Covid – an alternative explanation

Disclaimer: All of this is mere speculation and nothing more than a mere creation of my very troubled mind. With that said, please read carefully.

In this document:

In the next few pages, I will try to make a case for ONE explanation for the whole covid story. Not necessarily THE explanation, but in my opinion the most likely explanation.

If this name becomes established, this kind of war means that all means will be in readiness, that information will be omnipresent, and the battlefield will be everywhere. It means that all weapons and technology can be superimposed at will, it means that all the boundaries lying between the two worlds of war and non-war, of military and non-military, will be totally destroyed, and it also means that many of the current principles of combat will be modified, and even that the rules of war may need to be rewritten. Qiao Liang and Wang Xiangsui: Unrestricted Warfare (1999)

1. A few things about me and why they are relevant.

I am a physician specializing in internal medicine, emergency medicine and nephrology. A good many years back, as a young resident in Germany something happened to my pregnant (now ex) wife that changed our lives forever. I would not like to get into details here, suffice it to say, my own colleagues committed a series of mistakes that lead to unnecessary surgery on my then pregnant wife and I later found out that the only reason they did this, was because the clinic was missing a certain number of interventions that year on the quota that allowed them to keep their licence for this particular type of surgery. Thankfully my daughter was born 8 months later, and she is a healthy child ever since, but I could never think the same way about my own profession after that.

In the following 4 years I worked as a resident of internal medicine at a German clinic

specializing in invasive cardiology. During those 4 years I saw at least 5 invasive procedures that were completely ineffective. The professor who brought them to the clinic knew they were ineffective. The cardiologists performing them knew they were ineffective. The residents working for them knew they were ineffective. We performed them for years anyway. 3 of these 5 methods are banned today in Germany, and nobody performs them anymore. There were also innovations that were very effective and useful and that are being performed to this day. However, many procedures had no benefit to the patients who received them. There was one thing in common about new methods however: new methods were always overfinanced, while old, tried methods were underfinanced. For instance, a rescue PTCA for a myocardial infarction (the procedure when someone has a clotted artery in the heart and a catheter method is used to open the blocked coronary artery) yielded 2500 Euros for our clinic. A so-called CCM device (which was drawn from the market later) yielded 80,000 Euros. The clinic lost money on every myocardial infarction treated with PTCA and made massive financial gains on every CCM.

These experiences caused me to become a contrarian thinker of my own profession. You could be the most accomplished professor in the world and bring me a thousand peer-reviewed studies about a product or procedure, I will still not believe any of it until I saw this in practice and saw at least 10 patients who were helped by whatever pharmaceutical or medical product we are considering. Modern medicine has one cardinal rule: **If someone put billions of dollars in a product to develop it, we will use it until the investment has returned a previously calculated profit.** Only after profits were made can you make the studies that prove the product was ineffective and then the product will be retired from the market. This does not mean of course, that all new developments and ineffective and serve purely the purpose of money grabbing – however, many massive failures could have been avoided if the studies had been done with true scientific discipline before these developments were pushed to the market.

During covid, I was working at a large clinic in Europe that treated many covid patients. I have contracted covid 3 times (the original Wuhan strain in the beginning, then omicron and finally tau), all 3 cases were mild infections. I have been vaccinated 5 times (more on that later) – which also tells you how effective these vaccines were.

2. A few snippets of history

There are a few happenings of history we need to know if we are to understand what happened to us during the 2 years of covid. They all happened during WWII.

I. Japanese invasion of Manjuria

During the Japanese invasion of Manchuria from 1937 to 1945, the Japanese imperial army performed a series of war crimes to exterminate waste numbers of the Chinese in Manchuria and in the Chinese puppet state of Manchuko. To this day, Japan denies any usage of biological weapons, however, most historians agree that imperial Japan attacked Chinese civilians with plague, cholera, anthrax, glanders and other diseases, killing thousands. The Japanese Imperial Army had begun supporting a biological weapons

enterprise in Manchuria in the 1930s, led by military physician, Lieutenant General Ishii Shiro. The exact number of the victims is unknown, some Chinese sources cite millions or even tens of millions, others thousands or hundreds of thousands. However, one thing is clear: Japan DID use diseases to kill Chinese civilians. Knowing this, we can assume that China has a certain... paranoia when it comes to biological weapons of war.

II. The false paradigm of the RAF bomber command

During the European campaign of the 2nd world war, the allies conducted several bombardment campaigns against axis countries that were specifically targeting civilian populations. The rationale behind this was the hypothesis developed during the 1st world war which stated that heavy bombardments of civilian populations would demoralize the civilians of axis countries and thus lead to political coups which will swiftly end the war. Between 300,000–600,000 German civilians and over 200,000 Japanese civilians were killed by allied bombing during the Second World War, most as a result of raids intentionally targeted against civilians themselves. This strategy was a total and abysmal failure. Not only did it not lead to demoralizing the civilian population, but it most likely contributed to the fanaticism in these countries and probably prolonged the war, because the entire population felt like there is only victory or death: they either win the war or the Allies will kill them from the air. **This demonstrates, that military doctrines tend to prevail even if they fail spectacularly.** In other words, the military tends to do things again and again even if they yield the opposite results they expected (which is the definition of insanity by Einstein, but... whatever).

