

DRUTHERS

FREE

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/n. ...Informal...

one's own way, preference, or choice:

eg. 'If I had my druthers, we all would know the truth.'

Important information.
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www.druthers.net

Leave Our Kids Alone

By Paul Elias Alexander, MSc, MHSc, PhD

We can potentially kill thousands of our children, if not more, if we move forward with these 'safety untested' COVID-19 injections! There is real potential risk and we have never ever done this whereby we are seeking to inject a substance that has not even gone through the minimal safety level testing. Why would I make this stark statement and why would regulators such as the USA's FDA and Canada's Health Canada be considering this when they know that the requisite safety testing has not been done?

With the type of available evidence that has existed for well over one year now regarding vanishingly low risk in children, our argument is therefore taking on urgency, given recent reporting that Pfizer's COVID vaccine could be rolled out to babies as young as six months in the US this coming winter (2021) under plans being drawn up by the pharmaceutical company. Pfizer has recently announced that it plans to go to the FDA to get authorization for vaccination of 5-to-12-year-old children based on a study they claim to have completed. We consider this absolutely reckless, dangerous based on lack of safety data and poor research methodology, and without any scientific basis whatsoever. This safety point is critical and places our children in sheer danger.

Are children at risk for COVID-19 that would warrant a vaccine? What does the evidence show?

The infection mortality rate (IFR) is roughly similar (or likely lower once all infection data is collected) to seasonal influenza. Stanford's John P.A. Ioannidis identified 36 studies (43 estimates) along with an additional 7 preliminary national estimates (50 pieces of data) and concluded that among people <70 years old across the world, infection fatality rates ranged from 0.00% to 0.57% with a median of 0.05% across the different global locations (with a corrected median of 0.04%). Survival for those under 70 years is 99.5% (Ioannidis update). Moreover, with a focus on children, "The estimated IFR is close to zero for children and young adults." The global data is unequivocal that "deaths from COVID are incredibly rare" in children. While anyone is at risk of being infected, "there is more than a thousand-fold difference in the risk of death between the old and the young". The CDC reported that children accounted for 0.05% of all COVID-involved deaths since the beginning of the emergency in February/March 2020, but have not been declarative on whether these children died 'with' COVID or 'of' COVID.

The published evidence is conclusive that the risk of severe illness or death from COVID-19 in children is almost nil (statistical zero) and this evidence has accumulated for well over a year now. In fact, we knew this for over 15 months. It is clear that children are at very low risk of spreading the infection to other children, of spreading to adults as seen in household transmission studies, or of taking it home or becoming ill, or dying, and this is settled scientific global evidence. This implies that any mass injection/inoculation or even clinical trials on children with such near-zero risk of spread and illness/death is contraindicated, unethical, and potentially associated with significant harm. Injection (vaccine) studies have failed to 'exclude' harms for our children or proven their necessity and as such we do not know what will happen if children take the injections. The injections in children

offer no opportunity for benefit and only opportunity for harms based on the risk-benefit calculation that dramatically skews risk towards harms for them. We don't just



inject our children simply because Dr. Fauci (NIAID), Walensky (CDC), or Collins (NIH) tell us to! In my opinion, they have been routinely flat-out wrong in their statements and positions on most things COVID-19. Moreover, they have failed to prosecute their case that these injections are a necessity for our children. The necessity must be shown in terms of risk and the injection must be proven safe. Neither of these 'must haves' have been met.

The risk-benefit discussion for children with these COVID-19 injections is a very different one than that for adults. Furthermore, the accumulated evidence of adverse effects and deaths (in CDC's VAERS database for vaccine injuries) temporally linked to the injection (requiring validation) with biological plausibility

(Bradford Hill criteria for causality), remains a very serious cause for concern. The fact is that this is a completely novel and experimental injection therapy with no medium- or long-term safety data (or even definitive effectiveness data). We are very concerned that if we move forward with the vaccination of our children without the proper safety testing, then we will present them with potentially catastrophic risk, including deaths in some. We make this claim based on what has transpired thus far in adults who have been vaccinated (and young persons).

