for Emergency Use Authorization (EUA) if any existing FDA-approved drug proves effective against the same malady. Dr. Fauci has invested $6 billion in taxpayer lucre in the Moderna vaccine alone. His agency is co-owner of the patent and stands to collect a fortune in royalties. At least four of Fauci’s hand-picked deputies are in line to collect royalties of $150,000/year based on Moderna’s success, and that’s on top of the salaries already paid by the American public.

Among the features pharma companies most detest is low cost, and HCQ is about $10 per course. Compare that to more than $3,000 per course for Dr. Fauci’s beloved remdesivir.

In May 2020, Dr. Harvey Risch, M.D., Ph.D. published the most comprehensive study, to date, on HCQ’s efficacy against COVID. Dr. Risch concluded that evidence is unequivocal for early and safe use of the HCQ cocktail. He further demonstrated, with specificity, how HCQ’s critics—largely funded by Bill Gates and Dr. Tony Fauci—had misinterpreted, misstated, and misreported negative results by employing faulty protocols, most of which showed HCQ efficacy administered without zinc and Zithromax which were known to be helpful. But their main trick for ensuring the protocols failed was to wait until late in the disease process before administering HCQ—when it is known to be ineffective.

Dr. Fauci’s challenge—to prove that HCQ is dangerous—was daunting because generations have used HCQ billions of times throughout the world, practically without restriction. Dr. Fauci, Bill Gates, and WHO financed a cadre of research mercenaries to concoct a series of nearly twenty studies—all employing fraudulent protocols deliberately designed to discredit HCQ as unsafe. Instead of using the standard treatment dose of 400 mg/day, the 17 WHO studies administered a borderline lethal daily dose starting with 2,400 mg. on Day 1, and using 800 mg/day thereafter. In a cynical, sinister, and literally homicidal crusade against HCQ, a team of BMGF operatives played a key role in devising and pushing through the exceptionally high dosing.

At the beginning of June, based on clinical trials that intentionally gave unreasonably high doses to hospitalized patients and failed to start the drug until too late, FDA took the unprecedented step of revoking HCQ’s emergency authorization. After widespread use of the drug for 65 years, without

warning, FDA somehow felt the need to send out an alert on June 15, 2020 that HCQ is dangerous, and that it required a level of monitoring only available at hospitals. Prior to COVID-19, not a single study had provided evidence against the use of HCQ based on safety concerns. For the first time in American history, a government official was overruling the medical judgment of thousands of treating physicians, and ordering doctors to stop practicing medicine as they saw fit.

Gates went on to promote Gilead's remdesivir as the best alternative, despite its lackluster track record compared to HCQ. He didn't mention having a large stake in Gilead, which stood to make billions if Dr. Fauci was able to run remdesivir through the regulatory traps.

Seven months into the pandemic, nations that widely used HCQ and made it readily available to their citizens demonstrated overwhelming evidence that HCQ was obliterating COVID-19. Other foreign studies support strong claims for HCQ. A study by Nova demonstrated that nations using HCQ have death rates 80 percent lower than those that banned it.

Dr. Meryl Nass—who has extensively studied HCQ—pointed out that with prophylactic treatment with HCQ "at the onset of their illness, over 99 percent would quickly resolve the infection, avoiding progression to the late-stage disease characterized by cytokine storm, thrombophilia, and organ failure." Beginning June 27, 2020, Dr. Nass began a list of deceptive strategies that the Fauci/Pharma/Gates cartel used to control the narrative on hydroxychloroquine and deny Americans access to this effective remedy. The list has grown to 58 separate strategies.

Ivermectin

FDA approved IVM as safe and effective for human use in 1996. WHO includes IVM (along with HCQ) on its inventory of "essential medicines"—its list of remedies so necessary, safe, efficacious, and affordable that WHO deems easy access to them as essential "to satisfy the priority health care needs of the population." Millions of people have consumed billions of IVM doses as an anti-parasitic, with minimal side effects. Ivermectin's package insert suggests that it is at least as safe as the most popular over-the-counter medications, including Tylenol and aspirin.

In prophylaxis studies, ivermectin repeatedly demonstrated far greater efficacy against COVID than vaccines at a fraction of the cost. Furthermore, a 2021 study suggested that a key biological mechanism of IVM— competitive binding with SARS-CoV-2 spike protein—was not specific to any coronavirus variant and therefore, unlike vaccines, ivermectin would probably be effective against all future variants.

Since March 2020, when doctors first used IVM against COVID-19, more than 20 randomized clinical trials (RCTs) have confirmed its miraculous efficacy against COVID for both inpatient and outpatient treatment. A WHO-sponsored meta-review of 11 studies likewise suggests ivermectin can reduce COVID-19 mortality by as much as 83 percent. Nations whose residents have easy access to ivermectin invariably see immediate and dramatic declines in COVID deaths.

Merck was ivermectin's original manufacturer and had formerly boasted of ivermectin as its "wonder drug." Since 1987, Merck has given billions of doses to the developing world for scabies, river blindness, lymphatic filariasis, elephantiasis, and assorted parasites without any safety alarms. In 2016, Merck distributed 900 million doses in Africa alone. During the 40 years that it marketed the drug worldwide, Merck had never spoken of worrisome safety signals.

On February 4, 2021, Merck discovered "a concerning lack of safety data in the majority of studies" regarding IVM. What prompted Merck's sudden safety concerns? Merck's exclusive ivermectin patent rights expired in 1996, and dozens of generic drug companies now produce IVM, for about 40¢/dose, badly diminishing ivermectin's profit profile for Merck. But most importantly, ivermectin is also a low-profit competitor for another new Merck product for COVID-19—a high-cost antiviral drug, molnupiravir, for which Merck had the highest financial ambitions. Ironically, molnupiravir, a copycat formula, utilized an identical mechanism of action as ivermectin. That drug will retail at around $700 per course but only if Merck can kill its cheap rival. Unlike ivermectin, molnupiravir showed safety signals so alarming that some of its codevelopers at Emory University protested its introduction into human Phase I trials. Among other problems, they cite the possibility that it will cause birth defects.

In June 2021, as FDA and NIAID were cranking up the medical cartel's opposition against IVM, the HHS agreed to purchase 1.7 million 5-day treatment courses of molnupiravir from Merck for 1.2 billion dollars. As Merck stood poised to release molnupiravir onto the market, the other US behemoth, Pfizer, was racing Merck neck and neck with its own anti-viral pill, PF-07321332, an ivermectin knockoff that is so similar to IVM (except, of course, in price point) that critics call it "Pfizermectin."

Ivermectin's effectiveness against infections from parasites and solid 40-year history of proven safety have made it, also, the world's most prescribed veterinary medicine—but it won the Nobel Prize for those billions of times it helped humans, and the government's silly safety warnings were, of course, specious. Compare ivermectin's safety record to Dr. Fauci's two chosen COVID remedies, remdesivir (which hospital nurses have dubbed "Run-death-is-near"), and the COVID vaccines. Over 30 years, ivermectin has been associated with only 379 reported deaths, an impressive death/dose reporting ratio of 1/10,584,408. In contrast, over the 18 months since remdesivir received an EUA, about 1.5 million patients have received remdesivir, with 1,499 deaths reported (a dire 1/1,000 D/D ratio). Meanwhile, among recipients of COVID jabs in the US during the ten months following their rollout, some 17,000 deaths have occurred following vaccination, a reported D/D ratio of 1/13,250. Ivermectin, therefore, is thousands of times safer than remdesivir and COVID vaccines. The science also indicates that it is far more effective than either.

Bill Gates's surrogate group GAVI asked in a press release: "How did a drug many used to treat parasites in cows come to be of interest to doctors treating humans with COVID-19?" The characterization was especially insincere. Gates' foundation and GAVI were, at that moment, distributing millions of doses of ivermectin annually to Indian children for filariasis, and to Africans for river blindness and filariasis.

Remdesivir

Anthony Fauci needed to use all his moxie and all his esoteric bureaucratic maneuvers—mastered during his half-century at NIH—to win FDA's approval for his vanity drug, remdesivir. NIAID and CDC had just spent $79 million developing remdesivir for Gilead, a company in which the Bill & Melinda Gates Foundation owns a $6.5 million stake. Remdesivir has no clinical efficacy against COVID, according to every legitimate study. Worse, it is deadly poisonous, and expensive poison at $3,000 for treatment. In fact, remdesivir's wholesale cost is roughly 1,000x more costly than hydroxychloroquine and ivermectin. The challenge required Dr. Fauci to first sabotage HCQ and IVM. FDA's recognition of HCQ and IVM efficacy would automatically kill remdesivir's ambitions for EUA designation. And even if Dr. Fauci somehow finagled an FDA license for remdesivir,

demand for the product, which doctors were administering late in the disease, as it had to be given through an IV in the hospital, would plummet if either HCQ or IVM stopped the COVID-19 infections early.

This is how we know that Anthony Fauci was well aware of remdesivir's toxicity when he orchestrated its approval for COVID patients: NIAID sponsored that project. Within 28 days, subjects taking remdesivir had lethal side effects including multiple organ failure, acute kidney failure, septic shock, and hypotension, and 54 percent of the remdesivir group died—the highest mortality rate among four tested experimental drugs.

Any licensed, repurposed antiviral that was effective against COVID for prevention or early treatment (like IVM or HCQ) could kill his entire vaccine program because FDA wouldn't be able to grant his jabs Emergency Use Authorization. Remdesivir, however, was an IV remedy, appropriate only for use on hospitalized patients in the late stages of illness, so it would not compete with vaccines, allowing Dr. Fauci to support it without compromising his core business.

Remdesivir cost Gilead $10 per dose to manufacture. But by granting Gilead an EUA, regulators could force private insurers, Medicare, and Medicaid to fork over around $3,120.00 per treatment—hundreds of times the cost of the drug. Gilead predicted remdesivir would bring in $3.5 billion in 2020 alone.

For HCQ, Dr. Fauci demanded well-designed randomized double-blind placebo-controlled trials and he warned against the use of IVM for treatment. In contrast, Fauci green-lighted remdesivir following studies in which the control group did not receive a real placebo. Utilization of so-called "toxic" or "spiked" placebos—also known as "fauxcebos"—is a fraudulent gimmick that Dr. Fauci and his drug researchers have pioneered over forty years to conceal adverse side effects of toxic drugs for which they seek approval. Dr. Fauci eventually recruited 400 US hospitalized volunteers for NIAID's remdesivir trials, but despite this fauxcebo chicanery, Dr. Fauci's researchers just couldn't get remdesivir to show any improvement in COVID survival.

Dr. Fauci's new endpoints allowed the drug to demonstrate a benefit, not by improving the chances of surviving COVID, but by achieving shorter hospital stays. Yet this too was a scam, because it turned out that almost twice as many remdesivir subjects as placebo subjects had to be readmitted to the hospital after discharge—suggesting that Fauci's improved time to recovery was due, at least in part, to discharging remdesivir patients prematurely. Altering protocols in the middle of an ongoing study is an interference commonly known as "scientific fraud" or "falsification."

Before his study was completed or peer-reviewed, much less published, Dr. Fauci learned that *The Lancet* had just published a placebo-controlled Chinese study that showed remdesivir utterly ineffective at keeping hospitalized patients alive OR reducing the duration of hospitalizations. Even more importantly, remdesivir did not reduce the presence of the virus in the blood. Worst of all, the Chinese study confirmed remdesivir's deadly toxicity.

On national television, seated on the couch next to Deborah Birx and opposite President Trump, Dr. Fauci made a surprise announcement. From that lofty platform, Dr. Fauci, with great fanfare, declared victory. The data from NIAID's clinical trial for remdesivir shows "quite good news," he said, glossing over the drug's failure to demonstrate any mortality advantage. He boasted that the median time for hospitalization was eleven days for patients taking remdesivir, compared to fifteen days in the placebo group. He told the credulous press: "The data shows that remdesivir has a clear-cut, significant, positive effect in diminishing the time to recovery." He claimed that his study had

therefore proven remdesivir so remarkably beneficial to COVID patients that he had decided that it would be unethical to deny Americans benefits of this wonder drug. He was, he declared, unblinding and ending the study and giving remdesivir to the placebo group. Remdesivir would be America's new "standard of care" for COVID. It was, of course, all a lie.

Dr. Fauci copied the choreographed script for winning remdesivir's EUA from the worn rabbit-eared playbook that he developed during his early AIDS years [with AZT], and then used repeatedly across his career to win approvals for deadly and ineffective drugs. Time and again, he has terminated clinical trials of his sweetheart drugs the moment they begin to reveal cataclysmic toxicity. He makes the absurd claim that his drug-du-jour had proven so miraculously effective that it would be unethical to deny it to the public, and then he strong-arms FDA to grant his approvals.

Then, on October 19, 2020, three days before remdesivir's FDA approval, the World Health Organization published a definitive study on remdesivir involving 11,266 COVID-19 patients in 405 hospitals and 30 countries. The power of this study dwarfed the Fauci/Gilead project, which had recruited 1,062 patients. In the WHO's trial, remdesivir failed to reduce mortality, and failed to reduce the need for ventilators OR the length of hospital stays. WHO researchers found no detectable benefits from remdesivir and recommended against its use in COVID-19 patients. WHO published its devastating indictment of remdesivir one month after FDA issued the remdesivir EUA for children less than 12 years of age. Dr. Fauci and the FDA knew about the WHO study before the FDA issued the EUA for remdesivir, and almost certainly read the preprints and understood the findings. It appears, in fact, that Dr. Fauci hurried the approval through FDA so as to beat the publication of a negative study.

On October 2, 2020, the European Union released its own safety review of remdesivir. The study reported serious side effects. "Every independent randomized controlled trial of remdesivir has shown either a lack of benefit or a clear trend to harm," says Dr. Pierre Kory. "It's only those two Pharma studies (with Dr. Fauci) that show any benefits and even then, the benefits are minor."

Assessing remdesivir's impact on hospitalized COVID-19 patients is difficult, in part, because—like COVID-19—remdesivir causes extreme toxicity to lungs and kidneys, and mimics several of the other lethal symptoms of COVID, including multi-organ failure. Remdesivir may actually aggravate the severity of the illness. Many doctors believe our country's record COVID-19 fatalities are at least in part due to widespread use of remdesivir in 2020.

For several months, we were the only country treating people with a drug proven to be lethal. That year, 2020, we had almost double the number of deaths per month compared to most other countries. Brazil, one of the first nations to widely use remdesivir, had the second highest death toll. Dr. Fauci's 2019 Ebola study proved that remdesivir, by day three, four, and five, caused acute kidney failure in upwards of 31 percent of patients.

Final Solution: Vaccines or Bust

During the spring of 2020, Dr. Fauci and Bill Gates carpet-bombed the airwaves, bearishly predicting that a "miraculous vaccine" would stop COVID transmission, prevent illness, end the pandemic, and release humanity from house arrest. The two men had put billions of taxpayer and tax-deducted dollars into developing an mRNA platform for vaccines that, in theory, would allow them to quickly produce new "boosters" to combat each new "escape variant." This scheme was Big Pharma's holy grail.

Since NIAID co-owned the mRNA patent, the agency stood to make billions from its coronavirus gambit by producing successive boosters for every new variant; the more, the better! The good news for Pharma was that all of humanity would be permanently dependent on biannual or even triannual booster shots. In October 2021, Pfizer announced that it was projecting an astonishing $26 billion in revenues from its COVID boosters.

In early experiments, coronavirus vaccines produced a robust immune response in both animals and children—temporarily heartening researchers—but then tragically killing the vaccine recipients upon re-exposure to the wild virus, or making them vulnerable to uniquely debilitating infections. This is "pathogenic priming" also known as "antibody-dependent enhancement" (ADE) - an overstimulation of the immune system response.

Dr. Fauci and his confederates had at least six strategies for dealing with this grim risk. All six tactics involved hiding the evidence of ADE if it did occur:

1) Dr. Fauci's first approach was to abort the three-year clinical trials at six months and then vaccinate the controls—a preemption that would prevent detection of long-term injuries, including pathogenic priming.

2) Second, as COVID czar, Dr. Fauci stubbornly refused to fix HHS's designed-to-fail vaccine injury surveillance system (VAERS), which systematically suppresses reporting of most vaccine injuries.

The Harvard Pilgrim HMO, AHRQ proved that it could capture most vaccine injuries. AHRQ initially planned to roll out the system to all remaining HMOs, but after seeing the AHRQ's frightening results—vaccines were causing serious injuries in 1 of every 40 recipients—CDC killed the project and stowed the new system on a dusty shelf.

3) Third, Dr. Fauci's trump card was his capacity to enlist mainstream and social media companies to make reporting of injuries and deaths disappear from the airwaves, newspapers, and the Internet, and therefore from the public consciousness. Facebook, Google, and the television networks purged doctors and scientists who reported pathogenic priming, and censored reports about the waves of other vaccine injuries.

The Bill Gates-funded fact-checking organization, Politifact, worked with Pharma-funded fact-checkers like FactCheck, which receives, funding from the Robert Wood Johnson Foundation, and whose current CEO is Richard Besser, former acting head of the CDC, which owns $1.8 billion in Johnson & Johnson stock to "debunk" stories and studies of vaccine injuries.

4) Fourth, Dr. Fauci allowed CDC to discourage autopsies in deaths following vaccination. CDC refused to recommend autopsies on deaths reported to VAERS. That omission allowed the agency to repeatedly make the audacious, fraudulent declaration that all the 16,000 reported deaths following vaccination by October 2021 were "unrelated to the vaccines." The regulatory agencies thereby abolished vaccine deaths and injuries by fiat.

Incidentally, autopsy reports from other nations are revealing exactly the sorts of information that CDC, understandably, wants to protect Americans from learning.

5) Fifth, Dr. Fauci populated the key FDA and CDC committees with NIAID, NIH, and Gates Foundation grantees and loyalists to insure rubber-stamp approvals for his mRNA vaccines, without any long-term injury studies.

6) Sixth, by vaccinating the entire population, Dr. Fauci seems to be striving to eliminate the control group, to hide vaccine injuries.

Dr. Fauci continued to insist that fully vaccinating the entire population was the only path to ending the pandemic. This assertion ignored the fact that COVID vaccines prevent neither transmission nor infection, nor reductions in viral loads. Overwhelming science has proven that vaccinated and unvaccinated individuals are equally likely to spread disease. A September 2021 Israeli study demonstrating that natural immunity provides 27x better protection against COVID than the Pfizer vaccine is just one of 29 recently published peer-reviewed studies that vouch for the superiority of natural immunity.

Physicians and scientists complained that Dr. Fauci's vaccine promotions constituted a vast, unprecedented population-wide experiment, with shady record keeping and no control group. Meanwhile, the actual data suggested that the COVID vaccines were causing far more deaths than they were averting.

At this book's November 2021 publication date, only Pfizer's COVID vaccine, known as Comirnaty, had won FDA approval. Although Comirnaty is not yet given in the United States, its counterpart has—the Pfizer-BioNTech, the same vaccine under a different name. The final summary of the Pfizer's six-month clinical trial data—the document that Pfizer submitted to FDA to win approval—revealed one key data point that should have killed that intervention forever: Far more people died in the vaccine group than in the placebo group during Pfizer's clinical trials. The fact that FDA nevertheless granted Pfizer full approval, and that the medical community embraced and prescribed this intervention for their patients, is eloquent testimony to the resilience of even the most deadly and inefficacious products, and the breathtaking power of the pharmaceutical industry and its government allies to control the narrative through captive regulators, compliant physicians, and media manipulation, and to overwhelm the fundamental common sense of much of humanity.

Pfizer won FDA's approval despite the rather pathetic showing that its vaccine might prevent one COVID death in every 22,000 vaccine recipients. During the six-month trial, two people in the placebo group numbering approximately 22,000 and only one in the similarly sized vaccine group died from COVID. Believe it or not, this data point is the source of Pfizer's claim that the vaccine is 100 percent efficacious against death. Since only one person died from COVID in the vaccine group and two died in the placebo group, Pfizer can technically represent that the vaccine is a 100 percent improvement over the placebo.

