

COVID-19: Pandemic? Or Cult?

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For the overwhelming majority of people, COVID-19 is a religion. On faith, they blindly accept that SARS-CoV-2 is the virus that causes COVID-19. On faith they believe that COVID-19 PCR, antigen and antibody tests are accurate. On faith they believe that vaccines using an experimental [mRNA](#) technology [never before used on humans](#), developed in [less than a year](#) instead of the normal [5-10 years](#) to evaluate the long-term effects on people's health, are safe and effective.

On faith they believe that draconian measures, like mask mandates and global lockdowns that have destroyed lives, economies, and trampled centuries of cherished civil liberties will protect them. On faith they believe that doctors, scientists, politicians, public health bureaucrats, and the mainstream media are telling them the truth about COVID-19.

Having faith in yourself is one thing. But placing your faith in some institution like the World Health Organization or in some person because they're a doctor, scientist, president, king, queen, prime minister, governor, mayor, or a celebrity is giving away your power.

Consider these facts:

Lockdowns Don't Work

Image on the right: File photo from the Times of India



In January, 2020 CNN [reported](#) the following statement from Anthony Fauci, Director of NIAD (National Institute of Allergy and Infectious Diseases), regarding lockdowns: “That’s something that I don’t think we could possibly do in the United States, I can’t imagine shutting down New York or Los Angeles...” Fauci went on to say that the effectiveness of lockdowns “...is really open to question because historically when you shut things down it doesn’t have a major effect.”

Fauci’s back then statement, unlike his later flip-flops, was based on established science. For example, in a January 2020 [article](#), NPR reported on “quarantine use—and abuse—over the ages.” Among the many examples cited was the 2014 Ebola outbreak in Liberia and Sierra Leone.

Liberia decided to isolate a neighborhood for 21 days which only lasted 10 days due to public protests. Sierra Leone imposed a three day quarantine or stay-at-home order. Doctors Without Borders which played an important role in the fight against Ebola had this to say about such actions:

“It has been our experience that lockdowns and quarantines do not help control Ebola, as they end up driving people underground and jeopardizing the trust between people and health providers.”

A May, 2020 [article](#) in AIER (AMERICAN INSTITUTE FOR ECONOMIC RESEARCH) reported on what the New York Times [reported](#) on in February 2006. The U.S. Government under George W. Bush decided to resurrect authoritarian strategies to control pandemics which on April 5, 2020 ABC News [reported](#): “...formed the foundation for the national response to the coronavirus pandemic underway right now.”

Bush’s dumb strategy was concocted by some computer science programmers and a small group of public health bureaucrats. Lucky for us, it got sidetracked by [other crises](#) engineered by his incompetent and corrupt administration.

In response to Bush’s pandemic plan, [Dr. Donald A. Henderson](#) (1928-2016), former Dean of the Johns Hopkins School of Public Health along with three other experts, took immediate action. They wrote a scientific [paper](#) entitled: “Disease Mitigation Measures in the Control of Pandemic Influenza” published in BIOSECURITY AND BIOTERRORISM which lays out in no uncertain terms that there is no basis for social distancing, prohibiting social gatherings, school closures, masks, and quarantining large groups of people, and that such measures would have serious and considerable adverse consequences. Their conclusion:

“Experience has shown that communities faced with epidemics or other adverse events respond best and with the least anxiety when the normal social functioning of the community is least disrupted.”

[Numerous recent studies](#) such as [here](#), [here](#), and [here](#) confirm the aforementioned findings.

This is an additional one:

EClinical Medicine (published by The Lancet) July 2020 [study](#): “A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes”

Results: "...government actions such as border closures, full lockdowns, and a high rate of COVID-19 testing were not associated with statistically significant reductions in the number of critical cases or overall mortality."

Masks Don't Work



Surgical masks have been around since the late 1890s and [are used](#) in operating rooms to prevent droplets from the surgeon's mouth and nose from going into a patient's open wound. They also protect the operating room team from sprays and splashes from the patient. The operating room is a [controlled sterile environment](#). Temperature and humidity levels are set to ensure maximum comfort and ability to breathe with the masks on.

N95 masks or [respirators](#) were originally designed for industrial use. Construction workers, Miners, and painters made use of them. Eventually, they were used in clinical settings originally for protection against Tuberculosis which is a bacterial disease.

