

# “The Great COVID Caper – Hoax or Greatest Public Health Emergency in Peacetime”

A Dissertation on the COVID-19 Novel Coronavirus and its Global Management and  
How To Survive the Next Pandemic

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By Michael Macneil MSc MA

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*The major purpose of this dissertation is to help you to be free of the fear of COVID, a fear that has been established and built by a worldwide assault by governments, transnational agencies like the WHO and NGO Foundations with a budget of billions who have a vested interest in promoting that fear. Although COVID-19 is a real virus, a fake crisis was created around it and we will be investigating how and why we have become the victims of that hoax.*

*I write that you might find your individuality and freedom to speak once again by being armed with the necessary scientific, medical and political facts concerning the management of the pandemic. Once you are free of the fear of COVID and any subsequent pandemic, you can stand up for your freedom to live without governmental interference of your rights to work, trade, assemble, socialise and worship.*

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## Background

### My Personal Motivation for Writing This

It is my sixth decade on the planet and I have had plenty to write<sup>1</sup> about this “Novel” Coronavirus simply because I have never seen such a blatant abuse of power in the Western world and the stripping away of the rights to work, assemble and trade of law-abiding citizens by their governments. I write that you might find your individuality and freedom to speak again by being armed with the necessary scientific, medical and political facts concerning the management of this pandemic and be forewarned, thus forearmed, for the subsequent pandemics. *Be under no illusion, this is the first of many.*

I started off writing about this in March after lockdown here became “absolute” save for one hour of permitted exercise. I had never in my life up to that point seen police patrolling our streets and the lanes of the local park to ensure compliance with “*stay at home*” and “*social-distance*” requirements. Councils spent small fortunes spraying 2m lines on paths in the park (which, of course, wash off – but hey, it is just *our* taxes!); beaches and their car-parks were closed, promenade seats were taped off and every public toilet “*closed until further notice*”<sup>2</sup>. Churches, restaurants, hotels and pubs closed. We queued at supermarkets, followed one-way systems round the aisles and caused a mini-panic if you stood in the wrong place or too close to someone else in the checkout queue and even more so if you coughed without a mask on.

I wrote initially with a satirical twist at the bizarre strangeness of it all, grabbing all the various strands from the sublime to the ridiculous, some which I thought were more conspiracy theory than probable fact. Indeed, I was proved inaccurate at some points where I had conjectured about the various theories. I was happy and indeed expected and acknowledged by later edits, to stand corrected at various points of detail. The same is true for this piece of work, because of the nature of some of the content and the difficulty in checking the reliability of the sources<sup>3</sup>, I fully expect there

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<sup>1</sup> Most of the links to what has been written can be found on <https://planetmanceil.org/>.

<sup>2</sup> The “further notice” turned out to be the sight of people “pissing” in the streets and in public gardens, that was thought to make it worth the risk to reopen the facilities.

<sup>3</sup> See appendix 2 for a general comment about this.

to be errors of detail but I do believe the general direction and conclusions of the essay to be defensible as I was shocked how accurate I actually had been in my previous conjectures. As time has gone on, and as the amount of research and data I have accumulated about this has grown, it has become apparent that the truth about what has been happening has been worse than the conspiracy theories I had joked about.

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*...because of the nature of some of the content and the difficulty in checking the reliability of the sources, I fully expect there to be errors of detail but I do believe the general direction and conclusions of the essay to be defensible.*

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Just like the humiliation inflicted on the women in the Moslem religion through the veil across their face, there is no better symbol than a mask around your mouth that you have no right to speak, no right to be heard and you have been told to “*shut up*”. No matter how you are coming to read this, it is to help arm you with the knowledge that you might be free of the fear generated by the COVID “group think” that specifies exactly what is acceptable and permissible both to act and to think, and so find your individuality and freedom to speak again by being armed with the necessary scientific, medical and political facts concerning the management of this pandemic and any future one that comes along. In short, this is me using my voice and I encourage you to use yours. I believe we as a nation have been “shut up” by tyrannical leaders aided and abetted by corrupt media and a duplicitous mishandling of science by so-called scientific experts for hire.

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*There is no better symbol than a mask around your mouth that you have been shut up. This is me using my voice and I encourage you to use yours.*

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#### Who Is This Written For?

I originally started this essay to present at an academic conference on the philosophy of science and its relation to the management of the COVID pandemic.

However, the “good” news was that the organisers of the conference clearly did not like the abstract I sent them and so it grew into something of a much larger piece of work as something of a response to them but also addressed to a much more general audience. That said, as it had an academic origin it is not a trivial or “fun” piece of writing and occasionally the language gets a bit technical, though I do try to splatter it with humour to help the medicine go down. You will need to use your brain and you might not understand everything first time round so skip it and absolutely do not stop reading just because you find yourself struggling with some big words or opaque philosophy (I do try to keep that to a minimum and moved the worst bit to an appendix!) or even just strongly disagreeing – that is fine; persevere, it will be rewarding even if you do not end up sitting where I am sitting. Let us be glad that we do not have to all believe the same thing, in contrast to the “group think” that is being championed in this pandemic.

The essay is about individual freedom, our freedom as a nation, a personal retrospect, summary, revision and a grand extension of what I had written about COVID since March<sup>4</sup> and most of all, what I believe I have learnt of the agenda behind it, thus *you* are free to disagree with all of it and please write your own dissertation in response rather than just calling me a “fascist” or a “granny killer”. It is primarily intended to give you information and to provide a degree of understanding so that the conspiracy of fear cannot control you. It aims to overcome the fear by being at base a scientific work and it will be of particular interest to those interested in the role of science during this pandemic. However, we must necessarily also be philosophical to answer the “why” question to explain the motives of why the pandemic was launched and managed the way it was, we are dealing with ideas, those ideas had and will continue to have consequences because of the ideological structures built on them.

#### What This Essay Is Not (Yes, A Disclaimer!)

As noted above, this essay is *not* primarily a piece of medical literature, it is *not* meant to be a substitute for medical advice for you. I am not medically trained, and I

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<sup>4</sup> Most of this you can find on <https://mmacneill123.medium.com/>, (though there is a paywall but easy to subvert, use an Incognito session in your browser) on ResearchGate at [https://www.researchgate.net/profile/Michael\\_Macneil2](https://www.researchgate.net/profile/Michael_Macneil2) (where there is no paywall but plenty of adverts for non-members!) and hopefully very shortly on my personal website, <https://planetmacneil.org/>.



am *not* qualified to give you medical advice. However, we are dealing with a medical “emergency” and so it is unavoidable that I need to write a lot about the medical aspects when demonstrating how the science has been corrupted to serve a wider political purpose. Thus, I do believe there is a lot of medical *sense* in this essay in contrast to a lot of medical *non-sense* that has formed much of our media narrative. I discuss at length why the medical management of the disease has been complicated, interfered with and even prevented by political “group think” (we define this later) and third-party financial interests, so I try to point you to the work of various health and medical professionals, oftentimes dissenting from the mainstream narrative, so that you weigh and assess those primary sources for yourself.

If there are medical doctors reading this, most of would like medical professionals we trust to be courageous enough to diagnose and treat on the basis of the evidence rather than the prejudice of the political “group-think”. I know that is a tough ask, many have been cowed into submission after dress-downs by hospital managers, losing their jobs or reported to professional oversight bodies for prescribing particular drugs, suspended or fired for appearing at medical conferences that dissented from the medical “new normal” or were found recanting their academic papers that dismissed masks as “*talismans [with no significance for prevention of virus spread]*”<sup>5</sup>; particularly when they were cited by the “*right-wing religious COVID-deniers*”.

## Overview and Introductory Remarks

The aim of this section is to introduce some of the themes we examine more closely in this essay.

### Shut Up, Stay Home and Question Nothing

It is not every day that you sit down and decide to write over 28000 words on any subject and you certainly think twice about giving up a couple of months of leisure time to do it. However, I decided to take the pain of answering the questions posed in the title seriously and thoroughly because it clearly needed to be done. Our leaders and our media have done *everything* they could to “*shut us up, stay home*

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<sup>5</sup> Michael Klompas, M.D., M.P.H., Charles A. Morris, M.D., M.P.H., Julia Sinclair, M.B.A., Madelyn Pearson, D.N.P., R.N., and Erica S. Shenoy, M.D., Ph.D., “Universal Masking in Hospitals in the Covid-19 Era”, N Engl J Med 2020; 382:e63 DOI: 10.1056/NEJMp2006372

*and question nothing*” (apparently to “protect the NHS”<sup>6</sup>) with an endless diet of negativity fed 24-hours a day through every available media outlet and a complicit, censored social media.

The title of this essay has two parts to the title, “*Hoax*” and “*Greatest Public Health Crisis in Peacetime*” so we should start with a little explanation of why we have these two parts. Firstly, I was radically shocked to find that two of the pieces<sup>7</sup> I had written earlier in the year have clocked up over 10000 reads each on ResearchGate, so there is clearly a consciousness among many that something is just plain “wrong” and unsettling about what has been happening to our rights and freedoms during this “pandemic”. When the media that is meant to inform has instead an overt political agenda and when big-pharma is poised to make billions off vaccines and dishonest politicians are jumping into bed with them by outlawing safe and simple generic medicines shown to be effective, it is hard for people to get the facts they need to make a stand on solid, intellectual ground and be courageous enough to take control back of their own lives if it turns out they are the victims of tyrannical governments.

That is the “*Hoax*” aspect of the title of this essay – a hoax is a “deception” – something presented as something which it is not, normally because there are powerful interests who will make an enormous amount of money and gain an enormous amount of political capital if they persuade people to believe the deception. This essay, in part, is a justification for and an explication of the truth of the proposition that this pandemic fulfils the requirements of being a hoax.

However, the other part of the title is the “*Greatest Public Health Crisis in Peacetime*” – this is the phrase used by my elected representative when I wrote to him about the loss of our liberty. The designation as a “crisis” was the justification for the loss of liberty and the superlative “greatest” justifies the “largest” removal of liberty in peacetime.

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<sup>6</sup> This is a UK-specific term, our National Health Service and is part of the civic religion of the nation. However, most nations have equivalent bodies with some sort of oversight of health services in their nation.

<sup>7</sup> [https://www.researchgate.net/publication/340037669\\_Corona\\_COVID-19\\_Hoax -  
\\_Much more than meets the eye](https://www.researchgate.net/publication/340037669_Corona_COVID-19_Hoax_-_Much_more_than_meets_the_eye) and  
[https://www.researchgate.net/publication/340772114\\_COVID-  
19\\_Novel\\_Coronavirus\\_God%27s\\_Blessing\\_or\\_Satan%27s\\_Curse](https://www.researchgate.net/publication/340772114_COVID-19_Novel_Coronavirus_God%27s_Blessing_or_Satan%27s_Curse)

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*COVID is real but we are not in a COVID-pandemic, we are in a pandemic of the fear of COVID*

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So, I fully accept there are many who, like him, believe precisely we *are* in the greatest public health crisis in peacetime, including some in my own close family and friends. For that reason, they are prepared to lose their liberty, freedom and, in many cases, even their livelihoods to be “*kept safe*” by obeying their government. This essay is written to analyse why this “greatest crisis” is *not* a true or reasonable proposition and so the largest removal of liberty is, therefore, *not* justified.

COVID-19<sup>8</sup> is real<sup>9</sup> but we are not in a COVID-pandemic, we are in a pandemic of the *fear of COVID* and this fear is being used as a means to an end and that end is a grand sociological reconstruction of the interrelations of the nations of the world in the internationalist-socialist (i.e. *neo-communist*) tradition. A more refined, slick and seemingly benign form of communism - synarchistic socialism, where select multinationals (think Amazon) provide the needs of humankind - but still, nevertheless, ultimately totalitarian, in its implication and operation. So, in short, though COVID-19 is a real virus, a fake crisis was created around it for the purposes of sociological reconstruction and we will be investigating the mechanics of that.

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*Though COVID-19 is a real virus, a fake crisis was created around it and we will be investigating how and why we have become the victims of that hoax.*

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<sup>8</sup> This is a popular designation. The medical designation is Sars-Cov-2 as it seems the virus is most closely related to Sars-Cov-1 which was epidemic in the early 2000s.

<sup>9</sup> I am aware of some theories that reject COVID exists, but China had provided the entire genome to Oxford and Cambridge vaccine researchers by the end of January. This seems to have been a “test” given to them by the Chinese of this synthetic biological creation whose “gain of function” (explained in a later section) seems to include resistance to anti-virals and a targeting of the older demographic. The researchers were confident of creating a vaccine within 6 weeks. We have heard nothing since from UK efforts to create a vaccine though on Nov 10th, 2020 we had an announcement of a possible vaccine from another source.

## Most Of Us Have Lost People To COVID-19

You may immediately object, “*I have lost friends and family*” to COVID and that “proves” how serious it is. I too have lost people and the losses were painful. The aim of this essay is not to ignore or trivialise that hurt or to deny the real risks. Yet, it still does not change my view of the virus or of what our response to it should be. We need a better *perspective* that we might respond rationally and reasonably rather than just react emotionally because of our own losses or of those close to us.

Life is about *balancing* risks by maintaining a proper *perspective* and though every loss of life through COVID-19 is tragic, it needs to be subject to a sensible perspective to be interpreted correctly. For example, it *is* tragic that 74 under 7s have died of COVID-19. However, 350 under-7s have died of drowning and 125 under-7s in traffic accidents during the same period and flu *will* kill more under-7s than COVID this winter<sup>10</sup>. We do not lockdown swimming pools or ban parents from taking their children in their cars as mitigation, or lockdown our children over the winter, we identify what can be changed to lessen the risk. The emotional “hook” of “*saving just one life*” that is a persistent meme of the COVID era, is thus built on fallacious logic and dishonest moralising.

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To quote the American CDC (Oct 2020) data, “*even if you are over 75, there is still a 90-95% recovery rate*”.

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*To quote the American CDC (Oct 2020) data quoted by Dr Gold, “even if you are over 75, there is still a 90-95% recovery rate”.*

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It is also uncomfortable for us to recognise that bad things often happen to good people because those same good-natured people make bad lifestyle choices. I had

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<sup>10</sup> US statistics.

one relative who for 10 years said to me that the only thing the doctor would say to her was “*get your weight down*” and she later died many years prematurely because of complications caused by bad diet and being overweight. Another member of my close circle died with COVID because they were chronically overweight, had a variety of associated health problems and had never taken getting fit seriously, but they were a really *good* person. One of the objectives of this essay is to help you make good lifestyle choices, get fit and healthy, and to encourage others to do the same that we are not so easily overcome because of our co-morbidities. Far more die *with* COVID rather than *because* of it.

### Dying *With* and Not *Because* of COVID-19

There is the important distinction between dying *with* COVID and dying *because* of COVID. Most people will not die because of COVID but die because of their “co-morbidities” and often months post-COVID, i.e. die because of existing conditions and because of their poor health and fitness. This basic distinction was lost on the main statistical body responsible for health statistics in England (PHE) until a senior medical academic went public about it. This was a non-trivial “mistake”, it led to at least a 200% over-estimation of the mortality rate and no one was ever allowed to recover. Such “mistakes” are, as we shall see, all too common in the COVID-era in the effort to create, maintain and consolidate a false narrative.

### The Pandemic and Science

So, why did this start as an essay to do with “science”? Most of us and I explicitly include myself in this category, who are (or were) scientists have had the conception of “science” as somehow “neutral”, taking us where the evidence leads, committed to the Socratic ideal. This is the background to why, culturally, in the West and its imitators, what a “scientist” says carries enormous authority and is often considered the definitive word on something. So, more than ever before during this crisis, the phrase heard probably more than any other around the world has been “*we are being guided by the science*” and to further illustrate this point, I believe it was Chris Whitty/Patrick Vallance, the UK’s chief scientific officers (advisors) who stated during a recent briefing and update to the nation<sup>11</sup>, “*science will ride to our rescue*”.

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<sup>11</sup> September 2020 at the time of writing.

In other words, all the restrictions put on our liberty are because the “science” has “warranted” and indeed, *mandated* it. Civil rights which have taken centuries to establish are being discarded in the name of “*keeping us safe*”. Scientists seem to have come to the place where their pronouncements are like those of medieval papal clergy and they are instructing politicians on what they should do<sup>12</sup>, regardless of our wider rights to life, liberty, property and happiness<sup>13</sup>. Thus, if we dare to disobey them, we will find ourselves excommunicated and the new repressive legislation that has been “nodded through” our parliament, will ensure we are arrested and taken away for “re-education” and forcible vaccination.

In the UK, this marvellous piece of legislation, a modification to the Control of Infectious Disease Act 1984<sup>14</sup> (I) (that was passed *without* debate), allows what the US would call “rendition” of citizens from off the street to unnamed isolation facilities for “re-education” if their thinking about an “infectious disease” was considered deficient. In true papal fashion, the self-same Whitty/Vallance briefing was also noteworthy because the additional restriction was added that *no questions* were permitted, cementing their position as somehow floating above and not subject to the accountability processes of our democracy for their views are validated by the “Church of Science”.

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*Civil rights which have taken centuries to establish are being discarded in the name of “keeping us safe”.*

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However, I hope to show just how naïve and erroneous my original view was. It has been a painful journey for me in the last few years to just find out how incorrect I was

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<sup>12</sup> <https://www.telegraph.co.uk/opinion/2020/11/01/sage-confused-believing-advice-like-commandments-written-stone/> (paywall), accessed 01/11/2020.

<sup>13</sup> A little historical note that will be of interest to US readers was that John Locke who was influential in the wording of the “Life, Liberty” clause in the US Constitution because of his influence on the constitutions of the Carolinas, originally wrote, “Life, Liberty and Property” *not* “Life, Liberty and Happiness” though the inference is clear – the ability of the citizen to live their life free of governmental interference (Locke had in mind the British monarchs that had attempted to dominate the settlers) is an essential component of “happiness”.

<sup>14</sup> I write about this in more detail here, <https://mmacneill123.medium.com/coronavirus-duplicity-what-the-politicians-and-experts-are-doing-behind-your-back-465937458640>. Orwell was much more of a prophet than he has been given credit for. The official policy of New Zealand is now house to house vaccination calls, if you refuse you will be renditioned to a camp until you submit.

to believe that there was a commitment to honesty, objectivity and truth within academic science.

Yet, I also want to make it immediately clear that I am **still** a science friendly person which is why I include so much discussion of science in the essay and endeavour to present a scientific case as to why the real pandemic is a delusional fear created for a definite set of purposes. I have two science degrees, a teaching qualification in Physics and have spent most of my professional life as first a science teacher and then as an engineer. I am currently a mature PhD student in Philosophy and the philosophy of science is a major part of my research as well as having been the subject of a previous undergraduate dissertation<sup>15</sup>. I am used to data analysis, interpreting detailed technical documents and have a commitment to the basic rational position that our world is expressible in some objective fashion using human language. In other words, I am committed to a critical, realistic, “scientific” view of the world<sup>16</sup>.

This should reassure you that I have a *prima-facie* competence to offer a critique of how science has misbehaved during this “pandemic”. You might not agree with it, but you cannot just dismiss it as “conspiracy theorising” – it is well researched and well argued (I believe).

### The Pandemic and the Media

My epiphany regarding science mirrors the shock for me around 4 years ago to find out how corrupt and dishonest our mainstream media had become in the UK in its reporting that was a deliberate and persistent misrepresentation of citizens struggling against the tyranny of the state<sup>17</sup>. From my interest in and study of the main US media sources, it also pretty much mirrors the collapse of any attempt to be anything but partisan “*campaigning journalism*”<sup>18</sup> on that side of the water for the mass majority of mainstream journalists.

