

Analysis of the Dangers of the Coronavirus Phenomenon

Carlos A. Casanova, Ph.D

Thomas Zabiega, MD

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"[...] He too shared in their humanity so that by his death He might break the power of him who holds the power of death—that is, the devil— and free those who all their lives were held in slavery by their fear of death." (Hebrews 2:14-15)

"Truth will set you free!" (John 8:32)

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Introduction

This year has been marked by the "coronavirus" phenomenon. Towards the end of the first quarter, the World Health Organization (WHO), along with the mainstream media and many governments, succeeded in creating a panic situation in the population of the Western Hemisphere. This panic led to the adoption of disastrous public health measures (mainly social distancing, confinement and lockdowns), encroaching on the freedom of the people and on the democratic institutions of the West and other nations.

At that time even many honest medical doctors and scientists were taken aback and did not know what to think of the situation. They accepted, therefore, at face value the diagnosis and the recommendations by the WHO¹. Soon after, however, and even from the beginning, some

¹ See the WHO recommendations about public gatherings, March 19th 2020: <https://apps.who.int/iris/bitstream/handle/10665/331502/WHO-2019-nCoV-POEmassgathering-2020.2-eng.pdf?sequence=1&isAllowed=y>
Health care recommendations, to prevent the spread of the disease: <https://www.who.int/publications/i/item/who-2019-nCoV-oral-health-2020.1>

virologists, and other doctors questioned the official assessments of the situation. This gave rise to a war of information and misinformation the main lines of which we will try to sketch here, as the ground for other reflections connected with human existence within the political community. In the second part of this our statement we will study the ethical-political dimensions of the coronavirus crisis. In the third part, we will deal with the danger of new lockdowns and then we will focus on a specialized subject: the supposed need for vaccination, the potential unethical development and misuse of these vaccines, and the potential violation of personal freedom regarding the administration of these vaccines.

1. The Medical Phenomenon

A comprehensive description of the last half-year's public health situation would go beyond the scope of the present document. We will just attempt to achieve a description that could serve as the base for an ethical-political reflection.

A. Treatment of the infection (or disease)

In France, professor Didier Raoult of Marseille Hospital, made clear as early as March that this infection should be treated with hydroxychloroquine and zithromycine and that he, the best French expert in virology had verified this. He added: "The problem in this country is that the people that talk are abysmally ignorant."² To the objection that he should be cautious and wait for scientific results before using this treatment, he, with an outstanding Hippocratic medical sense, replied:

To those who say there has to be thirty multi-centered studies with a thousand patients, I reply that if we had to apply these existing methodological rules, we would have to re-do a study on the usefulness of the parachute. Take a hundred people, half with parachutes and half without and count the dead at the end to see which is the best method. When you have a treatment that works versus zero other available treatments, this treatment should be the norm. And I am free to prescribe it as a doctor. It is not necessary to obey the orders of the State to treat patients. The recommendations of the Health Authority are advice, but not binding. Since Hippocrates, the doctor does what is best, to the best of his knowledge according to the state of scientific knowledge.

This doctor, however, was censored by the person who stuck to the WHO's diagnosis and recommendations.

Who's recommendations about the treatment of the Covid: <https://www.who.int/publications/i/item/clinical-management-of-covid-19>. Please note, they recommend the use of ventilators and deep sedation. They, moreover, advise against the use of Chloroquine and hydroxychloroquine, due to lack of clinical trial. Especially, they advise against the joint use of Chloroquine and azithromycin. John Ioannidis has pointed out that doctors have acknowledged that the use of ventilator in ICU units was too aggressive. See "John Ioannidis Explains His COVID Views", June 15th 2020, *Medscape*, available here: https://www.medscape.com/viewarticle/933977#vp_6 (14 September 2020).

² See an interview with the doctor at "Le Parisien" (March 22nd 2020), translated into English, here: <https://gloria.tv/post/Yedr9NP3eKZV1MwMVC2Zvwaq4?fbclid=IwAR3W7Iq4xIFPG703wCTYmnuvToCn9HWmtRO9IUTVobKNHifingVtGBR8JtI>

A couple of months later, more and more doctors experienced the efficacy of Dr. Raoult's advise, but they were once and again silenced by mainstream media and censored by internet outlets. The situation came to be really grotesque. In May, Doctor Paul Byrne published a response precisely indicating what the right treatments for this disease are³.

The greatest scandals regarding this have to do with prominent scientific publications. Indeed, *The Lancet* published a paper which alleged that hydroxychloroquine did not help patients infected with Sars-CoV-2 and supposedly even had serious negative side effects or counter indications. The authors of the paper were forced to withdraw it because they found that their data were not reliable.⁴

Instead, a scientific paper has been published which demonstrates the efficacy of hydroxychloroquine and its not having side effects, but the mainstream media have not been publishing this information or, when they have, they mixed it with a lot of misinformation. A sample of this second kind of misinformation can be found in *The Detroit News*. In July 2nd 2020 the paper published the news that a genuinely scientific, peer-reviewed study had determined that hydroxychloroquine actually heals patients with Srs-CoV-2 if administered in time and that it has no secondary effects. I will copy here the relevant passages. First those which report the scientific findings:

A Henry Ford Health System study shows the controversial anti-malaria drug hydroxychloroquine helps lower the death rate of COVID-19 patients, the Detroit-based health system said Thursday. Officials with the Michigan health system said the study found the

³ See "Ventilator Covid-19, to use or not to use", *Renew America*, May 11th 2020, <http://www.renewamerica.com/columns/byrne/200511>. Towards the end dr. Byrne speaks of the possible protocols for treatment and they "may include steroids (methylprednisolone), hydroxychloroquine, azithromycin (Z-Pak), vitamin C, vitamin D, zinc, and thiamine. Treatments may be provided to inhibit any increased tendency to form blood clots. A new antiviral medication is Remdesivir. Convalescent plasma with antibodies from patients who have recovered from COVID-19 is being studied."

⁴ See the full text of the retraction here: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31324-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31324-6/fulltext) (28 August 2020). Here are some fragments of the retraction:

"After publication of our *Lancet* Article, several concerns were raised with respect to the veracity of the data and analyses conducted by Surgisphere Corporation and its founder and our co-author, Sapan Desai, in our publication. We launched an independent third-party peer review of Surgisphere with the consent of Sapan Desai to evaluate the origination of the database elements, to confirm the completeness of the database, and to replicate the analyses presented in the paper. Our independent peer reviewers informed us that Surgisphere would not transfer the full dataset, client contracts, and the full ISO audit report to their servers for analysis as such transfer would violate client agreements and confidentiality requirements. As such, our reviewers were not able to conduct an independent and private peer review and therefore notified us of their withdrawal from the peer-review process. We always aspire to perform our research in accordance with the highest ethical and professional guidelines. We can never forget the responsibility we have as researchers to scrupulously ensure that we rely on data sources that adhere to our high standards. Based on this development, we can no longer vouch for the veracity of the primary data sources. Due to this unfortunate development, the authors request that the paper be retracted."

drug “significantly” decreased the death rate of patients involved in the analysis. The study analyzed 2,541 patients hospitalized among the system’s six hospitals between March 10 and May 2 and found 13% of those treated with hydroxychloroquine died while 26% of those who did not receive the drug died. [...] The study, published in the International Society of Infectious Disease, found patients did not suffer heart-related side effects from the drug.

