

# What Are the Truly Verifiable Facts Surrounding COVID-19?

By [David Skripac](#)

Global Research, February 06, 2022

Region: [USA](#)

Theme: [Media Disinformation](#), [Science and Medicine](#)

Incisive and carefully researched article by David Skripac, first published on Global Research on August 14, 2020

\*\*\*

*"Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less."*

*Those words, uttered by two-time Nobel Prize-winning chemist and physicist Marie Curie, are as relevant today as they were in her era (1867–1934). With most of the planet under some form of medical martial law, we would do well to follow her advice: understand more and fear less about the pandemic. The way to do that is to establish the verifiable, scientific facts about the SARS-CoV-2 virus and separate those facts from the fiction being touted by a fear-mongering news media. Only then will we stop surrendering our inherent freedoms to COVID-19 propaganda.*

Fiction #1: Wearing a face mask will protect you and others from the coronavirus.

**Fact #1:** Contrary to what many medical and government officials tell us, there is no evidence to support the claim that face masks—whether N95, surgical, or cloth—protect the wearer from any virus. These so-called “medical experts” usually reference a purportedly scientific publication to support their claim. However, when the studies they point to—namely, in [The Lancet](#) and from the [Mayo Clinic](#)—are put under closer scrutiny, they fail to pass one crucial test: they never used a Randomized Controlled Trial (RCT). Reputable scientists consider the RCT the Holy Grail when it comes to conducting a study on a large group of people, because it eliminates the possibility of any population bias in the testing.



When we look at trials that *have* used the RCT method to analyze the efficacy of face masks,

we find starkly different results from those that have not.

For instance, an exhaustive dental [study](#) conducted in 2016 revealed that disposable surgical face masks are incapable of providing protection from respiratory pathogens.

Then there was the [study](#) conducted this past February by Long Y, Hu T, Liu, et al., titled “Effectiveness of N95 respirators versus surgical masks against influenza.” It involved a total of six RCTs and 9,171 participants. The study concluded that “the current meta-analysis shows the use of N95 compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for general public and nonhigh-risk medical staffs those are not in close contact with influenza patients or suspected patients.”

Even the US Centers for Disease Control and Prevention (CDC) has done studies on face masks by correctly using RCTs. In one [report](#), titled “Emerging Infectious Diseases, Vol.26, No.5” and published in May 2020, the CDC did ten Randomized Controlled Trials before concluding, “Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect against accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids. There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.”

As for those people who wear a cloth mask in the belief that “it’s better than wearing nothing,” a [RCT](#) conducted in 2015 showed that cloth masks do *not* work at all. In actuality, a cloth mask puts the wearer at increased risk of respiratory illness and viral infections.

In light of the plethora of available science on face masks, it is heartening to see that some governments are making rational decisions based on that science. In the Netherlands, for example, officials [are refusing to mandate mask-wearing in public](#).

In the end, the face mask should be viewed as a device used by authoritarians to control the masses and enforce compliance to lawless edicts. The mask lulls wearers into feeling protected from biological harm. Meanwhile, the real harm being done to them is psychological and spiritual. By submitting to mandatory face-covering orders based on flawed science and imposed by either unelected-but-politicized medical officials and technocrats or elected-but-compromised politicians who hold positions in all levels of government—these mask wearers don’t realize that they’re handing over their precious liberties, their individuality, and even, one might say, their very souls to soulless tyrants.

Fiction #2: Scientists have isolated and purified the SARS-CoV-2 RNA virus.

**Fact #2:** To date, not a single team of scientists has isolated and purified the SARS-CoV-2 RNA virus. Some researchers *claim* to have done so. But when their findings are scrutinized, they fall short. Just as Randomized Controlled Trials are required to do accurate studies of the efficacy and safety of medical devices like face masks or products such as prescription drugs, so, too, is there a major benchmark that must be satisfied if one is to prove that he has indeed correctly identified and isolated a virus. That benchmark has been, since 1890, a set of principals known as the [Koch postulates](#), named after famed German physician and bacteriologist Robert Koch. All researchers must apply his four postulates if they are to

prove or disprove a cause-and-effect relationship between a pathogen and a particular clinical disease.

For example, in February 2020, Chinese and Dutch researchers published studies purporting to show that they had isolated the SARS-CoV-2 virus by satisfying all of the Koch postulates. Four months later, however, freelance writer Armory Devereux and molecular biologist and researcher Rosemary Frei revealed the truth about those studies in an [Off-Guardian](#) article. Their heavily investigated and well-documented piece confirms that the Chinese and Dutch researchers did *not* fulfill Koch's third postulate, which involves replicating or cloning the DNA to form a new copy of the virus and then injecting that new copy into a significant number of living hosts (usually lab animals) with the intent to reproduce the same discrete diagnostic symptoms associated with the virus. In fact, Frei discovered, after reviewing numerous research papers from all over the world, that not a single group of scientists was able to replicate or clone the DNA to form a new copy of the virus. In short, they failed to meet Koch's third postulate.

