

A Critical Assessment of the COVID-19 Crisis,
for Anthroposophists
by Tim Nadelle

Applause for the insightful and balanced article by Helene Besnard, published in the April edition of the e-news! What we, who love anthroposophy, can perhaps most constructively contribute to the current global political, economic and medical upheavals is a determination to seek the truth in the broadest sense, shying away from no question, submitting ourselves to no prejudice and remaining open to answers which may challenge our usual habits of thought.

The following quote from Rudolf Steiner from lecture 9 of The Fifth Gospel, given in Berlin 6 January 1914 characterizes the quality of thinking which is so essential today, in 2021:

“... We must learn to ask questions in the spiritual stream. In the materialistic stream everything is designed to stop people from asking questions. Let us consider the two side by side to get a clear picture of their nature. On the one hand, we have the people who are materialists, which does not mean that they may not follow various spiritual dogmas, recognising the world of the spirit in words and in theory. But that is not what matters. What matters is that our souls enter wholly into the spiritual stream. Those who are in the materialistic stream may be said to be people who do not ask questions, for they know it all...”

How much easier it would be if Rudolf Steiner was among us. If only he could be here to help us ask the right questions and clarify what’s going on in a lecture series. On the other hand, we might wonder... if he were to incarnate among us today, would we have the perspicacity to recognise him? Or to believe what he was telling us?

At any rate, to the best of my knowledge, he’s not physically incarnated. So we are left to sort things out for ourselves, relying on the rich inheritance of books and lectures he bequeathed us and on our own individual capacities for discernment. The goal of this article will be to consider the truth of the dominant medical/scientific/bureaucratic doctrine regarding COVID-19.

The prevailing narrative around the current global crisis can be seen to form a logical argument which runs like this:

- 1) People are dying around the world from a new, infectious disease, called COVID-19, dying in sufficient numbers that the pandemic poses an unusual and serious threat to the health and survival of a significant percentage of the population.
- 2) Scientists have isolated a virus, the 2019 novel coronavirus (SARS-CoV-2), which is present in people who have contracted the disease.
- 3) Scientists have proven that SARS-CoV-2 causes the disease.
- 4) Accurate and reliable tests have been developed for detecting the presence of the 2019 novel coronavirus in the human being, the Polymerase Chain Reaction or PCR test.
- 5) A variety of safe and effective vaccines have been developed which reduce the probability that inoculated people will contract or spread the disease.

- 6) Measures have been politically imposed for the good of the populations of the earth, measures which have been scientifically/medically proven to be effective in halting the spread of the disease. These include the wearing of masks, social distancing and lockdowns.
- 7) The social good achieved through these measures to contain the disease outweigh the harm done by the measures.

I recognize scientists or politicians might use other language. But I hope this fairly portrays what people who have aligned themselves with the predominant perspective believe to be true.

This thought edifice is, in many respects, interdependent. I mean that if certain aspects of the argument are removed, the edifice crumbles. For example, if we could demonstrate that people were not dying from COVID-19 in sufficient numbers that it poses a serious threat, the various measures to contain the disease could not be justified, given the harm those measures have caused. Or, if we could demonstrate how claims that the virus had been isolated were false or that claims that the virus causes the disease were spurious, the edifice would crumble.

In fact, each of the elements of this argument is problematic. Let's have a look.

But before we do, here is some timely advice from Steiner for how to make sense of complex phenomena, advice I have attempted to follow in the process of observing the current crisis and writing this article.

"Times are grave: therefore only grave and earnest views of the world and of life can serve in these times. So it is important to sense something of a feeling that I have often described as essential: above all not to judge rashly but, instead, to look at things side by side and wait for them to speak. In the course of time they will say a good many things to us. To acquaint oneself with as many aspects as possible is the best preparation for penetrating thoroughly into the difficult and complicated conditions of life today." The Karma of Untruthfulness, Volume 1, Lecture 1, Dornach 4 Dec 1016.

- 1) People are dying around the world from a new, infectious disease, called COVID-19, dying in sufficient numbers that the pandemic poses an unusual and serious threat to the health and survival of a significant percentage of the population.

Actual mortality stats are rarely publicly reported in a helpful manner. Most newspapers or television shows or mainstream social media sources – if they focus on mortality at all – report deaths in total numbers, which can be alarming. As of April 25, for example, 3,115,416 people around the world are reported to have died of COVID-19. That sounds like a large and frightening number. That sounds like a crisis.

However, on this same day, the global population was 7,861,452,000 (and counting!), based on Worldometer elaboration of the latest United Nations data.¹ The % of the population reported to have died from COVID to date, therefore, is 0.0396%. Not 1% of the population. Not 1/10th of 1% the population. But approximately 4/100ths of 1% of the population are reported to have died of COVID.

In Canada, 23,927 people were reported to have died, out of a population of 38,011,000, which is 0.0629%. Wow, more people dying in Canada, eh? That's worrying. Well, this represents 6/100ths of a

1% of the Canadian population. The Canadian population (after deducting the number of migrants) grew by 89,075 over the last 12 months. Our population grew by 3.7 times the number of people who died of COVID-19.

So far, it would seem to be a stretch to claim that people are dying of COVID-19 in sufficient numbers that the pandemic poses an unusual and serious threat to the health and survival of a significant percentage of the population. The average Canadian is roughly 340% more likely to die of cancer and 220% more likely to die of heart disease than of COVID.

The Spanish flu lasted from February 1918 to April 1920. The death toll is typically estimated to have been somewhere between 17 million and 50 million, making it one of the deadliest pandemics in human history. It killed between 0.95% and 2.7% of the world's population. At this point, it appears the Spanish flu was between 15 and 43 times more deadly than COVID-19.

And that's if you believe the reported COVID-19 mortality numbers. However, I believe they are significantly exaggerated. How many people do you personally know who died of COVID-19? COVID-19 deaths are accumulated and reported with COVID-19 related co-morbidities. In other words, if you die of cancer but PCR testing implies that you also had COVID-19, your death is probably reported as a COVID-19 death. So *dying from COVID-19* is not distinguished from *dying with COVID-19*. Furthermore, both confirmed and presumptive COVID-19 deaths are treated as COVID-19 deaths, regardless of whether a PCR test was performed. And the number of autopsies are few in comparison with total reported deaths. So "best guesses" become COVID-19 death statistics.

In the following video, Montana physician Dr. Annie Bukacek discusses how COVID 19 death certificates are being manipulated. Dr. Bukacek has over 30 years' experience practicing medicine. Signing death certificates is a routine part of her job. In the video, she shows how the CDC is instructing physicians to exaggerate COVID 19 deaths on death certificates. Dr. Bukacek reports:

"The real number of COVID-19 deaths are not what people are told... how many people have actually died from COVID-19 is anyone's guess. God only knows. But based on how death certificates are being filled out, you can be certain the number is substantially lower than what we are being told based on inaccurate, incomplete data..."

https://www.youtube.com/watch?v=5wn1qs_bBk

In case anyone doesn't think this is happening in Canada, here is a link to the Quebec government email from the Ministry of Health & Social Services which provides instructions to medical labs regarding COVID-19 death certificates & autopsies.

<https://thereisnopandemic.wordpress.com/quebec-government-francois-legaults-instructions-to-medical-labs-re-covid-death-certificates-autopsies/>

And here is an excerpt from that email. "If the presumed cause of death is COVID-19 (with or without a positive test), an autopsy should be avoided and death should be attributed to COVID-19 as the probable cause."

2) Scientists have isolated a virus, the 2019 novel coronavirus (SARS-CoV-2), which is present in people who have contracted the disease.

OK, let's look at the second key pillar of the argument. In order to prove that a virus causes the disease you need to first isolate the virus.

Here is a link to a short (14 minute), very approachable video by Dr. Sam Bailey on the issue of virus isolation. Dr. Sam Bailey is a medical doctor, based in Christchurch, New Zealand. Her video makes clear that what you and I might imagine "isolation" to mean is not the same thing as what many virologists mean by isolation. The controversy focuses on the difference between the terms "isolation" and "isolate". This controversy has a historical foundation and did not simply erupt during the current crisis in the scientific rush to find a cure to COVID-19.

<https://thereisnopandemic.wordpress.com/2021/04/13/the-truth-about-virus-isolation-what-does-it-really-mean-to-isolate-a-virus-with-dr-sam-bailey/>

Dr. Bailey suggests the problem is that when a virologist says "We've isolated the virus" it implies a finality which is unquestionable. But when you peel away the layers of the onion, what virologists claim to have isolated is very unclear.

A virus refers to a tiny infectious particle, inside of which is some genetic material which may be DNA or RNA. PCR tests [addressed more completely in section 4, below] are supposed to react to RNA sequences specific to the virus. But before validating these tests for use it would need to be established that the RNA comes from inside the virus particle. That's because viruses only grow in cells. And cells already contain enormous amounts of genetic material. So first the RNA from the virus and the RNA from your cells need to be separated; otherwise you won't know what's in your mixture.

That's where virus isolation comes in (or should come in). You would expect that isolation of a microorganism or virus would mean that it has been separated from other biological material. But that's not what virologists mean when they refer to viral isolates.

Dr. Bailey and investigative journalist Torsten Engelbrecht researched this question and published their findings in the recently updated version of the book, Virus Mania. Engelbrecht contacted the authors of papers who were first cited for having isolated the purported virus to see if they had purified samples. None of the study authors claimed to have obtained the virus in a purified form.

For a purer academic treatment of this really fundamental question, here is a link to an article by a Dr. Qureshi, from November 2020.

