Nature Isn’t Broken
The tragic fallacy of mass quarantine, distancing and masks

Michael Mendizza

It’s over and has been for weeks. We all do our best to make the right decision with the information we have. If public policy is based on unproven, outdated, false or even fraudulent assumptions, it is our mutual responsibility to do what is necessary to correct the policy.

In April, the insights of a number of the world’s most respected epidemiologists took center stage at a White House briefing. Presented, according to Surgeon General Dr. Jerome Adams, was ‘real data’ confirming the epidemic in the United States had nearly completed its cycle. That was a month ago. If the most respected experts in the world agree, the threat had diminished well below seasonal averages, why continue the theoretical social distancing and mandatory mask experiments knowing that:

No studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus, or the proven effectiveness of social distancing? What’s missing from this story? Who or what agenda is served by this protracted delay? Certainty not the unemployed and over-controlled. Three deadly omissions:

1. Omitted from the mainstream narrative is the impact of natural immunity from both, the theoretical models that projected the death of millions that never happened, and the duration of lockdowns, assumed to be necessary, based on equally unproven, non-science based, social distancing computer models, that mass quarantine, the don’t touch, don’t shake hands or hug your grandchildren, and mass mandatory masking is required and must continue in various ways indefinitely.

2. Omitted, and therefore censored, is natural immunity from the list of treatments, opting instead to declare, as if it were ‘scientific-fact,’ that only a grotesquely expensive, untested, gene-altering, known to be dangerous, rush to market vaccines, produced by a liability-free, often corrupt industry, is our only hope, backed by corporate-controlled digital bio-tech tracking and continuous monitoring of every person on the planet.

3. Implicit in the above is the tacit, if not explicit, assumption that the threat remains regardless of the curve below, and that the miraculous capacity of nature to continually adapt to a changing environment is broken, leaving the salvation of humanity in the steady and trusted hands of Silicone Valley Bio-Tech Billionaires. Hallelujah!

After months of independent research, and of course, scanning the daily dose of fear-flaming media, a few, quite simple, forces have come into focus.

Germ theory vs. the terrain
Terrain is our microbiome and its natural ability to adapt to an ever changing environment, what we call natural immunity. The big question is – and this is a paradigm or world-view altering choice: is the microbe the cause of symptoms we call an illness, or is it a failure of the microbiome to efficiently adapt to the ever-changing environment? Clearly, a reciprocal dynamic is at play. That understood, which side of the coin has the most impact on the outcome? And on that choice the future freedom and wellness of humanity rest.

The formula is simple: robust and vibrant microbiome (immune response) = zero or unnoticed symptoms, vs. a weak and compromised microbiome = more severe symptoms, depending on how compromised the immune response. Indeed, different particles or bugs may demand different immune responses, but this is what the microbiome does and it does it amazingly well. As Pasture proclaimed on his death bed: ‘the microbe is nothing, the terrain is everything.’ Thank you mother nature.
Natural Cycles
It is well established that what we call the annual flu season involves a cycle; a rise, peak, ebb and gone, usually in about six to ten weeks. During this cycle 80% of the population contacts ‘what-ever-it-is’ and develops naturally immunity with little or no fuss.

Those, relative few, with impaired immune response need more care during the more intense phases of the cycle, while the majority are adapting by developing lifelong immunity. Having done so, even those who are vulnerable are helped by contact with those who have become naturally immune, immunity being a form of natural, free of charge, immunization. The ‘what-ever-it-is’ is modified or changed by the immune response, and this change or immunity is communicated or shared by what we call herd immunity. The optimum response, beyond eliminating toxins and maintaining a vibrant microbiome, is different for each individual during each phase of the cycle. Generally, the lifelong preventative goal is to improve and strengthen the terrain.

Modes, Degree of Contagion and Infection
Contagion, the spread of something by sharing, has a bad reputation. Life is relationship and relationship is sharing. No sharing – no life. Babies are born without an immune system. Their immune response is seeded by the mother’s microbiome during natural birth. We know, and conclusively, that Caesarean births result in an impaired immune response by the absence of this seeding, an impairment that extends later in life.

