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Pandemic 2020: From Statistical Fraud to Controlled Society

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The outbreak of Covid-19 which first occurred in China in the autumn of 2019 did not, at that time, seem to herald a crisis of such magnitude in the West. In Quebec, the new coronavirus (Sars-Cov-2) was referred to as a virus that was certainly contagious, but which did not threaten the health of Quebecers more than necessary. Various experts reported in the newspapers indicated that seasonal influenza caused more deaths than this new virus, that Sars Cov-2 was less to fear than the influenza with which we have to deal cyclically and which leads annually to approximately 3500 deaths in Canada, 295 000 to 600 000 worldwide.

In early March, the narrative changed in a frightening way. Following the World Health Organization's (WHO) announcement of a pandemic status, most Western countries responded by restricting air traffic and closing borders. This was followed by declarations of health emergencies that led to the seizure of power by the Public Health Directorates (PHDs). This last aspect is of prime importance, as the seizure of power brought most economic sectors and social life to a standstill.

During this period, it is important to realize that the reins of the state were given to the DSPs (Dr. Horacio Arruda in Quebec). In other words, the emergency health law, like martial law, deprived citizens of their rights and freedoms in order to protect them from a major crisis situation. It goes without saying that the implementation of these laws, which are opposed to democracy and civil law, should only be done in extreme emergency situations.

We were therefore told, on the basis of figures given by the WHO (3.4% mortality rate), that the situation was one of extreme urgency. The statistical curves based on these data predicted, for example, the deaths of approximately 60,000 Quebeckers and 2 million Americans if we did not proceed with containment measures. These figures are chilling and would have justified the health emergency measures taken by governments. The problem is that these predictions proved to be exaggerated. Indeed, several experts have questioned the credibility of WHO data on mortality rates based on two major issues:

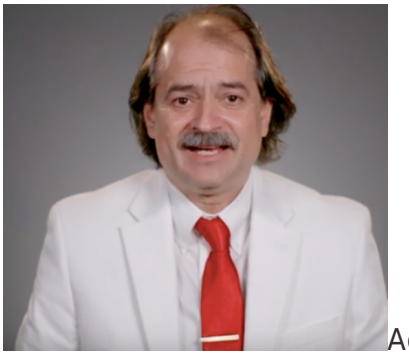
– how many cases of coronavirus are there actually?
– and how many people die directly from it?

First, the number of cases with the virus is underestimated. Data from China (1), Germany (2) and the United States (3) suggest that the number of cases infected with Covid-19 was, from the beginning of the pandemic, much higher than that reported by public health authorities. Based on these data, therefore, it is likely that the number of people infected with Sars-Cov-2 was already high in the "healthy population" when the first mortality rates

and alarmist predictions were revealed to the population.

Since the various national CSPs, with WHO as a chaperone, calculated mortality rates based on the number of confirmed cases or on a lower number of cases than the actual number of cases (i.e. excluding many asymptomatic cases or people who develop mild forms of Covid-19 without ever being tested), it is clear that the mortality rate was inflated as a result. This is what Dr. Antony Fauci and colleagues said in an editorial note in the New England Journal of Medicine published on February 28, 2020:

> Assuming that the number of asymptomatic or mildly symptomatic cases is several times higher than the number of reported cases, the case-fatality rate can be considerably less than 1%. This suggests that the overall clinical consequences of COVID-19 may ultimately be closer to those of severe seasonal influenza (which has a case-fatality rate of about 0.1%) or pandemic influenza (similar to 1957 and 1968).

 According to Dr. John Ioannidis, a professor of medicine and researcher at Stanford University in California, the mortality rate of Covid-19 was from the outset greatly overestimated by the lack of effective screening. In an editorial video by journalist Fareed Zakaria posted on CNN's website, he reports that Dr. Ioannidis believes that based on an effective screening method such as the one used on the Diamond Princess in the Italian town of Vo' Euganeo, Iceland or Denmark, the estimated mortality rate of Covid-19 would be about the same as that of seasonal influenza.

For Dr. Ioannidis, any statistical model based on exponential case growth is highly vulnerable to estimation errors. If the denominator on which to count mortality rates is incorrectly established, the statistical model may come up with a rate that is erroneous by a multiplier of 10, 30, or even 50. In other words, the number of deaths would be 10 to 50 times lower than the statistical models predict. According to Dr. Ioannidis' estimates, the case-fatality rate of Covid-19 would be 0.05% to 1%, much lower than the 3.4% initially proposed by WHO (4). According to the same estimates, the actual number of deaths related to Covid-19 in the United States could be in the range of 10,000 to 40,000. These figures are exactly within the range of influenza-related deaths in the United States in 2019 (5).

