

Compelling Evidence That SARS-CoV-2 Was Man-Made

The unfolding of the COVID-19 pandemic left many unanswered, or unsatisfactorily answered, questions. Why were effective drugs banned while a hypothetical vaccine was promoted? Why the sudden concern of the authorities for "saving lives"? Why the same measures across dozen of countries? Why the imposition of lock-downs when detection and treatment worked better? Why was a virus whose fatality rate is comparable to a seasonal flu, hyped to such an extent? Is SARS-CoV-2 a natural virus, or was it created in a laboratory?

The present article aims to answer those questions and, more importantly, to decipher the true motives behind the global coronavirus show.

Authorities and Life



"Stay home save lives"

All the measures taken by the authorities relative to the COVID-19 pandemic centered around one motive: "saving lives". This motive is in line with the very purpose of the authorities, whose mandate is to protect us, or so we've been led to believe.

That's the hallmark of progressive thinking; year after year - thanks to human rights, democracy, humanitarianism, humanism and technological progress - barbarity and death are becoming a thing of the past. We are now "kinder and gentler," as Steven Pinker puts it:

"Cruelty as entertainment, human sacrifice to indulge superstition, slavery as a labor-saving device, conquest as the mission statement of government, genocide as a means of acquiring real estate, torture and mutilation as routine punishment, the death penalty for misdemeanors and differences of opinion, assassination as the mechanism of political succession, rape as the spoils of war, pogroms as outlets for frustration, homicide as the major form of conflict resolution — **all were unexceptionable features of life for most of human history. But, today, they are rare to nonexistent in the West, far less common elsewhere than they used to be**, concealed when they do occur, and widely condemned when they are brought to light."

~ Steven Pinker, [A History of Violence](#).

The problem is; **this idyllic interpretation doesn't stand up to hard, tangible facts**. The table below lists conflicts of the 20th Century and their number of victims, and is extracted from David [Berlinski's](#) book, *The Devil's Delusion*. The original table is 3-pages long, so I reduced it to mention only those conflicts with 1 million+ casualties.

A Shockingly Happy Picture by Excess Deaths

First World War (1914-18):	15 million
Russian Civil War (1917-22):	9 million
Soviet Union, Stalin's regime (1924-53):	20 million
Second World War (1937-45):	55 million
Chinese Civil War (1945-49):	2.5 million
People's Republic of China, Mao Zedong's regime (1949-75):	40 million
Congo Free State (1886-1908):	8 million
Mexico (1910-20):	1 million
Turkish massacres of Armenians (1915-23):	1.5 million
China, Nationalist era (1928-37):	3.1 million
Korean War (1950-53):	2.8 million
North Korea (1948 et seq.):	2 million
Rwanda and Burundi (1959-95):	1.35 million
Second Indochina War (1960-75):	3.5 million
Nigeria (1966-70):	1 million
Bangladesh (1971):	1.25 million
Cambodia, Khmer Rouge (1975-78):	1.65 million
Mozambique (1975-92):	1 million
Afghanistan (1979-2001):	1.8 million
Iran-Iraq War (1980-88):	1 million
Sudan (1983 et seq.):	1.9 million
Kinshasa, Congo (1998 et seq.):	3.8 million

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20th Century conflicts with 1 million+ victims

Even with this limitation, the total number of deaths amounts to more than 177 million. In addition, *Devil's Delusion* was published in 2008, so it doesn't list the recent conflicts in countries like Iraq, Libya, Ukraine or Syria.

How do we reconcile the alleged progress with these millions of avoidable deaths? To maintain the illusion of "gentler and kinder" behavior, the authorities attempt to put a positive spin on wars, labeling them, "war for peace", "war for democracy", "war against communism", "war against terrorism", etc.

But these wars have nothing to do with the misleading slogans. They killed millions of innocent people, they were unjust, and often led to regimes worse than the ones they replaced. Do you remember Iraq's [WMDs](#), 9/11 and Bin Laden conspiring from his remote Afghani cave, the attacks against Qaddafi and Assad while the leaders of Saudi Arabia and Qatar (two of the most regressive regimes in the world) are protected for decades, the [snipers](#) in Maidan, the bogus incident in the Gulf of Tonkin, the anthrax that was used to justify the first Iraq war, anthrax that actually came from Fort Detrick?

The 20th Century tells the story of millions of innocent people sacrificed by the authorities on the altar of greed, lies, propaganda and deception. **The facts are here, they are stubborn, and they scream: "No, the authorities couldn't care less about saving lives."**

The same applies to the humanitarian sphere. Hunger kills [9 million](#) people every year. That's 30 times [more](#) than SARS-CoV-2 and its alleged [365,000](#) deaths (the number of coronavirus deaths is being grossly exaggerated - we'll deal with this point further down). It would cost between \$7 and \$249 billion to eradicate hunger. Meanwhile, the U.S. has already thrown more than [\\$6 trillion](#) at the coronavirus crisis. That is **24 times the highest estimate for the cost of eradicating hunger in the whole world.**

The epidemiology sphere tells the same story. For decades, malaria has been killing about [500,000](#) people every year (mostly children) while cheap and effective drugs are available. Solving the malaria problem would cost about [US\\$ 4 billion](#) a year. In just 3 months, the US government has spent 1,500 times more on coronavirus than the cost of dealing with malaria.

In the same vein, every year the seasonal flu kills between [300,000 and 500,000](#) individuals without alarming the authorities whatsoever.

Obviously, the authorities don't give a damn about the millions dying every year because of malaria, hunger or the flu. So why this sudden concern about allegedly "saving lives"? What is the true motive?

Authorities and Control

While the concern of the authorities for "saving lives" is dubious at best, their thirst for control is obvious. The past years revealed a staggering increase in [CCTVs](#), speed-cameras, mass spying on citizens, tracking applications, access to personal phones and email data, increased use of subcutaneous [microchips](#), biometric IDs, face-recognition technologies, endless airport "security" procedures, a ban on cash in the interest of financial tracking, etc. All these measures came with a proportional shrinking of personal liberties.

Surveillance is only part of the control agenda. Legal pressure is another aspect, through the proliferation of norms, regulations, treaties, laws, decrees, certifications and amendments enacted at local, state, federal and supranational levels, leading to the control of every details of our lives. The EU is infamous for having enacted some of the most absurd [regulations](#):

- a ban on 'energy-inefficient' hair dryers, toasters and kettles
 - illegal for people to eat pet horses but they are still allowed to eat other types of horses
 - children under 8 cannot blow up balloons
 - ban on the sale of incandescent light bulbs because they were seen as not energy efficient enough
 - Illegal to make Stilton cheese in the village of Stilton
 - banned drink manufactures from claiming that water can prevent dehydration
- Such regulations defy common sense and clearly are not in the interest of the "greater good," which suggests that ultimately it's about control for the sake of control.

Hand in hand with the legal pressure comes an overbearing bureaucracy manifesting in a multiplication of agencies requiring mountains of paper to simply own a house, a car, a gun, or a business.

Increase in surveillance, regulation and bureaucracy are the symptoms of the same **growing control exerted by the authorities, which leads to a sense of oppression among the masses, and, sooner or later, this oppression triggers rebellion.**

The authorities are very aware of - and afraid of - insurgencies. Any popular movement that threatens their power will be stopped by infiltration, subversion, propaganda, attrition and, if necessary, by sheer violence and assassinations. This last point demonstrates that, despite their claimed concern for "saving lives", in order to keep their control the authorities are actually willing to do the contrary and sacrifice the lives of countless citizens.

Genuine popular uprisings have always been responded to with violence by authorities. From Ireland's [Bloody Sunday](#) - when [British soldiers](#) shot 26 unarmed civilians during a protest march against [internment without trial](#) - to the USA where Martin Luther King's civil rights movement faced the [long hot summer of 67](#) when police officers shot at black civilians and suspects indiscriminately, killing 43 people.

