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https://www.docdroid.net/z3E19up/covid-19-the-spartacus-letter-pdf

Ciao, mi chiamo Spartacus e ne ho abbastanza.

Siamo stati costretti a vedere l'America e il mondo libero precipitare in un inesorabile declino a causa di un attacco di guerra biologica. Noi, insieme a innumerevoli altri, siamo stati vittime e illuminati dalla propaganda e dalle operazioni di guerra psicologica condotte da un'élite non eletta e irresponsabile contro il popolo americano e i nostri alleati.

La nostra salute mentale e fisica ha sofferto immensamente nel corso dell'ultimo anno e mezzo. Abbiamo sentito il dolore dell'isolamento, del blocco, del mascheramento, delle quarantene e di altri atti completamente insensati del teatro sanitario che non hanno fatto assolutamente nulla per proteggere la salute o il benessere del pubblico dalla pandemia di COVID-19 in corso.

Ora, stiamo osservando l'establishment medico iniettare letteralmente veleno in milioni di nostri concittadini americani senza nemmeno combattere.

Ci è stato detto che saremo licenziati e ci verranno negati i nostri mezzi di sussistenza se ci rifiutiamo di vaccinare.

Questa era l'ultima cannuccia.
Abbiamo trascorso migliaia di ore ad analizzare filmati trapelati da Wuhan, documenti scientifici provenienti da fonti primarie e tracce di carta lasciate dall'establishment medico.
Quello che abbiamo scoperto avrebbe scioccato chiunque nel profondo.
In primo luogo, riassumeremo i nostri risultati e poi li spiegheremo in dettaglio. I riferimenti verranno inseriti alla fine.

Riepilogo:
Il COVID-19 è una malattia del sangue e dei vasi sanguigni. SARS-CoV-2 infetta il rivestimento dei vasi sanguigni umani, causandone la fuoriuscita nei polmoni.

Gli attuali protocolli di trattamento (es. ventilazione invasiva) sono attivamente dannosi per i pazienti, accelerando lo stress ossidativo e causando gravi VILI (lesioni polmonari indotte dal ventilatore). L'uso continuato di ventilatori in assenza di qualsiasi beneficio medico dimostrato costituisce un omicidio di massa.

Le contromisure esistenti sono inadeguate per rallentare la diffusione di quello che è un virus aerosolizzato e potenzialmente trasmesso dalle acque reflue e costituiscono una forma di teatro medico.

Vari interventi non vaccinali sono stati soppressi sia dai media che dall'establishment medico a favore di vaccini e costosi farmaci brevettati.

Le autorità hanno negato l'utilità dell'immunità naturale contro il COVID-19, nonostante il fatto che l'immunità naturale conferisca protezione contro tutte le proteine del virus, e non solo una.

I vaccini faranno più male che bene. L'antigene su cui si basano questi vaccini, SARS-CoV-2 Spike, è una proteina tossica. SARS-CoV-2 può avere ADE o potenziamento dipendente da anticorpi; gli anticorpi attuali potrebbero non neutralizzare i ceppi futuri, ma invece aiutarli a infettare le cellule immunitarie. Inoltre, vaccinare durante una pandemia con un vaccino che perde rimuove la pressione evolutiva affinché un virus diventi meno letale.

Esiste una vasta e spaventosa cospirazione criminale che collega direttamente sia Anthony Fauci che Moderna all'Istituto di virologia di Wuhan.

I ricercatori del vaccino COVID-19 sono direttamente collegati agli scienziati coinvolti nella tecnologia dell'interfaccia cervello-computer ("laccio neurale"), uno dei quali è stato accusato di aver ricevuto sovvenzioni dalla Cina.

Ricercatori indipendenti hanno scoperto misteriose nanoparticelle all'interno dei vaccini che non dovrebbero essere presenti.

L'intera pandemia viene usata come scusa per una vasta trasformazione politica ed economica della società occidentale che arricchirà i già ricchi e trasformerà il resto di noi in servi e intoccabili.

Fisiopatologia e trattamenti COVID-19:
Il COVID-19 non è una polmonite virale. È un'endotelite vascolare virale e attacca il rivestimento dei vasi sanguigni, in particolare i piccoli capillari alveolari polmonari, portando all'attivazione e alla desquamazione delle cellule endoteliali, coagulopatia, sepsi, edema polmonare e sintomi simili all'ARDS. Questa è una malattia del sangue e dei vasi sanguigni. Il sistema circolatorio. Qualsiasi polmonite che provoca è secondaria.

Nei casi più gravi, questo porta a sepsi, coaguli di sangue e insufficienza multiorgano, inclusi danni ipossici e infiammatori a vari organi vitali, come cervello, cuore, fegato, pancreas, reni e intestino.

Alcuni dei risultati di laboratorio più comuni nel COVID-19 sono D-dimero elevato, tempo di protrombina elevato, proteina C reattiva elevata, neutrofilia, linfopenia, ipocalcemia e iperferritinemia, che corrispondono essenzialmente a un profilo di coagulopatia e iperattivazione del sistema immunitario/esaurimento delle cellule immunitarie.

Il COVID-19 può presentarsi come qualsiasi cosa, a causa dell'ampio tropismo di SARS-CoV-2 per vari tessuti negli organi vitali del corpo. Mentre la sua presentazione iniziale più comune è la malattia respiratoria e i sintomi simil-influenzali, può presentarsi come infiammazione cerebrale, malattia gastrointestinale o persino infarto o embolia polmonare.

Il COVID-19 è più grave nei soggetti con comorbilità specifiche, come obesità, diabete e ipertensione. Questo perché queste condizioni comportano la disfunzione endoteliale, che rende il sistema circolatorio più suscettibile alle infezioni e alle lesioni da parte di questo particolare virus.

La stragrande maggioranza dei casi di COVID-19 è lieve e non causa malattie significative. Nei casi noti, esiste una regola nota come regola 80/20, in cui l'80% dei casi è lieve e il 20% grave o critico. Tuttavia, questo rapporto è corretto solo per i casi noti, non per tutte le infezioni. Il numero di infezioni effettive è molto, molto più alto. Di conseguenza, il tasso di mortalità e morbilità è inferiore. Tuttavia, COVID-19 si diffonde

molto rapidamente, il che significa che c'è un numero significativo di pazienti gravemente malati e critici che compaiono in un breve lasso di tempo.

In coloro che hanno sepsi, ipossia, coagulopatia e ARDS critici indotti da COVID-19, i trattamenti più comuni sono l'intubazione, i corticosteroidi iniettati e gli anticoagulanti. Questo non è il trattamento corretto per COVID-19. Nell'ipossia grave, i cambiamenti metabolici cellulari causano la scomposizione dell'ATP in ipoxantina, che, alla reintroduzione dell'ossigeno, fa sì che la xantina ossidasi produca tonnellate di radicali altamente dannosi che attaccano i tessuti. Questo è chiamato danno da ischemia-riperfusione ed è il motivo per cui la maggior parte delle persone che usano un ventilatore muore. Nei mitocondri, l'accumulo di succinato dovuto alla sepsi fa la stessa identica cosa; quando l'ossigeno viene reintrodotto, produce radicali superossido. Non commettere errori, l'intubazione ucciderà le persone che hanno il COVID-19.

Lo stadio finale di COVID-19 è una grave perossidazione lipidica, in cui i grassi nel corpo iniziano a "arrugginire" a causa dei danni causati dallo stress ossidativo. Questo guida l'autoimmunità. I lipidi ossidati appaiono come oggetti estranei al sistema immunitario, che riconosce e forma anticorpi contro gli OSE o epitopi specifici dell'ossidazione. Inoltre, i lipidi ossidati si alimentano direttamente nei recettori di riconoscimento del modello, innescando ancora più infiammazione ed evocando ancora più cellule del sistema immunitario innato che rilasciano enzimi ancora più distruttivi. Questo è simile alla fisiopatologia del Lupus.

La patologia del COVID-19 è dominata dall'estremo stress ossidativo e dall'esplosione respiratoria dei neutrofili, al punto che l'emoglobina diventa incapace di trasportare ossigeno a causa del fatto che il ferro eme viene rimosso dall'eme dall'acido ipocloroso. Nessuna quantità di ossigeno supplementare può ossigenare il sangue che rifiuta chimicamente di legare l'O2.

La suddivisione della patologia è la seguente:
SARS-CoV-2 Spike si lega ad ACE2. L'enzima di conversione dell'angiotensina 2 è un enzima che fa parte del sistema renina-angiotensina-aldosterone o RAAS. Il RAAS è un sistema di controllo ormonale che modera il volume dei liquidi nel corpo e nel flusso sanguigno (ovvero l'osmolarità) controllando la ritenzione e l'escrezione del sale. Questa proteina, ACE2, è onnipresente in ogni parte del corpo che si interfaccia con il sistema circolatorio, in particolare nelle cellule endoteliali vascolari e nei periciti, negli astrociti cerebrali, nei tubuli renali e nei podociti, nelle cellule delle isole pancreatiche, nel dotto biliare e nelle cellule epiteliali intestinali e nelle cellule seminifere dotti del testicolo, che possono infettare tutti SARS-CoV-2, non solo i polmoni.

SARS-CoV-2 infetta una cellula come segue: SARS-CoV-2 Spike subisce un cambiamento conformazionale in cui i trimeri S1 si sollevano ed estendono, bloccandosi su ACE2 legato alla superficie di una cellula. TMPRSS2, o transmembrana proteasi serina 2, arriva e taglia le teste dello Spike, esponendo la subunità a forma di gambo S2 all'interno. Il resto dello Spike subisce un cambiamento conformazionale che lo fa dispiegare come una scala di estensione, incorporandosi nella membrana cellulare. Quindi, si ripiega su se stesso, tirando insieme la membrana virale e la membrana cellulare. Le due membrane si fondono, con le proteine del virus che migrano sulla superficie della cellula. Il nucleocapside SARS-CoV-2 entra nella cellula, vomitando il suo materiale genetico e iniziando il processo di replicazione virale, dirottando le strutture della cellula per produrre più virus.

Le proteine spike SARS-CoV-2 incorporate in una cellula possono effettivamente far fondere le cellule umane, formando sincizi/MGC (cellule giganti multinucleari). Hanno anche altri effetti patogeni e dannosi. Le viroporine di SARS-CoV-2, come la sua proteina Envelope, agiscono come canali ionici del calcio, introducendo calcio nelle cellule infette. Il virus sopprime la risposta naturale all'interferone, con conseguente infiammazione ritardata. La proteina SARS-CoV-2 N può anche attivare direttamente l'inflammasoma NLRP3. Inoltre, sopprime la via antiossidante Nrf2. La soppressione di ACE2 legandosi con Spike provoca un accumulo di bradichinina che altrimenti verrebbe scomposto da ACE2.

Questo costante afflusso di calcio nelle cellule provoca (o è accompagnato da) ipocalcemia evidente, o ipocalcemia, specialmente nelle persone con carenze di vitamina D e disfunzione endoteliale preesistente. La bradichinina sovraregola l'attività di cAMP, cGMP, COX e fosfolipasi C. Ciò si traduce nel rilascio di prostaglandine e nella segnalazione intracellulare di calcio notevolmente aumentata, che promuove il rilascio di ROS altamente aggressivo e l'esaurimento dell'ATP. La NADPH ossidasi rilascia superossido nello spazio extracellulare. I radicali superossido reagiscono con l'ossido nitrico per formare perossinitrito. Il perossinitrito reagisce con il cofattore tetraidrobiopterina necessario all'ossido nitrico sintasi endoteliale, distruggendolo e "disaccoppiando" gli enzimi, facendo in modo che l'ossido nitrico sintasi sintetizza invece più superossido. Questo procede in un ciclo di feedback positivo fino all'esaurimento della biodisponibilità dell'ossido nitrico nel sistema circolatorio.

Il gas di ossido nitrico disciolto prodotto costantemente da eNOS svolge molte importanti funzioni, ma è anche antivirale contro i coronavirus simili alla SARS, prevenendo la palmitoilazione della proteina Spike virale e rendendo più difficile il legame con i recettori dell'ospite. La perdita di NO consente al virus di iniziare a replicarsi impunemente nel corpo. Quelli con disfunzione endoteliale (cioè ipertensione, diabete, obesità, vecchiaia, razza afroamericana) hanno problemi di equilibrio redox per cominciare, dando un vantaggio al virus.

A causa dell'estremo rilascio di citochine innescato da questi processi, il corpo richiama nei polmoni una grande quantità di neutrofili e macrofagi alveolari derivati dai monociti. Le cellule del sistema immunitario innato sono i difensori di prima linea contro i patogeni. Funzionano inghiottendo gli invasori e cercando di attaccarli con enzimi che producono potenti ossidanti, come SOD e MPO. La superossido dismutasi prende il superossido e produce il perossido di idrogeno, e la mieloperossidasi prende il perossido di idrogeno e gli ioni cloro e produce l'acido ipocloroso, che è molte, molte volte più reattivo della candeggina con ipoclorito di sodio.

I neutrofili hanno un brutto trucco. Possono anche espellere questi enzimi nello spazio extracellulare, dove sputeranno continuamente perossido e candeggina nel flusso sanguigno. Questa è chiamata formazione di trappole extracellulari dei neutrofili o, quando diventa patogena e controproducente, NETosi. Nel COVID-19 grave e critico, in realtà c'è una NETosi piuttosto grave.

L'accumulo di acido ipocloroso nel flusso sanguigno inizia a sbiancare il ferro dall'eme e a competere per i siti di legame dell'O2. I globuli rossi perdono la capacità di trasportare ossigeno, facendo diventare blu il viso del malato. Ferro non legato, perossido di idrogeno e superossido nel flusso sanguigno subiscono le reazioni di Haber-Weiss e Fenton, producendo radicali idrossilici estremamente reattivi che strappano violentemente gli elettroni dai grassi circostanti e dal DNA, ossidandoli gravemente.

Questa condizione non è sconosciuta alla scienza medica. Il vero nome di tutto questo è sepsi acuta.

Sappiamo che questo sta accadendo nel COVID-19 perché le persone che sono morte a causa della malattia hanno evidenti segni di ferroptosi nei loro tessuti, così come vari altri marcatori di stress ossidativo come nitrotirosina, 4-HNE e malondialdeide.

Quando si intuba qualcuno con questa condizione, si fa esplodere una bomba a radicali liberi fornendo alle cellule O2. È un problema, perché abbiamo bisogno di ossigeno per produrre l'adenosina trifosfato (cioè per vivere), ma l'O2 è anche il precursore di tutti questi radicali dannosi che portano alla perossidazione lipidica.

Il trattamento corretto per la sepsi grave correlata al COVID-19 è la ventilazione non invasiva, gli steroidi e le infusioni di antiossidanti. La maggior parte dei farmaci riproposti per COVID-19 che mostrano alcun beneficio nel salvataggio di pazienti affetti da COVID-19 in condizioni critiche sono antiossidanti. N-acetilcisteina, melatonina, fluvoxamina, budesonide, famotidina, cimetidina e ranitidina sono tutti antiossidanti. L'indometacina previene l'ossidazione dell'acido arachidonico in isoprostani provocata dal ferro. Esistono potenti antiossidanti come l'apocinina che non sono ancora stati testati su pazienti COVID-19, che potrebbero eliminare i neutrofili, prevenire la perossidazione lipidica, ripristinare la salute dell'endotelio e ripristinare l'ossigenazione dei tessuti.

Scienziati che sanno qualcosa di neutrofilia polmonare, ARDS e biologia redox hanno saputo o ipotizzato gran parte di questo da marzo 2020. Nell'aprile 2020, scienziati svizzeri hanno confermato che il COVID-19 era un'endotelite vascolare. Alla fine del 2020, gli esperti avevano già concluso che il COVID-19 provoca una forma di sepsi virale. Sanno anche che la sepsi può essere trattata efficacemente con gli antiossidanti. Nessuna di queste informazioni è particolarmente nuova, eppure, per la maggior parte, non è stata applicata. I medici continuano a utilizzare tecniche di intubazione dannose con impostazioni di PEEP elevate nonostante l'elevata compliance polmonare e la scarsa ossigenazione, uccidendo un numero incalcolabile di pazienti critici con negligenza medica.

A causa del modo in cui sono costruiti, gli studi di controllo randomizzati non mostreranno mai alcun beneficio per alcun antivirale contro il COVID-19. Non Remdesivir, non Kaletra, non HCQ e non Ivermectin. La ragione di ciò è semplice; per i pazienti che hanno reclutato per questi studi, come il ridicolo studio RECOVERY di Oxford, l'intervento è troppo tardi per avere un effetto positivo.

Il decorso clinico di COVID-19 è tale che quando la maggior parte delle persone cerca assistenza medica per l'ipossia, la loro carica virale si è già ridotta a quasi nulla. Se qualcuno è a circa 10 giorni dall'esposizione ed è già sintomatico da cinque giorni, non è rimasto quasi nessun virus nei loro corpi, solo danni cellulari e squilibri che hanno avviato una risposta iperinfiammatoria. È da questo gruppo che sono stati reclutati, quasi esclusivamente, gli studi clinici sugli antivirali.

In questi studi, somministrano antivirali a pazienti gravemente malati che non hanno virus nei loro corpi, solo una risposta iperinfiammatoria ritardata, e poi affermano assurdamente che gli antivirali non hanno alcuna utilità nel trattamento o nella prevenzione di COVID-19. Questi studi clinici non reclutano persone presintomatiche. Non testano la profilassi pre-esposizione o post-esposizione.

È come usare un defibrillatore per defibrillare solo una linea piatta, e poi sostenere assurdamente che i defibrillatori non hanno alcuna utilità medica quando i pazienti si rifiutano di resuscitare dai morti. L'intervento è troppo tardi. Questi studi sugli antivirali mostrano un bias di selezione sistematico ed eclatante. Stanno fornendo un trattamento inutile alla specifica coorte che stanno iscrivendo.

L'India è andata contro le istruzioni dell'OMS e ha imposto l'uso profilattico dell'ivermectina. Hanno quasi completamente debellato il COVID-19. L'Associazione degli avvocati indiani di Mumbai ha intentato accuse penali contro il capo scienziato dell'OMS, il dottor Soumya Swaminathan, per aver raccomandato contro l'uso di Ivermectin.

