I appreciate that the world is tired of this story. So am I. But this is *The Greatest Show on Earth*. What’s taking place, the personal, social, political and economic implications are unprecedented. Who is producing this show? On whose authority? Whose agenda? The names you hear most often are: CDC, WHO, FDA, Bill Gates and Toni Fauci. Are they related?

The CDC is not a scientific organization. The Institute of Medicine is the congressionally mandated body that determines what is science, *not the CDC or the FDA or WHO or Bill Gates.* The CDC is a vaccine company, says Robert F. Kennedy Jr. [https://www.youtube.com/watch?v=Sa-3U8reARA&feature=emb_logo](https://www.youtube.com/watch?v=Sa-3U8reARA&feature=emb_logo)

- 50% of the CDC’s budget goes to selling and promoting vaccines.
- The CDC owns 57 vaccine patents and collects money from them.
- FDA gets 75% of its budget from the pharmaceutical industry.
- FDA owns part of the Gardasil patent. The FDA receives money every time someone buys a $420 injection series.
- Individuals within FDA, the people who worked on the patent, get $150,000 per year in earned royalties. These are the division chairs, very powerful people in that agency.

- Bill Gates picked and approved Dr Tedros Adhanom Ghebreyesus as the Director General of WHO.
- On June 19, 2015, the UK government-funded Pirbright Institute, filed an application for a patent for the live coronavirus, which was approved on Nov 20, 2018. A “primary funder” of the Pirbright Institute is the Bill and Melinda Gates Foundation.
- Bill Gates is *working on a vaccine* to solve the crisis.
- Bill Gates donated over $70 million last year, to Imperial College, the group that that developed the *grossly over estimated projections* that lead to the global lockdown. [https://www.imperial.ac.uk/news/196234/covid19-imperial-researchers-model-likely-impact/](https://www.imperial.ac.uk/news/196234/covid19-imperial-researchers-model-likely-impact/)
- Bill Gates warns that a deadly disease could wipe out 30 MILLION people in just six months. [https://www.mirror.co.uk/science/bill-gates-warns-deadly-disease-12609637](https://www.mirror.co.uk/science/bill-gates-warns-deadly-disease-12609637)

Vaccines are clearly one of Bill Gates' mainstay "solutions" to most diseases. Gates has gone on record saying the U.S. needs disease surveillance and a national tracking system¹⁵ that could involve vaccine records embedded on our bodies (such as invisible ink quantum dot tattoos described in a Science Translational Medicine paper.¹⁶,¹⁷)

He’s stated that *life will not go back to normal until we have the ability to vaccinate the entire global population* against COVID-19. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID), echoed this exact sentiment, as if they're reading the same cue card.


- On March 26, 2020, Microsoft applied for an International Patent with WIPO - a patent for a *body-interfaced cryptocurrency, using an implanted microchip* connected to a cloud computer system, which also just happens to collect "biometric data" - your DNA sequence, blood,
electrical synapse activity, etc., etc., etc. The WIPO Patent Application Number: 060606. Bill Gates agenda is nothing less than total invasion of your (and all of humanities) biological privacy and control.

Tony Fauci: was behind the U.S. Government’s $3.7 million grant to Wuhan lab at the center of Coronavirus outbreak

Past is Prolog

Injected – Not infected

This virus didn’t spread to 110 countries from a seafood market in China, starting December of 2019. It’s probable that it’s been in every flu vaccine since 2013-15. That’s when this work was being illegally done. We had no idea. Flu vaccines are driving the infection. This is injection. (See Judy’s long professional with Fauci, below.)

Dr. Judy Mikovits, PhD., Interview on the Coronavirus

Complex and Conflicting Paradigms

Infection: viruses spread by contact from person to person, through the air and on services, is the cause of current and past pandemics. One bug causes one disease, the dominate theory.

