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The Corona Crisis: The Conspiracy Is Obvious. Here Are Facts to Construct a Theory

By Jack Dresser
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Theme: History

"We just want the facts, please." –Detective Joe Friday, Dragnet

"You notice a powerful and obnoxious odor of mendacity in this room?" The question boomed by Big Daddy in Tennessee Williams' Cat on a Hot Tin Roof may have never been more urgent than today.

We should all be asking this question and demanding straight answers. The sense of smell provided us by nature in our self-protection toolbox is indispensable when dangers are invisible and inaudible – denied view and voice by those empowered and trusted by the public. This leaves us to follow our noses, and when investigations are met with obvious stonewalling and gaslighting we are probably on the right track.

CIA Document 1035-960 referred to nose-following investigations of the dubious Warren Commission report on JFK's assassination as "conspiracy theories," a dismissive term repeatedly invoked ever since to discredit challenges and evade honest examination of evidence of unspeakable crimes by the powerful. The same tactic was employed after 9/11. Searches for truth and justice by determined private citizens meet with long delays, multiple roadblocks, and buried hope. I see this script again in the covid-19 pandemic declarations and radically destructive responses by power wielders in the US and worldwide. We cannot allow similar delays and obfuscation this time around.

Is theory an impermissible word? Of course not. A theory is a conceptual model developed to account for evidence, connecting identified data points. This is the fundamental method of science. In behavioral theory construction, complex social and political events obviously involve multiple participants. When the events are criminal or otherwise need to be hidden, participants must necessarily plan and prepare secretly. When official explanations from government and its compliant media stenographers are highly suspicious, empirically unlikely or obvious nonsense, we have the duty as citizens to inquire independently and build our own theoretical models. In crime as well as science, multiple theories typically arise before the final breakthrough in empirical demonstration or courtroom proof.

The "theories" immediately proclaimed by government sources following each of the four seminal assassinations of the 1960s, and of 9/11, involved no scientific method. Each warped the course of history without valid empirical foundations. By the time citizen investigators have uncovered and assembled enough evidence to construct realistic storylines, it has been much too late. Massive damage to our rights and freedoms grounded in official stories have already been institutionalized. We have inflicted mass-murderous wars on other peoples. Wrongs remain unresolved, often exacerbated and simply better disguised. Evidence is cold, and perpetrators have died or disappeared voluntarily or

involuntarily.

The official lies become enshrined as history. Our government, "news" media, educational curricula and cultural legends have relentlessly lied and betrayed us about everything – the congenial Thanksgiving feast between Pilgrims and their targeted genocide victims, about anti-colonial independence movements as "international communism," about Iraqi WMDs, about Israeli innocence in the face of Palestinian "terrorism." Why should we believe them now about anything that doesn't match the obvious or easily discoverable facts? There is a conspiracy, a very big one, obvious by now to everyone seeking the pieces missing from the covid-19 jigsaw puzzle. I encountered an example when submitting this seditious composition through my gmail account to which I was directed by the submission portal provided. Almost all the hyperlinks were "unable" to access their sites, so I switched to a private account and they all reappeared. By reading further, you too may experience the now-designated-guilty pleasure of sedition.

Many Americans, over 50,000 health and bioscience research professionals, and common-sensible people worldwide are questioning whether the government declaration of a covid-19 pandemic and "public health emergency" permitting state suspension of civil rights were justified. These indefinite suspensions include violation of our 1st Amendment right to freedom of assembly, potential threats to 4th Amendment security of our homes and persons, 6th and 7th Amendments due process rights, as well as rights to liberty, privacy, freedom of movement, work, and education specified by Universal Declaration of Human Rights Articles 3, 9, 12, 13, 20 and 26.

Considering the severe impacts of government actions upon employment, small businesses, public mental health, opportunities for vulture capitalism transferring massive assets from everyday citizens to multinational banks, massive corporations and the wealthiest citizens through the deceptive CARES Act, We the People are owed a thorough and fully independent investigation of this economically catastrophic management of a perceived public health threat amplified by alarmist reporting before necessary facts were available.

