

# Propaganda Surrounding JN.1 Covid Variant. The Fearmongering Heats Up

Mask Mandates, Overwhelmed Hospitals

By [Dr. William Makis](#)

Theme: [Science and Medicine](#)

Global Research, January 18, 2024

[COVID Intel](#) 13 January 2024

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[Jan. 5, 2024 USA TODAY](#): *The US is starting 2024 in its second-largest COVID surge ever, experts say.*

PROPAGANDA surrounding JN.1 COVID-19 Variant is ramping up over the past few weeks.

I will go through the various talking points of the latest PROPAGANDA SURGE and give my thoughts at the end:

Talking Point #1: JN.1 is currently the 2nd largest surge of the entire pandemic (according to COVID wastewater data).



Dr. Lucky Tran  
@luckytran

The pandemic is still raging. We are in the second-largest surge of the pandemic, according to COVID wastewater data.

Models suggest ~2 million people a day will be infected at the peak, and ~100 million or ~1 in 3 people will likely get COVID overall during the entire wave.

President Biden @POTUS · Jan 4

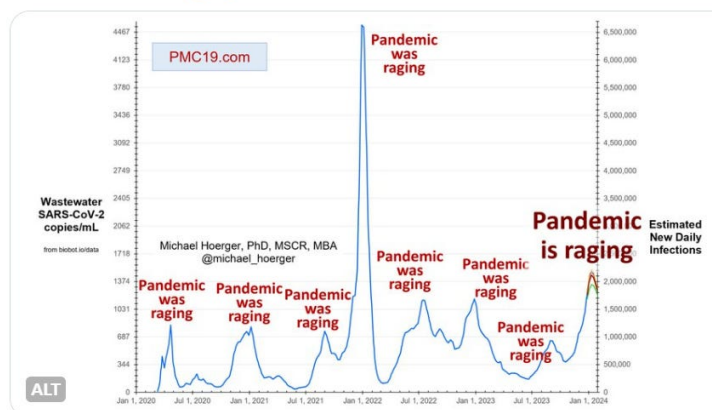
When I came to office, the pandemic was raging, the economy was reeling.

But because of the American people, we've achieved record job creation, historic economic growth, and among the lowest inflation rates of any major economy.



Mike Hoerger, PhD MSCR MBA  
@michael\_hoerger

#PandemicWasRaging



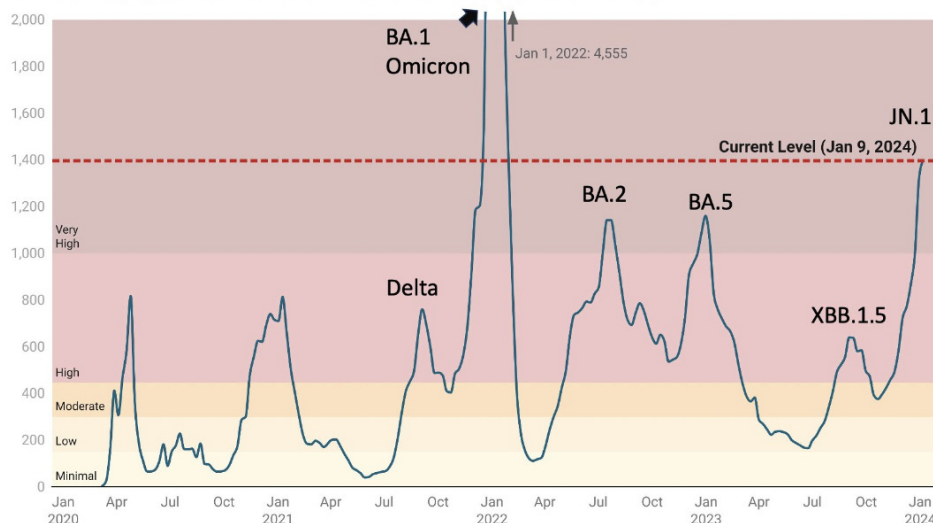
11:14 PM · Jan 4, 2024 · 19.4K Views

## Is the U.S. in a COVID wave in 2024?

Yes, the U.S. is in the middle of a COVID wave, multiple experts tell TODAY.com.

