ACTA SCIENTIFIC PAEDIATRICS (ISSN: 2581-883X)

Volume 4 Issue 5 May 2021

Perspective

Gain of Function/Loss of Sanity: Pandemics and the Rise of Medical Madness

K Paul Stoller*

Fellow, American College of Hyperbaric Medicine, USA

*Corresponding Author: K Paul Stoller, Fellow, American College of Hyperbaric Medicine, USA.

Received: March 18, 2021 Published: April 16, 2021

© All rights are reserved by K Paul Stoller.

Gain of function research in infectious disease is nothing new to the halls of "science." Perhaps, the most infamous example, albeit far from being openly acknowledged, is the HIV virus, which I assume was a very big disappointment to its creators as it took so long to kill its victims. Yes, the eugenicists among us have been up to mischief for a very long time. Before HIV is the even less known manipulation of the Borrelia bacteria (Lyme disease) as it was made more virulent in the hopes it could be a bio-weapon. Be that as it may, never before has humanity been subjected to the global destabilization program that COVID caused.

Our current dilemma was thoroughly war gamed and spelled out in great detail in a white paper prepared by Johns Hopkins: The SPARS Pandemic 2025 - 2028¹. This disturbing white paper is from 2017, the same year Dr. Fauci in the USA said the President would encounter a surprise pandemic. Yes, the funding source of the gain of function research in Wuhan was very confident there would be a surprise pandemic.

While the COVID virus was probably already in the human population by late summer 2019, the world knew of it in January of 2020, and that it was highly infective and associated with a high degree of asymptomatic spread. It is/was very problematic for those with low Vitamin D levels, the very old and the very fat as it turned out. China had been denying the virus was contagious for all of December 2019, and the WHO just parroted their misinformation at least until January when China admitted it was contagious.

Most of the presumptive COIVD patients I personally treated were in that month (January 2020). Shortly thereafter, govern-

ments around the world treated this, or were incentivized to treat the COVID outbreak, as if there had been a bioterror attack and seized unprecedented power attempting to lock everyone down (with a few notable exceptions). Never have healthy people been treated like this. These interventions were not just for those at serious risk, they were imposed on everyone, so businesses closed, schools closed, churches closed, sporting events canceled. We were told when we could leave home, attend funerals or visit love ones in hospital, and we were told we couldn't unless we were deemed essential. This was all planned out in their "fictional" white paper, but now the plan was going live. The medical marshal laws were worse in some countries and non-existent in others.

A year later not much has changed. Millions of jobs lost, tens of thousands of businesses closed, families torn apart, mental health problems, addictions, child abuse and suicides and "they" are still trying to follow the SPARS playbook seemingly oblivious of collateral damage and ignoring all the data produced over the last year showing how ineffective these draconian measures have been. Maybe not so oblivious - they knew what they were doing.

Certain countries clearly wanted to inflate their mortality rates for political, financial and social reasons... nothing to do with science or public health, so anyone who died WITH the corona virus was counted as having died FROM corona as if falling off a ladder was caused by having a corona virus. But that was just the beginning... since this "pandemic" wasn't actually increasing the overall mortality, "they" had to borrow from other diseases, so the flu completely disappeared - the millions of flu victims each year magi-

https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2017/spars-pandemic-scenario.pdf

cally became COVID victims, and COVID made a lot of cardiovascular disease and pneumonia disappear as well. It is really hard to know who actually had the virus because cases were being identified with the flawed PCR testing cycled to such a degree that clean swabs were testing positive along with fruit and goats.

A media controlled by multi-national mega corporations and their banking interests, coupled with very suspicious academic errors, ramped up public hysteria like the world has never seen despite data pouring in that the lockdowns were doing less than nothing. Early on I was interviewed by Bloomberg News and spent 2 hours explaining how we had to protect the vulnerable and promote the intelligent use of available treatments including Vitamin D, Hydroxychloroquine, (HCQ), zinc and other antiviral drugs known to have activity against corona viruses. I told the reporter I had had SARS-1 17 years earlier and recovered using methods to enhance my own immunity, such as the drug Isoprinosine that improves Natural Killer cell activity, garlic, oregano and vitamin D. But alas, it was a disdainful article used to ridicule those who thought anything other than a vaccine would get us out of this crisis. The reporter did quote me correctly, "Don't fear the virus," I said, "fear the CDC as they have become compromised".

