

# The Pandemic Paradigm

by Jeremy James



The ultra-rich decided long ago that the only way to take complete control of the world was to poison most of the population and oblige the remainder, a small percentage, to serve under a feudal regime.

This is not a speculative idea. Many of their authors and spokesmen have described their long-term goal in these terms. A few did so openly, but most of them expressed this elitist eugenic plan in the form of a philanthropic concern for the survival of humanity. Generally speaking, their reasoning goes like this: The earth's population is growing far too rapidly. Before long it will be ungovernable. Resources will be severely depleted, causing mass starvation and huge environmental damage. Before we reach that stage we must stabilize the earth's population and adopt a system of social management which ensures that mankind follows a sustainable path.

This idea has been promoted in the media for several decades, often in ways that sound convincing. It is not unusual to hear professing Christians make statements that are sympathetic to this view. When a proposal is dressed in altruism and the welfare of mankind is seemingly at stake, a great many are willing to support it.

As we showed in an earlier paper (#205), vaccines are the perfect vector for mass infection. They allow virtually everybody on earth to be infected, but in an orderly way. The infection itself can be calibrated to meet local conditions. The unwitting victims will believe they are being protected and will gladly receive one or more injections in the hope that it will save them from a deadly disease.

The disease itself would not need to be novel, though a certain amount of medical killing would likely be required to convince the public that something unprecedented was happening. The seemingly ‘new’ disease could simply be an existing pathology under another name. (Most cases of flu in 2020 were reclassified as ‘Covid’.)



### **So-called ‘emerging diseases’**

In order for a scheme of this magnitude to work, the public must be convinced that novel diseases are posing a threat to modern civilization. The threats posed by these ‘emerging diseases’, as the medical experts like to call them, are frequently reported in the news, while movies and television series offer traumatic accounts of raging pandemics caused by escaped viruses and bizarre mutations. In nearly all cases the only effective treatment is a vaccine. The scientists who produce this wonder drug are generally lauded for their courageous efforts under gruelling conditions and impossible odds.

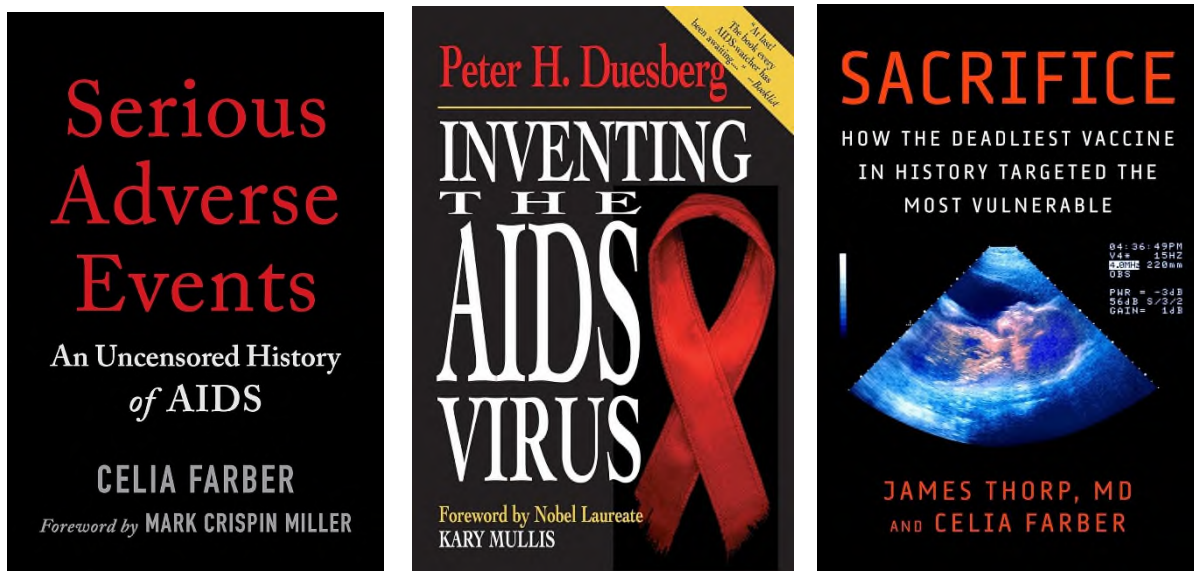
We have had more than fifty years of this propaganda. At a subconscious level the ‘herd mind’, as it were, is convinced that deadly pandemics caused by novel viruses are indeed possible and that the only protection against them is a customized vaccine. We saw ample evidence of this during the so-called ‘Covid pandemic’.