This entire meager advantage of preventing a single COVID death in every 22,000 vaccinated individuals (1/22,000) is entirely cancelled out by a fivefold increase in excess fatal cardiac arrests and congestive heart failures in vaccinated individuals (5/22,000). Twenty people died of "all-cause mortality" among the 22,000 recipients in Pfizer's vaccine group, versus only fourteen in the numerically comparable placebo group. That means there were 42.8 percent more deaths in the vaccine than in the placebo groups.

This six-month safety report was so damning that it should have closed the case against this vaccine, but captured FDA officials nevertheless gave Pfizer their approval; the broken VAERS system and

the mainstream and social media all conspired to conceal the evidence of the crime when vaccinated Americans began dying in droves, and CDC implemented its own retinue of enshrouding machinations to cloak the real-life carnage.

The vaccines are so risky that the insurance industry has refused to underwrite them, and the manufacturers refuse to produce them without blanket immunity from liability. Bill Gates, who is the principal investor in many of these new COVID vaccines, stipulated that their risk is so great that he would not provide them to people unless every government shielded him from lawsuits.

Virtually all the countries that implemented rapid and aggressive COVID-19 vaccine campaigns experienced dramatic spikes in COVID infections. This documentation of increased susceptibility to COVID among highly vaccinated populations hints at the onset of the dreaded pathogenic priming in the months following mass vaccination.

An October 3, 2021 study by scientists at Harvard's T.H. Chan School of Public Health compared vaccination rates for 68 nations and 2,947 counties across America as of September 21, and compared them to COVID-19 cases per one million people. Their report concludes that nations and counties with higher vaccination rates do not experience lower per capita Sars-CoV-2 cases.

By August 2021, Dr. Fauci, the CDC, and White House officials were reluctantly conceding that vaccination would neither stop illness nor transmission, but nevertheless, they told Americans that the jab would, in any case, protect them against severe forms of the disease or death. (It's worth mentioning that HCQ and ivermectin could have accomplished this same objective at a tiny fraction of its price.)

Mortalities across the globe, in fact, have tracked Pfizer's deadly clinical trial results, with the vaccinated dying in higher numbers than the non-vaccinated. Johns Hopkins data clearly demonstrate that COVID deaths typically spike sharply in many country after country immediately after mass vaccination:

Gibraltar, the world's most vaccinated nation:
After the vaccination blitz, the number of new infections increased fivefold—to 5,314—and the number of deaths increased nineteen-fold.

England:
Over a period of seven months preceding October 2021, some 60 percent of those 2,542 Brits who died from COVID were double vaccinated.

Wales:
According to October 2021 data from public health officials in Wales, UK, vaccinated individuals accounted for shocking 87 percent of all new COVID hospitalizations.

Scotland:
In Scotland, official data on hospitalizations and deaths for October 2021 showed 87 percent of those who had died from COVID-19 in the third wave that began in early July were vaccinated.

Israel:
In Israel, the vaccinated represented the majority of those hospitalized. By the end of July, some 71 percent of the 118 seriously and critically ill Israelis were fully vaccinated!

On August 5, 2021, Dr. Kobi Haviv, director of the Herzog Hospital in Jerusalem, reported on Channel 13 News that 95 percent of severely ill COVID-19 patients are fully vaccinated, and that vaccinated Israelis make up 85 percent to 90 percent of COVID-related hospitalizations overall.

Vermont, America's most vaccinated state:
On October 10, 2021, with 86 percent of its citizens fully vaccinated, Vermont officials nevertheless reported the largest rate of infections ever—and revealed that more than three-quarters of Vermont's September COVID-19 deaths occurred in the "fully vaccinated."

In 1976, US regulators pulled the swine flu vaccine after it was linked to 25 deaths. In contrast, between December 14, 2020 and October 1, 2021, American doctors and bereaved families have reported more than 16,000 deaths and a total of 778,685 injuries to VAERS following COVID vaccination. VAERS data show the huge spikes—69.84 percent—of deaths occurring during the two weeks after vaccination, 39.48 percent within 24 hours of the injections. According to CDC's fatality data, a COVID vaccine is 98 times more likely to kill than a flu vaccine. Health workers have administered many billions of vaccines during the past thirty-two years, yet in just eight months, the COVID vaccines have injured and killed far more Americans than all other vaccines combined over three decades.

A recent peer-reviewed study in the high-gravitas Elsevier journal Toxicology Reports found that COVID-19 vaccines kill more people in each age group than they save. According to that study the "best-case scenario" is five times the number of deaths attributable to each vaccination vs. those attributable to COVID-19 in the most vulnerable 65+ demographic.

Federal law requires that every injury or death following vaccination during clinical trials—or, by logical extension, with emergency use products—must be attributed to the vaccine unless proven otherwise. Nevertheless, as of August 2021, the CDC officially took the Pollyannaish view that not one of the 13,000-plus deaths reported to VAERS following vaccination as of August 20, 2021, was vaccine related.

A September 2021 analysis by a team of prominent scientists and mathematicians convened by Silicon Valley entrepreneur Steve Kirsch—of half a dozen population and surveillance system databases, including VAERS—using eight different independent methods, attributes 150,000 deaths to COVID vaccines in the United States since January 2020. Kirsch has offered a million-dollar reward for anyone who finds an error in this calculation.

In yet another effort to calculate excess deaths from vaccinations from a non-VAERS database, Ohio-based Attorney Thomas Renz used the Medicare database (Centers for Medicare & Medicaid Services) to calculate that there have been 48,465 deaths among Medicare/Medicaid beneficiaries within fourteen days of a first or second dose of a COVID-19 vaccine. These staggering numbers are roughly comparable to Steve Kirsch's population-wide estimate of 150,000.

One of CDC's bold deceptions is to hide vaccine mortalities in US data by counting all people as "unvaccinated" unless their deaths occur more than two weeks AFTER the second vaccine. (Ironically, CDC doubles down on this fraud by counting many of these vaccine deaths as COVID deaths.) This is only one of many statistical chicaneries that the CDC employs to hide vaccine injuries and to stoke public fears of COVID.

The CDC utilized an even brassier canard to support President Joe Biden's claim that 98 percent of vaccine hospitalizations and deaths were among the unvaccinated. In an August 5 video statement, CDC director Dr. Rochelle Walensky sheepishly admitted that CDC included hospitalization and mortality data from January through June 2021 in its calculation. The vast majority of the US population were, of course, unvaccinated during that time frame, so it makes sense that almost all hospitalizations would therefore be only among the unvaccinated. This is simply because there were almost no vaccinated Americans during that time period! CDC omitted the current (as of August) data related to hospitalizations from the Delta variant, which disproportionately hospitalized vaccinated individuals in those other countries for which we have more reliable data.

COVID Vaccines—Other Injuries

Despite the obstacles to reporting, VAERS recorded nearly 800,000 injuries by the 9½ months between December 14, 2020 and October 2021, with 112,000 classified as "serious." Pfizer either did not report several severe injuries—short of death—or deceptively deemphasized their severity, during clinical trials, including neurological harm, thrombocytopenia, blood clots, strokes, embolisms, aneurysms, myocarditis, Bell's palsy, Guillain-Barré syndrome, multi-organ failure, amputation, blindness, paralysis, tinnitus, and menstrual harms. More than 30,000 women in the UK and 6,000 in the US have complained of the latter.

VAAERS reports there have been 7,537 cases of myocarditis and pericarditis reported following COVID vaccines, with 5,602 cases attributed to Pfizer. Some 476 of these reports occurred in children from 12 to 17 years old. Israeli data and US data presented to CDC's advisory committee on June 23, 2021 found the rate of reported cases of myocarditis in vaccinated teenage boys aged 12–17 is at least twenty-five times greater than expected, and is fifty times greater than the reported rate in vaccinated males over 65. A recent study suggests that myocarditis is associated with a 50 percent mortality within five years.

Why are we vaccinating children? Kirsch's model estimates that 600 children have already died from COVID vaccines as of September 2021. A recent *Lancet* study shows that a healthy child has zero risk for COVID, suggesting that most of these kids are dying unnecessarily. COVID-19 vaccines have caused cardiac arrest, blindness, and paralysis in American children. Over the summer of 2021, the vaccines killed nine times as many 15- to 19-year-olds as COVID did—eighty-one versus nine. Nevertheless, Anthony Fauci is urging that kids will be vaccinated in schools without parental consent, despite a mountain of evidence that the COVID-19 vaccines are killing American children and bestow on them no benefit.

FDA, at last, admitted that VAERS is worthless for detecting vaccine injuries. Only Dr. Anthony Fauci can answer the question, "Why—given FDA's stunning confession that America has no functional surveillance system—did HHS not immediately stop the COVID vaccine rollout?" The answer, of course, is that Dr. Fauci knows that America's bought, brain-dead, and scientifically illiterate media will never force him to answer this query.

Compounding concerns over FDA's confession that Americans have no way to assess the risks from COVID vaccines is the uncontestable proof that COVID vaccine efficacy drops precipitously almost immediately after vaccination. Pfizer and FDA may have opted to end the company's clinical trial after six months (the optional plan was a three-year trial ending in December 2023), after realizing that the vaccine was causing significant harms and that its fast-waning efficacy would make a cost/

benefit analysis unsupportable if the study continued. The study appearing in *The Lancet* confirms that vaccine effectiveness against infection disappears so fast that it is ephemeral. The researchers found that vaccine effectiveness against infection plummeted from 88 percent during the first month after double vaccination to 47 percent after five months.

Media outlets like CNN and the *New York Times* ignore the tsunami of vaccine injuries and deaths while reflexively inflating those deaths they can blame on COVID. Illustratively, on September 10, 2021, an ABC affiliate in Detroit solicited stories on its Facebook page about unvaccinated people who had died from COVID. Instead, the network got something they did not want: more than 230,000 messages containing heartbreaking stories of injuries and deaths from vaccines. None of these communications were reporting deaths among the unvaccinated. Readers shared the post over two hundred thousand times in ten days.

PHARMA PROFITS OVER PUBLIC HEALTH

During his fifty-year career, Dr. Fauci has nurtured a complex web of financial entanglements among pharmaceutical companies and the National Institute of Allergy and Infectious Diseases (NIAID) and its employees that has transformed NIAID into a seamless subsidiary of the pharmaceutical industry. Dr. Fauci unabashedly promotes his sweetheart relationship with Pharma as a "public-private partnership."

From his perch at NIAID, Dr. Fauci has used his $6 billion annual budget to achieve dominance and control over a long list of agencies and governing bodies, including the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), Health and Human Services (HHS) agencies, the National Institutes of Health (NIH), the Pentagon, the White House, the World Health Organization (WHO), the United Nations (UN) organizations, and into the deep pockets of the Clinton and Gates Foundations, and Britain's The Wellcome Trust. Pentagon funding brings the annual total of grants that Dr. Fauci dispenses to an astonishing $7.7 billion.

A leviathan yearly grant budget gives Dr. Fauci power to make and break careers, enrich—or punish—university research centers, manipulate scientific journals, and to dictate not just the subject matter and study protocols, but also the outcome of scientific research across the globe. When the so-called "independent" expert panels license and recommend new pharmaceuticals, Dr. Fauci's control over these panels gives him the power to fast-track his pet drugs and vaccines through the regulatory hurdles, often skipping key milestones like animal testing or functional human safety studies.

Dr. Fauci's funding strategies evince a bias for developing and promoting patented medicines and vaccines, and for sabotaging and discrediting off-patent therapeutic drugs, nutrition, vitamins, and natural, functional, and integrative medicines. Under his watch, drug companies engineered the opioid crisis and made American citizens the globe's most over-medicated population. During his half-century as America's Health Czar, Dr. Fauci has played a central role in crafting a world where Americans pay the highest prices for medicine and suffer worse health outcomes compared to other wealthy countries. Adverse drug reactions are among the nation's top four leading causes of death.

Dr. Fauci has done almost nothing to advance NIAID's core obligation of researching the causes of the devastating explosions in epidemics of chronic allergic and autoimmune diseases that, under his tenure, have mushroomed to afflict 54 percent of children, up from 12.8 percent when he took charge of NIAID in 1984. Instead of researching the causes of these epidemics —the function for which US

taxpayers pay his salary—Dr. Fauci funnels the bulk of his $6 billion budget to the research and development of new drugs.

HHS is the named owner of at least 4,400 patents. NIH has received, "up to $2 billion in royalty revenue for NIH since 1991, when FDA approved the first of these drugs. Since Dr. Fauci arrived at NIH, the agency has spent approximately $856.90 billion. Between 2010 and 2016, every single drug that won approval from the FDA—210 different pharmaceuticals— originated, at least in part, from research funded by the NIH.

According to Dr. Michael Carome, a former HHS official and a director of the advocacy group Public Citizen, "Instead of a regulator and a regulated industry, we now have a partnership. . . . That relationship has tilted the agency [HHS] away from a public health perspective to an industry friendly perspective." Dr. Fauci is the human face of this corrupt dynamic. Over the last fifty years at NIH, Dr. Fauci has played a leading role in Big Pharma's engineered demolition of American health and democracy, working hand in glove with pharmaceutical companies to overcome federal regulatory obstacles and transform the NIH and NIAID into a single-minded vehicle for development, promotion, and marketing of patented pharmaceutical products, including vaccines and vaccine-like products.

What if, instead of spending their entire budgets developing profitable pharmaceutical products, Dr. Fauci and the heads of other NIH institutes deployed researchers to explore the links between glyphosate in food and the explosion of gluten allergies, the link between pesticide residues and the epidemic of neurological diseases and cancers, the causal connections between aluminum and Alzheimer's disease, between mercury from coal plants and escalating autism rates, and the association of airborne particulates with the asthma epidemic? What if NIH financed research to explore the association between childhood vaccines and the explosion of juvenile diabetes, asthma, and rheumatoid arthritis, and the links between aluminum vaccine adjuvants and the epidemics of food allergies and allergic rhinitis? What if they studied the impacts of sugar and soft drinks on obesity and diabetes, and the association between endocrine disruptors, processed foods, factory farms, and GMOs on the dramatic decline in public health? What would Americans look like if, for fifty years, we had a public health advocate running one of our top health agencies—instead of a Pharma shill? What would have happened if we'd spent that hundreds of billions dollars on real science, instead of drug development? Dr. Fauci seems willing only to give us diagnoses and cures that benefit Big Pharma—instead of public health—and to cover his trail with artifice.

NIAID: A Sleepy, Irrelevant Agency

From 1900, when one-third of all deaths were linked to infectious diseases (e.g., pneumonia, tuberculosis, and diarrhea and enteritis), through 1950, infectious disease mortality decreased dramatically. Dramatic improvements in nutrition, sanitation, and hygiene had largely abolished the frightening mortalities from mumps, diphtheria, smallpox, cholera, rubella, measles, pertussis, puerperal fever, influenza, tuberculosis, and scarlet fever. The devastating lethality from these former scourges that decimated earlier generations of Americans had dwindled.

An exhaustive 2000 study by CDC and Johns Hopkins scientists published in Pediatrics, the official journal of the American Academy of Pediatrics, concluded, "Thus vaccination does not account for the impressive declines in [infectious disease] mortality seen in the first half of the [20th] century . . . nearly 90 percent of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available." Similarly, a comprehensive 1977 study by

McKinlay and McKinlay, formerly required reading in almost all American medical schools, found that all medical interventions, including vaccines, surgeries, and antibiotics, contributed only about 1 percent of the decline and at most 3.5 percent. Both CDC and the McKinlays attributed the disappearance of infectious disease mortalities not to doctors and health officials, but to improved nutrition and sanitation—the latter credited to strict regulation of food preparation, electric refrigerators, sewage treatment, and chlorinated water.

The McKinlays joined Harvard's iconic infectious disease pioneer, Edward Kass, in warning that a self-serving medical cartel would one day try to claim credit for these public health improvements as a pretense for imposing unwarranted medical interventions (e.g., vaccines) on the American public. As the McKinlays and Kass had predicted, vaccinologists successfully hijacked the astonishing success story—the dramatic 74 percent decline in infectious disease mortalities of the first half of the twentieth century—and deployed it to claim for themselves, and particularly for vaccines, a revered and sanctified—and scientifically undeserving—prestige beyond criticism, questioning, or debate.

As early as 1949, Congressional bills to abolish CDC because of the remarkable decline in infectious disease mortalities twice won by impressive majorities. "The CDC increasingly needed a major epidemic" to justify its existence. According to Peter Duesberg, author of Inventing the AIDS Virus, the HIV/AIDS theory was salvation for American epidemic authorities.

Nobel Laureate Kary Mullis similarly recalled the institutional desperation during the Reagan administration era. He said of the CDC: "They were hoping for a new plague. Polio was over. There were memos going around the agency saying, 'We need to find the new plague'; 'We need to find something to scare the American people so they will give us more money.'"

That year, federal regulators concocted a fake swine flu epidemic that temporarily raised hopes around CDC for the resurrection of its reputation as a life-saving superhero. Working with Merck, NIAID used taxpayer funds to subsidize development and distribution of vaccines,and to rush untested products to market.

But the swine flu pandemic was a dud, and HHS's response was a global embarrassment. Only one casualty—a soldier at Fort Dix—succumbed to the "pandemic," and Merck's experimental vaccine triggered a national epidemic of Guillain-Barré syndrome, a devastating form of paralysis resembling polio, before regulators recalled the jab. The four vaccine manufacturers—Merck & Co., Merrell, Wyeth, and Parke-Davis—had refused to sell the vaccines to the government unless they were guaranteed profits and indemnity. They were sued for $19 million within months of the vaccination campaign. The Department of Justice handled the lawsuits.

Prior to 1997, the FDA forbade pharmaceutical advertising on television, and the drug companies had not yet transformed television reporters into pharmaceutical reps. Journalists, in short, were still permitted to do journalism. *Sixty Minutes* aired a scathing segment in which Mike Wallace mercilessly exposed the corruption, incompetence, and cover-ups at HHS that led to the phony swine flu pandemic and the wave of casualties from NIH's experimental vaccine.

HIV/AIDS

Despite those catastrophic outcomes, Dr. Fauci's takeaway from the 1976 swine flu crisis seems to have been the revelation that pandemics were opportunities of convenience for expanding agency power and visibility, and for cementing advantageous partnerships with pharmaceutical behemoths

and for career advancement. Four years later, the AIDS pandemic proved a redemptive juncture for NIAID and the launch pad for Dr. Fauci's stellar rise. The lessons he learned from orchestrating regulatory responses to the AIDS crisis would become familiar templates for managing subsequent pandemics.

Tony Fauci spent the next half-century crafting public responses to a series of real and concocted viral outbreaks—HIV/AIDS in 1983; SARS in 2003; MERS in 2014; bird flu in 2005; swine flu ("novel H1N1") in 2009; dengue in 2012; Ebola in 2014–2016; Zika in 2015–2016; and COVID-19 in 2020. When authentic epidemics failed to materialize, Dr. Fauci became skilled at exaggerating the severity of contagions to scare the public and further his career.

Bruce Nussbaum, who penned the definitive history of early AIDS research, *Good Intentions: How Big Business and the Medical Establishment are Corrupting the Fight Against AIDS*, says of Fauci, "He wasn't well known as a brilliant scientist, and he had little background in managing a big bureaucracy; but Fauci did have ambition and drive to spare. This lackluster scientist was about to find his true vocation—empire building."

Fauci's reign begins in 1984, a year of total change. In a nationally telecast press conference, Dr. Robert Gallo with Margaret Heckler made the declaration by US Government fiat that the "probable cause of AIDS" had been "found" and that it was some kind of trans-Atlantic fusion that looked "virus like." Gallo had linked AIDS to HIV the "human immunodeficiency virus."