The shameful war against HCQ is a perfect example of how the corporate controlled media revealed just how controlled they are. First and foremost, HCQ acts as a zinc ionophore helping the zinc get into cells... it was always about the zinc and not about HCQ as there are other zinc ionophores out there, such as quercetin, but this was about shutting down any potential treatment because a vaccine and only a vaccine would solve this pandemic and financially enrich those manipulating events.

So, a drug taken by millions of people worldwide for 70 years suddenly became very dangerous and physicians were prohibited from prescribing it in many countries. So, concerned "they" were that they had the most prestigious medical journals publish blatantly fabricated research articles showing HCQ was not efficacious. Articles quickly withdrawn it was so clear they were bogus.

Then there is Vitamin D. There is only one conclusion that can be drawn from an impartial review of the published science of how effective Vitamin D is in treating COVID, even in the seriously ill - not promoting and using Vitamin D was murder. Whether thru sheer incompetence or because an agenda was being put into op-

eration to facilitate a long planned economic "reset," oligarchs and plutocrats could now "build back better" (for themselves). None of this could be possible if Vitamin D was promoted as one of the most efficacious interventions for treating this infection.

In the USA, putting a COVID patient on a ventilator was literally the kiss of death, but it was worth \$40,000 to each hospital, but once intubated that patient was taking up the space available to another COIVD victim who could be intubated and make \$40,000 for that institution. I am not saying every hospital deliberately ignored the fact that 90% of those put-on ventilators died, or that this was the wrong intervention for all patients, but it was the wrong medical intervention for the vast majority. I am not saying every hospital opted for ventilators because it was worth \$40,000 to them, but some did.

Meanwhile, the gullible public was being fed fear-porn handover-fist until they believed getting the virus was a guaranteed death sentence. Why, because those running our public health bureaucracies were getting powers they had never had before whilst their well-financed puppet masters were making a financial killing on the corpses of others. Drunk with their new found powers (illegally seized in many locals) politicians and technocrats labeled anyone who questioned them as being anti-science, so they were censored, de-platformed, banned or arrested in some fashion. None of these heretics would be allowed to interfere with the "reset".

Send in the mRNA Gene therapy and call it a Vaccine.

With unfathomable amounts of liability free financial rewards driving the agenda that vaccines and only vaccines would save the day, it is important we understand what we do not understand about this intervention, because we don't understand a lot. The SPARS white paper made it perfectly clear the "vaccine" would cause serious neurological damage in the years to come, so serious it would bring society to its knees. According to SPARS certain individuals would be blamed, resign and apologies made for the medical holocaust.

It often takes decades to recognize a mistake has been made and even when recognized nothing is done to reverse the error. Bloodletting carried on for a century or more as standard of care even when it was known the science didn't support the practice. Historically, those who promoted science, as opposed to consensus stan-

dard of care, were treated poorly, such as the Hungarian physician Ignaz Semmelweis, who was murdered for suggesting obstetricians should wash their hands.

First and foremost, we have never vaccinated vast throngs of people daily without regard for who among them may be recently or currently infected (not that we are dealing with a vaccine – this is no vaccine). Nevertheless, the Dengue fever vaccine program in the Philippines showed when previously uninfected children were vaccinated it pathologically primed them for severe adverse events including death when they actually were infected by Dengue. Obviously, that would have required screening and we just don't serologically screen large populations for adverse event risk (costs money).

With the COIVD gene vaccine one concern would be for the previously infected who might be at risk for a systemic immunologic event at some point after getting the COVID vaccine. The appropriate thing to do is screen the public for those who already have natural immunity, such as using an antibody assay, and allow them to forgo the vaccine, but alas, that is not up for discussion. Since we don't screen the public in this manner common sense would call for a moratorium in vaccinating those with auto-immune disorders, history of an untoward adverse events following vaccines and people who already had clinical disease from COIVD.