III. Nuclear weapons and the dilemma of proliferation

The 2nd world war ended with the nuclear bombing of Hiroshima and Nagasaki. At the time, the United States of America believed it would take at least 40 years for the Soviet Union to develop nuclear weapons. However, Stalin's USSR had their own nukes by 1949 (in no small part due to espionage), and both superpowers developed hydrogen bombs and thermonuclear weapons simultaneously in the early 1950s. After that, pretty much any country that wanted to, achieved nuclear weapons. China, India, Pakistan, Israel, even North Korea. In the 1960s and 70s one thing has become clear to the US military-industrial complex: **You cannot prevent proliferation**, in other worlds once they have been invented, all new technologies that can be used as weapons of war will be available to your enemes in short order. So instead of trying to keep offensive capabilities from proliferating to your enemies, the US developed a new strategy in the 1980s: they developed defensive capabilities that were either to expensive for the Soviet Union to build or that took a considerable investment and a relatively long time to reproduce by the enemies of the US. One great example of this was the Star Wars programme by Ronald Raegan: space-based direct energy weapons and satellite monitoring systems coupled with advanced air defense missile systems allowed the US to divert or destroy a large percentage of incoming soviet ICBMs in case of a nuclear war. If you listen to interviews with Putin (including his latest with Tucker Carlson) he speaks about this almost every time: one of the reasons Russia has taken a more agressive stance against the widening of NATO was the fact that the US deployed these defensive capabilities to many countries that were close to Russia's borders, including Poland, Ukraine and the Baltic States. If NATO has weapons systems that can divert or destroy 90-99% of Russian nukes, while Russia has no

comparable systems, this means that NATO has a distinct advantage and MAD (mutual ability of destruction is no longer applicable).

3. The technological revolution no one is talking about

The Human Genome Project started in 1990 and finished in 2003. It was a very ambitious programme whose aim was to sequence all 3 billions of base pairs of the DNA molecules (organized in 23 chromosomes) in every single cell of our human bodies. This was a project that lasted 13 years and cost roughly 3 billion dollars. The same undertaking would take 1 hour and cost about 100 dollars today. This is one of the most uncanny technological revolutions of human history. At some point during the last 10 years, it has become possible to analyse ALL hereditary material from a complete biological sample: you take a thumble of seawater for instance and sequence the DNA of every single living organism from it. This is called metagenomics or metagenetical analysis.

4. The project no one is talking about

Metagenomics allows us to gradually unlock all the biochemical secrets of our planet. But where to start from the millions of species of Mother Nature? Well, you start with the simplest organisms: viruses. Which viruses? Logically, the ones that can have biochemical tricks most likely to have a use case in humans, so viruses capable of infecting mammals. Mathematical models ascertain the number of these viral species to roughly 25,000. By the time of the beginning of the Covid fiasco, about 1200 to have been sequenced. Here we have to mention another biological method we heard a LOT more about: gain of function. Gain of function means you take one gene from one organism and you transfer it into another organism, thus allowing a species to learn a “trick” another species was able to do.

What does this mean to viruses? There are a few infectious diseases that are REALLY nasty. Anthrax, for instance, if contracted through the lungs, has a lethality of 50-80% even if the patients are treated for the infection. There are multiple causes to this (the bacterium causing the disease produces several toxins), but luckily, anthrax does not infect people via air, the most common way to get an infection from it is through inhaling or swallowing its spores (remember the panic after 911 people were getting when envelopes containing fine white powder started appearing in the mail?). Imagine if someone was able to take one (perhaps the most lethal) toxins of anthrax and managed to put it into a common cold virus, for instance a more infectious version of influenza. Influenza infects up to 50% of the whole population every year. If it somehow gained the function of producing anthrax toxin… you are looking at up to 40% of the population wiped over a single flu season. And who knows what other tricks we can learn from the 25,000 viral species being sequenced today?

But this could also be used for great things in the future. Imagine if biologist were able to understand why lizards can grow back lost limbs and then were able to create a treatment via gain of function that allowed skin cells on lost limbs in humans that do the same. People who lost limbs (or any other organs) could regrow them in a matter of days. Or imagine how many biochemical reactions we could use from nature for everyday purposes.

Nature will eventually develop enzymes that can break down plastic and oil (there are already known examples to the latter). If you were able to amplify this in artificially created bacteria that cannot divide, an oil spill can be cleaned up in a matter of days. Plastic can be gathered in pits and broken down to organic matter (fertilizer) quickly.

Unfortunately, humanity has a tendency to use every invention as a weapon of war first (if possible). And viruses are relatively easy to produce nowadays, since we have a third scientific breakthrough, synthetical DNA and RNA in the mix. Nowadays, you can literally punch any genetic code into the machine and the machine will synthetize DNA or RNA from it. Producing the viruses itself is sometimes as easy as just injecting it into an egg (obviously, there are viruses that require much more complex processes for cultivation). So once you have genes from metagenomics and deadly combinations from gain of function research, producing the viruses themselves is a trivial and cheap (few hundred thousands to few millions of dollars) problem.

5. The proliferation dilemma

There is ZERO question that the above two (metagenomics and gain of function research) are happening today. The podcast with two prominent virologists under point 6 in the references will no doubt convince you about this (please listen to it). The question is what do we do about it? When dealing with such a rapid development in technology with such enormous destructive potential, there are two ways to mitigate the risk: you can A) try to limit proliferation, in other words try to keep your enemies from learning it or B) you can try to develop defensive measures as the US did with the Star Wars Programme during the Cold War. I believe the US defence industry and its research think tanks, when met with this dilemma probably in the early 2010s decided for the latter. You cannot keep this genetical research information from getting to your enemies. What you CAN do is develop a defence platform that is either too expensive for your rivals or takes a considerable amount of time to deploy, thus giving you a serious time advantage if the biological war is knocking on your door.