Our lives depend on a rich and robust, symbiotic relationship between 360 trillion viruses and 38 trillion bacteria cohabiting in our body, in addition to 10,000,000 to 100,000,000 viruses in a gram of soil and over 20,000 species of bacteria in each liter of sea water. The air we breathe is constantly raining billions virus particles that float freely in the stratosphere, dropping onto every square inch of land every day. Viruses are so small, and by comparison, the pores in a typical mask are so big, that they have been compared to a kayak paddling under a bridge four-times as wide as the Golden Gate in San Francisco. There is more microbial substance in the human body than human. To believe we can isolate or inoculate ourselves from viruses is ridiculous. Our focus should be on creating natural immunity instead of pretending that we can hide or shield ourselves from an invisible particle – for a price.

And remember, like HIV and AIDS, the alleged theory that Sars-cov-2 causes what is being called COVID-19 is not been proven. No studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. The CDC provides no links to any peer-reviewed social distancing studies prove its effectiveness. Social distancing has never been tested on a massive scale in the modern age; its current formula was conceived during George W. Bush’s administration and met with well-deserved skepticism. A high school science project added momentum to the concept. ‘People could not believe that the strategy would be effective or even feasible,’ one scientist told the New York Times last month. Governor Gavin Newsom of California kept most businesses shuttered despite that fact that deaths in California have been only .0001% of the population and he continues to impose unproven mandatory mask and social distancing restrictions.

Doublespeak
Like a 50’s horror film, the deadly omission of natural immunity from the public narrative changes everything. Like a laser, our attention is held frozen on the invisible particle, cast as predator with its implicit fear. Scary images and frightful, unsubstantiated numbers, are pumped into every psyche on the planet grabbing, holding and never letting go of our attention, never allowing the obvious – the miracle of natural immunity – to touch the screen of our mind.

Part of the script is to falsely cast the hero as a bio-tech scientist who will finally subdue nature, once and for all, and save humanity from emanate death and total inhalation. Hypnotized by a constant stream of scary images and by the screen itself, we simmer in a dream-state of heightened suggestibility, forgetting what critical thinking feels like and instead, we evangelically believe.
These deadly errors are not really errors, rather forms of ‘doublespeak’ where meaning is reversed. In the first, simple omission flips attention from the true hero, which is the terrain, the elimination of environmental toxins, and natural immunity, to fighting a scary invisible particle. The Big Lie technique of repeating the scary image, literally over a billion times, via all sorts or media and all over the globe does its hypnotic trick.

While another doublespeak, resting on the first, the real villain with his and her hi-tech poisons is portrayed as the hero. Back and forth these tricks twist and conspire leaving no room for the excluded truth to catch the light of day.

Stop:
Before we proceed. Acknowledging that we have all been hammered by this world-changing event, and have formed any number of views about what is happening, ask yourself this question:

Who will you believe regarding the true and factual state of the current epidemic?

1. Your own opinions based on God know what collage of impressions.
2. The sensationalized, admittedly politically biased, scripted story rolling up a studio tele-promoter, read by a paid “C” or maybe “B” class actor or actress pretending to be a journalist.
3. The same story posted by a bot on Facebook and/or other social media platform, which are all owned by the same corporation.
4. The same story planted on the wire used by the Washington Post, New York Times, CNN and all the other corporate media outlets who, in the last few years, laid off thousands of actual journalists.
5. Public policy crafted by politicians.
6. One of the world’s most respected research epidemiologist whose experience over decades served as the focus of a recent Presidential briefing at the White House.

Hold that. Drum roll please...

The Omitted-Censored Hero – Natural Immunity

Knut Wittkowski Interviews

Dr. Wittkowski received his PhD in computer science from the University of Stuttgart and his ScD (Habilitation) in Medical Biometry from the Eberhard-Karls-University Tuüingen, both Germany. He worked for 15 years with Klaus Dietz, a leading epidemiologist who coined the term “reproduction number”, on the Epidemiology of HIV before heading for 20 years the Department of Biostatistics, Epidemiology, and Research Design at The Rockefeller University, New York. He is currently the CEO of ASDERA LLC, a company discovering novel treatments for complex diseases from data of genome-wide association studies.

Abridged from: Perspectives on the Pandemic: Interviewed by John Kirby, Libby Handros and Lee Davis.