Thus far, no convincing information has been given by the CDC to determine if US children deaths were causal or incidental COVID deaths since the inception of the pandemic February 2020. Dr. Marty Makary of Johns Hopkins' recent *Wall Street Journal* op-ed was titled "The Flimsy Evidence Behind the CDC's Push to Vaccinate Children. The agency overcounts COVID hospitalizations and deaths and won't consider if one shot is sufficient." A recent article by David Zweig in *The Atlantic* suggests a 50% error rate in reporting. More specifically, a team of Johns Hopkins researchers recently reported that when they looked at a group of about 48,000 children in the US infected with the virus, they found *no* (zero) COVID deaths among the healthy kids. Dr. Makary indicated that his team "worked with the non-profit FAIR Health to analyze approximately 48,000 children under 18 diagnosed with COVID in health-insurance data from April to August 2020... after studying comprehensive data on thousands of children, the team "found a mortality rate of zero among children without a pre-existing medical condition such as leukemia." Rather than acknowl-

See, 'Our Children' p.9

Letter From The Editor Celebrating 1 Year & Nearly 3 Million Newspapers

Well here we are. I can hardly believe you are now reading the 12th monthly issue of Druthers! What a strange and wonderful journey it has been since making the decision to create a paper back in late October, 2020.

Including this November issue, we have now printed and freely distributed nearly 3 million newspapers all across Canada!! (350,000 copies this month alone) That is quite substantial and completely astounding to me. We did all this (with your support) in the first year with just under \$300k in donations.

As the creator of this project I would like to point out how donations are used for maximum benefit & impact.

For every \$10 donated we print 100 Druthers newspapers (12 pages each) and distribute them freely all across Canada through a large, growing, passionate network of 1000's of volunteers. 10 cents per paper is an insanely low cost for printing and distribution and it is that way because 100% of donation money received goes entirely to printing papers and moving skids of papers around the country. No overhead, salaries or anything else is taken out of donated funds.
• www.donorbox.org/druthers

Overhead and other operating expenses are relatively low due to a strong volunteer base and working from home (no overhead for office space) and those expenses are being covered through merchandise sales & postal subscriptions available on our website.
• www.druthers.net/shop

Druthers is not part of the corporate media mafia. This project is just a guy and some friends trying to provide alternative information and perspectives for people to consider. Mainstream media has proven themselves to be, without a shadow of a doubt in my mind, a full blown propaganda machine that is working 100% for the interests of big-pharma and their vast network of influential allies, and as such, many important people, information and counter-perspectives are being suppressed from public view.

Druthers is here to bring forward information we feel is important for Canadians to have access to. We strongly believe all this blatant, extreme censorship by big tech is absolutely wrong, a gross overreach and a highly dangerous path for humanity to be blindly wandering down. Sharing of information and perspectives is imperative for the healthy growth and well-being of humanity.

See, 'Thanks' p.7

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Open Letter To RCMP Commissioner Brenda Lucki

By [Mounties4Freedom](#)

“To serve and protect, We stand united against the forced and coerced medical intervention of Canadians and against the discrimination faced by those who have exercised their right to decide on their bodily autonomy.”

EXECUTIVE SUMMARY

As Canadians, our constitutionally-protected freedoms precede the government, and may only be temporarily limited if the majority of evidence justifies such infringements as reasonable, provable, and guided by law. If presented with all available evidence in a court, we firmly believe the government implemented mandates would not hold up under scrutiny.

As experienced investigators, we look past what information is provided and focus on how the information is presented. A proper investigation should be conducted as objectively as possible, and follow the principle that it is better to have questions that cannot be answered than to have answers that cannot be questioned. A complete investigation must include full disclosure of all the facts

of the case, even contradictory evidence. Why, then, is there little to no tolerance for free and open debate on this matter? Many credible medical and scientific experts are being censored. Accordingly, we rightly have concerns about “the science” we are being coerced to “follow”.

As representatives of our communities within the RCMP and representatives of the RCMP in our communities, we have never witnessed such division in our country. This sense of “Us versus Them” will be further fueled by having a police force consisting only of “vaccinated” people, while serving communities consisting of “unvaccinated” people, which goes against the community policing model the RCMP has strived to achieve.

As law enforcement officers, we already face higher levels of stress and mental illnesses due to the nature of our work. These have been compounded – considerably – by mandates that we believe are deeply unethical,

threatening our livelihood, and dividing society.

As federal employees, what is being done to mitigate this stress? Moreover, what assurances are we given that the injections will not cause short or long-term side effects? What steps will be taken to ensure members are compensated for adverse side effects?

Police officers are expected to preserve the peace, uphold the law, and defend the public interest. We strongly believe that forced and coerced medical treatments undermine all three and, thus, contradict our duties and responsibilities to Canadians. We remain loyal to the Charter and Bill of Rights and ask you to send investigators to collect statements from medical professionals (and other reliable witnesses) who allege they have been silenced – putting lives at risk. Allow us to make this information publicly available to all so the public can scrutinize it and achieve informed consent.

