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Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS

A PUBLICATION OF THE WESTON A. PRICE FOUNDATION®

*Education ♦ Research ♦ Activism*
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Volume 21 Number 2

Summer 2020

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WiseTraditions

IN FOOD, FARMING AND THE HEALING ARTS
Volume 21 Number 2
Summer 2020

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THE WESTON A. PRICE FOUNDATION®


Education ♦ Research ♦ Activism

The Weston A. Price Foundation is a nonprofit, tax-exempt charity founded in 1999 to disseminate the research of nutrition pioneer Weston A. Price, DDS, whose studies of isolated nonindustrialized peoples established the parameters of human health and determined the optimum characteristics of human diets. Dr. Price's research demonstrated that men and women achieve perfect physical form and perfect health, generation after generation, only when they consume nutrient-dense whole foods and the vital fat-soluble activators found exclusively in animal fats.

The Foundation is dedicated to restoring nutrient-dense foods to the American diet through education, research and activism and supports a number of movements that contribute to this objective, including accurate nutrition instruction, organic and biodynamic farming, pasture-feeding of livestock, community-supported farms, honest and informative labeling, prepared parenting and nurturing therapies. Specific goals include establishment of universal access to clean, certified raw milk and a ban on the use of soy-based infant formula.

The Foundation seeks to establish a laboratory to test nutrient content of foods, particularly butter produced under various conditions; to conduct research into the "X" Factor, discovered by Dr. Price; and to determine the effects of traditional preparation methods on nutrient content and availability in whole foods.

The board and membership of the Weston A. Price Foundation stand united in the belief that modern technology should be harnessed as a servant to the wise and nurturing traditions of our ancestors rather than used as a force destructive to the environment and human health; and that science and knowledge can validate those traditions.

The Weston A. Price Foundation is supported by membership dues and private donations and receives no funding from the meat or dairy industries. 



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President's Message


Who would have guessed when we finished up last quarter's journal that we'd soon find ourselves in lockdown because of something called coronavirus? For the first time in history, we've seen a worldwide quarantine of healthy people. We've dedicated this issue to the subject in the hope that by the time this journal reaches you, our lives and the economy will be getting back to normal.

You will find differing opinions in these pages, the main one being whether the current outbreak of respiratory illness is actually caused by a virus—even whether there are such things as viruses at all. We'll be looking at the assumptions behind face masks, social distancing, contact tracing and mandatory vaccinations. Rest assured, what you will be reading here is not what you will find in the newspapers!

Whatever is causing the illness—whether 5G, air pollution from biodiesel, vaccinations or a wily virus—the Wise Traditions diet can help minimize the effects. From saturated fats that strengthen the structures in your cells and help protect your lungs, to raw milk for readily available calcium, to bone broth, to fermented foods—these components of a traditional diet can provide powerful protection to you and your loved ones. Over several generations, the modern diet based on vegetable oils and refined sweeteners has made most people weak and vulnerable. Then add toxic drugs like statins and blood pressure medications, and we have a recipe for widespread illness. Face masks and social distancing, let alone toxic vaccinations, are not the answer to the crisis we face!

One thing I am happy to announce is that Wise Traditions 2020 is still on! We've changed the location from Portland, Oregon to less restrictive Atlanta, Georgia (we'll hold the conference in Portland in 2021). We have a great lineup of speakers, including Robert Kennedy, Jr., for our keynote address and Del Bigtree for the closing ceremony. It will be fun to challenge all the modern medical myths in the back yard of the Centers for Disease Control. See pages 11-14 or go to wisetraditions.org for details.

Most of all, it will be a wonderful occasion to celebrate a return to normal life and fellowship, with hugs all around! We look forward to seeing many of you there!

P.S.: A silver lining to the “pandemic” is that sales at local farms are booming! Please continue to support local farms, even as the lockdown is lifted and the supermarkets re-stock with industrial food. 

Letters

JUST SAY NO TO COVID TESTING!

My daughter was tested in a clinic for flu last November. They did one of these deep nasal swabs. The test hurt like the dickens. She continued to have nasal pain and sinus issues, once waking up during the night due to the pain. We took her to a different urgent care two weeks later. The RN and doctor on staff both admitted that it was likely brought on by the nasal swab.

They didn't diagnose a sinus infection, though my wife insisted it was. Instead, they prescribed Flonase and Claritin. We skipped the prescriptions. A week and half later, we took her to our GP who diagnosed a sinus infection. He prescribed an antibiotic. That helped some, but it didn't clear up completely until mid-March of this year. After this experience, you couldn't pay me to take one of those tests now.

Chris Long
Maidens, Virginia

CONTAGION OR 5G?

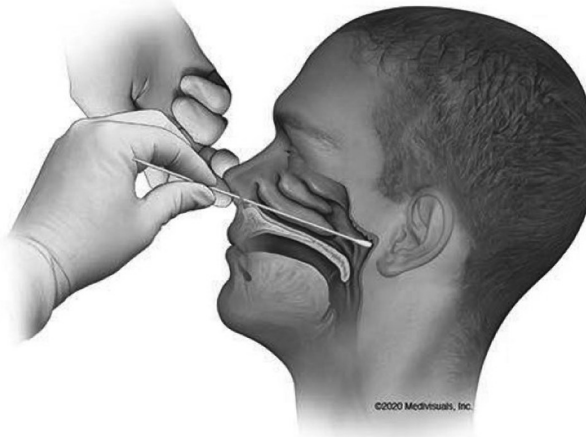
Why are the doctors and care givers also getting sick if this isn't contagious? The explanation has to do with where hospitals are located in communities—usually in or near the center of population density. Where do they put cell phone towers? In the same places. Many hospitals have telecommunications antennae on their roofs or on the roofs of neighboring buildings. They installed 5G in the hospitals in Wuhan.

I am a physician who has practiced environmental medicine for more than

twenty years. My wife and I developed some of the symptoms currently associated with the pandemic on returning to our top-floor apartment after being away for several weeks. This was before the first cases were reported in the U.S.

The next day we discovered a new microwave antennae array on the roof of our apartment.

We left the area, and thirty minutes



outside of the city, all our symptoms resolved. We have moved.

My wife is from Milan, Lombardy, Italy. It was one of the first cities with 5G in Europe. She contacted her brother who still lives in Milan. He was having some of the same symptoms. He left the city to go to their place on the coast. His symptoms resolved.

As many have pointed out, there is a very strong correlation between 5G cities and Covid-19 hot spots. We have looked at carrier-specific maps from individual cell providers of current 5G availability to confirm this.

The interaction with oxygen decreases over distance from the emitter. Our experience suggests there may be a

stronger correlation between symptoms and disease with how far away you are from a 5G cell phone antenna. Has anyone else observed this?

There are other environmental factors that contribute to our susceptibility to this new electrical energy, including pollution levels and glyphosate exposure. Here is a nice summary of this: jennifermargulis.net/glyphosate-and-covid-19-connection/

Gregory E. Hyde, MD, PhD
The Vita Institute
Carmel, Indiana
sonicalignment.com

WRONG THINKING

I ask myself, why has the world gone berserk over a virus? The answer is partly that allopathy is wrong in thinking that microbes cause disease. Allopathy is heartless—saying people shouldn't socialize or meet each other during this "pandemic"—and is a bully, claiming they're the only game in town. (There are lots of alternative medicines and therapies whose practitioners aren't allowed to speak up.) Also, after two generations of anti-animal food propaganda, not only are most people eating badly, but maybe they're not thinking straight.

Into this chaos comes Big Pharma. They want to inject twenty billion individuals—all people and pets; all farm, zoo and research animals; and many wild animals. But I think events will move too fast for them. Government will go bankrupt, the Internet will crash, and when they do, we will work with our neighbors, we will rediscover

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how to be social creatures—how to be fully human.

Joel Ottenstein
Shorewood, Wisconsin

ALTERNATIVE TREATMENTS

It's objectionable that the media condemned, ridiculed and shamed President Trump's legitimate ideas to look into "disinfectants" that might cleanse patients of viruses, such as heat, light, sunlight, ozone, hydrous chloride (HOCl) and UV. This character assassination has the same effect of a protective religious cult response to not disturb brainwashing propaganda. This "fake news" serves status quo misinformation.

Without open, transparent public discussion with full debate of the facts uncensored, problem-solving with rational, logical and rigorous scientific analysis is blocked from optimally determining our policies.

Trump specifically said he "didn't know if it will work or not," that he was "not a doctor," but that he had "good ideas."

Conspicuously missing is the search for a cure for sick and dying Covid-19 patients beyond patented drugs. Hundreds of studies show Americans deficient in nutrients required to optimize immune systems. Sunlight and optimal vitamin D improve immune system response. Heat kills Covid-19 over 150°F, suggesting saunas may help. Bleach-like chloride creates FDA-approved HOCl that disinfects hospital and restaurant viruses, including on fish: it is under safety study for spraying in eyes, nose and mouth. As for UV injection, it

was safely used on Americans prior to antibiotic development. (See ncbi.nlm.nih.gov/pmc/articles/PMC6122858/.)

It is unacceptable for any media to block and condemn ideas on the table that might stop a Covid-19 patient from suffering and dying every ninety seconds. Mature problem-solving requires open-minded transparent dialogue without vilification and shaming. Transparently open, peer-reviewed science must be discussed fairly and



equally without unfair power and control mechanisms exerted to block scientific discussion from being heard by everyone. Scientific analysis requires that all possible factors remain on the table to be rigorously analyzed until proven unsafe by measurable facts. Anything less is anti-science and irrational.

Our anti-science culture has caused thirty years of accelerated poisoning of our air, water, soil and food—and also

our bodies. Every baby is born with over three hundred man-made toxins that do not belong there. Over half our children have one or more chronic diagnoses. The widespread environmental movement repeatedly asked for regulation, but corporate profits poison us. Federal energy laws removing local and state control over siting of pipelines, centralized electrical grids and Wi-Fi EMF and microwave towers must be repealed as they have removed our self-

determination to protect our health and safety, and this has made us increasingly vulnerable to Covid-19.

If the media want to attack Trump politically, they should not do it when he is trying to help dying people, but when he works against our safety and health. We must end shaming, blaming and vilifying. We must demand full transparent and open debate of scientific facts and rigorous analysis for all matters that affect our health and safety.

Susan Michetti
Mount Horeb, Wisconsin

IATROGENIC ILLNESS

There's a lot we don't know about Covid-19, but this is what we do know. Old, obese, diseased people who don't eat well (nursing home food) on a lot of meds (especially statins to lower cholesterol) and who are pressured (forced?) to get vaccines (flu, pneumonia, shingles, etc.) have a higher death rate than young healthy people.

In Pennsylvania, the average age



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of death from Covid-19 is seventy-nine years and 67.9 percent were in nursing homes. These rates are higher in other states. Nearly all had comorbidities—we don't have a breakdown. We don't know how many had shots; we don't know how many were on lots of meds (polypharmacy) including statin drugs, which damage immunity. Probably most of them. Low cholesterol is associated with increased death.

Why deaths in nursing homes? It's called iatrogenic disease. An iatrogenic illness or iatrogenic death is a disease or death that was caused by medical care. Is that common? Yes, very common. It is estimated that well over one hundred thousand Americans die each year as a result of taking prescribed medications (drug overdose is in another category). That doesn't include medical malpractice, deaths from hospital infections (over one hundred thousand) and other causes.

Flu vaccine increases coronavirus risk. Virtually everyone who enters a hospital is given a flu shot. Research shows that the flu vaccine increases coronavirus risk 36 percent.

Another contributor to the deaths is the social isolation. Elderly people were refused visitors on Mother's Day! Cruel is the only way to describe such a restriction. People in hospitals couldn't have a loved one hold their hand. Without a doubt, social isolation is killing far more people than it was supposed to save (which is actually zero).

It's entirely possible that deaths from Covid-19 are not due to the flu, but are due to the medications and vaccines the sick elderly in nursing homes are submitted to. Plus consider the poor

quality of the food and social isolation.

I have visited people in nursing homes and similar places. I worked in one years ago. The inmates are truly over-medicated, undernourished, sad, lonely and depressed. Many lose their minds while there.

But don't hold your breath waiting for that to be revealed, or even investigated. The medical profession's number one purpose is not to help the sick, it's to maintain its control and status.

I'm not referring to individual doctors and nurses—many are indeed caring professionals. But they are caught in a corrupt system with no way out!

This is nothing new; the medical profession never accepts responsibility for its mistakes. They even refused to admit that the bloodletting they practiced was catastrophic—until about a hundred years had gone by.

During the 1918 Spanish flu we saw the same pattern, only this time it only took about eighty years before it was admitted that it was medical care that killed so many people—mainly huge doses of aspirin. But don't hold your breath waiting for an apology or even overall acknowledgment from the medical profession. During the Spanish flu, the mortality (death) rate in U.S. military hospitals was 36 percent! Mortality in U.S. medical hospitals was 30-40 percent! Even more appalling, the mortality rate in medical hospitals in New York City was reported to be 68 percent! In contrast, the death rate of those flu patients under chiropractic care was reported at .006 percent and .013 percent. Why was that? The answer may surprise you: it has to do

with philosophy, the difference between suppressive and expressive systems and iatrogenic illness.

Tedd Koren, DC
Gwynedd Valley, Pennsylvania

Read all of Dr. Koren's blogs on Covid-19 at korenwellness.com/blog.

HEALTHY FOOD IN ITALY

It is getting more difficult to eat nutrient-rich foods in Italy. To eat good quality organic, grass-fed meat I used to order it in The Netherlands, but they do not ship to Italy so I took a flight to Brussels, had the meat shipped there and came back with a two-month supply of beef and cheese.

Lately I found a few amazing farmers that have the best clean meat from animals grazing freely or having hay, no grains, antibiotics and hormones at all. This is a very good sign that something is moving in the right direction, and my life of trying to eat healthy meat and not being vegetarian is a bit easier.

Raw milk is easily available in Belgium, The Netherlands, Germany and France; but not in Italy. Are we EU? Since I cannot have raw, organic, grass-fed milk, possibly A2, I don't have milk when in Italy, just some heavy cream and goat kefir. I also buy a large quantity of organic raw butter in Belgium. It is impossible to find organic grass-fed raw butter in Italy.

Googling latte crudo ("raw milk"), the website milkmaps.com says that more than nine hundred raw milk self-service machines are in Italy. However, in my province, out of fifteen listed on the website, some are closed and most



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of the others are converted into pasteurized milk, not even organic. I found just one that still provides raw milk. The same thing is true for a nearby province. The ones I could personally check are converted to pasteurized milk. One farmer explained that it is too much effort and expense to keep raw milk available in the machines. I cannot tell whether this is true all over Italy, but my investigation so far is disappointing and shows that the website is obsolete.

Some good news is that one organic farm welcomed me to purchase organic raw milk when they milk the cows in the afternoon, but it is not 100 percent grass-fed. They think the only countries where cows are completely grass-fed are Africa and India, but that those cows are often weak and underweight. Some farms do limit the grains to seven kilograms. More good news is a new certification, a 100 percent latte fieno STG specialità tradizionale garantita, which guarantees at least 75 percent grass feeding (pasture or hay).

I am afraid after covid-19 and the general panic for viruses and bacterias raw milk will be banned even more tightly, instead of seeing it as an immune strengthener. It's the same thing with chickens and eggs and soy. In Italy chickens are fed soy and corn, no matter if organic, pastured and open air.

People think they get their bad cholesterol (does it exist?) or high triglycerides from butter hidden in bakery products, but this is not true. Butter is rarely used because it is too expensive for processed food. If someone produces food with olive oil, they will sell a lot (hopefully someone questions the quality of the olive oil).

No one seems to know we should cook and especially fry in animal fat and have the EVOO oil raw. Omega 6 inflammation caused by cooking with vegetable oils and eating processed food loaded with vegetable oils is huge. I wish they used olive oil. Coconut oil is not popular since it is a saturated fat.

Red meat is considered a danger, as are fats, especially butter. People will eat red meat, but always with guilt and with no concern for how the animal is raised. One example is meat imported from South America; no one seems to care about the GMO soy those animals are fed. On the contrary, there is a lot of talk about the possible treaty between the U.S. and E.U. for allowing more U.S. meat to come into Europe. U.S. meat is seen as dangerous, although when living in the U.S., I purchased meat from ethically raised animals, 100 percent organic grass-fed. Most Italians believe that in Argentina and Brazil, cows graze in the Pampas instead of eating GMO soy and corn in cattle feedlots. Italy has a great reputation for food quality, but no one seems to question whether it is still like that.

We consume large quantities of salumi, not thinking it is red meat but with additives and preservatives unless you know where to buy quality pork products. For example, where I live, there is a farm raising pigs and producing salumi higher than organic in quality (il Grifo, Reggio Emilia). But this is the exception.

I wish more Italians would return to eating traditional, healthy foods; I am therefore sending this “Mayday, Mayday” to you. Perhaps you can help us to spread knowledge and overcome

the cliché of the Mediterranean diet—not the worst diet but not sufficiently rich in nutrient-dense foods to nourish our brain, sustain and balance our hormones and keep our gut healthy.

Is there a way to educate and engage family doctors or having an authentic, organic, educazione alimentare in schools, in order to help us and the future generations?

Eléonore Gaddi
Reggio nell'Emilia, Italy

GRATITUDE

I would like to express my gratitude to the Weston A. Price Foundation for opening my mind to wisdom and truth about healthy food.

To share my story, I was the typical gal who believed that butter, cream, cheese were to be avoided if I wanted to be healthy and thin. I was not quite vegetarian but eating an almost vegetarian diet, with just a little meat with my rice and vegetables with as little fat and salt as possible. I consumed lowfat dairy sparingly and later on drank alternative dairy products (such as nut milks). On the outside, I was on the slender sise and looked healthy. So I couldn't understand why I couldn't get pregnant.

I had been married to my husband for about four years and we had been trying to have a child since 2014. I went off the birth control pill thinking I would become pregnant the next month. Nothing happened. I became more careful about my diet and exercise (more fruits and vegg, as little fat as possible, more exercise). Nothing happened. I started going through Google and trying out various supplements and herbal teas and any food that would



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help me get pregnant (like Brazil nuts, but not prepared as crispy nuts). Nothing happened. I went in for a fertility check. The doctors said there might be some minor clogging in one of my fallopian tubes, but it was very minor and should not be the reason why I was not getting pregnant. We tried intrauterine insemination (IUI). Didn't work. Then did IVF. I got six viable embryos. First (fresh) embryo transfer failed. Second (frozen) embryo transfer failed.

While taking a break I somehow got pregnant naturally. We were ecstatic. But it turned out to be an ectopic pregnancy (twins at that) that I had to terminate. This led me into deep depression. During my stay at the hospital after surgery, I turned on YouTube to get my mind off the ectopic pregnancy. I believe that by the grace of God, somehow the video of Sally Fallon Morell's Seminar on Traditional Diets (youtu.be/LJS4yKhJcu4) got turned on my YouTube stream. I had intended to just leave this video on in the background without actively listening to it. However, I found myself not able to sleep and getting more and more interested in listening to the video. What Sally was saying about animal fats and the traditional nourishing diet just sounded right. The diets (South Beach, Atkins, paleo) that were popular seemed to have to do a lot of persuading to validate their diet. The concept of traditional diets was simple to understand and seemed natural to me.

After my release from the hospital, I started to eat butter and full-fat dairy. I found the best dairy I could in Japan (and was able to find raw milk at the end). I have never bought vegetable oil

since then. I started making my own fermented foods and bone broth and incorporated them into my diet. During the process various things happened.

1. I stopped being cold all the time: My hands and feet were cold always, but especially in the winter. I just thought this was due to aging and genetics.
2. I didn't gain weight: My biggest fear about this diet was gaining weight. I didn't lose weight, but I didn't gain any extra despite the fact of using butter and consuming full-fat dairy.
3. I found a new interest in traditional Asian (especially Korean) food: I'm ethnically Korean and grew up eating Korean food. However, over time my parents while living in the U.S. had succumbed to the lowfat, low-cholesterol diet and I had never questioned it. I ate Korean food, but mostly purchased (semi) prepared food as I always thought Korean food took too much time and energy to cook. Through the process of eating the Weston A. Price way, I discovered the wisdom of traditional Korean foods and started making them at home.
4. I got pregnant: although I was not able to get pregnant naturally, my third embryo transfer in 2018 was a success and my daughter was born in 2019. She was born a bit small but healthy and is currently thriving.

There is still a part of me that wishes that I had known and followed the Weston A. Price food way before conceiving my daughter. However, I try not to dwell on this and consider myself

extremely blessed to have learned about these nourishing traditions during my pregnancy and will continue to eat this way for the rest of my life.

I can now only hope that the rest of my family (parents, brother and sister) will also be convinced enough to change their current modern diet to the nourishing traditional diet. I'm trying to show by example as I know that changing one's diet seems almost as difficult as changing religion.

Thank you for all your work. You've changed my life and I feel confident that I can lay the best foundation possible for my daughter's future thanks to the work of your foundation.

Esther Lee
Washington, DC

RENEWING

I am renewing my lapsed membership. I appreciate all of the work you do for healthy food, healthy farms and healing advocacy. I value the weekly podcasts; they are well done and an easy way to share information with others. I especially appreciate all the sane information you are giving for immune health during this current climate of hysteria. I am especially thankful for all my local food sources you have helped me find in years past so that I don't have to go face the empty shelves and fearful people at the grocery chains.

Lee Burdett
Alamonte Springs, Florida 

Gifts and bequests to the
Weston A. Price Foundation
will help ensure
the gift of good health
to future generations.

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

UNMASKING MASKS

One of the worst parts of the Covid-19 “pandemic” are the decrees to wear masks in public. What’s wrong with masks? Let me count the ways. First, they do not keep out “viruses.” The pores in the best of masks are ten times bigger than any “virus”—it’s like a six-foot man walking through a sixty-foot door. Labels on boxes of masks specifically warn that the masks “will not provide any protection against Covid-19 (Coronavirus) or other viruses or contaminants.” Two, we are constantly exposed to bits of cellular material called viruses—our body is home for three hundred sixty trillion viruses. The air we breathe is constantly raining billions of virus particles that float through the air and are blown from one end of the earth to the other. Three, viruses are good for us; they communicate changes in the environment and help us adjust. Four, the masks force us to breathe in more carbon dioxide than

is healthy; they are particularly dangerous for those with respiratory problems. A recent study involving one hundred fifty-nine healthcare workers, ages twenty-one to thirty-five, found that 81 percent developed headaches from wearing a face mask (<https://www.globalresearch.ca/face-masks-pose-serious-risks-healthy/5712649>). Five, lots of bacteria build up inside the mask, and these might indeed become toxic. Six, the masks can be deadly. Several young people have dropped dead while wearing masks in gym class or while running. And seven, masks hide our facial expressions, thereby removing our main way of communicating friendship and approval.

FALSE POSITIVES

The test used to “determine whether someone has contracted coronavirus” actually does no such thing. What it looks at are snippets of RNA, not actual “viruses.” By some estimates, the test can give up to 80 percent false positives (www.collective-evolution.com/2020/03/16/study-suggests-

potential-high-rate-of-false-positives-for-covid-19-testing/). Yet, many people have been hospitalized and subjected to dangerous treatments like anti-virals and ventilators on the basis of these tests. Probably the wisest world ruler alive today is President John Magufuli of Tanzania. A chemist by training, Magufuli submitted a number of samples to the World Health Organization (WHO) for testing. Says Magufuli, “We took samples from goats; we sent samples from sheep; we took samples from pawpaws; we sent samples from car oil; and we took samples from other different things; and we took the samples to the laboratory without them knowing.” His officials named the sample of car oil Jabil Hamza, thirty years old, male. The results came back negative. They named a sample of jackfruit Sarah Samuel, forty-five years old, female. The results came back inconclusive. Pawpaw got sent in as Elizabeth Anne, twenty-six years old, female. The poor pawpaw came back positive. Samples from a bird called kware and from a goat also tested positive; rabbit was undetermined; sheep was negative. President Magufuli is not wasting any government money on test kits for his people.



WARP SPEED? NOT SO FAST!

Moderna is one of over a dozen companies working on a Covid-19 vaccine, leading the pack in getting out a vaccine as part of Operation Warp Speed. An optimistic press release on their progress sent their stock price soaring. However, the clinical trial results for the vaccine did not give cause for optimism. The vaccine, developed and promoted by Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, and financed by Bill Gates, used an experimental mRNA technology said to allow rapid manufacture of the shot. Moderna skipped animal studies on the vaccine, opting to try it out on “exceptionally healthy” volunteers. But three of the fifteen in the high-dose cohort (250 mcg) suffered a “serious adverse event” within forty-three days of receiving the vaccine. One of them, Ian Haydon, age twenty-

Caustic Commentary

nine of Seattle, had to seek medical care at an urgent care center just twelve hours after his shot, and when he returned home, he fainted. Says Haydon, he “felt sicker than he ever had before.” Moderna did not release its clinical trial study or raw data, but its press release acknowledged that three volunteers developed grade-three systemic events defined by the FDA as “preventing daily activity and requiring medical intervention.” A vaccine with those reaction rates could cause grave injuries in one and one-half billion humans if administered to “every person on earth” (childrenshealthdefense.org, May 22, 2020).

INEFFECTIVE

Not only are these new vaccines dangerous, they are also ineffective. Oxford University researchers are developing a vaccine called ChAdOx1 nCov-19, which they tested on six rhesus monkeys. All six contracted the disease (www.dailymail.co.uk/sciencetech/article-8331709/Oxford-coronavirus-vaccine-does-not-stop-infection-experts-warn.html). Just two days earlier, in an example of extreme wishful thinking, webmd.com reported that the Oxford vaccine was a success (www.webmd.com/lung/news/20200518/vaccine-protects-monkeys-against-covid-19)!

DISEASE ENHANCEMENT

The development and licensure of Dengvaxia vaccine for dengue fever by Sanofi took more than twenty years and cost more than one and one-half billion dollars. Researchers found that the vaccine provoked a strong antibody response, which often made the disease worse, especially in infants and children—a phenomenon that researchers call “disease enhancement.” In spite of these dodgy results, Dengvaxia was subsequently administered to thousands of children in the Philippines, resulting in the deaths of six hundred and leading to a permanent ban on the vaccine in that country. Did the FDA call for a halt to Dengvaxia? Quite the contrary, the FDA went ahead and licensed the vaccine in the U.S. In 2016, Peter Hotez, MD, PhD, Dean of the National School of Tropical Medicine at Baylor College of Medicine, tried to develop a vaccine for coronavirus. Hotez told a U.S. Congressional Committee that “coronavirus vaccines are scientifically challenging and have a unique potential safety problem,” that of disease enhancement. When Hotez

observed this immune pathology in his coronavirus laboratory animals, he thought, “Oh my God, this is going to be problematic” (childrenshealthdefense.org, April 23, 2020).

BLOOD VESSEL DISEASE

Originally described as a disease of the lungs, akin to pneumonia, the emerging consensus now describes Covid-19 as a blood vessel disease caused by a “one-of-a-kind respiratory virus” that enters through the lungs and then attacks the blood vessels leading to high rates of blood clots. In the U.S., as many as 40 percent of Covid-19 patients develop clots and in China the rate is 71 percent. Autopsies show lungs filled with microclots. Even without a Covid-19 diagnosis, young people in their thirties and forties are having strokes in record numbers. On April 22, a New York doctor told CNN he had seen a sevenfold increase in the number of young people with strokes in the previous two weeks. At Mount Sinai Beth Israel Hospital, a doctor removing a clot from a patient’s brain “saw new clots forming in real time around it” as he was pulling it out. Bad, bad virus. . . or is it? Russian scientists saw the same symptoms in workers servicing ultra-high frequency generators way back in 1978. In addition to fatigue, drowsiness, headaches and loss of memory, the workers experienced a decrease in the amount of hemoglobin and a tendency toward hypercoagulation. There is no need to invoke “viruses” to explain cases of severe EMF poisoning (www.5gSpaceAppeal.org, May 20, 2020).

IT CAN BE DONE!

Mark Steele, a campaigner against 5G, worked to highlight the dangers of a secret 5G rollout in Gateshead, UK. Citing complaints of increased illness and cancer in 5G areas, Steele argued that the new smart 5G arrays on the top of new LED lampposts emit class-one radiation frequencies and should be treated as a danger to the public. The Gateshead Council launched a campaign against Steele, with false allegations on social media posts and printed leaflets stating that Steele was spreading pseudo-science; the leaflets claimed that the arrays were not dangerous and were not 5G. “Please be assured that there is no scientific basis or credible evidence of any of these scare stories about street lights causing cancer and other illnesses.” A court ruled that the council misused police powers to gag Steele and ordered the council to pay eleven thousand

Caustic Commentary

pounds to cover court costs. In court, none of the council officers could explain what 5G was and their leading government expert refused to attend the hearing. In conclusion the judge refused to gag Steele, stating, “The public have a right to know.” The secret 5G rollout in Gateshead is now officially an issue of public interest and will be treated as a landmark case for other people to start using this court’s ruling to challenge their Councils (<https://www.chroniclelive.co.uk/>, October 12, 2018). Here in the U.S., one small town, Easton, in Fairfield County, Connecticut recently decided to put the brakes on the 5G rollout. On May 7, 2020, the Easton Board of Selectmen unanimously approved a 5G cease-and-desist resolution “until such technologies have been proven safe to human health and the environment through independent research and testing” (childrenshealthdefense.org, May 22, 2020). Other U.S. towns that have taken steps to stop 5G include Farragut, Tennessee; Hallandale Beach, Florida; Greendale, Wisconsin; Keene, New Hampshire; and Santa Barbara, California.

VITAMIN A AND OBESITY

Obesity impairs the body’s ability to use vitamin A appropriately and leads to deficiencies of this key nutrient in major organs. This was the conclusion of research conducted at Weill Cornell Medicine. “Our research shows that, even if an obese animal consumes normal amounts of vitamin A, they have deficiencies of the vitamin A in major organs,” said first author Dr. Steven Trasino. “Obesity is categorized as a state of malnutrition, typically associated with consumption of too many calories and poor intake of essential nutrients. Our data expand on that definition by showing that obesity plays a role in the body’s ability to use this essential nutrient properly.” The report notes that vitamin A is critical for vision, fetal development, reproduction, immune responses and wound healing, and that vitamin A deficiency is also implicated in increased risk of respiratory infections, diabetes, infertility, delayed growth and poor bone development. Unfortunately, obesity interferes with the body’s ability to use vitamin A, even with adequate intake. (news.weill.cornell.edu/news, November 2, 2015). These findings may explain why obesity is a risk factor for severe Covid-19 disease, since vitamin A is also a critical nutrient for protecting us against environmental toxins, including electromagnetic toxicity.

UNTO THE THIRD GENERATION

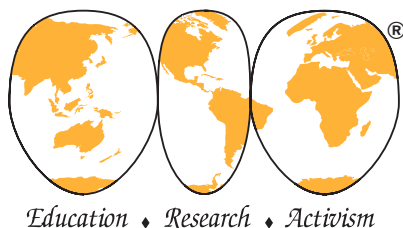
Grandmothers with higher blood levels of PFAS (per- and polyfluoroalkyl, fluorine-containing industrial toxins released into the air, soil and water) are significantly more likely to have granddaughters with obesity, according to a report given at the virtual ENDO 2020 meeting sponsored by the Endocrine Society. According to Barbara Cohn, PhD, of the Public Health Institute in Berkeley, California, “Pregnancy appears to be . . . a critical window of exposure for at least three generations of humans.” These compounds are designed to persist in the environment, and they also obviously do in the human body (<https://www.medpagetoday.com/meetingcoverage/endo/85719>). Major sources include non-stick pans, food packaging, household products, stain- and water-repellent fabrics, cleaning products and fire-fighting foams. They are associated with low infant birth weights, negative effects on the immune system, cancer, thyroid hormone disruption and lowered testosterone.

PROTECT YOUR KIDS WITH RAW MILK

A January 2015 study published in the *Journal of Allergy and Clinical Immunology* found that children who drink raw milk have less rhinitis and fewer respiratory tract infections and ear aches. The highest rates of these illnesses were in children who drank UHT milk, with lower rates in those drinking pasteurized milk and boiled farm milk. The best outcome was in children on raw milk. The results were especially significant for ear infections—something that makes children especially miserable. Interestingly, children who drank raw milk had about the same rate of fever as those who drank pasteurized milk or boiled farm milk, an indication that fever is just a normal and possibly protective occurrence for children. ☺☺

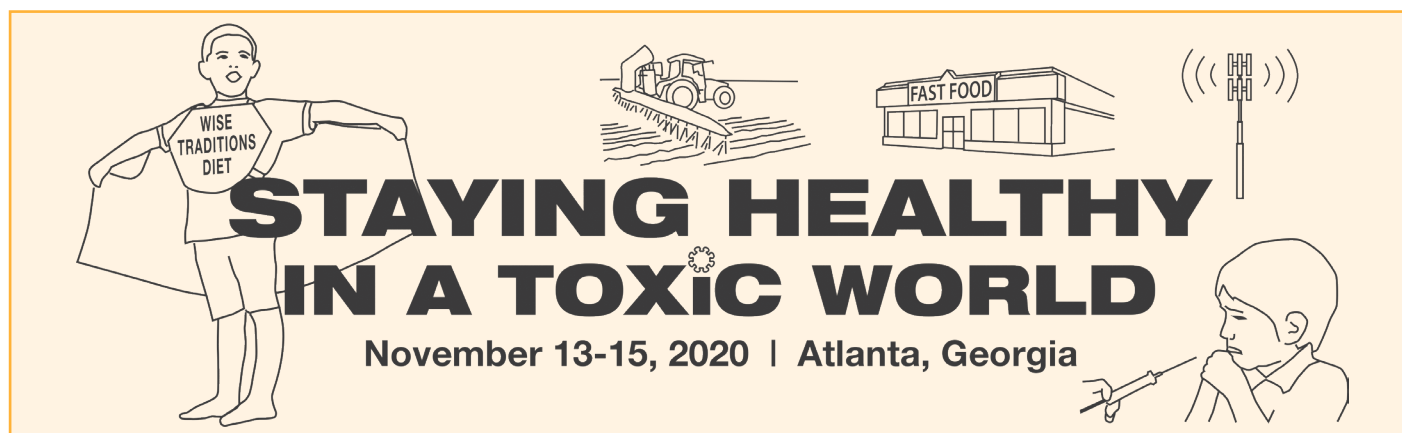
FOR SCIENTISTS AND LAY READERS

Please note that the mission of the Weston A. Price Foundation is to provide important information about diet and health to both scientists and the lay public. For this reason, some of the articles in *Wise Traditions* are necessarily technical. It is very important for us to describe the science that supports the legitimacy of our dietary principles. In articles aimed at scientists and practitioners, we provide a summary of the main points and also put the most technical information in sidebars. These articles are balanced by others that provide practical advice to our lay readers.



Wise Traditions 2020

TWENTY-FIRST ANNUAL INTERNATIONAL CONFERENCE OF THE
WESTON A. PRICE FOUNDATION



AMERICA'S PREMIER NUTRITION CONFERENCE

Life-Changing Lectures • Cooking Classes • Cutting-Edge Nutrition

Traditional Nutrient-Dense Meals • Wise Kids Program • WAPF-Friendly Vendors • Networking

CONFERENCE SPEAKERS

Del Bigtree of The HighWire and producer of *Vaxxed*
 Natasha Campbell-McBride, MD, PhD, *Gut and Psychology Syndrome*
 Monica Corrado, MA, *The Complete Cooking Techniques for the GAPS Diet*
 Tom Cowan, MD, author of *Human Heart, Cosmic Heart*
 James DeMeo, founder & director of the Orgone Biophysical Research Lab
 Marc DiNola, DDS, biological dentist
 Sally Fallon Morell, MA, author of *Nourishing Traditions*
 Janine Farzin, of *offallygoodcooking.com*
 Babs Hogan author of *Strong Choices, Strong Families*
 Diana Jabour, BBEC, EMRS, BBNC, building biology consultant
 Anthony Jay, PhD, author of *Estrogenation*
 Robert F. Kennedy, Jr., chairman of Children's Health Defense
 Chris Knobbe, founder & president of Cure AMD Foundation

Brandon LaGrecia, author of *Cancer and EMF Radiation*
 Kendall Nelson, director and producer of *The Greater Good* movie
 Greg Nigh, ND, LAc, naturopathic physician & licensed acupuncturist
 Robert Quinn, founder of Kamut International
 Beverly Rubik, PhD, president & founder, Institute for Frontier Science
 Theodora Scarato, MSW, executive director, Environmental Health Trust
 Stephanie Seneff, PhD, expert on glyphosate
 Jeffrey Smith, producer of *Genetic Roulette—The Gamble of Our Lives*
 Timothy Weeks, DC, author of *Whole Body Health*
 Louisa Williams, MS, DC, ND, author of *Radical Medicine*
 Will Winter, DVM, expert on pastured livestock
 Anke Zimmermann, BSc, FCAH, classical & modern homeopathy

LOCATION AND ACCOMMODATION

The conference hotel is the Sheraton Atlanta Hotel 165 Courtland Street, NE, Atlanta, Georgia 30303
 A special conference room rate of \$139 per night (plus taxes and fees) has been negotiated for our attendees.
 This rate is for single and double occupancy and is available only until October 24 or until all rooms are sold.
 You may book online (see details at wisetraditions.org) or call (404) 659-6500 and mention Wise Traditions.

One-day, weekend, no-meal options. Free exhibit hall and film.

Children's Program • Monday Guided Farm Visit • Continuing Education Units • Early Bird Discount • Scholarships
 For more information, call (703) 820-3333 or visit wisetraditions.org

PRE-CONFERENCE AND POST-CONFERENCE ACTIVITIES

THURSDAY, NOVEMBER 12
6:00 – 9:00 pm

**RAW MILK CAMPAIGN
 FUNDRAISER RECEPTION**

MONDAY, NOVEMBER 16

Will Winter, DVM
 Professionally Guided Farm Visit

Wise Traditions 2020

Atlanta Schedule

THURSDAY, NOVEMBER 12

6:00-9:00 PM WAPF raw milk fundraiser dinner (not included with conference registration)

FRIDAY, NOVEMBER 13

7:15-8:30 FTCLDF fundraiser breakfast (not included in registration)

8:30-1:30 Chapter leader meeting

9:00-12:15

Seminar Natasha Campbell-McBride: Gut and Physiology Syndrome

Seminar Beverly Rubik: The Perils of Fifth Generation (5G) Wireless: Health, Environment, Politics and Personal Solutions

12:15-1:45 Lunch

1:45-3:00

Basic Monica Corrado: Broth and Stocks: Timeless Remedies for Vibrant Health

General Chris Knobbe: Seed Oil Apocalypse: Are Vegetable Oils the Unifying Mechanism for Westernized Diseases?

Focused Kendall Nelson: Vaccine Freedom, Legislative Updates and How to Talk About It

3:45-5:00

Basic Janine Farzin: How to Meet Individualized Nutrient Needs with Organ Meats

General Timothy Weeks: Whole Body Health Tests: Simple Tests to Determine Your Current Level of Health and Strategies for Resetting It

Focused Louisa Williams: Aluminum: The Psychological Consequences of Adjuvants

6:00-7:30 Dinner

7:30-9:30

Panel Ask the Practitioner with Tom Cowan and others and moderator Sally Fallon Morell

General Talk Jeffrey Smith: Brace Yourself for the NEW GMOs!

Film with Q&A TBD

SATURDAY, NOVEMBER 14

6:45-7:45 Movement: Hilda Labrada Gore

7:15-8:45 FTCLDF fundraiser breakfast (not included in registration)

7:30-8:15 Sponsor presentation (TBD)

9:00-10:15

Seminar Sally Fallon Morell, Nourishing Traditional Diets, Part 1

Seminar Stephanie Seneff: Glyphosate, Deuterium and Cancer: Connecting the Dots, Part 1

Basic Practical Talk TBD

Focused Theodora Scarato: 5G, Cell Phones, the Wireless Revolution and Your Health

Wise Traditions 2020

Atlanta Schedule

SATURDAY, NOVEMBER 14 (continued)

11:00-12:15

Seminar Sally Fallon Morell, Nourishing Traditional Diets, Part 2
 Seminar Stephanie Seneff: Glyphosate, Deuterium and Cancer: Connecting the Dots, Part 2
 Basic Natasha Campbell-McBride: Vegetarianism Explained
 Focused Bob Quinn: Studies on Kamut

12:15-1:45 Lunch (12:15-1:30) and Break

1:45-3:00

Seminar Sally Fallon Morell, Nourishing Traditional Diets, Part 3
 Seminar Tom Cowan: TBD, Part 1
 Basic Anke Zimmermann: Homeopathy for Developmental Disorders
 Focused Marc DiNola: Safe Dental Amalgam Filling Removal Protocol

4:00-5:15

Seminar Sally Fallon Morell, Nourishing Traditional Diets, Part 4
 Seminar Tom Cowan: TBD, Part 2
 Basic Speaker TBD
 General: TBD

6:30-9:30 Awards banquet keynote: Robert F. Kennedy, Jr.: When Money Intersects Public Health Policy

SUNDAY, NOVEMBER 15

6:45-7:45 Movement - Hilda Labrada Gore

7:30-8:15 Sponsor presentation: TBD

9:00-10:15

Basic TBD
 General James DeMeo: Cosmic Ether and Cosmic Life on Earth
 General Sally Fallon Morell: Bringing Up Baby
 Focused TBD

11:00 – 12:15

Basic TBD
 General TBD
 General Brandon LaGrecia: Chronic Illness: Building Your Own Treatment Plan
 Focused Bob Quinn: The Financial Viability of Organics

12:15-1:30 Lunch (12:15-1:15) and Break

1:30-2:45

Basic Babs Hogan: Say Cheese! Unwrapping the Truth About Cheese
 General Diana Jabour: Building Biology
 Focused Greg Nigh: The Devil in the Garlic: How Disrupted Sulfur Metabolism can Wreck our Health

3:00-4:00 Closing ceremony with Del Bigtree

MONDAY, NOVEMBER 16

Will Winter, DVM: professionally guided farm visit

WISE TRADITIONS 2020 REGISTRATION FORM

First Name _____	Last Name _____	Name for Badge _____
Organization/Affiliation _____		
Address _____		
City _____	State _____	Zip Code _____ Country _____
Phone _____	Fax _____	<input type="checkbox"/> Check here if you are interested in donating food.
E-mail _____	Website _____	<input type="checkbox"/> This is my first Wise Traditions conference.

☐ Check here to reserve gluten- & casein-free conference meals. OR ☐ Gluten-free only. OR ☐ Casein-free only. Register for GF and/or CF children's meals below.

DISCOUNTED MEMBERSHIP: become a member of the Foundation while registering and receive a discount.

☐ \$30 US Annual Membership (regularly \$40) ☐ \$40 International (regularly \$50) (online use code wapf10)

FULL REGISTRATION includes conference materials, Friday sessions, lunch and dinner, Saturday sessions, lunch and Awards Banquet, Sunday sessions and brunch (except for no-meal option). Does **not** include Monday.

THREE DAYS

☐ Full Registration (Includes lunch each day, dinner Fri & Sat)

☐ Full Registration No-Meal Option (*meals not included*)

By Sept 20

\$440

\$340

After Sept 20

\$465

\$365

TWO DAYS includes sessions with lunch on two days.

☐ Pick two days: ☐ Friday ☐ Saturday ☐ Sunday

\$240

\$265

DAILY REGISTRATION includes sessions and lunch (no dinner).

☐ Daily Registration ☐ Friday ☐ Saturday ☐ Sunday

☐ Saturday Traditional Diets Seminar, Sally Fallon Morell

☐ Monday Guided Farm Visit 7 AM-6 PM (includes lunch)

\$140

\$75

\$110

\$155

\$75

\$110

EVENING EVENTS

☐ Thursday WAPF Real Milk Fundraiser Reception

☐ Friday Dinner and Events

☐ Saturday Evening Awards Banquet

\$65

\$60

\$75

FTCLDF BREAKFAST FUNDRAISER (not included in above registration)

☐ One breakfast (donation)

☐ Breakfast for Friday, Saturday, Sunday

\$17

\$45

CHAPTER LEADER DISCOUNT

☐ As chapter leader, please offer the 25% **discount** off registration (not Thursday, farm visit or breakfasts)

Please select the sessions you plan to attend. This helps us plan but you can change your mind.

Friday Choice – AM: ☐ GAPS ☐ 5G ☐ Homeopathy ☐ Health PM: ☐ Cooking ☐ Oils/TBD ☐ Vaccine/Aluminum

Friday Evening Choice – ☐ Genetic Engineering ☐ Practitioners Panel ☐ Film

Saturday Choice – ☐ Seneff/Cowan ☐ Nourishing Traditional Diets ☐ Practical ☐ Estrogen/Vitamin A/etc.

Sunday Seminar Choice – ☐ Practical/Cheese ☐ Baby/Chronic Illness/Buildings ☐ Organics/Garlic

CHILDREN'S PROGRAM (Child must be age 3-12 and potty trained.)

____ Child's Name(s) _____ Age(s) _____

____ @ \$250 per child for Friday - Sunday includes Friday lunch & dinner, Saturday lunch, Sunday brunch

☐ GF/CF meals OR ☐ GF only OR ☐ CF only for ____ children OR ____ @ \$150 per child, includes no meals.

CEUs FOR RNs & LACs. A \$5 certificate of attendance is available. It suffices for RDs & nutritionists.

☐ RN ☐ LAC – ☐ All 3 days \$65 ☐ Friday \$25 ☐ Saturday \$25 ☐ Sunday \$25// ☐ RD or nutr. ☐ Cert of Attend. \$5.