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<sup>15</sup> <https://planetmacneil.org/Documents/Content/ScienceAndBelief.html>. My thought has moved on from this point with 8 years passing since this was written but it is still a good piece of work of particular interest to anyone interested in how the “God” question and science intersect.

<sup>16</sup> See Appendix 1 for further thoughts on this as a philosophical position. Some people view the status and nature of science very differently.

<sup>17</sup> <https://planetmacneil.org/Documents/Content/AlfieAndCharlie.html>

<sup>18</sup> I first heard this term when the British newspaper *The Guardian* (famous as the newspaper Jason Bourne hooked up with in *The Bourne Ultimatum*) announced it was changing its rules regarding the

In my case, I went as far to contact one of the senior experts (actually a world-leader and senior academic who is head of a medical institute at Oxford University) who had been interviewed by the BBC on the main news programme so I could check my understanding of what he had said (which seemed totally contrary to the medical “new normal” that the BBC report was allegedly presenting) and he confirmed that my reading of the misrepresentation of his views and his defence opposing the slandering of the parents as “stupid” for daring to challenge doctors “who knew what is best contrary to their wishes”, was accurate. He further confirmed that his interview which had defended their rights on ethical grounds as parents against the “State” (here represented by the statutory powers granted to a particular medical establishment that permits them to overrule parental wishes) had been edited to remove the final question that was actually the climax of the interview and had deliberately skewed the entire report<sup>19</sup>.

Quite how deep the rot has gone in the BBC (and for the US in its “national” broadcasters<sup>20</sup> such as ABC, CNN, MSNBC etc) is expressed saliently and lucidly by a veteran executive of the BBC who spent 25 years in it and explains “*how and why the BBC distorts the news to promote a liberal agenda... (but in no way distinguished by the tolerance once thought integral to a [British] liberal mindset)*”<sup>21</sup>. It is also quite remarkable how “social media”, marketed to an entire generation as a place of “free speech”, has now chosen the side of censorship and political correctness. It is okay to upload pornography or profanity to You-Tube, but the *America’s Frontline Doctors* medical conference is removed because it has violated the COVID “new normal”. Social media has just become another aspect of the marketing of the “group-think” – *the politically approved, politically corrected, State enforced, mandated mainstream media message* for the cell-phone generation.

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reporting of abortion issues, journalists need not be concerned with presenting the two opposing views fairly but were free to argue for the “*pro-choice*” position. Believe me, after that advice, they have done just that!

<sup>19</sup> This is the background to the book Wilkinson, D., Savulescu, J., *Ethics, Conflict and Medical Treatment for Children* (Elsevier Health Sciences: 2019), Kindle Edition.

<sup>20</sup> In the UK, the BBC is “publicly funded”, i.e. through taxation, a “State” broadcaster. The situation in the US is different in the sense they are privately run companies but nevertheless similar because they are so tightly entwined with various political and lobbying interests.

<sup>21</sup> Aitken, R., *The Noble Liar*, Kindle Edition (Biteback Publishing: 2018), location 139.



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*“Group-Think” – the politically approved, politically corrected, State enforced, mandated mainstream media message*

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### Noble Liars and “Group Think”

We have already seen that by “Group Think” we mean the encapsulation of the new COVID moral high ground expressed by the “new normal” meme. It says, *“this is self-evidently the way you should behave and your moral obligation as a citizen is do exactly what your government says is the right thing to do; to disobey is to prejudice the well-being of others and society as a whole. Any action is thus justified in ensuring the risk you pose is mitigated – including your imprisonment, re-education and even termination (for treason)”*<sup>22</sup>. Both George Orwell in *1984* and Aldous Huxley in *Brave New World* anticipated that the modern socialist state of the post-war world would inevitably terminate at this point where it takes on such a messianic persona. This was despite their own earlier convictions that socialism was a fairer and more just way to organise society, a conviction we will see that is very much represented in the billionaire internationalists of today and in the post-millennial generations who have not been taught 20<sup>th</sup> century history; particularly, the bloody, ruthless and despotic history of the century of communism, that left 100 over a million dead who dared to disagree with their nation’s version of “*Group Think*”.

It is also significant that a key element of both Orwell’s and Huxley’s premonitions was the rewriting of history and the management of information. Thus, it should be of no surprise to us in this journey we find how “science” and “the media” has not only misrepresented evidence but has publicly manufactured it, deleted and changed articles retrospectively<sup>23</sup> to serve the wider agenda of social reconstruction.

Goebbels, the “great” Nazi propagandist, was infamous for saying something like *“tell the people a lie often enough and they think that it is the truth”* and we are living

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<sup>22</sup> Most British people think the “death penalty” was abolished in Britain in 1969 but it actually survived formally under the Treason Act until 1998. Restoration (the public have always been in favour of it) was prohibited when the European Convention on Human Rights became binding on the UK in 2004. With Britain leaving the EU, it could possibly re-open this issue.

<sup>23</sup> Dr James Tadar, “Corruption of the scientific process”, [https://planetmacneil.org/media/session3\\_130PM.mp3](https://planetmacneil.org/media/session3_130PM.mp3). This is an audio file archived on my site. Visit the America’s Frontline Doctors site <https://www.americafrontlinedoctors.com/summit2/> if you wish to register (free) and view the video presentations.

in an age where a false message is being sold to the public that they might be complicit in their enslavement.

Fear has been the primary weapon of choice for the totalitarian – their sophisticated marketing of the fear of the disease has created a group hysteria that has been far more deadly than the disease itself, particularly amongst children who internalise fear rather than having a greater capacity to manage it as an informed, mature adult may be able to. As one doctor who is also an educator describes it, “to mask children [and make them so afraid they think they spread the virus to older family members] *is scientifically unjustifiable and a form of child abuse*”.

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*Fear has been the primary weapon of choice – the fear of the disease has been far more deadly than the disease itself.*

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Science completely failed in what should have been its duty to be a robust defender of objectivity and truth to defend the most vulnerable of our citizens from politically motivated, unscientific fabrications that created delusional hysteria but has instead allowed itself to be prostituted to serve the purposes of global tyranny and social reconstruction.

#### Soft Totalitarianism and the Medical Profession

The inability to access preventative or early treatment medical care has been a major distinguishing feature of this pandemic because of the decision to lock down and “*protect the NHS*”. Getting *good* medical advice in this pandemic has been seriously problematic and the ability of health services, particularly the primary care sector (outpatient clinics, medical practises) to offer meaningful help has been severely compromised because of the “*stay at home, quarantine and wait for a vaccine*” strategy. Never before has the autonomy of doctors to offer support and care to their patients been so compromised by centralised control of diagnosis and treatment.

This political “Group-Think”, akin to a “soft-totalitarianism”<sup>24</sup> has actively prevented early treatment through the prohibition of previously licensed safe drugs and the blacklisting of treatment regimens advocated by mature and senior doctors<sup>25</sup>. This is despite the facts that they are clinically proven, have had success on the ground in preventing loss of life, have supporting studies and have been recommended consistent with best practice learnt by dealing with previous viral outbreaks. One US doctor describes how they pioneered an HCQ based treatment programme that saved 38 out of 39 elderly patients in a care-home (compared to a country-wide fatality rate in care-homes of 30%) and describes how it should have become a model for the treatment of all care-home residents but it was blacklisted because of his political connection to the GOP and Trump’s recommendation of HCQ early in the pandemic<sup>26</sup>.

Thus, although such medical professionals have had virtually zero media coverage, and what little they have has been little better than *ad hominem* ridicule, certainly not scientific critique, there are plenty of them<sup>27</sup> who are dissenting from the negative narrative that the way to treat this virus is to give virtually no early treatment except sending patients home to self-isolate with the result they are so ill they have to be hospitalised. This is gambling with lives by any reasonable standard which I will designate as the COVID citizen health social-contract, affectionately known as the “new normal” care pathway<sup>28</sup>:

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<sup>24</sup> You might wonder what the difference is between a “soft” and a “hard” totalitarianism. I would say that “soft” totalitarianism is all about persuading people that their moral duty is to follow what the “group” (reflecting the official government positions) has determined. People are psychologically manipulated and shamed into compliance with sanctions, political and social, to be suffered as the morally appropriate response to the jeopardising of the interests of the group. In “hard” totalitarianism, people are simply killed or imprisoned without trial.

<sup>25</sup> Dr Peter A McCullough MD, “Early Treatment”, <https://planetmacneil.org/media/earlytreatment.mp3>. This is an audio file archived on my site. Visit the America’s Frontline Doctors site <https://www.americasfrontlinedoctors.com/summit2/> if you wish to register (free) and view the video presentations.

<sup>26</sup> Dr Robin Armstrong MD, “The Way Forward: Frail Elderly”, [https://planetmacneil.org/media/elderly\\_415pm.mp3](https://planetmacneil.org/media/elderly_415pm.mp3). This is an audio file archived on my site. Visit the America’s Frontline Doctors site <https://www.americasfrontlinedoctors.com/summit2/> if you wish to register (free) and view the video presentations.

<sup>27</sup> As of 11/11/2020, the Great Barrington Declaration has around 50000 medical signatories, read the declaration here: <https://gbdeclaration.org/>

<sup>28</sup> A “care pathway” in the UK is a term for a particular programme of palliative care. There have been a number of scandals in recent years regarding “banned” care pathways still being used or promoted within circles of consultants. Some consider these pathways are actually a form of medical euthanasia practiced by medical staff with a particular ideology that views treating the elderly as an unnecessary waste of scarce resources.

- a. The medical fact is that for most people (>80%) this disease is mild<sup>29</sup>;
- b. We are betting for you it will be;
- c. If somehow it is not, you can come back to hospital when you are really ill but unfortunately that might be too late but you might have to “*take this hit for the team*” (and die) because “*we are all in this together*”.
- d. Be assured, your death would have helped others and protected the (empty) hospitals.

By under-treating in the early stages, admissions then chronically overload hospital capacity and the inability to treat the “late stage” infection inflates mortality figures.

Quite unremarkably, the *opposite*, early treating and thus reducing hospitalisation, is demonstrated in the testimony of Dr Brian Tyson MD who is the senior practitioner in a remote California community that had a complex demographic (they were a border community and had high mobility to Arizona and Mexico for work migration) and needed to coordinate an urgent response to the pandemic. They were and are still, successful in safeguarding their community through a mix of early treatment and prevention<sup>30</sup>. He simply stated that their health centre’s response to the pandemic, the pre-COVID, “old-normal” medical approach is to diagnose, assign appropriate early treatment, re-evaluate and then adjust as necessary, “*what we were all taught in medical school and what seems to have been forgotten*”. This simple strategy prevents what is perfectly manageable from becoming unmanageable in the groups that are vulnerable to serious illness but will respond well to early treatment that does not have to be in the hospital context. Hospitals are then reserved for the serious cases. You can listen to another senior doctor arguing for this here, where he states the “new normal” is “*too late*” and “*turning medicine on its head*”<sup>31</sup>.

Our “new normal” medical treatment plan also shows how subtly duplicitous “group think” becomes when there are clear, affordable, and proven early treatments for

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<sup>29</sup> Quoting the Whitty/Vallance address to the UK. Whitty is the chief medical officer, Vallance is the chief scientific adviser.

<sup>30</sup> Dr Brian Tyson MD, “Real World COVID-19 Experience – In The Community”, [https://planetmacneil.org/media/InTheCommunity\\_310PM.mp3](https://planetmacneil.org/media/InTheCommunity_310PM.mp3) . This is an audio file archived on my site. Visit the America’s Frontline Doctors site <https://www.americafrontlinedoctors.com/summit2/> if you wish to register (free) and view the video presentations.

<sup>31</sup> Dr Geoff Mitchell MD, “Upside Down Medicine”, <https://planetmacneil.org/media/upsidedownmedicine.mp3> . This is an audio file archived on my site. Visit the America’s Frontline Doctors site <https://www.americafrontlinedoctors.com/summit2/> if you wish to register (free) and view the video presentations.

COVID-19. It tries to use communal responsibility and moral posturing to make you feel guilty if you somehow feel your right as a citizen to appropriate medical treatment that you have already paid for via your taxes or insurance premiums should not have been superseded by the requirements of how the nation is managing the “pandemic”.

That is why I have listed the medical references I have and have included medical resources provided by professionals that at least you can get an overview of the informed positive opinion regarding the disease in the face of relentless propaganda and censorship about it. I have also included the recommendations regarding getting fit and healthy as *the* most effective defence against COVID-19 and the next pandemic that comes along. These are not just medical recommendations, call them “lifestyle recommendations”; though I would be surprised if any doctor objected to removing “co-morbidities” from your life that make any disease more serious than it would otherwise be.

#### [The Strategic Planners – Building a Better World For All Of Us](#)

This is perhaps the section of the essay that some people will want to most classify as “conspiracy theory”. I immediately want to respond that this is not a re-hash of some overworked conspiracy theories by some conspiracy theorist and mask-burning COVID-denier. COVID-19 is a real disease with an identified and publicly shared genome and fatal to some, but I am arguing that its danger, when evaluated in a scientific, empirical manner, has been massively exaggerated for reasons of sociological reformation. This will also provide the pattern for future “pandemics” because it has demonstrated its effectiveness in leveraging such change. There is an international clique of billionaire funded foundations and NGOs that designed and executed the pandemic to introduce worldwide social and economic change. They are synarchic-socialist, internationalist and view the change to an integrated, centralised world economy as overdue and a *positive* change. They, standing in an enlightened detachment by means of their great wealth, are doing this for the benefit of us all, though we have been unable to see that because of our preoccupation with our own lives. Selfishness has ruled us and is destroying our environment and planet, urgent action is required now outside the slow and problematic democratic institutions. As a concerned parent disciplines their children, we must accept this chastisement and realise we will be much happier if we just do what they tell us.

It is not “conspiracy theorising” to attempt to articulate and evaluate this proposition in a defensible manner, by examining the evidence, scientific and non-scientific, and thus to demonstrate the rationality and reasonableness of the position. It is derived from material detailed in their **own, public** position papers from their **own** foundations. “Conspiracy theory” is an over-used pejorative label conveniently hung around the neck of whatever is politically dangerous for the makers and shakers in our society and their allies in the “liberal” media<sup>32</sup>.

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*There is an international clique of billionaire funded foundations and NGOs that designed and executed the pandemic to introduce worldwide social and economic change. They view the change as overdue and a positive change.*

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It is *undeniable* that this is the first time in history that the world has attempted to deal with a pandemic using totalitarian methods described in a strategy document from a self-professed internationalist think-tank with billions at its disposal, incorporating the internationalist interests of big-pharma and first modelled politically by arguably the most powerful communist nation on Earth, supported technologically by NGOs and project-managed by the WHO, which has an openly utopian, humanist and socialist constitution, led by an *extreme*, revolutionary Marxist (surprised by that? More on “Dr”<sup>33</sup> Tedros later!).

Thus, it should be of no real surprise a responsible evaluation of the politics surrounding the pandemic will be concerned with the unveiling of their strategic plan being executed through the means of the pandemic. The *medical* pandemic is actually largely *over*, even as we all over Europe go back into lockdown, but it is necessary, in the words of senior psychiatrist, Dr Mark MacDonald MD, to stretch out a “*pandemic of hysteria*” for the socio-political purposes<sup>34</sup>. It might be uncomfortable when confronting our ignorance, but it is necessary. We are going to see the

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<sup>32</sup> See appendix 2.

<sup>33</sup> Dr Tedros is the first non-medical head of the WHO. His doctoral work at the University of Nottingham (UK) was in community medicine, but he is not medically trained.

<sup>34</sup> Dr Mark McDonald MD, “The Way Forward: Overcoming Fear”, [https://planetmacneil.org/media/fear\\_430PM.mp3](https://planetmacneil.org/media/fear_430PM.mp3) . This is an audio file archived on my site. Visit the America’s Frontline Doctors site <https://www.americasfrontlinedoctors.com/summit2/> if you wish to register (free) and view the video presentations.

outworking of the strategic plan of the internationalists in planning and using a series of pandemic incidents, of which this is the first, to institute social change, a “*global reset*” to quote their own words.

Thus, though what I have already said above and will say below will initially seem “extreme” – and make no mistake, it absolutely *is* – that is what is so shocking when you find out it has actually been planned since the 1870s<sup>35</sup>. What started off as a belief in the superiority of the British elite destined to rule the world benevolently but with a rod of iron, became an internationalist and billionaire’s club during the 20<sup>th</sup> century. It is only now that there is sufficient technology, interconnectivity and interdependence of the nations to pull it off.

I intend to justify all the assertions made here that you can, if not agreeing with me, at least believe that what I have said is proved to the point of reasonable verisimilitude. However, always bear in mind, the purpose of this work is not to scare you but to arm you with facts and the truth that you can be armed and an agent of resistance, not to be cowered before some “New World Order” that wants to digitise your wallet, establish a “social points system” where your obedience to governments allows them to declare you “health-safe” for permission to work, shop and have contact with other humans, to track and manage every moment of your life.

It should be a wake-up call for those of us interested in freedom that this “*social points system*” where your compliance with the requirements the government sets for “responsible citizenship” determines your admissibility to travel, go shopping, bank and trade, is *already* operational in China. Under the Chinese system, those considered “a risk” are prohibited from travelling more than 10 miles from their home, they cannot fly and such like.

When we consider that communism believes in the inevitability of its programme as the culmination of the history of humanity, it is of no surprise we will hear a considerable amount about China in this this essay.

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<sup>35</sup> Cecil John Rhodes, “Confession of Faith,” June 2, 1877, <https://publicintelligence.net/cecil-rhodes-confession-of-faith/>.



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We will see that this centralised, “soft-totalitarian” reconstruction of human life is deemed necessary for “*continuing societal functions*” and for a “*new, responsible and sustainable population management*” to ensure the world’s limited resources are managed and shared in a sustainable manner. Here the pandemic politics joins hands with the agenda for climate change as part of a broad, “progressive” ideology. In a similar fashion, partnerships of world governments with big-pharma will put us on a vaccination pipeline for each new “gain of function” virus that causes a global health emergency that can move humanity as a whole into progressive sociological reformation. By sacrificing our privacy and individual freedom, we can trust our benevolent public servants and our “smartest experts” to create a more just, shared, and equal world.

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*By sacrificing our privacy and individual freedom, we can trust our benevolent public servants and our “smartest experts” to create a more just, shared, and equal world.*

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#### All in The Public Domain

A most significant milestone was reached in the outworking of this plan when in 2010 the Rockefeller Institute published a document<sup>36</sup> that outlined how a global pandemic might be used as an opportunity to implement global economic change. In case you might be thinking that was just a coincidence, they followed it up in April 2020 with a detailed and substantive COVID-response strategy document that proposed a

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<sup>36</sup> “*Scenarios for the Future of Technology and International Development*,” The Rockefeller Foundation and Global Business Network, 2010. You can find an archived version of this document at <https://planetmacneil.org/Documents/Content/RockefellerScenarios2010.pdf>



digitalisation of a citizen's life where that with a "few clicks"<sup>37</sup> it ensures any government agency can find out all there is to do about a citizen's "status" post-COVID.

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*The Rockefeller Institute published in April 2020 a detailed and substantive COVID-response strategy document that proposed a digitalisation of a citizen's life where that with a "few clicks" it ensures any government agency can find out all there is to do about a citizen's "status" post-COVID.*

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They worked in close partnership with the Gates Foundation, who funded the initial research project at MIT and can now deliver the requisite technological infrastructure. They have been lobbying strongly for a global rollout having demonstrated that a nano-chip implanted in an individual can be read by their smartphone (or any other network connected device) to demonstrate that they are a "safe individual". This concept we know in the first iteration as 'Track and Trace' but the Gates-Rockefeller version is enhanced with privacy sacrificed for communal safety. This is also the backbone of the live Chinese "social points system" that permits an individual to be "automatically cleared" or "flagged as a risk" when accessing workplaces, leisure facilities, transportation and shopping malls.

