

COVID-19 : the truth is in front of us

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The world has been hit by a virus and the world reacted as if it were the plague. This study is not to be seen as a medical analysis of the situation as per date, but as a societal study, with elements from different sources, including reports, studies, articles and videos. It shows a very different truth from the one that is presented by the World Health Organization (WHO), the mainstream media, and the governments. However, the choice to awaken or not is the reader's.

This paper should be read as a chain of essential references, clarified and explained by the text. I have avoided to add references to well-known or easily verifiable definitions in order to simplify the reader's analysis.

Keywords: Coronavirus, 2019-nCoV, SARS-CoV-2, COVID-19, chloroquine, hydroxychloroquine, ID2020, vaccines

1. Outbreak from Wuhan, Hubei prov., China

It has been reported that the CoronaVirus 2, temporarily named 2019-nCoV, then named SARS-CoV-2, because it was labeled as a "severe acute" respiratory syndrome coronavirus 2, found its origin in Wuhan, China.

This name SARS-CoV-2 was chosen because the virus is genetically related to the CoronaVirus responsible for the SARS outbreak of 2003.

Later, the name was changed into COVID-19 by the WHO (World Health Organization).

Immediately, many 'ideas' about the exact origin were hypothesized, none of them proven by a public record.

However, we will see below that there is a strong difference between the interpretations from the official side, given by the WHO, and from other sources, mainly individually by physicians and by virologists and by the information from the Internet.

2. The WHO interference in 2009

The purpose of this paper is not to go in the full historical details chronologically, but to analyze the discrepancies between the WHO actions and demands, and the reality on the field.

For instance, in 2009, the WHO had changed the very definition of a pandemic influenza [1]. Since 2003, it was defined as "resulting in several simultaneous epidemics worldwide with enormous numbers of deaths and illness." From 4 May 2009 on, a

month before the H1N1 pandemic was declared, the phrase "enormous numbers of deaths and illness" had been removed. So, it sufficed to get an outbreak at different places on Earth of even a harmless virus, to allow the name "pandemic".

3. How severe was the virus?

It has been well-documented that when the outbreak in Wuhan started, no travelling restrictions were advised by the WHO, all the contrary, and the severity has been downplayed by the media.

Later on, when the virus came in Iran and Italy, and caused many reported deaths with elderly people, the WHO inversed its advise on 11 March 2020, by calling it a pandemic and advising a lock-down and a shut-down of the economy [6].

4. Treatment, medicines, vaccines

Chloroquine (CQ) was discovered in 1934, and used against Malaria, Rheumatoid Arthritis and Systemic Lupus Erythematosus.

Since 2004, it was known in Europe that Chloroquine was a suitable virus inhibitor for typical CoronaViruses [2], and in 2005 it was found in the United States, that Chloroquine was a suitable type of virus inhibitor for SARS (Severe Acute Respiratory Syndrome) type of CoronaViruses [3]. Also Hydroxychloroquine (HCQ), an even less toxic variant, was found to be effective [5].

Many tests and studies followed, as soon as in January 2020 [7], confirmed these medicines as being suitable.

However, the FDA didn't allow the wide use of it under prescription of the general practitioner [8].

Also in Europe, due to the WHO, the same occurred. The general practitioner was even forbidden to prescribe this medication [9]. Many of them, worldwide, had serious questions about that prohibition, because the effectiveness of CQ and HCQ was especially strong when applied at early stages of the disease.

When people became ill, no treatment whatsoever was applied, until the disease became severe, with lung problems due to an additional bacterial infection. Then, the patient was brought in the hospital for either an invasive ventilation treatment, while in artificial coma (sedation), and/or medication, and/or a non-invasive ventilation. See Annex Table 1.

In the U.S., some states such as Texas and Florida allowed the prescription of the medications Hydrochloroquine, Azythromycine and Zinc by the general practitioner, and it shows directly the excellent results (Annex Fig. 1). Azythromycine is an antibiotic in case of an additional bacterial infection, and Zinc is a healing supplement, needed for biological cell fabrication.

So, why is the use of HCQ officially discouraged, only applicable in the last resort, when many studies have shown that the early application of it saved lives [30]? Moreover, since in last resort, the patient is very weak, and since there are small heart risks, why using it only at that moment?