Imbalance in the Microbiome: An estimated 360 trillion viruses naturally interact with an estimated 38 trillion bacteria in the host microbiome, in dynamic and symbiotic ways, including those viruses that may be considered pathogenic (harmful). Environmental stressors and/or autoimmune conditions cause existing (dormant) viruses to trigger inflammation, that we experience symptoms of a disease. Depending on the general level of health (balance of the microbiome) of the individual and the shared stressors in the environment, clusters of individuals in a given region, express common symptoms that appear to be caused by infection or contagion.

Injection #1: “dirty” contaminated vaccines, recent and past, have introduced into the general population a lingering cocktail of viruses that interact in unknowable ways, and are triggered from dormancy by environmental forces; ingested toxins, polluted air, GMO foods, ingested nanoplastic particles, contaminated water, seasonal flu and cold infections, preexisting chronic conditions, EMF radiation, and more, which may, but not always, express as ‘flu like symptoms,” mild to life threatening depending on the host. Individuals in a given region, who share common environmental stressors, spontaneously express common symptoms that appear to be caused by infection-contagion.

Injection #2: (similar to #1 but more specifics as with the 1918 Flu), stress, environmental toxins including a World War, unprecedented and new EMFs, poor food and sanitation, plus as many as 24 crude vaccines, intensely administered in a compact timeframe throughout the general population, that expressed as a general acute flu (respiratory) symptoms, which are mistakenly attributed to an infectious pathogenic virus.

Misdiagnoses: many flu-like symptoms, attributed to pathogenic viruses may be exosomes, natural cleansing agents in the cytoplasm, indistinguishable from viruses, that expel containments from within cells caused by environments stress and toxins. The purging of these exosomes are mistakenly assumed to be caused by viral infection-contagion.
Question/Challenge: All of the above may be true, some of the time. Is it possible to articulate a synthesis of the above (and perhaps more) into a model that helps the public respond in a way that promotes the general wellbeing of us all? Clearly, the dominate theory that one microbe is the cause of one disease is inadequate.

Pandemic 1918: Was it a virus or the First World War?

“Within a few months the Spanish Flu achieved what all the epidemics in history have not managed,” wrote Spiegel Online. “In 1918, the pandemic killed between 20 and 50 million people, more than any other disease before. In the USA alone, there were 550,000 deaths. Infected patients suffered from high fever and their lungs became inflamed. Within a few days “victims drowned in their own fluids.”

There are no facts to support that a virus triggered this mass mortality. These deaths occurred at the end of the First World War when countless people were undernourished and under incredible stress. The medications and vaccines used at that time contained highly toxic substances; heavy metals, arsenic, formaldehyde, chloroform and others, all of which could trigger severe flu symptoms. Numerous chemicals intended for military use moved unregulated into the public (agriculture and medicine).

According to traditional theory, an infectious disease begins in one place and spreads from there. Such progression did not occur with the Spanish Flu. It seemed to spontaneously emerge in different locations hundreds and even thousands of miles apart. Even factors such as faster ships, railway routes and migrating birds don’t explain the mysterious outbursts. There is no sound epidemiological basis to construct a virus-caused influenza in 1918.

As with 2020, symptoms were counted as infection, without proof. Deaths were counted as being caused by influenza (virus), when viruses were not discovered until 1933, while countless other causes – stress from years of war, malnourishment, improvised living and sanitary conditions, overtreatment with chemicals like Aspirin and chloroform, damage to the air passages and lungs caused by antiseptic preparations containing silver known to have strong corrosive and irritating effects on skin, eyes, lungs and kidneys, not to mention unprecedented mass vaccinations, often containing heavy metals and produced out of poorly filtered mucus and other fluids from infected patients, 24 per person, were rampant. Assumptions were piled on assumptions. A villain microbe (virus) framed.

Death rates in the United States have been going down, not up, since the beginning of the year.