The pandemic paradigm appears to have been formulated a long time ago, possibly as far back as the 19<sup>th</sup> century. Over the course of the 20<sup>th</sup> century, a number of candidate diseases, such as polio and swine flu, have been tested in the field and the public response dissected. The most important test, prior to the launch of ‘Covid’, would seem to have been the HIV/AIDS pandemic of the 1980s and early 1990s.

In an earlier paper (#220) we showed how this ‘disease’ was created and how the mass killing was achieved. It is hard to believe that, after more than forty years, the public is still completely in the dark about HIV/AIDS and the malicious psychological tricks that were used to make the ‘science’ behind it appear legitimate. We strongly urge our readers to study that paper if they have not already done so since it exposes the villainy and mendacity of an industry which, aided and abetted by the medical regulators, put a Satanic death plan in motion and made it work.

Our aim in this paper is simply to show the remarkable parallels between the strategy used to promote the HIV/AIDS pandemic and the one used later to promote the so-called Covid pandemic. When one examines the list and sees how closely one followed the other, it is difficult not to conclude that the HIV/AIDS program was designed to test and perfect the ideas and the methods that would be used later, albeit on a larger scale, to implement the worldwide 'Covid' program.

Readers may need to take some of our assertions at face value. If we were to include additional evidence to support the inclusion of each element in our list the paper would be many times longer. For readers who want this level of detail, please refer to our earlier paper #220 and the many papers that we published on the 'Covid' hoax. They contain a great deal of information that will substantiate most, if not all, of what we are saying. A great deal of well-researched and clearly expressed material may also be found in the three books below:



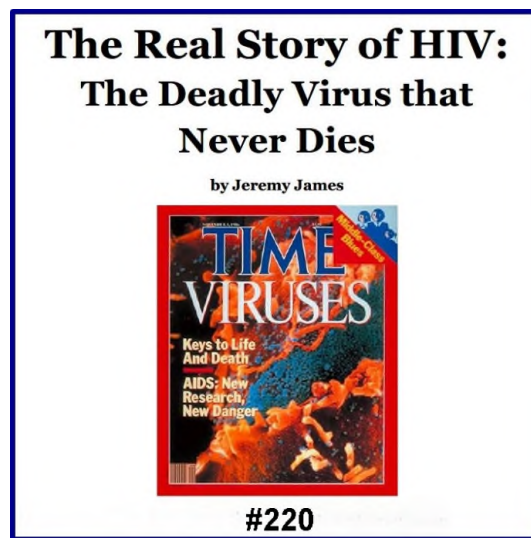
## Factors common to AIDS/HIV and Covid programs

**NOTE:** In this section we will refer to AIDS/HIV as disease A and Covid as disease C.

### 1. A vaguely defined set of symptoms

Symptomology is normally the most important factor in disease identification. This includes the symptoms observed by a third party and those described by the subject. Collectively they should be fairly consistent across all cases. However, both A and C had many symptoms which were found in only a proportion of cases, as well as a range of symptoms characteristic of other diseases. In the absence of a reliable clinical test, doctors had to rely on their personal judgment. The presence of a skin lesion known as Kaposi's sarcoma was often taken as a major indicator of A, while breathing difficulties, especially among older patients, were usually interpreted as a sign of C.

Since media propaganda played a major role in stoking patient anxiety and shaping the perception of both the patient and the doctor, there was a strong bias toward a positive diagnosis.



## 2. An unreliable test

A reliable clinical test would have been invaluable, but neither A nor C had one. The test for A relied on the assumption that the presence of a particular antibody in the blood was proof that the subject had AIDS (even if no A-type symptoms were observed). This assumption went unchallenged for many years and was eventually found to be invalid. In short, a reliable clinical test for the presence of a disease called AIDS has never existed.

The test for C was based on a paper by Christian Drosten *et al* published in early 2020. Later that year a team of scientists, led by Pieter Borger and Ulrike Kämmerer, published a paper which proved that the Drosten paper was seriously defective and should never have been published. This meant the test criteria proposed by Drosten had no validity and that the use of PCR for diagnostic purposes had no scientific basis.

PCR, or polymerase chain reaction, is a technique for replicating a tiny amount of DNA so that a viable sample can be subjected to further analysis. Its inventor, Kary Mullis, stated that it should never be used for diagnostic purposes since the presence in the body of a tiny amount of pathogenic DNA or RNA was not of itself a sign of disease. Most of the population, he noted, carry many such pathogens, including TB and typhus, but in amounts so small that their immune systems can easily suppress them. The individuals concerned enjoy good health and cannot be diagnosed with a disease.