Another team of investigative journalists, Torsten Engelbrecht and Konstantin Demeter, wrote an equally comprehensive article on the same subject for [Off-Guardian](#). They, too, concluded that there is not a single research paper out there demonstrating that the SARS-CoV-2 virus has been successfully isolated and finally purified. In addition, Engelbrecht and Demeter discovered that "there is no scientific proof that those RNA sequences are the causative agent of what is called COVID-19."

In other words, by not successfully fulfilling all of Koch's postulates, scientists have thus far not proven the existence of any new coronavirus. This is why molecular biologist Dr. Andrew Kaufman has suggested in numerous interviews—on [The Highwire](#) and [The Last American Vagabond](#) and elsewhere—that the current coronavirus is *not* a new disease. Dr. Kaufman submits, moreover, that the particles scientists say they are looking at through their electron microscopes are perhaps not the virus at all but are, rather, exosomes being produced by the body. These exosomes, containing the same genetic material as a virus, are naturally produced by the human body as a defense mechanism in response to an external attack by a toxin emanating from our polluted environment. This would be a possible explanation as to why the "pandemic" started in China's Wuhan province. This area of China is one of the most polluted places on earth. In Wuhan, the ecosystem in all its glorious biodiversity has been utterly destroyed by man-made pollutants and the heavy use of glyphosate in industrial farming.

Besides pollution, there is yet another plausible explanation as to why this particular coronavirus (if it exists, which some reputable experts highly doubt) may have possibly started in Wuhan. The internationally funded Wuhan Institute of Virology, which has proven [financial ties](#) to the US government and is known for its poor safety standards, was involved in dangerous [gain-of-function research](#) to make bat viruses more lethal to humans. Several disturbing studies conducted by the lab "successfully" combined animal and human virus traits in ways that made them more dangerous to humans. This description of the institute's research raises many questions. At present, there is not enough evidence to prove whether a pathogen was either intentionally released by the lab or was accidentally leaked into the environment. And, even if a virus was intentionally released into the environment as a bioweapon, the developers of this weapon did not do a good job. As we will see in the last fiction versus fact (below), this coronavirus has had virtually the same global infection fatality rate as the average seasonal flu. If anything, the [influenza virus of 2017](#) was far more lethal than this year's coronavirus.

Finally, this brings us to the multi-billion-dollar question on the virus isolation issue: If scientists have not properly identified the virus or the RNA gene sequences associated with the virus, how on earth are the vaccine companies developing a mRNA vaccine against a novel coronavirus, and what exactly will be *in* this vaccine? Perhaps this is why the initial vaccine trials conducted by biotech company Moderna, the US vaccine front-runner, and AstraZeneca, which leads the British Oxford Vaccine Group, have been [unsatisfactory](#).



Fiction #3: The Reverse Transcriptase quantitative Polymerase Chain Reaction (RT-qPCR) test is the best way to diagnose a patient with COVID-19.

**Fact #3:** The PCR test, which is currently being used by every nation to test for COVID-19, was initially designed by Nobel Prize-winning biochemist Kary Mullis. From its inception, the PCR was, and still is, a thermal cycling method used to replicate billions of copies of a specific DNA sample. Simply put, the PCR makes the DNA large enough so that scientists can study it. Although Mullis unexpectedly passed away in August 2019, we know what his thoughts were when it came to using his test as a diagnostic tool, thanks to an invaluable [interview](#) he did in 1994 with investigative journalist Celia Farber. The interview leaves no doubt that Mullis argued *against* using the PCR as a diagnostic tool for detecting viruses.

Granted, the PCR test is capable of detecting even the minutest piece of DNA or RNA, but this is meaningless if scientists have not determined what specific RNA sequences they are actually searching for. And, in light of Fact #2, which established that no correct isolation and purification of the presumed virus has been executed, the PCR test is scientifically illogical.

That the PCR test is being misused, either unwittingly or wittingly hence fraudulently, on COVID-19 diagnoses cannot be overstated. According to the aforementioned [Off-Guardian article](#) by Torsten Engelbrecht, “it is worth mentioning that the PCR tests used to identify so-called COVID-19 patients presumably infected by what is called SARS-CoV-2 do not have a valid gold standard to compare them with. This is a fundamental point. Tests need to be validated to determine their ‘sensitivity’ and ‘specificity’—by comparison to a ‘gold standard,’ meaning the most accurate method available.” Engelbrecht makes clear that, to date, there is no valid gold standard for the PCR test because, thus far, no one has isolated and purified the alleged virus. Only unequivocal proof of the existence of a new SARS-CoV-2 can be considered the gold standard.