(5) In Quebec, for example, we were told that there could have been as many as 60,000 deaths if there had been no containment. If we take a median multiplier compared to Dr. Ioannidis' proposals, that is, a negative multiplier of 30, we would have a mortality rate of 2,000 people. That's about the same number of deaths that occur during seasonal influenza episodes. For example, the number of deaths associated with influenza and pneumonia in Quebec in 2016, when there was no high peak mortality, was 1733 (6).

(6) As of May 5, 2020, the date of publication of this article, the official number of deaths was close to 2,400 in Quebec, around 70,000 in the United States and around 250,000 worldwide. However, the method of calculating the number of deaths raises major questions. In an open letter written to German Chancellor Angela Merkel, Dr. Sucharit Bhakdi mentions (7):

The mistake is made worldwide to report virus-related deaths as soon as it is established that the virus was present at the time of death – irrespective of other factors. This violates a basic principle of infectiology: a diagnosis can only be made when it is certain that an agent played a significant role in the illness or death.

As Dr. Bhakdi points out, it is thus impossible to distinguish between deaths genuinely related to Covid-19 and deaths that occurred for other medical reasons in the accidental presence of the virus. In other words, no distinction is made between those who died because of the virus and those who died with the virus. We will see that this practice, probably under the orders of the WHO, has been widespread throughout the world.

In Quebec, we have heard Dr. Arruda mention the issue of epidemiological links several times. That is exactly the mistake Dr. Bhakdi is talking about. According to this way of calculating, even in cases of "Covid-19 deaths", people are included who have symptoms similar to those of the disease, without testing to make sure. On April 16, 2020, Dr. Arruda stated in the daily press briefing of the Quebec government:

"There has been a change in the method of data entry and epidemiological analysis by public health of patients who have died within the last week. The choice we made was to report all patients, even patients who were not tested, but who have all the definitions to be patients who died from Covid-19. »

Another aberration in the way deaths are counted is that public health chooses to consider as "Covid-19 deaths" people who simply rubbed shoulders with other Covid-19 sufferers or deaths. In other words, if a woman in a long-term care facility died and occupied a room adjacent to a confirmed case of Covid-19, she was declared to have died of Covid-19. This is what Dr. Arruda said at the press briefing on April 14, 2020, following a question about non-routine screening:

> "We're not waiting for the coroner's inquest, we're counting these cases. We haven't tested every case. It's a case definition called epidemiologically linked cases. If there are cases in a long-term care facility, on the same floor, 1 or 2 cases confirmed in the laboratory, if in the next room you have a case, no other reasons for death as such, we are almost certain, to a large extent, that it is Covid-19".

In the press briefing of 22 April 2020, Dr Arruda returned to this epidemiological analysis, describing it as "scrupulous" and "transparent". Here is the hallucinating statement that followed a few seconds later:

> "I'd like to remind you that every year, under normal circumstances, about 1000 people a month die in long-term care facilities. And basically, it must be understood that the current deaths that we are counting associated with Covid-19, (they) would have occurred despite the situation".

We are literally telling ourselves that the deaths that have been associated with Covid-19 for more than a month and which are sowing panic in the population would have occurred anyway. One journalist even made this schizophrenic comment: "Don't you think that underestimates the number of deaths?" It is clear, using common sense (something that some journalists employed by the major media outlets no longer seem to have), that this method of calculation considerably overestimates the number of deaths linked to Covid-19.

Here is another example of this mystifying calculation. On his daily show, posted on the Journal de Montréal website on April 23, 2020, Mario Dumont received Dr. Vinh-Kim Nguyen, an emergency physician at the Jewish General Hospital in Montreal. Mr. Dumont was asking questions about how to account for deaths related to Covid-19, as it was questioned whether some of the deaths observed in long-term care facilities were related more to a lack of care than to Covid-19. The following is part of the exchange between Mr. Dumont and Dr. Nguyen (8):

> Dr. Nguyen: "What we can do and what the French and other countries are already doing is that in a pandemic state, all deaths are above average. In other words, if today in Quebec we have an average of 58 deaths, and this year we have 82, we're going to add 24, 24 more, we're going to attribute (them) to the Covid. We're not going to look any further, we're not going to look in the (death) certificates."
>
> Mr. Dumont: "We are going to assume that the surplus of deaths is related to the pandemic that is in place".
>
> Dr. Nguyen: "Linked directly or indirectly to the pandemic".