And then the passages confounding the readers, immediately after informing they were informed of the scientific findings:

Still, use of the malaria drug became highly controversial. Doctors at Michigan Medicine, the University of Michigan's health system, remain steadfast in their decision not to use hydroxychloroquine on coronavirus patients, which they stopped using in mid-March after their own early tracking of the treatment found little benefit to patients with some serious side effects. Michigan's largest system of hospitals, Southfield-based Beaumont Health, also stopped using the decades-old anti-malarial drug as a coronavirus treatment after deciding it was ineffective.⁵

More recently, Yale Professor epidemiologist Harvey A. Risch, based on his own research and experience, has held that hydroxychloroquine overwhelmingly has important beneficial effects in treating Sars-CoV-2 and neglectable side-effects or counter indications, in all kinds of patients, including the risk groups. He has also given minute details of who is manipulating public opinion. “The evidence in favor of hydroxychloroquine benefit in high-risk patients treated early as outpatients is stronger than anything else I’ve ever studied.”⁶

Here we have some excerpts from a brief report by LifeSiteNews on the interview given by Professor Risch to Fox news it has been stated:

Risch accused the opponents of HCQ use of being engaged in “a massive disinformation campaign that stretches from the government to the media, that’s either suppressing this message, or it’s countering it with a false message.” [...] “It’s an absurd situation that people have compared ... to 1984 and the Ministry of Truth, and someone that’s limiting what people can say on objective facts. It’s beyond belief.” [...] Risch said the U.S. Food and Drug Administration (FDA) “is a very strange organization that has a history of not making science-based, rational-based decisions about its approvals.” According to Risch, this started in 1987 with the FDA failing to approve of simply creating official guidance that doctors should consider using a certain antibiotic to potentially prevent HIV-positive people from contracting a specific type of pneumonia. Instrumental at the time was Anthony Fauci, who became head of the NIAID [National Institute for Allergies and Infectious Diseases] in 1984. Fauci said in 1987 that he wanted “randomized controlled, blinded controlled trial evidence” as his “gold standard,” Risch recounted. Within two years, “17,000 people with AIDS died because of Dr. Fauci’s insistence on not allowing even a statement supporting consideration of the use” of the

⁵ “Hydroxychloroquine lowers COVID-19 death rate, Henry Ford Health study finds”, July 2nd 2020.

⁶ The most recent research confirms once and again this view. See this website <https://c19study.com/> were 46 refereed articles prove the beneficial effects of hydroxychloroquine and where other articles that deny such effects are shown to be ill conceived. Also, see this other website, which attempts a comparison of the lethality of the virus in countries that used hydroxychloroquine and countries that banned the drug: <https://hcqtrial.com/> (both websites, 19 September 2020)

antibiotic. “Now we have Dr. Fauci denying that any evidence exists of benefit,” Risch continued, “and that’s pervaded the FDA. The FDA has relied on Dr. Fauci and his [National Institutes of Health] advisory groups to make a statement saying that there is no benefit of using hydroxychloroquine on outpatients. And this is counter to the facts of the case.” “It’s outrageous,” he concluded. “People need to be writing or calling their congressmen and senators and complaining that this is not the way the country should work.” “A bureaucracy that’s in bed with other forces that are causing them to make decisions that are not based on the science — that is killing Americans.”

Here we have two very important aspects of the public health situation: there is an apparently deliberate and systematic attempt to deceive the people. On this campaign, a public bureaucracy and the mainstream media are collaborating. Anthony Fauci is a key person in this campaign, and he has been placed in a position to facilitate this kind of campaign since 1984. Lastly, this campaign is causing a deterioration of the health care services and, as a consequence, the deaths of many thousands of real persons.

To complete the picture, we need to see how the LifeSiteNews report ends, because it shows another face of the situation:

Back in July, Sten H. Vermund, the dean of the Yale School of Public Health, defended Risch from criticism for findings that don’t correspond to mainstream opinion. “I have championed maintaining open academic discourse, including what some may view as unpopular voices. The tradition of academia is that faculty may do research, interpret their work, and disseminate their findings.” “If persons disagree with Dr. Risch’s review of the literature, it would be advisable to disseminate the alternative scientific interpretations, perhaps through letters or other publications with alternative viewpoints to the *American Journal of Epidemiology*, *Newsweek*, or other outlets,” he added. “My role as Dean is not to suppress the work of the faculty, but rather, to support the academic freedom of our faculty, whether it is in the mainstream of thinking or is contrarian.”⁷

This is very grave. Because we see that even University autonomy and academic freedom are not being respected. Without this, science is doomed, its days are counted. The situation is so similar to that in which biology was forced to follow bog science under Lysenko in the Soviet Union just because it pleased the powers that be!

B. Quarantines and other extreme measures

B.1- The Lockdowns

⁷ “Yale prof: ‘Evidence overwhelming’ for fighting COVID with hydroxychloroquine”, *LifeSiteNews*, August 26th 2020, <https://www.lifesitenews.com/news/yale-prof-evidence-overwhelming-for-fighting-covid-with-hydroxychloroquine>. There was a strange case the circumstances of which I think we will never learn. But back in the beginning of May a University of Pittsburg, Bing Liu, 37, who was doing research on coronavirus got killed, in my opinion probably by a hitman: he was shot in his head, neck, chest and the neighbors did not hear any shot. See “Coronavirus Researcher Killed in Pennsylvania Murder-Suicide, Police Say”, *The Washington Post*, May 6th 2020, <https://www.washingtonpost.com/nation/2020/05/06/bing-liu-university-of-pittsburgh-coronavirus-researcher-murder-suicide/> (19 September 2020).