### The U.S. is in its second-largest wave of the pandemic, according to COVID-19 wastewater levels

This chart shows the SARS-CoV-2 virus concentration present in samples of wastewater taken from across the United States. Vertical axis displays the effective SARS-CoV-2 virus concentration (copies/mL of sewage).



Data last updated January 09, 2024 from samples collected during the week of January 01, 2024. Most recent data are subject to change.  
Chart: @luckytran · Source: Biobot · Created with Datawrapper



Eric Topol  
@EricTopol

Corrected annotation by major variants with Delta wave in 2021 sorry for mistake in the prior post

11:53 AM · Jan 10, 2024 · 51.2K Views

35 85 9

Who can reply?  
Accounts @EricTopol follows or mentioned can reply

**Talking Point #2:** JN.1 is highly mutated and up to 4x better at evading immune system than previous variant BA.2.86.

# Japan-led research team warns new JN.1 coronavirus strain better at evading immune system

January 10, 2024 (Mainichi Japan)

 Japanese



This file photo shows people crossing a street in Tokyo's Chiyoda Ward on Jan. 29, 2023. (Mainichi/Hiroshi Maruyama)

TOKYO -- The new JN.1 coronavirus strain now spreading rapidly in Japan is better at evading the human immune system and is more infectious than prior strains, researchers have found.

This evasion, known as "immune escape," means the immune system cannot respond to the infection, and researchers including Kei Sato, a professor at the Institute of Medical Science, University of

Tokyo, say the new variant has the potential to become an epidemic strain going forward.

The JN.1 is a mutation of the omicron BA.2 variant, which became mainstream during the pandemic in 2022. JN.1 has been spreading worldwide since around November 2023, and the World Health Organization (WHO) designated it a "variant of interest (VOI)" in December.

Experiments using cultured cells revealed that JN.1 may be about twice as infectious as the BA-2-86 omicron subvariant, commonly referred to as pirola, which spread worldwide and was observed for the first time in Japan in the summer of 2023.

The new variant's immune escape ability is 3.6 to 4.5 times that of the pirola strain for antibodies created in the body following vaccination, and 3.8 times for antibodies developed after being infected with the COVID-19 virus.

[Talking Point #3](#): JN.1 has achieved "global dominance", and most if not all variants in the foreseeable future will come from it. It's a "game changer".

Now, as the world enters its fifth year of COVID, the calculus may have changed, experts say. The new, [highly mutated COVID variant JN.1](#)—dubbed “Pirola” by volunteer variant trackers—has achieved global dominance. And like Omicron, it came flying out of left field.

Most new variants differ from each other in just one or two small ways. But with its 30-plus additional mutations, Pirola is as genetically divergent from Omicron as Omicron was from the original COVID.

In short, JN.1 is, by all appearances, a [game changer. Most—if not all—variants of consequence for the foreseeable future could very well evolve from it](#), experts tell *Fortune*—until the virus throws another [black swan-style curveball](#), anyway.

Whether the WHO will recognize it with a Greek letter—in what would be its first designation in over two years—remains to be seen.

As of Jan. 3, it had not—and some experts say that’s a mistake.

### **‘A very serious evolution of the virus’**

Among them: Dr. Eric Topol, founder and director of the Scripps Research

[Talking Point #4](#): JN.1 is so different, it should have its own Greek letter, according to Eric Topol MD.