It is difficult to understand why journalists blissfully accepted this inflationary calculation method without questioning it. The method whereby people are reported to have died from Covid-19 because of epidemiological links or simply because the annual average of deaths

would have increased this year defies logic. I believe that the words of Dr. Bhakdi, previously quoted, deserve to be rewritten:

“This violates a basic principle of infectiology”.

There seems to have been an ad hoc way of counting deaths for the purpose of cause, because the mortality rate for seasonal influenza is calculated in a much more conservative way.

In the “Bilan démographique du Québec 2019” prepared by the Institut de la statistique (see note 6), a distinction is made between influenza-related mortality and mortality due to co-morbid conditions. It states

“It is difficult to measure the exact proportion of deaths directly or indirectly attributable to the influenza virus, due in particular to the frequent presence of comorbidity (other concomitant causes of death). Influenza and pneumopathies are frequently cited as a secondary cause of death, and may therefore be involved in more deaths than if they are listed as the primary (main) cause of death”.

This is diametrically opposed to the method of calculation used to establish the mortality of the new coronavirus. Indeed, unlike influenza, the coronavirus is systematically considered as the main cause of death without even carrying out a test and by simple epidemiological links. I reiterate that, as Dr. Arruda stated in a press conference previously cited, all deceased persons with Covid-19-like symptoms were considered to have died of Covid-19.

It should be noted that, according to Dr. Bhakdi’s comments in his open letter to Chancellor Merkel, this method of calculation, which he calls “suspicion of Covid“, is widespread and has probably been used in France, Spain and Italy. These countries have revealed a very high mortality rate from the very beginning of the crisis and have contributed to the atmosphere of fear experienced in the West.

Can it be concluded that the official excess mortality associated with Covid-19 compared to influenza is not real, but depends primarily on the method of calculation?

If we take into account the number of deaths recorded in 2018 associated with problems of the respiratory and circulatory systems, diabetes and malignant tumours, diseases often present in individuals who die with a viral infection, we have a figure of 46,010 deaths in Quebec alone. It is very easy to inflate a statistic if we calculate it in bad faith.

Let us take the analysis a little further. In the same document from the Institut de la statistique du Québec, for example, it says that mortality in Quebec is increasing year after year in a general trend, largely due to the aging of the population. It states that “the provisional estimate of the number of deaths in Quebec in 2018 is 68,600, compared to 66,300 in 2017, an increase of 2,300 or 3.5%.

According to the Covid-19 mortality calculation method described by Dr. Nguyen, this percentage increase would be de facto related to Covid-19 in the pandemic year? Just below, in the same document, it is mentioned that “the increase recorded in 2018 is also related to the severe influenza season of winter 2017-2018“. It is interesting to note that this increase had not, at that time, led to such a generalized upheaval.

As another example that influenza epidemics can have a high case-fatality rate without

leading to a generalized shutdown of the system, an article in the Journal de Montréal (9) suggests that about 22 people a day would die from influenza in January 2015. The article states that

“For the month of January 2015 alone, 6900 people died, which represents the highest number of deaths recorded in a single month in recent Quebec history. We can’t say that influenza is entirely to blame, but we can say that it is largely responsible for this excess of deaths”.

In the document from the Institut de la statistique (see nbp 6), emphasis is also placed on the seasonality of deaths, particularly with regard to deaths of the elderly in the winter period:

“There is a fairly strong seasonality in the monthly distribution of the number of deaths. This seasonality varies according to age groups and the various causes of death. Mortality among the young is higher in the summer months due, inter alia, to road accidents and drowning. Among the elderly, the number of deaths increases during the winter months, and as their weight in the number of deaths is overwhelmingly higher, the overall distribution corresponds more to their seasonality”.

The excess mortality of seniors during the winter period is therefore common. Higher mortality peaks in some years than the average are also common.

The multifactorial aspect of deaths attributed to Covid-19 is illustrated by Dr. Bhakdi in his open letter to the German Chancellor (see nbp 7). He mentions, among other things, that the very high air pollution in northern Italy, the part of the country most affected by the epidemic, makes the population vulnerable to lung diseases. The situation would already lead to a significant number of deaths in these areas and it would be difficult to know what the real role of coronavirus in the high mortality observed in Italy is.

The true role of the virus in Italy is totally uncertain for many reasons … because there are exceptional external factors that make these regions particularly vulnerable. One such factor is the increase in air pollution in northern Italy. According to WHO estimates, this situation, even without the virus, led to more than 8,000 additional deaths per year in 2006 in Italy’s 13 largest cities alone. The situation has not changed much since then. Finally, it has also been shown that air pollution significantly increases the risk of viral lung diseases in the very young and elderly.