PCR greatly amplifies the amount of genetic material for analysis purposes, but the detection of a pathogen has no diagnostic significance. However, it is well known that the PCR test was allowed to run through multiple replication cycles during Covid until the so-called Covid virus was found. The presence of the virus in these cases was meaningless. It posed no threat to the subject and could not be transmitted to anyone else. So, when the WHO approved its use in this manner by governments around the world, it was guilty of scientific fraud.



**Kary Mullis**

### **3. Asymptomatic positives**

Throughout history the notion that a person could be seriously ill and not know it was considered absurd. The notion, furthermore, that such a person could pose a medical threat to anyone else was even more absurd. But that all changed with AIDS/HIV. By the mid-1980s the CDC and the World Health Organization were warning of AIDS carriers who showed no symptoms whatever but who, through sexual contact with another person, could pass on a fatal disease. Neither the carrier nor the recipient of the so-called virus would know that a fatal infectious disease had been transmitted, either at the time of contact or for many years thereafter.

The WHO and the CDC released a chilling warning about this supposed threat which was faithfully repeated by an obedient media. The world, it was claimed, was threatened by an entirely new type of disease, one that could progress invisibly from person to person and infect an entire community before anyone realized what was happening. Major publications were predicting that millions would die, possibly up to ten percent of the population, over the following five years.

The intense fear generated by this campaign fell with particular force on the homosexual community. A huge proportion sought confirmation that they were not infected. A positive diagnosis was seen as a death sentence. Given that their lifestyle had already compromised the immune system of many gay men, especially those who took “poppers” (amyl nitrite), the fear experienced by this vulnerable community was exceptional. Homosexual advocacy groups began appealing to the pharmaceutical industry to develop an effective treatment.

Much the same happened when the so-called ‘Covid’ virus was announced, an allegedly deadly and highly contagious pathogen that could kill almost anyone, even perfectly healthy young people. Asymptomatic positives were identified in their millions using the phony Covid test and quarantined in a variety of ways. The public was begging for a vaccine to protect them. News reports were issued daily on prime-time television and lockdowns were instituted across the world.

Both campaigns, A and C, relied heavily on the fear generated by the ever-rising number of asymptomatic positives, namely perfectly healthy people who were mislabeled and libeled by a phony test and portrayed as a threat to society.



**Amyl nitrite – “poppers” – was sold under a variety of cute names and packaged in glitzy containers.**

#### **4. A single cause with a single cure**

From the outset both the CDC and the World Health Organization ascribed AIDS to a single cause, a virus which had to be isolated before a vaccine could be developed. As it happened, the vaccine was superseded by a so-called miracle drug, AZT, which the pharmaceutical industry had already developed and the FDA had already approved for use in humans. We are told that it was originally intended for use in the treatment of cancer but had proven too toxic. The homosexual community was so anxious to find a cure, any cure, for this alleged disease that it quickly agreed to use this high-risk, untested, toxic chemical.

Those who challenged the one-cause-one-cure hypothesis were either ignored or vilified. It was supported by the WHO and the CDC and heavily promoted in the media. Neither alternative causes nor alternative cures could be debated without attracting the wrath of the medical authorities and the pharmaceutical industry.

The same one-cause-one-cure hypothesis was used to drive the Covid pandemic. Long before a robust clinical assessment of the pathology and its cause or causes could be carried out, both the WHO and the CDC had declared that it had only one cause – a novel coronavirus – and only one cure, namely a bespoke vaccine which, they claimed, could be developed and tested in only a few months. The ‘miracle’ cure had been in the pipeline before the so-called disease had even been identified.

#### **5. Very high projected death rates**

As we noted above, the projected death rates from AIDS/HIV were exaggerated and deliberately sensationalised. The media gave credence to the most irrational projections, despite the stark absence of any objective evidence to support their validity. Absurd assumptions were used to pump up the figures and create a climate of fear.

The same happened when the Covid program was launched. Two universities, one in the US and one in Europe, used a blatantly biased epidemiological model to suggest that Covid would kill millions of citizens in a very short time. Both of these institutions were recipients of substantial funding from the Bill & Melinda Gates Foundation – which had invested heavily in Covid vaccines. The conflicts of interest were outrageous but governments everywhere accepted the estimates and never bothered to challenge the legitimacy of the models employed or the extreme nature of the assumptions that were made.



