

The Abduction of Liberty (part 1)

May. 16th, 2020

 Send to Kindle

In 1775 – just a few months before the Declaration of Independence was signed, Patrick Henry famously said “Give me liberty or give me death!” The fight against tyrannical and oppressive governments that followed that speech are infamous. They founded the greatest bastion of freedom, democracy, and human rights the world has ever seen.

But our once great nation is in danger of losing the freedoms that our forefathers sacrificed so much to obtain. The ideas of liberty and death have been distorted, with our government (and many around the world) using the fear of death as an excuse to indefinitely suspend our freedoms.

But unlike the patriots of the 16th century, the citizens of these modern United States have not united against this tyranny. To the contrary, many of them have embraced it. Fear of the latest global “pandemic” has created the most complacent citizenry in our nation’s history.

The cost? The very liberty that defines us.

But the narrative we’ve been given by the LAMEstream media, tech and pharmaceutical industries, and corrupt politicians on both sides of the isle couldn’t be farther from the truth. They would have you believe that this latest virus is the greatest threat to humanity that we’ve seen in generations. That’s a lie. They’ll tell you that the closure of society, industry, and freedom of religion are necessary to save humankind from decimation. They want you to believe that the latest miracle drug or vaccine is our only hope for returning to normal. That’s a lie.

They want you to believe that those elected to protect our freedoms hold the authority to suspend them in times of crisis. **THAT IS A LIE.**

So, let's take a look at some of these lies. Let's look at the truth about the coronavirus, the lies and faulty science that have been used to justify the suspension of our rights, the catastrophic effect those measures will have on the human race, and the long-term consequences of our collective apathy.

The World Health Organization has called this viral outbreak a crisis “unparalleled in modern times.” Commonly accepted statistics tell us that roughly 3 million people have been infected and that almost 200,000 have died. The media has bombarded us with these numbers like a ticker on the stock exchange, sensationalizing the “pandemic” as the greatest threat mankind has faced in generations.

But is that really true? Let's look at some of the facts.

1 | They told us that this virus was a natural mutation of an animal virus that spread from a food market in Wuhan China. That was a lie.

Experts assured us that the coronavirus is a man-made mutation of the one found in bats. But way back in early February, we reported the truth – that this disease is NOT natural.

The Wuhan Institute of Virology – a level-4 biohazard lab which was studying “the world's most dangerous pathogens” – is only about 13 miles away from the Huanan seafood market that China claims as the source of the outbreak.

The institute even has an ad for researchers to help use “bats to research the molecular mechanism that allows Ebola and SARS-associated coronaviruses to lie

dormant for a long time without causing diseases.”

The job is for a lab run by Dr. Peng Zhou, Ph.D., a researcher at the Wuhan Institute of Virology and Leader of the Bat Virus Infection and Immunization Group. Since 2009, Peng has been the leading Chinese scientist researching the immune mechanism of bats carrying and transmitting lethal viruses in the world.

A study by 5 Greek scientists (published 1/27/2020) examined the genetic relationships of COVID-19 and found that “the new coronavirus provides a new lineage for almost half of its genome, with no close genetic relationships to other viruses within the subgenus of sarbecovirus,” and has an unusual middle segment never seen before in any coronavirus.

What exactly does that mean? Basically, this means that we are dealing with a brand-new type of ‘man-made’ coronavirus. The study’s authors rejected the original hypothesis that the virus originated from random natural mutations between different coronaviruses.

Dany Shoham, a former Israeli military intelligence officer who has studied Chinese biological warfare, has also linked the virus to China’s covert biological weapons program. Mr. Shoham holds a doctorate in medical microbiology. From 1970 to 1991, he was a senior analyst with Israeli military intelligence for biological and chemical warfare in the Middle East and worldwide.

“Certain laboratories in the institute have probably been engaged, in terms of research and development, in Chinese [biological weapons], at least collaterally, yet not as a principal facility of the Chinese BW alignment,” Mr. Shoham told The Washington Times. Work on biological weapons is conducted as part of dual civilian-military research and is “definitely covert,” he said.