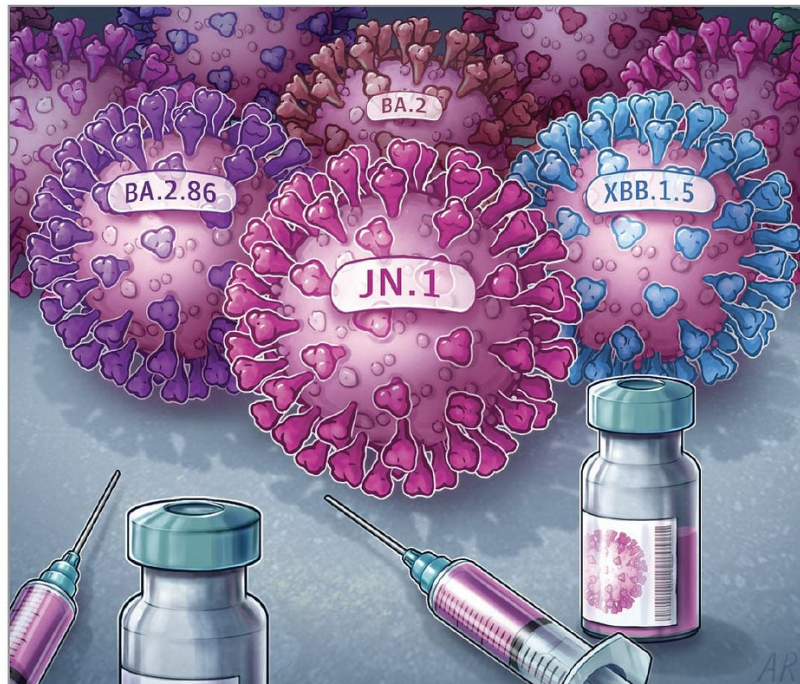
# As COVID-19 Cases Surge, Here's What to Know About JN.1, the Latest SARS-CoV-2 "Variant of Interest"

Rita Rubin, MA

JAMA Published online January 12, 2024

When BA.2.86 joined the SARS-CoV-2 Omicron family last summer, it grabbed pandemic trackers' attention because it was so different from its progenitor, BA.2. Compared with BA.2, BA.2.86's spike protein carries more than 30 mutations, suggesting that it might spread more easily than its predecessors.

Globally, BA.2.86 represented 8.9% of available SARS-CoV-2 sequences by the first week of November 2023, according to the World Health Organization (WHO), which classified BA.2.86, including its sublineages, as a variant of interest on November 20. (In a January 4 opinion piece, Eric Topol, MD, professor of molecular medicine at Scripps Research Institute, argued that BA.2.86 was so different from previous Omicron subvariants that the WHO should have designated it as a variant of concern and christened it with a different Greek letter.)



[Talking Point #5](#): JN.1 Incubation period is 3 days or less.

“In the beginning of the pandemic, we were really looking at **seven to 10 days** as the window of time where people had to quarantine or isolate after an exposure,” says Andrew Pekosz, a virologist at Johns Hopkins University. “That has shortened significantly now.”

## How long does it take to develop COVID-19 symptoms?

An incubation period is the length of time it takes someone to develop symptoms after exposure to a pathogen. The incubation period for SARS-CoV-2, the virus that causes COVID-19, has shortened considerably since the virus first began circulating, recent data suggest. Incubation periods averaged about five days when the Alpha variant was dominant, about 4.5 days when Beta and Delta were dominant, and about 3.4 days once Omicron took over, according to [a 2022 research review](#).

Newer research from various countries, including [Japan](#), [France](#), and [Singapore](#), also suggests **Omicron strains have incubation periods of about three days, or even a little less.**

[Talking Point #6:](#) BA.2.86 and JN.1 can fuse to human cells more efficiently and can infect cells that line the lower lung (just like pre-Omicron strains). It may cause more severe disease.

## New, highly mutated COVID variants ‘Pirola’ BA.2.86 and JN.1 may cause more severe disease, new studies suggest

BY ERIN PRATER

January 8, 2024 at 3:43 PM MST



Highly mutated COVID variant BA.2.86—close ancestor of globally dominant “[Pirola](#)” [JN.1](#)—may lead to more severe disease than other Omicron variants, according to two new studies published Monday in the journal *Cell*.

[In one study](#), researchers from Ohio State University performed a variety of experiments using a BA.2.86 pseudovirus—a lab-created version that isn’t infectious. They found that BA.2.86 can fuse to human cells more efficiently and infect cells that line the **lower lung**—traits that may make it more similar to initial, pre-Omicron strains that were more deadly.

Talking Point #7: According to WHO, holiday gatherings have spread JN.1 and caused 10,000 COVID-19 deaths in December 2023.