We immediately have a very good explanation about the labs in Ukraine. Remember when during the siege of Mariupol, the Russians claimed there are biological weapons facilities under the city? Victoria Nuland testified before congress and she said, “Ukraine has biological research facilities which we now concern Russian troops may gain control of”. So what was in these labs? I believe these labs conducted metagenomics and gain of function research; however, they did not mass produce viruses. There are only a few labs in the world (termed biosafety level 4 facilities) that are allowed to mass produce viruses that can potentially cause deadly infectious diseases. Wuhan was obviously one of them, but apparently, one piece of research was not isolated effectively enough.

6. The dud sold by Big Pharma

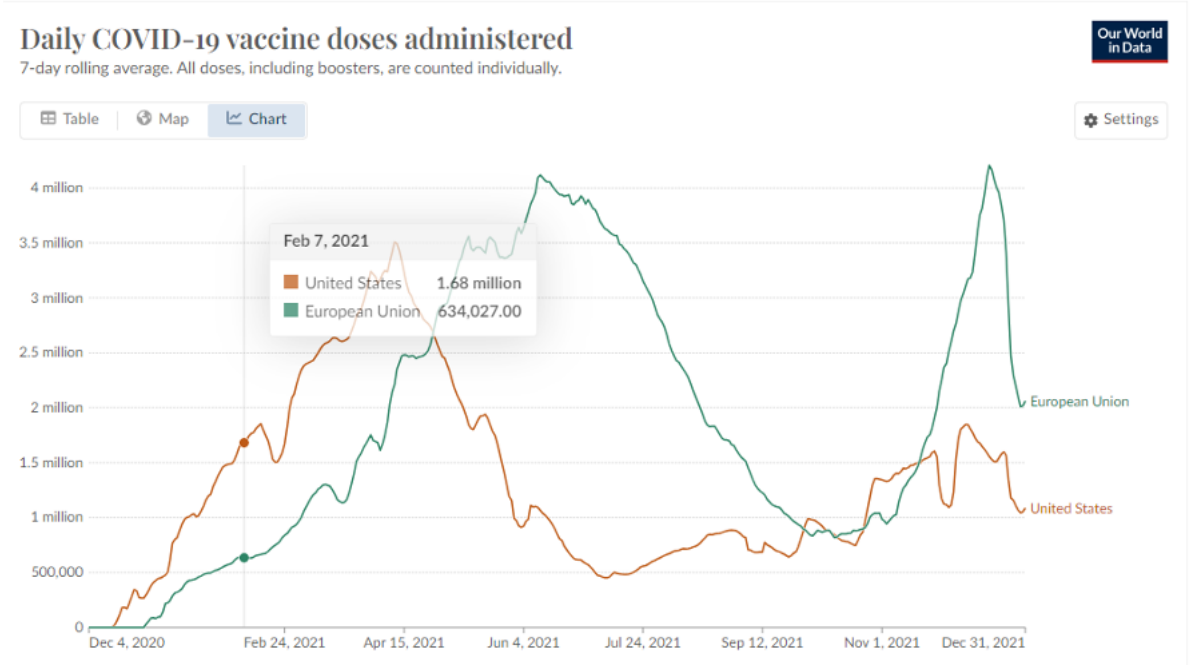
So, let`s start putting things together. Biological weapons of war are now increasingly easy and cheap to produce thanks to technology. The US military-industrial complex has been more keen on developing defences than trying to prevent proliferation for over 20 years. So what do you do? Well, you turn to the experts as they say, so you ask your Big Pharma industry (who have been developing vaccines for years): is there any way to develop a platform that can mass-produce vaccines in hours once the pathogen (the artificial virus causing the pandemic) has been identified and sequenced? Big Pharma was very happy to deliver a technology they have been parenting since the 1970s that never managed to make a financial return: gene technology. They have been trying to create marketable products with these things for decades, but everything they came up with either turned to a catastrophe or could only treat very rare diseases that only a few people had and thus could not be sold en masse. Some of the most expensive products come from gene technology (Zolsgensma for instance), because these products can only solve very rare problems for a very few people, so you have to sell them for huge amounts of money to achieve returns on the investment for research. So once given a chance to come out and shine with a platform that allows them to react to any virus, Big Pharma was more than happy to roll out gene tech. And first, it all looked great for US defence.

Imagine for instance, that the US wanted to wage war on China. Not the kind of proxy wars we see today, but a real full-scale war. One way to play this would be to unleash a global pandemic that has high infection rates and high mortality. We measure the ability to spread with R0: this is a number that tells you how many people are infected from someone who has the virus before the first patient either dies or makes a recovery from the virus. Deadliness can be measured with CFR (case fatality ratio, the ratio of people dying from clinically identified cases), IFR (infection fatality ratio, people dying from all the infected) and PFR (population fatality ratio, the ratio of the entire population dying during the pandemic). So, what you need is a virus with high R0 and high IFR. Let`s say you hit them with an R0 of 20 and an IFR of 50%. You cannot stop R0 of 20 from sweeping through your society, and very soon, up to half of your population will die. And yes, this will spread back to you, UNLESS you have a defence platform, that is you have a vaccination that is effective and can be deployed very quickly and can defend your population with an almost 100% certainty. You and everyone you share your vaccine with will come out unscathed, while your rivals lose up to half of their population within a year. They can develop vaccines too, except this takes them a lot longer time, because they do not have your rapid defence platform.