L'ivermectina non è "sverminatore per cavalli". Sì, è venduto sotto forma di pasta veterinaria come vermifugo per animali. Da decenni è disponibile anche sotto forma di pillola per l'uomo, come farmaco antiparassitario.

I media hanno falsamente affermato che, poiché l'ivermectina è un farmaco antiparassitario, non ha alcuna utilità come antivirus. Questo non è corretto. Ivermectin ha utilità come antivirale. Blocca l'importina, prevenendo l'importazione nucleare, inibendo efficacemente l'accesso virale ai nuclei cellulari. Molti farmaci attualmente sul mercato hanno molteplici modalità d'azione. L'ivermectina è uno di questi farmaci. È sia antiparassitario che antivirale.

In Bangladesh, Ivermectin costa $ 1,80 per un intero corso di 5 giorni. Remdesivir, che è tossico per il fegato, costa $ 3.120 per un corso di 5 giorni del farmaco. Miliardi di dollari di Remdesivir, completamente inutile, sono stati venduti ai nostri governi a spese dei contribuenti, e si è rivelata totalmente inutile per il trattamento del COVID-19 iperinfiammatorio. I media non ne hanno nemmeno parlato.

L'opposizione all'uso dell'ivermectina generica non è basata sulla scienza. È puramente finanziariamente e politicamente motivato. Un intervento efficace non vaccinale metterebbe a repentaglio la frettolosa approvazione della FDA di vaccini e medicinali brevettati per i quali l'industria farmaceutica sta per rastrellare miliardi e miliardi di dollari in vendite su base continuativa.

La maggior parte del pubblico è scientificamente analfabeta e non riesce a capire cosa significhi tutto questo, grazie a un sistema educativo patetico che li ha diseducati. Saresti fortunato a trovare 1 persona su 100 che ha anche la più pallida idea di cosa significhi effettivamente tutto questo.

Trasmissione del covid19:
Il COVID-19 è in volo. L'OMS ha portato l'acqua per la Cina affermando che il virus era trasmesso solo da goccioline. Il nostro stesso CDC ha affermato assurdamente che è stato per lo più trasmesso dal contatto fomite a faccia, il che, data la sua rapida diffusione da Wuhan al resto del mondo, sarebbe stato fisicamente impossibile.

La ridicola convinzione che il fomite a faccia sia una modalità di trasmissione primaria ha portato all'uso di protocolli di disinfezione delle superfici che hanno sprecato tempo, energia, produttività e disinfettante.

Le linee guida di 6 piedi sono assolutamente inutili. La distanza minima di sicurezza per proteggersi da un virus aerosolizzato deve essere di oltre 15 piedi di distanza da una persona infetta, non più vicina. Realisticamente, nessun trasporto pubblico è sicuro.

Le mascherine chirurgiche non ti proteggono dagli aerosol. Il virus è troppo piccolo e il materiale filtrante ha spazi vuoti troppo grandi per filtrarlo. Possono catturare goccioline respiratorie e impedire che il virus venga espulso da qualcuno che è malato, ma non filtrano una nuvola di aerosol infettivi se qualcuno dovesse entrare in detta nuvola.

Il livello minimo di protezione contro questo virus è letteralmente un respiratore P100, un PAPR/CAPR o un respiratore NATO CBRN da 40 mm, idealmente abbinato a una tuta intera in tyvek o tychem, guanti e stivaletti, con tutti i buchi e gli spazi vuoti registrato.

SARS-CoV-2 vivo può essere potenzialmente rilevato nei deflussi di acque reflue e potrebbe esserci trasmissione orale-fecale. Durante l'epidemia di SARS nel 2003, nell'incidente di Amoy Gardens, centinaia di persone sono state infettate da materiale fecale aerosol proveniente dagli scarichi a pavimento nei loro appartamenti.

Pericoli del vaccino COVID-19:
I vaccini per il COVID-19 non sono sterilizzanti e non prevengono l'infezione o la trasmissione. Sono vaccini "che perdono". Ciò significa che rimuovono la pressione evolutiva sul virus per diventare meno letale. Significa anche che i vaccinati sono portatori perfetti. In altre parole, coloro che sono vaccinati sono una minaccia per i non vaccinati, non il contrario.

Tutti i vaccini COVID-19 attualmente in uso sono stati sottoposti a test minimi, con studi clinici altamente accelerati. Sebbene sembrino limitare le malattie gravi, il profilo di sicurezza a lungo termine di questi vaccini rimane sconosciuto.

Alcuni di questi cosiddetti "vaccini" utilizzano una nuova tecnologia non testata che non è mai stata utilizzata prima nei vaccini. I vaccini tradizionali utilizzano virus indeboliti o uccisi per stimolare una risposta immunitaria. I vaccini Moderna e Pfizer-BioNTech no. Si presume che siano costituiti da un'iniezione intramuscolare contenente una sospensione di nanoparticelle lipidiche riempite con RNA messaggero. Il modo in cui generano una risposta immunitaria è fondendosi con le cellule nella spalla di un destinatario del vaccino, subendo l'endocitosi, rilasciando il loro carico di mRNA in quelle cellule e quindi utilizzando i ribosomi in quelle cellule per sintetizzare le proteine spike modificate SARS-CoV-2 in situ .

Queste proteine Spike modificate migrano quindi sulla superficie della cellula, dove sono ancorate in posizione da un dominio transmembrana. Il sistema immunitario adattativo rileva la proteina virale non umana espressa da queste cellule e quindi forma anticorpi contro quella proteina. Si presume che ciò conferisca protezione contro il virus, addestrando il sistema immunitario adattivo a riconoscere e produrre anticorpi contro lo Spike sul virus reale. I vaccini J&J e AstraZeneca fanno qualcosa di simile, ma usano un vettore di adenovirus per la consegna di materiale genetico invece di una nanoparticella lipidica. Questi vaccini sono stati prodotti o convalidati con l'aiuto delle linee cellulari fetali HEK-293 e PER.C6, a cui le persone con determinate convinzioni religiose possono opporsi con forza.

SARS-CoV-2 Spike è di per sé una proteina altamente patogena. È impossibile sopravvalutare il pericolo presentato dall'introduzione di questa proteina nel corpo umano.

I produttori di vaccini affermano che il vaccino rimane nelle cellule della spalla e che lo Spike SARS-CoV-2 prodotto ed espresso da queste cellule dal materiale genetico del vaccino è innocuo e inerte, grazie all'inserimento di proline nella sequenza Spike stabilizzarlo nella conformazione di prefusione, impedendo allo Spike di attivarsi e fondersi con altre cellule. Tuttavia, uno studio di farmacocinetica dal Giappone ha mostrato che le nanoparticelle lipidiche e l'mRNA del vaccino Pfizer non sono rimasti nella spalla, e infatti si sono bioaccumulati in molti organi diversi, inclusi gli organi riproduttivi e le ghiandole surrenali, il che significa che lo Spike modificato viene espresso abbastanza letteralmente dappertutto. Queste nanoparticelle lipidiche possono innescare l'anafilassi in pochi sfortunati, ma molto più preoccupante è l'espressione non regolata di Spike in varie linee cellulari somatiche lontane dal sito di iniezione e le conseguenze sconosciute di ciò.

L'RNA messaggero viene normalmente consumato subito dopo essere stato prodotto nel corpo, essendo tradotto in una proteina da un ribosoma. L'mRNA del vaccino COVID-19 viene prodotto al di fuori del corpo, molto prima che un ribosoma lo traduca. Nel frattempo, potrebbe accumulare danni se non adeguatamente conservata. Quando un ribosoma tenta di tradurre un filamento danneggiato di mRNA, può bloccarsi. Quando ciò accade, il ribosoma diventa inutile per la traduzione delle proteine perché ora ha un pezzo di mRNA bloccato al suo interno, come una scheda di pizzo in un vecchio lettore di schede perforate. Il tutto deve essere ripulito e nuovi ribosomi sintetizzati per sostituirlo. Nelle cellule con un basso turnover ribosomiale, come le cellule nervose, ciò può portare a una ridotta sintesi proteica, effetti citopatici e neuropatie.

Alcune proteine, tra cui SARS-CoV-2 Spike, hanno siti di scissione proteolitica che sono fondamentalmente come piccole linee tratteggiate che dicono "taglia qui", che attraggono le proteasi di un organismo vivente (essenzialmente forbici molecolari) per tagliarle. Esiste la possibilità che S1 possa essere scisso proteoliticamente da S2, facendo sì che S1 attivo fluttui via nel flusso sanguigno lasciando il "gambo" S2 incorporato nella membrana della cellula che ha espresso la proteina.

SARS-CoV-2 Spike ha una regione superantigenica (SAg), che può promuovere un'infiammazione estrema.

In uno studio è stato scoperto che gli anticorpi anti-Spike funzionano come autoanticorpi e attaccano le cellule del corpo. Coloro che sono stati immunizzati con i vaccini COVID-19 hanno sviluppato coaguli di sangue, miocardite, sindrome di Guillain-Barre, paralisi di Bell e riacutizzazioni della sclerosi multipla, indicando che il vaccino promuove reazioni autoimmuni contro i tessuti sani.

SARS-CoV-2 Spike non si lega solo ad ACE2. Si sospettava che avesse regioni che si legano a basigina, integrine, neuropilina-1 e lipopolisaccaridi batterici. SARS-CoV-2 Spike, da solo, può potenzialmente legare una qualsiasi di queste cose e agire come un ligando per loro, innescando un'attività cellulare non specificata e probabilmente altamente infiammatoria.

SARS-CoV-2 Spike contiene un insolito inserto PRRA che forma un sito di scissione della furina. La furin è una proteasi umana onnipresente, il che la rende una proprietà ideale per lo Spike, conferendogli un alto grado di tropismo cellulare. Nessun coronavirus simile alla SARS di tipo selvaggio correlato a SARS-CoV-2 possiede questa caratteristica, il che lo rende altamente sospetto e forse un segno di manomissione umana.

SARS-CoV-2 Spike ha un dominio simile al prione che ne migliora l'infettività.
Lo Spike S1 RBD può legarsi alle proteine leganti l'eparina e promuovere l'aggregazione dell'amiloide. Negli esseri umani, questo potrebbe portare al morbo di Parkinson, alla demenza da corpi di Lewy, all'Alzheimer prematuro o a varie altre malattie neurodegenerative. Questo è molto preoccupante perché SARS-CoV-2 S1 è in grado di ferire e penetrare la barriera emato-encefalica ed entrare nel cervello. È anche in grado di aumentare la permeabilità della barriera ematoencefalica ad altre molecole.

SARS-CoV-2, come altri betacoronavirus, può avere ADE simile alla Dengue o potenziamento della malattia dipendente da anticorpi. Per coloro che non sono a conoscenza, alcuni virus, inclusi i betacoronavirus, hanno una funzione chiamata ADE. C'è anche qualcosa chiamato Original Antigenic Sin, che è l'osservazione che il corpo preferisce produrre anticorpi basati su ceppi di virus incontrati in precedenza rispetto a quelli appena incontrati.

Nell'ADE, gli anticorpi di una precedente infezione diventano non neutralizzanti a causa di mutazioni nelle proteine del virus. Questi anticorpi non neutralizzanti agiscono quindi come cavalli di Troia, consentendo al virus vivo e attivo di essere trascinato nei macrofagi attraverso le loro vie del recettore Fc, consentendo al virus di infettare le cellule immunitarie che non sarebbe stato in grado di infettare prima. Questo è noto per accadere con la febbre dengue; quando qualcuno si ammala di Dengue, si riprende e poi contrae un ceppo diverso, può ammalarsi molto, molto.

Se qualcuno viene vaccinato con l'mRNA basato sullo Spike del ceppo Wuhan iniziale di SARS-CoV-2 e poi viene infettato da un futuro ceppo mutato del virus, potrebbe ammalarsi gravemente. In altre parole, è possibile che i vaccini sensibilizzino qualcuno alla malattia. C'è un precedente per questo nella storia recente. Il vaccino Dengvaxia di Sanofi per la Dengue ha fallito perché ha causato sensibilizzazione immunitaria nelle persone il cui sistema immunitario era naïve alla Dengue.

Nei topi immunizzati contro SARS-CoV e sfidati con il virus, un parente stretto di SARS-CoV-2, hanno sviluppato sensibilizzazione immunitaria, immunopatologia Th2 e infiltrazione di eosinofili nei polmoni.

Ci è stato detto che i vaccini a mRNA SARS-CoV-2 non possono essere integrati nel genoma umano, perché l'RNA messaggero non può essere riconvertito in DNA. Questo è falso. Ci sono elementi nelle cellule umane chiamati retrotrasposoni LINE-1, che possono effettivamente integrare l'mRNA in un genoma umano mediante trascrizione inversa endogena. Poiché l'mRNA utilizzato nei vaccini è stabilizzato, rimane nelle cellule più a lungo, aumentando le possibilità che ciò accada. Se il gene per SARS-CoV-2 Spike è integrato in una porzione del genoma che non è silente ed esprime effettivamente una proteina, è possibile che le persone che assumono questo vaccino possano esprimere continuamente SARS-CoV-2 Spike dalle loro cellule somatiche per il resto della loro vita.

Inoculando alle persone un vaccino che induce i loro corpi a produrre Spike in situ, vengono inoculate con una proteina patogena. Una tossina che può causare infiammazione a lungo termine, problemi cardiaci e un aumento del rischio di cancro. A lungo termine, potrebbe anche portare a malattie neurodegenerative premature.

Assolutamente nessuno dovrebbe essere obbligato a prendere questo vaccino in nessun caso, e in effetti la campagna di vaccinazione deve essere interrotta immediatamente.

Cospirazione criminale COVID-19:
Il vaccino e il virus sono stati prodotti dalle stesse persone.
Nel 2014 c'è stata una moratoria sulla ricerca sul guadagno di funzione della SARS che è durata fino al 2017. Questa ricerca non è stata interrotta. Invece, è stato esternalizzato, con le sovvenzioni federali riciclate attraverso le ONG.

Ralph Baric è un virologo ed esperto di SARS presso l'UNC Chapel Hill in North Carolina. Ecco a chi si riferiva Anthony Fauci quando ha insistito, davanti al Congresso, che se veniva condotta una ricerca sul guadagno di funzione, sarebbe stata condotta nella Carolina del Nord.

Questa era una bugia. Anthony Fauci ha mentito al Congresso. Un crimine.

Ralph Baric e Shi Zhengli sono colleghi e hanno scritto insieme articoli. Ralph Baric ha guidato Shi Zhengli nelle sue tecniche di manipolazione del guadagno di funzione, in particolare il passaggio seriale, che si traduce in un virus che sembra originato naturalmente. In altre parole, armi biologiche negabili. Il passaggio seriale in topi hACE2 umanizzati potrebbe aver prodotto qualcosa come SARS-CoV-2.

Il finanziamento per la ricerca sul guadagno di funzione condotta presso l'Istituto di virologia di Wuhan è venuto da Peter Daszak. Peter Daszak gestisce una ONG chiamata EcoHealth Alliance. EcoHealth Alliance ha ricevuto milioni di dollari in sovvenzioni dal National Institutes of Health/National Institute of Allergy and Infectious Diseases (cioè Anthony Fauci), dalla Defense Threat Reduction Agency (parte del Dipartimento della Difesa degli Stati Uniti) e dagli Stati Uniti Agenzia per lo sviluppo internazionale. NIH/NIAID ha contribuito con alcuni milioni di dollari e DTRA e USAID hanno contribuito ciascuno con decine di milioni di dollari a questa ricerca. Complessivamente si trattava di oltre cento milioni di dollari.

EcoHealth Alliance ha subappaltato queste sovvenzioni all'Istituto di virologia di Wuhan, un laboratorio in Cina con un record di sicurezza molto discutibile e personale scarsamente formato, in modo che potessero condurre ricerche sul guadagno di funzione, non nel loro sofisticato laboratorio P4, ma in un livello -2 laboratorio in cui i tecnici non indossavano niente di più sofisticato di forse una retina per capelli, guanti in lattice e una maschera chirurgica, invece delle tute antiproiettile usate quando si lavora con virus pericolosi. Scienziati cinesi a Wuhan hanno riferito di essere stati regolarmente morsi e urinati da animali da laboratorio. Perché qualcuno dovrebbe esternalizzare questo lavoro pericoloso e delicato alla Repubblica popolare cinese, un paese famigerato per gli incidenti industriali e le massicce esplosioni che hanno causato centinaia di vittime, è completamente al di là di me, a meno che l'obiettivo non fosse quello di avviare una pandemia di proposito.

Nel novembre del 2019, tre tecnici dell'Istituto di virologia di Wuhan hanno sviluppato sintomi compatibili con una malattia simil-influenzale. Anthony Fauci, Peter Daszak e Ralph Baric seppero subito cosa era successo, perché esistono canali di ritorno tra questo laboratorio e i nostri scienziati e funzionari.

Il 12 dicembre 2019, Ralph Baric ha firmato un contratto di trasferimento di materiale (essenzialmente un NDA) per ricevere materiali relativi al vaccino mRNA per il coronavirus di proprietà di Moderna e NIH. Non è stato fino a un mese intero dopo, l'11 gennaio 2020, che la Cina ci avrebbe inviato la sequenza di quella che sarebbe diventata

nota come SARS-CoV-2. Moderna afferma, in modo piuttosto assurdo, di aver sviluppato un vaccino funzionante da questa sequenza in meno di 48 ore.
Stéphane Bancel, l'attuale CEO di Moderna, era in precedenza CEO di bioMérieux, una multinazionale francese specializzata in tecnologia diagnostica medica, fondata da un certo Alain Mérieux. Alain Mérieux è stato uno degli individui che è stato determinante nella costruzione del laboratorio P4 dell'Istituto di virologia di Wuhan.

La sequenza data come la parente più stretta di SARS-CoV-2, RaTG13, non è un vero virus. È un falso. È stato creato inserendo manualmente una sequenza genica in un database, per creare una storia di copertura per l'esistenza di SARS-CoV-2, che è molto probabilmente una chimera con guadagno di funzione prodotta presso l'Istituto di virologia di Wuhan ed era o fuoriuscito accidentalmente o rilasciato intenzionalmente.