PAYMENT PROCESSING

Total Due: _____ ☐ MasterCard ☐ Visa ☐ Check Payment/Money Order (make payable to WAPF)

Full Name _____

Card Number _____

Exp. Date _____ Security Code (3 digits on back of card) _____

CHAPTER LEADERS

☐ I am chapter leader listed online.

☐ I plan to attend the Chapter Leader Meeting

Friday, Nov 13, 8 am-1:15 pm (See discount)

How did you hear about the conference? (check all that apply)

☐ Friend/Colleague

☐ Blog

☐ FB or Instagram

☐ Web advertisement

☐ Print advertisement

☐ Another conference

☐ Other, please specify _____

☐ WAPF email

☐ WAPF postcard

☐ WAPF journal

☐ WAPF website

☐ Radio

☐ Chapter

What is your current occupation?

☐ Acupuncturist

☐ Nutritionist

☐ Chef

☐ Chiropractor

☐ Nurse

☐ Artisan food producer

☐ Other, please specify _____

☐ Farmer

☐ Homemaker

☐ Student

☐ Retired

☐ Teacher

☐ Journalist

THREE WAYS TO REGISTER:

1. **PHONE** (703) 820-3333

2. **FAX** (571) 777-8932

3. **MAIL**

WAPF Wise Traditions Conference

4200 Wisconsin Ave, NW #106-380

Washington, DC 20016

PLEASE NOTE:

One adult registration per form, please.

Forms submitted without payment will not be processed.

FOR FURTHER INFORMATION

wisetraditions.org

info@westonaprice.org

NO REFUNDS will be issued after

December 31, 2020. Full refund minus \$25

for written cancellations up to October 20.

Full refund if we have to cancel.

Is Coronavirus Contagious?

By Sally Fallon Morell

Is coronavirus contagious? This is the sixty-four-thousand-dollar question. The premise that coronavirus is highly contagious and can cause disease has provided the justification for putting entire nations on lockdown, destroying the global economy and throwing hundreds of thousands out of work. From face masks to social distancing, from antivirals to vaccines, these measures are predicated on the assumption that tiny viruses can cause serious illness and that such illness is transmissible person-to-person. But is coronavirus contagious? Does it even cause disease?

As early as 1799, researchers puzzled over the cause of influenza, which appeared suddenly—often in diverse places at the same time—and could not be explained by any theory of contagion. In 1836, Heinrich Schweich, author of a book on influenza, noted that all physiological processes produce electricity and offered the theory that an electrical disturbance of the atmosphere may prevent the body from discharging it. He repeated the then-common belief that the accumulation of electricity in the body causes the symptoms of influenza and that outbreaks were due to atmospheric “influences”—hence the name influenza.

Outbreaks
of illness
accompanied
each step
toward
greater
electrification.

INFLUENZA AND ELECTRICITY

Since we know about the electrical nature of the sun, we can make some interesting observations. The years 1645-1715 were a period that astronomers call the Maunder minimum, when the sun was very quiet. Astronomers observed no sunspots during that time span, and the northern lights were nonexistent; then, in 1715, sunspots reappeared, as did the northern lights. Sunspot activity increased, reaching a high in 1727, and in 1728, influenza appeared in waves on every continent. Sunspot activities became more violent until they peaked in 1738, when physicians reported flu in both man and animals, including dogs, horses and birds, especially sparrows. By some estimates, two million people perished during the ten-year pandemic.

These and other facts about the relationship of influenza to disturbances in electricity come from a remarkable book, *The Invisible Rainbow*, by Arthur Firstenberg.¹ Firstenberg chronicles the history of electricity in the U.S. and throughout the world, along with the outbreaks of illness that accompanied each step toward greater electrification. The first stage involved the installation of telegraph lines. By 1875, these formed a spider web over the whole earth totaling seven hundred thousand miles, with enough copper wire to encircle the globe almost thirty times. With it came a new disease called neurasthenia.

Outside the U.S., scientists recognized electricity as one of neurasthenia's causes. Like those suffering today from "chronic fatigue," patients felt weak, exhausted and unable to concentrate. They had headaches, dizziness, tinnitus, floaters in the eyes, a racing pulse, pains in the heart region and palpitations; they were depressed and had anxiety attacks. Dr. George Miller Beard noted that the disease spread along the routes of railroads and telegraph lines. It often resembled the common cold or influenza and usually seized people in the prime of life.

The year 1889 marked the beginning of the modern electrical era and also of a deadly flu pandemic, which followed the advent of electricity throughout the globe. Says Firstenberg, "Influenza struck explosively and unpredictably, over and over in waves until early 1894. It was as if something fundamental had changed

in the atmosphere." Physicians puzzled over influenza's capricious spread. For example, William Beveridge, author of a 1975 textbook on influenza, noted: "The English warship *Arachne* was cruising off the coast of Cuba without any contact with land. No less than 114 men out of a crew of 149 fell ill with influenza and only later was it learnt that there had been outbreaks in Cuba at the same time."¹

During the First World War, governments on both sides of the conflict installed antennas that eventually blanketed the earth with strong radio signals. In 1918, disaster struck. The Spanish flu sickened an estimated five hundred million people—about one-third of the planet's population—and killed as many as fifty million people, more than the Black Death of the fourteenth century. Those living on military bases, where the antennas were routinely installed, were the most vulnerable. A common symptom was bleeding—from the nostrils, the gums, ears, skin, stomach, intestines, uterus, kidneys and brain. Many died of hemorrhage in the lungs, the victims literally drowning in their own blood. Tests revealed a decreased ability for the blood to coagulate, possibly the result of flu patients receiving large doses of aspirin.

The year 1957 marked the installation of radar worldwide. The "Asian" influenza pandemic began in February 1957 and lasted for a year. A decade later, the U.S. launched twenty-eight satellites into the Van Allen belts as part of the Initial Defense Communication Satellite Program (IDCSP), ushering in the "Hong Kong" flu pandemic, which began in July 1968. As Firstenberg observes, "In each case—in 1889, 1918, 1957 and 1968—the electrical envelope of the earth. . . was suddenly and profoundly disturbed," and along with it, the electrical circuits in the human body.

Western medicine pays scant attention to the electrical nature of living things—plants, animals and humans—but mountains of evidence indicate that faint currents govern everything that happens in the body to keep us alive and healthy. From the coagulation of the blood, to energy production in the mitochondria, even to small amounts of copper in the bones, which create currents for the maintenance of bone structure—all can be influenced by the

presence of electricity in the atmosphere, and especially “dirty” electricity, which is characterized by many overlapping frequencies and jagged changes in frequency and voltage.

Chinese medicine has long recognized the electrical nature of the human body and has developed a system to defuse the “accumulation of electricity” that leads to disease. It’s called acupuncture. Many things that we do instinctively also help release any unhealthy buildup of current—the mother who strokes her infant’s head or who scratches her children’s backs to help them get to sleep, the caresses of lovers, barefoot walks, massages and even handshakes and hugs—all now sternly discouraged by health authorities² as we face the specter of police bursting in at night to make sure that Dad is sleeping on the couch.

Am I making this up? The *Washington Post* recently published an article in which a mother was explaining to her teenage son why she couldn’t hug him during quarantine; and a World Health Organization (WHO) official suggests that public health officials should enter people’s homes and “in a dignified way” remove those who test positive to prevent infecting the rest of the family.³

Fast forward to the Internet and cell phone era. According to Firstenberg, the onset of cell phone service in 1996 resulted in greater levels of mortality in major cities like Los Angeles, New York, San Diego and Boston. Over the years, wireless signals at multiple frequencies have filled the atmosphere to a greater and greater extent, along with mysterious outbreaks like SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome).

5G ROLLOUT AND COVID-19

On September 26, 2019, Wuhan, China turned on fifth generation (5G) wireless and officially launched 5G on November 1, with a grid of about ten thousand antennas—more antennas than exist in the whole U.S.—all concentrated in one city. Soon we began hearing about a strange new illness coming from this highly industrialized location. A spike in cases also occurred on February thirteenth, the same week that Wuhan turned on its 5G network for monitoring traffic.

Illness has followed 5G installation in all the major cities in America, starting with New York in the fall of 2019—in uptown, midtown and downtown Manhattan, along with parts of Brooklyn, the Bronx and Queens—all of which became subsequent coronavirus hot spots. Los Angeles, Las Vegas, Dallas, Cleveland and Atlanta soon followed, with some five thousand towns and cities now covered.

Europeans have also seen a strong correlation with 5G rollout. Bartomeu Payeras i Cifre, a Spanish epidemiologist, has charted the rollout of 5G in European cities and countries with cases per thousand people. His analysis demonstrates “a clear and close relationship between the rate of coronavirus infections and 5G antenna location.”⁴ For example, the city of Milan and other areas in the northern part of the country have the densest 5G coverage, not Rome. Even though the major airport in Italy is in Rome, northern Italy has twenty-two times the number of coronavirus cases. In Switzerland, telecommunications companies have built out more than two thousand antennas, but the Swiss have halted at least some of the 5G rollout due to health concerns. Per capita, Switzerland has had far fewer coronavirus cases than the nearby countries of France, Spain and Germany, where 5G is going full steam ahead. Of particular note is the small country of San Marino, the first country in the world to install 5G (in September 2018). Its citizens have had the longest exposure to 5G and the highest coronavirus infection rate—four times higher than Italy (which deployed 5G in June 2019), and twenty-seven times higher than Croatia, which has not deployed 5G. In rural areas, the illness blamed on coronavirus is slight to non-existent.

Iran announced in February 2020 that it “had carried out all preparations needed for launching the 5G network” and had completed its expansion of related 4G-LTE infrastructure “to almost all cities, towns and villages across the country.”⁵ The first Covid-19 cases there correlate with this announcement.⁶ Korea has installed over seventy thousand 5G bases and, by mid-March, had reported over eight thousand cases of illness. Japan began testing 5G in tunnels in Hokkaido in early February 2020, and

Illness has followed 5G installation in all the major cities in America.

this city now has the most cases of coronavirus in Japan—even more than Tokyo.

In South America, the 5G rollout has occurred in Brazil, Chile and Ecuador, and in Mexico, all of which have many coronavirus cases. Countries without 5G (such as Guyana, Suriname, French Guiana and Paraguay) have not reported any cases, even though sanitation in these countries is likely more primitive. Paraguay is doing what all countries should do—building a national fiber optics network without resorting to 5G.

The 5G system has also been installed on modern cruise ships and in many health care facilities. In addition, health care facilities bristle with electronic equipment, some of it located right by the heads of very sick patients. People who suffer from electrical sensitivity cannot go near many hospitals and nursing homes.

A SOUP OF 4G AND 5G FREQUENCIES

5G broadcasts in a range of microwave frequencies (24-72 GHz). Frequencies in this range (below the frequency of light) are called non-ionizing, in contrast to ionizing radiation, which has a higher frequency than visible light (see Figure 1). Ionizing radiation, such as x-rays, causes electrons to split off atoms (obviously something to which one should limit one's exposure). Instead of producing charged ions when passing through matter, non-ionizing electromagnetic radiation changes the rotational, vibrational or electronic valence configurations of molecules and atoms. This produces thermal effects—think microwave ovens—but also

well-documented non-thermal effects.⁷

While the telecommunications industry flatly denies any non-thermal effects on living tissue, a large body of research suggests considerable harm to the delicate electromagnetic systems in the human body from constant exposure to non-ionizing frequencies—headaches, tinnitus, fatigue, rashes and even cancer. In particular, high-frequency electromagnetic fields like 5G affect cell membrane permeability—not a good thing when the architecture of a healthy cell ensures that it is *not* permeable except in controlled situations.⁸

The fact that some 5G transmitters broadcast at 60 GHz is of particular concern. According to telecommunications industry literature, this frequency is highly absorbed by oxygen,⁹ causing the O₂ molecule to split apart and making it useless for respiration. Think about the implications of oxygen that doesn't work to support life! Also of interest is the U.S. military's possession of crowd control devices that operate in the ranges of 6-100 GHz. The military's 95 GHz Active Denial System can penetrate the skin and produce intolerable heating sensations,

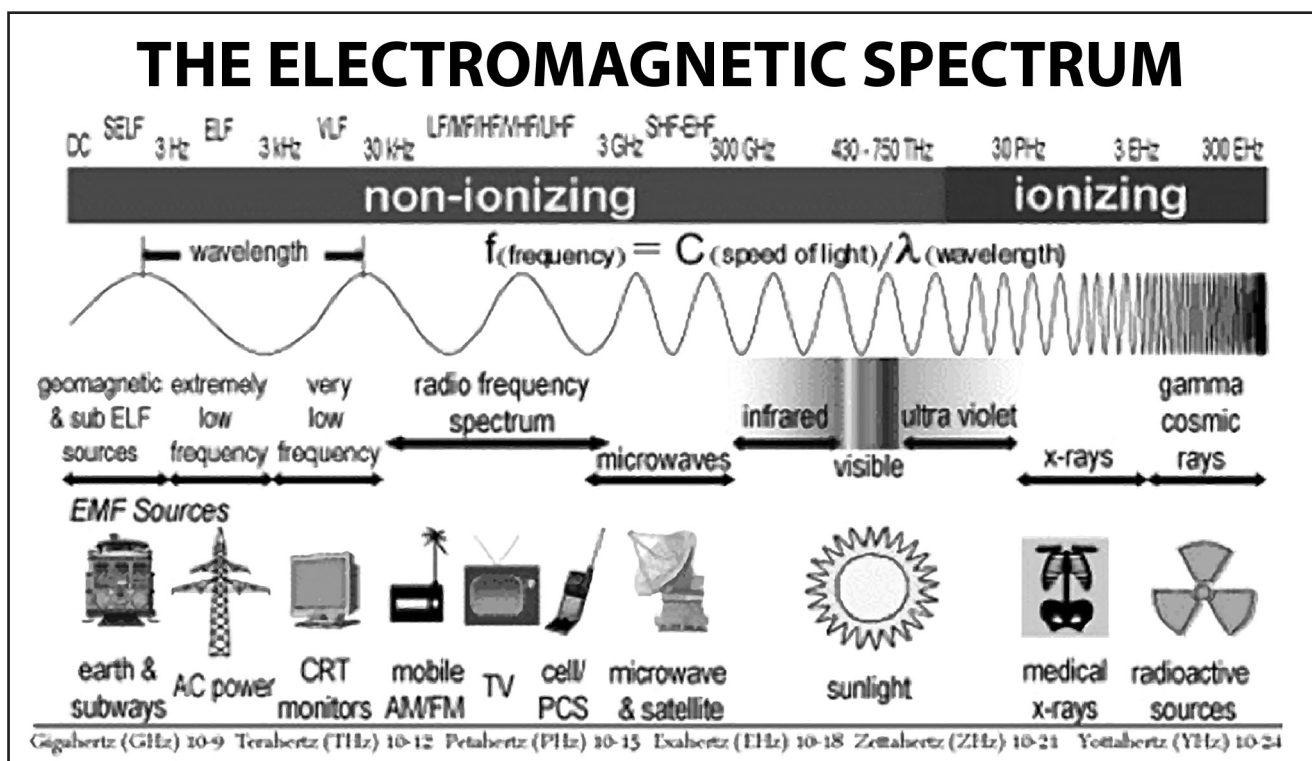


FIGURE 1. The electromagnetic spectrum

causing people to move away from the beam.

The technological changes converging to build out 5G networks include a massive “densification” of 4G networks as well as expansion into the millimeter wave frequency bands, particularly (in the case of the latter) in urban areas.¹⁰ Millimeter waves go only a short distance and cannot penetrate buildings. In response, a few tech startups are working to get the 5G signal into the areas where we work, play and sleep. For example, Pivotal Commware is testing an “Echo 5G In-Building Penetration Device.”¹¹ Pivotal’s offices are about one mile from the Life Care nursing home in Kirkland, Washington, where the illness first appeared in the U.S., and where twenty-five residents died. Was the Life Care center a *de facto* testing ground for Pivotal’s new device?

Let’s consider some of the symptoms reported in connection with Covid-19. Guidelines published in 2016 by EUROPAEM EMF, a non-profit watchdog organization, state that “there is strong evidence that long-term exposure to certain EMFs is a risk factor for diseases such as certain cancers, Alzheimer’s disease, and male infertility.” Describing common symptoms of electromagnetic hypersensitivity (also called microwave illness), the authors cite “headaches, concentration difficulties, sleep problems, depression, lack of energy, fatigue, and *flu-like symptoms* [emphasis added].”¹²

A study published in *Oncology Journal* describes lung injury from radiation therapy. Radiation therapy uses shorter waves at close range for a shorter period of time. It stands to reason that 5G millimeter waves—with 4G transmitters nearby pulsing massive amounts of frequency day and night—could also cause lung injury. According to the study’s authors, “Depending on the dose and volume of lung irradiated, acute radiation pneumonitis may develop, characterized by dry cough and dyspnea (shortness of breath).”¹³

Another coronavirus symptom: fizzing. According to the *New York Post*, many Covid-19 patients report strange buzzing sensations throughout their body, “an electric feeling on the skin” or skin that feels like it is burning.¹⁴ Those who are electrically sensitive report similar sensations when they get near a cell phone or

use GPS-guided cruise control in their cars. Other reported coronavirus symptoms include a loss of smell and taste,¹⁵ fever, aches, breathlessness, fatigue, a dry cough,¹⁶ diarrhea,¹⁷ strokes and seizures¹⁸—all symptoms documented by those who are electrically sensitive.

The correlation of the 5G rollout and Covid-19 cases—and the similarity of symptoms—should give us pause. Shouldn’t we be looking more closely before we institute mandatory vaccination and electronic ID chipping? Shouldn’t we test to see whether a contagious virus is even involved before we order social distancing and prescribe face masks?

THE LEGACY OF PASTEUR

With the invention of the microscope in 1670 and the discovery of bacteria, doctors found a convenient explanation for disease: tiny one-celled organisms that humans can presumably pass from one to another through contact and exhalation. This theory took hold thanks to celebrity scientist Louis Pasteur.

It was Pasteur who convinced a skeptical medical community that contagious germs cause disease; his “germ theory” soon became and still serves as the official explanation for most illness. However, in his private diaries, he stated unequivocally that in his entire career he was not once able to transfer disease with a pure culture of bacteria (and he obviously wasn’t able to purify viruses at that time). In fact, the *only* way he could transfer disease was to either insert the whole infected tissues into another animal—he would sometimes inject ground-up brains of an animal into the brain of another animal to “prove” contagion—or resort to adding poisons to his culture, which he knew would cause symptoms in the recipients.

Eventually, Pasteur admitted that the whole effort to prove contagion was a failure, leading to his famous deathbed confession that “the germ is nothing, the terrain is everything.”¹⁹ In other words, microbes may be *associated* with diseases but they do not *cause* them; the cause is always something that has upset the natural order of nature, such as nutrient deficiencies, toxins, bad air, filthy water, electromagnetic radiation or even the emotions of fear and despair.

Recognition of nutritional deficiencies as a cause of diseases like scurvy, pellagra and beriberi took decades because the germ theory became the explanation for everything that ails the human being. As Robert R. Williams, one of the discoverers of thiamine (vitamin B1), lamented, “all young physicians were so imbued with the idea of infection as the cause of disease that it presently came to be accepted as almost axiomatic that disease could have no other cause [than microbes]. The pre-occupation of physicians with infection as a cause of disease was doubtless responsible for many digressions from attention to food as the causal factor of beriberi.”²⁰

During the Spanish flu pandemic of 1918—the deadliest example of a global contagion in history—doctors struggled to explain the worldwide reach of the illness. It seemed to appear spontaneously in different parts of the world, striking the young and healthy, including (as previously mentioned) many American servicemen. Some communities shut down schools, businesses and theaters; people were ordered to wear masks

Viruses have become a convenient scapegoat for diseases that don't fit the bacterial model.

and refrain from kissing their babies to stop the contagion.

But was it contagious? At the time, health officials believed that a microorganism called *Pfeiffer's bacillus* caused the Spanish flu, and they were very interested in understanding how the organism could spread so quickly—and so randomly. To answer that question, doctors from the U.S. Public Health Service tried to infect one hundred healthy volunteers between the ages of eighteen and twenty-five by collecting mucous secretions from the noses, throats and upper respiratory tracts of those who were sick. The doctors then transferred these secretions to the noses, mouths and lungs of the volunteers, but not one of them succumbed. Even when blood from sick donors was injected into the blood of the volunteers, they remained stubbornly healthy.

Finally, the doctors instructed those afflicted with the flu to breathe and cough over the healthy volunteers, but none became sick. Researchers even tried to infect healthy horses with the mucous secretions of horses with the flu—yes, many animals became ill during the pandemic—but the results were the same. The Spanish flu was not contagious,^{21,22} and physicians could attach no blame to the accused bacterium nor provide an explanation for its global reach.

In recent years, we have witnessed a complete reversal of the reigning medical paradigm, which claims that bacteria attack and sicken us. Indeed, researchers have become increasingly frustrated in their attempts to prove that bacteria make us sick, except as co-actors in extremely unnatural conditions. We have learned that the digestive tract contains up to six pounds of bacteria, which play many beneficial roles—they protect us against toxins, support the immune system, help digest our food, create vitamins and even produce feel-good chemicals. Bacteria that coat the skin and line the vaginal tract play equally protective roles. Bacteria permeate the soil to make plant growth possible. These discoveries call into question many current medical practices, from antibiotics to herbicides to hand sanitizing.

ENTER THE VIRUS

When Louis Pasteur was unable to find a bacterium that could cause rabies, he speculated about a pathogen too small for detection by microscopes. These tiny particles—about one-hundredth the size of a cell—became visible with the invention of the electron microscope in 1931. Scientists assumed that they were bad for us—“dangerous infectious agents”—and named them viruses, the Latin word for “toxins.”

Because viruses are always seen in and around living cells, researchers surmised that viruses replicate only inside the living cells of an organism—they do not divide like cells do. Scientists today operate on the assumption that these ubiquitous viruses can infect all types of life forms, from animals and plants to microorganisms, including bacteria. Difficult to separate and purify, viruses have become a convenient scapegoat for diseases that don't fit the bacterial model. Colds, flu and pneumonia—once considered exclusively bacterial diseases—are now frequently blamed on a virus.

Is it possible that scientists will one day discover that these particles, like the once-maligned bacteria, play a beneficial role? Indeed, scientists have already done just that. However, old ideas—and especially the “one bug, one drug” mentality that promises profits from drugs and vaccines—die hard.

KOCH AND RIVERS

Heinrich Hermann Robert Koch (1843-1910) is considered one of the founders of modern bacteriology, having created and improved laboratory technologies for isolating bacteria. His research led to the formulation of what are called Koch's postulates, a series of four principles linking specific microorganisms to specific diseases.

The postulates are as follows:

1. The microorganism must be found in abundance in *all* organisms suffering from the disease, but should not be found in healthy organisms.
2. The microorganism must be isolated from a diseased organism and grown in a pure culture.
3. The cultured microorganism should cause

disease when introduced into a healthy organism.

4. The microorganism must be re-isolated from the inoculated (now diseased) experimental host and identified as identical to the original specific causative agent.

If all four conditions are met, one has proven the infectious cause for a specific set of symptoms. Significantly, however, even Koch could not find proof of contagion using his own postulates! In fact, he had to abandon the requirement of the first postulate when he discovered carriers of cholera and typhoid fever who did not get sick. Although he claimed to have proven that a bacterium causes tuberculosis (TB), a careful reading of his work (very difficult to obtain in English) shows that he did not satisfy even one of his four postulates for TB.

Koch developed his postulates for bacteria, not for viruses. In 1937, Thomas M. Rivers modified Koch's postulates in order to determine the infectious nature of viruses.²³ Rivers' postulates stated:

1. The virus could be isolated from diseased hosts.
2. The virus could be cultivated in host cells.
3. The virus could be filtered from a medium that also contained bacteria (proof of filterability).
4. The filtered virus would produce a comparable disease when the cultivated virus was used to infect experimental animals.
5. The virus could be re-isolated from the infected experimental animal.
6. A specific immune response to the virus could be detected.

Note that Rivers dropped Koch's first postulate—that's because many people suffering from "viral" illness do not harbor the offending microorganism. Even with Koch's first postulate missing, however, researchers have never been able to prove that a specific virus causes a specific disease using Rivers' postulates.

WHAT SCIENTISTS IN WUHAN DID NOT DO

Sometime in late 2019, authorities in China

noticed that a group of people were getting sick in a new way. Because the symptoms of the sick people resembled those of pneumonia, some of the original ill patients were given antibiotics. When the patients didn't improve with antibiotic therapy, doctors concluded that this new type of pneumonia must be caused by a new type of virus.

As soon as the Chinese medical authorities suspected an outbreak of a new and dangerous viral disease, they should have taken steps to satisfy the Rivers' postulates. The first step would have entailed collecting some five hundred people from Wuhan with the identical (or at least nearly identical) symptoms and finding five hundred symptom-free matched controls (people of similar age, lifestyle, disease profile and so forth), also from Wuhan. Given the possible slow development of this illness, it would also have been prudent to follow the five hundred controls for a few months to make sure that none developed the new symptoms.

The next step would have been to do a thorough microbiological examination of a variety of fluids taken from the one thousand subjects. At a minimum, this should have included blood, sputum, urine and nasal swabs. The study should have used both conventional light microscopy (to look for bacteria) and electron microscopy (to look for viruses). If the investigators went on to find a novel bacterium or virus in *all* of the sick people and in *none* of the well people, they then should have meticulously isolated, purified and cultured the bacterium or virus in a neutral medium. After accomplishing this purification step, the purified microbe should have been introduced into test animals, using the normal route by which the microbe could spread (and not, for example, injecting it directly into the brain of the animal, as was done to "prove" the contagious etiology of polio). Finally, such studies would of course require a control group of test animals; in other words, if researchers are going to spray purified virus into animals' nostrils to see if they get sick, they also need to spray pure saline into the nostrils of a control group of animals to make sure the animals are not getting sick just because stuff is being sprayed up their noses.

Any sane person would agree that such

As soon as the Chinese medical authorities suspected an outbreak of a new and dangerous viral disease, they should have taken steps to satisfy the Rivers' postulates.

research ought to have been a requirement before taking draconian worldwide measures to “stop the spread” or “flatten the curve.” And, if medical authorities in China were unable to carry out this type of investigation, they should have enlisted the help of the CDC in the U.S. and the equivalent organizations in Europe and Russia, or the WHO, to make sure the investigations were done carefully, properly and thoroughly. Isn’t this what science is supposed to be all about?

What the public doesn’t realize is that

for Covid-19—and also for the last dozen or so “viral” epidemics we have faced, including AIDS, SARS, Ebola, Zika, bird flu, hepatitis C and others—scientists have not attempted to demonstrate even a single part of Koch’s or Rivers’ postulates.

Actually, for Covid-19, the Chinese did try. They took some respiratory secretions from some sick people; that is, they took sputum from people with a cough. They then centrifuged the sputum to separate out the liquid part from the cellular part, which presumably contained the virus. Next, they took this centrifuged, unpurified sediment from sick people and inoculated that into lung cancer cells. Then they centrifuged this mess again, not even attempting to purify any virus from the mixture. Finally, they took this witch’s brew of snot sediment, lung cancer

PROTECT AGAINST EMFs WITH FOOD

While your best protection against EMFs is to reduce exposure, especially to 5G emitters, the Wise Traditions diet can go a long way toward protecting you against the cacophony of EMF frequencies that surround us.

SATURATED ANIMAL FATS. Electromagnetic frequencies, especially those for 5G, reduce the permeability of the cell membrane, which can then lead to all sorts of unfortunate consequences—from fatigue to cancer. The first and foremost requirement for cell membranes that are impervious and secure is saturated fat. At least 50 percent of the fat molecules in the cell membrane should be saturated, and the fats in our lung surfactants should be 100 percent saturated for the lungs to work properly. Saturated animal fats also supply cholesterol, needed in the cell membranes to ensure that the cells are waterproof (and thus have a different electric potential on the inside and outside of the cell). Another important compound we get from animal fats is arachidonic acid, an omega-6 fatty acid required for tight cell-to-cell junctures. So, eat the fat on your meat, cook in lard or bacon fat and use plenty of butter!

THE FAT-SOLUBLE VITAMINS. The trio of vitamins A, D and K₂ work together to protect us against toxins and enhance the immune system. Best sources are cod liver oil, egg yolks from pastured hens, butter from grass-fed cows, fish eggs, lard from pigs raised outdoors, poultry fat and poultry liver.

GELATIN-RICH BONE BROTH. The glycine in bone broth helps maintain structured water both inside and outside the cell; helps create strong cartilage in the lung surfactants and throughout the body; and supports the body’s detoxification mechanisms. Be sure to make broth with organic or grass-fed bones, free of glyphosate (the main ingredient in the herbicide Roundup).

VITAMIN C. Successful treatments for the current type of respiratory illness include vitamin C. Your best food source is fermented vegetables like sauerkraut—there is ten times more vitamin C in sauerkraut than in fresh cabbage!

IRON, ZINC AND SULFUR. Iron is an element that is vulnerable to electromagnetism. Vitamin A helps ensure that iron goes into the red blood cells where it is needed. Both zinc and sulfur supplementation seem to help Covid-19 patients. The best sources are animal foods like red meat, liver, oysters and egg yolks.

RAW MILK. One effect of 5G seems to be the stimulation of calcium channels in the cell membrane. This drives calcium into the cell, essentially poisoning the cell, while lowering the ionized calcium in the blood used in the coagulation pathways to help clotting and prevent uncontrolled bleeding. If the ionized calcium in the blood drops too low, people hemorrhage and die. During the 1918 pandemic, many doctors noted that their patients died from hemorrhage, not from pneumonia as one would expect. Some doctors reported that the use of intravenous calcium lactate kept people from dying. Soon after, Royal Lee from Standard Process formulated a flu product called Congaplex, which contained calcium lactate—the same form of readily available calcium as in raw milk. In addition, raw whole milk from pastured cows contains many compounds that strengthen our ability to deal with toxins.

cells and who-knows-what-else and injected that into two unfortunate monkeys. They didn't do a control group, such as injecting saline, or injecting lung cancer cells, or even injecting the liquid supernatant from the centrifuged material into a control group of monkeys. Instead, the two experimental monkeys just got the unpurified, cellular-debris-laden goop. One of the monkeys got pneumonia, and the other got a rash.²⁴ In a related study, the Chinese scientists took unpurified, lung-cancer-grown, centrifuged snot and squirted it down the throats and into the lungs of a group of hamsters. Some (but not all) of the hamsters got pneumonia, and some even died. We have no idea what would have happened if they had squirted plain lung cancer cells into the lungs of these hamsters; probably not anything good. Most perplexing is the fact that some of the hamsters *didn't* get sick—which doesn't square with the “deadly contagious virus” theory at all.²⁵

In short, none of the studies carried out to date has provided any semblance of proof that we are dealing with a deadly viral disease. The fact that illness appears in clusters may seem to call for “contagion” as an explanation, but an equally appropriate explanation is not the germ but the terrain. Which environmental factors are affecting many people in the same

place at the same time? One obvious candidate is electromagnetic pollution.

ADAPTATION

It's interesting to note that over the decades, each wave of influenza has had its own constellation of symptoms. During the Spanish flu epidemic, the main problem was bleeding—the inability of the blood to coagulate—and the main victims were healthy people in the prime of life (between the ages of twenty-five and forty). Today's victims are older, usually with pre-existing conditions, and the main symptoms seem to be hypoxia, akin to high-altitude sickness

Dr. Cameron Kyle-Sidell, working on the front lines in a New York City hospital, made a video explaining what he has observed.²⁶ Says Kyle-Sidell, “We've never seen anything like it!” The afflicted are literally gasping for air. In fact, the ventilators that the hospitals have scrambled to obtain do more harm than good and may be accounting for the high mortality rate. These patients don't need help breathing—they need more oxygen when they take a breath. What Kyle-Sidell describes is not the sign of a contagious disease but of a disruption of our mechanisms for producing energy and getting oxygen to the red blood cells.

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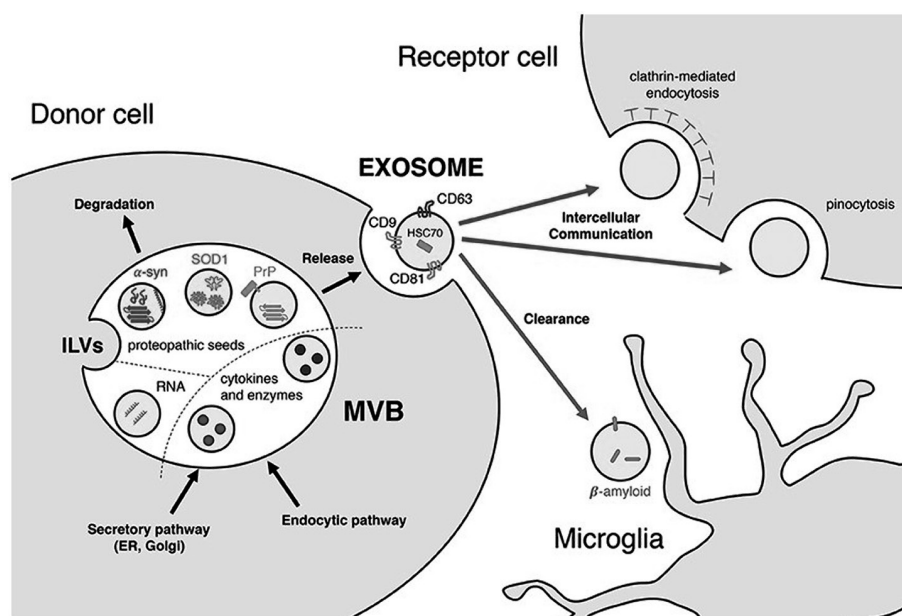


FIGURE 2. The release of exosomes from the cell

It's clear that we are making the same mistake with viruses that we have made with cholesterol and saturated fat—blaming a substance that is essential to life for causing disease.

THANK GOODNESS FOR EXOSOMES

We are indebted to Dr. Andrew Kaufman, who has posted a number of interesting videos online in which he explains that viruses are actually exosomes,²⁷⁻³⁰ a conclusion shared by a number of other virologists. Viruses and exosomes are the same size, the same shape, both carry RNA and both attach to the same receptors. These tiny particles do not attack our cells; quite the contrary, exosomes are particles that are released *from* the cell (see Figure 2). In addition to carrying RNA, exosomes encapsulate toxins and cellular debris in response to various insults—toxins, stress (including fear), cancer, ionizing radiation, infection, injury, many diseases, immune response and asthma. In short, these exosomes/viruses are the *result* and not the *cause* of illness, and they play primary roles in coagulation, intercellular signaling and excretion of waste materials.

So, is a nasty little creature called coronavirus infecting us and making us sick? Remember that researchers could not show that the dreadful Spanish flu was contagious. The fact that viruses are actually helpful exosomes, and that many individuals who test positive for coronavirus are symptom-free, makes their role as a perpetrator highly unlikely. To settle this question once and for all, we need to do the same contagion studies that proved *non-contagion* in 1918.

If you do a bit of surfing on the Internet, you will find that exosomes are the latest thing for diagnosis and therapy, with many medical uses—from cancer treatment, to wound healing, to hair restoration! If 5G, by overloading the body's electrical circuitry and hijacking oxygen, causes injury to the lung cells, then an increased production of exosomes (wrongly called viruses) is sure to be the result—and thank goodness! It is no wonder that the antiviral medications given in the early days of the pandemic—but now largely abandoned—caused such terrible side effects, including allergic reactions, fever, nausea, vomiting, bleeding, diabetic lactic acidosis, damage to the kidneys, liver and pancreas. . . and breathing problems. These drugs were suppressing the body's efforts to protect itself against the poisonous effects of 5G and other toxins.

It's clear that we are making the same mistake with viruses that we have made with cholesterol and saturated fat—blaming a substance that is essential to life for causing disease. Just twenty years ago, the medical profession “knew” that bacteria were killers—now we recognize that bacteria are essential to health. How long will it take us to learn that so-called viruses are our friends?

Humankind has lived for thousands of years with our brains tuned to the Schumann resonances of the earth, our bodies and indeed all life—bathed in a static electric field of one hundred thirty volts per meter. The electric symphony that gives us life is soft and delicate. Minute electrical currents that course through leaf veins or through the glial cells in our nervous system guide the growth and metabolism of all life forms. Our cells communicate in whispers in the radiofrequency range. Today, this quiet hum of life-giving current is deafened by a jangle of overlapping and jarring frequencies—from power lines to the fridge to the cell phone—and now the final assault, 5G.

Fortunately, cells under assault produce the toxin-gobbling messengers called exosomes that help us adjust to environmental threats, including electrosmog. These tiny messengers provide real-time and rapid genetic adaptation to environmental changes. After all, most people have adjusted to worldwide radio waves, electricity in our homes and ubiquitous Wi-Fi. . . and there were thirty-five sailors on the battleship *Arachne* who did *not* get sick! Even the sparrow population rebounded after the flu of 1738. It is exosomes that allowed these adjustments to happen. Whether these exosomes can help us adapt to the extreme disruption of 5G remains to be seen. ☯

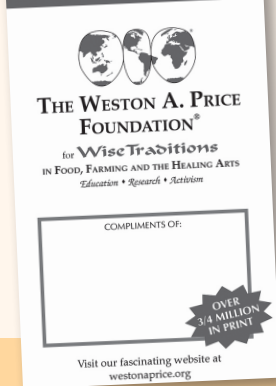
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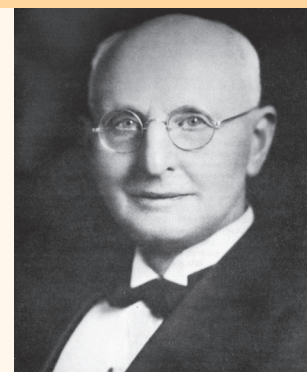
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Air Pollution, Biodiesel, Glyphosate and Covid-19

By Stephanie Seneff, PhD

SARS coronavirus-2 (SARS-CoV-2) has caught the world by surprise, with a resulting pandemic of the new disease Covid-19 sweeping the world and inducing a global economic collapse. The origin of this virus is unclear, but the disease Covid-19 was first recognized in Wuhan, China, an industrial city sprawling along the banks of the Yangtze River. Whether the disease Covid-19 is even caused by the virus—and whether the virus even exists as a separate entity—are topics for debate. Further science may eventually answer these open questions.

The disease affects different people in widely disparate degrees, with some of those with a diagnosed infection not even noticing that they are sick, while others succumb to pulmonary failure or acute sepsis with multiple organ failure. Furthermore, some people with overt symptoms of Covid-19 test negative for the virus. The disease also seems to affect some countries much less than others. As reported by CNN on April 3, Iceland took the initiative to test a large segment of the population regardless of whether they showed symptoms. After testing nearly 5 percent of the population, they identified some three hundred people who tested positive. Half of them had no symptoms.¹ As of May 6, 2020, only ten people in Iceland had died from Covid-19.

In contrast, the United States is being hit very hard. Within the U.S., New York State—and New York City, in particular—stand out as the epicenter of the storm. As of this writing, over twenty thousand people in New York State are reported to have died from Covid-19. Hospitals in New York City have been overwhelmed with cases requiring intensive care. Partly this is because the city is an international hub with flights arriving in a constant stream from distant parts of the world. And of course, the inherent high population density means that it is much more difficult to implement social distancing effectively. However, the number of people experiencing acute symptoms necessitating hospitalization seems way out of line compared to most other places.

THE ROLE OF AIR POLLUTION

One possibility to consider as a causative factor in Covid-19 is air pollution. Scientific investigations have revealed that viruses are present in the nanoparticles in polluted air, and it is suspected that the viruses can linger longer as infective agents when trapped in these nanoparticles.² Whatever the role of these viruses, a study conducted by researchers at the Harvard Institute for Public Health found a

striking correlation between exposure to particulate air pollution and the likelihood of dying from Covid-19.³ They decided to investigate a possible link because air pollution increases lung disease risks, which leads to a greater vulnerability to lung infection. The Harvard Institute's study population included over three thousand U.S. counties, representing 98 percent of the population. The researchers examined averaged values for particulate levels for each county from 2000 to 2016. They found that an increase of only one microgram per cubic meter in fine particulate matter was associated with a 15 percent increase in the death rate from Covid-19.

There is something else that distinguishes New York City from other cities. This is the fact that the city has played a leading role in promoting the use of fuels derived from plants to try to reduce the consumption of petroleum and the amount of carbon dioxide released into the atmosphere, with the stated goal of curbing global climate change. The past decade has been an exciting time in the advancement of technology to convert biomass into usable fuel. New York State has a large number of manufacturing plants where biomass from various sources is processed into biofuels (see Figure 1). The state also encourages homeowners to use biofuel in home heating oil, offering a tax break to those who use a blend containing at least 5 percent biodiesel heating oil. In New York City, it has been mandatory to use at least 5 percent biodiesel home heating oil since September 30, 2017.⁴

RISK FACTORS FOR POOR OUTCOME IN COVID-19

Several studies provide information on comorbidities associated with increased risk to severe Covid-19 disease. Fortunately, children seem to be much less susceptible than adults. The risk of dying becomes remarkably higher for the elderly compared to the younger adult population, and

ARTICLE SUMMARY

- One reason for the significant differences in Covid-19 susceptibility around the world may be the underlying toxicity burden of the population in each region. For example, studies have found a striking correlation between exposure to particulate air pollution and the likelihood of dying from Covid-19.
- All of the Covid-19 hot spots share a common thread of a high rate of adoption of fuels derived from biomass, nearly all of which can be predicted to be heavily contaminated with glyphosate.
- Glyphosate could be released along various stages of biodiesel fuel production and use.
- Animal studies comparing biodiesel fuel with standard diesel for their potential toxic effects indicate that biodiesel may be significantly more toxic.
- Glycerin is a major waste product of biodiesel production, and both glycerin and its byproduct propylene glycol are e-cigarette additives. Symptoms seen in vaping illness match closely with symptoms of Covid-19.
- Multiple mechanisms of glyphosate toxicity can plausibly explain the acute reaction to Covid-19 seen in patients who end up in the ICU.
- It is plausible that the rapid rollout of 5G may work synergistically with glyphosate to enhance effects seen in those with Covid-19. Annual influenza vaccination may also have increased some individuals' susceptibility to an acute response to Covid-19.
- The key to protecting oneself from Covid-19 is to strengthen the innate immune system. This includes eating a certified organic whole foods diet, spending significant time outside in the sunlight without sunscreen or sunglasses and avoiding toxic exhaust fumes as much as possible.

several chronic diseases and conditions that have become common in the industrialized world are also strong risk factors for a bad outcome.

A China-based study involving over forty-four thousand (N=44,672) confirmed cases of Covid-19 found that the overall death rate was 2.3 percent. Critical cases—defined as those that developed into respiratory failure, septic shock and/or multiple organ failure—accounted for 5 percent of the cases, and nearly half of them died. A disproportionate number of deaths occurred among those with several preconditions, including cardiovascular disease, diabetes, hypertension and cancer (see Table 1).⁵

In New York City, a report analyzing risk factors for over four thousand confirmed Covid-19 patients (with a median age of fifty-two years) found that 14 percent suffered from diabetes, 26.8 percent were obese and 30.1 percent suffered from cardiovascular disease. Notably, those who were hospitalized had much higher rates of these conditions than those who stayed home (see Table 2).⁶

A meta-analysis of seven retrospective cohort studies on Covid-19 cases revealed that chronic obstructive pulmonary disease (COPD) was a remarkably strong risk factor, with nearly an eighteen-fold increased risk of ending up in the intensive care unit (ICU). This is perhaps not unexpected, given that the disease is centered in the lungs. The increased risk associated with cardiovascular disease was 4.44-fold—and it was 3.65-fold and 2.72-fold with hypertension and diabetes, respectively.⁷

In an April report issued by the Centers for Disease Control and Prevention (CDC) that described the prevalence of underlying conditions in a group of one hundred and seventy-eight confirmed patients, the CDC found that nearly half of the patients suffered from hypertension (49.7 percent) or were obese (48.3 percent), and over one-third (34.6 percent) had chronic lung disease. Over one fourth had diabetes (28.3 percent) and about the same proportion had cardiovascular disease (27.8 percent). In all, nearly 90 percent had at least one underlying condition.⁸

GLYPHOSATE'S UNIQUE MECHANISM OF TOXICITY

Glyphosate is the active ingredient in the pervasive herbicide

Roundup. Its usage on food crops has increased dramatically over the past two decades. Glyphosate is used both to control weeds (particularly those growing among genetically engineered Roundup-Ready crops such as corn, soy, canola and sugar beets) and also as a desiccant just before harvest on major food crops (such as oats, sugar cane, wheat, legumes and seed crops).

The United States uses more glyphosate per capita than any other country, and we also have an alarmingly high rate of many chronic diseases, including diabetes, obesity, fatty liver disease, heart disease, celiac disease, inflammatory bowel disease, hypertension, autism and dementia. In a landmark study published in 2014, Swanson and coauthors showed that many of these chronic diseases are rising in prevalence in the U.S. population exactly in lockstep with the rise in glyphosate usage on core crops.⁹ Knowing that a “p-value” (a statistical measure that captures the probability that a given pattern in data could have occurred by chance) of less than 0.05 is generally considered “statistically significant” (and therefore valid), the p-values for the glyphosate-chronic disease correlations were all less than 0.00001—that is, very highly significant. The authors wrote in their conclusion, “Although correlation does not always mean causation, when correlation coefficients of over 0.95 (with p-value significance levels less than 0.00001) are calculated for a list of diseases that can be directly linked to glyphosate. . . it would be imprudent not to consider causa-

Active Municipal Waste Combustion Facilities

FIGURE 1. Map of active municipal waste combustion facilities in New York State, Department of Environmental Conservation.