Doctor Shucarit Bhakdi, in Germany, gave his opinion on lockdowns and other extreme measures in March 18th 2020:

They [these extreme measures] are grotesque, absurd and very dangerous. “Our elderly citizens have every right to make efforts not to belong to the 2200 who daily embark on their last journey. Social contacts and social events, theatre and music, travel and holiday recreation, sports and hobbies, etc., etc., all help to prolong their stay on earth. The life expectancy of millions is being shortened. The horrifying impact on world economy threatens the existence of countless people. The consequences on medical care are profound. Already services to patients who are in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society. I can only say that all these measures are leading to self-destruction and collective suicide because of nothing but a spook.”⁸

The illustrated opinion of doctor Bhakdi has been widely confirmed by Sweden’s experience. This country did not take the extreme measures taken in other countries (lockdowns and use of masks, especially) and did not suffer a higher mortality rate. Instead, probably succeeded in obtaining what epidemiologists call “herd immunity”.⁹

In line with doctor Bhakdi, on May 16th, Knutt “Wittkowski, 65,” became “a ferocious critic of the nation’s current steps to fight the coronavirus. He has derided social distancing, saying it only prolongs the virus’ existence, and has attacked the current lockdown as mostly unnecessary. Wittkowski, who holds two doctorates in computer science and medical biometry, believes the coronavirus should be allowed to create ‘herd immunity,’ and that short of a vaccine, the pandemic will only end after it has sufficiently spread through the population. ‘With all respiratory diseases, the only thing that stops the disease is herd immunity. About 80% of the people need to have had contact with the virus, and the majority of them won’t even have recognized that they were infected’.” But this “former head of biostatistics, epidemiology and research design at Rockefeller University,” was censored by YouTube, because, according to its CEO, Susan Wojcicki: “Anything that goes against [World Health Organization] recommendations would be a violation of our policy and so removal is another really important part of our policy.”¹⁰

Doctor Bhakdi’s opinion has been confirmed, moreover, by the Italian Higher Institute for Health in its briefing *Impatto dell’epidemia Covid-19 sulla mortalità totale della popolazione residente primo trimestre 2020*. Indeed, the diagnosed cases and the deaths kept growing up to the end of March,

⁸ I have seen the English translation at Peter Hitchen’s Blog, here: https://hitchensblog.mailonsunday.co.uk/2020/03/an-expert-says-the-current-response-to-the-coronavirus-is-grotesque-absurd-and-very-dangerous.html?fbclid=IwAR2TTk5HNm8uKhp73PSeFbvG_ur9ptnUCVPwzfuSsssVnPY5Q1nJe2z1Gu4. The original interview can be seen here: <https://www.youtube.com/watch?v=JBB9bA-gXL4>.

⁹In any case, it is clear that right now Sweden has less infection cases than most European countries that used strict lockdowns, such as England, France, Italy and Spain. It has almost no deaths. See “Sweden Spared European Scourge As Coronavirus Infections Stay Low”, *The Guardian*, September 16th 2020, <https://www.theguardian.com/world/2020/sep/15/sweden-records-its-fewest-daily-covid-19-cases-since-march-19> (September 2020). There were more than 5,000 deaths in Sweden officially linked to the Sars-CoV-2, but it is probable that they were due to the lack of use of hydroxychloroquine for prophylaxis and treatment, as the reader can see in note 6.

¹⁰ “YouTube censors epidemiologist Knut Wittkowski for opposing Lockdown,” *The New York Post*, May 16th 2020, <https://nypost.com/2020/05/16/youtube-censors-epidemiologist-knut-wittkowski-for-opposing-lockdown/>.

despite the lockdowns put into place in the beginning of that month. Another interesting observation is that only 1% of the dead were younger than 50¹¹ and, according to another report by the same Institute, the great majority were older than 70.¹² This observation by itself shows the irrationality of locking down the whole society (instead of humanely protecting the risk groups, without engaging them¹³) and wrecking the republic. But to this we can add that 80% of contagion took place in the old age nursing homes or at home or at hospitals and only 3.7% at their work place, 0.9% at church.¹⁴ So, what was the good of the lockdowns? Finally, the same Institute has established that among those who die with Sars-CoV-2 (this is its nomenclature), among women, 97.5% have comorbidities and among these 12.6% have only one co-morbidity; and among men 95.3% have co-morbidities and of these 14.6 have only one comorbidity.¹⁵ So, one wonders to what extent these people really died of this virus and to what extent the other major change in their life conditions, that is to say, the lockdowns were the real cause. A recent Swedish study has determined that only 15% of the deaths officially attributed to Sars-CoV-2 are really due to this virus.¹⁶

Perhaps the way in which the lockdowns and the confinement of the population were enacted could have been counterproductive due to the lack of discernment concerning the different kinds of population *vis-à-vis* the fatality of the virus. Thus, for example, John Ioannidis, professor of epidemiology at Stanford University, thinks that the high death rate of the elderly in New York and in Lombardy was probably due to their concentration in nursing homes:

For instance, Andrew Cuomo, governor of New York, told hospitals to send infected nursing home residents back to their nursing homes, which was like putting out a forest fire with kerosene. The same happened also in other states. This act alone may have caused countless deaths amongst nursing home residents. We failed to protect our most vulnerable, in part because of our "one-size-fits-all" approach. In Lombardy, there were disproportionate deaths in nursing homes. It is estimated that 45-53% of US deaths were in nursing home residents, and similar or even higher percentages were seen in several European countries.¹⁷

This could be one of the causes of the epidemic being worse in Italy. But we should not forget other lines of research. A Spanish team, for example, has shown that in a town in Spain all the patients

¹¹

https://www.istat.it/it/files//2020/05/Rapporto_Istat_ISS.pdf?fbclid=IwAR1Jb_y4zWjq99s0S8TAQrYgJ1_xXSU4J7lwPpAnZbptM-ePvGzg4H4VEN4

¹² According to another report of the same institute, *Epidemia Covid-19, Aggiornamento Nazionale (28 Aprile 2020)* 80% of the dead are 70 or older. It is available here: https://www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_28-aprile-2020.pdf

¹³ See Beda Stadler, "Coronavirus: ¿por qué nos equivocamos tanto?", *La Prensa*, July 16th 2020.

¹⁴ *Ibidem*, p. 13.

¹⁵ "Characteristics of SARS-CoV-2 patients dying in Italy Report based on available data on July 22nd, 2020", available here in English: https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019_22_july_2020.pdf

¹⁶ Ross Clark, "What percentage of Covid deaths were directly from Covid?", *The Spectator* 25 August 2020, available here: https://www.spectator.co.uk/article/what-percent-of-covid-deaths-were-directly-from-covid-?utm_medium=email&utm_source=CampaignMonitor_Editorial&utm_campaign=LNCH%20%2020200825%20%20Events%20Ad%20%20SM+CID_04e8b430daa04b37f0864300acb42dff

¹⁷ "John Ioannidis Explains His COVID Views".

who died had been vaccinated against influenza and they think there could be a causal connection due to an immunological interference between Polisorbato 80 and the virus.¹⁸

In any case, it is clear by now that the confinement of the population has lowered the immune defenses against pathological germs, the lockdowns have made it more difficult to medically attend patients of all other sicknesses, and both causes (lockdowns and confinements) have increased anxiety and all sorts of physical and psychological disorders. Thus, for example, in Great Britain the consumption of drugs and crimes connected with drugs have increased¹⁹ while patients with cancer²⁰ or with heart diseases²¹ have been severely neglected.