The era of classical science ended that day. It would henceforth be a crime against decency to, for example, address anything that could be making gay men sick other than "the virus." Evidence based science and the discourse culture that goes with it— gone. The real scientists were horrified. Suddenly a guillotine was present. Fauci destroyed American science by snuffing out its spirit, the spirit of open inquiry, proof and standards.

Dr. Fauci then moved aggressively to capture that revenue stream for his agency; since AIDS was an infectious disease, NIAID must have jurisdiction. In 1982, congressional AIDS funding was a pitiful $297,000. By 1986, that number jumped to $63 million. The following year, it was $146 million. By 1990, NIAID's annual AIDS budget was $3 billion.

Peter Duesberg, an elite cancer virologist brought over from Germany's Max Planck Institute, who was well on his way to solving cancer's genetics, argued that HIV does not cause AIDS but is simply a "free rider" common to high-risk populations who suffer immune suppression due to environmental exposures. He was not "wrong" about HIV and AIDS, he was politically incorrect about it and that was how Fauci banished him—sentenced him to funding and reputation death. You were "bad," if you didn't push agenda driven science, everything was taken away from you. And the media cheered. And anybody who didn't was destroyed, vilified, harassed, fired, in a word, canceled.

Something about Dr. Fauci allows him to escape responsibility for (or even mild questioning about) his steady parade of sketchy decisions, his confident claims unsupported by scientific evidence, his relentless cascade of lies and failed predictions, and his miserable track record for keeping Americans healthy. In his 1990 book, Nussbaum concludes that Fauci's triumph over NCI cost many thousands of Americans their lives during the AIDS crisis. Myriad contemporary critics concurred with that assessment.

US government–financed researchers developed AZT in 1964 as a leukemia chemotherapy. AZT is a "DNA chain terminator," randomly destroying DNA synthesis in reproducing cells. FDA abandoned

the toxic chemotherapy compound after it proved ineffective against cancer and breathtakingly lethal in mice. Government researchers deemed it too toxic even for short-regimen cancer chemotherapy.

In 1983, soon after NIH's team identified HIV as the probable cause of AIDS, Samuel Broder, head of the National Cancer Institute (NCI), found that AZT killed HIV in test tubes. Recognizing financial opportunity in the desperate terror of young AIDS patients facing certain death, Burroughs Wellcome set the price at $10,000/year per patient, making AZT one of the most expensive drugs in pharmaceutical history. Since Burroughs Wellcome could manufacture AZT for pennies per dose, the company anticipated a bonanza.

The AZT approval process was a shakedown cruise for Tony Fauci. As he ran AZT around the regulatory traps, Dr. Fauci pioneered and perfected the retinue of corrupt, deceitful, and bullying practices and strategies that he would replicate again and again over the next thirty-three years, to transform NIAID into a drug development dynamo.

Community doctors were achieving promising results with off-label therapeutic drugs that seemed effective against the constellation of symptoms that actually killed and tormented people with AIDS. Despite years of pleading by the HIV community, Dr. Fauci refused to test any of those repurposed drugs, which had older or expired patents and no Pharma patrons. The script for the film the *Dallas Buyers Club* was taken from the "Buyers Clubs" which filled the vacuum by providing treatments that community doctors and their patients considered effective against AIDS, but that FDA refused to approve. Says Melisas Wallack, scriptwriter of the film, "He was utterly beholden to pharmaceutical companies and was hostile to any product that would compete with AZT. He was the real villain of this era. He cost a lot of people their lives."

One of NCI's top virologists, Dr. Frank Ruscetti, who worked directly under Robert Gallo, recalls of that era, "We could have saved millions of lives with repurposed and therapeutic drugs. But there's no profit in it. It's all got to be about newly patented antivirals and their mischievous vaccines." By 1988, Nussbaum recounts, "several hundred million tax dollars had somehow disappeared into the nation's biomedical establishment and not one new drug had been produced."

For three years, Dr. Fauci had done everything in his power to deny aerosol pentamidine and its companion drug, Bactrim, to AIDS sufferers. But, he told a Congressional panel in 1988: "If I were an individual patient, I would probably take aerosolized pentamidine if I already had a bout of Pneumocystis. In fact, I might try, even before then, taking prophylactic Bactrim." At that very moment, Dr. Fauci was denying tens of thousands of AIDS patients access to these lifesaving remedies.

This pattern of resourceful stonewalling to obstruct repurposed off-patent drugs with lifesaving potential would become a pattern familiar to Dr. Fauci's critics during the COVID crisis. On March 24, 2020, he answered a question from a journalist by admitting that, if he became ill with COVID, he would take hydroxychloroquine as his remedy. Shortly thereafter, Dr. Fauci launched his aggressive campaign to deny HCQ—and all early treatments—to the rest of humanity.

While they actively stymied clinical trials for aerosolized pentamidine and AL 721, Dr. Fauci's insider's cabal greased the skids, allowing Burroughs Wellcome to skip animal testing for AZT and to proceed directly to human trials. This omission was unprecedented in the history of chemotherapy drugs, but again foreshadowed the decision to allow the Pfizer/BioNTech COVID-19 vaccine to proceed to human testing without completing the usual panel of safety testing in animal models. Burroughs Wellcome's CEO predicted that AZT profits would bring in over $2 billion per year.

AZT's horrendous toxicity hobbled researchers struggling to design study protocols that would make it appear either safe or effective. Eighteen months after AZT's approval, FDA conducted its own investigation of the study. Their papers clearly demonstrated that the Fauci/Burroughs Wellcome research teams had engaged in widespread data tampering, which some have viewed rose to the level of homicidal criminality. PIs ("principal investigators," controlled by pharmaceutical companies) routinely covered up adverse events, violated protocols, falsely reported AZT patients as being placebo patients, and lost control of the test product. FDA's documents showed that everyone in the AZT group suffered severe toxicities and anemia, yet NIAID's official report listed no adverse effects among AZT recipients.

What do we have to say about the National Institutes of Health, when a private, independent laboratory, found AZT to be 1,000 times more toxic than the laboratory of the NIH? AZT is the most toxic drug ever approved for long-term use. Molecular biologist Professor Peter Duesberg has explained AZT's mechanism of action: It is a random terminator of DNA synthesis, the life process itself.

Dr. Fauci's fraud persuaded hundreds of thousands of people to take AZT. For many of them, it was a lethal choice. In 1987, AZT became the AIDS "therapy" even though in the recommended dosage of 1,500 mg/day, it was absolutely fatal. Many credible scientists argued that AZT was killing more people than AIDS. Investigative journalist John Lauritsen estimated that AZT killed 330,000 gay men between 1987 and 2019. Many of the dead were perfectly healthy before beginning the AIDS regimen. Absent AZT, Lauritsen says, the vast majority of those men would not have died.

In 2016, Dr. Fauci boasted that his efforts had led to the approval of some thirty new drugs to treat HIV/AIDS. These drugs generated billions of dollars in revenue for drugmakers: in 2000, global revenue from AIDS remedies was $4 billion; by 2004, it jumped to $6.6 billion. In 2010, AIDS drugs cracked the $9 billion mark for pharmaceutical giants and topped $30 billion in 2020. A global apparatus now worth over $2 trillion and composed of more NGOs, more organizations than anybody could count, obliterates all dissent, all real language, history and truth."

During the thirty-six years since Dr. Fauci and his colleague, Dr. Robert Gallo, first claimed that HIV is the sole cause of AIDS, no one has been able to point to a study that demonstrates their hypothesis using accepted scientific proofs. Dr. Fauci has cultivated a theology that denounces questioning of his orthodoxy as irresponsible, uninformed, and dangerous heresy.

Dr. Peter Duesberg, who in 1987 enjoyed a reputation as the world's most accomplished and insightful retrovirologist, accused Dr. Fauci of committing mass murder with AZT, the deadly chemical concoction that according to Duesberg causes—and never cures—the constellations of immune suppression that we now call "AIDS." For starters, Duesberg points out that HIV is seen in millions of healthy individuals who never develop AIDS; it has almost certainly coexisted in humans for thousands of generations without causing diseases. Conversely, there are thousands of known AIDS cases in patients who are not demonstrably infected with HIV. Duesberg's most surprising convert was Nobel Laureate Luc Montagnier, the man who first discovered the virus. "HIV might be benign," he says." Montagnier was the father of the AIDS theory.

Harvard microbiologist Dr. Charles Thomas organized the éminences grises of virology and immunology to formally register their objections to Gallo's HIV hypothesis in an historical letter to Nature. But in an early display of Dr. Fauci's and Big Pharma's combined power to control the medical journals, Nature declined to publish the letter. Nor would *New England Journal of*

Medicine, *JAMA*, or *The Lancet*. These journals rely on the pharmaceutical industry for upward of 90 percent of their revenues and seldom publish studies that threaten the Pharma paradigm.

Duesberg, Mullis, and their school of critics blame all the lethal symptomology known as AIDS on a multiplicity of environmental exposures that became ubiquitous in the 1980s. They believe heavy recreational drug use in gay men and drug addicts was the real cause of immune deficiency among the first generation of AIDS sufferers. The initial signals of AIDS were strongly linked to amyl nitrite—"poppers"—a popular drug among promiscuous gays. Other common "wasting" symptoms were all associated with heavy drug use and lifestyle stressors.

As it turns out, Burroughs Wellcome holds the 1942 patent on the popper container and remained one of the largest manufacturers of poppers during the 1980s and '90s. So Burroughs Wellcome was profiting from both causing the AIDS epidemic and then from poisoning a generation of gay men with the AZT "Cure." Tony Fauci played traffic cop in this feedback loop. On the one hand, he was using his regulatory authority to promote AZT, and to kill its competition. At the same time, he was suppressing the study of the toxicity of poppers and directing the blame for AIDS on the virus, thereby shielding Burroughs Wellcome from significant liability.

After 1987, Dr. Duesberg and his followers argue, the vast majority of "AIDS deaths" were actually caused by AZT—Dr. Fauci's radical "antiretroviral" chemotherapy purposefully concocted to kill human cells. AZT randomly destroys bones, kidneys, livers, muscle tissue, the brain, and the central nervous system. The death rate climbed precipitously after the commercial introduction of AZT.

Burroughs Wellcome's insert warns that it is "often difficult to distinguish adverse events possibly associated with administration of RETROVIR (AZT) from underlying signs of HIV disease or intercurrent illnesses." In other words, even the company acknowledges that AZT causes the diseases that define AIDS.

They began giving the anti-HIV drugs to people who were in fact not even sick, but merely positive on the HIV test. And in that case, of course, when they finally became sick enough from the AIDS drugs they were called 'AIDS patients.'

Most HIV-infected Africans showed no sign of illness. In those who were sick, the infirmities looked very much like the illnesses that doctors had previously diagnosed as malaria, pneumonia, malnutrition, leprosy, bilharzia, anemia, tuberculosis, dysentery, or infection with a grim inventory of pathogens and parasites familiar to doctors in Africa."Due to compelling financial drivers, in Africa, AIDS is nearly always a presumptive diagnosis, applied without any 'positive' reaction to HIV tests," says science journalist Celia Farber. Africans were rarely tested with expensive PCR tests, so every unexplained death became 'AIDS.' Former epidemiological director of WHO, Professor James Chin, in his 2006 book, *The AIDS Pandemic: The Collision of Epidemiology and Political Correctness*, admits unambiguously that the AIDS case figures for developing countries were massively manipulated in order to maintain the flow of billions of dollars. Closer inspection reveals it likely that this African epidemic is pure fabrication."

John Lauritsen accuses Dr. Fauci of conducting genocides against gay men and Black Africans. The evidence seems to indicate that the proliferation of AZT increased death rates from "AIDS" dramatically. "We virtually killed a whole generation of AIDS patients without even noticing it because the symptoms of the AZT intoxication were almost indistinguishable from AIDS,"

Thirty years later, many, if not most, virologists have come to grudgingly accept - in some part, at least - Duesberg's skepticism of the Gallo/Fauci claim that HIV alone, could cause AIDS. It was becoming increasingly challenging to credibly claim that HIV, which remained dormant for decades within its host, could somehow suddenly become virulent—"the most deadly disease in history"—without some external provocation.

While HIV was never shown to be cytocidal, HHV6 had a murderous affinity for CD4 and T-cell "in potential effects on the immune system and brains." Gallo declared that HHV6 was a major source of disease progression in AIDS. Knox and Carrigan found that every AIDS patient had active replication of HHV-6A in every stage of AIDS, from their diagnosis to their autopsies, with many having CD4+ cell counts over 700.

When Gallo and Lusso conducted a trial treating half their AIDS patients with acyclovir—a remedy against herpes—and half with AZT alone, they found a significant prolongation of life in the patients who had AZT and acyclovir, as opposed to AZT alone.

What, after all, would be the implications if a mild, off-patent remedy like acyclovir could safely treat AIDS more effectively than Dr. Fauci's expensive pharmacopoeia of deadly chemotherapy poisons? He choked off any further funding for HHV6 research, despite Knox's potentially lifesaving discovery of the efficacy of acyclovir against AIDS.

Montagnier declared that he now believes that HIV is "a peaceful virus" that becomes lethal only when combined with mycoplasma infertans. Even more exciting, he had discovered that in his test tubes, tetracycline stopped the mycoplasma's destruction entirely in its tracks. (Dr. Lo, the Chief Researcher in charge of the AIDS programs for the Armed Forces Institute of Pathology had previously made the same discovery). Characteristically, the multibillion-dollar international research and development establishment opted to ignore that discovery.

Thirty-four years later, with over half a trillion dollars spent on AIDS research, Dr. Fauci has not budgeted one dollar to study the role of Lo's and Montagnier's mycoplasma or in Gallo's, and Knox's HHV-6 virus in the etiology of AIDS. Between 1981 and 2020, US taxpayers alone shelled out $640 billion for AIDS research focused almost exclusively on developing drugs to address Dr. Fauci's sketchy HIV hypothesis. Yet the growing list of medications hasn't demonstrably extended the life of a single patient, and the cure for AIDS is still nowhere in sight.

As Kary Mullis says in his book *Dancing Naked in the Mind Field*, "What people call science today is probably very similar to what was called science in 1634. Galileo was told to recant his beliefs or be excommunicated. People who refuse to accept the commandments of the AIDS establishment are basically told the same thing."

The PIs: The Pharma/Fauci Mercenary Army

NIAID's lack of in-house drug development capacity allowed Dr. Fauci to build his new program by farming out drug research to a network of so-called "principal investigators," or PIs, effectively controlled by pharmaceutical companies. Pharma and Dr. Fauci rig virtually all the critical drug approval panels using this strategy of populating them with PIs who, bound by financial fealty to Pharma and NIAID funders, reliably approve virtually every new drug upon which they deliberate—with or without safety studies. Tony Fauci and his Pharma partners use their PIs to control the key

FDA and CDC panels that license and "recommend" new vaccines for addition to the childhood schedule.

The 2006 the Advisory Committee on Immunization Practices (ACIP) panel recommended two new blockbuster Merck shots: the Gardasil HPV vaccine for all girls ages nine through twenty-six, and three doses of a Merck rotavirus vaccine, Rotateq, for infants at ages two, four, and six months. Merck maintained it had not tested either vaccine against an inert placebo in pre-approval trials, so no one could scientifically predict if the vaccines would avert more injuries or cancers than they would cause. Nevertheless, the sister FDA panel, VRBPAC, approved Gardasil—to prevent cervical cancer—without requiring proof that the vaccine prevented any sort of cancer, and despite strong evidence from Merck's clinical trial that Gardasil could dramatically raise risks of cancer and autoimmunity in some girls. That year, nine of the thirteen ACIP panel members and their institutions collectively received over $1.6 billion of grant money from NIH and NIAID. Gardasil would be the most expensive vaccine in history, costing patients $420 for the three-jab series and generating revenues of over $1 billion annually for Merck.

Even the truncated trials of Wyeth's rotavirus vaccine RotaShield, conducted with no placebo, revealed serious side effects in babies, including "failure to thrive," fevers high enough to cause brain injury, and a condition called intussusception, wherein a child's intestines telescope into themselves, causing an agonizing blockage that, in some instances, results in death. The best evidence indicates that Dr. Offit's rotavirus vaccine causes negative net public health impacts; in other words, it almost certainly kills and injures more children in the United States than the rotavirus disease killed and injured prior to the vaccine's introduction.

ILLEGAL EXPERIMENTS ON CHILDREN

During the nearly four decades since Dr. Anthony Fauci took the agency's reins, the National Institute of Allergy and Infectious Diseases (NIAID) has often treated America's most vulnerable children as collateral damage in its director's single-minded pursuit of profitable pharmacological solutions for steadily declining public health.

The US Department of Health and Human Services (HHS) and its predecessor agency, the Public Health Service, already had a long history of morally repugnant experiments on vulnerable subjects, including imprisoned convicts, institutionalized adults with intellectual disabilities, and orphaned children. Dr. Fauci and his Pharma partners employed Black and Hispanic foster children for cruel and barbaric treatments in their efforts to develop their second-generation antivirals and chimeric HIV vaccines that provided the initial stepping-stones for his career.

Investigative journalist Liam Scheff in 2004 chronicled Dr. Fauci's secret experiments on hundreds of HIV-positive foster children. He reports, "The drugs being given to the children are toxic—they're known to cause genetic mutation, organ failure, bone marrow death, bodily deformations, brain damage, and fatal skin disorders. If the children refuse the drugs, they're held down and force fed. If the children continue to resist, they're taken to Columbia Presbyterian hospital, where a surgeon puts a plastic tube through their abdominal wall into their stomachs. From then on, the drugs are injected directly into their intestines. NIAID basically funnels tens of millions to hundreds of millions of dollars to these hospitals specifically, to give Dr. Fauci unquestioned power over the policies.

BBC's heartbreaking 2004 documentary, Guinea Pig Kids, chronicles the savage barbarity of Dr. Fauci's science projects from the perspective of the affected children. That year, BBC hired investigative reporter Celia Farber to conduct field research for the film, which exposes the dark underside of Big Pharma's stampede to develop lucrative new AIDS remedies. "I found the mass grave at Gate of Heaven cemetery in Hawthorne, New York," she told me. Around the pit was a semi-circle of several large tombstones on which upward of one thousand children's names had been engraved.

In testimony before Congress, NIAID and its local partner—New York City's Administration for Children's Services (ACS)—sought to justify the unethical research practices by claiming they were providing first-class, cutting-edge treatments to HIV-infected children who could otherwise not afford expensive medicines. However, AHRP's investigation revealed that many of the children NIAID subjected to Dr. Fauci's experiments were perfectly healthy and may not even have been HIV-infected. During the decades since Dr. Fauci took over NIAID, he has sanctioned drug companies to experiment on at least fourteen thousand children, many of them Black and Hispanic orphans living in foster homes. He permitted these companies to operate without oversight or accountability. Under Dr. Fauci's laissez faire rubric, these companies systematically abused and, occasionally, killed children.

Freedom of Information documents obtained in January 2021 by the White Coat Waste project show that Dr. Fauci approved a $424,000 NIAID grant in 2020 for experiments in which dogs were bitten to death by flies.

Outgoing President Dwight Eisenhower, in his farewell address, warned our country about the emergence of a Military Industrial Complex that would obliterate our democracy. Just as President Eisenhower warned, Dr. Fauci's COVID-19 response has steadily deconstructed our democracy and elevated the powers of a tyrannical medical technocracy.

WHITE MISCHIEF: DR. FAUCI'S AFRICAN ATROCITIES

Dr. Fauci warned President George W. Bush that HIV had gotten a toehold in Africa and was spreading like wildfire. Fauci told the President that Nevirapine would save millions of lives by preventing maternal transmission of HIV to unborn children. In January 2002, President Bush announced a $15 billion package to combat AIDS, including a $500 million program to purchase millions of doses of Nevirapine for distribution to African mothers and children. He later repeated this promise in his 2003 State of the Union address.