[Talking Point #8](#): New COVID boosters work against JN.1 “severe disease” even though it has 30+ mutations away from the variant XBB.1.5 the COVID boosters were designed for.

Johns Hopkins: “Tests detect JN.1, the news vaccines protect against severe disease, and antivirals are still capable of treating infection from JN.1”





### What's most important to understand about this variant?

This latest variant should be a reminder that we have tools to fight off COVID infection and minimize severe disease: Tests detect JN.1, the [new vaccines](#) protect against severe disease, and antivirals are still capable of treating infection from JN.1. We just have to use these tools more effectively than we have over the last six months.

So far, only [8% of children and 19% of adults](#) [↗](#) have received the latest vaccine, so a lot of people are missing out on protection from this virus.



### What is JN.1?

A SARS-CoV-2 variant called BA.2.86 emerged a few months ago and caught virologists' attention because it contains [many more mutations—about 30 of them—to evade immunity](#) than any other variant circulating at that time. However, the BA.2.86 variant never came to dominate among the group of SARS-CoV-2 variants that were circulating in the late summer/early fall of 2023. The JN.1 variant is a descendant of BA.2.86 that has acquired the ability to transmit efficiently through an additional one or two mutations. It has the immune evasion of its parent but has now mutated to transmit more efficiently.

[Talking Point #9:](#) New COVID Boosters generate antibodies against JN.1 “albeit fewer of them...as ever, vaccines will not totally block JN.1 infections but should reduce death” (Time Magazine).

WHO recommended sticking with the current XBB.1.5 vaccines, since they seem to provide “at least some cross protection.”



## Do vaccines, tests, and treatments work against JN.1?

So far, the signs are positive. COVID-19 tests and treatments are expected to be effective against JN.1, the CDC says. And even though the **latest COVID-19 booster shot** was designed to target the XBB.1.5 variant, preliminary research **suggests it also generates antibodies that work against JN.1**, albeit fewer of them. (As ever, vaccines will not totally block JN.1 infections, but should reduce the likelihood of death and severe disease.)

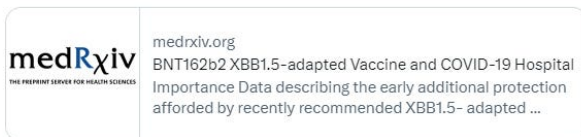
In a **Dec. 13 statement**, WHO's expert COVID-19 vaccine advisory group recommended sticking with the current XBB.1.5 vaccines, since they seem to provide at least some cross protection.

**Talking Point #10:** New COVID Boosters will protect you against JN.1 hospitalizations, Long COVID, heart attacks and strokes (Peter Hotez really said this).

Prof Peter Hotez MD PhD  
@PeterHotez

1/n When thinking about keeping up with your COVID annual immunization/boosters, I remind people of the following (and papers):

1. Your past vaccines not as strongly protective vs hospitalizations vs this new JN.1. variant, you benefit from this new XBB



3:25 PM · Jan 4, 2024 · 133.3K Views

Prof Peter Hotez MD PhD  
@PeterHotez

2/n Added protection vs long COVID  
[scientificamerican.com/article/vaccin...](https://www.scientificamerican.com/article/vaccin...)

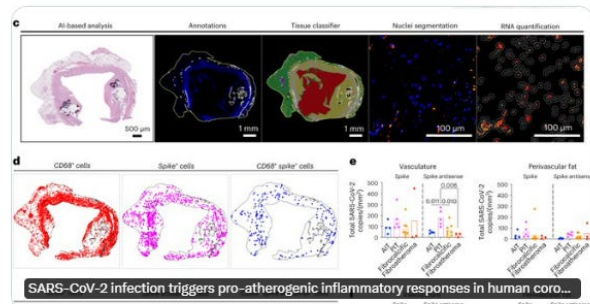


From scientificamerican.com

3:26 PM · Jan 4, 2024 · 20.7K Views

Prof Peter Hotez MD PhD  
@PeterHotez

3/n Potential added protection vs post-Covid heart attacks and strokes



From nature.com

3:28 PM · Jan 4, 2024 · 18.6K Views

[Talking Point #11](#): JN.1 spreading is the reason mandatory masking policies are returning (Johns Hopkins brings back mask mandates):