Part One, April 15, 2020


Wittkowski:
We should be resisting, and we should, at least, hold our politicians responsible.

Had been no intervention, the epidemic would have been over, like every other respiratory disease epidemic.

With all respiratory diseases, the only thing that stops the disease is herd immunity. About 80% of the people need to have had contact with the virus, and the majority of them won’t even have recognized that they were infected, or they had very, very mild symptoms, especially if they are children. So, it’s very important to keep the schools open and kids mingling to spread the virus to get herd immunity as
fast as possible, and then the elderly people, who should be separated, and the nursing homes should be closed during that time, can come back and meet their children and grandchildren after about 4 weeks when the virus has been exterminated.

As with every respiratory disease, we should protect the elderly and fragile because when they get pneumonia. That is one of the key issues that we should keep in mind. On the other hand, children do very well with these diseases. They’re evolutionarily designed to be exposed to all sorts of viruses during their lifetime, and so they should keep going to school and infecting each other. That contributes to herd immunity, which means after about four weeks at the most, the elderly people could start joining their family because then the virus would have been extinguished.

People are trying to do is flatten the curve. I don’t know why. What happens is, if you flatten the curve, you prolong, widen it, and it takes more time. I don’t see a reason for a respiratory disease to stay in the population longer than necessary.

We had two other SARS viruses, or coronaviruses. It’s not the first coronavirus that comes out, and it won’t be the last. For all respiratory diseases, we have the same type of an epidemic. If you leave it alone, it comes for two weeks, it peaks, and it goes for two weeks and it’s gone.

Both in China and in South Korea, social distancing started long after the number of infections had already started to decline, and therefore had very little impact on the epidemic.

That means they had already reached herd immunity or were about to reach herd immunity. By installing the social distancing, they prevented themselves to actually get to the final point.

If we had herd immunity now, there couldn’t be a second wave in autumn. Herd immunity lasts for a couple of years, typically, and that’s why the last SARS epidemic we had in 2003, it lasted 15 years for enough people to become susceptible again so that a new epidemic could spread of a related virus. Because typically, there is something that requires cross-immunity, so if you were exposed to one of the SARS viruses, you are less likely to fall ill with another SARS virus. So, if we had herd immunity, we wouldn’t have a second wave. However, if we are preventing herd immunity from developing, it is almost guaranteed that we have a second wave as soon as either we stop the social distancing or the climate changes with winter coming or something like that.

One thing we definitely need to do, and that would be safe and effective, is opening schools. Let the children spread the virus among themselves, which is a necessity to get herd immunity. That was probably one of the most destructive actions the government has done. We should focus on the elderly and separating them from the population where the virus is circulating. We should not prevent the virus from circulating among school children, which is the fastest way to create herd immunity.

If 80% of people have had contact with the virus and are therefore immune, and that, typically, that contact is just a form of immunization. So, there is no disease, there’s nothing happening, and still there is immunity. If 80% of people are immune and somebody has a virus and is infectious, it will be very difficult for that infectious person to find somebody who is still susceptible, not immune. And therefore, this person will not infect anybody else and therefore we won’t have the disease spreading. That is herd immunity.

The number of cases, even with a very liberal definition of what constitutes a case, is now dropping all over the world: in Europe. It’s over in China. It is over in Korea. It is dropping in the United States. There is no indication anywhere this would get worse than a flu during the flu season.

Part Two, May 1, 2020

https://21stcenturywire.com/2020/05/01/coronavirus-epidemiologist-dr-knut-wittkowski-lockdown-has-no-benefit-only-negative-effects/

On the 17th, April, 2020, the Director of the CDC, Robert R. Redfield, presented at a Presidential Briefing this graph that I am showing above.

This is data from the Influenza-Like Illness Reporting System, or ILINet, where hospitals make a checkmark, or count, how many patients show up and [are] having fever, sore throat, runny nose—any of those—and with an indication that this might be some sort of influenza or similar [illness]. What you see, and he explained, there are three peaks: One was in December 2019; the other was sometime in January-February 2020; and then a third peak, that was around March 18th, and that was COVID-19. So, if the number of admissions, or people showing up in a hospital, peaks around March 18th, that means that the number of infections must have occurred on March 8th.