But that was decades ago, and since then authorities have greatly improved their methods of repression. That's why we have witnessed over the past decade the **militarization of police forces**, with helicopters, tanks, machine guns and snipers. The mission of police forces is to "serve and protect", not the citizens, but the interest of the authorities. And make no mistake, the interests of authorities are usually in direct conflict with the interests of the people.

But we don't have to go back decades to find examples of state violence. In France, the Yellow Vest movement has been going on for 18 months. It started with popular opposition to an [extra tax](#) on fuel (fuel is already taxed at more than [60%](#) in France). Millions joined the marches and a majority of citizens support the movement. The authorities responded the usual way, with rubber bullets, tear gas, flash-bang grenades, batons, and water cannons. So far [24,000](#) Yellow Vest protesters have been injured, 24 lost one eye, 5 lost a hand, and 11 have died. [4,000](#) were arrested, 3,000 of whom were prosecuted, and 1,000 of them received jail sentences.



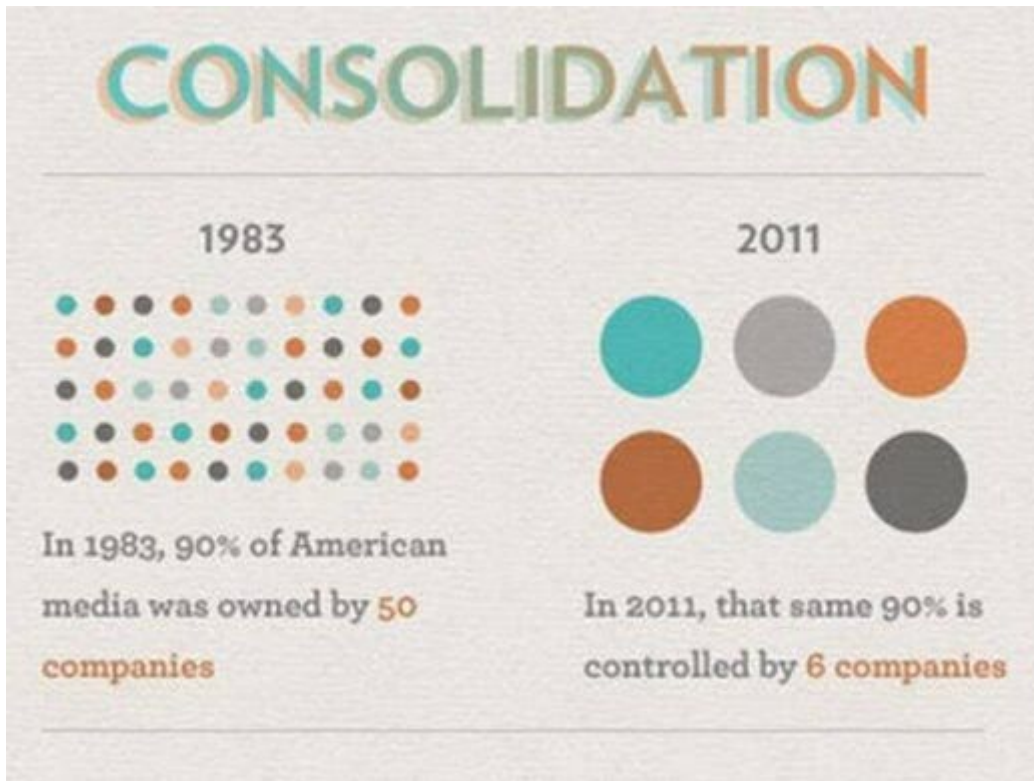
Injuries amongst the Yellow Vests

This kind of hard-nosed state counterinsurgency tactic is, however, **a risky approach because it can create heroes and martyrs and galvanize the people**. A few genuine popular uprisings were successful, for example the counter-coup that brought Hugo Chavez back to power in [2002](#). Physical violence only goes so far. Instead of controlling bodies, it's much more effective to control minds, because then you control the bodies indirectly. In this way, citizens can't even think of the idea of rebellion.

Controlling minds is the ultimate dream of the authorities. A mankind comprised of slaves, complacent, hanging on the every word of government, agreeing to everything, accepting even the unacceptable. Robots that have shed any remnant of true personality and independent thought or deed.

Dumbing Down the Population

The authorities have attempted and often succeeded to shape the human mind through various techniques. One way to control minds is through information (lies and narratives): overexposure to mainstream media - on paper and on screens - deep corruption of academia and research and, last but not least, the falling education standards combined with growing propaganda increasingly tailored towards the young.



90% of US media is controlled by six companies

Chemicals are another way to dumb down the population. For example, through the [fluoridation](#) of drinking water, which is known to [lower](#) IQ scores in children. In the same vein, there is an epidemic of autism (by 2040, it is estimated that [10%](#) of children will be born with autism) associated with [vaccination](#) campaigns. Lead is another culprit, causing [10%](#) of intellectual disabilities, and its brain toxicity has been known for centuries. Despite that, lead is still found in tooth fillings, indoor plumbing, food, gasoline and water - like in [Flint](#), Michigan.

And let's not forget the boom in legal and illegal drugs, which can only have happened with the consent of the authorities. The so-called "wars on drugs" is a mere public relations campaign to maintain the illusion of good "authorities" and to eliminate traffickers who don't toe the authorities' line:

To an average American who witnesses the dismal spectacle of the narcotics traffic at the street level, it must seem inconceivable that the government could be implicated in the international drug trade. Unfortunately, **American diplomats and CIA agents have been involved in the narcotics traffic at three levels:**

- (1) coincidental complicity by allying with groups actively engaged in the drug traffic;
- (2) support of the traffic by covering up for known heroin traffickers and condoning their involvement;
- (3) active engagement in the transport of opium and heroin.

~ Alfred McCoy, *The politics of Heroin: CIA complicity in the Global Drug Trade*

Nevertheless, the population control methods listed above have limitations. Propaganda eventually collapses under the weight of its own contradictions, and chemical substances can usually be avoided or mitigated to a large extent.

So, for the authorities, the fundamental question remains: how to implement a deep and irreversible mind control of the population? While **propaganda or chemicals can have significant influence on the human organism, there is something much more fundamental that is, today, within reach of the long arm of authorities: our own genetic code.** Our mind and our body are to a very large extent the product of our DNA. If you can properly modify someone's genetic code, you can change the way they think 'at the source' so to speak. And one of the best ways to profoundly and durably modify human DNA is viruses.

The True Nature of Viruses



The rubeola virus

Viruses are one of the oldest organisms, their presence attested to, at least, [550 MYA](#). They are also by far the most numerous organisms on our planet, with an estimated 10^{31} viruses in the oceans alone. That's 10 trillion more than the estimated number of stars in the Universe (10^{21}).

Viruses are also, and by far, the most diverse organisms, with an estimated [100 million](#) different types of viruses on Earth. For comparison, there are about [5,500](#) known mammalian species on our planet. Out of this estimated 100 million different types of viruses, **only 200 types (a mere 0.0002%) sometimes cause diseases in humans.**

Despite this astounding seniority, diversity, sheer number and overall harmlessness, viruses have until recently been understood to have an exclusively pathogenic role: spreading disease, suffering and death - in part due to scientist Louis Pasteur, who fathered [germ theory](#) in the late 19th century, which limited germs (including viruses) to that role.

This misleading theory prevailed until the advent of genetic research, which today suggests that the truth about viruses might very well be almost the opposite of what Pasteur claimed:

"One of the most earth-shaking papers of this century was the publication of the human genome sequence. About half, possibly even **two-thirds of the**

sequence are composed of more or less complete endogenous retroviruses (ERVs) and related retroelements (REs) [...]. The origin of REs is being discussed as remnants of ancient retroviral germline infections that became evolutionarily fixed in the genome.