Boehringer Ingelheim had apparently lifted Nevirapine from the same toxic junk pile from which Burroughs Wellcome had retrieved AZT. In December 2000, the Journal of the American Medical Association advised health care workers exposed to HIV to avoid prescribing Nevirapine after the drug caused life-threatening liver toxicity in patients. A 2001 FDA review reported twenty "serious adverse events" (meaning, death, hospitalization, "life-threatening," or permanently disabling) resulting from brief, prophylactic Nevirapine exposure.

In its efforts to win FDA approvals for the dangerous and ineffective concoction, Boehringer violated virtually every good clinical practice. Pharma researchers commonly employ the highly unethical gimmick of eliminating the placebo control group in order to mask injuries in the study group. In the Nevirapine clinical trial, instead of using a placebo, Dr. Fauci's PI, Dr. Brooks Jackson and his team ended up comparing the health outcomes in 626 pregnant women, half of whom took

Dr. Fauci's horrendously dangerous chemotherapy concoction AZT, while the other half took Nevirapine. Based on this study, Dr. Fauci was able to persuade the WHO in 2000 to grant Emergency Use Authorization Approval (EUA) to single-dose Nevirapine for preventing mother-to-child transmission of HIV as its official recommendation.

When the private consulting group Westat chose a random sample of forty-three of those infants to examine, all of them had "adverse events" twelve months after the study terminated. Only eleven of them were HIV positive. When Westat confronted Dr. Jackson's researchers with study discrepancies, they admitted that they had avoided reporting "thousands" of AEs and SAEs (adverse and severe adverse events) by routinely appyling more lenient standards for their Black Ugandan subjects than FDA rules required for US safety studies.

Dr. Fauci had to know all about the safety problems, but he must have either omitted or whitewashed them when he sold the program to Bush. He used the stopgap WHO approval to persuade President Bush to purchase millions of dollars of Nevirapine. Boehringer began shipping cartons of its deadly and ineffective drug to clinics and maternity wards in fifty-three developing nations.

Jonathan Fishbein was tarred and feathered for pointing out that the NIH flagship study on Nevirapine was a complete disaster. Dr. Fishbein says of Dr. Fauci, "Dealing with Tony Fauci is like dealing with organized crime. He's like the godfather. He has connections everywhere. He's always got people that he's giving money to in powerful positions to make sure he gets his way. These connections give him the ultimate power to fix everything, control every narrative, escape all consequence, and sweep all the dirt and all the bodies under the carpet and to terrorize and destroy anyone who crosses him."

In the end, Dr. Fauci succeeded in rigging corrupt clinical trials, concealing catastrophic cheating, and deftly manipulating the politics to bring his dangerous and inefficacious drug, Nevirapine, to market. Says journalist Celia Farber, "It's a mystery why Nevirapine was ever developed, launched or marketed to the developing world the way it was, since it was rejected by every Western drug safety agency—every single time. The double standard is quite stark. We need to start calling it what it is. And the real losers in that battle were the millions of African women and babies forced to take Nevirapine, a drug that does not prevent AIDS but sickens and kills people who take it."

According to an exposé by the Associated Press, "Dr. Fauci and his trusty longtime sidekick, Dr. H. Clifford Lane, "have received tens of thousands of dollars in royalties for an experimental AIDS treatment they invented. At the same time, their office has spent millions in tax dollars to test the treatment on patients across the globe." That investigation concluded that scientists and administrators at the National Institutes of Health flagrantly disregard ethical and legal requirements of financial disclosure.

WHITE MAN'S BURDEN

In the decades since the 1984 press conference when Dr. Gallo announced that AIDS was caused by HIV, the federal government has spent well over half of a trillion dollars on AIDS. Dr. Fauci has dedicated much of that moolah to his quest for an elusive vaccine to immunize people against HIV. Dr. Fauci pumped our money into nearly 100 vaccine candidates, with none of these coming even close to the finish line.

For a decade, Oklahoma's US Senator Tom Coburn, MD, occupied front-row seats in Congressional and Senate Health Committees during Dr. Fauci's annual gallivants to Capitol Hill. Coburn finally exploded. He lambasted Dr. Fauci for deliberately deceiving lawmakers and accused his fellow physician of hoodwinking Congress into approving appropriations with no purpose beyond sustaining his bureaucracy: "Most scientists involved in AIDS research believe that an HIV vaccine is further away than ever." This verity remains utterly obscure to the dewy-eyed press, which faithfully applauds each of Dr. Fauci's Groundhog Day encores.

Both Dr. Robert Redfield and Dr. Deborah Birx were former Army medical officers who, in the 1980s and 1990s, led the military's AIDS research, a specialty that seems like a magnet for hucksters and quacks. US military documents show that in 1992 Redfield and Birx, his then-assistant—both serving at Walter Reed in Washington—published inaccurate data in the *New England Journal of Medicine*, claiming that an HIV vaccine they helped develop and tested on Walter Reed patients was effective. They both must have known the vaccine was worthless. In 1992, an Air Force medical office accused Redfield of engaging in "a systematic pattern of data manipulation, inappropriate statistical analyses and misleading data presentation in an apparent attempt to promote the usefulness of the GP160 AIDS vaccine."

Under threat of court-martial, loss of his medical license, and possible imprisonment, Dr. Redfield confessed to angry DOD interrogators and to the tribunal that his analyses were faulty and deceptive. He agreed to publicly admit the vaccines worthless at an upcoming AIDS conference, but instead, boldly repeated his fraudulent claims. As astonished prosecutors watched, he then brazenly parroted his debunked perjuries in testimony before Congress, swearing that his vaccine cured HIV. Redfield's bold gambit worked. Bamboozled by Redfield's brazen ballyhoo, Congress immediately appropriated $20 million to the military to support Redfield and Birx's research project. The bold flimflam catapulted Birx and Redfield into their stellar careers as top federal health officials.

Gallo's partnership with Redfield became a gold mine for both men. In 2017, the IHV's Annual Report boasted that these two quacksalvers had won over $600 million in grants—much of it from NIH and Bill Gates—since they cemented their lucrative partnership. They seem to have spent the bulk of that loot experimenting with failed HIV drugs and vaccines on Black people, including 20,000 residents of Washington and Baltimore and 1.3 million misfortunates from Africa and the Caribbean.

Despite Redfield's well-publicized history as a charlatan and pretender, President Donald Trump put him in charge of the CDC at a time when the agency's overarching mission was promoting COVID vaccines. Trump also elevated Birx, a lifelong protégée to both Redfield and Anthony Fauci and confidante to Bill Gates. These three vaccine mountebanks—Redfield, Birx, and Fauci—led the White House coronavirus task force and steered America's COVID response during the first year of the pandemic. The trio—none of whom ever treated a COVID patient—adopted controversial strategies to confine the nation under house arrest, shut down the global economy, deny the public access to early treatment and lifesaving therapeutics like hydroxychloroquine and ivermectin, excite persistent public terror through the broadcasts of deliberately exaggerated death and case counts, and repeatedly tell the world that "the only path back to normal is a miraculous vaccine." With minimal scientific support, they imposed draconian quarantine, mask, and social-distancing mandates, purposefully or accidentally inducing a species of mass psychosis called "Stockholm syndrome" wherein hostages become grateful to their captors convinced that the only path to survival is unquestioning obedience.

The Gates/Fauci Bromance

In 2000, Gates summoned Dr. Fauci to Seattle to propose a partnership that, two decades later, would have profound impacts on humanity. And it was there that he said, 'Tony, you run the biggest infectious disease institute of the world. And I want to be sure the money I spend is well spent. Why don't we really get to know each other? Why don't we be partners?'" Over the next two decades, that partnership would metastasize to include pharmaceutical companies, military and intelligence planners, and international health agencies all collaborating to promote weaponized pandemics and vaccines and a new brand of corporate imperialism rooted in the ideology of biosecurity. That project would yield Mr. Gates and Dr. Fauci unprecedented bonanzas in wealth and power and have catastrophic consequences for democracy and humanity.

Gates's closest boyhood friend and the Microsoft cofounder, Paul Allen, described Gates in his 2011 book (*Idea Man: A Memoir*) as a sarcastic bully who in 1982 schemed to oust him and steal his share of their company. In May 1998, the Department of Justice and twenty state attorneys general filed antitrust charges against Microsoft, accusing Gates's company of illegally thwarting efforts by consumers to install competing software on its Windows-based computers. Judge Jackson complained that Gates's testimony was "evasive and forgetful" and observed that "[He] has a Napoleonic concept of himself and his company, an arrogance that derives from power and unalloyed success, with no leavening hard experience, no reverses."

Gates hired an army of PR firms to soften his image as a ruthless and duplicitous king-baby robber baron. As part of a concerted offensive to recast his public persona, Gates and his wife formed a charity, the Children's Vaccine Program, with an impressive $100 million donation.

The Rockefeller-Gates Nexus

A century earlier, America's first billionaire, John D. Rockefeller, had blazed his own wildly successful exit ramp from public loathing, bad press, and antitrust prosecution by launching a medical philanthropy. At the twentieth century's dawn, Rockefeller's sanguinary maneuvering—including bribery, price-fixing, corporate espionage, and creating shell companies to conduct illegal activities—had won his Standard Oil Company control of 90 percent of US oil production and made him the richest man in world history with a net worth of over half a trillion in today's dollars. Senator Robert Lafayette excoriated Rockefeller as "the greatest criminal of the age."

In the early 1900s, as scientists discovered pharmaceutical uses for refinery by-products, John D. saw an opportunity to capitalize on the family's medical pedigree. At that time, nearly half the physicians and medical colleges in the United States practiced holistic or herbal medicine. Rockefeller and his friend Andrew Carnegie, the Big Steel robber baron, dispatched educator Abraham Flexner on a cross-country tour to catalog the status of America's 155 medical colleges and hospitals. The Rockefeller Foundation's 1910 Flexner Report recommended centralizing America's medical schooling, abolishing miasma theory, and reorienting these institutions according to "germ theory"—which held that germs alone caused disease— and the pharmaceutical paradigm that emphasized targeting particular germs with specific drugs rather than fortifying the immune system through healthy living, clean water, and good nutrition.

With that narrative in hand, Rockefeller financed the campaign to consolidate mainstream medicine, co-opt the burgeoning pharmaceutical industry, and shutter its competition. Rockefeller's crusade

caused the closure of more than half of American medical schools; fostered public and press scorn for homeopathy, osteopathy, chiropractic, nutritional, holistic, functional, integrative, and natural medicines; and led to the incarceration of many practicing physicians.

"Miasma theory" emphasizes preventing disease by fortifying the immune system through nutrition and by reducing exposures to environmental toxins and stresses. Germ theory aficionados, in contrast, blame disease on microscopic pathogens. For better or worse, the champions of germ theory, Louis Pasteur and Robert Koch, proved victorious in their fierce decades-long battle with their miasmist rival Antoine Béchamp. On his deathbed, the victorious Pasteur is said to have recanted, "Béchamp was right," declaring, "the microbe is nothing. The terrain is everything."

In accordance with the pharmaceutical paradigm, Rockefeller provided large grants to scientists for identifying the active chemicals in disease-curing plants utilized by the traditional doctors whom he had extirpated. Rockefeller chemists then synthesized and patented petrochemical versions of those molecules. The foundation's philosophy of "a pill for an ill" shaped how Americans came to view health care. The Rockefeller Foundation provided almost half of the budget for the League of Nations Health Organization (LNHO) following its founding in 1922 and populated LNHO ranks with its veterans and favorites. The RF imbued the League with its philosophy, structure, values, precepts, and ideologies, all of which its successor body, the WHO, inherited at its inauguration in 1948.

A $1 trillion pharmaceutical industry pushing patented pills, powders, pricks, potions, and poisons and the powerful professions of virology and vaccinology led by "Little Napoleon" himself, Anthony Fauci, fortifies the century-old predominance of germ theory. The idea that certain microbes—above all fungi, bacteria, and viruses—are our great opponents in battle, causing certain diseases that must be fought with special chemical bombs, has buried itself deep into the collective conscience. A "War on Germs" rationalizes a militarized approach to public health and endless intervention in poor nations that bear heavy disease burdens.

A doctrinal canon of the germ theory credits vaccines for the dramatic declines of infectious disease mortalities in North America and Europe during the twentieth century. Anthony Fauci, for example, routinely proclaims that vaccines eliminated mortalities from the infectious diseases of the early twentieth century, saving millions of lives. As stated before, a comprehensive study of this foundational assertion by CDC and Johns Hopkins scientists, as well as a widely cited study by McKinlay and McKinlay, found that all medical interventions including vaccines, surgeries, and antibiotics accounted for less than about 1 percent—and no more than 3.5 percent—of the dramatic mortality declines prior to 1940. The most dramatic declines occurred prior to vaccine introduction.

The Gates/Fauci militarized approach to medicine has precipitated an apocalyptic battle on the African and Asian continents between the two philosophies in a zero-sum game that pits nutrition and sanitation against vaccines in a life-and-death conflict for resources and legitimacy. Dr. Fauci persuaded a succession of US presidents to burnish their humanitarian bona fides by redirecting US foreign aid away from the causes of nutrition, sanitation, and economic development and toward solving Africa's HIV crisis with vaccines and drugs. The facts suggest that it is the absence of reliable metrics and science-based analysis that allows Gates and Fauci to get away with their dubious claims about the efficacy and safety of their prescriptions.

Gates strategically targets BMGF's charitable gifts to give him control of the international health and agricultural agencies and the media, allowing him to dictate global health and food policies so as to increase profitability of the large multinationals in which he and his foundation hold large

investments. Strategic philanthropizing increased the Gates Foundation's capital corpus to $49.8 billion by 2019. Moreover, Gates's personal net worth grew from $63 billion in 2000 to $133.6 billion today. A recent investigation by The Nation revealed that the Gates Foundation currently holds corporate stocks and bonds in drug companies like Merck, GSK, Eli Lilly, Pfizer, Novartis, and Sanofi. Gates also has heavy positions in Gilead, Biogen, AstraZeneca, Moderna, Novavax, and Inovio.

Gates and Fauci: Colonizing the Dark Continent

After sealing their collaboration with a handshake, Gates and Dr. Fauci geared up their vaccine partnership quickly; by 2015, Gates was spending $400 million annually on AIDS drugs- mainly testing them on Africans.

Despite Fauci's miserable track record at actually reducing illness over the next decade, he nevertheless persuaded President Bill Clinton, in May 1997, to set a new national goal for science by making the cure for African AIDS his JFK moonshot promise. Largely due to Tony Fauci's influence, Clinton would squander billions of taxpayer dollars on this fruitless crusade during his presidency and millions more of corporate and philanthropic contributions through the Clinton Foundation during his twilight years. George W. Bush similarly relied on Dr. Fauci's counsel, diverting $18 billion of the US government's relatively anemic foreign aid contributions to Dr. Fauci's pet global AIDS projects between 2004 and 2008 alone.

Following the Gates/Fauci handshake, NIH had shifted $1 billion to Gates's global vaccine programs "at a time when overall NIH budget experienced little growth." The Gates Foundation and the Wellcome Trust funneled their donations through the NIH Foundation, which administers the money while Gates determines how it is spent. There is little objective evidence that all the treasure has extended or improved the lives of Africans, but every penny accrued to Fauci's reputation as Africa's foreign aid Golconda.

At best, Gates and Dr. Fauci are just the latest in a long line of crusaders, con artists, and conquistadors who periodically appear on the African continent armed with the conviction that they know what's best for Africans. Too often, these are self-serving, one-size-fits-all vanity projects that, in the end, only compound calamity and magnify suffering. At worst, in the words of Loffredo and Greenstein, Gates and his foundation function "as a trojan horse for Western corporations, which of course have no goal greater than an increased bottom line. . . . The foundation appears to see the Global South as both a dumping ground for drugs deemed too unsafe for the developed world and a testing ground for drugs not yet determined to be safe enough for the developed world."

Thanks to their powerful collaboration, Pharma would emerge as, perhaps, Africa's cruelest and most deadly colonial overlord. Pharma's acquisitive longing for Africa's natural resources and its teeming and compliant populations with their elevated disease burdens helped drive the rise of biosecurity as the spear-tip of corporate imperialism. Bill Gates and Dr. Fauci offered biosecurity as the underlying rationale for their medical neocolonialism project. WHO became their colonial vassal, legitimizing and facilitating their campaigns to open African markets for drugmakers. Since 1984, undeterred by thirty-seven years of broken promises, failed clinical trials, billions of squandered dollars, and uncounted human carnage, Dr. Fauci and his old crony Bob Gallo continue to ride the AIDS vaccine gravy train.

Virology: A New Janissary Corps

As with the sultans, khans, czars, monarchs, and emperors of yore, Dr. Fauci's power derives from his capacity to fund, arm, pay, maintain, and effectively deploy a large and sprawling standing army. NIH alone controls an annual $42 billion budget mainly distributed in over 50,000 grants supporting over 300,000 positions globally in medical research. The thousands of doctors, hospital administrators, health officials, and research virologists whose positions, careers, and salaries depend on AIDS dollars flowing from Dr. Fauci, Mr. Gates, and the Wellcome Trust are the officers and soldiers in a mercenary army that functions to defend all vaccines and Dr. Fauci's HIV/AIDS doxologies.

In 2020, many of the Gates/Fauci HIV vaccine trials in Africa suddenly became COVID-19 vaccine trials, as the unprecedented tsunami of new COVID-19 plunder began flowing through Dr. Fauci to the same disciplined legions of the virology caste. When revelations that the COVID-19 virus was likely the product of genetic engineering threatened to discredit his empire, Tony Fauci dispatched the handpicked elite of virology's officer corps to draft and sign the consequential editorials published in *Nature* and *The Lancet* in February and March of 2020 assuring the world that the lab leak hypothesis was a "crackpot" conspiracy. The monolithic discipline of the virology caste and its capacity to rigorously enforce its omertà effectively silenced debate on COVID-19's origins for a year.

Fauci virologist Kristian Andersen had informed Fauci that he and other leading biologists believed that the genetic sequence responsible for the "furin cleave" on the virus's "spike protein"—the peculiar structure that allows the organism to bind tightly to, and infect cells with the ACE-2 receptor—was highly unlikely to be the product of natural selection. Four days later, he submitted a letter—secretly edited by Fauci—signed by five prominent virologists—all NIAID and Wellcome Trust PIs—ridiculing the suggestion that the circulating coronavirus could possibly have been lab generated. The NIAID, by the end of 2020, had granted the employers of four of the five signatories on the paper a total of nearly $155,000,000.

In March 2020, Bill Gates stepped down from his position on the board of directors at Microsoft, explaining that he was "now spending the predominant amount of his time on the pandemic." Gates celebrated his Microsoft retirement by directing a river of money to build six manufacturing plants for different COVID vaccines and funding vaccine trials by companies like Inovio Pharmaceuticals, AstraZeneca, and Moderna Inc., all front-runners in the race to develop a COVID-19 jab. The Gates Foundation also invested $480 million in "a wide range of vaccine candidates and platform technologies." Tony Fauci, meanwhile, took over managing the White House Coronavirus Task Force. The two men played tag team on the evening news and Sunday talk shows to promote remdesivir and to let their obsequious hosts and the American people know that the only way to end the global hostage crisis was compliance by 7 billion people with their new vaccines.

On July 25, 2021, Dr. Fauci announced a new multibillion-dollar government initiative to use taxpayer money and NIAID-patented mRNA technology to prepare distinct new vaccines for twenty families of viruses that might spark future pandemics. Joe Biden came through for Dr. Fauci again — announcing a $65 billion pandemic response effort.