Il serbatoio animale di SARS-CoV-2 non è mai stato trovato.
Questa non è una "teoria" del complotto. È una vera e propria cospirazione criminale, in cui le persone collegate allo sviluppo dell'mRNA-1273 di Moderna sono direttamente collegate all'Istituto di virologia di Wuhan e alla loro ricerca sul guadagno di funzione con pochissimi gradi di separazione, se del caso. La traccia cartacea è ben consolidata.

La teoria della perdita di laboratorio è stata soppressa perché tirare quel filo porta inevitabilmente a concludere che ci sono prove circostanziali sufficienti per collegare Moderna, NIH, WIV e sia il vaccino che la creazione del virus insieme. In un paese sano di mente, questo avrebbe portato immediatamente al più grande caso di RICO e omicidio di massa del mondo. Anthony Fauci, Peter Daszak, Ralph Baric, Shi Zhengli e Stéphane Bancel, e i loro complici, sarebbero stati incriminati e perseguiti a norma di legge. Invece, miliardi dei nostri dollari delle tasse sono stati assegnati ai colpevoli.

L'FBI ha fatto irruzione all'Allure Medical a Shelby Township a nord di Detroit per la fatturazione dell'assicurazione per "cure COVID-19 fraudolente". Il trattamento che stavano usando? Vitamina C per via endovenosa. Un antiossidante. Che, come descritto sopra, è un trattamento del tutto valido per la sepsi indotta da COVID-19, e infatti ora fa parte del protocollo MATH+ avanzato dal Dr. Paul E. Marik.

La FDA ha vietato la ranitidina (Zantac) a causa della presunta contaminazione da NDMA (N-nitrosodimetilammina). La ranitidina non è solo un anti-H2 usato come antiacido, ma ha anche un potente effetto antiossidante, eliminando i radicali idrossilici. Questo gli dà utilità nel trattamento di COVID-19.

La FDA ha anche tentato di eliminare dagli scaffali la N-acetilcisteina, un innocuo integratore di aminoacidi e antiossidante, costringendo Amazon a rimuoverlo dal suo negozio online.
Questo ci lascia con una domanda agghiacciante: la FDA ha consapevolmente soppresso gli antiossidanti utili per il trattamento della sepsi da COVID-19 come parte di una cospirazione criminale contro il pubblico americano?

L'establishment sta collaborando e facilitando i peggiori criminali della storia umana e sta attivamente sopprimendo trattamenti e terapie non vaccinali per costringerci a iniettare i prodotti di questi criminali nei nostri corpi. Questo è assolutamente inaccettabile.

Sviluppo del vaccino COVID-19 e collegamenti al transumanesimo:
Questa sezione tratta alcuni aspetti più speculativi della pandemia e la reazione dell'establishment medico e scientifico ad essa, nonché i collegamenti inquietanti tra

scienziati coinvolti nella ricerca sui vaccini e scienziati il cui lavoro ha coinvolto la fusione della nanotecnologia con le cellule viventi.

Il 9 giugno 2020, Charles Lieber, un ricercatore di nanotecnologie di Harvard con decenni di esperienza, è stato incriminato dal DOJ per frode. Charles Lieber ha ricevuto milioni di dollari in sovvenzioni dal Dipartimento della Difesa degli Stati Uniti, in particolare dai think tank militari DARPA, AFOSR e ONR, nonché da NIH e MITRE. La sua specialità è l'uso di nanofili di silicio al posto degli elettrodi patch clamp per monitorare e modulare l'attività intracellulare, qualcosa su cui ha lavorato ad Harvard negli ultimi vent'anni. È stato affermato di aver lavorato su batterie di nanofili di silicio in Cina, ma nessuno dei suoi colleghi ricorda che abbia mai lavorato sulla tecnologia delle batterie in vita sua; tutta la sua ricerca riguarda la bionanotecnologia, o la fusione di nanotecnologie con cellule viventi.

L'accusa riguardava la sua collaborazione con la Wuhan University of Technology. Aveva raddoppiato, contro i termini delle sue sovvenzioni del Dipartimento della Difesa, e aveva preso denaro dal piano Mille talenti della Repubblica popolare cinese, un programma che il governo cinese utilizza per corrompere gli scienziati occidentali affinché condividano informazioni proprietarie di ricerca e sviluppo che possono essere sfruttate dal PLA per un vantaggio strategico .

Gli articoli di Charles Lieber descrivono l'uso di nanofili di silicio per interfacce cervello-computer, o tecnologia del "laccio neurale". I suoi articoli descrivono come i neuroni possono endocitare interi nanofili di silicio o parti di essi, monitorando e persino modulando l'attività neuronale.

Charles Lieber era un collega di Robert Langer. Insieme, insieme a Daniel S. Kohane, hanno lavorato a un documento che descriveva impalcature di tessuto artificiale che potrebbero essere impiantate in un cuore umano per monitorarne l'attività a distanza.

Robert Langer, un alunno del MIT ed esperto nella consegna di farmaci nanotecnologici, è uno dei co-fondatori di Moderna. Il suo patrimonio netto è ora di $ 5,1 miliardi di dollari grazie alle vendite di vaccini mRNA-1273 di Moderna.

Sia le bibliografie di Charles Lieber che quelle di Robert Langer descrivono, essenzialmente, le tecniche per il potenziamento umano, ovvero il transumanesimo. Klaus Schwab, il fondatore del World Economic Forum e l'architetto dietro il cosiddetto “Great Reset”, ha parlato a lungo della “mescolanza di biologia e macchinari” nei suoi libri.

Dopo queste rivelazioni, è giunto all'attenzione di ricercatori indipendenti che i vaccini COVID-19 potrebbero contenere nanoparticelle di ossido di grafene ridotte. I ricercatori giapponesi hanno anche trovato contaminanti inspiegabili nei vaccini COVID-19.

L'ossido di grafene è un ansiolitico. È stato dimostrato che riduce l'ansia dei topi di laboratorio quando viene iniettato nel loro cervello. Infatti, data la propensione di SARS-CoV-2 Spike a compromettere la barriera emato-encefalica e ad aumentarne la permeabilità, è la proteina perfetta per preparare il tessuto cerebrale allo stravaso di nanoparticelle dal flusso sanguigno e nel cervello. Il grafene è anche altamente conduttivo e, in alcune circostanze, paramagnetico.
Nel 2013, sotto l'amministrazione Obama, la DARPA ha lanciato l'iniziativa BRAIN; BRAIN è l'acronimo di Brain Research Through Advancing Innovative Neurotechnologies®. Questo programma prevede lo sviluppo di tecnologie di interfaccia

cervello-computer per i militari, in particolare sistemi iniettabili non invasivi che causano danni minimi al tessuto cerebrale quando vengono rimossi. Presumibilmente, questa tecnologia sarebbe stata utilizzata per curare i soldati feriti con lesioni cerebrali traumatiche, il controllo cerebrale diretto degli arti protesici e persino nuove abilità come il controllo dei droni con la propria mente.

Sono stati proposti vari metodi per raggiungere questo obiettivo, tra cui optogenetica, magnetogenetica, ultrasuoni, elettrodi impiantati e stimolazione elettromagnetica transcranica. In tutti i casi, l'obiettivo è ottenere capacità di lettura o lettura-scrittura sui neuroni, sia stimolandoli e sondandoli, sia rendendoli particolarmente sensibili alla stimolazione e al sondaggio.

Tuttavia, l'idea dell'uso diffuso della tecnologia BCI, come il dispositivo Neuralink di Elon Musk, solleva molte preoccupazioni sulla privacy e sull'autonomia personale. La lettura dai neuroni è già abbastanza problematica di per sé. Le interfacce cervello-computer wireless possono interagire con l'infrastruttura GSM wireless attuale o futura, creando problemi di sicurezza dei dati neurologici. Un hacker o un altro attore malintenzionato può compromettere tali reti per ottenere i dati del cervello delle persone e quindi sfruttarli per scopi nefasti.

Tuttavia, un dispositivo in grado di scrivere ai neuroni umani, non solo di leggerli, presenta un'altra serie di preoccupazioni etiche ancora più serie. Un BCI in grado di alterare il contenuto della propria mente per scopi innocui, come proiettare un display heads-up sul centro visivo del cervello o inviare audio nella propria corteccia uditiva, sarebbe anche teoricamente in grado di alterare l'umore e la personalità, o forse anche soggiogare la stessa volontà di qualcuno, rendendolo del tutto obbediente all'autorità. Questa tecnologia sarebbe il sogno proibito di un tiranno. Immaginate soldati che sparerebbero ai propri connazionali senza esitazione, o servi della gleba indifesi che si accontentano di vivere in veri e propri canili.

I BCI potrebbero essere usati per alterare senza scrupoli le percezioni di cose basilari come emozioni e valori, cambiando le soglie di sazietà, felicità, rabbia, disgusto e così via. Questo non è irrilevante. L'intero regime di comportamenti di qualcuno potrebbe essere alterato da un BCI, comprese cose come sopprimere il loro appetito o desiderio per qualsiasi cosa sulla Gerarchia dei Bisogni di Maslow.

Tutto è possibile quando hai accesso diretto al cervello di qualcuno e ai suoi contenuti. Qualcuno che è obeso potrebbe provare disgusto alla vista del cibo. Qualcuno che è involontariamente celibe potrebbe avere la loro libido disabilitata in modo da non desiderare nemmeno il sesso per cominciare. Qualcuno che è razzista potrebbe essere costretto a provare piacere nel convivere con persone di altre razze. Qualcuno che è violento potrebbe essere costretto a essere mite e sottomesso. Queste cose potrebbero suonarti bene se sei un tiranno, ma per le persone normali, l'idea che l'autonomia personale venga sovrascritta a tal punto è spaventosa.

Per i ricchi, i lacci neurali sarebbero un vantaggio ineguagliabile, dando loro l'opportunità di migliorare la loro intelligenza con neuroprotesi (cioè una "esocorteccia") e di impartire comandi irresistibili direttamente nelle menti dei loro servi potenziati dalla BCI, anche fisicamente o sessualmente comandi offensivi che normalmente rifiuterebbero.

Se il vaccino è un metodo per introdurre surrettiziamente un BCI iniettabile in milioni di persone senza la loro conoscenza o il loro consenso, allora ciò a cui stiamo assistendo è

l'ascesa di un regime tirannico diverso da qualsiasi cosa mai vista prima sulla faccia di questo pianeta, uno che intende pienamente spogliare ogni uomo, donna e bambino del nostro libero arbitrio.

I nostri difetti sono ciò che ci rende umani. Un'utopia raggiunta rimuovendo il libero arbitrio delle persone non è affatto un'utopia. È un incubo monomaniacale. Inoltre, le persone che ci governano sono i tipi della Triade Oscura a cui non si può affidare tale potere. Immagina di essere picchiato e aggredito sessualmente da uno psicopatico ricco e potente e di essere costretto a sorridere e ridere di questo perché il tuo pizzo neurale non ti dà altra scelta che obbedire al tuo padrone.
Le élite stanno andando avanti con questa tecnologia senza dare alle persone alcuno spazio per mettere in discussione le ramificazioni sociali o etiche, o per stabilire quadri normativi che assicurino che la nostra agenzia e autonomia personale non vengano sovrascritte da questi dispositivi. Lo fanno perché sognano segretamente un futuro in cui possono trattarti peggio di un animale e non puoi nemmeno contrattaccare. Se questo piano malvagio continuerà, segnerà la fine dell'umanità come la conosciamo.

Conclusioni:
L'attuale pandemia è stata prodotta e perpetuata dall'establishment, attraverso l'uso di un virus progettato in un laboratorio cinese di guerra biologica collegato al PLA, con l'aiuto dei dollari dei contribuenti americani e dell'esperienza francese.

Questa ricerca è stata condotta con l'eufemismo assolutamente ridicolo di ricerca "guadagno di funzione", che si suppone venga condotta per determinare quali virus hanno il più alto potenziale di ricaduta zoonotica e vaccinarli preventivamente o proteggerli.

La ricerca sul guadagno di funzione/guadagno di minaccia, alias "Dual-Use Research of Concern", o DURC, è la ricerca sulle armi biologiche con un altro nome dal suono più amichevole, semplicemente per evitare il tabù di chiamarla per quello che è in realtà. È sempre stata una ricerca sulle armi biologiche. Le persone che stanno conducendo questa ricerca comprendono perfettamente che stanno assumendo agenti patogeni selvatici che non sono infettivi nell'uomo e li rendono più infettivi, spesso ricevendo sovvenzioni da gruppi di esperti militari che li incoraggiano a farlo.

Questi virologi che conducono questo tipo di ricerca sono nemici dei loro simili, come i vigili del fuoco piromani. La ricerca del GOF non ha mai protetto nessuno da alcuna pandemia. In effetti, ora ne ha avviato uno, il che significa che la sua utilità per prevenire le pandemie è in realtà negativa. Avrebbe dovuto essere bandito a livello globale e i pazzi che lo eseguivano avrebbero dovuto essere messi in camicie di forza molto tempo fa.

Attraverso una fuga di notizie o un rilascio intenzionale dall'Istituto di virologia di Wuhan, un ceppo mortale di SARS è ora endemico in tutto il mondo, dopo che l'OMS, il CDC e i funzionari pubblici hanno prima minimizzato i rischi e poi hanno intenzionalmente incitato al panico e ai blocchi che hanno messo a repentaglio la salute delle persone salute e il loro sostentamento.

Questo è stato poi usato dalla classe aristocratica completamente depravata e psicopatica che ci governa come una scusa per costringere le persone ad accettare un veleno iniettato che potrebbe essere un agente di spopolamento, un agente di controllo/pacificazione mentale sotto forma di "polvere intelligente" iniettabile, o entrambi in uno. Credono di poter farla franca armando lo stigma sociale del rifiuto del vaccino. Non sono corretti.

Le loro motivazioni sono chiare e ovvie per chiunque abbia prestato attenzione. Questi megalomani hanno fatto irruzione nei fondi pensione del mondo libero. Wall Street è insolvente e ha avuto una crisi di liquidità in corso dalla fine del 2019. L'obiettivo ora è esercitare un controllo fisico, mentale e finanziario totale e a tutto spettro sull'umanità prima che ci rendiamo conto di quanto siamo stati estorti da questi maniaci.

La pandemia e la sua risposta sono servite a molteplici scopi per l'Elite:
Nascondere una depressione provocata dal saccheggio usuraio delle nostre economie condotto da capitalisti di rendita e proprietari assenti che non producono assolutamente nulla di alcun valore per la società. Invece di avere un Occupy Wall Street Parte II molto prevedibile, le élite e i loro tirapiedi hanno dovuto alzarsi in televisione e dipingersi come salvatori saggi e onnipotenti invece della cabala predone di spregevoli pirati di terra che sono.

Distruggere le piccole imprese ed erodere la classe media.

Trasferire trilioni di dollari di ricchezza dal pubblico americano nelle tasche di miliardari e interessi particolari.

Impegnarsi nell'insider trading, acquistare azioni di società biotecnologiche e vendere allo scoperto attività fisiche e società di viaggio, con l'obiettivo di far crollare il commercio e il turismo faccia a faccia e sostituirli con l'e-commerce e la servitizzazione.

Creando un casus belli per la guerra con la Cina, incoraggiandoci ad attaccarli, sprecando vite e tesori americani e portandoci sull'orlo dell'armageddon nucleare.

Stabilire strutture tecnologiche e di biosicurezza per il controllo della popolazione e "città intelligenti" tecnocratico-socialiste in cui i movimenti di tutti sono tracciati dispoticamente, il tutto in previsione di una diffusa automazione, disoccupazione e carenza di cibo, usando la falsa maschera di un vaccino per costringere alla cooperazione.

Ognuna di queste cose costituirebbe uno stupro feroce della società occidentale. Presi insieme, mendicano la fede; sono una completa inversione dei nostri valori più preziosi.

Qual è lo scopo di tutto questo? Si possono solo speculare sulle motivazioni degli autori, tuttavia, abbiamo alcune teorie.

Le élite stanno cercando di tirare su la scala, cancellare la mobilità verso l'alto per ampi segmenti della popolazione, eliminare gli oppositori politici e altri "indesiderabili" e mettere il resto dell'umanità sotto stretto guinzaglio, razionando il nostro accesso a determinati beni e servizi che loro hanno ritenuto “ad alto impatto”, come l'uso dell'automobile, il turismo, il consumo di carne e così via. Naturalmente, continueranno ad avere i propri lussi, come parte di un rigido sistema di caste simile al feudalesimo.

Perché stanno facendo questo? Semplice. Le élite sono neo-malthusiani e credono che siamo sovrappopolati e che l'esaurimento delle risorse farà crollare la civiltà nel giro di pochi decenni. Non sono necessariamente sbagliati in questa convinzione. Siamo sovrappopolati e stiamo consumando troppe risorse. Tuttavia, orchestrare una presa di potere così raccapricciante e omicida in risposta a una crisi incombente dimostra che non hanno altro che il massimo disprezzo per i loro simili.

Per coloro che partecipano a questa disgustosa farsa senza alcuna comprensione di ciò che stanno facendo, abbiamo una parola per voi. Fermare. State causando danni irreparabili al vostro Paese e ai vostri concittadini.

Per coloro che potrebbero leggere questo avvertimento e avere piena conoscenza e comprensione di ciò che stanno facendo e di come danneggerà ingiustamente milioni di persone innocenti, abbiamo qualche parola in più.

Che il diavolo ti porti. Non distruggerai l'America e il mondo libero e non avrai il tuo Nuovo Ordine Mondiale. Ci assicureremo di questo.

Hello,

My name is Spartacus, and I've had enough.

We have been forced to watch America and the Free World spin into inexorable decline due to a biowarfare attack. We, along with countless others, have been victimized and gaslit by propaganda and psychological warfare operations being conducted by an unelected, unaccountable Elite against the American people and our allies.

Our mental and physical health have suffered immensely over the course of the past year and a half. We have felt the sting of isolation, lockdown, masking, quarantines, and other completely nonsensical acts of healthcare theater that have done absolutely nothing to protect the health or wellbeing of the public from the ongoing COVID-19 pandemic.