About 450,000 human ERV (HERV) elements constitute about 8% of the human genome consisting of hallmark retroviral elements like the *gag*, *pol*, *env* genes and flanking long terminal repeats (LTR) that act as promoters. Howard Temin, one of the discoverers of the reverse transcriptase, in 1985 already described endogenous retrovirus-like elements, which he estimated to about 10% of the human and mouse genome sequence.

The actual number is about 45% as estimated today. In some genes such as the *Protein Kinase Inhibitor B (PKIB)* gene we determined about 70% retrovirus-related sequences. Is there a limit? Could it have been 100%?"

~ Moelling K, '[Viruses and Evolution - Viruses First? A Personal Perspective](#) '

Our DNA code is literally made of viral sequences. This prevalence of viral sequences in human DNA is staggering even when only known virus sequences are taken into account. This omnipresence is confirmed by the numerous copies of the same viral sequence found all over the human genome:

"[...] humans, given the vast proliferation of insertion sites involving those 30 to 50 families of viruses, and the 200 or so subgroups. If, for example, we look at just the HERV clone 4-1 variant of the HERV-E family that was studied by Sekigawa in relation to SLE, the **human genome contained 85 copies of the virus at various integration sites within different chromosomes.** "

~ Frank Ryan, [Virolution](#)

In addition, most viral sequences are [integrated](#) in our non-coding genes. Coding genes are like musicians who, instead of producing sound, produce proteins, which are the fundamental building-blocks of all life forms. Non-coding genes play an even more fundamental role; they are like a director controlling the musicians, [modulating](#) the expression of coding genes.

The numerous viral sequences found in our DNA are not a genetically neutral archaism; it is now proven that endogenous viruses have beneficial effects on the host:

"In 1996, Roy J Britten, of the California Institute of Technology, was able to list **ten examples in which endogenous retroviral sequences helped regulate the expression of a useful gene.** Seven of the ten examples were human."

~ Frank Ryan, [Virolution](#)

About the term "endogenous" used above: our ancestors were exposed to a new virus (exogenous = transmissible virus) and integrated the code of this virus into their very own DNA (endogenous = hereditary virus). In fact, not only do endogenous viruses have beneficial effects as shown by the quote above, but it seems that their presence is even necessary for life forms to exist:

"[...] when Corrado Spadafora, the Italian researcher who has produced such pioneering work in cancer research, applied an anti-reverse transcriptase drug in this very early stage of embryogenesis in the mouse, **all development ceased at the four-cell stage. It would appear that endogenous retroviruses are playing a very profound, if completely unknown, role at this early stage in mammalian embryogenesis.** "

~ Frank Ryan, [Virolution](#)

The role of viruses is so prominent in human DNA that some [researchers](#) are asking: "Are viruses our oldest ancestors?"

To use an analogy, viruses infusing new information into our genetic code is akin to a software update. From this perspective, **diseases caused by exogenous viruses are the physical manifestation of the carrier's struggles to adapt to this "update"**. In rare cases death ensues - the computer is too old, is not ready for the change, or is unable to absorb the update. But as the Chinese saying goes, "a falling tree makes more noise than a growing forest." **In most cases, the update is [successful](#) and totally asymptomatic:**

"We explored non-human sequence data from whole-genome sequencing of blood from 8,240 individuals, **none of whom were ascertained for any infectious disease.** [...] **we mapped sequences to 94 different viruses, including sequences from 19 human DNA viruses, proviruses and RNA viruses (herpesviruses, anelloviruses, papillomaviruses, three polyomaviruses, adenovirus, HIV, HTLV, hepatitis B, hepatitis C, parvovirus B19, and influenza virus) in 42% of the study participants.** "

Usually, the exovirus is deactivated and integrated in our DNA painlessly; it has become an endogenous virus. The new viral information is stored in our 'hard drive' (our genome). This new information - sequences of endogenous virus integrated in our DNA - provides us with augmented complexity and functionality.

The above shows the prevalence of viruses in our genetic code and the vital role they play. This perspective provides a different spin to the on-going debate about whether viruses are life forms or not. Actually, viruses seem more fundamental than even life itself; they are the information carriers (genetic codes) from which biological life stems. **Viruses are more than life: they are the very source of life; they are the informational precursors, the initiators of life forms.**

The Mind-Altering Virus

The above shows the fundamental role viruses play in the development and evolution of life, including human life. They shaped our bodies, our organs, and our very minds. From this perspective, it's no surprise that endogenous viruses, and **even exogenous viruses, have an influence on the host's behavior.**

There are a number of viruses known to alter the behavior of **animal** hosts. Rabies "[hijacks](#)" the brain and causes the host to be aggressive. Viruses from the family [Baculoviridae](#) induce

in their hosts changes to both feeding behavior and environment selection. In horses, the [Bornavirus](#) is known to cause stupor, hyper-excitability, fearfulness, and aggressiveness.

Viruses also alter behavior in [humans](#):

'Profound changes in behaviour are observed following **infection of the central nervous system by some viruses. Irritability, insomnia, hyperactivity and learning disability** are some of the behavioural disturbances that have been described in both **humans** and animals with central nervous system infection.'

For example, viral [encephalitis](#) is commonly caused in humans by arboviruses, including West Nile, herpes viruses and enteroviruses. Symptoms include irritability, lethargy and seizures. In humans, [rabies](#) causes delirium, abnormal behavior, hallucinations. Traces of the [Bornavirus](#) have been found in significant numbers of depressed and schizophrenic patients. [Subacute sclerosing panencephalitis](#) is caused by mutant measles viruses invading the brain. Symptoms include bizarre behavior, muscle jerks, and seizures.

But there is no need to search for rare exotic viruses to find behavior-altering effects, or even **positive behavior-altering effects**. In 2010, [Chris Reiber](#) found evidence that a virus as mundane as the **influenza virus alters people behavior by making them more sociable**.

Since viruses are the active component of vaccines, it is no surprise that changes in human social behavior have been observed in response to a common [vaccine](#).

Man-Made Viruses

The first engineered DNA molecule was made in 1972 by [Paul Berg](#). Berg combined DNA from the monkey virus [SV40](#) with the [lambda virus](#). That was almost 50 years ago.

For decades, engineering viruses has been common practice. The active ingredient in most modern vaccines is a genetic sequence extracted from a virus (the sequence that is considered immunogenic but not pathogenic). A [paper](#) published 19 years ago describes how genetically-modified viruses can be used to develop vaccines.

Along a similar line, gene therapy uses genetically-modified viruses to deliver genes that can cure genetic diseases. The first case of successful gene therapy on humans was performed by [Martin Cline](#) in 1980. More recently, in [2004](#), a genetically-modified virus was designed to exploit the selfish behavior of cancerous cells and treat cancer.

Man-made viruses are also used in mammals ([myxomatosis protection](#) for rabbits), plants ([disease resistance](#) in orange trees), and insects by designing [insect-borne viruses](#) that have the ability to modify the genes of crops in already-planted fields. This virus basically transforms non-GMO crops into GMO crops after they have been planted.

The above shows that engineering viruses is now commonplace and that natural viruses can alter behavior. But **viruses can be man-made AND alter behavior**. This is the subject of a [paper](#) published in 2011 by a Rostock laboratory:

"Gene therapy approaches have an effect in animal models of several psychiatric disorders including drug addiction, affective disorders, psychoses and dementia, modifying behavioural parameters via interventions on the molecular and cellular level. [...] stereotactic intracerebral injection of genetically modified viruses are used."