The technology was tested and proven quietly and without fanfare a couple of years ago when a Gates Foundation supported venture partnered with Mastercard in 2018 to introduce biometric wallets and "health-passes" to remote, poor rural communities in West Africa to demonstrate proof of concept for a "world without cash". Cashless commerce has been the aim of electronic payment providers and political visionaries since at least 1989. It is too much of a coincidence that suddenly "cash" is a spreader of the virus and nations are announcing no new coinage for at least two years. Cash allows you to maintain a degree of independence from the otherwise blanket ability of governments to monitor your electronic transactions and to "cancel"

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<sup>37</sup> "National Covid-19 Testing Plan— Pragmatic Steps to Reopen Our Workplaces and Our Communities.", The Rockefeller Foundation, April 2020, pp17-18. For a copy of this paper, see <https://planetmacneil.org/Documents/Content/rockefellercovidApril2020.pdf>

your citizenship at the press of a button<sup>38</sup>. Cashless commerce enables the ultimate coercive control of citizens by their governments.

### The Ideological Battleground

So, to formalise what has been summarised above, the essay is intended to demonstrate we need to choose between opposing *ideas* of how the world should be run. Ideas have far-reaching consequences, and they matter. We need to choose between:

1. The creation of a global hegemony that in the name of “*keeping us safe*”, will use political cliques drawn from governments around the world, funded by billionaires with openly internationalist and eugenicist global reconstruction agendas who desire to re-make or “reset” the world in their image. They propose a synarchistic form of socialism which privileges a few large companies to meet the needs of all mankind. We examine their history, strategy documents and methods.
2. We will become citizens of a new one world community kept “safe” and managed by a digital infrastructure, each individual tracked by nano-technology in our bodies, linked to our smartphones to show we are “safe” (i.e. vaccinated) to be in social contact (to work, shop, trade), with every detail of our life managed centrally and known *for the benefit of us all*. It will be “our moral duty” to demonstrate that we are safe by being complicit and compliant to any vaccination programme. Liberty and freedom are to be traded for “safety” and are the necessary sacrifices of us all to make for the New One World community. *Viruses do not respect borders, so neither can government.*
3. Proactive population control by the addition of hormones to vaccines/GM-foodstuffs and emergency aid, that lower fertility to ensure a healthy level of sustainable world population. It also serves as an effective means to promote birth control (including miscarriage) where abortion is not established as a reproductive right because of local religious or cultural prejudice against it.

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<sup>38</sup> This is one of the themes of the excellent 1999 film *Enemy of the State* starring Will Smith and Gene Hackman.

Against the alternatives:

1. Taking a stand, as American Constitutionalists would say as “*We The People*”, where we refuse to allow those who are supposed to rule us with our consent from becoming tyrannical and lawless.
2. “*Keeping us safe*” does not mean the cancellation of our freedom to trade, meet and worship as we choose - these are places where the government cannot trespass our rights as citizens, these are *inalienable rights* granted to us by merit of us as created beings rather than as biological accidents. Our freedom is not granted by the government and so cannot be removed by the government.
3. To reject all “New Normal” - it is more important to be human, to allow grandparents to see their children and grandchildren, to be with our loved ones when they die rather than peering through Perspex as they breathe their last, to bury our dead and celebrate their lives, to enjoy our humanity – to laugh, cry and comfort one another, to see one another’s faces; to worship what and how we choose.
4. For science to be a vehicle for promoting truth and the media to be fulfilling its role of informing the public rather than for obfuscation, deception and indoctrination.

## The Virus

Let us be clear that COVID-19 is a genuine biological entity. Just how “novel” it is remains an issue for virologists to debate but it seems to be a synthetic “*gain of function*” hybrid virus based on the SARS-Cov-1 virus with an element of HIV<sup>39</sup>.

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<sup>39</sup> I may have misunderstood the presentation by Professor Francis Boyle, but a graphic used juxtaposed HIV and Sar-Cov-1 with Sars-Cov-2 (COVID-19). It may have just been emphasising the artificial, hybrid nature of COVID-19 as some have believed HIV to be a laboratory creation, both because of their unusual, genetic characteristics, see Courtada et al. Their (and my) point is that the virus genetically is artificial and synthetic, not naturally occurring or plausibly “evolved” from similar viruses.

### “Gain of Function”

“Gain of function” is the term used by virologists<sup>40</sup> for an artificially enhanced synthetic virus created from a naturally occurring virus in a laboratory that has had a particular feature “enhanced” to make it more potent. This is not science fiction or a conspiracy theory but is now an established science. Some scientists see a great *positive* potential in customising viruses to deliver, say genetic material for curing diseases (especially cancers) by delivering regenerative genetic material encoded within the virus into targeted cells of the body<sup>41</sup>. The virus is unique as a delivery system precisely because they “infect” the host at a *genetic* level. Since 2005 Coronaviruses have been used to create “gain of function” derivatives and what took 12 months in 2005 can now be done in 3 months in 2020.

However, the negative side of this research is the obvious potential for weaponizing the virus. If you were creating a bioweapon for instance, you could “tune it” to make it resistant to anti-viral drugs to inflict maximum damage on your enemy. Thus, there was a moratorium imposed by President Obama over concerns as to the creation of a global pandemic by an unintentional release (yes, you read that right!!) which was later lifted in 2012 and research resumed.

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*There was a moratorium imposed by President Obama over concerns as to the creation of a global pandemic by an unintentional release...*

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The HIV virus that caused AIDS was arguably an early version of just that sort of a virus for despite “*over 40 years of diligent research, there has been no vaccine*”<sup>42</sup>. HIV has a feature that makes it particularly resistant to treatment, it mutates its “key” (a bit like a signature that the body can recognise and send antibodies to search and destroy the virus), it prevents recovery and eventually results in a compromise of the immune system because the body is unable to defend itself. The reason I mention HIV specifically is because it seems something akin to the “resistance feature” of HIV

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<sup>40</sup> A scientist who specialises in studying viruses and the diseases they cause. A virus consists of some genetic material and has a protein “body”. It is considered alive because it can reproduce itself by corrupting the DNA in the host cells of other living beings, effectively “mutating” them to create more virus.

<sup>41</sup> As an interesting aside, this is what the plot of *The Bourne Legacy* (2012) revolves around.

<sup>42</sup> “*National Covid-19 Testing Plan*”, p9.

was, for want of a better term, “grafted” into a common coronavirus to improve its resistance to anti-viral drugs, this was its “gain of function” and is known to us as “COVID-19”<sup>43</sup>. This (the synthetic nature of the virus) was not found on some conspiracy theory site (though it subsequently found its way onto a lot of them and thus been chronically unreported as a “crackpot theory”) but is the studied position of various experts specialising and recognised both within the virology<sup>44</sup> and the bio-weapons field<sup>45</sup>.

#### Designed in the US and Canada, Exported and Released Worldwide by China

So, in conclusion, COVID-19 shows all the signs of being a “gain of function” virus, i.e. a synthetic virus, that was intentionally released or accidentally escaped from the laboratory it was created in. It is also an unnerving coincidence that the most senior official in the US COVID response, Dr Fauci himself, was heavily involved in “gain of function” research since the early 2000s, had worked collaboratively with the Wuhan Institute of Virology and had awarded large grants for “gain of function” research, much to the criticism of some of his peers. In an interview with the New York Times, epidemiologist Dr. Marc Lipsitch of the Harvard School of Public Health said that the type of gain-of-function experiments endorsed by Dr. Fauci’s NIAID have “*done almost nothing to improve our preparedness for pandemics, and yet risked creating an accidental pandemic.*” Dr Lipsitch truly found himself in the prophetic office.

As a point of fact, strong evidence does indeed point to the Wuhan region as the source of the “pandemic” virus but there is a range of opinion as to whether it was a deliberate release or caused by poor procedures within the laboratory. If, as it seems, this was a high level bio-lab that had been involved in international collaborations for years with Dr Fauci’s NIAID and which clearly had military intelligence connections both in America, Canada and China, the poor procedure scenario is implausible. The days of considering China a backward nation of peasants playing catch-up with the West is ridiculous, people pay for produce at the street markets with their smartphones. The Chinese are probably far more “tech-ed

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<sup>43</sup> Please see my previous qualification to this, I may be wrong in the details, but the main point of remains the synthetic nature of the virus.

<sup>44</sup> B. Coutarda, C. Valleb, X. de Lamballeriea, B. Canardb, N.G. Seidahc, E. Decrolyb, “The spike glycoprotein of the new coronavirus 2019-nCoV contains a furin like cleavage site absent in CoV of the same clade”, *Antiviral Research* 176 (2020) 104742.

<sup>45</sup> Professor Francis Boyle, the drafter of the Biological Weapons Act 1989 that was adopted into World Law.

up” than we are and enjoy educating their elites at the best foreign universities which have created a multitude of programmes to accommodate them. It is also clear empirically that the actions of the Chinese government whether done deliberately, in ignorance or as a cover-up created a global pandemic and it was the Chinese who modelled for the rest of the world the “lockdown strategy” envisaged by the scenario planners at the Rockefeller Institute<sup>46</sup> for which they were congratulated strongly by the WHO.

So this glorious tale has an unexpected twist in it and what the media has not brought to the foreground is that the Chinese lab was working collaboratively with various Western governments (though there was an incident between them and Canada at the Winnipeg lab which led to deportations of Chinese staff where privileged information was fed in an unauthorised manner to Wuhan) and were often recipients of large research grants<sup>47</sup> from Dr Fauci’s NIAID organisation. The circumstantial evidence gets even stronger of this being an American-Chinese joint project when it was confirmed that a strain of COVID-19 killed US citizens in the US in 2019 **before** the Wuhan alert, as confirmed by CDC director Dr Robert Redfield to a House of Representatives Oversight Committee. After all, it is called COVID-(20)19, not COVID-(20)20. It could possibly have been infected US military athletes that may have passed it to the Chinese hosts and the subsequent Chinese New Year celebrations, where large amounts of ethnically Chinese visit China to celebrate, then spread it worldwide<sup>48</sup>.

## The Political Project

### Stakeholder Capitalism

In summary, it seems that NIAID and Wuhan both contributed directly and indirectly to the release of an enhanced, synthetic pathogen designed for rapid transmission within a human population and for resistance to anti-viral drugs by the cleaving of

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<sup>46</sup> “*Scenarios for the Future of Technology and International Development*,” The Rockefeller Foundation and Global Business Network, 2010. The world is currently working to their “Lockstep” scenario detailed in this document.

<sup>47</sup> <https://www.niaid.nih.gov/news-events/new-coronavirus-emerges-bats-china-devastates-young-swine>, accessed 11<sup>th</sup> Oct 2020

<sup>48</sup> “Did the US Military Games Delegation Spread COVID-19 in Wuhan?” Orinoco Tribune, March 29, 2020, <https://orinocotribune.com/did-the-us-military-games-delegation-spread-covid-19-in-wuhan/>, quoted in Rodney Howard-Browne, *The Phantom Virus* (Kindle Locations 3781-3783), Kindle Edition.

features that suppress immune response and resist the creation of a vaccine. There is no doubt that this is an impressive piece of engineering by scientists void of an ethical compass that seemed to be on hire to a global elite with an agenda that they have “hidden in plain sight”. The platform is public for us all to read and is represented by the Rockefeller Institutes “scenario planning” document of 2010, which outlines using a viral pandemic incident to execute a global reconstruction to create, in the words of the World Economic Forum of 2020, a “reimagined capitalism”<sup>49</sup> which is a “managed” capitalism much as President Putin’s description of the Russian system of government as “managed” democracy.

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In essence, the WEF programme implicitly recognises that classic Leninist-Stalinist Communism or Bismarck’s “National” Socialism (developed fully by Hitler’s Nazi party)<sup>50</sup>, sometimes called “state capitalism” in the modern Chinese context, is not going to play well on the wider world stage. Classical “red flag” communism has an image problem, despite all the social and economic promise of a centrally planned economy, it has historically destroyed the productivity and creativity of a population and has always created violent political oppression. Every socialist experiment since the French Revolution began with a variation on “Liberty, Equality and Fraternity” but

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<sup>49</sup> <https://www.weforum.org/agenda/2020/06/now-is-the-time-for-a-great-reset/>, accessed 13<sup>th</sup> Oct 2020

<sup>50</sup> Hitler wrote in *Mein Kampf* that he had studied Bismarck’s socialist policies at the end of the 19<sup>th</sup> century and understood that the Germans would sacrifice their individual freedom for prosperity and security.



has ended with *millions* killed in those nations because they dared to maintain the right to be politically free, to value critical and independent thought, the right to trade with each other and to govern themselves at a local level.

Yet, it also correct that modern greedy “shareholder capitalism” that has dominated the West and its imitators in the post-WWII era, in which maximising profit is the major aim, is now dysfunctional and “seriously uncool” for the millennials and post-millennials. These are generations that are untaught regarding the Cold War and the communist era and believe that socialism *is* the way to a more just and fairer society when they come face to face with the naked greed of shareholder capitalism. The WEF perceive the moment for remarketing socialism as a benevolent and socially conscious derivative form of capitalism may have come. In the words of the WEF, what we need is a “*global reset and capitalism with a conscience*”.

Yet really, these global think-tanks are simply messing with semantics here. Putin’s Russian “managed democracy” is democracy in name only and when the WEF are talking about “*stakeholder capitalism*” it is actually the marketing of what is promised to be a more benign form of socialism. Still, at its heart, it remains a form of that axiom of socialism, “wealth redistribution” (taking from the productive for the sake of the non-productive), and the corollary sacrifice of individual freedom in the name of the “common good”. As it has this principle of the sacrifice of individual choice and freedom for the collective at its heart, “stakeholder capitalism” will eventually crush and destroy those nations that embrace it, intellectually and economically. History has shown that people eventually always move to a place of reclaiming their freedom and the State responds by oppression justified in the name of the “common good”. Stakeholder capitalism might just take a while longer to resort to the violent oppression and executing of a Stalin, preferring the medicalised, health-focussed pandemic approach to persuade people to buy into sacrificing their freedom but the human-being’s desire for freedom will eventually rebel against coercion. These modern synarchists with their global agendas want to make the same mistake all over again.

#### Capitalism was Born with a Conscience

What has been forgotten here was that capitalism **was** born with a conscience – Adam Smith wrote the *Theory of Moral Sentiments* as a prologue to the *An Inquiry*



*into the Nature and Causes of the Wealth of Nations* (considered the founding document by many of modern capitalism) and that conscience was a Christian conscience for Smith. Smith argued that *unless* the capitalist operated within a moral framework, their wealth *would* be illegitimate. I think he was proved emphatically correct both in the positive and negative senses of his proposition.

Capitalism of his kind *succeeded* in making wealthy nations rather than just a clique of wealthy individuals in nations who also held political power. It was the basis of the emergence of a professional “middle class” in capitalist societies around the world and upward movement between the classes became possible for the first time. In contrast, the capitalism he warned against has widened the gap between rich and poor bringing us to the revolutionary ferment of today in cities like Portland in the US.

### “We The People”

Government can never be “global” and centralised, as history shows us such a model always ends in tyranny. In contrast, power must reside very much with the individual citizen and in their collaboration, within small local jurisdictions, we must “govern ourselves”. That was the genius of the bottom up nature of the founders of the United States. The federal government was to be *small* and Congress would meet **once** a year for issues that would require joint action by all the States (e.g. border control, military action, the outlawing of slavery). There was no federal military and no standing federal budget, i.e. no central taxation. Everything else was devolved to the States and the communities within them. You stayed close to your money and you were a genuine stakeholder partner in the government of your community.

The so-called “internationalism” of our would-be billionaire benefactors with their synarchic vision of the future and the “centrally managed capitalism”, i.e. socialism, they want to enforce throughout the world, is thus seen to be *the exact opposite* to this. It would destroy individual liberty by bringing surveillance to every aspect of our

life in the name of the “common good”<sup>51</sup> and “*compel us all to be free*”<sup>52</sup> as always has been the socialist way.

### Totalitarian Governors and “Statutory Instruments”

Though we are separated by many thousands of miles of water, what the political establishments are doing during the COVID-era is remarkably similar in the UK (similar measures are throughout Europe) and in the States. One characteristic is “*rule by dikta*” which basically means a senior politician, governor or a government department “decides” this is what the law now is and announces it for everyone to obey. In the US it is seen both in “Executive Orders” from the President, The Patriot Act (following 9/11) and in the “instructions” of State governors or Mayors of the larger cities. In the UK since 2005, the government has issued “statutory instruments”. These carry the full force of “laws” as if they were passed by the parliament but are subject to no democratic scrutiny or vote and cannot be amended by parliament (as a normal “Bill” could be during its various stages or readings).

Since the COVID “lockdown” began, over 200 “statutory instruments” have been issued which has granted the government or its state agents, especially the police, almost unlimited control and authority over the citizen. In some cases, in this pandemic, it took just 30 minutes for the UK government to issue an instrument from when it was announced by a minister (secretary for the Americans)<sup>53</sup>.

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*These carry the full force of “laws” as if they were passed by the parliament but are subject to no democratic scrutiny or vote. Since the COVID “lockdown” began, over 200 “statutory instruments” have*

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<sup>51</sup> The late Richard Rorty, a self-confessed “bourgeois liberal” philosopher who held a neo-Marxist political position, captured this spirit well. He wrote controversially on Orwell’s *1984* and asked what was Winston (the main character in the work) worried about? *Big Brother* was “good at social solidarity”.

<sup>52</sup> This quote is from Rousseau’s “The Social Contract” (1762) at once considered a democratic thesis that nevertheless justifies totalitarianism when the individual fails to recognise their *individual* interest is best served when it is in line with the *collective* will (i.e., the aggregate will represented by the State). Rousseau did not believe that citizens had any inalienable “natural” or religious rights against the State (contrast this with the American Constitution). Rousseau at that point asserts one must be “*compelled to be free*”, thus seen as justifying violence against the individual citizen who refuses to conform. The 2012 Penguin edition, ISBN 978-0141191751 has a useful introductory section that describes his negative influence on the 20<sup>th</sup> century through the various totalitarianisms.

<sup>53</sup> <https://www.ft.com/video/dd86f54c-0f49-497c-bec6-e921fe66e919>, accessed 24/10/2020. A full transcript is available at <https://planetmacneil.org/Documents/content/Opinion-is-the-UK-moving-towards-government-by-decree.pdf>

*been issued which has granted the government or its state agents, especially the police, almost unlimited control and authority over the citizen.*

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Now, on both sides of the Atlantic these provisions that were passed by the democratic body to essentially allow *bypassing* of these same democratic processes, were done to deal with “extraordinary threats”, e.g. terrorism or were introduced for “emergency measures” for a limited time period. Now in the US, this emergency period was “15 days to stop the spread” which 6 months later is still with you but the UK started as it meant to go on with a “2 year” initial period that was later reduced to 6 months after some discontent (but recently renewed with a “token” vote).

Of course, these “emergency” powers are now embedded and will *never* be rescinded simply because there will always be another “crisis” that conveniently manifests itself as the emergency period is about to expire. This is the reality of the so-called “new normal” label which is another example of a psychological trick of behavioural scientists to try and get you to accept a concept that is just unacceptable – we do have a choice as citizens to say “No” to tyranny: it is *never* normal and should not be accepted as such.