<http://www.drug-dissolution-testing.com/blog/files/Virus-isolation-revised.pdf>

Dr. Qureshi gained extensive (30+ year) experience conducting hands-on and multi-disciplinary laboratory research in pharmaceutical areas for regulatory assessment purposes while working with Health Canada. He is an internationally recognised expert in the areas of pharmacokinetics,

biopharmaceutics, drug dissolution testing, analytical chemistry related to the characterization of pharmaceuticals, in particular based on in vitro (dissolution) and bioavailability/bioequivalence (humans and animals) assessments. Dr. Qureshi wrote in the article:

“...it is important to note that the medical community has declared with apparent certainty that disease (COVID-19) exists and is caused by the virus SARS-CoV-2. It should therefore be logical to assume that medical science or scientists must have extracted, isolated and characterised the virus (SARS-CoV-2) and its associated disease (COVID-19) – however, apparently not! There have been some reports describing isolation and characterization of the virus which, scientifically speaking, are not only false, but outright deceitful [1, 2, 3]. This situation is explained here by critically evaluating one such publication:

“Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia” With regard to the falseness of the (publication’s) claim, the direct and short answer can be found in the text of the article itself: ‘In consultation with the World Health Organization, the viral isolate was shared with domestic and international reference laboratories within 24 hours, and lodgement with major North American and European culture collections for further distribution is underway’. The title of the article states ‘isolation of novel corona virus’, while the text describes it as a ‘viral isolate’. These two terms are very different. Isolation of a virus means extraction of a virus in its purest form. Contrasting, a viral isolate is a culture/mixture/soup of various things with the virus merely present as one of its components. An isolate is generally a mixture of known and unknown components. By way of analogy we might say that molasses is an isolate of sugarcane or sugar but does not represent (pure) sugar. Even the presence of the virus in culture cannot be established without comparing it with a prior and independently isolated and characterised SARSCoV-2 itself. Therefore, the title of the publication and its claims regarding virus should be considered false and dodgy...”

Dr. Qureshi goes on to disprove the claims of the Australian study in great detail. He describes what a true isolation or extraction of a virus would involve. And he points out that nothing of the sort is described in either this study or the other well-quoted studies which claim the virus has been isolated.

Dr. Stefan Lanka, a German molecular biologist, goes even farther. He writes, in an article published in January 2020:

“The fact is and remains that a virus has never been isolated according to the meaning of the word isolation, and it has never been photographed and biochemically characterised as a whole unique structure. The electron micrographs of the alleged viruses, for example, really only show cellular particles from dying tissue and cells, and most photos show only a computer model (CGI – computer generated images). Because the involved parties BELIEVE that the dying tissue and cells transform themselves into viruses, their death is also regarded as propagation of the virus.”

Here is the link to his article:

<https://truthseeker.se/wp-content/uploads/The-Virus-Misconception-Part-1-Measles-as-an-example-By-Dr-Stefan-Lanka.pdf>

3) Scientists have proven that the 2019 novel coronavirus (SARS-CoV-2) causes the disease.

It may seem strange to take up the question of whether the coronavirus causes the disease when the key studies which claim to have isolated the virus do not hold up to close scientific scrutiny. OK, but maybe it's possible to prove coronavirus causes COVID-19 without isolating the virus. I thought I should give mainstream virologists the benefit of the doubt. I asked myself - *How do they prove that a virus causes a disease?*

Unfortunately, I found it pretty much impossible to find a paper or article or video which logically demonstrates this. There are plenty of articles which present the theory of how viruses cause disease, as if it was a true and proven fact. There are also articles which chronicle the history of virology but none of these demonstrate clearly, logically, decisively that viruses have been proven to cause disease.

The following article by Craig Holdrege, Director and Senior Researcher at the Nature Institute is the best of its kind that I have come across. Mr. Holdrege was a high school biology teacher in Waldorf Schools in Germany and the U.S., with a passion for Goethean science. Here is the link:

<https://www.natureinstitute.org/article/craig-holdrege/viruses-in-the-dynamics-of-life>

Holdrege describes how Russian scientist, Dimitri Ivanovsky, reported in 1892 that “the sap of leaves infected with tobacco mosaic disease retains its infectious properties even after filtration through [a] Chamberland filter.” Then, Dutch scientist Martinus Beijerinck found that a tiny amount of the fluid introduced through a syringe into a plant sufficed for the plant to become diseased. Beijerinck discovered that only those parts of the plant that were growing and undergoing cell division could be infected and that the fluid could not be cultivated on a nutrient medium in the laboratory, which can be done with most bacteria. Holdrege concludes that this was an early discovery of a virus.

If your goal is to describe a history of virology in terms which an average person can understand, Holdrege has done an excellent job. However, if our goal is to review and assess a scientific proof that pathogenic viruses exist and do cause disease, the article isn't very helpful. Like all histories of virology I have come across, it simply assumes scientists have been on more or less the right path all along and describes that path.

There are many articles which debunk virology theory and practice. And there are plenty of articles which heap ridicule on the debunkers without, however, ever effectively proving themselves that COVID-19 or any other disease is actually caused by a virus. I tried to piece together a logical argument myself, working with the medical-scientific papers I could find online. But the labyrinthine terminology never took the form of an argument which yielded proof. Researchers described highly sophisticated methodologies which are widely accepted; but they all ultimately seem to require that you start with the premise that viruses cause disease – which is the very thing which requires proof.

Here is what Dr. Stefan Lanka has to say about this in another article:

“The other decisive fact — not just for SARS or the corona crisis — is that virologists, by assuming the existence of pathogenic viruses, suppress for understandable reasons an underlying truth. The current testing method tests for the presence of a specific genetic material. However, the genetic sequences used as a ‘template’ for such tests have not been isolated from a virus. Scientists isolate typical genetic sequences released by dying cells and tissues. These generally short genetic sequences, components of

human metabolic processes, are the foundation of the subsequent laboratory work. With the help of computer programs, virologists “conceptually” construct a longer RNA or DNA strand out of the many isolated shorter genetic sequences. These constructed RNA or DNA strands are then claimed to be real viral strands. That is the reason why so many healthy people end up testing positive again and again.

“To overcome a crucial contradiction, virologists consequently disregard two prescribed rules of good science. The first one is that scientists need to verify all claims themselves. The second one is that all assumptions and methods need to be verified by means of control experiments. If they carried out the control experiments, they would realize that ALL short genetic sequences that are conceptually combined to form a viral genetic strand are in reality products of the human metabolism and do not come from a supposedly external virus.”

Here is the link to Dr. Lanka’s article:

<https://truthseeker.se/wp-content/uploads/The-Virus-Misconception-Part-2-The-beginning-and-end-of-the-corona-crisis-By-Dr-Stefan-Lanka.pdf>

In the article which Carol Lewis referenced in the March 2021 issue of this Enews publication, Craig Holdrege and Jon McAlice refer to Dr. Lanka. They concede that “Lanka’s technique is impressive, but it is not the only one. If you look in the literature, you find that there is no one “gold standard” for viral isolation (see, for example, Einfeld et al. 2014; Hematian et al. 2016; Hsiung 1984; Leland & Ginnochio 2007). ***We are not virologists and cannot assess their respective strengths and weaknesses. But we see no reason to think that all these scientists are deluded or making fraudulent claims...***”

I have bolded and italicized the last 2 sentences because I believe what Holdrege and McAlice state here so honestly is representative of what many people in the larger community and even in our anthroposophical community do so easily. While Holdrege and McAlice are open enough to find Lanka’s technique to be impressive, *they dismiss it* because they have no reason to believe that most (mainstream) scientists are deluded or fraudulent. However, they do have such a reason! Dr. Lanka’s impressive technique and conclusions are the reason. Truth is not determined democratically. If it were, then we should dispense with anthroposophy immediately for our numbers are proportionately tiny.

Yes, Dr. Lanka’s method is indeed impressive. And he is not so easily dismissed.

On November 24, 2011, Dr. Lanka announced he would pay €100,000 to anyone who could prove the existence of the measles virus. In January 2012, Dr. David Bardens offered six papers on the subject and asked Dr. Lanka to pay. Dr. Lanka refused, since in his opinion these publications did not provide adequate scientific evidence. Dr. Bardens took Dr. Lanka to court. On March 12, 2015, the District Court Ravensburg in southern Germany ruled the criteria had been fulfilled and ordered Dr. Lanka to pay up. Dr. Lanka appealed the ruling. And on February 16, 2016, the Higher Regional Court of Stuttgart re-evaluated the first ruling, judging that Dr. Bardens did not meet the criteria.

According to the minutes of the court proceedings, Andreas Podbielski, head of the Department of Medical Microbiology, Virology and Hygiene at the University Hospital in Rostock, one of the appointed experts, said none of the authors had conducted any controlled experiments in accordance with

internationally defined rules and principles of good scientific practice. Furthermore, the trial revealed that the Robert Koch Institute, the highest German authority in infectious diseases, had failed to perform and publish tests for the alleged measles virus.

See the following link for further details:

https://learninggnm.com/SBS/documents/Lanka_Bardens_Trial_E.pdf

Scientifically sound proof that viruses cause disease does indeed seem to be elusive.

I'm going to close off this section with a link to a video by Dr. Andrew Kaufman from April 2020. Dr. Kaufman has a B.S. from M.I.T. in Molecular Biology. He graduated from the Medical University of South Carolina, then completed his psychiatric training at Duke University Medical Center. He is a natural healing consultant, inventor, public speaker, forensic psychiatrist, and expert witness.

Kaufman starts by walking through Koch's postulates and Rivers' criteria for proving that bacteria and viruses cause disease. Now, Craig Holdrege and Jon McAlice have suggested these postulates and criteria as historically outdated. However, many current scientists and researchers still refer to Koch and Rivers as the standards for proving that a virus causes a disease. Anyway, Kaufman does not simply accept them but also critically assesses their appropriateness.

Kaufman first puts the current situation in historical perspective with reference to an article in Nature (a prestigious journal) which stated that Koch's Postulates, as modified by Rivers' Criteria were fulfilled in 4 papers showing that the virus SARS-CoV-1 caused the SARs epidemic back in in 2003. Kaufman carefully walks through what each of the papers actually did and demonstrates how the claim that causality was proven was fraudulent.

The Kaufman video elucidates the methodology of modern virology in straightforward language which requires no medical or scientific background. You may want to take notes because it's dense and somewhat technical. But it's entirely comprehensible. He explains clearly how scientists attempt today to prove that specific viruses cause specific diseases.

After dispensing with the SARS 2003 studies, Kaufman goes on to cover 3 early studies which were regularly cited to demonstrate that the 2019 novel coronavirus (SARS-CoV-2) causes COVID-19. None of these studies satisfied Rivers' Criteria. None of them proved that the 2019 novel coronavirus (SARS-CoV-2) causes COVID-19.

Here's the link.

<https://andrewkaufmanmd.com/the-rooster-in-the-river-of-rats/>

The following Steiner quote seems particularly relevant to the perplexing absence of compelling proof that the SARS-CoV-2 causes the disease.