Man-Made SARS-CoV-2

The hypothesis according to which SARS-CoV-2 "escaped" from a lab seemed outlandish at first but gained traction over time because of some puzzling evidence. To the point that a number of mainstream media [\[1\]](#), [\[2\]](#), [\[3\]](#) reports confirmed that US intelligence was investigating the possibility that the virus came from a laboratory.



Luc Montagnier receiving the 2008 Nobel Prize in medicine

Luc Montagnier is a retired French scientist. He received the 2008 Nobel Prize in medicine for his discovery of the HIV virus. Being a retired Nobel prize winner makes him less sensitive to various pressures (grant cancellation, bad press, and peer pressure). Unlike most of his colleagues, he can, and does, say what he thinks.

Montagnier described SARS-CoV-2 as a man-made "[Frankenstein virus](#)" combining various types of viruses. According to Montagnier, the Franken-virus was made from a natural coronavirus, coming from a bat, but to this model was added sequences very similar to HIV-1 and the parasite *Plasmodium falciparum*, which is responsible for malaria. This point might explain why hydroxychloroquin - an anti-malaria drug - is effective against SARS-CoV-2.

To the question: "Wasn't the coronavirus natural?" Montagnier replied: "No, it was not natural, **it was the work of professionals, of molecular biologists, it's a very precise work, we could call it a watchmaker's work**".

Montagnier's claims about engineered insertions of HIV sequences in SARS-CoV-2 were confirmed by a paper titled "[Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag](#)," which had to be retracted because of "too much [pressure](#)". [Two](#) other prominent virologists, namely Ruan Jishou of Nankai University and Li Huan from Huazhong University, came independently to the very same conclusion.

Judy Mikovits was a lab director at the U.S. National Cancer Institute, and was part of the team that was first to isolate the murine retrovirus XMRV. She also worked for several years at Fort Detrick, the U.S. Army's most infamous bioweapons research lab. Mikovits is one of the few who has dared to [denounce](#) the vaccine scandal, for which she subsequently lost her career, her savings and her reputation. She [publicly stated](#) that, given the astounding number ([1,200](#)) of mutations between the new SARS-CoV-2 and the source bat virus, the former had to be engineered:

Interviewer: Do you believe that this virus [SARS-CoV-2] was created in the laboratory?

Mikovits: [...] **That cannot be naturally occurring.** Somebody didn't go to a market, get a bat, the virus didn't jump directly to humans. That's not how it works. That's accelerated viral evolution. **If it was a natural occurrence, it would take up to 800 years to occur.**

Bruno Coutard is a researcher for IHU Méditerranée Infection, one the largest virus research facilities in the world. On April 2020, Coutard *et al.* [published](#) in *Antiviral Research* a detailed analysis of SARS-CoV-2:

"In 2019, a new coronavirus (2019-nCoV) infecting humans has emerged in Wuhan, China. Its genome has been sequenced and the genomic information promptly released. Despite a high similarity with the genome sequence of SARS-CoV and SARS-like CoVs, we identified **a peculiar furin-like cleavage site in the spike protein of 2019-nCoV, lacking in the other SARS-like CoVs** [...] This furin-like cleavage site... may provide a **gain-of-function to the 2019-nCoV for efficient spreading in the human population.**"

In plain English, "[gain-of-function](#)" means "man-made". According to Coutard, it is this man-made intervention that enabled a zoonotic (bat) virus to 'jump' to humans.

Professor of etiology at the National Taiwan University, [Fang Chi-tai](#), has stated that SARS-CoV-2 was probably man-made. There are four more amino acids in the gene sequence of SARS-CoV-2 than in other coronaviruses. According to Fang, natural mutations of viruses will only result in small, singular changes, so it is suspicious to see a naturally mutated virus suddenly take on four amino acids. Those amino acids could have been artificially added to make viral transmission easier.

Czech molecular biologist Dr. [Soňa Peková](#) explained that SARS-CoV-2 was man-made because of its deeply modified "control room":

"[...] massive gene changes and transcripts, insertions, deletions, and other complex changes in the magnitude of the RNA SARS-CoV-2 control room, **if nature had created it chaotically and randomly, the virus would simply perish** because it could not have functioned in an orderly manner."

Norwegian scientist [Birger Sorensen](#) and [Australian scientists](#) in Adelaide and Melbourne came independently to the same conclusion: SARS-CoV-2 is man-made because a virus never before seen in humans before couldn't be so perfectly adapted to humans:

"This is a new virus that has never been in humans before, but it has an **extraordinarily high binding to human receptors**, which is very surprising. **It is almost perfectly human adapted, it couldn't do any better.**"

Artificial additions of HIV and malaria sequences, an engineered furin-like cleavage, amino acids added by design, a modified control room, extraordinary adaptation to humans. All these pieces of evidence point to a man-made virus. And, keep in mind that these are only the proofs brought forth by the few scientists who dared to speak up.

Engineered for What Purpose?

If SARS-CoV-2 was man-made the next question is: "what features were given to the engineered SARS-CoV-2 compared to its natural ancestors?"

To answer this question, let's compare SARS-CoV-2 to its natural relatives, SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome), which are two [of only a handful of other coronaviruses](#) that can infect humans. We will also include in this comparison the seasonal flu (influenza virus).

Transmissibility:

Transmission rate (R0) measures the average number of persons contaminated by a single carrier. R0 for SARS-CoV-2, is [between 3 and 5](#). That's several times higher than SARS with a R0 equal to [1.8](#) and MERS whose R0 is lower than [1](#). Similarly, the seasonal flu is moderately contagious; its R0 is about [1.3](#)

Pathogenicity:

Mass testing in Iceland revealed that [50%](#) of the SARS-CoV-2 carriers are asymptomatic. This figure is consistent with the *Diamond Princess* case where [75%](#) of the carriers were asymptomatic. SARS and MERS are markedly more pathogenic with only [7-13%](#) and [25.4%](#) of healthy carriers respectively. The seasonal flu exhibits a similarly high pathogenicity with an asymptomatic fraction of between [4 and 28%](#).

Mortality:

Countries that didn't conduct mass testing provide an artificially inflated death rate because the number of infected people tends to be under-evaluated given the high proportion of asymptomatic carriers described above.

Iceland was one of the few countries to conduct mass testing and it exhibits a [0.5%](#) fatality rate, which is exactly the same number [observed](#) onboard the *Diamond Princess*. Still, this percentage tends to be overestimated because it [amalgamates](#) "dead with SARS-CoV-2" with "dead because of SARS-CoV-2," despite obvious co-morbidity factors.

In addition, the financial [incentives](#) given for COVID-19 deaths, the almost non-existent seasonal flu deaths this winter (counted instead as COVID-19 deaths), the Do Not Resuscitate [orders](#) and the bogus [death certificates](#), all contributed to **overinflate the COVID-19 fatality rate** even more.

Despite these overinflated numbers, SARS exhibits a much higher fatality rate ([9.5%](#)) and MERS is 68 times deadlier with a [34%](#) fatality rate. Typically, the seasonal flu has a [0.1%](#) fatality rate, which is comparable with SARS-CoV-2 rate once overinflated numbers are put aside.

Neurological effects:

SARS-CoV-2 exhibits a surprisingly high percentage of neurological effects. Depending on the sources, between [36%](#) and [84%](#) of CoVID-19 patients display neurological effects.

In addition, SARS-CoV-2 induces a wide range of [neurological symptoms](#): slower-than-normal cognitive speeds, memory loss, impaired concentration, confusion, severe agitation, encephalitis, seizures, numbness, strokes, dizziness, cerebral venous sinus thrombosis, cerebral hemorrhage, headaches, loss of taste and loss of smell.