Moreover, there are worrisome signs of the connection between the high death rate of elderly patients in nursing homes and the lockdowns plus the new palliative care promoted by George Soros. Indeed, Dr. Paul Byrne has shown that up to April there were in the USA 11,000 deaths from Sars-CoV-2 in nursing homes. But the strange thing is that the high incidence of nursing home inmates have been reported only in 23 States of the USA. So, doctor Byrne points out:

A prerequisite for acceptance into most, if not all, nursing homes is an Advance Directive for Healthcare. It is common that the Advance Directive will include a Do Not Resuscitate (DNR) order. In addition, some may have already unwittingly been put into Palliative Care (PC). Most residents of nursing homes and their relatives do not have full and complete information about PC. [...] PC sets the stage for more deaths for the most vulnerable. How? PC focuses on alleged relief of symptom-burden, not necessarily treatment of the cause, i.e., the underlying medical conditions, treatment of which could alleviate the symptoms. [...] Nursing home residents, relatives and friends are affected by the involuntary mandated imposition of no visitors. If a person, labeled a "client," in a nursing home has an acute illness, they are subject to whatever is provided. [...] Palliative care involves a palliative care team (which can include physicians, nurses, social workers, and chaplains) that helps the family determine when the patient's care should be shifted away from cure and toward death. Palliative care is less treatment and no care and is a major part of the System of Death that exists in Medicine, the Law and the Church. [...] Is the death rate among the elderly higher because of their age and co-morbidities alone or because they will not be offered a chance to survive whether that be on a ventilator or possibly due to other innovative care strategies that may have a reasonable chance for even greater effectiveness and improved survival? [...].²²

¹⁸ Right now to find the study is virtually impossible, although one can find plenty of critiques of the same. This is typical in this time of misinformation and censorship. See a reference to the study here: "Juan Gastón, autor del estudio de Barbastro: 'Yo me vacuno y me pienso vacunar de la gripe este año'," *Heraldo*, June 26th 2020.

¹⁹ Office for National Statistics, "Coronavirus and Crime in England and Wales", p. 8, available here: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/coronavirusandcrimeinenglandandwales/august2020>

²⁰ *The Times*, "Coronavirus in Scotland: Backlog of 100,000 patients are waiting for cancer diagnosis," August 26th 2020.

²¹ *The Telegraph*, "Heart attacks detected and treated fell by 40 per cent during Covid pandemic," August 27th 2020.

²² See "Coronavirus (Covid 19) in Nursing Homes", *Renew America*, April 29th 2020, available here: <http://www.renewamerica.com/columns/byrne/200429?fbclid=IwAR1Dok8SAezH12DMGv6IRFlIndjfWSNhnja2szecF1Si6jdBIBy0M9QEY3E>

Also professor John P. A. Ioannidis stated clearly since the beginning that when we did not know the fatality rate of this virus perhaps some extreme measures were justifiable, but that very soon they ceased being reasonable. The fatality rates for healthy people under 65 is very low and does not grant any foundation for the extreme lockdown measures. Actually, a large majority of the infections of Sars-CoV-2 were and are nosocomial, that is to say, happened in healthcare facilities or at the elderly's nursing homes.²³ Concerning directly the lockdowns, Ioannidis has been very cautious, but also clear:

Once the country was locked down, I felt we should be focusing on minimizing its duration. I view "lockdown" as a drug with dangerous side effects when its use is prolonged. It's an extreme measure — a last resort, the nuclear option. A country should be locked down not a minute longer than absolutely necessary. [...] One way to better measure the impact of COVID-19 is measuring excess deaths, which is the death rate beyond what one usually encounters annually. Excess deaths comprise several groups — e.g. people killed by COVID-19 infection and people who have died because they didn't receive timely care because they were afraid to go to the hospital, or because healthcare resources were focused on COVID-19 patients. The magnitude of the latter group will be more evident in years to come. Another group are deaths caused by the social and economic consequences of the lockdown, such as from suicides and alcohol and drug abuse. This number, which will also be evident in years to come, shouldn't be underestimated. At a global level, consequences of lockdown-induced starvation, derailment of immunizations for lethal childhood diseases, and lack of proper management of tuberculosis are tremendous threats.²⁴

But more precisely I think that the yeast of Ioannidis recommendations is to take differentiated measures for different people:

We needed extra precautionary effort in high-risk settings such as nursing homes, prisons, meat processing plants, and homeless shelters. The corollary of having high-risk groups is that there must be low-risk groups, and low-risk people can continue working. We can't treat everyone as "high risk" because then the high risk won't get the extra attention and care they deserve.²⁵

Despite these fundamental positions, Ioannidis was very cautious in his testimony at the Senate of the USA. He advised the use of a watchful eye on the seroprevalence and on epidemic activity during the gradual reopening of economic and social activity. But he took the chance to point out false obstacles to this reopening. It is worth citing his own words:

Re-opening efforts require great caution, with continuous feedback to identify and limit any potential surge of hospitalizations and deaths upon re-opening. Re-opening should be gradual, with continuous feedback on epidemic activity. This includes data on seroprevalence (proportion of people already infected) and incidence of new infections. These data should be balanced against bed capacity reserves. It is unrealistic to expect new PCR-detected cases to disappear before re-opening. PCR remains positive for a while in many patients who are no

²³ "John Ioannidis Explains His COVID Views".

²⁴ Ioannidis, *Ibidem*. He grounds his views on this scientific paper: "Population-level COVID-19 mortality risk for non-elderly individuals overall and for non-elderly individuals without underlying diseases in pandemic epicenters", published by him with Cathrine Axfors, View ORCID Profile Despina G. Contopoulos-Ioannidis in *Environmental Research* doi: 10.1016/j.envres.2020.109890. The preprint is available here: <https://www.medrxiv.org/content/10.1101/2020.04.05.20054361v2> (14 September 2020).

²⁵ "John Ioannidis Explains His COVID Views".

longer infectious. Moreover, with increased testing and with a large pool of previously undetected infections, numbers of PCR-positive samples may seem to remain quite high, even though the epidemic wave has largely passed. It is also unrealistic to expect COVID-19 deaths to stop accruing before re-opening. Deaths may happen 3 weeks after infection, and modern medical technology can maintain some people on mechanical support even for months. Finally, it is unrealistic to expect that complete contact tracing will need to be feasible before re-opening. In most locations, the number of people infected is already too large and their casual contacts may include a large portion, if not the large majority of the entire population, thus making complete contact tracing infeasible. Complete contact tracing can be more feasible when the epidemic activity has ceased, e.g. in the future when trying to catch early and extinguish potentially new waves.²⁶

B.2- Other public measures

Other public health measures that have been recommended by the WHO and heeded by most governments on Earth have been “social distancing”, the prohibition of gathering in which people are closest to each other than two meters and the wearing of facial masks. But most real experts on this issue teach that the rule of two meters has no ground and that the facial masks are mostly useless, except in Hospital context.