We are told that 37,308 people have died this year from COVID-19 through April 18, yet actually 45,522 few people have died this year than last year during the same period of time. Not only has overall mortality for the United States been going steadily downward since January, but mortality has been
substantially lower this year than last year. Weekly mortality statistics for the United States from the Centers for Disease Control:

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<th>Number of Deaths 2020</th>
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**Breaking, April 20, 2020:**

[Stanford Team Finds Evidence COVID-19 Mortality Rate Is As Low as .2% (17 Times Lower Than WHO's Estimate)]

Starting on March 14th, with the [Ferguson report from Imperial College](https://www.imperial.ac.uk) that proposed over 2 million US citizens would die if a national lockdown was not initiated immediately (an estimate later retracted), these **vastly exaggerated mortality statistics** were used by the pharma-funded media to fan the flames of fear, ushering in our present [medical police state](https://en.wikipedia.org/wiki/Medical_police_state) where all our Constitutionally protected civil liberties are claimed to be suspended under the auspices of a national health emergency. To take a deeper dive into the truth about COVID-19 death statistical manipulation, watch James Corbett's in-depth report on the topic here: VIDEO: [Lies, Damned Lies and Coronavirus Statistics](https://theorb.com/watch/lies-damned-lies-and-coronavirus-statistics)

Please note: The Corbett Report is a must see.

![The Corbett Report](https://theorb.com/corbett-report)

Even now, the WHO desperately clings to a preposterously over-inflated official COVID-19 fatality rate of 3.4% (The same global organization that Bill Gates is presently the #1 funder of; a billionaire businessman with no medical background, and who was not elected or officially appointed to make health decisions for you or I) -- even though they have [directed the entire world to label as "confirmed COVID deaths" cases where no virus testing is required; only "suspicions" of infection](https://en.wikipedia.org/wiki/COVID-19_tests).
The WHO's egregiously over-inflated number is the reason why WHO director of Emergencies Programme Dr. Mike Ryan recently stated that medical authorities may need to come into families homes and forcibly remove those who are suspected to have COVID.

Sayer Ji, Founder of GreenMedInfo

1918 Attempts to Prove Infection – Contagion Failed

An attempt to simulate infection was undertaken with volunteers in Boston, November 1918.

“Navy doctors collected the mucus from men who were desperately ill from the flu, gathering thick viscous secretions from their nose and throats. They sprayed mucus from flu patients into the nose and throat of some and dropped in into other men’s eyes.

Trying to simulate what happens naturally when people are exposed to flu victims, the doctors took ten of the volunteers in to the hospital ward where men were dying of the disease. The sick men lay huddled in their narrow beds, burning with fever, drifting in and out of sleep in delirium. The ten healthy men were given their instructions; each was to walk up to the bed of a sick man and draw near, lean into his face, breath his exhaled breath, and chat with him for five minutes... the sick man was to exhale deeply while the healthy man drew the sick man’s breath directly into his lungs.

Each healthy volunteer repeated these actions with ten different flu patients... But not a single healthy man got sick.

A comparable experiment, carried out under much stricter condition took place in San Francisco, with 50 imprisoned sailors... Scientists were stunned. If these healthy volunteers did not get infected with influenza despite doctors’ best efforts to make them all sick, then what was causing this disease? How exactly did people get the flu?

Gina Kolata, Influenza

Numerous sources at the time report that mass vaccinations (up to 24 per person) contributed to the pandemic.

All the doctors and people who were living at the time of the 1918 Spanish Influenza epidemic, say it was the most terrible disease the world has ever had. Strong men, hale and hearty, in one day would be dead the next. The disease had the characteristics of Black Death added to typhus, diphtheria, pneumonia, smallpox, paralysis and all the diseases people had been vaccinated with immediately following World War I. Practically the entire population had been injected/seeded with a dozen or more diseases – or toxic serums. When all those doctor-made diseases started breaking out all at once, it was tragic.

The pandemic dragged on for two years, kept alive with the addition of more poison drugs administered by the doctors who tried to suppress the symptoms. As far as I could find out, the flu only hit the vaccinated. Those who had refused the shots escaped the flu. My family had refused all the vaccinations so we remained well all the time.
When the flu was at its peak, all the stores were closed, as well as the schools, businesses [social distancing is not a new idea]– even the hospital, as the doctors and nurses had been vaccinated too and were down with the flu. No one was on the street. It was like a ghost town. We seemed to be the only family [that] didn’t get the flu; so my parents went from house to house doing what they could to look after the sick, as it was impossible to get a doctor then.