Read the full letter at [Mounties4Freedom.ca](#)

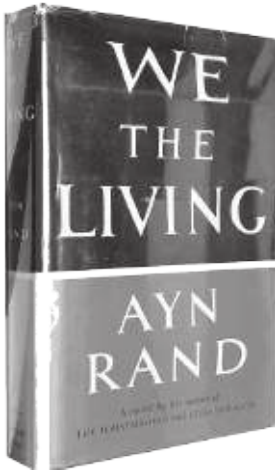


Countering the Three C's: Collectivism, Covidity and Confusion

By [Julie Fleischauer](#)

Author and research scientist, James Lyons Weiler, made a comment on the covid situation that is obvious once pointed out, but continuously overlooked: to paraphrase: “It is not a binary problem. There are more than two sides. It is a very complex problem, and if we continue to tackle it with a binary solution, we will continue to be astonished by our lack of success.”

What has been happening over the last 20 months is an old social experiment with new props. History only repeats itself when we believe that we have nothing left to learn from it. If you think I’m crazy, or over-exaggerating, you are just proving my point. Go read *We the Living* by Ayn Rand, or talk to a family that came to Canada to escape post-war communism, from any part of the world. And pay attention to how it always begins.



We are often confronted with the idea that the individual does not matter, in light of the collective good. “I expect of every citizen that they lay down their life, without hesitation, for their country.” sentiments both Hitler and Stalin had expressed. The only reason we have communities is to support the individual. Historically, the collective has always needed direction from individuals — and has always balked at it. Hospitals in the 1840’s had much higher incidence of childbed fever than home births. Women called it “doctor’s plague”, and though the chief of his hospital pressured him to accept it as causeless and inevitable, Hungarian physician Ignaz Semmelweis found the cause. He tried to save the lives of women dying from childbed fever, but was shunned by his medical community so severely that it may have caused him mental illness. Only after his death had the truth become palatable enough that Pasteur and Lister could stop the needless deaths. Now we are so used to the idea of hand sanitation, we are over-using it, in all the wrong places, despite evidence of superbugs, which are not so different from variant viruses. If you pressure a biological system enough - it will change.

Just like Semmelweis, Physicians are finding treatments for covid that are being mocked, ignored and outright suppressed, while the disease continues to be mistaken as inevitable and deadly, and we are offered just this one costly blanket protection, that will never work the way it is being advertised — because we can’t catch all the bats and vaccinate them! There’s an animal reservoir, and corona viruses mutate every 14 days.

What we need are new perspectives... for instance: What is a virus? What do you call a thing that attaches to a host for replication and uses the host’s resources, and may cause harm to the host? From the CDC website: “a parasite is an organism that lives on or in a host organism and gets its food from or at the expense of its host.” Maybe that’s how we can intuitively accept that Ivermectin works.

Do you know the so-called definition of “unvaccinated” these days? After needle #1, comes needle #2. After Needle #2 it takes up to two weeks for your body to develop full antibodies and for you to become fully “vaccinated” according to “the science” (mRNA types only). Most people assume they get an instant bubble of protection around them. In reality, if you go to the hospital a day after your second shot, you are one of the “unvaccinated” in the ER. The mainstream media is following “the science,” not the needle dates; and the significance of this hazy distinction is being capitalized on. It also explains why the numbers on the news, for “unvaccinated” are not separated from those with “unknown vaccine status”...there’s that two week gray area.

Vaccine adverse reactions can only be recorded if they happen within a certain number of days post

injection, so that they can be validated and tracked by reporting systems such as VAERS. The Vaccine Adverse Event Reporting System is co-managed by the CDC and the FDA. VAERS is an early warning system to detect problems with vaccines. The last 10 months has seen as many deaths reported on VAERS, as the combined total of every other vaccine before covid. If the “unvaccinated” make up only 20% of the population, and most of the “hesitant” people we know aren’t sick or in the hospital, where are the numbers coming from?

“The world we see that seems so insane, is the result of a belief system that is not working. To perceive the world differently, we must be willing to change our belief system, let the past slip away, expand our sense of now, and dissolve the fear in our minds.” ~ William James

We’ve Got This

By [Druthers Staff Writer](#)

A recent Gallup Survey found that **just 16% of Americans trust television news.** Corporate news ratings are also down across-the-board this year, led by CNN’s 68% decline in prime time. People are finally seeing through the corporate sponsored lies. And once you see the lies, once they have lost your trust, there is no going back. The relationship is over.