That story was widely criticized by mainstream media. Even the New York Post (who reported a similar story a few weeks later), wasn’t immune to the criticism

of the propaganda machine. Their story was censored on social media, with “fact-checkers” claiming that the story was false.

But we’ve now learned that the market in Wuhan doesn’t even sell bats, and that the nature of this virus is unique in a way not possible through natural means. This week brought hard news in the form of State Department cables from January 2018 showing that the US government had longstanding, grave concerns about safety protocols at the Wuhan lab — China’s only Level 4 biohazard laboratory.

And multiple outlets, including *Fox News* and *The Washington Post*, report that top US national-security officials are increasingly of the belief that the bug came from that lab.

2 | We were told that the death toll has been catastrophic, with nearly 7% of those infected dying from the virus.

That number would be alarming, were it true. But the numbers have been dramatically skewed and misrepresented in a way that makes COVID-19 seem much worse than it is. Reliable data and information are essential to making decisions. You can’t plan a dinner party if you don’t know what’s on the menu or how many guests will attend. You can’t order parts to fix your car if you haven’t diagnosed the problem.

And you can’t effectively implement drastic, global, “protective” protocols if you don’t yet understand the extent of the virus.

And yet, that’s exactly what’s been happening. Scarce and unreliable data haven’t stopped entire nations from issuing “stay at home” orders and forcibly closing millions of businesses. A massive amount of the U.S. population is now out of

work and quarantined in their homes despite virtually no reliable data to support it.

Professor John Ioannidis (an expert in medicine, epidemiology, population health, biomedical data science, and statistics) may have summed it up best:

The data collected so far on how many people are infected and how the epidemic is evolving are utterly unreliable. Given the limited testing to date, some deaths and probably the vast majority of infections due to SARS-CoV-2 are being missed. We don't know if we are failing to capture infections by a factor of three or 300... This evidence fiasco creates tremendous uncertainty about the risk of dying from COVID-19. Reported case fatality rates, like the official 3.4% rate from the World Health Organization, cause horror — and are meaningless. Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future.”

“The numbers are almost meaningless,” says Steve Goodman, a professor of epidemiology at Stanford University. There's a huge reservoir of people who have mild cases, and would not likely seek testing, he says. The rate of increase in positive results reflect a mixed-up combination of increased testing rates and spread of the virus.

We will need more complete data, smarter data and more coordinated data to communicate something meaningful about the extent of Covid-19 in the United States, how many people are likely to die, which hospitals are likely to be swamped and whether drastic changes in the way Americans live will start to slow down the spread of the virus.

With a population of 1.5 billion people, China's some 80,000 cases look like a rounding error, says Nigam Shah, an assistant professor of biomedical statistics at Stanford. And India's claim of some 754 cases probably reflects a severe lack of tests — not that the disease there is still so rare. The positive tests say little about how many people are dying or will die, since most cases are mild.

3 | They assumed that everyone who died with COVID-19 died from COVID-19.

That would seem like a rational conclusion, given that the media has been shouting these statistics from the proverbial rooftops. But not every death attributed to the coronavirus is accurately reported. Many of them are bogus.

For starters, there's no standard protocol for determining COVID-19 deaths. If a person dies and tests positive for the virus, they're added to the body count. But that's scientifically irresponsible at best and criminally negligent at the worst. In Italy, New York, and other part of the world where the outbreak has been most severe, the likelihood that many of these fatalities weren't caused by the virus is high.

We know that COVID-19 is much worse for the older population. Those aged 0-64 make up about 84% of the U.S. population. But they only account for a little over half of the documented hospitalizations and about 20% of all deaths. Meanwhile, those aged 65-84 make up a little over 14% of the population but account for 36% of hospitalizations and 46% of the deaths. Those 85+ make up only 2% of our population, yet they account for 9% of hospitalizations and a whopping 34% of deaths!

Now, we're not saying that every life isn't precious. Anyone who knows us (or our mission) can see that preserving human life is our primary mission. But when you look at the numbers in context, things just don't add up.

We know that this disease disproportionately affects the elderly. It also disproportionately affects those with compromised immune systems. But so does almost every disease known to man. Did you know that the median life expectancy in the U.S. is about 78 years? The sad truth is that people die every day... and older people die more often.