Instead of establishing a large-scale screening strategy (as South Korea did, for example, when it stopped transmission of the virus without massive containment measures) to target infected people and assess the coronavirus lethality rate as accurately as possible, the West took drastic health emergency measures based on alarmist models and inflationary

calculation methods. Contrary to WHO statements, the Covid-19 situation resembles more a common epidemiological situation than a global health crisis. The statements of Dr Didier Raoult, infectiologist and professor at the Institut Hospitalo-Universitaire (IHU) in infectious diseases in Marseille, also support this view. According to the evolution of annual mortality curves, he does not see a significantly higher than normal peak in deaths in the winter of 2019-2020 in France. In a video posted online on 14 April 2020, he mentions (10) :

“For us, the epidemic is gradually disappearing… If we try to see if the current health crisis is having an impact on mortality in France, the answer is no… We are very far away at the moment, if you add up the months from December to March, from the health crisis of 2017 when there were a lot of H3N2 flu. It so happens that this year there are far fewer flues and far fewer RSV (Respiratory Syncytial Virus), which means that the increase in mortality linked to this new virus is not significantly visible in the population as a whole”.

What could be described as statistical fraud has been observed worldwide. In the United States, a few doctors had the courage to speak out and said they felt pressured to indicate on death certificates that Covid-19 was the leading cause of patient mortality. In a video posted on youtube, a video quickly removed by the same channel (11), Dr. Daniel Erickson, an emergency physician in Bakersfield, California, said:

> “We’re talking about co-morbidities… Covid was part of the clinical picture, that’s not why they died, folks! That was one of the reasons, so to be so simplistic and say it’s a Covid death because they had Covid, do you know how many people die with pneumonia, or how many people die with the flu, or should I say with the flu? … Their lungs are weakened by chronic obstructive pulmonary disease, they had a heart attack two years ago, they’re in poor health. There’s no incentive to test for the flu… But I was talking to a friend who said, you know it’s interesting, when I write my death report, I get pressure to write “Covid”. Why is it like that? Why are we being pressured to write “Covid”? To maybe inflate the numbers and make them look worse than they are? I think so.

Note that in this video, Dr. Erickson exposes with independent statistics (with no media filter) that the new coronavirus is no more lethal than seasonal flu.

Dr. Annie Bukacek, a physician in Kalispell, Montana, says essentially the same thing. She says that on the website of the Center of disease control and prevention (CDC; the lead federal public health agency in the United States), mortality data include both confirmed and suspected cases of Covid-19. According to the CDC's instructions, physicians would be encouraged to make diagnoses of Covid-19 on the basis of simple assumptions. She states (12) :

> "The CDC counts real Covid-19 cases and hypothetical Covid-19 cases, as if they were the same thing, they call them Covid-19 deaths... They automatically overestimate the true number of deaths by their own admission... You can be sure that the actual number (of deaths) is substantially lower than what you are told".

Minnesota physician and Senator Dr. Scott Jensen describes a similar situation in an interview with journalist Chris Berg (13):

"Last Friday I received a 7-page document that somehow told me that if I had an 86-year-old patient who had pneumonia but had never been tested for Covid-19, but who later died of pneumonia and was found to have been in contact with her son who had no symptoms but later tested positive for Covid-19, it would be appropriate to put on the Covid-19 death certificate.... If someone has pneumonia in the middle of a flu outbreak, and I don't have a test for influenza, I will not put a diagnosis of influenza on the death certificate. I will write that person died of pneumonia".

Dr. Jensen went on to mention that medical practice normally requires diagnoses to be made on the basis of facts and not supposition, contrary to what they are currently required to do with Covid-19. The reporter Berg asked him why then, in his opinion, he was receiving this kind of instruction and what would be the purpose of distorting the statistics in this way.

> "Well, fear is an excellent way to control the world. I worry that sometimes you're just interested in making fear go up".

If all flu epidemics in the past had been treated the same way by health authorities and the media, we would be in a constant state of panic. Need I remind you, it is the false mortality statistics, this false idea of dangerousness to our lives, hammered home night and morning by the mass media, that have contributed to the climate of collective fear and justified all

the containment measures and infringements of rights and freedoms that we have suffered in the spring of 2020.

I would like to mention here that this is not to minimize the deaths of those who were truly affected by Covid-19. The pain of the families of the victims is real and cannot be denied, just like the pain of the families of victims of other causes of death. It is a question of analyzing the ins and outs of the crisis we have been plunged into, because although people have died from Covid-19, especially among the elderly, it does not appear that the situation is statistically very different from mortality from other seasonal viral infections.