**Eric Feigl-Ding**   
@DrEricDing



Shit is getting real—Johns Hopkins Hospital medical system has now instituted mandatory mask wearing for all visitors, patients, faculty & staff statewide at [@JohnsHopkins](#) clinics. Bandanas, gaiters and masks with exhalation valves are not permitted. [#CovidIsNotOver](#) [#MaskUp](#)



**Laurie Garrett**  @Laurie\_Garrett · 15h

As JN.1 #COVID soars across the East, mandatory #mask 🧐 policies return. "...effective 1/12/2024...mandatory masking will resume for patients, visitors & employees in all Johns Hopkins Medicine locations in the state of MD. Masking is required regardless of #vaccination status....

[Show more](#)

10:44 AM · Jan 11, 2024 · **297.2K** Views



**nychealthy** @nycHealthy

COVID-19 cases are increasing in NYC, and flu and RSV are still spreading. Wearing a mask in crowded indoor settings can help protect you and protect others if you're sick. A high quality mask, such as an N95, KN95 or KF94, provides the best protection: [on.nyc.gov/3XYwSL2](https://on.nyc.gov/3XYwSL2)

7:15 AM · Jan 11, 2024 · 448.8K Views

424 1K 1.6K 120

**sillypaulie** @We\_Are\_SSC · Jan 11  
Keep this messaging up please  
6 3 141 3.8K

**#COVIDisAirborne a** @/ · Jan 11  
Excellent. Thank you.  
15 4 108 3.9K

**Dana Paris** @danapari · Jan 11  
Thanks. Make it a highly-protective N95, please.  
5 5 74 2.5K

**Hillary McKit** @StartWithH · Jan 11  
I ❤️ NYC.  
#StartWithHillary  
2 16 2.5K

Talking Point #12: Hospitals are “preparing to once again be overrun with COVID patients.”



**SARS-CoV-2 (COVID-19)** @COVID19\_disease · Jan 7

...

Covid pushing hospitals to 'brink of overload' warns doctor as fatal new variant grips US

Hospitals are preparing to once again be overrun with Covid patients as the new **JN.1** strain spreads across populations, according to a health care expert.



From msn.com

9

112

213

5.8K

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Talking Point #13: Over 100 nursing homes in Victoria, Australia are battling COVID outbreaks due to JN.1.





Denis - The COVID info guy - @BigBadDenis · Jan 8

...


"More than 100 Victorian nursing homes are battling COVID outbreaks, as the state faces a worsening wave of the highly contagious new strain **JN.1**"

#COVID19 #Victoria #AgedCare #JN1 @AnikaWells #COVIDisNotOver @mandy\_squires

[heraldsun.com.au/news/victoria/...](https://heraldsun.com.au/news/victoria/)

facilities affected here

Mandy Squires · January 9, 2024 · 11:10AM



Covid, "a debilitating, multi-organ condition which can have devastating impacts on people's lives".

"Anyone can get long Covid, including the young, healthy and vaccinated," Mr Crane said.

"We are calling on Minister for Health and Aged Care Mark Butler to urgently implement all the recommendations of the Australian long Covid inquiry."

A newly-published, major international study into long Covid found the debilitating illness causes skeletal muscle changes in patients, that worsen with physical exertion.

It also causes metabolic changes.

Researcher and study author Dr Rob Wust from Amsterdam's Vrije Universiteit said lower exercise capacity in patients with long Covid could be partly explained by discernible changes in their skeletal muscle structure and function.

Extensive muscle damage had been found in some long Covid patients, Dr Wust said.

\*Skeletal muscle mitochondrial function and metabolism were altered in patients with

Victorian Department of Health surveillance data released on January 5 revealed an average of 377 people had been hospitalised with Covid each day that week, up from 307 a day the week before.