How Gates Controls the WHO

Gates' $1 billion tax-deductible donations give him leverage and control over WHO's $5.6 billion budget and over international health policy, which he largely directs to serve the profit interest of his pharma partners. Pharmaceutical companies cement WHO's institutional bias toward vaccines with approximately $70 million of their own direct contributions.

According to its charter, the WHO is meant to be accountable to member governments. Virtually every significant decision at WHO is first vetted by the Gates Foundation. Gates's vaccine obsession has diverted WHO's giving away from poverty alleviation, nutrition, and clean water to make vaccine uptake its preeminent public health metric. Gates and Fauci effectively control not only WHO, but also the retinue of authoritative quasi-governmental agencies that Gates—often with Fauci's assistance and support—created and/or funded, including CEPI, GAVI, PATH, UNITAID, UNICEF, SAGE, the Global Development Program, the Global Fund, the Brighton Collaboration, and governmental health ministries in dozens of African nations that are largely dependent on the WHO and other global health partnerships.

Dr. Fauci greenhouses a pipeline of new vaccines in NIAID labs and farms them out for cultivation in clinical trials by his university PIs and the pharmaceutical multinationals in which Gates holds high investment stakes. Gates then builds out supply chains and creates innovative financial devices for guaranteeing those companies markets in Third World countries. Gates, through WHO, pressures developing countries to expedite and purchase the vaccine, and to use GAVI as a bank through which wealthy countries cosign the debt. Gates thereby hijacks the foreign assistance monies from wealthy governments, diverting it to drugmakers.

India's leading human rights activist, Dr. Vandana Shiva, told me. "Gates has hijacked the WHO and transformed it into an instrument of personal power that he wields for the cynical purpose of increasing pharmaceutical profits. He has single-handedly destroyed the infrastructure of public health globally. He has privatized our health systems and our food systems to serve his own purposes."

Nelson Mandela had made himself the paladin in a Third World crusade to allow generic drugmakers to give the global poor access to expensive AIDS drugs. Mandela's reputation as a kind of saint stymied the pharmaceutical companies, reluctant to defend a venal business model that—by their own estimation— was a death sentence for 29 million African children and adults. Gates declared war on Mandela and his generic drug crusade by supporting a suit by thirty-nine pharma multinationals who sued South Africa to prevent poorer nations from accessing generic AIDS drugs for their people. In the end, Gates and pharma won the legal case.

While unusual numbers of Black celebrities were dying post vaccination in America, an eyebrow-raising number of anti-vax political leaders were simultaneously expiring in Africa. The epidemic of untimely deaths among high-profile black African heads of state and key government ministers and physicians who opposed Bill Gates/COVAX policies provoked a wave of conspiracy theories suggesting that these men were murdered to silence dissent.

A peer-reviewed article in the BMJ titled "Why have so many African leaders died of COVID" lists seventeen heads of state and leading government health ministers who passed in the twelve months between February of 2020 and February of 2021. The BMJ article states that almost all of these deaths resulted in dramatic shifts in national health policies from skepticism toward strong support for vaccination in their respective countries. The article points out that the overall death rates (1:33)

among African elected leaders from COVID are seven times the rates for their sex and age and demographics of the general population during that time period. The historic involvement of Western intelligence agencies in coups and the murders of African leaders on behalf of their corporate clientele is well documented.

Like Dr. Fauci, Gates raises expectations, yet takes no responsibility and offers no convincing proof that his schemes have had a beneficial impact on morbidities, public health, or quality of life. Instead, every effort to measure the health outcomes of Gates's interventions has exposed them as cataclysmic for their beneficiaries. In 2017, the Danish Government commissioned a study of health outcomes among African children who received WHO's flagship DTP vaccine—the world's most popular inoculation. They found that vaccinated girls had ten times the death rate compared to unvaccinated girls. Dr. Francis Omaswa, special adviser for human resources at the WHO, estimates that Gates's spending "could be five times more beneficial" if he directed his philanthropy toward addressing poverty and supporting existing health systems.

Neutralizing the Press

A *Los Angeles Times* investigation found that Gates's programs, including those of the Global Fund and the GAVI Alliance, have had net negative consequences on public health. In fact, it found an inverse correlation between dollars spent by Gates's charities and declines in children's health. The *Los Angeles Times* concludes that Gates's obsession with vaccine-preventable diseases has proportionally reduced assistance streams for nutrition, transportation, hygiene, and economic development, causing negative overall impacts on public health. Gates's claim that his vaccines have "saved several million lives" is a reflexive trope for which he offers no proof, no validation, and no accountability.

Piller and Smith's *Los Angeles Times* exposé on Gates's calamitous African adventure is an artifact of an expired era. Investigative journalism of this probative quality is a quaint relic of a time when editors and producers still permitted their reporters and correspondents to express skepticism toward Gates. By 2006, the tsunami of advertising revenues from pharmaceutical firms—about $4.8 billion annually—had already drowned out most of the voices of vaccine dissent in mainstream media. By 2020, those expenditures grew to $9.53 billion.

After the devastating *Los Angeles Times* piece, Gates moved aggressively to neutralize the once-independent press with compromising grants that struggling news organizations couldn't refuse. Gates dispensed at least $250 million in grants to media outlets including NPR, Public Television (PBS), *The Guardian*, *The Independent*, BBC, Al Jazeera, *Propublica*, *The Daily Telegraph*, *The Atlantic*, *The Texas Tribune*, Gannett, *Washington Monthly*, *Le Monde*, *The Financial Times*, *The National Journal*, Univision, Medium, and the *New York Times* to dampen journalistic appetites for —well—journalism.

The foundation has also invested millions in journalism training and in researching effective ways of crafting media narratives to support Gates's global ambitions. Gates, for example, gave grants totaling nearly $1.5 million from 2015 through 2019 to the Center for Investigative Reporting—apparently to discourage investigative reporting. Gates has also made large strategic investments in Poynter and the International Network of Fact Checking Organizations, which dutifully "debunks" virtually every public statement that seems critical of Gates, whether accurate or not.

Ignoring the fact that Gates never graduated from college, much less medical school, mainstream media outlets unanimously parrot BBC's assessment that Gates is a "public health expert" and ridicule those who question whether the whole world should take his self-serving advice on lockdowns, masks, and vaccines. None of those reporters mentioned the fact that the quarantines that Gates was cheerleading on their networks have increased Gates's wealth by $22 billion over twelve months.

MORE HARM THAN GOOD

In March 2017, I met with Dr. Fauci, Francis Collins, and a White House referee to complain that HHS was mandating 69 doses of sixteen vaccines for America's children, none of which had ever been tested for safety against placebos prior to licensing. Ten months after that meeting, HHS admitted that we were, in fact, correct: none of the mandated childhood vaccines had been tested for safety in pre-licensing inert placebo tests. The best of Bill Gates's African vaccines are all on this list. But Bill Gates also uses a large retinue of much more dangerous and demonstrably ineffective vaccines in Africa—ones that Western countries have actually rejected because of dire safety signals.

That means that nobody knows the risks these products and nobody can say, with specificity or certainty, that any of Bill Gates's flagship vaccines actually prevent more injuries and deaths than they cause. The meager published science examining this question indicates that virtually all of Gates's blockbuster African and Asian vaccines—polio, DTP, hepatitis B, malaria, meningitis, HPV, and Hib—cause far more injuries and deaths than they avert.

DTP Vaccine: African Genocide

A wave of gruesome brain injuries and deaths followed the introduction of diphtheria, tetanus, and pertussis (DTP) vaccines in the United States and Europe in the 1970s. Six years later, a NIH-funded UCLA study found DTP vaccine was killing or causing severe brain injury, including seizures and death, in 1 in every 300 vaccinated children. The resultant lawsuits caused the collapse of insurance markets for vaccines and threatened to bankrupt the industry. Pfizer (formerly Wyeth) induced Congress to pass the National Childhood Vaccine Injury Act in 1986, shielding vaccine makers from liability.

While Western nations pulled the DTP, WHO gave pharma free rein and cash to dump its toxic inventories in Africa, Asia, and Central America, despite strong evidence of its deadly impacts. Its dangers aside, the old DTP is cheaper to manufacture and more lucrative for pharma, and so, after 2002, Gates and his surrogates, GAVI, WHO, and Global Fund made DTP the flagship for their African vaccine program and continued giving this neurotoxic and often lethal vaccine to some 156 million African children annually. Health ministries across the world must demonstrate specific uptake goals with the DTP recommendations in order to qualify for vital WHO assistance for HIV and other support.

DTP vaccine—while protecting children against diphtheria, tetanus, and pertussis—had ruined their immune systems, making them vulnerable to a wide range of deadly nontarget infections. Gates's DTP vaccine—instead of saving 10 million lives, as he claims—may have unnecessarily killed millions of African girls.

Mercury Rising

The immunity provisions of the 1986 Vaccine Act gave a blank check to US pharmaceutical companies to promote the most shoddily tested vaccines without consequences or cost. Pharma responded with a gold rush to add new lucrative vaccines to the schedule, and by 1991, mercury exposures to US children from the vaccine preservative thimerosal had more than doubled.

The raw data from CDC's 1999 Verstraeten study showed that children who took thimerosal-containing hepatitis B vaccines in their first thirty days suffered an astonishing 1,135 percent higher rate of autism than children who did not. The study also documented a grim inventory of other neurological injuries. Overwhelming science—over 450 studies—attested to thimerosal's devastating toxicity.

In 2001, the Institute of Medicine recommended thimerosal's removal from all pediatric vaccines. In accordance with the IOM recommendation, manufacturers removed thimerosal from childhood vaccines—Hib, hepatitis b, and DTP—except multi-dose flu vaccines in the United States beginning in 2001.

The European and US bans on thimerosal left Pharma struggling to unload stock and find new ways to monetize stranded assets. Gates helped pharmaceutical companies unload their inventories by dumping them in developing countries. Merck, with the help of Bill Gates and GAVI, brokered a deal to donate (dump) 1 million doses of their thimerosal-containing Recombivax HB hepatitis B vaccine to the Millennium Vaccine Initiative to African countries.

Lethal Malaria Vaccine Experiments

In 2010, the Gates Foundation funded with $300 million a Phase III trial of GlaxoSmithKline's experimental malaria vaccine Mosquirix in seven African countries, "aimed at young children because their immune system is still developing." Apparently suspecting the vaccine might be lethal, Gates's team elected not to test it against a placebo. Some 151 African infants died in the trial, and 1,048 of the 5,049 babies suffered serious adverse effects including paralysis, seizures, and febrile convulsions. The rate of meningitis in those receiving Mosquirix was 10 times that of those who did not, increased cerebral malaria cases, and a doubling in the risk of death.

Lethal Meningitis Vaccine Experiments

In 2010, Gates funded a MenAfriVac campaign in sub-Saharan Africa. Gates operatives forcibly vaccinated thousands of African children against meningitis, causing approximately 50 of 500 vaccinated children to develop paralysis. "We are guinea pigs for the drug makers," says professor Patrick Bond, who served in Nelson Mandela's government. He describes Gates's unseemly business—philanthropic practices and the agenda of the Gates Foundation—as "ruthless and immoral."

Population and Sterilization Vaccines

Gates has involved himself in sketchy stealth campaigns to sterilize dark-skinned and marginalized women without their informed consent—including by the deceptive use of dangerous sterility vaccines. On February 20, 2010, less than one month after he committed $10 billion to the WHO,

Bill Gates suggested in his "Innovating to Zero" TED Talk in Long Beach, California, that reducing world population growth could be done in part with "new vaccines." He said in his talk, "The world today has 6.8 billion people. That's headed up to about 9 billion. Now, if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by, perhaps, 10 or 15 percent . . ."

His peculiar choice of words naturally fueled speculation that he was engaging in a premeditated campaign to use vaccines to sterilize women. His questionable antics in promoting antifertility drugs and WHO's widespread use of stealth sterility vaccines credibly fuel such sentiments.

Population control has been the central preoccupation of the Gates Foundation since its inception. In 1999, Gates's $2.2 billion commitment to the UN Population Fund doubled the size of the Gates Foundation.

In 2017, the Gates Foundation adopted the goal of administering contraceptives to 214 million women in poor countries. Gates's contraceptive of choice is the long-term infertility agent Depo-Provera. Population planners have administered Depo-Provera primarily to poor and Black women in the United States since its invention in 1967. UN data demonstrate that Depo-Provera is seldom administered to White or affluent women or girls in the United States or Europe. Depo-Provera is a powerful poison, with a devastating inventory of wretched side effects.

Under direction of Gates's PI, Dr. James Phillips, and his fellow Pfizer and Gates's PIs, deliberately fabricated and falsified research data to fraudulently "prove" Depo-Provera safe**.** Based on such "proofs," in 2011, Gates expanded his project to fund Depo-Provera programs for some 12 million women across sub-Saharan Africa.

A disturbing 2011 exposé of the collaboration by the Rebecca Project for Justice, "The Outsourcing of Tuskegee: Nonconsensual Research in Africa," documented how Gates's researchers lied to the Navrongo women, telling them that they were receiving "routine healthcare" and/or "social observations"—never informing them that they were part of a population control experiment.

African women who used injectable Depo-Provera were much more likely to acquire HIV/AIDS compared to untreated women. Depo-Provera injections double a woman's risk of contracting and transmitting HIV.

The centerpiece of the Gates $4 billion caper is a "self-injection" syringe—a plastic bubble attached to a needle—for administering Depo-Provera. Through PATH, Gates will distribute these devices, costing $1 per three-month dose, to 120 million women in sixty-nine of the world's poorest countries. With contributions that Gates plans to squeeze from those governments, these lucky ladies will pay little or none of the cost. Pfizer could potentially earn approximately $36 billion in sales resulting from an unprecedented Bill & Melinda Gates Foundation (BMGF) investment of $560 million, totaling $4.3 billion with government contributions—that promotes Depo-Provera as the optimum contraceptive for women of color and low-income women."

The International Finance Facility for Immunization (IFFI) is a shady agency that finances Bill Gates's global vaccine enterprises in developing nations through a diabolically innovative bond issuance scheme that runs up huge debts in poor countries to finance Gates's self-serving vaccines. Using sleight of hand, IFFI enriches Gates's pharma partners with Western financial bonds by passing the costs to future generations in poor countries. USAID Director Rajiv Shah raised $5 billion through this swindle for GAVI.

Gates and his confederates are tricking African women into taking the contraceptive by deceiving them about its safety and lying about its efficacy against diseases that disproportionately harm Blacks—something Pfizer executives could go to jail for. Gates's willing partner in this fraud is USAID.

On November 6, 2014, four years after Gates pledged at a TED Talk to use vaccines to lower birth rates, medical researchers and doctors associated with the Kenya Conference of Catholic Bishops (KCCB) and the Kenya Catholic Health Commission accused WHO, UNICEF, and GAVI of secretly conducting a mass sterilization program against Kenyan women, under the veil of eradicating tetanus disease. Catholic medical personnel made similar accusations about WHO's tetanus projects in Tanzania, Nicaragua, Mexico, and the Philippines. Following indignant denials of all such accusations, and obligatory denunciations against its accusers, WHO grudgingly admitted it had been developing the sterility vaccines for decades.

The US Agency for International Development (USAID) conducted a decades-long partnership with the Population Council and cultivated long-term alliances with the Rockefeller Foundation and the WHO researching the use of fertility controls to reduce world population, especially in sub-Saharan Africa. In 1974, USAID and WHO collaborated on the creation of a top-secret "Kissinger Report." Henry Kissinger—whose patron was Nelson Rockefeller and whose career was deeply enmeshed with the Rockefeller Foundation—drafted the classified White Paper, which became official US policy under President Gerald Ford in 1975. That report, known as the US National Security Study Memorandum outlined the geopolitical incentives for reducing population growth in "less developed countries" (LDCs) to near zero by "reducing fertility" so as to safeguard the economic interests of the United States and other industrialized nations in imported mineral resources.

Polio Vaccine

Following his seminal meeting with Dr. Fauci in 2000, Gates launched a global polio vaccine campaign, pledging $450 million through BMGF of a $1.2 billion total and promising to eradicate polio by decade's end. Improved nutrition, disease management, and UNICEF's vaccine program had "vanquished" polio in India in 2011, meaning that the disease occurred in fewer than 300 people per year. WHO declared the malady eradicated after its five-year near-absence in 2016. By that year, polio affected only about 2,000 sufferers globally.

Even the high-end polio vaccines used in Western nations are linked to injuries and illnesses that dwarf historical harms from polio. A short list of these include the highly contagious SV-40 monkey virus that scientists believe is responsible for the explosion of deadly soft tissue cancers in baby boomers and the Chimpanzee coryza agent that entered polio vaccines at the Walter Reed Hospital laboratories in 1955 dcfrand caused the devastating pandemic of respiratory syncitial virus (RSV) that the WHO estimates today causes 3 million hospitalizations annually and 60,000 deaths in children under five and 14,000 deaths among adults sixty-five years and older.

To complicate these problems, the low-rent polio vaccines Gates uses in Africa and Asia are dramatically different from those used in Western countries. The BMGF committed more than $1 billion pushing an oral polio vaccine (OPV) that contains a live polio virus across the global South. This live virus can replicate inside a child's gut and spread in regions with substandard sanitation and plumbing. That means people can contract the virus from the vaccine.

Gates's program created windfall profits for pharmaceutical behemoths that could not market such dangerous products in Western countries. Under his control, India's vaccine oversight panel, the National Advisory Board (NAB), mandated an astonishing barrage of fifty polio vaccines (up from five) for each child in several key Indian provinces before they reached the age of five.

Indian doctors blame the Gates campaign for a devastating vaccine-strain epidemic of acute flaccid myelitis—a disease formerly classified as "polio"—that paralyzed 491,000 children in these provinces between 2000 and 2017, in direct proportion to the number of polio vaccines that Dr. Gates's minions administered in each area. The disillusioned Indian government dialed back Gates's vaccine regimen and evicted Gates's cronies and PIs from the NAB. Polio paralysis rates dropped precipitously.

The most frightening epidemics in Congo, the Philippines, and Afghanistan are all linked to the vaccines Gates promoted. Polio had disappeared altogether from each of those nations until Gates reintroduced the dreaded disease with his vaccine. Other vaccine-strain polio outbreaks occurred in China, Egypt, Haiti, and Malaysia.

After squandering half of its total budget on the polio epidemic—at Gates's direction—the WHO reluctantly admitted that the global polio explosion is predominantly vaccine strain, meaning it is happening because of Gates's vaccine program. By 2018, the WHO conceded, 70 percent of global polio cases came from Gates's vaccines.

Polio kills far fewer people in developing regions than scourges such as malaria, TB, malnutrition, and the greatest killer: dysentery from deficient water supplies. When Gates first floated his dream of eradicating polio, developing nations feared a diversion of resources towards an area where the money was least warranted.

Gates' imperviousness to self-assessment allows him to treat the hundreds of thousands of casualties of his policies as acceptable collateral damage in his self-serving schemes for humanity. His strategic investments have made him immune to criticism by the media and the scientific community, and so, despite these atrocities, the Gates Foundation steers WHO like a rogue destroyer floundering forward full speed ahead through the mayhem, and the carnage of dead and paralyzed children whose ruined lives bob in their wake.

HPV Vaccine

In 2009 and 2012, the Gates Foundation funded tests of experimental HPV vaccines, developed by Gates's partners GSK and Merck, on 23,000 girls 11–14 years old in remote provinces of India. These experiments were part of Gates's effort to bolster those companies' sketchy claims that HPV vaccines protect women against cervical cancer that might develop in old age. Since deaths from cervical cancer occur on average at age 58 in the United States and affect only 1/40,000 women, and since virtually all these deaths are preventable with early detection by Pap smears, any vaccine given to young girls to prevent the low risk of preventable death half a century from now ought to be 100 percent safe—and this vaccine isn't even close.