In the US, the Constitution *guarantees* the freedom to “life, liberty and happiness (property)” which is why individual citizens can challenge state governors and actually win<sup>54</sup>. The Constitution *is* the supreme law. Of course, it takes enormous courage and commitment for citizens to make that stand or for institutions not deemed “essential”, but it can be done. Despite the derision, death-threats, shots fired at personnel and the eventual high-profile arrest of the church pastor Rodney Howard-Browne of the River Church in Tampa, Florida for refusing to comply with lockdown restrictions instituted in accordance with the Governors orders, within three days he was released and the governor declared churches “essential services” and they are free to meet without *any* restrictions which they have been doing ever since<sup>55</sup>.

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<sup>54</sup> <https://www1.cbn.com/cbnnews/us/2020/october/lsquo-he-rsquo-s-been-vindicated-rsquo-prosecutor-drops-charges-against-michigan-barber-who-defied-lockdowns>, accessed 24/10/2020

<sup>55</sup> Rodney Howard-Browne; Paul L. Williams. *The Phantom Virus* (River Publishing: Kindle Location 4974ff).

This is not necessarily because the Sheriff and Governor had an epiphany that God might actually exist so is well able to look after those in church, but that they *constitutionally* could not prevent people exercising their religious rights under the First Amendment. The contrast could not be larger than with states that have persisted with unchallenged lockdowns where restrictions are becoming tighter and people are unable to do business or to attend church or are expected to eat with masks on their face in public restaurants.

Unfortunately, the so-called “constitutions” of many other nations are not worth the paper they are not written on (particularly true of the UK)<sup>56</sup>, it is exceptionally difficult and very expensive, to challenge the legality of Acts of Parliament or statutory instruments. When successful challenges are brought, a government might then issue “retrospective legislation”, i.e. admit its guilt, and then declare its innocence by projecting back in time the newly drafted compliant legislation in a few legal paragraphs. The options for the European are arrest and to be fined or incarcerated for daring to protest. For the European, if their parliament abrogates its responsibility to hold the executive accountable, the citizen is helpless; politically and legally, at least. You become an outlaw if you persist in your dissent. Some European nations have a little more history of militancy, e.g. the French but the Europeans, as a whole, have no right to bear arms so they cannot meaningfully resist a State with its military strength. Such was the UK parliament’s failure, that the recently retired head of the British supreme court, Lady Hale, wrote in an essay that “*Parliament surrendered [its] role over COVID emergency laws*”<sup>57</sup>.

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*Such was the UK parliament’s failure, that the recently retired head of the supreme court, Lady Hale, wrote in an essay that “Parliament surrendered [its] role over COVID emergency laws”*

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<sup>56</sup> The UK and some other nations do not have a “written” constitution but have a set of legal precedents and conventions that are considered to be constitutional. Parliament is considered the supreme body of the UK constitution (confirmed in a famous case in 2017 when the Primeminister was censured for dissolving Parliament illegitimately) which is why its present abrogation to the executive is so cowardly and leaves the people so vulnerable to tyranny.

<sup>57</sup> An archive of the article, originally published in *The Guardian* can be found at <https://planetmacneil.org/Documents/content/Parliament-Surrendered-role-over-Covid-emergency-laws.pdf>

In other words, parliament failed to represent the people's interest in the face of executive tyranny. No one had the courage to challenge the science or to present the work of dissenting scientists but they would rather lock everyone down, **with no exit strategy** (as is now painfully obvious 6 months later as we re-enter lockdown) and send out government subsistence cheques, storing up debt for the next generation. Hopefully, you will believe the head of the supreme court of the utter negligence of this approach if you do not want to believe me.

## The Vaccine

Let us now turn to the "Vaccine" problem and see why this is actually just another aspect of the *political* programme, rather than because it is a legitimate medical solution to the COVID-19 epidemic. This has been marketed as the "only" scientific, medical solution available to us. There has been what can only be called a *vicious* campaign against any section of the medical profession that have refused to buy into this new orthodoxy that a vaccine is the *only* option and we just have to endure lockdowns until big-pharma and "science" delivers for us. Anyone who even began to *suggest* that simple, generic, proven drugs like HCQ (Hydroxychloroquine) combined with Zinc supplements was both a preventative measure and an effective treatment in the early stages of the disease in *small* doses every two weeks was publicly vilified, in some cases fired and referred to the governing bodies of their professions. There was clearly a major agenda at work behind the scenes and it did not care how many people were going to die for lack of early treatment.

## Trump Supporters and the Great Mask Caper

For the first time in medical history in the US, pharmacists were given the power to refuse to honour the prescriptions of doctors for this type of drug and to "report" the prescribing doctor. Their professional credentials were questioned, and they were referred for disciplinary action. The media became medical experts and began functioning as medical oversight bodies overnight, the NYT reporting on the "American Frontline Doctors" press conference stating "those present *claimed* to be physicians" – well, as one of those present made a comment when they repeated the conference because it had been censored in an unprecedented manner by mainstream media and social media outlets, they could settle the issue by simply

verifying their credentials<sup>58</sup>. They were further dismissed by the NYT for being Tea-Party sponsored “Trump supporters”. There was no attempt to provide a report or an analysis of the video of their press conference<sup>59</sup> and it simply selectively misrepresented what was said:

*“It shared misleading claims about the virus, including that hydroxychloroquine is an effective coronavirus treatment and that masks do not slow the spread of the virus.”*<sup>60</sup>

The problem is, we are not told what is “misleading” and at least two of the doctors, on camera, mentioned that social-distancing and face masks are part, but a *minor part* from a medical perspective, of the options available for managing the disease. It is also of no *medical* significance whether or not they were Trump supporters and whether or not the Tea Party Coalition had assisted them in some way. Being a Trump supporter or a Tea Party donor is not a valid medical reason for considering someone to be an incompetent physician.

It is a remarkable mode of argumentation for a mainstream newspaper to take – fallacious *ad hominem* propaganda. The AFD are perfectly open and their website shows the medical professionals and their resumes that serve as their senior staff, but you *can* join to support it as a *non-medical professional*. The AFD position is also consistent with what the deputy chief medical officer of the UK let slip regarding the scientific consensus (from decades of influenza research) regarding masks on April 3<sup>rd</sup> 2020<sup>61</sup> - they are *not sufficient* to reduce the spread of the virus and are certainly not a treatment. A substantive UK study at the UEA early in 2020 concluded “masks *may help some*” (emphasis added), notice the implied weakness of the evidence. The “some” very much being those who are in extremely high-risk groups like those with specific respiratory conditions and special risk groups such as the elderly in communal care homes in poor health and where the ventilation is particularly poor.

This was yet another study that simply reiterating what the Deputy Chief Medical Officer said about the weakness of the evidence regarding masks – to reify the

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<sup>58</sup> <https://www.americafrontlinedoctors.com/about-us/> , accessed 24<sup>th</sup> October 2020.

<sup>59</sup> <https://www.nytimes.com/2020/07/28/technology/virus-video-trump.html>

<sup>60</sup> <https://www.nytimes.com/2020/08/17/technology/coronavirus-disinformation-doctors.html>

<sup>61</sup> <https://www.bbc.co.uk/news/av/uk-52153145>) , repeated on <https://www.telegraph.co.uk/news/2020/08/28/evidence-masks-not-strong-either-direction-says-deputy-chief/>

science down to the basic facts, the virus molecular dimension can be hundreds of times more narrow than a typical cloth mask and still three times smaller than the best professional mask under ideal conditions<sup>62</sup>. Those high-performance masks are then often compromised with a breathing valve as it is difficult to breathe otherwise. In brief, if you have to breathe through your mask, you can then inhale the virus.

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*In brief, if you have to breathe through your mask, you can then inhale the virus.*

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It must have been a humiliating day for that same medical officer when his political masters ignored the advice and imposed it anyway and then in the wake of the second statement decided to enforce the wearing of masks for schoolchildren. This is even *more* illogical and unscientific with the empirical data and the now well understood behaviour of the disease within demographic groups. Professor Mark Woolhouse, an epidemiologist from the University of Edinburgh who also serves on the government SAGE advisory group in the UK, could not have been clearer from a scientific point of view:

*"[He] told that children of school age up to 15 are 'minimally involved in the epidemiology of this virus... There is increasing evidence that they [children] rarely transmit. For example, it is extremely difficult to find any instance anywhere in the world as a single example of a child transmitting to a teacher in school. There may have been one in Australia but it is incredibly rare... There are certain environments where this virus transmits very well and children are not present in these environments.'"* <sup>63</sup>

In summary, people are not "made safe" from the virus by wearing a mask and that is the well-established position and what the AFD doctors were drawing attention to.

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<sup>62</sup> A great summary of the mask science is found here: <https://www.americafrontlinedoctors.com/wp-content/uploads/2020/09/Masks-Science.pdf>

<sup>63</sup> <https://www.thetimes.co.uk/article/no-known-case-of-teacher-catching-coronavirus-from-pupils-says-scientist-3zk5g2x6z>



In colloquial terms we are “majoring on a minor” and the role of science in this case should have been to make very clear when a mask is beneficial and when it is not.

For example, the “edge cases” where a mask could possibly be beneficial are based on aerosol science – the virus being carried on a stream of moisture. This moisture might be stopped by a mask. However, viruses are more frequently airborne and transmitted outside of the aerosol effect. The mask is virtually irrelevant for curtailing transmission<sup>64</sup>. For “mask wearing” to be mandatory as it is in the UK and in most of Europe, is just an arbitrary abuse of political power and manipulation of a population by complicit behavioural scientists, working to ensure compliance and social solidarity amongst a population that is being lied to and stripped of basic rights. Consider this gem that appeared in the *New England Journal of Medicine* to conclude the arguments about universal masking, even within the hospital environment:

*“It is also clear that masks serve symbolic roles. Masks are not only tools, they are also talismans that may help increase health care workers’ perceived sense of safety, well-being, and trust in their hospitals. Although such reactions may not be strictly logical, we are all subject to fear and anxiety, especially during times of crisis. One might argue that fear and anxiety are better countered with data and education than with a marginally beneficial mask, particularly in light of the worldwide mask shortage, but it is difficult to get clinicians to hear this message in the heat of the current crisis. Expanded masking protocols’ greatest contribution may be to reduce the transmission of anxiety, over and above whatever role they may play in reducing transmission of Covid-19.”<sup>65</sup>*

We see they are “talismans”, they work on “perceived sense of safety”, are not logical (read “scientific”) and have a “marginal” role in dealing with viral transmission. It seems they were in complete agreement with the AFD doctors who were

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<sup>64</sup> Dr Lee Merritt MD, “Masks: The Science and The Myths”. An audio archive of this presentation is found at [https://planetmacneil.org/media/masks\\_210pm.mp3](https://planetmacneil.org/media/masks_210pm.mp3) Visit <https://www.americasfrontlinedoctors.com/summit2/> to register (free) and view the video presentation.

<sup>65</sup> Michael Klompas, M.D., M.P.H., Charles A. Morris, M.D., M.P.H., Julia Sinclair, M.B.A., Madelyn Pearson, D.N.P., R.N., and Erica S. Shenoy, M.D., Ph.D., “Universal Masking in Hospitals in the Covid-19 Era”, *N Engl J Med* 2020; 382:e63 DOI: 10.1056/NEJMp2006372



castigated by the NYT. Similarly, the authors clearly “felt the heat” from this article as three of the authors felt obliged to offer support to “universal masking” (with some qualification) in a letter to the editor two months after initial publication (presumably the other two authors dissented). This reiterates the enormous “political” pressure exerted by non-medical interests within hospital management, being brought on medical professionals<sup>66</sup> and the dangers of censure when expressing a reasonable and calm response to a controversial issue.

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*To reify the science down to the basic facts, the virus molecular dimension is hundreds of times more narrow than a typical mask and still three times smaller than the best professional mask, if you can breathe through it, you can inhale the virus.*

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Universal masking for long-periods also has negative health effects. Bacteria and virus build up in the moisture in the masks and levels of CO<sub>2</sub> have been measured at beyond what is considered toxic. Young children have been reported with bacterial infections in the throat because of their tendency to handle masks and get them dirty. The policy is ill-conceived and based on trying to help people think they are safe. It is delusional and an unjustified health risk.

In stark contrast, the *scientific* evidence marshalled by the AFD doctors was compelling both in a positive sense of the treatment and in the negative sense of refuting the bad, faulty science of studies that had tried to discredit HCQ<sup>67</sup>. The positive sense is expressed thus:

*“There are now 53 (68<sup>68</sup>) studies that show positive results of hydroxychloroquine in COVID infections. There are 14 global studies that show neutral or negative results – and 10 of them were of patients in very late stages of COVID-19, where no antiviral drug can be expected to have much effect. Of the remaining four studies,*

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<sup>66</sup> Gold, S., *I Do Not Consent – My Fight Against Medical Cancel Culture* (Bombardier, Kindle Ed: 2020), p.9.

<sup>67</sup> Gold, S., *I Do Not Consent – My Fight Against Medical Cancel Culture* (Bombardier, Kindle Ed: 2020), part II and III.

<sup>68</sup> As of Oct 2020, this is now at 68.

*two came from the same...author. The other two are from the faulty Brazil paper, which should be retracted, and the **fake** Lancet paper, which was.” (emphasis added)*

### The Prostitution of Academic Science

The last sentence is one of the strongest examples of how science has prostituted itself in an unethical and indefensible fashion. The academic peer review process was shown to be a sham and external factors, namely the interests of large pharmaceutical companies with an interest in making billions from vaccines, were able to hire the principle medical journals and get papers published which ensured there would be no threat to their programme. Hang tight there, for I have no interest in being sued for defamation, so I want to justify in detail this assertion and quote from the editors of the journals themselves to substantiate my assertion.

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*Hang tight there, for I have no interest in being sued for defamation...  
I want to justify in detail this assertion*

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The “Brazilian study” referred to was published in the Journal of the American Medical Association, a “*peer reviewed* general medical journal” (emphasis added) ([https://twitter.com/JAMA\\_current](https://twitter.com/JAMA_current)). Yet, the Brazilian study was so flawed that not only was a civil case brought but a criminal investigation was considered by the Brazilian authorities. Dr Simone Gold MD, outlines criticisms which are broad and well-argued and are concisely summarised in an open letter<sup>69</sup> she sent to demand the retraction where she demonstrated a complete breakdown in research ethics and an apparent complicity of the three major medical journals in publishing papers reporting studies with what only can be called predetermined outcomes.

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*She [Dr Gold] demonstrated a complete breakdown in research ethics  
and an apparent complicity of the three major medical journals in*

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<sup>69</sup> For ease of reference I have copied it here, <https://planetmacneil.org/Documents/content/jama-letter.pdf>

She makes clear what motivated the publication of flawed, fake studies. Dr Gold first reported in a radio interview (<https://youtu.be/pUyAZbwxKlc>) that on Jan 13<sup>th</sup> 2020 France inexplicably pulled HCQ from an “off the shelf” medication and reclassified it as something potentially poisonous that required a prescription. This was done quietly and without announcement before the announcement of the WHO of a global health emergency. It was inexplicable because this predated Trump’s apparent racist *faux pas* in calling it the “Chinese virus” and in his touting of HCQ as a possible treatment which first directed focus onto the drug<sup>70</sup>. Dr Gold then suggests that if you want to promote other forms of treatment that potentially makes multinational pharmaceuticals and the interested political parties multiple billions for now and every subsequent pandemic, you “*remove the primary contender for the treatment*”, i.e. blacklist HCQ as “dangerous”. The vulnerability of the virus to HCQ had obviously not been anticipated by the engineers that had otherwise done an exceptional job at creating a fast-spreading, demographic sensitive pathogen. This had the potential to undermine the entire socio-political aspect of the pandemic project and leave the billionaires nothing in return for their investments.

Put another way, if you want to show that a drug which has an exceptional safety record for over 60+ years, was on the WHO list as a safe medication used for all kinds of conditions all over the world<sup>71</sup>, was suddenly unsafe, you need exceptionally strong evidence to initiate such a paradigmatic shift. These papers, published by the three most prestigious medical journals on the planet, apparently served that purpose. The methodologies of these studies were so blatantly faulty that even a non-medic like me can see that the emperor clearly had no stethoscope on. To quote Dr Urso again, “*when you use massive toxic doses, guess what you find out,*

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<sup>70</sup> If Trump’s assertion would have happened before the action of France, it would have otherwise given us an empirical test of a theoretical piece of syllogistic logic:

“President Trump suggested it may be a suitable treatment.

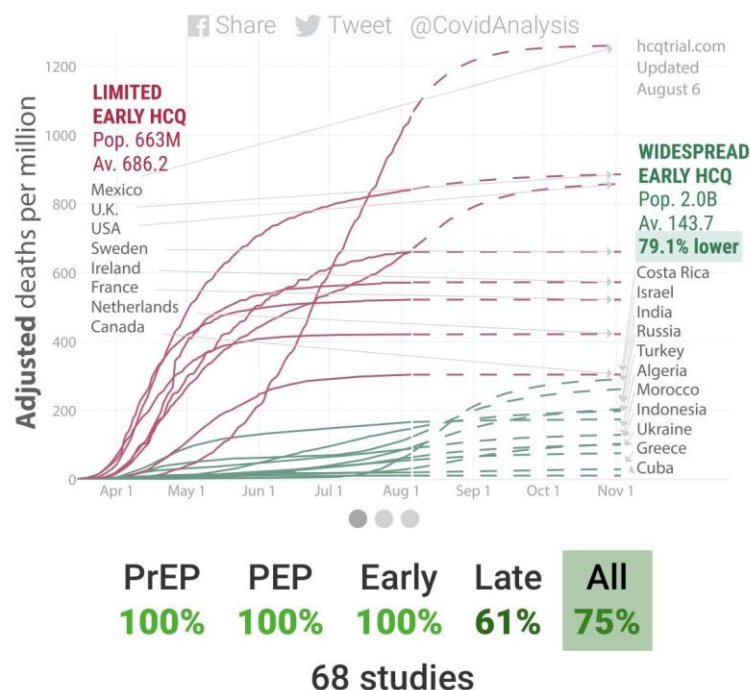
The media do not like Donald Trump.

Therefore, the media vomited all over HCQ.” Well, I am sure you agree, we needed a joke to cheer us up!

<sup>71</sup> Dr. Richard Urso, “COVID-19: Two Diseases”, <https://www.americasfrontlinedoctors.com/summit1/>  
You may need to register (free) to access this video.

you get toxic effects” (<https://twitter.com/i/status/1292908374821019648>). In other words, our research simply serves the purpose of validating the desired conclusion.

These studies were designed to prejudice world medical opinion against what was a *prima facie* promising treatment because of the efficacy of the drug as part of a treatment against the SARS virus of which COVID-19 (otherwise known as SARS-Cov-2) is a variant. The immediate consequence of the publication of these flawed studies was that the WHO suspended a set of international trials and studies of HCQ, warnings were issued about the drug’s safety, and the WHO initiated a completely new set of trials which seemed to be designed to reinforce this conclusion and to provide a moral warrant for the continued totalitarian approach to managing the pandemic in lieu of a vaccine. Nations in Europe went so far as to *ban* HCQ usage *and* research despite continuing and overwhelming evidence that it provides an enormous positive effect when used correctly – in low doses and with Zinc supplements as an early treatment. This is seen in the graph below that shows an overall 75% positive response when using the medication.



Global HCQ studies. PrEP, PEP, and early treatment studies show high effectiveness, while late treatment shows mixed results.

