

Ebola 2: Here Come the “Global Pandemic” Promoters

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Now in the UK, the government has absurdly decided it wants to [hunt for 30,000 people who might have “come in contact” with air traveler Patrick Sawyer](#), who is said to have died from Ebola.

At first, the search was going to be aimed at only several hundred, but now they’ve multiplied the hysteria factor.

Here is one predictable outcome: at clinics and hospitals, frightened people who arrive with what are labeled “early signs” of Ebola will be labeled as probable cases. What are those symptoms? Fever, chill, sore throat, cough, headache, joint pain. Sound familiar? Normally, this would just be called the flu.

What’s (intentionally) missing in all this an understanding of the immune system. Generally speaking, a germ doesn’t stand a chance of causing serious illness when the immune system is strong.

Of course, you won’t hear about that. Instead, news accounts will feature shock and awe: “perfectly healthy people” who suddenly succumbed to the “killer germ.”

The fact is, unless a serious, honest, and highly competent practitioner does a complete workup on a patient, he has no idea whether that person is healthy and has a strong immune system.

While researching my first book in 1987, *AIDS Inc.: Scandal of the Century*, I read published summaries of “the first AIDS cases,” all of whom had been patients at UCLA Hospital. To a man, these patients were labeled “formerly otherwise healthy.” That was sheer propaganda. Nothing could have been further from the truth. The lists of their prior medical drugs put the lie to that in short order.

In areas of the world where severe malnutrition, starvation, lack of basic sanitation, contaminated water, overcrowding, heavy pollution are present, people fall ill and die routinely.

These conditions destroy the immune system—and then any germ that sweeps through the area causes illness and death, because body’s defenses are shot. That’s the real problem.

Here’s another point you won’t see discussed on the mainstream news: the reliability of tests used to diagnose Ebola.

Two of those tests—antibody and PCR—are notoriously unreliable.

Antibody tests will register positive for disease because they ping on factors that have nothing to do with the disease being looked for. And even when cross-reaction ping doesn't occur, a positive test merely shows that the patient came in contact with the germ in question. It says nothing about whether he's ill or is going to become ill.

In fact, before 1984, when the science was turned on its head, antibody-positive status was taken to mean the patient's immune system had successfully warded off the germ.

The PCR test is a sophisticated way of amplifying tiny, tiny bits of what are assumed to be viral material, so they can be observed. The problem here is this: if only tiny bits of material could be found in the patient's body in the first place, there is no reason to suppose they're enough to cause disease. Very, very large amounts of virus are necessary to begin to suspect the patient is ill or is going to become ill.

Bottom line: huge numbers of people on whom these tests are done are going to be falsely diagnosed with Ebola.

And in a pandemic scare, diagnostic tests are going to be ignored altogether. "Eyeball" assessment becomes the order of the day.

This is exactly what happened in the US, in the summer of 2009, when the Swine Flu scare was at its height.

The Centers for Disease Control, without informing the public, just stopped doing tests and stopped counting numbers of American Swine Flu cases. Yet, on the basis of zero evidence, they claimed the disease was an expanding nightmare.

Sharyl Attkisson, star investigative reporter for CBS at the time, broke this story—and her network shut her off. There was much more she could have exposed, but it didn't happen.

Here's what did happen. The CDC, shaken to its core by Attkisson's revelations, doubled down, employing a time honored strategy: if a lie doesn't work, tell a much bigger lie.

The CDC suddenly claimed that its (unverified) total of tens of thousands of Swine Flu cases in America were really "tens of millions of cases."

As the days and weeks pass, you're going to hear and see all manner of outrageous propaganda about Ebola. "People of interest" and "possible carriers" and "people who might have come in contact with someone who has Ebola" will morph into "suspected cases of Ebola" and "victims of Ebola."

The psyop warriors and their dupes will scream "global pandemic" every fifteen seconds.

To exert control over the population and obtain compliance (stay indoors, don't travel, avoid contact with people who might be ill, etc.), they'll say anything.

Every so-called "pandemic" is a test: how well will the population follow orders?

That's the whole point.

The World Health Organization and the CDC are the spear points of the operation. They float the lies and the lies about lies.

The World Health Organization is also in charge of doing damage to national economies. "Shut down the airports. No planes should take off or land. Keep the ships in the harbors."

Disruption, fear, damage.

Chaos—then new Order imposed on the chaos.

In 1987, I warned that medical propaganda ops are, in the long run, the most dangerous. They appear to be neutral. They wave no political banners. They claim to be science. For these reasons, they can accomplish the goals of overt fascism without arousing suspicion.

The "pandemic" is a high-value strategy in the medical psyop playbook.

The doctor is a foot soldier. In most cases, he has no idea how he's being used. He's learned his lessons well in medical school, where he's also learned how to be arrogant and immune to uncomfortable truths.

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