Specifically, we must demand investigation of the following documented events and questionable policies brought to public attention during this crisis. These questions are central but by no means comprehensive. More emerge every day.

Origins

Two exercises precisely anticipating this pandemic were held in 2019. Event 201 sponsored by Johns Hopkins Center for Health Security, the World Economic Forum and the Bill and Melinda Gates Foundation was held in NYC in October. Crimson Contagion, a series of DHHS simulations envisioning a pandemic outbreak beginning in China, had previously been held in Washington between January and August. These are not only de facto suspicious, but why was our public health system so unprepared?

The federal government failed to obtain prevalence data to provide a valid denominator in morbidity and mortality rate assessments, data provided by Stanford University and USC studies in late April, some six weeks after a "pandemic" was declared without these necessary parameters.

These California studies based on indices of ongoing or recent infection in subject samples

from Santa Clara and Los Angeles counties estimated prevalence rates of 3-4%, with case morbidity risk of about 1.5% and case fatality risk of .15%. Since business closures are the prevention modality causing the most economic hardship and exacerbation of other health problems, I did a further analysis in late May comparing covid-19 fatalities (from NYT reports over 90 days between January 21 and April 21) of the 13 states that did not close "non-essential" businesses with 13 neighboring states that did (identified by USA Today), which show an indistinguishable difference slightly favoring the open states, with both reporting about three deaths per 100,000 population. As of mid-January, 2021, the worldwide population fatality rate is currently .00026 – with deaths of some two million in a population approaching eight billion. Do epidemiologists define these fatality risks as a "pandemic" or "public health emergency"?

Comparisons of relatively "permissive" states imposing no (NBC) or later* non-essential business closures (LBC) with quasi-matched neighboring states with early closures (EC)

Covid-19 fatalities per 100,000 reported by NYT**

Permissive state			*Neighboring state*	
Arizona	LBC	2.9	New Mexico	3.1
Arkansas	NBC	1.4	Missouri	3.6
Georgia	LBC	7.9	Florida	4.0
Idaho	LBC	2.9	Oregon	1.8
Kansas	LBC	3.7	Iowa	2.6
Minnesota	LBC	2.8	Wisconsin	4.2
Mississippi	LBC	6.1	Alabama	3.8
Montana	LBC	1.1	Utah	1.0
Oklahoma	LBC	4.1	Nebraska ***	2.0
South Dakota	NBC	0.9	North Dakota ***	1.7
Tennessee	LBC	2.4	Kentucky	3.8
Texas	LBC	1.9	New Mexico	3.1
Wyoming	LBC	1.0	Colorado	8.4
Permissive mean		2.85	EC mean	3.3

** After March 24* *** For period Jan 21-April 21* **** Re-opened by April 3*

NIAID Director Dr. Anthony Fauci had information from China in January that reflected these modest predicted rates, but failed to notify the public, publishing this only in a Feb. 28 paper in the New England Journal of Medicine. In this paper he anticipated an infection death rate of less than 1%, comparable to a "severe seasonal influenza," including China's report of "higher morbidity and mortality among the elderly and among those with coexisting conditions." This would have suggested simply protecting the vulnerable elderly.

Nevertheless, a society-wide lockdown has continued into January 2021, inflicting severe

economic, social, psychological and collateral medical hardships on millions that have caused far more deaths than covid-19. But following nine months of this lockdown the worldwide CFR is even below Dr. Fauci's early expectations, yet Fauci et al. still decline to blow the "game over" whistle.

Can Drs. Fauci, Redfield and Birx be trusted?

U.S. military documents show that Redfield and Birx—both military HIV research science officers at Walter Reed Army Institute of Research in 1992—knowingly falsified scientific data published in the New England Journal of Medicine and the AIDS Research and Human Retroviruses journal, 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."

An Air Force tribunal on Scientific Fraud and Misconduct agreed that Redfield's "misleading or, possibly, deceptive" information "seriously threatens his credibility as a researcher." Dr. Redfield admitted that his analyses were faulty and deceptive, agreed to publicly correct them, but continued making false claims at three subsequent international HIV conferences and perjured himself in testimony before Congress, claiming that his vaccine cured HIV to secure $20 million support for his research program. Public Citizen stated in a 1994 letter to Henry Waxman's Congressional Committee that this money induced the Army to kill the investigation and "whitewash" Redfield's offenses.