Why did the FDA allowed the very expensive Remdisivir to be tested as a potential medicine, while still putting restrictions to CQ and HCQ?

To date, no approved vaccines exist, but several ones are being tested right now. It is expected that near the end of the year 2020, the first vaccine would be available at the earliest [12].

5. The danger of an invasive ventilation

A Dutch study in 2013 has determined that the invasive (mechanical tracheal) ventilation causes traumas resulting in pneumonia and death in 13% of the cases, totally independent from any disease-related cause [50]. When 10'000 people are ventilated, 1'300 will die, even if they are not ill in the first place. Other studies show a complex outcome, depending from multiple factors [10], but still a death toll only due to the invasive ventilation.

6. Strongly exaggerated death count, an example in the U.S.

In the U.S., the COVID-19 deaths have been reported by the hospitals. It should be understood that during the given winter period, there are every year recurring cases of pneumonia and of influenza.

The question is if the death count given by the hospitals is reliable and plausible. Therefore, we take the figures of the annual pneumonia death count (Annex Fig. 2), the yearly influenza death count (Annex Tables 2, 3, and 4), and the conclusion from the combination of the overall death count (Annex Table 5).

We see from the Annex Fig. 1, that the pneumonia cases suddenly dropped in 2020, compared to 2019, 2018 and earlier, so that these cases were indeed counted as COVID-19 cases.

From the Annex Tables 2, 3, and 4, we see that the influenza count suddenly started dropping in 2020, compared with 2019 and 2018, so that also these cases were counted as COVID-19.

When in Annex Table 5, the column 3 given the total count, including the COVID-19 cases, the influenza cases and the pneumonia cases, we find that the real number of deaths due to COVID-19 is much lower. Indeed, in Annex Table 5, we see that the average influenza and pneumonia deaths are 4100 per week before the COVID-19 outbreak. If we remove that amount for the following weeks from the total death count, we get the right count for the COVID-19, as per column 2.

In [51], the official death count is given for the European countries. It is clear that countries of the lower part of the table have a very low mortality.

The preliminary conclusion is that the number of deaths is in the order of a regular influenza, about 5 times less than the official death count. Thereof, the death toll due to invasive ventilation should be deduced as well.

7. Up to 2.2 million deaths in the U.S. alone ?

On 16 March 2020, Ferguson from the Imperial College, COVID-19 Response Team, published a paper whereby 2.2 million deaths were projected in the U.S. and half a million in the U.K. [31].

However, it is clear that the number of COVID-19 deaths was many times lower, of the order of a flu, or even less, and this is not due to the social distancing since anyway, most of the people are asymptomatic to it and only the elderly with multiple underlying conditions are in potential danger [32]. Very rarely, younger people with bad health are affected. As we have seen, the death toll of mechanical ventilation was about 13%, and in the reference, we also see the figure 13% appearing as death toll for the elderly above 80 years. Coincidence?

8. The silencing of physicians from YouTube, Facebook and Scientific Forums

Mid February, the House Democrat Adam Schiff wrote to the Social Media (YouTube, Facebook,...) to demand the removal of everything that does not fully comply with WHO [11].

Few physicians have publicly questioned the procedures from the WHO, such as social distancing, lock-down at home, continuous disinfection and washing hands.

However, due to these procedures, the people get no natural contact any more with bacteria and viruses that build up their immunity naturally, and their immunity resistance diminishes week after week. This will cause an immediate peak of illnesses just after the easing.

Also concerning wearing masks, they argue that healthy people don't need them, and that people with very low infection will only accentuate the recirculation of the bacteria by wearing a mask. Dr. Med. Dan Erickson and Artin Massihi have many

years of field experience and explain the facts: [28]. Most of their videos have been removed from YouTube.

9. When it becomes politics: 3.4 million influencers to silence you

The politics in the U.S. are in an open war since President Trump's election. Concerning COVID-19, the Democrats are deploying technology once used to combat ISIS propaganda, to counter Trump's coronavirus messaging [18].

However, it appears that the support from the White House for HCQ and CQ was given from the very beginning, against the WHO advice, and we have seen that HCQ was highly effective. Also the traveling from China has been shut down by the White House, while the WHO found this still unnecessary, and the traveling from Europe was stopped one week later.

Strangely, even a 2003 TV series predicted the Corona pandemic and even wrote that Chloroquine was the cure [19].