There is no scientific justification for this not being used as a positive intervention. Rather the third-party interests would rather accept the price of some preventable deaths to ensure they could roll-out their own medical and social solutions. Dr Richard Urso MD made this point particularly vividly in his conference session<sup>72</sup>:

*“This is the first time historically that I've ever been in practise that we tell patients with the disease to go home and isolate. It's never happened before, it's almost insanity...would I tell a cancer patient to go home with the tumour wait till it gets a little bigger impinges on breathing and then come back and treat; no, never happened...that's what we're doing on this disease. I tell a patient with bronchitis wait till you have pneumonia come back home and come back to the doctor and that's what we're doing here, that's the insanity...we're letting patients perish”*

### Big Pharma

So, the role of the big pharmaceuticals here is the most significant cause to the rejection of HCQ as a treatment for COVID-19. If you find it hard to believe that the big pharmaceuticals and their political benefactors were capable of working in such a self-interested way, the most damning evidence for the causes of the complicity of the medical journals and the wider institutions of both the nation and super-State (media, social-media) in first manufacturing and then maintaining a negative narrative is found in the statement of Dr. Dousty-Blazy, the former French Health Minister, Under Secretary General of the UN and once candidate for the Director of the WHO:

*“The Lancet’s boss...said...the pharmaceutical companies are so financially powerful today and are able to...have us accept papers [which] in reality manage to conclude what they want...I never thought the boss of The Lancet could say that. And the boss of the NEJM too. He [the NEJM boss] even said it was ‘criminal’.”*

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<sup>72</sup> Dr. Richard Urso, “COVID-19: Two Diseases”, <https://www.americasfrontlinedoctors.com/summit1/>  
You may need to register (free) to access this video.

## The Big Socio-Political Players

Yet, the medical argument over vaccination has a *far* more sinister aspect to it. Technologists such as Bill Gates and his foundation, the strategic Rockefeller foundation, the WHO, Dr Fauci and a host of other NGO “experts” around the world have pushed vaccination and a continuing programme of vaccination hard. Why would the programme be “continuing”? Well, think of colds and flus which are caused by coronaviruses, you cannot get a vaccine that lasts a lifetime because they mutate so quickly. There is presently a panic that Danish Mink have a mutated form of coronavirus leading to a widespread cull and the isolation of Denmark<sup>73</sup>.

On any assessment, the vaccination option is a great business proposition if you can create a world narrative that vaccination is the only option and a requirement for the *on-going* health of nations. This is what has been done despite the weight of contrary evidence that COVID-19 is a mild illness for at least 80% of those who contract it and only “dangerous” for those who have existing respiratory or health conditions or for those in the 80+ demographic who are also vulnerable to and die from a large range of diseases (WHO figures).

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*The vaccine story is not just about money though. Bill Gates, the Rockefeller Foundation and the WHO have been involved with “vaccination” programmes as part of “health” initiatives for many years and it is a tale of desperate immoral depravity.*

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The vaccine story is not *just* about money though. Bill Gates, the Rockefeller Foundation and the WHO have been involved with “vaccination” programmes as part of “health” initiatives for many years and it is a tale of desperate immoral depravity. However, their beliefs and actions are not novel to them and require us to rewind to the middle of the 19<sup>th</sup> century. An obsession which began with the 19<sup>th</sup> century Darwinian biologists and the applicability of Darwinian ideas to social issues, became more established through the patronage of rich billionaire patrons during the 20<sup>th</sup> century (particularly the Rockefeller dynasty), was the “problem of population”.

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<sup>73</sup> <https://www.bbc.co.uk/news/science-environment-54842643>

## The Problem of Population

The basic thesis was that the Earth's resources are limited and in order to preserve the quality of life and live in a "sustainable" fashion, population would need to be controlled. This was also a dogma of the environmentalist movement with both Friends of The Earth and Greenpeace having had explicit statements in their constitutions about population control which the average "green" would find shocking and difficult to swallow (I know I did when I read it in my youth). You control population primarily by managing the birth rate (as euthanasia is less socially acceptable<sup>74</sup>) and so many foundations and the WHO, emphasised access to contraceptives and more controversially, abortion.

This is why it is not odd that the *Secretary General* (the most senior figure) of the UN should pick *this* time, in the midst of a global pandemic, to demand universal access to abortion *despite* a series of recent UN-sponsored major conferences on population and reproductive rights for women that all refused to sanction unrestricted abortion, much to the frustration of the Western activists that had sponsored them. I read a frustrated activist reporting it was impossible to progress in this area because of the requirement for consensus and it was often "religious prejudice" that was the root of the resistance. Thus, in the meantime, the UN has also appointed a new, special rapporteur to deal with religious freedom who is *emphatically* anti-religious citing religious opposition to abortion as a violation of *human* rights, clearly implying the unborn are not "human".

## Billionaires, Their Humanist Manifesto and Eugenics

In other words, this type of philanthropy is a form of humanism and there is another important solution to the "population problem" adopted from the humanistic utopian vision of the future which became well-funded by the billionaires of the 20<sup>th</sup> century<sup>75</sup>. Again, it started in the shadow of Darwinism in the early years of the 20<sup>th</sup> century

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<sup>74</sup> This is beginning to change in the West in its post-Christian phase. Euthanasia is now legal in a variety of European states and in some US-states. It is being argued in the Netherlands at the moment that children as young as 8 should be able to end their lives if they view their own quality of life as too low (perhaps because of some terminal disease). An interesting feature of this debate is whether they even need the parent's permission to end their life if the doctor's agree it is in the "child's best interests". See Macneil, *Why the medical termination of Charlie Gard and Alfie Evans against their parent's wishes are the inevitable outcomes of European culture – a British citizen's view*.

<sup>75</sup> Ted Turner, the billionaire owner of the media network, stated in an interview in 1996 that around 0.5 billion would be ideal [for world population].



when the famous biologist Galton proposed that the problem with humanity was that the overall intelligence of the species was being reduced because “inferior” humans tended to have large families. The more educated would have smaller families.

There needed to be a way of reducing the birth rate of these inferior humans and to “improve” humanity before we ran out of space and resources on the planet. This was the foundational thinking of the movement that became highly influential throughout the Western world and wherever the West colonised. It was the *eugenics* (lit. *good birth*) movement which inspired the family planning and abortion pioneers (Planned Parenthood in the US and British Pregnancy Advisory Service/Family Planning Association in the UK) who also believed it was a solution to the “negro problem” and the “poverty problem”. Rockefeller senior was one of Galton’s strongest supporters and established various foundations to deal with the “population problem”, many which unabashedly used the term “eugenics”. By providing readily available sterilisation, birth control and abortion to these communities, irresponsible reproduction would be curtailed and the population balance would shift in favour of the more intelligent and humanity would be better positioned to manage the limited resources of the planet.

Now eugenics survived by that name well on into the 1960s and there was an academic journal of that name that concentrated on all these facets of the movement. Both the WHO, UNESCO and the FAO were founded on explicitly utopian, socialist and humanistic principles and their constitutions reflected this and an acceptance of eugenics. Brock Chisholm, the first WHO post-war president, was an outspoken humanist<sup>76</sup>. However, when it became clear that eugenicists had promoted mass sterilisations, often forcibly, among indigenous peoples in their colonies or amongst those “*lacking in intelligence*” (i.e. uneducated country folk or those with learning difficulties) and the well understood eugenic motivation at the heart of Nazism, it suffered a catastrophic blow to what was already a major public relations problem after WWII. Not many people want to be called “eugenicists” today even if they have a functional equivalence in their actions.

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<sup>76</sup> “Brock Chisholm”. *Historica Canada*. Retrieved 19 November 2017.



### “Ruthless and Immoral NGOs”

For example, the eugenic spirit is alive and well in the Gates Foundation, the Rockefeller Foundation and the WHO under the guise of “health initiatives”. There have already been “vaccination” programmes throughout the “developing world” that led Professor Patrick Bond, former senior economist for Nelson Mandela to condemn them in Africa as “ruthless and immoral”. There is a great academic overview of the modus operandi of the world famous “philanthropic” foundations, organisations that fund them and the controversy surrounding them in Ahmed<sup>77</sup>.

To understand what Professor Bond found so offensive we can quote Bill Gates in an interview in 2014, *“I don’t think people like to say out loud that we want to let these kids die because there are too many of them.”*<sup>78</sup> Now it is easy to misrepresent this remark which Gates does describe as “the population myth”, but Gates confirms that the “population issue” remains an implicit assumption of his foundation (and others like it), he just has a much more nuanced take on it now because “better health” (as he sees it) will serve to reduce the birth-rate rather than contraception. It thus remains equally controversial and morally offensive because he no longer thinks the old approach is necessary because “they” (we must assume he and other billionaire philanthropists working through NGO foundations) will be able to “manage” population through broader “health” measures, rather than just making contraception available. It is a shift of emphasis and public focus, rather than a fundamental change of thinking. It is precisely these “health measures” which include hormone-laced vaccines and GM crops with spermicidal components, which were classified as “ruthless and immoral” by Professor Bond. I would describe them as “benevolent, paternalistic imperialism”, for those people unfortunate enough to be living in the parts of the world he (and others like him) judge to be *“population growth where we (just who is “we” Bill?) do not want it”*.

Now these NGO foundations were aided and abetted by the WHO. Is this another conspiracy theory? No. After originally denying that vaccines in other mass

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<sup>77</sup> Sharmeen Ahmed, “Accountability of International NGOs: Human Rights Violations in Healthcare Provision in Developing Countries and the Effectiveness of Current Measures,” Annual Survey of International & Comparative Law 22, no. 1 (2017): 40, <https://digitalcommons.law.ggu.edu/cgi/viewcontent.cgi?article=1205&context=annlsurvey>.

<sup>78</sup> Bill Gates, quoted in <https://www.washingtonpost.com/news/wonk/wp/2014/01/21/bill-gates-capitalism-did-not-eradicate-smallpox/> For ease of reference I include the edited interview that appeared in the Washington Post (which is potentially behind a paywall), [here](#).

vaccination programs in the “developing world” had been laced with the sterilizing additive hCG, the WHO finally came clean and admitted that it had been developing sterility vaccines for over a decade and that the laced vaccines, with the help of Gates and the Rockefeller Foundations, had been administered to millions of women in Tanzania, Nicaragua, Mexico, and the Philippines under the guise of “health improvement”. This was exposed when an empirical reduction in birth-rate and an increase in miscarriage had been noted on the ground. This was done with the justification that the remaining limited resources of the target “developing” or “third world” nation would now be better able to improve the quality of life of those remaining.

In my analysis, this can only be called *neo-eugenics*. In testimony from doctors and health professionals in those “developing” nations, the “big money” foundations bought government health boards and instituted programmes that they designed to “test” vaccines. Indian doctors hold the Gates Foundation directly responsible for a WHO sponsored polio vaccination programme that caused around 450000 cases of crippling and sterilisation because of the development of a virulent polio strain in a series of vaccines.

All very interesting you might say, but what has this to do with COVID-19? Well, the world planners with their billionaire backers see mass distribution of vaccine as an ideal opportunity for distributing spermicidal and birth-rate reducing agents to help us avert the ecological disaster and to prevent catastrophic climate change caused by too many humans on the planet. This sounds outrageously extreme but remember, they, with the WHO in full support, have already trialled this across the developing world without deference to national borders in the name of “health improvement” philanthropy. The stakes are too high for these philanthropists to wait for some kind of consensus between nations, we need urgent action *now* if we are to avert an ecological and economic disaster. Again, this extra-national strategic planning is not wild conjecture, the senior Rockefeller in his memoirs writes of just such a strategic plan:

*“Some even believe we [the Rockefeller family] are part of a secret cabal working against the best interests of the United States, characterizing my family and me as “internationalists” and of*

*conspiring with others around the world to build a more integrated global political and economic structure— One World, if you like. If that's the charge, I stand guilty, and I am proud of it.”<sup>79</sup>*

The desired economic outcome of the pandemic is captured by the patriarch of the Rockefellers who had once stated that “competition is a sin”, meaning it was a sin, i.e. destructive to the best interests of humanity whether they were cognisant of it or not, to compete with the Rockefellers, the Rothschilds and the rest of the international moneyed elite to which the tech-giants of today now belong:

*“To the Rockefellers, socialism is not a system for redistributing wealth— especially not for redistributing their wealth— but a system to control people and competitors. Socialism puts power in the hands of the government. And since the Rockefellers control the government, government control means Rockefeller control.”<sup>80</sup>*

## Global Reconstruction

### “Problems” at the WHO

Suddenly, I realised the plausibility of the scenario that we were actually witnessing a *planned* global economic reconstruction and a *planned* sociological revolution along the lines of a new, internationalist socialist world order was not a walk on the wild side. Further circumstantial evidence came to light which reinforced this view. The current head of the WHO is the first head of the WHO to not be a medical professional (though he did study Community Medicine for doctoral research) and has a history as a revolutionary communist in his own nation. Dr Tedros was the leader of the Tigray People’s Liberation Front, the ruthless minority wing of the Ethiopian People’s Revolutionary Democratic Front, the country’s ruling Marxist regime. Whilst Minister of Health in Ethiopia he is alleged to have oversaw the oppression or “ethnic cleansing” of rival tribes with an estimated 2.5 million deaths.

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<sup>79</sup> David Rockefeller, *Memoirs* (New York: Random House, 2002), 405.

<sup>80</sup> Gary Allen, *The Rockefeller File* (New York, '76 Press: 1974), p.14. A PDF version of this book that looks like it has been typed from an original is found here, [https://planetmacneil.org/Documents/Content/the\\_rockefeller\\_file.pdf](https://planetmacneil.org/Documents/Content/the_rockefeller_file.pdf) Though this book has sold millions of copies it is vetoed on Kindle and only second hand copies can be ordered at inflated prices! The same author, in some post-graduate research, wrote “None Dare Call It Conspiracy” which covers similar ground and was reprinted by an independent publisher. See the Bibliography.

Additionally, in what can only be called an act of crass arrogance and revolutionary comradeship, he also appointed Robert Mugabe, after he was forced from office after destroying his own country's infrastructure and overseeing an AIDS epidemic, to the position of WHO's "goodwill ambassador". Perhaps this is what Dr Fauci meant when he said no one can deny there had been "problems at the WHO" but was nevertheless happy to endorse and work with this revolutionary.



Fauci and Tedros signing a "memorandum of understanding" in 2018

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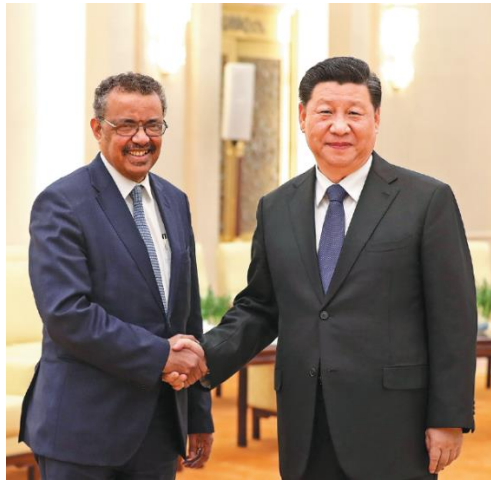
*in what can only be called an act of crass arrogance and revolutionary comradeship, [Tedros] appointed Robert Mugabe, after he was forced from office after destroying his own country's infrastructure and overseeing an AIDS epidemic, to the position of WHO's "goodwill ambassador".*

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### Brother in Arms

Thus, it should also be of no surprise of the obvious warmth and ideological common ground between the WHO and the Chinese illustrated by that famous photograph of the two leaders which became public against the backdrop of the public assassination and "disappearance" of various Chinese doctors and journalists who were attempting to make it clear what the world was actually dealing with was a deliberate release of a pathogen. Again this is not conspiracy theory, a BBC journalist attempted to ask the question at the first world press conference addressed the leader of the WHO about the disappearances and deaths, the question was ignored – and that was the last we heard about the Chinese dimension

save the American media's accusation of Trump's "racism" in calling it the Chinese virus and President Macron's "*China knows more than it is telling us*".



"Brothers in Arms – two Communists shake hands"

#### Lockdowns, Furloughs and Rendition

Meanwhile, I really was not finding it funny how my government was destroying people's livelihoods on the back of totalitarian lockdowns which were modelled after a Communist state and an internationalist philanthropic dogma which views socialism as a means of bringing the nations under a common economic system serviced by a few billionaires. The lockdowns hit small and medium businesses particularly hard because it was very difficult for the self-employed to access government support (it took some people I know in the UK 12 weeks before they received any government support). It concentrated economic power in big corporates who were walking away with millions upon millions of our tax money to fund their "furloughs" whereas corner-shops and small local restaurants were prohibited from opening and were shutting up for good after being open 30-years serving the local community. It made people dependent on government handouts and conditioned people to be passive receivers rather than active contributors.

The government then introduced "emergency" legislation<sup>81</sup> that stripped people of basic rights, authorised rendition off the street to unnamed facilities for "re-education" if your attitude to whatever infectious disease or virus was the problem (yes, it does

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<sup>81</sup> I wrote about this at length and included some salient video clips here:  
<https://medium.com/@mmacneill123/coronavirus-duplicity-what-the-politicians-and-experts-are-doing-behind-your-back-465937458640>

sound like the Schwarzenegger movie, *The Running Man*) and then granted themselves (and any Crown, i.e. government) employees immunity from re-dress if somehow it was proved an illegal or unjust rendition.

This is perhaps the British equivalent to the American *Patriot Act* which was enacted after 9/11 that effectively stripped any rights from American citizens if an individual was considered a “terrorist threat”<sup>82</sup>. I was also shocked at how the media was so blatantly determined to feed a constant diet of negativity rather than focus on an 80%+ immediate recovery rate and a 1-2% mortality rate (from WHO stats) and how to not focus on the fact that only those with existing conditions or those older than 80 years of age, should really expect to become seriously ill or have their life threatened.

### [Beyond Lockdown to the One World Community](#)

The Rockefeller strategy document states that “populations will weary” from the Lockstep strategy. Even as most Europeans are re-entering lockdown some regional assemblies in the UK are battling with central government (though in the UK they will eventually lose, they have no real power to resist) and there is a major struggle in the US between federal and State policies on lockdown, we see this is again an extremely perceptive piece of strategic insight. So, what do they propose next? Well, the document goes on to selling the various societal innovations to the population so that they buy into “keeping safe”.

Thus, the updated document for 2020 emphasises the creation of digital identity and surveillance technology for “staying safe”. Suddenly, in just the last few days (this came across my desk on the 16<sup>th</sup> October 2020, it is the 19<sup>th</sup> at the time of writing), the WHO suddenly became “friends” with the anti-lockdown movement after aggressively promoting lockdowns as the “only option” for most of 2020. So, what do the WHO now want nations to focus on – *well, should be obvious, what do the Rockefeller strategy documents say* – in a word, surveillance technology and the creation of a centralised world network that holds “health status” information available to any government agency to ensure safety in the workplace, the shopping mall and in social environments. Let the WHO speak for itself:

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<sup>82</sup> This is a sub-plot of the 2012 film *Safe House* that starred Ryan Reynolds and Denzel Washington.

*"Dr. Michael Ryan, executive director of the organization's [WHO] health emergencies program explained the significance of preventing another widespread lockdown. "What we want to try and avoid, and sometimes it's unavoidable - we accept that - but what we want to try and avoid are these massive lockdowns that are so punishing to communities, to society and to everything else," he said.*

*"So, we don't want to flip from no cases, everything's open, a few cases, everything shuts down again, because that's exactly the sort of scenario that we want to try and avoid."*

***Ryan added that instead of lockdowns, countries should focus on surveillance, tracking, education, and other measures."***

*(Emphasis added)*

Notice how Ryan has suddenly become a “convert” to the anti-lockdown procedure and how the objection of the chief Swedish epidemiologist (as well as the UKs Professor Heneghan) that lockdown is actually no strategy at all because there can never be a “plausible exit strategy” because infection rates will climb as soon as you loosen restrictions. What does he recommend? Well, all those wonderful “surveillance” measures that put the world’s population into a digital jail, remove physical cash and give politicians absolute control over the individual citizen<sup>83</sup>. We finally arrive at the end point envisaged by the great humanist dreams of the 20<sup>th</sup> century, a One World Community that will look after its citizens as “stakeholders” in a global economy and all we have had to sacrifice are a bunch of old people that have outlived their usefulness to society and the weak, who are a burden to the rest of us.