Of course, we know who has sponsored much of their lies -the very pharmaceutical companies profiting off this vaccine. Good Morning America, CBS Health Watch, Anderson Cooper 360, ABC News Nightline, Making a Difference, CNN tonight, Early Start, This Week with George Stephanopoulos -have all, at some point, been brought to you by Pfizer. Even CNBC’s own twitter posts have been sponsored by Pfizer. And worst of all, the vaccine trials themselves were sponsored by the very pharmaceutical companies that made them -how is that objective?

And while at times it seems that the agenda keeps on pushing forward, we the people are pushing back just as hard. A poll by the Trafalgar Group found that **the overwhelming majority (71.4%) of Americans oppose vaccine mandates.** We are seeing this belief roll out into the real world as workplaces all across the world are standing up for their right not to get vaccinated.

In Canada, after the Toronto Police Service announced a mandatory vaccination policy for all members, **the Toronto Police Association opposed the mandatory vaccination.** The TPA stated they “must make every effort to protect all of our members and therefore, does not support this mandatory vaccination announcement or mandatory disclosure.”

Meanwhile in America, **Southwest Airlines experi-**

enced a “sickout” in October when thousands of employees cashed out on their sick days prior to a vaccine mandate taking effect. The Airline, who cancelled over 2,000 flights the weekend of Oct 8th, originally blamed “the weather,” but when there was a lack of data to support this, the pilot’s union finally admitted that it was because of “unavailable crews” (careful not to use the word “strike” or “walkout” as it is illegal for a pilot to go on strike in America). At one point, 30% of their flights were cancelled.

And across North America, **thousands of General Electric employees walked out to protest vaccine mandates.** GE locations across North America, including 750 GE employees in Ohio (*pictured*), conducted a walk out the morning of October 21st to protest the company’s vaccine mandate.

Over in Europe, **thousands of medical professionals declared COVID policies “crimes against humanity” and signed “The Rome Declaration”** in protest. Over 10,000 physicians and medical scientists world-

wide have signed to alert citizens about the deadly consequences of Covid-19 policy makers’ and medical authorities’ unprecedented behavior. Behavior such as denying patient access to lifesaving early treatments, disrupting the sacred, physician-patient relationship and suppressing open scientific discussion for profits and power.

Humanity is standing up and saying enough is enough. Together, we can, and we are, saying “NO” to surrendering our bodies.

Together, there is a way forward to a world without mandates and lockdowns.

Together, we have more power than the few who think they can control us.

We’ve got this.

Stay Strong.

Stay free.



750 GE employees in Ohio walkout in protest of vaccine mandate.

Study Indicates Nearly Every COVID Vaccine is Being Administered Incorrectly

By Tea Lynn Moore

Throughout the world, **nearly every COVID-19 vaccine is being administered incorrectly.** Most vaccines, including the COVID-19 vaccines, are intramuscular (IM) jabs. Other vaccines may be subcutaneous, oral/nasal, or intradermal, but the intravenous (IV) route isn't used at all in the vaccine world. The reason against the use of IV administration is simple: while intramuscular injection offers a slow release, in an IV injection, the dose would be too-strong over too-short of a period of time and may lead to vaccine distribution in distant tissues. This may cause rare and serious adverse effects, including autoimmune reactions against distant tissues. Unfortunately, when it comes to the COVID-19 vaccines, IV injections may not be that uncommon.

A peer-reviewed study recently published in the journal of *Clinical Infectious Diseases* titled *"Intravenous injection of COVID-19 mRNA vaccine can induce acute myopericarditis in mouse model"* found that **intravenous (IV) injections of mRNA vaccines induced myopericarditis in mice (and IM injections did not).** Myopericarditis is a serious, life-threatening condition where there is an inflammation of the middle and/or outer layers surrounding the heart. The mice that received the COVID shot intravenously also had extensively damaged liver cells.