Further, a discussion during a White House COVID reporting, by Pres. Trump, regarding disinfectant, Sun, ultraviolet and injection, occurring after a question from a reporter, was totally distorted by the mainstream media [20]. In fact, the President knew very well what he was talking about. There are studies ongoing to introduce a fine tube into the lungs with UV [21], and there are studies ongoing to use vapor with small amounts of chlorine dioxide to kill lung diseases [22].

So, why again are the Democrats trying to silence Trump, if the research find more effective a cheaper cures for the patients?

Research even exist that show that Chloroquine is effective to treat certain cancers, and a U.S. patent has been taken on it [47]. Has this ever been made widely public?

10. Nobel Prize Prof. Montagnier finds man-made HIV strains

Prof. Montagnier, Nobel Prize winner, and discoverer of the AIDS-related HIV virus, says in an interview that the genome sequence of COVID-19 contain exact parts of the HIV virus and consequently, is manmade [14]. The genome details are given in [15].

Furthermore, he hypothesizes that it was not biological warfare but an accident from a laboratory, and he expects that the virus quickly mutates into a harmless virus because of the artificial strains. He also confirms that a specific lab in Wuhan has received large U.S. funds in the Obama era.

11. COVID-19 Researcher murdered

Heading from journal 09 May 2020: "A University of Pittsburgh professor on the verge of making "very significant findings" researching COVID-19, according to the university, was shot and killed in an apparent murder-suicide over the weekend" [17].

Immediately, the following question should be asked: what makes the discovery regarding COVID-19 even more sensational than what Prof. Montagnier declared?

12. Wuhan lockdown 11 weeks, rest of China only 16 days

Some questions remain, such as the following : how is it possible that Wuhan remained closed for 11 weeks, while the rest of China was only closed in average 16 days [13] ? We know of course that most of the world had the same virus, en was in lockdown. Most of the countries were in an economical shutdown during about 2 months, more, or less, depending from the country or state. Why would the rest of China reopen after 16 days and why not the rest of the world? By whom? Based upon what?

13. Why is the mainstream media scare mongering?

It is not credible that the simple questioning of the death count was not made by the mainstream media. It could have easily been found by taking the figures and by interpreting them correctly. The fact that hospitals are almost empty was not reported by them. The fact that the CoronaVirus is asymptomatic for most of the people, had no impact on most of the people has not been reported by the mainstream media. However, Dr. Fauci [38] was caught saying that the overwhelming majority of people recover from this virus [39].

Since more than two months, the mainstream media have reported inflated numbers every day [42]. The reporters are wearing masks when the cameras are on and remove them when the cameras are off [37].

It is therefore clear that before the scenes a totally different play occurs than behind the scenes, and that it is general at all levels. Who coordinated this and why? Lets' look at the vaccine business.

14. Liability for Vaccine Injury

The liability of the producers for the vaccines have been transferred to the U.S. government, the Department of Justice. In other words, if someone is injured and would claim a compensation, he must sue the Department of Justice [16]. Isn't there a conflict of interests? Does this allow a guarantee for safety for the people? Or does this allow settlements without any joint responsibility?

15. Big Business behind vaccines?

When digging on certain information on vaccines, one quickly enters the domain of Bill Gates, who possesses a large impact on the world of vaccines.

Gavi, the vaccine alliance, was founded by Bill & Melinda Gates Foundation. The largest sponsor of the WHO after the U.S. is Bill Gates, the same amount as the U.K. sponsors.

In return, he got a decade of cooperation with the WHO regarding vaccinations. Isn't there any conflict of interest for the WHO?

Wouldn't it be in the interest of the vaccine producers to avoid the use of COVID medicines, scare monger the people, and make the use of vaccines mandatory, worldwide?

Let's listen at what Bill gates says about it: [33] [34]. A WHO official says that they would enter the families by force, test the family members, and remove and isolate the sick [36]. Many videos now come out recently claiming that Bill Gates never would do that. However, the fact checkers are fact checked here: [35].

16. Even more behind vaccines?

Let's listen what Bill Gates says on this TED video (listen until 5:00) [41]. The last part reads as:

"First, we've got population. The world today has 6.8 billion people. That's headed up to about nine 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."

So, vaccines allow the population reduction? Indeed, there are cases of injury recorded.