Concerning the two meters rule, already Raoult had stated that “We don’t really know how far the virus reaches. But certainly not more than a meter. So beyond that distance perhaps it does not make sense to wear a mask.” Some Oxford experts, however, say that two meters could be insufficient to avoid contagion.²⁷ But these latter do not seem to take into account the kind of evidence pointed out by Beda Stadler and have found criticism among other Oxford experts.

Regarding the need of wearing the mask, the said immunologist, Beda Stadler stated to an Argentinian newspaper:

Those persons who are young and healthy which today walk with facial masks would be safer if they use a helmet, because the risk of something falling on their head is greater than the risk of becoming a grave case of Covid-19 infection.

Then, the journalist who does the interview adds:

²⁶ The testimony is available here: <https://www.hsgac.senate.gov/imo/media/doc/Testimony-loannidis-2020-05-06.pdf> (14 September 2020).

²⁷ Thus, Zeshan Qureshi and others. See “,”CEBM, June 22nd 2020, <https://www.cebm.net/covid-19/what-is-the-evidence-to-support-the-2-metre-social-distancing-rule-to-reduce-covid-19-transmission/>. Professors Charles Carl Heneghan and Tom Jefferson, from the University of Oxford, disagree. They hold that “there is little evidence to support the restriction and called for an end to the ‘formalised rules’. [...] Examining the current evidence for the two-metre rule, Prof Heneghan and Prof Jefferson looked at 172 studies cited in a recent review in *The Lancet* and found just five had dealt explicitly with coronavirus infection in relation to distance. Only one mentioned coming within six feet of a patient, and that paper showed proximity had no impact.” Another professor, Mike Lonergan, statistician and epidemiologist, “who reviewed 25 papers compiled for the World Health Organization (WHO) said: ‘Our conclusion is that avoiding contact is very important and that a one-meter distance might be slightly better than just avoiding contact, but the difference is unlikely to be much. These data give no indication that two meters is better than one meter’.” “Exclusive: no evidence for two meters rule, Oxford experts say,” *The Telegraph*, June 15th 2020, <https://www.telegraph.co.uk/news/2020/06/15/two-metre-rule-has-no-basis-say-oxford-university-experts/>

[Stadler] recommends the reading of the latest works by the researcher John P. A. Ioannidis where he highlights that worldwide persons younger than 65 are only 0.6-2.6 of the Covid fatal cases.²⁸

C. Sowing panic

The doubts concerning the WHO's diagnose and guidelines do not end here. There is perhaps a more fundamental one. Because panic has been created regarding this disease as an epidemic which could destroy masses of people. But very early some labs performed important research and determined that the real lethality of the virus was much less than the 3.4% estimated by the Director-General of the WHO on March 3rd 2020.²⁹ In Germany, Gangelt, a team from the University of Bonn determined that the lethality rate is 0.37%.³⁰

At the University of Stanford another research team estimated the lethality of the virus between 0.12 and 0.2%, so very similar to the influenza death rate.³¹

Many data sources point in the same direction. Even in the State of New York, according to the official data published by the State Health Department, the death rate is not much higher than 0.5%, and this considering as accurate the death count, count that is clearly inflated, as we shall see. At the end of April the Department estimated that 15% of the State's population had been infected (that is to say, 2.9 million out of 19.45 million). Of those, 17,300 died. Unfortunately, these data are no longer available, although they were at the time here.³²

When the mortality rate was estimated much lower than the WHO, then it was said that the real problem of this virus would be the collapse of the health care facilities. If I am not mistaken, this

²⁸ See "Coronavirus: ¿por qué nos equivocamos tanto?", *La Prensa*, July 16th 2020.

²⁹ See "WHO Director-General's opening remarks at the media briefing on COVID-19 - 3 March 2020," <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020>. Concerning this figure, Ioannidis observes that its source was the Chinese government: "I doubted that widely quoted fatality rate, which is what the Chinese public health authorities told the WHO, because by March it was apparent that COVID-19 infection comprised a clinical spectrum, ranging from mild symptoms which could be managed at home, to severe lung disease which needed ventilatory support." See "John Ioannidis Explains His COVID Views".

³⁰ <https://medicalxpress.com/news/2020-05-team-covid-infection-fatality.html>. This piece of information was available in a more popular publication, but it has been deleted: <https://towardsdatascience.com/gangelt-a-representative-study-on-the-lethality-of-covid-19-5d877dbd6e55>.

³¹ See "Un nuevo estudio sugiere que el corona virus no es tan mortal como pensábamos", *Infobae*, 18 April 2020, available here <https://www.infobae.com/america/eeuu/2020/04/18/un-nuevo-estudio-sugiere-que-el-coronavirus-no-es-tan-mortal-como-pensabamos/?fbclid=IwAR3ahr-EArVhggoJ4Ua920TTnL7JzWT3LMPF8T2KZHsZlW5-ICpK3K5Fi9E>.

³² https://coronavirus.health.ny.gov/home?fbclid=IwAR0taBOwhoLyXhStQKYz_se9E1AsP-iovLvPHaUD7nc4YYU6fCnYcOozL-g

was part of the yeast of Neil Ferguson's model, published on March 16th 2020 by Imperial College,³³ which caused the lockdown of Great Britain and the global obsession to "flatten the curve."³⁴ In my experience, the only effect caused by the unaided Sars-CoV-2 was to send a moderately larger number of patients with respiratory problems to hospitals and clinics, many of whom needed oxygen and some of whom needed intensive care. But, due to the panic, the effect in reality was to collapse the intensive care units of many clinics and hospitals and to remarkably deteriorate the health service for any other diseases which was very much impaired, almost abandoned. Why? Because all patients were sent to the intensive care units in order to isolate them (this truly nearly collapsed the intensive care units of clinics and hospitals that received Sars-CoV-2 patients), because at some point the true treatment of Sars-CoV-2 with hydroxychloroquine and zithromycine or similar treatments were stopped; and because in part out of fear of contagion many health care personnel had to remain at home and were even dismissed. Yinon Weiss seems to have had a similar experience, since he states:

There are now places like Santa Clara County in California, entering its third month of lockdown despite COVID-19 patients occupying less than 2% of hospital capacity and none on ventilators. Yet there are 2 million county residents effectively under house arrest. Some doctors and nurses in the area had their pay cut by 20% so hospitals could avoid bankruptcy, reflecting perhaps the epitome of this senseless catastrophe.

He previously supported his main claim of the absurdity of the lockdowns with the example of Sweden: there, the Ferguson-type model (also the University of Upsala model) completely overestimated the rate of infection and the mortality caused by the virus, in case no drastic measure of "social distancing" and quarantining were taken.³⁵

Another aspect of the panic-sowing, which was shown to be false, is that we allegedly do not have immune response for this novel virus. Of course we do! Every year there might be a new virus and for thousands of years we have fought them off. But, in May 14th 2020 Dr. Angela Rasmussen from Columbia University had clear scientific evidence that all patients with Sars-CoV-2 presented T Cell response to the virus.³⁶

2. The political phenomenon

³³ See the model here: <https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2020-03-16-COVID19-Report-9.pdf>

³⁴ See Yinon Weiss, "How Fears, Group Think Brought Unnecessary Global Lockdowns," *Real Clear Politics*, August 4th 2020, https://www.realclearpolitics.com/articles/2020/05/21/how_fear_groupthink_drove_unnecessary_global_lockdowns_143253.html?fbclid=IwAR0sXbczI5vkTINNNDr00cDyOaGh0Q0ZBeyRcrMJ0-J5-GUqTpakkvsRBY

³⁵ "How Fears, Group Think Brought Unnecessary Global Lockdowns."

