

Covid-19 Ilseadora Laker

COVID-19 Part I

Over the last month I have received countless e-mails asking what the COVID-19 “pandemic” is all about so I thought it might be a good idea to blog about the topic rather than to explain what the GNM slant is on the subject to each and every one that asked the question.

Thankfully a friend sent me some links as to what was happening in Wuhan city with a population of more than 11 million people, at the beginning of February which helped me to understand the political climate in that region that might have been responsible for a “fear of aggression” that affected thousands of people and then became resolved at around the same time.

For those of you that recently came across Dr. Hamer’s work but know that some conditions occur in the healing phase of a conflict, this is such a manifestation.

The conflict

Essentially when an individual has a fear of an aggression against them or their loved ones, they go into a “high alert” or fight or flight situation. In men we call this a “territorial fear” conflict involving an aggression from the outside, and in women it has more to do with their “nest” which we consider the inner territory. Dr. Hamer describes this reaction in the male realm as a response to try to protect his environment from external forces whereas the female reaction mostly has to do with making sure that the nest is protected.

It is during this fight or flight situation that specifically the bronchial lining begins to ulcerate. Biologically this is significant because that process allows oxygen to get into the lungs in greater quantities through this ulcerative widening of the tissue to help facilitate the necessary fight or flight response.

What happens physically?

This “fear of aggression” can last for weeks or months and in some cases years, so when the resolution to the conflict presents itself, the ulcerated bronchial tissue begins to repair creating inflammation in the bronchi and flu like symptoms begin.

In most cases we are looking at a fever, but in this case the fever is not from microbial activity, it is because the bronchi are “wired” to the sensory cortex in the cerebrum where fevers are part of the healing process in the majority of conditions controlled by that part of the brain.

Along with the fever, there is fatigue which is also part of the healing phase of most conditions. Then of course we have muscle aches and pains which in the GNM we attribute to the fight or flight response, “we have to get out of here to save ourselves” which they were not able to achieve at the moment of the conflict shock.

In other words, muscle aches and pains are the result of a “self – devaluation” aspect of the conflict scenario. Then of course the cough begins, meaning that the full healing/ repair phase is in progress in the bronchi.

The first week is usually the worst but depending on what else is going on in the individual it can extend into the second week before fever and the muscle aches and pains abate.

Pneumonia

The majority of these respiratory healing phases normally last 3 to 4 weeks maximum before symptoms disappear. However if we have another active conflict that is affecting the kidney collecting tubules, which is a survival mechanism involving fluid retention, the lungs begin to fill with fluid in this particular healing phase of the bronchi which transport oxygen into the lungs. This is what causes pneumonia.

The kidney collecting tubules will conserve body fluid in a reaction to a “threat to one’s existence”. This reaction is a survival mechanism because we need water to survive. We can go without food for a couple of weeks but without water we dehydrate very quickly so in a situation such as this our bodies conserve what is already there.

In the GNM the kidney collecting tubules react to abandonment/ isolation, refugee and existence conflicts so it is always important to figure out the kidney conflict to prevent this complicating factor from creating a more challenging healing phase.

This conflict can be pre-existing or it can begin on the diagnosis of any given “life threatening” illness which in this case is the possibility of having the corona virus.

A signal that the kidney collecting tubules are in “survival mode” is a dry mouth and thirst and the necessity to drink as much as possible.

The problem with this is that when we are in a healing phase the excess fluid will go to exactly that part of the body that is experiencing the healing. In a respiratory healing phase, the lungs fill with fluid. This is what is called pneumonia

I realize what I am describing sounds complex but it really is quite simple. The fact remains that any respiratory inflammation that is compromised by kidney collecting tubule conflict activity is going to present itself as pneumonia.

However traditional medicine, especially when it shows up suddenly in as little as 10 people in any community will call it an epidemic and blame a virus which traditional medicine has been lead to believe is the cause of these respiratory manifestations.

When it appears in hundreds or thousands of people either in a single country or globally it is called a pandemic.

How is a virus diagnosed?

Before we go there, I need to explain that viruses have never actually been seen under an electron microscope or have been isolated and photographed.