If it were possible for germs, bacteria, virus or bacilli to cause disease, they had plenty of opportunity to attack my parents when they were spending many hours a day in the sick rooms. But they didn’t get the flu and they didn’t bring any germs back home to attack us children and cause anything. None of our family had the flu – not even a sniffle – and it was in the winter with deep snow on the ground.

When I see people cringe when someone near them sneezed or coughs, I wonder how long it will take them to find out that they can’t catch it – whatever it is. (See masks below.)
It has been said that the 1918 flu epidemic killed 20 million people throughout the world. But actually, the doctors killed them with their crude and deadly treatments and drugs... judging from the success of the drugless doctors in comparison with that of the medical doctors.

While the medical men and medical hospitals were losing 33% of their flu cases, the non-medical hospitals such as Battle Creek, Kellogg and Mac Fadden’s health-Restorium were getting almost 100% healings... One [natural] health doctor didn't lose a patent in eight years.

If the medical doctors had been as advanced as the drugless doctors, there would not have been those 20 million deaths from the medical flu treatments.

Eleanora McBean, American author describing her personal experience.

“As everyone knows, the world has never witnessed such an orgy of vaccinations and inoculation of every description as was inflicted by army-camp doctors upon the soldiers of the Frist World War...
The amazing disease and death toll among them occurred among ‘the picked men of the nation – supposedly the most robust, resilient class of all, who presumably brought to the service a good pair of lungs, since they must have passed a rigid physical examination by competent medical men. And yet, precisely these supermen with super-lungs were the one dropping like flies...”

Riley Hale, Medical Voodoo

Masks do not protect the wearer.

Health officials' views on wearing face masks have shifted as the outbreak spreads. On Friday, April 3, President Trump announced that the CDC now recommends Americans wear a "basic cloth or fabric mask," not a medical-grade mask, in public. It is important to question why this 180 shift? My personal view; wearing a mask is a public display of compliance, sustained fear and obedience. It also promoted and sustains popular fears and suspicion that everyone is potentially infectious, which justifies mass vaccinations and micro-chipped personal-global surveillance, Gates’ agenda.

Medical masks are ineffective against viruses, and cloth masks provide breeding grounds for them. A 2015 study in the British Medical Journal found that healthcare workers caught viruses from their patients 13 times more often if they wore a cloth mask than if they wore a medical mask, and a Chinese study found that a medical mask was no more protective against viruses than wearing no mask at all.

The World Health Organization warns that wearing a medical mask “may create a false sense of security” against COVID-19 and that “no evidence is available on its usefulness to protect non-sick persons.”

The N95 respirator, recommended for medical workers, requires training to use properly and “without training, the masks could not only expose workers to the virus but also lull them into thinking they are protected,” according to doctors at the Harvard School of Public Health. In practice, even the N95 mask has been found to be ineffective in preventing the transmission of viruses. A review of six clinical studies, published in the Canadian Medical Association Journal, found that medical workers caught viruses from their patients just as often when they used N95 respirators as when they used ordinary medical masks.

Masks in Community Settings

Studies of influenza, influenza-like illness, and human coronaviruses provide evidence that the use of a medical mask can prevent the spread of infectious droplets from an infected person to someone else and potential contamination of the environment by these droplets. There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure. However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the
wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.

Masks are harmful to the wearer.

COVID-19 kills by causing severe hypoxia (low levels of oxygen in the blood). People wearing masks rebreathe some of their exhaled air, lowering the amount of oxygen they are breathing.

All of the above: Medical Mistakes are the 3rd Leading Cause of Death

A recent Johns Hopkins study claims more than 250,000 people in the U.S. die every year from medical errors. Other reports claim the numbers to be as high as 440,000.

Vaccine Package Inserts Reveal Hundreds of Medical Conditions Linked to Vaccines

Past is Prologue
William Shakespeare
1564 – 1616

Not much has changed

Injected not Infected

This virus didn't spread to 110 countries from a seafood market in China, starting December of 2019. It’s probable that it’s been in every flu vaccine since 2013-15. That’s when this work was being illegally done. We had no idea. Flu vaccines are driving the infection. This is injection.