I am convinced that one of the chief causes for the painful events going on in the world today is the attitude that a blind eye can be turned to certain matters while others are discussed on the basis of an entirely false premise. Even in the face of large-scale matters of this kind, each individual should start from a foundation of self-knowledge. And a portion of self-knowledge is involved if we recognise that

to claim no interest in these things and to want only to hear of occult matters is, in a small way, no different from all that adds up to the events we are experiencing today. For spiritual things are not only those which have to do with higher worlds. These, to start with, are of course occult for everybody. But much of what takes place on the physical plane is also occult for many people. We can only hope that much of what is occult and hidden on this plane may be revealed! For one of the causes of today's misery is that so much remains occult for so many people, who nevertheless persist in forming judgements. The Karma of Untruthfulness, Volume 1, Lecture 5, Dornach 16 Dec 1916.

4) Accurate and reliable tests have been developed for detecting the presence of the 2019 novel coronavirus in the human being, the Polymerase Chain Reaction or PCR test.

In my experience in various conversations, people are generally unwilling to delve too deeply into the logical, scientific shortcomings in the prevailing narrative. My sense is that this is because the potential implications of the answers are just too vast. To confront the various falsehoods promulgated (knowingly or unknowingly) by media, politicians, friends and family is equivalent to assaulting a firmly established world view. It's scary stuff. And it can leave you feeling very lonely. A friend of mine put it succinctly, "The few will always be the few".

At the same time, to be fair, healthy caution and skepticism also play a role. The science and the nomenclature of virology is difficult to penetrate. And, as Holdrege and McAlice imply, it can feel presumptuous to doubt the conclusions formed by several generations of scientists engaged in this field. Still, there are people who accept the prevailing world view about virology while continuing to seek and speak the truth.

One such person was the inventor of the PCR test, Nobel laureate Dr. Kary Mullis. Dr. Mullis died in August 2019 and people have made controversial statements concerning what he said about the PCR test and what he *would have said* about PCR testing for COVID-19 had he been alive. And, of course, others have protested against such speculations, so that what he actually did say sometimes gets lost. Here are excerpts from a video of Dr. Mullis, in which he talks about the PCR test, with respect to its use to detect HIV (AIDS). The link to the video follows (unless Youtube has since removed it).

"...With PCR, if you do it well, you can find almost anything in anybody. It starts making you believe in the Buddhist notion that everything is contained in everything else. Because if you can amplify one single molecule up to something that you can really measure, which PCR can do, then there's just very few molecules that you don't have at least one single one of them in your body... So that could be thought of as a misuse of it... to claim that it's meaningful... The real misuse of it is that you don't need to test for HIV. You don't need to test for the other 10,000 retroviruses which are also named in the subject [patient]. Someone that has HIV generally is going to have almost anything that you can test for because HIV is a fairly rare virus... But if you have it, there's a good chance you've also got a lot of other ones. So to test for that one and say that has any special meaning is what I think has been the problem.... It [PCR] allows you to take a very miniscule amount of anything and make it measurable and then talk about it in meetings as if it is important. See that's not a misuse; it's just a misinterpretation... The measurement for it is not exact at all. It's not as good as our measurement for things like ... apples. An apple is an apple... PCR is just a process to make a whole lot of something out of something. It

doesn't tell you that you are sick and it doesn't tell you that the thing you ended up with really was going to hurt you..."

<https://duckduckgo.com/?q=videos+of+Kary+Mullis&t=chromentp&atb=v249-1&iax=videos&ia=videos&iai=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3D4-eadh8x4Mc>

The video is entitled, "How do they misuse PCR? With Kary Mullis". It's 3 ½ minutes. Definitely worth watching.

The inventor of the PCR test says a great deal in that clip. Let's break it down a little. Here again is what he says and what I believe to be the implication of each statement.

Statement: "...if you can amplify one single molecule up to something that you can really measure, which PCR can do, then there's just very few molecules that you don't have at least one single one of them in your body... So that could be thought of as a misuse of it."

Implication: It is possible with PCR to magnify a single molecule (which is possibly present in everyone) to the point where it can be measured and misinterpreted to be the cause of an illness.

Statement: "Someone who has HIV is going to have almost anything you can test for... to test for that one and say that it has any special meaning is what I think has been the problem."

Implication: If someone is sick, you need to test for all viruses before attempting to demonstrate causal relationships. Testing for a single virus as a diagnostic tool can lead to false conclusions.

Statement: "It [PCR] allows you to take a very miniscule amount of anything and make it measurable and then talk about it in meetings as if it is important. See that's not a misuse; it's just a misinterpretation..."

Implication: It is easy to present data derived from the PCR test as if it is important when it's not.

Statement: "It doesn't tell you that you are sick and it doesn't tell you that the thing you ended up with really was going to hurt you..."

Implication: The PCR test is not a diagnostic tool.

An external peer review of the initial publication upon which the current RTPCR test for detecting SARS-CoV-2 is based has revealed 10 major scientific flaws at the molecular and methodological level. The consequences with respect to the generation of false positives test results are enormous. Here is the link:

<https://cormandrostenreview.com/report/>

And here are some of the key findings through which these researchers conclude that the PCR test now broadly employed globally is unsuitable as a diagnostic tool to identify the SARS-CoV-2 virus.

- There exists no specified reason to use these extremely high concentrations of primers in this protocol. The described concentrations lead to increased nonspecific bindings and PCR product

amplifications, making the test unsuitable as a specific diagnostic tool to identify the SARS-CoV-2 virus.

- A severe error is the omission of a Ct value at which a sample is considered positive and negative. This Ct value is also not found in follow-up submissions making the test unsuitable as a specific diagnostic tool to identify the SARS-CoV-2 virus.
- The PCR products have not been validated at the molecular level. This fact makes the protocol useless as a specific diagnostic tool to identify the SARS-CoV-2 virus.
- The PCR test contains neither a unique positive control to evaluate its specificity for SARS-CoV-2 nor a negative control to exclude the presence of other coronaviruses, making the test unsuitable as a specific diagnostic tool to identify the SARS-CoV-2 virus.
- The test design in the Corman-Drosten paper is so vague and flawed that one can go in dozens of different directions; nothing is standardized and there is no SOP. This highly questions the scientific validity of the test and makes it unsuitable as a specific diagnostic tool to identify the SARS-CoV-2 virus.

Dr. John Hardie, BDS, MSc, PhD, FRCDC is a professional who accepts the principles and practice of modern virology but takes issue with the use of the PCR test. Although retired from practice Dr. Hardie maintains a thirty plus years interest in the discipline of infection control as it relates to dentistry. He has published extensively on the subject and has lectured on it and related subjects throughout North America and in the UK, Europe, the Middle and Far East.

Dr. Hardie begins his article with a quote from a Professor Mark Woodhouse:

“On August 26th, 2020 Professor Mark Woodhouse, a senior scientific advisor to the UK Government stated the following, ‘We couldn’t think of anything better to do. Lockdown was a panic measure and I believe history will see that trying to control Covid-19 through lockdown was a monumental mistake on a global scale, the cure was worse than the disease.’ Such a frank admission from an infectious disease epidemiologist is significant because it emphasizes a failure by governments to appreciate the limitations of the coronavirus tests on which all policies and precautions to eliminate or reduce the spread of Covid-19 are based. This article will attempt to unravel the complexities of a test whose results are far from definitive.”

Here is a link to the article by Dr. Hardie.

<https://www.oralhealthgroup.com/features/the-problems-with-the-covid-19-test-a-necessary-understanding/>

So what is the issue with the PCR test? Well, before PCR swabs can be examined, they have to be amplified, so that the RNA in the virus particles can be seen. However, the swab should not be amplified more than around 24 times (the “Cycle Threshold”). If you amplify too much, the result is unreliable because it picks up bits of debris left over from a cold or flu in the past. But governments everywhere are amplifying PCR swabs much higher than that. This implies that PCR tests pick up old bits of cold or flu bug, generating [false] positive results which make the statistics unreliable.

Here are a few quotes from Dr. Hardie's article to underscore this issue:

"Cycle Threshold [CT]. CT values are set by test kit manufacturers and by testing laboratories. They are not standardized within provinces or countries which adds to the unreliability of the COVID-19 test.

"Recent papers have suggested that a CT greater than 24 should not be used to infer the presence of a 'live or infectious' virus since above that level the exquisite sensitivity of the test will amplify sequences of viruses from other sources. The sources could be; "dead or non-infectious" SARS-CoV-2, general cell debris, endemic coronaviruses, other pathogens, and from contamination during collection, transportation and preparation of samples.

"The CDC accepts a CT of around 40.10. In Canada the Ct levels range from a low of 33 in Newfoundland to a high of 45 in Quebec. In Ontario the Ct ranges from 38-45. The Canadian levels appear to be high since the increase in cycles between 24 and 45 would increase by billions the amount of RNA which might include not only the unique gene sequence purported to represent SARS-CoV-2 but "foreign RNA" from the sources previously noted. According to a recent Canadian investigation, "an individual who tests positive with cycle count of 35-40 is very likely not contagious and would not require self-isolation, because their viral load would be extremely low.

"This concurs with a statement by Dr. A. Fauci of the US National Institute of Allergy and Infectious Diseases. In a July 16th 2020 podcast for "This Week in Virology" he clearly implied that tests performed at Ct levels of 35 or above do not reliably indicate the presence of live infectious viruses. On July 30th, 2020, Dr. Barbara Yaffe (Director of Communicable Disease Control, Toronto Public Health) told the media that, "In fact, if you are testing in a population that doesn't have very much COVID, you'll get false positives almost half the time. That is, the person actually doesn't have COVID, they have something else. They may have nothing." In theory a negative COVID-19 test could be converted from negative to positive simply by raising the Ct value. The opposite is also true. For example, a person testing positive after 38 cycles in Ontario would test negative following 33 cycles in Newfoundland.

"With Ct levels in Canada varying from 33 to 45, it is not surprising that, "up to 90% of the Canadian COVID cases could be false positives..." Since Canadian test results are recorded simply as RT-PCR positive or negative (yes or no) without indicating the Ct level, the interpretation of a result is fraught with ambiguity. An article in the July 2020 edition of the Journal of Medical Virology expressed caution about using the RT-qPCR test as the sole means of diagnosing COVID-19 without evidence of confirmatory clinical signs and symptoms.

"For all of the above reasons, a healthy dose of scepticism should be applied to all cases labelled as COVID-19 solely on the basis of a positive test result."