Since this “belief system” is very difficult to break down and is never questioned by anyone studying medicine, be it traditional or alternative, I have to refer to the work of Dr. Stefan Lanka a German virologist and biologist who actually discovered the first and only virus that was successfully visualized under a microscope. However it was seen within a

sea algae not in a human or animal. What is more important is that he discovered that the sea algae and the virus had a “healthy” relationship and there were no destructive or toxic reactions between the two entities.

Dr. Lanka also won a ground breaking argument in the Federal Court in Germany 4 years ago where it was declared by the judge after having seen all the existing scientific evidence that was provided by Dr. Lanka, that the Measles virus has never been proven to exist.

As a scientist Dr. Lanka was so sure of the fact that the Measles virus didn't exist that he offered 100,000 Euros to anyone that could prove otherwise. Subsequently he was taken to court by a medical student who claimed that Dr. Lanka had no evidence of what he was saying and that he owed him 100,000 Euros. Of course the case went to court and Dr. Lanka won.

That leaves us with the question of what these images refer to if they are not viruses. The majority of the images in both medical books and on the internet are CGI, this is especially true if they are coloured. However these days technology has found a way to allow colours to be imaged from a photograph taken with an electron microscope. Nonetheless it is not what it is said to represent, be it coloured or in black and white.

These images are very convincing especially if they are labeled as Hepatitis, Polio, Measles or HIV etc., but on closer examination it has never been stated that the pictures shown to us are in fact viruses however they are labelled as such to lead us to believe that they are responsible for a “condition” that is hypothesized to be the result of a virus.

What is it that they see under and electron microscope?

Since a virus has never been visualized under an electron microscope a methodology had to be devised in order to “extract” substances which were supposedly the result of viral activity.

Let's use the example of Polio which was supposedly the first virus identified and then photographed under an electron microscope. What we are shown are in fact “artificial particles” which involves the complex process of suctioning an indifferent mass through a very fine filter into a vacuum which is then photographed. It is not something that is actually seen in the blood or in a tissue sample!

This form of research is highly contaminated and yet it is accepted and published in the scientific community. The question is why? Is there an agenda?

COVID-19 Part II Testing for a virus

Of course knowing all of this prior to the “outbreak” of the so called corona virus I had to look at what kind of testing methods that are used to confirm that an individual actually does have the virus.

I was not surprised when I found through my research that there were already testing kits available for this so called virus through the FDA in the US since mid 2019.

Hmmm, was this “outbreak” anticipated? This smells of the same conspiracy theory around the AIDs epidemic in the 1980’s which was another virus that has been impossible to identify under an electron microscope...but that is for another blog.

Needless to say, China was unprepared for this and did not have anything in place to “diagnose” what was causing this massive health crisis. However, since the FDA already had testing kits for such an event they became the supplier of these kits to China.

Again, since a virus of any kind has never been isolated they had to come up with different forms of testing which in this case involved the use of DNA sequencing through either the blood or saliva samples of the afflicted individuals.

My question is if they have never identified any kind of virus under a microscope how is it that they have the DNA sequencing for it?

What does that really indicate? Essentially what they say they are able to determine are “markers” but then we have to ask “markers for what” especially if nothing has been isolated in way of a virus!

Again we are faced with another hypothesis that really does nothing to help the sick individual, but down the line, I’m sure they will come up with a vaccine against something they haven’t been able to isolate.

Unreliable testing

Where this testing method is concerned, it actually turned out to be highly unreliable. There were many false positives. As a result they had to find another way to diagnose the coronavirus in anyone that had flu like symptoms or even just a cough so they turned to existing technology, the chest X-ray and the CT.

The bottom line was that anyone who had fluid in the lungs was designated as being suspicious of having the virus and was immediately quarantined.

This was also when the numbers of “affected” individuals rose dramatically within a span of a few days. The question is, did they all have the so called virus or were some of these people experiencing bacterial pneumonia or heart failure since those conditions also involve fluid in the lungs?

Mortality rate

Since I am a Torontonian and have lived here most of my life I was witness to another kind of so called corona virus outbreak that was designated as SARS. This was supposedly another virus that originated in China and it began with one airplane full of people returning to Canada via Toronto from China.

Since I was already involved in the GNM for 10 years I began to pay attention to what was said, how the general public reacted, how the news media handled it and then began to look at the statistics regarding the mortality rate. Even then they had never isolated the corona virus that was apparently responsible for SARS.