Dr. Judy Mikovits, PhD., Interview on the Coronavirus

Introduction by Robert F. Kennedy Jr.

Dr. Mikovits joined NIH in 1980 as a Postdoctoral Scholar in Molecular Virology at the National Cancer Institute and began a 20-year collaboration with Frank Ruscetti, a pioneer in the field of human retrovirology. She helped Dr Russetti isolate the HIV virus and link it to AIDS in 1983. Her NIH boss Anthony Fauci delayed publication of that critical paper for 6 months to let his protégé Robert Gallo replicate, publish and claim credit. The delay in mass HIV testing let AIDS further spread around the globe and helped Fauci win promotion to director of NIAID.

In 2006, Dr Mikovits became director of Whittemore Peterson Institute for Neuro-Immune Disease and collaborated with Dr Ruscetti searching for the cause of Chronic Fatigue Syndrome which suddenly became epidemic in the 1980s. The male dominated medical community dismissed CFS as psychosomatic “yuppie flu” caused when fragile females cracked in corporate jobs. Dr. Mikovits discovered that 67% of affected women carried a virus—called Xenotropic Murine Leukemia related Virus—that appeared in healthy women only 4% of the time. XMRV is also associated with prostate, breast, ovarian cancers, leukemia, and multiple myeloma. Many women with XMRV bore children with autism.

In 2009, Drs. Mikovits and Ruscetti published their explosive findings in the journal Science. But the question remained: how was XMRV getting into people? Other researchers linked the first CFS outbreak to a polio vaccine given to doctors and nurses that resulted in the 1934 Los Angeles County Hospital
Epidemic.” That vaccine was cultivated on pulverized mouse brains. Retroviruses from dead animals can survive in cell lines and permanently contaminate vaccines.

Dr Mikovits’ studies suggested that the XMRV Virus was present in the MMR, Polio and Encephalitis vaccines given to American children and soldiers. XMRV is so hazardous that the mere presence of mouse tissue in a laboratory can contaminate other tissues in the same room.

Dr Fauci ordered Mikovits to keep her mouth shut. When she refused, he illegally confiscated her work books and hard drives, drove her from government work and blackballed her from receiving NIH grants ending her science career. XMRV remains in American vaccines.

Judy Mikovits on COVID-19

I know you’ve seen in press—how this SARS 2, COVID 19-causing virus—has an inflammatory signature of disease. If you, the susceptible individual, don’t have that inflammatory signature, it doesn’t matter how much coronavirus or SARS-Cov 2 is in your body, you won’t get sick; you’re immune. You mount an immune response; you have antibodies; you make alfa interferon and you suppress the virus, as an immune system will do.

That’s part of the big fraud and frustration in all of this, the way they are testing, what they are looking at, and in fact, how they are saying, oh, this virus just popped up overnight, from one woman in a seafood market in Wuhan.

This coronavirus 2 is not more than a severe cough, and it’s totally implausible that it is passing from human to human by healthy humans coughing; that’s not how it happens. It’s far more plausible that it’s been injected. And, yes, it is in essentially every vaccine carrying animal cells; pediarex, with Vero Monkey kidney cells, that we give that to infants.

The flu vaccine in bird avian cells carry coronaviruses and many other viruses, including retroviruses, like HIV. The new flu vaccine in Italy had four different influenzas, including an H1N1, and it was grown in Maidin-Darby kidney cells, which are dog cells. Dogs carry coronaviruses; cats have infectious, transmissible coronaviruses and get diseases of them. So, this virus didn’t spread to 110 countries from a seafood market in China, starting December . . . whatever they told us, of 2019.

It’s probable that it’s been in every flu vaccine since 2013-15. That’s when this work was being illegally done. We had no idea, but the flu vaccines are driving the infection. This is injection.