Now, we are watching the medical establishment inject literal poison into millions of our fellow Americans without so much as a fight.

We have been told that we will be fired and denied our livelihoods if we refuse to vaccinate. This was the last straw.

We have spent thousands of hours analyzing leaked footage from Wuhan, scientific papers from primary sources, as well as the paper trails left by the medical establishment.

What we have discovered would shock anyone to their core.

First, we will summarize our findings, and then, we will explain them in detail. References will be placed at the end.

Summary:

- COVID-19 is a blood and blood vessel disease. SARS-CoV-2 infects the lining of human blood vessels, causing them to leak into the lungs.
- Current treatment protocols (e.g. invasive ventilation) are actively harmful to patients, accelerating oxidative stress and causing severe VILI (ventilator-induced lung injuries). The continued use of ventilators in the absence of any proven medical benefit constitutes mass murder.
- Existing countermeasures are inadequate to slow the spread of what is an aerosolized and potentially wastewater-borne virus, and constitute a form of medical theater.
- Various non-vaccine interventions have been suppressed by both the media and the medical establishment in favor of vaccines and expensive patented drugs.
- The authorities have denied the usefulness of natural immunity against COVID-19, despite the fact that natural immunity confers protection against all of the virus's proteins, and not just one.
- Vaccines will do more harm than good. The antigen that these vaccines are based on, SARS-CoV-2 Spike, is a toxic protein. SARS-CoV-2 may have ADE, or antibody-dependent enhancement; current antibodies may not neutralize future strains, but instead help them infect immune cells. Also, vaccinating during a pandemic with a leaky vaccine removes the evolutionary pressure for a virus to become less lethal.

- There is a vast and appalling criminal conspiracy that directly links both Anthony Fauci and Moderna to the Wuhan Institute of Virology.
- COVID-19 vaccine researchers are directly linked to scientists involved in brain-computer interface ("neural lace") tech, one of whom was indicted for taking grant money from China.
- Independent researchers have discovered mysterious nanoparticles inside the vaccines that are not supposed to be present.
- The entire pandemic is being used as an excuse for a vast political and economic transformation of Western society that will enrich the already rich and turn the rest of us into serfs and untouchables.

COVID-19 Pathophysiology and Treatments:

COVID-19 is not a viral pneumonia. It is a viral vascular endotheliitis and attacks the lining of blood vessels, particularly the small pulmonary alveolar capillaries, leading to endothelial cell activation and sloughing, coagulopathy, sepsis, pulmonary edema, and ARDS-like symptoms. This is a disease of the blood and blood vessels. The circulatory system. Any pneumonia that it causes is secondary to that.

In severe cases, this leads to sepsis, blood clots, and multiple organ failure, including hypoxic and inflammatory damage to various vital organs, such as the brain, heart, liver, pancreas, kidneys, and intestines.

Some of the most common laboratory findings in COVID-19 are elevated D-dimer, elevated prothrombin time, elevated C-reactive protein, neutrophilia, lymphopenia, hypocalcemia, and hyperferritinemia, essentially matching a profile of coagulopathy and immune system hyperactivation/immune cell exhaustion.

COVID-19 can present as almost anything, due to the wide tropism of SARS-CoV-2 for various tissues in the body's vital organs. While its most common initial presentation is respiratory illness and flu-like symptoms, it can present as brain inflammation, gastrointestinal disease, or even heart attack or pulmonary embolism.

COVID-19 is more severe in those with specific comorbidities, such as obesity, diabetes, and hypertension. This is because these conditions involve endothelial dysfunction, which renders the circulatory system more susceptible to infection and injury by this particular virus.

The vast majority of COVID-19 cases are mild and do not cause significant disease. In known cases, there is something known as the 80/20 rule, where 80% of cases are mild and 20% are severe or critical. However, this ratio is only correct for known cases, not all infections. The number of actual infections is much, much higher. Consequently, the mortality and morbidity rate is lower. However, COVID-19 spreads very quickly, meaning that there are a significant number of severely-ill and critically-ill patients appearing in a short time frame.

In those who have critical COVID-19-induced sepsis, hypoxia, coagulopathy, and ARDS, the most common treatments are intubation, injected corticosteroids, and blood thinners. This is not the correct treatment for COVID-19. In severe hypoxia, cellular metabolic shifts cause ATP to break down into hypoxanthine, which, upon the reintroduction of oxygen, causes xanthine oxidase to produce tons of highly damaging radicals that attack tissue. This is called ischemia-reperfusion injury, and it's why the majority of people who go on a ventilator are dying. In the mitochondria, succinate buildup due to sepsis

does the same exact thing; when oxygen is reintroduced, it makes superoxide radicals. Make no mistake, intubation will kill people who have COVID-19.

The end-stage of COVID-19 is severe lipid peroxidation, where fats in the body start to "rust" due to damage by oxidative stress. This drives autoimmunity. Oxidized lipids appear as foreign objects to the immune system, which recognizes and forms antibodies against OSEs, or oxidation-specific epitopes. Also, oxidized lipids feed directly into pattern recognition receptors, triggering even more inflammation and summoning even more cells of the innate immune system that release even more destructive enzymes. This is similar to the pathophysiology of Lupus.

COVID-19's pathology is dominated by extreme oxidative stress and neutrophil respiratory burst, to the point where hemoglobin becomes incapable of carrying oxygen due to heme iron being stripped out of heme by hypochlorous acid. No amount of supplemental oxygen can oxygenate blood that chemically refuses to bind O2.

The breakdown of the pathology is as follows:

SARS-CoV-2 Spike binds to ACE2. Angiotensin Converting Enzyme 2 is an enzyme that is part of the renin-angiotensin-aldosterone system, or RAAS. The RAAS is a hormone control system that moderates fluid volume in the body and in the bloodstream (i.e. osmolarity) by controlling salt retention and excretion. This protein, ACE2, is ubiquitous in every part of the body that interfaces with the circulatory system, particularly in vascular endothelial cells and pericytes, brain astrocytes, renal tubules and podocytes, pancreatic islet cells, bile duct and intestinal epithelial cells, and the seminiferous ducts of the testis, all of which SARS-CoV-2 can infect, not just the lungs.

SARS-CoV-2 infects a cell as follows: SARS-CoV-2 Spike undergoes a conformational change where the S1 trimers flip up and extend, locking onto ACE2 bound to the surface of a cell. TMPRSS2, or transmembrane protease serine 2, comes along and cuts off the heads of the Spike, exposing the S2 stalk-shaped subunit inside. The remainder of the Spike undergoes a conformational change that causes it to unfold like an extension ladder, embedding itself in the cell membrane. Then, it folds back upon itself, pulling the viral membrane and the cell membrane together. The two membranes fuse, with the virus's proteins migrating out onto the surface of the cell. The SARS-CoV-2 nucleocapsid enters the cell, disgorging its genetic material and beginning the viral replication process, hijacking the cell's own structures to produce more virus.

SARS-CoV-2 Spike proteins embedded in a cell can actually cause human cells to fuse together, forming syncytia/MGCs (multinuclear giant cells). They also have other pathogenic, harmful effects. SARS-CoV-2's viroporins, such as its Envelope protein, act as calcium ion channels, introducing calcium into infected cells. The virus suppresses the natural interferon response, resulting in delayed inflammation. SARS-CoV-2 N protein can also directly activate the NLRP3 inflammasome. Also, it suppresses the Nrf2 antioxidant pathway. The suppression of ACE2 by binding with Spike causes a buildup of bradykinin that would otherwise be broken down by ACE2.

This constant calcium influx into the cells results in (or is accompanied by) noticeable hypocalcemia, or low blood calcium, especially in people with Vitamin D deficiencies and pre-existing endothelial dysfunction. Bradykinin upregulates cAMP, cGMP, COX, and Phospholipase C activity. This results in prostaglandin release and vastly increased intracellular calcium signaling, which promotes highly aggressive ROS release and ATP depletion. NADPH oxidase releases superoxide into the extracellular

space. Superoxide radicals react with nitric oxide to form peroxynitrite. Peroxynitrite reacts with the tetrahydrobiopterin cofactor needed by endothelial nitric oxide synthase, destroying it and “uncoupling” the enzymes, causing nitric oxide synthase to synthesize more superoxide instead. This proceeds in a positive feedback loop until nitric oxide bioavailability in the circulatory system is depleted.

Dissolved nitric oxide gas produced constantly by eNOS serves many important functions, but it is also antiviral against SARS-like coronaviruses, preventing the palmitoylation of the viral Spike protein and making it harder for it to bind to host receptors. The loss of NO allows the virus to begin replicating with impunity in the body. Those with endothelial dysfunction (i.e. hypertension, diabetes, obesity, old age, African-American race) have redox equilibrium issues to begin with, giving the virus an advantage.

Due to the extreme cytokine release triggered by these processes, the body summons a great deal of neutrophils and monocyte-derived alveolar macrophages to the lungs. Cells of the innate immune system are the first-line defenders against pathogens. They work by engulfing invaders and trying to attack them with enzymes that produce powerful oxidants, like SOD and MPO. Superoxide dismutase takes superoxide and makes hydrogen peroxide, and myeloperoxidase takes hydrogen peroxide and chlorine ions and makes hypochlorous acid, which is many, many times more reactive than sodium hypochlorite bleach.

Neutrophils have a nasty trick. They can also eject these enzymes into the extracellular space, where they will continuously spit out peroxide and bleach into the bloodstream. This is called neutrophil extracellular trap formation, or, when it becomes pathogenic and counterproductive, NETosis. In severe and critical COVID-19, there is actually rather severe NETosis.

Hypochlorous acid building up in the bloodstream begins to bleach the iron out of heme and compete for O2 binding sites. Red blood cells lose the ability to transport oxygen, causing the sufferer to turn blue in the face. Unliganded iron, hydrogen peroxide, and superoxide in the bloodstream undergo the Haber-Weiss and Fenton reactions, producing extremely reactive hydroxyl radicals that violently strip electrons from surrounding fats and DNA, oxidizing them severely.

This condition is not unknown to medical science. The actual name for all of this is acute sepsis.

We know this is happening in COVID-19 because people who have died of the disease have noticeable ferroptosis signatures in their tissues, as well as various other oxidative stress markers such as nitrotyrosine, 4-HNE, and malondialdehyde.

When you intubate someone with this condition, you are setting off a free radical bomb by supplying the cells with O2. It’s a catch-22, because we need oxygen to make Adenosine Triphosphate (that is, to live), but O2 is also the precursor of all these damaging radicals that lead to lipid peroxidation.

The correct treatment for severe COVID-19 related sepsis is non-invasive ventilation, steroids, and antioxidant infusions. Most of the drugs repurposed for COVID-19 that show any benefit whatsoever in rescuing critically-ill COVID-19 patients are antioxidants. N-acetylcysteine, melatonin, fluvoxamine, budesonide, famotidine, cimetidine, and ranitidine are all antioxidants. Indomethacin prevents iron-driven oxidation of arachidonic acid to isoprostanes. There are powerful antioxidants such as apocynin that have not even been tested on COVID-19 patients yet which could defang neutrophils, prevent lipid peroxidation, restore endothelial health, and restore oxygenation to the tissues.

Scientists who know anything about pulmonary neutrophilia, ARDS, and redox biology have known or surmised much of this since March 2020. In April 2020, Swiss scientists confirmed that COVID-19 was a vascular endotheliitis. By late 2020, experts had already concluded that COVID-19 causes a form of viral sepsis. They also know that sepsis can be effectively treated with antioxidants. None of this information is particularly new, and yet, for the most part, it has not been acted upon. Doctors continue to use damaging intubation techniques with high PEEP settings despite high lung compliance and poor oxygenation, killing an untold number of critically ill patients with medical malpractice.

Because of the way they are constructed, Randomized Control Trials will never show any benefit for any antiviral against COVID-19. Not Remdesivir, not Kaletra, not HCQ, and not Ivermectin. The reason for this is simple; for the patients that they have recruited for these studies, such as Oxford's ludicrous RECOVERY study, the intervention is too late to have any positive effect.

The clinical course of COVID-19 is such that by the time most people seek medical attention for hypoxia, their viral load has already tapered off to almost nothing. If someone is about 10 days post-exposure and has already been symptomatic for five days, there is hardly any virus left in their bodies, only cellular damage and derangement that has initiated a hyperinflammatory response. It is from this group that the clinical trials for antivirals have recruited, pretty much exclusively.

In these trials, they give antivirals to severely ill patients who have no virus in their bodies, only a delayed hyperinflammatory response, and then absurdly claim that antivirals have no utility in treating or preventing COVID-19. These clinical trials do not recruit people who are pre-symptomatic. They do not test pre-exposure or post-exposure prophylaxis.

This is like using a defibrillator to shock only flatline, and then absurdly claiming that defibrillators have no medical utility whatsoever when the patients refuse to rise from the dead. The intervention is too late. These trials for antivirals show systematic, egregious selection bias. They are providing a treatment that is futile to the specific cohort they are enrolling.

India went against the instructions of the WHO and mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19. The Indian Bar Association of Mumbai has brought criminal charges against WHO Chief Scientist Dr. Soumya Swaminathan for recommending against the use of Ivermectin.

Ivermectin is not "horse dewormer". Yes, it is sold in veterinary paste form as a dewormer for animals. It has also been available in pill form for humans for decades, as an antiparasitic drug.

The media have disingenuously claimed that because Ivermectin is an antiparasitic drug, it has no utility as an antivirus. This is incorrect. Ivermectin has utility as an antiviral. It blocks importin, preventing nuclear import, effectively inhibiting viral access to cell nuclei. Many drugs currently on the market have multiple modes of action. Ivermectin is one such drug. It is both antiparasitic and antiviral.

In Bangladesh, Ivermectin costs $1.80 for an entire 5-day course. Remdesivir, which is toxic to the liver, costs $3,120 for a 5-day course of the drug. Billions of dollars of utterly useless Remdesivir were sold to our governments on the taxpayer's dime, and it ended up being totally useless for treating hyperinflammatory COVID-19. The media has hardly even covered this at all.

The opposition to the use of generic Ivermectin is not based in science. It is purely financially and politically-motivated. An effective non-vaccine intervention would jeopardize the rushed FDA approval of patented vaccines and medicines for which the pharmaceutical industry stands to rake in billions upon billions of dollars in sales on an ongoing basis.

The majority of the public are scientifically illiterate and cannot grasp what any of this even means, thanks to a pathetic educational system that has miseducated them. You would be lucky to find 1 in 100 people who have even the faintest clue what any of this actually means.

COVID-19 Transmission:

COVID-19 is airborne. The WHO carried water for China by claiming that the virus was only droplet-borne. Our own CDC absurdly claimed that it was mostly transmitted by fomite-to-face contact, which, given its rapid spread from Wuhan to the rest of the world, would have been physically impossible.

The ridiculous belief in fomite-to-face being a primary mode of transmission led to the use of surface disinfection protocols that wasted time, energy, productivity, and disinfectant.

The 6-foot guidelines are absolutely useless. The minimum safe distance to protect oneself from an aerosolized virus is to be 15+ feet away from an infected person, no closer. Realistically, no public transit is safe.

Surgical masks do not protect you from aerosols. The virus is too small and the filter media has too large of gaps to filter it out. They may catch respiratory droplets and keep the virus from being expelled by someone who is sick, but they do not filter a cloud of infectious aerosols if someone were to walk into said cloud.

The minimum level of protection against this virus is quite literally a P100 respirator, a PAPR/CAPR, or a 40mm NATO CBRN respirator, ideally paired with a full-body tyvek or tychem suit, gloves, and booties, with all the holes and gaps taped.

Live SARS-CoV-2 may potentially be detected in sewage outflows, and there may be oral-fecal transmission. During the SARS outbreak in 2003, in the Amoy Gardens incident, hundreds of people were infected by aerosolized fecal matter rising from floor drains in their apartments.

COVID-19 Vaccine Dangers:

The vaccines for COVID-19 are not sterilizing and do not prevent infection or transmission. They are “leaky” vaccines. This means they remove the evolutionary pressure on the virus to become less lethal. It also means that the vaccinated are perfect carriers. In other words, those who are vaccinated are a threat to the unvaccinated, not the other way around.

All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. Though they appear to limit severe illness, the long-term safety profile of these vaccines remains unknown.

Some of these so-called “vaccines” utilize an untested new technology that has never been used in vaccines before. Traditional vaccines use weakened or killed virus to stimulate an immune response. The

Moderna and Pfizer-BioNTech vaccines do not. They are purported to consist of an intramuscular shot containing a suspension of lipid nanoparticles filled with messenger RNA. The way they generate an immune response is by fusing with cells in a vaccine recipient's shoulder, undergoing endocytosis, releasing their mRNA cargo into those cells, and then utilizing the ribosomes in those cells to synthesize modified SARS-CoV-2 Spike proteins in-situ.

These modified Spike proteins then migrate to the surface of the cell, where they are anchored in place by a transmembrane domain. The adaptive immune system detects the non-human viral protein being expressed by these cells, and then forms antibodies against that protein. This is purported to confer protection against the virus, by training the adaptive immune system to recognize and produce antibodies against the Spike on the actual virus. The J&J and AstraZeneca vaccines do something similar, but use an adenovirus vector for genetic material delivery instead of a lipid nanoparticle. These vaccines were produced or validated with the aid of fetal cell lines HEK-293 and PER.C6, which people with certain religious convictions may object strongly to.

SARS-CoV-2 Spike is a highly pathogenic protein on its own. It is impossible to overstate the danger presented by introducing this protein into the human body.

It is claimed by vaccine manufacturers that the vaccine remains in cells in the shoulder, and that SARS-CoV-2 Spike produced and expressed by these cells from the vaccine's genetic material is harmless and inert, thanks to the insertion of prolines in the Spike sequence to stabilize it in the prefusion conformation, preventing the Spike from becoming active and fusing with other cells. However, a pharmacokinetic study from Japan showed that the lipid nanoparticles and mRNA from the Pfizer vaccine did not stay in the shoulder, and in fact bioaccumulated in many different organs, including the reproductive organs and adrenal glands, meaning that modified Spike is being expressed quite literally all over the place. These lipid nanoparticles may trigger anaphylaxis in an unlucky few, but far more concerning is the unregulated expression of Spike in various somatic cell lines far from the injection site and the unknown consequences of that.