Gardasil, a HPV vaccine, has been a top seller for Merck, earning total global sales of $1.2 billion in 2011, a windfall for the company floundering to recover from a $7 billion court settlement related to criminal charges that the company had knowingly killed between 100,000 and 500,000 Americans by defrauding customers about the safety of its blockbuster pain pill, Vioxx. Merck's executives

nicknamed the HPV vaccine "Help Pay for Vioxx" and fast-tracked it to market after shoddy safety tests under pressure from Wall Street analysts itching to downgrade Merck's "buy" recommendations.

At least 1,200 of the girls in Gates's study—1 in 20—suffered severe side effects, including autoimmune and fertility disorders. Seven died—about 10x the US death rates for cervical cancer, which almost never kills the young. Gates provided health insurance for his PATH staff but not to any participants in the trials, and refused medical care to the hundreds of injured girls.

Prior to COVID-19, Gardasil was the most dangerous vaccine ever licensed, accounting for some 22 percent of cumulative injuries from all adverse events reported to the US Vaccine Adverse Events Reporting System (VAERS). During clinical trials, Merck was unable to show that Gardasil was effective against cervical cancers. Instead, the studies showed the vaccine actually increases cervical cancer by 46.3 percent in women exposed to HPV prior to vaccination—perhaps one-third of all women. According to Merck's clinical trial reports, the vaccine was associated with autoimmune diseases in one out of every thirty-nine women. Since introduction of that vaccine in 2006, thousands of girls have reported debilitating autoimmune diseases, and cancer rates have skyrocketed in young women.

Gates's strong patronage of HPV vaccines (Gardasil and Cervarix) deepened suspicions that he was weaponizing vaccination against human fertility. Merck's clinical trials showed strong signals for reproductive harm from Gardasil. People in the study suffered reproductive problems including premature ovarian failure at ten times background rates. Female fertility has dropped precipitously beginning in 2006 in the United States, coterminous with Gardasil uptake. Historical drops in fecundity have occurred in every nation with high Gardasil uptake.

Hepatitis B

The conspiracy by GAVI, WHO, and UNICEF to force India to mandate hepatitis B vaccines is yet another illustration of how, under Bill Gates's hegemony, vaccine industry profits trump public health. The WHO initially recommended hepatitis B vaccination only in countries with high incidence of hepatocellular carcinoma (HCC), the species of liver cancer that the vaccine promises to abolish. Since HCC is rare in India, the country did not qualify under WHO's initial criteria. WHO's policy meant the vaccine manufacturers would lose a market of 1.3 billion people.

The main causes of death in India are diarrhea, respiratory infections, and malnutrition. Should immunization against hepatitis B take priority over provision of clean drinking water? Indian physicians argued against immunizing 25 million babies each year to theoretically prevent 5,000 cases of HCC. Anticancer vaccines are poor performers, and there is not even meager proof that the vaccine can prevent *any* cancers.

Gates, through his surrogates at GAVI, PATH, and WHO successfully arm-twisted the Indian government in 2007–8 into introducing the hepatitis B vaccines. GAVI pushed WHO to change the official policy to a universal recommendation, meaning that even countries with low disease burdens would be required to vaccinate.

The study of Gates's forced introduction of hepatitis B vaccines in India showed that the vaccine did not reduce hepatitis B. The frequency of chronic carriers was similar in the unvaccinated as in the vaccinated. The study further suggested that maternal immunity was protecting newborn babies from

infection at the time when they are most vulnerable to develop chronic carrier status and HCC, and that the vaccine program reduces this natural immunity.

WHO followed its hepatitis B debacle with a much weaker recommendation for vaccinations against Haemophilus influenzae type b (Hib). Once again, the Indian government caved in to Gates, and mandated Hib vaccines India, where Hib invasive disease was nearly nonexistent. Dr. Puliyel's commentary in the BMJ denounced Gates and GAVI for pushing Hib vaccine in developing countries and for falsifying the characterization of the research data.

Indian doctors were not impressed by the need for either Hib or hepatitis B jabs and seldom recommended them to patients. To overcome this problem, Pharma introduced a diabolically cunning strategy to euthanize three birds with one stone. The companies withdrew their flagging Hib and hepatitis B vaccines and reissued a new concoction that combined those immunizations with the DTP, which, despite its popularity, had become another sandbag on Big Pharma's profit ambitions.

By 2008, Pfizer's DTP patent was long expired, and there were sixty-three manufacturers making the vaccine in forty-two countries with large surpluses and very low margins. The new pentavalent vaccine—made by Gates's friend Cyrus Poonawalla, owner of the Serum Institute of India—costs Rs 550, a 1,440 percent increase in profits for every vaccine sold!

The Food and Drug Administration (FDA) has not licensed the combination vaccine for either safety or efficacy, and developed countries do not use it. A Cochrane meta-analysis showed that the combination is less effective than the vaccines given separately. Furthermore, the pentavalent vaccine is life-threatening to infants. In each country where it was introduced, unexplained deaths followed immunization. Gates and WHO simply trivialize the deaths as sad coincidences or collateral damage.

According to Amy Goodman, Gates owns investments in sixty-nine of the world's worst-polluting companies. His single-minded obsession with vaccines seems to serve his impulse to monetize his charity and to achieve monopoly control over global public health policy. His strategies and corporate alliances in the food, public health, and education sectors may also reflect messianic conviction that he is ordained to save the world with technology, top-down centralized cookie-cutter solutions to complex human problems, and a godlike willingness to experiment with the lives of lesser humans.

Early in 2021, a TV interviewer, Becky Quick, observed that Gates had spent $10 billion on vaccines over the past two decades and asked Gates, "You've figured out the return on investment for that and it kind of stunned me. Can you walk us through the math?" Gates responded: "We see a phenomenal track record . . . there's been over a 20-to-1 return."

HYPING PHONY EPIDEMICS: "CRYING WOLF"

"Governments do like epidemics, just the same way as they like war, really. It's a chance to impose their will on us and get us all scared so that we huddle together and do what we're told." —Dr. Damien Downing, President, British Society of Ecological Medicine (Al Jazeera, 2009)

In 1906, infectious disease caused a third of all annual deaths in the United States, and 800–1000 of every 100,000 Americans died of infectious disease. By 1976, fewer than fifty Americans per

hundred thousand died of infectious diseases, and CDC and NIAID were under extreme pressure to justify their budgets.

1976 Swine flu

In the August 2020 *Rolling Stone*, Gerald Posner, author of *Pharma: Greed, Lies, and the Poisoning of America*, recounted how Merck and other manufacturers utilized their secret meeting with the regulators to hatch a scheme that would guarantee industry profits while shielding Pharma from liability. Pharma and NIAID told Congress, the White House, and the public that the Fort Dix swine flu was the same strain responsible for the 1918 Spanish flu pandemic, which, they warned, had killed 50 million people worldwide. They were lying; scientists at Fort Dix, the CDC, and HHS knew that H1N1 was an ordinary pig virus posing no risk for humans.

Working with the pharmaceutical companies, NIAID, CDC, and Merck persuaded incoming president Gerald Ford to sign a bill appropriating $135 million for vaccine manufacturers to inoculate 140 million Americans against the pestilence. In the end, the actual number of pandemic swine flu casualties in 1976 was not 1 million, but one.

According to news accounts, the incidence of flu was seven times greater among the vaccinated than the unvaccinated. Furthermore, the vaccine caused some 500 cases of the degenerative nerve disease Guillain-Barré Syndrome, 32 deaths, more than 400 paralyzations, and as many as 4,000 other injuries. Injured plaintiffs filed 1,604 lawsuits. By April 1985, the government had paid out $83,233,714 and spent tens of millions of dollars adjudicating and processing those claims. The 1976 swine flu event was the first time that the federal government agreed to serve as pharma's insurer. In 1986 they made swine flu vaccine template the model for the National Childhood Vaccine Injury Act, which shielded *all* mandated vaccines from liability.

NIH's influenza and flu vaccine expert senior bacteriologist and virologist Dr. John Anthony Morris had informed his HHS bosses that the flu scare was a farce and that NIAID's campaign was a boondoggle to promote a dangerous and ineffective flu vaccine for a greedy industry. Finally, after months of threats and petty harassment, HHS fired Morris for insubordination, citing a long list of drummed-up charges.

Up until his death in July 2014, Dr. Morris remained an outspoken critic of CDC's annual flu shot program. In 1979, Dr. Morris told the *Washington Post*, "It's a medical rip-off. . . . I believe the public should have truthful information on the basis of which they can determine whether or not to take the vaccine. . . . I believe that given full information, they won't take the vaccine. "The producers of these [influenza] vaccines know they are worthless, but they go on selling them anyway."

2005 Bird Flu

Dr. Fauci had been warning the world about the imminent bird flu pandemic since 2001. He had forecast a bird-to-human transmission of an influenza scourge that would decimate global populations. In 2005, Dr. Fauci crowed that his long-awaited bird flu had finally arrived.

Neil Ferguson, the epidemiologist who later produced the wildly exaggerated COVID-19 death forecasts that helped ratchet up the COVID-19 fear campaign and rationalize draconian lockdowns,

was at the heart of the earlier fiasco involving avian flu, generated around the delusory fear that the virus would cross the species barrier. He predicted that up to 150 million people could be killed from the bird flu. In the end, only 282 people died worldwide from the disease.

In response to Dr. Fauci's lathered forecasts, the White House unveiled a Christmas list for the Bush family's favorite medicine man, including $7.1 billion to protect Americans from his avian plague. Bush also demanded that Congress pass the "Biodefense and Pandemic Vaccine and Drug Development Act of 2005" granting liability relief to vaccine manufacturers. The pharmaceutical firms told the White House that they would refuse to manufacture vaccines without an impervious shield from tort liability.

Dr. Fauci trotted out his reliable old chestnut that the new version of the bird flu could be as lethal as the 1918 Spanish flu epidemic. Dr. Fauci had reason to know that this weary bogeyman was a canard. In 2008, he coauthored a study for the *Journal of Infectious Disease* confessing that virtually all of the "influenza" casualties in 1918 did not actually die from flu but from bacterial pneumonia and bronchial meningitis, which are, today, easily treated with antibiotics unavailable in 1918.

2009 Hong Kong Swine Flu

In 2009, Fauci once again hyped a fraudulent epidemic. The WHO—by then under control of pharma and its emergent funder, Bill Gates—declared a swine fu pandemic. WHO's declaration activated $18 billion worth of sleeper contracts that WHO—and Gates's other organizations—had pressured various African and European countries to sign with GlaxoSmithKline and other pharmaceutical companies. These secretive agreements obliged signatory nations to purchase 18 billion dollars of various experimental, untested fast-tracked zero-liability H1N1 flu vaccines, most notably Glaxo's product, Pandemrix, in the event that the WHO declared a Class 6 pandemic. Then, just in time to trigger the sleeper contracts, WHO—in a sleazy switcheroo—changed the definition of Class 6 "pandemic" deleting the words and the requirement for "mass deaths around the globe." "You could now have a pandemic with zero deaths," explained Michael Fumento in *Forbes* magazine.

WHO's pandemic declaration forced five European and several African countries to purchase millions of doses of Glaxo's dangerous pandemic vaccine, earning Glaxo a cool and fast $13 billion. WHO violated its own rules by not publicly disclosing the conflicts among its key advisers when it drew up the guidelines. Contemporary news accounts identify Dr. Fauci as the chief proponent of the multibillion-dollar fast-track H1N1 flu vaccine given that year to millions of Americans.

By October 2009, many people were complaining of a wave of devastating illnesses from the flu shots. From the beginning of their concocted pandemic, Dr. Fauci and other trusted public health officials had stressed that pregnant women were at a special risk from the swine flu compared to the seasonal flu. This was a lie, but terrified mothers queued up in droves to get the jab. Many of them would regret their choice. Research by Goldman in 2013 documented an elevenfold increase in fetal loss reports following the 2009–2010 pandemic flu season when pregnant women received two seasonal flu vaccines during pregnancy, and the H1N1 vaccine. A 2017 CDC study links miscarriage to flu vaccines, particularly in the first trimester. In women who had received the H1N1 vaccine in the previous flu season, the odds of having a miscarriage within twenty-eight days were 7.7 times greater than in women who did not receive a flu shot during their pregnancy.

Dr. Fauci went on to explain, "The H1N1 pandemic flu vaccine is made exactly the same way by the same manufacturers with the same processing, the same materials, as we make seasonal flu vaccine, which has an extraordinarily good safety record." Two months after Dr. Fauci made these public assurances, an explosion of grave side effects, including miscarriages, narcolepsy, and febrile convulsions, was causing carnage in multiple countries.

Epidemiologist Dr. Wolfgang Wodarg, chairman of the Health Committee, of the Parliamentary Assembly of the Council of Europe (PACE), declared that the 2009 "false pandemic" was "one of the greatest medicine scandals of the century." The director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr. Ulrich Kiel, labeled the pandemic a meticulously planned hoax. "We are witnessing a gigantic misallocation of resources ($18 billion so far) in terms of public health."

As usual, there was no investigation of Dr. Fauci or the other medical officials who choreographed this multibillion-dollar fraud. The pharmaceutical companies walked away with billions, sticking governments and taxpayers with the ruinous cost of compensating flu shot injuries.

2016 Zika

In March of 2016, Dr. Fauci again misled the public—this time into believing that the Zika virus was causing an epidemic of microcephaly among newborn babies in Brazil. One thing we know for sure: Zika doesn't cause microcephaly. Dr. Fauci had to have learned this. Zika was endemic to Central America and much of South Asia for many generations with no reported association with microcephaly.

Dr. Fauci's critics claimed that an experimental DPT vaccine administered to pregnant women in 2015–2016 in the slums of northeast Brazil was the likely culprit for the wave of microcephaly. Extensive use of highly toxic pesticides in that corner of the nation may have also contributed. They accused Dr. Fauci of pointing the finger at Zika to distract attention from the more likely culprits, and to extract billions of dollars from Congress to develop yet another chimeric vaccine. By fanning the flames of pandemic panic, Dr. Fauci, buttressed by his partner Bill Gates, requested an additional nearly $2 billion congressional appropriation to NIAID to develop a Zika vaccine. Dr. Fauci funneled $125 million to a new Cambridge, Massachusetts, startup then called Moderna Therapeutics, to develop an mRNA vaccine for Zika.

Fauci also put $18 million into a project with the Wellcome Trust to fund a US-owned company, Oxitec, headquartered in the UK, to release millions of genetically modified mosquitoes in Brazil and the communities to exterminate the mosquito species blamed for spreading Zika.This was a follow-up to an even slightly more sinister 2008 Gates-funded study by Professor Hiroyuki Matsuoka in Japan to engineer mosquitoes that can act as "flying syringes" to inject malaria vaccine into people—both the willing and the unwilling. In 2021, Gates would expand on this macabre project by investing $25 million in an effort to genetically modify mosquitoes to stealthily deliver coronavirus vaccine to the vaccine-hesitant. I'm not joking.

Peaking at a high of about 5,200 cases in 2016, the United States has recorded a total of about 550 Zika cases since then, with roughly 80 percent of those occurring in 2017. The disease never spread beyond Florida and Texas, and no cases of Zika-associated microcephaly ever materialized. In 2019, health officials reported only 15 cases of Zika in the United States, all of them microcephaly-free.

The Mayo Clinic, meanwhile, reported in December that, despite Dr. Fauci's $2 billion expenditure, there is no functional vaccine for the disease.

2016 Dengue

The Gates/Fauci Zika scam squandered billions of taxpayer money. But the Gates/Fauci dengue vaccine collaboration had a far graver outcome: this time, their "lifesaving vaccine" was a deathtrap in a syringe. Only a month after Fauci's agency filed its first of 305 patent applications in November 2003 toward development of mutations useful for attenuating dengue viruses, the Gates Foundation announced a $55 million grant to support the Pediatric Dengue Vaccine Initiative.

Dr. Ralph Baric, the gain-of-function guru, was the American darling of both NIAID and the Defense Advanced Research Project Agency (DARPA). His lab at UNC–Chapel Hill received $726,498 from the Gates Foundation for using recombinant dengue viruses to advance dengue vaccine development. Originating in February 2015, the three-year grant was scheduled to conclude early in 2018. But, early on, NIAID's clinical trials in Brazil showed signals of "pathogenic priming." Omitting any mention of the danger signals, Dr. Fauci proclaimed in January 2016 that the project would proceed.

Infectious disease experts and health regulators had recognized the deadly potential of pathogenic priming since the 1980s, when one study showed that "more severe responses were found to be 15–80 times more likely in secondary dengue infections than in primary infections." In 2004, an experimental MERS vaccine had produced robust antibody response in children during an NIH trial and then catastrophic illness and death when researchers exposed the children to wild virus. Similarly in 2012 and 2014, a collaborative of Chinese and US researchers had developed coronavirus vaccines that produced antibodies in ferrets and cats, and then killed them when they encountered the actual wild coronavirus.

With Gates Foundation support, the French pharma company Sanofi Pasteur spent twenty years and some $2 billion to develop Dengvaxia, testing the vaccine in several large trials on over 30,000 children globally. Some children who caught dengue after receiving the vaccination experienced dramatically worsened symptoms. For kids never before exposed to dengue, Dengvaxia also appeared to increase the lifelong risk of a deadly complication known as plasma leakage syndrome, which catapults a person into profound shock before killing them. Without waiting for the research, in April, 2016, Bill Gates's minions at WHO moved to recommend Dengvaxia for all children ages 9 to 16.

When Dr. Scott Halstead, who studied dengue for more than fifty years with the US military, read the clinical safety data trial, he immediately knew something was very wrong. Confirming his fears, a year and a half later, Sanofi made the alarming admission that Dengvaxia did indeed increase the risk of hospitalization and cytoplasmic leakage syndrome. By this time, health officials had already inoculated some 800,000 Filipino children. At least 600 had died.

The Philippine Public Attorney indicted fourteen Philippines government officials and six Sanofi executives for criminal homicide. Accustomed as he was to this sort of collateral damage in his war against the bugs, Dr. Fauci put a sunny face on the dead children, telling the Wall Street Journal in January 2018, "We do not think this is going to be a showstopper in any way or form." Although, he added, "clearly there's going to be not as smooth a trip." Operating on his consistent strategy that the

best defense is a good offense, Dr. Fauci announced full speed ahead in Dengvaxia trials in Brazil—pathogenic priming be damned!

Conclusion: "The development of highly effective and safe vaccines for COVID-19 should consider aspects such as the possibility of ADE and other adverse effects previously observed with SARS and MERS. Even though these features have only been seen in some animal models and vaccination regimens, the possibility is still there to be considered for COVID-19." In April 2020, soon after the COVID-19 pandemic began, vaccine tycoon and Merck spokesperson, Dr. Paul Offit, Director of the Vaccine Education Center at Philadelphia's Children's Hospital, warned about similar effects from a SARS-CoV-2 vaccine. "In children who've never been exposed to dengue before, [it] actually made them worse when they were then exposed to the natural virus. Much worse, causing something called dengue hemorrhagic shock syndrome. Children died, vaccinated children who were less than 9 years of age."

Pandemic Championships

The compelling evidence suggesting that COVID-19 emanated from a Fauci-funded Little Shop of Horrors in Wuhan, China, raises the ironic possibility that the man whom two US presidents have charged with leading the global response to the COVID-19 pandemic may be the same man who spawned it. Dr. Fauci's peculiar decisions to defy President Obama's 2014 gain-of-function moratorium, to dodge NIH's internal safety review committee, to launder money to Chinese scientists with military affiliations through a sketchy bioweapons grifter, to finance criminally reckless experiments minting souped-up pathogens in a shabby Chinese lab with lax safety protocols. Are we justified in asking ourselves whether Tony Fauci, after decades of concocting toothless pandemics, was finally peppering the wig? But putting aside Dr. Fauci's involvement with Wuhan and his decades of fashioning flop contagions, we must acknowledge that in 2020, he finally hit the jackpot with COVID-19. Among the more revealing documents in Dr. Fauci's June 2021 email dump is a rough schematic that Dr. Fauci signed "Tony F." depicting a March Madness–style tournament bracket scoring the pestilential contestants during two decades of mostly phony contagions. COVID-19 finally emerges as champion.