But Dr. Hardie goes further. He takes issue with the very idea of using PCR Tests to detect infectious viruses. Here's what he writes:

"Clinical Implications. The RT-qPCR test amplifies converted RNA enough times allowing it to be detected. Mullis was quite adamant that PCR-viral load tests do not detect free infectious viruses, but rather identify genetic sequences of viruses. Recently Bullard emphasized that conclusion by stating, "RT-PCR detects RNA, not infectious virus..." It is not the whole virus that is being amplified but bits of its genetic sequence which, without the protein coat, are not infectious. Therefore, it is a mistake to infer that the test identifies whole infectious virus. In addition, the test assumes that the small gene segments

are unique to SARS-CoV-2. However, since no acceptable viral isolates are available to confirm this relationship, the assumption is highly questionable. As noted above, the RNA sequences that are being amplified by surrogate DNA could be from sources other than SARS-CoV-2.”

Dr. Hardie goes finishes up by referencing the many fundamental problems associated with the COVID-19 PCR test which have been identified by the Centre for Disease Control itself in a recent publication.

The Justice Centre was founded in 2010 as a voice for freedom in Canada's courtrooms. As per their website, “the mission of the Justice Centre is to defend the constitutional freedoms of Canadians through litigation and education. We fight for Canada to become and remain a free society, where the equality of all Canadians and their individual freedoms are celebrated and respected.”

Here is a link to an article they posted 11 May 2021, in which they report on a hearing which commenced on May 3, 2021, where they call up “the Manitoba Government to justify its restrictions on Charter rights and freedoms as being reasonable, necessary and beneficial.” Quotes from the article follow:

<https://www.jccf.ca/manitoba-chief-microbiologist-and-laboratory-specialist-56-of-positive-cases-are-not-infectious/>

“The Justice Centre’s expert medical witnesses, Dr. Jay Bhattacharya, world-famous epidemiologist and Professor of Medicine from Stanford University, and Dr. Thomas Warren, infectious disease specialist and medical microbiologist, both provided evidence that the PCR test is unreliable in determining whether a person is infectious with the actual Covid-19 disease.

“Chief Microbiologist and Laboratory Specialist Dr. Jared Bullard is a witness for the Manitoba government in this hearing. Questioned under oath by Justice Centre lawyers on Monday May 10, Dr. Bullard acknowledged that the PCR test has significant limitations. The head of Cadham Provincial Laboratory in Winnipeg, Dr. Bullard admitted that PCR test results do not verify infectiousness, and were never intended to be used to diagnose respiratory illnesses...

“Dr. Bullard’s findings call into question the practice used in Manitoba (and elsewhere in Canada) of the results of classifying positive PCR tests as “cases,” which implies infectivity. Equating positive PCR tests to infectious cases, as so many provinces have done over the course of the past 13 months, is incorrect and inaccurate, according to this Manitoba Government witness.”

Clearly, PCR tests are being used wrongly. They do not verify infectiousness. They were never intended to diagnose respiratory disease. The results of PCR testing have been used to justify lockdowns and to insist upon the urgent necessity of vaccines. This is not something to gloss over, to turn away from. We need to wake up. As Steiner said back in 1916...

“What is essential is to develop the will to see things, to see how human beings are manipulated, to see where there might be impulses by which people are being manipulated. This is the same as

striving for the sense for truth. I have often stressed that this is not something that enables one to say: But I really believed it, it was my honest and sincere opinion. No indeed. One who possesses the sense for truth is one who unremittingly strives to find the truth of the matter, one who never ceases to seek the truth and who takes responsibility for himself even when he says something wrong out of ignorance. For, objectively, it is irrelevant whether something wrong is said knowingly or unknowingly.” The Karma of Untruthfulness, Volume 1, Lecture 11, Dornach 26 Dec 1016.

5) A variety of safe and effective vaccines have been developed which reduce the probability that inoculated people will contract or spread the disease.

By the time this article is published, most people whose opinions conform to the prevailing narrative will likely have taken one or even two vaccine shots. So why go into the problems with these vaccines? For 2 reasons.

Firstly, we need to be able to consider whether something is true, independent of any personal actions we have taken. I understand how hard this can be. It's natural to want to defend the veracity of a perspective which has guided our actions. We are all subject to this temptation from time to time. Well, at least I am. But really, it's not supportable.

Secondly, I don't believe the vaccine war against coronaviruses is going to end any time soon. We regularly hear about the new variants. And, for now, the dominant narrative implies that the current vaccines will be strong enough to address the variants. However, my concern is – once all the people who are going to take a vaccine have done so, the narrative will alter. And we will find that, after all, the new variants are proving stronger than forecast and everyone needs a booster or an entirely new vaccine. Or, we will find ourselves in the midst of a brand new pandemic and told to submit to new vaccines.

So questions around the safety and efficacy of the so-called COVID-19 vaccines are indeed relevant. I don't mean “so-called” flippantly. I mean that these new vaccines for addressing COVID-19 are fundamentally different. Unlike traditional vaccines, they are gene therapies, effecting vaccinated people at a cellular level. They are experimental. None of them have actually been formally FDA approved in the traditional sense. They have been approved only as emergency measures.

If there were sufficient time I would take up the question of vaccine safety in general. However, many scientists and medical professionals have already done that. For an excellent book which presents the historical data and references many published medical studies, you could look at *Dissolving Illusions: Disease, Vaccines and the Forgotten History* by Suzanne Humphries MD and Roman Bystryanyk.

But let's assume traditional vaccines in general have proven safe and effective. And let's ignore the mortality data, the evidence no 2019 novel coronavirus (SARS-CoV-2) virus has actually been isolated and the argument that the SARS-CoV-2 has not been proven to cause the disease. Let's also ignore the views of scientists who show that PCR test results do not verify infectiousness or effectively diagnose respiratory illnesses.

Assuming, then, that traditional vaccines are safe and effective, let's look at the safety and efficacy of the new vaccines which were developed in record time to address COVID-19. In order to do this, let's examine first the accepted, conventional medical-scientific models for:

- how viruses invade cells and then reproduce to cause disease
- how the body's immune system normally works
- how traditional "live attenuated" vaccines work
- how mRNA vaccines work to combat the SARS-CoV-2 virus

It's been a fascinating exercise putting this together and I gained a great deal of respect for the depth and complexity of the scientific work and the intellectual virtuosity which went into developing these models. I am not suggesting I find the accepted models compelling. I don't. I'm simply trying to represent them faithfully, fairly and honestly. There is an emerging, if suppressed, scientific perspective on all these matters which is much more in line with ancient medical wisdom and which refutes the current conventional medical-scientific models based on recent research. However, I'll leave all of that alone. This article is long enough.

Here is the accepted scientific model for how viruses invade cells and then reproduce to cause disease:

A virus consists of nucleic acids (DNA or RNA) surrounded by a protein coat. Antigens are molecular structures on that coat, adaptations (spikes) which interact with molecules on the surface of a cell, allowing the virus to invade the cell. Coronaviruses are named after the crown or 'corona' that surrounds each virus particle, a crown made up of spike proteins. Upon entering a cell, the protein coat is shed and the genes* of the virus now commandeer the host cell's replication techniques to reproduce the virus's DNA or RNA. New viruses then leave the cell and infect other cells in a similar manner.

** Genes are pieces of DNA inside each cell that tell the cell what to do and when to grow and divide. Each gene is made up of a specific DNA sequence that contains the code (the instructions) to make a certain protein, each of which has a specific job or function in the body. Each human cell has about 25,000 genes.*

Here is the accepted scientific model for how the body's immune system normally works:

Our immune system is made up of immune cells, which look throughout our bodies for signs of infection and defend against infections. Two important immune cells are B cells (B lymphocytes) and T cells (T lymphocytes). B cells recognise antigens (spikes) and make antibodies in response. Antibodies are tiny Y-shaped particles that stick all over a virus, preventing it from entering a cell and causing an infection. If we come across a new virus our immune cells can't recognise right away, the virus has a chance to infect our cells and make us sick. If a virus does get past the B cells and gets into our cells, T cells can deal with it. T cells kill any cells that get infected to stop the virus from spreading within our body.

Here is the accepted scientific model for how traditional "live attenuated" vaccines work: [Actually, the CDC describes 5 different types of traditional vaccines, so this is just one model.]

Traditional vaccines contain a little piece of a live, attenuated (i.e. weakened) virus, which our immune cells pick up and start to show to each other. Most vaccines work by inducing B lymphocytes to produce antibodies, but some vaccines activate T lymphocytes. Because the virus is attenuated, it doesn't cause serious disease in people with healthy immune systems. Our B cells or T cells can then remember that little piece of virus, sometimes for years and kick into action the next time the virus arrives in our body. And if our immune cells act quickly enough, we don't get sick and our bodies don't

make more virus that could make other people sick. Examples of live, attenuated vaccines include measles, mumps, and rubella vaccine (MMR) and varicella (chickenpox) vaccine. Traditional vaccines do not get through the blood brain barrier i.e. they can't get into the brain. So they can't cause brain diseases like, for instance, meningitis.

Here is the accepted scientific model for how mRNA vaccines work to combat the SARS-CoV-2 virus:

mRNA vaccines operate in a very different manner from traditional vaccines. mRNA vaccines contain a synthetically created fragment of the RNA sequence of a virus that carries the instructions to build the antigen of the virus (a protein spike, in the case of the main coronavirus mRNA vaccines). These mRNA fragments are then taken up by dendritic cells (another type of immune cell). The dendritic cells use the instructions written in the mRNA to synthesize the antigen which characterizes the SARS-CoV-2 virus that causes COVID-19. The antigens migrate to lymph nodes, where the antigen is presented to T cells and B cells. This eventually leads to the production of antibodies that are specifically targeted to the antigen, resulting in immunity.

OK good. Let's turn now to what 2 leading scientists in the field of virology have to say about the new vaccines. These people are brilliant and have impressive academic credentials. They are believers in and proponents of the prevailing scientific models for viruses, immunology and vaccines. Yet they are also honest and fearless seekers for the truth. I hope you watch their videos. While the scientific terminology can be a little challenging, they depth of their understanding is humbling to observe. You can hear in their voices and see in their facial expressions the depth of their growing concern for humanity as a consequence of the new gene therapy mRNA vaccines.