By the way the corona virus is supposed to be derived from a “cat virus”, another hypothesis that was never proven.

At any rate, I was not surprised to find that the mortality rate was no higher than any other so called flu season. When I did the calculations it was 2.1% of the people that had been diagnosed with SARS which was exactly the same as in all other flu seasons.

Needless to say this was also the exact mortality rate at the beginning of the COVID-19 outbreak. However when the “new and improved” testing method of using CTs of the chest was implemented the mortality rate also increased because it was no longer just people with the flu, it also included other conditions that were “suspicious” of being related to a virus.

Even so, those that succumbed to the so called virus or rather those that will likely succumb to any flu symptoms are the elderly, those that are weakened through other predispositions such as heart conditions, kidney conditions or people that are malnourished. It's also a known fact that people taking opioids for chronic pain are at risk of eventual respiratory failure because opioids suppress the respiratory system.

What group was not affected?

When I read this tidbit I had to say I was not surprised. The news from China last week was that the only group of people that were not taken ill by this so called virus outbreak were children. How is this possible given the fact that no one was "immune" to this virus that has been "transmitted" to individuals globally?

Within the context of the GNM this is not surprising because children are protected from "political" issues by their parents so naturally they would not have the same kind of territorial fears.

The conflict in Wuhan

Since Wuhan is such a huge area it is difficult to really pinpoint not to mention that any news from China is also going to be controlled. The information I received was difficult to come by. After all the Chinese are very protective of what kind of news they allow into the common domain.

That said, when I was presented with various articles it began to make sense.

The following was taken from the "Bloomberg Report" dated January 23rd, 2020:

When Premier Li Keqiang declared a "war against pollution" in 2014, a few hundred residents of the city of Wuhan in central China took it as a cue.

They printed Li's words on a six-meter (20 foot) banner and protested outside a foul-smelling incinerator plant they feared was causing illness in the community. Buoyed by the conviction they were answering the leadership's call, the residents were instead harassed by local police officers who tore down the sign and trampled on it.

“We were worried and angry when we realized what was causing the stench and making our kids sick,” said Zhang Xijiao, 44, who was detained for a week for making the banner. “But we are like ants, the local government can crush us as they please.”

The episode kicked off a six-year fight that has seen Zhang harassed and monitored by the local authorities, with no sign that the government plans to relocate the incinerator despite their repeated petitioning and posting on social media about the pollution.

The fact the issue is championed by the most powerful Chinese leader since Mao makes it all the more delicate, prompting local officials to try and silence activists who could expose environmental degradation happening under their watch.

In September last year, a group of five residents made it to Beijing to petition officials—only to find that word had been sent on ahead. They were met at the train station by about a dozen young men dressed in black, who said they’d arranged for them to see some officials to discuss the issue, and ushered them into three cars. Instead of taking them to a government building in the capital, the cars drove them all the way back to Wuhan, a journey of more than 10 hours.

As the campaigning residents of Wuhan found to their cost, pushing back against the authorities is a serious matter. More recently they switched tactics to try and draw the central government’s attention to their plight. But according to Zhang, Wuhan officials have blocked their attempts to reach Beijing, monitoring when they book tickets to travel to the capital.

Zhang—who spoke before the current outbreak of an unrelated virus in Wuhan—reserves her scorn for the local authorities and what she regards as their lack of willingness to protect people’s health. “The unexpected kidnapping made me lose faith again in the local government and how unreasonable they can be,” she said.

The resolution

China’s 1.4 billion people produce growing mountains of trash that urgently need to be dealt with. According to the Ministry of Housing and Urban-Rural Development, the volume of treated domestic garbage in urban areas reached 215 million tons in 2017. State media often cite a figure from the

Urban Environment and Sanitation Association of nearly 1 billion tons of waste each year.

A pilot recycling program took effect in Shanghai in July that will expand to 46 mega-cities by the end of 2020. The results so far have been mixed though, as the four-tier, color-coded garbage sorting law stumped residents. Until recycling takes off, landfill or incineration remain the only ready alternatives.

By December, the site was overgrown with weeds and the red ground largely deserted. A worker gathered what few materials remained, saying he'd been told to put them away until a decision was made on whether to proceed with the project.

He said he'd rejoiced at news of the plant's suspension, adding that it should never have been built so close to habitation.