Are we collectively Molière's imaginary patient? Sick for fear of being sick; who begs for his therapy to be saved to the great joy of a greedy and overcautious medicine. If this is the case, the decisions taken by public health must be denounced, especially given the social and economic impacts they have had. Among these impacts are deaths and lives that should also have been saved.

Medical and media authorities say that containment has saved lives. They also claim that limiting the transmission of the virus in order to flatten the curve has avoided overflowing the emergency room and thus facilitated the allocation of care to sick patients. This last point is relevant because this unknown virus may have required erring on the side of caution rather than the other way around. The complications – often non-lethal – associated with Covid-19 can cause major stress to health care teams and this aspect deserves to be highlighted. But again, does the strategy of designating certain receiving hospitals to receive Covid-19 patients not increase the problem of overcrowding? By distributing patients across the emergency departments of all hospitals, as is usually done, we might also have distributed the workload. In Quebec, on the other hand, there does not seem to have been a congestion problem. When the media talk about an outbreak problem in a hospital, it does not mean that there is an overflow in that hospital. It means that the virus has spread across the floors, not that there is a shortage of beds.

Based on the information we have just reviewed, there is every indication that there is something fishy going on. This massive containment, based on predictions and inflated numbers, looks like a bazooka crushing everything in its path as it tries to kill a fly. Several specialists question the containment strategy, claiming that it does not correspond to good epidemiological practice. Good practice would rather require diagnosing, treating and isolating the sick, but allowing the healthy population to circulate and collectively immunize themselves. Jean-Dominique Michel, a Swiss anthropologist and public health expert, is one of those who think this way (14).

> (14) "We then adopted measures that were absolutely contrary to good practice: we gave up screening people who might be ill and confined the population as a whole to stop the spread of the virus. These measures were in fact medieval and problematic since they only slowed down the epidemic at the risk of potentially even worse rebound phenomena. And that they lock up everyone while only a small minority is concerned".

Dr Didier Raoult, in a video posted online on 17 March 2020, comes to the same conclusion. He proposes that confinement is not necessary, even deleterious (15).

> "There are real logistical, pragmatic, rational measures to put in place and

> treat it like a normal disease. But if at the same time we set the fire and say you're all going to die... It's not possible to panic the population with something that won't change the mortality statistics, I mean there won't be more deaths than there were in previous years, that's not true... Listen for what I saw quickly, the three countries whose situation is not currently controlled are Italy, France and Spain, so they're probably not models. So the confinement in Italy doesn't prevent it from continuing to evolve exponentially. It continues to evolve exponentially in France and Spain, and these three countries have decided to put containment at the forefront. We can ask ourselves whether we should not think about it, now accept to change our opinion, which is a form of intelligence under the pressure of events, and start again on what Korea has done, that is to say multiply the tests, treat people and isolate only the positive people... And when they are no longer contagious, we must leave them in peace. It's not worth keeping them for 14 days if they're negative after 5 days, it's no longer science, it's science fiction or I don't know what, witchcraft".

There is no consensus in the scientific community on the strategy of containment and closure of businesses and industries. Sweden, which has not opted for this massive containment strategy, has been strongly criticized and portrayed as the bad pupil in the majority of the media. However, a Swedish epidemiologist, Professor Johan Giesecke, believes that containment has no scientific basis and that Sweden will have more or less the same record as the other Scandinavian countries at the end of the crisis (16). Dr. Daniel Erickson is also of the opinion that the containment strategy is questionable. As he mentions (see nbp 11):

> "If you're playing with people's constitutional rights, you better have a good reason, not just a theory. The data show us that it is time to lift the containment orders. So if we don't lift them, what's the reason?".

According to Dr. Erickson, confinement is even deleterious to the immune system of healthy people. Our immune system is strengthened by contact with viruses and bacteria and weakened in a sanitized environment.

Banning gatherings of more than two people and restricting travel, closing schools, shutting down several economic sectors and putting a halt to several health care services (physical and mental) have caused so many problems at various levels that the remedy imposed by health authorities has made society sicker than the coronavirus. There is no justification for the social and economic crisis into which we have been plunged.