Professor Dolores Cahill received her Honours degree in Molecular Genetics from Trinity College Dublin (1989) and her PhD in Immunology & Biotechnology from Dublin City University (1994). She was awarded an EU 'Human Capital and Mobility' Post-doctoral Fellow, Technical University, Munich, Germany (1994-1995). She became group leader of the Protein Technology Group in the Max-Planck-Institute of Molecular Genetics, Berlin, Germany (1996-2003). She obtained an Associate Professor position, Department of Clinical Pharmacology/Director of Proteomics Core, RCSI, Dublin (2000-2005). Since 2005 - present, she has been Professor of Translational Science at UCD School of Medicine. Prof. Cahill is internationally recognised for her biomedical research, publications and patent record in life sciences, biotechnology and in personalised healthcare and biomarkers (PHB), proteomics, biotechnology, high content protein and antibody arrays, and their biomedical, diagnostic and clinical applications.

In the following video (I believe I first saw it in January), Dr. Cahill discusses how these new mRNA vaccines work. Normally, when you encounter a naturally circulating coronavirus, you breathe in the virus and it goes into your bronchi and your immune system just gets rid of the virus particles. The mRNA vaccines are an entirely new development. When you inject messenger RNA into a person, this mRNA enters right into our cells. The mRNA now uses the human machinery in the cells to express spike proteins identical to those found in the virus against which we're being vaccinated. When those cells die, the body starts mounting an immune response, including an anti-body response.

So then, when we encounter another coronavirus which may be circulating naturally a few months later, everything changes. The shocking thing is that this mRNA, now that it's in your genes, starts stimulating an immune response from inside your body and you literally can't get rid of it... you now become like a genetically modified organism. Your body tries to get rid of the virus protein by mounting these super, beautiful, exquisite antibodies. However, you never can kill off the virus because it's now part of who you are. It's integrated.

So suddenly, as the anti-body response activates, it realizes, "oh my god, this viral protein is in every cell of my body". And the antibodies start attacking your cells and your organs. And the name for this attack is anti-body dependent response or immune priming or immune super-priming or cytokine storm.

So this is why there has been no vaccine for decades licensed for coronavirus. Because you get this issue that the messenger RNA starts expressing the virus; and then when it comes across the natural circulating coronavirus (could be a month or a year or 2 years down the road). Your own natural immune system would normally have destroyed it. But now, the genetically modified immune systems of mRNA-vaccinated people will get very ill very quickly with this cytokine storm. And some people will go into septic shock and into organ failure and will die. We'll see later on whether what Dr. Cahill predicted back in January has proven to be true. Here's the link to her video:

<https://thereisnopandemic.wordpress.com/2021/04/24/people-will-start-dying-a-few-months-after-the-first-mrna-vaccination/>

Dr. Bhakdi received his MD in 1970. He was a post-doctoral researcher at the Max Planck Institute of Immunobiology and Epigenetics in Freiburg from 1972 to 1976, and at The Protein Laboratory in Copenhagen from 1976 to 1977. He joined the Institute of Medical Microbiology at Giessen University in 1977 and was appointed associate professor in 1982. He was named chair of Medical Microbiology at the University of Mainz in 1990, where he remained until his retirement in 2012. Dr. Bhakdi has published over three hundred articles in the fields of immunology, bacteriology, virology, and parasitology, for which he has received numerous awards and the Order of Merit of Rhineland-Palatinate. He's one of the most cited scientists in German history.

The following interview with Dr. Bhakdi was uploaded in February 2021.

<https://vimeo.com/508415270>

I put together a rough transcript of the interview and then compressed, re-arranged and (occasionally, for clarity) paraphrased it into the following notes. The video 44 is minutes long and definitely worth watching. Here, to the best of my ability, is the essence of what Dr. Bhakdi says:

The spike is the part of the virus that touches the handle of the door to your cell and opens it so that the virus can enter your cell. Conventional vaccines against the flu are composed of the spike. When you are injected with a normal vaccine, your immune system notices the spike from the vaccine and makes antibodies to stop viruses which look like that spike from getting to the hand of the door.

The mRNA vaccines and the Astrazeneca and Johnson & Johnson vaccines are all fundamentally different from conventional vaccines. Traditional vaccines inject the spike into the body but the spike doesn't

enter the cell. These new vaccines are gene therapies. With gene therapy, one is injecting into the body the gene that encodes the spike. The gene then enters the cell. This is new. Gene therapy vaccines enter right into the cell and are translated into the spike protein, using the protein synthesis machinery of the cell. It's like an alien code which is put into your factory and out comes the product, which is the virus spike. This virus spike, within hours, will protrude out of the cell and the lymphocytes will see the spike because that's what they're trained to do. And they will try to attack and kill the cells.

This creates 2 dangers. The first, immediate danger, is that the gene for the spike (not the spike itself) enters the blood stream, reaching cells of the blood vessel wall and producing these spikes inside cells at locations which are actually forbidden. Normally the spikes are produced in the lung and in vessels of the lung. But not in vessels of the brain. Gene therapy vaccines now make the vessel wall in the brain the crystallization point for blood clotting. That is the immediate danger. Because once these spikes are extruded through the wall, sticking out into the bloodstream, they will be recognized and the immune system will attack them like it does in the lung. Now if a clot forms in the lung it's not good but it's something the doctors can take care of. But if it forms in the brain and you don't know it's been formed, this is very bad. This can kill you. If these gene therapy vaccines are doing this, and there is reason to believe they are, then they are very dangerous.

The second, long term, danger is that the spike, having been produced, is going to be recognised by the immune system. And the immune system is going to be trained to combat cells that make the spike on the spot because they've been subjected to the gene therapy. And this training is going to come to the fore whenever that spike or a real virus comes in – or when you get revaccinated.

Now, in the case of the mRNA vaccines, the mRNA itself has only a relatively short life in the cells. It's going to be destroyed. However, the immune system has a memory so that if this spike appears anywhere again the immune system is going to go for it. That's how our lymphocytes work.

So far (as of April 2021) 9 – 10 people under 60 years of age in Germany have lost their lives from the Astrazeneca vaccine. Medical authorities reported that the deaths were due to 1 or 2 very rare blood clotting situations which create medical emergencies whenever they occur. Clot formation in brain veins can lead to many different symptoms. And these symptoms are consistent with what people report as symptoms after receiving the second vaccine.

Traditional vaccines support the body's existing immune system. These new vaccines – these gene therapies – fundamentally change the way the immune system works. The human immune system has been around for ages. And you better not meddle around with it. This immune system is like an orchestra; it has to have the right tone and sound. The conductor is perfect, whether it's nature or something else. By injecting this gene therapy you are now meddling with the conductor. Something is coming in to confuse the immune system. Now the members of the orchestra are getting the message that they should play and they should react against this virus particle.

Now the trouble with the immune system is that if you train it to play louder, the orchestra will play louder and louder every time. The gene therapy vaccines are attempting to train the immune system to do something it would normally do very well on its own. Normally, if a dangerous virus comes in, your immune system is ready to attack. But the immune system also distinguishes between viruses which are not dangerous, which it leaves alone, and viruses which are dangerous. So you might have a virus which arrives in the lung but it's not dangerous so the immune system does not activate.

But these gene therapies are going to create an over-reactive immune system which will activate against viruses which are not dangerous. And your immune system can end up destroying your lung. The lymphocytes don't kill the spike protein. They kill the cell that's making the spike protein. Because now the immune system is primed to fight. And it is super aggressive. So if the real virus comes in future or a related virus – there are so many coronaviruses floating around us and any one will do – the moment they infect the lung or start making the slightest bit of the virus, the immune system is going to mount an attack and kill that lung.

So what we fear is that these gene therapies will be creating an immune dependent enhancement of disease. Because your immune system will start to activate every time it sees a virus which is like the one the vaccine was supposed to train the immune system to fight. People who think they're being protected by these new vaccines are actually being sensitized so that they're going to become more ill when they get the virus the vaccine is meant to address or a related virus. And this can happen tomorrow, next month, next fall or next year because our immune system has a long, long memory.

So what if you have had a vaccine and you're still healthy? If you escaped an adverse vaccine reaction this time, thank the lord. But don't do this again. Because the moment those immune cells in the blood vessel lining start making those spikes and putting them out to again, those killer lymphocides are going to react quickly. This is Russian Roulette. It's not worth it.

This gene therapy experiment has never been made in animals. Humans are the test animals. Millions of human beings. And now we're starting to see the outcome. And the outcome is horrible. And frightening.... It's such a nightmare.

OK, but only 10 people died in Germany. Isn't that worth it? This means the vaccine is 99.7% survivable. And the pharmaceutical companies say the vaccine is 95% effective.

But these pharmaceutical company claims are nonsense. During the first wave of the pandemic, 52 people died because of the virus. To show that a vaccine was 95% effective, you would need to have a second group of equivalent size which was vaccinated and be able to show that far less than 52 people died. No trial of this sort was ever (or could ever be) done.

In the case of Pfizer they had 20,000 people who were not vaccinated and 20,000 people who were vaccinated. And then they counted the numbers of COVID-19 cases in 1 group and the other group. And they came up with cases like 150 in the unvaccinated group got COVID-19 and only 10 in the vaccinated case. So the vaccine was 95% effective.

But what were they measuring? Not deaths. It was cough, mild symptoms and a PCR test, which is lying all the time. You don't go around saying how many people got a cold in the one group & then say this vaccine has protected 140 people from death.

So people might not have died anyway, but now we're killing them with the vaccine and maiming others for life. Even in the vaccine trials, several hundred people got such severe side effects that they had to be treated in the hospital. On the one hand, you might have prevented 9 severe cases and 140 mild cases but in return you got 100 – 200 side effects which were so severe that they had to be taken care of in the hospital.

This profuse bleeding has been seen from the Moderna vaccine, this jerking over the whole body from people taking the vaccine. And these people will probably never be normal again. 3 days ago a 29 year old mother got this. It's living hell for these people. And if the other cases of people going blind or deaf cannot be cured, is the benefit greater?

OK, so you have a double path to the tragedy [immediate and longer term]. And this will happen wherever these spikes are made.

It's screaming at us. And because the ADA [a regulatory body in Europe] conceded that they have a number of deaths due to brain clots, we know that the clotting in the brain does take place. People have died and this has been diagnosed. If it happens once, it will happen again. And if you have had 10 deaths you will have 100 deaths or thousands of deaths.

It can be very tempting to just throw up our hands in confusion, especially if we're not scientists. One scientist says one thing. Another says another thing. Can we really figure out what's at work? Well, here's what Steiner has to say about that.