The seven day average of patients in intensive care had also increased, from 18 to 23 — and, tragically, 168 Victorians had died in the most recent reporting period of November 22 to December 19, 2023.

Victorian chief health officer Dr Clare Looker warned community transmission of Covid cases was increasing and recent weeks had seen a sharp spike in hospitalisations.

The surge was due to the spread of the new variant JN. 1 — which is now dominant in Victoria.

"During this time, it is especially important that those at greatest risk of becoming seriously ill from Covid-19 are protected against catching Covid-19 — this includes people aged 65 and above, people with a disability or chronic medical condition and Aboriginal and Torres Strait Islander people," Dr Looker said.

She advised Victorians to start wearing masks, get a Covid booster, open windows and doors to help circulate fresh air, reduce indoor humidity and improve ventilation.

ial aged care homes with active outbreaks are included in Appendix 1.

Overview of Active Outbreaks in Australia

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
ties with outbreaks	3	125	0	79	40	10	115	4
ber of active resident cases	5	591	0	316	178	49	425	22
ber of active staff cases	8	266	0	167	72	20	156	10
reaks Opened in Previous 7	2	73	0	47	24	5	54	11
reaks Closed in Previous 7	2	35	0	35	10	4	53	14

13

115

194

10K

1

Talking Point #14: Canada, British Columbia Hospitals have set a record for "hospitalizations" on Jan. 10, 2024.



**Nick Tsergas**  
@nicktsergas



10,435 people were in B.C. hospitals as of Tuesday night, the most ever.



**Canada Healthwatch** 🇨🇦 @CanHealthwatch · Jan 10

B.C. hospital admissions break historical record as respiratory illness season nears peak

[thecanadianpressnews.ca/national/b-c-h...](https://thecanadianpressnews.ca/national/b-c-h...)

...

[Show more](#)



6:55 PM · Jan 10, 2024 · 18K Views



49



176



376



16



Talking Point #15: JN.1 is not killing that many people but will add millions to “LONG COVID” (Dr.Eric Topol). You must get your COVID shot to reduce Long COVID risk by 40-50%.

Vaccinations are protective – 40 to 50% reduction of Long COVID.



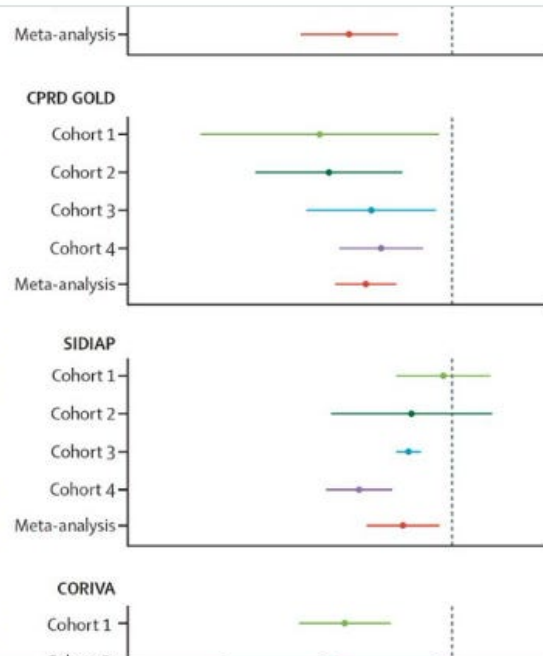
Substantial (~40%) reduction of #LongCovid via Covid vaccines in 4 large multinational cohorts, and ~15% greater with mRNA than AZ vaccine [thelancet.com/journals/lanre...](https://www.thelancet.com/journals/lanre...)