Source: <https://www.dec.ny.gov/chemical/67804.html>.



tion as a plausible explanation.” It is apparent from Table 3, which shows a subset of the data published in the Swanson paper, that most of the diseases and conditions that put a patient at high risk of a serious outcome in Covid-19 have trends over time in the U.S. that match nearly perfectly with the rise in glyphosate usage on core crops.⁹

Together with several collaborators, I have argued in multiple papers that glyphosate’s unique, insidious and cumulative mechanism of toxicity has to do with a proposed ability to mistakenly substitute for the coding amino acid glycine during protein synthesis.¹⁰⁻¹³ This is plausible because glyphosate is a glycine molecule—except that there is an additional attachment (a methyl-phosphonyl group) to the nitrogen atom of glycine, which changes the size and chemical and physical properties of the molecule but does not prevent it from incorporating itself into a peptide chain. It can be predicted that certain proteins will be affected in a devastating way if glyphosate should substitute for particular glycine residues known to be very important for their proper function. I have found that many of the diseases with rising prevalence can be explained through glyphosate substitution in specific proteins known to be defective in association with those diseases.

A remarkable case study shows dramatically that glyphosate and diesel fuel are a very

toxic combination.¹⁴ The study involved a mechanic who tried to clean a clogged applicator for glyphosate-based herbicide using a bucket of diesel fuel as a solvent. He quickly developed a bad cough and started coughing up blood. Rushed to the hospital, he was diagnosed with pneumonitis, an inflammatory disease of the lungs caused by exposure to toxic substances. I suspect that the organic molecules in diesel fuel enhance the uptake of glyphosate by the lung cells by acting as a surfactant.

It may be significant that many of the U.S. Covid-19 hot spots are major ports such as Seattle, Los Angeles, New Orleans, Boston and New York City. An article published in 2017 investigating ship pollution in the United Kingdom revealed that air pollution from ships is generally more toxic than that from land vehicles, because they use the lowest grade of diesel fuel. It is estimated that as much as 30 percent of the pollution in UK port towns can come from ships.¹⁵

BIODIESEL FUEL PRODUCTION

The technology to produce fuels derived from biomass has come of age in the past decade or so, motivated by the imperative to reduce the consumption of petroleum and reduce the amount of carbon dioxide released into the atmosphere. Much recent research has gone into developing manufacturing processes that can increase yield and reduce cost in extracting useful fuels from plants, including food crops and forest debris.^{16,17}

Different countries have taken different approaches to the problem. The U.S. has been a leader in the manufacture of ethanol for fuel use, derived mainly from corn. At gas stations across the country, one now routinely finds gasoline that has 10 percent ethanol as an additive. Brazil has also played a leading role in ethanol production, deriving its ethanol mainly from sugar cane.

While Europe has been slower to add ethanol to gasoline, with rarely more than 5 percent added ethanol, biodiesel is a very different story

TABLE 1. Case fatality rates for different sub-populations in a study involving 44,672 confirmed cases of Covid-19 in China

CATEGORY	CASE FATALITY RATE
Overall	2.3%
Critical cases	49.0%
Elderly (over 80 years old)	14.8%
Cardiovascular disease	7.3%
Diabetes	7.3%
Hypertension	6.0%
Cancer	5.6%

Source: Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: Summary of a report of 72,314 cases from the Chinese Center for Disease Control and Prevention. *JAMA* 2020;323(13):1239-42.

TABLE 2. Characteristics of confirmed Covid-19 patients in New York City, comparing those who were hospitalized with those who recovered at home

CONDITION	OVERALL	HOSPITALIZED	NOT HOSPITALIZED
Diabetes	14.0%	31.8%	5.4%
Obesity	26.8%	39.8%	14.5%
CVD	30.1%	44.6%	16.4%

Source: Petrilli CM, Jones SA, Yang J et al. Factors associated with hospitalization and critical illness among 4,103 patients with Covid-19 disease in New York City. medRxiv preprint. doi: <https://doi.org/10.1101/2020.04.08.20057794>.

Disturbingly, all of the sources of raw materials for biodiesel have likely been contaminated with glyphosate, and we have known for a long time that glyphosate is readily absorbed from the respiratory tract.

with Europe being a primary leader. Europe was already much more comfortable with diesel-powered cars than the U.S., with over 20 percent of European automobiles powered by diesel fuel versus 2 percent in the U.S. Within Europe, Italy has played a leading role in developing technology that can convert used olive oil collected from restaurants into biodiesel fuel.¹⁸ Because Europe is unable to keep up with demand internally, it also receives a significant amount of biodiesel from Argentina every year. Argentina is a major worldwide supplier of biodiesel, which it primarily derives from its massive cultivation of GMO Roundup-Ready soy. China, meanwhile, has been leading the charge to develop biodiesel fuel from canola (rapeseed), much of which grows along the Yangtze River, which cuts through Wuhan.

In the U.S., technology development has focused on making usable biodiesel fuel from the remnants after a crop has been harvested (typically corn or wheat) or the debris generated by the forestry industry. This seems appealing because it does not directly divert what could be food crops into fuel. However, there is a dark side to biodiesel fuel manufacturing, exposed in the 2019 documentary *Planet of the Humans* (with Michael Moore as executive producer).

Three major cities stand out as leaders in the adoption of biodiesel for vehicle use on the roads: New York City (which powered eleven

thousand vehicles at least partially on biodiesel as of 2017), New Orleans (which uses biofuel in city buses) and Washington, DC. It is probably no accident that these three cities are all at the mouth of large navigable rivers (the Hudson, Mississippi and Potomac rivers, respectively), given that river barges are the most economical mode of transport for the collected biomass.

Disturbingly, all of the sources of raw materials for biodiesel listed above have likely been contaminated with glyphosate, and we have known for a long time that glyphosate is readily absorbed from the respiratory tract. In a study on farmers' use of glyphosate, the authors measured urinary glyphosate before and after the farmers applied glyphosate to their crops and noted a significant increase in urinary levels after application.¹⁹ GMO Roundup-Ready soy and corn are sprayed with glyphosate several times a year to control weeds, and wheat (though not a GMO crop) is routinely sprayed with glyphosate as a desiccating agent right before harvest. The forestry industry also makes heavy use of glyphosate to kill off hardwood trees and provide more space for planting faster-growing conifers. As for canola, an online article from 2017 describes the technique of "straight-cutting" canola to optimize yield at harvest time. At the time, the author estimated that half of all canola acres would be straight-cut by 2020. Because the green stalks make it difficult to feed

TABLE 3. Correlations over time between glyphosate usage on core crops and diseases that are risk factors for acute outcomes in Covid-19

CONDITION	CORRELATION COEFFICIENT	PROBABILITY*
Hyperlipidemia/hypercholesterolemia (death)	0.973	7.9E-9
Diabetes (prevalence)	0.971	9.2E-9
Obesity	0.962	1.7E-8
Hypertension (deaths)	0.923	1.6E-7
Thyroid cancer (incidence)	0.988	7.6E-9
Liver cancer (incidence)	0.960	4.6E-8
Pancreatic cancer (incidence)	0.973	2.0E-8
Kidney cancer (incidence)	0.973	2.0E-8

* 7.9E-9 = .0000000079 (shift the decimal point nine digits to the left).

Source: Swanson NL, Leu A, Abrahamson J et al. Genetically engineered crops, glyphosate and the deterioration of health in the United States of America. *J Org Syst* 2014;9:6-37.

the crop through the combine, the article quoted an expert as saying, “a pre-harvest herbicide application is very important for straight-cutting,” with glyphosate explicitly mentioned as a popular choice.²⁰ I have been unable to determine whether glyphosate is used on the rapeseed growing along the Yangtze River in China.

Many different methodologies are being developed to process the raw materials that ultimately produce biodiesel fuel. It is unclear whether glyphosate would survive the processing intact or get broken down. However, methodologies that rely on enzymatic action of lipases must operate at a relatively low temperature to avoid destruction of the enzyme, and this probably also avoids destruction of glyphosate.¹⁷ It is also unclear whether engine combustion would break down glyphosate before it has a chance to evaporate into the exhaust gas. Certainly, many other organic molecules are present in exhaust fumes, but several studies on the exhaust fumes from biodiesel fuel, in particular, have consistently shown that it induces a greater inflammatory response than regular diesel. The reasons for this remain uncertain.²¹

Aviation biofuel is another potential source of airborne glyphosate. This technology has advanced rapidly since around 2010. United Airlines was the first to introduce aviation biofuel, but now there are at least four airlines flying into and out of New York City that use aviation biofuel. Queens is perhaps the most affected borough. Nearly surrounded by water, Queens is intersected by three major interstate highways (I-278, I-495 and I-678) and is also close to three major airports: La Guardia just to the north, JFK to the south and Newark in New Jersey.

As of this writing, the UK had the worst Covid-19 death toll in Europe, and the second highest number of total deaths behind the U.S.²² News reports have singled out bus drivers and people living in the town of Slough (adjacent to Heathrow Airport) as being especially affected.²¹ Test flights and commercial flights running on aviation biofuel blends have been flying into and out of Heathrow since 2008.²³ On the ground, the mayor of London reported in July 2017 that about a third of the city’s nearly ten thousand buses were running on 20-percent-blends of biodiesel; the mayor also stated that by 2018, London would no longer add pure diesel double-deck buses to its fleet.²⁴

Glyphosate could be released at various stages of biodiesel fuel production and use, including potentially off-gassing from the biomass on river barges, getting released from biodiesel manufacturing plants, evaporating into the air at gas tanks when vehicles are tanking up or coming from the exhaust fumes of airplanes on the runway or from cars, buses or trucks on highways. To my knowledge, no one has yet tested for glyphosate’s presence from any of these sources. Research is desperately needed to test for levels of glyphosate in different biodiesel products and in exhaust fumes from different vehicles (highway and airplanes) running on biodiesel fuel.

The lack of any significant impact of Covid-19 on the island of Taiwan is very surprising. Due to Taiwan’s dense population (nearly twenty-four million people) and proximity to China, it was anticipated that they would be hit early and hard. As of May 7, 2020, however, Taiwan had reported

only four hundred thirty-nine cases over the entire island, with six deaths. Notably, Taiwan’s government has banned genetically modified crops, and the country uses very little glyphosate on its non-GMO crops. Although Taiwan’s cities have plenty of air pollution, it’s not from biofuels—Taiwan does not use any biodiesel in its vehicle fuels. From 2008 to 2014, the country explored the possibility of converting used cooking oil to biodiesel, but in May of 2014, the state-run oil refining company decided to phase out biodiesel fuel production. Even when using a blend that was only 2 percent biodiesel, the island’s high humidity was causing the growth of biofuel-producing microbes that clogged vehicles’ fuel tanks.²⁵

CHELSEA, MASSACHUSETTS: A CASE STUDY

An article published online way back in 2002 is interesting in several respects. It focused on a company in Chelsea, Massachusetts, which at the time controlled 75 percent of the budding new market in biodiesel fuel production. The company had developed a processing method that could convert used cooking oil, such as soybean oil, into biofuel. The company also accepted rapeseed oil, waste oil from landfills and recycled grease.²⁶ Years later, in December 2019, an article in the *Boston Globe* described a fire that broke out in Chelsea in a containment area of a biodiesel production plant, where a tank containing fifteen hundred gallons of cooking oil exploded into flames.²⁷ The tank’s overall capacity—twenty-five thousand gallons—demonstrates that Chelsea is still very much in the biofuel production industry. Chelsea, located on a small peninsula in Boston Harbor, houses 100 percent of the aviation fuel supplying Logan Airport, as well as 80 percent of Boston’s home heating oil in large tanks scattered along the shoreline.

The Boston area is one of the Covid-19 hot spots in the United States. When cities in Massachusetts are ranked in terms of their rate of infection per population unit, Chelsea comes up on top by a wide margin (see Figure 2). As of May 1, 2020, Chelsea ranked number one in Massachusetts with three hundred sixty-three

Symptoms of the novel lung disease associated with e-cigarette usage match extremely well with the symptoms of Covid-19.

cases per ten thousand people. The number-two city was Brockton, with one hundred eighty-five cases per ten thousand—just over half as many as Chelsea.²⁸

The 2002 article on Chelsea's biodiesel production plant concluded with the following comment: "And there is one final hurdle for biodiesel advocates: What can be done with glycerin, a goopy byproduct of biodiesel refining? Although glycerin is often used in food, soap and cosmetics, it already is cheap and widely available, and the market for an additional supply is unclear at best."²⁶ The answer to this question becomes clear in the next section of this article.

VAPING AND LUNG DISEASE

Even before the Covid-19 epidemic hit, I had become aware of a strange lung disease affecting people who regularly smoke e-cigarettes (electronic nicotine delivery systems). E-cigarettes were first introduced into the U.S. market in 2007, and the market has been steadily growing ever since. I had been suspecting that the cause of the unusual lung illness might be glyphosate contamination in e-cigarettes. Tobacco itself is a GMO Roundup-Ready crop, so this could be one source, but other potential sources—specific to e-cigarettes—are the glycerin and propylene glycol additives. As we have just seen, glycerin is a major waste product of biodiesel production, and it is easily converted

to propylene glycol.²⁹ The increased production of biodiesel has glutted the market with glycerin, making it inexpensive and widely available.

A paper analyzing ninety-eight cases of the novel lung disease in association with e-cigarette usage described the symptoms as follows: "The most common respiratory symptoms were shortness of breath (85%), cough (85%), and chest pain (52%). Reported gastrointestinal symptoms included nausea (66%), vomiting (61%), diarrhea (44%), and abdominal pain (34%). All patients had one or more constitutional symptoms, with the most common being subjective fever (84%). Upper respiratory symptoms such as rhinorrhea, sneezing or congestion were not commonly reported."³⁰ This matches extremely well with the symptoms of Covid-19, also associated with breathing difficulties, digestive issues, a dry cough, a slight fever and a notable lack of rhinorrhea (a runny nose).

A very thorough investigation into the effects of vaping fumes on mice—with an especially detailed analysis of the ways that the disease affects the lungs—revealed a great deal more information about the characteristics of the disease process.³¹ The mice were exposed to vaping fumes for three months and subsequently were infected with the flu virus. The mice responded with an overactive adaptive immune response to the virus in the lungs, just as acute cases of Covid-19 are associated with an overactive adaptive immune response.

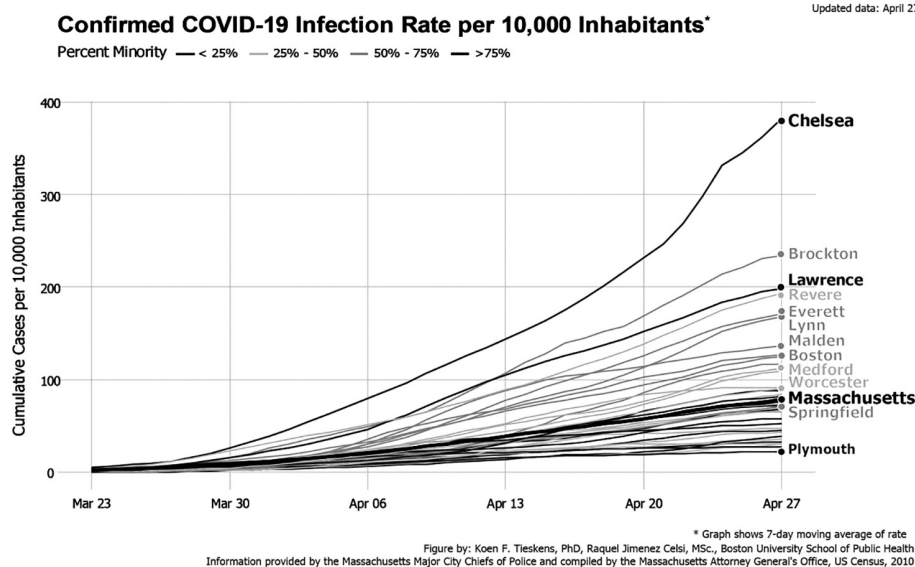


FIGURE 2. Chelsea stands out starkly in the statistics on Covid-19 infections in Massachusetts.

COLLECTINS AND THE INNATE IMMUNE SYSTEM

The researchers who studied the vaping-exposed mice found a very specific defect in the mouse lungs, namely, suppressed production of opsonins in the lung surfactants. An opsonin is “an antibody or other substance which binds to foreign microorganisms or cells making them more susceptible to phagocytosis.” In other words, it acts like a vacuum cleaner or tar paper to bind to pathogens or cellular debris and assist the immune system in clearing them. The lung cells produce four opsonins, logically named as SP-A, SP-B, SP-C and SP-D, where “SP” stands for “surfactant protein.”

Notably, SP-A and SP-D, but not the other two, are members of a larger class of a dozen or so proteins called collectins, which are produced by immune cells and which are all involved in clearing pathogens and cellular debris. Collectins all have a unique feature, a “collagen-like stalk,” which is a section of the protein that folds into a triple-helix structure that then binds together with other collectins to form the characteristic stalk. The vaping study found that SP-A and SP-D (but not SP-B and SP-C) were significantly reduced in the lungs of the mice exposed to vaping fumes.

The sequence motif associated with collagen and collagen-like proteins is a long pattern of “GxyGxyGxyGxy. . .” where glycine occurs in a regular pattern interspersed with two other “wild-card” amino acids. Collagen is by far the most common protein in the body, constituting up to a quarter of all the protein mass. I believe that glyphosate substitution for glycine—specifically within collagen—is responsible for the alarming increase in multiple joint problems that are necessitating shoulder surgery, hip and knee replacement surgery, lower back and neck surgery and many issues with foot pain. It may even be a major driver behind the opioid drug crisis.

The collectin SP-D has been implicated in multiple respiratory diseases, including respiratory distress syndrome, bronchopulmonary dysplasia, allergic asthma and COPD.³² As I mentioned previously, patients with COPD in China had an eighteen-fold increased risk of ending up in the ICU with Covid-19.⁷ Smoking increases the likelihood of developing cardio-

vascular disease and hypertension, both of which are also strong risk factors for bad outcomes with Covid-19.

Another striking feature of the lungs of the vaping-exposed mice was the accumulation of lipids (fats) within invasive macrophages. This is reminiscent of the observations from another paper, which exposed rats orally to low-dose glyphosate. Despite the fact that the exposure level was below regulatory limits, the rats developed fatty liver disease, with both native and invasive macrophages within the liver accumulating fatty deposits.³³ A study on humans with fatty liver disease revealed that those with the disease had statistically significantly higher glyphosate levels in their urine compared to controls with a healthy liver, and, furthermore, those with more advanced liver disease (including liver fibrosis) had on average higher urinary glyphosate levels than those with milder disease.³⁴

Liver disease is one of the preconditions associated with increased risk for an acute response to Covid-19. A review of data from Covid-19 patients in China reported that 14-53 percent of cases described in various studies had abnormal levels of alanine aminotransferase (ALT) and aspartate aminotransferase (AST), which are commonly used indicators of liver disease.³⁵

DISEASE PROCESS: KEY ROLE OF NITROGEN OXIDES

The human immune system consists of an innate component that is very general and always on alert, and an adaptive component that kicks in when an infection gets out of hand. A weak innate system necessitates a strong adaptive response.

The disease process of Covid-19 is beginning to be well characterized by clinicians around the world who are struggling to treat those with a severe case of the disease. The process begins with an infection in the lungs and an overactive response by the adaptive immune system. The invading neutrophils release inflammatory cytokines and chemokines. Inducible nitric oxide synthase is sharply upregulated, and it produces nitric oxide that reacts with superoxide to produce the highly reactive product, peroxynitrite. Free iron released from heme catalyzes destructive reactions with the oxidizing agents, superoxide and peroxynitrite. Insufficient antioxidant defenses lead to extensive local tissue damage and severe oxygen shortages.

A key aspect of the ensuing disease process is the breakdown of hemoglobin in the red blood cells, which results in a sharp reduction in oxygen supplies to the tissues. Various derivative nitrogen oxides—particularly nitrogen dioxide (NO₂)—result in the conversion of hemoglobin to methemoglobin. Methemoglobin releases its heme and induces the expression of heme oxygenase, an enzyme that breaks heme down into biliverdin and produces carbon monoxide as a reaction product. Carbon monoxide binds to heme in the red blood cells, preventing it from binding to oxygen, and this induces systemic oxygen deficiency, resulting in the characteristic features of low blood oxygen and shortness of breath.

A new paper analyzing a possible relationship between nitrogen dioxide levels in the troposphere and Covid-19 in Europe obtained remarkable results. To quote from the abstract: “Results show that out of the 4443 fatality cases, 3487 (78 percent) were in five regions located in

north Italy and central Spain. Additionally, the same five regions show the highest NO₂ concentrations combined with downwards airflow that prevent an efficient dispersion of air pollution. These results indicate that the long-term exposure to this pollutant may be one of the most important contributors to fatality caused by the COVID-19 virus in these regions and maybe across the whole world.”³⁶ The distribution of nitrogen oxides in the troposphere over Europe is shown in Figure 3 (reproduced from Figure 1 in the paper).

A number of studies have compared biodiesel fuel with standard diesel for their potential toxic effects on exposed animals. The general trend is that biodiesel appears to be significantly more toxic. In one study, the inflammatory markers granulocyte stimulating factor, interferon gamma and interleukin 6 (IL-6) were all expressed at much higher levels in the lungs of mice exposed to fumes from 30 percent biodiesel fuel compared to those exposed to pure diesel fuel.³⁷

The collection of oxides of nitrogen that are present in air pollution, referred to collectively as NO_x, are believed to be a primary component of the toxic elements in air pollution from vehicle exhaust.³⁸ A number of studies have shown that biodiesel fuel derived from the oils of food crops or from animal fats and other waste oils generally show higher levels of NO_x emissions compared to diesel fuel.³⁷ For example, a

detailed study of the composition of gases in the exhaust emissions derived from diesel fuel and two different sources of biodiesel fuel clearly showed dramatic differences in the amount of NO_x in the different fuels.³⁹ The authors compared standard diesel fuel with a fuel named B20 that contained 20 percent biodiesel (derived primarily from canola, soybean and olive oils) and a second biofuel named P20 that contained 20 percent biodiesel derived from biomass waste. (The latter, called “pyrolysis oil,” can be manufactured from things like corn cobs, wheat stalks, trees, shrubs and even sewer waste.) Only 6.2 mg/kg of NO_x were found in the gas derived from diesel fuel, whereas 12 mg/kg were found in the B20 oil and an astounding 54 mg/kg in the P20 fuel. The study found that pyrolysis oil gases also contained much more carbon monoxide than the other fuel sources, with 371 mg/kg of carbon monoxide in P20, compared to only 197 mg/kg in B20 and 116 mg/kg in diesel fuel.³⁹

There is considerable discussion in the media about the possibility that angiotensin-converting enzyme (ACE) inhibitors—used to treat high blood pressure (among other conditions)—may be increasing Covid-19 risks. This is logical because the virus is said to gain entry via ACE2 receptors,⁴⁰ which are upregulated when ACE is inhibited.⁴¹ However, another possibility to consider is that ACE inhibitors have been found to increase production of NO_x. A cleverly designed study involved exposing isolated coronary microvessels from the left ventricle of the heart of a dog to ACE inhibitors and measuring production of NO_x and consumption of oxygen. The researchers found that the drug reduced oxygen consumption and increased the production of NO_x.⁴² Consistently, people suffering from high blood pressure have been found to be at a significant increased risk to Covid-19.

DERANGED HEME OXYGENASE

A group of Chinese researchers have proposed in a ChemRxiv preprint that one of the mechanisms by which SARS-CoV-2 causes oxidative stress is by binding to and attacking heme in hemoglobin. They

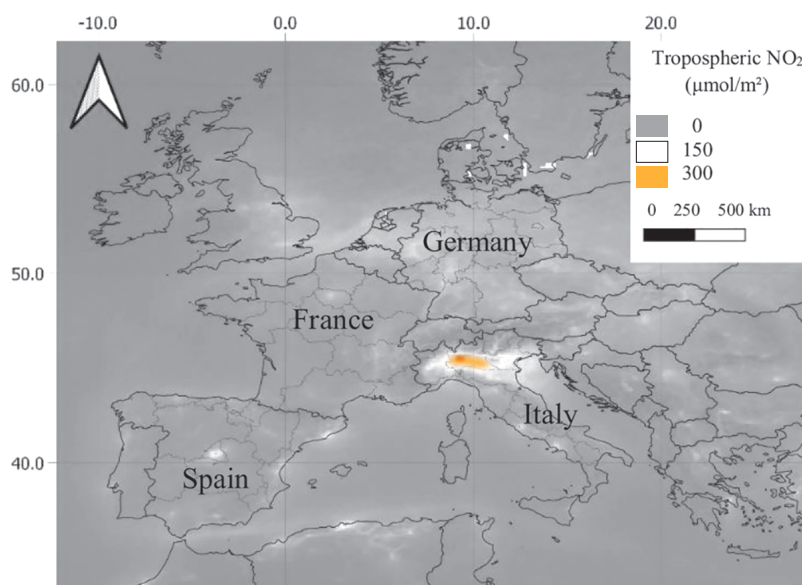


FIGURE 3. The tropospheric NO₂ distribution over Europe.

Source: Ogen Y. Assessing nitrogen dioxide (NO₂) levels as a contributing factor to coronavirus (COVID-19) fatality. *Sci Total Environ* 2020;726:138605.

wrote in the abstract: “The attack will cause less and less hemoglobin that can carry oxygen and carbon dioxide. The lung cells are toxic and inflammatory due to the inability to exchange carbon dioxide and oxygen frequently, which eventually results in ground-glass-like lung images. The mechanism also interfered with the normal heme anabolic pathway of the human body, expecting to result in human disease.”⁴³ However, a rebuttal paper appeared shortly thereafter, providing a long list of arguments why the theoretical ideas proposed by the first set of authors did not support their hypothesis and claiming that there is no experimental evidence that this can happen.⁴⁴

Severe hyperinflammation is perhaps the best descriptor for acute Covid-19. When some Covid-19 cases cascade into a hyperinflammatory state, heme is released from hemoglobin and then iron is released from heme. The highly reactive free iron combined with the inflammatory response leads to widespread damage to the artery walls. This induces an acute thrombotic response, with blood clots appearing throughout the vasculature, eventually leading to multiple organ failure and death.⁴⁵

If the virus is not causing this inflammatory cascade, then what is? The answer comes from studies on mutations in the enzyme heme oxygenase 1 (HO-1). Normally, this enzyme is able to metabolize heme into biliverdin and subsequently bilirubin, releasing ferrous iron that is then sequestered inside ferritin molecules, preventing the iron from damaging the tissues. Studies show that HO-1 is usually protective of oxidative stress, and, indeed, inflammation induces increased synthesis of HO-1. Importantly, the enzyme contains two critical glycine residues—G139 and G143—that bind electrostatically to heme and secure it in place to allow the reaction to take place. If either of these glycines is mutated to a different amino acid, the enzyme can no longer successfully carry out its reaction.

The title of a paper published in 2000 clearly states the consequences of replacing the first glycine residue with a different amino acid: “Replacement of the distal glycine 139 transforms human heme oxygenase-1 into a peroxidase.”⁴⁶ The researchers replaced the first glycine residue with several different amino acids, but the one

that caused the worst disruption was aspartate. Aspartate is a very good model for how glyphosate would behave because, like glyphosate, it is considerably larger than glycine and negatively charged. Turning the molecule into a peroxidase would result in the release of redox-active ferryl iron (Fe(IV)), a highly oxidized and very dangerous form of iron.⁴⁷

This predicted effect is borne out in evidence from people who have a genetic mutation in G139. A paper that is well summarized by its title described a patient who picked up a bad copy of HO-1 from both parents (a homozygous change from glycine to valine). The title is: “Mutating heme oxygenase-1 into a peroxidase causes a defect in bilirubin synthesis associated with microcytic anemia and severe hyperinflammation.”⁴⁸ The consequences of glyphosate perturbing HO-1 by substituting for G139 are catastrophic. Normally, HO-1 resolves inflammation, but the opposite happens when glyphosate disrupts the protein, setting in motion a dangerous positive feedback loop where inflammation induces HO-1, which induces more inflammation.

A final blow comes during the massive thrombotic response triggered by damage to the walls of the blood vessels by the ferryl iron and the oxidizing agents. Thrombin is the enzyme that produces fibrin, the main component of blood clots. Normally, antithrombin suppresses blood clot formation by binding to thrombin and disabling it. Severe Covid-19 disease is characterized by elevations in D-dimer, a marker for thrombin overproduction. Studies have shown that antithrombin administration is beneficial to treat sepsis and that it lowers the levels of D-dimer.⁴⁹ Significantly, antithrombin’s activity increases over a thousand-fold through binding to heparan sulfate or heparin.⁵⁰ Heparan sulfate synthesis is severely disturbed by glyphosate, as I have described together with collaborators in previous papers.⁵¹

It is plausible that the rapid rollout of 5G may work synergistically with glyphosate to enhance the effects on iron homeostasis. Several papers have shown evidence that electromagnetic fields (EMFs) disrupt iron status through alterations in the iron chelator ferritin, the iron regulator hepcidin or iron itself.⁵²⁻⁵⁵

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ANTIBODIES AND VACCINES

We are hearing a lot of hype from the media about two solutions to the Covid-19 crisis. The first is a massive campaign to test for antibodies to SARS-CoV-2 and to give those who test positive a free license to stop practicing social distancing. The second is the promise that a vaccine will soon be developed, and we can just vaccinate the entire world to halt the infection and go “back to normal.”

Both of these ideas are fallacious. Instead, we should be pushing toward steps we can take to boost the innate immune system, because that is where the solution lies. In fact, people who have a strong innate immune system can deal with environmental challenges (or can clear a virus from their body, if the cause is a virus) without experiencing any symptoms and without producing antibodies. Those who have an intense antibody production run the risk of developing autoimmune disease down the road, due to the antibodies attacking human proteins through a process called molecular mimicry.

The flu vaccine has not been successful in fighting off flu, and there is no reason to believe that a coronavirus vaccine would have a high success rate either. Increasingly, though, health care providers have encouraged us to get an influenza vaccine every year. Many—both young and old—have complied. Now there is concern that this policy may have caused an increased susceptibility to an acute response to Covid-19. A study published in 2012 compared children who were vaccinated with a trivalent inactivated flu vaccine against a placebo group. The vaccinated children experienced a 4.4-fold increased risk of infection with non-influenza viruses compared to controls. This suggests that the flu vaccine decreases the body’s innate ability to fight off infection, generically—that is, it weakens the innate immune system.⁵⁶

A case study published in 2017 reported on two cases of interstitial pneumonia developing immediately following flu vaccination. The symptoms were remarkably similar to Covid-19, with a low-grade fever, general fatigue and a dry cough, progressing to shortness of breath, low oxygen and evidence of severe lung damage.⁵⁷ It would be worthwhile to conduct a study comparing those who ended up in the ICU or

died from Covid-19 to those who had a milder case with respect to their flu vaccination status.

While the media enthusiastically promote the idea that a vaccine for SARS CoV-2 is on the way, they are not drawing attention to an important study published in 2012 in *PLoS One*. The study involved vaccinating mice with four different candidate vaccines being developed against the strain of coronavirus responsible for severe acute respiratory syndrome (SARS).⁵⁸ The authors were concerned because previous studies had revealed that both a whole-virus vaccine and a virus-like-particle based vaccine had induced an immunopathological lung disease in ferrets and non-human primates following exposure to the virus. Such a phenomenon is referred to as vaccine-induced “disease enhancement.” Their study with mice confirmed that the same problem encountered in ferrets and non-human primates also arose in the mice given the four vaccines under study. The vaccinated mice responded to viral infection with a so-called Th2-type immunopathology, with an excessive infiltration of eosinophils, which are known for their tendency to release large numbers of cytokines and chemokines. This overactive Th-2-type response is already being observed with Covid-19, and vaccination might just make it even worse.

My suspicion is that the vaccine induces unnecessary antibody production, which then primes the adaptive system following infection to kick in immediately with an over-reactive response, bypassing the usual channels ordinarily followed by the innate immune system. It is the cytokines and chemokines that are destructive to the lung tissue, and they likely would not be necessary to fight off illness if the innate immune system is strong.

Another serious problem with the development of a SARS-CoV-2 vaccine is that the virus appears to be mutating very rapidly. A group of researchers in China performed sequence analyses of virus samples obtained from several different patients suffering from Covid-19, and they found thirty-one different mutations among the analyzed sequences.⁵⁹ Furthermore, different strains appeared to have vastly different degrees of virulence. We can hope that the virus may mutate to a more benign form over time, but

this also means that a vaccine is not likely to be effective over the long term.

There is a real concern that researchers will rush a new SARS-CoV-2 vaccine through the evaluation process and in their zealous enthusiasm for coming up with a vaccine will overlook danger signs. Hopefully, they will not be so bold as to mandate the vaccine for the global population, running the risk of serious adverse outcomes, not to mention vaccine failure.

VIRUSES AND EXOSOMES

Exosomes are a fascinating collection of small vesicles originally derived from pieces of the cell membrane but encapsulating content derived from the cell interior. They are released from the plasma membrane of cells into the general circulation, usually under conditions of stress. Their size is comparable to the size of viruses and, just like viruses, they contain a variety of different biological molecules, including proteins, RNA and DNA. Cells communicate messages among one another as packets inside exosomes; for example, it is believed that exosomes play a major role in cancer metastasis. Just as endosomes are formed from inward budding of the plasma membrane of the cell, tiny internalized vesicles within the endosomes are formed by inward budding of the endosomal membrane. These tiny vesicles can then be released as exosomes, once the endosome returns to the plasma membrane of the cell.⁶⁰

I hypothesize that what drives endosomes to return to the membrane and release exosomes is an inability to mature into lysosomes. Furthermore, I believe that a primary driver behind this defect is a deficiency in heparan sulfate in the extracellular domain of the cell. Normally heparan sulfate is continually recycled by the cell, being detached and scooped up within the endosomes as they form by pinching off from the membrane. As the endosome becomes more acidic by pumping protons into the interior, the sulfate that is extracted from heparan sulfate becomes a buffer to maintain the acidic pH. The acidic pH is necessary to support enzymatic breakdown of cellular debris and of viruses, in order to recycle the recovered raw materials into useful new molecules.

Thus I suggest that a deficiency in heparan

sulfate leads to the massive release of exosomes by the cell. As a corollary, such a deficiency would also lead to a release of viruses by the cell, due to an inability to kill them and recover their contents as useful biomaterials. Those cells that are healthy enough to metabolize the viruses gain nutritional benefits from the viral contents. Thus the viruses strengthen the immune capacity of macrophages that are capable of clearing them. But if most of the macrophages are impaired in heparan sulfate supplies, the viruses will be profusely spread into the blood stream and overwhelm the blood's capacity to transport them.

Injured cells in the lungs due to toxic exposures from the air can be expected to release viruses and exosomes into the air space. A cough is all it takes to propel them out of the body, and a person nearby can easily breathe them in. A compromised immune system in the recipient of the virus/exosome will amplify the spread to others in the vicinity. Perhaps this explains why Covid-19 spreads much more easily in places with high air pollution from biofuels.

STRENGTHENING THE INNATE IMMUNE SYSTEM

I believe that the key to protecting yourself from Covid-19 is to strengthen the innate immune system. The most important things you can do are to eat a strictly certified organic whole foods diet, spend significant time outside in the sunlight without sunscreen and without sunglasses, and stay away from major highways as much as possible to avoid toxic exhaust fumes.

Eating a lot of fresh fruits and vegetables, as well as healthy meats, seafood and dairy, will help assure an adequate supply of vitamins and minerals. Vitamin C and vitamin D (along with vitamin A) are especially important for immune function. Many in the alternative medicine community are recommending high-dose vitamin C and/or high-dose vitamin D as therapies to treat acute cases of Covid-19.

A healthy gut microbiome is crucial for a healthy immune system, and one way to maintain a rich supply of probiotics is to eat fermented foods. It is intriguing to me that Germany and South Korea have both had significantly better mortality statistics from Covid-19 than other

Germany and South Korea have both had significantly better mortality statistics from Covid-19 than other nations. The cuisine of both countries includes fermented cabbage as a commonly consumed food.

nations. The cuisine of both countries includes fermented cabbage as a commonly consumed food (kimchi in South Korea and sauerkraut in Germany). Cabbage is also beneficial because it is an excellent source of sulfur. Taiwan and Japan have also been relatively spared, and popular foods in those countries include “stinky tofu” and natto (fermented bean curd). The fermented tea kombucha is also highly recommended.

Flavonoids and terpenoids are complex organic molecules produced by plants that are often used as medicinal supplements. Flavonoids and terpenoids are responsible for the bright colors of many fruits and vegetables. A prototypical flavonoid is quercetin, a plant pigment found in many foods, including apples, berries, onions, green tea and red wine, as well as popular medicinal supplements such as ginkgo biloba and St. John’s wort.⁶¹ Terpenoids contribute to the scent of eucalyptus and the unique flavors of spices such as cinnamon, cloves and ginger. Terpenoids (also known as isoprenoids) have been shown to have antimicrobial, antifungal, antiviral, antihyperglycemic, anti-inflammatory and antioxidant effects.⁶² If your diet consists mainly of processed foods, then you will be deficient in flavonoids and terpenoids, and this can lead to increased susceptibility to disease.

SUNLIGHT EXPOSURE AND VITAMIN D

It has been noted that African Americans are significantly more susceptible to Covid-19 than other races. Part of the reason may be reduced access to quality nutrition, as low-income African Americans often live in areas known as “food deserts,” where fresh produce and seafood are less available, and organic choices are often nonexistent. But another factor may be vitamin D, as African Americans typically have significantly lower levels of vitamin D due to the fact that dark skin reduces the absorption of ultraviolet rays.⁶³

It may be significant that the Covid-19 outbreak occurred in the late winter and early spring in the Northern hemisphere, when vitamin D levels are typically at their lowest. Vitamin D deficiency contributes to acute respiratory distress syndrome. Vitamin D is known to exert antioxidant activity, which is crucial protection from the inflammatory cytokines

released during the immune response.⁶⁴ While the recommendations from the literature are to take high doses of vitamin D, I would encourage spending significant time outdoors instead, if possible. As I have discussed in previous articles in this journal,⁶⁵ sunlight exposure also induces cholesterol sulfate synthesis in the skin, and this is important for supplying sulfate to the vasculature and to the immune cells. This critically protects from both impaired immune function and thrombosis (blood clots).

OXIDIZING AGENTS

In severe cases of Covid-19 with low oxygen levels in the blood, hospitals’ use of ventilators has been widespread. However, many have expressed concern that the ventilators are actually contributing to further damage to the already fragile lungs. The alternative medicine community is advocating the use of simple oxidizing agents such as ozone and chlorine dioxide (ClO₂) in the treatment of Covid-19. Their pro-oxidant effects can directly kill viruses and thus reduce the viral load, and at the same time provide extra oxygen to fuel the body.

ClO₂ is a simple molecule that has potent antimicrobial effects while remaining nontoxic to humans at low doses.⁶⁶ ClO₂ is particularly interesting to me because of its unique ability to oxidize sulfur.⁶⁷ I theorize that oral ingestion of ClO₂ promotes the synthesis of sulfate from organic sulfur-containing molecules such as taurine, and that this directly strengthens the innate immune system. Unfortunately, the medical establishment has been a harsh critic of ClO₂, likening it to bleach, and this has made it difficult for clinicians to conduct controlled studies to evaluate its effectiveness.

SULFATE

The jury is still out on the anti-malaria drug hydroxychloroquine, promoted by President Trump as a potentially powerful treatment option for Covid-19. The doctor who introduced this idea to him was Dr. Vladimir Zelenko, a doctor in New York City who claimed considerable success on his patients with Covid-19. One thing not often mentioned is that the treatment also included zinc sulfate supplements, and this aspect is probably very important. The drug is a zinc ionophore, and as such it promotes zinc uptake, which may be one of its primary benefits. However, the drug is usually administered as hydroxychloroquine sulfate, so it too is providing sulfate to the patient. Strangely most practitioners never consider the idea that sulfate might be a crucial component of the drug or zinc supplement.

Heparin is the most highly sulfated molecule known to biology, and heparin is another therapy that is showing promise in treating Covid-19.⁶⁸ It improved coagulation dysfunction, as evidenced by sharp reductions in D-dimer, and also exerted anti-inflammatory effects by reducing the levels of the inflammatory cytokine Il-6, as well as increasing the abundance of disease-fighting white blood cells (lymphocytes).

CONCLUSIONS

There is growing evidence that Covid-19 is a different disease in

different parts of the world. I suspect that the reason for the gross differences in susceptibility is the underlying toxicity burden of the population in each region. Most striking are the major hot spots around the world, starting with Wuhan itself and then branching out to include the Lombardy region of Italy and the northeastern part of the United States. All of these hot spots share a common thread of a high rate of adoption of fuels derived from biomass. And nearly all of the biomass sources are probably heavily contaminated with glyphosate.

Air pollution has been recognized as a significant factor in increasing the population's infection rate. Both the nitrogen oxides and the nanoparticles are surely contributing factors, but glyphosate may be the key factor that distinguishes the toxic effects of biodiesel as compared to standard diesel fuel. This hypothesis needs to be verified by scientific experiments, but in the meantime it behooves us to take a closer look at the potential pitfalls of continued growth in the technology that produces fuels from glyphosate-contaminated biomass.

The long list of identified risk factors that lead to a worse outcome with Covid-19 aligns very well with diseases whose rates are going up in lockstep with glyphosate usage in the United States. These risk factors may have only an indirect causal link, but they can serve as markers of chronic glyphosate exposure. I highly suspect that it is the glyphosate itself that causes both the risk factor and the acute reaction to Covid-19. A plausible story for the observed progression—from lung infection to hypoxia to massive systemic inflammation to disseminated intravascular coagulation and finally to multiple organ failure—is based on glyphosate's proposed unique mechanism of toxicity through disruption of protein function. Political action to ban glyphosate across the globe is urgently needed, especially if it can be shown that glyphosate does substitute for glycine during protein synthesis. ☺☺

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Understanding Our Current Health Crisis

By Thomas Cowan, MD

Note: This article is adapted from an episode of the Wise Traditions Podcast with host Hilda Labrada Gore and guest Dr. Tom Cowan (episode 235; April 3, 2020). Please be sure to read Tom's post-podcast insights and comments included in an addendum at the end of the article.

I'd like to begin this article with a few disclaimers. First, I want to be absolutely clear that my comments are my personal reflections only. I am not speaking on behalf of any group, not even the Weston A. Price Foundation. Second, I am neither a virologist, immunologist nor epidemiologist. I'm simply a general practice medical doctor who has thought about, studied and read about the world in relation to health and medicine almost every day for the last thirty-six years.

I am not privy to knowing what is going to happen with this Covid-19 situation. I don't know how many people are going to die or how long this is going to last. I've never treated anybody in my practice with this. So, while I have comments about what may be helpful, I don't have any treatments or prescriptions. I'm just explaining how I see the world, for those who may be interested. The world I want to live in is a world where people can say things without fear of attack—some will be correct and some will be incorrect, and that's just life.

People who know me know that I'm no stranger to controversial topics—controversy is sort of my middle name. In my 2016 book, *Human Heart, Cosmic Heart*,⁷ I tried to demonstrate that the heart cannot possibly be a pump, even though everyone thinks it is. One of the things I looked at was the quality of water. I would submit that the person who knew the most about water—probably ever—was Viktor Schauberger. A quote from Schauberger that I included at the beginning of my book may be even more appropriate now: “People may say I’m crazy; perhaps they are right. In this case, it is not so important that there is one fool more or less in the world. But in case I am right and science is wrong, Lord have mercy on mankind.”

ASKING THE RIGHT QUESTIONS

The first question to ask when the medical community or the human race—or both—are confronted with a new set of symptoms is, “How do we know that this new set of symptoms is from an infectious disease?” That is a fundamental question and what I refer to as the first layer.

Some people say, “If a bunch of people have the same symptom(s) in one place at the same time, that proves it’s an infection.” I would submit that that’s not true. Consider two examples. In 1945, the U.S. dropped a bomb on Hiroshima. About half a million people died from the same symptoms—and that was clearly not an infection. Something similar happened with Chernobyl. There was an explosion, and then a kind of “disease” started to spread across Europe. People got sick, and some died, yet I think all would agree that people were poisoned by radiation, not an infection.

Sometimes people ask, “Why did three people in my house all get sick with the same symptoms?” There could be hundreds of different explanations for that, and perhaps an infection is one of them. My point is that the same symptoms in the same place and time are not scientific proof of infection.

The question then becomes, “How do we prove that it *is* an infection?” German physician and microbiologist Robert Koch offered an answer to this question—Koch’s postulates—over a century ago. Koch developed his postulates in the late nineteenth century to explain how to

determine whether a given microbe is the cause of a given disease.

To illustrate the postulates, let’s look at an example. Let’s say you have symptoms such as high fever, rash and a stiff neck—you’re sicker than you’ve ever been. If nothing is done, you die in two or three days. That’s the classic symptom story for something called meningococcal meningitis, a kind of meningitis caused by bacteria called meningococcus. [Note: For additional reflections on Koch’s postulates, please read the addendum at the end of this article.]

Koch’s first postulate says that everyone has more or less the same symptoms and that any reasonable doctor could diagnose that illness based on those symptoms. The second postulate says that if you examined the blood of five hundred people with those symptoms, 100 percent of them would grow out the meningococcus bacteria in their blood. Not 30, 80 or even 99 percent—but *100 percent*. Otherwise, they don’t have meningococcus. It turns out that having meningococcus growing in your blood is not compatible with walking around, so postulate number three says that people who are walking around can be presumed to be fine. People with meningococcus growing in their blood don’t walk around, so, *zero percent* of those walking around would have meningococcal bacteria growing in their blood. Finally, postulate number four says that if you take that meningococcus, purify it, inject it into another person (which you wouldn’t want to do) or into an animal (which the animal wouldn’t want you to do), 100 percent of those injected will get sick

KEY REFERENCES

When I give talks or answer questions, I typically do not provide citations as I go. Thus I’m providing a handful of key references up front, particularly for the health care professionals and medical doctors who want to dig deeper. These pivotal books and resources contain the references that have informed my thinking.