Therefore, it should come as no surprise when we find that the PCR test is plagued with outcomes that can indicate “false negatives” of up to [20 percent](#) or “false positives” of up to an outrageous [70 percent](#)! Both the US CDC and the US Food & Drug Administration (FDA)

are well aware that the PCR test has some major pitfalls. The CDC, for instance, [states](#) that “this test cannot rule out diseases caused by other bacterial or viral pathogens.” Meanwhile, the FDA has reviewed and summarised, for Accelerated Emergency Use Authorization (EUA) purposes, Laboratory Corporation of America’s [LabCorp COVID-19 RT-PCR test](#) and has slapped on it a warning label: “This test has not been FDA cleared or approved.” In the same summary, the FDA explains that “the agent detected may not be the definite cause of the disease.”

Given everything we now know about the inaccuracy of the PCR test, why is the World Health Organization (WHO) still insisting that every nation continue testing as many people as possible with this method?

Could it be because the entire narrative about the “pandemic” is riding on the distorted PCR test results?

Could it also be that the very high “false positive” rate perfectly fits an agenda of inflating the infection case numbers (not the mortality numbers) so as to instill fear into the minds and hearts of as many people as possible?

Could it be that injecting fear into the population enables the technocrats and their pawns to continue the draconian stay-at-home lockdowns and economically devastating business shutdowns and the ridiculous containment measures (such as physical distancing) and other punitive restrictions (e.g., fourteen-day quarantines after travel, even when the travel is a simple car trip between adjoining US states)? Could it be that they are purposely placing the lives of millions of people under enormous stress and in precipitous poverty?

Is this all part of a behavior modification process that will make it easier for social engineers (technocrats) to completely redesign society so that the distribution of all goods and services to the entire population and the consumption of energy by that population will be orchestrated by a select few self-appointed “experts”?

Technocracy News & Trends’ researcher/writer Patrick Wood lays out a plausible explanation for this scenario in his recent [interview](#) with Dr. Joseph Mercola. In it, Wood notes that the technocracy movement, which started in the early twentieth century, “was always an economic movement, not a political system.” The destruction of the global economy, the removal of everyone’s inherent freedoms, the elimination of national sovereignty, and the accumulation of layers and layers of rules and regulations based on unsubstantiated science are ingredients that constitute the perfect recipe for any technocrat whose goal is to completely redesign society and implement an entirely new economic system.

**Fiction #4:** A “second wave” of new COVID-19 cases has already started in the United States.

**Fact #4:** There is no “second wave” of COVID-19 cases, nor will there be a “third wave.”

Sure, at first glance, it would appear that states like South Carolina, Nevada, Florida, Texas, Arizona, and California are indeed experiencing a huge surge in new COVID-19 cases. Upon second glance, though, we find two factors that explain this unnatural phenomenon.

First, what the media assiduously avoids mentioning is that in June these very same states undertook major campaigns to screen a vast swath of their populace with the PCR test—a



viral assay that is employed not as an accurate diagnostic tool but, rather, as a means of *inflating* positive case counts.

While it is true that not all of the positive cases fall into the category of “false positive,” it is equally true, as Fact #2 makes clear, that the PCR assay detects even the minutest particle of RNA associated with any virus. Thus, the test can detect people who have developed antibody T-cells to any previous coronavirus or who are asymptomatic. Either way, these individuals are automatically classified as COVID-19 cases. How convenient for the pandemic-pushers! Such a generous classification means that even those patients undergoing elective surgery who happen to test positive during the hospital admission process are categorised as “hospitalised with COVID-19.”

John Thomas Littell, MD, a family physician in Ocala, Florida, wrote an astute letter to the editor of the [Orlando Medical News](#), in which he perfectly summarises the COVID-19 data manipulation:

“So, in essence, any person with an influenza-like illness (ILI) could be considered a ‘case’ of COVID-19, even WITHOUT confirmatory lab testing. The CDC has even advised to consider any deaths from pneumonia or ILI as ‘COVID-related’ deaths—unless the physician or medical examiner establishes another infectious agent as the cause of illness.

“Now perhaps you see why the increasing number of cases, and even deaths, due to COVID-19 is fraught with misinterpretation and is NOT in any way a measure of the ACTUAL morbidity and mortality FROM COVID-19.”

Second, the news media rarely, if ever, mentions the all-important point that, although cases may be on the rise, the rates of mortality allegedly caused by the supposed new coronavirus are actually *decreasing* in the US, just as they are in the rest of the world.