In India, a polio vaccine has caused 490,000 cases of paralysis between 2000-2017 [43].

In Africa, a massive vaccination against Hepatitis B caused a massive HIV infection [44].

Is the rumor that some 'forces' want to reduce the world population, by war, biological warfare, famine, also true for vaccines?

17. What toxins do vaccines contain?

Vaccines contain toxins, dangerous toxins. All the vaccines? Let's have a look. The main toxins found are : formaldehyde [23], a highly toxic component; Thimerosal, a deceptive name for ethylmercury, which results in accumulation of mercury in the brain [24] and is associated with a strong increase of autism; Aluminum Hydroxide [25]; Aborted fetal tissue (MRC-5). [26] [27].

Notice that paediatricians get \$400 when they administer 100% of the vaccines to less than 2 years old children [46].

Why is that necessary?

18. What is ID2020.org ?

The ID2020 program has been developed and sponsored by Gavi and Microsoft, in majority owned by Bill Gates [29]. The website reads: "In January 2019, the Alliance launched the ID2020 Certification Mark". It allows to introduce a digital identity to people. It allows to get a Certificate Of Vaccine ID, similar to Orson Welles' type of scenario "1984".

This digital ID can be introduced by a needle in a hand or forehead [45]. Every movement of every person carrying it can be registered, and every payment or detector-proximity hit can be centralized in a commercial database.

19. Further plans: patent 060606

The following Microsoft patent [48] goes well with the ID2020.org program of human chipping through a Certificate Of Vaccine ID : Patent WO 2020/060606-A1

"CRYPTOCURRENCY SYSTEM USING BODY ACTIVITY DATA

Abstract

Human body activity associated with a task provided to a user may be used in a mining process of a cryptocurrency system. A server may provide a task to a device of a user which is communicatively coupled to the server. A sensor communicatively coupled to or comprised in the device of the user may sense body activity of the user. Body activity data may be generated based on the sensed body activity of the user. The cryptocurrency system communicatively coupled to the device of the user may verify if the body activity data satisfies one or more conditions set by the cryptocurrency system, and award cryptocurrency to the user whose body activity data is verified."

It is clear that the digital ID 'chipping' would immediately become a way to award the carrier of it to be part of the societal system by awarding them, and to punish the one who doesn't, by making them inexistent for the societal system controlled by above.

20. Conclusion

With this overview, I have given the reader some widely referenced material to dig on the case COVID-19, and I have suggested several paths to follow. All the given references are links to the Internet.

It is the choice of the reader to dig into the right direction, and not to believe anything that is presented to him. He will find the truth for himself and help the advance of liberty for the people, not a sham of liberty in a rigged world.

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ANNEX

	Médicament	Posologie
Chine	Chloroquine	500mg 2x/jour
Pays-Bas	Chloroquine/Hydroxychloroquine	J1 : 600mg (6 comprimés A-CQ 100mg), 12 heures plus tard 300mg ; J2-J5 : 300mg
Iran	Hydroxychloroquine	200mg 2x/jour
Belgique	Hydroxychloroquine	J1 : 400mg x2 ; J2-J5 200mg
Italie (Lombardie)	Chloroquine/Hydroxychloroquine	Chloroquine 500mg pendant 20jours OU Hydroxychloroquine 200mg 5 à 20 jours
USA (New York)	Hydroxychloroquine+Azithromycine	Hydroxychloroquine 200mg 3x/jour, Azithromycine 250mg
Corée	Hydroxychloroquine	Hydroxychloroquine 400mg/jour
Inde	Hydroxychloroquine	Prophylaxie, 400mg*2 au J1, puis 400mg par semaine
Source		
Chine	https://www.jstage.ist.go.jp/article/ddt/14/1/14_2020.01012/pdf/-char/ja	
Pays-Bas	https://swab.nl/nl/covid-19	
Iran	https://irimc.org/Portals/0/NewsAttachment/%20%20%20%20%20%20%20.pdf	
Belgique	https://epidemo.wiv-isp.be/ID/Documents/Covid19/COVID-19_InterimGuidelines_Treatment_ENG.pdf	
Italie (Lombardie)	https://www.omceoch.it/storage/attachments/Ebka.COVID19%20linee%20guida%20trattamento%2001MAR.pdf.pdf	
USA (New York)	https://www.forbes.com/sites/lisettevoytko/2020/03/22/new-york-to-begin-clinical-trials-for-coronavirus-treatment-tuesday-cuomo-says/#639b33f24203	
Corée	http://m.koreabiomed.com/news/articleView.html?idxno=7428	
Inde	https://icmr.nic.in/sites/default/files/upload_documents/HQC_Recommendation_22March_final_MM_V2.pdf	