³⁶ See "T Cells Found in Covid-19 Patients Bode Well for Long Term Immunity", *Science*, May 14th 2020, <https://www.sciencemag.org/news/2020/05/t-cells-found-covid-19-patients-bode-well-long-term-immunity>. Beda Stadler, an important Swiss immunologist, based on this data thinks that if Sars-CoV comes back to the Northern Hemisphere it will be more like a simple cold. See "Coronavirus: ¿por qué nos equivocamos tanto?", *La Prensa*, July 16th 2020.

We must start this chapter stating that decisions about whether a lockdown has to be imposed or not, and about what sanitary measures must be adopted, is a political/ethical decision, not a medical one. A true politician has to gather the most reliable information and measure the pros and the cons of this or that path of action. In doing so, he must consider, in the first place, the good of his patients' souls, as Socrates taught us in his *Apology*. The good of the soul is the source that makes good the other goods, including the good of the body, also health. For this reason, a decision that preserves health at the expense of virtue or religiosity or friendship is a disastrous one. Today, materialist ideologies are lurking behind the label "science" and are expecting to use fear in order to enslave societies who have striven for millennia to achieve and maintain the republican form of government and of political society. This is absolutely unacceptable. To choose health rather than virtue is not science but bad philosophy. To deceive people concerning health in order to overthrow political freedom and religiosity is just ideology, and perhaps totalitarian ideology.

The coronavirus crisis has revealed that there are important international structures that promote this kind of ideology and therefore threaten the most cherished principles of the social doctrine of the Church, and of the Christian and classic-philosophical conception of political society. It has become clear that China's Communist government is involved deeply in these structures. The Director-General of the WHO, for example, is a known Socialist, Marxist politician... who very clearly furthered the agenda of the Chinese government during this crisis, both covering the mismanagement of the contention of the sickness and the origin of the virus.³⁷ Anthony Fauci, the man who, as we have already shown, has aligned the official bureaucracy of the USA with these structures, has connections with China and the Wuhan Lab where it seems the virus was manipulated.

But as academics we do not want to enter into those waters. We choose, instead, to point out the values and traces of a Christian, healthy civilization that are being trampled upon because of the panic sown by the WHO and the mainstream media, along with many politicians all around the world.

A. Truth and freedom

The outline of the situation that we have drawn in the first chapter gives sufficient ground to perceive that very essential notes of a healthy civilization are being quickly lost in ours. Perhaps the first two points which are called to our attention are the very nature of medicine and the autonomy of corporation which should seek the truth without any hindrance from power groups.

Didier Raoult pointed out an essential feature of medicine as it descended to us from Hippocrates' insights. Medicine is an experience-based discipline and an art (*téchne*). Its proper end is to heal the patients. This presupposed in the background, the true medical doctor is obliged to do everything

³⁷ Some very accredited authorities have stated that the virus was produced in a lab. A Nobel Prize of medicine, a virologist who discovered the HIV, for example, held that this virus has RNA sequences that were taken from the HIV virus. He has the hypothesis that the purpose was to develop a vaccine for HIV. His interview in Facebook was marked as "false" by the Facebook "fact checkers." See: <https://www.facebook.com/watch/?v=883512088790167>

in his power and knowledge to prudently heal his patient and he must be free in these dealings. Of course, this freedom does not mean that he can act without responsibility, but it does mean that he has to stick to his art, and he cannot bow at the impositions of political or economic power.

Hippocratic medicine has been the target of a systematic attack. Abortion was perhaps the first enormous crack in its beautiful structure. In many countries we have generations of doctors who are ready to violate their Hippocratic oath on this regard. But after abortion, the economic power of the pharmaceutical labs has hit the gates of the structure with a battering ram for decades: doctors often do not recommend the best medicine but rather whatever the mentoring lab suggests. Lately euthanasia, eugenics and their new face, “palliative care,” are ruining the walls. More and more doctors help or push their patients to die, instead of striving to recover their health. This might have sounded at some point as an increase in the freedom of the patient or the patient’s family, who could choose to end the life of the sick; then it might have sounded as an increase of the doctor’s range of action, but in the end, because the only real limits to power are those set by truth, this is showing its real face: an increase of arbitrary powers to decide who can live and who has to die. Professor Byrne’s observations on nursing homes in the United States point in this direction.

But it is not only the nature of medicine and its connection to its end (health) and to truth that is now at stake. As we have seen at Yale University, the very autonomy of universities and the academic freedom of its professors is being attacked and is not safe anymore. Even in matters as obvious as the scientific evidence concerning hydroxychloroquine’s beneficial effects in Sars-CoV-2 patients, the powers to be strive to impose lies. How is this possible? Professor Risch says that it is “beyond belief” and that it reminds one of *1984* and the Ministry of Truth. This is an accurate picture of the situation. But how did we come to this extreme point?

It seems clear that a long road has been traversed to make this possible. The way is that of Neo-Marxism, so clearly designed by Herbert Marcuse in his foundational work, “Repressive Tolerance.” There he sets the strategy to achieve the current situation: revolution will not be achieved through the proletarians because they are no longer revolutionary. Revolution must be achieved through intellectuals, professors and students who embrace perversion. The way will be a complete re-signification of the word “tolerance.” Perverted actions and characters must be presented as “rights” (this piece of vocabulary apparently comes from Foucault rather than Marcuse) and those with moral standards and love for truth who oppose perversion will be stigmatized as “intolerant.” In this way Marcuse hoped to suppress and forbid the transmission of “reactionary” views, doctrines and movements (such as Christianity and morality). According to Marcuse not only actions but also speech branded as “intolerant” must be persecuted. The tool for this design was provided by the contemporary development of so called “gender theory” and the new gender oriented “feminism.” This kind of cultural alliance of Marxism with genderism has led us to two main results:

- a. The imposition of counter-evidence lies mandated by the powers to be as “scientific”. This popular acceptance of these lies have deeply destroyed common sense. When the whole audience enthusiastically mandates that a man be acknowledged as a woman, and angrily attacks whomever is sane enough to

voice that the emperor is naked, when we have come to this extreme of ideologization, the table is set for the totalitarian tyranny to devour the public.

- b. The destruction of the “I” and of grammar, mandated both by Marxism and by Nietzsche. If an individual thinks that even a logical property of his individual being (his masculinity or femininity) might be changed by his naked will, then he is ready to be treated as a completely manipulable lump of matter by whatever will more powerful than his.