### [Tell on Your Neighbour](#)

Perhaps one of the most sinister aspects of the social change being implemented by the architects of the pandemic is to undermine relationships of trust within families and between neighbours. People have been encouraged to “inform” on one another

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<sup>83</sup> The Will Smith film *Enemy of the State* and the Julia Roberts' film *The Pelican Brief* demonstrate how technology can be used to track people and why “cashless” promotes the ability to track and disenfranchise individuals because every transaction can be monitored and digital accounts emptied and closed instantly.



if there are unauthorised visits or contacts during lockdown. They are encouraged to go onto anonymous police websites to report or upload evidence of wrongdoing. Rather than encourage direct communication between neighbours during difficulties, the State positions itself as judge and arbiter. It is a characteristic of any socialist revolution that normal ties and loyalties are undermined to be replaced with a loyalty to the State.

### Summary

The virus truly has done its job exceptionally well in creating a fear-filled consciousness among nations that has made whole populations compliant and submissive to governments intent on stripping them of basic rights and appropriating massive amounts of power to themselves, getting mainstream media and social-media on-side and complicit in censoring dissenting voices and ensuring the dominant scientific narrative is maintained by disenfranchising those who dissent. It encouraged the breakdown of community cohesion and the informing on one another to State authorities as that was the only way to ensure we are “kept safe”.

However, what we need to know is the narrative of it being dangerous to us all is a *false* one, that narrative is an instrument of control and that a review of the creation and propagation of the data will show us we should have no fear of it and are able to resume our lives as free citizens. That is the subject of the next section.

### The Bottom Line – The COVID Myths

The fact that our Primeminister, Boris Johnson, a middle-aged, overweight and generally unfit individual contracted COVID and recovered was only news when it looked like he would die. Indeed, empirically, the disease has now been shown to be less dangerous for “children” (medically defined as U21s) than a winter flu. Out of 70000 university students in the US who tested positive for COVID-19, zero – yes, zero - have died according to the most recent data available from the CDC. Healthy adults up to 35 years old are more likely to die in a road-traffic accident according to a comprehensive study by Levin et al, an international group of epidemiologists<sup>84</sup>. A summary chart from their analysis of data is shown here:

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<sup>84</sup> <https://www.medrxiv.org/content/10.1101/2020.07.23.20160895v6.full.pdf>, accessed October 14<sup>th</sup> 2020.



Table 3: Age-specific fatality rates for COVID-19 infections vs. accidental deaths (%)

| Age Group | COVID-19 IFR<br>(95% CI) | Automobile Fatalities |       | Other Accidental Fatalities |       |
|-----------|--------------------------|-----------------------|-------|-----------------------------|-------|
|           |                          | England               | USA   | England                     | USA   |
| 0 to 34   | 0.004<br>(0.003–0.005)   | 0.002                 | 0.015 | 0.004                       | 0.032 |
| 35 to 44  | 0.068<br>(0.058–0.078)   | 0.002                 | 0.012 | 0.017                       | 0.043 |
| 45 to 54  | 0.23<br>(0.20–0.26)      | 0.002                 | 0.013 | 0.019                       | 0.043 |
| 55 to 64  | 0.75<br>(0.66–0.87)      | 0.003                 | 0.013 | 0.014                       | 0.043 |
| 65 to 74  | 2.5<br>(2.1–3.0)         | 0.003                 | 0.013 | 0.020                       | 0.040 |
| 75 to 84  | 8.5<br>(6.9–10.4)        | 0.005                 | 0.017 | 0.069                       | 0.094 |
| 85+       | 28.3<br>(21.8–36.6)      | 0.007                 | 0.019 | 0.329                       | 0.349 |

*Note:* This table compares IFRs for COVID-19 with the incidence of accidental deaths in England and in the USA. For each age group, the second column shows the meta-regression estimate of the age-specific IFR with its 95% confidence interval enclosed in parentheses. The final four columns report the annual incidence of automobile fatalities and other accidental fatalities as a percent of the population of each age group in each country. The accidental fatality data for England as of 2019 is reported by the U.K. Office of National Statistics, while the corresponding U.S. data are reported as of 2018 by the U.S. National Center for Health Statistics.[130, 131]

Now, what can you also tell from this data? Until you are 85+, COVID is no more dangerous for you than the aggregate of other respiratory diseases (IFR for 2017 was 11.6%, see chart below).

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*Until you are 85+, COVID is no more dangerous for you than the aggregate of other endemic respiratory diseases.*

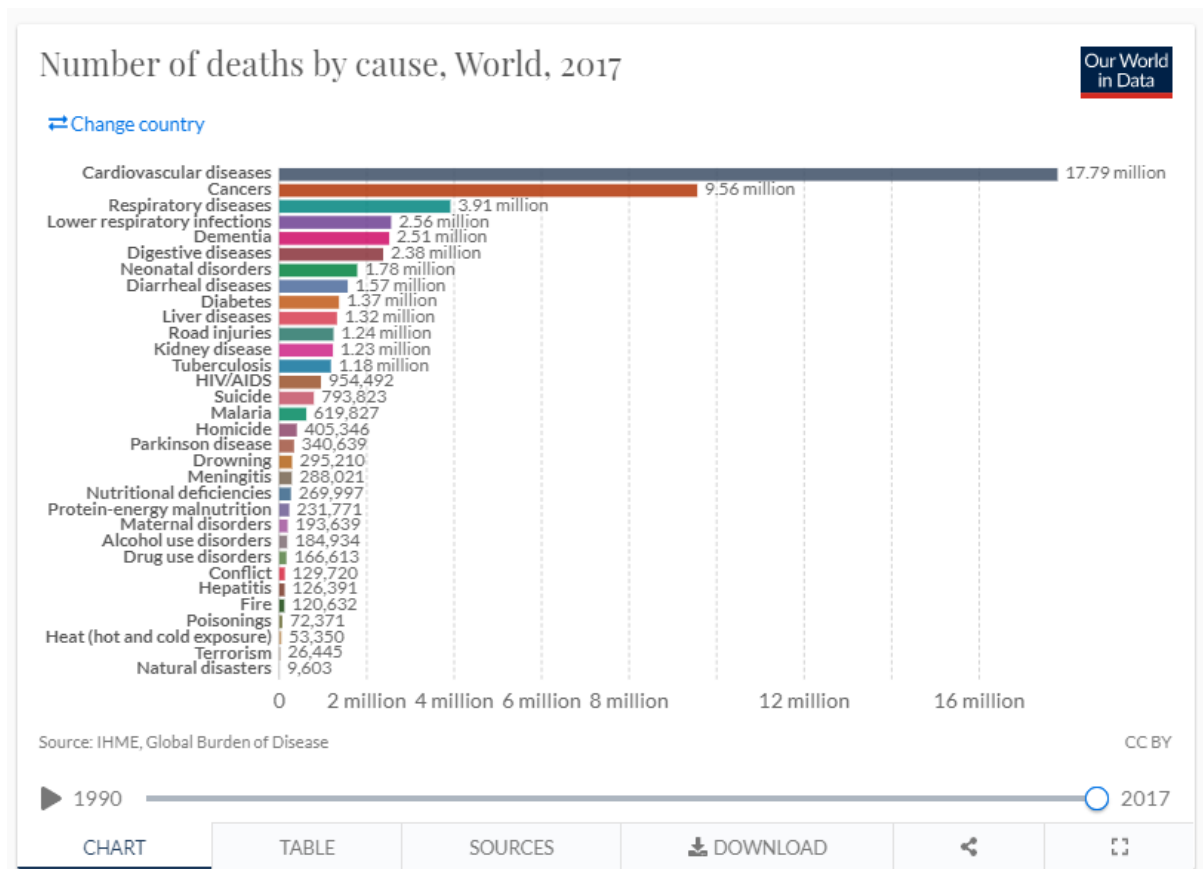
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### A Disease So Deadly, You Have To Be Tested To Know You Have It

We already know that the major risk group are elderly with health conditions or a weak disposition. It is also empirically confirmed that around 35% of those infected (regardless of age) are actually *asymptomatic* – consider the aphorism, “*COVID-19 novel coronavirus, a disease so deadly you have to be tested to know you have it*”. COVID-19 has become just another flu-like disease we can live with without isolation, lockdowns and the removal of liberty; sometimes serious but not normally life-threatening, particularly if treated early.

Although it is a great headline that “*1 million have died worldwide of COVID-19*”, this is really not the global pandemic we should be paying attention to if *saving lives* is

the issue. This is not a dismissal of COVID-19 but have a look at the chart below to put it into context:



That is, 56 million people died (these stats are for 2017, 59 million died in 2019) and we also have to understand that there is the potential for an enormous overlap between COVID deaths and a range of other conditions, i.e. the *first* disease someone contracts when they are in a weakened state will kill them.

Other than the utter imprecise and unscientific nature of these statements that were used to justify a lockdown, we see that COVID did not “cause” their deaths because of it being a particularly nasty disease. The *poor health of the person* was the cause of their death – as witnessed by the unfit Boris Johnson now seen getting himself fit as the best defence against the disease, as argued by another senior medical practitioner from a Yale institute early on in the “pandemic”<sup>85</sup>.

<sup>85</sup> <https://heated.medium.com/how-should-we-be-reacting-to-the-coronavirus-pandemic-7b3189b1097b> and <https://heated.medium.com/theres-an-epidemic-that-s-a-bigger-threat-than-the-coronavirus-ce6e0697185b>

## A Course in How To Fiddle Data

To demonstrate just how dishonest Professor Ferguson's "500000 dead in the UK, millions in the US" scenario was, **it has been removed** from the BBC archive though the article reference is **still** there and replaced with a sanitised argument – no 500000 dead. Thankfully, I can prove my point because I have an archive of the original document from the BBC which I have uploaded here<sup>86</sup> and there are still readily 'googleable' discussion boards that are full of chatter about this "500000" figure.

This original article was actually a well-researched article and unintentionally gives quite a lot of the game away as to the misrepresentation by the scientists of the data even as they are trying to present it as a justification for "lockdown":

- a. The modelling shows it is the over 60s for who the risk gets significantly higher.
- b. The reporter notes that the "500000" figure just happens to match the number of people who **would die anyway** in a particular year in the UK.

A second "fiddling" of the data was with the comparison with the flu figures – the article shows the figure of "8000" was quoted for flu deaths but then explains how the flu figure is not directly comparable with the COVID figures. The *comparable* figure for flu-related deaths show that "respiratory related deaths", i.e. broadly flu-related<sup>87</sup> amount to the third largest cause of world death, nearly *6 million* worldwide (around 12%) in 2017 (see the chart above). This amounts to the following propositions:

*If you were likely to die in the next year because of poor health or your great age, i.e. you are one of the 500000 slotted to die anyway, you may well die of COVID if you catch it.*

Do not just skip over this, read the BBC article - Sir Patrick Vallance, the UK's chief scientific adviser, made it explicitly clear that this figure was not *on top of* the normal deaths. Professor Ferguson started with 500000, halved it to 250000 using a "Sweden-like" model and got down to 20000 with a full lockdown and tagged for

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<sup>86</sup> <https://planetmacneil.org/Documents/content/bbc-missing-articles.pdf>

<sup>87</sup> Flu often causes damage and exacerbates existing respiratory conditions, and many people die as a consequence but not immediately, *because of* flu. "Flu" often complicates into pneumonia or other respiratory conditions and all these conditions are sometimes grouped together as "flu" which is why what the figure is meant to convey needs to be clarified which was patently **not** done here.

fallacious comparison with this figure, 8000 flu deaths. What is a politician going to choose when you frame the argument in those terms?

>>Lockdown obviously.

That was why Boris backtracked from his initial interest in the Swedish model which was probably more in line with his libertarian instincts.

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*Professor Ferguson started with 500000, halved it to 250000 using a “Sweden-like” model and got down to 20000 with a full lockdown and tagged for fallacious comparison with this figure, 8000 flu deaths. What is a politician going to choose when you frame the argument in those terms?*

*>>Lockdown obviously.*

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This is an outrageous sleight of hand by the “scientific experts” to justify a totalitarian lockdown of the people and what was worse was that with the exception of a couple of muted responses to the figures and a solitary study criticising the decision to close schools<sup>88</sup>, his academic peers let him get away with it. The duplicitous nature of this was seen in that Professor Ferguson was able to move from “*some [probably very small] overlap*” in this article to “*at least two thirds*” six weeks after lockdown had been executed.

#### The Health Service Lie

This same article makes it clear that the strategy was not *really* about “saving lives” but rather that “*the logic for the lockdown to stop the health service being overwhelmed*”. This was proved to be nothing but a bald-faced lie, the so-called “emergency facilities” constructed amid great fanfare and solemnity, opened by our very own Royal Family to give us struggling Brits a psychological boost (our Royals are often rolled out in times of national crisis if a Royal Family scandal is not causing one), laid empty, virtually un-used without even mattresses on the beds in their publicity photos.

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<sup>88</sup> <https://www.bbc.co.uk/news/health-52180783>

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*The strategy was not really about “saving lives” but rather that “the logic for the lockdown to stop the health service being overwhelmed”.*

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This was because the cancellation of the normal functions of the entire health service apart from COVID-related activities had meant there was plenty of capacity and indeed, a headline appeared in the major national newspaper of probably 300000 deaths resulting from the unavailability of routine health services. Just today I saw a headline in one of our tabloids of a major spike in cardiac deaths because of the lack of primary care. That should not surprise us for as our chart above showed us, cardiovascular deaths are far more of an “epidemic” than COVID. That is, far more are now being killed because of the lack of health care than through COVID.

Rainbows, “Thank you, NHS!”, moving and inspiring tales of retired doctors and nurses coming back to “help” and our clattering pots on a Thursday evening<sup>89</sup> were designed by government behavioural psychologists to mask the virtual suspension of primary care were a hollow deification of a dysfunctional institution idolised by us British. We were celebrating something that was no longer functional, doctors’ surgeries were closed, and A&E was packed out with people needing primary, not secondary care. It has been through repeated (I think 3 or 4) major reorganisations in the last 4 decades simply because it is totally unaffordable – no government has the resources to fund healthcare for the entire population. I worked in it for a number of years and it was an institution that moves from financial crisis to financial crisis (which was why I was there to help dig an entire region out of a hole). It is a legacy of the post-WWII European socialist idea that tells us the “*government will care for us from the cradle to the grave*” and “fix us” if something goes wrong.

### Take Care of Yourself

This is the same behavioural idea that is being pedalled during this era of COVID reconstruction, we are trading our liberty and freedom for “safety and protection” provided by our government. Yet, this is just a demonstrably false set of premises

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<sup>89</sup> During the most severe section of the initial lockdown, the British people were encouraged to come out at 8pm on a Thursday evening and “applaud” their National Health Service. This only makes sense when you understand the NHS inspires a religion-like commitment among its supporters. With its appropriation of the “Rainbow” symbol, it becomes a naked act of idolatry for what was once a Christian nation.

as the Yale physician taught us when he said “*there is a greater epidemic that coronavirus*”<sup>90</sup> that is killing far more people and that is unfit people who refuse to take responsibility for their health just by eating sensibly and exercising responsibly. It is like getting drunk every night and demanding the government provide you with replacement livers so you can carry on drinking. It is just an empirical fact that the best defence against COVID and any other disease or virus is to get yourself fit and healthy, it improves your resilience and ability to fight off infection. Period.

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It is like getting drunk every night and demanding the government provide you with replacement livers.

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### Conflating Mortality and Infection

We can put the emphasis on this by considering one of the first data-driven reflective studies in the country worst hit in Europe. A group of Italian academics proposed that it was questionable whether their country’s total lockdown had saved *any* lives as the profile of the mortality showed endemic health issues within the population. A group of Israeli academics followed suit with similar conclusions. This is compounded in that *mortality* is often conflated by the media with “infections”. The news over the last week has been reporting the daily spikes in infections as lockdown was eased and why we now need to go back into lockdown to reduce it. However, *mortality* is a tiny fraction of what it was at the “height” of the pandemic.

This is just fallacious behavioural science designed to pull the wool over people’s eyes and to keep them controlled and compliant. Obviously, someone cannot die of COVID-19 unless they are infected with COVID-19 but there the simplicity of profiling mortality ends. Even with the grossest overworking of mortality as done by bodies like the WHO (who have a vested pecuniary interest in inflating them), the analysis still admits that over 80% of those infected have already recovered after experiencing a *mild* illness. Mortality in many countries with healthy populations, e.g. Korea and Japan was barely 0.1 - 0.2%. Africa, because of the use of HCQ as an anti-malarial which is also effective against COVID, still has a negligible mortality

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<sup>90</sup> “Dr David L Katz”, <https://heated.medium.com/theres-an-epidemic-that-s-a-bigger-threat-than-the-coronavirus-ce6e0697185b>

from COVID-19 despite widespread infection. Only where there were major endemic health issues within a population or a population with a vulnerable demographic, e.g. ex-patriate retired communities in Italy and Spain, was the mortality around 10%.

It is easy to make “mortality” data seem far worse (and thus the disease appear far more deadly) than it actually is if you simply quote COVID deaths with no real qualification (e.g. demographic or existing co-morbidities)<sup>91</sup> like the BBC have done very recently here<sup>92</sup>. It is rhetoric on their part, peddling a corrupt government normal and yet, even this **same** BBC article adds the throwaway line, “12% of deaths this year were COVID deaths” – excuse me, that means 88% are dying of something else and we should not be majoring on COVID to the detriment of other endemic conditions.

*Look at that mortality chart again*, as it is becoming apparent that routine treatments were cancelled for a whole range of treatable conditions in the upper band of the deadliest of the diseases and people are now dying prematurely – paradoxically some of these are probably being classified as “COVID-related” deaths because you could not get treatment because of the risks of contracting COVID and that helps to justify allowing these people to carry on dying. All this helps to inflate COVID death figures and justify totalitarian political actions. Yet, consider “diet-related” deaths, these barely exceed 1% but “50% of all premature death can be traced to effects of diet”. That is, we have a “fatality rate” of 50%. If lockdown is warranted by mortality rate, we should be banned from eating all sorts of things. To put it succinctly:

*“Admittedly, coronavirus kills quickly when it kills, and diet tends to kill more slowly. This matters, but less than first meets the eye.*

*Dying prematurely and abruptly is bad, but dying prematurely after a long chronic disease — losing life from years before losing years from life — is no bargain either.”<sup>93</sup>*

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<sup>91</sup> It is rather like saying that the “average salary” for a UK worker is around £30K a year – however, the crude average measure hides the fact that most people in the UK earn less than £30K but a few people earn many millions a year. The average without qualification is meaningless measure used only by politicians wanting to hide the poverty within massive parts of our population.

<sup>92</sup> <https://www.bbc.co.uk/news/health-54463511>

<sup>93</sup> <https://heated.medium.com/theres-an-epidemic-that-s-a-bigger-threat-than-the-coronavirus-ce6e0697185b>

So, this is the same objection that was made when we were looking at Professor Ferguson's abuse of data. If we are just *postponing* someone's death from the first infection or disease they catch, we are doing just that and we are certainly not "preventing death", merely postponing it by a few months. There can be no moral warrant on that basis to strip from citizens that which defines their communal interaction, right to conduct business and the right to bury their dead.