It is safe to say that the tragedy that has occurred in seniors' homes in Quebec and elsewhere is a direct result of the climate of panic caused by the WHO and the PSD through their distorted data. Already limited human resources in CHLSD and hospital centres have been undermined by the desertion of several employees who were frightened by a virus that was presented to them as a killer, but which, on balance, looks like a scarecrow. The seniors who died in CHSLDs during the health emergency surely died more from negligence and the consequent deterioration of their state of health than from the Covid.19 The virus was presented to them as a killer, but in the end it looks like a scarecrow. We even heard grieving families, who were forbidden to visit their sick relatives, say that their sick relatives had let themselves go because of a lack of human contact and care. In addition, there have been and will continue to be collateral deaths resulting from the suspension of several medical services (e.g., cardiology, oncology) that have led to the postponement of surgeries

and diagnostic evaluations that are so important to people's health. In addition, there were psychological problems and suicides related to the disastrous consequences of the system shutdown, particularly among people with fragile mental health or those who had put all their savings into their small and medium-sized enterprises (SMEs). And what can we say about the frightening deconfinement that is being proposed to us and will direct our children to a school or daycare centre that they no longer recognize, framed by austere rules and masked educators.

At a time when the data on mortality rates are being drastically revised downwards, it is my opinion that the governments and the DSPs that constantly support the need for containment and social distancing to protect themselves against a pseudo-health danger are directly responsible for the crisis and its impacts (the Trudeau administration and the Canadian DSP are particularly buoyant in this discourse).

The mainstream media, particularly the television news, which slavishly and almost without nuance relay the authorities' fallacious discourse, are also responsible. They have abandoned their role as public watchdogs. Their mandate to inform the public by giving them access to facts and a diversity of opinions in order to encourage informed reflection has been vilely relegated to oblivion. Rather, it is the citizens themselves and the alternative media that give voice to dissent and the scientific facts necessary for the development of critical thinking. The situation is certainly not new, but it has been unequivocally exposed in recent months.

The crisis we are experiencing is not a global health crisis, but a political crisis, a clear illustration of the failure of our governmental and media institutions. The members of these institutions have blood on their hands, for their incompetence and even bad faith have caused the collapse of existing human systems and the resulting social and health distress. Again, let us applaud the tremendous work done by the people at the grassroots level: the health workers, the transport workers, the emergency services, the county MPs, the teachers who have offered online courses and so on. The solidarity of the common people has been extraordinary and I hope it will maintain the social fabric that the political and media elites are trying to tear apart. We will have to be strong, because we will only be able to gauge the full impact of this crisis in several months, if not years.

It is towards this horizon that our gaze must now turn, because the convinced reader is well aware that this crisis is surely not caused for nothing.

– What can lead governments to take such a course of action?
– What interest can medical authorities and their media outlets have in panicking people?
– Have the authorities been caught up in the intensity and suddenness of the crisis?
– As some have imagined, were they caught repairing a plane that broke in midair?

The current state of the world leads me to believe that the reality is not so light. A few whistleblowers have already lent their voices to denounce this emergency situation, which has insidiously led us to a society where civil liberties are being eroded (17). (17) The ban on gathering under penalty of a fine, incitement to denunciation, police control of movements, espionage by geolocation and the use of tracking drones, and soon mandatory vaccination and the health passport are all measures that are incompatible with a free and democratic society. In the space of a few weeks, they have become acceptable in the eyes of public opinion.

We can believe these temporary measures, but history suggests otherwise. The Patriot Act that followed the World Trade Center attacks in 2001 and the emergency measures introduced in France following the attacks of 13 November 2015 have "become a permanent part of the law and common customs of these two countries" (18). If we must judge the tree by its fruits, we must judge the source of the crisis by its effects. And if the effects of the crisis are the collapse (19) of the economy and the advent of an increasingly controlled society, it is perhaps because the road to crisis was already paved. Social, fiscal and monetary reforms await us in the wake of recent events. I do not believe that this pandemic is a plane that we are trying to repair in mid-flight.

It is a planned, structured and strategic crisis. Developing this hypothesis would require far too much analysis to be done with sufficient clarity in such a short article. I reserve this task for another book in the hopefully near future. The analysis of the Covid-19 data seems to me too pressing a necessity to defer its publication and this article has been written in this awareness of time. Resistance to the lies of political-media elites requires dialogue and rapid information sharing, especially in the age of the Internet where this information is freely available and can serve as a shield against mass media propaganda.

Nevertheless, let us take the time to conclude with a reflection on the current state of the political world. We are "at war," says French President Emmanuel Macron. A worrying term, carefully chosen rhetoric, it puts the people on the alert and makes them docile. We are at war with a virus that has a mortality rate roughly similar to influenza? We are at war with a virus that kills mostly the elderly and sick, who are vulnerable year after year to seasonal viral infections? I personally believe that the war we are fighting is an information war. In the times to come, we will be bombarded with alarming speeches, including the one on the rebound of the epidemic and the second wave.