We are contemplating now, therefore, just the tightening of the circle that will destroy our civilization if truth does not find determined champions, ready to die rather than yield to the powers which use systematic lies in order to rule.

In this context, it is not surprising that even the best experts get censored by fools as happened to Knutt Wittkowski in YouTube and we know is happening every day in the so called social media and much more in mainstream media.

It is also not surprising that academic freedom is on the verge of disappearing. We have mentioned the case of professor Risch, but we can add the very clear case of professor John P. A. Ioannidis. Even academic publications have prevented the publication of scientific research due to the fear of “diffused” censorship. He has said:

the outrage propagated by social media is a force of its own, and destroys any intelligent discourse, civil or uncivil. Once the outrage gets going, platforms for academic discourse censor and the discourse just doesn't happen. I was unable to publish my essay about nosocomial spread of COVID-19 in nursing homes and hospitals. I submitted to many outlets. I suspect the editors feared social media backlash against my raising an uncomfortable issue. Fear isn't healthy for science.³⁸

One of the most obvious consequences of this abandonment of truth is that freedom, even physical freedom, is at great risk. Of course, an extreme epidemic of massive mortal threat, such as the black pest, could be a just ground for extreme restrictions of physical freedom. But, if truth is disregarded, any situation can be transformed into the appearance of an extreme situation and into the appearance of just ground for public panic. The mainstream media, the censorship in its different forms (suppression, defamation – such as sticking the label “conspiracy”--, misinformation and confusion) in other media, together with public decisions, they all can easily transform an epidemic very similar to the common flu, though a bit graver, into the appearance of the Black Plague. Even some ecclesiastical authorities have contributed to create this appearance, with the show of praying to God to deliver us from this great “pandemic,” as our forefathers prayed to be delivered from the Black Plague. In this way, in many countries great masses of honest people have been confined to home-arrest for months, while the common prisoners, under the guise of “mercy,” have been set free, supposedly to save them from this “terrible” contagion. The world is truly standing on its head,

³⁸ “Johan Ioannidis Explains His COVID Views.”

as it should happen during the Messianic time, in the way the young Marc Chagall conceived such time.³⁹

At this point, governments should react and strive to defend the freedom of their citizens, but a frightening aspect of the situation is that most governments seem to be controlled either by the network of lies and misinformation or by the power networks behind the lies. So, it seems that we must appeal to those in power so that, in order to save their souls and escape God's judgment, they strive to break whatever network in which they have been caught. Otherwise, the consequences for humanity could be so evil that one trembles even at the necessity to state them.

B. Subsidiarity, family.

A clear consequence of the public health decisions made by most governments in the West has been the collapse of many small or middle-sized businesses. Also, the suppression of the right to assemble and of the right to associate with others in order to further and spread ideas or initiatives. This is a direct violation of the principle of subsidiarity taught by the social doctrine of the Church, but also by the republican tradition of the West, starting with *Politics 2's* criticism of *Republic 5*. It seems that only big business and the States will be able survive as economic agents and as institutions if this quarantining is prolonged.

But in many places the ruling political class has taken the chance of the inability of the people to assemble in order to pass or apply outrageous "laws" which run against parental powers over their children (*patria potestas*), against the sexual indemnity of children, and against their lives. In Italy, Ecuador, Chile, Argentina, Mexico, this has been the case. Abortion and gender ideology and the serious impairment of parental power has been approved in Ecuador during this "quarantine," Congress people in Chile are trying to get gender ideology and the impairment of parental power passed as Law. In Italy abortion has been widened and gender ideology legislation, affecting parental power, has being put in place during the quarantine. In Argentina, the government has taken the opportunity to implement old legislation on gender ideology in schools and is trying to get abortion completely legalized. In Mexico, the implementation of recent legislation concerning gender ideology is being pushed. It is as if the gates of hell have been open with the crisis of the so-called coronavirus.

The infamous *Open Society Foundation* of George Soros seems to have given the signal for this massive attack. *Open Democracy*, an "independent" global media organization funded however by the *Open Society Foundation* stated openly on March 24th 2020, apparently heeding the WHO's lead:

Nuclear households, it seems, are where we are all *intuitively* expected to retreat in order to prevent widespread ill-health. 'Staying home' is what is somehow *self-evidently* supposed to keep us well. But there are several problems with this, as anyone inclined to think about it critically (even for a moment) might figure out – problems one might summarize as the mystification of the couple-form; the romanticization of kinship; and the sanitization of the fundamentally unsafe space that is private property. How can a zone defined by the power

³⁹ But Marc Chagall changed his heart and acknowledged later in life that Jesus is the true Christ who bring authentic salvation. See Benedict XVI, Josef Ratzinger, *Liberar la libertad*, pp. 18-20.

asymmetries of housework (reproductive labor being so gendered), of renting and mortgage debt, land and deed ownership, of patriarchal parenting and (often) the institution of marriage, benefit health? Such natural homes are where, after all, everyone secretly knows the majority of earthly violence goes down: the W.H.O. calls domestic violence “the most widespread, but among the least reported human rights abuses.”⁴⁰

This is pure Marxist ideology. Like the *Communist Manifesto*, *Open Democracy* proposes the abolition of the family through the denunciation of inner family conflicts and of vices of the institution (every institution has vices or defects), their generalization, their identification with the institution, and the final proposal of the suppression of the institution. This Marxist recipe has been pushed by George Soros very clearly in Argentina and Chile where his actions can be easily traced.

The point now is that we see the need to raise our voice and warn the world that behind the lockdowns a grim agenda is lurking and that agenda clearly includes the abolition of the family. This is one more reason why the peoples of the Earth should rise against the arbitrary constrictions imposed to their freedom of movement and association.

C. Religious persecution

In many places where the lockdowns and other social-distancing measures have been commanded and implemented there have been greater restrictions on religious gatherings than for commercial gatherings. Actually, religious gatherings have been considered as *non-essential* so that in many cases they have been completely banned. In this way, the faithful have been deprived of the Sacraments, the explanation of Scripture, of public prayer. In some places, civil authorities have interrupted the inner life of the Church and have tried to ban Communion.⁴¹ Very especially, they were all deprived of Holy Week and Easter. It is not surprising or odd that a Romanian prelate, the Greek Catholic Oradea Bishop Virgil Bercea, has declared that what is happening is not new, that he saw this before:

We’ve experienced this before. The situation recalls the closure of churches for more than 40 years under communism, when we had no possibility to worship, still less celebrate Easter. [...] Many say the situation under Communism has returned.⁴²

⁴⁰ “The Coronavirus Crisis Shows It Is Time to Abolish the Family,” available here: <https://www.opendemocracy.net/en/oureconomy/coronavirus-crisis-shows-its-time-abolish-family/?fbclid=IwAR0EGoHt0Hd6HEWD1QDuZ7GAQwtdB>