SARS also exhibits neurological effects, but their occurrence is rare (about [2.5%](#)) and their range narrow. Between [8%](#) and [24%](#) of MERS carriers exhibit neurological symptoms, [mostly](#) confusion and seizures. Influenza also causes a few neurological symptoms (encephalopathy and seizure) in [5%](#) of patients.

[Published research](#) has revealed that in enhanced brain MRIs performed on COVID-19 patients, **frontotemporal hypoperfusion was noted in every single patient**. It suggests that SARS-CoV-2 might particularly affect this specific region, for which the most frequent condition is called [frontotemporal dementia](#), one of its main [symptom](#) being [automatic obedience](#). Similarly, in healthy individuals subjected to [Milgram-like](#) experiments, the [obedience](#) to authorities is associated with lower activity in the frontotemporal region. Along the same line, when subjects are asked to make a **decision with moral content**, it is the [temporal](#) lobe that becomes active.

The table below recapitulates our main findings:

	SARS-CoV-2	MERS	SARS	Seasonal flu (Influenza)
Transmissibility (R0)	between 3 and 5	lower than 1	1,8	between 1 and 2
Asymptomatic fraction	50-75	25%	7%-13%	4%-28%
Mortality rate	0,40%	9,50%	34%	0,10%
Frequency of neurological effects	36% to 84%	8% to 24%	2,50%	5%
Range of neurological effects	WIDE	MEDIUM	NARROW	NARROW

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SARS-CoV-2 compared with MERS, SARS and influenza

At this point, we know some of the specificities of a likely man-made SARS-CoV-2 compared with its relatives MERS, SARS, and to a lesser extent, influenza. We can perhaps then deduce what were the objectives of the virus designers.

SARS-CoV-2 was definitely not engineered to kill; quite the contrary, carriers had to stay alive (low fatality rate). More than that, carriers were supposed to be invisible (low pathogenicity) and the virus was to spread widely (high transmissibility).

SARS-CoV-2 was engineered to spread widely and silently and to reach the brain, affecting the region relating to moral-based decisions and obedience. What were the designers aiming to modify in carriers' brains? Was the objective of the virus to increase obedience?

Let's leave these questions hanging for a moment and look more closely at the Mecca of man-made viruses and mind control: Fort Detrick.

Fort Detrick And Viruses



Part of Fort Detrick infrastructures

At the dawn of WW2, the USA was already the leader in biological and chemical weapons production, with [Edgewood](#) Arsenal being the largest chemical and biological weapons facility in the world with a staff of 1,200 researchers.

In 1943, biological and chemical weapons development was transferred to Fort Detrick. In order to gain even more knowledge about biological weapons, the **US gave immunity to leading Nazi scientists** like [Erich Traub](#), a virologist who specialized in foot-and-mouth disease, Rinderpest and Newcastle disease. He was lab chief of the Nazis' leading bio-weapons facility on Riems Island.

"Months into his Operation Paperclip contract, **Traub was asked to meet with US scientists from Fort Detrick[...]**. Traub discussed work done at the Reich

Research Institute for Virus Diseases of Animals on Riems Island during World War II for the Nazis, and work done after the war there for the Russians. **Traub gave a detailed explanation of the secret operation at the Institute, and his activities there. This information provided the ground work for Fort Detrick's offshore germ warfare animal disease lab on Plum Island. "**

~ Carroll, Michael (2004). [Lab 257: The Disturbing Story of the Government's Secret Germ Laboratory](#). New York: HarperCollins Publishers. pp. 7-8

In exchange for the transfer of bioweapons knowledge to Fort Detrick, the US also provided immunity to leaders of the infamous [Unit 731](#), a covert Japanese bioweapon research group, which practiced live vivisection and killed more than [300,000](#) Chinese citizens through germ warfare.

By the **1950s, Fort Detrick was already experimenting with a large number of viruses and other germs:**

"Operation Harness, a less than successful experimental program involving teams of American, British, and Canadian microbiologists who sprayed **virulent agents like anthrax, brucellosis and tularemia** over the Bahamas, Antigua and New Hebrides. [...] Other lesser known SOD projects undertaken prior to the formalization of a relationship with the CIA involved testing the effects of **salmonella poisoning, botulinum toxin sprays, kala-azar (a parasitic disease), lymphogranuloma inguinal (a herpes-like virus), yaws** and, perhaps most ominous of all, developing 'the ability to induce cancer through covert means'."

~ Hank Albarelli, [A Terrible Mistake](#)

Germ warfare experiments were conducted on unwitting subjects and caused a number of deaths in "enemy" countries, 3rd world countries, "allied" countries like [France](#) and the US population - not just prostitutes, inmates, or mental patients, but "normal citizens" - like during the exposure of 800,000 San Francisco residents to [Serratia marcescens](#).

In 1969, amidst huge protests against the Vietnam War and growing revelations about the use of Agent Orange ([created](#) by Frederick Hoffman and Fort Detrick's biochemists) and napalm against civilian populations, president Nixon announced an alleged ban on the use of chemical and biological weapons. It was, however, a fake ban, as shown by the [convention](#) signed in 1972:

"The United States will **confine its biological research to defensive measures** such as immunization and safety measures."

Basically, the only change was that now the US had to point the finger at an alleged bioterrorist to pursue - or to later 'justify' - its research on a given bioweapon. And that's exactly what they did with the Iraq anthrax story. Iraq was **allegedly developing anthrax bioweapons**, one of the [excuses](#) for waging war on Iraq. It was the same anthrax that was sent in the mail by "bio-terrorists" a few weeks after 9/11 (convenient timing to hype the 'evil Muslim terrorist' frenzy).



Colin Powell presenting a vial of anthrax at the UN

In the end, investigations revealed that the **anthrax didn't come from Iraq but from Fort Detrick**. Quite an inconvenient fact. But a convenient patsy was soon found. According to the FBI, the anthrax letters had been sent by a crazy employee: [Bruce Edwards Ivins](#), an award-winning microbiologist who had worked in Fort Detrick for 18 years.

10 years later a scientific analysis of anthrax strains conducted by the National Academy of Science concluded that the [FBI overstated](#) the strength of genetic analysis linking the mailed anthrax to a supply kept by Bruce E. Ivins. The anthrax was from Fort Detrick, but Ivins was probably not the culprit. Ivins died in 2008, allegedly from a tylenol overdose. No autopsy was performed, and the body was soon cremated. Dead men tell no tales.

Today, scientists at Fort Detrick are still conducting intensive research on man-made biological weapons in general, and engineered viruses in particular. For example, in 2016, Fort Detrick was involved in research concerning the use of [bats](#) and the viruses they carry as bioweapons. In 2018, Fort Detrick conducted [research](#) on the MERS coronavirus, a close relative of SARS-CoV-2.

Fort Detrick also uses an advanced technology called CRISPR-Cas9 to extract specific genetic sequences from viruses. According to a [paper](#) published in 2017, Fort Detrick teams used this technology for **extracting viral sequences coding for a "cleavage furin site"**. Coincidentally, or not, according to some [researchers](#), **it is the unexpected cleavage furin site found in SARS-CoV-2 that provides its unusually high virulence and proves that it is man-made.**

Above is about the extent of the *publicly* available research emanating from Fort Detrick. Being a military site closely tied with the CIA, where secrecy is paramount, Fort Detrick and associated labs around the world operate within closed networks of communication and publishing.

Fort Detrick and Mind Control

In parallel to researching and designing biological weapons, Fort Detrick is heavily involved in [mind control](#). Beginning after WW2, the methods included the use of various drugs (heroin, mescaline, LSD, MDMA, synthetic THC and morphine), polygraph, electro-shock therapy, the use of "mechanical aids" , lobotomies, hypnotism, fatigue, isolation, sensory deprivation, and torture.