Table 1

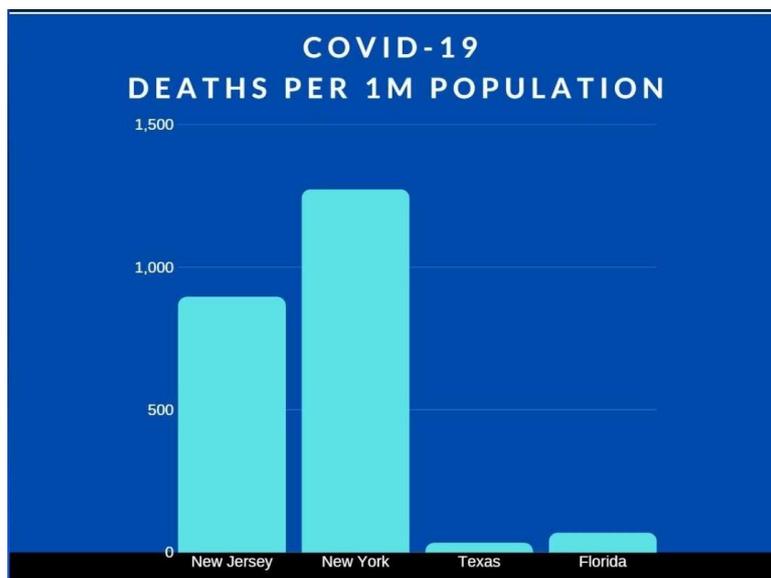


Fig 1

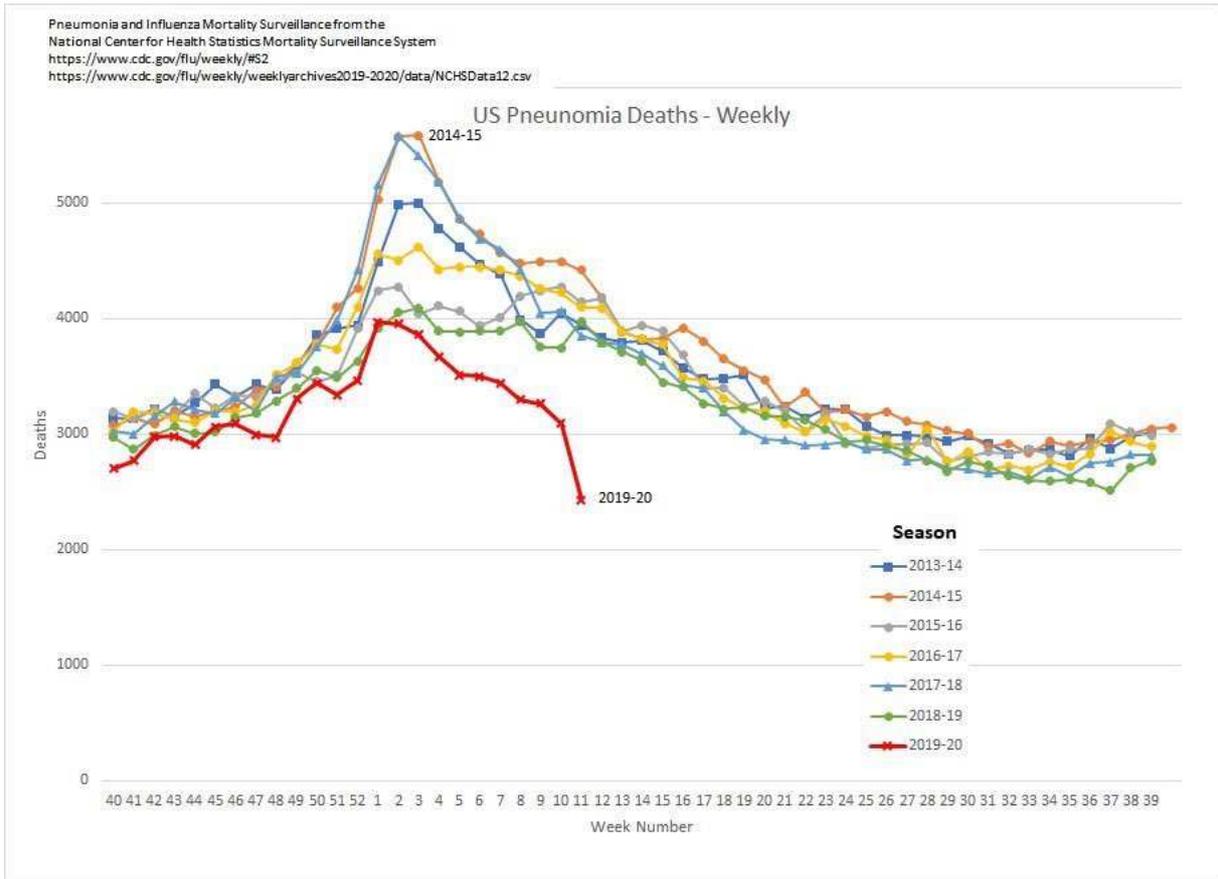


Fig 2

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories 2017-2018 Season

Week	Total A	Total B	Percent Positive A	Percent Positive B	Total # Tested	% Positive
201740	227	113	1.47	0.73	15438	2.2
201741	245	95	1.49	0.57	16440	2.06
201742	278	110	1.52	0.62	17638	2.19
201743	322	130	1.86	0.72	17816	2.59
201744	303	223	2.51	1.15	18973	3.63
201745	481	242	3.21	1.14	21168	4.36
201746	933	212	3.95	1.32	23571	5.28
201747	1318	333	5.67	1.43	23210	7.1
201748	1508	412	5.68	1.35	26524	7.23
201749	2176	511	7.83	1.83	27706	9.67
201750	4416	744	12.73	2.28	34676	15.02
201751	8733	1633	18.96	3.54	46043	22.51
201752	11290	1994	21.46	3.78	53071	23.22
201801	12565	2431	20.91	4.04	60062	24.95
201802	14530	3077	21.92	4.64	66281	26.56
201803	13889	3616	21.19	5.33	65378	26.72
201804	15841	5190	20.16	6.5	78555	26.77
201805	14305	4385	18.03	6.02	79584	26.06
201806	13339	3554	16.9	9.56	79011	26.46
201807	10842	2795	14.88	10.67	72929	25.54
201808	8782	4052	11.67	18.42	58000	23.09
201809	8157	4277	9.06	9.21	45448	18.28
201810	2747	3287	7.1	8.49	34879	15.8
201811	2229	3143	6.42	9.53	34643	15.36
201812	1952	2795	5.98	9.03	30924	15.03
201913	1589	2648	5.4	9.41	28357	15.01
201914	1018	2093	4.08	8.4	24913	12.48
201915	817	1777	3.33	7.69	21102	11.27