⁴¹ “La Junta de Andalucía pretende que se prohíba dar la comunión durante la Misa,” *Infocatólica*, April 27th 2020, https://www.infocatolica.com/?t=noticia&cod=37537&utm_medium=email&utm_source=boletin&utm_campaign=bltn200427&icid=fb9e27c63d1d9aca234ebaaa06eb29c2&fbclid=IwAR03LdFUD_k1tVS-XbDfDjA92r6QzK5rK3SF-kVcbRvRji-sBup0ba207_c

⁴² “Bishop About Coronavirus Regime: ‘We Have Experience This Before’,” Gloria TV, EN.News, April 18th 2020, https://gloria.tv/post/Nw7Jqa6iZBhQ6k2gHf4JZRVR8?fbclid=IwAR0ialyNz1_th8rwltp8kfbmAl4twGL_hgWGFE7oXquGgDYx_hTVd_KgjY

In some countries, like China, the persecution has been more physical. The government has taken the opportunity to tear down the churches and temples, for example.⁴³

What is most disturbing about the current attack against religion is that the prelates of the Catholic Church have remained compliant like meek sheep, while often the Evangelical pastors have defended religious freedom and, precisely, the rights of the Church against political or civil authorities. Also, not a few bishops have tried to impose Communion on the hands to the faithful with the excuse of the virus, no matter how many aseptic measures priests take. We actually think that, since the rights of the faithful are being juridically and canonically violated by their pastor, the faithful have the right to require from their pastors, priests and bishops (not aligned with this violation) to nourish them with the due spiritual pasture.

3. Dangers for the Future

We see that, although the peoples of the Earth are tired of the lockdowns and quarantine, economically and psychologically exhausted, the near future still threatens more lockdowns. Despite viruses become less aggressive with time, people like Anthony Fauci are predicting a harder second wave of the virus. So, we call upon the persons of good will and courage to withstand this bogus science, to reclaim their freedoms and to demand the restoration of medicine to its Hippocratic tradition.

More lockdowns and confinement may prove absolutely disastrous to the social fabric of our Western republics, as Allister Heath has declared for *The Telegraph* on September 9th 2020.⁴⁴ Moreover, as we have seen earlier on this statement, such measures lack any scientific ground and are contrary to any political and ethical prudence.

An even greater danger looms threatening in the near future. Big Pharma and some foundations, like the “Bill and Melinda Gates Foundation” are pressing to obtain a new kind of RNA vaccine against coronavirus and to try it on the population at large without the proper safety trials that would take at least 5 or 6 years. This is particularly grave because RNA vaccines have never been tried:

Because RNA vaccines let your body do most of the work, they don't require much material. That makes them much faster to manufacture. There's a catch, though: we don't know for sure yet if RNA is a viable platform for vaccines. Since COVID would be the first RNA vaccine out of

⁴³ See “China destruye Iglesias aprovechando que cristianos están en sus casas (video)”, *Acontecer Cristiano*, March 15th 2020, <https://www.acontecercristiano.net/2020/03/china-destruye-iglesias-aprovechando-cristianos-en-sus-casas.html?fbclid=IwAR3O2UegB7GN99D-OiJFol%E2%80%A6>

⁴⁴ “Britain's second lockdown will be even more terrible than the first”, available here: https://www.telegraph.co.uk/news/2020/09/09/britains-second-lockdown-will-even-terrible-first/?WT.mc_id=e_DM1284831&WT.tsrc=email&etype=Edi_Edi_New_Reg&utm_source=email&utm_medium=Edi_Edi_New_Reg20200910&utm_campaign=DM1284831 (14 September 2020).

the gate, we have to prove both that the platform itself works and that it creates immunity. It's a bit like building your computer system and your first piece of software at the same time.⁴⁵

In many countries, the Chinese are taking advantage of the complicity of the governments and of the panic instilled into the population to plan a massive vaccination campaign in which humans will be subjected to vaccine trials willingly and for free. We want to raise our voice on this point as well as on the previous ones: this is completely unethical. Sars-CoV-2 is not a sickness that has no cure; it is not an overwhelmingly dangerous and lethal malady which justifies extreme measures like forced vaccination and least of all with vaccines that are not safely tried. Gates is not describing reality accurately when he says: "Humankind has never had a more urgent task than creating broad immunity for coronavirus."⁴⁶ This is actually far from true, it is a complete distortion of reality.

Now, when a person who has declared that we must reduce the world's population, and that we will achieve this through vaccines, reproductive health care and in general through health care facilities,⁴⁷ makes such a statement, and when he seems to be acting in agreement with important US government officials (like Anthony Fauci) and with the WHO and Big Pharma, there are reasons to worry. We fear that thousands of lives could be at risk. We are almost certain that basic rights are in danger: it is possible that people who refuse to be vaccinated will be ostracized. There is legitimate fear that consecration of the "health rights" of children could lead to the removal of children from the home of parents who refuse to have them vaccinated.

Let us be clear: vaccines are a wonderful thing which have made humanity immune to very grave sicknesses. But there is little doubt that nowadays vaccines are often mixed with substances which are harmful⁴⁸ or unethical;⁴⁹ and also there is little doubt that the lethality of Sars-CoV-2 does not justify the lockdowns, the extreme social distancing measures and much less forced vaccination.

⁴⁵ Bill Gates, "What You Need to Know About the Covid-19 Vaccine", *Gates Notes*, <https://www.gatesnotes.com/Health/What-you-need-to-know-about-the-COVID-19-vaccine>

⁴⁶ Ibidem.

⁴⁷ You can see here a video-clip of a lecture by Bill Gates where he states just that: <https://www.youtube.com/watch?v=RNg2tVQJ3Nc&feature=youtu.be>

⁴⁸ Here the reader can see a collection of abstracts of scientific papers on the issue: https://childrenshealthdefense.org/wp-content/uploads/autism-mercury-abstracts-2.27.20.pdf?fbclid=IwAR3wIIUK42B_J_jRRA5DOqOvPrTE2YYk5ncgk1uA63DCXt-6u3EVe93jpE; here the reader can find a summary of the issue by Robert Kennedy (without considering the problem of aborted babies cells): <https://insidethevatican.com/magazine/robert-f-kennedy-jr-on-coming-covid-vaccines/?fbclid=IwAR3uGfyFeaGH7iSghhuSJCvFbKHOsBQ74lgicUsUIZQkVcMrRqrUARyil5c>

⁴⁹ We have in mind the use of aborted baby cells. In developing the Sars-CoV-2 vaccine some Big Pharma Labs are using precisely this: https://www.lifesitenews.com/news/uk-university-test-covid-19-vaccine-derived-from-aborted-fetal-cell-line-in-africa-brazil?fbclid=IwAR27mvjrd6Z-GSk9C_FNTZF4p8k9u1BemJbTTtKWJO7Yu28IYINI_JW3Mks