How could that be? Because this non-novel, run-of-the-mill virus is on its way out. In reality, the states that were hit first at the start of the year—predominantly northern states like [Washington](#), [Ohio](#), and [New York](#)—were also the first to experience a consistent downward trend in mortality rates, commencing around mid-to-late April. (See the [Worldometers](#) website, which, despite its bloated fatality numbers, is nevertheless a good source for interpreting trends in mortality rates.) States in warmer climates, such as [California](#), [Arizona](#), [Texas](#), and [Florida](#), are only now, in mid-to-late-summer months, reaching their peak daily death rates. Soon they, too, will begin to show a decline in mortality rates.

Why is there a difference in the timing of these peaks and descents among the states? It just means that for any number of reasons—for instance, a variation between individuals in their susceptibility to infection and their propensity to infect others—different regions of the country have reached the Herd Immunity Threshold (HIT) at different times. The HIT is the percentage of the population that needs to be immune in order to prevent the disease from spreading. This value varies among not only regions but nations as well. It is usually around the 10 percent to 20 percent mark for the seasonal flu—meaning that once the HIT value passes 20 percent, the rate of new infections starts to decline until the virus is extinguished.

In January 2020, health officials and scientists originally thought that the HIT value for COVID-19 was going to be over 60 percent. But after five months a very different picture emerged. From a team of international research scientists who released a [paper on herd](#)

[immunity](#) in late July, we learn that the global HIT this year was in the aforementioned 10–20 percent range. And thanks to the intrepid research done by J.B. Handley, a frequent contributing writer to the Children’s Health Defense website, we now know that the HIT value for COVID-19 in the US this year has also been in the [10-20 percent](#) range, just like any seasonal flu. Hence, we can conclude from this data that over 70 percent of the population has already developed a natural immunity to the virus from previous exposure to corona-type viruses.

All of this proves that our complex and beautifully designed immunity system, which produces killer T-cells and antibodies to fight off all viruses for the purpose of building herd immunity, is doing exactly what it has been doing for the past 200,000 years. Not incidentally, most of those years were before vaccines were dreamed up, developed, and brought to market. Had this not been the case, the human species would have vanished off the face of the earth long ago.

Despite the empty rhetoric of our politicians, we now know that the draconian, counterproductive lockdown measures (read: the shutdown of the global economy) imposed by local, state, provincial, and national governments (read: and their technocrat handlers) have nothing to do with defeating the spread of the virus. If anything, the mandatory lockdowns only postpone the day when herd immunity is inevitably reached. Even New Zealand, which completely closed itself off from the rest of the world at the start of the fake pandemic, was simply delaying its day of reckoning.

If one wanted to delay a society from reaching herd immunity from the flu for as long as possible, one would do the following to everyone (including healthy people, who have no comorbidities): impose strict, lengthy quarantine measures after travel, isolate even non-travelers in their homes for most hours of the day, enforce physical distancing rules, require the use of face masks, close everything from beaches and amusement parks and stadiums to restaurants and hair salons and, God forbid, churches and temples and mosques! Oh, and shut down schools. As we have seen, this is exactly what the political and medical “rulers”—including fake philanthropists—of most countries did, to their barely suppressed delight and to everyone else’s dismay.

A country that stands in stark contrast to this stalling tactic is Sweden. It has refused to participate in the total lockdown strategy. Instead, from the first, it allowed herd immunity to build up naturally. Yet Sweden’s HIT value is at 14 percent—in the same range as the nations that *did* impose lockdowns. By keeping its economy open and isolating only its vulnerable citizens (the elderly and people with comorbidities), Sweden was the only major economy in the world that [grew in the first quarter of the year](#). Meanwhile, according to the data collected by the [Bureau of Economic Analysis](#), the Gross Domestic Product (GDP) for the US decreased 34.3 percent, or \$2.15 trillion, in the second quarter, to a level of \$19.41 trillion. This is the most devastating collapse in GDP ever recorded.

The GDP drop doesn’t take into account the incalculable human losses—the slide into poverty, the despair, the mental breakdowns, the suicides—that the cruelly counterproductive lockdown has created. Commenting on these detrimental effects, Stanford University’s 2013 Chemistry Nobel Laureate Dr. Michael Levitt said in an [interview](#): “There is no doubt in my mind that when we come to look back on this, the damage done by the lockdown will exceed any saving of lives by a huge factor.”

Fiction #5: The Infection Fatality Rate (IFR) for COVID-19 is far greater than the seasonal

influenza.

**Fact #5:** The IFR is the ratio of deaths attributed to a disease divided by the number of actual infections. Unique to COVID-19, the IFR includes both confirmed and undiagnosed cases, as perversely directed by the CDC. Family physician Dr. Scott Jensen, who is also a Minnesota state senator, explains in an [interview on Fox News](#) that this practice of combining both diagnosed and undiagnosed cases is simply a tool to “game the numbers” so that the government can conveniently inflate the death toll and scare the public into believing COVID-19 is more deadly than it actually is.