- *Virus Mania* (translated from German) by journalist Torsten Engelbrecht and internist Claus Köhnlein.¹
- *The Silent Revolution in Cancer and AIDS Medicine*, written by another German author named Heinrich Kremer, who provides literally thousands of references to exactly what I discuss.²
- *The Invisible Rainbow* by Arthur Firstenberg, is the history of electricity and human health; the book’s extensive one hundred thirty-six page bibliography offers a wealth of resources on that topic and notably about the 1918 Spanish flu.³
- My book *Cancer and the New Biology of Water*⁴ contains numerous relevant references.
- *Water Codes* by Carly Nuday is another good reference.⁵
- David Crowe’s website, theinfectiousmyth.com, contains lots of information about the current Covid-19 situation.⁶

and will have the same symptoms. If you then grow the meningococcus out of their blood and transfer that to another animal, the same thing happens and so on. That's how Koch said we prove infectious etiology—an infectious cause and effect.

VIRUSES AND KOCH'S POSTULATES

What is a virus? A virus is a piece of DNA or RNA and a few other proteins, encapsulated by a piece of your own cell. A virus is a billionth of a centimeter—too small to be seen under a normal microscope. To look at a virus, one needs an electron microscope, which was not invented until the early 1930s.

Consider a common viral disease like chickenpox. More or less everybody with chickenpox has the same set of symptoms—fever, feeling crummy but not horrible and getting vesicular rash (which means oozing bubbles). After seven to ten days, the person gets better. One hundred percent of those people will have literally millions of copies of the virus in their blood. They will also have thousands and maybe millions of copies of the virus in their vesicular fluid. Applying Koch's postulates to the chickenpox virus, the steps would involve obtaining a purified culture of the virus, exposing an animal, producing chickenpox symptoms, obtaining more chickenpox virus from that animal, exposing the next animal and so on.

That's what should have happened in this current coronavirus situation but, as far as I know, didn't. First, there are no particularly characteristic symptoms. People may have a low-grade fever and a dry cough. However, lots of people—who might have the flu, a cold, asthma or a reaction to air pollution—have low-grade fevers and dry coughs. Unlike with meningococcus or chickenpox, that vague set of symptoms doesn't really help with diagnosis.

Let's say you have five hundred people with these symptoms in a city somewhere in China and you say, "Okay, we think this is a different kind of dry cough and low-grade fever." Knowing about how one proves infectivity, you might reasonably assume that scientists examined the blood of these five hundred people and demonstrated that they all had millions of copies of this

new coronavirus in their blood or lung tissue. As far as I know, not only did that not happen with five hundred or one hundred or ten people—I'm not sure it happened with anybody.

Instead, they took people's respiratory sputum and examined it under an electron microscope, but if you look at someone's respiratory secretions, there will be a lot in it. I've seen the pictures, which show a coronavirus but also all kinds of other things—viruses, debris and proteins. They essentially looked at that coronavirus under a microscope and said, "This has different genetic material than usual," and knowing that the genetic material of coronaviruses is RNA instead of DNA, they said, "we think this is a new coronavirus." Fair enough. They may have seen a new virus. In fact, they probably did—but they didn't demonstrate that this new virus is present in millions of copies in everybody with the disease.

If I were the disease investigator, I would next have said, "Show me five hundred symptom-free people of approximately the same age and the same health status." In other words, you have to have a group that is similar to the five hundred people who are sick. Once you have your control group, you want to see how many of them have an example of this coronavirus in their respiratory secretions or blood. According to Koch's postulates, it should be *zero*. But as far as I know, not only was that not done with five hundred controls, it was not done with one hundred or even ten controls. Again, it was not done with anybody. That's a problem.

I've read the original articles postulating that this coronavirus was a new infection. The articles say, "We did not attempt to purify the virus." What does that mean? It means they took the respiratory secretions containing this new coronavirus—but also possibly ten or a million other viruses and a whole lot of toxic stuff—and they injected it down the throat or in the nose of some animals, and some of the animals, not all, got sick. In fact, in one study they couldn't get normal mice sick—so-called "wild mice"—so they used genetically defective mice, and those mice got sick when injected with this unpurified snot. That doesn't sound like proof to me.

DIFFERENT CONDITION, SAME STORY

Let me give you another example (and you can find meticulous references for this in *Virus Mania*; see sidebar page 42). In the late 1800s, a new disease involving paralysis of the limbs started showing up particularly in children but sometimes in adults. Nobody knew what it was. It appeared at the same time that people started spraying orchards with a chemical called lead arsenic. When scientists did pathology exams and autopsies, they found that a certain part of the nervous system (the anterior horn cells of the spinal cord) was affected and was leading to the paralysis. Lead arsenic is a specific toxin for that part of the nervous system, but—because this was the heyday of Pasteur's germ theory—they said "this must be an infection" and called it polio.

Because they didn't find any bacteria in either the polio cases or people without polio, they decided it must be something smaller than bacteria. However, this was prior to the invention of the electron microscope. So, they tried to transmit the disease to a healthy animal to see

The polio story illustrates a fork in the road. They said, “We can’t prove it’s an infection; therefore, we’re going to discard the way we prove it.”

if the animal would get sick. They took brain tissue from people who had died or spinal cord material from people who were paralyzed, and they essentially ground them up in a blender and had monkeys drink it. None of the monkeys got sick. Next they tried injecting the mixture subcutaneously in the arms of monkeys. None got sick. But these folks were determined—I’ve heard that later in the twentieth century scientists used over five hundred thousand monkeys to try to prove this!

In the early 1900s, using two monkeys, researchers took the diseased spinal cord of a paralyzed child, ground it up, drilled holes in the monkeys’ skulls and injected one-quarter cup of this unpurified, diseased spinal material in the monkeys’ brains. One died, and one became paralyzed—and this became the proof that polio was a transmissible disease. My conclusion is that if you’re a monkey and someone wants to drill a hole in your skull and inject a quarter cup of diseased spinal material in your brain, your best bet is to run away.

Interestingly, there’s another poison that affects that same part of the brain called DDT. Chemical companies introduced DDT in the 1940s. Subsequently, there was an increase in polio, with the biggest outbreak ever occurring in 1952 in Detroit (which happens to be where I was growing up in the late 1950s). By this time, the electron microscope had been invented. However, when scientists examined people who got polio, only 51 percent had evidence of a virus while the other 49 percent didn’t. What happened to that 49 percent?

Obviously, the whole thing is a bit crazy, yet the same scenario has played out with many other diseases—hepatitis C, SARS, H1N1, Ebola, Zika and so forth. For none of these have scientists carried out the steps for or proved Koch’s postulates.

The polio story illustrates a fork in the road. Scientists essentially said: “We know it’s an infection, but we can’t find it, so we have one of two choices. We can either acknowledge that we can’t find it and can’t provide it, or we can say that the rules of engagement—that is, those postulates—are wrong.” Despite the fact that the postulates provide a very specific technique

that all virologists and infectious disease people agree with, they said, “We can’t prove it’s an infection; therefore, we’re going to discard the way we prove it.” And they were off to the races.

COVID-19 AND THE PCR TEST

Obviously, there’s something happening now, some kind of illness, and it may even be something new—some say yes and some say no. Let’s say it is new. So again, my first question—the first layer of the story—is whether there is even an infectious etiology. Someone might say, “Well, if it’s not infectious and it’s not a virus, what’s the cause?” However, that would be the wrong question to ask.

Here’s why. Imagine that I go running around the track every morning, and the inside of the track is grass. One morning, I show up and a five-story-high boulder is lying on the grass covering half the track, but underneath, the ground and grass is perfectly normal—no hole, no crater, no nothing. I would think, “That’s weird.” Then imagine I hear on the news that a meteor fell from the sky and landed on the football field, and that’s why this boulder is there. I would say to myself, “I don’t believe that, because if a meteor fell from the sky, there would be a big hole or at least it would have bothered the grass.” In other words, my first step would be to say, “I don’t believe that story.” Now, it isn’t up to me at that point to think, “Well, Tom, how do you think the boulder got there?” I don’t know. Maybe the fairies put it there, or maybe someone with a forklift put it there. I don’t know because I wasn’t there, but I can still tell you that I don’t believe this story.

There’s another part of the Covid-19 story that needs to be addressed. People are told there’s a test and they’re saying, “All right, Tom, we didn’t use Koch’s postulates, but we have a test that proves that Covid-19 is from this coronavirus.” However, if you ask people what the test is, most cannot answer the question. The test, called an RT-PCR test, is a “surrogate test” (see sidebar, page 45). The PCR test was invented in 1983 by Kary Mullis, who received a Nobel prize in chemistry a decade later for inventing it. To perform the test, you use a swab to get a piece of DNA or RNA (if it’s

RNA, you have to use an enzyme called reverse transcriptase (RT) to turn the RNA into DNA). Coronaviruses are RNA viruses, so that's why an RT-PCR test is used. They turn the RNA into DNA, and they postulate that if you have evidence of a certain type of DNA, you have an infection of that organism.

There is one problem, however. If you have never proved—by Koch's postulates—that you have an infection with that organism in the first place, you can't use a PCR test to show it. In fact, Kary Mullis explicitly said, "You can't use this test to diagnose infectious disease." Later, Mullis became a so-called AIDS dissenter. He was furious and said, over and over, that you cannot use the PCR test to prove viral causation. The book *The Silent Revolution in Cancer and AIDS Medicine* has the whole story.

The PCR process is somewhat complex, but it is important to understand it. Here's how it goes: We found a new coronavirus. It's in some of the people who are sick. We don't know what percentage, and we don't know if it's in people who are not sick. We're not going to purify it, but we know what the RNA is, so we can take a piece of that RNA, which is unique, and we can turn it into DNA. We can then amplify it through cycles. The amplification is needed because if you have one piece of DNA (or ten or one hundred), it's not enough to see it. But if you make one piece become two, and two become four, and four become eight—and if you do that twenty or thirty times—you will have a million

copies of this original RNA.

However, all biological tests have false-positives (a result telling you that you have the condition when you don't) and false-negatives (a result telling you that you do not have the condition when you do). When you skip the first step that proves an infection, there's no way to know how many PCR test results are false-positive or false-negative.

Here's what happens with the PCR test amplification. You go through thirty-five amplification cycles, and you don't find the DNA because thirty-five cycles do not create enough to detect it. So, you amplify it thirty-seven times, and then you start to find it. Then you want to find it more, so you amplify it forty times, and you find it more, but then you start getting positives—a lot of them. And then, interestingly, if you amplify it sixty times, everybody is positive. So, you have to find the sweet spot between finding some positives and finding all, which makes the test meaningless.

Now let's say you do the test and you set the number of cycles at thirty-nine cycles. Perhaps you have a low number of false-positives at thirty-nine cycles: 1 percent. That means that if you test thirty million people, you'll get three hundred thousand positives—and you have an epidemic. If you then want to demonstrate that because you gave them wheatgrass juice or a vaccine or told them to drop a book on their head there are no more positives, all you have to do is put the cycles down to thirty-six, and then everybody tests negative.

CAUSES VERSUS VIRUSES

Now we can turn to what is a cause and what is a virus—and this is the second layer to the story. For this I want to refer health professionals and medical doctors, in particular, to a lecture given by one of the most prominent virologists in the world, "Skip" Virgin (Herbert W. Virgin IV, MD, PhD). You can find him on YouTube and on the National Institutes of Health (NIH) website giving the NIH's 2015 Annual RE Dyer Lecture on the state of infectious diseases.⁸

First, let me point out that when I was in medical school, we knew

THE PCR TEST: EXPLAINING SURROGATE TESTS

To explain what a surrogate test is, let's say you want to know how many feet are in a particular town (not feet like inches, but feet at the end of your legs). Obviously, one way to find that out is to gather everybody in the town square and count the feet. Next, you want to know how many feet are in the next town over, so you assemble everyone and you count their feet. You keep doing that, and you get a 100 percent accurate reading of how many feet are in each town.

Then you say to yourself, "This is too tedious, I don't want to do this. I'm going to use a surrogate test, and that's going to tell me how many feet there are." So, you make some assumptions: (a) everybody who has feet has shoes; (b) everybody who has shoes has only one pair of shoes; (c) everybody who has shoes has shoelaces; and (d) there's only one shoe store in town that sells shoelaces. You decide that you are going to make this easy for yourself by going to the shoe store and asking how many shoelaces they sold this year—and that will tell you how many people have feet. It's nonsense, of course, because some people may not have shoes, some have many pairs of shoes, some have shoes without shoelaces and some shoelaces may come from other stores. Nevertheless, that's an example of a surrogate test—and a PCR test is a surrogate test.

If you first establish that everyone in town has one pair of shoes and they all have shoelaces, then you can count the shoelaces and make your counting job easier. But if you don't know the first critical piece of information, you can't do the second thing. In the case of this coronavirus, they didn't do the first thing—for whatever reason—but they are using the surrogate test anyway. To me, that is a monumental mistake.

nothing about the microbiome—the bacteria that live in our gut and everywhere in our body—so we tried to sterilize people who were sick. We gave them lots of antibiotics and irradiated them with X-rays. Of course, it never worked. Fast forward to the present day when we have the theory that viruses are these “wily” attack things that come from outside us. Dr. Virgin may not agree with me about everything I am saying, but he pointed out in his talk that we actually have millions of viruses in our virome—which is the equivalent of the microbiome—and at least 20 percent of our DNA is viruses. Millions of different viruses live in every orifice of the body and in our blood and cells. In fact, it’s very difficult to know what is virus and what isn’t.

Dr. Virgin describes viruses as “messages.” They are a rapid response team. If you encounter danger, your body essentially liberates a piece of genetic material—which is what a virus is—and pumps it out through your cell membrane. The name for this is messenger is “exosomes.” They then go to other cells and tissues and send them the message: “I’ve been poisoned. Something bad happened.” It’s very similar to what a tree does; if a tree in a forest gets eaten by beetles, it sends out messages through its roots telling other trees to make an immunological reaction against the beetles. It’s our natural way to protect ourselves, and it’s how communication happens between cells, tissues, organisms and even between species.

The DNA—the genetic material—is encased in crystalline water (see my book *Cancer and the New Biology of Water*). When something happens to disturb it, the crystalline water changes the DNA, makes a new genetic material and it gets packaged up and sent out as messengers telling the other organisms “there’s something happening here.” That is what we call “viruses,” and this is why it looks like contagion. You’re sending a signal—a message—to another organism that something happened and you need to make an immunological reaction. Dr. Virgin says that at the end of his talk someone said to him, “Man, Skip, this is incredibly complicated.” And he said, appropriately enough, “Don’t blame me, that’s how life is.”

Let’s consider the theory that viruses are “wily.” That is, you’re just going around minding your own business and a virus attacks you and makes millions of copies of itself inside you, and then you’re sick. That’s the theory. Over the last forty years, knowing about the “wily virus” theory, I’ve often asked myself, “I wonder which part of that is the ‘wily’ part.” “Wily” means that piece of RNA is thinking, “I’m going to escape detection.”

Consider five viral diseases: chickenpox, measles, German measles, mumps and hand, foot and mouth disease. Those are classic viral diseases that everyone has heard of and that, before the 1950s, “attacked” millions of people who then got symptoms. Here’s a question: Have you heard of anyone having all five of those—or three or even two—at the same time? As far as I know, it’s never happened or been reported.

If it was simply a virus attacking you, why couldn’t two viruses attack you at the same time? I would submit that there are two possible explanations. First, there’s something really wrong with the virus theory. The second—and frankly impossible—explanation is that, in the last

two hundred years, not once has a human being been exposed to two viruses at the same time. People may say that illnesses like chickenpox and measles attack largely the same tissues. But what about mumps? It attacks your parotid gland. So, why couldn’t one virus attack your parotid and another your respiratory and another your skin? The whole thing doesn’t make any sense.

Let’s go back to the virus-as-messenger theory. People are poisoned and send out a distress signal because we are a unified system. I would say we are a living, breathing crystalline water being, which—at any one time—has one response. The response is, “I’ve been poisoned in this way, I’m going to send out the signal to my friends and relatives in the world, and that’s going to alert them.” You can’t do two unified responses at the same time, so you do one.

One might ask, “Why does this happen to everybody?” In the past, every child got chickenpox. It could be—as many have not only suggested but also essentially proved—that all children need to go through certain elimination phenomena, like this messenger phenomenon, to become healthy. In other words, it’s part of the maturation process. Here’s the message that gets passed along: “Okay, I’m going to do that, too. It’s a pretty harmless event, and then I’m going to have a physical antibody produced, which is the physical marker that I’ve had chickenpox. Not only will I never get chickenpox again but I will have less glioblastoma and less arthritis for the rest of my life.”

This explains why these diseases look contagious. It perfectly explains all the observable phenomena of the history of viral diseases.

ANOTHER LAYER

To summarize thus far, we can view layer one as “virus as infection”—but they didn’t prove it. Layer two is, “virus as messenger”—that is, “there’s more happening here.” At this point, people may say, “But it spreads all over the world, how can that be?” Whether they say, “How can that be if it’s a virus?” or “How can that be if it’s a message?” they are asking the same question.

Here we get into more esoteric questions.

What is the nature of any physical substance? What is a virus? What is any molecule? We get the answer that “Molecules are made of atoms.” Well, what’s an atom? We are told “It’s a nucleus that’s here and then there’s an electron over there, way far away.” And what’s in between? Space—that is, “nothing.” And then, to make it even more complicated, we’re told that viruses are made of atoms and we are made of atoms—that is, 99.99 percent space. If you ask, “Why does a virus look solid?” nobody knows.

Mind-bogglingly enough, physicists then tell us that sometimes it looks like a particle (which is 99 percent space), but other times, it’s just a wave—an energy form that somehow crystallizes (we don’t know how) into an atom, a particle and then into stuff we call a rock or a human being. This is how physicists describe the nature of reality. If that’s true, then we have these energy forms that presumably circulate all around the earth. We’re all connected—that’s what the physicists are telling us. We’re all crystallized energy. That’s the only way to say it. It’s like the “hundredth monkey effect” or like proving that prayer in one place affects the outcome of physical events in another place. (See books by Larry Dossey for references.⁹)

This, then, is the third question or layer: What is this energy form that is circulating around the planet that’s causing people to be sick? Admittedly, that’s a big question, but if we are all crystallized energy, that makes things a lot more fluid and flexible (versus saying “you have to spew out a virus” or “you have to spew out a messenger”). Think about it. In 1918, they couldn’t even guess why people on a boat and people in South Africa and in Chile all got the Spanish flu at the same time when they had no contact. (If you want to investigate that one, read *The Invisible Rainbow*.)

Currently, there is something that’s poisoning us and causing DNA degradation, which is being seen as this “novel virus” or a “new messenger” that in itself is a kind of crystallized or physical manifestation of an energetic impulse. The question is, what is the toxic influence that’s hurting us?

I fully acknowledge that I can’t know the answer to that question right now, but here’s

what I can say. We know that people are having an immunological (that is, febrile) reaction. They have a cough, and some of them are even having hemorrhages or bleeding in their lungs. And now they’re even blaming heart attacks on this. What is happening to people’s lungs that is creating this new toxic insult?

First, I should point out that it isn’t necessarily the same set of factors causing the toxic insult everywhere, but let’s look at Wuhan. First of all, Wuhan is one of the world’s most polluted cities—you can barely see the ground. Second, they hypervaccinated the people in Wuhan in the weeks and months before this all started. In other words, they were shooting residents full of metallic aluminum, which by the way causes an immunological reaction—a cytokine storm—which is what we’re told is happening in this current epidemic. You get a cytokine storm from the injection of aluminum, and there is also aluminum and all kinds of other toxins in the air. And then, as far as we can tell, there was the introduction of a novel electromagnetic field called 5G. I have talked to people who seem to know the most about this topic, and everybody has a different take on how much 5G and whether it is 5G and so on. I don’t know the answers, but I do know that they say they rolled out new energy forms.

So, we have the following situation. First, we have an air-polluted-up-the-wazoo city (which, by the way, is exactly the same situation in northern Italy). Next, people are injected with substances whose goal is to produce an immunological cytokine reaction. Third, they introduce a new electromagnetic field impulse into these people. What does this new 5G energy form do? One body of evidence indicates that these new electromagnetic fields interfere with oxygen bioavailability. (We already know that the entire planet’s oxygen has decreased by at least 1 or 2 percent in the last one hundred years, which isn’t good.) A second thing that 5G—and all non-native electromagnetic fields—do is degrade DNA and RNA (again, read *The Invisible Rainbow*). These fields cause degradation of genetic material, which the body packages up as these novel messages. Third, and somewhat more controversially, there is

Currently, there is something that’s poisoning us and causing DNA degradation. The question is, what is this toxic influence that’s hurting us?

evidence to suggest that these fields interfere with the distribution of calcium in and across the cell membrane. I've seen the evidence both for and against this assertion, and the reason I think there's something to it is because if you introduce a new electromagnetic field and that causes the calcium to be pushed into the cell, you will end up with toxic cells—which is what we are seeing. Moreover, calcium is part of the coagulation pathway, so if you lower the calcium in your blood, you will start bleeding.

This is exactly what happened to people in 1918. New radiowave technology rolled out in 1918, and the soldiers who were often described as some of the Spanish flu's main victims were at the vanguard of using the new technology. Most of the deaths were ascribed to hemorrhages. I don't exactly know why, but I think they got DNA damage, which shows up as a viral infection. That pushed the calcium into their cells, they had lowered ionized levels of calcium in their blood and that caused failure of the coagulation pathways and bleeding. That is a perfectly acceptable explanation for every observable event then—and now.

AN EPIDEMIC OF FEAR


A lot of brilliant people have tried to address the esoteric third-level question. What is this energy form being put out when people are poisoned in this way? They all come up with the same answer: It's fear and hatred. That is the energy form that is the spiritual root of contagion, and we know that it has physiological effects. If you frighten people or make them hate other people, they get sicker more easily. I don't think it's a coincidence. I'm not ascribing motives, and I don't know how this happened, but this rollout of fear has been one of the most intense experiences that any of us has ever seen.

The way I conceive of this is that the damage is to the water in our tissues. The water is the part that absorbs this electromagnetic field. The water is the basis of life. Essentially what we're experiencing is a message from the water: "If you keep poisoning me like this, if you keep degrading my ability to lead a happy, fulfilling life, then I need to put out a message that somehow accentuates that we need a different way of

life." But it's not quite as simple as that, which is why I go through the whole viral theory, message theory, esoteric theory and energy theory. If you get into the physics of this, it starts looking very complicated. It's far beyond my ability to comprehend, but I know that we can't live the rest of our lives in this state of fear and hatred. This is not good for us. It is not good for people to be isolated, with their only contact with life being through a screen. That is not the world that I want to live in.

Remember, I have no experience treating this, so I have nothing to say about possible treatments. However, I do have a lot of things to say about the world I want to live in, the water I want to see, the electromagnetic fields I want to live in, the kind of harmony I want to see among people, the kinds of activities I think people should do. And I have things to say about not putting metals and chemicals in the air or glyphosate (which also degrades DNA) in the water.

When I was a child, I had such a bad speech impediment that I couldn't talk. Eventually, my parents took me to a child psychiatrist. He said, "Don't worry about Tom. Some day he'll have something to say." So, my parents didn't put me in therapy or do anything else. They left me alone, and it was around that time that I started thinking about how the world is organized. Over time, it has felt like I've been given insights—things that I should at least try to communicate to other people. I never know whether they're right, but some people have said that I have an interesting ability to communicate certain things. At any rate, it's as if I can't live unless I say what I feel and how I see the world. I don't know why that is.

One thing I would like people to do right now if they are so inclined is to find a version of the beautiful Leonard Cohen song, "Hallelujah," on YouTube. This version is sung by the children of a New York City public school (PS22),¹⁰ and it's the most amazing thing to see. There are children who are fat and children who are thin; who are black, Hispanic and white; with and without glasses; with funny hair or no hair—and they all come together to sing "Hallelujah, We're Alive." That's the world I want to live in. An amazing boy starts the song and later also sings the verse that says, "I did my best, it wasn't much" and "I've told the truth, I didn't come to fool you." I don't know how much of what I am saying is the truth, but I'm trying my best. That's all I can say. And I hope people go out and sing that song. 

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ADDENDUM

This is a particularly painful piece for me to write. The reason is not so much because I am going to admit I was wrong about a number of things in my podcast interview, but because this was staring me in the face for decades, and for some reason I simply missed it. Like most people, I've been wrong about many things before, so that is not such a concern to me. The thing that rankles me is that in some ways this is the central delusion of our culture—and I missed it for decades. That just shows how deeply ingrained in all of us this insidious myth of contagion really is.

The reason that it has not been shown that this coronavirus is causing this current disease is simple. No virus or bacteria has ever been shown to cause any disease, so there is no reason to expect that this coronavirus would be any different. The amount of "deprogramming" that it took for me to realize this simple fact has been perhaps the most challenging intellectual quest of my life. Yet, in the end, this is the only reasonable conclusion anyone who looks at the facts can come to. When I said that Koch's postulates had been met for some illnesses, such as meningococcus or chickenpox, I was mistaken. The fact of the matter is that in no case—in spite of over one hundred fifty years of trying—has anyone shown that either a purified bacteria or virus can cause any disease. It is simply not in nature's plan for this to be so.

Here is what I mean. Imagine you have milk, and the cow from which the milk is obtained is poorly fed and handled. You notice that people drinking the milk often come down with a case of diarrhea—in many cases, severe and even bloody diarrhea. As the medical person involved, you decide to investigate. You examine the milk and find the bacteria called campylobacter. Problem solved, as it is well known that campylobacter is a bacterium that causes diarrhea in people.

There is, however, another possible explanation for these events. As I said, the cow was being misfed, possibly even poisoned. We know that whatever poisons any mammal consumes inevitably show up in the milk. It is quite possible that the campylobacter are present in the milk not as an "infection" but because, in all of nature, *bacteria biodegrade toxins and other debris*. In other words, if there are poisons in the milk, the campylobacter bacteria, which are always present in small quantities in any milk, find their food source and grow and flourish. Rather than being disease-causing, the reality is that the bacteria are remediating a bad situation.

As I have pointed out for many years, this second explanation is more in line with how nature operates. If you put nasty stuff in your compost pile, you will grow certain bacteria and fungi to eat that inappropriate stuff. No one with any sense says the compost pile has an "infection." The microorganisms are just fulfilling their normal role in nature, which is to grow where and when they are fed. If you feed a system poisons, you will get certain microorganisms growing.

It all boils down to this question: How can we prove which of these two explanations are correct? Is it the bacteria (or virus) causing the disease, or are they in some ways the remediators of the situation and are just being blamed because they are at the scene of the crime? The answer to this question is very logical, simple and straightforward. All you have to do is simply isolate a pure culture of either the bacteria or virus, give that to the person in the normal way it supposedly caused the disease (in our example, give it orally) and see what happens. This has been done, famously by Louis Pasteur, in experiments dating back over one hundred fifty years.

Believe it or not—as shocking as this may be for some to hear—not once was Pasteur ever able to transmit disease in this manner, nor has anyone else ever been able to do so. Pasteur said he did, but in his personal diary (that he said was never to be published) he admitted he was never once able to transmit any disease in this manner and had to resort to putting poisons in his samples in order to prove the germ theory. When he died, it is said that his final words were "the germ is nothing, the terrain [i.e., the condition of the person or the poisons in the milk] is everything."

I encourage all to ponder this deeply. If I am correct, this changes everything. It is not a simple issue and it would take an entire book to describe the ramifications of this new understanding. But I have come to the conclusion that if we don't begin to see nature as it is—and instead persist in seeing the world through this delusion called germ theory—we will be subjected to and will fall for more and more "pandemics." Conversely, if we can somehow wake up, turn off the Wi-Fi and stop polluting and poisoning our only home, then a new dawn will come, and we can create a world that will work for all of us and all God's creatures—including our dear friends the bacteria and viruses.

Reading Between the Lines

By Merinda Teller

Covid-19 Rogues' Gallery

Covid-19 offers a highly convenient pretext for a rapid reengineering of society that few could have imagined half a year ago.

Since Covid-19 burst onto the scene early this year, a handful of power-addicted individuals has come to dominate the national and international discourse about the purported pandemic. Not ashamed to fan the flames of fear to achieve their aims, big-headed figures like Bill Gates and Elon Musk—aided and abetted by career toadies like the World Health Organization (WHO) director-general Tedros Adhanom Ghebreyesus and Anthony Fauci of the National Institute of Allergy and Infectious Diseases (NIAID)—are having a field day prognosticating and telling the world's citizens what they can and cannot do. (Note: Many other rogues could—and should—be called out in connection with Covid-19, but for the purposes of this article, the focus is on this particular “Gang of Four.”)

Although theories about Covid-19's origins, causes, severity and solutions differ [see articles in this issue of *Wise Traditions*], one thing has become increasingly apparent to many: Covid-19 offers a highly convenient pretext for a rapid reengineering of society that few could have imagined half a year ago, nor would likely be acquiescing to now without the amped-up threat of THE VIRUS.¹ Thus under cover of “virus mania,”² this band of merry men—along with numerous partners in government and the medical-pharmaceutical-biotech cartels—has been seizing every opportunity to market long-desired Orwellian interventions. The dystopian vision with which they openly aspire to seed the planet includes 24/7 surveillance and tracking,³ forced quarantines,⁴ immunity certificates,⁵ nanotech implants,⁶ mass vaccination⁷ and brain-machine interfaces⁸—a no-way-out agenda that would cheerfully relegate individual sovereignty and constitutional protections to the historical dustbin.

GREEDY GATES' MAKEOVER

When Bill Gates stepped down as CEO of Microsoft in 2000 and launched the Bill & Melinda Gates Foundation, his largesse immediately began to lay the groundwork for a massive public relations makeover, boosted by purchased allegiance from media outlets such as NPR, NBC, the BBC, *The Guardian*, *Le Monde* and *Al-Jazeera*.⁹ Before Gates' miraculous rebranding as a homespun philanthropist, he was *not* a popular figure. As *GQ* wrote in 2015, “the soft, cuddly Bill Gates of today hardly would be recognizable to veterans of the tech industry. . . in the late 1980s and 1990s.”¹⁰ In his Microsoft years, he was famed as an “office bully” who “seemed to thrive on conflict, always pressed for advantage, and even schemed to dilute his [business partner's] stake in the company when [his partner] was ill with Hodgkin's disease.”¹⁰ Among personal computer users, Gates was also widely reviled for his dysfunctional, virus-prone operating system (with suspected intelligence community backdoors) and the brutally monopolistic practices that eventually landed him, in 1998, in an antitrust lawsuit with the Department of Justice and twenty states.¹¹ After initially losing the lawsuit, Gates finagled a deal in 2001 (details never disclosed) that let him off the hook with barely a hand slap.

As the corporate media got busy repurposing Gates as an affable philanthropist eager to give his fortune away, Gates focused on cementing the various agendas and relationships that have converged to propel him to his current Covid-19 notoriety—despite the lack of medical training or any other relevant credentials that might justify his draconian medical and social prescriptions. From the start, a particularly critical component of the Gates agenda has been his incessant promotion of vaccination. In 2000, Gates helped launch the Global Alli-

ance for Vaccines and Immunisation (later renamed Gavi, the Vaccine Alliance), to which he has donated over four billion dollars.¹² In 2010, Gates pledged ten billion dollars to the WHO and declared a Decade of Vaccines. Around the same time, Gavi and WHO also joined forces with the Gates Foundation and several other entities—including Anthony Fauci’s NIAID—to establish a Global Vaccine Action Plan, with Fauci stepping up as one of the Plan’s five Leadership Council members.¹³ As journalist James Corbett summarizes:

[T]his attempt to reorient the global health economy was part of a much bigger agenda. An agenda that would ultimately lead to greater profits for Big Pharma companies, greater control for the Gates Foundation over the field of global health, and greater power for Bill Gates to shape the course of the future for billions of people around the planet.¹⁴

Alongside Gates’ global health activities, he has also been active in building up the vaccine enterprise in the U.S. After partnering with the National Institutes of Health (NIH)—parent organization to NIAID—in the mid-2000s to create a program called Grand Challenges in Global Health, the Gates Foundation initiated a chummy “new phase of cooperation” with NIH in 2014, including significant investment in vaccine development.¹⁵ Many American universities have also developed cozy funding relationships with the Foundation.

In addition to exerting his outsized influence on vaccine programs and priorities around the world (and unremorsefully leaving behind such a horrendous trail of vaccine injuries and deaths that India’s vaccine program severed ties with the Gates Foundation in 2017),¹⁶ Gates has established a number of other key funding priorities, none conducive to human or planetary health. Pet projects include support for ominous technologies like geoengineering (“the deliberate mass scale manipulation of the weather”), video surveillance satellites, 5G antennas, artificial intelligence, nanotechnology, GMO-based agriculture and the genetic extinction technology known as “gene drives”—as well as providing financing for mundane misdeeds such as subprime mortgages and unnec-

essary surgeries.^{6,9,17,18} 5G has played a growing role in the Gates Foundation’s investment portfolio (with its second largest tech holdings, after Microsoft, in Crown Castle, the dominant owner of 5G infrastructure throughout the U.S.).³ 5G-related companies also dominate Microsoft’s recent corporate acquisitions.^{19,20}

At this juncture, it is more than apparent that the foundation’s financing of “hospitals, universities, media, governments, and health organizations” has given Bill and Melinda Gates “the ability to shape the decisions made by some of the institutions they fund, including when these decisions go against the desires of the masses they claim to be helping.”¹⁷ And, in the era of Covid-19—with Gates having pledged three hundred million dollars in commitments to vaccines and therapeutics—it also seems clear that “No matter which way you approach the solutions being presented. . . you will find Bill Gates’ fingerprints.”¹⁷ Gates has made it plain that he plans to evade all culpability in the likely—and even predictable—event that his vaccines cause injury or death, having stated that no vaccine will be distributed until governments around the world agree to indemnity against lawsuits.²¹

Thanks to Gates’ well-oiled publicity machine, Covid-19 has reportedly sent the magnate’s popularity “soar[ing] through the roof,” at least in the U.S., with one survey citing favorable opinions from 58 percent of Americans, including “both Boomers and Millennials.”¹⁷ However, judging by the massive outpouring of Gates-directed hostility and skepticism on

GATES: CRIMES AGAINST HUMANITY

Outside the United States, Italian politician Sara Cunial delivered a speech to the Italian legislature in May 2020 that captured the sentiments of many people around the world regarding Bill Gates. Describing Gates’ 2018 “prediction” of a coming pandemic, his hosting of “Event 201” in 2019, his destructive vaccine programs and depopulation policies, his activities to obtain “primacy on agriculture, technology and energy” and his involvement with companies rolling out 5G, Cunial summarized:

The real goal of all of this is total control. Absolute domination of human beings, transformed into guinea pigs and slaves, violating sovereignty and free will. All this thanks to tricks/hoax disguised as political compromises. While you rip up the Nuremberg code with involuntary treatment, fines and deportation, facial recognition and intimidation, endorsed by dogmatic scientism. . . [w]e, with the people, will multiply the fires of resistance in a way that you won’t be able to repress all of us.

. . . [G]ive an advice to our [Prime Minister] Conte: Dear Mr. [Prime Minister] Conte, next time you receive a phone call from the philanthropist Bill Gates, forward it directly to the International Criminal Court for crimes against humanity. If you won’t do this, tell us how we should define you, the ‘friend lawyer’ who takes orders from a criminal.⁶²

display in social media posts, online comments and other digital forums, such surveys may not be telling the whole story. At the protests against lockdowns that have been multiplying around the nation, many participants can be seen carrying signs calling for Gates' arrest and imprisonment or simply proclaiming, "Bill Gates is evil."²²

FALSE FAUCI—AND HIS SIDEKICK

Dr. Anthony Fauci has served as the director of NIAID since 1984, navigating through half a dozen administrations. With an annual budget currently estimated at almost six billion dollars, his agency's research portfolio covers infectious diseases such as HIV/AIDS, respiratory infections, diarrheal diseases, tuberculosis, malaria, Ebola and Zika as well as "immune-related illnesses" ranging from autoimmune disorders to asthma and allergies.²³

Fauci is famed for his ability to hype infectious disease threats and for his skills in priming and massaging public opinion—skills that have served him well with the emergence of Covid-19. In early March, 2020, for example, Fauci stoked coronavirus fears by lumping the new virus, about which little was yet known, into the same basket as past panic-inducing events such as the HIV epidemic, anthrax attacks and bird flu. Leaving the door open to go in many different directions, he added, "Everything has a little bit of a different twist to it. It's not exactly the same, but there's always that uncertainty that gets people very anxious."²⁴ Long-time Fauci critics have observed that the doctor often "advance[s] theories and yet position[s] himself to avoid scrutiny" and also not infrequently covers up contradictions in his assertions through "obtuse and wordy explanations."²⁵

In the 1980s, Fauci played a leading role in the response to AIDS, working with his long-time, Bobsy-twin sidekick, retired Army colonel Dr. Deborah Birx.²⁶ This experience likely helped him learn the ropes of how to commandeer immense taxpayer resources for iffy epidemics and still iffer vaccines. In 1984, the year that he became NIAID director, the U.S. proclaimed that it would have an HIV vaccine within two years;²⁷ though no vaccine has yet materialized, the NIH (including NIAID) continues to receive about over two billion dollars annually for HIV research.²⁸

In 1992, Birx and current CDC director Robert Redfield "knowingly falsified scientific data published in the *New England Journal of Medicine* fraudulently claiming that an HIV vaccine they helped develop was effective."²⁹ The accusations came from two U.S. military investigators who alleged unethical behavior and called for an independent investigation; instead, the Army squashed the investigation, leaving the door open for the two to keep pursuing their "stellar careers."²⁹ Fauci, undaunted, later drew the ire of Senator Tom Coburn for continuing to exaggerate the results of the HIV vaccine trials with which Birx was involved.³⁰ Notably, both Fauci and Birx hold patents related to HIV vaccines.^{31,32}

Fauci's NIH bio credits him with being one of the principal architects in 2003 of PEPFAR (President's Emergency Plan for AIDS Relief). PEPFAR, another boondoggle for American taxpayers, has resulted in windfall profits for the pharmaceutical industry through the program's intense promotion of HIV drugs in over fifty countries. Birx has been at the helm of PEPFAR since 2014, holding the official title of "U.S. Global AIDS Coordinator and Special Representative for Global Health Diplomacy."

As a more recent example of Fauci's vaccine opportunism, in April 2016 the NIAID director called for an additional two billion dollars in U.S. government funding for Zika vaccines, though not a single Zika infection had been documented in the U.S. at the time. Displaying his by now all-too-familiar modus operandi, Fauci urged Congress to "act now," stating "The regular appropriations process takes too long" and adding, "I don't want to wait to have to develop a vaccine."³³ By November of that year, the WHO was declaring that Zika was no longer an emergency, and by the following March, global infections had tapered to essentially zero. Nonetheless, with about thirty-eight Zika vaccines in the pipeline, Fauci maintained in September 2017 that "Nothing has changed with regard to our vaccine approach"—even as the Department of Health and Human

FAUCI: A CLEVER MANIPULATOR

In March 2020, a damning book by Charles Ortley (which has already disappeared from Amazon and other book-sellers) characterized Fauci as a "clever manipulator"—the "Bernie Madoff of science" and the crafter of an "HIV Ponzi scheme."⁶³ Goodreads summarizes the nine elements of the decades-long Ponzi scheme, which has involved nosological (disease classification) fraud, epidemiological fraud, virological fraud, treatment fraud, public health policy fraud, "concealment of negative scientific data and paradigm-challenging anomalies," "chronic obscurantism," censorship of critics and whistleblowers and—when needed—"vigilantism and witch-hunts against any intellectuals, scientists, or citizens who constitute any form of resistance to the Ponzi scheme."⁶⁴

Also this spring, former NIH scientist Dr. Judy Mikovits, one of Fauci's most famous professional casualties, went public describing her former boss's bullying and suppression of critical science. Ironically, her book, *Plague of Corruption*, was at the top of Amazon's bestseller list for weeks on end.⁶⁵

Services (HHS) announced that it was scaling back Zika activities to “a more limited set of goals and deliverables.”³⁴ As of the summer of 2018, NIAID’s website stated that six vaccine candidates to prevent Zika were still under development.³⁵

Both Fauci and Birx have longstanding ties with Bill Gates and the Gates Foundation. Birx is a board member of the Global Fund, an influential program established and largely financed by Gates to address AIDS, tuberculosis and malaria. Fauci, as already mentioned, has served on the Leadership Council of the Gates-sponsored Global Vaccine Action Plan,¹³ and, in the U.S., his agency benefits from extensive Gates research support. In January—just three days after the first U.S. case of Covid-19—the Gates-financed Coalition for Epidemic Preparedness Innovations (CEPI) announced significant monies for an experimental coronavirus vaccine to be developed jointly by NIAID and Moderna Therapeutics.³⁶ The Moderna vaccine, which has caused severe illness in some clinical trial participants, has already made the company’s CEO an overnight billionaire as well as generating bonanzas for shareholders.³⁷

TEDROS THE TERRORIST

Tedros Adhanom Ghebreyesus became WHO director-general in 2017—the organization’s first African director and the first who is not a medical doctor.³⁸ Fauci professes to have known Tedros for a long time and calls him an “outstanding person.”

Tedros gets credited in the mainstream media for his prior stints as both health minister (2005-2012) and foreign minister (2012-2016) of Ethiopia, but news accounts tend to gloss over his long-time status as a politburo member of the violent and corrupt Marxist organization—the Tigray People’s Liberation Front (TPLF)—which “has ruled Ethiopia under iron fist” for almost thirty years since overthrowing the Mengistu regime.³⁹ During his time as health minister, Tedros oversaw a series of genocidal policies against the Amhara ethnic group, including targeting the Amhara with cancer-causing and fertility-damaging contraceptive products restricted or banned in the U.S. and Europe.⁴⁰

In addition to Tedros’ longstanding friendship with Fauci, a comprehensive dissection of Tedros’ career and affiliations⁴⁰ shows that he has had a number of points of contact with Bill Gates and the organizations that Gates finances. From 2008 to 2009, for example, Tedros served on the board of Gavi, a Gates brainchild. When Tedros became WHO director-general, Gavi’s CEO Seth Berkley wrote that “Tedros’ commitment to immunisation is clear” and declared that he “look[ed] forward to working with Dr Tedros” to “achieve our shared goal of universal access to lifesaving vaccines.”⁴¹ (Prior to leading Gavi, Berkley headed the

International AIDS Vaccine Initiative, another recipient of Gates Foundation millions; before that, Berkley accumulated experience at the Rockefeller Foundation and CDC.)

From 2009 through 2011, Tedros served as chairman of the board for the aforementioned, Gates-supported Global Fund. An audit of Global Fund disbursements to Ethiopia during Tedros’ chairmanship identified “a flagrant lack of transparency, numerous shortcomings in the accounting and management of the funds” and “a huge discrepancy between the results presented and the reality observed in Ethiopia during . . . field visits.”⁴²

Tedros was not necessarily a shoo-in for the WHO directorship, with some WHO member states questioning his overemphasis on health indicators like vaccine coverage in lieu of tending to basic public health measures like access to clean water. However, when Bill Gates—then the WHO’s second largest funder—indicated that Tedros was his pick, the dissent abated. (Many have been quoting a May 4th article in *Politico* that began, “Some billionaires are satisfied with buying themselves an island. Bill Gates got a United Nations health agency in Geneva.”⁴²) When China, too, threw its weight behind Tedros’ candidacy, the matter was settled.⁴⁰ China’s support may have had something to do with the Asian nation’s massive investments in Ethiopia, which could in turn explain why Tedros has repeatedly given over-the-top praise to China for its handling of Covid-19.⁴⁰

MIXED-MESSAGE MUSK

Interestingly, two months in advance of Tedros’ election as head of WHO, Tedros and Gates met up at an event in Beijing, where Gates made a speech about “innovation, philanthropy and global leadership.” In his talk, Gates discussed a partnership with Beijing’s municipal government and Tsinghua University to estab-

TEDROS: FROM BRUTAL POLITICIAN TO WORLD HEALTH ORGANIZATION HEAD

An impassioned critique of Tedros published in the Ethiopian press just prior to his ascension to the World Health Organization in 2017 lambasted the two-time government minister’s regime. According to this report, the regime that Tedros served continuously for eleven years is well known for its use of “fake anti-terrorisms laws to stiffen any dissent or opposite opinion” and has a reputation for “brutal crackdown of opposition parties, mass killing, imprisonment, displacement, forced immigration, unemployment and human right abuse documented by Amnesty International and Human Right Watch.”³⁹ Its “kidnappings, bombings and armed robberies” have also earned it a listing in the U.S. Homeland Security Global Terrorism Database.⁴⁰

lish a Global Health Drug Discovery Institute.⁴⁰ An intrepid journalist later pointed out that the board membership of Tsinghua University⁴³ reads like a “who’s who” of U.S. bankers and Silicon Valley leaders. . . including Elon Musk.⁴⁰

This little tidbit about a Chinese university’s foreign advisors raises interesting questions about Musk and his orientation toward the current Covid-19 social engineering experiment. On the one hand, the former PayPal executive (founder or co-founder of companies such as SpaceX, Neuralink, OpenAI, The Boring Company, Tesla and SolarCity) seems to be enjoying positioning himself as a critic of Covid-19 restrictions, provocatively informing his thirty-one million Twitter followers in early March that “The coronavirus panic is dumb.”⁴⁴ Following up with a “Free America now” tweet on April 29,⁴⁵ Musk also earned plaudits in early May for criticizing “fascist” stay-at-home orders that are “forcibly imprisoning people in their homes against all their constitutional rights.”⁴⁶ (Despite the complaints about his California Tesla factory’s forced closure, however, the lockdowns do not appear to have had any major impact on Tesla’s or Musk’s bottom line—the company “beat expectations” for the first quarter of 2020, remaining profitable “for the longest stretch in company history.”⁴⁷)

On the other hand, Musk’s May comments also included stern, predictive-programming-style warnings about future pandemics. Specifically, Musk suggested that Covid-19 could be a “practice run for something that. . . in the future might have a really high mortality rate,” including “killing a lot of twenty-year-olds.”⁴⁶ He also praised hand washing and mask usage as “silver linings” of Covid-19—around the same time that SpaceX started making (and, for the time being, donating) hand sanitizer and face shields.^{46,48} Although not perseverating about Covid-19 vaccines in the same way as Gates, Fauci or Tedros, Musk has given an approving nod to the potential for vaccines to be generated “as the understanding of these viruses improves.”⁴⁶ (The plug for vaccines is interesting given that Musk’s first son, born in the early 2000s, died at ten weeks of age of sudden infant death syndrome [SIDS]—a diagnosis that many parents consider an adverse reaction to vaccination.)