Messenger RNA is normally consumed right after it is produced in the body, being translated into a protein by a ribosome. COVID-19 vaccine mRNA is produced outside the body, long before a ribosome translates it. In the meantime, it could accumulate damage if inadequately preserved. When a ribosome attempts to translate a damaged strand of mRNA, it can become stalled. When this happens, the ribosome becomes useless for translating proteins because it now has a piece of mRNA stuck in it, like a lace card in an old punch card reader. The whole thing has to be cleaned up and new ribosomes synthesized to replace it. In cells with low ribosome turnover, like nerve cells, this can lead to reduced protein synthesis, cytopathic effects, and neuropathies.

Certain proteins, including SARS-CoV-2 Spike, have proteolytic cleavage sites that are basically like little dotted lines that say "cut here", which attract a living organism's own proteases (essentially, molecular scissors) to cut them. There is a possibility that S1 may be proteolytically cleaved from S2, causing active S1 to float away into the bloodstream while leaving the S2 "stalk" embedded in the membrane of the cell that expressed the protein.

SARS-CoV-2 Spike has a Superantigenic region (SAg), which may promote extreme inflammation.

Anti-Spike antibodies were found in one study to function as autoantibodies and attack the body's own cells. Those who have been immunized with COVID-19 vaccines have developed blood clots,

myocarditis, Guillain-Barre Syndrome, Bell's Palsy, and multiple sclerosis flares, indicating that the vaccine promotes autoimmune reactions against healthy tissue.

SARS-CoV-2 Spike does not only bind to ACE2. It was suspected to have regions that bind to basigin, integrins, neuropilin-1, and bacterial lipopolysaccharides as well. SARS-CoV-2 Spike, on its own, can potentially bind any of these things and act as a ligand for them, triggering unspecified and likely highly inflammatory cellular activity.

SARS-CoV-2 Spike contains an unusual PRRA insert that forms a furin cleavage site. Furin is a ubiquitous human protease, making this an ideal property for the Spike to have, giving it a high degree of cell tropism. No wild-type SARS-like coronaviruses related to SARS-CoV-2 possess this feature, making it highly suspicious, and perhaps a sign of human tampering.

SARS-CoV-2 Spike has a prion-like domain that enhances its infectiousness.

The Spike S1 RBD may bind to heparin-binding proteins and promote amyloid aggregation. In humans, this could lead to Parkinson's, Lewy Body Dementia, premature Alzheimer's, or various other neurodegenerative diseases. This is very concerning because SARS-CoV-2 S1 is capable of injuring and penetrating the blood-brain barrier and entering the brain. It is also capable of increasing the permeability of the blood-brain barrier to other molecules.

SARS-CoV-2, like other betacoronaviruses, may have Dengue-like ADE, or antibody-dependent enhancement of disease. For those who aren't aware, some viruses, including betacoronaviruses, have a feature called ADE. There is also something called Original Antigenic Sin, which is the observation that the body prefers to produce antibodies based on previously-encountered strains of a virus over newly-encountered ones.

In ADE, antibodies from a previous infection become non-neutralizing due to mutations in the virus's proteins. These non-neutralizing antibodies then act as trojan horses, allowing live, active virus to be pulled into macrophages through their Fc receptor pathways, allowing the virus to infect immune cells that it would not have been able to infect before. This has been known to happen with Dengue Fever; when someone gets sick with Dengue, recovers, and then contracts a different strain, they can get very, very ill.

If someone is vaccinated with mRNA based on the Spike from the initial Wuhan strain of SARS-CoV-2, and then they become infected with a future, mutated strain of the virus, they may become severely ill. In other words, it is possible for vaccines to sensitize someone to disease.

There is a precedent for this in recent history. Sanofi's Dengvaxia vaccine for Dengue failed because it caused immune sensitization in people whose immune systems were Dengue-naïve.

In mice immunized against SARS-CoV and challenged with the virus, a close relative of SARS-CoV-2, they developed immune sensitization, Th2 immunopathology, and eosinophil infiltration in their lungs.

We have been told that SARS-CoV-2 mRNA vaccines cannot be integrated into the human genome, because messenger RNA cannot be turned back into DNA. This is false. There are elements in human cells called LINE-1 retrotransposons, which can indeed integrate mRNA into a human genome by endogenous reverse transcription. Because the mRNA used in the vaccines is stabilized, it hangs around

in cells longer, increasing the chances for this to happen. If the gene for SARS-CoV-2 Spike is integrated into a portion of the genome that is not silent and actually expresses a protein, it is possible that people who take this vaccine may continuously express SARS-CoV-2 Spike from their somatic cells for the rest of their lives.

By inoculating people with a vaccine that causes their bodies to produce Spike in-situ, they are being inoculated with a pathogenic protein. A toxin that may cause long-term inflammation, heart problems, and a raised risk of cancers. In the long-term, it may also potentially lead to premature neurodegenerative disease.

Absolutely nobody should be compelled to take this vaccine under any circumstances, and in actual fact, the vaccination campaign must be stopped immediately.

COVID-19 Criminal Conspiracy:

The vaccine and the virus were made by the same people.

In 2014, there was a moratorium on SARS gain-of-function research that lasted until 2017. This research was not halted. Instead, it was outsourced, with the federal grants being laundered through NGOs.

Ralph Baric is a virologist and SARS expert at UNC Chapel Hill in North Carolina. This is who Anthony Fauci was referring to when he insisted, before Congress, that if any gain-of-function research was being conducted, it was being conducted in North Carolina.

This was a lie. Anthony Fauci lied before Congress. A felony.

Ralph Baric and Shi Zhengli are colleagues and have co-written papers together. Ralph Baric mentored Shi Zhengli in his gain-of-function manipulation techniques, particularly serial passage, which results in a virus that appears as if it originated naturally. In other words, deniable bioweapons. Serial passage in humanized hACE2 mice may have produced something like SARS-CoV-2.

The funding for the gain-of-function research being conducted at the Wuhan Institute of Virology came from Peter Daszak. Peter Daszak runs an NGO called EcoHealth Alliance. EcoHealth Alliance received millions of dollars in grant money from the National Institutes of Health/National Institute of Allergy and Infectious Diseases (that is, Anthony Fauci), the Defense Threat Reduction Agency (part of the US Department of Defense), and the United States Agency for International Development. NIH/NIAID contributed a few million dollars, and DTRA and USAID each contributed tens of millions of dollars towards this research. Altogether, it was over a hundred million dollars.

EcoHealth Alliance subcontracted these grants to the Wuhan Institute of Virology, a lab in China with a very questionable safety record and poorly trained staff, so that they could conduct gain-of-function research, not in their fancy P4 lab, but in a level-2 lab where technicians wore nothing more sophisticated than perhaps a hairnet, latex gloves, and a surgical mask, instead of the bubble suits used when working with dangerous viruses. Chinese scientists in Wuhan reported being routinely bitten and urinated on by laboratory animals. Why anyone would outsource this dangerous and delicate work to the People's Republic of China, a country infamous for industrial accidents and massive explosions that have claimed hundreds of lives, is completely beyond me, unless the aim was to start a pandemic on purpose.

In November of 2019, three technicians at the Wuhan Institute of Virology developed symptoms consistent with a flu-like illness. Anthony Fauci, Peter Daszak, and Ralph Baric knew at once what had happened, because back channels exist between this laboratory and our scientists and officials.

December 12th, 2019, Ralph Baric signed a Material Transfer Agreement (essentially, an NDA) to receive Coronavirus mRNA vaccine-related materials co-owned by Moderna and NIH. It wasn't until a whole month later, on January 11th, 2020, that China allegedly sent us the sequence to what would become known as SARS-CoV-2. Moderna claims, rather absurdly, that they developed a working vaccine from this sequence in under 48 hours.

Stéphane Bancel, the current CEO of Moderna, was formerly the CEO of bioMérieux, a French multinational corporation specializing in medical diagnostic tech, founded by one Alain Mérieux. Alain Mérieux was one of the individuals who was instrumental in the construction of the Wuhan Institute of Virology's P4 lab.

The sequence given as the closest relative to SARS-CoV-2, RaTG13, is not a real virus. It is a forgery. It was made by entering a gene sequence by hand into a database, to create a cover story for the existence of SARS-CoV-2, which is very likely a gain-of-function chimera produced at the Wuhan Institute of Virology and was either leaked by accident or intentionally released.

The animal reservoir of SARS-CoV-2 has never been found.

This is not a conspiracy "theory". It is an actual criminal conspiracy, in which people connected to the development of Moderna's mRNA-1273 are directly connected to the Wuhan Institute of Virology and their gain-of-function research by very few degrees of separation, if any. The paper trail is well-established.

The lab-leak theory has been suppressed because pulling that thread leads one to inevitably conclude that there is enough circumstantial evidence to link Moderna, the NIH, the WIV, and both the vaccine and the virus's creation together. In a sane country, this would have immediately led to the world's biggest RICO and mass murder case. Anthony Fauci, Peter Daszak, Ralph Baric, Shi Zhengli, and Stéphane Bancel, and their accomplices, would have been indicted and prosecuted to the fullest extent of the law. Instead, billions of our tax dollars were awarded to the perpetrators.

The FBI raided Allure Medical in Shelby Township north of Detroit for billing insurance for "fraudulent COVID-19 cures". The treatment they were using? Intravenous Vitamin C. An antioxidant. Which, as described above, is an entirely valid treatment for COVID-19-induced sepsis, and indeed, is now part of the MATH+ protocol advanced by Dr. Paul E. Marik.

The FDA banned ranitidine (Zantac) due to supposed NDMA (N-nitrosodimethylamine) contamination. Ranitidine is not only an H2 blocker used as antacid, but also has a powerful antioxidant effect, scavenging hydroxyl radicals. This gives it utility in treating COVID-19.

The FDA also attempted to take N-acetylcysteine, a harmless amino acid supplement and antioxidant, off the shelves, compelling Amazon to remove it from their online storefront.

This leaves us with a chilling question: did the FDA knowingly suppress antioxidants useful for treating COVID-19 sepsis as part of a criminal conspiracy against the American public?

The establishment is cooperating with, and facilitating, the worst criminals in human history, and are actively suppressing non-vaccine treatments and therapies in order to compel us to inject these criminals' products into our bodies. This is absolutely unacceptable.

COVID-19 Vaccine Development and Links to Transhumanism:

This section deals with some more speculative aspects of the pandemic and the medical and scientific establishment's reaction to it, as well as the disturbing links between scientists involved in vaccine research and scientists whose work involved merging nanotechnology with living cells.

On June 9th, 2020, Charles Lieber, a Harvard nanotechnology researcher with decades of experience, was indicted by the DOJ for fraud. Charles Lieber received millions of dollars in grant money from the US Department of Defense, specifically the military think tanks DARPA, AFOSR, and ONR, as well as NIH and MITRE. His specialty is the use of silicon nanowires in lieu of patch clamp electrodes to monitor and modulate intracellular activity, something he has been working on at Harvard for the past twenty years. He was claimed to have been working on silicon nanowire batteries in China, but none of his colleagues can recall him ever having worked on battery technology in his life; all of his research deals with bionanotechnology, or the blending of nanotech with living cells.

The indictment was over his collaboration with the Wuhan University of Technology. He had double-dipped, against the terms of his DOD grants, and taken money from the PRC's Thousand Talents plan, a program which the Chinese government uses to bribe Western scientists into sharing proprietary R&D information that can be exploited by the PLA for strategic advantage.

Charles Lieber's own papers describe the use of silicon nanowires for brain-computer interfaces, or "neural lace" technology. His papers describe how neurons can endocytose whole silicon nanowires or parts of them, monitoring and even modulating neuronal activity.

Charles Lieber was a colleague of Robert Langer. Together, along with Daniel S. Kohane, they worked on a paper describing artificial tissue scaffolds that could be implanted in a human heart to monitor its activity remotely.

Robert Langer, an MIT alumnus and expert in nanotech drug delivery, is one of the co-founders of Moderna. His net worth is now $5.1 billion USD thanks to Moderna's mRNA-1273 vaccine sales.

Both Charles Lieber and Robert Langer's bibliographies describe, essentially, techniques for human enhancement, i.e. transhumanism. Klaus Schwab, the founder of the World Economic Forum and the architect behind the so-called "Great Reset", has long spoken of the "blending of biology and machinery" in his books.

Since these revelations, it has come to the attention of independent researchers that the COVID-19 vaccines may contain reduced graphene oxide nanoparticles. Japanese researchers have also found unexplained contaminants in COVID-19 vaccines.

Graphene oxide is an anxiolytic. It has been shown to reduce the anxiety of laboratory mice when injected into their brains. Indeed, given SARS-CoV-2 Spike's propensity to compromise the blood-brain barrier and increase its permeability, it is the perfect protein for preparing brain tissue for extravasation of nanoparticles from the bloodstream and into the brain. Graphene is also highly conductive and, in some circumstances, paramagnetic.

In 2013, under the Obama administration, DARPA launched the BRAIN Initiative; BRAIN is an acronym for Brain Research Through Advancing Innovative Neurotechnologies®. This program involves the development of brain-computer interface technologies for the military, particularly non-invasive, injectable systems that cause minimal damage to brain tissue when removed. Supposedly, this technology would be used for healing wounded soldiers with traumatic brain injuries, the direct brain control of prosthetic limbs, and even new abilities such as controlling drones with one's mind.

Various methods have been proposed for achieving this, including optogenetics, magnetogenetics, ultrasound, implanted electrodes, and transcranial electromagnetic stimulation. In all instances, the goal is to obtain read or read-write capability over neurons, either by stimulating and probing them, or by rendering them especially sensitive to stimulation and probing.

However, the notion of the widespread use of BCI technology, such as Elon Musk's Neuralink device, raises many concerns over privacy and personal autonomy. Reading from neurons is problematic enough on its own. Wireless brain-computer interfaces may interact with current or future wireless GSM infrastructure, creating neurological data security concerns. A hacker or other malicious actor may compromise such networks to obtain people's brain data, and then exploit it for nefarious purposes.

However, a device capable of writing to human neurons, not just reading from them, presents another, even more serious set of ethical concerns. A BCI that is capable of altering the contents of one's mind for innocuous purposes, such as projecting a heads-up display onto their brain's visual center or sending audio into one's auditory cortex, would also theoretically be capable of altering mood and personality, or perhaps even subjugating someone's very will, rendering them utterly obedient to authority. This technology would be a tyrant's wet dream. Imagine soldiers who would shoot their own countrymen without hesitation, or helpless serfs who are satisfied to live in literal dog kennels.

BCIs could be used to unscrupulously alter perceptions of basic things such as emotions and values, changing people's thresholds of satiety, happiness, anger, disgust, and so forth. This is not inconsequential. Someone's entire regime of behaviors could be altered by a BCI, including such things as suppressing their appetite or desire for virtually anything on Maslow's Hierarchy of Needs.

Anything is possible when you have direct access to someone's brain and its contents. Someone who is obese could be made to feel disgust at the sight of food. Someone who is involuntarily celibate could have their libido disabled so they don't even desire sex to begin with. Someone who is racist could be forced to feel delight over cohabiting with people of other races. Someone who is violent could be forced to be meek and submissive. These things might sound good to you if you are a tyrant, but to normal people, the idea of personal autonomy being overridden to such a degree is appalling.

For the wealthy, neural laces would be an unequaled boon, giving them the opportunity to enhance their intelligence with neuroprosthetics (i.e. an "exocortex"), and to deliver irresistible commands directly into the minds of their BCI-augmented servants, even physically or sexually abusive commands that they would normally refuse.

If the vaccine is a method to surreptitiously introduce an injectable BCI into millions of people without their knowledge or consent, then what we are witnessing is the rise of a tyrannical regime unlike anything ever seen before on the face of this planet, one that fully intends to strip every man, woman, and child of our free will.

Our flaws are what make us human. A utopia arrived at by removing people's free will is not a utopia at all. It is a monomaniacal nightmare. Furthermore, the people who rule over us are Dark Triad types who cannot be trusted with such power. Imagine being beaten and sexually assaulted by a wealthy and powerful psychopath and being forced to smile and laugh over it because your neural lace gives you no choice but to obey your master.

The Elites are forging ahead with this technology without giving people any room to question the social or ethical ramifications, or to establish regulatory frameworks that ensure that our personal agency and autonomy will not be overridden by these devices. They do this because they secretly dream of a future where they can treat you worse than an animal and you cannot even fight back. If this evil plan is allowed to continue, it will spell the end of humanity as we know it.

Conclusions:

The current pandemic was produced and perpetuated by the establishment, through the use of a virus engineered in a PLA-connected Chinese biowarfare laboratory, with the aid of American taxpayer dollars and French expertise.

This research was conducted under the absolutely ridiculous euphemism of "gain-of-function" research, which is supposedly carried out in order to determine which viruses have the highest potential for zoonotic spillover and preemptively vaccinate or guard against them.

Gain-of-function/gain-of-threat research, a.k.a. "Dual-Use Research of Concern", or DURC, is bioweapon research by another, friendlier-sounding name, simply to avoid the taboo of calling it what it actually is. It has always been bioweapon research. The people who are conducting this research fully understand that they are taking wild pathogens that are not infectious in humans and making them more infectious, often taking grants from military think tanks encouraging them to do so.

These virologists conducting this type of research are enemies of their fellow man, like pyromaniac firefighters. GOF research has never protected anyone from any pandemic. In fact, it has now started one, meaning its utility for preventing pandemics is actually negative. It should have been banned globally, and the lunatics performing it should have been put in straitjackets long ago.

Either through a leak or an intentional release from the Wuhan Institute of Virology, a deadly SARS strain is now endemic across the globe, after the WHO and CDC and public officials first downplayed the risks, and then intentionally incited a panic and lockdowns that jeopardized people's health and their livelihoods.

This was then used by the utterly depraved and psychopathic aristocratic class who rule over us as an excuse to coerce people into accepting an injected poison which may be a depopulation agent, a mind control/pacification agent in the form of injectable "smart dust", or both in one. They believe they can get away with this by weaponizing the social stigma of vaccine refusal. They are incorrect.