MKULTRA is the best known mind control program because of the revelations about the horrific experiments conducted by Sydney [Gottlieb](#), CIA chemist and head of some mind control experiments in Fort Detrick, and Dr. Ewen [Cameron](#) from the Allan Memorial Institute in Montreal. But this was only the tip of the iceberg; the exposed experiments were only part of sub-project 68, one of 144 sub-projects contained in MKULTRA.

MKULTRA branched into many additional "[avenues](#) of control of human behavior, including radiation, electro-shock, various fields of psychology, psychiatry, sociology, and anthropology, graphology, harassment substances, and paramilitary devices and materials."



A young girl subjected to MKULTRA experiments

Following the exposure of sub-project 68, MKULTRA was officially discontinued in 1964. The truth is that it didn't end in 1964; it was merely re-labelled Project [MKSEARCH](#).

In addition, MKULTRA was only one of numerous programs dedicated to mind control; other known programs are ARTICHOKE, Bluebird, QKHILLTOP, Chemical Corps, MKNAOMI, MKSHADE. All were dedicated to 'understanding' the human mind and finding all possible ways to control it.

The ultimate goal of mind control experiments conducted at Fort Detrick and its myriad satellite organizations (laboratories, hospitals, biotech companies, pharmaceutical companies, and prisons) was best captured in 1952, when Paul Gaynor, head of the CIA Security Research Service, described the [purpose](#) of ARTICHOKE:

[Gaynor] posed the project's ultimate question to the CIA's Medical Office chief:
"Can we get control of an individual to the point where he will do our bidding against his will and even against such fundamental laws of nature [like] self-preservation?"

The two main research topics in Fort Detrick, namely biological weapons and mind control were not compartmentalized. By the very [admission](#) of the CIA to the U.S. Justice Department during the 1975 investigation, MKULTRA, centered around Fort Detrick, associated biological materials and mind control:

[MKULTRA] activities that were concerned with the research and development of chemical, **biological**, and radiological materials capable of employment in clandestine operations to **control human behavior**.

This association is confirmed by documentation of experiments associating infectious disease and human behavior, conducted as early as 1959:

Milwaukee (AP) - The CIA recruited University of Wisconsin scientists for two experiments between 1959 and 1962, the Milwaukee Journal reported in today's edition. Documents obtained by the newspaper indicate university administrators may not have been informed of CIA involvement in the research projects. However, the documents show researchers knew about CIA sponsorship and the objects of the research. **The experiments involved Infectious disease and human behavior.**

~ Glenn E. Tagatz, *ENIGMA: [A Veteran's Quest for Truth](#)*

Sydney Gottlieb was a PhD student under the supervision of Ira Baldwin at the University of Wisconsin. Dr Ira [Baldwin](#) would eventually chair the Department of Bacteriology at the university before becoming Fort Detrick's director of scientific research.

The above shows that the convergence between infectious diseases and human behavior research began more than 60 years ago. Since then both fields of research have made tremendous 'progress'.

A paper mentioned above describes **viruses genetically modified to alter behavior**, published in 2011 by a Rostock team. If a modest lab in Rostock could publicly publish a paper on a mind-altering engineered virus in 2011, you can imagine what Fort Detrick is able to secretly create nowadays.

Today, Fort Detrick thrives as the US army's principal base for biological research and mind control, employing [nearly 8,000 people](#) in 600 buildings on 13,000 acres. Over the last 70 years it has invested billions of dollars in mind control and engineered viruses.

Made in China or Made in the USA?

Wuhan level 4 laboratory is a civil facility researching treatments against existing viruses, while Fort Detrick is the largest military bioweapon facility in the world, and one of its core activities is the creation of new man-made viruses. SARS-CoV-2 is a new virus and, as shown above, it is likely man-made.

The creation of the Wuhan laboratory in [2015](#) pales in comparison to Fort Detrick and its decades of activity in biological weapons and mind control. The only argument in favor of a Wuhan-engineered SARS-CoV-2 is the location of "patient zero", allegedly found in a Wuhan market in December 2019. This allegation was soon debunked by a [paper](#) suggesting that the Wuhan market was not the place of origin of the epidemics.

While there is no patient zero to be found in Wuhan, a series of mysterious epidemics near Fort Detrick predate, by months, the Wuhan outbreak.

On July 2nd, 2019, a mysterious respiratory epidemic struck Greenspring Senior Living community, located in Springfield, Virginia, which is only 50 miles from Fort Detrick. Retrospectively, the described [symptoms](#) are very close to those associated with SARS-CoV-2. The epidemiological statistics (for old people) are also similar to SARS-CoV-2; with 263 residents, 63 became sick and 3 died.

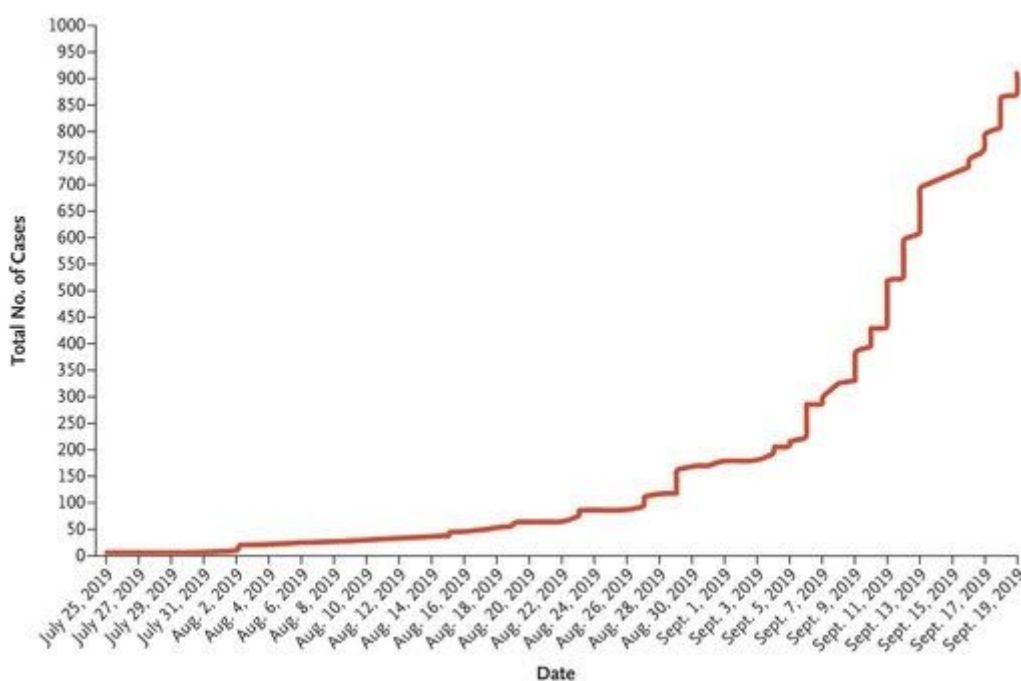
[Laboratory tests](#) conducted by the CDC did not identify a specific cause for the mysterious respiratory illness. Remember that, at the time, SARS-CoV-2 was unknown (therefore undetectable) since its official [discovery](#) was announced on January 9th, 2020 by the WHO.

Springfield was not an isolated case. Virginia reported an unusual increase in respiratory illnesses located in [16](#) geographic clusters that lasted, at least, until [December 2019](#) and struck typical COVID-19 patients: "Most of the reports have occurred among **older adults and those with chronic medical conditions in assisted living and long-term care facilities.**"

On July 26th, 24 days after the Springfield outbreak, another mysterious respiratory syndrome, quickly attributed to **vaping**, emerged in Illinois and Wisconsin, with [8 persons hospitalized](#) due to symptoms that are, again, reminiscent of COVID-19: "Scans and X-rays showed **inflammation or swelling throughout both lungs** [...] The severity of health condition has varied, with some patients **needing assistance in order to breathe.**" The patients' lung scans showed the 'ground glass shadow' typical of COVID-19.