***Retrovir* was the brand name for AZT, a highly toxic substance intended for use in chemo-therapy. Between 1987 and 1991 the prescribed dose of AZT for AIDS patients was 1500mgs a day. This was later reduced to 500mgs. The initial dose was a death sentence.**

## **6. Full media compliance with the official narrative**

The mainstream media provided a dynamic, uncritical platform for virtually every Covid policy statement issued by the government. Dissenting views were ignored or heavily censored. Anyone who persisted in questioning the official position was characterized as a reckless rumor-monger who was indifferent to the suffering of others. Live radio discussions took particular pleasure in criticizing the sceptics and suggesting that sterner measures may be needed to deal with them.

The idea that we were all in this together was touted ad nauseum. It was one's civic duty to support the 'scientific' approach being taken by the government and not allow sceptics to undermine local solidarity. This propaganda was so intense that even members of the same family were unable to discuss official Covid policies without lapsing into angry exchanges.

The media had also complied fully with the official narrative on AIDS/HIV. Investigative journalists who had the temerity to question any aspect of the narrative were assigned to other work or simply fired. Outside the homosexual community, the program as a whole did not impinge to any meaningful extent on social behavior. For homosexuals, however, the constant emphasis in the media on the highly contagious nature of AIDS, its insidious and inexplicable modes of transmission, and its guarantee of sickness and death had a tragic impact on behavior in this group. Huge numbers submitted to the treatment protocol approved by the CDC and most were dead within two years from the toxic effects of AZT.

The same media indoctrination had an equally dramatic impact on social behavior in the wake of the Covid scare. The government was actually able to prescribe what citizens could and could not do in close proximity. It imposed lockdowns and greatly restricted local mobility, even if this required the complete indefinite suspension of workplace attendance and participation in normal social activities. Its most devastating impact came from the mass conviction that the untested experimental vaccine, developed entirely from a new technology, was both safe and effective and that it was morally incumbent on everyone to receive it.



**Grieving Filipino parents and relatives of some of the 600 children killed by Sanofi's dengue vaccine.**

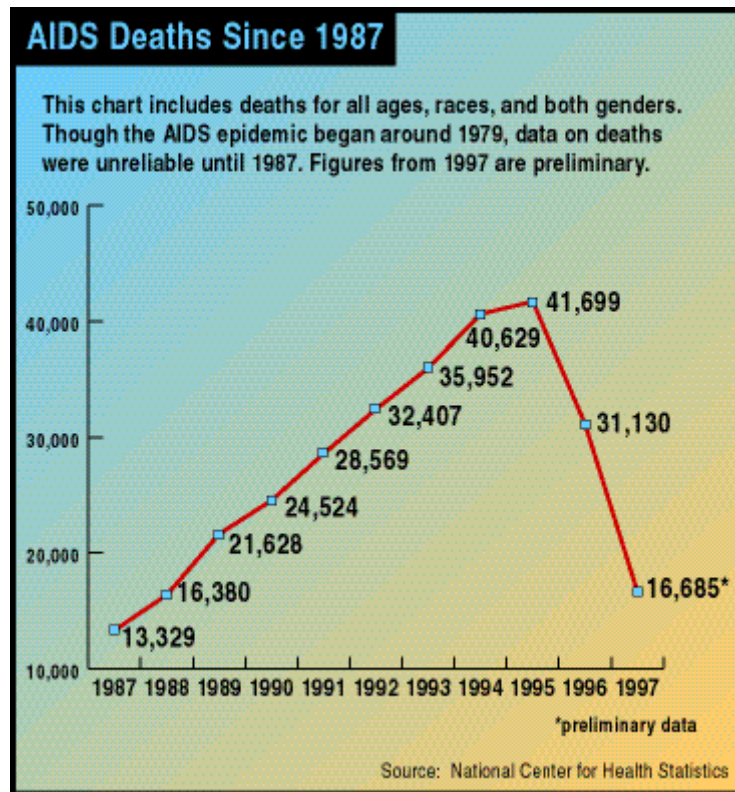
### **7. Widespread misattribution of the cause of death**

Both program A and program C were characterized by the mass inclusion of deaths in their mortality register which had nothing to do with either 'disease'. This may seem incredible to the average person but it was the central piece of false evidence which enabled both programs to work.