201916	524	1251	2.76	6.4	18953	9.34
201917	319	629	2.89	4.91	12794	7.4

Table 2

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories 2018-2019 Season

Week	Total A	Total B	Percent Positive A	Percent Positive B	Total # Tested	% Positive
201840	218	71	1.31	0.42	16528	1.74
201841	223	83	1.23	0.46	18035	1.69
201842	311	89	1.54	0.44	20180	1.98
201843	340	101	1.59	0.47	21363	2.06
201844	389	99	1.74	0.44	22352	2.18
201845	543	98	2.32	0.41	23394	2.74
201846	668	102	2.74	0.41	24378	3.15
201847	893	73	3.63	0.29	24596	3.92
201848	998	105	3.54	0.37	28143	3.91
201849	1660	150	5.74	0.51	28919	6.25
201850	3240	191	9.82	0.57	32983	10.4
201851	5286	185	13.82	0.48	38239	14.3
201852	6842	235	15.84	0.54	43168	16.39
201901	5233	141	11.84	0.31	44173	12.16
201902	5065	213	12.23	0.51	41399	12.74
201903	6652	180	15.91	0.43	41802	16.34
201904	8293	241	18.87	0.54	43934	19.42
201905	10601	277	21.95	0.57	48278	22.53
201906	13055	407	24.35	0.75	53609	25.11
201907	13245	500	25.07	0.94	52821	26.02
201908	13617	461	25.38	0.85	53640	26.24
201909	13360	428	25.28	0.81	52828	26.09
201910	13141	426	24.83	0.8	52916	25.63
201911	13333	556	25.11	1.04	53079	26.16
201912	10303	598	21.27	1.23	48432	22.5
201913	7619	587	17.98	1.38	42354	19.37
201914	4832	581	13.42	1.61	35995	15.03
201915	3119	543	10.19	1.77	30606	11.96
201916	1656	481	6.48	1.88	25554	8.36
201917	750	276	3.93	1.44	19080	5.37