...if one only seeks them honestly, there are many ways of finding out what is going on. But we see, even in our own Society, how much resistance is put up by individuals when there is a question of following the simple path of truth. We see how many things which should be taken objectively in pursuit of knowledge, when they would best serve the good of mankind, are taken instead subjectively and personally.” The Karma of Untruthfulness, Volume 1, Lecture 11, Dornach 26 Dec 1016.

Alright, so are Dr. Bhakdi and Dr. Cahill correct? Are people dying in record numbers (with others getting seriously ill) after taking these gene therapy vaccines? Yes, people are dying in record numbers. I've paraphrased, below, some data shared recently by Fox News anchor Tucker Carlson.

The American Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program co-sponsored by the Food and Drug Administration (FDA) and the Centers for Disease Control. So not some conspiracy theory website. VAERS reported on April 23, 2021 that 3,362 people had died after getting COVID-19 vaccines – roughly 30 people per day.

To put this in perspective, in 2018, 119 people were reported to have died after flu vaccines; 203 people in 2019. VAERS has a history of under-reporting deaths and disabilities resulting from vaccines, so the numbers are probably much higher. A report submitted to the Department of Health and Human Services in 2010 estimated that only 1% of vaccine adverse events are reported on VAERS. In the first 4 months of 2021, VAERS reported more deaths from COVID-19 vaccines than all vaccine deaths reported over 15 years from 1997 – 2013.

Social media debunkers suggest Carlson is misleading because he implies a causal relationship between vaccinations and the deaths which occurred shortly afterwards. This is really the height of hypocrisy. Conventional social media voices rarely point out that no causal relationship has been demonstrated between positive PCR tests and deaths of people with COVID-19 symptoms. They rarely point out that

reported COVID-19 death statistics are replete with co-morbidity cases and with presumptive COVID-19 best guesses.

However, if we were to exercise an abundance of caution, yes it's true that VAERS does not *prove* causality. But it's certainly symptomatic of a fundamental and deeply disturbing problem. Healthy people are getting the vaccine. Then dying or getting seriously ill. In record numbers in comparison with results from previous vaccines.

Here is the Tucker Carlson video.

<https://stateofthenation.co/?p=64928>

But Tucker is not the only one crying foul. The following is a truncated excerpt from an article by Brian Shilhavy, Editor, Health Impact News:

Charles Hoffe has been a medical doctor for 28 years in the small town of Lytton, BC. Residents include many First Nations peoples. Dr. Hoffe was given 900 doses of the Moderna experimental COVID-19 injections and administered them through the Lytton Medical Clinic.

Dr. Hoffe reports that, after injections 2 people went into anaphylactic shock, one person died, and several others have suffered what appear to be permanent disabilities. One of his patients is in so much pain now, she prefers death to life. By contrast, no one in the community died or became permanently disabled due to the COVID-19 virus for the past year.

Dr. Hoffe reported these adverse reactions by email to 18 medical personnel in his community responsible for roll-out of the Moderna shots. His email expressed grave concern and asked whether they should pause injections. Within 48 hours he received a stern rebuke from his superiors at the Interior Health Authority accusing him of causing "vaccine hesitancy" and that they were going to report him to BC College of Physicians and Surgeons. They forbade him from saying anything negative about the Moderna shots, issuing a gag order against him.

As he continued to see more injuries the following week, he became very angry about his gag order. He was told that if he had any concerns about the injections that he had to contact the medical health officer in charge of the Moderna roll out. He did, but when he did not receive a reply, he decided to write an open letter directly to Dr. Bonnie Henry, British Columbia Provincial Health Officer, in direct defiance of his gag order since he made it public.

In his letter, Dr. Hoffe writes, "In stark contrast to the deleterious effects of this vaccine in our community, we have not had to give any medical care what-so-ever, to anyone with Covid-19. So in our limited experience, this vaccine is quite clearly more dangerous than Covid-19... it must be emphasised, that these people were not sick people, being treated for some devastating disease. These were previously healthy people, who were offered an experimental therapy, with unknown long-term side-effects, to protect them against an illness that has the same mortality rate as the flu. Sadly, their lives have now been ruined."

Here is a link to the article and to Dr. Hoffe's letter to Dr. Henry:

<https://healthimpactnews.com/2021/canadian-doctor-defies-gag-order-and-tells-the-public-how-the-moderna-covid-injections-killed-and-permanently-disabled-indigenous-people-in-his-community/>

Really, I believe the risk to our physical well-being is sufficient to justify us to refuse these new gene therapy vaccines. But could the risk extend beyond the physical and etheric? Could these new vaccines possibly be the first wave of the future inoculations against which Rudolf Steiner warned, inoculations against spiritual proclivities? As Doctors Cahill and Bhakdi point out, these therapies change human beings at a cellular level. Doctor Cahill says they make human beings into genetically modified organisms.

The following Steiner quote is from a lecture series entitled, “Behind the Scenes of External Happenings” given 6 November 1917.

“The age of materialism is striving, through the work of certain circles, to paralyse, to eliminate all spiritual development in mankind, to bring human beings to a point where simply by temperament and character they reject everything that is spiritual and regard it as folly. This trend — and it is already perceptible in some individuals today — will intensify. People will actually long for the time when the Spiritual is universally deemed to be insanity, craziness! Attempts will be made to achieve this end by inoculations; just as viruses have been discovered as means of protection against illnesses, so certain inoculations will be used to influence the human body in such a way that it provides no place for the spiritual proclivities of the soul. Human beings will be immunised against any predisposition for spiritual ideas ... such, at least, will be the endeavour. They will try by inoculation to bring it about that even in childhood, human beings lose the urge towards the spiritual life. This is only one of the aspects of that more intimate knowledge, relating to the connection of Nature-processes and Nature-specifics with the human organism, which must arise during the Fifth Post-Atlantean epoch. These things will certainly find their way into the life of mankind when the time comes.”

- 6) Measures have been politically imposed for the good of the populations of the earth, measures which have been scientifically/medically proven to be effective in halting the spread of the disease. These include the wearing of masks, social distancing and lockdowns.

I’m going to confess to feeling a little like Alice in Wonderland at this point. If mortality stats do not demonstrate we are at high risk of dying from COVID-19, if the virus has not been isolated, if the virus has not been proved to cause COVID-19 and if PCR testing is not even effective at diagnosis, how could any of this possibly make sense? How could government leaders around the world have made the decisions to implement the various measures to prevent the spread of COVID-19?

Tackling that question is beyond the scope of this article. But I’ll leave a link to a couple of videos at the end that, I hope, may shed some light.

Alright then. Let’s assume everything I addressed earlier in this article is bunk. The question then becomes whether masks, social distancing and lockdowns are effective measures in controlling the spread of COVID-19. But it’s really difficult to find compelling evidence that these measures work. And

that's strange. Because, given the profound adverse consequences to so many people, you would assume the effectiveness of these measures have been proven with scientific certainty. So...

What about face masks?

Despite what the claims of politicians, medical bureaucrats and social media would appear to make clear, the scientific evidence around mask-wearing implies that its value is unproven. The following link provides 36 well-referenced abstracts from scientific studies regarding the use of face masks.

<https://www.greenmedinfo.com/anti-therapeutic-action/face-masks-lack-safety-and-ineffectiveness-research>

Here are quotes from the conclusions of some of these studies:

- *“the existing evidence is sparse and findings are inconsistent within and across studies.”*
- *“Meta-analyses suggest that regular hand hygiene provided a significant protective effect and facemask use provided a non-significant protective effect against 2009 pandemic influenza infection.”*
- *“Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds. A larger study is needed to definitively establish noninferiority of no mask use.”*
- *“The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use. The data were compatible with lesser degrees of self-protection.”*
- *“This study is the first RCT of cloth masks, and the results caution against the use of cloth masks... Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.”*

What about social distancing?

Social distancing is not based on any credible research I could find. There does appear to be some logic in it, however. If you believe people are dying of an airborne, contagious disease then, theoretically, the social distancing which authorities continue to recommend would help. Wouldn't it?

Actually, it's not clear that it would. For example, the abstract to a study by Martin Z. Bazant and John W. M. Bush reads, “The current revival of the American economy is being predicated on social distancing, specifically the Six-Foot Rule, a guideline that offers little protection from pathogen-bearing aerosol droplets sufficiently small to be continuously mixed through an indoor space.”

Bottom line, Bazant and Bush provide and recommend the use of a formula (and spreadsheet) for determining indoor social distance requirements based on the duration of an event, the number of occupants, quality of air ventilation and the degree to which occupants are exerting themselves or speaking loudly.” Not very practical. It does make you wonder how many academics it takes to change a light bulb.

<https://www.pnas.org/content/118/17/e2018995118>

Seriously though, even researchers who buy into the prevailing ideology around COVID-19 conclude that the Six-Foot Rule for social distancing offers little protection. The fact that their proposed solution is impractical does not mean their conclusion is unsound. And other academics and scientists have come to similar conclusions.

What about lockdowns?

A statistical analysis published in March 2021 by researchers R. F. Savaris, G. Pumi, J. Dalzochio & R. Kunst is entitled, “Stay-at-home policy is a case of exception fallacy: an internet-based ecological study”.

The abstract from the study concludes:

“Data were preprocessed and analyzed using the difference between number of deaths/million between 2 regions and the difference between the percentage of staying at home. The analysis was performed using linear regression with special attention to residual analysis. After preprocessing the data, 87 regions around the world were included, yielding 3741 pairwise comparisons for linear regression analysis. Only 63 (1.6%) comparisons were significant. With our results, we were not able to explain if COVID-19 mortality is reduced by staying at home in ~ 98% of the comparisons after epidemiological weeks 9 to 34.”

In other words, a review of data from 87 regions worldwide found that in about 98% of the comparisons, there was no evidence that lockdowns reduced the number of COVID-19 deaths.

7) The social good achieved through these measures to contain the disease outweigh the harm done by these measures.

Among those who accept most of the prevailing narrative around COVID-19, there are some who nevertheless ask whether the harm resulting from government imposed measures for containment outweigh the benefits.

Jay Bhattacharya is a professor of medicine at Stanford University and a research associate at the National Bureau of Economic Research. He directs Stanford's Center for Demography and Economics of Health and Aging. Bhattacharya's research focuses on the health and well-being of populations, with a particular emphasis on the role of government programs, biomedical innovation, and economics.

