Lying and Dying, the Deception Game Around the Pandemic

We’re heading to the other side of the mirror, to that area between fabricated truth and the lies that lie hidden. Spoiler alert!

We begin with the inexplicable and a thinly veiled accusation. It is possible and perhaps very likely, even extremely likely, that information about the real nature of COVID 19 and how it kills is being withheld because the truth destroys the “China did it” narrative the White House is pushing to cover its potential complicity.

We have identified a broad program of censorship of information about COVID 19 that attacks the idea that it is a naturally occurring virus. The door that is left open is that a “chimera virus” capable of things no naturally occurring virus could ever do has been unleashed, a type of virus under study and development by organizations tasked with protecting the US from bio-warfare attacks.

Thus far, the only known samples of SARS COV 2 related “chimera viruses” are held by the United States. If other nations have done such research or generated a virus capable of what we will be describing below, no evidence has been offered. We do know the United States has, over and over, and published, over and over.

What the populace is told of COVID 19, that it is a form of influenza that manifests in lung infections, is misleading and largely incorrect, according to Doctor Roger Seheult, a critical care specialist with MedCram Here’s the short of it:

COVID patients are dying in unusually high numbers, roughly based on what are called “morbidity factors,” age, weight, smoking, diabetes, but younger and healthy patients as well.
They are dying of “oxidative stress,” not brought on by the publicly admitted symptoms, breathing problems related to lung infections, but rather of cardiovascular issues. You see, COVID 19, inhibits ACE 2 (Angiotensin-converting enzyme 2). This causes a cascade effect, reduced oxidation previously attributed to lung issues, but moreover, blood clots which cause strokes and myocardial infarctions (heart attacks).

Patients that should be getting better die and die in large numbers. These large numbers are hidden from the public for political reasons and “influencers” are employed to spread a dangerous message, that COVID 19 is “no worse than the flu.”

The flu never killed tens of thousands of Americans (and so many others around the world) with strokes and heart attacks. The disinformation offensive run by the Trump White House may well have not only supported a false narrative about the nature of the disease itself but has most certainly inhibited treatment protocols that should have relied more heavily on blood thinners such as heparin rather than respirators.

One more area here, then on to our story. It is one thing when highly technical and highly specialized information is kept from a public that has no reason or right to know. It is quite something else when purposeful misrepresentation impacts treatment procedures, impedes the availability of needed medicines and equipment, and puts millions at risk of a disease the government of the United States has chosen to lie about in order to protect Wall Street at the cost of the lives of the citizens. We begin:

Deaths from what we hope will be the only pandemic of 2020 approach a milestone for Americans. The official death toll from the Vietnam War is 58,320. In hours the US will pass that making COVID 19 the biggest killer of Americans since Adolf Hitler.

Blaming the American government might be more appropriate, starting with Trump and then the enablers of his political party and surprisingly, the doctors and researchers who seemingly disagree with Trump, they are responsible too, but how?

COVID 19 has become like a spectator sport for some, certainly millions, many millions of Americans, many of them out of food for the first time in their lives, have too much time on their hands. Dragging assault rifles to “infection rallies” is a once a week thing as is sitting in your car in line at the food bank, where lines are long but not that long, usually under 10,000 vehicles.

Only in America can someone starve to death driving an $80,000 pickup truck.

First, we are going to look at a figure, a number, a published number, an important number and then look at the hard science behind that number, one never ever mentioned.

The day is April 28, 2020, like so many days of late. US virus cases, based on delayed reporting and very limited testing are just over one million. Deaths, as stated, approach the “magic number” from Vietnam, also a fake number. Were one to include deaths from Agent Orange, 1.7 million Americans died in Vietnam, much the same way 96 Americans died in Operation Desert Storm but 35,000 succumbed to “Gulf War Syndrome.”

Dead Americans, particularly dead American military, are best delivered as “numbers,” shuffled and then lost and “not so accidentally” forgotten.

The other figures from this date are inexplicable, but really aren’t as they will be explained now. The explanation will be not just unpleasant but frightening as well.

Of the 1,012,147 coronavirus cases on this day in the United States, 196,352 are considered closed. Your case is “closed” if you get better or are dead. You are part of the big number, the million, only if you have been tested, and few are tested.

Who is tested?

The million, using this date for the US only, “tested” are those who sought medical care and were among the select few who weren’t sent home but rather, dependent on factors nobody knows, were given one of the rare tests only 1.7% of Americans have received after 90 days of known pandemic infections.

The mix of tested, sick, their relatives, President Trump and the powerful and influential, over and over, and, let us
not forget, the medical community that has paid a very high price.

One might add here that only those treating coronavirus patients are at risk, which is a minority of the medical community, most are home, as hospitals and clinics are mostly closed. Those who are at risk, and up to 20 percent of them are infected, complain of being shunned by their colleagues.

Ah, but back to the story, which we will take as long as needed to unveil. Let’s round off the “closed cases” at 200,000 and admit we have no idea who they are except that they are those who tested positive and no longer test positive. Many were never that sick but were tested because they were exposed.

What are we saying? We are saying even the best statistics available are not just flawed but worthless with one exception, they clearly demonstrate a pattern of deception for which there is a very good reason, a very big secret and we will be telling that secret, not a conspiracy theory of something we heard of on the internet but hard science from medical professionals who are heavily censored.

Of the 200,000 closed cases, 140,000 either recovered from serious illness or were never that sick at all, they got better. What happened to the rest?

They died, all of them, 30% of them, all dead. What does this tell us? It tells us that the “gross” percentage of a random tested group, the only real figure we have, of those infected with the COVID 19 virus, die.

Not 5%, which is the White House number, or more public 1% but 30%.

If you were tested, diagnosed, and followed through to the “recovered/discharged/dead” list, this is the only real outcome number.

Let’s get further into this “Three Card Monty” numbers game. If 1,000,000 were sick and 200,000 are no longer sick with 30% of them dying, this leaves 800,000.

If the same numbers apply to the remaining number still actively infected that applied to those who “processed through” in the first 90 days, then up to 250,000 more could die.

This factor could be mitigated by improved treatments, yet no such improved treatments are yet employed, or through some change in the makeup of those in this very large number and we have no reason to suspect this is the case.

Yet we are seeing numbers of deaths entering a possible plateau, particularly with deaths in New York State declining rapidly. A best case scenario is that as numbers of infected climbed toward and beyond one million, those being added to the queue as time progressed are, for some unstated reason, less liable to die than those in New York or than in the Veterans homes and other care facilities around the US that have been devastated.

Thus far this theory is proving out.

**Conclusion**

Could those scientists funded by USAID, such as those at Harvard or the University of Pennsylvania or at Fort Detrick, Maryland, have warned the medical community that COVID 19 would kill through cardiovascular attack rather than as an influenza?

If so, would Trump have acted more quickly? Would more be alive? The next questions are unpleasant to consider, but we need to at least open the possibility.

Would researchers have stopped if they considered that what they were creating might do what we have seen done here?

One might also ask, where are those researchers, the dozen or so SARS COV 2 experts, those who wrote paper after paper and spent many millions engineering SARS COV 2 variations? We know their names but none are advising or working on cures.

Is there a reason for this, after all, these are the world’s experts on this disease, it is as though the earth swallowed them whole.

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