Let's examine the so-called AIDS deaths first. According to the official tally for the US alone, over 750,000 have died of AIDS to date and about 13,000 are added to the total every year. The deaths themselves are not fictitious. But what is fictitious is the recorded cause of death. Severe immune deficiency can be caused by prolonged drug abuse, associated malnutrition and chronic infection. Deaths from drug overdoses alone run at an average of 100,000 per year. Thus it is only necessary to 'reclassify' 1 in 9 of these as an AIDS-related death in order to maintain the illusion that AIDS is still a medical reality in America today.

But what about the huge number of AIDS-related deaths during the height of the so-called pandemic? The chart below, which appeared in an AIDS article in Wikipedia, gives the official death toll in the US by year from 1987 to 1997:





AZT was approved for use as a treatment for HIV infection in March 1987. Given the demand for AZT that the AIDS panic created and the media amplified, the uptake of AZT in the first 3-4 years was very high. Furthermore, the industry was charging an astronomical sum – around \$10,000 a year – for each patient and was pushing hard to make AZT the treatment of choice. By end-1991, around 30,000 were dying each year, primarily from the severely toxic side effects of the so-called ‘treatment’. Many of these had enjoyed relatively good health before they were found to be HIV-positive (based on a phony test) and only deteriorated after commencing the ‘treatment’.

If this sounds like a horror story, it is. To the average person it is almost inconceivable that, working in tandem, the industry and key figures in the medical profession had deliberately terminated the lives of so many unfortunate victims.

The Covid program was no different, only this time it came in two phases. In the first phase false positives were used to isolate potential victims. These were generally relocated to ‘treatment’ centers where the victims could be subjected, unobserved by their loved ones, to a protocol which usually caused their deaths within a week or so.

In the UK the obligatory protocol for Covid patients involved heavy sedation with *midazolam* – a drug normally confined to use in operating theaters by qualified anaesthesiologists – and prolonged rest in an isolated area without adequate hydration. Tens of thousands of elderly people were killed in this way, all of whom were recorded officially as deaths from ‘Covid’.

In the US a high death rate was achieved by using the same false-positive strategy and then putting the patient on a drug called *remdesivir* which impaired kidney function and caused respiratory distress. At that point the patient was intubated with a mechanical ventilator. The death rate after intubation was over 90 percent.



**Midazolam**



**Remdesivir**

These deaths – real deaths from malicious causes – fuelled a huge increase in public anxiety and convinced between half and three-quarters of the populations of most countries to take an injection – mislabelled a ‘vaccine’ – which had not been properly tested, whose effects on pregnant women and persons with a compromised immune function were unknown (or undisclosed), which had not been subjected to routine trials on animals, and which employed a technology which had never been used successfully to develop a safe and effective product for either humans or animals.

Over the past four years the reported adverse events from this biochemical injection has far exceeded the total to date from all vaccines combined. The media has ignored this, as have governments everywhere. The medical profession continues to pretend that the Covid inoculation is safe (They knew from the start that it had no therapeutic or prophylactic value).

Medical experts in a number of countries have tried to sound the alarm, but they have been ignored. Among the many harmful side-effects of this pseudo-vaccine, according to these experts, are myocarditis (lifelong, albeit subclinical, damage to the heart tissue), strokes, coronary thrombosis, accelerated cancers, neurological impairment, and diminished immunity. The birth rate in many countries has fallen in a statistically significant manner since the ‘vaccines’ were introduced and excess deaths – the percentage by which the number of deaths exceeds the long-run average – has increased sharply in many countries. Most alarming, perhaps, was the marked increase in miscarriages among women in their third trimester. (*Sacrifice*, a book we mentioned earlier, gives a heartbreaking account of one doctor’s experience of this.)

## **8. The complete absence of informed consent**

Very few AIDS patients were told that AZT was so toxic that it had never been used for a medical purpose. They didn't know that, by taking it for only a few months, they would suffer permanent damage to their health and that if they persisted with the drug, their death was inevitable within 2-3 years.

It is probably safe to say that 99.9 percent of those who received the Covid inoculation were not told in advance about its possible side-effects, its highly experimental nature, the absence of animal trials, or the dubious statistics that were used to 'prove' it was both safe and effective. They were not told that they themselves were the human trial subjects and that the manufacturers were indemnified against any harm caused by the drug. They were not told that the supposed 'vaccine' was not really a vaccine at all but a biochemical substance which introduced a foreign protein into the body via the bloodstream. They were not told that the biochemical constituents did not remain in the deltoid muscle but spread throughout the body, generating alien proteins in numerous organs which their immune systems would be primed to attack. They were not told that the biochemical substance could cross the blood-brain barrier and affect their neurological performance in ways that could not possibly have been established during its short development cycle. They were not told that the gene-altering aspect of the biochemical substance might contaminate DNA passed on to the next generation. They were not told that they were taking an experimental drug to prevent an infection which statistics had plainly shown was no worse than the flu and that the vast majority of the deaths associated with the so-called virus were in persons over age seventy with two or more co-morbidities. And pregnant women were not told that by taking this highly experimental drug, they could be putting the life and well-being of their unborn child at risk.