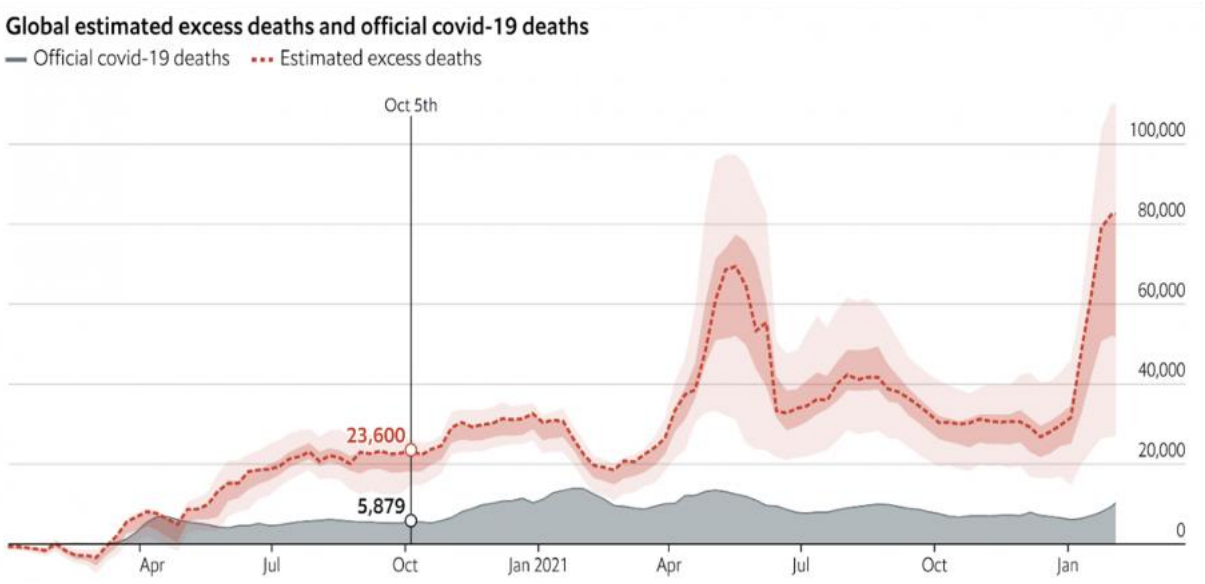
So, all of this sounds very nice, especially if you are NATO and want to wage World War III against BRICS, however there was a problem.

The defence platform was a dud. A nothingburger. The treatment killed more people than the virus itself.

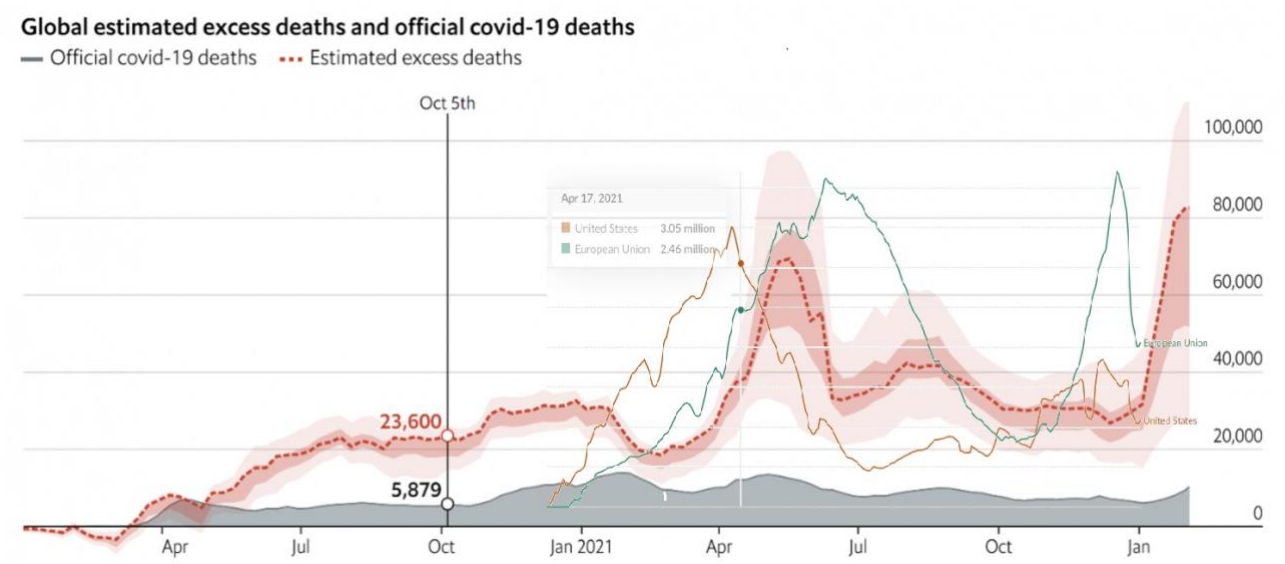
There are numerous examples and sources to prove this, but I will just share one with you here. This is the timeline of vaccinations in the USA and EU (I have excluded other regions, because BRICS countries often used non-mRNA vaccines):



And this is global estimated total deaths from a private research project carried out by the economist at the time (by the way, they changed these graphs since then, but I saved the original graphs back in 2022).