This study helps us shed light on why Myopericarditis is appearing in people who have taken the jab, particularly in young people who exhibit stronger immune reactions and who have more turgid blood vessels. On June 23rd, 2021, the CDC's Advisory Committee on Immunization Practices (ACIP) meeting found that **the rate of heart inflammation is 256 times the expected rate for male teens aged 12-17.** Another study, titled *"SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children ages 12-17: A Stratified National Analysis,"* found **the risk of boys aged 12-15 developing heart inflammation is up to 6.1 times higher than their risk of being hospitalized while testing positive for COVID** (and, as 2 new studies published in the journal Hospital Pediatrics found, 40 - 45% of paediatric "COVID hospitalizations" counted children hospitalized for clear, unrelated causes, making the true risk of myocarditis closer to 9.6 times higher than being hospitalized with COVID for that group).

In another article that studied intravenous injection, titled *"Thrombocytopenia and splenic platelet directed immune responses after intravenous ChAdOx1 nCov-*

19 administration" thrombosis with thrombocytopenia syndrome (TTS), also known as Vaccine-induced prothrombotic immune thrombocytopenia, was triggered by intravenous, not intramuscular, injection of the AstraZeneca vaccine. TTS is entirely an iatrogenic disease (man-made), so when TTS happens, we know it is caused by either a vaccine or a small list of other medications.

Similar studies have been performed with other vaccines, all showing similar results: IV injection of a vaccine is never healthy. These injuries are **not unpreventable.** It seems that if we were injecting the vaccines that same way we did 15+ years ago, many of these particular

cautions should be performed to ensure that their vaccines are administered intramuscularly.

Aspiration of the needle was part of the vaccination technique used throughout the world for may decades, until a shift towards abandoning the technique began between 2004 to 2014, when the WHO, the CDC, Public Health Agency Canada, UK National Health Service, and other health agencies around the world stopped recommending this precautionary measure. Curiously enough, the World Health Organization actually specifies that you should NOT aspirate the needle. One of the primary reasons given is due to the widespread use of a new type of syringe called auto-disable (AD) syringes (syringes that destroy themselves after single use and cannot be used for a second time). In addition to costing 5 times more than the standard syringe, the uniquely patented designs of AD syringes have another disadvantage -they cannot aspirate. Abandoning aspiration also saves time for both the healthcare professional and the patient, who experiences pain during the injection. A "lack of data" (often code for: "let's not fund studies on this because we do not want to see the results") was also commonly cited as a reason not to continue aspirating when administering a vaccine.

Nurse lecturer Dr. John Campbell, PhD, estimates that the frequency of inadvertent intravenous injection is about 1 in 3000 to 1 in 6000 (although his personal experience was 1 in 1000). With over 6.6 billion COVID-19 vaccinations having already been administered worldwide, 1 in 3000 IV injections = 2.2 million vaccine injuries that could have easily been prevented. Since the rush of the pandemic has allowed for paramedics, veterinarians, physiotherapists, and other less experienced vaccine administrators to inject the vaccine, that number may even be much higher.

Since this information has come out, just one country that we know of has reintroduced aspiration during vaccination: Denmark. Why is North America (and much of the world) not "following the science"? We learn more and more about the jab every day, but nothing seems to change. We've learned that the risk the jab poses to young people is more significant than the risk of COVID itself, but we are still vaccinating teenagers and we are moving towards vaccinating young children soon. We've learned that natural immunity is far superior and lasts longer than vaccine immunity, but still those who have previously been infected are mandated to get the jab.

And now, we've learned that we are injecting the vaccines the wrong way! With no lingering negative side effects of this precautionary technique, why not aspirate? When you do a costs vs benefit analysis -aspiration essentially only has potential benefits. Shouldn't we examine the science before we push this experimental vaccine into people's veins at the penalty of losing one's job?



vaccine injuries could have been avoided. There is **a method of vaccine administration called "aspiration," where the medical professional administering the injection pulls backward on the syringe.** If nothing happens, all is good -you are likely in the muscle (I say "likely," because, on a rare occasion, a nerve is hit). **If the syringe fills with blood, then that means the needle has entered a blood vessel,** and the syringe should be discarded and the needle should be changed

Very rarely, as a complication of poor injection technique, the syringe will fill with a clear liquid, indicating the needle has entered the shoulder joint capsule. Continuing the injection when in the shoulder joint may result in a very painful group of shoulder disorders known as SIRVA (shoulder injury related to vaccine administration, including bursitis and frozen shoulder), a disorder comedian Jimmy Dore suffers from as a result of the flu shot, as discussed on his November 14, 2020 YouTube video.

Both Pfizer and Moderna have clearly stated that pre-

You Are Not Alone

By Ted Kuntz

In our efforts to get through this tyranny as unscathed as possible, many have chosen to lay low, keep our head down, and try not to bring attention to ourselves and our family.