Note: Annual estimates of global influenza vaccination coverage is 10 billion doses per year, or 50 billion doses from 2015-2020, each potentially containing COVID-19 and other contaminate that combine over time in unknowable ways.


I object very much to the mask, because if you are carrying these injected viruses, and you wear a mask, and you allow yourself to be under that stress and that fear that they have driven into us, and then you activate these viruses with things like the stress of not having job, these dormant viruses will wake up in you. You are actually reinfecing yourself over and over with a mask. You’re not making somebody else sick; you’re making yourself sick—especially those with asthma, those with COPD, those living in pollution. There are a lot of co-factors to disease development, but wearing a mask will kill more people. This virus is not coughed through the air from healthy people, who are almost certainly immune, as they have almost certainly been infected over the last four or five years.

So what do we think of with that 2015 Nature paper? “Engineered Bat Virus Stirs Debate Over Risky Research. https://www.nature.com/news/engineered-bat-virus-stirs-debate-over-risky-research-1.18787. It’s pretty clear there, and many virologists, not just myself at the time, were saying, “These things can happen all the time.” We’re told when we do this research in the lab, and I was told in 1999, what I was doing was trying to attenuate, in a good way, weaken the virus, learn enough about the virus so that we could develop therapies and vaccines to prevent, you know, the pathogenic strain from killing people. That’s a laudable goal, and you know, I bought it hook, line and sinker, and I did that research.
In 2015, at the time, it was even outlawed in the United States—between 2013 and 2017—institutions were not allowed to do what they called gain-of-function studies. So, if you think about the study I just told you; I taught a virus that wouldn’t have evolved to infect human cells for decades, if not centuries, and I taught it in a few months in a laboratory to infect human cells. That’s a gain-of-function study. That was outlawed because of the risky research. When we do that, we take those cell lines and we send them around the world. We use those cell lines in manufacturing many biological therapies, but most prominently vaccines.

The cell line that was used in that 2015 study discussed—and there is another study it referenced—was called Vero Monkey Kidney Cells. That's the same cell line from which HIV/AIDS evolved from, SIV, and yes, there have been numerous reports of HIV sequences. So, you can get recombinant activity in the cell line when you infect it with another virus. Then several different viruses, if not many viruses are expressed, and when they are expressed, they can recombine and cause a very much more dangerous, not attenuated at all, virus species in a cell line that grows in a laboratory.

We grow hundreds of liters of these cell lines at a time, and we save them and we use them to manufacture, theoretically, therapies, but they can also be released from laboratories. They have acquired the ability to be contagious, that is, spread in a way that they wouldn’t spread naturally.

I don’t like to use the word, “engineered,” because I simply culture a cell over and over, again. I call it the Heisenberg Uncertainty Principle of biology; every time you culture a virus, you change it. And, we don’t know what those changes are; we don’t know what will evolve, what dormant virus is activated when you are infected with SARS, when you infected the Vero Monkey kidney cell line with SARS 1 (Severe Acute Respiratory Syndrome) virus, and allowed it to gain function by infecting this cell line that it previously did not affect. We don’t know what changes happen that allow us to see it.

We have no idea what’s going on in the laboratory. That’s why these studies should never be done, again. That’s why, theoretically, it was outlawed in the country from 2013. You’d have to ask Francis Collins why suddenly in 2017 he lifted that out-law, or why the NIAID, under Tony Fauci, funded these studies in Wuhan, China, with the University of North Carolina, and with a Harvard researcher, where they sent this cell line between the labs via the mail, via the researchers—I don’t even know how they sent it, but we sent it via the mail, when I worked there. So, Engineered? No. Escaped? Likely. Intentional? Yes, we did these studies intentionally, and intentionally breaking the law in this case. But, I guess maybe Tony Fauci is the law of the world, as we’ve seen.

Should you believe what the CDC says. No and here is why RFK

https://www.youtube.com/watch?time_continue=113&v=Sa-3U8reARA&feature=emb_logo

First time in history that healthy people are quarantined.

I social distancing effective or necessary. No. Here is why?

https://www.youtube.com/watch?v=5Bcof31IXI1