In the subsequent months, the 'vaping syndrome' [spread rapidly to other US states](#). It reached 908 cases and 3 deaths as of September 20th. The exponential increase in cases is clearly evocative of a contagious disease:

B Confirmed and Suspected Cases over Time



Cases of Vaping-Associated Pulmonary Disease in the United States.

If this mysterious respiratory disease is due to vaping, how do we explain that it started in the US Northeast and only occurred within the US, while there are [tens of millions](#) of e-cigarette users all over the world? About the 'vaping syndrome', John Britton, a British professor of respiratory medicine, [stated](#):

What's happening in the U.S. is not happening here (in Britain), **nor is it happening in any other countries** where vaping is common.

Britton adds that vaping is far less dangerous than smoking, that the claims are completely false, and that the **syndrome is not caused by vaping**. Around the time of the official beginning of the SARS-CoV-2 pandemic, the mysterious vaping syndrome that had by then required 2,800 hospitalizations and caused 70 deaths, magically vanished - although large numbers of people in the US are still vaping.

Around the end of 2019, the US was also experiencing the [earliest flu epidemic](#) since 2002-2003. The "flu" was 15 days [earlier](#) than usual. According to the [Asahi News Report](#), some of the 14,000 Americans who died 'from' (or with) this 'early influenza' may have unknowingly contracted the SARS-CoV-2.

It was in this context of mysterious respiratory epidemics striking the US in general, and the vicinities of Fort Detrick in particular, that 300 US soldiers arrived in Wuhan, China, for the World Military Games that lasted from October 18th to October 27th, 2019. Just before the trip, some of the US soldiers had [trained](#) in Fort Belvoir, 50 miles from Fort Detrick and 6 miles from Springfield, Virginia (the first cluster of the mysterious respiratory disease).

The US team stayed at the Wuhan Oriental Hotel, which is just [300 meters](#) from Wuhan's Huanan Seafood market:



© Mettalicman

Locations of the Wuhan vaccine lab, the hotel of the American soldiers and the Wuhan fish market.

Unexpectedly, the US team [did not perform very well at the games](#): "The U.S. team, known for their competitive skills, did terribly; only 172 participated, almost half didn't even compete in their events."

Despite having the largest military in the world, ten fold, the US came in 35th behind nations like Iran, Finland and Slovenia.

It seems that the mysterious infectious outbreak that occurred around Fort Detrick a few weeks previously may have infected participants of the World Military Games. [Five "foreign" athletes](#) were hospitalized for an undetermined infection. Many foreign athletes from [France](#), [Belgium](#), [Germany](#) [Italy](#), [Sweden](#), [Luxembourg](#) have revealed that they fell ill at the World Military Games, and thought, retrospectively, that what they had was COVID-19.

The first real COVID-19 [case](#) among Wuhan locals appeared on November 2, only six days after the end of the military games. Coincidentally or not, **42 employees of the Oriental Hotel (where the US delegation stayed) were diagnosed in November with COVID-19, becoming the first cluster in Wuhan.**

Conveniently, **Fort Detrick received a cease-and-desist [order](#) from the CDC and was shut down on July 15th 2019, just 13 days after the beginning of the nearby mysterious respiratory outbreak in Springfield, VA.** A senior scientist described the [atmosphere](#) in Fort Detrick at the time as one of 'fear and mistrust'. Fort Detrick [re-opened](#) in April 2020, at the tail end of the pandemic.

From an Obedience Vaccine to a Mutated Disobedience Virus?

So far the data suggests that Fort Detrick engineered SARS-CoV-2. Contained in a vaccine, it may have targeted brain function, particularly regions associated with obedience/moral decision-making. But if SARS-CoV-2 was designed to increase the obedience of its subjects, how do we explain the worldwide unprecedented measures to minimize its spread?

Well, sometimes things don't go according to plan, especially with viruses.

Allegedly, vaccines contain "dead" virus but this viral deactivation doesn't always work and "live" viruses can escape their vaccine. This is exactly what happened with the [Salk polio](#) vaccine which caused the worst polio outbreak in history, infecting 200,000 people with live polio, of whom 70,000 became sick.

In addition to escaping vaccines, viruses have the tremendous ability to [mutate](#). Interestingly, mutations can totally [reverse](#) the 'original' or 'intended' effects of a virus:

"[...] an un-mutated virus was more likely to produce lots of viral RNA and less likely to trigger the cellular alarm. **Mutated viruses generally had the opposite effect.**"

Did SARS-CoV-2 follow the sequence of events described above?

1. Engineered virus
2. Incorporation into a vaccine
3. Virus escapes from the vaccine
4. Virus mutates and reverses effects

The evidence seems to confirm this hypothesis:

1/ Engineered virus

Despite the secrecy surrounding this type of activity, several pieces of evidence suggest that Fort Detrick was involved in research closely related to the engineering of SARS-CoV-2.

- In 2016, Fort Detrick was involved in bioweapons research concerning the use of [bats](#) and the viruses they carry.
- In 2017, the US government [lifted a ban](#) on engineering deadly viruses to make them transmissible among humans. This [article](#) specifically mentions engineering SARS and MERS (close relatives of SARS-CoV-2) so that they **spread more easily** or become more fatal.
- Fort Detrick also uses an advanced technology called CRISPR-Cas9 to extract specific genetic sequences from viruses. According to a [paper](#) published in 2017, Fort Detrick teams used this technology for the **extraction of viral sequences coding for a "cleavage furin site"**.
- In 2018, [research](#) was conducted in Fort Detrick, focused on the MERS coronavirus, a close relative of SARS-CoV-2.

2/ Incorporation into a vaccine



For more than two [centuries](#), US soldiers have been used as guinea pigs for vaccines. Every year new vaccines are tested on troops. Any of the many inoculations administered around 2018 might have contained SARS-CoV-2, including the [mandatory](#) yearly influenza vaccine, or one of these novel coronavirus-based vaccines:

In 2018, CEPI funded \$56 million towards Inovio's DNA [vaccine program](#) against the coronavirus that causes MERS. USAMRIID (Fort Detrick) was a partner in this program.

Also in 2018, a [patent](#) was granted (filed in 2015) for a vaccine containing man-made coronavirus. The vaccine was funded by the WHO and the Bill & Melinda Gates Foundation:

The present invention provides a **live, attenuated coronavirus** comprising a variant replicase gene encoding polyproteins comprising a mutation in one or more of non-structural protein(s) [...] **The coronavirus may be used as a vaccine** for treating and/or preventing a disease, such as infectious bronchitis, in a subject."

3/ Virus escapes from the vaccine

The escape probably happened around the beginning of summer 2019, as suggested by the outbreak of strange respiratory diseases that began near Fort Detrick and spread to the rest of the US within months. Until then, the virus was contained in the vaccine.

4/ Virus mutates and reverses neurological effects

Between the first vaccine inoculation, probably in 2018, and the end of 2019, SARS-COV-2 mutated. The mass testing conducted in Iceland revealed [40 mutations](#) in SARS-CoV-2. A [paper](#) published in March 2020 went further by identifying 149 mutations sites and two distinct strains: the L lineage and the S lineage.

The L lineage exhibits a significantly higher number of mutations, while the S lineage is more related to coronaviruses in animals. This suggests that the **S lineage is the strain originally contained in the vaccine (obedience) while the L lineage is the strain that appeared after the mutation (disobedience).**

In September 2019, before the Wuhan epidemic, but after the mysterious respiratory illnesses in the US, president Trump signed an 'emergency' [Executive Order](#) that gave 120 days for the development of a novel flu vaccine, "just in case."