The hope was that this tyranny would pass and we could all get back to normal. We now know that a return to normal is not possible. Too much corruption, deception, dishonesty, and abuse of power has been revealed to allow us to go back to what enabled such corruption.

It's time to stand up and change what is broken. What keeps people from standing up is people are afraid. They assume they are alone. They feel vulnerable as isolated individuals.

The fact is — you are not alone.

There are more that think like us and value what we value than we know. We won't find our tribe if we remain invisible. It's time to be visible with our values.

It's time to give freedom a face. There is no good reason to remain silent. Silence will only allow the tyranny to continue.

Let's face it, many will lose their jobs or be terminat-

ed in the coming weeks unless we stand up en mass and engage in united non-compliance.

Silence only enables the tyranny to continue. It's time to rise up. It's time to shift our consciousness from victim to leader.

Collectively we can overcome this tyranny. The time to stand up is now.

Our rights and freedoms are under attack. This is war. War involves sacrifice. Nothing can be gained without sacrifice. We are fighting for more than our job. We are fighting for something bigger than us. We are fighting to ensure our children and grandchildren are free.

There are worse things than losing one's job. There are worse things than dying. Living in slavery is worse. We can't do that to our children and grandchildren. We can't thrive in a workplace that doesn't value our rights and freedoms.

The time for action is now. No one else is going to save us. It's time to find our tribe. Meet face to face. Plan. Organize. Support. Act. Learn who has our back.

Become the warrior our family needs. We need you now.

Ted Kuntz | VaccineChoiceCanada.com



Websites Of Interest

Please note, these websites are provided as sources of alternative information. Druthers does not necessarily agree with all material found on these sites. Please use your own discretion, yet keep an open mind. Explore and analyze information and evidence with us.
You can visit druthers.net to get in touch.

vaccinechoicecanada.com	swprs.org
freedomrising.info	action4canada.com
worlddoctorsalliance.com	americasfrontlinedoctors.com
thehighwire.com	constitutionalconventions.ca
corbettreport.com	stopworldcontrol.com
pressfortruth.ca	evidencenotfear.com
weareallessential.ca	activistpost.com
stand4thee.com	freedomforumcanada.com
awarriorcalls.com	thefreedompages.ca
takeactioncanada.ca	standupcanada.solutions
brightlightnews.com	lauralynn.tv
gbdeclaration.org	libertycoalitioncanada.com
jccf.ca	awakecanada.org

Yet Another ER Doctor Dismissed For Prescribing Life-Saving Medication

On the steps of the Vancouver Art Gallery on October 1, 2021, celebrating the 75 Anniversary of the Nuremberg Code, emergency room doctor, Dr. Daniel Nagase, gave this powerful speech detailing what happened after he gave Covid patients Ivermectin in a small hospital west of Red Deer.

“It is wonderful to see all of you here remembering Nuremberg. And that’s the key here, remembering. Not just the nurses and doctors that are helping by speaking the truth, people like Dr. Charles Hoffe in Lytton, but also to remember the doctors in hospital administration, the doctors at the college of physicians and surgeons, the doctors you see on TV that are standing in the way of life saving medications.

Let me tell you what happened in Rimbey Alberta, a small-town a couple hours west of Red Deer. It shocked me. I started on Saturday morning in the ER, and when it came time to round on the ward patients, the charge nurse informed me that 3 of the patients on the COVID wing had deteriorated overnight. All the patients were on oxygen and extremely short of breath. The only medication these patients were on were steroids. A medication that will decrease inflammation but increase the chances of a bacterial infection by suppressing the immune system. That’s right, the only medication the covid patients at this hospital were on were immune suppressants.

One woman said it felt like we just put her in a corner to die. We weren’t doing anything for her. I told her, I can’t speak for the usual doctors during the week, but it’s the weekend, and I’ll do everything I can to help. I offered Ivermectin. She wanted to try it because she heard nothing but good things about it. All 3 patients wanted to try ivermectin. The hospital didn’t have any, so we had to ask Red Deer Hospital’s Central Pharmacy for the medication. They refused to send Ivermectin.

Red Deer’s central pharmacist said Ivermectin was useless for COVID. He even had the Pharmacy Director for all of Alberta contact me to tell me Ivermectin didn’t work. The Pharmacy Director for Alberta Health services is Dr. Gerald Lazarenko. Remember that name. He is both a Pharmacist and a doctor. And he insisted that Ivermectin had no place in the treatment of COVID.