### **Population Reduction and the Club of Rome**

"The chief recommendation was to develop a microbe which would attack the auto-immune system and thus render the development of a [cure] impossible. The orders were given to develop the microbe...The microbe would be used against the general population and would be introduced by vaccine...The cure will be administered to the survivors when it is decided that enough people have died. The cure will be announced as newly developed when in fact it has existed from the beginning. This plan is a part of *Global 2000*." – *Behold a Pale Horse* (1991) by William Cooper, p.167.

[Cooper is discussing the plan for world population control devised by the Club of Rome on foot of its report *The Limits of Growth* (1972) which formed the basis of *The Global 2000 Report to the President*. The latter report was commissioned by President Carter in 1980. Only an edited and greatly shortened form of the report was ever published.]

A revolution had taken place. Medical ethics, as commonly understood, had not only been compromised – they had been discarded. At minimum the Covid program was an extended exercise in reckless endangerment, while the continued failure to face up to the harm it has done is proof that it was designed by nefarious people for a nefarious purpose.

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<b>When <i>people</i> are the guinea-pigs</b>		
	<p><b>'But the ferrets died!'</b></p> <p><b>'Don't worry. No problem. Just remember, you're not a ferret.'</b></p> <p><b>'Really? Then what am I?'</b></p> <p><b>'You're a guinea-pig.'</b></p>	

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### **9. Substantial incentives were used to secure compliance**

Hospitals in America were paid an additional 20 percent in financial subsidies via Medicare where the patient had 'Covid'. For example, a patient with pneumonia – without 'Covid' – was worth about \$7,700 to the hospital, but with 'Covid' the reimbursement jumped to \$9,200. If a patient had to be put on a ventilator, although he did not have 'Covid', the hospital received \$34,000, but with 'Covid' the patient was worth \$40,000. As so on. This will also explain why so many hospitals followed the NIH protocol and placed as many patients as they could on ventilators. The financial incentive to do so was immense.

Financial incentives also played a role in promoting the HIV narrative. Doctors who were known to question the official line were not invited by the pharmaceutical companies to attend their fancy expenses-paid symposiums, while medical journals declined papers from medical professionals who wished to draw attention to defects in the official narrative. Furthermore, in a profession that relies heavily on grant aid to fund new research, anyone who sought a grant for research that was likely to undermine the official line was usually turned down.

In short, huge sums of money were made available to sway professional opinion and keep the majority of the medical community on side, to censor debate and suppress dissent. The lure of easy money and agreeable conformity meant that tens of thousands of licensed physicians in the US alone were willing to do as instructed by the NIH and the pharmaceutical industry. The well-being of their patients was largely forgotten.

### **10. Coercive psychological methods were used to promote conformity**

The AIDS scare depended on the alleged appearance of a deadly, contagious disease which destroyed one's immune system. The category of the population that were supposedly at risk were at a huge psychological disadvantage. The NIH and others were exploiting the fact that homosexuals were already anxious about the impact that their lifestyle was having on their health. The NIH and the pharmaceutical industry were pushing an open door. For many homosexuals the idea that one might be infected already was a terrifying prospect. Their families and loved ones were also sucked into this nightmare. They looked to the 'science' for hope, not realizing that the 'science' was rigged and that the treatment – a highly toxic chemical – had already been developed and approved and that it, not the 'virus', would destroy their immune systems.



The 'Covid' scare was driven by a web of psychological techniques. Everyone was a potential carrier and, as such, could cause the death of any family member infected by them. This alone imposed a painful emotional burden on those who believed the government's propaganda. This technique was crystallized in the phrase, "Save granny". If she died, it was your fault for not doing exactly what the medical authorities demanded. Self-isolation was mandatory if one happened to come in contact with someone in the community who was allegedly infected. The public was encouraged to report on neighbors who might not be following the social mobility and masking rules laid down by the government. In this way, official coercion was reinforced at a local level.