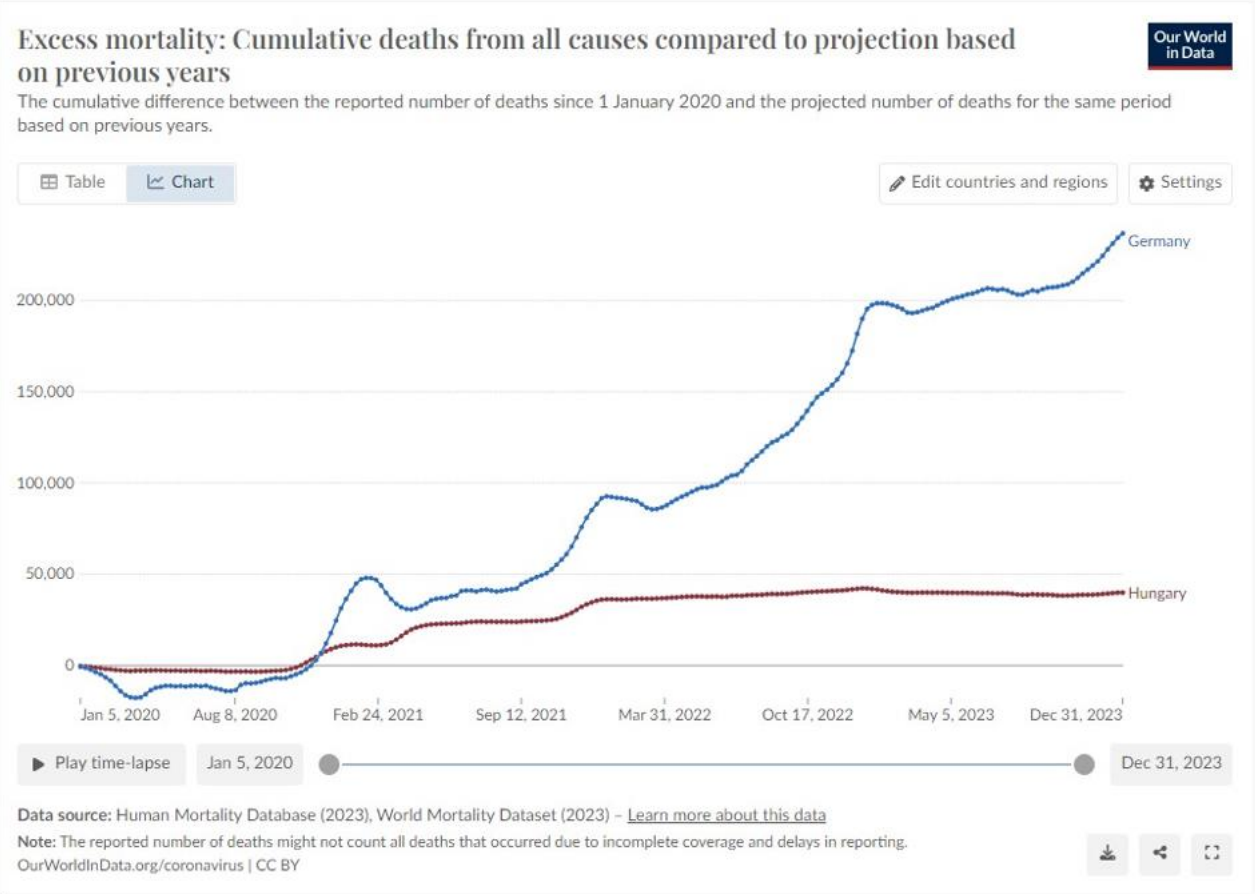


The most “interesting” thing happens if I put the two on top of each other and match the timelines on the X axis (please forgive my poor picture editing skills).



There were two massive vaccination campaigns with mRNA vaccines in the US and EU – both were followed by MASSIVE global mortality spikes within 4-8 weeks after the vaccination campaign. You vaxx – people die 4-8 weeks later. Tried twice, the same result twice.

Or just take a look at Germany (vaxxed almost exclusively with Modern and Pfizer, the "good stuff") and Hungary where a lot of the vaccinations were done with conventional vaccines (Sinopharm for instance)