So, we checked the local pharmacies. And God bless that charge nurse, although both pharmacies in town did not have ivermectin, there was one pharmacist who would do everything he could to get some -even if it took all day.

We didn’t have all day, my patients were sick. So I started everyone on the next best thing, Hydroxychloroquine, which the hospital did have. I also started Vitamin C, Vitamin D, and Zinc. And because the patients were coughing and short of breath, I gave them inhalers... Salbutamol and Flovent, the same inhalers that have been used for asthma for over 50 years. I also gave them Azithromycin.

Surprisingly by late afternoon, the town pharmacist finally found some ivermectin. He couldn’t get it from his usual chemical supply, because it was a Saturday. He had to get it from an agricultural supply. He checked to make sure that it was the exact same Ivermectin a pharmacist would give to a person, brought it back to his pharmacy and checked it again. He then called me with the good news. I handed Ivermectin to each of my 3 patients with their exact dose according to their weight. And you’ll never guess what happened next.

Within hours of getting Ivermectin, I got a call from the Central Zone medical director, Dr Jennifer Bestard. She called me to tell me I was forbidden from giving Ivermectin to patients. I told her she’s never met the patients, she’s not their doctor, and had no right to be changing the care of my patients without the patient’s permission. She said Ivermectin was forbidden from the hospital. Even if the patients had their own Ivermectin (which I would have happily given to a relative so they could to hand it over to them), patients would not be allowed to take their own ivermectin. She said it was a violation of Alberta Health Services Policy to give

Ivermectin for COVID. But that wasn’t good enough. The next day she called the hospital and gave me 15 minutes notice that I would be relieved of my duties. I told her that it was unreasonable. I had an emergency department full of patients who can’t be sorted out in 15 minutes. An hour later another local doctor came to



Dr. Daniel Nagase

replace me. They didn’t even want me to check up on the patients who I gave Ivermectin to. Not even 24 hours after getting Ivermectin, 2 out of my 3 patients were almost completely better. They were out of bed walking around and all the crackles I heard in their lungs from the day before were gone. All it took was about 18 hours and 1 dose of Ivermectin.

The third patient, who was 95 years old, stayed the same. She didn’t get any worse like she had done the night previous. I found out later that no sooner had I left Rimbey hospital, the next doctor who came to replace me stopped the antibiotics, stopped all the vitamins, she even stopped the patients inhalers. Within hours of my leaving the hospital this doctor even took away the patient’s inhalers, to help her breathe. The patients were not even allowed vitamins.

Thankfully, both my 70-year-old patients who had immediate recoveries after a single dose of ivermectin left the hospital that week.

I’d like to speak briefly to the healthcare professionals in the crowd: no doctor would take away antibiotics and inhalers for ANY viral pneumonia, never mind COVID. No doctor would do that to ANY patient with pneumonia. Unless they were... Well I’ll let you think about that. We are remembering Nuremburg after all. And for healthcare professionals, I want us all to think very deeply about that.

But it gets worse. In my brief day and a half in the small town of Rimbey, I saw 2 patients who had recently been discharged from Red Deer Hospital after being on the COVID ward. They were sent home with NOTHING. Not even an inhaler.

These patients ended up in ER at a small hospital wanting help. Just days after being sent home from a tertiary care hospital with nothing.

There is something malicious going on. I hope you can all see the bigger picture. This is more than me having all my assignments to take care of small communities cancelled for the rest of the year. This is more than the medical director, Dr. Fraincois Belanger banning me from hospital practice throughout all of Alberta.

Just a week after giving ivermectin and then filing a complaint against the Alberta Pharmacy Director, a complaint was sent to the College of Physicians and Surgeons, about the Pharmacy director for an entire province denying 11 pages of studies showing 0% mortality for patients given Ivermectin. In study after study after study, 0% mortality, 0% mortality, 0% mortality with Ivermectin. And in “Severe” COVID? A 50% reduction in mortality with Ivermectin. This is all in Alberta Health Services own Ivermectin report.

Just a week after I filed a complaint that Dr. Gerald Lazarenko was withholding a lifesaving medication from an entire province, the Alberta college of physi-

cians and Surgeons forbade doctors and pharmacists from giving patients ivermectin.

We must remember. We are here to remember. Not just the people who died from medical experimentation.

We are here to remember the people today. We are here to remember every single doctor, lawyer, and medical ethicist that sits on the board of the BC college who is investigating Dr. Charles Hoffe for speaking the truth.