In an email sent to Newsweek and quoted in an article published by Newsweek on 8 March 2021, Bhattacharya wrote: “I stand behind my comment that the lockdowns are the single worst public health mistake in the last 100 years. We will be counting the catastrophic health and psychological harms, imposed on nearly every poor person on the face of the earth, for a generation.”

Here is the link to that article:

<https://www.newsweek.com/stanford-doctor-calls-lockdowns-biggest-public-health-mistake-weve-ever-made-1574540>

Dr. Bhattacharya, Dr. Sunetra Gupta of the University of Oxford and Dr. Martin Kulldorff of Harvard University co-authored the Great Barrington Declaration, first published 5 October 2020. These

scientists and academics are representatives of the conventional medical-scientific perspectives on immunology, viruses and vaccines. And they are deeply concerned about the adverse consequences of lockdown measures. 14,173 medical and public health scientists, 43,123 medical practitioners and 792,319 concerned citizens had signed the Declaration as of May 29. Here is a link to the Great Barrington Declaration Website.

<https://gbdeclaration.org/>

And here are some excerpts from the FAQ section of the website:

- Basic epidemiological theory indicates that lockdowns do not reduce the total number of cases in the long run and have never in history led to the eradication of a disease. At best, lockdowns delay the increase of cases for a finite period and at great cost.
- There are many physical health harms from lockdowns. Medical care visits have plummeted, with people avoiding needed medical care... Many of the consequences of these missed visits will not show up in the mortality statistics for this year, but is something that we will have to live – and die – with for a long time.
- Humans have many needs, including a need for community and for normal social interactions... Mental health has deteriorated due to lockdowns and the fear caused by public health messaging. For example, in Massachusetts, emergency departments have seen about four times more children and teens in psychiatric crisis than usual. One in four young adults in the US seriously considered suicide this past June [2020]...
- All children have a right to a high-quality education. Adults have a moral obligation to make this happen, and it is morally wrong to ask children to bear a disproportionate burden of the costs of the epidemic. Yet the lockdown policy, and especially school closures, guarantees that children are especially harmed...
- Lockdowns especially harm the working class... Less wealthy people also lack a financial safety net, and food shortages and house evictions lead to excess deaths. Working class children are also disproportionately harmed by school closings, as their parents are less likely to afford tutors, pod schools or private schools. Poorer people also have less access to high quality medical care services... lockdowns both cause excess overall mortality and increase societal inequality.
- The lockdowns are causing devastating harm to both mental and physical health worldwide. A UN report estimates that an additional 80 to 130 million poor people will suffer from hunger. Of these, it is estimated that lockdown restrictions have led to 10,000 children starving to death each month...
- It is important to distinguish between the risk of infection and the risk of death. Anyone can get infected, but there is more than a thousand-fold difference in the risk of death between the oldest and youngest. For old people, COVID-19 is more dangerous than the annual influenza. For children, the COVID-19 mortality risk is less than for the annual influenza.

The Great Barrington Declaration recommends a balanced approach to dealing with what it recognises to a global epidemic. It advocates an approach it calls "Focused Protection" of those most at risk.

The following (54 minute) video provides an interview with Dr. Scott Atlas, a Public Health Policy Expert and Former Whitehouse Coronavirus Advisor. He is a medical doctor and was Chief of Staff at Stanford's Neurological Radiology Centre. So he understands both clinical medical science and the policy implications of lockdowns. He, like the authors of the Great Barrington Declaration, for the most part supports the historical medical-scientific perspective on immunology, viruses and vaccines. He also accepts PCR testing, masking and isolating people who are at high risk due to COVID-19. However, he is deeply concerned and outspoken about the tragic consequences of the lockdowns.

https://www.theepochtimes.com/scott-atlas-lockdowns-not-only-heinous-abuse-of-power-they-also-failed-to-protect-the-elderly_3822917.html?utm_source=ATLNewsletter&utm_medium=email&utm_campaign=2021-02-19

In the interview, Dr. Atlas states that, "The consequences of the lockdowns have been enormous and they will last for decades after this pandemic is completely finished..." He talks about the shift in policy intentions which occurred as the lockdowns were extended and points out that "there was a loss in rational thinking. Critical thinking disappeared. Clinical medical perspective was gone, was never at the table; and in fact the public health officials who were advising the country – and the world really – had no clinical perspective. That was revealed by their nonsensical statements. There was a frenzy which took over, out of fear, and out of a lack of leadership by the faces of public health... This is a coronavirus. We have decades of experience with coronaviruses..."

"The harms of the lockdowns are deaths. It's not an economic harm. It's a death harm... the harm of absent medical care. Of the 615,000 people in the U.S. who get chemotherapy, almost half skipped their chemotherapy. 42% of people with an acute stroke did not call an ambulance: they were too afraid to be in a medical setting. 30 – 50% of heart attack patients were not coming in. 85% of live organ transplants did not get done... You had 300,000 cases plus of child abuse which were not noticed because they were not going to school... opioid deaths, spousal abuse, suicides – these things were skyrocketing... You're literally killing people with the lockdowns... It's a heinous abuse of the power of public health experts to do what was done.

"Early on there were tens of thousands of cases on college campuses. And this induced a panic in the media... this was another example of highlighting fear-provoking information with no perspective given. Of the first 50,000 cases, there was zero hospitalization on college campuses... yet this wasn't really part of the news. What was in the news was that there were these so-called breakouts on college campuses... the overall majority were not sick; they were asymptomatic... and people started closing college campuses..."

"There are 3 reasons why [public] schools should be opened.

- 1) The risk to children is extremely, extremely low. That's factual, that's not an opinion...
- 2) There are enormous harms to stopping in-person schools. There are health harms. There are developmental harms...
- 3) There is nothing more important to this country than educating our children. And we know that online education, distance learning is a failure, a total failure: 40% drop in reading, 50% drop in math skills, a massive explosion on the number of F-failing grades.

“The icing on the cake is that children do not significantly spread the disease to adults... there has been no science which changed the data that was already there from countries all over the world... there is no outbreak when you open schools. [This has] been validated by studies from Duke University, from Brown University... And so, even if children spread to adults, we still should have had children in-person at schools. But we know that children are not the source of major spread... this is not just a misconception: it’s a lie. We have been uniquely willing to sacrifice our children out of fear for adults, when we know the children have no significant risk... it’s a national disgrace that our schools have been closed.”

“People are not willing to listen to the literature on the lockdowns. So when we see the paper that came out of Stanford recently (January or February of 2021), by Ben David and 3 other authors... they showed that severe lockdowns did not stop the spread of the virus. And, in many cases... they [the lockdowns] were pro-contagion. They promoted the spread....

“We see the data from Florida, which is our internal control for the country. [Because Florida did not lock down.] Florida doesn’t have to do better to show that the lockdowns were not positive, because Florida also avoided many of the harms of the lockdowns. The burden of proof is on the states that did the lockdowns. And when you look at the data, and you look at the 10 biggest states for instance... Florida did the best on age-adjusted deaths from COVID... Florida beat more than half the states on total number of deaths from COVID. Florida did better than 2/3 of the states on excess mortality during the pandemic – meaning deaths beyond what you would have expected without the pandemic... Florida didn’t just show that the lockdowns shouldn’t have been done; Florida showed that the lockdowns were harmful...

“So why is this not known? And this brings up some of the fundamental problems I believe have been exposed by this pandemic. First of all, there has been an exposure of the enormous power of government to just step in and close businesses, close schools, confine you to your home, stop you from seeing your family, your own family, stop you from seeing your relatives who were dying, putting curfews and changing your behaviour completely, with no end in sight and no accountability really... although there are a few cases now in court.

“The second big exposure was that people are willing to say OK to that. The American spirit, the independent America, the tough New Yorker – where are these people? OK, fear is enormously powerful. I think we know that. And, of course, that makes sense. I was afraid myself. I empathise with the fear. But after months and months, I don’t empathise with the fear as much anymore. You have to sit there and use critical thinking now. You’re a thinking individual. You’re an adult. You ought to be able to think through this. There’s a lot of conflicting information. You have to stand up and take it upon yourself.

Now the other thing which was exposed was the power of the media... what happened in the media in this country was quantified. Because there’s a study in the economics literature... they did a study... outside of the U.S., roughly 53% of media stories on the pandemic were negative. In America, roughly 90% were negative. Now that’s a serious problem because most people get their knowledge from the media... there’s something seriously different about the American media. There was so much fear and panic. And you can see we have a damaged psyche... this is a [psychologically] damaged generation...

“This is an enormous tragedy, an epic failure on the part of the people who are in charge of the public health advice in this country... but there will also be another pandemic. There’s no question there will be another pandemic. Everyone in that field of research says it. And there will be other crises, even more beyond pandemics...

“I want to make sure we don’t repeat this abhorrent insanity that destroyed people and killed people. And one of the things we must recognize about the culture of America – and elsewhere, but particularly in this country – we have stifled the ability to dissent from the so-called accepted narrative. How have we stifled that? With the massive rebukes, vicious hatred, directed at people like me... people like me who have said ‘I don’t care what happens to me’ – we have paid a big price... for speaking the truth, for raising the questions about the data, all of which in the end, I’ve been proven to be right, time after time... when we have good people who are afraid to go serve their country when they are needed, in a crisis – this is something where we have to look ourselves in the mirror as a country and decide, ‘Is this what we want?’ ... I have received dozens of emails from all over the country from experts saying, ‘Scott, you’re right. Keep talking. I’m afraid. I cannot come forward. I’m afraid. I’m afraid for my family. I’m afraid for my job. Even people from my own Stanford University who are still afraid to speak up for the truth... there’s been a suffocation of scientific debate. It’s not just the universities. It’s not just the media. We have had censorship by big tech...

“And now we’ve entered into this politicization of science itself. We look at the best [scientific] journals in the world... have published garbage, poor science and stopped the publication of good science. And I believe it was political in nature... There’s sort of a group thinking mentality that took hold, disallowing people with dissenting voices, dissenting interpretations of evidence; or even completely disallowing the evidence itself to be presented. And I think this is hugely dangerous to how our societies are going to function.

“We are becoming a country which is devoid of humanity. And why do I say that? That’s a very cynical thing to say. Well, I can tell you for myself, I got a massive amount of hate mail and legitimate death threats. So that over the Christmas week, I had to have a police car parked at the base of my driveway. Full time, 24-7. I had to install security equipment in my home... this is off the rails. This is not the way civilization should be. The only motivation I ever had was to help this country... my wife and I lost friends we had for 30 years. These are educated people who either disappeared or even went so far as to send me vile, vicious hate mail. People who have known me for decades... this is surreal what his happening in this country with the level of hate. And I think this is the biggest problem right now...