If an elderly person comes in with health issues, passes away, and is diagnosed with the virus, they are added to the number of people killed by COVID-19 – **EVEN IF THEY HAD OTHER UNDERLYING CONDITIONS!**

To put that into perspective, there have been reports of people around the country dying from car accidents, drowning, or premature birth who have been counted among the coronavirus victims. But the testing has been notoriously unreliable, and the causation simply isn't there. Just last week, it was confirmed that a positive test is no longer required to attribute a fatality to the virus.

Every single model predicting the severity of this outbreak has been wrong. Health officials continue to lower their estimates, and even those have been **WAY** off. Authorities would have you believe that economic shutdown and other oppressive measures are the reason for the lower death toll, but the data doesn't support that conclusion **AT ALL**.

Despite their best effort to artificially inflate the death count, predictive models have been beyond off. Intuition may tell you that the faster a State ordered shutdowns, the fewer deaths it would see, but that is surprisingly not reflected in the correlation analysis.

When you analyze states and nations that went into a complete shutdown (and compare it against the population size, social interaction habits, and so forth), there's absolutely no correlation between early closures and lower transmission or mortality rate.

Michael Fumento has been covering epidemics and their models for 35 years. He explains the problem with the “science” these governments have used to justify the suspension of our rights and the destruction of our economy:

In the current crisis the most alarming model, nay probably the most influential in the implementation of the draconian quarantines worldwide, projected a maximum of 2.2 million American deaths and 550,000 United Kingdom deaths unless there were severe restrictions for 18 months or until a vaccine was developed. The primary author: Neil Ferguson. Right, Mad Cow/Avian Flu Fergie.

Then a funny thing happened. A mere nine days after announcing his model, Ferguson said a better number for the U.K. would be only 20,000. The equivalent would be fewer than 80,000 American deaths. Technically, that U.K. number was buried in a table in the report under what might be called “a fantastic case scenario.” But could that reduction possibly reflect a mere nine days of restrictions? No.

Soon all the numbers were tumbling. Yet as late as March 31, the *New York Times* declared: “White House Projects Grim Toll from Virus” citing White House Coronavirus Task Force head Deborah Birx and director of the National Institutes of Allergies and Infectious Diseases Anthony Fauci, who in turn cited a model showing deaths up to 240,000. Still awful, but Birx explicitly backed off the Ferguson projection for which she had previously been the Grey Lady’s pompom girl.

Then suddenly Fauci announced a flat figure of “more like 60,000,” the same number the CDC says died of flu two years ago. Probably not coincidentally, until quite recently the agency said there were 80,000 flu victims that year, before lowering it to 61,000 – presumably because people were using that figure to compare to COVID-19 deaths. In any event, the 1968-1969 “Hong Kong flu” killed an estimated 100,000 Americans, or 165,000 adjusted to today’s population.

Moreover, as noted, the CDC now encourages coding a death of anyone “if the circumstances are compelling” even though they haven’t been tested at all. Yeah, wow; it’s not a “conservative myth.” During flu season, that means a lot of flu victims have magically become COVID-19 victims in addition to people who would have otherwise had cause of death listed as heart attack, diabetes, and other co-morbid conditions.

One reason Italy had so many “coronavirus deaths” seems to be coding, even though it’s still far more strict than the new CDC guidelines. Re-evaluation of death certificates by the country’s National Institute of Health showed only “12% with direct causality from coronavirus, while 88% of patients who have died have at least one pre-morbidity – many had two or three.”

Then Fauci finally said it. “I’ve spent a lot of time on the models. They don’t tell you anything.” A few days later CDC Director Robert Redfield also turned on the computer crystal balls. “Models are only as good as their assumptions, obviously there are a lot of unknowns about the virus” he said. “A model should never be used to assume that we have a number.”

Which, of course, is exactly how both a number of public health officials and the media have used the them.

Nevertheless, public servants around the world insist that the world must remain closed. But what’s the real cost?

Stay tuned for part 2 where I’ll show you the **REAL** cost of the lockdown coming soon!