The authorities were continually promising a vaccine that would save society and remove the claustrophobic weight of fear and guilt. "Going back to normal" was repeated over and over in the media. If everyone did what they are told and took the vaccine, then everything would go back to normal. The more quickly they complied, the faster normality would return. This was usually subject to the caveat that "no-one is safe until everyone is safe." It was one's civic duty to comply, to allow oneself to be injected with a substance which was so hedged about with uncertainty as to its safety that it needed "Emergency Use Authorization."

## 11. The prospect of a worldwide doomsday scenario

Every now and then programs A and C held forth the prospect of societal collapse and mass deaths on an epic scale. This was dressed up as a 'worst case scenario' but made to appear to have some scientific validity. The possibility that the so-called HIV virus would spread to the general population was mooted for many years, with a potentially catastrophic death toll. Chilling warnings like these made the public look with hope to a future where the infection was entirely confined to the homosexual community. This mindset in turn reinforced the general belief that HIV was undoubtedly real and potentially fatal.

The worst-case scenario during 'Covid' was even more extreme. The so-called Covid virus could infect practically anyone, including children, and, in a mutated, more contagious form, could wipe out entire communities.

As it happened, the fear machine went into over-drive during the AIDS crisis when stories began to spread of the impact that this deadly disease was having in Africa. The media carried numerous reports over several years of the massive death toll in dozens of African countries and the millions of orphans left behind after both parents had died tragically from AIDS. Was any of this true? Of course not. The population of the countries said to be most affected was actually increasing. The alleged deaths in Africa were due to the misidentification discussed in section 7 above. Incredibly there was no HIV test in Africa to bolster this charade. Anyone who died of malnutrition, TB, malaria, or a similar ailment indigenous to most African communities were counted as AIDS deaths. It was that simple! Seemingly local doctors and medical staff could attract more AIDS funding to the region from international agencies if their AIDS death toll was persistently high. The obvious way to do this was to classify as many deaths as possible as AIDS-related.

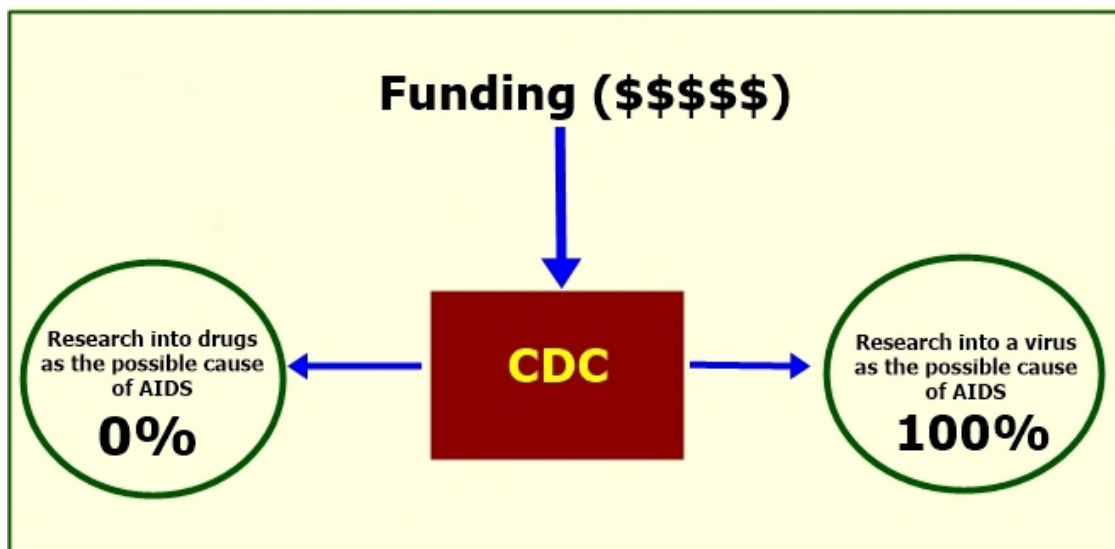


## 12. Dr Fauci

We could list a number of other factors common to programs A and C. For example, the failure in most countries to institute a robust independent enquiry into the way the respective ‘pandemics’ were handled, with the power to compel witnesses and access records. Or the use of exotic or outlandish sources as the origin of each plague, with green monkeys in Africa accounting for HIV and bats roosting in Chinese caves as the source of ‘Covid’. We could add to this list the denigration of natural immunity and alternative therapies, or the presumption that, in a high proportion of cases, the infection was effectively a death sentence.