(Aside: Jensen’s refreshing candor stands in stark contrast to the apparent go-along-to-get-along mentality of the many doctors who remained silent when he sounded the alarm over the health authorities’ suspicious-sounding instructions. Not that Jensen is without equally courageous colleagues. In fact, he belongs to a new group of more than 600 physicians who call themselves America’s Frontline Doctors and who are calling out US authorities for suppressing information about and access to the coronavirus-slaying drug Hydroxychloroquine. Their July 27<sup>th</sup> [press conference video](#) from the steps of the US Supreme Court went viral before being banned across all social media platforms.)

In the developed world, the Infection Fatality Rate for a seasonal influenza is 0.1–0.2 percent. Bizarrely, the WHO’s [initial estimate](#) in March 2020 pegged the IFR for COVID-19 at 3.4 percent. We have since learned, from the meticulous serological studies done by Stanford University epidemiologist and professor of medicine Dr. John Ioannidis (and from many other equally scrupulous scientists around the world), that the global average for COVID-19 is actually [about 0.2 percent](#)—in line with the seasonal flu and vastly lower than the WHO’s 3.4 percent gross overestimate. In light of this scientific fact, we must ask the obvious question: Why do we need a global vaccine regimen imposed on everyone for a virus that has the same low fatality rate as the seasonal flu?

Though Dr. Ioannidis’ study was published in late May, he had determined as early as April—after analyzing twelve separate IFR studies conducted by researchers around the world—that the IFR for COVID-19 was in the range [0.07 to 0.2](#) percent. In addition, one month after his conclusion was published, the US CDC admitted that the overall IFR rate is [just 0.26 percent](#). Yet even this number is slightly high. For when the [CDC calculates](#) the mortality rate, it includes both confirmed and presumptive positive cases of COVID-19. The CDC announcement should have caused every government to pause and rethink their restrictive, hurtful strategies. But nothing changed. Instead, this desperately needed perspective from the world’s leading scientists never even made headlines. Why? Apparently it fit neither the official narrative of COVID-19’s dangers nor the promises being made by “public health expert” Bill Gates of the wonders of the coming anti-COVID-19 vaccine.

## **Cui Bono?**

From the inception of this manufactured crisis, way back in January 2020—which now feels like a lifetime ago!—the stated purpose for the lockdown measures was to “flatten the curve” so that hospitals everywhere would not be overwhelmed by the inevitable wave of incoming COVID-19 patients. Governments around the world did exactly that: they flattened the curve to the point of destroying the lives of millions of people and ruining their own national economies.



Strange, isn't it, that apparently very few hospitals, including in big cities, have been overrun by patients. Take for example, the Berlin hospital that a [German journalist](#) walked through at the height of the pandemic, only to discover, to his surprise, that no one was there. Or check out what [citizen journalists](#) were video recording in supposedly maxed-out-with-patients hospitals around the US. Incidentally, this Dana Ashlie video, which can be seen on BitChute, was banned from YouTube for purportedly violating Terms of Service. (Translation: Facts that contradict the pandemic propagandists' fakery mustn't be seen or heard by the general public, lest their fear of a virulent, fatal disease be deflated like a popped balloon.)

Strange, too, that many so-called COVID-19 cases were anything but. Consider, for example, the situation in [Italy](#), where "only 12 per cent of the death certificates have shown a direct causality from coronavirus, while 88 per cent of patients who have died have at least one pre-morbidity—many had two or three."

Strange, too, that in New York State, all the cases deemed to be COVID-19 were elderly patients who were removed from hospitals and dumped in [nursing homes](#), where neglect and overcrowding and even the emotional toll produced by loneliness and fear resulted in many sickeningly sudden and sad deaths.

And isn't it especially strange that one of the most obvious outcomes of flattening the curve was the loss of everyone's constitutional, civil, medical, parental, and religious rights? It was as if there had been a plan all along to dispense not only with lives, but also with rights—including the right to dissent!

Now here we are, months later, still being bombarded by scary scenarios. Every major news outlet pounds us with fear-mongering predictions of second and third waves. The engineered-to-skyrocket cases of COVID-19 in the US are dominating the headlines. Some state governors and state and county health authorities and privately owned establishments are imposing ever-more-onerous rules regarding face masks and physical distancing—rules they realize would never pass the legal smell test in normal times, much less in a court of law. Meanwhile, the same dictators are doubling down on their innocent-sounding "let's all get tested" message.

As the above five facts have shown, all of these public health measures are based on unsubstantiated science. Moreover, we have not even begun to feel the long-lasting economic effects of the "pandemic." In the coming months and years, our national economies will become much more precarious. Is it possible that we already cash-strapped citizens will be ordered to pay back the billions of dollars that have been divvied out to us by our Big Brother governments?