Also hunting the HIV golden goose, Dr. Fauci blocked publication (see minutes 12-18 of this video) of Dr. Frank Ruscetti's study confirming French Dr. Luc Montagnier's identification of the HIV virus to buy time for Dr. Robert Gallo's American team to catch up and force the Pasteur Institute to share lucrative patent rights. Fauci then succeeded in transferring the research program from Gallo's National Cancer Institute to his own NIAID, gaining massive revenue allocations by Congress including long-ongoing collaboration with DARPA on gain-of-function bioweapons research disguised as "biodefense" thereby evading bioweapons treaty prohibitions.

There is credible evidence that this virus has been lab-modified from SARS 1. If so, this likely originated from collaborations including US and Chinese bioweapons laboratories at the University of North Carolina BSL3 lab, the Wuhan BSL4 lab, and Harvard. Dr. Charles Lieber, a nanotechnology expert and ex-chair of the Harvard Department of Chemistry and Chemical Biology, was arrested and indicted in 2020 for lying to federal investigators about unreported $50,000 monthly income from China.

These collaborations are documented in joint authorship of scientific articles by University of North Carolina, Harvard and Wuhan scientists, and by two $3.7 million grants to Wuhan from the NIAID in 2014 and 2019 through EcoHealth Alliance, an NIAID pass-through organization. Their collaboration apparently moved from UNC to Wuhan in 2014 following Congressional disapproval of our thinly veiled bioweapons research and a 2013 SCOTUS judgment confirming a previous decision that genetic material cannot be patented.

Irrespective of the origin of covid-19, all our BSL3 and BSL4 labs in the U.S. and overseas should be closed as morally indefensible existential threats to humanity.

Exploitation

Reuters and Politico reported White House meetings in January including Pentagon and CIA officials that excluded public health officials. The pandemic media preoccupation has been used as cover to further impose illegal sanctions on Iran and Venezuela, transfer Venezuelan state funds into a NY Federal Reserve account of Juan Guaido, quickly sponsor an aborted invasion of Venezuela by private mercenaries under a $150 million contract with Guaido, and distract from the November 2019 "lithium coup" (now overturned) against the elected president of Bolivia.

The presumed pandemic has been used in the US and worldwide to justify state infringements on freedom and privacy and in some places police abuse, and there is now a movement within government health agencies to condition certain civil rights on mandatory vaccinations.

With tens of thousands of small, independent businesses squeezed or ruined as "non-essential," big box, chain and online businesses have taken over much of the economy. Wealth of the world's billionaires has increased obscenely while the entrepreneurial middle classes, working classes, and poor struggle and sink.

Corruption, Fraud and Deception

Doctors report being incentivized to hospitalize ($13,000) and to ventilate ($39,000) covid-19 patients although ventilation may often be the wrong treatment, even causing iatrogenic death. Inappropriate use of ventilators despite early warnings by conscientious physicians competent in emergency and infectious disease medicine appear to have killed [yet to be fully confirmed and investigated] hundreds or thousands of patients.

Doctors have been instructed by the CDC to list covid-19 as primary cause-of-death whenever present or presumed irrespective of chronic co-morbidities that have heretofore been reported as primary with acute infectious diseases listed as secondary contributors.

A long-established, safe, inexpensive drug – hydroxychloroquine – when combined with zinc and prescribed at the early outpatient stage has been demonstrated highly effective in multiple studiesworldwide including prominent advocacy and publication by NY Dr. Vladimir Zelenko, but has been prohibited for use by American physicians and fraudulently demonized by studies that administered it at inappropriate, hospitalized, late stages of treatment in potentially lethal dosages, a criminal effort to discredit an effective, inexpensive outpatient treatment that obviates the need for $3000 remdesivir and desperately rushed development of new and dangerous vaccines. The shocking, coordinated campaign to deceptively discredit this low-cost, very effective prevention and early intervention medication is described by Dr. Simone Gold in her short, very readable book, *I Do Not Consent*.