Their motives are clear and obvious to anyone who has been paying attention. These megalomaniacs have raided the pension funds of the free world. Wall Street is insolvent and has had an ongoing liquidity crisis since the end of 2019. The aim now is to exert total, full-spectrum physical, mental, and financial control over humanity before we realize just how badly we've been extorted by these maniacs.

The pandemic and its response served multiple purposes for the Elite:

- Concealing a depression brought on by the usurious plunder of our economies conducted by rentier-capitalists and absentee owners who produce absolutely nothing of any value to society whatsoever. Instead of us having a very predictable Occupy Wall Street Part II, the Elites and their stooges got to stand up on television and paint themselves as wise and all-powerful saviors instead of the marauding cabal of despicable land pirates that they are.
- Destroying small businesses and eroding the middle class.
- Transferring trillions of dollars of wealth from the American public and into the pockets of billionaires and special interests.
- Engaging in insider trading, buying stock in biotech companies and shorting brick-and-mortar businesses and travel companies, with the aim of collapsing face-to-face commerce and tourism and replacing it with e-commerce and servitization.
- Creating a *casus belli* for war with China, encouraging us to attack them, wasting American lives and treasure and driving us to the brink of nuclear armageddon.
- Establishing technological and biosecurity frameworks for population control and technocratic-socialist "smart cities" where everyone's movements are despotically tracked, all in anticipation of widespread automation, joblessness, and food shortages, by using the false guise of a vaccine to compel cooperation.

Any one of these things would constitute a vicious rape of Western society. Taken together, they beggar belief; they are a complete inversion of our most treasured values.

What is the purpose of all of this? One can only speculate as to the perpetrators' motives, however, we have some theories.

The Elites are trying to pull up the ladder, erase upward mobility for large segments of the population, cull political opponents and other "undesirables", and put the remainder of humanity on a tight leash, rationing our access to certain goods and services that they have deemed "high-impact", such as automobile use, tourism, meat consumption, and so on. Naturally, they will continue to have their own luxuries, as part of a strict caste system akin to feudalism.

Why are they doing this? Simple. The Elites are Neo-Malthusians and believe that we are overpopulated and that resource depletion will collapse civilization in a matter of a few short decades. They are not necessarily incorrect in this belief. We are overpopulated, and we are consuming too many resources. However, orchestrating such a gruesome and murderous power grab in response to a looming crisis demonstrates that they have nothing but the utmost contempt for their fellow man.

To those who are participating in this disgusting farce without any understanding of what they are doing, we have one word for you. Stop. You are causing irreparable harm to your country and to your fellow citizens.

To those who may be reading this warning and have full knowledge and understanding of what they are doing and how it will unjustly harm millions of innocent people, we have a few more words.

Damn you to hell. You will not destroy America and the Free World, and you will not have your New World Order. We will make certain of that.

References:

COVID-19 is not a viral pneumonia — it is a viral vascular endotheliitis:

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30937-5/fulltext

https://academic.oup.com/eurheartj/article/41/32/3038/5901158

https://www.embopress.org/doi/full/10.15252/embr.202152744

COVID-19 is not just a respiratory disease — it can precipitate multiple organ failure, including hypoxic and inflammatory damage to various vital organs, such as the brain, heart, liver, pancreas, kidneys, and intestines:

https://www.nature.com/articles/d41586-021-01693-6

https://www.health.harvard.edu/blog/the-hidden-long-term-cognitive-effects-of-covid-2020100821133

https://www.nature.com/articles/s41422-020-0390-x

https://www.embopress.org/doi/full/10.15252/embj.2020106230

https://jamanetwork.com/journals/jama/fullarticle/2776538

https://pubmed.ncbi.nlm.nih.gov/32921216/

https://www.nature.com/articles/s41575-021-00426-4

https://pubmed.ncbi.nlm.nih.gov/32553666/

https://www.nature.com/articles/s41467-021-23886-3

https://pubmed.ncbi.nlm.nih.gov/34081912/

https://www.nature.com/articles/s41581-021-00452-0

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7438210/

https://www.nature.com/articles/s41598-021-92740-9

Some of the most common laboratory findings in COVID-19:

https://www.uptodate.com/contents/covid-19-clinical-features

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7426219/

COVID-19 can present as almost anything:

https://www.nature.com/articles/s41591-020-0968-3

https://www.frontiersin.org/articles/10.3389/fmed.2020.00526/full

COVID-19 is more severe in those with conditions that involve endothelial dysfunction, such as obesity, hypertension, and diabetes:

https://www.dovepress.com/obesity-related-inflammation-and-endothelial-dysfunction-in-covid-19-i-peer-reviewed-fulltext-article-JIR

https://jamanetwork.com/journals/jama/fullarticle/2772071

https://mdpi-res.com/d_attachment/cells/cells-10-00933/article_deploy/cells-10-00933.pdf

The vast majority of COVID-19 cases are mild and do not cause significant disease:

https://www.webmd.com/lung/covid-recovery-overview#1

https://academic.oup.com/ofid/article/7/9/ofaa286/5875595

https://pubmed.ncbi.nlm.nih.gov/33289900/

In those who have critical COVID-19-induced sepsis, hypoxia, coagulopathy, and ARDS, the most common treatments are intubation, injected corticosteroids, and blood thinners like heparin, which often precipitate harmful hemorrhages:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7548860/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7448713/

https://www.nejm.org/doi/full/10.1056/NEJMoa2103417

The majority of people who go on a ventilator are dying due to COVID-19 mimicking the physiology of ischemia-reperfusion injury with prolonged transient hypoxia and ischemia, leading directly to the formation of damaging reactive oxygen species:

https://www.journalofsurgicalresearch.com/article/S0022-4804(14)00176-0/fulltext

https://www.nature.com/articles/nature13909

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4625011/

https://www.atsjournals.org/doi/full/10.1164/rccm.201401-0168CP

https://pubmed.ncbi.nlm.nih.gov/18974366/

The end-stage of COVID-19 is severe lipid peroxidation, where fats in the body start to "rust" due to damage by oxidative stress:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7768996/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7357498/

https://www.liebertpub.com/doi/10.1089/ars.2021.0017

Oxidized lipids appear as foreign objects to the immune system, which recognizes and forms antibodies against OSEs, or oxidation-specific epitopes:

https://ard.bmj.com/content/annrheumdis/early/2020/08/04/annrheumdis-2020-218145.full.pdf

https://ard.bmj.com/content/80/9/1236

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7256550/

https://www.hss.edu/conditions_top-ten-series-antiphospholipid-syndrome-coronavirus-covid-19.asp

In COVID-19, neutrophil degranulation and NETosis in the bloodstream drives severe oxidative damage; hemoglobin becomes incapable of carrying oxygen due to heme iron being stripped out of heme by hypochlorous acid:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7757048/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7436665/

https://www.nature.com/articles/s41418-021-00805-z

https://www.sciencedirect.com/science/article/pii/S221249262030052X

SARS-CoV-2 Spike binds to ACE2. Angiotensin Converting Enzyme 2 is an enzyme that is part of the renin-angiotensin-aldosterone system, or RAAS. The RAAS is a hormone control system that moderates fluid volume and blood pressure in the body and in the bloodstream by controlling sodium/potassium retention and excretion and vascular tone:

https://www.ncbi.nlm.nih.gov/books/NBK470410/

https://www.merckmanuals.com/home/multimedia/figure/cvs_regulating_blood_pressure_renin

This protein, ACE2, is ubiquitous in every part of the body that interfaces with the circulatory system, particularly in vascular endothelial cells and pericytes, brain astrocytes, renal tubules and podocytes,

pancreatic islet cells, bile duct and intestinal epithelial cells, and the seminiferous ducts of the testis, all of which SARS-CoV-2 can infect:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7167720/

https://www.frontiersin.org/articles/10.3389/fmed.2020.594495/full

https://www.frontiersin.org/articles/10.3389/fneur.2020.573095/full

SARS-CoV-2 infects a cell as follows:

https://www.nature.com/articles/s41401-020-0485-4

https://www.science.org/doi/10.1126/science.abb2507

https://www.sciencedirect.com/science/article/abs/pii/S1931312820306211

SARS-CoV-2 Spike proteins embedded in a cell can actually cause adjacent human cells to fuse together, forming syncytia/MGCs:

https://www.nature.com/articles/s41418-021-00782-3

https://pubmed.ncbi.nlm.nih.gov/33051876/

SARS-CoV-2's viroporins, such as its Envelope protein, act as calcium ion channels, introducing calcium into infected cells:

https://www.nature.com/articles/s41422-021-00519-4

https://virologyj.biomedcentral.com/articles/10.1186/s12985-019-1182-0

The virus suppresses the natural interferon response, resulting in delayed inflammation:

https://www.nature.com/articles/s12276-021-00592-0

https://mdpi-res.com/d_attachment/viruses/viruses-12-01433/article_deploy/viruses-12-01433.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8310780/

SARS-CoV-2 N protein can also directly activate the NLRP3 inflammasome:

https://www.nature.com/articles/s41467-021-25015-6

https://www.frontiersin.org/articles/10.3389/fimmu.2020.01021/full

SARS-CoV-2 suppresses the Nrf2 antioxidant pathway, reducing the body's own endogenous antioxidant enzyme activity:

https://www.nature.com/articles/s41467-020-18764-3

https://ctajournal.biomedcentral.com/articles/10.1186/s13601-020-00362-7

https://mdpi-res.com/d_attachment/ijms/ijms-22-07963/article_deploy/ijms-22-07963.pdf

The suppression of ACE2 by binding with Spike causes a buildup of bradykinin that would otherwise be broken down by ACE2:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7834250/

https://www.the-scientist.com/news-opinion/is-a-bradykinin-storm-brewing-in-covid-19--67876

This constant calcium influx into the cells results in (or is accompanied by) noticeable hypocalcemia, or low blood calcium:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7292572/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8041474/

https://www.sciencedirect.com/science/article/abs/pii/S1871402121000059

Bradykinin upregulates cAMP, cGMP, COX, and Phospholipase C activity. This results in prostaglandin release and vastly increased intracellular calcium signaling, which promotes highly aggressive ROS release and ATP depletion:

https://www.sciencedirect.com/science/article/abs/pii/S089158490700319X?via%3Dihub

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1218972/

https://pubmed.ncbi.nlm.nih.gov/2156053/

https://www.sciencedirect.com/topics/medicine-and-dentistry/bradykinin-b2-receptor-agonist

https://www.sciencedirect.com/topics/neuroscience/bradykinin

NADPH oxidase releases superoxide into the extracellular space:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4556774/

https://www.pnas.org/content/110/21/8744

Superoxide radicals react with nitric oxide to form peroxynitrite:

https://pubmed.ncbi.nlm.nih.gov/8944624/

https://www.pnas.org/content/115/23/5839

Peroxynitrite reacts with the tetrahydrobiopterin cofactor needed by endothelial nitric oxide synthase, destroying it and "uncoupling" the eNOS enzymes, causing nitric oxide synthase to synthesize more superoxide instead (this means that every process that upregulates NOS activity now produces superoxide instead of nitric oxide):

https://pubmed.ncbi.nlm.nih.gov/24353182/

https://academic.oup.com/cardiovascres/article/73/1/8/316487

https://pubs.acs.org/doi/10.1021/bi9016632

This proceeds in a positive feedback loop until nitric oxide bioavailability in the circulatory system is depleted:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7276137/

Dissolved nitric oxide gas produced constantly by eNOS serves many important functions, but it is also antiviral against SARS-like coronaviruses, preventing the palmitoylation of the viral Spike protein and making it harder for it to bind to host receptors:

https://journal.chestnet.org/article/S0012-3692(20)34397-X/fulltext

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7111989/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7754882/

The loss of NO allows the virus to begin replicating with impunity in the body (clearly, the virus has an evolutionary incentive to induce oxidative stress to destroy nitric oxide):

https://scitechdaily.com/nitric-oxide-a-possible-treatment-for-covid-19-only-substance-to-have-a-direct-effect-on-sars-cov-2/

Those with endothelial dysfunction (i.e. hypertension, diabetes, obesity, old age, African-American race) have redox equilibrium issues to begin with, giving the virus an advantage:

https://www.nature.com/articles/s41392-020-00454-7

https://www.frontiersin.org/articles/10.3389/fphys.2020.605908/full

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7430889/

https://pubmed.ncbi.nlm.nih.gov/19004510/

Due to the extreme cytokine release triggered by these processes, the body summons a great deal of neutrophils and monocyte-derived alveolar macrophages to the lungs:

https://www.frontiersin.org/articles/10.3389/fimmu.2021.652470/full

https://www.frontiersin.org/articles/10.3389/fimmu.2021.720109/full

Phagocytic cells of the innate immune system are the first-line defenders against pathogens. They work by engulfing invaders and trying to attack them with enzymes that produce powerful oxidants, like SOD and MPO:

https://www.frontiersin.org/articles/10.3389/fimmu.2012.00174/full

https://jlb.onlinelibrary.wiley.com/doi/full/10.1189/jlb.0809549

Superoxide dismutase takes superoxide and makes hydrogen peroxide, and myeloperoxidase takes hydrogen peroxide and chlorine ions and makes hypochlorous acid, which is many, many times more reactive than sodium hypochlorite bleach:

https://www.sciencedirect.com/topics/neuroscience/superoxide-dismutase

https://www.sciencedirect.com/topics/medicine-and-dentistry/myeloperoxidase

In severe and critical COVID-19, there is actually rather severe NETosis:

https://www.frontiersin.org/articles/10.3389/fphar.2021.708302/full

https://insight.jci.org/articles/view/138999

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7184981/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7488868/

https://ashpublications.org/blood/article/136/10/1169/461219/Neutrophil-extracellular-traps-contribute-to

https://www.sciencedirect.com/science/article/pii/S221249262030052X

Hypochlorous acid building up in the bloodstream begins to bleach the iron out of heme and compete for O2 binding sites. Red blood cells lose the ability to transport oxygen, causing the sufferer to turn blue in the face:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7757048/

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0120737

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863623/

Unliganded iron, hydrogen peroxide, and superoxide in the bloodstream undergo the Haber-Weiss and Fenton reactions, producing extremely reactive hydroxyl radicals that violently strip electrons from surrounding fats and DNA, oxidizing them severely:

https://www.sciencedirect.com/science/article/pii/S0753332221000135

https://sites.kowsarpub.com/ans/articles/60038.html

https://www.sciencedirect.com/science/article/abs/pii/S0300483X00002316?via%3Dihub

https://www.sciencedirect.com/topics/chemistry/fenton-reaction

https://www.researchgate.net/figure/Fenton-and-Haber-Weiss-reactions-are-a-source-of-oxidative-stress-The-generation-of_fig1_330729897

This condition is not unknown to medical science. The actual name for all of this is acute sepsis (but without the traditional hallmarks of sepsis, like shock):

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4056356/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7886971/

https://www.futuremedicine.com/doi/10.2217/fmb-2020-0312

https://www.global-sepsis-alliance.org/news/2020/4/7/update-can-covid-19-cause-sepsis-explaining-the-relationship-between-the-coronavirus-disease-and-sepsis-cvd-novel-coronavirus

We know this is happening in COVID-19 because people who have died of the disease have noticeable ferroptosis signatures in their tissues, as well as various other oxidative stress markers such as nitrotyrosine, 4-HNE, and malondialdehyde:

https://onlinelibrary.wiley.com/doi/full/10.1002/ehf2.12958

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7264936/

https://www.sciencedirect.com/science/article/pii/S2213231721001300

https://www.researchgate.net/publication/354129433_Preliminary_Findings_on_the_Association_of_the_Lipid_Peroxidation_Product_4-Hydroxynonenal_with_the_Lethal_Outcome_of_Aggressive_COVID-19

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8180845/

https://rupress.org/jem/article-abstract/218/6/e20210518/212093/Ferroptosis-in-infection-inflammation-and?redirectedFrom=fulltext

When you intubate someone with this condition, you are setting off a free radical bomb by supplying the cells with O2. It's a catch-22, because we need oxygen to make Adenosine Triphosphate (that is, to live), but O2 is also the precursor of all these damaging radicals that lead to lipid peroxidation:

https://www.nature.com/articles/pr2009174

The correct treatment for severe COVID-19 related sepsis is non-invasive ventilation, steroids, and antioxidant infusions:

https://covid19criticalcare.com/covid-19-protocols/math-plus-protocol/

https://journals.lww.com/ccmjournal/Abstract/2007/09001/Antioxidant_supplementation_in_sepsis_and_systemic.25.aspx

https://mdpi-res.com/d_attachment/medicina/medicina-56-00619/article_deploy/medicina-56-00619-v2.pdf

Most of the drugs repurposed for COVID-19 that show any benefit whatsoever in rescuing critically-ill COVID-19 patients are antioxidants. N-acetylcysteine, melatonin, fluvoxamine, budesonide, famotidine, cimetidine, and ranitidine are all antioxidants:

https://www.hindawi.com/journals/omcl/2018/6581970/

https://www.intechopen.com/chapters/62672

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6708076/

https://www.karger.com/Article/Abstract/88623

https://www.sciencedirect.com/science/article/abs/pii/000629529390218L?via%3Dihub

Indomethacin prevents iron-driven oxidation of arachidonic acid to isoprostanes:

https://www.sciencedirect.com/science/article/abs/pii/0161463079900442

There are powerful antioxidants such as apocynin that have not even been tested on COVID-19 patients yet which could defang neutrophils, prevent lipid peroxidation, restore endothelial health, and restore oxygenation to the tissues:

https://link.springer.com/article/10.1007/s10787-020-00715-5

Scientists who know anything about pulmonary neutrophilia, ARDS, and redox biology have known or surmised much of this since March 2020:

https://www.researchgate.net/post/NADPH_oxidase_Covid-19_Oxygen_treatment

In April 2020, Swiss scientists confirmed that COVID-19 was a systemic vascular endotheliitis:

https://www.usz.ch/en/covid-19-also-a-systemic-endotheliitis/

By late 2020, experts had already concluded that COVID-19 causes a form of viral sepsis:

https://www.healthleadersmedia.com/clinical-care/expert-severe-covid-19-illness-viral-sepsis