Table 3

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories 2019-2020 Season

Week	Total A	Total B	Percent Positive A	Percent Positive B	Total # Tested	% Positive
201940	138	124	0.68	0.62	15881	1.3
201941	148	181	0.66	0.81	22115	1.47
201942	172	187	0.74	0.8	23131	1.55
201943	201	254	0.81	1.43	24930	2.23
201944	221	266	0.86	2.18	25417	3.02
201945	414	1076	1.43	3.73	38842	6.16
201946	535	1389	1.7	5.05	31426	8.76
201947	898	2581	2.46	7.07	36473	9.53
201948	1076	2793	3.04	7.89	38370	10.99
201949	1421	3461	3.4	8.25	41911	11.65
201950	2150	3097	4.8	11.35	44888	16.15
201951	3693	8579	6.78	15.75	54445	22.54
201952	5975	11261	9.23	17.6	63981	26.93
202001	5644	9858	8.66	14.82	65136	23.49
202002	6109	7927	10.06	13.06	68685	23.12
202003	7711	8017	12.78	13.24	62296	26.08
202004	9479	8762	14.89	13.58	64486	28.28
202005	12074	9640	16.78	13.42	71932	30.21
202006	12903	8792	18.12	12.29	71205	36.41
202007	13287	7133	19.37	10.43	68565	29.81
202008	12647	6791	19.61	8.89	64460	28.51
202009	11618	4348	18.84	7.05	61823	25.89
202010	10962	3339	17.31	5.3	63298	22.67
202011	8693	2574	12.15	2.99	71508	15.75
202012	3667	1390	5.5	1.82	70236	1.02
202013	665	236	1.57	0.6	42314	2.17
202014	139	102	0.48	0.35	28912	0.83
202015	42	37	0.22	0.19	18830	0.41
202016	30	23	0.21	0.16	14324	0.27
202017	14	7	0.12	0.06	11306	0.18

Table 4

Provisional Death Counts of Coronavirus disease 2019 (COVID-19), Pneumonia, or Influenza by week, United States. Week ending 2/1/2020 to 4/11/2020.*

Data as of 4/16/2020

Week ending date in which the death occurred	COVID-19 Deaths (U07.1) ¹	Deaths with Pneumonia, Influenza, or COVID (U07.1 or J09-J18.9) ²	Deaths from All Causes	Percent of Expected Deaths ³
2/01/20	-	4,091	56,569	95
2/08/20	-	4,121	57,094	96
2/15/20	-	4,137	56,114	95
2/22/20	-	4,004	55,646	96
2/29/20	5	4,096	54,968	96
3/07/20	19	4,172	54,333	94
3/14/20	44	4,140	52,381	92
3/21/20	449	4,678	51,785	91
3/28/20	2,285	6,597	52,569	94
4/04/20	5,012	8,876	49,770	89
4/11/20	3,542	5,305	28,174	50
Total Deaths	11,356	54,217	569,403	90

*Data during this period are incomplete because of the lag in time between when the death occurred and when the death certificate is completed, submitted to NCHS and processed for reporting purposes.

¹Deaths with confirmed or presumed COVID-19, coded to ICD-10 code U07.1.

²Deaths with confirmed or presumed COVID-19, Pneumonia, or Influenza, coded to ICD-10 codes U07.1 or J09-J18.9.

³Percent of expected deaths is the number of deaths for all causes for this week in 2020 compared to the average number across the same week in 2017–2019. Previous analyses of 2015–2016 provisional data completeness have found that completeness is lower in the first few weeks following the date of death (<25%), and then increases over time such that data are generally at least 75% complete within 8 weeks of when the death occurred.

Table 5