Defn. Potentially Lethal:	Over 3200 mg total or at least 1500 mg within 2 days										
HCQ Studies cited by https://www.acpjournals.org/doi/10.7326/L20-0945#s1-L200945											
HCQ Study	**TOTAL mg dos**	**DAY 1**	**DAY 2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
Gautret et al.	potentially LETHAL 6000	600	600	600	600	600	600	600	600	600	600	
Molina et al.	potentially LETHAL 6000	600	600	600	600	600	600	600	600	600	600	
Ramireddy et al	SAFE 2400	800	400	400	400	400						
Chorin et al	SAFE 2400	800	400	400	400	400						
Saleh et al. chloroquine	potentially LETHAL 3000	1000	500	500	500	500						
Saleh et al. HCQ	SAFE 2400	800	400	400	400	400						
van den Broek et al. Chloroquine	potentially LETHAL 3300	900	600	600	600	600						
Gautret et al.2020-000890-25	potentially LETHAL 6000	600	600	600	600	600	600	600	600	600	600	
Barbosa et al. **Highest dose**	potentially LETHAL 3200	800	800	400	400	400	400					
Barbosa et al. **Lowest dose**	SAFE 1400	800	200	200	200							
Mahevas et al	potentially LETHAL 4200	600	600	600	600	600	600	600				
Yu et al **Highest dosage**	potentially LETHAL 4000	400	400	400	400	400	400	400	400	400	400	
Yu et al **Lowest dosage**	SAFE 2800	400	400	400	400	400	400	400				
Mercuro et al	SAFE 2400	800	400	400	400	400						
Mallat et al.	potentially LETHAL 4400	800	400	400	400	400	400	400	400	400	400	
Membrillo et al.	potentially LETHAL 2400	1200	400	400	400							
Huang et al. Chloroquine **Highest Dosing**	potentially LETHAL 10000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	
Huang et al. Chloroquine **Lower dosing**	potentially LETHAL 5000	500	500	500	500	500	500	500	500	500	500	
Geleris et al.	potentially LETHAL 2800	1200	400	400	400	400						
Ip et al. **80% of patients**	SAFE 2400	800	400	400	400	400						
Sbidian et al	potentially LETHAL 4200	600	400	400	400	400	400	400	400	400	400	
Arshad et al.	SAFE 2400	800	400	400	400	400						
Jun Chen et al.	SAFE 2000	400	400	400	400	400						
Zhaowei Chen et al.	SAFE 2000	400	400	400	400	400						
Tang et al. Chloroquine	potentially LETHAL 6800	1200	1200	1200	800	800	800	800				
Borba et al. Chloroquine	potentially LETHAL 12000	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	
Borba et al. NCT04323527	potentially LETHAL 12000	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	
Tang et al.	potentially LETHAL 6800	1200	1200	1200	800	800	800	800				
Boulware et al. NCT04308668	potentially LETHAL 3800	1400	600	600	600	600						
Chen et al. Chloroquine ChiCTR2000030054	potentially LETHAL 5500	1000	500	500	500	500	500	500	500	500	500	
Chen et al. Hydroxychloroquine ChiCTR2000030054	potentially LETHAL 4000	400	400	400	400	400	400	400	400	400	400	
Sources for Max Safe Dosing are: https://www.drugs.com/dosage/hydroxychloroquine.html and https://anthraxvaccine.blogspot.com/2020/06/who-trial-using-potentially-fatal.html												

Many leading molecular biologists, virologists, epidemiologists, and infectious disease specialists have explained that masking, social distancing, business restrictions and closures, and touch avoidance prolongs rather than prevents spread of a viral infection since these measures delay "herd immunity" among the large low-risk majority whose immunity will subsequently protect the high-risk minority. Sweden followed this model with no lockdown or draconian social interaction modifications to permit development of herd immunity, had a somewhat higher CFR than neighboring Norway due largely to failure to

protect nursing home residents, but had a lower rate than any major European country other than Germany and has now returned to normalcy with none of the collateral damage widespread elsewhere. Our government and media have only cited comparison with Norway, which has much lower population density than Sweden spread along its long, fjord-divided coastline communities.