Lock-down to Minimize Spread Not Fatality

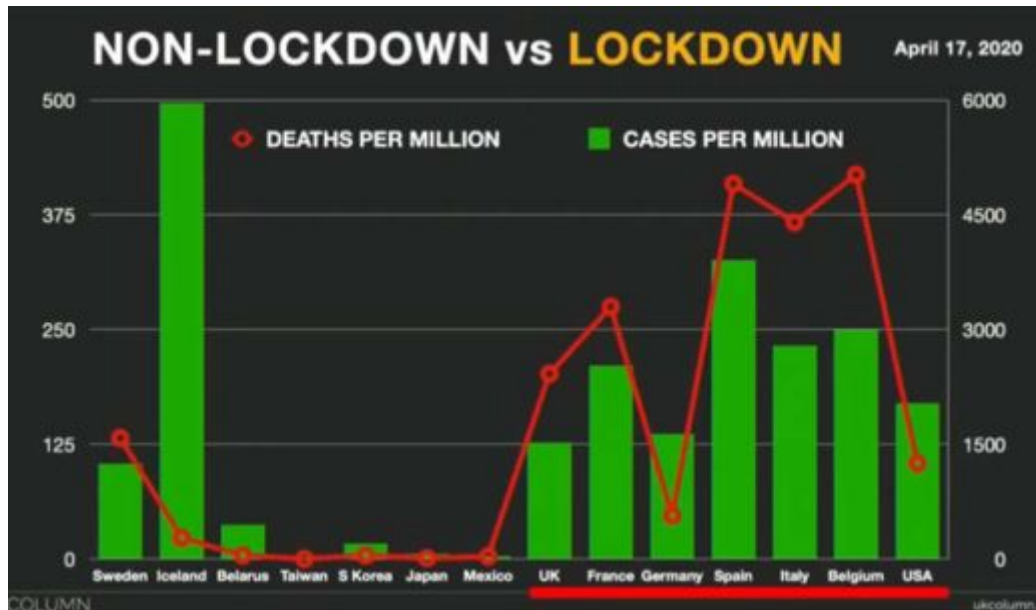
We witnessed **two very distinct 'lockdowns'**. The first one in Wuhan was decided in the face of a virus that was as yet unknown, at least to Chinese scientists. The second was a worldwide (though primarily Western) lockdown imposed by whoever controls the WHO, after SARS-COV-2 was ascertained to be not deadlier than a common flu.

Wuhan authorities made a logical decision. At the time, the virus was unknown and no treatment was yet developed. Chinese officials identified an infectious cluster whose timing and location fit the period in which US soldiers were in Wuhan. They rightly suspected a potentially deadly viral weapon engineered in the US (as they [stated](#) as early as March).

As in the Middle Ages during the Black Death, confinement was the only solution. In the absence of a cure, it is an attempt to minimize the spread of the virus by avoiding any social contact.

But Chinese virologists quickly determined that SARS-COV-2, although engineered in the US, was not worse than a seasonal flu and effective treatments were available. Soon the lockdown was lifted. Notice that Wuhan is only a tiny geographic region in China. The rest of China experience limited or no lockdowns. Quickly, China and neighboring countries adopted a test-and-treat approach that was successful: the fatality rate in China is estimated to be [0.6%](#).

The lockdown imposed in the West was a very different story. By this time, it was clear that SARS-COV-2 was *not* the new plague; furthermore, testing kits and effective treatments (hydroxychloroquine, azithromycin, zinc) were available. So there was a better solution than lockdown in terms of "saving lives".



Lock-down vs no lock-down

The total lockdown imposed on billions of individuals epitomizes the line of force developed in this article. **At any given time, the authorities will choose control over 'saving lives'.** If necessary, they will *sacrifice* life to preserve or increase their control. [That is exactly what happened with the Western lockdown, which increased the COVID-19 fatality rate](#) (no herd immunity, no testing, no early treatment), and the overall fatality rate because of the increases in suicides, depression, poverty, and delayed or canceled medical care.

Western authorities deliberately chose the worst solution (from the perspective of "saving lives") because it was the best one in terms of control. **They chose the lockdown to minimize the spread of what I suspect is a 'beneficial' disobedience mutation, even though they knew that it would cause a number of unnecessary deaths.**

The premise of the lockdown was "COVID-19 is deadly", so in order to save lives we had to stay at home. In truth, **the virus was not deadly at all, but the lockdown was.** A self-fulfilling prophecy; where [the remedy \(lockdown\) caused more deaths than the disease \(COVID-19\)](#). A number of deaths caused by the lockdown were counted as COVID-19 deaths, making the initial bogus claim (that COVID-19 is deadly) seem apparently true.

Notice that [three](#) of the countries that imposed total lockdown (France, Italy, Belgium) also banned an effective, cheap and safe drug: hydroxychloroquine. Unsurprisingly, those three countries exhibit some of the highest fatality rates in the world as indicated in the diagram above.

Conclusion

In this article we examined evidence suggesting that SARS-CoV-2 was engineered at Fort Detrick and incorporated into a vaccine for the express purpose of spreading widely and affecting neurological functions related to obedience.

But, it seems, this project backfired, first with the 'obedience virus' mutating into a 'disobedience virus', forcing the authorities to take rushed measures to restrict the spread of the beneficial mutant - at any price.

The total lockdown was a desperate attempt to minimize the spread of potentially beneficial effects of the mutated SARS-CoV-2. But it backfired a second time because the lockdown seems to have actually [increased](#) the transmission rate:

"Government study about COVID-19 seroprevalence in Spain: among workers, **those who had an "essential profession" and continued working were less infected than those staying at home.** This should lead to a reflection on the role of general confinement."

Having failed to contain the spread of the beneficial mutant, one of the only options left was to cancel the beneficial effects. The authorities are busy preparing the public for what is to come; for months we keep hearing about the "second wave" and "the vaccine against COVID-19."

What follows is only a prediction made in a very chaotic context. It's probable that by the end of 2020, like every year, a flu epidemic will emerge. This virus will, conveniently, be deemed a close relative to SARS-CoV-2, maybe with 'extra terrifying features'.

But there will be no need to despair because, by this time, the authorities will have prepared a vaccine. That's one of the reasons why hydroxychloroquine was lambasted and banned. If a safe and effective treatment already exists, who is going to accept a rushed and unknown vaccine? A vaccine that will allegedly protect people against COVID-20, but will in reality be designed to 'cancel' the beneficial changes induced by the mutated strain of SARS-CoV-2.

Fort Detrick, despite allegedly being closed between July 2019 and April 2020, is already [testing](#) a vaccine. Isn't that rather quick? Perhaps not, given that people at Fort Detrick likely already know a *lot* about SARS-CoV-2 and its neurological effects.


It's probable that the vaccination won't be mandatory. Remember that the authorities are now "kinder and gentler". Instead of brute force, the authorities are more likely to use moral blackmail - "Get vaccinated to protect others!" - combined with social blackmail - "No vaccine = no job, no shopping, no travel, no socializing!" Basically, you're free to choose between the vaccine [passport](#) or a life sentence in an isolated cell.

In the end, the take-home message from this article is not so much about SARS-COV-2, which is finally just one more chapter in the big book of lies told by authorities, and the human tragedy of believing those lies. The principal message is **that authorities are not here to protect us. The only thing that can protect us is knowledge, including the visceral knowledge that authorities do not protect us - quite the contrary, actually.**

<https://docs.google.com/document/d/1MwO1SrEfR8vdTk1W9CtMqaGUxS9cgUZOBKH00c4PSok/edit>

<https://youtu.be/mdyt-Ge25Z8>

Trump blames China for Corona Virus



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www.fox4news.com

<https://www.telegraph.co.uk/global-health/science-and-disease/tens-thousands-coronavirus-tests-have-double-counted-officials/>



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