Whether or not Musk’s asides about constitutional rights are heartfelt scarcely matters in light of the profoundly negative impact that his many business ventures are likely to have on ordinary citizens around the world. In March, for example, the Federal Communications Commission (FCC) granted Musk permission to install one million on-the-ground antennas that will use “advanced beamforming and steerable antenna technology” to connect SpaceX’s 5G satellites with ground users.⁴⁹ The FCC had

already given SpaceX the green light to launch twelve thousand low-orbit satellites (about four hundred have gone up thus far), and Musk has applied for another thirty thousand—or a total of forty-two thousand.⁵⁰ Disturbingly, these 5G satellites will “irradiate all areas of Earth, including areas not reached by other transmitters, leaving no place untouched by harmful manmade radiation.”⁵⁰ In addition, “the on-the-ground transmitters that 5G satellites require to connect satellites with end-users. . . will result in massively increased intensities of RF/microwave radiation.”⁵⁰

Musk has said little about his Neuralink brain-machine implants since the Covid-19 outbreak began, but in July 2019, he vowed with great fanfare that human trials of the iPhone app-enabled devices—“a tiny chip connected to 1,000 wires measuring one-tenth the width of a human hair”—would begin by the end of 2020.⁵¹ Will people line up to get one of the devices—to be installed by a doctor-supervised robot that will drill two-millimeter holes in the recipient’s skull—at the same time as their Covid-19 vaccine, which Gates, Fauci and President Trump are also promising for the end of the year?

WHY DO THEY DO WHAT THEY DO?

The casual comparison to the Gang of Four at the beginning of this article is not so far-fetched. Some of the traits that China’s original gang had in common were, according to the *Encyclopedia Britannica*, an “ability to manipulate the mass media” and a dislike of and desire to overthrow “moderate” government.⁵² Although the Covid-19 foursome examined here displays superficial differences in tactics and pronouncements, their skilled use of the media and their shared interest in a form of rule called technocracy⁵³ certainly seem to match up.

Technocrats promote a highly centralized,

MUSK: DREAMS AND DISTRACTION?

Is one of Elon Musk’s jobs during Covid-19 to distract the public from what is really going on? One wonders. On May 30, the blast-off of a SpaceX rocket with two astronauts aboard offered a convenient PR diversion “amid the gloom of the coronavirus outbreak,” representing the first-ever manned launch by a private company.⁶⁶ NASA’s Administrator delightedly stated, “Maybe there’s an opportunity here for America to maybe pause and look up and see a bright, shining moment of hope at what the future looks like, that the United States of America can do extraordinary things even in difficult times.”⁶⁶ SpaceX operations have continued throughout the Covid-19 crisis, deemed “mission essential” by the Department of Defense. Meanwhile, Musk’s wealth grew at a rate of 48 percent between mid-March and mid-May, 2020.⁶⁷

data-driven economic system, arguing for jet-tisoning market “messiness” and “old-fashioned politics” in favor of an elite ruling class of scientists and engineers.⁵⁴ The technocratic movement arose publicly in North America in the 1930s, morphing decades later into initiatives like the 2030 Agenda for Sustainable Development.⁵⁵ Relevant to the sorts of biologically and socially invasive measures that Gates, Fauci, Tedros and Musk are espousing, modern-day technocrats are particularly enamored of the “converging disciplines” of nanotechnology, biotechnology, information technology and cognitive science.⁵³

Musk’s technocratic leanings can be traced back to his Canadian grandfather, Joshua Haldeman, who “earned a place in the political history of Canada” by serving as leader and research director of the Canada branch of Technocracy, Inc. for about six years beginning in the mid-1930s, until Canada banned the technocracy movement.⁵⁶ Haldeman then served as national chairman of Canada’s “Social Credit Party” before moving to South Africa,⁵⁴ where Musk was born and raised. Musk’s current girlfriend, a singer who has adopted the sobriquet of “Grimes,” has apparently become a technocracy convert, describing (in March 2020) her belief that her boyfriend is better suited than any government to solving the world’s problems.⁵⁷


Technocracy’s “science knows best” orientation is not dissimilar to the guiding spirit behind transhumanism (“the science of improving the human population”—à la Musk—“through technologies like genetic engineering and artificial intelligence”⁵⁸) or behind transhumanism’s philosophical antecedent, eugenics (the “pseudoscience that holds that certain families”—à la Gates or his one-time pal Jeffrey Epstein—“are fit to be leaders of society by virtue of their superior genes”⁵⁹). In fact, it was dynasties such as the Rockefellers and the Gates who helped solve the eugenics movement’s post-WWII public relations problems. They and other would-be eugenicists managed to salvage the movement’s unsavory association with Nazi ideology by rebranding eugenics as “population control” and later, “family planning” and “reproductive health.”⁵⁹

Gates’ father (Bill Gates, Sr.) was involved

in framing population issues for decades, including in a leadership position on the national board of Planned Parenthood,⁶⁰ the organization founded by Margaret Sanger, who advocated for a “race of thoroughbreds.” In 1998, an article in *Salon* emphasized the continuity between Gates father and son. “‘Population control’ or ‘family planning,’” the author observed, “isn’t just a billionaire fad for the Gates family,” quoting Gates Sr. as saying that “[overpopulation is] an interest [Bill] has had since he was a kid.”⁶⁰ Gates Sr. also noted his son’s friendships with others “interested in supporting research into world population problems,” such as family friend and Gates Foundation trustee Warren Buffett. Summing up (apparently without irony), the *Salon* author stated, “Billionaires have always had a fond spot in their hearts for population control.”⁶⁰ In a 2003 interview, Gates himself called attention to Gates Sr.’s links to Planned Parenthood and credited his father with having shaped his thinking about population issues.⁶¹ In more recent interviews, Gates has continued to exhibit a “penchant for discussing reducing population growth.”⁵⁹ And did Gates misspeak—or was it an intentional gaffe—when he recently referred to a Covid-19 vaccine as “the final solution” on the *Late Show with Stephen Colbert*? (<https://www.youtube.com/watch?v=dNiuakKEPu8>)

AN IDEOLOGY, NOT A MAN

In May, the *Corbett Report* released a meticulously researched four-part video series about Bill Gates, offering many fascinating insights into the Microsoft magnate’s ambitions and motivations. In the last episode, Corbett cautioned that “Gates is no comic-book supervillain, single-handedly directing all of the chaos that is unfolding in the world or single-handedly bringing his own order to that chaos.” Instead, “if Bill Gates is a eugenicist, driven by a belief in the superiority of himself and his fellow wealthy elitists, then what we are facing is not one man, or even one family, but an ideology.”⁵⁹ And, as another writer says, “While the first victims [of measures such as sterilization and genocide] will always be the underprivileged and marginalized, nobody is truly ‘safe’ from being declared ‘unsuitable’ for an elite human race.”⁵⁸

Covid-19 is rapidly bringing into view the new and invasive technological “solutions” available to today’s technocrats—tools like Neuralink implants and quantum dot tattoos that are far more sophisticated than the blunt weapons of sterilization or genocide. As Corbett shows, today’s technocrats are also supported by an “entire infrastructure of researchers, labs, corporations, governmental agencies and public health bodies.” This inhuman ideology, he soberly concludes, will be stopped only “when enough people learn the truth about this agenda and the world of total, pervasive control that is coming into view.”⁵⁹ 

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The Wise Traditions Pantry

HOW TO COOK LIVER FOR LIVER-HATERS AND WIN THEM OVER!

By Will Winter, DVM

Liver? OMG! Run! If a chunk of liver could be a movie star—which, if you have seen *Toy Story*, isn't too much of a stretch—I'm thinking Mr. Liver would look like the beat-up young boxer Rocky Balboa, the big ol' muscle-bound, gruff-speaking galoot with a heart of gold. Let's face facts here: Liver has been given a bad rap!

There are perhaps only two other table turn-offs, Limburger cheese and lutefisk, that have a worse food reputation than liver. As you will soon see, Mr. Liver is usually served fresh and therefore has nothing to do with these two fermented products—but I digress.

At the risk of being a spoiler, this story has a happy ending. In the end, and after ten hard rounds of getting savage punches and body blows, Rocky triumphs over the bad guys. Yay! Let's hear it for Mr. Liver, I mean, Rocky, no wait, I mean Mr. Liver. And, yes, I really do want Mr. Liver to win his way back to your table and into your heart as well.

LIFELONG LIVER EATER

If you didn't immediately freak out and are still reading, I feel qualified to tell this story because I consider myself a specialist in getting liver-hating people to eat and even enjoy liver. I will admit that I know that I have my work cut out for me. So many people have been turned into "haters" that we've witnessed a health and culinary tragedy. Many are so hardened and jaded that they won't even try my liver recipe once. This story is for those who might consider meeting liver an inch or two closer than they had before.

Fortunately, I was never among the haters. I grew up in a farm family where wild game and all sorts of cuts from homegrown meats found their way to our skillet and table. My dad and uncles would compete to see who would be first to snatch the tasty odd bits from the platter. Luckily for me, both of my parents

were excellent home cooks, so we ate very well. My mother lived to be over one hundred and needed no prescriptions. She would join me in admonishing "Eat your liver!"

It's my theory that there are at least two main reasons for liver's bad reputation. I'm talking to you now, liver-haters. First of all, 99 percent of the liver being cooked in homes, and especially in restaurants, is wretched, smelly and toxic. This is because it is almost always liver from confinement (commodity feedlot) animals. That stuff could actually damage your health, and I wouldn't blame you at all for hating it. And it just doesn't taste good either.

Secondly, and equally problematic, I'll bet that your mom has been cooking it all wrong! You will soon see how the cooking part can be easily cured.

Lastly, and as if the first two were not reasons enough, why would anyone (except a hater) curse a noble category of nutritionally healing meats as "offal"? What a travesty. I say we start calling organ meats "delicacies" or maybe just "num-nums."

All of you liver-haters have plenty of company. Many of you even make gagging sounds and gestures when someone mentions the very word "liver." I work for one of the largest and best 100 percent grass-fed gourmet beef producers in the U.S.: Minnesota's very own Thousand Hills Cattle Company. In our local processing plant, we document the circumstances that can lead to the demise of the liver lovers of the world. Liver's bad reputation, arising mostly from the widely circulated and erroneous myths, has turned off so many of our beef customers that we currently send the majority of our incredibly wholesome and tasty grass-fed liver to various raw pet food recipes—oh, those lucky dogs and cats! They are getting our best delicacies.

It is my mission to correct this miscarriage of justice.

Ninety-nine percent of the liver being cooked in homes, and especially in restaurants, is wretched, smelly and toxic. This is because it is almost always liver from confinement animals.

RULE NUMBER ONE

You have been patient long enough, so here's the secret: You have to start with good liver. I'm going to aggravate some readers here, but you gotta call a spade a spade. I recommend you *avoid eating all feedlot liver*, which is pretty toxic in all ways. In fact, liver-haters will quickly remind you that, "Hey, the liver is just a big bag of poisons, toxins and heavy metals." Well, there's some truth to that—but what if you kept those toxins out of the animal in the first place? We call that organic husbandry.

The liver of a healthy animal, contrary to popular belief, is not a "bag of poisons"; it's the organ that stores fat-soluble vitamins, minerals, enzymes and other powerful nutrients. The good guys vastly outweigh the bad guys, too. Ever wonder why cod liver oil or other marine animal liver is such a valuable medicine?

Polar bear liver is one of the few species of liver that you cannot eat. Why? At certain times of the year, when the polar bear is eating moss, the liver contains toxins. The other is moose liver. Moose do not have gall bladders so their bile is stored in the liver, making them very bitter.

Grass-fed, calf liver is almost always the best place to start. Try for "organically raised" or "beyond organic," if possible. Second, in spite of people's presumptions about pigs, you will find that pastured pork liver is fantastic; it has a very mild flavor. These pigs probably do eat grain (or acorns) but like chickens, they are omnivorous and can actually digest good, non-GMO grain in a wholesome way. If you can find it, also try healthy lamb and goat liver. These animals are typically killed when very young, which means a sweeter, more tender and more delicious eating experience. Once again, whenever possible with the small ruminants, opt for 100 percent grass-fed liver.

When you buy liver, examine it carefully. It should be smooth as glass and dark colored (a deep purplish red). It should have sharply defined edges and a distinct firmness—not mucky or crumbly (ick), but not hard as a rock either. Avoid liver with yellow spots or blotches, and be particularly careful about commercial, commodity poultry liver, which is almost always yellowish. Don't eat yellow snow or yellow liver! Birds that are truly free-range and organically raised typically have dark, healthy and delicious livers.

The so-called "liver smell" that so many liver-haters are quick to point out is actually not from the liver! This foul odor may be from the outgassing of poisons, toxins and excess bodily waste products from commodity feedlot animals. The livers of animals raised in this manner are inclined to be filled with toxins such that most of the animals are in a state of pre-death just before they are harvested, with livers that are slowly becoming necrotic (dying) as well. No wonder people hate the smell. As any chronic alcoholic is doomed to discover, the liver—which is the hardest-working organ in the body (we call it the "James Brown organ" for a reason)—takes the heat if there is an abusive lifestyle.

All feedlot cattle, as well as most dairy animals and confinement hogs and birds, have a chronic condition known as hepatic lipidosis (fatty liver syndrome) due to the excess commodity grains in their diets. Yes, I know, I just described *foie gras*, which almost deserves its own chapter. (Let's just say that I'm not here to recommend the typical *foie*

gras to your plate either; however, it's possible, with some searching, to find "healthy" and even humane *foie gras* these days.)

Confined animals are usually more exposed to manure and bad air as well. You don't want to be eating their liver. If the animals are on antibiotics, wormers, insecticides, hormone implants or other drugs, guess where these drugs are concentrated? On the other hand, liver and other organ meat from deer or elk tends to be extremely delicious and nutritious, especially if it's harvested and field-dressed properly. Never waste it. Even liver from trophy-sized animals (older) is usually delicious.

COOKING LIVER

Overcooking destroys nutrients in all foods. The less one cooks liver, the better the nutrition and flavor. There are only four common cooking fats that will hold up under fry heat: lard, tallow, coconut and palm. These are good fats, in spite of what the politically correct doctors try to tell us. (On the other hand, don't overheat butter, as it is quite fragile under heat. Butter is fine for lightly cooking eggs under low heat, for example, but nothing more.)

Do not cook liver in one of the all-too-prevalent, so-called "vegetable" oils such as canola, soy or corn oil (they are not really from vegetables!), which will break down quickly when heated. These unfortunately still-popular vegetable oils are also all GMO products, and they are loaded with inflammatory omega-6 fatty acids. Heart attacks and even strokes were virtually unheard of before Crisco and margarine came into the American diet. Crisco is a made-up word that stands for "Crystallized (hydrogenated) Cottonseed Oil," a waste product that clever marketers turned into "pure white" death in a can. In fact, all the solid oils except pure virgin coconut and refined palm oils are hydrogenated—terrible killers hidden within processed foods.

In short, saturated fats are the only way to go, and we need them in our diet. For frying liver, I particularly recommend lard or bacon grease. However, unless you know the source of the lard, be careful—grocery-store lard is usually hydrogenated and therefore has been turned into junk food. Instead try to buy lard

directly from the farmer who raised the hogs, or buy the fat and render your own. It is not difficult (see “Rendering animal fats, made easy” by Andrew J. Gardner in the Winter 2019 issue of *Wise Traditions*). Farmers markets are also a great source of good-quality lard and tallow.

FRYING AND BEYOND

This article only scratches the surface of the topic of cooking liver (and other organ meats). The main goal is to overcome previous phobias and teach new flavors—and frying liver is an easy first step (see recipe below). However, the real fun begins once one has broken the ice and begun to savor the true flavor of liver. I make several liver paté dishes that could be gateway foods for liver novices. I highly recommend them—especially my liver paté with four medicinal roots which includes the roots from fresh horseradish, ginger, tumeric and beets (see page 60). In addition to paté, I’ve made many great old-world sausages using liver and other organ meats, and they are equally amazing. To make paté or sausage, remember that the same tips apply about selecting wholesome liver from healthy animals. After that, a big part of the fun is finding the particular recipes that excite your taste buds.

Raw liver may also be used medicinally. In fact, one of the best ways to get healthy when recuperating from a serious chronic illness or autoimmune problem, or when detoxifying, is to add raw liver to any blender drink. The most common method is to introduce it into a yogurt smoothie drink. When using liver of excellent quality, it’s virtually impossible to detect even several ounces of liver in each blender drink. The health benefits are stunning.

Several recent trends have been turning the tide on liver, not least of which is the Wise Traditions food movement. Cave men knew about organ meats and relished them. We’re not asking anyone to eat gobs of raw wooly mammoth liver (good luck finding that at Whole Foods anyway), but we do encourage people to discover the modern versions and eat them in similar ratios and amounts. Most people who find a comfortable version of the Wise Traditions diet discover that it is a great way to lose excess blubber and regain good health, immunity and fertility.

Of late, Thousand Hills has noticed that some very interesting progress is being made in overcoming liver aversion. Thousand Hills is now selling a significant quantity of liverwurst sausage in health food stores, co-ops and high-end grocery stores across the country.

A SUPERFOOD

Liver is one of the world’s most important “superfoods.” We need to eat this powerful food. We would be hard-pressed to find anything healthier to put into our bodies. Again, we want it to be from drug-free, free-range, nontoxic animals. Because it’s also super-concentrated, we don’t need it every day—just one good meal a week is perfect. Home-cooked is best; I don’t trust the average restaurant.

Children need to eat liver even more than adults. Get them started

FRIED LIVER AND ONIONS

1. Cut the liver into very thin strips—1/3 to 1/2-inch thick and only a few inches long. Be sure to devein it if there are some large ones (this step is for neophyte eaters only). Note: If you are trying to make converts, cutting the liver into fine strips is the most important part of my story.
2. An optional step, especially if you don’t know the actual source of your liver (not a good thing, but sometimes necessary), is to presoak your liver in fresh milk for about twenty minutes. This is said to help detoxify it and make it taste better. Easy and simple.
3. Roll the wet strips in unbleached flour until covered. Be sure to add some salt, pepper and cayenne pepper to the flour. As an optional step, you can first roll the strips in beaten raw egg and then flour; this will create an extra-crispy, crunchy KFC crust. (I don’t do this myself, but it is delicious.) The secret of chefs everywhere is that everything tastes great when breaded and then fried in lard!
4. In a skillet, caramelize (cook until translucent) some onions with a bit of bacon grease or lard. Set onions aside.
5. Fry the floured liver strips quickly in a cast-iron skillet with about 1/3 to 1/2-inch of very hot lard or bacon grease. If the grease doesn’t sizzle furiously when you add the strips, it isn’t hot enough! For liver-haters, cook until almost well-done; for the rest of us, rare or medium-rare is ideal. As a further option, I like to add fresh crushed garlic (or minced garlic from a jar) to the lard before I fry the liver. This is good for your own liver and digestion; plus it adds an amazing flavor.
6. Spoon the fried onions over the top of the right-out-of-the-skillet liver and serve hot. Consider serving with a dollop of fresh horseradish (yum!). A good side dish to liver is a helping of sweet potatoes or yams drenched in butter.

on liver very young. In fact, liver from pastured, nontoxic animals should be one of baby's first weaning foods, along with pastured egg yolks (see the Children's Health section of the Weston A. Price Foundation website). When I've fried liver for young guests, I've actually had children reach across the stove to start gobbling it hot out of the skillet and dripping with grease! Their body's nutrient deficiencies are sometimes so profound that they will consume a pound or more, without any other side dishes. I quite often crave it, too, and have been known to eat it like that as well.

Meta-studies by health institutes tell us that the U.S. is well on the road to becoming a sick, diabetic, fat and cancer-ridden nation. Many people are looking for answers and solutions. One of the best places to search is in the premodern world. We know from archeology that people were once taller than most populations of "modern" history; they also had larger brains and presumably were more intelligent. The nutrients in liver and other organ meats play a major role in building strong brains and strong bodies.

We know that excess grain-eating—especially when the grains are nutrient-poor GMO grains—and domesticated agriculture have damaged our health in many ways. Dr. Weston

A. Price, a truth-seeking holistic dentist from the 1930s, traveled the globe seeking all the basic guidelines of real nutrition. One of his most amazing finds was how ancient and indigenous cultures savored organ meats, including liver, brain, bone marrow and thymus glands. Moreover, traditional societies saved these nutrient-dense special foods for those in most need—growing children, pregnant and nursing women and the elderly. One can read about these findings in his magnum opus, *Nutrition and Physical Degeneration*, in which you will find many more reasons for cooking and eating organ meats. For more information about the physiological need for organ meats and discussions of which ones to eat, there are many other excellent books and several great websites, such as eatwild.com, mercola.com and particularly westonaprice.org.

Eating wholesome liver on a regular basis has healing effects on every cell in the body, but it's particularly good for restoring, rebuilding and healing our own liver. Over a third of all Americans are taking statin drugs, a seriously liver-toxic drug. Most Americans have a liver so damaged and devitalized that they cannot destroy allergy particles, cannot detoxify environmental poisons, carcinogens or oxidative particles, and cannot digest their food properly. We've all been sold a nasty bill of goods about liver. It's time to take our American cuisine back. Perhaps we can bring about a change, one liver-lover at a time! ☺☺

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PORK LIVER PATÉ WITH FOUR MEDICINAL ROOTS

Ingredients:

1 1/2 lb pork liver	2 medium onions, sliced	2 tablespoons garlic, minced
3 inches ginger, sliced	2 tablespoons fresh horseradish	1 teaspoon fresh turmeric root
5 small beets	1 cup lard	1 teaspoon cayenne powder
2 tablespoons ground coriander	1 cup butter	2 limes, juiced
1 tablespoon sea salt	1 tablespoon ground black pepper	

Instructions:

1. Set aside the butter and lime juice for the last step.
2. Heat lard and add all the root vegetables.
3. Add the onions and garlic, allow to caramelize. (If the ingredients start to stick or burn, add a little water to deglaze; this will produce a sweet, rich flavor.)
4. Add the liver and sauté until cooked.
5. Add the spices and cook a couple of minutes longer.
6. Set the cooked mixture aside and allow to cool to approximately room temperature.
7. In a food processor, blend the cooked mixture with the butter and lime juice.
8. Place into a mold and chill.
9. *Variations:* Add cumin, fenugreek and sumac, or go in a different direction and add oregano, basil and tarragon.

Homeopathy Journal

UNDERSTANDING AND HEALING VACCINE INJURIES

By Anke Zimmermann, BSc, FCAH

My father had only one useful arm. The other was left permanently paralyzed after he contracted polio at the age of thirteen while walking through a burning Berlin at the end of World War II. He spent months in an iron lung and almost died.

Growing up, I was inoculated against polio and other infectious diseases and remember feeling gratitude and reverence for vaccination, this miracle of modern medicine. Little did I know that decades later I would become an outspoken critic of current vaccination practices after several years of completely unexpected and shocking clinical experience with vaccine injuries.

TINUS SMITS AND AUTISM

It all started in the spring of 2011, when I bought a book titled *Autism, Beyond Despair*, by the Dutch medical doctor and homeopath Tinus Smits.¹ I had been interested in autism since graduating from naturopathic college in 1991 and kept abreast of new publications. Over the years, I had treated many children with autism and other developmental disorders—sometimes with success, but sometimes with absolutely no results at all.

A couple of the failures still play on my mind to this day, including a little autistic boy who was severely hyperactive and smeared the walls and furniture with his feces when he was not climbing them. Nothing I tried helped him.

Tinus Smits described his experience of treating more than three hundred children with autism over thirty years using, among other things, homeopathic remedies made from vaccines. In his opinion, about 70 percent of children on the autism spectrum had been primarily affected by vaccines, and the rest predominantly by medications and chemicals. Most had been affected by multiple factors.

I could not put the book down, and when it was done, I had to deal with a huge and painful paradigm shift: Vaccines looked as if they could seriously harm children even though we were giving them to protect children.

HOMEOPATHY AND TAUTOPATHY

Homeopathy is based on the idea that a substance that can cause symptoms in a healthy organism can heal similar symptoms in a sick one. Of course, the remedies are used in homeopathic form and are for the most part so highly diluted as to be immaterial. There is a sub-branch of homeopathy called tautopathy, which uses—again, in homeopathic form—substances known or suspected to cause problems to address the same. For example, arsenic poisoning can be alleviated by using a

homeopathic remedy made from arsenic. These remedies have been researched on animals²⁻⁷ and humans; trials are currently underway in India to use homeopathic arsenic to help people poisoned by arsenic-contaminated drinking water.⁸⁻¹¹

We also have some interesting research looking at homeopathic preparations of cadmium,^{12,13} mercury¹⁴⁻¹⁸ and lead¹⁹ to help with toxicity from these heavy metals.

Getting back to vaccines—according to Tinus Smits, if a vaccine was suspected to have hurt a child or adult, a homeopathic remedy prepared from this vaccine could potentially help, rendering these homeopathic remedies not only therapeutic, but also diagnostic.

I soon took training to learn to use the Smits system properly. I met other practitioners doing the same work. We documented cases and exchanged information. It quickly became clear that vaccine injuries were pervasive in children and were disguised as many different illnesses and syndromes—allergies, asthma, hyperactivity, insomnia, diabetes, bowel and eating disorders, epilepsy, speech delays, sensory processing disorders, social anxiety, obsessive-compulsive disorder (OCD), tics, autism and even death. Something else that became apparent to us was that most vaccine injuries were *delayed* reactions, delayed on average by two to four months, an observation that has been confirmed from immunology.²⁰

Since no vaccines on the childhood schedule have ever been tested for longer than a maximum of six weeks (the MMR vaccine for measles, mumps and rubella)—and most of them for only a few *days*—there is no “scientific” documentation of these delayed reactions. My personal estimate is that at least 90 percent of vaccine injuries are delayed reactions and therefore not recognized as such. In some cases,

both immediate and delayed reactions appear. Thus the proportion of vaccine injuries due to immediate, severe reactions is relatively small, yet even so the Internet is full of tens of thousands of documented reports by individuals and parents from around the world describing their or their children's descent into chronic illness after vaccines. The National Vaccine Injury Compensation Program in the U.S. has paid out in excess of four billion dollars since its inception in 1986—and Harvard University has estimated that only about 1 percent of vaccine injuries ever get reported, never mind settled through the compensation program.²¹

FACIAL TIC, FOLLOWED BY SLEEP AND BOWEL CHANGES

In October of 2016, I saw a five-month-old baby girl who had developed a facial tic immediately after her two-month vaccinations, which included the six-in-one *Infanrix* hexa vaccine (diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b and hepatitis B) and the meningococcal-C, pneumococcal-C and rotavirus vaccines. The child's tic would occur several times per day and sometimes involved her right shoulder and leg as well. This condition lasted for three weeks and was very alarming to the parents, although their doctor told them that "this was a normal developmental phase." The baby also became lethargic and extremely quiet.

But there were other concerns. "More recently, her sleep has changed," her mother reported. "She used to be a good sleeper, but lately is waking every two hours some nights. Only one month ago, she slept for nine to ten hours at a time." The mother also described bowel changes. "Now she also has diarrhea, which comes and goes. Her bowels were like clockwork before—one bowel movement in the morning and one at night. Now there can be two days between movements, or else she goes four times a day."

This was rather troubling. Although the tics had cleared up, her vocalization had not recovered, and she was beginning to develop sleep and digestive abnormalities, *two months* after her first and only set of vaccinations.

But which of the vaccines did it? This is part of the problem. The child received three separate shots—one of which contained six different antigens plus the various chemicals—plus a fourth vaccine administered orally (in other words, the usual cocktail given to our modern-day infants). I used applied kinesiology testing to narrow things down, and the baby received a homeopathic remedy made from the meningococcal vaccine.

A few days later, her mother wrote: "She is sleeping very well, has regular bowel movements once per day, is happy, making lots of sounds and has lots of energy. Her sleep is the biggest change: We spent the last four weeks only sleeping two to four hours at a time; last night, she slept for nine hours straight!" Over the next six weeks, the child had a couple more doses of the homeopathic meningococcal-C remedy. Her sleep and bowels remained normal, and she became very talkative, bright and playful. She lives in my neighborhood and now, at four years old, is a totally normal child.

This case illustrates that adverse reactions after a vaccination can include immediate symptoms as well as delayed symptoms. The latter are often missed in routine pediatric care, especially as vaccine administration continues every two months in the first six months, as well as at twelve and eighteen months.

FAILURE TO THRIVE AND INSOMNIA

Earlier in 2016, I saw another baby in a similar situation. She had received two rounds of vaccines instead of one, and she had just been diagnosed with failure to thrive. "She has not gained any weight in the last month at all," her mother told me. "She has not grown in length nor has her head circumference changed. This started after her second round of vaccines a month ago."

The mother also described the baby's sleep problems. "She has a terrible time sleeping, which also changed after her vaccines." She had received her first round of vaccines when she was two months old. Immediately afterwards, her sleep deteriorated. "Before the vaccinations, she slept for four to five hours at a time. Then it changed to only one to two hours at a time for the next few weeks. It has gotten even worse since her second round of vaccines a month ago. Now she sometimes only sleeps for thirty minutes. I am absolutely exhausted."

There were further problems. "Her bowels are not working properly anymore either. The last two weeks she stopped having any bowel movements altogether. We have to give her glycerin suppositories, or she will

POSSIBLE ACUTE SIGNS AND SYMPTOMS OF VACCINE INJURY

High fever (over 103°F)
Shock, collapse, going limp
Changes in behavior or consciousness
Convulsions, seizures
Twitching, trembling, shaking, stiffness of body

Inconsolable, high-pitched crying
Anaphylactic reaction with swelling, trouble breathing
Redness, tenderness, nodule formation at injection site
Rolling of eyes, blank staring
Brain inflammation, encephalitis/encephalopathy

not have any movements at all. She is also often fussy, arches her back and cries a lot.”

When I saw her, the baby looked unwell and undernourished, with sunken eyes and a lack of facial expression. Again, this was an obvious vaccine injury situation, only far more dire. This baby could barely sleep at all, could not have any natural bowel movements whatsoever and had stopped growing and developing.

Again, I used applied kinesiology testing to narrow things down. Oddly enough, this baby also tested best for the meningococcal vaccine. She received the homeopathic remedy made from the vaccine in the 30C potency.

A week later, her mother wrote: “We noticed a change right away after the first dose of the remedy. The same evening, she could suddenly sit up in her high chair. Before, she drooped

sideways on it. Now she can sit quite well. And her sleep has improved. The same night that she had the remedy, she slept for four to five hours straight. Overall, she now sleeps for two to three hours at a time, much better than the thirty to sixty minutes before. Her naps are better, too; she will sleep for a solid hour now. Yesterday, she had two bowel movements on her own for the first time, without the suppositories. She now has laughing fits. She did not laugh like that before. Several people have commented on how relaxed she is.”

The mother also shared this: “I took her back to my doctor who gave the vaccines, and the doctor told me that she was a ‘bad baby.’ She told me to put her into a room for twelve hours and let her scream to teach her a lesson. She said the longer I could stay away from that room, the better. And this doctor just had a baby herself!” Finally, the mother stated, “These past few weeks were the worst time of my life. I was crying a lot with all this stress and the sleep deprivation.”

I continued the baby on the same remedy in increasing potencies for the next two weeks. By that time, she had gained a whole pound of weight, one centimeter in head circumference and one centimeter in

POSSIBLE SIGNS OF DELAYED REACTIONS TO VACCINATION

Changes noticed in child after vaccination

Child develops a condition listed on manufacturer’s vaccine insert²²

Irritability, oversensitivity to stimuli or clothing

Tantrums

Erratic mood changes

Changes in personality (for example, outgoing child becomes withdrawn, or mild child becomes aggressive)

Rigidity, problems with transitions and change

Repetitive interests, controlling behaviors, OCD, obsessed with certain sensations or objects

Aggression toward self and others

Head-banging

Hyperactivity

Too quiet and/or shy

Anxiety, social anxiety, clings to parents

Spaciness

Giggling and laughing for no reason

Poor social skills, poor eye contact

Sleep problems of all kinds

Epilepsy, seizures

Tics

Gastrointestinal problems, constipation and/or diarrhea, bowel control issues, not toilet trained

Eating issues, does not want solids, picky, can’t chew or swallow properly

Holds food in mouth

Chews or licks clothes, objects

Speech delay, no speech, articulation problems, echolalia, repeats everything

Abnormal muscle tone, too tight or too lax

Poor fine motor skill, can’t navigate utensils, pens

Poor gross motor skill, lack of coordination

Awkward gait, toe-walking

Can’t clap hands or catch balls

Frequent infections, viral, bacterial, fungal

Lack of creativity

Uneven features, lopsided smile, uneven eyes, astigmatism

Allergies and sensitivities

length. Later, the baby relapsed on this remedy and needed other remedies made from the other vaccines she had received, as well as a couple of constitutional remedies to stabilize and recover completely. This took about one and a half years in all, but thankfully she is now completely well. In my opinion, this child was close to death. Had she received another vaccine—or, for that matter, no homeopathy—who knows what might have happened to her? This case illustrates the additive impact of vaccines in a susceptible child.

SUSPECTED AUTISM

Two common complaints in the autism community are disturbed sleep and gastrointestinal problems. These two 2016 cases taught me that early changes in sleep and digestion are warning signs to be very careful with future vaccines. Time and again, I have heard parents of children on the autism spectrum describe subtle changes in their children after early vaccinations, but they were reassured and more vaccines were given—with dire consequences.

One of these cases, which again showed a clear delayed reaction, was that of a little boy I saw in 2014. The distressed father had said on the phone: “My son has stopped babbling, has lost all eye contact and is banging his head all the time. I am afraid it’s autism. Can you see us today?”

This adorable fifteen-month-old boy had received his twelve-month shots three months earlier. They had included the MMR, varicella, meningococcal and pneumococcal conjugate vaccines. Within four weeks, two small red spots became visible at the MMR and varicella injection sites on his upper left arm. Three weeks later, a spreading, eczematous lesion (2.4 centimeters in diameter) had developed at the varicella injection site, and eleven days later his entire body was covered in patches of itchy, eczematous eruptions. A dermatologist who saw the child diagnosed him with a vaccine reaction.

“Yesterday he toe-walked and reverted back to crawling, even though he’s already been walking for two months,” the mother said, “and he is hitting everybody and everything.” He now wanted to be carried constantly and was very irritable. He was grinding his teeth, refused to

eat anything but milk and meat and had also developed greenish-black diarrhea over the past two weeks. His previously good sleep was now interrupted and filled with crying spells. He had begun to perspire heavily on his head and feet and ran out of breath when running. During the office visit, the boy made no contact with me, needed to be held almost the whole time, threw my toys around and repeatedly banged his head hard against his parents’ chests.

Although he had not been formally assessed, this looked to all of us a lot like autism symptoms. In this case, we were able to trace it back to the chickenpox vaccine, as this is where the eruption around the injection site started. Again, there was a time delay of about three months before “autism” symptoms occurred. This toddler did very well on a homeopathic remedy made from the chickenpox vaccine. He also received a constitutional remedy to address his underlying susceptibility to vaccine reactions. As with the other cases, there were improvements within days. His diarrhea stopped, he started eating normally again, stopped banging his head and could sleep again. However, this case took a good two years to resolve completely. Over time, we had to detox every vaccine he had received and use other remedies as well, until he stopped relapsing and stabilized. Today, he is a completely well, totally normal seven-year old. “We snatched him away from the devil just in time,” his father said when he had recovered.


RECOGNIZING VACCINE INJURIES

Although these three cases are success stories, it is by no means always easy to heal children with vaccine injuries. I use these cases to illustrate some points. Most importantly, the younger the child and the sooner after the injury, the better the chances of recovery. Although an older child who was injured years ago can still improve, it can be a challenging process for all.

Over the past twenty-five to thirty years, there has been a sharp increase in chronic disease in children, especially immunological and neurodevelopmental disorders. Up to 50 percent of American children now suffer with a chronic illness, ranging from allergies to diabetes, and many of these conditions are listed as known adverse events on vaccine package inserts.²² Official autism rates are one in fifty-four children (and one in thirty-six boys), and many believe that official data underestimate the extent of the problem. Other conditions—such as ADHD, hyperactivity, speech disorders, sensory processing disorders and anxiety—are also rampant in children, and we are seeing record rates of autoimmune disease in both youth and adults.

All of these upticks correlate with the doubling and then tripling of the vaccine schedule after 1986, when Congress granted complete legal immunity to vaccine makers for vaccines. Because of vaccines’ classification as “biologics” rather than drugs, the industry gets away with not testing vaccines against inert placebos or carrying out long-term clinical trials. Meanwhile, profits from vaccines have nearly doubled, from thirty billion dollars in 2014 to fifty-four billion dollars in 2019, and they are expected to exceed sixty billion dollars in 2020, without even counting additional profits from any Covid-19 vaccines. On top of that, companies

are reaping another five hundred million dollars in profits for all the drugs prescribed to treat these potentially vaccine-linked conditions.

Meanwhile, officials are presenting and persecuting homeopathy as unscientific, useless or even dangerous. Dangerous indeed, but only to Big Pharma's profits. This simple and inexpensive method of healing is not only therapeutic but also diagnostic, helping to unmask the damage modern chemical medicine is inflicting on humanity. Homeopathy offers a ray of hope for healing the world—a medicine for all, including animals and plants, and for almost no cost—a blessing indeed. 

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SHOPPING GUIDE UPDATES

1. New phone number for Pete's Paleo (619-363-7136)
2. Emile Noel - remove the phone number and replace it with the web address: emilenobel.com
3. New phone number for Kettle Range Meat Co. (414-882-7000)
4. New phone number for Belcampo Meat Co. (510-250-7810)

Contact Carolyn Graff at shoppingguide@westonprice.org with updates and additions to the Shopping Guide.

Technology as Servant

THE ELECTRIC VEHICLE REVOLUTION: FALLACY AND REALITY

By James Kirkpatrick

In order to displace oil for electricity in passenger vehicles, the world would need to increase the amount of electricity generated by just over 150 quads per year.

As the Romans were fond of saying, beware politicians offering panaceas. The latest meta-trend to catch hold of the collective consciousness is the electric vehicle revolution. Unless you've been living under a rock or in a proper nuclear quarantine bunker, the age of the internal combustion engine (ICE) or more broadly the age of combustion, is rapidly drawing to a close. Age of Combustion (1775-2020) R.I.P.

The world of tomorrow is here today, so they say. Gone are the noisy internal combustion engines of yesteryear, replaced by the silent effortless humming of the electric fuel cell and battery. Gone are the greenhouse-gas-causing fossil fuels (namely, coal, oil and natural gas) of our forebears, replaced by a limitless supply of clean electricity.

Look no further then the current stock market for evidence supporting the above statements. Tesla, the most recognized electric car company, is now the second largest car company in the world, trailing only Toyota (which makes a mix of electric, hybrid and ICE vehicles), and boasts a market capitalization (stock price multiplied by total shares outstanding) of one hundred fifty-five billion U.S. dollars. Based on this measure, Tesla is larger than Volkswagen,

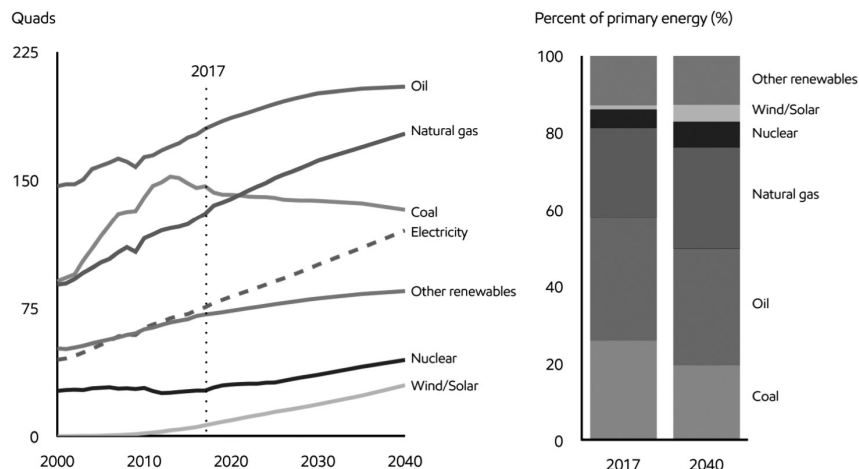
Daimler Chrysler, GM and Ford Motor Company combined.

The broad-scale endorsement of a global transition from ICE vehicle transportation to electric vehicle (EV) transportation is being accelerated by a diverse collection of political and social trends, typically involving some combination of the following:

- Almost universal endorsement of “green” initiatives or mindset by the Hollywood and media elite. This includes the celebratizing of a new generation of climate warriors and the painting of fossil fuels as toxic or dirty. I personally take umbrage with this slandering, as “dirty” is a relative term. As compared to what? Combustion practices of the 1800s and 1900s? Or in comparison to the primary form of work energy prior to the Age of Combustion. . . forced human labor (living in smoky cottages heated by wood or coal)? I and many others respectfully disagree.
- Tax and fiduciary initiatives that subsidize purchase and ownership of electric vehicles or the production of electricity

FIGURE 1: Global Energy Mix

Source:
XOM 2019 Annual Energy Report



from solar or wind technologies.

- Legislative efforts that either ban ICE vehicles in certain congested urban areas (such as Paris) or ban the sale of ICE vehicles outright at some point in the distant future. All of these initiatives have the commonality of taking effect at some point between 2030 and 2050. Call these political procrastination policies, never mind the ethics of passing policies for a future generation where a portion of expected future voters is not old enough to pay taxes or vote in publicly held elections.
- Applying social pressure on quasi-public investment funds to divest from hydrocarbon-related businesses and the sustaining investments to support them. An example of this would be sovereign, pension and retirement wealth funds pulling their money from equities and funds involved in hydrocarbon extraction or processing—for example, the Harvard University Endowment selling all of its ExxonMobil holdings.
- All of the above serve the purpose of re-leveling the playing field in favor of “green” or “clean” energy in place of “dirty” hydrocarbon energy. In other words, accelerating the clean green revolution. . . that is already here according to Wall Street.

INCONVENIENT DETAIL: MORE POLLUTION, NOT LESS

However—and there is always a however—there are a few inconvenient details that politicians and other celebrity types frequently fail to include when heralding our new energy future. The largest of these inconvenient details is the fact that oil, coal and natural gas still supply an overwhelming amount of the useable energy that we consume today. Around 80 percent of the energy used globally is fossil fuel-based and the majority of non-fossil fuel energy is either in the form of nuclear or hydroelectric, both of which come with their own special set of drawbacks.

For reference and understanding see Figure 1, which shows annual energy consumption by source type in both percentage and absolute terms. Absolute energy is measured in quads,

short for quadrillion BTUs (a one with fifteen zeros). (A BTU or British Thermal Unit is the amount of energy or heat required to raise one pound of water one degree Fahrenheit.) Coronavirus slowdown aside, total energy consumption globally stands at around 550-575 quads per year, and the average annual energy consumption per person is 0.000000000125 quads per person.

Today, oil remains the largest primary source of energy used globally and deserves special attention as oil’s use is almost exclusively dedicated to transportation and the production of building materials (petrochemicals). Roughly 80-85 percent of oil’s use is in the form of transportation fuels for vehicles (gasoline and diesel engines), trains, tractors, airplanes and marine vessels.

In order to displace oil for electricity in passenger vehicles, the world would need to increase the amount of electricity generated by just over 150 quads per year. Or to put this gargantuan effort in perspective, the world would need to roughly triple its electricity production in order to switch from ICEVs to EVs. This need for a massive increase in electricity generation results in one of the green energy revolution’s true paradoxes: the electricity supply of last resort is overwhelmingly coal, particularly in China and India. Both countries are at the forefront of the vehicle electrification movement, but doing it primarily with coal-produced electricity, which has the net environmental impact of producing more greenhouse gases, not less.

To generate one million BTUs from coal produces about 225 pounds of carbon dioxide. By comparison, generating one million BTUs from gasoline or diesel produces only 160 pounds of carbon dioxide (about 30 percent less) and natural gas generates only 110 pounds of carbon dioxide or about 45 percent less CO₂ emissions. As EVs become more widespread, we can expect more pollution, not less.