Denmark also followed a permissive model, with masking optional and infrequent. This facilitated a nationwide randomized controlled study of masking effectiveness with experimental and control subjects instructed to wear or not wear masks in public, with social reactions neutralized as a contributing factor. With its large sample size (c. 6,000), stratified random sampling design controlling for regional variations, 30-day exposure window during the height of the pandemic, use of 3-layer surgical masks, satisfactory (80%) subject completion rate, and multiple outcome criteria, the study findings are conclusive to the naked eye irrespective of the statistical analysis necessary for scientific publication. The best comparison sample with unmasked controls were about half the treatment subjects who masked consistently as directed, where the infection rates were 2.0% (masked) and 2.1% (controls), with inconsistent maskers leading the others at 1.7%. These findings have been wholly ignored by our government and press.

Vitamins C and D are effective for both prevention and treatment, and well-established anti-inflammatory drugs such as budesonide and ivermectin have proven highly effective in preventing and reducing the immune system overreactions that account for respiratory distress and collateral organ damage. Simple antibiotics such as azithromycin prevent opportunistic bacterial pneumonia. These effective, inexpensive, well-established preventive and treatment protocols have been ignored by our public health establishment and its captive press. Instead, newly minted vaccines promising massive Big Pharma development subsidies and projected profits have been relentlessly promoted as the only solution from the beginning. The low death rate – almost exclusively confined to the elderly with significant co-morbidities and virtually zero among the school-aged – has been concealed along with the absurdity of health-compromising masks, social distancing and touch avoidance in the very low-risk populations.

Note: Data in this sheet are updated weekly

Title: **COVID-19 deaths by age group and pre-existing condition**
Summary: This file contains information on the deaths of patients who have died in hospitals in England and have tested positive for Covid-19.

Period: **All data up to 5pm 2 June 2020**
Source: COVID-19 Patient Notification System
Basis: Provider
Published: **4 June 2020**
Revised: -
Status: Published
Contact: england.covid19dailydeaths@nhs.net

Breakdown by pre existing condition

	Pre existing condition			
Age group	**Yes**	**No**	**Unkown presence of pre-existing condition**	**Total**
Total	25,727	1,318	0	27,045
0 - 19 yrs	15	3	0	18
20 - 39	158	32	0	190
40 - 59	1,873	255	0	2,128
60 - 79	9,778	551	0	10,329
80+	13,903	477	0	14,380
Unknown age	0	0	0	0

The Vaccine Rescue Plan

The declared “pandemic” has been prolonged to await rescue by vaccine through a frantic interweaving of contact tracing and PCR testing – a method its inventor, Nobel Prize laureate Kary Mullis, has explained only identifies viral molecules that are often inconsequential and does not identify disease. A positive finding may simply indicate virus encountered and subdued with immunity acquired, leaving some battlefield detritus. Compounding this, there are many false positives. The public has been terrorized into readiness to seek safety exclusively in a vaccine – a highly suspicious agenda of the NIAID, CDC and WHO.

There is widespread concern that covid-19 vaccinations could be mandated or made a condition of certain civil rights (e.g., assembly, access to public spaces) despite use of experimental technologies, very inadequate safety testing, and a long record of vaccine injuries documented by decades of court records.

The 1986 National Childhood Vaccine Injury Act should be repealed, which immunized vaccine manufacturers from liability due to many business-ruinous lawsuits for lifelong disabilities, thereby removing the necessity of thorough safety testing in their business model and leading to a proliferation of highly profitable vaccines without sufficient risk/benefit evaluation. Following this legislation, vaccine injury claims have been defended by the U.S. Department of Justice in a Vaccine Court with some $4.2 billion in judgments paid through 2019 plus court costs at taxpayer expense despite denying most claims by parents. The 2020 PREP Act should also be repealed, which extended immunity from vaccine liability to the US government as well, leaving vaccine-injured citizens with no legal protection or recourse. Restoration of both these rightful consumer-protection liabilities has become increasingly important as bizarre and alarming reactions producing irreversible autoimmune conditions are already reported in response to novel-technology mRNA vaccines that may better meet the definition of genetic engineering than vaccination – what Dr. Simone Gold calls insertion of “experimental biological agents” into our cells perhaps including penetration of the blood-brain barrier (see minutes 55-1:05 in this video).