It also highlights the "quality of life" issue which is surely of interest to philosophers and ethicists. My choice may be to live with risks according to how I understand the risk; if the option is to compromise my ability to retire comfortably and to make me dependent on the State, I personally would choose the risk. Our Prime Minister is now getting himself physically fit, understanding this is the single most effective measure at reducing the risk from not just Coronavirus but the next synthetic pathogen.

#### No One Ever Recovers

The article then elucidates in the clearest possible way the important distinction between *infection rates* and *mortality rate* I argued for above. This could not have been demonstrated more clearly than what can only be called a scandal of the highest order in the reporting of the COVID statistics for England that provided the on-going moral justification for the totalitarian lockdown:

*"Prof Carl Heneghan from University of Oxford, who spotted the issue with the data, told the BBC there was "huge variation" in the numbers of daily deaths reported in England by PHE.*

*While NHS England currently reports 30–35 deaths per day, Public Health England (PHE) data often shows double that or more, he said.*

*The reason is that anyone who has tested positive for coronavirus but then died at a later date of another cause would still be included in PHE's Covid-19 death figures.*

*"By this PHE definition, no one with Covid in England is allowed to ever recover from their illness," Prof Heneghan says<sup>94</sup>."*

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<sup>94</sup> <https://www.cebm.net/covid-19/why-no-one-can-ever-recover-from-covid-19-in-england-a-statistical-anomaly/> , accessed 01/09/2020.



In any other universe and at any other time, this would have been a major scandal. The Health Minister ordered an “urgent enquiry”<sup>95</sup> apparently so urgent it has never been mentioned again. It demonstrated at best serious negligence on the part of those collating the statistics and at worst, a conspiracy to misrepresent the deathrate as part of the process of establishing a fear-filled and compliant population.

#### A Case Study for the Sociology of Crooked Medicine

The professional concern over long term psychological effects was identified extremely early during the lockdown period with social contact and interaction understood as essential for human well-being and in particular child development<sup>96</sup>. To deny the elderly the presence of family during palliative care and to allow them to die alone seems inhuman. The side-effects of economic disruption to thousands and thousands of SMEs with its detrimental effects on standards of living, social cohesion and health are all factors that should be considered that invalidate the unscientific and totalitarian nature of attempting to manage the virus using the lockdown and social distancing. Imagine a “fantasy moment” when people consider the mortality rate rather than the infection rate. Imagine an emphasis on how many have recovered with no side effects.

Medical evidence championed by some anti-lockdown doctors now suggests<sup>97</sup> that isolation and lockdown will frustrate the build-up of immunity within the population and that to state infection rate would need to be 60-70% before any kind of herd immunity was released was incorrect. It is more likely to be between 10-20%. This is suggested as the reason why even in densely populated urban areas the mortality rate peaked at 10-20% and it must be noted, this was amongst relatively unhealthy Westerners. Mortality rates in S. Korea and Japan, barely reached 0.2%. It has already been demonstrated that there are substantial death-rates year by year of medical conditions that will be here long after COVID-19 immunity is established within the population<sup>98</sup>. One leading Harvard epidemiologist has stated that the management of the virus will be a case study for the sociology of medicine in

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<sup>95</sup> <https://www.bbc.co.uk/news/health-53443724>

<sup>96</sup> <https://www.bbc.co.uk/news/health-52180783> The article itself is of mediocre quality and does not reference the research properly but the comments in the final paragraph from “others experts” are salient ones.

<sup>97</sup> <https://twitter.com/JamesTodaroMD/status/1292873236716433416>

<sup>98</sup> <https://heated.medium.com/how-should-we-be-reacting-to-the-coronavirus-pandemic-7b3189b1097b>

demonstrating how non-scientific, political factors dominated the management of the process.

### Straining the COVID fly and the Swedish Apocalypse

This straining of the COVID “fly” whilst swallowing the 88% of people who died of something other than COVID in the UK, is utter perversity. There are now dissenting voices finally becoming prepared to break the wall of silence imposed on academia, the scientific community, the medical profession and the complicit media. The media, in a way unprecedented, were censoring dissenting voices, regardless of their political seniority or their medical qualifications. We see the operation of an enormous global effort to manage the information to ensure a narrative is maintained that allows the global reconstruction to continue. However, with a glimmer of hope, the Great Barrington Declaration<sup>99</sup> has managed to be published and to circumvent this “new normal” of censorship by government, media and social media simply because of the undeniable seniority of those who have created and indeed signed, the declaration.

Countries that did not lockdown did not become post-apocalyptic wastelands and indeed, the strongest European economy at the moment is Sweden which resisted lockdown, preferring a managed approach. Not everything went right in Sweden, the chief epidemiologist freely admits more shielding of those particularly at risk was needed, but their strategy was probably the most successful in Europe as again confirmed in the Levin<sup>100</sup> analysis. They saw an enormous peak in infection, but this has meant a stabilisation of the infection rates in a way that is impossible in lockdown countries. The chief epidemiologist of Sweden is being proved right about the lockdown countries, he said there cannot be an “exit strategy” from lockdown because as soon as you loosen off lockdown the infection will start spreading again as with what we are seeing in many lockdowns countries, including my own, now talking about a “Second Coming” and reintroducing lockdown measures.

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*Sweden rather promoted an “opt in” style where “lockdown behaviour” [was] encouraged by the government. In other words, the Swedish*

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<sup>99</sup> <https://gbdeclaration.org/>

<sup>100</sup> <https://www.medrxiv.org/content/10.1101/2020.07.23.20160895v6.full.pdf>, accessed October 14<sup>th</sup> 2020.

*government, maintained a respect for the Western democratic tradition where power and legitimacy rests with the citizen, rather than the WHO approved model of totalitarian communist lockdowns.*

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Sweden rather promoted an “opt in” style where “lockdown behaviour” such as minimising non-essential contact, working at home, distance learning rather than face to face tuition were *encouraged* by the government. In other words, the Swedish government, maintained a respect for the Western democratic tradition where power and legitimacy rests with the citizen, rather than the WHO approved model of totalitarian communist lockdowns.

Although some, including some Swedish academics<sup>101</sup>, were critical of this approach, their criticisms through the wealth of their impressive academic credentials seems primarily polemical and at odds with the facts. Although Sweden was initially criticised, the mortality rate peaked at just over 6%, around half of the UK rate and its death rate has dramatically dropped (see second graph showing data to early September):

*“Sweden’s death toll of 5,646, when compared relative to population size, has far outstripped those of its Nordic neighbours, although it remains lower than in some European countries that locked down, such as Britain and Spain.”<sup>102</sup>*

Additionally, the assertion in the same article that:

*“There are no indications that the Swedish economy has fared better than in many other countries. At the moment, we have set an example for the rest of the world on how not to deal with a deadly infectious disease.”*

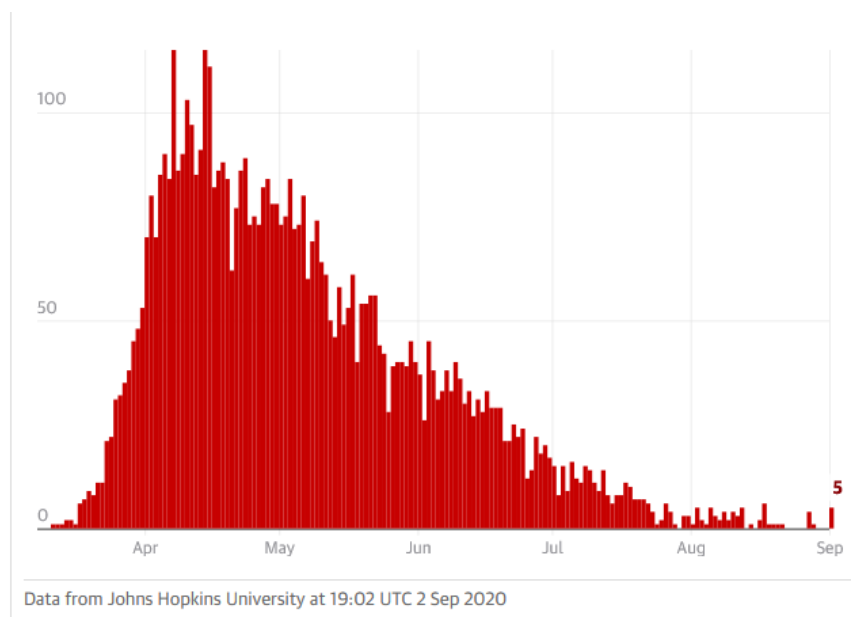
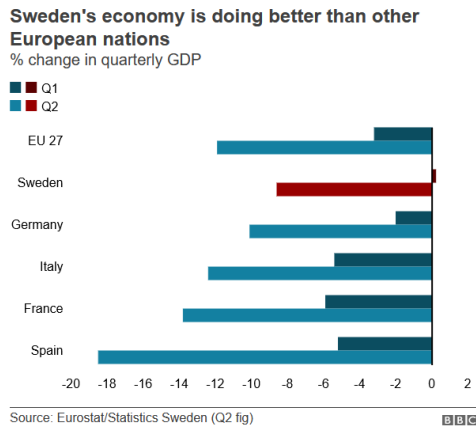
This is just flat contradicted by the data where the Swedish economy, which relies heavily on exports, still suffered the smallest contraction in Europe (see the graph following) but we can agree with the academics that:

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<sup>101</sup> <https://eu.usatoday.com/story/opinion/2020/07/21/coronavirus-swedish-herd-immunity-drove-up-death-toll-column/5472100002/>

<sup>102</sup> <https://www.medpagetoday.com/infectiousdisease/covid19/87812>

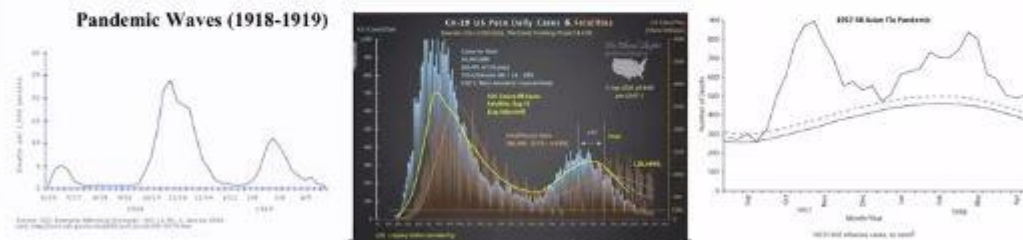
*“Sweden can be used as a...control group and answer the question of how efficient the voluntary distancing and loose measures in Sweden are compared with lockdowns, aggressive testing, tracing and the use of masks”*



The academic scientists here have put the dilemma well and guess what, Sweden has done really well. The use of “*lockdowns, aggressive testing, tracing and the use of masks*” has to be contrasted with personal freedom to accept the risk and the right of protection of coercion of the individual citizen from the State, to support themselves independently from the State and to weigh the risks on the basis of clear scientific advice presented in a way that is least likely to create emotional and irrational reactions. As the Swedish chief epidemiologist understands, the problem is coming out of the lockdown without a general immunity within the population for as soon as you do, the virus begins to “spike”. It is also clear that lockdowns in the

worst affected areas are suffering from this “spiking” as is currently in the UK with our local lockdowns, reversing of easing restrictions and the like<sup>103</sup>. It is also well understood from the experience of previous pandemics that a “second hump” of *infections* with a much smaller mortality rate is to be expected.

## MYTH: The pandemic will go on forever.



The problem we can identify is that of *strategy* and what the lockdowns were meant to achieve. If an “interruption to transmission”<sup>104</sup>, sometimes called “flattening the curve” was the aim, then we can call it a “success” but at the cost of the decimation of the economic and social life of the nations. It then becomes a monumental failure. We might claim moral warrant for our totalitarianism on a pragmatic basis if this was more “serious” than Spanish flu, SARS-1 or Ebola. In its early day “spikes” it was more serious, for as a new virus, this is to be expected as it is far more transmissible and infectious but that does not correlate with increased on-going mortality.

In summary, the Swedish model should cause us to pause, they maintained the freedom of their citizens, identified weaknesses in the firewalling of vulnerable groups and can transition out of a democratic lockdown with relative smoothness. Though never a publicly stated aim of his strategy, his strategy ensured the “herd immunity” was reached amongst the general population and the stated aim of managing the infection rate to ensure the health services were not overloaded was also effective.

<sup>103</sup> <https://www.theguardian.com/politics/live/2020/sep/02/uk-coronavirus-live-local-lockdowns-boris-johnson-pmqs>

<sup>104</sup> [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30201-7/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30201-7/fulltext)

## Straining the COVID fly and Swallowing the Starvation Camel

It is no secret that the economic effects of the “lockdown” strategy were serious, but it was justified because lives were “being saved”. We crossed the “grim milestone” of 1 million deaths – however, consider the collateral damage of the economics of the decision made. Around 130 million are now at real risk of starvation in nations that relied on trade with the West in a “hand to mouth” fashion, typically textile and clothing factories in countries like Bangladesh. *This reverses the reduction in world poverty made in the previous generation.* Lockdown was never about saving lives; it was about wrecking capitalism so that socialism can be substituted in its place and the preventing of the humiliation of dysfunctional healthcare systems.

## The Asymptomatic Myth – Track and Trace

I was unnerved going into a coffee shop whilst waiting for a car repair to be refused service until I “checked in” by scanning a code for the NHS ‘Track and Trace’ app. I still declined but did the paper equivalent. The idea behind ‘track and trace’ apparently was that because over 30% of people with COVID-19 do not know they have it because they are unaffected by it, they could still spread it, i.e. the alleged transmission was asymptomatic. Track and Trace was supposed to record all contacts and if someone was infected, other people could be alerted and self-isolate to prevent further infection.

However, this is *one big medical myth*. If someone is asymptomatic, the viral concentration in their body is negligible because they have successfully overcome and destroyed the virus. They would be breathing out dead virus or severely weakened virus, i.e. artefacts with potentially anti-viral properties (i.e. vaccines). Most children are asymptomatic and do not spread the disease for this reason. Evidence from large scale studies in Germany and the US suggest children might even act as a firebreak to the virus in their families because they can overcome it so effectively and will be breathing out vaccine<sup>105</sup>. *This is the exact opposite of what has been peddled to justify socially distancing children from relatives, reorganising school classrooms and enforcing mask wearing in children.* We are compromising the education and mental health of children on the basis of a lie. Children need to

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<sup>105</sup> Vaccines are typically “weakened” virus that produces an immune response but does not make the host ill (or only mildly so). It thus “pre-arms” the immune system of the person that takes the vaccine against the full-strength virus and prevents them from becoming seriously ill.

see faces to learn how to interact with other people and do not respond well to stressful environments created by adults.

“Track and Trace” is a trial of mainstream surveillance technology where the government can monitor your location, listen in on your conversations, hack your devices and access private information, plain and simple. Once the application is on your phone, it can bypass security settings<sup>106</sup> and will track you, with or without your permission.

### The Testing Scandal

People demanded access to a test once the hysteria resulting from the fear was established within the population by the constant negativity and the managed media message, took hold. It was supposed to ensure a safe working environment, especially for medical staff. However, being tested “positive” simply means go and self-isolate, i.e. quarantine regardless of whether you are unwell. It does not mean access to treatment unless you become seriously ill. The problem with the test is its basic inaccuracy – it generates an enormous number of false positives. The test is over-sensitive, far outside the boundaries of what would be considered a safe, reliable test suitable for mass testing<sup>107</sup>. Again, we have a piece of political propaganda masquerading with scientific clothes on but with no real value as to managing the disease.

It is thus morally unjustified to use it and then tell people on the basis of a positive test that they need to self-isolate, i.e. lose their liberty, even to leave the house for food or exercise. At the very least there should be a confirmatory test. There is also the distinction between having antibodies against COVID and being infected with COVID. The testing regimes do not recognise that distinction properly. The test can thus be used as an instrument of extreme social control by “flagging” you as infected when you are not and compelling you to self-isolate. This may not be too much of a problem when a test is not mandatory, but it is not much of a jump to see how a test can be made mandatory for future “public health” emergencies and how easy it is to

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<sup>106</sup> As it will rely on low-level driver features – did you notice updates pushed out just after lockdown? Even my old phone that had not received any for years got an update!

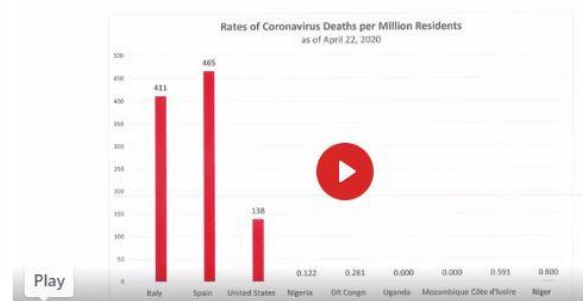
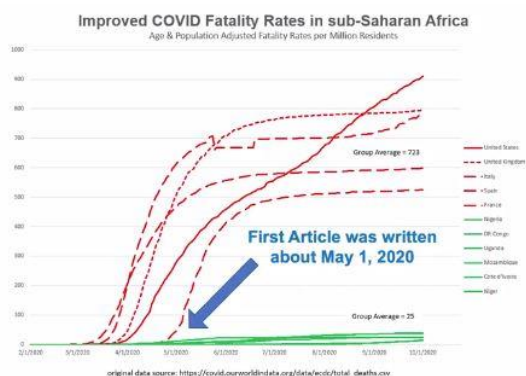
<sup>107</sup> Dr Richard Urso MD, “Testing and Transmission Inaccuracies”, [https://planetmacneil.org/media/TestingInaccuracies\\_150PM.mp3](https://planetmacneil.org/media/TestingInaccuracies_150PM.mp3) . This is an audio archive of a video presentation, visit <https://www.americasfrontlinedoctors.com/summit2/> to register (free) and watch the presentation.



abuse it. In Canada someone was jailed for 3 years and fined over 1-million dollars for failing to fully quarantine, they went to the shop for supplies after 7 days of isolation. That is a perfect example of tyranny.

### The Africa Problem

There is no COVID “crisis” in Africa despite the energetic efforts of the global media, WHO and the UN to create one in the minds of the Africans. “Experts”, that wonderful term again, predicted a “*complete meltdown*” on the continent because of a lack of medical infrastructure, overcrowding, poverty and the inability to social distance<sup>108</sup>. This was the “standard” scientific line to explain why New York, for example, had suffered so badly. Yet even the “hotspot” of South Africa has a deathrate around seven times lower than the UKs<sup>109</sup>. At a similar point in the epidemic in Spain (examining antibody presence in the population), Spain had reported 27000 deaths, but Kenya had 100<sup>110</sup>. Both the screenshots below show the massively lower fatality rates (green lines on the left, lack of red bars on the right).



This has been a source of exasperation for sections of the epidemiological community and many have confessed “*I just do not understand what is going on in Africa*”.

<sup>108</sup> Quoted in <https://www.bbc.co.uk/news/world-africa-53998374> , accessed 8<sup>th</sup> Nov 2020

<sup>109</sup> Quoted in <https://www.bbc.co.uk/news/world-africa-53998374> , accessed 8<sup>th</sup> Nov 2020

<sup>110</sup> <https://www.sciencemag.org/news/2020/08/pandemic-appears-have-spared-africa-so-far-scientists-are-struggling-explain-why>, accessed 08/11/2020.