In conclusion

It is a known fact that China has a history of using strong arm tactics to control the population. As you can read here it not only applies to political views but also to environmental issues.

In this particular case people feared for their lives because of their protests against an existing incinerator plant that was of a grave environmental concern for the population.

On top of that at the end of June 2019 it came to light that another incinerator was to be built on top of land that had been promised as a park for residents in that area.

These kinds of plants are responsible for emitting substantial amounts of carbon dioxide, nitrogen dioxide and sulfur dioxide which not only affect Wuhan but can also float on air currents across the Pacific and reach as far as the US.

The initial fear may very well have been around the toxic waste incineration plants but then extended into the fear of retaliation of a more physical nature when people actually began to protest at the end of June 2019.

The resolution came on the closing of such a site "until further notice" in Wuhan region. Needless to say residents breathed a sigh of relief.

Global pandemic

I must say that over the years I have become quite cynical about these events and always look for the agenda that lies beneath. The WHO apparently lives in the pocket of big pharma and is responsible for a great deal of fear mongering and the general population just laps it all up.

If only people would get their faces out of their cell phones and devices and look up once in a while to see what is really going on in the world, they might begin to see things more clearly.

Most people are in a state of hypnosis induced by their devices and when they are constantly in that state, they no longer think for themselves or question what is going on in the world. They simply agree with what they are told. "If it's on the internet it must be true".

It has become evident to me that the scientific community turns a blind eye and doesn't question the methodology that is used to determine the cause of so called infectious diseases.

If they do question it, they are called quacks and dissidents and attempts are made to discredit them by destroying their reputation. Of course our dear Dr. Hamer was a victim of the scientific community for more than 35 years because he challenged the existing medical paradigm.

It is clear to me that we are all being manipulated by "the powers that be" and that they have their own agenda to control the population one way or the other. This is the real pandemic and it's about time people began to question everything.



COVID-19 Part III – A Little Science

March 19th 2020

Since I wrote the last 2 blogs the world seems to have gone mad. There is so much hype and unnecessary panic globally that it has boggled my mind. Yes you heard right “unnecessary”!

Those of you that understand Dr. Hamer’s 5 biological laws know what I mean, but at the same time you probably also admit to buying into the hype. That’s because you were programmed from childhood for this particular moment in the history of planet Earth.

The world we live in has changed overnight. Nothing will ever be the same because now “they” have control over us. As we speak, more legislation is being passed to solidify that control and the bottom line is that this is all about money and power and diverting finances into areas we have no control over.

This is not and never has been about “containing” the spread of a virus. It’s about an opportunity to make life altering changes for each individual globally. My worst fears are coming true as we speak.

However I still think there is time for us, through knowledge and awareness to prevent the catastrophe that is about to happen. In this case I am talking about our freedom and a campaign for mandatory mass vaccinations. But before I go there I have to fill you in on how this is being perpetrated.

To do this I have to go into the history of medicine and the existing germ theory. I will begin with Dr. Lanka's explanation of how Robert Koch the German scientist who tried to prove that a microbe can be transmitted from one creature to another, conducted his experiments. He failed miserably and was actually run out of Germany until "the powers that be" saw that this theory could be of some benefit to them politically.

In the words of Dr. Stefan Lanka on bacteria experimentation:

"Bacteria will produce toxins but only in a dead body. They survive in an aerobic environment such as the intestinal tract which when the individual or animal dies is deprived of oxygen. However only a few will survive but only if they can manage to change their metabolism and only then do they become toxic.

FACT: bacteria are not identifiable in a test tube. Only 2% of all bacteria are able to be cultivated and multiply. If a bacteria is extracted and cultivated in isolation it loses its properties after a short time and won't survive so to work with them, large quantities are frozen which constitutes a massive intervention and doesn't represent their behavior in nature.

During experimentation it was observed that the bacteria, even though some multiplied that they were unable to produce toxins in a living host. They only produced toxins in a dead host.

Then an attempt was made to inject the bacteria into a different host but they failed to make it sick. The only success they had in killing the host was when they injected these cadaver toxins into live mice. After that they took an organ from the dead mouse and transplanted it into a living host which then also dies.

The fact is that these living creatures die more so from the experimental process than the toxins from the bacteria that they were injected with."