GERM GAMES

Following the collapse of the Soviet Union in 1988–1991, the military-industrial complex began rummaging about for a more reliable enemy to permanently justify its hefty share of the GDP. Beginning with the first World Trade Center bombing in 1993 and culminating in 9/11, Islamic terrorism replaced the Soviets as the essential adversary in US foreign policy. But terrorism had its own shortfall, namely, the challenge of sustaining public fear sufficient to justify spending substantial portions of GDP to meet a threat that killed fewer Americans annually than lightning strikes. By 1999, some farsighted Pentagon planners were already looking ahead to the more exuberant and sustainable prosperity that would come with a war on germs.

Robert Kadlec played an historic leadership role in fomenting the contagious logic that infectious disease posed a national security threat requiring a militarized response. In 1998, Kadlec created an internal strategy paper for the Pentagon, promoting the development of pandemic pathogens as a stealth weapon that the Pentagon could deploy against its enemies without leaving fingerprints. Biological weapons under the cover of an endemic or natural disease occurrence provides an attacker

the potential for plausible denial. Biological warfare's potential to create significant economic losses and consequent political instability, coupled with plausible deniability, exceeds the possibilities of any other human weapon.

Kadlec's simulations, and over a dozen that would succeed it over the next twenty plus years—many under Bill Gates's direction—shared common features. None of them emphasized protecting public health by showing Americans how to bolster their immune systems, to eat well, to lose weight, to exercise, to maintain vitamin D levels, and to avoid chemical exposure. None of these focused on devising the vital communications infrastructures to link frontline doctors during a pandemic or to facilitate the development and refinement of optimal treatment protocols. None of these dealt seriously with the need to identify off-the-shelf (now known as "repurposed") therapeutic drugs to mitigate fatalities and to shorten a pandemic's duration. None of them considered ways to isolate the sick and protect the vulnerable. None of them questioned the efficacy of masks, lockdowns, and social distancing in reducing casualties. None of them engaged in soul-searching about how to preserve constitutional rights during a global pandemic. Instead, the simulations war-gamed how to use police powers to detain and quarantine citizens, how to impose martial law, how to control messaging by deploying propaganda, how to employ censorship to silence dissent, and how to mandate masks, lockdowns, and coercive vaccinations and conduct track-and-trace surveillance among potentially reluctant populations.

While terrorists could destroy key buildings and airliners, the biosecurity narrative warns that pathogens could enter any American home and invisibly slay its occupants. The topic of "infectious diseases" suddenly became the most effective way to open government pockets.
After the anthrax attacks, "vaccines" suddenly became a euphemism for bioweapons and a ticket back to deep water for a beached biowarfare industry. Military planners at the Pentagon, BARDA, DARPA, and the CIA (through USAID) began pouring money into "gain-of-function" experiments. "Dual use" research was suddenly in vogue.

Advanced Technology International (ATI), a defense contract management firm, became the vector through which the government arranged at least $6 billion of secretive Operation Warp Speed vaccine contracts with Pfizer, Bill Gates's Novavax vaccine, Johnson & Johnson, and Sanofi. Those contracts, comprising the majority of Operation Warp Speed's $10 billion budget, suggest a deep CIA involvement with the COVID-19 vaccine enterprise's cozy deals with Big Pharma.

As assistant secretary for Preparedness and Response with HHS, Robert Kadlec personally signed off on those sweetheart deals. The terms allow Operation Warp Speed to completely "bypass the regulatory oversight and transparency of traditional federal contracting mechanisms," as *NPR* put it. In a January 2021 exposé, the *New York Times* dug into Kadlec's secretive vaccine contracts, observing that "available documents . . . suggest that drug companies demanded, and received, flexible delivery schedules, as well as patent protection and immunity from liability if anything goes wrong.

Project for a New American Century (PNAC)'s core doctrine was that, as the Cold War victor, America and US-based multinationals—particularly petroleum and pharmaceutical companies—had earned the right to rule the world for a century or so. Lewis "Scooter" Libby, a PNAC founder and key visionary and promoter of America's 100-Year Reich, was an early champion of the modern biosecurity agenda. Libby joined Robert Kadlec's Blue Ribbon Panel for Biodefense (BRPB), which promotes: biosecurity as the fulcrum of US foreign policy, the twenty-first century as the age of US empire, and mass vaccination as a foreign policy tool. Libby also serves as senior vice president of

the Hudson Institute, a think tank with deep connections to the pharmaceutical industry, Monsanto, and the CIA.

The pervasive CIA involvement in the global vaccine putsch should give us pause. There is nothing in the CIA's history, in its charter, in its composition, or in its institutional culture that betrays an interest in promoting either public health or democracy. The CIA's historical preoccupations have been power and control. The CIA has been involved in at least seventy-two attempted and successful coups d'état between 1947 and 1989, involving about a third of the world's governments. Many of these were functioning democracies. The CIA does not do public health. It does not do democracy. The CIA does coups d'état.

The CIA had a long, sordid history of secretly promoting the US bioweapons program. One of the agency's first projects was establishing a network of so-called "ratlines" that Army intelligence officers used to smuggle some 1,600 chemicals and bioweapons and WMD experts—many of them Nazi Party kingpins and notorious war criminals—out of the reach of the Allies' Nuremberg prosecutors following World War II. The directors of a notorious operation, code-named Paperclip, provided these researchers with new identities and put them to work developing US germ warfare capacity.

In 2004, with Kadlec now working for Secretary Rumsfeld at the Bush White House, Congress passed the Public Health Security and Bioterrorism Preparedness Act—which Kadlec drafted—directing the secretary of HHS to maintain a "Strategic National Stockpile (SNS)" managed jointly by DHS and HHS. Kadlec's statute authorized the purchase of $5 billion of matériel—including vaccines—for the stockpile. The same week, Congress passed the Project BioShield Act—which Kadlec also helped draft—launching the Biomedical Advanced Research and Development Authority (BARDA), a government-operated investment bank that would germinate new technologies for Kadlec's stockpile. With Kadlec's guidance, BARDA would become a federal ATM machine for Big Pharma, biodefense contractors, and gain-of-function researchers.

Despite the fact that the SARS coronavirus outbreaks between 2002 and 2004 collectively killed only 800 people globally, they were a godsend to Dr. Fauci. The NIAID Director ignored the most compelling caveat from those incidents: the fact that coronavirus lab escapes in China, Taiwan, and Singapore had precipitated several of the outbreaks. By that time, the escalating intramural arms race to capture Pentagon, CIA, BARDA, DARPA, and HHS biosecurity funding was pulling the military, CIA, and NIAID deeper and deeper into the dicey alchemy of "gain-of-function research" that would ultimately culminate inside the BSL-4 Pandora's box in Wuhan.

DARPA was, perhaps, the largest funder of gain-of-function research, outstripping even Dr. Fauci's NIH in some years. In 2017 alone, DARPA laundered at least $6.5 million through Peter Daszak's EcoHealth Alliance to fund experiments at the Wuhan lab. Beginning in 2013, DARPA also financed the key technologies for the Moderna vaccine.

The US biodefense budget went from $137 million in 1997 to $14.5 billion for 2001–2004. Between 2001 and 2014, the United States spent around $80 billion on biodefense. Since germ weaponry was still illegal, vaccines became a critical euphemism for the revival of the multibillion-dollar bioweapons industry. Dr. Fauci was openly competing with the military in an escalating campaign to soak the taxpayers using the risk posed by anthrax as a pretext. NIAID's biodefense budget alone increased sixfold between 2002 and 2003—from $270 million to $1.75 billion.

The mailing of anthrax introduced Americans to a new enemy more frightening than garden-variety terrorism. Within five months following the anthrax postal incidents, Dr. Fauci had created two new sub-agencies to capture his share of the cheese: the NIAID Strategic Plan for Biodefense Research and the NIAID Biodefense Research Agenda for CDC Category A agents, which were those microorganisms designated by CDC to be potential pandemic pathogens. To populate the sub-agencies, he assembled a cadre of his loyal deputies and infectious disease principal investigators from the HIV bonanza. Their mission was to brand contagions as pressing terror threats, drum up pandemic panic, and lobby for government support for NIAID's new battery of biodefense vaccinations. Dr. Fauci's pivot to conflate infectious disease with terrorism proved a milestone inflection point in the militarization of pandemic response and in overcoming the traditional revulsion among Western democracies—codified in the Nuremberg Charter—against coercive medical interventions.

Almost half of the Strategic National Stockpile's half-billion-dollar annual budget prior to 2020 went to Emergent's two anthrax vaccines, despite Emergent's experimental and notoriously dangerous anthrax vaccine NuThrax's failure to win FDA approval. The cost, according to the *New York Times*, "left the government with less money to buy supplies needed in a pandemic." The anthrax deal was exceptionally ridiculous, since antibiotics are a far safer, more elegant, and more useful defense against anthrax. The prescribed remedy, ciprofloxacin, is a cheap, commonly used antibiotic that Tony Fauci himself recommended after the 2001 postal incidents.

After Emergent ruined 15 million Johnson & Johnson COVID-19 vaccines due to quality-control mishaps at its poorly managed production facility, Congress launched an investigation into whether Emergent used high-level connections to get billions of dollars in federal contracts despite a history of failing to deliver satisfactorily on it's contracts. The *Times* published another extensive expose reporting the Emergent had not yet been able to produce a single dose of any COVID-19 vaccine. The FDA stepped in after inspecting the facility and ordered Emergent to halt all production of materials for COVID-19 vaccines. HHS ordered Emergent to discard millions of contaminated doses. Instead, in March 2021, the company shipped millions of doses of its defective vaccines to Canada, Europe, South Africa, and Mexico. Emergent's political invincibility left the company unbowed by all those scandals. In July 2020, Emergent announced a five-year, $450 million deal to manufacture COVID drugs for Johnson & Johnson.

In September 2019, less than a month before COVID began circulating, the Gates Foundation made a $55 million pre-IPO equity investment in BioNTech. The company had never brought a single product to market. Soon afterward, the German government followed Gates with a $445 million infusion into BioNTech. On July 21, 2020, when Robert Kadlec committed Operation Warp Speed to a $2 billion purchase of 100 million doses of BioNTech/Pfizer's COVID-19 vaccine, the company's stock value soared, with Bill Gates's equity shares increasing to an evaluation of $1.1 billion. Bill Gates also owned a large stake in remdesivir's manufacturer, Gilead.

Kadlec supported Dr. Fauci's pet project, Moderna, the mRNA jab caper that Dr. Fauci and Bill Gates considered their Holy Grail. In mid-April 2020, Kadlec arranged for BARDA to provide Moderna up to $483 million to accelerate the Fauci/Gates vaccine's development and manufacturing.

How War Games Became Instruments for Imposing Obedience

Dark Winter, Atlantic Storm, and Global Mercury were three of over a dozen Germ Games staged by military, medical, and intelligence planners leading up to COVID-19. Each of these Kafkaesque

exercises became uncanny predictors of a dystopian age that pandemic planners dubbed the "New Normal." The consistent feature is an affinity among their simulation designers for militarizing medicine and introducing centralized autocratic governance. Each rehearsal ends with the same grim punchline: the global pandemic is an excuse to justify the imposition of tyranny and coerced vaccination. The repetition of these exercises suggests that they serve as a kind of rehearsal or training drill for an underlying agenda to coordinate the global dismantlement of democratic governance.

After 9/11, the rising biosecurity cartel adopted simulations as signaling mechanisms for choreographing lockstep response among corporate, political, and military technocrats charged with managing global exigencies. Scenario planning became an indispensable device for multiple power centers to coordinate complex strategies for simultaneously imposing coercive controls upon democratic societies across the globe. Virtually all of the scenario planning for pandemics employ technical assumptions and strategies familiar to anyone who has read the CIA's notorious psychological warfare manuals for shattering indigenous societies, obliterating traditional economics and social bonds, for using imposed isolation and the demolition of traditional economies to crush resistance, to foster chaos, demoralization, dependence and fear, and for imposing centralized and autocratic governance.

In particular, the exercises incorporate psyop techniques gleaned from the notorious "Milgram Obedience Experiments." In those 1960s exercises, Yale social psychology professor Dr. Stanley Milgram was able to show that researchers could formulaically manipulate "ordinary citizens" from all walks of life to violate their own conscience and commit atrocities, so long as an authority figure (a doctor in a white lab coat) ordered them to do so. Of Milgram's forty subjects, some 65 percent administered the full-bore 450-volt shocks they had been told were potentially fatal to their fellow volunteers.

In an equally important revelation, the CIA mind-control experiments identified social isolation as the primary protocol for controlling societal and individual behavior, finding: "the effect of isolation on the brain function [on an individual] is much like that which occurs if he is beaten, starved, or deprived of sleep." "There is robust evidence that social isolation significantly increases risk for premature mortality, and the magnitude of the risk exceeds that of many leading health indicators."

The various scenario-planning simulations provided a unique forum to convene key decision makers, and to introduce, and then to sanction, with authoritative voices, previously unspeakable conduct that violated democratic and ethical norms. That conduct included the forced isolation and quarantine of entire populations, including the healthy; censoring free speech; violating privacy with track and trace surveillance systems; trampling property rights and religious freedoms; and obliterating traditional economies via nationwide business lockdowns, enforced masking, coercive medical interventions, and other assaults on human rights, civil rights, constitutions, and democracies. With each new simulation, the staccato repetition of the message by "trusted experts"—doctors in lab coats and authorities—reinforced the lesson that censorship, isolation, the militarization of medicine, totalitarian controls, and coercive vaccine mandates are the only appropriate response to pandemics. Scenario planning, in other words, is a potent brainwashing technique for creating and fortifying anti-democratic orthodoxies among key political leaders, the press, and the technocracy, and preparing the nation to tolerate a coup d'état against its Constitution without resistance.

Lockstep Simulation 2010

In early 2010, the same month Bill Gates delivered his Decade of Vaccines speech at the UN, Peter Schwartz authored a scenario report funded by the Rockefeller Foundation titled "Scenarios for the Future of Technology and International Development." A section called "Lockstep" reinforced the burgeoning orthodoxy that rigid global tyranny was the antidote to infectious disease. Schwartz's chilling document goes on to predict that citizens terrified by germs and orchestrated propaganda willingly relinquish their civil and constitutional rights. The population, Schwartz predicts, will not start rebelling against the new tyranny and authoritarian clampdowns for more than ten years.

Schwartz rose to run Stanford Research Institute's (SRI) Strategic Environment Center, at a time when SRI was hosting the CIA's notorious MKUltra program and actively researching psychological warfare including the sophisticated use of propaganda, torture, and psychiatric chemicals to shatter societies and impose centralized control.

Schwartz was one of the forces behind the founding of *Wired* Magazine, which became the central clearinghouse for intelligence agency chatter. In 2015, *Wired* emerged as a promoter of a particular brand of autism epidemic denial known as "Neurodiversity." By normalizing autism as "neurodiversity," this movement seeks to dilute autism numbers, deny the vaccine association, and promote the larger view that all vaccines are safe and vaccine injuries are the delusions of crackpots. This "movement" has spawned an army of "activist" trolls weaponized to attack autism researchers, advocacy groups, and even families of vaccine-injured children.

Wired is also the fountainhead of the equally sinister movement transhumanism, which advocates for the integration of human beings and machines. For the psychocivilized society, the complete joining of man and machine will be calculated according to a strict system, the so-called "biocracy." It will be impossible to escape this system of adaption because it will be articulated with so much scientific understanding of the human being. The individual will have no more need of conscience and virtues. His moral and mental furnishing will be a matter of the biocrats' decisions.

Wired gained snowballing prominence the early 2000s at the sometime that the CIA launched its notorious investment firm, In-Q-Tel, to infiltrate the tech industry and put Silicon Valley on steroids with easy terms and government contracts. Silicon Valley CEOs who accepted In-Q-Tel contracts would become some of the 4.8 million Americans subsequently pressured into signing CIA "State Secret Contracts," which subject signatories to twenty-year prison sentences, property forfeitures, and other draconian reprisals imposed by secret courts for even minor violations of arbitrary provisions. Once he signs that secrecy agreement, that Silicon Valley entrepreneur is now functionally the indentured servant of the agency. It binds him and his company for life, and the agreement itself is classified.

Training Day for Tyranny

By 2010, the Fauci/Gates partnership was spearheading the globalist biosecurity agenda. Bill Gates began partnering with military and intelligence planners to stage regular follow-up simulations. Each successive drill repeated the narrative of Schwartz's "Lockstep" scenario for different audiences of key power brokers. These exercises served as devices for planners to rehearse their schemes with critical functionaries and to coordinate communications and choreograph the actions of diverse government, industry, military, intelligence, energy, and financial power centers in their lockstep march to replace constitutional democracy with authoritarian plutocracy. The "global war" against

infectious diseases provided the rationale for oppressive government and corporate interventions. The arsenal for this war is the endless batteries of mandated vaccines to combat the diseases weaponized by gain-of-function experiments and marketed by sophisticated government/corporate propaganda.

MARS 2017

In May 2017, the health ministries for the world's wealthiest twenty (G20) nations assembled for the first time, gathering in Berlin to participate in a Joint Exercise Scenario with an imagined China responding to a contagion dubbed MARS, for "Mountain Associated Respiratory Virus." (Mars is also the Roman god of war.) In an hour-long documentary about that event, German journalist Paul Shreyer shows the health ministers intently studying the simulation exercises: "When we look at that picture," Shreyer says, "we might comprehend a bit better why in today's crisis, all or at least most of the countries are proceeding very coordinatedly, and why in every country, more or less the same is acted out. . . . They were given the same general recipes and procedural instructions that are now being realized in a synchronized way."

"SPARS 2017"

Five months later, "SPARS 2017" chronicled an imaginary coronavirus pandemic, precipitated by a bioterrorist attack, that that would run from 2025 to 2028, culminating in coercive mass vaccination of the global population. Gates's working group, which staged the exercise, was a collection of characters with deep connections to intelligence agencies and NIH. As Gates had promised, the preparations were analogous to "preparing for war."

The panelists role-played strategies for co-opting the world's most influential political institutions, subverting democratic governance, and positioning themselves as unelected rulers of the emerging authoritarian regime. They practiced techniques for ruthlessly controlling dissent, expression, and movement, and degrading civil rights, autonomy, and sovereignty. The Gates simulation focused on deploying the usual psyops retinue of propaganda, surveillance, censorship, isolation, and political and social control to manage the pandemic.

The official eighty-nine-page summary is a miracle of fortune-telling—an uncannily precise month-by-month prediction of the 2020 COVID-19 pandemic as it actually unfolded.
It instructs public health officials and other collaborators in the global vaccine cartel exactly what to expect and how to behave during the upcoming plague. It's difficult not to interpret this stunningly prescient document as a planning, signaling, and training exercise for replacing democracy with a new regimen of militarized global medical tyranny. The scenario directs participants to deploy fear-driven propaganda narratives to induce mass psychosis and to direct the public toward unquestioning obedience to the emerging social and economic order.

In the scenario, and now in real life, Federal health officials invoke the PREP Act to provide vaccine makers liability protection. Another company in this scenario receives an Emergency Use Authorization for a remdesivir-like antiviral named Kalocivir that federal officials previously evaluated as a therapeutic for SARS and MERS. This item seems to predict Dr. Fauci and Bill Gates's aggressive promotion of a failed Ebola drug, remdesivir, during the pandemic as "Standard of Care" for COVID-19.