In some places, lockdowns may be gradually easing. But the relief measures being implemented have not helped the countless mid-sized and small business owners who have, one by one, decided to board their doors and close up shop forever. They are suffering twice-over: they must watch their own families be penalized and at the same time feel guilty for having to bid farewell to their employees, who by the millions are looking for non-existent jobs and standing in long unemployment lines. As layoffs keep mounting, nations are facing a massive fiscal crisis at the very time when their badly needed tax revenues are disappearing. In the near future, national governments will be forced to hand over entire sectors of the economy to their creditors, such as Goldman Sachs and BlackRock. In the end, private financial oligarchies will literally own the US and other nations, further

eviscerating the concept of national sovereignty.

So, why are we being forced to travel down this rocky road? One possible explanation could be that many governments may consider it political suicide to admit that their approach has been wrong. Thus, instead of immediately correcting their course of action, they are incrementally shifting gears. But could there be something far more sinister at play here? Could this entire “pandemic” be a gigantic smokescreen designed to conceal the diabolical actions of the globalist technocrats, whose agenda is to literally create, possess, and control a single worldwide economy and a single worldwide government?

If we follow the money trail, we can determine who some of the possible beneficiaries of such a fiendish agenda could be.

To begin, let’s look at the financial sector. Since the US mortgage and market crash of 2008, none of the mechanisms that allowed the crash to occur have been removed. True, for the past twelve years, the stock market has appeared to recover. In reality, though, the market is the opposite of healthy. It has been surviving mainly on stock buybacks by companies that have been using some of their profits to buy their own stocks in order to prop up prices. This scheme has provided the illusion that the economy is thriving. But the stock market’s action is not an absolute indicator of the real economy’s production and consumption.

Indeed, by the summer of 2019 it had become evident that not even the stock buyback strategy was going to keep the lumbering economy alive. Thus, as a short-term solution, the New York Federal Reserve last September started injecting billions of dollars into the stock market in the form of short-term loans (repos). While the intent was to keep the stock market chugging along, the effect was more like kicking an empty tin can down the road for as long as possible until finally the road ends. Eventually, a long-term solution would have to be found to reset the entire world economy. Enter the “shadow bank” BlackRock, the world’s largest asset manager with over \$7 trillion dollars in assets under direct management and another \$20 trillion managed through its Aladdin risk-monitoring software.

In a [statement](#) released in August 2019 on Bloomberg News, BlackRock observed that “the current policy space for global central banks is limited and will not be enough to respond to a significant, let alone a dramatic, downturn.” To solve this problem, BlackRock hired former central bankers from the US, Canada, and Switzerland. Their orders were to devise a [plan](#) that would enable BlackRock to expand its role in the global fiscal and monetary policy arena by blurring the lines between government fiscal policy and central bank monetary policy. The plan was due by the end of August.

Are we surprised that the COVID-19 crisis precipitated the very dramatic downturn to which BlackRock alluded mere months earlier? Hardly. Both the pandemic and the ensuing stock market crash have presented the perfect opportunity for BlackRock and other central banks to take full control of global monetary policy. The economic reset that the globalists have been talking about since 2014, both at the [International Monetary Fund \(IMF\)](#) and the [Bank for International Settlements \(BIS\)](#)—and, more recently, in June 2020, at the [World Economic Forum](#) (WEF)—is now well underway.

After the market crashed in late February, the Federal Reserve came out with a \$10 trillion USD bailout package, of which \$454 billion is to be administered by BlackRock under the Coronavirus Aid Relief and Economic Security Act (CARES Act). In other words, this money from taxpayers to the government will be used to directly buy stocks, bonds, junk bonds,

mortgages, and junk mortgages from Wall Street investment firms. These purchases are designed to inflate the value of stock market assets. In the US, some 85 percent of these assets are held by the richest 10 percent of Americans. BlackRock has also been hired by the Bank of Canada and Sweden's central bank, Riksbank, to implement their respective stimulus plans.

Keep in mind that none of this money will be fueling *real* economic activity. None of it will be used to help millions of people revive their small businesses and improve their living standards. It is, pure and simple, a bailout package for the players in the global stock market. It provides the illusion that the Main Street economy is on the mend. Governments claim the stimulus money will be used to build the means of production and help small business. Truthfully, the exact inverse is occurring: the largest [redistribution of wealth](#) in human history is taking place, which will only increase the gap in [income inequality](#) throughout the world.

Although there is no “smoking gun” to definitively prove that the COVID-19 pandemic was the preplanned pretext for launching the much-vaunted “Great Reset,” the timing is nonetheless too coincidental to ignore.

Now, let's look at another group that could massively gain from this supposed pandemic: the pharmaceutical industry. If this industry, with Bill Gates at its helm, successfully launches its campaign to vaccinate every person on the planet against SARS-Cov-2, the drug-and-vaccine-makers could potentially rake in tens of billions of dollars.