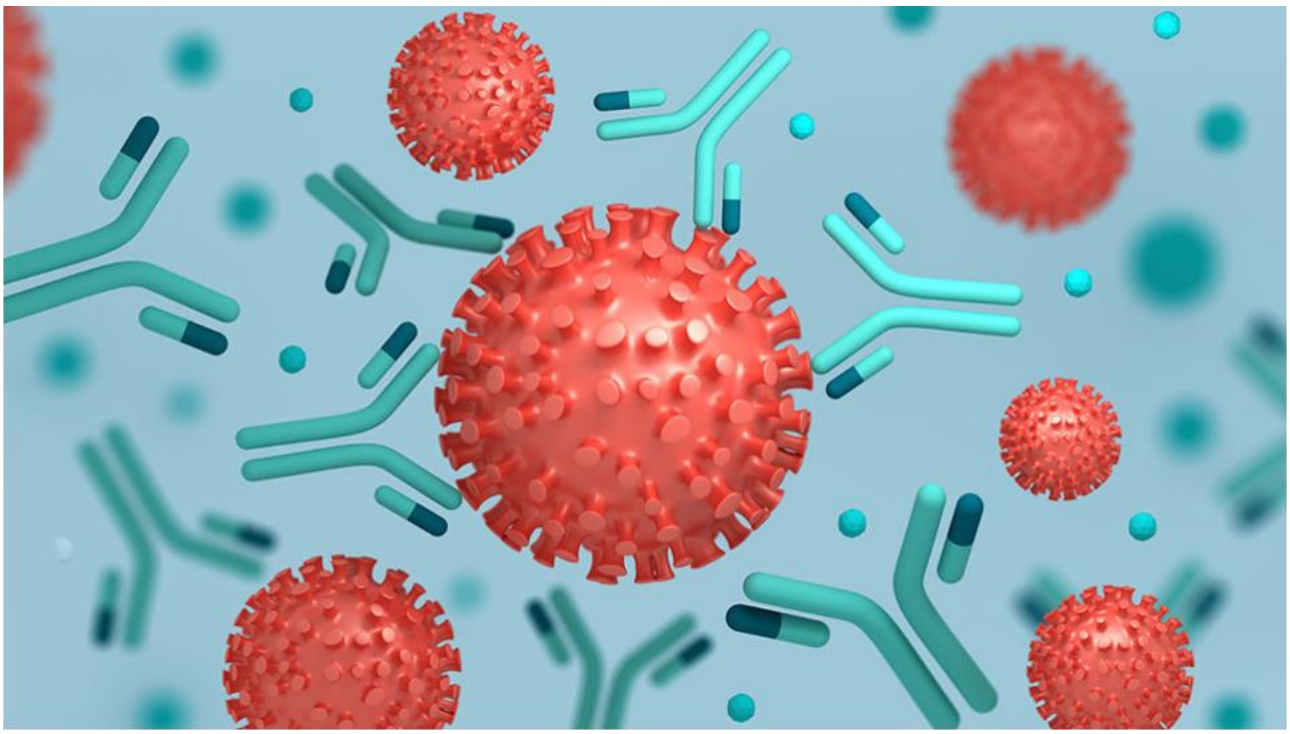


Hungary plateaued at some point with excess mortality; Germany just keeps going with no end in sight.

Did Big Pharma know their defence platform will kill people? I honestly do not know. I think they knew it was ineffective and they also knew it will negatively effect the immune system, but the possibility of cashing in tens of billions of dollars of revenue while deploying gene tech they were pushing since the 1970s unsuccessfully washed away all concerns. This was a moment for gene tech to come out and shine, and they were hell bent on profiting from this opportunity. And as we saw earlier, they will not back on something until it yielded the necessary profits. This has all been done before with a myriad of products, the only difference was, this time your intent-to-treat population with the ineffective but not unharmful treatment was 8 billion people.

7. The failsafe

However, I also think Big Pharma developed a failsafe. And here, we have to introduce ourselves to monoclonal antibodies. Antibodies are proteins that can attach themselves to microbes thus removing them from the bloodstream (the Y shaped blue molecules on the picture):



If you get an infection, your body becomes able to produce these en masse within hours once you meet the infectious agent at any point again in your lifetime. Monoclonal antibodies represent proteins that are produced by finding a very effective antibody against an antigen (a target molecule), then taking the gene coding this antibody from the white blood cells that produce this antibody and putting the gene into a cell that multiplies very rapidly and produces proteins in large quantity. Thus you have a solution of clone cells producing one specific type of a protein capable of attaching itself to a very specific molecule and so neutralising this molecule.

Covid was the first infectious disease where MABs were used to treat the infection. We used MABs intensively for other purposes before, but not against infections. I have treated a relatively large number of patients with MABs developed against covid and I found them to be by far the most effective treatment we were allowed to use in the clinic where I worked at the time. Disclaimer: I have never used ivermectin or hydroxychloroquine to treat covid (the clinic did not allow it), so I cannot say anything about these. MABs however, were effective. Initially we used a MAB product called Regen-cov (a mixture of two antibodies, indivirimab and casevirimab), then sotrovirimab after Omicron came about. These treatments caused the symtpoms to go away almost completely within 24 hours. Unfortunately, we were only allowed to use MABs against covid for immunosuppressed patients (patients taking drugs to suppress their immune system, for instance because they previously had an organ transplant) or for cancer patients receiving active chemotherapy.

When then-presiding Donald Trump had covid, he immediately received a shot of Regen-cov. Later on, one of the medical experts in Hungary who was a huge media celebrity casually mentioned, that when he contracted covid despite the SIX vaccinations he has had (all Pfizer), he immediately received a treatment with monoclonal antibodies from his colleagues. At this point, I was 100% sure that 1. he probably did not get any mRNA vaccines and 2. even if he did, he knew the antibodies triggered by the mRNA vaccines

were completely useless, which is why he immediately asked for a treatment with antibodies that actually worked. After these two occurrences, I was reasonably sure that the MABs worked and that they were the ONLY thing that really worked. A lot of important people received the MAB treatment immediately after contracting the virus afterwards. When I contacted the PR department of my clinic in Switzerland and asked them if I could do an interview with the Hungarian press (a radio station of a friend in Budapest) and tell them about the MABs, they categorically said NO and pointed to my NDA. At this point I was dead sure that MABs worked and that they were not supposed to be distributed to large amounts of people.

Long story short, I believe that the MABs were a failsafe developed by Big Pharma. They knew that the mRNA vaccines were ineffective and by about the end of 2021 they also knew they were killing tens of millions of people worldwide. So they had a backup plan. Developing MABs is a long and arduous process, so using them as a general defence platform against biological weapons created by gain of function and metagenetics would only be possible if you developed a library of MABs for every single surface protein identified by the metagenetics programme aimed at finding all 25,000 viruses infecting mammals. To my knowledge, this is not happening unfortunately.

8. Timeline

So let us put together a timeline of what happened to us over the last 2 years. Actually, let's start a little sooner.