If the infections peaked around the 8th, shutting down schools, and restaurants, and the economy, about ten days later is something that is totally absurd... And if, in an epidemic, the worst is already over, to say, “Okay, let’s shut down the economy and cause 26 million people [now 46 million in the US to] lose their jobs, because it’s so fun seeing them losing their jobs,” I think that is heartless...

For more on the graph and its implications please listen as Prof. Dolores Cahill, as she describes in more detail what this graph means.

https://ttfuture.org/blog/michael/real-science-not-media-or-political-pretend-science

Dolores Cahill is a worldwide renowned expert in high-throughput proteomics technology development and automation, high content protein arrays, and their biomedical applications, including in biomarker discovery and diagnostics. Her knowledge and experiences span the globe.

...[The hospitals] were not overflowing. New York hospitals were not overflowing. They were laying off people....

$660 Million Spent on 30+ Field Hospitals, Most Had ZERO Patients

Posted on: Saturday, May 23rd 2020 Written By: Sayer Ji, Founder
A new NPR investigation which reveals that despite $660 million in federal spending to set up 30+ field hospitals for the anticipated catastrophic case load from COVID-19, most of the emergency field hospitals had ZERO patients. As reported on May 7th, 2020,

"As hospitals were overrun by coronavirus patients in other parts of the world, the Army Corps of Engineers mobilized in the U.S., hiring private contractors to build emergency field hospitals around the country. The endeavor cost more than $660 million, according to an NPR analysis of federal spending records. But nearly four months into the pandemic, most of these facilities haven’t treated a single patient."

The statistics reveal a striking contrast between the official narrative of hospitals overrun with patients and bodies piling up and the reality of how overblown the crisis was from the beginning.

... It was known to everybody that the lockdown would cause a catastrophe, there is no question. If you shut down the economy of the United States and other countries in the western world, that this is creating hardship at a scale that is difficult to imagine. And we don’t see it yet. I haven’t seen, for instance, data on suicides. We have seen 26 million people in the United States losing their job, and we see a lot of businesses going bankrupt...

Suicides Outpacing COVID-19 Deaths at California Hospital, Say Doctors
Written by Michael Tennant A Tuesday, 26 May 2020

Doctors at a California hospital say suicide is outpacing COVID-19 as a cause of death in their facility, and their county’s shelter-in-place order is to blame.

“We’ve never seen numbers like this in such a short period of time,” Dr. Mike deBoisblanc, head of the trauma department at John Muir Medical Center in Walnut Creek, told KGO. “We’ve seen a year’s worth of suicide attempts in the last four weeks.”

Why are so many people trying to take their own lives? DeBoisblanc believes the shelter-in-place order — which is scheduled to end May 31 but could be extended — is the cause, he says the order should be lifted.

... There is substantial spread of virus, despite all of that distancing. It may be that some people are actually beginning to start thinking, because, if the virus is spreading with all this distancing, how effective is the distancing? It’s not effective!

Isolating the nursing homes would be the thing that would have prevented death and would have prevented hospitals from becoming overloaded. Not letting children and young adults become infected and develop immunity does not reduce the risk or the load on hospitals.

It spreads; people get infected or exposed, mostly without having symptoms; they become immune; eventually more people are immune than susceptible; and at that point in time, the epidemic goes down and ends after a couple of weeks.

We don’t—sorry for Bill Gates—need a vaccine. It is nice to have it in case this virus should come back again. Do we need it right now? No. We don’t need a vaccine because we see already herd immunity developing and in two or three weeks or maybe already now, we have herd immunity and it’s over.

Note: Recall this interview took place May 1, 2020.

What we should do immediately, now that we know that we already have developed herd immunity, in spite of the social distancing... we should open schools and businesses yesterday, at the latest! There is no reason whatsoever to wait. The worst thing that could happen is, we get a bit of a rebound that will not be catastrophic, that will not overload the hospitals, it will be less than we had so far. That could happen. But everything else that we do is a lot worse than what could happen if we, let’s say, have another 10-20,000 cases. Could be. It’s not the end of the world. We should go back to being a strong
economy, to work, to have a social life, to let children be educated, do everything our society should do. And that lockdown is...there is no benefit. It has only negative effects.