Big Pharma holds tremendous sway in the political realm—both internationally and domestically. In mid-April, President Donald Trump [announced](#) that the US would be ending its financial support for the World Health Organization, which he accused of “severely mismanaging and covering up the spread of the coronavirus.” In previous years, the top funder for WHO had been the US government, followed by the Bill & Melinda Gates Foundation. The third-biggest donor to WHO was Gates-founded-and-funded GAVI, the Vaccine Alliance. Thus, if Trump's move to defund that international body goes through, it will elevate both the Gates Foundation and Gates's GAVI to the top of the global health pyramid. This would further tighten Bill and his wife Melinda's already firm grip on WHO and thus strengthen their ability to formulate global “health” policy.

As if further signaling its disdain for WHO, in early June the Trump administration boosted its support for GAVI with a donation of a \$1.16 billion USD (again, taxpayer dollars) via the [first-ever virtual Global Vaccine Summit](#). That huge sum stands in stark contrast to the US government's modest contributions to WHO of [\\$401 million](#) in 2017 and [\\$281.6 million](#) in 2018.

During the same summit, GAVI received from many other nations large contributions that

totaled \$8.8 billion USD. (The Rockefeller Foundation, which has numerous ties to the vaccine agenda, kicked in \$5 million of that sum.) These injections of liquidity—ominously reminiscent of the injections of liquid that are known as vaccines—will provide GAVI with all of the funding it needs for the purpose of pushing the global vaccine agenda on governments and for maintaining its role in “public-private partnerships” with governmental bodies and private companies.

For those of us who may not be conversant with the lobbying process, here’s how it works across national borders. Because neither Bill Gates nor his foundation can directly lobby a foreign government, being a [founding partner](#) of GAVI enables Gates to seek out and hire representatives in targeted nations who will lobby on behalf of his interests.

In Canada, for instance, GAVI has hired [Crestview Strategy](#), an Ottawa-based lobbying firm that specialises in shaping government policy by speaking directly to the Canadian government’s key decision-makers and opinion leaders. The government relations page on Crestview’s website defines its mission thusly:

“Crestview Strategy effectively represents the interests of corporations, not-for-profits and industry associations to achieve results with governments around the world.”

While representing “the interests of corporations, not-for-profits and industry associations” in pushing the vaccine message on behalf of GAVI, has Crestview crossed an ethical threshold? In other words, has there been any collusion between Gates proxy Crestview and the Canadian government? Or is it pure coincidence that Prime Minister Trudeau shares Bill Gates’s view that only a mass vaccination program will allow populations to return to lives of normalcy?

It depends who you ask and what they know. Journalists at [Canuck Law](#), an independent media outlet that investigates political corruption in Canada, answer “yes” to collusion and “no” to pure coincidence. Canuck Law researchers dug up the fact that Crestview Strategy employs two former Liberal Party associates, Jason Clark and Zakery Blais, to lobby the Canadian government on behalf of GAVI, the Vaccine Alliance. These two Liberal Party operatives-turned-lobbyists met with the Prime Minister’s Office (PMO) staff—the chief of staff, the director of policy and planning, a policy advisor, and a special assistant—as well as with members of Parliament on at least nineteen occasions between March 2018 and January 2020 to push the GAVI vaccine message. Records show that a third Crestview employee, Jennifer Babcock, who has since left the firm, lobbied the government for GAVI just one time.

Canuck Law explains: “These are just 20 reports that are on file with the Office of the Lobbying Commissioner. It’s fair to assume that there have been many, many more talks that aren’t documented.” It therefore comes as no surprise that Ottawa has thus far shelled out some \$800 million for Gates’s global vaccine agenda and that PM Justin Trudeau constantly refers to society as living in “the new normal until a vaccine is found.”

In the US government, the level of corruption among vaccine promoters is more entrenched and insidious. Big Pharma far outpaces all other industries in spending on lobbying in Washington, D.C. In 2019, for instance, it spent twice as much on lobbying as the [oil and gas](#) industry and almost three times more than the [defense](#) industry. There are more

pharmaceutical industry lobbyists than the 435 representatives in the House and the 100 US senators combined. Drug-and-vaccine-makers and their industry associations and paid corporate lobbyists aim to influence any and all related legislation and regulations. They also seek preferential treatment through campaign contributions. No wonder the State of Tennessee has already mandated that students are required to get the COVID-19 vaccine when it becomes available. No wonder, too, that the Trump administration on July 31<sup>st</sup> handed over [\\$2.1 billion](#) in taxpayer money to GlaxoSmithKline (GSK) and Sanofi to expedite further COVID-19 vaccine development.

### The Total Surveillance Grid is Forming

Now that we have seen who some of the financial winners are in this orchestrated pandemic, let's examine how the know-it-all technocrats and parasitic, predator globalists plan to monitor and track our every move.