Neither N95 masks nor surgical masks were designed for protection against viruses. Even most of the boxes the masks come in say that they [won't protect you](#) from COVID-19 or other viruses. Yet, in spite of what it says on the box, we are told to wear them.

There are [two kinds](#) of scientific research: [observational](#) and [experimental](#).

Observational science which involves statistical correlations or epidemiology, mathematical computer models, asking people how they feel under certain conditions, etc. can be summed up in one word: Speculation.

Experimental science where you test, measure, and examine an actual something, such as randomized controlled designs, testing what's going on in a person's body while they are wearing or doing something, testing a drug, nutritional supplement, or an actual piece of equipment to see how well it performs can be summed up with this one word: Verification.

Most of the evidence touting that masks work are observational studies which are weak science. And they are cherry-picking the data because there are also plenty of observational studies that show masks don't work against viral diseases. All that these type of epidemiological studies show are correlations between masks, and COVID-19 cases, hospitalizations, and death numbers. But correlation doesn't prove causation.

Another type of weak science are mechanistic studies that show the percentage of respiratory droplets that various types of masks stop. This means nothing unless they test for actual viral or aerosol particles because as stated in a 2006 [study](#) published in the American Journal of Infection Control, a June 2020 [study](#) published in AIP physics and Fluids, and the CDC's February 2021 double masking [study](#), plenty of infectious viral or potentially

infectious aerosol particles will still go around and through any type of mask. A 2009 Wageningen University [study](#) in The Netherlands also demonstrates this. So, claiming that masks are 80%, 90%, or even 99% effective is really saying that they are 0% effective.

Bottom line: the only studies that really matter are Randomized Controlled trials (RCTs) with verified outcomes which test the masks on humans. And every RCT ever done over the past 75 years has shown that N95 masks, surgical masks, and cloth masks are useless against preventing viral diseases. Dr. Denis Rancourt, PhD summed it up best in his ResearchGate [Study](#), “Masks Don’t Work:” (Page 4)

“No RCT study with verified outcome shows a benefit for HCW” (healthcare workers) “or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions.”

There are also a number of studies that show wearing a mask isn’t a small thing to ask. Masks are extremely damaging to health in numerous ways. And do you really need science to tell you that your nose and mouth weren’t meant to be obstructed?

Masks [cause](#) oxygen deprivation and [increase CO2 levels](#) in the blood by forcing the wearer to breathe in their own toxins that they exhale. This [damages](#) their tissues and internal organs and weakens the immune system. Masks [collect](#) and are a [breeding ground](#) for all sorts of pathogenic microbes because they create a warm moist environment on the face and dryness in the mouth which promotes the growth of bacteria that cause periodontal diseases like tooth decay and gingivitis which increases the risk of heart attack and stroke. Dentists are calling this [mask-mouth](#). Masks contain [nano plastic particles](#) that can be inhaled deep into the lungs. A growing body of evidence shows that these particles can be harmful. Depriving the body of oxygen also [increases](#) the risk for cancer. Masks also cause facial lesions (WHO [“Interim Guidance”](#) pages 4 & 8).

Last September, PA Governor Tom Wolf and state legislator Wendy Ullman at a [press conference](#) forgot that the podium mic was turned on and admitted that masks are “political theater.” And they laughed about it. How many other government officials I wonder are laughing at us behind our backs?

Sadly, most people don’t know that the joke is on them and will continue to walk around with masks on their faces and their heads up their ass until the voice of authority tells them not to.

COVID-19 Vaccines Don’t Prevent COVID-19 and Could Be Dangerous

The purpose of a [vaccine](#) is to prevent a person from getting whatever disease that they’re being vaccinated for, thus, preventing them from infecting others. We constantly hear the mantra that as many people as possible need to get vaccinated in order to achieve “herd immunity.” There is only one problem: COVID-19 vaccines don’t prevent infection or transmission of SARS-CoV-2. In other words, you can still get COVID-19 even if you get vaccinated. Hugh! Say what?

In an October, 2020 [article](#), Peter Doshi, Associate Editor of the British Medical Journal, one of the most respected peer-reviewed medical journals in the world, reported that Tal Zaks, chief medical officer at Moderna, explained the following about the Phase III vaccine trials regarding if their vaccine will stop people from infecting each other with the COVID-19 virus:

“Our trial will not demonstrate prevention of transmission. Because in order to do that you have to swab people twice a week for very long periods, and that becomes operationally untenable.”