INCONVENIENT DETAIL: THE COST

Electric vehicles are expensive. They cost 25-40 percent more to manufacture, primarily because the engine of an electric vehicle requires different materials than an internal combustion engine. Those materials are subject to their own laws of supply and demand and the natural constraints of supply and demand. Any large-scale increase in EV production will eventually slam into this economic reality.

First the numbers: although estimates can be a bit fuzzy given the source material, particularly from the developing world, the estimate for the total size of the global vehicle fleet stands at an estimated 1.4 billion vehicles or one vehicle per every 5.5 inhabitants. The U.S., by comparison, is roughly one vehicle per every 1.8 inhabitants. By comparison, the total number of pure electric and plug-in hybrid electric vehicles on the road today stands at just over 8.5 million or about 0.6 percent of the vehicle fleet population. If you used media attention and stories as your only source for estimating the size of the global electric vehicle fleet, most people would logically assume that EVs comprise at least half of the global vehicle fleet—just look at Tesla’s stock market valuation!

Aside from the relative size of the vehicle populations (ICE versus EV), the next inconvenient reality is the vehicle-to-vehicle cost comparison. The ICE vehicle is typically 20-30 percent cheaper in the initial purchase but does cost 5-10 percent more in terms of annual maintenance

Most of the cobalt for electric cars comes from what is euphemistically referred to as an artisanal mine. Don't kid yourself, this is code for a child in a mud pit guarded by an overseer (usually a teenager) with an automatic rifle.

and fuel costs (depending on the price of oil). See Figure 2 for a 2015 comparison by the consulting firm Arthur Little.

With tax incentives and rebates, the cost of electric vehicles has fallen substantially in the past five years, with the average cost difference between an ICE vehicle and EV closer to 15-20 percent over a ten- to twenty-year life of the vehicle in net present value terms, using a standard discount rate. For the time being, however, the fact remains that EVs cost more to purchase and run.

INCONVENIENT FACT: COBALT

The next inconvenient reality has to do with the material composition of an EV engine versus an internal combustion (IC) engine. An electric vehicle uses about three times more copper than an IC engine and substantially more nickel and cobalt than a traditional internal combustion engine forged of machine steel.

Nickel and cobalt are the key elements used in the cathode chemistry of most electric vehicle batteries today. The typical electric vehicle uses about five kilograms of cobalt (ten to eleven pounds). (Ironically, the other major industrial use for cobalt is in the production of catalysts to remove sulfur from crude oil during the oil refining process.)

Total annual consumption of cobalt today is roughly 265 million metric tonnes, with batteries making up about half the total global cobalt demand. Each 10 percent conversion of the global vehicle fleet will require 700 million

metric tonnes of cobalt or a tripling of total global cobalt production. Converting half of the global vehicle fleet to EV would require the globe to produce fifteen times more cobalt than it does today.

Therein lies the real problem: a massive increase in the production of electric vehicles is going to run into a major supply crunch, both in terms of the type of electricity produced and the amount of cobalt mined. We'll need to burn a lot more fossil fuel to produce all the electricity we'll need for the "clean" electric car.

Cobalt mining is particularly worrisome in that some 65 percent or two-thirds of the world's mined cobalt supply comes from one place, the Democratic Republic of Congo in sub-Saharan Africa. Most of the cobalt for electric cars comes from what are euphemistically referred to as artisanal mines. Don't kid yourself—this is code for a child in a mud pit guarded by an overseer (usually a teenager) with an automatic rifle.

Here is the reality for politicians and celebrities who have already decided that the age of the green clean electric vehicle is here. The global supply chain and energy infrastructure are nowhere ready or prepared to handle the paper electric revolution.

LITHIUM TO THE RESCUE?

That being said, it doesn't mean that the noble vision of a cleaner and healthier planet. The most exciting development is new technologies that shift the battery chemistry away from nickel and cobalt to more abundant lithium. But many of these emerging technologies are five to ten years away from being fully commercial.

The type of technological and energy infrastructure revolution required to support the much-touted green energy revolution is unfortunately twenty-five to thirty years away. Even that is probably a bit on the optimistic side as it assumes a relatively stable political and financial environment. As the last three months taught us, despite an extended period of peace and prosperity, uncertainty is always lurking around every corner, door knob or hand rail, as the case may be. ☹☹

James Kirkpatrick is a mechanical engineer and energy analyst serving as president of JKF Associates.

In Thousands of Dollars at Present Value

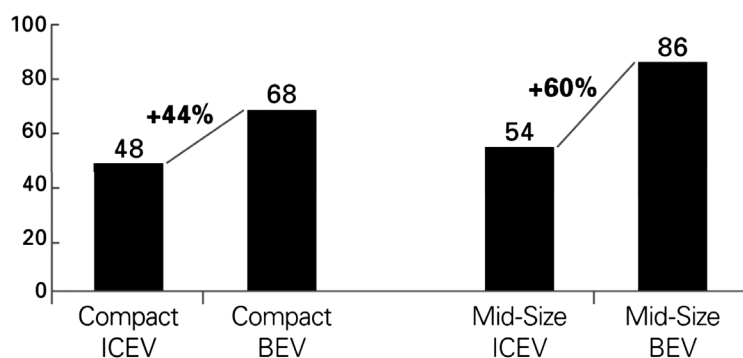


FIGURE 2: Total Cost of Ownership over a 20-year lifetime for a 2015 ICEV versus an equivalent BEV (battery electric vehicles)

Source: Arthur D. Little, 2015

Wise Traditions Podcast Interviews

INTERVIEW WITH LESLIE MANOOKIAN BEHIND THE CORONAVIRUS

Note: What follow are the opinions of Leslie Manookian, which do not necessarily reflect those of the Weston A. Price Foundation. For further information, see lesliemanookian.com.

HILDA LABRADA GORE: Leslie Manookian is the writer and producer of the 2011 documentary *The Greater Good*. We are having this conversation at a time when there is much confusion and concern as well as lockdowns and quarantines. Words that we never used before have become a part of our daily vocabulary. Leslie addresses the big picture related to the coronavirus, giving us context and helping us wrap our heads around the nature of the virus. She also dispels the myth of the asymptomatic carrier and explains why—although a vaccine is unlikely to be of any help—health authorities, politicians and Bill Gates are accelerating a vaccine’s development nonetheless. Finally, Leslie uncovers the many conflicts of interest that exist between those who are touting the benefits of vaccination and those who stand to benefit from its widespread distribution. Leslie, what is your assessment of our current situation?

LESLIE MANOOKIAN: I think that it’s been massively overhyped in the media and by certain political factions as well. While I do think that it’s real, it’s important to understand that there is a difference between something being real and something being catastrophic. The response has been as though this illness is a giant catastrophe. To begin, I think that it is important to understand that there are seven different types of coronavirus that infect human beings. Four of them are benign and three of them are SARS (which we first saw in the early 2000s), MERS (which was about five years ago) and now SARS-CoV-2. Coronavirus has been around for decades. It is generally associated with common colds and other respiratory infections. The idea that it is dangerous is new—literally in the last

two decades—which is kind of peculiar.

HG: Some people identified as having the coronavirus are labeled as asymptomatic. It made me think that maybe it is benign—that you have it, but it is not bad for us—but no one seems to want to agree with me. They say that being “asymptomatic” means you are a carrier and you can infect someone else.

LM: Let’s consider how the immune system works. If a bug were all that was required to make us sick or kill us, we would all be sick or dead. None of us would be alive today. Let’s pick this apart. Roughly one-third of the population carries staph on their skin and in their noses. If all that matters is that you are exposed to it and that is going to cause infectious disease, why don’t all those people have staph infections? And why are they not infecting everyone else? It is because our immune system is made up of this huge microbiome—bacteria, viruses and all sorts of things. Generally, experts say, if 80 percent of our microbiome is beneficial, it keeps the other 20 percent in check. The problem is when the bad guys start to multiply and become more than 20 percent.

What causes that to happen? One cause is bad diet—a diet lacking in vitamins A, D and K2, which boost our immune system so much. It is a diet lacking real vitamin C (not the lab-made stuff) and vitamin E. We Weston Pricers know how important nutrition is. Other factors are maintaining or managing low stress levels and getting adequate sleep and exercise. We have to have all those things to keep our immune system healthy. It is when we don’t pay attention to those things that we see a proliferation of the “bad guys” and open ourselves up to getting sick from the stuff that is already there. It doesn’t jump out of somewhere and get us. It is there, but we are not susceptible to it when our immune system is robust.



Hilda Labrada Gore is the producer and host of our Wise Traditions podcast and a Washington, DC, co-chapter leader. An enthusiastic communicator, Hilda is passionate about wellness on every level, which is why she is known as “holistic Hilda.” She is a speaker, podcast consultant and the co-author of *Podcasting Made Simple*. Hilda lives in Washington, DC, with her husband, children, dog and cat. Subscribe to her blog through her website (holistichilda.com) and follow her on Instagram: [@holistichilda](https://www.instagram.com/holistichilda).

One area where I think the media are over-hyping is telling people they are asymptomatic carriers. I don't think that is correct or appropriate. These people's immune systems have recognized the virus, dealt with it and they're done with it—without symptoms. And from what I understand, in Britain there is a team of scientists who are challenging the ones putting out all the fear. They believe that the virus has been in Britain for months longer than thought and that half the population has already had it or been exposed to it. They are just not susceptible to it. The implications of that are radical. What it means is that the vast majority of people—and I am talking tens of millions of people—have already been exposed without even knowing it. So, are we appropriately addressing this situation? The CDC is saying that in California, the virus was there as early as December 20th. That would mean that it has been circulating in the U.S. since sometime in mid-December.

People in my family had it in February, before it was supposedly in my state. Of course,

I don't know for sure, but if you look at what the CDC and other health authorities are saying—that this has been a really horrible flu season way back before coronavirus was supposedly ever here—my point is that CDC is now acknowledging that the coronavirus was circulating in California as early as December 20th or even before. If that is the case, then millions of people had it before any measures were put in place. Yet, we didn't have millions of people getting sick or dying. We did have a bad flu season. I can speak to that personally. I am saying that it is a perfect example of how people don't know they have had it because they have been exposed and their immune system dealt with it fine.

This is all based on the scientific literature. I have written about several of these things on my website, greatergoodmovie.org. The first one was specifically about the coronavirus and what we know about it. I also point out that we carry staph and many other organisms said to be pathogenic. Another point is that the only testing we give at this point to determine whether someone is sick or exposed is highly subjective. It is called the PCR test. It does not tell us whether we have millions of replicating viruses in our body. We don't know that.

HG: Dr. Tom Cowan was on a previous podcast and addressed the subject of the test. He said that it is a surrogate test. Even the man who invented the PCR test said that it should not be used to identify viruses as contagious. And yet, that is how we are trying to use it.

WE'VE BEEN CENSORED! HERE'S WHAT WE CAN DO TO GET AROUND IT

It was only a matter of time before we got censored! Our content bucks the status quo in so many ways. We already knew that search engines and social media platforms had methods to change search results and shift algorithms to hide alternative health content, but we were still taken aback when our podcast interview with Dafna Tachover, senior attorney of Children's Health Defense (CHD), was pulled from YouTube. The topic? 5G.

YouTube had released a statement in April that they would censor content equating the coronavirus with 5G. But this particular episode did not do that. As a matter of fact, Dafna actually clearly stated that CHD had *not* found sufficient evidence to link 5G to the outbreak of the coronavirus.

Bewildered, we looked into next steps to reinstate our show. And only two episodes later, we were censored again. Our podcast with Robert F. Kennedy, Jr., was also removed from YouTube! The topic? Vaccinations.

Here's our suggestion to get around this unprecedented censorship:

1) Listen to both of the censored episodes and share them widely with friends and family. The podcasts are still available on our website, Apple podcasts, and other podcast platforms (like Pandora, Spotify, tunein, GooglePlay, Stitcher, etc.).

Wise Traditions podcast #244 "Evidence against 5G" with Dafna Tachover

Wise Traditions podcast #246 "Vaccine Facts Few Know About" with Robert F. Kennedy, Jr.

2) Make a gift of any size to help us explore other platforms so that this health and life-saving information is not kept from people. YouTube, Facebook, Twitter, Instagram are not the only options. We are looking into new places that value the unhindered exchange of ideas.

Thank you for your support! We must keep up the fight. We see censorship as a sign that we are doing something right.

LM: Exactly. And that is what is being rolled out. I think the media are really hyping this, yet the tests being used don't tell us what we are being told that they tell us. Now the media are pushing new antibody tests that hopefully will tell us what we want to know, which is who has been exposed and developed antibodies and therefore isn't susceptible anymore. Yet even those antibody tests are not black and white, and there is a reason for that. Because we know from tetanus and other pathogens that someone can have sky-high antibodies and not be immune, or have no antibodies and be immune. In the case of measles vaccines, we know that 10 percent of people who get vaccinated are what we call "non-responders." They never mount an antibody response. Now that doesn't mean that their body is not immune to it, it just means that they don't have what some scientists have decided is the key criterion to look at in the blood to see whether someone is immune. That is not necessarily immunity—because you can have no antibodies and still be immune. The subject of immunity is much more complex than what the media are suggesting.

HG: If I am understanding you correctly, I may have had the coronavirus already and didn't know it; I was asymptomatic because my immune system was strong. Should I be staying home because I might pass it on to someone, or is that a fallacy?

LM: I believe this idea that millions of people are asymptomatic is a fallacy. I think that what has actually happened is that their body has been exposed to the virus, recognized it, dealt with it, and it is not a problem. So, I think that this is another way that they are frightening people. I think that some of the health authorities are not being straightforward with people. The fact that Britain is now saying that half the population may have been exposed but they are not all sick proves that.

HG: I heard Dr. Anthony Fauci say that if enough people got infected with it, we would have herd immunity. But he said we don't want that.

LM: Dr. Fauci did say that. I think it is a very telling remark. He and his sponsors (the main one being Bill Gates) don't want many people to have had it and develop herd immunity naturally. Why do you think that would be? Because they want to mass vaccinate everybody; they both have said, "no mass gatherings until mass vaccination." To me, it is one of the reasons they have pushed so hard on a lockdown. They don't want people who are not susceptible to get it, be exposed to it and develop antibodies—there would be no market for their vaccine.

HG: What you are saying is challenging most of our understanding about why there is a lockdown. Most of our information is telling us we are on lockdown to safeguard the public health and to flatten the curve.

LM: I think "flattening the curve" is the absolute wrong thing to do. There are many scientists and doctors who are coming out saying that. The reason for that is based on what I talked about with respect to Britain and California. Millions more people have been exposed but have not

actually developed symptoms. It is not that they are asymptomatic, but that their immune system just took care of it. They were capable of fighting it off and don't have any issue with it. I have read that 99 percent of the people who actually get it and have symptoms actually respond fine without any kind of medical intervention. I am not downplaying those people who are susceptible and become ill or have died, but it is only a very tiny minority, especially those who have a comorbidity or who are elderly. I am simply questioning whether or not the reaction to this has been commensurate with the risk. I don't believe that is the case.

HG: Even Fauci's numbers have gone down. At first, wasn't he saying millions of Americans would get sick? And now he is saying thousands. He has modified his predictions, but yet there is this talk about "flattening the curve" and extending the lockdown and social distancing.

LM: Let's talk about "flattening the curve." What we now know from Britain and California is that this is more contagious than we expected, meaning that more people have been exposed to it, and it is less deadly than expected. From the early numbers, they were saying 8 and 10 percent case fatality rate, and then they said 3 to 4 percent from China. Dr. Fauci has written in the *New England Journal of Medicine* that the true case fatality rate is probably closer to 0.1 percent, which is nothing more serious than a flu. The question is, why is he saying that in private in the medical field, yet he is spreading fear in the public domain? I think that is a really important question that people need to ponder.

Second, we need to understand that the people who are driving and controlling the narrative in the media often have a horse in the race. If you look at the first major models that came out, they were released from Imperial College London, and this is the model that says over two million Americans and five hundred thousand British could die. That information was spread all over the media. Imperial College takes money from the Gates Foundation. The man who wrote the model, Neil Ferguson, walked it back several weeks later saying, "Well actually, I don't think it is going to be that bad."

When he testified in front of Parliament he said, “Actually, in Britain, we think that the death rate isn’t going to be five hundred thousand; it probably will be twenty thousand people, and more than half of those would have died anyway this year.” In other words, he was off by a factor of fifty. Yet, no one is pushing back except Oxford University. A team of Oxford epidemiologists said they thought Ferguson’s numbers were grossly exaggerated and that the assumptions were wrong. Ferguson actually sits on committees at the World Health Organization (WHO), which also takes huge money from the Gates Foundation.

HG: To play the devil’s advocate, let’s say that Neil Ferguson was simply mistaken. He has no horse in the race but just made some erroneous assumptions and backpedaled because he realized he was wrong. Is that a possibility, too?

LM: If that were the case, why didn’t everybody stop the lockdown? Why did they move forward? And here is another thing. I don’t think I fully completed the idea of “flattening the curve,” and whether or not that is a good thing. The best thing you can do with an illness that is not particularly dangerous is to have everybody get it. Because if everybody who is not at risk gets it, it actually provides true herd immunity and protects those who are at risk. You have the elderly, those with diabetes, those with heart problems and others who are at risk self-isolate. Take care of them. Let everybody else get it, and then they are protected. Wouldn’t that be the best thing to do? No drugs, no vaccines, no risk to them. But you need a lot of fear to sell vaccines. That is what happens. Frighten people—and they will take it, demand it and even beg for a vaccine. Following up on your point about Fauci, what he said about not wanting people to develop herd immunity lets the “cat out of the bag.” He doesn’t want herd immunity to develop in the population. Now why would that be? Because they want a vaccine. He is developing one of Gates’ vaccines in his own group at the National Institutes of Health (NIH), which has accepted one hundred million dollars from Gates.

HG: How did Gates become involved?

LM: Twenty years ago, Microsoft was the subject of major antitrust lawsuits in both the U.S. and Europe. The company was dragged into court in front of the Federal Trade Commission and the European Trade Commission for its anti-competitive practices. It was threatened with being broken up because Bill Gates is reputed to be a very mercenary businessman. He did things that were incredibly anti-competitive. He was operating as a monopoly and trying to put any competition out of business. The U.S. government was going to break up Microsoft, but instead, Microsoft only got a small fine—I think it was three or four hundred million dollars. Gates was forced to step down as CEO, but he stayed on as chairman of the board. Interestingly, within a year or two, he started doing all of this philanthropic work. That was when the Bill & Melinda Gates Foundation really began, and he started putting billions and billions of dollars into it. I don’t know what is in it now—at a minimum, sixty billion dollars, but it may be more like eighty or ninety billion dollars.

I think that the timing of Gates’ recent resignation from the Microsoft board and from the board of Berkshire Hathaway (which is Warren Buffett’s organization) is very interesting. It’s also interesting that Sergey Brin and Larry Page, who founded Google, stepped down from Google in January. A lot of CEOs have stepped down in the last few months.

HG: What do you make of that?

LM: I don’t know. I am not even going to speculate. I find it very peculiar with respect to Larry Page and all these others. With respect to Bill Gates, I think it is very clear that he wants to work on his pet project, which is vaccinating the population. That is his true objective.

HG: And the truth is, most people have heard of the Bill & Melinda Gates Foundation but don’t know what they are about. There is actually a history—and it is not a pretty one—of what he has been doing with forced vaccinations in India and in African countries. But what I have heard him saying right now about our situation in the U.S. is that he thinks sooner or later we will have to have some kind of “certificate” proving that we have either had the coronavirus and dealt with it or proving that we have had a vaccination.

LM: Let me break it down for you. The Gates Foundation started the Gavi Alliance, which is a global alliance for vaccines. The foundation gave Gavi seven hundred fifty million dollars to get going and has given them several billion dollars since then. Between 2016 and 2019 alone, the Gates Foundation gave Gavi one and one-half billion dollars. The Gates Foundation funds vaccine makers all over the world. The Gates Foundation gave one hundred million dollars to the NIH and over thirteen million dollars to the CDC. They gave over two hundred million dollars to the World Health Organization (WHO) in 2018 alone. The Gates Foundation and Gavi are in the top four of all donors in the entire world to the WHO. The U.S. is the number one donor (at roughly two hundred eighty million dollars); the Gates Foundation is number two at two hundred twenty-nine million (which is just for 2018 alone). The UK is just behind the Gates

Foundation. Then I believe Gavi is next (at about one hundred fifty million dollars) and then Germany; or maybe Germany comes right before Gavi. Bill Gates has given so much money to the WHO that he gets rights that only voting member countries get.

He has tremendous influence. The same guy who wrote the model at Imperial College in London sits on all these different boards at the WHO, modeling things and creating these plans for pandemic preparedness. There is a very big tangled web here. This is going to freak people out, but Gates literally buys the media. In the first decade of the 21st century, Gates gave a billion dollars to the media—just gave it to them.

HG: Most of us think that journalists are impartial. Maybe we know that pharmaceutical companies place ads to support the news programs, but he literally gave money to the media?

LM: He gave, and he *gives*. What is interesting is nobody is reporting about it anymore. The *Seattle Times* published an amazing article in February 2011. I want to read what they wrote because it is so jaw-dropping. Not only does the Gates Foundation give the media money—a billion dollars over one decade—and not only is the money earmarked for reporting on specific pet interests of theirs, but listen to this: “To garner attention for the issues it cares about, the Foundation has invested millions in training programs for journalists. It funds research on the most effective ways to craft media messages.” They are literally training journalists to write things the way they want them to be written. I am going to keep going: “Gates-backed think tanks turn out media fact sheets and newspaper opinion paper pieces. Magazines and scientific journals get Gates money to publish research and articles. Experts coached in Gates-funded programs write columns that appear in media outlets from *The New York Times* to the *Huffington Post*, while digital portals blur the line between journalism and spin.” It is just incredible what is happening in our country, and people have no idea. That was in just the first decade. This has not stopped, it is continuing.

HG: This helps me understand why so many media outlets use the same lines, repeating certain phrases. I feel like I am in the book *1984*.

LM: It is totally *1984*. There are talking points that have been written by the Gates Foundation and by Gates-funded journalists, Gates-funded doctors and Gates Foundation-funded researchers. The Gates Foundation gives money to MIT, to the Wuhan Lab of Virology and the Wuhan CDC to develop vaccines. It gives money everywhere. People have to understand that this foundation has more money than the GDP of most countries. Think about that. They are immense. And everybody wants some of those dollars, and so they are willing to blur the lines a lot.

HG: Let’s say some people think that vaccines are our hope, that they are the best way to protect all of us from deadly pathogens and viruses. What would you say to those people?

LM: I will make a couple of points. First of all, we don’t know everything that happens in the body when vaccines are injected. We do know that no dose of mercury is safe; but there has never been a proven safety study done showing that “X” amount is safe to inject into human infants. And the same is true for aluminum. The vaccine makers have never demonstrated how much is safe. The FDA has never made them do it. It is just assumed that these things are safe. So, we don’t know much. We don’t know whether the combination of all the vaccines that are given is safe. We don’t know whether the whole vaccine schedule that is recommended by the CDC is safe. None of those things have been studied. There are so many questions about it. On top of that, we have a “vaccine court” in the U.S. that recognizes that vaccines injure and kill some recipients. We have a federal law that set up the vaccine court. We have a seventy-five-cent tax on every vaccine administered in this country to compensate those who are injured.

Here is what we do know. We do know that vaccines are dangerous. We do know that they kill people. We do know that there is a table of compensable adverse events that is run by the Vaccine Injury Compensation Program. That table of compensable events lists things like death, arthritis, rheumatoid arthritis, seizures, brain damage, inflammation of the brain and so many other things. The point is that there is so much evidence that vaccines are harmful, at least to many. And some scientists and doctors would argue that they are harmful to everyone, even if people don’t recognize the problems caused. There are no adequate safety studies, and the mounting science shows that we need to be exercising far more caution.

HG: It may be that the message is not getting out to people because the media are being controlled by those who have a vested interest in making money from pharmaceuticals.

LM: There are so many conflicts of interest today between the Gates Foundation, academia, medical journals, the media, global and domestic health organizations and others. It is extremely difficult for the average person to ferret out the truth. You cannot rely on the mainstream

media if you want to get to the bottom of this. You have to go to the alternative media—for example, the Weston A. Price Foundation or greatergoodmovie.org and our Facebook page. And there is one other thing that we do know, which has been scientifically demonstrated. We know that even if you inject only an antigen, like a measles or chickenpox antigen—so that none of the other adventitious agents that are usually in vaccines are there—that antigen alone is enough to overwhelm the immune system and cause immune system “dysregulation,” meaning that the immune system is in an unstable place where it cannot right itself and then overreacts to all sorts of things. If just injecting the antigen can undermine the immune system, why would you ever want to inject a vaccine? How is that ever going to be the solution to boosting your immunity? We want a healthy, intact immune system. We don’t want an immune system that has been compromised by antigens or toxins. I just don’t think that vaccination is ever the answer based on the science that is available today.

HG: We will definitely suggest that people check out your movie. Of course, there are also resources on westonaprice.org about vaccinations, and we have done other podcasts with you and Tom Cowan on the subject because it is important to give people another perspective. As we wrap up, I want to ask you this: If each person did only one thing to support their immune system, what would you recommend they do?

LM: There are two things they should do to support their immune system. First, eat a Weston Price diet with adequate fat-soluble vitamins A, D and K2. Supplement with whole-food vitamins and, obviously, cut out all of the processed foods—processed flours and oils and things that are so bad for us. Second, find a health freedom movement or health freedom organization in your state. I fear we are going to lose our right to decide how we keep ourselves healthy if we don’t stand up, and stand up now. Go online and use a search engine and search for “health freedom [your state].” In Idaho, it is Health Freedom Idaho.

HG: You are saying we should advocate for

health freedom; otherwise, our right to take care of our bodies as we see fit is in jeopardy.

LM: Without a doubt. Gates, Fauci and others—like Henry Kissinger, and the Prime Ministers of Australia and Canada—have been calling for mandatory vaccines. They want to make this whole program mandatory. They have a very frightening plan to do it. They want to make sure that you have a certificate of vaccination—or antibody test—but they want to push for the certificate of vaccination. They also have other things in mind, like they want to microchip everybody. That microchip would provide you with a global digital ID, so that every human on the planet can be tracked. That digital ID would be linked to your vaccination records, your medical records and other things. This is about control. This is about a global police state, and these people are pushing it. Gates is funding this microchipping technology. He is also funding a micro-patch vaccine, and it is being tested. It is one of the tests that is underway—a micro-patch vaccine that you stick on the skin, and it releases not only the antigens and the vaccine into you, but it also releases little dye particles that are invisible to the naked eye but visible with an app on a smartphone that can be read with infrared. This will be a way of tracking you.

So, just think about where this goes. They are saying “no mass gatherings without mass vaccinations.” They are saying “our world will never be the same.” “People need to get used to working from home.” They are trying to introduce digital currencies all over the world. They are saying that paper currency is dangerous and dirty, and that the virus can live on it. This is about fearmongering because they want you to accept the idea that you will live at home, separated from society, and only buy things on Amazon—literally—using your digital currency or your credit cards. They don’t want you to be able to go into town and use paper money. This is where this is going. And so just think about this. You want to go to church? You have to scan your arm to make sure you have got the vaccine; they want to see it. You want to go to a concert? Scan your arm; scan your microchip; produce your certificate of vaccination. You want to go to the grocery store, the post office or on an airplane? And the people who don’t comply will be barred from normal life. That is where this is going. I don’t mean to frighten people, but I think it is imperative that people wake up to what agenda is behind the scenes. They are putting it out there if you go and search for this. I have written about it on my blog; please go check it out: greatergoodmovie.org (the *News and Views* tab). That will get you going, and there are links in all those articles. This is the world that they envision—where you do not participate in society unless you have acquiesced to their whims to vaccinate you for Covid-19. But don’t think it will stop there. It will include the flu and other diseases. That is where this is really going, in my view. I think that is one of the reasons they have stirred up so much fear—because politicians and other authorities have admitted that you can achieve much more when the populace is afraid than you could under normal circumstances.

HG: This is shocking, and I hope people will dig deeper. The Weston A.

Price Foundation is committed to getting this information out. We want people to dig deeper, look at the links and do their own research. Before we finish, what do we know about the coronavirus vaccine right now?


LM: There are a bunch in the works. You asked me earlier why vaccination isn't the best answer to this. I said we want to build up immunity to this, and there are problems with vaccines in general. But the problems with coronavirus vaccines are particularly terrifying, and they are very specific to respiratory vaccines. Fifty years ago, they did studies on RSV, which is a respiratory disease, and tried to develop a vaccine for that. The studies or trials were so dangerous that two children died, and the vaccines caused a pathogenic "enhanced immune response" in the recipients. Then, after SARS in 2003, they started working on a vaccine for that and used four vaccines that they believed were the best candidates to study. When they injected these into lab animals, the animals all developed antibodies, and they thought "fantastic, they had a really healthy, robust immune response." But then when they exposed the animals to wild coronavirus, they had horrific results. The animals had full-body inflammation. They had lung infections, lung inflammation and death. Health authorities said to the people running the trials that these obviously were not good candidates for human trials. So they stopped; they completely backed off. Thus we have two cases where we have seen really bad outcomes in studying the immune response in trials of respiratory vaccines. The ones in 2002-2003 specifically for SARS were in animal models. But what is happening now with the coronavirus vaccines is different. There are seven to ten that are being studied quite seriously, and two are already in Phase 1 trials—Fauci has fast-tracked them, and they are bypassing animal studies and injecting them directly into humans without doing that preliminary process in animals.

Given that the last two showed really horrific responses in animals, why would you want to do that in human beings? It is very scary. Bill Gates has said "we are going to need to send these vaccines out all over the world, but we are going to need government indemnity before we do that." Meaning that they want global governments to make sure that Gates and vaccine makers have no financial or legal risk. They want to be indemnified against all risk before they send these vaccines all over the world. That alone should give every person pause.

It is important for people to understand that with these respiratory vaccines, vaccines provoke a heightened immune response that can be lethal, and we don't understand it well. Interestingly, some of the biggest vaccine proponents in the U.S.—such as Peter Hotez (a vaccine developer in Texas) and Paul Offit (a vaccine developer and patent holder at the University of Pennsylvania)—are actually exercising caution and warning people to be cautious. They are trying to slow down this bus, but they don't seem to be having much success. The reason for that, I believe, is that they don't want to see these vaccines come out and injure or kill a ton of people because then that would threaten their childhood vaccine program. Because it is not going to reflect well on any vaccine if these coronavirus vaccines cause tons of harm.

One other thing that we didn't talk about is that states that did not

lock down have had better outcomes and fewer hospitalizations and infections than states that did lock down. I think, as time goes on, we will see that this was gross overreaction. Again, not to minimize anyone who got sick or died from it, but it is just that we don't want the cure to be worse than the disease. You don't want to kill the patient to cure the disease. Seventeen million people have lost their jobs in just three weeks. [Editor's note: As of May 21, 2020, new unemployment claims had reached 38.6 million.] In the week prior to the shutdown of the economy, two hundred eighty thousand people lost their jobs that week, just to put it in context. What they have unleashed on us is truly draconian. We are going to enter a global recession that we may not come out of for years, and some people are saying a depression. And if it was unwarranted—which is what the data are pointing to more and more—then wow, just wow.

HG: Yes, I am speechless myself. It is clear that we shouldn't take all the information we are getting at face value; there is more to the story. Thank you—you have given us a lot to think about. 

WISE CONVERSATIONS A NEW REASON TO BE A MEMBER

We have a new membership perk! We are having monthly meetings online for members in order to educate further. We want to answer your questions. Each month we pick a specific topic and have a guest who is someone working closely with the Foundation. As members, you can submit your questions in advance by email and we will ask as many as possible during the hour. We send an email notice announcing the meetings which occur in the last week of the month. We have room for up to 500 at each meeting but if you cannot attend live, you can view the recordings afterwards either on our website or on our members-only Facebook group.

LOGGING IN ON OUR WEBSITE:

If you need your login or password, let us know: info@westonaprice.org

MEMBERS-ONLY FACEBOOK GROUP:

<https://www.facebook.com/groups/westonapricefoundation/permalink/784319591978068/>

If you have suggestions for topics or have not been getting our email about these events, please let us know.
info@westonaprice.org

All Thumbs Book Reviews



The Poison Squad: One Chemist's Single-Minded Crusade for Food Safety at the Turn of the Twentieth Century
By Deborah Blum
Penguin Books

This is first and foremost a story about a chemist and his drive to expose the corrupt food industry as it knowingly profited from putting harmful chemicals and additives in everyday food. Along the way, author Deborah Blum shares the story of Harvey Wiley and the decades-long journey that would not have been possible without dedicated volunteers, a sympathetic media and the growing strength of the Progressive movement.

Throughout the 1880s, America was the Wild West for putting all kinds of chemicals in food. When chemist Harvey Wiley and his group of volunteers known as the Poison Squad began to prove how food manufacturers were literally killing thousands of people by fraudulently adulterating their processed foods with all types of chemicals and toxic metals to maximize profits, Wiley's and the Squad's collective efforts eventually led to passage of the first consumer protection law in 1906 (the Pure Food and Drugs Act).

Until the 1906 act's passage, the United States was the only industrialized nation without any food safety regulations. The U.S. food lobby was simply too powerful—with lawyers and political contributions that successfully pushed back any attempt at regulation. Meanwhile, Britain already had a four-decade-old law on the books, an 1860 law that tried to limit the chemical adulteration of food after twenty people in a single town died by eating candy with arsenic-laced food coloring. In 1881, France banned the use of toxic salicylic acid in its wine, and Germany banned chemicals in its beer.

During this late nineteenth-century period, America was in the midst of an industrial revolution, with factories and railroads suddenly able

to produce and distribute food across America like never before. As the migration of millions of factory workers caused cities to swell, the nation saw the rise of a new food manufacturing industry led by companies such as Heinz, Nabisco, Coca Cola and Campbell. By 1890, Chicago's Union Stockyard was processing over nine million head of cattle each year as it perfected the assembly line that later would inspire Henry Ford when building his automobile factories.

Without refrigeration, the food industry turned to chemical companies like Dow and Monsanto to provide it with chemicals to preserve food, such as formaldehyde, sodium benzoate and borax—along with toxic metals such as copper sulfate to keep canned food colorful. But in 1881, while working in a lab at Purdue University, Harvey Wiley discovered that up to 90 percent of all honey and maple syrup was fake. Wiley immediately faced an industry backlash and smear campaign and was dismissed from Purdue for scientifically proving that these commercially-produced food products were mostly corn syrup pumped up with artificial additives to deceive consumers. (Does this sound familiar?)

Wiley went on to work at the Department of Agriculture, where he began to investigate how the dairy industry was deliberately adulterating and poisoning milk to increase profits. For example, the industry added water to dilute the milk; plaster and chalk to turn it white; formaldehyde to counter the sour taste; and pureed calf brain to give the top layer a yellowish cream color. This is to say nothing of how horrendously malnourished and mistreated the cows were in the first place, fed mostly on swill waste from local breweries. Other discoveries that Blum writes about in *The Poison Squad* focused on coffee (made primarily from sawdust, chicory and ash); pepper (mostly charcoal and coconut shell fillers); white bread flour (laced with aluminum); and Coca Cola (excess amounts of caffeine and cocaine).

Throughout the 1880s, America was the Wild West for putting all kinds of chemicals in food.

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After the powerful dairy industry was able to significantly weaken the Butter Act of 1886, Wiley realized that the only way to fight the corruption prevailing between Big Food and Congress was to broaden his message beyond fellow scientists and alert and educate the public. Shrewdly, Wiley hired a professional writer to translate his science into stories that began to resonate with the public. Not surprisingly, this was soon met with pushback from Wiley's politically connected superiors at the Department of Agriculture, which began to stifle his findings.

Ironically, it was during the Spanish-American War in 1898—with reporting on the Army's cover-up of “embalmed” meat being consumed by soldiers—that the broader public started to take more notice. Soon thereafter, newspapers began following Wiley with his human experiments on his volunteer “Poison Squad.” Even though the chemical and food industries continued to smear Wiley with their campaign of personal and public attacks, the Progressive Movement's women's groups and trade unions ultimately turned the tide and pressured vote-conscious politicians to finally take food safety seriously.

By 1906, these forces helped ensure the passage of the landmark Food and Drugs Act as well as the Meat Inspection Act. These additional influences included Wiley's successful leveraging of the new female voting block to pressure President Teddy Roosevelt; the publication of Upton Sinclair's *The Jungle*, which further outraged the public; and Henry J. Heinz's decision to capitalize on the public's growing food safety awareness by designing and supporting a “pure food” catsup.

Passing the historic 1906 legislation was an entirely different matter

than *enforcing* the new regulations. Within just two years, industry lobbyists were able to create a new group of industry-friendly scientists who began to craft propaganda that cast doubt on Wiley and the Poison Squad. When those efforts failed, Wiley was isolated within the administration and effectively forced out. Undaunted, Wiley's next move was to collaborate with the extremely popular *Good Housekeeping* magazine, where he was able to create the Good Housekeeping Seal of Approval to educate and encourage readers to keep the pressure on politicians and industry.

In the end, Wiley's legacy is not just one man's determination to pursue food safety, ingredient labeling and, ultimately, creation of the Food and Drug Administration. On a more practical level, the work of Wiley and the Poison Squad is the primary reason that one can go buy a gallon of milk today and not die!

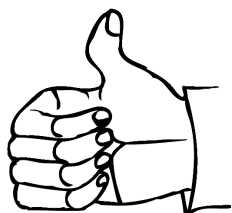
Review by Bill Hory

BOOK REVIEWS IN **Wise Traditions**

The Weston A. Price Foundation receives two or three books *per week*, all of course seeking a Thumbs Up review. What are the criteria we use for choosing a book to review, and for giving a Thumbs Up?

- First and foremost, we are looking for books that add to the WAPF message. Dietary advice should incorporate the WAPF guidelines while adding new insights, new discoveries and/or new therapies.
- We are especially interested in books on the fat-soluble vitamins, traditional food preparation methods and healing protocols based on the WAPF dietary principles.
- We look for consistency. If you talk about toxins in vaccines in one part of your book but say you are not against vaccines in another part of your book, or praise fat in your text but include recipes featuring lean meat, we are unlikely to review it.
- We do not like to give Thumbs Down reviews. If we do not agree with the major tenets expounded in a book sent to us, we will just not review it. However, we feel that we have an obligation to point out the problems in influential or bestselling books that peddle misinformation, and for these we will give a negative review. We also will give a negative review to any book that misrepresents the findings of Weston A. Price.
- If you want us to review your book, please do not send it as an email attachment. Have the courtesy to send us a hard copy book or a printout of your ebook or manuscript in a notebook or coil binding.

All Thumbs Book Reviews



Hands Off My Food! How Government and Industry Have Corrupted Our Food and Easy Ways to Fight Back

**By Dr. Sina McCullough
Watchdog Works**

Dr. McCullough's story, told in *Hands Off My Food!*, resonates deeply with my own. In her twenties, she found herself waylaid by severe digestive and other health issues. This led her first to mainstream medicine, whose only solution was drugs with unknown short- and long-term consequences. A gluten-free diet had given her arsenic poisoning (something I warned about years ago in *Wise Traditions*). Eventually, a doctor diagnosed her with a number of problems, with a severe autoimmune condition at the core.

But what caused her body to attack itself? "My illness wasn't instantaneous," McCullough states. "I ate the chemicals prevalent in our food supply without any noticeable effects for half my life. . . and then I slowly became debilitatingly ill."

The emphasis on personal responsibility for food is probably my favorite part of this book. McCullough focuses on the "root of the problem," which is us. At the end of the day, no one forces the majority of people to eat heavily processed, additive- and chemical-laden foods. Yet not only do the majority of people eat these things, they feed them to children. She states, "Most of us unknowingly celebrate our child's life by giving them foods that can hurt them."

She goes further, however, pointing out that government and industry are not the solution. "[A]s we hand more responsibility and authority to the FDA and USDA, they get larger and more laws are enacted," she states, but this doesn't make our food better or safer. Indeed, as those agencies have ballooned in size and budget, our food supply has—by almost all metrics—declined in quality and safety. Her discussion of how government growth perpetuates industry misdeeds is spot on and includes examples from her time in the food and supplements industry.

McCullough works her way through the convoluted and broken world of food regulation, subsidies, safety testing and dietary recommendations. The book is well annotated and includes a wide swath of quotes and research to support her assertions about what is happening to the food system and what the food does to us—the eaters. The book also introduced me to pieces of FDA history that I didn't know about. In one chapter, McCullough describes how the rich and famous (like Bon Jovi) use farming as a tax shield or, in the case of the Rockefellers, as a way to get even more money from the government. We get a first-hand look at how those who have opposed or tried to speak out about the dangers of food additives, genetic modification, chemicals and more have faced the same fate again and again—targeted campaigns by big food and big government to bury them and their work.

Some elements of *Hands Off My Food!* may be old hat for foodies—reminders that our food and farming systems have been mismanaged and made into something grotesque and dangerous through the collusion of government and industry—but experienced and novice readers alike are likely to learn something new. I also recommend the book for those wanting an accessible introduction to food issues and encouragement to take more responsibility for their habits and choices. If you know people interested in taking the plunge into real food and you want to give them something written in a way that almost anyone can understand and connect with, this book is a very good choice.

McCullough says, "We've abdicated responsibility as watchdogs over our food supply." Her conclusion? "I am the solution. You are the solution." Today I am detecting signs that the U.S. is experiencing a sudden increase in people caring about their food. My hope is that they will realize—through renewed local relationships and reinvigorated health—that they indeed can help reshape the future by the food choices they make today.

Review by John Moody

Our food and farming systems have been mismanaged and made into something grotesque and dangerous through the collusion of government and industry.

All Thumbs Book Reviews

Dr. Paul Dettloff's Complete Guide to Raising Animals Organically: Natural Ways of Farming, Feeding and Treating Cattle and Other Ruminants
By Paul Dettloff with Megan Dettloff-Meyer
Acres USA

Talk about timely! Given the sudden spike in interest in growing one's own food and raising animals, resources that can help people learn how to do this organically—and well—are invaluable. *Dr. Paul Dettloff's Complete Guide to Raising Animals Organically* is such a resource.

Dettloff is a holistic veterinarian and sustainable agriculture consultant. His book starts with two important reminders. First, animal health is built on the health of what animals eat—and the health of what they eat is dependent on the health of the soil that their food comes from. Second, animal health depends on the environment in which animals find themselves, so creating a healthy environment is crucial to minimize health problems from the start.


Thus the first section of the *Complete Guide* focuses on how to build and support healthy soils and healthy plants using compost, foliar sprays (nutrients applied to a plant's leaves) and similar tactics. The next section—all about energy (including electricity) and its impact on animals—came as a bit of a surprise, but given that I had just read Arthur Firstenberg's *The Invisible Rainbow*, it was a welcome one. I don't expect always to agree with everything I read, but I see it as important to interact with ideas that are outside of my normal range of opinion and discussion, and that is just what this section provided. Dettloff discusses "energy wheels" as well as dowsing and the impact of DC (direct current) on animal and human health, providing suggestions of things you can do to address these issues.

In his section on alternative health care, I was immeasurably excited to see a discussion of herbal hedgerows. Years ago, when we had cattle, we also had a large mixed annual-perennial growing space with all sorts of medicinal

plants. Our cows, whose only experience with comfrey was when we occasionally cut a few leaves to offer as treats, came down with pink eye. Though the comfrey was blocked by two fences, the cows trampled their way through both and ate all our comfrey plants to the ground. The plants came back (in case you were worried), and more impressively, the cows' pink eye cleared up with no other treatment. This made a lasting impression on my understanding of what to feed our animals.

Dettloff conveys the power of building medicinal plants into an animal's ecosystem and gives many ideas for how and what to include—yarrow, hazelnuts, my beloved elder(berry) and more! This technique truly allows animals, and especially ruminants, to let their food be their medicine, let their medicine be their food and to self-medicate as needed. This section also discusses homeopathy and essential oils. Knowing which oils to use for specific animal health needs makes it a helpful quick guide.

The final—and longest—section of the book covers treatment protocols in a thorough, well-laid-out and easy-to-navigate manner. Dettloff organizes it around major bodily functions and systems (such as digestion, reproduction and the nervous system) and covers a few general areas of concern. He caps this with a section laden with the wisdom gleaned from his more than forty years of vet experience. I suggest reading this section during the off season to become familiar with the contents (and the equipment you may need). Then, as health issues crop up, you can consult the book without starting from zero.

This book is strictly limited to ruminants. Though it does not cover pigs, chickens, rabbits or other common farm animals, it may offer some general ideas and principles. Both Dettloffs get two thumbs up for this interesting read and useful resource, which allows individuals raising ruminants to have a holistic veterinarian "on their bookshelf." 

Review by John Moody



Animal health is built on the health of what animals eat—and the health of what they eat is dependent on the health of the soil that their food comes from.

Tim's DVD Reviews



Medicating Normal

**Produced and directed by
Lynn Cunningham and Wendy Ractliffe**

One in five Americans is on some kind of psychiatric drug. The typical experience with psychiatric drugs starts with stress caused by work, war, school, family or watching too much TV news. This video follows several specific cases—some ex-military, some average working people and some children or teenagers.

Most people do not enjoy stress and make good targets for companies and professions that claim to have an easy fix. These fixes go by names like Zoloft, benzodiazepines and other really weird names. Many “work” quickly. . . for a while. The perfect sales scam is a quick benefit to distract customers from considering the long term. “Open a new bank account and get a free toaster.” Never mind constant ridiculous fees and low interest rates—you get a free toaster! “Buy this car and you get free floor mats!” Yeah, the car may be on the wrong end of a tow truck in six months, but you got free floor mats.