“When you have the governor of Florida with 4 world experts in public health policy and medical science having a panel discussion and it’s taken down from YouTube... I just think where is the line between what we are and what we used to think was abhorrent. Like the USSR or communist China – where the government or someone is controlling the narrative. I’m not saying the government is controlling the narrative; I don’t believe that. I think this is all just people complicit in it. They think their opinion should determine what is the allowable narrative.”

Once again, in the midst of the almost unimaginable falsehood and in the hatred which is employed to support that falsehood, Rudolf Steiner’s words are so relevant they might just as well have been spoken in 2021. Here’s another quote:

“The question now arises: Why is the truth being so distorted at present? The answer is that something has got to be said, yet it is not as easy as all that to speak the truth... The things that are said are intended to spread a fog over the truth so as to distract people’s attention from the truth... This is now the immensely difficult karma of mankind: that people do not feel in duty bound to pursue the actual, real truth and truthfulness that lives in the facts – indeed, that the very opposite of this seems to have started to rule the world and to be all set to do so ever increasingly. External deeds are always the consequence of what lives in mankind in the way of thought. They are the consequence of untruthfulness, which may indeed appear in the guise of truth because it can be ‘proved’, though only superficially... The conclusion we have to draw from this is that we must enter ever more deeply into the facts, that we must develop a sense which can lead us to see in the appropriate places those things which can really throw light and reveal what is essential.” The Karma of Untruthfulness, Volume 2, Lecture 6, Dornach 7 Jan 2017.

Closer to home, here’s link to a well-referenced report by Professor Douglas W. Allen in the Economics department of Simon Fraser University in BC. Dr. Allen’s report echoes many of the themes from the Great Barrington Declaration and the Dr. Atlas video. In the report, he observes, “Over the course of the Covid-19 pandemic, there has been no public evidence that either the federal or provincial governments of Canada have considered both the benefit and cost sides of their policy decisions.”

<http://www.sfu.ca/~allen/LockdownReport>

The abstract of Professor Allen’s report is as follows:

“An examination of over 80 Covid-19 studies reveals that many relied on assumptions that were false, and which tended to over-estimate the benefits and underestimate the costs of lockdown. As a result, most of the early cost/benefit studies arrived at conclusions that were refuted later by data, and which rendered their cost/benefit findings incorrect. Research done over the past six months has shown that lockdowns have had, at best, a marginal effect on the number of Covid-19 deaths. Generally speaking, the ineffectiveness of lockdown stems from voluntary changes in behavior. Lockdown jurisdictions were not able to prevent noncompliance, and non-lockdown jurisdictions benefited from voluntary changes in behavior that mimicked lockdowns. The limited effectiveness of lockdowns explains why, after one year, the unconditional cumulative deaths per million, and the pattern of daily deaths per million, is not negatively correlated with the stringency of lockdown across countries. Using a cost/benefit method proposed by Professor Bryan Caplan, and using two extreme assumptions of lockdown effectiveness, the cost/benefit ratio of lockdowns in Canada, in terms of life-years saved, is between 3.6 – 282. That is, it is possible that lockdown will go down as one of the greatest peacetime policy failures in Canada’s history.”

A quote from the same lecture series I quoted above, several times, may shed some light on why populations have been so... malleable.

“You can see, particularly in peoples’ everyday lives, what happens if they are being influenced at a subconscious level. You can hypnotise an individual person, so that once he is hypnotised he is in your power, and you can make him do things he would never consider doing in a waking state. You can hypnotise him, which means putting him into a state of consciousness belonging to ages long past, and you may have all sorts of intentions for doing so. In the same way, it is possible to hypnotise whole communities. An individual person is stronger in the physical world than is a group, and it therefore necessary to lower his consciousness considerably more in order to work through him while he is in this other consciousness. In the case of a community or group of people the lowering of consciousness need not even be noticeable, for it can be far more slight....” The Karma of Untruthfulness, Volume 1, Lecture 9, Dornach 24 Dec 1016.

IN CONCLUSION

Let me open this conclusion with another Steiner quote which, I believe, is a wake-up call to the anthroposophical movement today:

In many respects, today’s great tragedy is the way in which karma is lived through in such untrue, spectral ideas which people have gradually amassed. But within our Movement, too, we must not allow the process of history to fall into two disconnected halves – though there are some among us who would like this: On the one hand to luxuriate in so-called supersensible ideas, which remain, however, more or less abstract concepts, and on the other hand to become firmly stuck in habitual opinions, no different from the ordinary, vulgar understanding of external reality viewed entirely materialistically. These two aspects, external physical reality and spiritual existence, must unite, that is, we must understand that in place of traditional historical methods something must be developed which I have called symptomatic history, a history of symptoms which will teach us that the historical process expresses itself in some phenomena more strongly than in others.” The Karma of Untruthfulness, Volume 2, Lecture 18, Dornach 13 Jan 2017.

I sometimes wonder what might have been possible for Anthroposophia had the Michaelic thought warriors, the scientists, doctors, researchers and others who have been asking questions and finding answers in connection with the current assault on humanity in the name of COVID-19 – had they met with a corresponding deep level of inquiry and understanding among members of our anthroposophical community.

Had we, at the outset and throughout this cataclysm, been determined to objectively observe and imaginatively draw together the many indications of what is at work, of what lies behind the false words and fear and hate and tyrannical governmental decrees, what contribution might we have been able to make towards a true understanding of present global affairs?

The stifling of free speech is alive and well in Canada. On April 30, 2021, Ontario’s physician licensing body, the College of Physicians and Surgeons of Ontario (CPSO), issued a statement forbidding physicians from questioning or debating any of the official measures imposed in response to COVID-19.

In response, a group of Canadian physicians from across the country issued an urgent declaration to the Colleges of Physicians and Surgeons of the various Provinces and Territories they serve and to the Public at large. It is called the Declaration of Canadian Physicians for Science and Truth. Here is a link to the Declaration.

<https://canadianphysicians.org/?fbclid=IwAR3BzzvyCzyy1MarJoE5t8VlkGZGEq9esY-FyMCc08JtswNbV2qO3LaEY4I>
<https://canadianphysicians.org/?fbclid=IwAR3BzzvyCzyy1MarJoE5t8VlkGZGEq9esY-FyMCc08JtswNbV2qO3LaEY4I>

In the Declaration they state that, “We regard this recent statement of the CPSO to be unethical, anti-science and deeply disturbing. As physicians, our primary duty of care is not to the CPSO or any other authority, but to our patients. When we became physicians, we pledged to put our patients first and that our ethical and professional duty is always first toward our patients. The CPSO statement orders us to violate our duty and pledge to our patients in the following ways: [I list only the subject headings. You can find the full Declaration at the link, above.]

1. Denial of the Scientific Method itself
2. Violation of our Pledge to use Evidence-Based Medicine for our patients
3. Violation of Duty of Informed Consent

Dr. Mike Yeadon was the former Chief Science Officer & VP of respiratory research at Pfizer Global. Dr. Yeadon is an Allergy & Respiratory Therapeutic Area expert with 23 years in the pharmaceutical industry. He trained as a biochemist and pharmacologist, obtaining his PhD from the University of Surrey. Based on his career, friends and colleagues, Dr. Yeadon has every reason to stand up for the existing paradigm.

I have left his video for the penultimate contribution to this concluding section because it is far-ranging, touching many of the questions examined in this paper. He speaks in language which is intelligible to a layperson about the falsehood promulgated by the media in connection with key principles in immunology. He speaks about the stifling of independent research at universities. About how government policy around COVID-19 has turned decades of experience treating infectious disease on its head. *We don't lockdown because it's not effective: instead, we quarantine the sick. Mass testing of people without symptoms has no underpinnings in science. Wearing of masks doesn't work. None of the things we have done – masks, vaccines, lockdowns – are needed.*

He explains that we have been subjected to propaganda and lies by people who are very good at it. And, like others who have spoken out, he has found himself ridiculed on Twitter and other places. Scientists admit to agreeing with him privately but they are not willing to say anything in public, because it has been intimated to them that governments do not want these questions to be asked.

Dr. Yeadon says, with great clarity, “We’re standing at the very gates of hell.”

<https://thereisnopandemic.wordpress.com/2021/04/28/michael-yeaton-ex-vp-of-pfizer-full-interview-planet-lockdown-april-26-2021/>

I spoke recently with a friend who has taken the first vaccine and will probably subject herself to a second. She is open to alternative perspectives but has been too busy with her job and with family commitments to do much independent research. Like so many people. And, despite the volume of materials I and others have been able to uncover, it's true that independent perspectives are difficult to find – at first. You have to do a lot of digging. But when you do start looking, determinedly, the number of virologists and microbiologists and medical doctors and researchers and just everyday people who are uncovering the truth is staggering. And inspiring.

One of the big questions my friend asks is how such a vast and diabolical hoax could be orchestrated. How could they actually pull it off? It would require such intense collaboration (conscious or unconscious) across so many hundreds of thousands and even millions of people, that it just doesn't seem credible. I have a lot of empathy for my friend's perspective. The extent of the deception beggars belief. It sounds diabolical.

I believe it is. And we must face it down. However, to address the question of how this has been possible would take us well beyond the objective of this article. It would require an entire well-researched book. However, if you would like to begin to investigate this question on your own, I would recommend you start with 2 documentary videos, Plandemic, Parts 1 and 2. (Needless to say, they have been thoroughly attacked on social media, across Google and other places.)

The first is an interview with Dr. Judy Mikovits, PhD, Molecular Biologist. The second seeks in broad terms to address the very question my friend is asking. Here is a link which provides access to both documentaries.

<https://articles.mercola.com/sites/articles/archive/2020/05/20/plandemic-documentary.aspx>

But let's give the final words to Rudolf Steiner, who once again, appears to be addressing us directly, personally, across the century which has almost passed since his death:

“But no one can be a true anthroposophist if he turns a blind eye towards the enormity of what is going on just now and allows himself to be deafened by all those means which some of those in power use today to stun us in order to avoid having to state what they are really playing at.” The Karma of Untruthfulness, Volume 2, Lecture 17, Dornach 8 Jan 2017.

ⁱ See www.worldometers.info for the actual data.