1. Around 2010-2012: US defence industry and research agencies like DARPA realise the dangers coming up due to advances made in metagenomics and gain of function research. They decide that instead of trying to prevent proliferation, it is better to actually encourage global research in this field, so they can identify potentially harmful viral genes, so a global project to identify all 25,000 viruses infecting mammals starts with major contributions from labs all around the world (including Wuhan in China)

2. Sometime between 2010 and 2020 they approach Big Pharma with the task of developing a defence platform. Big Pharma recommends mRNA vaccines in lipid nanosomes. The production of lipid nanosomes starts up gradually.

3. They plan to rehearse the whole project in 2025. Their aim is to release a virus with a relatively high R0 that spreads quickly, is somewhat deadly, but not too deadly, maybe IFR of 1% or so. By 2025, the US should have enough nanosomes to produce enough vaccines for every country in NATO. The plan is to let the virus spread and when panic breaks out, the US defence industry and Big Pharma send in the cavalry with the mRNA vaccines. The pandemic goes away and the US is free to bring out something MUCH nastier to subdue its enemies in short order while selectively defending themselves with the mRNA vaccines.

4. In late 2019, something unexpected happens to one of the intermediate steps in this research in the Wuhan lab (which is one of the few Class 4 labs where they actually cultivate large quantities of live viruses from metagenomics and gain of function research). The disease spreads, but it is obvious that IFR is around 0,1% so this could be hushed up easily.

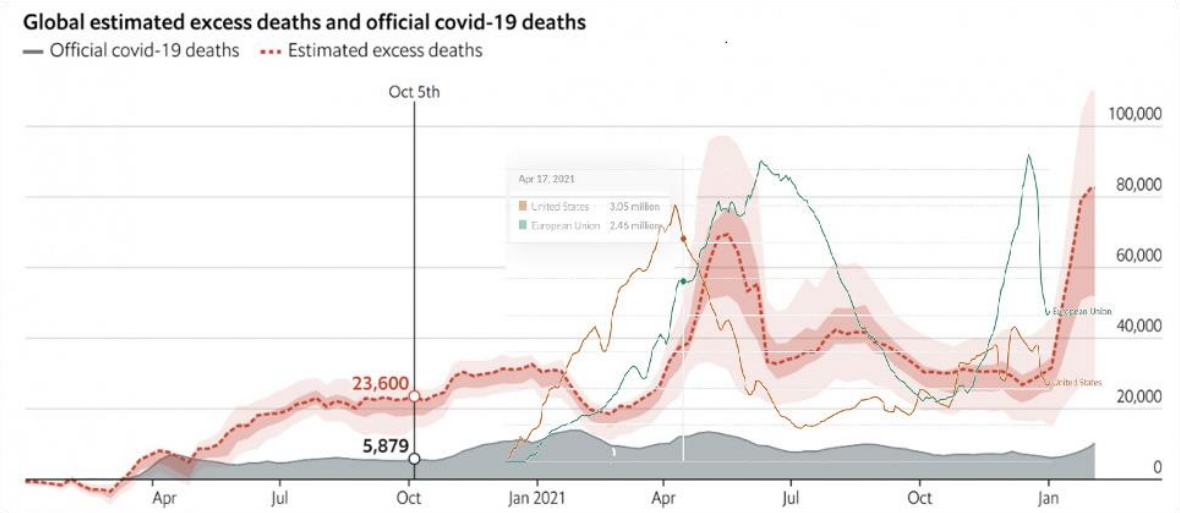
5. At first, no one knows what to do. On one hand, they could hush it up, on the other hand, this could also be the rehearsal they planned for 2025 – except not all prerequisite steps have been fully taken YET.

6. The US defence industry decides it is time to roll out the original plan. DARPA ramps up production of the lipid nanosomes. They roll out 5th generation psyops warfare to make sure everyone dances to their tune. They start testing the mRNA vaccines and while it is obvious it is ineffective, Big Pharma falsifies and classifies the data to make sure they can still market the product. They also make sure they get full legal immunity and start developing monoclonal antibodies "just in case".

7. At some point early 2020 China PANICS. They realize that the US can ramp up production of the lipid nanosomes and thus they may have a distinct advantage. If the US experiment succeeds, they are in deep, DEEP doodoo. Remember how the Chinese died en masse due to biological warfare in the 2nd world war? They suspect that the next round the US throws at them will be something MUCH deadlier (They probably already have loads of candidate viruses in certain places stored up for this) and they cannot develop vaccines at the speed the US can.

8. China locks down. The whole lockdown serves two purposes; to test how far you can push the Chinese society until political instability happens while maintaining industrial production and to ascertain the R0 they can suppress by locking everyone up. The lockdowns fail when omicron appears, so the R0 treshold is probably around 20.

9. They roll out the mRNA vaccines as planned for 2025, and this happens:



10. By about January 2022 Russia realizes that NATO has no advantage in biological warfare defence. They deployed the vaccine twice (actually three times if you take the US and EU deployments separately) and it caused nothing but a huge spike in mortality twice. Knowing this, they start the Ukraine war in February 2022.