Tatiana, Níria Mercadé-Besora, Raivo Kolde, Nhung T H Trinh, Elena Roel, Edward Burn, Trishna Rathod-Mistry, Kristin Kostek, Wai Yu Delmestri, Hedvig M E Nordeng, Anneli Luukkila, Talita Duarte-Salles, Daniel Prieto-Alhambra\*, Annika M Järäcke\*

ds. We conducted a staggered cohort study using primary care records from the UK (Clinical Practice Research Datalink (CPRD) GOLD and AuReUM), Catalonia, Spain (Information System for Research in Primary Care (Sistema Informático de Investigación en Atención Primaria (SISAP)), and the Spanish National Health Insurance claims (from Estonia (CORIVA database)). All adults who were registered for primary care in the UK (Feb 20, 2021 (Spain), and Jan 28, 2021 (Estonia)) comprised the source population. Source population status was as a time-varying exposure, staggered by vaccine rollout period. Vaccinated people were classified by vaccine brand according to their first dose received. The primary outcome definition was defined as having at least one of 25 WHO-listed symptoms between 90 and 365 days after the first dose of vaccine or clinical diagnosis of COVID-19, with no history of that symptom 180 days before SARS-CoV-2 infection. Propensity score overlap weighting was applied separately for each cohort to minimise confounding. Hazard ratios (sHRs) were calculated to estimate vaccine effectiveness against long COVID. All analyses were calibrated using negative control outcomes. Random effects meta-analyses across staggered cohorts were used to pool overall effect estimates.

95) A total of 1618 395 (CPRD GOLD), 5729 800 (CPRD AURUM), 2744 821 (SIDIAF), and 77 603 (Citated people and 1640 371 (CPRD GOLD), 5 860 564 (CPRD AURUM), 2 588 518 (SIDIAF), and 302 267 (Citated people) were included. Compared with unvaccinated people, overall HRs for long COVID symptom: vaccinated with a first dose of any COVID-19 vaccine were 0.54 [95% CI 0.44–0.67] in CPRD (0.34–0.68) in CPRD AURUM, 0.71 [0.55–0.91] in SIDIAF, and 0.59 [0.40–0.87] in CORIVA. A prior preventative effect was seen for the first dose of BNT162b2 than for ChAdOx1 (sHR 0.85 [0.60–1.10] and 0.84 [0.74–0.94] in CPRD AURUM).

**Conclusion** Vaccination against COVID-19 consistently reduced the risk of long COVID symptoms, highlighting the importance of vaccination to prevent persistent COVID-19 symptoms, particularly in adults.



5:12 PM · Jan 11, 2024 · **77.6K** Views

Talking point #16: Long COVID is like HIV – it destroys the immune system.





Talking point #17: Australia has two COVID-19 Variants spreading and the second is “HV.1”

This sounds very much like “HIV-1” which I don’t think is an accident.



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## Australians struck down with Covid warned to 'stay at home' as two new variants spread and hospitalisations surge

- Two new Covid variants spreading in Australia
- Hospitalisations are also surging
- **READ MORE:** [Millions urged to get a booster as cases rise](#)

By [LEVI PARSONS FOR DAILY MAIL AUSTRALIA](#) and [FERGUS ELLIS FOR NCA NEWSWIRE](#)  
**PUBLISHED:** 09:24 EST, 9 January 2024 | **UPDATED:** 14:17 EST, 9 January 2024

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Australians struck down by Covid are being warned to 'stay home' as case numbers surge to their highest levels in over a year.

**Two new highly contagious variants - JN.1 and HV.1 - have been rapidly spreading** during the **Christmas** period, with Victoria and **New South Wales** seeing a surge in hospitalisations.

More than 1,400 infected people have presented to emergency departments in NSW during the past week, with 400 admitted to hospital.

The seven-day average for hospitalisations in Victoria has climbed to 377.

Talking Point #18: JN.1 Variant could mutate in an animal reservoir like deer or recombine with another “more deadly coronavirus like SARS or MERS.”



Some experts contend that Omicron—highly mutated compared to previous strains—originated in animals, then spilled back over into humans (as opposed to developing in a human with a long-term infection, as others contend).

Regardless, animals serve as an underappreciated wild card, Liu contends. Case in point: Many of Ohio's white-tailed deer have tested positive for COVID, affording the virus an additional population in which to mutate.

Another, perhaps larger concern of Liu: the possibility that COVID recombines with another, more deadly coronavirus like SARS or MERS, which had case fatality rates around 10% and 34%, respectively. In contrast, COVID's case fatality rate, among unvaccinated Americans, sat around 1% prior to Omicron, and around 0.11% after.