Their total surveillance grid, hiding in plain sight behind the COVID-19 scamdemic, is being tested in West Africa before it is rolled out in the rest of the world. Here, the Gates-tied GAVI and Mastercard and the AI-powered "identity authentication" company [Trust Stamp](#) have joined forces in the effort to link a biometric digital identity system, vaccination records, and a "[cashless](#)" payment system all into a single platform.

Under this alliance, Mastercard's [Wellness Pass program](#) will be integrated into Trust Stamp's biometric identity platform. The Wellness Pass will thus be capable of providing biometric identity information on any person, even in areas of the world lacking internet access or cellular connectivity. Moreover, the Wellness Pass will also be linked to an individual's cashless payment system. This could potentially provide authorities with the ability to block a person's account if he does not abide by certain mandates regarding health measures. Such massive surveillance and control are eerily similar to China's "social credit" system.

This entirely new Trust Stamp platform will be coupled with the COVID-19 vaccination program, if and when a vaccine becomes available, through a [COVI-PASS](#), the brand name for a digital health passport, which authorities will automatically download (push) to your device. The COVI-PASS, which was developed by British cybersecurity company VST Enterprises in partnership with several other tech firms, is slated to be rolled out in fifteen countries across the world, including Canada, Italy, Portugal, France, Spain, Panama, South Africa, Mexico, United Arab Emirates, and the Netherlands. The pass will contain a person's COVID-19 test results and vaccination history plus any relevant health information. A truly Orwellian prospect!

Gates's funding is not strictly limited to the field of global health. The Bill and Melinda Gates Foundation, in cooperation with GAVI, is also deeply tied to ID2020—a global digital ID system that will combine both birth registration records and vaccination records to create a digital identity for every person on planet Earth.

At first glance, ID2020 may seem like it's the same concept as the COVI-PASS, but it is actually far more. The COVI-PASS, as mentioned above, relates more to one's health record, whereas ID2020 is a complete identification record of your entire life. It is your driver's license, passport, work identification pass, building access card, debt and credit cards, transit passes, police record, health records, and more—all wrapped up in one identification system. It is being sold to us by the statisticians as a new and improved means of "protecting



our civil liberties and personal data,” when in reality the exact inverse is true: as with any electronic device, it can and will be used by the-powers-that-shouldn’t-be to monitor a person’s every move, and if necessary, restrict a person’s movements.

Although ID2020 was originally formed in 2019, when GAVI joined forces with the Rockefeller Foundation, Microsoft, Accenture, and IDEO.org, it was put into motion by the globalists at the onset of the supposed pandemic. And it is now being tested in Bangladesh. Once again, as we have already seen in the above-mentioned economic reset, the COVID-19 crisis presents the perfect opportunity to launch the ID2020 system.

### The Path Forward

We must now ask ourselves: Is it merely coincidence that these measures—the economic reset, the implementation of ID2020, the creation of Trust Stamp, and Mastercard’s Wellness program—are all being put into motion, simultaneously, on the heels of the fabricated pandemic? We may never find out if their joint appearance is a coordinated effort by just a few top technocrats or by all the participants in these schemes—the usually compartmentalization of information and tasks keeps the lower-level actors from knowing the real purpose and the high-up players in any scheme of this sort.

What is certain, though, is that all of the medical martial law edicts that have been issued in united fashion have been based on unsubstantiated science. Equally clear is that the drive for a global COVID-19 vaccine regimen and the global surveillance grid are moving ahead in concert to transform the world as we know it—if we allow it to happen. As Professor Michel Chossudovsky and others have often said, we need mass movements, such as the #ExposeBillGates movement, to counter and dismantle the technocrats’ diabolical designs on us.

When and if our governments ever signal—presumably post-mass vaccination— that it is time to return to normal, beware. We must *nevergo* back to the old normal. For it is this old normal—based on a corrupt and broken paradigm—that landed us in pandemic prison in the first place. We must move forward with the new knowledge we have acquired in recent months, and we must build a better paradigm—one based on truth and compassion for all of humanity.

Madame Curie was right. Nothing is to be feared, it is only to be understood. We must fearlessly speak out and share this information.

\*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

*David Skripac has a Bachelor of Technology degree in Aerospace Engineering. He served as a Captain in the Canadian Forces for nine years. During his two tours of duty in the Air Force he flew extensively in the former Yugoslavia as well as in Somalia, Rwanda, Ethiopia, and Djibouti.*

---

[\*\*Comment on Global Research Articles on our Facebook page\*\*](#)

[\*\*Become a Member of Global Research\*\*](#)

Articles by: [David Skripac](#)

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)

[www.globalresearch.ca](http://www.globalresearch.ca) contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)