This medical marvel meets resistance from several nuisance groups who complain that the companies have not adequately tested the jab. But government and industry leaders depicted in those eighty-nine pages have plans to silence and censor these dangerous elements and to crush all resistance. The SPARS team responds with a flood of propaganda to drown doubt with vaccine plugola, public shaming of the vaccine-hesitant, and patriotic appeals. While allies in government and the media boost public acceptance with propaganda, impose censorship, and muzzle dissent, Gates's minions recruit trusted "interlocutors," familiar community and medical leaders, to mollify the public that the experimental, unapproved, hastily tested, zero-liability vaccine is "safe and effective."

Laying Pipe for Totalitarianism

Gates was simultaneously building bridges with social media tycoons, including Amazon's Jeff Bezos, whose support he would need for his master plan. Like all totalitarian capers, Gates's gambit would require some book burning, and Bezos would be there to oblige. Beginning in March 2020, Amazon would outright ban or throttle the delivery of entire categories of books and videos that questioned official orthodoxies—including the scientific basis for the lockdown that would multiply Bezos's wealth by tens of billions.

In the finest Operation Mockingbird tradition, Bezos's *Washington Post* also pitched in, including a shrill yet adoring propaganda tract under the headline "Bill Gates calls on US to lead fight against a pandemic that could kill 33 million." That month Gates announced a $12 million Grand Challenge, in partnership with the family of Google's cofounder Larry Page, to accelerate developing a universal flu vaccine. Google's parent company, Alphabet, was already heavily investing in vaccine manufacturing start-ups and had signed a $76 million partnership with GlaxoSmithKline. Apparently anticipating rich returns to Big Tech from the lockdown he would orchestrate, Gates was, by then, among the largest shareholders of Amazon, Google, Facebook, and, of course, Microsoft.

At that juncture, zoologist and bioweapons expert Peter Daszak was acting as a conduit through which Tony Fauci, Robert Kadlec, the Pentagon (DARPA), and USAID were laundering grants to fund gain-of-function experiments, including at the Wuhan Institute of Virology Biosafety Lab. In 2018, the French government had warned US government officials that the Wuhan lab, which the French helped build, was shoddily maintained and inadequately staffed and secured. The French construction company, bioMérieux, which built the lab, had neglected to properly complete the negative airflow system—a critical piece of infrastructure to prevent the escape of viruses deliberately enhanced to create pandemics. Dr. Fauci ignored the warning. When in May 2021 I emailed bioMérieux's ex-CEO Stéphane Bancel, to ask him if he knew that his company had violated its contract to provide a functional system, he did not reply. Bancel by that time was CEO of Moderna and a partner of Bill Gates and Tony Fauci, operating a company that would be the primary beneficiary of the lab leak, quickly making Bancel's 9 percent stake worth over $1 billion and counting. In March 2019, eight months before COVID-19 began circulating, Bancel had reapplied for a patent for an mRNA technology for Moderna's new vaccine. The US patent office had previously rejected his application. But this time he approached the patent office with special urgency, expressing "a concern for reemergence or a deliberate release of the SARS coronavirus."

Clade X 2018

On May 15, 2018, inside the darkened ballroom of Washington's Mandarin Oriental Hotel, foreboding military music introduced another "pandemic/biowarfare preparation exercise" hosted by the Johns Hopkins Center for Health Security (formerly the Hopkins Population Center, which Gates and NIH fund). The daylong event, dubbed Clade X, "simulated the response to a fictitious bioengineered pathogen for which there is no vaccine." An elite cult had released their genetically engineered bug from a Zurich lab, hoping to reduce world population. The exercise emphasized the need for militarized pandemic responses and explored strategies for controlling media and social media. It was a training drill to prepare political, bureaucratic, military, and intelligence officials to support the coup d'état against American democracy and the US Constitution.

In September 2019, the Gates-funded John Hopkins Center for Health Security followed up on its Clade X event by issuing an eighty-four-page report, "Preparedness for A High-Impact Respiratory Pathogen Epidemic." The report focused on the only end point that seemed to really concern Gates —the Gates/Fauci mRNA vaccine project. If there was any doubt that pushing mRNA vaccine was the entire purpose of the exercise, the white paper cleared that up. Put simply, through the medium of this sponsored report Gates is saying that we need a rapid mass vaccination strategy in place to anticipate the accidental or deliberate release of the kind of enhanced pathogens that his working partner, Dr. Fauci, was funding the development of in Wuhan, under the pretext of vaccine research.

It's noteworthy that none of the Hopkins simulations recognize that there is no pandemic exception in the United States Constitution. Instead, they were too busy war-gaming a high-level mutiny against American democracy. All of the Hopkins simulation stories end with the same affirmations: the advisability of militarized police state response and the dire need for broadly deployable mRNA vaccines upon which Gates and Fauci had already invested billions of dollars.

Though Gates's simulation highlighted the need for masks and respirators, Gates, Dr. Fauci, and Kadlec ignored stockpiling these items, and the same for any antiviral drugs that might successfully treat sick people. Instead, they were laser-focused on next-gen vaccines, on compulsory administration to healthy uninfected populations, on censorship and other coercive devices, on constructing and controlling global health agencies, and on surveillance technologies.

Susan Brooks, the so-called "Member from Eli Lilly," founded the Congressional Biodefense Caucus. She also introduced a successful bill in 2015—the Social Media Working Group Act of 2014—to establish a Social Media Bureau within the Department of Homeland Security to facilitate censorship of social media during national emergencies. Another of her bills in 2015 sought to streamline implementation of coercive vaccination programs by the federal government during pandemics.

A clear strategic objective for Gates and Fauci was the repetition of the message that a global pandemic was inevitable, that only mandatory vaccines could avert catastrophe, and that obliteration of civil rights will be required. Most astonishing was their capacity to mobilize the obliging global media to uncritically swallow and promote these propositions in complete contradiction of all previously accepted science and history. The simulations can be interpreted as marketing and public relations exercises designed to recruit and train political, military, media, and public health officials to advance their enterprise using censorship, propaganda, and state-sponsored violence, if necessary.

Global Preparedness Monitoring Board

Later in May 2018—with imprimatur from the WHO and the World Bank Group— Gates created a kind of permanent standing committee called the Global Preparedness Monitoring Board (GPMB). This so-called "independent" monitoring and accountability body's purpose was to validate the imposition of police state controls by global and local political leaders and technocrats, endorsing their efforts to take the kind of harsh actions that Gates's simulation modeled: subduing resistance, ruthlessly censoring dissent, isolating the healthy, collapsing economies, and compelling vaccination during a projected worldwide health crises.

In June 2019, about twenty weeks before the start of the COVID pandemic, Dr. Michael Ryan, executive director of the WHO's health emergencies program, summarized the conclusions of GPMB's pandemic report, warning that "we are entering a new phase of high impact epidemics" that would constitute "a new normal" where governments worldwide would strengthen control and restrict the mobility of citizens.

Crimson Contagion 2019

That August—not even ten weeks before the first COVID-19 infections were reported in Wuhan—a 2019 war game code-named Crimson Contagion capped eight months of planning overseen by Robert Kadlec, who was, by then, President Trump's Disaster Response Leader. So now Kadlec—who had, for twenty years, been writing scripts for using a pandemic to overthrow democracy and curtail constitutional rights—was in a perfect position to do just that. While earlier simulations functioned as training drills for high-level political, military, press, intelligence agency, and regulatory commissars, the 2019 Crimson Contagion simulation functioned as a nationwide crusade to evangelize state-level health bureaucracies, municipal officials, hospital and law enforcement agencies across America with the messages developed in the preceding simulations.

Under a veil of enforced secrecy, organizers staged the Crimson Contagion exercise nationwide at over 100 centers. "Participation included 19 federal departments and agencies, 12 key states, 15 tribal nations and pueblos, 74 local health department and coalition regions, 87 hospitals, and over 100 healthcare and public health private sector partners." The simulation scenario envisioned a "novel influenza" pandemic originating in China labeled H7N9. As with COVID-19, air travelers rapidly spread the deadly respiratory illness across the globe. The multistate, multiregional exercise that took place just months before the real-world COVID-19 pandemic focused on "critical infrastructure protection; economic impact; social distancing; scarce resource allocation; prioritization of vaccines and other countermeasures."

The Crimson Contagion exercise achieved eerily accurate forecasting with numbers that precisely predicted the official casualty data for COVID-19: 110 million forecasted illnesses, 7.7 million predicted hospitalizations, and 568,000 deaths in the United States alone. The Crimson Contagion's planners precisely predicted every element of the COVID-19 pandemic—from the shortage of masks to specific death numbers—months before COVID-19 was ever identified as a threat and that their overarching countermeasure was the preplanned demolition of the American Constitution by a scrupulously choreographed palace coup. The Crimson Contagion draft report complains that existing federal funding sources were insufficient to combat a pandemic and concluded, predictably, that government officials needed far more money and far more power.

TOPOFF 2000–2007

In the course of researching this book, I discovered that, beginning in 2000, the security, military, police, and intelligence agencies have been secretly staging other mass simulations, under the codename TOPOFF, of which the public is almost entirely unaware. Each of these functioned as training exercises for the lockstep imposition of global totalitarianism. Many of these drills have involved tens of thousands of local police, health officials, and emergency responders across the United States, Canada, Mexico, and Europe, as well as representatives from the FBI, the State Department, the intelligence agencies, and private corporations from chemical, petroleum, financial, telecom industries, and health sectors.

"These are brainwashing exercises," says former CIA officer and whistleblower Kevin Shipp. "Getting all of these thousands of public health and law enforcement officials to participate in blowing up the US Bill of Rights in these exercises, you basically have obtained their prior sign-off on torpedoing the Constitution to overthrow its democracy. They know that none of these participants are going to suddenly start soul-searching when the real thing happens. The CIA has spent decades studying exactly how to control large populations using these sorts of techniques." Shipp adds: "We are all subjects now being manipulated in a vast population-wide Milgram experiment, with Dr. Fauci playing the doctor in the white lab coat instructing us to ignore our virtues and our conscience and obliterate the Constitution."

Event 201: October 2019

Under Gates's direction in mid-October 2019, only two months after Crimson Contagion and three weeks after US intelligence agencies believe that COVID-19 had begun circulating in Wuhan, the cabal of potentates and institutions that compose the Biosecurity Cartel began preparing decision makers for the mass eviction of informed critics of the vaccine industry from social media. That month, Gates personally organized yet another training and signaling exercise for government biosecurity functionaries. This war game consisted of four "tabletop" simulations of a worldwide coronavirus pandemic. Participants included a group of high-ranking kahunas from the World Bank, the World Economic Forum, Bloomberg/Johns Hopkins University Populations Center, the CDC, various media powerhouses, the Chinese government, a former CIA/NSA director, vaccine maker Johnson & Johnson, the globe's largest pharmaceutical company; finance and biosecurity industry chieftains, and the president of Edelman, the world's leading corporate PR firm. Conspiracy-minded critics dub this cabal the "Deep State." The World Economic Forum Director Klaus Schwab has christened their agenda the "Great Reset." Event 201 was a signaling exercise, but it was also, as we shall see, a training run for a "government in waiting." Its principals would quickly move into key positions to run pandemic response a few months later.

At Gates's direction, the participants role-played members of a Pandemic Control Council, war-gaming a contagion that serves as pretext for this insurgency against American democracy. They drilled a retinue of psychological warfare techniques for controlling official narratives, silencing dissent, forcibly masking large populations, and leveraging the pandemic to promote mandatory mass vaccinations. Needless to say, there was little talk of building or fortifying immune systems, existing off-the-shelf remedies, or off-patent therapeutic drugs and vitamins. Instead, there was abundant palaver about expanding government's authoritarian powers, imposing draconian restrictions, curtailing traditional civil rights, which might include rights of assembly, free speech, private property, jury trials, due process, and religious worship, as well as promoting and coercing the uptake of new, patentable, antiviral drugs and vaccines. The participants walked through

imaginary global coronavirus contagion scenarios that focused on fear-mongering, blanket censorship, mass propaganda, and police state strategies culminating in compulsory mass vaccination. As with Claude X simulation, the most trusted Pharma-friendly media attended. *Forbes* and *Bloomberg* participated in the exercise, which focused on war-gaming the medical cartel's censorship initiative.

The simulated version caused 65 million deaths at the eighteen-month end point and global economic collapse lasting up to a decade. Compared to the Gates simulation, therefore, the actual COVID-19 crisis is a bit of a dud. Public health officials claim 2.5 million deaths "attributed to COVID" globally over 13 months. The death counts from COVID in our real-life COVID-19 predicament are highly inflated and questionable.

Event 201's predictions of a decade-long economic collapse will probably prove more accurate—but only because of the draconian lockdown promoted by both Gates and Dr. Fauci. The theme of Event 201 was that such a crisis would prove an opportunity to promote new vaccines and tighten information and behavioral controls through propaganda, censorship, and surveillance. Gates's script anticipates vast anti-vaccine resistance triggered by mandates and fanned by Internet posts.

One of their central fixations was how to silence "rumors" that the coronavirus was laboratory-generated. Event 201's fourth simulation anticipated the manipulation and control of public opinion and muzzling any colloquy about artificially enhanced pathogens. The participants discussed mechanisms for stamping out "disinformation" and "misinformation," by "flooding" the media with propaganda ("good information"), imposing penalties for spreading falsehoods, and discrediting dissent ("the anti-vaccination movement").

Gates's Event 201 global pandemic war game quickly demonstrated that it was reaching and indoctrinating its intended audiences—the globe's top-level decision makers.

The Triumph of the Military/Intelligence Complex: Intelligence Agencies and COVID-19

Federal law forbids US spy agencies from spying on or surveilling US citizens, but the Western intelligence bureaucracies work in collaboration with one another, and the CIA often deploys European, Israeli, and Canadian agencies as surrogates to skirt US laws. In November 2020, the British spy agency MI6 announced that its spooks would be surveilling foreigners all over the world (presumably including Americans) who questioned official orthodoxies about COVID-19 vaccines. The agency promised to deploy the same arsenal of monitoring and harassment weaponry and dirty tricks that it formerly reserved for terrorists. The UK intelligence service GCHQ has been told to take out anti-vacciners online and on social media.

As two decades of Germ Game simulations foreshadowed, US and foreign clandestine agencies have a secretive but dominating presence in the COVID-19 pandemic response. Intelligence community alumni and active officers occupy key positions in the international agencies that promote global vaccinations.

As early as 1977, Watergate journalist Carl Bernstein documented the CIA's control over 400 leading American journalists and institutions, including the *New York Times* and *TIME Magazine*. The CIA's long and pervasive domination of the *Washington Post* via Project Mockingbird, beginning with its owners Katharine and Phil Graham and leading editors and reporters, is well documented. The *Post* and the *Times* have been the leading media cheerleaders for draconian pandemic response.

In July, 2021, one year and four months into the misery of the global lockdown, the thirty-eighth annual meeting of the world's most exclusive concave, sometimes called the Summer Camp for Billionaires, or Mogul Fest, took place in Sun Valley, Idaho." The 2021 meeting included Bill Gates, Apple CEO Tim Cook, Mark Zuckerberg, Amazon founder Jeff Bezos, Mike Bloomberg, Google founder Larry Price and Sergey Brin, Warren Buffet, Netflix CEO Reed Hastings, Disney Chair Robert Iger, Viacom/CBS Chair Shari Redstone, and one of the lockdowns most influential propagandists, Anderson Cooper.

By that time, US billionaires were well on their way to increasing their collective wealth by $3.8 trillion in a single year, while obliterating the American middle class, which permanently lost about the same amount. These tech and media magnates, who had magnified their billions from the lockdown, were the same men who had used their media and social media platforms to censor complaints about the lockdown, even as it filled their coffers past the bursting point. Each of these fat cats had helped grease the skids for the calamitous collapse of America's exemplary constitutional democracy.

The Bill of Rights was, by then, indefinitely suspended. The participants of that event had privatized the public square and then obstructed the free flow of information and open debate—the oxygen and sunlight of democracy. Their censorship allowed their allies in the technocracy to effect the most extraordinary curtailment of American constitutional rights in history: closing churches across the country, shuttering a million businesses without due process or just compensation, suspending jury trials for corporate malefactors, passing regulations without constitutionally guaranteed transparency public hearings or comment, violating privacy through warrantless searches, and track-and-trace surveillance and abolishing the rights of assembly and association.

After twenty years of modeling exercises, the CIA—working with medical technocrats like Anthony Fauci and billionaire Internet tycoons—had pulled off the ultimate coup d'état: some 250 years after America's historic revolt against entrenched oligarchy and authoritarian rule, the American experiment with self-government was over. The oligarchy was restored, and these gentlemen and their spymasters had equipped the rising technocracy with new tools of control unimaginable to King George or to any other tyrant in history.

In 1961, Dwight Eisenhower, said, *"In the councils of government, we must guard against the acquisition of unwarranted influence, whether sought or unsought, by the military-industrial complex. The potential for the disastrous rise of misplaced power exists and will persist. We must never let the weight of this combination endanger our liberties or democratic processes. We should take nothing for granted. Only an alert and knowledgeable citizenry can compel the proper meshing of the huge industrial and military machinery of defense with our peaceful methods and goals, so that security and liberty may prosper together."*

"This should be a medical and not be a military operation," Holocaust survivor and medical ethics advocate Vera Sharav told me. "It's a public health problem. Why are the military and the CIA so heavily involved? Why is everything a secret? Why can't we know the ingredients of these products, which the taxpayers financed? Why are all their emails redacted? Why can't we see the contracts with vaccine manufacturers? Why are we mandating a treatment with an experimental technology with minimal testing? Since COVID-19 harms fewer than 1 percent, what is the justification for putting 100 percent of the population at risk? We need to recognize that this is a vast human experiment on all of mankind, with an unproven technology, conducted by spies and generals primarily trained to kill and not to save lives." What could possibly go wrong?

AFTERWORD

The problem is endemic corruption in the medical-industrial complex, currently supported at every turn by mass-media companies. This cartel's coup d'etat has already siphoned billions from taxpayers, already vacuumed up trillions from the global middle class, and created the excuse for massive propaganda, censorship, and control worldwide. Along with its captured regulators, this cartel has ushered in the global war on freedom and democracy.

Playwright and essayist C.J. Hopkins describes the moment: "As the two 'realities' battle it out for dominance, for a time, the society is split in two. 'Reality' being what it is (i.e., monolithic), this is a fight to the death. In the end, only one 'reality' can prevail. This is the crucial period for the totalitarian movement. It needs to negate the old 'reality' in order to implement the new one, and it cannot do that with reason and facts, so it has to do it with fear and brute force. It needs to terrorize the majority of society into a state of mindless mass hysteria that can be turned against those resisting the new 'reality.' It is not a matter of persuading or convincing people to accept the new 'reality.'"

The Framers opted to include no pandemic exception to the United States Constitution, yet today, the pandemic is being used to create a string of new exceptions to our Constitution. Freedom of speech has been the biggest casualty of the emerging tyranny. The now-popular term "misinformation" has come to mean any expression that departs from official orthodoxies. The intentional failure of journalistic inquiry, curiosity, and investigation, the failure to probe, to ask tough questions (or any questions) of those in power—has enabled the madness and the sadness of 2020 and 2021. Big pharmaceutical companies $9.6 billion annual advertising budget buys more than commercials—it buys obeisance.

If both the vaccinated and unvaccinated can spread the virus, then there is no relevant difference between the two groups—other than that one group is not complying with government commands. Forcing an entire population to accept an arbitrary and risky medical intervention is the most intrusive and demeaning action ever imposed by the United States Government, and perhaps any government. And it is based upon a lie. The Director of the CDC, Dr. Fauci, and the WHO have all had to reluctantly acknowledge that the vaccines cannot stop transmission.

By calling on our moral courage, we can stop this march towards a global police state. [🙏]