Anthony Fauci echoed Zaks’ words in an [interview](#) at Yahoo Finance’s All Markets Summit last October when he explained that “Early COVID-19 vaccines will only prevent symptoms, not block the virus.”

Dr. Paul Offit, director of the Vaccine Education Center at Children’s Hospital of Philadelphia and a co-inventor of a rotavirus vaccine said in an NPR [interview](#) that “...one out of every 20 people who get the vaccine could still get moderate to severe infection.”

In a March, 2021 [interview](#) (last page), Offit also said that he considers masks and social distancing to be more effective than the vaccines. Nevertheless, Offit did get one of the COVID-19 vaccines.

A January 2021 [article](#) in Healthline News reported that because people can still spread and develop COVID-19 after getting a vaccine, experts like Fauci and the CDC (Centers for Disease Control and Prevention) are telling them that they still have to wear masks, frequently wash their hands, and practice social distancing. Some experts cited in the article actually advised people who got vaccinated to act as if they never got the vaccine.

Excuse me for being a party pooper. I don’t mean to rain on anyone’s parade. But what’s the point in getting a vaccine that doesn’t vaccinate you???

And what does it mean when we are told that the COVID-19 vaccines are highly effective? A follow up [article](#) to Peter Doshi’s report, also in the British Medical Journal, points out that none of the COVID-19 vaccine trials are designed to detect a reduction in any serious outcomes such as hospitalizations, intensive care use, or deaths. All they are evaluating is mild, not severe disease. The article also points out that the frail elderly are way under-represented in the vaccine trials which provides no basis that the vaccines will reduce hospitalization or mortality as this is the group most likely to die. Children, pregnant women, and immunocompromised people have largely been excluded from the trials as well.

A big problem with the COVID-19 vaccines in use made by Pfizer, Moderna, Johnson & Johnson, etc, is that there is no way to know what the long-term side effects will be nor even how many people will suffer permanent injury and die from taking them.

A February 12, 2021 [article](#) in the New York Times reported that the safety monitoring system that is supposed to monitor any dangerous reactions to the COVID-19 vaccines “won’t be capable of analyzing safety data for weeks or months, according to numerous federal health experts,” and that “For now federal regulators are counting on a patchwork of existing programs that they acknowledge are inadequate.”

According to [VAERS](#) (Vaccine Adverse Event Reporting System), a national vaccine safety surveillance system run by the CDC and the FDA that tracks injuries and deaths caused by vaccines, as of 3-19-2021, there have been [44,606](#) recorded adverse events that include [2,050](#) deaths following injections with COVID-19 vaccines. On its [home page](#) VAERS explains that it’s a passive reporting system that relies on individuals to send in reports of their experiences to the CDC and FDA. It is not designed to determine if a vaccine caused a health problem.

Reports of injuries and deaths from COVID vaccines are being reported all over the world. For example, last March, The Sun [reported](#) that 21 countries, Italy, Germany, France, Slovenia, Cyprus, Norway, Sweden, Denmark, Iceland, Spain, Portugal, Netherlands, Luxembourg, Ireland, Estonia, Latvia, Bulgaria, Austria, Lithuania, Bulgaria, Romania, and Thailand have suspended the Oxford AstraZeneca Vaccine due to reports of people developing severe blood clots days or weeks after being vaccinated.

Vaccine companies are immune from liability for any injuries or deaths caused by their vaccines. Instead, victims have to file a claim with either the [VICP](#) (National Vaccine Injury Compensation Program) or the [CICP](#) (Countermeasures Injury Compensation Program) which deals with pandemics. In other words, [we the tax payers](#) have to foot the bill for any mess caused by the vaccine manufacturers. And as reported by [CNBC](#) last March, the CICP rejects over 90% of the claims filed. So, good luck on collecting. The VICP, created in 1986, rejects about two thirds of all claims ([reported](#) in Science Magazine 2017). I think it's time to do away with this practice and hold the vaccine companies accountable for their actions not only financially, but criminally as well.

Another problem with COVID-19 vaccines are mutations. On March 30, 2021, [CNBC reported](#) that according to experts in 28 countries coronavirus mutations could render current vaccines ineffective within a year. They claim that the only way to counteract this is to vaccinate everyone as quickly as possible. But the article points out that there are already mutant strains out there so the proverbial cat is out of the bag.