There are worrisome institutional conflicts-of-interest as well. Bill Gates has stated his ambition to establish a global system and production capacity to vaccinate the entire world for this and future pathogens. His dystopian vision of a technocratic health safety regime fits seamlessly into the very disturbing Agenda 20-30 and World Economic Forum visions of centralized world control, which would increase rather than broadly redistribute the power and wealth of the .001%, and would disempower situational, local, regional and national approaches to this and all other challenges to human welfare and survival while smothering individual, organizational and cultural identities. This is an agenda of which the covid-19 measures imposed upon us across the globe are an obvious harbinger.

In addition, Gates has undisclosed conflicts-of-interest with the massive looming vaccine profit center. The Gates Foundation, Gates-established/controlled GAVI Alliance, and Gates-funded CHAMPS program through Emory University provide indispensable funding to the CDC and WHO. Following US withdrawal of WHO support by President Trump, the Gates Foundation and GAVI now provide more funding to the WHO than any of the 192 nations it serves. To mesmerize public acceptance through news propaganda, the pharmaceutical industry provides enormous TV advertising revenues, about equivalent to the fast food industry and exceeded only by the automotive industry.

Requiring covid-19 vaccination as a condition of school attendance would be not only unjustified but arguably criminal. Oregon pediatrician Paul Thomas, who has scrupulously provided parents with informed choice whether or not to vaccinate their children, performed

a review of his clinical records over 10 years comparing health outcomes of vaccinated and unvaccinated children. Collaborating with research analyst Dr. James Lyons-Weiler, Dr. Thomas found striking differences in overall health with the unvaccinated children far healthier across all illness outcome measures.

Resistance

These facts are now being introduced into evidence in lawsuits across the world where most jurisdictions do not provide liability immunity to pharmaceutical manufacturers.

Attempts to investigate these essential questions, scrupulously fact-based, have been ignored or casually dismissed as "conspiracy theories" by the mainstream press. Alternative web-based and social media reports and assertions by hundreds of physicians, medical research scientists, independent and citizen journalists, civil rights attorneys and everyday fed-up citizens challenging the official narrative have met smothering censorship by the dominant internet platforms. Due in no small measure to this blatant censorship, public opposition is growing, rejecting mainstream propaganda and responding to emerging counter-narrative revelations with dismay, anger and aroused will to resist.

The urgent need to mount vigorous resistance goes far beyond the current health-panic-induction agenda – possibly an intended checkmate – by obviously coordinated world power managers. The methods, motives and orchestration of this dark global theatric that we are not allowed to dig into, identify and examine lead us back toward the sponsors of Crimson Contagion – the vaccine-obsessed Gates Foundation, the Great Reset vision of World Economic Forum Davos denizens, and Big Pharma as their instrument and beneficiary. Or would that just be another ridiculous conspiracy theory?

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Jack Dresser, Ph.D. is a retired psychologist and NIH-funded research scientist associated with Oregon Research Institute, where he served as Principal Investigator on projects developing and evaluating high-risk behavior prevention and early intervention programs. Before these studies he directed several projects funded by the U.S. Department of Education developing drug and alcohol abuse prevention and early intervention programs for school districts in northern and southern California and Oregon. He began his professional career as a U.S. Army psychologist during the Vietnam War, and is national vice-chair of the Veterans for Peace working group on Palestine and the Middle East. For several years he has co-hosted a weekly radio show titled "Racism, Empire and Survival" on www.kepw.org in Eugene, Oregon that focuses on the propaganda fueling and maintaining violent U.S./NATO/Israeli imperialism and the false histories packaged as education that provide the framing into which government and media propaganda is seamlessly fitted.

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