The Abduction of Liberty (part 2)

May. 20th, 2020

 Send to Kindle

(If you missed it, you can read **Part 1** here)

Counter Measures to COVID-19 Are Worse Than the Virus Itself

One of the most common attacks we've heard on those who support reopening our economy and salvaging our liberties is that we care more about the economy than human life. But the truth is that the two are invariably intertwined.

The more damage we do to our society and economy, the higher the death toll will rise. In fact, there will almost certainly be more loss of life from the *reaction* to coronavirus than the disease itself. Reuters summarized a few of them beautifully:

Domestic Violence

Trapped at home with their abusers, some domestic violence victims are already experiencing more frequent and extreme violence, said Katie Ray-Jones, the chief executive officer of the National Domestic Violence Hotline.

Domestic violence programs across the country have cited increases in calls for help, news accounts reported – from Cincinnati to Nashville, Portland, Salt Lake City and statewide in Virginia and Arizona. The YWCA of Northern New Jersey, in another example, told Reuters its domestic violence calls have risen up to 24%.

“There are special populations that are going to have impacts that go way beyond COVID-19,” said Ray-Jones, citing domestic violence victims as one.

Vulnerable Students

Students, parents, and teachers all face challenges adjusting to remote learning, as schools nationwide have been closed and online learning has begun.

Some experts are concerned that students at home, especially those living in unstable environments or poverty, will miss more assignments. High school students who miss at least three days a month are seven times more likely to drop out before graduating and, as a result, live nine years less than their peers, according to a Robert Wood Johnson Foundation report.

Among the most vulnerable: the more than 6 million special education students across the United States. Without rigorous schooling and therapy, these students face a lifetime of challenges.

Special needs students “benefit the most from highly structured and customized special education,” said Sharon Vaughn, executive director of the The Meadows Center for Preventing Educational Risk at the University of Texas. “This means that they are the group that are most likely to be significantly impacted by not attending school both in the short and long term.”

In New Jersey, Matawan’s Megan Gutierrez has been overwhelmed with teaching and therapy duties for her two nonverbal autistic sons, eight and 10. She’s worried the boys, who normally work with a team of therapists and teachers, will regress. “For me, keeping those communications skills is huge, because if they don’t, that can lead to behavioral issues where they get frustrated because they can’t communicate,” Gutierrez said.

Soaring Suicides

In Europe and the United States, suicide rates rise about 1% for every one percentage point increase in unemployment, according to research published by lead author Aaron Reeves from Oxford University. During the last recession, when the unemployment in the United States peaked at 10%, the suicide rate jumped, resulting in 4,750 more deaths. If the unemployment rate increases to 20%, the toll could well rise.

“Sadly, I think there is a good chance we could see twice as many suicides over the next 24 months than we saw during the early part of the last recession,” Reeves told Reuters. That would be about 20,000 additional dead by suicide in the United States and Europe.

Less than three weeks after extreme suppression measures began in the United States, unemployment claims rose by nearly 10 million. Treasury Secretary Steven Mnuchin warned the rate could reach 20% and Federal Reserve economists predicted as high as 32%. Europe faces similarly dire forecasts.

Some researchers caution that suicide rates might not spike so high. The conventional wisdom is that more people will kill themselves amid skyrocketing unemployment, but communities could rally around a national effort to defeat COVID-19 and the rates may not rise, said Anne Case, who researches health economics at Princeton University. “Suicide is hard to predict even in the absence of a crisis of Biblical proportions,” Case said.

This week, the Air Force Academy in Colorado Springs, Colorado, relaxed its strict social isolation policies after the apparent suicides of two cadet seniors in late March, *The Gazette*, a Colorado Springs newspaper, reported. While juniors, sophomores and freshmen had been sent home, the college seniors were kept isolated in dorms, and some had complained of a prison-like setting. Now, the seniors will be able to leave campus for drive-thru food and congregate in small groups per state guidelines.

Initials, Acronyms & Assassinations

- JFK
- JFK, Jr.
- MLK
- The “FED”
- GMO
- HIV & AIDS

MONUMENTAL MYTHS

33 “Official Stories” That Make You Go “Hmmm”

[CLICK HERE to BUST the MYTHS!](#)

The TRUTH About
CANCER

Get Your Copy Today!

<https://thetruthaboutcancer.com/the-abduction-of-liberty/>