Most African countries don't have a peak. I don't understand why. I'm completely at sea"

**Professor Salim Abdool Karim**  
South Africa's Covid-19 ministerial  
advisory committee chair



Various explanations have been offered:

- a. The life expectancy in Africa varies from between 59-75 and averages in the low 60s. As the deathrate for the elder demographic is much higher, the statistics have been skewed. *Answer: the figures used in the charts above were adjusted to compensate and deathrate is still much lower than expected.*
- b. Testing rate is low – therefore infections are not detected. *Answer: an increased mortality rate would still be expected in those nations even if not ascribed to COVID-19. That has not happened<sup>111</sup>.*
- c. Africa is more skilled at handling epidemics. *Answer: The early narrative about Africa was that COVID-19 would decimate it because of the poor health infrastructure. Let us not talk both ways out of our scientific mouths!*
- d. Africa experiences more coronavirus infections and that creates some resistance to COVID-19. *Answer: Common colds are coronaviruses; we all have good exposure to them.*
- e. The high density of township (“slum”) dwellers is creating herd immunity quicker. *Answer: Well, Sweden was right after all! Let us talk both ways out of our scientific mouths!*

Of course, these are fascinating conjectures which may have some significance at the edges of the data, but they are speculative, weak and above all, unnecessary. There is a much more obvious explanation backed-up by years of prior research and data. This is described at length by Dr Geoff Mitchell<sup>112</sup> who is a WHO recognised

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<sup>111</sup> Dr Anne Barasa (Pathologist), University of Nairobi, quoted in <https://www.sciencemag.org/news/2020/08/pandemic-appears-have-spared-africa-so-far-scientists-are-struggling-explain-why/>, accessed 8<sup>th</sup> Nov 2020

<sup>112</sup> Dr Geoff Mitchell, “Real World COVID-19 Experience - in Sub-Saharan Africa”,

doctor and an attorney who has practised worldwide. The explanation rather is that the anti-malarial drug HCQ was in common use amongst the populations and has been shown to be effective both as a preventative measure against COVID and a treatment in the early stage disease<sup>113</sup>. Dr Mitchell demonstrates that a simple map overlay of the countries where HCQ usage is high shows a much lower mortality rate; the correlation is strong and requires only slight qualification where other demographic factors are more significant, e.g. Australia.

Yet again, we find an astonishing myopia and deliberate prejudice against a medication that would bring immediate benefits if made generally available to the world. We see that the interests of big-pharma and the internationalist social reformers are prepared to tolerate the death-rate as “collateral damage” if it means their better world is built and billions can be made from a vaccine at the same time.

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*“this is the ‘why’...this drug kills an industry better than it does the virus”*

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This can only be described as the actions of evil and immoral agents.

#### All Hail The Vaccine!

Today (9<sup>th</sup> Nov 2020) was a significant day, a “milestone” day, the cry of Whitty was heard across the airwaves, science has triumphed – the BBC Reports on a vaccine with a 90% success rate!<sup>114</sup> However, before you get too carried away, there is a second report that wants “to put that into context”<sup>115</sup> – how unusual of the BBC to want to do that, have they been converted to fair and balanced reporting at the last moment? This report tells us the vaccination programme will be with us at least until the end of 2021.

Now, here, again we are ignoring basic science. What we will know is that COVID-19 will be very different at the end of 2021. It will have changed and mutated, any vaccine will have progressively reduced efficacy. If the vaccine is still being peddled

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<sup>113</sup> Dr Richard Urso, “Hydroxychloroquine: Summary of the Evidence”, <https://planetmacneil.org/media/hcqevidence.mp3> . This an audio archive of the video presentation at <https://www.americasfrontlinedoctors.com/summit2/> that requires you to register (free) for access.

<sup>114</sup> James Gallagher, <https://www.bbc.co.uk/news/health-54873105>, accessed 9<sup>th</sup> Nov 2020

<sup>115</sup> Laura Foster, <https://www.bbc.co.uk/news/av/health-54876756>, accessed 9<sup>th</sup> Nov 2020

it with either be a placebo<sup>116</sup> or replaced with something else. Thus, my point about a “virus pipeline” stands and at any time we can restart lockdowns and social reconstruction with a new “strain”, as perhaps illustrated by the Danish mink experience this week. It was that easy and that straightforward to create another hysterical panic as now being witnessed in that even Danish hauliers are banned from entering many countries. There are currently at least 19 other vaccines under development for COVID-19. How many would you like to take?

However, what is even more sinister and cynical is the timing of the announcement – just days after the media have declared Joe Biden as “President elect”. Trump was the “wrecking ball” for the internationalists for the last four years and looked invincible because of the economic resurgence of the US with his “America First” policy. Black unemployment was the lowest it had ever been, Latino unemployment was the lowest it had ever been. Business had flooded back into the US and he had prohibited imports where cheap labour was putting Americans out of work. That was, until the bottom fell out of the American economy with the beginning of the COVID-era. Now, ending the COVID-era, or at least turning it down a few notches, will be of great benefit to the incoming administration, as long as they tow the internationalist line and follow the reconstruction agenda. Step out of line and we now have a rehearsed process to follow that pulls all the nations back into the internationalist fold.

So, just because we have a vaccine do not think we are all back to the “old normal”. We Brits have already been told to carry on “*behaving ourselves*” and to “*remember our new patterns of behaviour*”. We might be let out of the prison for a short time, but we still have the ankle bracelets on, and we can easily be renditioned back to jail. The pieces are now all in place and a successful trial of the use of a pandemic to reset the world economy to a centralised, synarchic socialist model has been proved.

## Summary and Conclusion

I began this journey writing this because it was totally perplexing to me as a lifelong student of the sciences and indeed studying the philosophy of science at PhD level

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<sup>116</sup> Placebos are used in medical studies when randomising trials. People are given a “fake” medication so that they can be compared with those who had a genuine medication. The person is not aware they have not received the genuine medication.

now, to see how blatantly scientific data was being abused and being displayed in a misleading, unaccountable fashion by our government “experts”. The classification as an “expert” seems to be independent of any expertise in responsible handling of data and the classification as a “scientist” seems to be on the basis I call myself a scientist, not because of any identifiable compliance with a scientific methodology – there is a difference between a statement made by someone with scientific qualifications and a scientific statement, scientists can still make unscientific statements. We have had a lot of unscientific statements made by scientists intent on burning their scientific capital for the sake of political expediency and political correctness. We have seen how data was being falsified by our Health Authority to the degree that a senior academic at Oxford University who is head of a centre specialising in “evidence based medical decisions”, publicly exposed it in a professional journal. Doctors in the US had to expose “fake” papers published in the leading medical journals which had to retract them.

It was only when I understood that the scientific institutions were compromised to wider political considerations that it started to make sense. The academic papers had served the purpose to redirect the world strategy from simple generic medications to the “vaccine” which can only benefit big-pharma and the agenda of humanistic foundations such as the Gates and Rockefeller that believe in a central, digital governance of the world, ensuring equality by imposition of a “stakeholder capitalism”. Much as happened in the National Socialist era in Germany, the entire scientific and cultural community had fallen into line to provide a justifying narrative for our government to provide a moral imperative for their totalitarian actions. There was barely a dissenting voice that was raised higher than a whisper. Things got worse, as some dissenting voices began to get some attention, social media and our news organisations began censoring and filtering any dissenting voices.

In essence, we are seeing an attempted internationalist takeover of the free nations of the world, particularly the West. The “lockdown” is a totalitarian response to an epidemic and has no precedent in the West. Although curfews are not unknown in most democracies, they are rare, specific, and normally in response to a high level of immediate risk or disorder. The sustained removal of a citizen’s liberties, freedom to work, trade, travel and assemble is equally as unknown prior to 2020. This removal of the immediate liberty during lockdown in the name of “keeping us safe” was

matched with Orwellian legislation. Even in wartime, the processes of recreation, trade, food production and industrial manufacture continue, working around the necessary restrictions presented by the risks of conflict.

For such a strategy to be considered by international leaders to be mandated worldwide on the basis of “scientific” advice, it would have been expected that the rigour of the premises and assumptions used in the framework that mediated between the science and politics would have been to the highest of standards for there to be anything close to approaching a moral warrant for such strong anti-libertarian international action. There would surely have been compelling data from modelling on the basis of epidemiology, risk evaluation by considering the ongoing predicted economic, social and mental health issues, increases in deaths from otherwise preventable conditions because of the non-availability of primary care and perhaps many other issues more suited to the expertise of medical professionals. It would also have been responsive to the data that was received from the world community itself during the pandemic when divergence from the strict lockdown strategy was present.

Science failed to demand of itself sufficient standards and empowered politicians and the State to tyrannise its citizens. The ethical failure of the wider scientific community to scrutinise the claims of government appointed and government backed “special advisory panels” is a basic failure in their duty. The sham of the academic peer review process was exposed as being subject to the demands of big-pharma. Now, it must be said that this was not a *universal* failure as there was some dissenting voices publishing in *The Lancet* within a couple of weeks of lockdown but these voices could exert no pressure on the formal process of managing the pandemic once the WHO had set the narrative and the governments of the world, with their complicit “experts”, fell into line with it.

We can also be absolutely certain that the world economy cannot handle a repeat “lockdown” and maintain a free-market, capitalist basis for the life of nations. We are standing at the crossroads between freedom and bondage, liberty and totalitarian socialism. The social agitation of communist groups in the US and the utter polarisation between the Euro-socialism of the Democratic Platform and at least a nod by the Republicans to the localism of the American Constitution, emphasise

there is a worldview war between a renovated socialism, rebranded as “stakeholder capitalism” (but implying central management of the relations of capital) and the freedom of the individual to govern themselves and to trade with other individuals. The existence of the Rockefeller strategy document with its prescription for “lockdown” phase, easing into a new social order is compelling circumstantial evidence that this was not an accidental “pandemic” but an organised revolution. Not done with a gun pointed at you but with the meme of “health” popping up on your smartphone; the new revolutionaries have learnt so much can be accomplished disguised as “health initiatives”. The eugenic function of this virus for managing population is undeniable. Its “gain of function” that targets the weak and vulnerable is classical social-Darwinistic in its perspective, the weak and old with no social utility are disposed of and the designed difficulty in creating a vaccine ensures an extended window of sociological reconstruction.

The “transition” document published by the Rockefeller institute this year and their partnership with the Gates Foundation proposed a complete realignment of the relationship of the citizen with the State and a new digital membership of a world community. We sacrifice “privacy” for “safety” and enter a digital, cash-free economy. Governments can disconnect and disempower citizens from society with a click of the mouse and this helps ensure social cohesion because of mandated compliance with what has been decided as the “common good”.

### A Final Word

So, you might be feeling a victim to the forces of history, imprisoned in a digital straitjacket for your own protection and with no defence against government tyranny. What can we do against the vested interests of billionaire humanists and big-pharma who are intent on ushering in a New World Order? However, you now have the strongest weapon, *the truth*. You should now be empowered by understanding this pandemic is built on a foundation of deceit and lies, *the virus, and its descendants, presents no lasting threat to you in most scenarios*, provided we get ourselves fit and healthy.

When we understand the lies as lies, we can then start telling the truth and build a resistance. Though the intergovernmental and transnational organisations have extended their influence, their control is not total, and some “goat” nations have

refused to tow the internationalist line. The US under Trump has caused absolute chaos in the internationalist camp which is why the invective against Trump has continued unabated since he announced his candidacy for POTUS and there was unparalleled corruption<sup>117</sup> in the present presidential vote, regardless of the final outcome. It is also true that a foundation built on lies inevitably collapses in on itself and we also see who our real friends are when we stand; we may have to endure ostracization and isolation but we can build relationships and support structures for one another to survive the isolation. When we realise we are not alone, we can love and support one another. It only takes one voice to change your nation, so use your voice.

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*It only takes one voice to change your nation, so use your voice.*

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#### A Second Final Word<sup>118</sup>

For some of us too, our confidence that there is a God in heaven not subject to COVID-testing at the door of the church should be a source of great strength and comfort. That a government thinks it can tell a church not to “sing” in our assemblies shows that there is no fear of God *whatsoever* amongst the international leaders of the nations and we consequently have no obligation *whatsoever* to submit to their rule. For so-called leaders and politicians to bully believers with “Romans 13” just shows they do not understand Romans 13; Romans 13 itself gives us the qualifications for those rulers who are worthy of obedience<sup>119</sup>. That most churches have complied with totalitarian instructions from their governments demonstrate that their Christianity was to the most part fake and non-biblical, tolerated on the fringes

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<sup>117</sup> I am not an American and have no axe to grind here. However, turn-out equalling 120% of eligible residents to vote in some jurisdictions I think meets the definition of “corrupt”. Dead-people voting, multiple registrations in multiple states, poor verification of user identification, last minute changes of voting rules in “swing states”, questionable performance of voting machines and software, poor regulation of postal votes, collection of votes from cars queuing to vote to “help the elderly”, AOC’s “make Trump supporters pay” campaign, a media that was unashamedly campaigning for the opposition...it sounds like a banana republic, not the centre of democracy in the Western world.

<sup>118</sup> If you are interested in a Christian response to the issues then the following articles will be of particular interest: [https://www.researchgate.net/publication/340772114\\_COVID-19\\_Novel\\_Coronavirus\\_God's\\_Blessing\\_or\\_Satan's\\_Curse](https://www.researchgate.net/publication/340772114_COVID-19_Novel_Coronavirus_God's_Blessing_or_Satan's_Curse) and <https://mmacneill123.medium.com/should-i-obey-my-government-on-civil-disobedience-and-the-covid-19-novel-coronavirus-74c944588dec>

<sup>119</sup> I have an extended discussion of this in: <https://mmacneill123.medium.com/should-i-obey-my-government-on-civil-disobedience-and-the-covid-19-novel-coronavirus-74c944588dec>

of our society but having no power in it. No influence, no voice; we should have been the persecuted dissenters offering the “cure” to a fear-filled nation. Any Christian who believes that Jesus has instructed us to lockdown, social-distance, self-isolate and not to lay hands on the sick, is a post-biblical Christian and denies the healing power of God. That in itself should provoke us to walk in close step with His daily guidance and to take a bold stand for truth-telling in a sea of complicit and ignorant fellow-believers who prefer social acceptance and being good “community partners” over “laying hands on the sick and seeing them recover” and as “witnesses demonstrating His delivering and healing power to all that come to Him.”



## Appendix 1 – Science and Postmodernism

For the inquiring minds or philosophers amongst us, the reason I want to assert that science should be concerned with truth and objectivity is that there is a post-modern view that permeates our cultural mindset in the West since the 1960s that all is situational, relative and culturally conditioned, “different strokes for different folks” as the hippie song put it. Dogmatism in any form, or “*me telling you what to do*” is the *greatest* sin. It denies that we can really “know” or be “certain” about anything (except I can *know* and *tell you* with *complete certainty* as to why you cannot know anything and you *certainly* cannot tell me what to do – you should also be able to recognise the utter contradiction in this sentence and the trivial refutation it offers of this kind of relativistic thought which somehow survives in the academy).

It then follows that all our accounts of reality are tentative and provisional, our language does not really contain anything which we would call “meaning” but is rather a playful collection of contingent signs where we happily misinterpret each other and make texts mean just what we want them to mean (you can take that one step further and even deny there is a “text” because a text implies an objective category and to make a distinction implies a commitment we are not able to call public because we cannot step outside of our own subjectivity). If “science” has a role as a distinctive “language game”, it is just an “instrument” that helps us solve our problems but should not claim any special status for itself of actually describing the world the way it is. It is simply a form of “poetry”. What is “true” is simply that which works for us.

However, such a collection of pessimistic views, which I believe terminate in epistemological nihilism, though owing much to the publication of a work by a philosopher of science, Thomas Kuhn (who in 1962 published *The Structure of Scientific Revolutions*) has had far more lasting influence within the realms of the Arts, particularly literary theory, where the individual subjective experience of the reader interacting with a text is the focus, rather than within the philosophy of science (particularly those committed to realism in any form) who are normally concerned with giving an account of reality and for providing a basis for the justification and practice of science. Kuhn’s work was important but was rather a milestone in the history of the philosophy of science, then philosophy more generally

and seeped into culture generally, rather than the last word. Any philosophy of science that reduces to relativism in the final analysis (as did Kuhn's view though he personally was uncomfortable with that implication) struggles to find traction amongst the majority of the philosophers of science who want a stronger account of science than just mere phenomenology or behaviourism. Of course, those within the Arts who are at war against the "tyranny of science" gladly embraced Kuhn and his ghost is ever with us.

This summary is in no way meant to trivialise the problems associated with defining science with a commitment to realism and objectivity, and as to why some philosophers believe rationality destroys itself and we wash up helpless on the shores of Humean scepticism (but then have a pint at the pub and enjoy our dinner because we all "know" we cannot live without trusting our senses that we *are*, in fact, "knowing" we are hungry and thirsty). *Indeed, the complexity of it is the subject of my current doctoral studies.*

## Appendix 2 – Some Comments about Conspiracy Theories

### Burying the Truth in Conspiracy Theories

I heard the late Chuck Missler speak who led and founded the Koinonia Institute<sup>120</sup> but had spent most of his professional life after graduating from West Point with honours in the intelligence community. He had also been an extremely successful businessman as the chairman of five different publicly traded companies, i.e. he was a highly intelligent and articulate man. He described how intelligence agencies would "bury" legitimate intelligence (leaked or otherwise) that found its way onto the internet by planting fake intelligence with a few planned "counter-leaks" to individuals who were conspiracy theorists who could be relied on to take the bait. The aim was to obfuscate the truth and discredit anyone who would try and depart from the "new normal" as those in power desired to spin a conspiracy (or work out a strategic plan, depending on your perspective) that was in danger of being exposed and compromised. Thus, although I have done my best in this essay to try and filter out the genuine from the false, there are bound to be some places where I am inaccurate or believed something that was not true. That does not distract though

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<sup>120</sup> [https://www.khouse.org/pages/mcat/about\\_us/](https://www.khouse.org/pages/mcat/about_us/)

from the due diligence that I have attempted in presenting a thorough case regarding the real-life conspiracy to take our freedom from us and put us into a digital jail.

### The Anti-Semitic Distraction

According to some accounts, the Rockefellers, the Rothschilds and some of the other “super-rich” dynasties are “Jewish” and attempts to implicate them in some world conspiracy are “anti-Semitic”. One of my friends sent me an interesting and amusing conspiracy theorist profiling chart that had an “anti-Semitic threshold line” for the most extreme conspiracy theorists. Yet it is certainly true that these famous families enjoyed the patronage of the New York Jewish community during the early years of the century and enjoyed this up to the vice-presidential Rockefellers of the 1970s and that Jewish Marxists have been some of the most influential internationalists. It is also no secret that the Rockefellers actively assisted the Bolshevik takeover of Russia, sheltering key revolutionaries. Thus, this indeed does, for some right-wing conspiracy theorists, fuel anti-Semitic conspiracy theories of a Jewish elite controlling the world and it is then easily extrapolated that anyone engaging or believing in global conspiracies is somehow “anti-Semitic” and extreme right-wing. No one wants to be a Nazi and so somehow all the talk of a global conspiracy gets dropped.

All I can say at this point is, as I have already mentioned in reporting the testimony of Chuck Missler above, that one of the best ways a conspiracy is hidden is to drown it in a lot of false conspiracy theories by latching on to the prejudices of the consumer, a few targeted drops of information can create a false conspiracy to hide the real one. To be explicit, I do not endorse or hold to the fascist view of an international conspiracy of Jewry (one of the co-authors of the most famous critical study of the Rockefellers was Jewish) and, in the case of the Rockefellers, there is at least a plausible case for them being French Protestants that were initially exiles to Germany and found their way with many millions of Europeans to the New World and it was the tithing habits of Mumma Rockefeller that opened the windows of heaven and poured out a blessing as reported by the Christian apologists for the Rockefellers. This also, to me, seems too sentimental to be relevant (but please tithe). The anti-Semitic element is a distraction from objectively weighing and assessing the evidence I am presenting here.

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