We have heard the WHO's speeches about the uncertainty of herd immunity and the probable resurgence of contamination. According to several experts, this possibility is, on the contrary, unlikely because the new coronavirus seems to follow a typical spread curve marked by a sharp increase and a continuous decrease in infected cases (20). Dr Didier Raoult even describes the idea of a second wave as "fanciful" because it is based on the memory of the Spanish flu which would have been, in history, an exception to the rule (21). As far as immunity is concerned, to catch a respiratory virus and not die from it means having developed antibodies against it. It is true that in some individuals, several infections are necessary before they are immune. Nevertheless, herd immunity is a reality that is demonstrated by a simple historical study of epidemics (22).

That won't stop the terror merchants from selling us the danger. He who controls people's fear becomes the master of their souls, Machiavelli said (23). To succeed in shaking our economic and social systems, the crisis must be long, very long. The WHO has already proposed abusive means to stem the pandemic. Dr Michael Ryan, Executive Director of the WHO's Health Emergency Programme, proposed on 30 March this measure, which is beyond comprehension (24):

"In most parts of the world, because of containment, most of the transmission currently occurring in many countries is occurring in the home, at the family level. In a sense, transmission has been taken out of the streets and pushed back into the family unit. Now we have to go into families to find those people who might be sick and remove them, and isolate them, in a safe and dignified way.

A highly influential global organization tells us that, pro bono, people should be sought out in their homes to be removed and isolated away from their families. This does not seem to have been put into action, but illustrates the state of panic in which people are being put. In order to get people to accept such vexatious measures, fear must be rampant. A large number of people are already caught up in this fabricated fear. And any means can be good to maintain it, or even amplify it. That is why political resistance to the liberticidal tendencies of governments is actively needed. It is essential that the people welcome the suggestions and decisions of the authorities with a great deal of scepticism. Asking questions, doubting, checking, talking and disobeying are citizen weapons within our reach. Free thought is still not in confinement. It is up to the people still in love with their freedom to use it.

And that's what freedom is all about. From the book of Exodus to La Boétie's Discourse of Voluntary Servitude, from the Orwellian Big Brother to the roots of totalitarianism by Hannah Arendt, the question of freedom has not taken a wrinkle. Perhaps this is where contemporary men and women are going astray: believing that the fight for freedom is a thing of the past, no longer distrusting their government and relying on its good offices. As the Lieutenant-Governor of Quebec stated in a previously quoted article (see no. 17):

"The dictator is not born of himself. He is born from the fact that the citizen wishes to be protected".

Today, the masks are coming off. Dictatorship is being revealed more than ever in its international form. We have witnessed how a crisis in Asia can, in the space of a few weeks, very similarly affect the lives and rights and freedoms of different populations overseas. The fate of national peoples is more closely linked than ever before: the global coordination of public health operations under the auspices of the WHO, the talk of a world government, the proposal for a world currency. These are not just dystopian anguish fantasies, but more or less imminent realities that some people have been thinking about for a long time.

For Arendt, totalitarianism is a dynamic of destruction of reality and social structures, more than a political regime. She describes it as international in its organisation, universal in its ideological aim, planetary in its political aspirations (25). (25) The current situation cannot be better described. The nations of the world are faced with a globalist cabal that relies on fear to govern them. This governance is today unofficial and rests on its tentacles such as the WHO, the United Nations (UN), the International Monetary Fund (IMF), the Bank for International Settlements (BIS). Tomorrow, at the turn of a major crisis, it could become official.

It is to this end that chaos and anguish will set in among the population. The war on communism, the war on Islamic terrorism, the war on climate change and now the war on viruses; the object is variable, the fear constant (26). (26) The political authorities pose as protectors of the vulnerable and frightened citizen. The solution proposed, or even imposed, is to barter freedom for security. Give up your freedom in exchange for more security and you will end up losing both, as the saying goes. This is a delicate balance that sometimes leans towards a point of no return.

"It is the people who enslave themselves, who cut their throats, who, having the choice of being serf or free, renounce their independence and take the yoke … all men, as long as they have something human, allow themselves to be subjugated for only two reasons, by constraint or by deception" (27).

Once deception has been unmasked, there is no longer any reason to give up one's freedom. Unless we have nothing human left.

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Notes

(1) https://www.bmj.com/content/369/bmj.m1375

(2) Charisius, H. Covid-19: Wie gut testet Deutschland? Süddeutsche Zeitung. (abgerufen am 27.3.2020), cited in https://swprs.org/covid-19-lettre-ouverte-du-professeur-sucharit-bhakdi-a-la-chanceliere-allemande-dre-angela-merkel/.