Dr. Lanka on the isolation of a virus:

"Samples are taken from the "infected" person or animal and are placed with a "cell type" that the virus is being tested for which is usually foreign genetic material and is artificially introduced into the cell. This is called transfection. If the cells show changes known as cytopathic effects meaning structural changes in the host cell then the culture is deemed as "positive for a virus".

Most current testing is done on chicken eggs containing chicken embryos, which is the same method Robert Koch used to inject cadaver toxins into live creatures. In this case they take samples from the “affected” person or animal and inject it into the chicken egg and depending on how the embryo dies it is proclaimed that the virus is found.

Then it is claimed that the virus has been isolated. The problem is that there is never a control group so even if a sterile solution is injected into the egg it will also die.

The current photographs of viruses found in medical books or online are all either CGI (computer generated images) or only a mixture of fats and proteins which are then shaken in an ultrasound bath and then visualized under a microscope. However it is observed that they have no nucleic acid and decompose quickly. Also they are of different sizes. Clearly this is fraud.”

Currently in Canada

“A Canadian company says it has made a breakthrough in claiming to have developed a COVID-19 vaccine candidate that could begin human testing as early as this summer.

Quebec City-based Medicago said it has produced a virus-like particle of the novel coronavirus, a first step towards producing a vaccine, which will now undergo pre-clinical testing for safety and efficacy.

The biopharmaceutical company said it was able to create a vaccine candidate quickly as it used a plant-based platform, not chicken embryos, to help grow vaccine proteins.

“We have a [seasonal flu vaccine] that is currently under review with Health Canada, and the [technology] we are using for this COVID vaccine is exactly the same.

*Dawn Bowdish, Canada Research Chair in aging and immunity at McMaster University, said the company’s **ability to grow virus-like particles in plants** has helped it produce vaccines in the past against influenza, including a vaccine candidate against H1N1 in 2009.*

“A virus-like particle looks like the outside of a virus but doesn’t have any of the genetic material on the inside,” said Bowdish, who also sits on the scientific

advisory board of Medicago. “It doesn’t cause infection but looks really similar from your immune system’s perspective.”

Although this was “good news,” Bowdish cautioned that most vaccine trials fail and in 17 years there was never a vaccine fully developed for the SARS outbreak.

“It’s unlikely there will be a miracle drug,” she said. “But Canada has had some incredible successes creating vaccines very quickly. We had huge success with the Ebola virus.”

Now that is interesting about “virus like particles” so that means they are in fact admitting that they have NEVER actually isolated a LIVE virus....not to mention the success with the Ebola virus...especially since it was discovered in the very beginning some years ago that the water sources in the affected villages had been poisoned with formaldehyde. If you look at the Ebola symptoms you will see that they are the same as formaldehyde poisoning.

Back to the history books, some interesting facts about Pasteur

Along with his research journals, Pasteur kept a personal diary which was never to be opened and remains in his family. However his descendant gave his files and diary to Princeton University which since then have been opened. It was then discovered that Pasteur admitted to committing fraud in all his undertakings. But he was humane enough to document his deceits in his personal diaries parallel to his primary lab books.

He requested that these records must never be publicized. His family naturally obtained great wealth. But the last male descendant of Pasteur didn’t obey his final request and gave the records to Princeton University and in 1993 Professor Gerard Geisson published an analysis in English that revealed that Pasteur had committed massive fraud in all his studies. For example, vaccinated animals, if they survived, had not been subjected to experimental cadaver toxins but the control group animals that died without vaccines died of this kind of poisoning.

So he actually admitted to falsifying his findings. The problem here is that today’s world view on pathogens is based on fraud, hence vaccines are promoted so that we “build our immunity” to these so called pathogens.

Now that I’ve presented some very interesting facts, we have to look at what is really going on.



COVID-19 Part IV – Statistics in Perspective

March 20th 2020

Since my first blog on this topic I have kept a close eye on the statistics related to so called “infected people” and those that have died during this outbreak and I have to say some very interesting facts have emerged.

Of course during this time I have received countless reports from everywhere so it has taken some time to review everything and to gain some perspective.

Generally speaking, the mortality rate globally has been 4.1% of 244,500 diagnosed cases, with Italy as the main contributor to this rate coming in at 8.2% so we need to examine closely how and why this is happening in Italy. Especially now with China not reporting any new cases and South Korea reporting a decline in diagnosed cases.