"Anything can happen," Liu said. "It's really hard to predict what's going to come next, but nature can do amazing things."

The bottom line when it comes to the power of animals to further evolve the virus and send another curveball flying humanity's way: "Humans, watch out."

## My Take...

I have read through many articles and posts and have digested the Propaganda so you don't have to.

There is a desperation about the "JN.1" variant, by the COVID Cartel - it seems to be one last effort to scare substantial numbers of people into taking their COVID booster shots, before a probable "escalation".

The earlier part of this effort, let's call it "Phase 1" was the marketing campaign for people to get their COVID-19 jab with their flu jab - this was pushed heavily by politicians and celebrities. How bad was it? This bad:

# Travis Kelce Tackles 'Two Things at Once' in Campaign for Flu and Covid Vaccines

The Kansas City Chiefs player multitasks in a Pfizer campaign ad — and his mom Donna makes a cameo

By **Cara Lynn Shultz** | Published on October 2, 2023 01:56PM EDT



Travis Kelce. PHOTO: PFIZERCOVID19/INSTAGRAM; KILLATRAV/INSTAGRAM

The COVID & flu jab campaign only got about 10-15% of people to take the new COVID-19 jabs, far short of the 50% that Big pharma was targeting (flu jab uptake is 50% and the “double jab” was meant to be a new normal for “annual shots”).

Phase 1 failed. One more round of poison for 50% of the population didn't work.

Phase 2 is the JN.1 Variant. Heavily mutated (30+ mutations in spike region), rapidly spreading (predictions of up to 2 million infections per day in the US at the peak), but not particularly dangerous (yet).

The “hospitals are overflowing” and nursing home outbreaks propaganda is coming mainly from Australia and Canada, not as much the US. In fact, past 2 days, I am seeing a lot of “overflowing ERs” with “unacceptable waiting times” in various Canadian provinces. Canadians are petrified. There is a reason for this controlled chaos.



**CTV Saskatoon**  
@ctvsaskatoon

...

'Every bed is full': Saskatoon doctors at a loss in the face of jam-packed ERs

From [saskatoon.ctvnews.ca](https://saskatoon.ctvnews.ca)

4:30 PM · Jan 8, 2024 · 9,854 Views

Who is struggling with JN.1? The recently COVID Vaccinated and the 4x, 5x, 6x, 7x jabbed. The 2x and 3x jabbed may have recovered from immune dysfunction.

Since governments refuse to give data on vaccine status of those in the hospital, assume that close to 100% of the hospitalized are vaccinated whose immune systems are severely damaged.

Still, deaths from JN.1 are uncommon. So instead, the fear mongering focuses on “Long COVID” and suddenly “Long COVID” is the new HIV.

According to big pharma MD Eric Topol, COVID Vaccines reduce Long COVID by 40-50%. So if you don’t get the new jab, you’ll end up with Long COVID which is like HIV.

In reality, if you take the jab, you will end up with a destroyed immune system like HIV.

Add in the subliminal messaging of the “HV-1” variant in Australia that looks very much like “HIV-1”.

I do believe we’re nearing the end of Phase 2, and they will continue to try to force mask mandates throughout US and Canada.

A more uniform rollout of mask mandates would set the stage for Phase 3 and possible lockdowns due to a “black swan event”.

The warning signs (which I will cover in the next substack):

- Jan. 17, 2024 – WEF Davos Conference Session on “Disease X”
- Feb. 2024 – Google warns of “sensitive event” (civil emergencies, natural disasters, public health emergencies, terrorism, mass acts of violence, etc)
- May 2024 – WHO Pandemic Treaty

Phase 3 is Disease X and black swan events and will be covered in depth in next article.

\*

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*Dr. William Makis is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General’s Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.*

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# The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

*“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”*

## Reviews

*This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —Dr. Mike Yeadon*

*In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky’s book is a rock upon which to sustain our fight. —Dr. Emanuel Garcia*

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*coup d'état under way called "The Great Reset" that if not resisted and defeated by freedom loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. -Edward Curtin*

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