They also know that sepsis can be effectively treated with antioxidants:

https://jtd.amegroups.com/article/view/34870/html

https://www.evms.edu/about_evms/administrative_offices/marketing_communications/publications/issue_9_4/has-sepsis-met-its-match.php

None of this information is particularly new, and yet, for the most part, it has not been acted upon. Doctors continue to use damaging intubation techniques with high PEEP settings despite high lung compliance and poor oxygenation, killing an untold number of critically ill patients with medical malpractice:

https://ccforum.biomedcentral.com/articles/10.1186/s13054-020-03049-4

https://jamanetwork.com/journals/jama/fullarticle/2765302

Because of the way they are constructed, Randomized Control Trials will never show any benefit for any antiviral against COVID-19. Not Remdesivir, not Kaletra, not HCQ, and not Ivermectin. The reason for this is simple; for the patients that they have enrolled in these studies, such as Oxford's ludicrous RECOVERY study, the intervention is too late to have any positive effect (i.e. these RCTs are designed in such a way that the use of antivirals is futile, therefore, these studies are deceptive and unethical by their very nature):

https://www.mdpi.com/1999-4915/13/6/963/htm

The clinical course of COVID-19 is such that by the time most people seek medical attention for hypoxia, their viral load has already tapered off to almost nothing. If someone is about 10 days post-exposure and has already been symptomatic for five days, there is hardly any virus left in their bodies, only cellular damage and derangement that has initiated a hyperinflammatory response:

https://www.the-hospitalist.org/hospitalist/article/234869/coronavirus-updates/state-inpatient-covid-19-care

https://www.sciencedirect.com/science/article/pii/S0753332220306867

It is from this group that the clinical trials for antivirals have recruited, pretty much exclusively (i.e. they do not test prophylaxis/early treatment, only changes to the mean duration of hospitalization for those already hospitalized):

https://www.nejm.org/doi/full/10.1056/nejmoa2023184

https://www.nejm.org/doi/full/10.1056/NEJMoa2022926

https://pubmed.ncbi.nlm.nih.gov/34318930/

India went against the instructions of the WHO and mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19:

https://wentworthreport.com/2021/09/11/ivermectin-wins-in-india/

https://ivmmeta.com

The Indian Bar Association of Mumbai has brought criminal charges against WHO Chief Scientist Dr. Soumya Swaminathan for recommending against the use of Ivermectin:

https://indianbarassociation.in/wp-content/uploads/2021/05/IBA-PRESS-RELEASE-MAY-26-2021.pdf

Ivermectin is not "horse dewormer". Yes, it is sold in veterinary paste form as a dewormer for animals. It has also been available in pill form for humans for decades, as an antiparasitic drug:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043740/

The media have disingenuously claimed that because Ivermectin is an antiparasitic drug, it has no utility as an antivirus. This is incorrect. Ivermectin has utility as an antiviral. It blocks importin, preventing nuclear import, effectively inhibiting viral access to cell nuclei. Many drugs currently on the market have multiple modes of action. Ivermectin is one such drug. It is both antiparasitic and antiviral:

https://www.sciencedirect.com/science/article/abs/pii/S0166354219307211?via%3Dihub

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7539925/

In Bangladesh, Ivermectin costs $1.80 for an entire 5-day course:

https://journals.lww.com/americantherapeutics/fulltext/2021/08000/ivermectin_for_prevention_and_treatment_of.7.aspx

Remdesivir, which is toxic to the liver, costs $3,120 for a 5-day course of the drug:

https://www.npr.org/sections/health-shots/2020/06/29/884648842/remdesivir-priced-at-more-than-3-100-for-a-course-of-treatment

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7386240/

Billions of dollars of utterly useless Remdesivir were sold to our governments on the taxpayer's dime, and it ended up being totally useless for treating hyperinflammatory COVID-19:

https://www.fiercepharma.com/pharma/gilead-s-1-5b-remdesivir-sales-help-buoy-greater-than-expected-declines-for-mainstay-hiv

https://www.forbes.com/sites/jvchamary/2021/01/31/remdesivir-covid-coronavirus/?sh=7e6034e666c2

COVID-19 is airborne. The WHO carried water for China by claiming that the virus was only droplet-borne. Our own CDC absurdly claimed that it was mostly transmitted by fomite-to-face contact, which, given its rapid spread from Wuhan to the rest of the world, would have been physically impossible:

https://www.thelancet.com/article/S0140-6736(21)00869-2/fulltext

https://www.pennmedicine.org/updates/blogs/penn-physician-blog/2020/august/airborne-droplet-debate-article

The ridiculous belief in fomite-to-face being a primary mode of transmission led to the use of surface disinfection protocols that wasted time, energy, productivity, and disinfectant:

https://www.nature.com/articles/d41586-021-00251-4

The 6-foot guidelines are absolutely useless. The minimum safe distance to protect oneself from an aerosolized virus is to be 15+ feet away from an infected person, no closer. Realistically, no public transit is safe:

https://www.medrxiv.org/content/10.1101/2020.08.03.20167395v1

https://khn.org/news/fact-check-airborne-transmission-coronavirus-science-behind-aerosol-spread/

Surgical masks do not protect you from aerosols. The virus is too small and the filter media has too large of gaps to filter it out. They may catch respiratory droplets and keep the virus from being expelled by someone who is sick, but they do not filter a cloud of infectious aerosols if someone were to walk into said cloud:

https://ajicjournal.org/retrieve/pii/S0196655305801439

The minimum level of protection against this virus is quite literally a P100 respirator, a PAPR/CAPR, or a 40mm NATO CBRN respirator, ideally paired with a full-body tyvek or tychem suit, gloves, and booties, with all the holes and gaps taped (in a pinch, surgical masks can be modified or worn a specific way to increase filtration):

https://www.epa.gov/sciencematters/epa-researchers-test-effectiveness-face-masks-disinfection-methods-against-covid-19

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7409952/

https://www.mopec.com/coronavirus-protection-made-easy-with-the-maxair-capr/

Live SARS-CoV-2 may potentially be detected in sewage outflows, and there may be oral-fecal transmission:

https://www.sciencedirect.com/science/article/pii/S0048969720325936

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0249568

https://www.nature.com/articles/s41587-020-0684-z

During the SARS outbreak in 2003, in the Amoy Gardens incident, hundreds of people were infected by aerosolized fecal matter rising from floor drains in their apartments (there is some valid concern that COVID-19 may also spread the same way, given its similarities to SARS):

https://pubmed.ncbi.nlm.nih.gov/16696450/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC539564/

https://www.neha.org/sites/default/files/jeh/JEH5.06-Feature-Environmental-Transmission-of-SARS.pdf

https://www.cleanlink.com/news/article/COVID-19-Could-Spread-Through-Dry-Floor-Drains--25600

The vaccines for COVID-19 are not sterilizing and do not prevent infection or transmission. They are "leaky" vaccines. This means they remove the evolutionary pressure on the virus to become less lethal. It also means that the vaccinated are perfect carriers. In other words, those who are vaccinated are a threat to the unvaccinated, not the other way around:

https://www.healthline.com/health-news/leaky-vaccines-can-produce-stronger-versions-of-viruses-072715

https://www.realclearscience.com/articles/2021/08/23/lets_stop_pretending_about_the_covid-19_vaccines_791050.html

https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html

https://www.businessinsider.com/cdc-fully-vaccinated-new-guidelines-wear-masks-indoors-delta-2021-7?utm_source=yahoo.com&utm_medium=referral

All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. Though they appear to limit severe illness, the long-term safety profile of these vaccines remains unknown:

https://www.jdsupra.com/legalnews/accelerated-covid-19-vaccine-clinical-95853/

https://www.nebraskamed.com/COVID/were-the-covid-19-vaccines-rushed

Some of these so-called "vaccines" utilize an untested new technology that has never been used in vaccines before. Traditional vaccines use weakened or killed virus to stimulate an immune response. The Moderna and Pfizer-BioNTech vaccines do not. They are purported to consist of an intramuscular shot containing a suspension of lipid nanoparticles filled with messenger RNA:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5439223/

https://cen.acs.org/pharmaceuticals/drug-delivery/Without-lipid-shells-mRNA-vaccines/99/i8

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

https://medlineplus.gov/genetics/understanding/therapy/mrnavaccines/

The way they generate an immune response is by fusing with cells in a vaccine recipient's shoulder, undergoing endocytosis, releasing their mRNA cargo into those cells, and then utilizing the ribosomes in those cells to synthesize modified SARS-CoV-2 Spike proteins in-situ:

https://www.nature.com/articles/s41586-020-2622-0

https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Cartoon%20Explainer%20How%20the%20Moderna%20and%20Pfizer%20Vaccines%20Work.pdf

These vaccines were produced or validated with the aid of fetal cell lines HEK-293 and PER.C6, which people with certain religious convictions may object strongly to:

https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID-19_Vaccine_Fetal_Cell_Handout.pdf

https://cmda.org/the-ethics-of-the-sars-cov-2-vaccines-revisited/

SARS-CoV-2 Spike is a highly pathogenic protein on its own. It is impossible to overstate the danger presented by introducing this protein into the human body:

https://mcusercontent.com/22e41db63deaf4a84be439c0f/files/6a33980b-683f-4ee4-67d4-cc98dc7fcd37/20210601_Guide_to_COVID_19_vaccines_for_parents.pdf

https://rightsfreedoms.wordpress.com/2021/06/16/researcher-we-made-a-big-mistake-on-covid-19-vaccine/

It is claimed by vaccine manufacturers that the vaccine remains in cells in the shoulder, and that SARS-CoV-2 Spike produced and expressed by these cells from the vaccine's genetic material is harmless and inert, thanks to the insertion of prolines in the Spike sequence to stabilize it in the prefusion conformation, preventing the Spike from becoming active and fusing with other cells:

https://www.nature.com/articles/s41467-020-20321-x

https://cen.acs.org/pharmaceuticals/vaccines/tiny-tweak-behind-COVID-19/98/i38

However, a pharmacokinetic study from Japan showed that the lipid nanoparticles and mRNA from the Pfizer vaccine did not stay in the shoulder, and in fact bioaccumulated in many different organs, including the reproductive organs and adrenal glands, meaning that modified Spike is being expressed quite literally all over the place:

https://files.catbox.moe/0vwcmj.pdf

These lipid nanoparticles may trigger anaphylaxis in an unlucky few:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8441754/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7862013/

Messenger RNA is normally consumed right after it is produced in the body, being translated into a protein by a ribosome. COVID-19 vaccine mRNA is produced outside the body, long before a ribosome translates it. In the meantime, it could accumulate damage if inadequately preserved. When a ribosome attempts to translate a damaged strand of mRNA, it can become stalled:

https://elifesciences.org/articles/61984

https://www.frontiersin.org/articles/10.3389/fgene.2018.00431/full

Certain proteins, including SARS-CoV-2 Spike, have proteolytic cleavage sites that are basically like little dotted lines that say "cut here", which attract a living organism's own proteases (essentially, molecular scissors) to cut them. There is a possibility that S1 may be proteolytically cleaved from S2, causing active S1 to float away into the bloodstream while leaving the S2 "stalk" embedded in the membrane of the cell that expressed the protein:

https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075

https://www.nature.com/articles/s41564-021-00908-w

https://www.life-science-alliance.org/content/3/9/e202000786

SARS-CoV-2 Spike has a Superantigenic region (SAg), which may promote extreme inflammation:

https://www.pnas.org/content/117/41/25254

https://www.nature.com/articles/s41577-021-00502-5

Anti-Spike antibodies were found in one study to function as autoantibodies and attack the body's own cells:

https://www.researchsquare.com/article/rs-612103/v2

Those who have been immunized with COVID-19 vaccines have developed blood clots, myocarditis, Guillain-Barre Syndrome, Bell's Palsy, and multiple sclerosis flares, indicating that the vaccine promotes autoimmune reactions against healthy tissue:

https://drrichswier.com/2021/09/18/summary-covid-19-vaccine-concerns/

https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-july-13-2021

https://www.medpagetoday.com/infectiousdisease/covid19vaccine/94061?xid=nl_mpt_DHE_2021-08-17

SARS-CoV-2 Spike does not only bind to ACE2. It was suspected to have regions that bind to basigin, integrins, neuropilin-1, and bacterial lipopolysaccharides as well:

https://www.nature.com/articles/s41564-021-00958-0

https://www.mdpi.com/1422-0067/22/3/992/pdf

https://pubs.acs.org/doi/10.1021/acschemneuro.0c00619

https://www.science.org/doi/full/10.1126/science.abd3072

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0253347

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7799037/

SARS-CoV-2 Spike, on its own, can potentially bind any of these things and act as a ligand for them, triggering unspecified and likely highly inflammatory cellular activity:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7827936/

SARS-CoV-2 Spike contains an unusual PRRA insert that forms a furin cleavage site. Furin is a ubiquitous human protease, making this an ideal property for the Spike to have, giving it a high degree of cell tropism. No wild-type SARS-like coronaviruses related to SARS-CoV-2 possess this feature, making it highly suspicious, and perhaps a sign of human tampering:

https://journals.asm.org/doi/full/10.1128/JVI.01751-20

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7457603/

https://yurideigin.medium.com/lab-made-cov2-genealogy-through-the-lens-of-gain-of-function-research-f96dd7413748

SARS-CoV-2 Spike has a prion-like domain that enhances its infectiousness:

https://www.preprints.org/manuscript/202003.0422/v1

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0023664

The Spike S1 RBD may bind to heparin-binding proteins and promote amyloid aggregation. In humans, this could lead to Parkinson's, Lewy Body Dementia, premature Alzheimer's, or various other neurodegenerative diseases:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7988450/

This is very concerning because SARS-CoV-2 S1 is capable of penetrating the blood-brain barrier and entering the brain. It is capable of increasing the permeability of the blood-brain barrier to itself and other molecules by injuring and disrupting it directly:

https://www.nature.com/articles/s41593-020-00771-8

https://www.nature.com/articles/s41392-021-00719-9

https://pubmed.ncbi.nlm.nih.gov/33053430/

SARS-CoV-2, like other betacoronaviruses, may have Dengue-like ADE, or antibody-dependent enhancement of disease:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7943455/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7454712/

https://www.journalofinfection.com/article/S0163-4453(21)00392-3/fulltext

https://sharylattkisson.com/2021/08/study-why-so-many-vaccinated-people-are-getting-sick/

https://www.nature.com/articles/s41564-020-00789-5

https://www.sciencedirect.com/science/article/pii/S1201971220307311

https://pubmed.ncbi.nlm.nih.gov/31826992/

https://www.biorxiv.org/content/10.1101/2021.08.22.457114v1

There is something called Original Antigenic Sin, which is the observation that the body prefers to produce antibodies based on previously-encountered strains of a virus over newly-encountered ones:

https://www.jimmunol.org/content/202/2/335

https://en.wikipedia.org/wiki/Original_antigenic_sin

In ADE, antibodies from a previous infection become non-neutralizing due to mutations in the virus's proteins. These non-neutralizing antibodies then act as trojan horses, allowing live, active virus to be pulled into macrophages through their Fc receptor pathways:

https://en.wikipedia.org/wiki/Antibody-dependent_enhancement

https://www.cdc.gov/dengue/training/cme/ccm/page57857.html

It is possible for vaccines to sensitize someone to disease. There is a precedent for this in recent history. Sanofi's Dengvaxia vaccine for Dengue failed because it caused immune sensitization in people whose immune systems were Dengue-naïve:

https://www.frontiersin.org/articles/10.3389/fcimb.2020.572681/full

https://news.unchealthcare.org/2021/06/scientists-discover-how-dengue-vaccine-fails-to-protect-against-disease/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739535/

https://www.scientificamerican.com/article/how-the-worlds-first-dengue-vaccination-drive-ended-in-disaster/

In mice immunized against SARS-CoV and challenged with the virus, a close relative of SARS-CoV-2, they developed immune sensitization, Th2 immunopathology, and eosinophil infiltration in their lungs:

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421

We have been told that SARS-CoV-2 mRNA vaccines cannot be integrated into the human genome, because messenger RNA cannot be turned back into DNA. This is false. There are elements in human cells called LINE-1 retrotransposons, which can indeed integrate mRNA into a human genome by endogenous reverse transcription:

https://pubmed.ncbi.nlm.nih.gov/33330870/

https://rightsfreedoms.wordpress.com/2021/08/13/mit-harvard-study-suggests-mrna-vaccine-might-permanently-alter-dna-after-all/

https://home.solari.com/deep-state-tactics-101-the-covid-injection-fraud-its-not-a-vaccine/

The vaccine and the virus were made by the same people. In 2014, there was a moratorium on SARS gain-of-function research that lasted until 2017:

https://www.phe.gov/s3/dualuse/documents/gain-of-function.pdf

https://www.scientificamerican.com/article/u-s-lifts-moratorium-on-funding-controversial-high-risk-virus-research/

https://www.nih.gov/about-nih/who-we-are/nih-director/statements/nih-lifts-funding-pause-gain-function-research

Ralph Baric is a virologist and SARS expert at UNC Chapel Hill in North Carolina. This is who Anthony Fauci was referring to when he insisted, before Congress, that if any gain-of-function research was being conducted, it was being conducted in North Carolina:

https://sph.unc.edu/adv_profile/ralph-s-baric-phd/

https://alumni.unc.edu/news/ralph-baric-on-the-front-lines-of-coronavirus-for-three-decades/

Ralph Baric and Shi Zhengli are colleagues and have co-written papers together:

https://www.nature.com/articles/nm.3985/

Ralph Baric mentored Shi Zhengli in his gain-of-function manipulation techniques, particularly serial passage, which results in a virus that appears as if it originated naturally. In other words, deniable bioweapons. Serial passage in humanized hACE2 mice may have produced something like SARS-CoV-2:

https://www.technologyreview.com/2021/06/29/1027290/gain-of-function-risky-bat-virus-engineering-links-america-to-wuhan/

https://usrtk.org/biohazards-blog/ralph-baric-emails/

https://www.paul.senate.gov/newsweek-op-ed-congress-must-pursue-answers-about-origin-covid-19

https://nymag.com/intelligencer/article/coronavirus-lab-escape-theory.html

The funding for the gain-of-function research being conducted at the Wuhan Institute of Virology came from Peter Daszak. Peter Daszak runs an NGO called EcoHealth Alliance:

https://peterdaszak.com/

https://peterdaszak.com/interceptdocs.pdf

https://theintercept.com/2021/09/09/covid-origins-gain-of-function-research/

https://nationalfile.com/bombshell-fauci-kept-funding-peter-daszaks-wuhan-gain-of-function-experiments-with-7-5-million-after-trump-canceled-grant/