Originally the death toll was at the usual 2.1% for any given flu season regardless of which country was experiencing it. However when the numbers came in from Italy it doubled.

Currently in Canada, we have 873 diagnosed cases, with 12 that died which is 1.4% mortality rate. In the USA, there are 11,000 diagnosed with 178 dead and a mortality rate of 1.6%. These numbers are actually less than what we expect in way of a mortality rate in any given flu season.

I’ll get to “how” people are diagnosed later in this blog but first we must look at why this happened in Italy. In my first blog on this subject I mentioned that

although it was difficult to ascertain the collective cause of the shock the population in China experienced, we did manage to make some sense of what was going on prior to the onset of this situation and what was resolved just shortly before the so called outbreak. Please refer to my first 2 blogs in this series.

[COVID-19 Part I](#)

[COVID-19 Part II – Testing for a Virus](#)

Treatment for COVID-19

The subsequent antiviral “treatment” Italian patients are getting may be responsible for the accelerated death toll. Which from my perspective as a former consultant in alternative medicine makes a great deal of sense because we are looking at the side effects and interaction of drugs that are given to elderly patients with a severe flu that already have predisposing medical conditions such as heart disease, diabetes and high blood pressure which they are already getting medication for. So along with the flu we are likely looking at a severe case of drug interaction in elderly patients.

What I found surprising was that the drug of choice in China called “Chloroquine (Aralen)” is actually an anti – Malaria drug which is a mosquito borne disease caused by a parasite.

More recently in Italy an anti – viral drug called “Ribovirin” was used where the side effects include liver and kidney impairment and severe anemia. It is actually used for treatment in Hepatitis C.

Also, when I looked at the average age of patients that were succumbing to the flu in Italy they were 81.3 years old indicating that they already had some health challenges prior to developing the flu.

The collective conflict in northern Italy

Thankfully I know someone who speaks Italian that has been doing research in all areas involving the outbreak which is primarily in northern Italy. From the GNM perspective it makes perfect sense.

Codigno a major agricultural region located in northern Italy has experienced several severe climatic changes over the last few years from extreme weather, including several damaging hailstorms, heavy rainfall, insect infestations and damage from wild animals likely looking for food in these extreme environmental conditions.

Codigno's agricultural area took an excess of a costly 11 million Euro hit between July and August of 2019 then the devastation continued through October of last year. That means the livelihood of farmers in that region was dramatically affected by what they experienced.

Their particular resolution came when the recent financial numbers came in at 800 million Euros from agricultural production from the region despite what they experienced last year.

Other geographic areas in northern Italy that experienced "pockets" affected by the flu were located right next to the Po and Dora rivers which also experienced devastating flooding over the last year as the result of climatic changes. It was so severe that more than 210 mm of rain fell in October over 3 days and another 110 mm in November over the same period of time. The property damage was horrendous. Scientists called this a "major anomaly".

I can very well imagine the relief everyone experienced after the big cleanup and a normal existence returned to this region.

The threat to their existence

What I find interesting in both the scenarios between China and Italy is that they also experienced a "threat to their existence" conflict which will put them into the kidney collecting tubule syndrome which is what creates a fluid retention in the organs, in this case it is the lungs that are undergoing the healing phase of a conflict that will present as "pneumonia".

To add to this we must also consider that the people of that region in Italy collectively experienced a water/ fluidity conflict simultaneously which actually means that not only the kidney collecting tubules were affected but also the renal parenchyma which is responsible for renal hypertension (high blood pressure). I'm sure that this likely exasperated the existing condition in a senior. Add to this the anti – viral drug Ribovirin and we are looking at a lethal mix.

I realize this is a lot of information, even for the well informed GNM student, however as I began to muddle through all the data I received, a clearer picture began to emerge.

Now we must look at cause and effect not to mention the current testing methods that are being used to diagnose this “novel” corona virus.



COVID-19 Part V – The Agenda

I have to say I was never a conspiracy theorist until I entered into the world of GNM. Having known Dr. Hamer personally and hearing his stories about everything he had to endure as a “medical heretic and dissident”, not to mention all the attempts on his life, there had to have been something to it.