No one should be forced to get a vaccine or lose their liberty and rights... if nothing else the current crisis has demonstrated that the Nuremburg Code and the UNESCO Human Rights Declaration just get ignored if there is a perceived crisis when they were created to come to the fore during a crisis not be thrown aside.

The current crop of gene therapy vaccines do not prevent transmission, and that is the 900-pound gorilla in the room, because a vaccine that does not prevent transmission is very concerning if for no other reason that should the vaccine perform as advertised, that is prevent mild COVID symptoms, people who would normally stay home or quarantine themselves will go out and spread the virus. Also, vaccine conferred immunity may be much weaker and much shorter lived than natural immunity, so it is possible that the vaccinated might actually prolong the "pandemic." Not only will people be told to get vaccinated twice a year and every year, this type of intervention against a fast-replicating virus could push the virus to select more virulent versions of itself, while had nature been allowed to run its course it would probably fade away as all the co-

rona viruses before it.

There are legitimate unanswered questions about the CO-VID gene therapy-vaccine roll-out that deserve transparency and public participation, but what we don't need are individuals with great financial interests in how to mitigate the pandemic making these public policy and public health decisions either directly or indirectly. The answer is not to censor critics, but have open discussions about how best to solve the current crisis. Corners have been cut, so to speak, to get these gene therapy vaccines to be used, and there are so many unknowns that there should be open discussions about this. Literally, everyone getting vaccinated now is part of an unsanctioned Phase III clinical trial, but without appropriate informed consent or appropriate follow-up or out-come measures. Considering the global scale, this is more inappropriate than the infamous Tuskegee experiment that the US Public Health Service carried out on poor black sharecroppers in Mississippi.

An appropriate Phase III clinical trial cannot be considered complete until subjects are followed for several years. Is there an example of the long-term consequences of a vaccine, Yes, and the most disturbing one followed 30 years of DPT vaccination in Africa using matched controls (oft referred to as the Aaby., et al. study). There was a ten-fold increase in overall mortality in children who had received the DPT vaccine compared to matched controls. Is the vaccine still being used? The disturbing answer is yes, and we should be asking why. You just don't give a vaccine known to cause harm (especially in Africa). In Europe there was the Pandemrix vaccine for the swine flu which caused a 14-fold increase in narcolepsy in children. So yes, there are long term consequences to vaccines.

In doing risk assessment on whether it is better to get a vaccine or not, one turns to the efficacy of the vaccine, and while the sales pitch may indicate a 95% efficacious rating the question is whether it actually is that efficacious, because many are questioning the data, and data based seemingly on a very small numbers of people... The WHO said they would approve COIVD vaccines if they were at least 50% efficacious. It seems our response to COIVD is being driven by marketing goals, and anything or anyone that would interfere with those marketing goals must be eliminated or silenced regardless of how valid their safety and efficacy concerns may be.

Last but not least, all the vaccines thus far focus on a single protein, the spike protein. What are the chances the virus, known to mutate, will only have to mutate one protein to outsmart the vaccines? The point is, not only are we are looking at an intervention that is almost guaranteed to underperform, but because the vaccines are not stopping transmission it puts evolutionary pressure on the virus to become more virulent. Perhaps our efforts should be directed at making sure everyone has adequate vitamin D levels. But alas, that is natural immunity and that would interfere with marketing goals.

We are now more than a year into this crisis and we know that only a very few are susceptible to severe lethal COIVD-19. Promoting herd immunity is what took place in Sweden and they did very well without lockdowns or vaccines. Other countries passed out Ivermectin yet somehow it was just a mystery why their populations didn't get sick. However, promoting natural immunity with Vitamin D or providing Ivermectin won't cause a global economic reset, oppressive compliance rituals, social credit scores and vaccine passports. Make no mistake that is what is driving this scientific and societal dystopia.

Assets from publication with us

- Prompt Acknowledgement after receiving the article
- · Thorough Double blinded peer review
- Rapid Publication
- Issue of Publication Certificate
- · High visibility of your Published work

Website: www.actascientific.com/

Submit Article: www.actascientific.com/submission.php

Email us: editor@actascientific.com
Contact us: +91 9182824667