These pharmaceutical magic bullets may seem to work great at first, and many of the people in this video felt much better for about a month. After that, things go seriously wrong. Depression, suicidal thoughts and homicidal tendencies often come next. Once customers find out what the long-term ride is like, they usually wish they had never taken that first pill. Discontinuing these drugs is always difficult and sometimes deadly. That information is usually not included in your psychiatrist’s sales pitch.

I’ve mentioned before that some of my favorite sources of information are retired experts or professors who can spill the beans without worrying about what it might do to their careers. Allen Frances, chairman of the psychiatry department (emeritus) at Duke University is one such person. He and other experts explain the prevailing theory that chemical imbalances in

the brain lead to depression and mental illness, but they point out that this theory has one critical flaw: it has no actual scientific basis.

We live on a planet that will stress you out sometimes, maybe often. I grew up in a primitive era known as the twentieth century. I had a pretty easy childhood. I don’t remember any exceptional traumas that now keep me awake at night, but when I think about it, there are things I had to deal with that created stress. After being cooped up in school all day, many kids like me liked to break out and run home. “School is over, so we can run now, right?” Oh no; safety patrols yelled at us to *walk*. Give me a break. Kids have energy and need to run. That’s what they do. Now healthy kids with energy are considered hyperactive, and that is a medical condition requiring drugs.

College students get stressed out trying to maintain high grades with a heavy course load being taught by dry professors who couldn’t teach chickens to cluck. People who work for a living sometimes end up working for someone who makes Scrooge look like Santa Claus. And then there are those who serve in the military. America has been in a state of open war for almost twenty years. You know. . . war. A front-row seat in hell. Apparently that stresses some people out. The video features a sergeant whose life has been pretty wrecked by war. She just won an F-bomb contest. That’s not my thing (most of the time), but I get why many people are pushed to that point. No question, it can be a tough world to live in. And of course, there are earthquakes, tornadoes, volcanos, lions, tigers and bears. Oh my.

Back in the twentieth century, we had a quaint, old-fashioned word for stress caused by the challenges of living on this planet. The word was *normal*. Yes, you may need help, but this was not a medical condition requiring pills. You got help from family or friends, your church or a bartender. Things certainly weren’t perfect, but when you look at where we are going in the

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twenty-first century, it's the wrong direction.

Just one more excursion into editorializing. The film does not say a lot about solutions, but good nutrition—starting with a high-fat diet that keeps your blood sugar stable—will give you a better chance of standing up to the physical and emotional beating the world can dish out. Animals can also be very therapeutic, whether it is just a dog or contact with farm animals. Try helping out on a farm doing what we were meant to do—something more life-affirming. I'll bet there is a farm within driving distance of you that needs help. The thumb is UP.

Dr. Suzanne Humphries on Vaccine Safety: "They Don't Want You to Hear the Other Side"
[youtube.com/watch?v=frCcvw3yy98](https://www.youtube.com/watch?v=frCcvw3yy98)

Sometimes it's good to hear from experts who actually know what they are talking about. In this still-timely interview recorded in 2014, Dr. Humphries takes a scientific look at what is going on in the vaccine wars. She responds to basic questions about effectiveness and safety. Do vaccines work? Sometimes they suppress disease, but they do not improve health. They contain nothing the body needs to function, but they do contain aluminum, mercury, formaldehyde and polysorbate 80. No one needs that unless you are in a hurry for the dirt nap.

Looking at history is essential to solving or understanding any problem. In the late 1880s, Leicester, England, was heavily vaccinated and yet was still having smallpox epidemics. Smallpox declined after vaccination stopped. Only 5 to 10 percent of the world's population was ever vaccinated for smallpox. Is that enough for "herd immunity"? There are a lot of pox variations: smallpox, chickenpox, monkeypox, cowpox. Many look the same and genetic testing is required to distinguish them (not available a century ago). Monkeypox is still around. So, did we really get rid of smallpox?

Everyone has seen graphs showing what happened to disease rates after vaccines were

introduced. What they don't show is the whole, un-cherry-picked graph, which shows that illnesses like smallpox had been declining considerably before the vaccine was introduced. The full graphs don't show any effect from vaccines except maybe to increase disease rates temporarily when the vaccine first becomes available.

Humphries makes an observation about the pro-vaccine crowd. "The people who want to vaccinate are often very aggressive, and they don't want you to hear the other side. And that should make a light bulb in your head go off. 'Why don't they want me to hear the other side? Why don't they think I can actually listen to both sides and come up with my own decision?'" The majority of people are still making decisions based on what some hairdo on TV—reading from a teleprompter—says, rather than doing any real research. This is more dangerous than any virus or bug they are trying to scare us with. The thumb is UP.

Coronavirus: The Hidden Danger Revealed **The Highwire with Del Bigtree**

Del Bigtree has repeatedly given the pro-vaccine crowd a simple formula for shutting him up. Just do the study. Do the study comparing the health of the vaccinated and unvaccinated. Do a double-blind, placebo-controlled study. Do just one and he's done. He personally asked the head of the National Institutes of Health (NIH) and other experts to do the study. The answer was, "We will never do that study."

Bigtree provides possible reasons why the experts might not want to do the study. One is because the studies that *have* been done are not giving them the answers they want. For example, a study published in the *Journal of the Pediatric Infectious Diseases Society* showed that children who have had the DTaP vaccine (diphtheria, tetanus and acellular pertussis) have a greater risk of pertussis than nonvaccinated children.



Tim's DVD Reviews



How are vaccines approved? Bigtree doesn't just tell us—he *shows* us the video of a meeting of the CDC's Advisory Committee on Immunization Practices (ACIP) in February 2018. ACIP members were debating a new vaccine for hepatitis B. One member raised a question, asking whether this new vaccine had been tested in combination with other vaccines. The answer was, "We have no data." There was another question: Are multiple adjuvanted vaccines given in Europe or anywhere else? "No. Okay, let's vote." The result was 100 percent in favor of approving the vaccine.

Just after the vote, one doctor asked about the increased risk of heart attack seen in the studies for this new vaccine. (Yes, he knew about that before he voted in favor of the vaccine.) By the way, the FDA rejected this vaccine twice before later approving it. What changed? Nothing except for wording explaining the heart risks away. But don't worry, that will be monitored in the post-marketing surveillance. In other words, the general population will be the test subjects. Is that not just wonderful? The lack of concern for public safety is well-documented.

According to the CDC, one in 5.6 children has a developmental disability like attention deficit disorder, autism and so on. At least 54 percent of children have chronic diseases like asthma, diabetes, epilepsy and others. Harvard Medical School studied the Vaccine Adverse Event Reporting System (VAERS) and concluded that only about one percent of adverse events were being reported. When asked whether they could automate the system, Harvard said yes. With automation, events like heart attacks after a hepatitis B vaccine would automatically be reported, and that one percent would quickly get much closer to 100 percent. Have they implemented these improvements? Don't be silly. Of course not.

Some of you may remember SARS (severe

acute respiratory syndrome), which was allegedly caused by a coronavirus. Scientists worked on developing a vaccine for that. However, the animal tests went badly. It seems that the vaccinated animals became deathly ill when exposed to the SARS virus. The vaccine was clearly worse than nothing. Bigtree goes on to show reports from CBS and news media in China stating that a SARS vaccine was also being tested on humans. Was this vaccine given to a large number of people? We don't know. Did this vaccine turn a mundane virus into a killer? We don't know. His point is that it could happen. And that is another reason why we cannot accept mandated vaccines.

Trump has offered a two-and-a-half-billion-dollar incentive to develop a coronavirus vaccine. Companies are coming out from under every rock claiming they can have a vaccine ready in weeks, days or even hours. How do you do safety studies in hours? Or even weeks? Will we get the best vaccine or just the fastest one? This is another reason why we cannot accept mandated vaccines.

We are seeing a frenzy of legislation in most (if not all) states, trying to mandate vaccines. People are showing up in large numbers to speak out against this overreach. There have been many successes and failures on both sides. I have to agree with Bigtree when he says that while this is great, it is not enough in the long run. It is like a big game of whack-a-mole. In Virginia, for example, mandatory legislation has been shouted down, only to come up again a year or two later. Bigtree and his organization have won a number of legal cases establishing that key parts of the law giving big pharma a pass on liability have not been followed. He is laying the groundwork for cancelling the industry's immunity to vaccine lawsuits. That would be a good day for humanity. The thumb is UP for this video. ☺☺

Vaccination Updates

COVID-19: PURSUING TRUTH TO PROTECT OUR LIBERTIES

By Kendall Nelson, Director, *The Greater Good*

Each evening at the same time, the small town in which I live comes alive with a symphony of howling. This howling comes not from wolves, but from people who wish to express their gratitude for those on the front lines in our county, which initially experienced more purported cases of Covid-19 per capita than any other place in the nation. The howling is a salute to workers supplying essential services—including medical professionals, grocery store cashiers and mail carriers—at a time when residents have been ordered to stay at home and wait out the SARS-CoV-2 pandemic.

It is my hope that by the time this article reaches you, we will be howling not just for those who sacrificed during these difficult times, but in celebration of freedom. Businesses around the world will have fully reopened, people will be free to come and go and our children will be playing with their friends and looking forward to a new school year together. Our “new normal” will be just going back to normal.

However, the chances that things will play out in this way are small. Cities and states may lessen or lift their quarantine orders, but they are likely to reinstate such orders periodically until every person receives a fast-tracked, experimental vaccine. Public health authorities and state governors have openly stated that our country will not go back to normal until there is a vaccine that eliminates the spread of the coronavirus.

But what if the authorities are wrong? Never before have we quarantined healthy people, nor have we made a judgment about which businesses are “essential.” What if we have ruined lives based on misinformation and fear, forgoing sound science and accurate statistics? Worse yet, what if we have been purposefully lied to so that elites can gain control of our sovereignty?

If a correction is to be made, it must be made now—regardless of whether or not we

are free to come and go in the moment. After all, our liberties have never been more at risk.

PANIC THROUGH EXAGGERATION

The majority of those who contract SARS-CoV-2 experience mild or no symptoms. Despite this fact, “experts” elicited panic and ultimately control by exaggerating fatality numbers at the start of the outbreak.

On March 16, 2020, Neil Ferguson, a mathematical epidemiologist at the Imperial College of London, published a paper explaining his use of computer models that simulated the rapid spread of the coronavirus through the UK’s population. Ferguson’s model predicted over half a million deaths if the UK government took no action and also suggested that the U.S. might face over two million deaths.^{1,2} Imperial College benefits from sizeable funding from the Bill & Melinda Gates Foundation (BMGF), having received over one million dollars in 2019 alone.³

The same day that Ferguson’s paper was published, Dr. Anthony Fauci, a key member of the White House Coronavirus Task Force as well as director of the National Institute of Allergy and Infectious Diseases (NIAID)—part of the National Institutes of Health (NIH)—parroted Ferguson’s numbers to the American public. As a consequence, President Trump adopted Fauci’s aggressive recommendations to lock down the country in order to slow down the spread of the coronavirus. Also on March 16, the director-general of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, said, “This is the defining global health crisis of our time,” intoning that “The days, weeks and months ahead will be a test of our resolve, a test of our trust in science and a test of solidarity.”⁴ All of this occurred on a day when there were a total of seven thousand one hundred global Covid-19 deaths and just eighty-eight U.S. deaths.

Less than two weeks later, Fauci down-

Never before have we quarantined healthy people, nor have we made a judgment about which businesses are “essential.”

graded his prediction to a possible one to two hundred thousand U.S. deaths.⁵ On March 26, Fauci published an editorial in the *New England Journal of Medicine* (coauthored with another senior NIAID official and the head of the Centers for Disease Control and Prevention [CDC]) titled: “Covid-19—Navigating the Uncharted,” in which the three officials explained that the previously estimated case fatality rate of approximately 2 percent was likely incorrect.⁶ Considering all of the asymptomatic or mild cases of Covid-19, they wrote that the true case fatality rate might be as low as 0.1 percent (one in one thousand) and suggested that “the overall clinical consequences of Covid-19 [might] ultimately be more akin to those of a severe seasonal influenza.” In comparison, they noted that earlier coronavirus outbreaks—of Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS)—had produced case fatality rates of 9 to 10 percent and 36 percent, respectively.⁶

When, on April 6, Fauci then announced that the U.S. death toll “looks more like 60,000,”⁷ it started to become apparent that Fauci and other health experts were essentially pulling numbers out of their hats. It is likely that many millions of uncounted people across the globe have been infected without incident, and that is good news. It means that Covid-19 is not nearly as deadly as officials and official data are suggesting.⁷

FUNNY BUSINESS WITH DEATH CERTIFICATES

Adding to the numbers debacle, the National Center for Health Statistics (NCHS), a division of the CDC, has directed doctors and coroners to count *suspected* Covid-19 deaths as *confirmed* on death certificates.⁸ No testing or other proof beyond suspicion is required before marking Covid-19 on a death certificate. The WHO followed suit, posting similar guidelines about counting “probable” or “presumed” cases of Covid-19 as the confirmed cause of death.⁹ Consequently, it is likely that many influenza and other respiratory deaths are now mistakenly or intentionally counted as Covid-19 deaths.

It is important to understand that just because someone dies *with* coronavirus does not mean they died *from* coronavirus. For example, people who are already dying of serious conditions like chronic obstructive pulmonary disease or heart disease—who test positive for the SARS-CoV-2 virus—are now counted as Covid-19 deaths. The majority

of people who allegedly have died from Covid-19 have had these and other chronic health conditions, including diabetes, hypertension and lung disorders.

In Italy, according to a study by the country’s national health authority, more than 99 percent of all coronavirus fatalities were in people who suffered from previous medical conditions.¹⁰ Another contextual factor that one must consider is that Italy administered a new form of influenza vaccine to elderly Italians for the 2018/2019 season that contained four different strains of influenza, including the highly pathogenic H1N1 “swine flu.”¹¹ According to the U.S. National Vaccine Injury Compensation Program, influenza vaccines cause more injuries and deaths than all other vaccines combined.¹²

FUNNY BUSINESS WITH TESTING

Testing for the SARS-CoV-2 virus has also been wrought with persistent problems. Despite billions of dollars of congressional appropriations every year to Federal agencies for public health emergency preparedness, the U.S. did not quickly dispense testing kits. The CDC’s parent agency—the Department of Health and Human Services (HHS)—failed miserably. Later, the CDC violated its own manufacturing standards, which led to contamination of the country’s first coronavirus tests, rendering them ineffective.¹³

The two most common testing methods are reverse transcription polymerase chain reaction (RT-PCR) and antibody tests. The RT-PCR test was never meant for diagnosing disease and produces a significant number of false posi-

PREVENTING AND TREATING COVID-19

If you want to stay healthy, follow the Wise Traditions diet recommended by the Weston A. Price Foundation (WAPF) and WAPF president, Sally Fallon Morell.¹¹⁵ This diet supports natural immunity. It avoids sugar, additives and processed foods. Instead it encompasses cholesterol-rich nourishment like egg yolks, butter and cream. It also includes fermented foods (such as sauerkraut), vitamin C from fresh fruit and vegetables, zinc-rich foods (such as red meat, oysters and raw milk) and the natural (not synthetic) vitamin A and D found in high-quality cod liver oil. These are the things that protect against disease—along with a pollutant-free environment, adequate sleep, exercise and stress reduction.

For those who develop Covid-19, a number of doctors have restored their patients’ health naturally with vitamins, minerals and herbs. Intravenous vitamin C has been a particularly effective treatment.¹¹⁶ Others have prevented or reduced the symptoms of Covid-19 with homeopathic, naturopathic and chiropractic medicine. India’s Prime Minister Modi, for example, recommended that his people use homeopathy prophylactically—and as of May 11, 2020, India had only two-thousand-plus Covid-19 deaths (2,249) in a nation of 1.3 billion (with roughly sixty-nine thousand cases reported). On this same date, meanwhile, the U.S. was reporting thirty-six times as many deaths (80,863) and almost 1.4 million cases.¹¹⁷

tives, which have been used to enforce restrictions on civil liberties, including quarantining healthy individuals. False positives also inflate numbers and lead to aggressive treatment of misdiagnosed patients.

To perform an RT-PCR test, a clinician takes a swab from a patient's nose or throat, which might contain a tiny virus particle. RT-PCR tests "work" by detecting specific genetic material within the virus. Once a sample arrives at the lab, technicians extract its nucleic acid (RNA), which holds the virus's genome. Then, technicians "amplify" certain regions of the genome. This, in effect, gives researchers a large sample that they can then compare to the new virus.

A central problem with RT-PCR tests is that they do not produce a positive-negative result. Instead, they simply determine the number of amplification cycles required to detect sufficient material to beat the arbitrary cutoff between positive and negative. In other words, technicians can get a positive result by setting the specific number of cycles they do in the test. A second problem is that even assuming the tests can detect the presence of SARS-CoV-2 virus, the test does not say anything about how much virus is in the patient's body. To cause illness, science says there must be millions of replicating virus in the patient.¹⁴ Finally, we do not know whether the RT-PCR test is testing for a virus that actually causes disease because no one has carried out the steps needed to prove causation.

Serological tests, a second type of test, are being used to detect the presence of antibodies from blood samples. However, these tests are notorious for cross-reactions and thus also have problems with false positives. In addition, antibody tests can be unreliable because they may not distinguish between various strains of human coronaviruses to which people have been exposed.¹⁵ Adding to the confusion, the WHO says that developing antibodies to SARS-CoV-2 does not mean you will not get Covid-19 a second time!¹⁶

THE INFAMOUS WUHAN LAB

Although health officials are still tracing the exact source of the 2019 coronavirus, an early hypothesis linked it to a "wet market" (a market

that sells fresh meat and fish) in Wuhan. Some people who visited the market developed viral pneumonia, presumably caused by the coronavirus. However, a study released on January 25, 2020 concluded that the individual with the first reported case of Covid-19 fell ill on December 1, 2019—and had no link to the market.¹⁷

Francis Boyle is a professor of international law at the University of Illinois and is the biological weapons expert who drafted the U.S. domestic implementing legislation for the Biological Weapons Anti-Terrorism Act of 1989 signed into law by President George H.W. Bush.¹⁸ Professor Boyle theorizes that the virus likely escaped from the Wuhan Institute of Virology's Biosafety Level 4 (BSL-4) laboratory, which was specifically set up to study coronaviruses. According to Boyle, BSL-4 facilities around the world exist to research, develop, test and stockpile offensive biological weapons. The Wuhan Institute houses more than one thousand five hundred strains of deadly viruses, specializing in the study of "the most dangerous pathogens," including viruses carried by bats.¹⁹ In Professor Boyle's opinion, China has made it "very clear" that they are "at war with their own biological warfare agent."²⁰

One hotly debated type of experiment carried out at labs such as Wuhan's BSL-4 facility is called "gain-of-function" research, which involves attempts to create "potential pandemic pathogens"²¹ and manipulate or "enhance" viruses such as influenza and coronaviruses.²² In 2014, the Obama Administration halted funding for all U.S. research involved with dangerous coronavirus gain-of-function mutation, including work at America's main military biological warfare laboratory (Fort Detrick) and the University of North Carolina at Chapel Hill. To sidestep this hurdle, the NIH's Fauci turned around and awarded a research grant of almost four million dollars to scientists outside the U.S. to create coronaviruses more lethal and transmissible than wild coronaviruses. This money went to Wuhan's BSL-4 lab and other laboratories in Asia.²³

PLANNING A PANDEMIC IN ADVANCE?

Many people question not only the origin of the SARS-CoV-2 outbreak but also its timing,

False positives also inflate numbers and lead to aggressive treatment of misdiagnosed patients.

particularly in light of the invitation-only, three-and-a-half-hour “table-top exercise” called “Event 201” that took place on October 18, 2019 in New York City. The sponsors of Event 201—the Johns Hopkins Center for Health Security, the World Economic Forum and BMGF—convened fifteen “players” from global business, government and public health to participate. These “high-level” players included George Fu Gao (director of the Chinese Center for Disease Control and Prevention), Avril Haines (former deputy director of the Central Intelligence Agency) and Rear Admiral Stephen C. Redd (director of the CDC’s Center for Preparedness and Response).²⁴

According to Event 201’s website, the goal of the exercise was to identify—in the context of a hypothetical, but scientifically plausible, severe global coronavirus pandemic—“areas where public/private partnerships [would] be necessary” to “diminish large-scale economic and societal consequences.”²⁵ Using dramatic scenario-based discussions, prerecorded news broadcasts and live “staff” briefings, the exercise simulated difficult, “true-to-life” dilemmas associated with the response to the hypothetical pandemic. “Players” examined societal impacts arising from the expected health and economic turmoil, including lack of faith in government, distrust of news and a breakdown in social cohesion. A fictitious media company called GNN dramatized what it would be like if people were told to stay home from work, travel was slowed, schools were closed and the distribution chain was hampered. It is interesting to note that around this same time—before any reports of coronavirus—the CDC advertised that it was hiring for a “Quarantine Program” in major cities across the U.S.²⁶

NO NATURAL HERD IMMUNITY

With all respiratory diseases, the disease spread is stopped by herd immunity. Proponents of vaccination believe it is better to expose the body to the disease through artificial means rather than in nature. The problem with this philosophy is that vaccine-induced immunity is temporary at best and many times vaccines fail to be effective in the first place.²⁷ Not only that, but vaccines can be counterproductive—a study conducted by the U.S. military showed that members of the military who had previously received a flu shot were 36 percent more likely to subsequently have a coronavirus infection.²⁸

There is no scientific or historical basis demonstrating that society-wide lockdowns of healthy, asymptomatic people are the correct way to deal with a pandemic. On the contrary, there is evidence that prolonged lockdowns to “flatten the curve” actually prevent the timely development of natural herd immunity. About 80 percent of people in a community need to come in contact with a disease to keep it from reoccurring and to protect the most vulnerable subgroups.²⁹ Most will not even realize that they have become infected, or they will have very mild symptoms. In our current circumstances, avoiding natural herd immunity ensures only that the pandemic will drag on for many months and potentially cause recurring outbreaks that will result in more deaths.³⁰

With the emergence of Covid-19, Sweden was one of the rare countries that chose to keep schools and businesses open. Critics are now point-

ing out that as of June 23, Sweden’s Covid-19 death rate per capita was higher than in the U.S. (.05 percent versus .037 percent, respectively); however, while these individuals criticize the Swedish government for its approach, others maintain that Sweden was prudent in avoiding major social and economic turmoil. Closing the U.S. resulted in the largest one-month increase in unemployment since 1975. In April, the number of unemployed persons rose by almost sixteen million to twenty-three million.³¹ By early May, over thirty-three million individuals had filed for unemployment benefits over a seven-week period.³² Nearly 70 percent of Americans already have less than one thousand dollars to their name, and 45 percent have nothing saved.³³ There are sure to be far more deaths from widespread hunger, poverty, loneliness and despair than from Covid-19. Perhaps the correct solution would have been to keep all aspects of society open while recommending, as Sweden did, that those who are vulnerable stay at home or take other precautionary measures.

Likewise, the recommendation to wear a mask—which doctors use only in acute situations—is poor advice. In a May 2020 article outlining the risks of mask wearing for the healthy, Dr. Russell Blaylock noted the lack of evidentiary support for the CDC’s and WHO’s recommendations, which “are not based on any studies of this [coronavirus] and have never been used to contain any other virus pandemic or epidemic in history.”³⁴ Blaylock directed readers’ attention to a 2012 review of seventeen studies that showed that masks are largely ineffective; none of the studies “established a conclusive relationship between mask/respirator use and protection against influenza infection.”³⁵ In addition, masks prevent the wearer from receiving sufficient oxygen.³⁶

The science of microbiology and immunology tells us that wearing a mask weakens a person’s immune system. This suppression of the immune system is counterproductive, creating an opening for opportunistic disease. Constant hand washing and “sheltering in place” also lower the immune system, reducing protective flora, increasing susceptibility to disease and depriving us of the daily contact with viruses and bacteria that we need to develop immunity.

We have a symbiotic relationship with viruses and bacteria, which are the building blocks of our immune system. Few people realize that the human *virome*—the total collection of viruses in and on the human body—is about ten times greater than the better understood, forty trillion bacteria in the human *microbiome*.³⁷

OXYGEN DEFICIENCY

Around the world, doctors have been uploading videos to YouTube (many of them now censored) stating that Covid-19 illness does not resemble anything they have seen before and that its symptoms are atypical for a standard respiratory virus. These include rash, kidney failure, thrombotic blockage in the arteries and veins and Kawasaki-like illness in children.³⁸

One doctor whose self-filmed video circulated widely, Dr. Cameron Kyle-Sidell, claimed that the illness he was witnessing was more akin to high-altitude sickness than a viral respiratory disease.³⁹ Many Covid-19 patients with severe breathing difficulties do not have typical symptoms of lung infection such as inflamed and restricted airways or mucus accumulation.⁴⁰ Instead, patients are displaying symptoms that appear to correlate with an oxygen deficiency in the blood. According to Dr. Kyle-Sidell, placing patients on ventilators may be causing great harm. Confirming his observations, a recent analysis of over two thousand six hundred hospitalized Covid-19 patients in New York found that most patients on ventilators died (88 percent), whereas the overall death rate for all hospitalized Covid-19 patients was 21 percent.⁴¹ Another doctor (also a U.S. senator) has pointed out that financially failing hospitals have a strong financial incentive to put patients on ventilators. For patients on Medicare, a hospital gets paid thirteen thousand dollars for admission of a Covid-19 patient but three times more—thirty-nine thousand dollars—if the patient goes on a ventilator.⁴²

Dr. Thomas Cowan, author and a founding board member of the Weston A. Price Foundation, is inclined to believe that something in our environment is creating a toxic assault the world over. No one knows for sure, but he and many others postulate that we are being poisoned. [See page 41 for Cowan's article, "Understanding

Our Current Health Crisis."'] We already know that a multitude of toxic exposures has been poisoning us, including air pollution, fluoride in our water, glyphosate in our food chain and water table and aluminum in vaccines and in the air via geoengineering aerosols.⁴³ But could there be another, relatively new phenomenon that is making people ill?

RADIATION POISONING?

In 2018, China's Ministry of Industry and Information Technology selected Wuhan as a pilot city for the "Made in China 2025" plan. The launch of 5G wireless communications with approximately ten thousand antennas in the new "smart city" culminated with the 2019 Military World Games ("Wuhan 2019"), which took place just weeks prior to the recognition of what was at first called the "Wuhan flu." Soon after, northern Italy—also a hot spot for 5G—reported a similar illness. This correlation is apparent not only in Wuhan and northern Italy, but also in other areas where 5G has recently been launched—including South Korea, Iran, Ecuador and New York City. This technology now features on modern cruise ships and in health care facilities, which have experienced high numbers of "Covid-19" cases.⁴⁴

Thousands of studies have demonstrated the harmful effects of radiofrequency radiation (RFR), including "increased cancer risk, cellular stress, increase in harmful free radicals, genetic damages, structural and functional changes of the reproductive system, learning and memory deficits, neurological disorders, and negative impacts on general well-being in humans."⁴⁵ With its deployment of hundreds of thousands of new 4G and 5G antennas, 5G infrastructure promises to vastly increase the population's RFR exposure, with the potential to trigger synergistic effects and produce substantially greater harm.⁴⁵ Although these dangers have been well publicized, including the special risks for children, Governor Gavin Newsom of California announced on March 19 his intention to expand the deployment of 5G and other wireless infrastructure in schools during the Covid-19 quarantine.⁴⁶

5G utilizes 60 gigahertz (GHz) as its main transmission frequency, a frequency highly absorbed by oxygen. To put this in perspective, 60 GHz is equivalent to 60 *thousand* megahertz, while our cell phones put out 500-900 megahertz.⁴⁷ As Sally Fallon Morell has pointed out, 60 GHz causes "the O₂ molecule to split apart, making it useless for respiration."⁴⁴ Is it just a coincidence that breathing difficulties are one of the primary symptoms of Covid-19?

Another mysterious symptom described by some Covid-19 patients provides a further clue as to how 5G might be contributing to Covid-19 illness. Patients are describing a feeling of "fizzing" throughout their bodies, "buzzing" sensations and burning skin or an "electric feeling on the skin,"⁴⁸ all of which have been reported in connection with 5G technology used for crowd control.⁴⁹

FAST-TRACKING UNSAFE VACCINES

The race is on to create a fast-tracked Covid-19 vaccine despite the fact that previous attempts to produce coronavirus vaccines have been abject failures. Two decades of research into SARS and one decade of

research into MERS—both of them coronaviruses—have yet to yield a vaccine. In fact, no vaccine has ever come to fruition for any of the six other coronaviruses identified in humans.

Although previous coronavirus vaccine candidates have produced the kind of “robust” antibodies that make vaccinologists happy, they have also shown a propensity for “pathogenic priming,” meaning that the vaccine makes the illness worse—not better—when the recipient is later exposed to the wild virus or, potentially, another dose of vaccine.⁵⁰ This is precisely what happened with animals in previous SARS vaccine trials; instead of receiving protection from the vaccine, they experienced more severe illness after exposure to wild coronavirus.⁵¹ Side effects included full body inflammation, lung inflammation, lung infections and death.⁵² In humans, researchers observed this same exacerbation of disease during human testing of a failed vaccine for respiratory syncytial virus (RSV) in the 1960s⁵³ and, much more recently, in children given a vaccine for dengue fever.⁵⁴ Specifically, dengue-vaccinated children who had never been exposed to dengue fever prior to vaccination were more likely to die when exposed to dengue post-vaccination.⁵⁵

Despite this terrible track record, there were one hundred fifteen coronavirus vaccine candidates in the pipeline as of April 9.⁵⁶ Health authorities and manufacturers claim they could have a vaccine ready in a matter of months, even though traditional vaccines take a minimum of five to ten years to develop, test and license.

In a strange turn of events, biomedical ethicists and others—including leading vaccine proponents Dr. Paul Offit of the Children’s Hospital of Philadelphia (inventor of a rotavirus vaccine) and Dr. Peter Hotez of Baylor University (one of the scientists who worked on SARS vaccines)—are issuing serious warnings about the risks of experimental coronavirus vaccines. Speaking before a U.S. Congressional Committee on March 5, Hotez explicitly described the dangers of “immune enhancement” (pathogenic priming) with coronavirus vaccines. Offit, meanwhile, directed his warning (on March 10) to the general public, characterizing the rush to develop a vaccine as ill-advised.⁵³

THE RINGLEADERS

Two of the leading voices in the push to accelerate coronavirus vaccine development are NIAID’s Anthony Fauci and Microsoft co-founder Bill Gates. Each of these men has made it clear—spinning almost identical narratives—that they view a vaccine as the sole solution for the Covid-19 crisis. Fauci said that the pandemic is “not going to be over. . . until we have a scientifically sound, safe and effective vaccine,”⁵⁷ while Gates

has written that “we will be able to go back to the way things were. . . before the coronavirus pandemic. . . when we have an almost perfect drug to treat Covid-19, or when almost every person on the planet has been vaccinated against coronavirus.”⁵⁶ Gates then helpfully added, “the former is unlikely to happen anytime soon.” Dismissing the known benefits of natural herd immunity, Fauci also has been quoted as saying, “I hope we do not have so many people infected that we actually have herd immunity,”⁵⁸ a talking point again echoed by Gates: “Now we do not want to have a lot of recovered people, you know. To be clear, we are trying through the shutdown in the United States, to not get to one percent of the population infected.”⁵⁹

Gates is the biggest funder of vaccines in the world. When Gates committed ten billion dollars to the WHO a decade ago (January 2010), he accompanied his announcement with the statement, “We must make this the decade of vaccines.”⁶⁰ A month later, Gates publicly discussed how vaccines could reduce population.⁶¹ Until recently, Gates was the second largest donor to the WHO but became the top donor after the Trump administration halted the U.S. government’s funding to the organization (accusing WHO of bungling the SARS-CoV-2 response and failing to communicate the disease’s threat).⁶²

Internationally, Gates and BMGF also collaborate with—and fund—vaccine-related efforts carried out by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi (“the Vaccine Alliance”) and various governments. Domestically, Gates has provided substantial research monies to Fauci’s agency, NIAID, and to other NIH divisions.⁶³ Fauci, in turn, sits on the Leadership Council for the Global Vaccine Action Plan (GVAP), a BMGF project that works in concert with the United Nations to deliver

CORRUPTION NOT AN IMPEDIMENT TO U.S. FUNDING FOR COVID-19 VACCINES

One of the companies racing to make a coronavirus vaccine is Johnson & Johnson (J&J). Benefiting from substantial funding from the U.S. Biomedical Advanced Research and Development Authority (BARDA), J&J has committed to spending one billion dollars to create a SARS-CoV-2 vaccine.¹¹⁰ The U.S. government is willing to partner with J&J despite the company’s long and well-established history of deception and law-breaking. This includes paying billions of dollars in reparations for its involvement in the opioid epidemic.¹¹¹ Other J&J catastrophes include its marketing of cancer-causing, asbestos-containing talcum powder for babies¹¹² and a disastrous pelvic mesh product¹¹³ as well as the company’s reprehensible marketing of the antipsychotic drug Risperdal to autistic persons.¹¹⁴ Of note, the scandal-ridden company’s vice president, Adrian Thomas, was an attendee at Event 201.

vaccines to the poorest people and countries.⁶⁴

Gates' reputation as an "altruistic" philanthropist deserves close scrutiny, and his foundation's funding patterns raise questions about the long-term influence of billionaire philanthropy on American science and politics. Although Gates has given away tens of billions of dollars, his assets continue to grow. In the last five years, the foundation's endowment generated more income than it gave away.⁶⁵ BMGF also awards millions of dollars in grants to companies in which it holds stocks or bonds, including pharmaceutical giants like Merck, Sanofi, Eli Lilly and Pfizer. As a report in *The Nation* recently observed, "A foundation giving a charitable grant to a company that it partly owns—and stands to benefit from financially—would seem like an obvious conflict of interest."⁶⁵

GENETICALLY ENGINEERING HUMANS

Currently, Gates' lavishly funded mission is to vaccinate over seven billion people with a

new coronavirus vaccine as soon as possible. In his *GatesNotes* blog, he boasts about compressing vaccine trial timelines and writes that financing is not an issue.

The pharma and biotech companies that Gates and others are financing are mobilizing a wide variety of vaccine technologies and processes to create Covid-19 vaccines, including live attenuated viral vaccines; inactivated, non-replicating viral vectors; replicating viral vectors; recombinant proteins; peptide-based, virus-like particles; and other unknown technology platforms.⁶⁶ However, Gates is particularly excited by two experimental approaches: messenger RNA (mRNA) and DNA vaccines.⁶⁶ No vaccine using these unproven nucleic acid techniques has ever proceeded to licensure.⁶⁷

Traditional vaccines use a weakened or killed antigen to stimulate the production of antibodies in the recipient, based on the assumption that the antibodies will protect against subsequent infection, but the premise of mRNA vaccines is entirely different. Rather than inject a pathogen's antigen into our bodies, an mRNA vaccine would give our bodies the genetic code (RNA fragments) needed to produce the antigen itself, in essence turning us into vaccine factories. Once incorporated into our DNA, these fragments would literally rewrite our genetic code—with entirely unknown consequences.⁶⁸ DNA vaccines are similar, containing DNA that codes for specific proteins (antigens) from a pathogen.⁶⁹ Earlier

BILL AND TONY'S DANGEROUS TRACK RECORD

Anthony Fauci and Bill Gates both have dismal track records regarding vaccination. Fauci, who has spent decades at the helm of NIAID, has proven skillful at amassing billions in taxpayer-appropriated funding for vaccines, but the vaccines either never materialize or prove to be ineffective or unsafe. Fauci has never produced a single FDA-licensed vaccine. In 2009, Fauci assured the public that adverse reactions for H1N1 "swine flu" vaccines were "very, very, very rare."¹⁰⁴ Shortly after, as summarized by Children's Health Defense, various swine flu vaccines were seen to cause spikes in miscarriage in the U.S., adolescent narcolepsy in Scandinavia and febrile convulsions in Australia.¹⁰⁵ On February 27, 2019, Fauci perjured himself during a public hearing before the U.S. House Energy and Commerce Subcommittee on Oversight and Investigations, claiming that vaccines do not cause brain inflammation and repeating one of his favorite lines (that "risks from vaccines are almost nonmeasurable").¹⁰⁶

When it comes to Bill Gates, Robert F. Kennedy, Jr., chairman of Children's Health Defense, has outlined a lengthy series of unethical activities for which Gates and BMGF are responsible in India and Africa.¹⁰⁷ In India, for example, doctors have blamed a Gates-sponsored polio vaccine campaign for a devastating epidemic of "non-polio acute flaccid paralysis" that paralyzed nearly half a million children "beyond expected rates" from 2000 to 2017.¹⁰⁸ In 2009, the Gates Foundation also funded trials of an experimental human papillomavirus (HPV) vaccine, administered to twenty-three thousand young girls in remote Indian provinces. Seven girls died and 5 percent (approximately twelve hundred) suffered autoimmune conditions, fertility disorders or other severe adverse reactions. Ethical violations committed by the Gates-funded researchers—investigated by the Indian government and now in the hands of India's Supreme Court—included forging consent forms and refusing medical care to the injured girls. The same modus operandi has been apparent in Africa. In 2002, for example, after a Gates-supported campaign forcibly administered a meningitis vaccine, 8 percent (40/500) of the vaccinated children were left paralyzed. In 2010, when Gates funded a Phase 3 trial of an experimental malaria vaccine, the vaccine seriously injured nearly one in five African children (1,048/5,949) and killed one hundred fifty-one.¹⁰⁷

It is important to note that the Gates-funded World Health Organization has an equally poor track record. In 2014, for example, Kenya's Catholic Doctors Association condemned the WHO for sterilizing millions of Kenyan women without their knowledge, independently confirming the presence of a sterilizing agent in the WHO's tetanus vaccines. The WHO initially denied and then later admitted to developing sterility vaccines.¹⁰⁷ In 2017, a compelling study showed that WHO's DTP (diphtheria-tetanus-pertussis) vaccine was killing more African children than the diseases the vaccine was supposed to prevent, but there has been no vaccine recall.¹⁰⁹ Also in 2017, the WHO admitted that surging polio cases worldwide were predominantly due to vaccine-strain polio.

efforts to develop experimental SARS, MERS and HIV vaccines also introduced foreign RNA or DNA into the cells—but none were deemed safe and effective enough to license.⁷⁰ Companies are quite enthusiastic about nucleic acid vaccines, however, because they can be made far more cheaply and quickly.

FOLLOW THE MONEY

On January 11, Chinese authorities shared the genetic sequence of the new coronavirus. Just two days later, scientists from NIAID and a biopharma company called Moderna finalized the sequence for a partially-Gates-funded “mRNA-1273” coronavirus vaccine. By March 16, the NIH announced that it had injected the vaccine into the first participant in a Phase 1 trial of mRNA-1273—amounting to only sixty-three days from sequence selection to first human dosing.

Moderna has never tested RNA vaccines in humans before and opted to forgo preliminary animal testing of mRNA-1273. What Moderna and the mainstream media have not readily disclosed to the public is that the Phase 1 trial was a catastrophe. Twenty percent of volunteers in the high dose cohort suffered a “serious adverse event” within forty-three days of receiving the experimental vaccine. Those injured developed Grade 3 systemic events defined by the Food and Drug Administration (FDA) as “Preventing daily activity and requiring medical intervention.” These adverse reactions occurred even though Moderna only allowed healthy volunteers to participate in the study.⁷¹

The company now hopes to recruit thirty thousand people for its Phase 3 trial scheduled to begin in July. While a commercially available vaccine is unlikely to be forthcoming prior to 2021, its vaccine might be made available on an emergency basis to health care professionals and other selected groups by fall 2020. On April 16, Moderna announced an award from the U.S. Biomedical Advanced Research and Development Authority (BARDA) for up to four hundred eighty-three million dollars to accelerate mRNA-1273’s development.⁷²

Making a vaccine the precondition for ending the Covid-19 health crisis paves the way for

tremendous profits. Between 2010 and 2018, the global vaccine market had already doubled, from twenty billion to forty-two billion dollars, and it is predicted to double again by 2026—to over ninety-three billion dollars.⁷³ Moderna—a company formerly on the verge of bankruptcy—saw a 78 percent increase in its stock price in early April after announcing that its mRNA vaccine was ready for clinical trials in humans in February.⁷⁴ The company’s controversial CEO became a billionaire overnight.⁷⁵

On March 27, Congress passed the CARES Act, an economic relief package that will cost American taxpayers over two trillion dollars. The federal legislation includes twenty-seven billion dollars for development of SARS-CoV-2 vaccines, drug therapies and purchase of pandemic medical supplies. Unbelievably, the legislation did not put a cap on the amount of money drug companies can charge or the profits they can make from sales of vaccines, drugs or medical supplies.⁷³

Gates knows that the coronavirus vaccines he is funding will injure and kill some people, so he has made it clear that he will not provide the vaccines to any country that does not first guarantee complete legal immunity from liability.⁵³ At home, Gates need not worry because on January 31, HHS Secretary Alex Azar’s declaration of a public health emergency placed Covid-19 medical “countermeasures” (including vaccines, medications, medical devices and other products) under the umbrella of the Public Readiness and Emergency Preparedness (PREP) Act.⁷⁶ The PREP Act, quietly approved by Congress back in 2005, protects manufacturers from the risk of damages in situations of declared public health emergencies. Effective February 4—when only eleven Covid-19 cases were active in the U.S.—HHS followed up with a formal declaration published in the Federal Register confirming that coronavirus vaccine manufacturers will benefit from full immunity from liability.⁵³ As a result, no American will be able to sue for coronavirus vaccine-related injuries or deaths unless they are able to achieve the nearly impossible task of showing that the government or a manufacturer engaged in “willful misconduct.”

WAIT, THERE’S MORE

Bill Gates is not only just pushing for vaccines but also has been open about promoting digital tracking for all people. In an “Ask Me Anything” Reddit session, Gates said, “Eventually we will have some digital certificates to show who has recovered or been tested recently or when we have a vaccine who has received it.”⁷⁷ Gates is working with ID2020, Gavi, Microsoft, the United Nations and many others to research and create these digital certificates, which would use biometrics, blockchain technology, nanotechnology and artificial intelligence.

The certificates would include a person’s medical records (including vaccination status), with the potential to also store credit scores, other financial information and all forms of personal identification (including driver’s licenses and passports). One of the technologies in development is a “quantum dot” tattoo, delivered through vaccination, stored under the skin and read by smartphones.⁷⁸

Gates’ desired rollout of digital certificates has a number of sobering implications. Such technology would likely be used to prevent those who choose not to vaccinate from participating in many aspects of society,

including travel, work and school. Such individuals might also be denied health insurance and participation in government programs like Social Security. Germany has already implemented “immunity certificates,”⁷⁹ and the UK and Italy are considering similar measures.

THINKING CRITICALLY AND TAKING A STAND

For anyone who is thinking critically about our current situation, it is not hard to see that powerful individuals have purposely generated coronavirus fears to implement greater control over all aspects of people’s lives. Nor is it difficult to grasp how technologies such as experimental vaccines, 5G and digital certificates will harm current and future generations, permit global tracking and enable totalitarianism. Individuals, including Gates,⁸⁰ have been calling for a technocratic “new world order” for years—and if we do not rise up, we may get it.⁸¹

There are many signs pointing in this direction. In late March, Former British Prime Minister Gordon Brown called for a “temporary global

government” to deal with the coronavirus and related financial crisis.⁸² Around the same time, the United Nations’ Secretary-General, António Guterres, suggested marshalling 10 percent of the entire planet’s gross domestic product to fund the coronavirus response.⁸³ Covid-19 has also provided the impetus to scale up the war on cash. On March 2, the WHO suggested that dirty banknotes could be spreading the coronavirus.⁸⁴ A few weeks later, U.S. House Democrats called for the creation of a “digital dollar” to support the massive stimulus package and “save” the economy from the coronavirus pandemic, a signal—according to *Forbes*—that “the U.S. is serious in establishing infrastructure for a central bank digital currency.”⁸⁵

HIPAA DOES NOT PROTECT YOUR MEDICAL PRIVACY

When most of us sign the form or statement regarding our health clinic or hospital’s “Notice of Privacy Practices” (NPP), we believe we are signing something that ensures our medical records cannot be shared without our permission. In reality, the form and statement regarding the NPP is only an acknowledgement that a person has read the form, and therefore that they understand that they have *no* privacy rights and that their information can be broadly shared without consent.

Rather than safeguarding your medical information, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) eliminates longstanding legal, written, informed patient-consent requirements for the sharing of private medical data. This potentially opens your medical records to over two million entities, plus local, state and federal government agencies.

State Health Information Exchanges (HIEs) have been created to share your medical records statewide and in the National Health Information Network (NHIN), now called eHealth Exchange. These data can be shared for “payment, treatment and health care operations” as well as for research, government oversight, public health surveillance, law enforcement, organ procurement, national security and much more—all without patient consent.

HIPAA allows for government agencies, corporate health plans and Obamacare “Accountable Care Organizations” or ACOs (hospitals with employed or contracted physicians) to more easily tie the hands of physicians through data mining, tracking of treatment decisions and financial penalties for physicians who choose to provide individualized care instead of following standardized, one-size-fits-all insurer and government treatment and rationing protocols.

It is important to know that you are *not* required by law to sign HIPAA “privacy” forms or NPP acknowledgement statements. Contrary to popular belief, all your signature does is confirm that you understand that you do not have any privacy and that your data will be widely shared. If you sign, the form could be used against you if you ever declare that your privacy rights have been violated.

Although refusing to sign does not prevent the sharing of your private medical information, you may wish to refuse to participate in perpetuating the deception that the HIPAA form or NPP statement protects your privacy. While you are at it, you might just educate the clinic or hospital staff on the truth about HIPAA and your right not to sign.