(3) https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v1

(4) https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/?fbclid=IwAR2skgvbV188g9VQXf4ztq9imwXxkyjUVpuLTEruxPLlBDmHrwZmyN9qsDE

(5) https://www.lapresse.ca/actualites/sciences/202003/05/01-5263504-le-danger-relatif-de-la-grippe-et-du-covid-19.php

(6) https://www.stat.gouv.qc.ca/statistiques/population-demographie/bilan2019.pdf

(7) https://swprs.org/covid-19-lettre-ouverte-du-professeur-sucharit-bhakdi-a-la-chanceliere-allemande-dre-angela-merkel/

(8) https://www.journaldemontreal.com/2020/04/23/aines-affames-et-deshydrates

(9) https://www.journaldemontreal.com/2015/12/08/22-deces-par-jour-causes-par-la-grippe-en-janvier-dernier

(10) https://www.youtube.com/watch?v=5gMj6r9t-F4

(11) The video is now available at: https://www.bitchute.com/video/oV9KpUH3tRYW/.

(12) https://www.youtube.com/watch?v=zBw1ynpDANQ

(13) https://www.youtube.com/watch?v=NMC6erskDQs

(14) http://jdmichel.blog.tdg.ch/archive/2020/03/18/covid-19-fin-de-partie-305096.html

(15) https://www.youtube.com/watch?v=K7g4WKoS_6U&feature=youtu.be

(16) https://www.rcinet.ca/eye-on-the-arctic/2020/04/24/nordic-covid-19-lockdowns-will-have-same-end-results-as-sweden-says-former-state-epidemiologist/

(17) https://www.lapresse.ca/covid-19/202004/21/01-5270281-un-avocat-veut-forcer-quebec-a-deconfiner.php; https://www.lapresse.ca/covid-19/202004/22/01-5270373-la-covid-19-dangereuse-pour-la-democratie-dit-le-lieutenant-gouverneur.php; http://histoireengagee.ca/une-epidemie-du-controle/

(18) https://www.ledevoir.com/opinion/idees/578143/surveilles-et-dociles

(19) With the amount of liquidity injected into the system (5 trillion invested by the G20 countries – central banks buying back hundreds of billions of dollars in stock and bond securities) added to the astronomical amount of new money already created by quantitative easing policies since the 2008 crisis, the money supply has become immeasurable. With interest rates ridiculously low, even negative in some countries, classical economics and history make a simple prognosis. A currency that is so cheap becomes unstable and weakens, inflation gallops and gnaws away at purchasing power, the value of money and certain assets inevitably erodes (pensions, life insurance policies etc.). False wealth based on credit, money-debt, comes to the end of its cycle. The abrupt shutdown of the economy will cause bankruptcies, credit managers will take over the management of production. As in any economic crisis, wealth is not lost, it is transferred. The political and economic elites, these pyromaniac firefighters, are proposing solutions that a people on its knees cannot refuse.

(20) https://www.lepoint.fr/sante/coronavirus-et-s-il-n-y-avait-pas-de-deuxieme-vague-28-04-2020-2373206_40.php

(21) https://www.youtube.com/watch?v=Bh5exajcXlk; https://www.youtube.com/watch?v=cj4bGVszZP8&feature=emb_err_watch_on_yt

(22) Ray M. Merrill, Introduction to Epidemiology, Jones & Bartlett Publishers, 2013.

(23) Nicolas Machiavelli, Le Prince, Editions Ivrea, 2001.

(24) https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-30mar2020.pdf?sfvrsn=6b68bc4a_2

(25) Hannah Arendt, The Origins of Totalitarianism, Gallimard, 2002.

(26) In what they call the “fabrication of consent,” Herman and Chomsky describe the media filter through which government agencies and big business promote their interests. Opinion control mechanisms require a target to focus on in order to distract the population from the real aims of these state and private bodies. Chomsky suggests that at the turn of the 21st century, the war on terrorism has replaced anti-communism as the main control mechanism. Sources: Edward S. Herman and Noam Chomsky. Manufacturing Consent: The Political Economy of the Mass Media. New York: Pantheon Books,

1988; Noam Chomsky, Media Control: The Spectacular Achievements of Propaganda, Open Media Pamphlet, April 1997.

Thus, it is reasonable to believe that the media are always involved, voluntarily or indirectly, in creating a climate of fear to “manufacture opinion”. Arguably, the current alarmist rhetoric about health disasters is part of these control mechanisms to influence public and economic policies to the detriment of the people (LoA).

(27) Étienne de la Boétie, Discourse on Voluntary Servitude, Librio, 2018.

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