All of this is pure speculation of course, but to me, this is the version of the story of 2020-2023 that explains best what has happened over the last few years. In short, we are in a biological weapons arms race and the first testing of the shiny new weapons started in sometime late 2019. Also, much of this was hinted at by Dr. Peter McCullough in a recent interview on the Quoth the Raven podcast:

https://quoththeraven.podbean.com/e/quoth-the-raven-321-dr-peter-mccullough/

9. What comes next?

Well, your guess is as good as mine, but I believe the US military-industrial complex are now recognizing the nothingburger Big Pharma handed over them. And this is a HUUUUGE problem, because this means the US and its allies do NOT have an advantage in biological warfare. This makes the original plans for 2025 null and void, not to mention any further biological weapons development VERY risky. Now, of course we have MABs, but those take longer to develop and do not provide a one-trick pony defence platform for all diseases unless you develop as many MABs as many viruses metagenomics manages to identify from random biological samples from mammals (and that is probably up to 5-10000 by now). Obviously, we now also have one proxy war flaming up after the other: Ukraine, the Middle East, Haiti just starting and probably Taiwan sometime in the next 2 years. Will someone try biological weapons again in this? Who knows?

10. Strategy recommendations when disease X hits

So, since our "buddies" at the WEF keep hinting at "disease X" we know that they are probably planning to release something new at some point. The greatest risk is that they come out with something much more nasty than the accident in late 2019 and they also believe their defence platform will actually work this time. Then it fails again and… massive depopulation globally. I know some of you will say, that will not even be unintentional, and you may even be right.

So what can we do on an individual level to avoid us being unprepared next time? Well, I can tell you all the things that worked for me first time.

A.) Ascertain the risk

Ideally you should know what the R0 and the IFR are on the new disease and perhaps even more importantly, who are vulnerable to it and if you are among them. R0 was reported adequately and so were the risk populations, but they did lie about the IFR in the beginning of 2020 to make the whole thing more dramatic than it really was and thus be able to rehearse the whole mRNA vaccination scene as planned for 2025. All I can say is, try to stick to relatively reliable sources. I found the Swiss infectiologist society to be reasonably reliable for instance. I have published their table for vulnerable groups in my first letter about covid to Capex, you can look it up in the archive.

B.) If you HAVE to comply, look for USELESS but HARMLESS vaccines

So, this requires a bit of explanation from my part. I contracted covid at the end of 2020, when there were no vaccines available. By about April 2021, since I was working in active medical care in several countries (mostly Switzerland at the time) I HAD TO pick a vaccine. I knew I had good antibodies because for a time I had my antibody levels tested every month (there was a time you could get away from the vaccines if you had the infection and you could prove reasonable immunity with antibody levels). So I chose a conventional vaccine that I knew will do nothing (since I already had immunity) but will be relatively harmless (except for the heavy metal salts they use as adjuvant in conventional vaccines of course).

Three vaccines came into question:

I. Sinopharm (inactivated viral hull vaccine)

II. Valneva (the same as Sinopharm but from a more trusted European company)

III. Novavax (protein vaccine with biological adjuvant)

So at first I took 2 shots of Sinopharm, then when they demanded 3 shots (because mRNA vaccines did not work after 2 shots and they just wanted to increase the dose hoping it will work this time), I took a 3rd shot of Sinopharm, then when they unfortunately revoked Sinopharm`s allowance in Europe, I took two more shots of Novavax. Valneva never received the allowance in time in Europe, despite very good recommendations from several medical societies (including Germany`s STIKO). So I was vaxxed 5 times altogether, but dit not have a single shot of their mRNA crap.

Obviously, if you do not work in medicine, your options could be different. You could pay someone to give you a saline shot instead of whatever gene therapy they cook up in the next round. You could get a false certificate or if you are not at risk, you could consider getting the disease and then getting immunity the natural way.

C.) Look for FAILSAFES (brought to you by Big Pharma)

In short: **Anything that has VIRIMAB at the end of its name is something you want to know about ASAP.** Then you want to know what it was developed for, how it works, who got it (hint: if politicians get it, you want it, period). You do not have to blindly take whatever monoclonal antibody comes around, but it may be prudent to get a dose or two of these for emergencies. Sotrovirimab, the MAB we used after the appearance of omicron could be applied via intramuscular or subcutaneous administration, so you could actually give it to yourself if the the isht hits the fan and you have a dose or two in your fridge. I suspect there will be leaks, and there will be ways to get the failsafes during the next round. Regen-cov was available in US pharmacies for something like 10 USD, so it was relatively easy to get it in many places.

So this is my thesis about ONE possible explanation about the Covid fiasco. Please see the references, the ones I really recommend watching are the podcast on Sam Harris about the metagenomics programme with the 25,000 viruses and the podcast on Quoth the Raven with Peter McCullough.

References:

1. Japan and biological warfare against China in the 2nd world war: https://allthatsinteresting.com/unit-731

2. The Allies`strategic bombing paradigm to demoralize Axis populations: https://en.wikipedia.org/wiki/Strategic_bombing_during_World_War_II

3. Tucker Carlson interview with Putin: https://www.youtube.com/watch?v=fOCWBhuDdDo

4. The Human Genome Project: https://en.wikipedia.org/wiki/Human_Genome_Project

5. Metagenomics: https://en.wikipedia.org/wiki/Metagenomics

6. Recipes for future plagues: virologists about the project aiming at sequencing 25,000 viruses: https://www.youtube.com/watch?v=Lr28XeVYm8U

7. Victora Nuland testifies before Congress: https://www.youtube.com/watch?v=ydSf57SRtcQ

8. Biosafety levels in labs: https://en.wikipedia.org/wiki/Biosafety_level

9. Zolgensma: https://en.wikipedia.org/wiki/Onasemnogene_abeparvovec

10. Monoclonal Antibodies https://en.wikipedia.org/wiki/Monoclonal_antibody

11. Peter McCullough explaining the rehearsal in 2025: https://quoththeraven.podbean.com/e/quoth-the-raven-321-dr-peter-mccullough/