The law requires your doctor, hospital or other health care provider to *ask* for written proof that you received their NPP—or what they might call an “acknowledgement of receipt”—but the law does not require you to *sign* the acknowledgement form. If you choose not to sign, your provider must keep a record that they did not get your signature, but they still have to treat you. Some clinics are now incorporating their NPP within their consent for treatment forms. You may choose to cross out the lines related to the NPP.

In short, Americans need to know the truth about the so-called “HIPAA Privacy Rule.” HIPAA is a disclosure rule, not a privacy rule. And the NPP is a notice of disclosure practices, rather than a notice of privacy practices. To help end the deception, you can ask your members of Congress to repeal HIPAA and to defund state health information exchanges. For more information or to get involved, join the “Refuse to Sign HIPAA” campaign sponsored by Citizens’ Council for Health Freedom at TruthAboutHIPAA.org.

Compulsory medicine, quarantines and tracking are a threat to our basic human rights and democracy. Outside the U.S., we have seen China forcibly remove citizens from their homes and place them in quarantine camps.⁸⁶ In India⁸⁷ and the Philippines,⁸⁸ governments have warned that those defying the coronavirus lockdown orders may be shot, while India has also sprayed migrant workers with bleach.⁸⁹ Several countries have used humiliation and public shaming tactics such as locking people in dog cages and threatening them with tasers.⁸⁹ Around the globe, there are also efforts to squelch protests.⁹⁰ Within the U.S., California has used drones to force residents inside,⁹¹ Austin, Texas threatened up to six months in jail for anyone breaking quarantine⁹¹ and Hawaii handed out five-thousand-dollar fines for those who simply wanted to lie on the beach.⁹²

Tracking efforts—both low- and high-tech—are being deployed in numerous countries. In parts of China, for example, citizens must display colored codes on their smartphones indicating their contagion risk.⁹³ Media reports indicate that the U.S. government “is in active talks with Facebook, Google and a wide array of tech companies and health experts about how they can use location data gleaned from Americans’ phones to combat coronavirus.”⁹⁴ In addition, our government is spending billions of dollars to hire an “army” of well-paid “contact tracers”—as many as three hundred thousand according to the former head of the CDC—to identify and quarantine “potential coronavirus carriers.” The chief medical officer of the Association of State and Territorial Health Officials has stated, “There are a lot of people in the U.S. right now who are out of work; we could probably hire those people into public health departments and that’s how we would build out the workforce we need.”⁹⁵


Forced vaccination is also on the horizon. Denmark’s parliament unanimously passed an emergency coronavirus law that gives health authorities the power to forcibly vaccinate people with police backing.⁹⁶ The UK is considering mandating vaccines and taking things further with talk of criminalizing mere criticism of vaccines.⁹⁷ Nor can we afford to be complacent in the U.S., where we have already seen evidence of a coming push to mandate adult vaccinations—all vaccinations—in HHS’s *Healthy People 2020* initiative and *National Adult Immunization Plan*. In May, President Trump announced he is mobilizing the U.S. military to “deliver” the eventual coronavirus vaccine.⁹⁸

Given the well-documented harm caused to human health by the practice of drug-oriented allopathic medicine, including vaccination, it is clear that vaccine mandates must not be allowed to move forward. The National Vaccine Injury Compensation Program has paid out over four billion dollars to Americans injured or killed by vaccines.⁹⁹ There are also approximately two million adverse reactions to prescribed drugs every year, along with almost eight hundred thousand deaths related to prescriptions, treatments and interventions, surpassing annual deaths from cardiovascular disease and cancer.¹⁰⁰

Above all else, bodily sovereignty and privacy must be protected, and we must each take responsibility for our own health. Together, we can rise up and say “no” to compulsory vaccination of every kind—especially on behalf of our overvaccinated children who are already subject to sixty-nine doses of sixteen different CDC-recommended vaccines.¹⁰¹ This heavy vaccine load surely contributes to the fact that over half

(54 percent) of American children suffer from one or more chronic illnesses.¹⁰² In the first six months of 2020 (January 1 through June 23) there were 6,201,620 communicable disease deaths worldwide, and only 475,784 Covid-19 deaths.¹⁰³ With numbers like these, we must ask why we have shut down the entire globe.

We cannot be so afraid of a virus that we allow our government to deny us access to the hospitals where our spouses are giving birth, or deny us the right to hold funerals for loved ones. Let’s also say “no” to social distancing for healthy people because it prevents herd immunity and wrecks the human experience. Let’s stop seeing each other as a threat. It is time to demand that businesses be free to make their own choices about openings or closures and that people be free to come and go without “contact tracing” or stay-at-home orders.

Time is of the essence. The damage to well-being and wealth has already been enormous, and we cannot let this go on any longer. We must protect ourselves by educating our elected officials and other people in positions of influence, while pressuring them to be accountable. We must take to the streets and demand that our Declaration of Independence, Bill of Rights and Constitution not be quarantined. Virus or no virus, the government does not have the right to deprive any American of the right to earn a living or to prohibit law-abiding citizens’ freedom of movement. Nearly every state has a health freedom organization. I recommend you contact the one in your state and get involved—before it is too late. 

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TEACHING KIDS HOMEOPATHY

Just as Weston A. Price knew that good nutrition impacts families one generation at a time, parents today would like to educate their children about the wise traditions of TRUE health. Together with her team, Paola Brown, president of Americans for Homeopathy Choice, has developed a program to empower leaders to teach group homeopathy classes.

Using her curriculum, Teach Me Health and Homeopathy, group leaders will teach nutrition, health and homeopathy to children and families. With their interest in natural health, WAPF members are uniquely equipped to lead group classes. Paola and her team have developed turnkey resources allowing WAPF members to lead a homeopathy group with ease.

Group leaders of this curriculum also have an opportunity to earn some income (if they wish), and affect families with this important, generational message. We'll provide all the resources you need to run an effective group class, virtually or in person. Don't know much about homeopathy, but always wanted to dip your toe into it? No problem. This curriculum is laid out in a way that even a homeopathy-newcomer can teach effectively!

Learn more about this group leader program here: paolabrown.com/becoming-a-group-class-leader/

Special Discount: To help you get started, Paola will offer WAPF members a special 40% coupon to purchase the curriculum materials.

Learn more about Paola's curriculum here: paolabrown.com/presale

Legislative Updates

FEDERAL POLICY UPDATE

By Judith McGeary, Esq.

AGRIBUSINESS ADMITS THAT THE FOOD SYSTEM IS BROKEN. . . BUT NOT WHY

In late April, Tyson Foods took out full-page advertisements in *The Washington Post* and *The New York Times* warning that the country's food supply chain is "breaking" amid continued lockdowns aimed at slowing down the coronavirus pandemic.

The advertisement consisted of a letter from John Tyson, chairman of the board. He warned that consumers would face shortages at the grocery stores, while "farmers across the nation simply will not have anywhere to sell their livestock to be processed, when they could have fed the nation.

"Millions of animals—chickens, pigs and cattle—will be depopulated because of the closure of our processing facilities," Tyson wrote. "The food supply chain is breaking."

All of which is true, but misleading. A more accurate assessment is that the system is functioning exactly as it was designed to by Tyson and the other mega-corporations that effectively control the market through an oligopoly system. (This article goes to print just after executives from two other major poultry companies were indicted for price fixing.)

What has happened with our food supply, in particular our meat supply, during the Covid-19 pandemic was not only predictable, but predicted. These predictions came not only from small-farm advocates like myself, but from the large industry players themselves.

Almost ten years ago, I attended a two-day conference hosted by the USDA that brought together federal animal health officials, state animal health officials and major industry organizations; I was able to attend because of my role on the USDA Advisory Committee on Animal Health. The topic of the event was how to deal with "stop movement orders" if there were a

foot and mouth disease (FMD) case diagnosed in the United States.

To explain the background: FMD is a disease that affects cloven-hooved ruminants (cattle, sheep, goats, hogs, etc.). It is not transmissible to humans. But because it is said to be highly contagious and can severely affect livestock production, any country that has a diagnosed case faces extreme export restrictions—which in turn damages the profits of the large companies that export livestock and meat. Governments have thus often adopted draconian policies to stop its spread and try to eradicate the disease. One of the first tools is a "stop movement order," which would halt all transportation of livestock in the country, and which was the topic of this conference.

The speaker for the swine industry had prepared an extensive presentation, which included the following claim: If a stop-movement order is put in place, within a few days there will be millions of dead and dying hogs in this country. I was baffled at these words. We were discussing a hypothetical scenario in which there was only a single confirmed case of foot and mouth disease in this country, and the government stopped animal movements to prevent its spread. Was he discussing what would happen if FMD had spread to the major hog-raising facilities? As he continued speaking, it became clear that he wasn't saying that the animals would die from FMD. He was explaining that the animals live under crowded conditions and have been bred, fed and drugged so as to maximize their weight gain, that if they could not be moved out of the facilities at exactly the right time, the overcrowding and physiological stress would start killing them. (He didn't use those exact words, of course, but he was very clear about the issues.)

When we started breakout group discussions, I raised what I thought was the obvious question: If the system is so fragile, shouldn't

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Isn't it time
we finally
address the
question
I raised at
that USDA
meeting:
How do we
build a more
resilient
system, one
that can
absorb
disruptions
whether they
are from
weather,
disease, or
economic
events?

we talk about how to change the system so that it is more resilient? I was told that that wasn't our task—we were there to discuss how to minimize the damage caused by a stop movement order while also preventing the spread of FMD.

In other words, almost a decade ago (and probably many years before that), the industry and government officials all knew that a disruption to the transportation chain would cause the death of millions of animals, with resulting farmer bankruptcies and skyrocketing meat prices. Such a disruption could have come from FMD reaching our shores, or from a crisis that caused a sudden extreme increase in the price of oil, or multiple severe climate events at one time, or any number of other events. . . such as a disease spreading among the people working in dangerous and unsanitary meatpacking plants.

They knew. And they chose to do absolutely nothing to change the system. If anything, in the intervening years, they have made it even more fragile, with even greater consolidation of operations and the perpetual drive to maximize profits at the expense of farmers, workers, the environment and consumers. They developed and refined a “just in time” system for raising animals and getting them to slaughter, perpetuated government policies based on the philosophy of “get big or get out” and sacrificed every other interest on the altar of corporate profits and supposed efficiency, touting the cheapness of the food as the symbol of their success.

Tyson's advertisement was intended to scare the American public into supporting measures to bail companies like Tyson out of the situation they have created. And it worked, at least in part. President Trump promptly issued an executive order finding that the slaughterhouses were essential and ordering them to stay open. Part of the executive order protected the companies from liability for their workers' illnesses, allowing them to force people back into dangerous conditions without paying the price for their actions. Yet as workers have continued to fall ill by the hundreds, the packing plants have still had to close or reduce their operations, and we continue to face mounting numbers of animals killed and wasted, farmers in crisis, and shortages at grocery stores.

Isn't it time we finally address the question

I raised at that USDA meeting: How do we build a more resilient system, one that can absorb disruptions whether they are from weather, disease or economic events?

The farmers and consumers in the Weston A. Price community have worked for many years to do that. But we are hampered by government regulations and policies that are ill-designed and often outright hostile to this work. Many changes need to be made, and it will take years of sustained effort to truly shift the system.

But at least the Covid-19 crisis has drawn attention to the issues, as well as to one of the solutions: the PRIME Act, HR 2859/S. 1620. This bill would remove the federal ban on the sale of meat processed at “custom slaughterhouses,” which are businesses that meet federal standards and are regulated by the state, but which are not required to have a HACCP plan or have an inspector on-site during processing. Those two distinctions not only make it much less expensive to operate a custom slaughterhouse, but also remove many of the problems that the inspected slaughterhouses have due to unreasonable or arbitrary inspectors.

Another good bill has also drawn support in this crisis: New Markets for State-Inspected Meat & Poultry, S. 1720. This bill would remove the federal ban on the sale of meat from state-inspected slaughterhouses across state lines; since these slaughterhouses meet the same standards as the federally inspected ones (including HACCP and having an inspector on-site), the ban has never made any sense. This bill is particularly helpful in building more regional markets. For a resilient food system, we need farms and infrastructure of all sorts and sizes, from very small farms selling direct to consumers locally to mid-size farms selling regionally and wholesale. Diversity, whether biological or economic, helps create resilience.

As this article goes to print, the Senate is considering whether to include either of these bills in its next Covid-relief bill. Including them would be a significant step forward, both in helping farmers and consumers weather the immediate crisis and in building better systems for the future. Should the Senate fail to take action, however, we must simply keep trying.

“Too big to fail” was a disaster in the banking industry—we cannot allow companies like Tyson to keep taking us down that road in our food system.

CHICKEN FARMER’S WHISTLEBLOWER CASE CAN PROCEED

One of the tools the large companies use to control the markets is “vertical integration,” in which they own the animals from birth to the store shelves. This is the dominant model in the poultry and swine industries, where most conventional farmers are “contract growers,” providing the land, building and labor to raise the chickens, but having no ownership of the animals and no real control over the process.

In 2015, one of the contract growers decided to pull back the curtain and expose what was going on. Craig Watts raised chickens under contract with Perdue, and he invited an animal welfare group to videotape the conditions in the poultry houses on his farm. He also spoke out about the poor health of the baby chicks that Perdue sent for raising, problems with feed quality and questionable practices with the use of antibiotics. These facts posed potentially significant food safety issues and were at odds with the claims Perdue was making in its advertising. Perdue’s reaction was to blame Watts and use its power—the fact that he had no other outlet for marketing chicken because of the corporate consolidation of our food system—to threaten his business.

Watts brought a whistleblower claim to the Department of Labor (DoL). Perdue responded that his claim had to be rejected because there

are no whistleblower protections in the Poultry Products Inspection Act, the main law that governs chicken products.

The FDA then weighed in, arguing that the Food Safety Modernization Act’s (FSMA’s) whistleblower provisions applied. Unfortunately, the FDA’s main argument was that FSMA applied because live animals are part of the definition of “food” under FSMA.

The problem with saying that live animals are “food” (as opposed to being destined to become food) is two-fold. One, it expands the normal meaning of the language to increase the agency’s authority, which is bad precedent. Two, it would reduce the number of farmers who are exempt from the FSMA rules.

Why? Because the Tester exemption, for which we fought so hard, is based on the farmers’ gross sales of “food,” as well as whether they market primarily direct to consumers and local restaurants and retailers. So consider a small farmer who raises cattle to sell at the local livestock market but also raises vegetables to sell at the farmers market. Under the FDA’s interpretation of the law, if the sales of the produce and the cattle combined are over five hundred thousand dollars annually, then the farmer isn’t exempt—and would have to spend tens of thousands of dollars complying with FSMA’s Produce Safety Rule, even if the vegetable portion of their farm is very small and entirely direct-to-consumer.

I helped draft a legal brief on behalf of the Farm and Ranch Freedom Alliance, RAFI-USA and R-CALF USA, as *amicus curiae*, or friend of the court. We argued that the DoL did not need to find that live animals are “food” in order to hear the whistleblower complaint. Rather, FSMA clearly covers “animal feed” as well as the use of antibiotics in animals, both of which are among the issues Watts had raised.

In late May, the DoL’s Administrative Review Board issued its decision, which was that Watts’ whistleblower complaint could go forward. Although the Board’s decision did not mention the *amicus* brief, it reflects the argument we made: Without deciding the question of whether live animals are “food” under FSMA, the board noted that FSMA clearly governs animal feed. And since Perdue provides the animal feed to the farmers who raise the chickens for them, the FSMA whistleblower provisions apply.

This is the best possible outcome. The farmer’s whistleblower case

INVITATION TO WAPF MEMBERS

We invite all members of the Weston A. Price Foundation to join our exclusive members-only closed group on Facebook. Over two thousand members have already joined. Go to this link and click on the Join Group button and answer the questions it asks: facebook.com/groups/westonapricefoundation. (Please note: It may take a week or so to verify your membership and add you to the group once you ask to join on Facebook.)

This is an opportunity to be part of an active and supportive online community as you navigate our dietary recommendations. This group was created for current WAPF members as a supportive forum for questions, comments and discussion about food, farming and the healing arts. We welcome all members regardless of your level of familiarity with our dietary recommendations! Here’s what members are saying about being part of this group:

Linda L.: “I can’t express enough how much it means to me to have a safe place for discussion of these sometimes controversial topics. The members here are respectful of one another and it fosters a wonderful community of encouragement. A seemingly rare thing these days.”

Renate D.: “I love love love this group! One of my favorite parts of being a member. I feel like I know some people here even though we haven’t met. I’ll definitely be at the conference in November so we can chat in person.”

can now proceed, without reinforcing the FDA's overreaching claim that live animals are food.

FOOD SAFETY MODERNIZATION ACT UPDATE: FLEXIBILITY FOR EXEMPT PRODUCE FARMERS AND TEXAS TROUBLES

And speaking of the Tester exemption, in late May the FDA announced that during the Covid-19 public health emergency, it will provide flexibility on the criteria for farms to be "qualified exempt" under the Produce Safety Rule.

Under the Tester Amendment to the FSMA, produce farms are "qualified exempt" and do not have to meet many of the expensive, burdensome requirements of the Produce Safety Rule if:

1. The farm's food sales averaged less than five hundred thousand dollars (as adjusted for inflation since 2011) per year during the previous three years, and
2. The majority of the farm's sales, in dollar amounts, went to "qualified end users." A qualified end user is either (a) the consumer of the food, or (b) a restaurant or retailer that is located within the same state or the same Indian reservation as the farm, or not more than two hundred seventy-five miles away, and which directly sells to or serves consumers.

Both of these elements are based on three-year rolling averages. In other words, to know if a farm has a qualified exemption in 2020, you would look at the average sales and to whom those sales were made in 2017, 2018 and 2019.

The closing of many restaurants and retail food establishments due to Covid could mean that a farm that normally would be qualified exempt may not meet the second part of the test. The FDA has issued a guidance document that allows farmers to shift their sales to other entities as needed, and still remain qualified exempt. For the duration of the Covid public health emergency, farms must meet the first prong of the test (the average annual food sales), but not the second in order to maintain their exemption. The current inflation-adjusted cut-off for average annual gross sales is about five hundred sixty-two thousand dollars.

FDA's announcement is posted online at [fda.gov/regulatory-information/search-fda-guidance-documents/temporary-policy-during-](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/temporary-policy-during-covid-19-public-health-emergency-regarding-qualified-exemption-standards)

covid-19-public-health-emergency-regarding-qualified-exemption-standards. After the Covid emergency ends, FDA will issue additional guidance to establish how to calculate average sales to qualified end users under the second part of the test, since the sales during the emergency will affect the calculations for the next three years. Qualified exempt farms must keep specific records, as well as display their name and business address on the packaging or at the point of sale.

In other FSMA news: The Farm and Ranch Freedom's lawsuit against the Texas Department of Agriculture (TDA) continues, and the agency's responses to initial discovery requests reflect that it is doubling down on its overreach and unconstitutional claims of power.

There is no dispute that the Texas legislature gave TDA the authority to implement the federal Produce Safety Rule in 2017. But in its discovery responses, the TDA claimed that it has the right not only to enforce the Produce Safety Rule, but also the authority to enforce general provisions of the Federal Food, Drug & Cosmetic Act. TDA asserts that it can come onto any farm, even those that are "not covered" under the federal Produce Safety Rule, at any "reasonable" time in order to inspect for whatever the inspector believes could cause the food to be adulterated or misbranded. This is not what the law provides nor what the Texas Legislature intended to do.

After another round of discovery, the parties will most likely file motions for summary judgment, so a decision in the case is still several months away. ☹☹

RESTAURANT RATERS NEEDED FOR OUR NEW 12 SPOONS SITE

WAPF members: Please consider signing up as a restaurant rater on our new 12 Spoons restaurant rating site. We need hundreds, if not thousands, more restaurants listed.

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RAW MILK UPDATES by Pete Kennedy, Esq.

SOUTH CAROLINA - PROPOSED REGULATIONS TO LEGALIZE RAW DAIRY PRODUCT SALES

On March 27, the South Carolina Department of Health and Environmental Control (DHEC) issued a draft rule to legalize the sale of raw cream and raw buttermilk in the state by licensed dairies. According to a DHEC official, a dairy had been taking advantage of a loophole in the law in recent years by selling raw cream and raw buttermilk. Instead of closing the loophole, DHEC is moving to legalize the sale of the two raw dairy products. DHEC has long been one of the friendlier government agencies regulating raw milk in the country. The DHEC official said it was possible the department could expand the current rulemaking to include other raw dairy products.

UTAH - RAW BUTTER AND CREAM SALES NOW LEGAL

On March 25, Governor Gary Herbert signed House Bill 134 (HB 134) into law. The bill legalizes the sale of raw butter and raw cream in Utah; HB 134 took effect immediately. Representative Kim Coleman (R) was the lead sponsor for the legislation.

With the Utah law taking effect, there are now around twenty states that allow the sale or distribution of raw cream for human consumption; around a dozen states allow the sale or distribution of raw butter. There are at least two other states considering the legalization of raw butter sales.

The United States Food and Drug Administration (FDA) remains the greatest roadblock to the legalization of raw dairy products in the U.S. On February 27, the FDA rejected a petition to lift the interstate ban on raw butter filed by the Farm-to-Consumer Legal Defense Fund and Mark McAfee, the biggest producer of raw butter and cream in the country. In its rejection letter, one of the agency's justifications for maintaining the prohibition was that raw butter was responsible for a foodborne illness outbreak occurring on average every seven or eight years; a standard that, if applied consistently across our food supply, would make many foods illegal in interstate commerce. As time goes on, an increasing number of states will no longer side with the FDA, taking matters into their own hands by legalizing sales of raw dairy products in intrastate commerce.

HB 134 marks the third time in the last five years that a Utah raw milk bill has passed into law. In 2015, the mother-daughter team of Symbria and Sara Patterson were mainly responsible for the passage of a law legalizing the distribution of raw milk and raw milk products through micro-dairy herd share agreements. In 2018, Red Acre Center, a nonprofit formed by the Pattersons, was the driver in passing a law allowing the unlicensed on-farm sale of raw milk and the delivery of raw milk by licensed dairies. A bill similar to HB 134 nearly passed in the 2019 session; under the new law, licensed dairies can sell raw butter and raw cream on the farm, through delivery and at a retail store if the dairy has a majority ownership interest in the store.

The passage of HB 134 comes at a time when, with the Covid-19 situation, demand for food direct from the farm is soaring. Legal raw butter and cream will move more of the food dollar to where it belongs—at the farms producing some of the safest, most nutrient-dense foods available.

ONTARIO - CHARTER CHALLENGE TO RAW MILK BAN

In Ontario, a constitutional (charter) challenge to a national and provincial ban on the sale and distribution of raw milk is nearing the finish. In November, attorneys for the nineteen consumers and two farmers (applicants) who filed the challenge, and attorneys for the attorney general of Ontario, the attorney general of Canada, the Dairy Farmers of Ontario and the Dairy Farmers of Canada will argue the case before the Ontario Superior Court of Justice in what should be the final phase of the litigation. Among those challenging the ban in court is dairy farmer Elisa Vander Hout whose husband is Michael Schmidt, the one who has done more to promote and increase access to raw milk than anyone in Canada. (See *Wise Traditions* Spring 2018 for background.)

The main claim of the applicants is that the ban violates the provision in the Canadian Charter of Rights and Freedoms guaranteeing freedom of conscience and religion. A brief filed in the case states that the two farmers, Vander Hout and Paul Noble, “each believe as a matter of conscience in the health benefits of raw milk and that they have a duty to provide it to consumers who share their beliefs.” The nineteen consumers have purchased raw milk, consumed it and provided it to their families because “they believe as a matter of conscience in the health

INFORMATION RESOURCE FOR WAPF MEMBERS

Consult with Pete Kennedy on state laws, regulations and policies including food freedom legislation and issues regarding consumer access to raw milk, cottage foods and on-farm meat and poultry processing. (Pete cannot give individual legal advice or recommend support for or opposition to pending legislation.) Contact Pete at pete@realmilk.com.

benefits of raw milk. They further believe that as a matter of conscience they and their families need to consume raw milk because doing so protects their health.”

The case boils down to a battle of dueling experts over the safety and risks of raw milk consumption. Thanks to affidavits from microbiologist Peg Coleman and Dr. Nadine Ijaz, the record in the litigation establishes more strongly than ever that the Canadian raw milk ban is not about public health but rather about protecting the market share of the country’s powerful dairy cartel. Their testimony shows how the science on raw milk safety and benefits has strengthened considerably in recent years.

The applicants’ attorney, Queen’s counsel Ian Blue, points out in a court filing that calling raw milk a public health risk:

- Ignores the fact that raw milk has unique health benefits not possessed by pasteurized milk;
- Is based on outdated and incomplete pathogen prevalence and outbreak reports;
- Misses the fact that over the last twenty-six years, the legalization of the sale of raw milk (in the U.S. and elsewhere) has significantly increased while outbreaks of illnesses from raw milk have significantly decreased;
- Ignores the fact that in the Western world illnesses from raw milk are a *de minimis* food safety and public health issue;
- Ignores the role of openness, scrutiny and food safety management programs in minimizing the health risk of raw milk; and
- Ignores the fact that almost everywhere else and in the Western world, the sale and distribution of raw milk is legal.

At issue in the case has been a 2018 study finding that “the rate of unpasteurized milk-associated outbreaks has been declining since 2010, despite increasing legal distribution. Controlling for growth in population and consumption, the outbreak rate has effectively decreased by 74 percent since 2005” (the study looked at outbreaks from 2005 to 2018). The government has not been able to discredit the study during the litigation.

The government’s position during the litigation has been that the prevalence of pathogens in raw milk is reason enough to maintain the ban; this is a double standard applied to raw milk—if it’s not perfect then sales should be illegal. The applicants’ response has been to show that pathogen prevalence alone is not a reliable indicator of risk because of risk-mitigating factors such as the dose of the pathogen (is there enough in the milk to make someone sick); the consumer’s immunological status; production, storage and transport conditions of the milk; and the mitigating presence of beneficial bacteria. In her affidavit, Ijaz noted, “The risk per serving of foodborne illness. . . associated with consumption of milk procured in its raw state—while not negligible—is significantly lower than that from other foods commonly implicated in foodborne outbreaks, such as leafy green vegetables, ground beef hamburger and home-cooked chicken.”


The government has moved to exclude evidence provided by Coleman and Ijaz, among others, on the grounds that they are biased in favor of raw milk. In commenting on the motion in a court document, Blue observed that “the lawyer’s law is sometimes phrased as when the facts are against you, argue the law. When the law is against you, argue the facts. And when both the law and the facts are against you, call the other side names.” When asked by Blue during cross-examination, two of the government’s witnesses acknowledged that informed consumers should have the freedom to consume raw milk.

Blue, a litigator with fifty years’ experience in the courts, has estimated that there are around thirty thousand pages of documents in the case. The dairy cartel has a strong influence in the country, but with a fair-minded judge, this is a winnable case. Kudos to Ian Blue and his law firm of Gardiner Roberts LLP for providing representation for applicants at a substantial discount.

FRANCE EASES RAW MILK RESTRICTIONS DURING PANDEMIC

The country’s Ministry of Agriculture has temporarily adopted measures making it easier for producers to market their unpasteurized, raw milk for direct sale. Now sale of raw milk directly to the consumer can happen by completing an online declaration. Normally, the cow, goat or sheep milk producer must request authorization from authorities to be able to sell raw milk and then be subject to an inspection. At the end of the coronavirus crisis, the producers will have to apply if they wish to keep this status.

Two dairy groups had sent an assessment of the difficulties faced by producers to the Ministry of Agriculture and asked for regulatory adaptations to deal with the Covid-19 crisis.

Producers must ensure a good state of health for the animals involved in the milk production and that they are free from brucellosis and tuberculosis if they wish to sell from the farm. They must use drinking water for cleaning and disinfecting equipment in contact with raw milk. Weekly volume limits have been suspended during the emergency period. 

Healthy Baby Gallery

Nathan was born in February, 2018 to WAPF parents Andrew and Rashel, at home in a water birthing tub attended by midwives and a doula. Nathan's arrival brought such joy to his parents and two older sisters. His journey began pre-pregnancy on a solid foundation of nutrient-dense, WAPF principles and has continued during his first two years. Nathan was a calm baby from the start and began sleeping through the night by two months of age. He started first foods at five months with egg yolks, liver, fermented veggies and raw milk kefir smoothies. Trying to keep pace with his big sisters, he even decided to start walking at nine months and talking at one year! His favorite foods are scrambled eggs and pastured meats. What a blessing this baby boy is to our family!



Harley Rose is a gorgeous toddler who is a pillar of beauty, symmetry, physical strength and intelligence. Harley's mom began following a Weston-Price-style diet in early 2013. After years of nutrient-loading before conception, Harley was born in 2018. Foods included before, during and after pregnancy and throughout lactation were cod liver oil, bone broth, bone marrow, pastured meats, liver pâtés, wild-caught fish, pastured duck and chicken eggs, fermented foods, organic grains, coconut oil and cream-based sauces. Harley's current diet includes beef liver pâté, cod liver oil and grass-fed milk and cream nearly every day. Favorite treats include pork rinds, organic fruits and farmers market honey. Not even two years old, Harley has mastered almost seven hundred words and phrases and possesses skills and comprehension well ahead of her age, with elementary comprehension in French and Spanish as well. A happy and confident baby who seems to have never hit the "terrible twos," her parents are fascinated watching her grow in health, beauty and brilliance.

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WAYNE COUNTY, OHIO CHAPTER

Amanda Green and Julia Gasser of the Wayne County, Ohio chapter hosted a “Sourdough 101” Zoom gathering where Amanda walked Julia (a beginner) through each step of baking her first einkorn sourdough artisan loaf. Fellow chapter co-leader Janis Steiner shared her insights using different kinds of flours, and other members also spoke of their experiences and recipes.



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LOCAL CHAPTER BASIC REQUIREMENTS

1. Create a food resource list of organic or biodynamic produce, milk products from pasture-fed livestock (preferably raw), pasture-fed eggs and livestock and properly produced whole foods in your area.
2. Provide a contact phone number to be listed on the website and in our quarterly magazine.
3. Provide Weston A. Price Foundation materials to inquirers, and make available as appropriate in local health food stores, libraries and service organizations and to health care practitioners.
4. Provide a yearly report of your local chapter activities.
5. Be a member in good standing of the Weston A. Price Foundation.
6. Sign a contract on the use of the Weston A. Price Foundation name and trademark.

OPTIONAL ACTIVITIES

1. Maintain a list of local health care practitioners who support the Foundation's teachings regarding diet and health.
2. Represent the Foundation at local conferences and fairs.
3. Organize social gatherings, such as support groups and pot luck dinners, to present the Weston A. Price Foundation philosophy and materials.
4. Present seminars, workshops and/or cooking classes featuring speakers from the Weston A. Price Foundation, or local speakers who support the Foundation's goals and philosophy.
5. Represent the Weston A. Price Foundation philosophy and goals to local media, governments and lawmakers.
6. Lobby for the elimination of laws that restrict access to locally produced and processed food (such as pasteurization laws) or that limit health freedoms in any way.
7. Publish a simple newsletter containing information and announcements for local chapter members.
8. Work with schools to provide curriculum materials and training for classes in physical education, human development and home economics.
9. Help the Foundation find outlets for the sale of its quarterly magazine.

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The Weston A. Price Foundation currently has 424 local chapters: 340 serve every state in the U.S. except Delaware plus the District of Columbia and 84 serve 26 other countries.
We are delighted to welcome our new and first chapter leader in South Korea!

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CHAPTER RESOURCES

Resources for chapter leaders can be accessed at westonaprice.org/local-chapters/chapter-resources, including our trifold brochures in Word format, chapter handbook and PowerPoint presentations.

LOCAL CHAPTER CHAT GROUP

Thank you to Maureen Diaz, a chapter leader in Virginia, for administering the local chapter chat group. Chapter leaders may join once the chapter is listed. Send your name and chapter name to her at outreach@westonaprice.org.

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CO

Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in WY. Production practices detailed on our website. Custom beef, Farmers markets, and food co-op in Fort Collins. meadowmaidfoods.com, (307) 534-2289.

Rafter W Ranch, Simla, CO. A family-owned ranch, practicing regenerative agriculture, bringing you nutrient-dense food. Our animals are **100% certified American Grass-fed**. Our beef is 30-day dry-aged. We also offer pasture-raised lamb and broiler chickens. Bones, offal (liver, tongue, oxtail, kidney, cheek, heart) and other choice cuts available. Bulk and piece orders. Pick-up locations along the Front Range and **NOW shipping** in CO. (719) 541-1002, rafterwranch.net

FL

Pineshine Farms – We raise Grass-Fed, Grass-Finished Beef and Pasture Raised Pork, Chicken and Eggs! Our animals are free from vaccines, antibiotics and hormones. We offer **national shipping** and local pick-up. Please visit our website pineshinefarms.com or send a note to info@pineshinefarms.com.

IA

Washington, Iowa. Harmony Farm SOY FREE WHEAT FREE chicken and duck eggs. Pastured on 40 acres. Fed Organic grains from local mill. \$4.00/dozen chicken eggs and \$7.00/dozen duck eggs. Farm pickup and delivery from Iowa City to Fairfield. (319) 653-9109 harmony4healthiskey@gmail.com.

MA

Health Hero Farm on the agricultural island of South Hero, VT, delivers high-quality 100% grass-fed beef to the Boston area. Our farm is certified humane and our pastures are certified organic. See our video at <https://HealthHeroFarm.com/video>

Many Hands Organic Farm in Barre, MA. All products certified organic and free range. Lard, pork, chicken and turkey stocks, pork, chicken, turkey and 26 weeks of CSA. No till, nutrient dense. mhof.net; (978) 355-2853; farm@mhof.net.

MD

100% soy-free chicken, eggs, pork and beef.

Chicken livers, chicken feet and heads. Bacon and sausage. Raw pet milk. Raw milk blue and cheddar cheese by cheesemaker Sally Fallon Morell. **Will ship** whole cheese wheels. Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC. Saturday farm tours. Store open Thursday to Saturday 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

Nick's Organic Farm, since 1979 offering quality products to Washington, DC, suburban MD, No.VA, Baltimore and Frederick areas. 100% grass-fed beef (no grain ever), pastured chicken, turkey, eggs. Using a regenerative 12 year crop rotation, we constantly move our livestock to fresh pastures to build our soils. Our animals receive only organic feed raised on our farm, no hormones, no antibiotics, no animal by-products, no GMOs. Beef and poultry liver, organ meats, fat, and bones, chicken/turkey feet, beef sausage and jerky. Hay, straw, poultry feeds, food grade grains, popcorn, stone ground heirloom cornmeal (301) 983-2167; nicksorganicfarm.com; nicksorganicfarm@comcast.net. **JOIN our mailing list** to receive **order forms** and an invitation to our annual **Buckeystown Farm Tour**.

MN

Farm On Wheels offers animals raised green grass-fed & certified organic. Nutrient-dense beef, lamb, chicken, eggs, turkey, goose, duck, and pork, No corn or soy. Farmers Market year around in St. Paul, Prior Lake, Northfield. Linda (507) 789-6679, farmonwheels.net, farm_on_wheels@live.com.

NY

Raw milk, cheese, butter, etc. from 100% grass-fed Jersey cows. 100% grass-fed beef and lamb. Pastured pork, chicken and turkey (soy-free options available). Fermented veggies and more! Have dropsites in select areas or **can ship**. Call for details. Pleasant Pastures (717) 768-3437.

Dutch Meadows brings you the finest in high-quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products, **WE SHIP**. Convenient pick-up locations in NYC. (717) 442-9208

info@dutchmeadowsfarm.com – DutchMeadowsFarm.com.

OH

Certified organic fresh picked garden peas. Pastured, soy free, organically fed, chicken eggs. Fresh maple syrup, certified organic rye seed, transition rye seed, certified organic fresh cracked corn. Call (330) 939-5980. Address is 10148 Eby Rd, Sterling, Ohio 44276.

Heritage Devon beef, 100% grass-fed, no antibiotics, no growth hormones. Selling full cow, 1/2 cow or individual cuts from my ranch in St. Leon, Indiana (5 miles off I-74) or at "Lettuce Eat Well Farmers Market" in Cheviot, Ohio (western suburb of Cincinnati, OH – lewfm.org) first Friday of every month. Also pastured pork, 100% antibiotic free, fed 2 lbs of organic corn/day, 100% outdoors on pasture and woods. Pigs use small huts for shelter and farrowing. All meats USDA inspected. To see how we raise our beef and pork plus important health links visit our website abundantgreenpastures.com. For more information call Mike at (812) 637-3090.

Sugartree Ridge Grassfed Herdshare/PMA, located 60 miles east of Cincinnati in Highland County. We deliver 100% grass-fed milk, optional A2-A2 milk and many other products to sixteen delivery sites in Cincinnati. Farm and contact address is: Scott Richardson, STRG Herdshare 6851 Fair Ridge Road, Hillsboro, OH 45133-9548.

OR

Grass-based biodynamic raw milk dairy offering Jersey Hi-creamline milk, cream, golden butter, cottage cheese and aged cheeses. Soy-free veal and pork seasonally. On farm sales and membership club. **Can ship**. Sherry and Walt (541) 267-0699.

PA

Dutch Meadows brings you the finest in high-quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products, **WE SHIP**. Visit our farm store. 694 Country Lane Paradise, PA. (717) 442-9208 info@dutchmeadowsfarm.com – DutchMeadowsFarm.com.

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of 100% grass-fed cows on our organically managed farms. Prices start at \$5.25/lb. **WE SHIP.** Oberholtzer at Hilltop Meadow Farm. (570) 345-3305.

100% grassfed organic A2A2 raw milk and dairy products plus beef, pastured soy-free pork, chicken, turkeys, eggs, beef and chicken stock, fresh and fermented vegetables. Mount Tabor Farm. New Holland, PA (717) 354-3753

Raw milk cheese from our grass-fed Jerseys, made on our family farm with Celtic sea salt. No grain feed. Also grass-fed beef and pastured chickens, turkeys and eggs. All soy-free, no hormones or synthetics. On-farm sales, **will ship cheese.** Wil-Ar Farm, Newville, PA (717) 776-6552.

VA

Salatin family's Polyface Farm has salad bar beef, pig-aerator pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. Nationwide delivery available. Call (540) 885-3590, polyfacefarms.com.

Raw milk, cheese, butter, etc. from 100% grass-fed Jersey cows. 100% grass-fed beef and lamb. Pastured pork, chicken and turkey (soy-free options available). Fermented veggies and more! Have dropships in select areas or **can ship.** Call for details. Pleasant Pastures (717) 768-3437.

VT

Health Hero Farm delivers high-quality 100% grass-fed beef within a wide radius of Burlington, VT. Our farm is certified humane and our pastures are certified organic. Our cattle breeds finish well on only grass. See our video at <https://HealthHeroFarm.com/video>

WY

Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in Goshen County. Production practices detailed on our website. Custom beef, Cheyenne farmers markets and local delivery. (307) 534-2289, meadowmaidfoods.com!!

HEALTH PRACTITIONER

Have you been eating an ancestral diet for years without the expected results? Do you still suffer from fatigue, anxiety, anger,

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Beautiful crafts by local artists. Keep your gift-giving dollars in the USA. Alpaca blankets, socks and yarn; hand painted decorations, paintings by award-winning artist David Zippi; handmade quilts. Exclusive source of Nourishing Traditions posters. Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

DVDS

DVD "Nourishing Our Children" recently launched a DVD that may be used for one's self-education or to present to an audience. You will learn how to nourish rather than merely feed your family. nourishingourchildren.org/DVD-Wise.html **Free shipping!**

EMPLOYMENT OPPORTUNITIES

GRASS VALLEY DAIRY is seeking a motivated website coordinator to manage online marketing of farm fresh food. Secluded log cabin house on 6 acre wooded lot adjoining farm available for rent to qualified party. Also delivery driver wanted 2-3 days of week. Call Mel at (610) 593 2811.

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FILM

AUTOIMMUNE DOCUMENTARY in post production seeks funding or investors. This film tells the stories of those who kept searching for an answer to their challenge and are now lighting the path of healing for others. Contact: Gabe (310) 779-2816 goldenfilmproductions.com/in-production.

Diana Rodgers is a real food nutritionist living on a working farm making a documentary called Kale vs. Cow that will defend the nutritional, environmental and ethical case for better meat. Endorsed by WAPF, Savory Institute, Animal Welfare Approved. Contributions are tax-deductible. SustainableDish.com/film.

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S&S HOMESTEAD FARM, sshomestead.org, on Lopez Island, Washington has a 50-year biodynamic history. Please contact Dr. Roy Ozanne at (206) 914-3810 to help secure additional acreage already managed by S&S by January, before this pristine land with rich soils is converted to a solar panel field. See sshomestead.org.

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RESEARCH

WITH THE AUSTRALIAN DAIRY INDUSTRY STRUGGLING, farmers walking off the land and suicides at dismal highs—it's time for urgent action. Our biggest project this year will road test the 2009 risk assessment by Food Standards Australia New Zealand (FSANZ). Please DONATE here www.ausrawmilk.org/donate.

Johanna Keefe, PhD, MSN, GAPS/P, has completed her doctoral research through the California Institute of Integral Studies (CIIS) revealing, through in-depth interviews, the lived experience of mothers as they described their lifestyle following a real food diet based on WAPF principles. Please consider sharing a part of your own story with her by email or phone, to see if yours may contribute to one of her forthcoming projects: a photo-essay accompanying an uplifting mini-series or documentary with the working title, "GrassFedBabies", to inform and inspire our next generation of parents. Johanna looks forward to hearing from you at johanna8@comcast.net or by phone/text at (978) 290-0266 or DM her on IG @grassfedbabies to set up a time to talk!

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"Take the initiative to get more informed and if at the end of that process you decide you want to get vaccinated, that is absolutely fine. If you decide you don't, that's absolutely fine. That's entirely your choice. However, that choice is at risk. We should be extremely alarmed right now about the attempt to take away our health freedoms in the interest of the pharmaceutical industry."

- Dr. Andrew Wakefield

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We have neglected the truth that a good farmer is a craftsman of the highest order, a kind of artist.

Wendell Berry

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- Sally Fallon Morell

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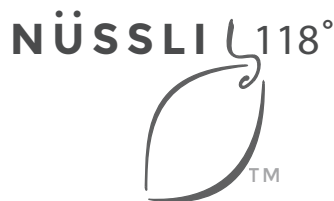
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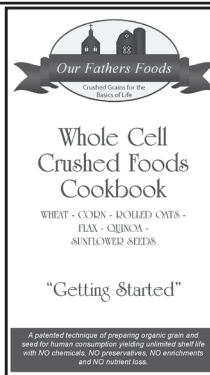
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- Sally Fallon Morell

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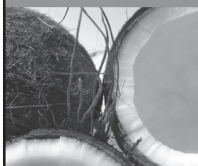
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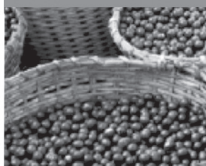
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Resettling of America means putting enough people on the land to take proper care of it and pay them decently for doing it. The fact that we know the history of people having to leave the country because they couldn't make a living there, is the history of rural America. But that they left because they couldn't make a living is an indictment of our land policies. The idea that you have to go somewhere else, that you have to leave a fertile country in order to make a living is preposterous and it's a result of the wrong idea of what we mean by making a living in the first place. To make a living is not to make a killing, it's to have enough.

Wendell Berry



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- Dr. Tedd Koren

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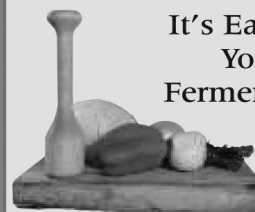
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INFORMATION / TRAINING

Iqaluich Niginaqtuat Fish That We Eat

I highly recommend that anyone interested in eating fish, amazing wild fermented food, indigenous food preparation or becoming a wild human in general check out this INCREDIBLE book: *Iqaluich Niginaqtuat*, The Fish that we Eat. The author, Anore Jones, like a modern day Weston Price spent decades among the Inupiat of Northwest Alaska learning their INCREDIBLE food traditions. This book is almost too good to be true – recipes include fermented salmon heads, cod livers with black berries, how to dry salmon eggs, pretty much everything! Much more than a recipe book, this offers a complete picture of how the Inupiat live with the fish in a beautiful way, giving us ideas and methods that may apply to many other bioregions. Absolutely amazing!

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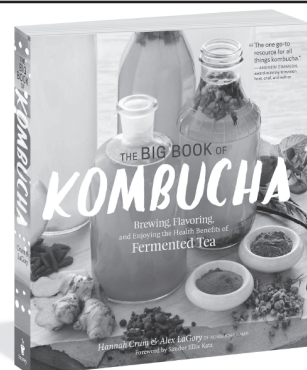
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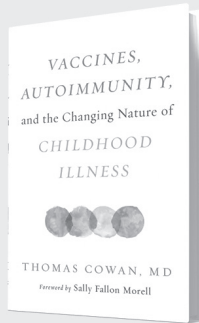
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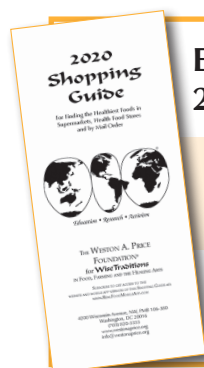
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- Aug 31** **Lincoln, NE:** Free evening seminar on Nourishing Traditional Diets with Sally Fallon Morell. 6:30-8:30 PM. **Contact:** Gus Ponstingl (402) 770-2272, groggygroggy@yahoo.com.
- Oct 2-4** **San Marcos, TX:** Farm & Food Leadership Conference. **Contact:** <http://farmandranch-freedom.org/farm-food-leadership-conference/>, smallproducers@txstate.edu.
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