In my research on the virus theory and having read everything possible that Dr. Lanka offered, I had to take the possibility of a viral fraud perpetrated by medical science and the pharmaceutical companies very seriously.

The question now is not whether there was a fraud but rather why at this time in our history fraud is being practiced globally with no attempts by anyone in their field, never mind the media to keep people calm. Instead minute by minute they are adding to the hype and fear.

When I go shopping I see the terror on some people’s faces and they look at each other suspiciously as if to say “are you a carrier?” Then of course I see the look on the faces of individuals that are given the task of wiping down everything we touch while shopping.

When this all blows over, these are the people that will get the flu in “the second wave” which has already been announced will happen before the fall.

In my research over the last few weeks I have come across some very surprising facts but in the last 24 hours I have been personally shocked by the revelations of other credible people around a conspiracy theory that is in no way connected to knowing anything about Dr. Hamer and or Dr. Lanka.

Here I am talking about the mainstream financial news and one expert in particular Martin Armstrong famously known as “The Forecaster” who sent several notifications out yesterday alone.

In this link he addresses President Trump and urges him to look at questioning the suggestions of his financial advisors and allowing the interest rate to go down to almost nothing. <https://www.armstrongeconomics.com/armstrongeconomics101/opinion/asking-for-your-help-forward-this-letter-to-whomever-you-may-think-will-help/>

Then this post came in regarding the actual numbers of people affected in comparison to the hype around it.

<https://www.armstrongeconomics.com/international-news/disease/the-wong-conspiracy-the-virus-is-the-bait/>

This last link is about the bottom line and ultimate agenda.

<https://www.armstrongeconomics.com/world-news/conspiracy/are-the-planning-id2020-as-mandatory-implants-for-all-as-the-solution-to-the-crisis/>

Did you know that in 2010 President Obama tried to pass a bill involving the chip implantation for Obamacare? It has already been proposed and is in its experimental stage using military personnel. It looks like the rest of the population is next.

It has already been proposed, it just needs to be passed by the US senate and when a “national emergency” has been declared as the result of the so called pandemic they can pass and implement this law overnight.

To make us comply, first a pandemic is created, then a law regarding mandatory vaccinations is passed which must then be carried out “or else”.

The vaccinations will be used for injecting nano particles that are easily tracked with the current technology the same way we can track our phones, which was really the first step to our enslavement.

One of the creators of this technology is Bill Gates who is also a great supporter of implementing this technology. Apparently Gates left his position as CEO from Microsoft only a couple of weeks ago. The question is why? Is this about the ID2020 implementation? Watch the videos and look for the hidden agenda and HOW this is going to affect each and every individual on the planet.

Then there is the current testing method to determine whether an individual “has” the corona virus which really involves taking a swab of the upper nasal pharynx for a sample of the mucus in that area.

Since I already mentioned that the current testing method for this so called virus involves DNA sequencing we really have to look at what this means. Is it smoke and mirrors for collecting our DNA and putting it in their files? After all, the individual is giving their consent.

What “stinks” in the entire methodology, pun intended, is that since it is IMPOSSIBLE that an actual virus has EVER been isolated then where are they getting the corona virus DNA from in order to make a vaccine never mind a test for it?

If you remember in my first blog on this topic I mentioned that the testing kits were ready for use in the summer of 2019 6 months prior to the epidemic in China. How is it possible to have thousands of such testing kits available and ready to go without isolating a virus that hasn't shown itself as yet?

As I'm writing this blog, the latest comments coming from Martin Armstrong about false positives arrived in my mailbox. Please remember he does not know anything about the

GNM. <https://www.armstrongeconomics.com/international-news/disease/why-we-should-not-test-everyone/>

I'm sure you are all asking, now that I have presented all this information, "where is this going and is there a conspiracy to control the population globally?"