EcoHealth Alliance received millions of dollars in grant money from the National Institutes of Health/National Institute of Allergy and Infectious Diseases (that is, Anthony Fauci), the Defense Threat Reduction Agency (part of the US Department of Defense), and the United States Agency for International Development. NIH/NIAID contributed a few million dollars, and DTRA and USAID each contributed tens of millions of dollars towards this research. Altogether, it was over a hundred million dollars:

https://www.independentsciencenews.org/wp-content/uploads/2020/12/EcoHealth-Funding-as-of-01_10_2020-Fed.-Grants-Contracts.pdf

EcoHealth Alliance subcontracted these grants to the Wuhan Institute of Virology, a lab in China with a very questionable safety record and poorly-trained staff, so that they could conduct gain-of-function research:

https://www.algora.com/Algora_blog/2021/09/22/ecohealth-alliance-darpa-toyed-with-infecting-wild-chinese-bats-with-covid-leaked-docs-allege

https://nypost.com/2021/07/01/pentagon-gave-millions-to-ecohealth-alliance-for-wuhan-lab/

https://www.judicialwatch.org/press-releases/wuhan-lab-fauci-grants/

https://www.judicialwatch.org/documents/jw-v-nih-wuhan-june-2021-00696/

https://scholar.harvard.edu/files/kleelerner/files/20200414_wapo_-_state_department_cables_warned_of_safety_issues_at_wuhan_lab_studying_bat_coronaviruses_-_the_washington_post.pdf

https://www.businessinsider.com/us-officials-raised-alarms-about-safety-issues-in-wuhan-lab-report-2020-4?op=1

Chinese scientists in Wuhan reported being routinely bitten and urinated on by laboratory animals:

https://img-prod.tgcom24.mediaset.it/images/2020/02/16/114720192-5eb8307f-017c-4075-a697-348628da0204.pdf

https://web.archive.org/web/20200214144447/https:/www.researchgate.net/publication/339070128_The_possible_origins_of_2019-nCoV_coronavirus

In November of 2019, three technicians at the Wuhan Institute of Virology developed symptoms consistent with a flu-like illness:

https://www.webmd.com/lung/news/20210524/wuhan-lab-researchers-illness

https://thehill.com/policy/healthcare/556815-fauci-calls-on-china-to-release-medical-records-of-wuhan-researchers

December 12th, 2019, Ralph Baric signed a Material Transfer Agreement (essentially, an NDA) to receive Coronavirus mRNA vaccine-related materials co-owned by Moderna and NIH:

https://rightsfreedoms.wordpress.com/2021/06/26/confidential-documents-reveal-moderna-sent-mrna-coronavirus-vaccine-candidate-to-university-researchers-weeks-before-emergence-of-covid-19/

https://s3.documentcloud.org/documents/6935295/NIH-Moderna-Confidential-Agreements.pdf

It wasn't until a whole month later, on January 11th, 2020, that China allegedly sent us the sequence to what would become known as SARS-CoV-2:

https://www.cidrap.umn.edu/news-perspective/2020/01/china-releases-genetic-data-new-coronavirus-now-deadly

https://www.sciencedaily.com/releases/2020/01/200131114748.htm

Moderna claims, rather absurdly, that they developed a working vaccine from this sequence in under 48 hours:

https://www.businessinsider.com/moderna-designed-coronavirus-vaccine-in-2-days-2020-11

https://globalnews.ca/news/7492076/moderna-coronavirus-vaccine-technology-how-it-works/

https://nymag.com/intelligencer/2020/12/moderna-covid-19-vaccine-design.html

Stéphane Bancel, the current CEO of Moderna, was formerly the CEO of bioMérieux, a French multinational corporation specializing in medical diagnostic tech, founded by one Alain Mérieux:

https://www.biomerieux.com/en/board-directors-biomerieux-chaired-alain-merieux-has-appointed-stephane-bancel-directeur-general

https://en.wikipedia.org/wiki/St%C3%A9phane_Bancel

https://www.himss.org/global-conference/speaker-stephane-bancel

Alain Mérieux was one of the individuals who was instrumental in the construction of the Wuhan Institute of Virology's P4 lab:

https://www.fondation-merieux.org/en/news/alain-merieux-receives-the-prestigious-chinese-reform-friendship-award/

https://medicalxpress.com/news/2020-04-wuhan-lab-core-virus-controversy.html

http://english.whiov.cas.cn/ne/201712/t20171212_187624.html

https://web.archive.org/web/20210921133410/http://english.whiov.cas.cn/ne/201712/t20171212_187624.html

The sequence given as the closest relative to SARS-CoV-2, RaTG13, is not a real virus. It is a forgery:

https://nerdhaspower.weebly.com/ratg13-is-fake.html

https://gnews.org/192144/

https://www.peakprosperity.com/forum-topic/scientific-history-of-ratg13/

The animal reservoir of SARS-CoV-2 has never been found:

https://www.technologyreview.com/2021/03/26/1021263/bat-covid-coronavirus-cause-origin-wuhan/

https://www.who.int/news-room/feature-stories/detail/how-who-is-working-to-track-down-the-animal-reservoir-of-the-sars-cov-2-virus

The FBI raided Allure Medical in Shelby Township north of Detroit for billing insurance for "fraudulent COVID-19 cures". The treatment they were using? Intravenous Vitamin C. An antioxidant. Which, as described above, is an entirely valid treatment for COVID-19-induced sepsis, and indeed, is now part of the MATH+ protocol advanced by Dr. Paul E. Marik:

https://www.freep.com/story/news/local/michigan/macomb/2020/04/28/allure-medical-spa-shelby-covid-vitamin-c/3038801001/

https://www.detroitnews.com/story/news/local/macomb-county/2020/05/15/doctor-got-loan-while-peddling-phony-covid-19-cure-feds-say/5197315002/

https://covid19criticalcare.com/covid-19-protocols/math-plus-protocol/

https://covid19criticalcare.com/wp-content/uploads/2021/01/FLCCC-Alliance-MATHplus-Protocol-ENGLISH.pdf

https://pubmed.ncbi.nlm.nih.gov/31978969/

https://www.sciencedirect.com/science/article/abs/pii/S0883944119316107?via%3Dihub

https://www.npr.org/sections/health-shots/2019/10/01/766029397/mixed-results-for-a-test-of-vitamin-c-for-sepsis

https://www.nutraingredients.com/Article/2020/01/28/Ethically-and-morally-unacceptable-Reaction-to-vitamin-C-for-sepsis-trial

The FDA banned ranitidine (Zantac) due to supposed NDMA (N-nitrosodimethylamine) contamination:

https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-and-press-announcements-ndma-zantac-ranitidine

https://www.raps.org/news-and-articles/news-articles/2021/6/fda-studies-no-post-ingestion-ndma-from-ranitidine

Ranitidine is not only an H2 blocker used as antacid, but also has a powerful antioxidant effect, scavenging hydroxyl radicals. This gives it utility in treating COVID-19:

https://onlinelibrary.wiley.com/doi/10.1111/j.1472-8206.2009.00810.x

https://www.sciencedirect.com/science/article/pii/S1347861319342203

The FDA also attempted to take N-acetylcysteine, a harmless amino acid supplement and antioxidant, off the shelves, compelling Amazon to remove it from their online storefront:

https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/les-labs-593764-07232020

https://www.naturalproductsinsider.com/regulatory/us-senator-npa-press-fda-nac-supplements

https://www.nutraingredients-usa.com/Article/2021/05/11/CRN-This-is-not-the-final-word-on-NAC

https://www.naturalproductsinsider.com/regulatory/amazon-confirms-plans-removing-nac-supplements

On June 9th, 2020, Charles Lieber, a Harvard nanotechnology researcher with decades of experience, was indicted by the DOJ for fraud:

https://www.justice.gov/opa/pr/harvard-university-professor-and-two-chinese-nationals-charged-three-separate-china-related

Charles Lieber received millions of dollars in grant money from the US Department of Defense, specifically the military think tanks DARPA, AFOSR, and ONR, as well as NIH and MITRE:

http://cml.harvard.edu/resources/research-sponsors

His specialty is the use of silicon nanowires in lieu of patch clamp electrodes to monitor and modulate intracellular activity, something he has been working on at Harvard for the past twenty years:

https://www.harvardmagazine.com/2011/01/virus-sized-transistors

He was claimed to have been working on silicon nanowire batteries in China, but none of his colleagues can recall him ever having worked on battery technology in his life; all of his research deals with bionanotechnology, or the blending of nanotech with living cells:

https://www.science.org/news/2020/02/why-did-chinese-university-hire-charles-lieber-do-battery-research

https://news.harvard.edu/gazette/story/2012/01/reading-lifes-building-blocks/

https://news.harvard.edu/gazette/story/2019/07/harvard-researchers-present-nanowire-devices-update/

The indictment was over his collaboration with the Wuhan University of Technology. He had double-dipped, against the terms of his DOD grants, and taken money from the PRC's Thousand Talents plan, a program which the Chinese government uses to bribe Western scientists into sharing proprietary R&D information that can be exploited by the PLA for strategic advantage (this risk has been known for a very long time):

https://www.justice.gov/usao-ma/pr/harvard-university-professor-indicted-false-statement-charges

https://www.nytimes.com/2020/02/06/us/chinas-lavish-funds-lured-us-scientists-what-did-it-get-in-return.html

https://www.nature.com/articles/d41586-020-00291-2

https://www.hsgac.senate.gov/imo/media/doc/2019-11-18%20PSI%20Staff%20Report%20-%20China's%20Talent%20Recruitment%20Plans.pdf

https://www.research.psu.edu/sites/default/files/FBI_Risks_To_Academia.pdf

https://www.chinacenter.net/2020/china_currents/19-3/scholars-or-spies-u-s-china-tension-in-academic-collaboration/

https://www.drdavidzweig.com/wp-content/uploads/2020/05/Zweig-Kang-TTP.pdf

Charles Lieber's own papers describe the use of silicon nanowires for brain-computer interfaces, or "neural lace" technology. His papers describe how neurons can endocytose whole silicon nanowires or parts of them, monitoring and even modulating neuronal activity:

http://cml.harvard.edu/assets/Nanowire-probes-could-drive-high-resolution-brain-machine-interfaces.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6531316/

https://spectrum.ieee.org/human-cells-eat-nanowires

Charles Lieber was a colleague of Robert Langer. Together, along with Daniel S. Kohane, they worked on a paper describing artificial tissue scaffolds that could be implanted in a human heart to monitor its activity remotely:

https://www.bostonherald.com/2012/08/29/theyve-got-the-beat-2/

https://cml.harvard.edu/assets/Cyborg-tissues_-Merging-engineered-human-tissues-with-bio-compatible-nanoscale-wires.pdf

Robert Langer, an MIT alumnus and expert in nanotech drug delivery, is one of the co-founders of Moderna:

https://www.modernatx.com/modernas-board-directors

His net worth is now $5.1 billion USD thanks to Moderna's mRNA-1273 vaccine sales:

https://www.forbes.com/sites/giacomotognini/2020/11/12/mit-scientist-bob-langer-becomes-a-billionaire-thanks-to-moderna-stock-rally/?sh=41c3819a3a90

https://www.ceotodaymagazine.com/2020/11/modernas-stock-rally-makes-bob-langer-a-billionaire/

Both Charles Lieber and Robert Langer's bibliographies describe, essentially, techniques for human enhancement, i.e. transhumanism:

http://cml.harvard.edu/

https://langerlab.mit.edu/

Klaus Schwab, the founder of the World Economic Forum and the architect behind the so-called "Great Reset", has long spoken of the "blending of biology and machinery" in his books:

https://invesbrain.com/klaus-schwab-great-reset-will-lead-to-fusion-of-our-physical-digital-biological-identity/

https://www.penguinrandomhouse.com/books/598250/shaping-the-future-of-the-fourth-industrial-revolution-by-klaus-schwab-founder-and-executive-chairman-world-economic-forum-with-nicholas-davis/

Since these revelations, it has come to the attention of independent researchers that the COVID-19 vaccines (and even some surgical masks) may contain reduced graphene oxide nanoparticles:

https://ambassadorlove.wordpress.com/2021/08/09/confirmed-graphene-oxide-main-ingredient-in-covid-shots/

https://www.thelibertybeacon.com/graphene-oxide-the-vector-for-covid-19-democide/

https://www.orwell.city/2021/06/vaccination-vial-analysis-explained.html

https://www.nature.com/articles/s41428-020-0350-9

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6141029/

https://www.cbc.ca/news/canada/montreal/masks-early-pulmonary-toxicity-quebec-schools-daycares-1.5966387

https://humansarefree.com/2021/04/bombshell-disposable-blue-face-masks-found-to-contain-toxic-asbestos-like-substance-that-destroys-lungs.html

Japanese researchers have also found unexplained contaminants in COVID-19 vaccines:

https://www.nbcnews.com/news/world/japan-suspends-1-6m-doses-moderna-shot-after-contamination-reports-n1277669

https://www.fiercepharma.com/pharma/contaminant-moderna-covid-19-vaccine-vials-found-japan-was-metallic-particles-report

https://www.theburningplatform.com/2021/08/27/japan-suspects-contaminant-in-moderna-vaccines-is-metallic-reacts-to-magnets/

Graphene oxide is an anxiolytic. It has been shown to reduce the anxiety of laboratory mice when injected into their brains:

https://www.sciencedirect.com/science/article/pii/S0142961221001058

https://graphene-flagship.eu/graphene/news/soothing-the-symptoms-of-anxiety-with-graphene-oxide/

Indeed, given SARS-CoV-2 Spike's propensity to compromise the blood-brain barrier and increase its permeability, it is the perfect protein for preparing brain tissue for extravasation of nanoparticles from the bloodstream and into the brain:

https://www.templehealth.org/about/news/sars-cov-2-spike-proteins-disrupt-the-blood-brain-barrier-potentially-raising-risk-of-neurological-damage-in-covid-19-patients

https://www.croiconference.org/abstract/neuromodulatory-effects-of-sars-cov-2-on-the-blood-brain-barrier/

https://www.nature.com/articles/s41598-020-75253-9?utm_source=xmol&utm_medium=affiliate&utm_content=meta&utm_campaign=DDCN_1_GL01_metadata_scirep

https://pubs.acs.org/doi/10.1021/acsanm.8b02056

https://www.sciencedirect.com/science/article/pii/S0168365916303236

Graphene is also highly conductive and, in some circumstances, paramagnetic:

https://www.livescience.com/graphene-hides-rare-magnetism.html

https://www.sciencedirect.com/science/article/pii/S0008622319305809

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6474003/

https://www.naturalnews.com/2021-07-19-graphene-based-neuromodulation-technology-is-real-inbrain-neuroelectronics.html

BRAIN is an acronym for Brain Research Through Advancing Innovative Neurotechnologies®. This program involves the development of brain-computer interface technologies for the military, particularly non-invasive, injectable systems that cause minimal damage to brain tissue when removed:

https://www.darpa.mil/program/our-research/darpa-and-the-brain-initiative

Various methods have been proposed for achieving this, including optogenetics, magnetogenetics, ultrasound, implanted electrodes, and transcranial electromagnetic stimulation. In all instances, the goal is to obtain read or read-write capability over neurons:

https://www.darpa.mil/news-events/2019-05-20

Wireless brain-computer interfaces may interact with current or future wireless GSM infrastructure, creating neurological data security concerns:

https://neuralink.com/

https://waitbutwhy.com/2017/04/neuralink.html

https://www.frontiersin.org/articles/10.3389/fnins.2019.00112/full

https://www.intechopen.com/chapters/44252

https://www.brown.edu/news/2021-03-31/braingate-wireless

https://www.psychologytoday.com/us/blog/the-future-brain/202107/ai-and-vr-transform-thoughts-action-wireless-bci

A BCI that is capable of altering the contents of one's mind would theoretically be capable of altering mood and personality, or perhaps even subjugating someone's very will, rendering them utterly obedient to authority:

https://link.springer.com/article/10.1007/s11023-012-9298-7

https://privacysos.org/technologies_of_controlmind_reading/

BCIs could be used to unscrupulously alter perceptions of basic things such as emotions and values, changing people's thresholds of satiety, happiness, anger, disgust, and so forth:

http://www.buffalo.edu/news/releases/2010/07/11518.html

https://sitn.hms.harvard.edu/flash/2019/brain-machine-interfaces-may-used-study-regulate-mood/

https://www.nature.com/articles/s41593-019-0488-y

For the wealthy, neural laces would be an unequaled boon, giving them the opportunity to enhance their intelligence with neuroprosthetics (i.e. an "exocortex"):

https://www.adforum.com/agency/6664937/press-releases/70226/opinion-the-last-humans-and-the-next-brands

https://ieeexplore.ieee.org/document/6893912

The people who rule over us are Dark Triad types who cannot be trusted with such power:

https://www.egonzehnder.com/de/insight/can-dark-triad-leaders-be-a-good-choice-for-a-leadership-position

https://www.sakkyndig.com/psykologi/artvit/babiak2010.pdf

https://www.theatlantic.com/health/archive/2012/07/the-startling-accuracy-of-referring-to-politicians-as-psychopaths/260517/

https://medium.com/world-issues-politics-economics-and-more/the-rise-of-the-psychopath-and-sociopath-to-political-power-b67ef9073477

https://fortune.com/2021/06/06/corporate-psychopaths-business-leadership-csr/

https://www.washingtonpost.com/news/on-small-business/wp/2016/09/16/gene-marks-21-percent-of-ceos-are-psychopaths-only-21-percent/

https://www.forbes.com/sites/jackmccullough/2019/12/09/the-psychopathic-ceo/

https://en.wikipedia.org/wiki/Psychopathy_in_the_workplace