Viruses naturally mutate anyway and, according to a February, 2020 [report](#) in the peer-review journal Nature, are nothing to be concerned about even in the case of SARS-CoV-2. Because, as the article explains, such mutations “rarely impact outbreaks dramatically” and will not likely result in more deaths so the “spectre” of a “super killer virus” is baseless. And since the article also points out that mutations in RNA coronaviruses viruses accumulate during every copying cycle and can occur within a matter of hours in a single infected host, there is no need to vaccinate the entire world as quickly as possible. But the article explains that because the word mutation invokes science fiction models of doom and gloom “it is unsurprising that during a real-life outbreak, journalists and scientists are sometimes predisposed to draw upon these fictional views.”

In an 11-13-2020 editorial, [Kamran Abbassi MD](#), Executive Editor of the British Medical Journal explained that journalists and scientists are more likely drawing on something else:

“Science is being suppressed for political and financial gain. Covid-19 has unleashed a state of corruption on a grand scale, and it is harmful to public health. Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency...Globally, people, policies, and procurement are being corrupted by political and commercial agendas.”

Dr. Abbassi further explained:

“The UK’s pandemic response relies too heavily on scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture covid-19 diagnostic tests, treatments, and vaccines. Government appointees are able to ignore or cherry

pick science—another form of misuse—and indulge in anti-competitive practices that favour their own products and those of friends and associates.”

He concluded:

“Politicization of science was enthusiastically deployed by some of history’s worst autocrats and dictators, and it is now commonplace in democracies. The medical-political complex tends towards suppression of science to aggrandize and enrich those in power. And, as the powerful become more successful, richer, and further and further intoxicated with power, the inconvenient truths of science are suppressed. When good science is suppressed, people die.”

The Illogic of It All

Nothing that we are being told about COVID-19 makes any sense.

We are told that the flu has virtually [disappeared](#) which is being attributed to masks and social distancing. Yet, Biden, Fauci, and CDC Director Rochelle Walensky are cackling that COVID-19 cases are once again on the rise in [21 states](#) that include New York, New Jersey, and Michigan which have some of the strictest mask mandates that have been in place for a year. But since [Texas](#) got rid of its mask mandate COVID-19 cases have dropped and are not the rise. How does one explain this?

In the case of the Flu, let’s apply [Occam’s razor](#) or the simplest most logical explanation. [COVID-19](#) has the same symptoms as the [flu](#). So, based on symptoms alone it is impossible to tell which is which. Thus, the flu is being relabeled COVID-19 along with [pneumonia](#), [bronchitis](#), other [coronaviruses](#), as well as a bunch of other diseases that are being used to grossly inflate the death numbers. In fact, the [CDC website](#) (see “Comorbidities and other conditions”) admits that only 6% of all COVID-19 deaths were due to COVID-19 and that on average all of the other deaths had “4.0 additional conditions or causes per death.”

All of this hysteria about rising COVID cases is mainly based on PCR tests that can be manipulated by adjusting the cycles. On a [panel discussion](#) last year, Anthony Fauci explained that running the PCR test at 35 cycles or more will give you a false positive. Yet, the FDA website ([see page 36](#)) shows that PCR tests are being run at 40 cycles. Yale New Haven Hospital on page 4 of their [report](#) also points out that PCR tests are usually run at 40 cycles and that the cycle threshold used “is never included in the results sent to clinicians.”

Here’s a nifty experiment that I wish someone would do. Since it’s impossible to tell the difference between COVID-19 and the flu based on symptoms alone ([CDC website](#) under “How do I know if I have flu?”), take a few thousand people who test positive for COVID-19 and also test them for the flu. If a high percentage of them test positive for both conditions how would they know who has what? Because, contrary to what one [CDC web page](#) says, that COVID-19 “seems to cause more serious illness in some people,” another [CDC web page](#) says that the flu also can cause all sorts of health complications including damage to the heart, lungs and kidneys. In other words, anything COVID-19 can do the flu can do because COVID-19 is the flu.

The Human Condition

Why are most of my fellow humans unable to see that they are being conned regardless of

how many times their governments have lied to them? Simple! People have difficulty seeing the truth because the human brain evolved to react rather than think rationally. This is because human beings are animals, as in fauna, mammals, primates, and specifically: apes. This isn't an insult—it's a biological fact. This is basic [taxonomy](#), the science of identifying and classifying all life forms. And we are [classified](#) as apes.