The last common factor that we wish to explore is Dr Fauci. Yes, the much lauded, lionized and laurel-wearing victor over, not one but two deadly diseases. The press would have us believe that this esteemed individual saved millions of lives and that he co-ordinated the efforts of the world’s most gifted medical scientists to ensure a rapid and effective response to threats that would otherwise have had calamitous implications for modern society.

However, for obvious reasons, we don’t share that view! Dr Antony Fauci was the principal mastermind behind the HIV/AIDS deception, a grisly medical experiment that caused the deaths of hundreds of thousands of vulnerable homosexuals. He was appointed head of the NIAID in 1982, about the time program A was set in motion, and played a lead role in defining its strategy over the next twenty years.



As head of the NIAID, he was also closely involved in formulating and overseeing the NIH/CDC program to combat ‘Covid’. His name was continually in the news because his word was law, and his stature was confirmed over and over by his repeated appearance in televised ‘Covid’ press conferences where he spoke alongside President Trump.

The Cabal put Fauci in this position because he knew exactly what was required to successfully deceive the public. As director of the NIAID (National Institute of Allergy and Infectious Diseases) for an incredibly long period – 38 years (1982-2022) – he could take the lessons he had learned from program A and apply them to program C. During his highly influential tenure he was also able to promote the great lies of virology, notably that every fatal contagious disease in our modern era had only one cause, that this cause was always a previously unknown virus, and that the only possible effective treatment was a novel vaccine.

A great many Americans today are realizing, finally, that Dr Fauci is one of the most dangerous people ever to rise to a position of power in the US.

## **CONCLUSION**

Virology is akin to an abstract branch of mathematics or astrophysics where relationships between speculative entities can be postulated ad nauseum and lofty hypotheses formulated which are almost impossible to refute without spending years traipsing down the same rabbit holes. And even if one succeeded in refuting someone else's bizarre conjectures, no-one would take any notice because the people with enough knowledge to understand the refutation are fully absorbed in conjectures and speculations of their own. In short virology is an immensely complicated discipline in which it is possible to make the most outrageous claims, confident in the knowledge that they are certain to garner a certain degree of legitimacy if they are published in a scientific journal. The editors (and owners) of these journals are thus able to exercise considerable influence over the field of medical research by deciding which papers get published and which do not.

### **The Great Virology Racket**

The whole of modern medicine is controlled by a small number of very wealthy people who, if they choose to do so, can use this therapeutic discipline for malign purposes. The partly neurotic, partly magical science of virology is a deceiver's playground. Those with the money can make whatever claims they like and only those with just as much money will be able to contest them. The billionaires win every time.

In an interview with Celia Farber, the Nobel laureate Kary Mullis, whom we mentioned earlier, commented as follows on the so-called HIV virus and the 'science' of virology:

“The mystery of that \*&!\* virus has been generated by the \$2 billion a year they spend on it. You take any other virus and spend \$2 billion, and you can make up some great mysteries about it, too. Human beings are full of retroviruses. We don't know if it's hundreds, or thousands, or hundreds of thousands. We've only recently started to look for them. But they've never killed anybody before.



People have always survived retroviruses. We're scientists. Scientists don't believe. They have evidence... I've never seen anything like this. And yet I think most of them have done it innocently. They're not evil people, they're just trying to do their job. My reading of most virologists is that they are neurotic. They have been co-opted over a long period of time by a system that is very large, very complex. The system that they have been gaining their information from for a long time has been progressively more and more unreliable. What they call fact is what is published in their journals by them, and that is becoming more and more muddled and more neurotic..."

– *Serious Adverse Events* by Celia Farber, chapter 8.

Viruses exist, seemingly in large numbers, but the extraordinary powers assigned to them are greatly exaggerated. Corrupt science – the version used by Satan to harm mankind – is able to exploit our ignorance of these tiny biological entities and turn them into deadly threats which can be neutralized only by the injection of unknown substances into our bloodstream. As a tool of destruction it has worked very well to date.

We have yet to understand the extent of the harm caused by the 'Covid' shots, but judging by the results to date, not to mention the findings of independent scientists regarding their composition, the full severity of their adverse effects may not become apparent for many years.

As Christians we are immeasurably blessed by the Word of God and the guidance it gives us in all matters. God has given to all men "life and breath and everything." He left nothing out. We can trust Him in these difficult times, confident that He knows our needs and hears our heartfelt prayers:

**"...nor is He served by human hands, as though He needed anything, since He himself gives to all men life and breath and everything. And hath made of one blood all nations of men for to dwell on all the face of the earth, and hath determined the times before appointed, and the bounds of their habitation..." (Acts 17:25-26)**

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