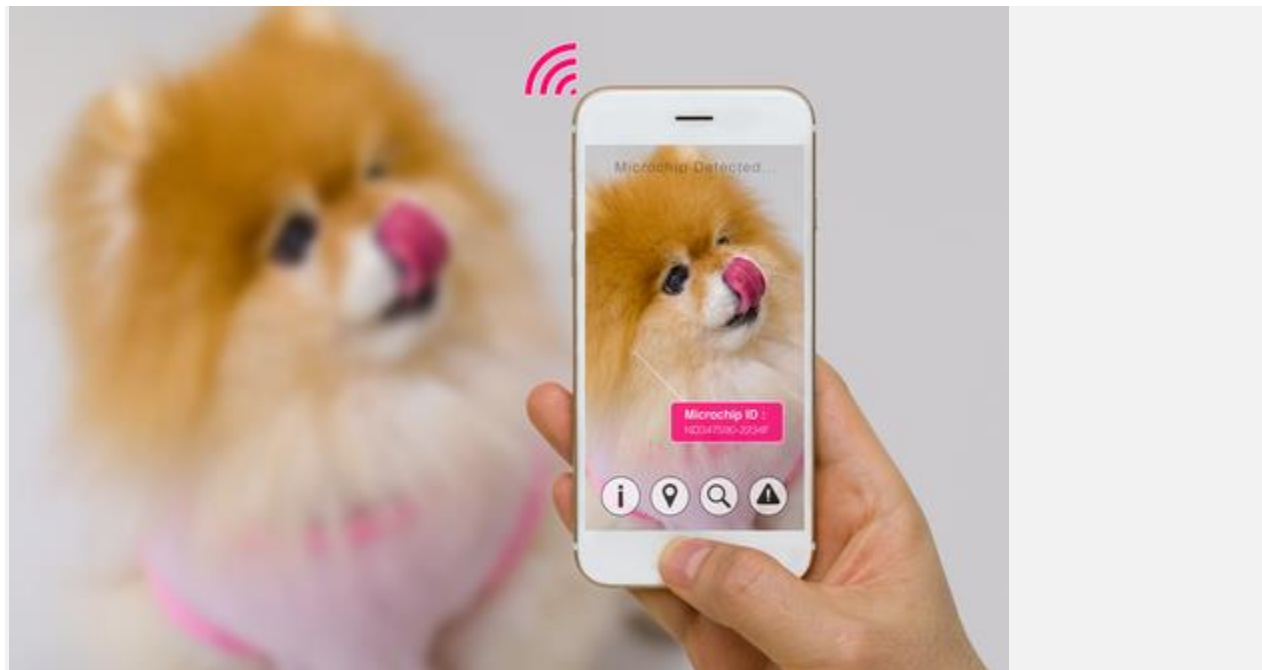
Personally I say yes. The evidence is growing and is becoming overwhelming, not just through "alternative" web sites but through mainstream media.

I believe that the measures being taken to "control a pandemic" are so unreasonable and extreme that ordinary people that have never believed in conspiracy theories are beginning to awaken from their sleep. I hope it continues because the survival of life as we know it is at stake.

I hope people will begin to take their heads out of their devices for a few minutes each day and contemplate what is going on in the real world. Once we recognise that our current technology is the first step to enslavement we will have a chance.

We are already being tracked through our phones and androids but we can turn them off.

Nano chipping is for the rest of your life.



There is a very concerning proposal running around in Washington. The technology already exists for pets which is an **electronic microchip** or

transponder. A subcutaneous **electronic microchip** allows you to identify your pet. It is no larger than a grain of rice and only takes a few minutes for your vet to insert. A transponder does not emit any electric waves once inserted.

The proposal is a digital certificate that verifies if you have been vaccinated and was developed by MIT and Microsoft. They are looking at merging this with Bill Gates' [ID2020](#). It is entirely possible that this scare has been a deliberate plot to get people to accept these digital implants. Refuse, and you will be prohibited from social gatherings. Like 9/11 conditioned us to be x-rayed before entering a plane, now the next stage is to embed digital markers that they have been using in dogs and cats.

Bill Gates has sought to impose mandatory ID chips in you. He argues that his idea is not an infringement on privacy.

Price Waterhouse is all for ID2020 to forcibly install digital chips into all of us.

Politicians will never let a serious crisis go to waste. They love crises because they will always present the opportunity to do things they never believed they could do legally before.

Martin Armstrong



The United Nations' WHO is part of this ID2020. Scaring the world and making people feel unsafe unless they are certified not to have this coronavirus just may be part of the plot behind the curtain. I hate conspiracy theories, but this is in the open. The health industry is destroying the world economy and making people feel unsafe. Unemployment is skyrocketing as people lose their jobs and will be then conditioned that if they have been certified, then and only then will they be safe to return to the workforce.