The fact that we are apes is in our DNA. The [genome](#) of all the great apes, chimps, gorillas, orangutans, etc. is made up of 48 [chromosomes](#). But us humans have 46 chromosomes. So, as Professor Kenneth R. Miller [explained](#), if we are indeed great apes who descended from the same common ancestors, at one time in the past we also must have had 48 chromosomes. And we did. Chromosome 2 provides the answer. At the ends of each chromosome we have [telomeres](#). These end caps protect our chromosomes and prevent them from fusing with other chromosomes. But chromosome 2, in addition to the telomeres at the ends of it, also has telomeres in its center which resulted from the fusion of two primate chromosomes.

The Bible also teaches that we are animals. In Genesis 1:24 Animals are called creatures while in Genesis 2:7 humans are called souls. But in the original Hebrew, long before the English language existed, no such distinction is made. Both the word creature and the word soul are translated from the same Hebrew word [nephesh](#).

The primary weapon being used to bludgeon us into accepting the COVID-19 narrative is fear. Submission is fear. A frightened animal is a dangerous animal. Like all apes, we are territorial social animals. Anyone who doesn't accept the fear narrative and pay homage to the microbial hobgoblin by wearing a mask, getting vaccinated, and engaging in other useless rituals is an outsider, an enemy.

Dr. Richard Carrier, PhD, a historian, explained how messed up our thinking is at a [lecture](#) he gave back in 2011. He talked about studies where they gave identical messages, one with and one without a fear narrative, to two control groups. A much higher percentage of people in the group with the fear narrative believed the message. Fear inhibits critical thinking skills. Our brains are hard-wired that scary information is important and must be believed.

Carrier went on to explain that we are designed to overly detect danger because the odds of being killed by under detecting danger are higher in a primitive world. Over believing in things that are dangerous, like a rustling in the bushes could be a predator instead of the wind, helped our primitive ancestors to survive. This is a manifestation of one of our many [cognitive biases](#) called "[Agent detection](#)" which causes us to overly attribute agency to things that happen in the world. The belief that everything happens for a reason, yelling at a piece of furniture if you bump into it, children talking to their toys as if they're alive, are examples of Agent detection.

All cognitive biases screw up our thinking and cause us to believe in irrational things and make wrong decisions. Being designed to over detect danger has always made it easy for religion, politics, the media, and corporations to manipulate us by fear—something we must always be on guard against.

Our [closest relative](#), the chimpanzee with whom we share 99 percent of our DNA can be [empathetic](#), provide help when needed even to humans, and respect their elders, or they can be [ruthless and brutal](#). They can be serial killers, make war on each other, rape and

beat their mates, and [hunt](#) and eat other monkeys by tearing them apart and eating them raw. They will even eat other chimpanzees. It's the same with us humans despite the fact that our brain's cerebrum is larger and more complex. At this stage of our development we can both love and nurture each other and prey on and destroy each other.

It's important to understand that there is a difference between knowing something and believing that you know something. Dr. Carrier explained that your brain makes decisions for emotional reasons first, such as being afraid, and then comes up with intellectual reasons to justify that belief. This isn't a problem if your reason is trained to be self-critical so you can correct false beliefs and errors in judgment. But this has to be learned. Most people, even if they are well educated, aren't trained critical thinkers who know how to question themselves so their brains will automatically rationalize anything they want to believe no matter how ridiculous it is.

Scare people and you can get them to turn against their family and friends, rat on each other to the authorities, hoard toilet paper, think it's okay to put children younger than 10 years old on sex offender registries for [playing doctor](#), and that it's okay for cops to beat and kill people who don't obey their every command. Scare people enough and they become trapped in a twilight zone of false reality where down is up, black is white, nonsense is common sense, freedom is selfishness, and acts of sadistic cruelty are condoned and rationalized.

Faith and belief are powerful forces. When channeled into rational goals they can help us to accomplish great things. But faith and belief can be disastrous when projected onto gurus, gods, fuhrers, and experts who claim to know better than us. The human race can never be free as long as it continues to allow itself to be controlled by fear.

COVID-19 has shown us that we now stand at the abyss of a new dark age. With the technology that we have created we can either reach for the stars or send ourselves crashing down to the gates of hell. The choice is ours.

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