We are here to remember every doctor who stopped patients from having a live saving medication.

And what for? To boost mortality? To create an ICU “crisis”? To create a state of emergency? All to push... a vaccine?

We must remember the past. History repeats itself.

Nuremburg will happen again.”

–Dr. Daniel Nagase

**Dr. Daniel Nagase has been a doctor for over 15 years. He graduated from Dalhousie Medical School in 2004. He has been an emergency doctor for 10 years and has been working in rural under-served communities throughout Alberta since 2015.*

**Alberta Health Services (AHS) confirmed the details of this story on their official Twitter account*

and to CBC Edmonton.

**To date, no Ivermectin deaths have been reported. An expert review of 500+ sources and papers in 2021 by world prominent toxicologist Dr. Jacques Descotes, MD, PhD, concluded that “hundreds of millions of human subjects have been treated with ivermectin... the safety profile of ivermectin has so far been excellent” No death or serious side effects were observed in this review, which included multiple overdoses up to 100 times the recommended therapeutic dose.*

The Vaccine Control Group

For those of us, who have and wish to remain un-injected; science needs us! We are the control group. At best the injection campaigns are clinical pharmacologic trials. Trials or experiments require a treatment group and a control group. Otherwise, there is nothing to compare, and science is absent. However, if governments and institutions are pushing for 100% of the population to be injected, then there is no control. We have no way to compare people’s health with and without the injections. The control group, the un-injected, are essential, to observe any benefits as well as detrimental effects from the injections. In the absence of a control group, people could for instance be fooled into thinking that disease and death resulting from the injections are due to something else like the delta variant, or some new patent laden virus, PCR, and injection industry.

So, help science while exercising your choice to not be injected. Officially join the control group. Sign up and print your control group photo ID card which indicates that you “Must Not Be Vaccinated”.

See more at: VaxControlGroup.com

Source: DrTrozzi.org



Statement Of Non-Compliance With Mandatory Vaccination In Canadian Universities

Concordia University Professor Speaks Out

By Maximilian C. Forte, PhD

First it was not even a university, but Seneca College. Then it was the University of Ottawa. Then Carleton University, the University of Western Ontario, and the University of Toronto. Now it is almost every university in New Brunswick and Nova Scotia. The law faculty at McGill is also demanding it, presumably to save the university from expensive litigation (an implied threat, and one that strangely assumes that only one side of a debate can litigate in court). If it happens first in the United States, then almost immediately it is copied and pasted into policy in Canada. It is coming everywhere: mandatory vaccination for all faculty, staff, and students.

As a tenured, full Professor in Canada, it is my duty to encourage all faculty to be united in non-compliance with such measures.

Mandatory vaccination pressures are issued allegedly in accordance with “public health.” However, they are mandated through neither parliaments nor legislation, but are instead issued unilaterally by governments under the umbrella of “emergency measures.”

Typically, such vaccination mandates stipulate the following: faculty, staff, and students must show proof of full vaccination in order to access campus and perform their duties. If they do not do so (and some allow refusal only on grounds of medical or religious exemptions), then they must submit to still undefined special measures, such as frequent testing (perhaps twice each week, using rapid antigen tests), and masking at all times and in all spaces on campus.

This will be, for most Canadian faculty, the first if not only real test of their integrity and dignity, and their purpose as scholars and intellectuals. It is absolutely essential that they not fail this test from the start.

It must be emphasized that this is not a position that can be taken only by non-vaccinated faculty. Action to prohibit and prevent discrimination, and actual abuses of human rights, is a stance to be taken by all faculty, whether fully vaccinated or not.

Rather than following the alternative science narrative tied to the private interests of pharmaceutical corporations and those of politicians, we should expect Canadian universities to encourage critical thinking that—as is now commonly endorsed and celebrated—“speaks truth to power.” This would be in line with Canadian universities’ many recent statements in support of social justice. To see these same universities immediately fail the first real test of their avowed commitments, is both shocking and disappointing.

In particular, mandatory vaccination pressures plainly and indisputably discriminate against employees who are members of particular religious and ethnic communities, in such a way and to such a degree that any claims to upholding “equity, diversity, and inclusivity” become completely unravelled. Not sustaining this commitment in one area, and expecting it to be sustained in other areas, is obviously neither credible nor tenable. Furthermore, the policy which imposes such discrimination is in direct violation of a number of laws and human rights codes, both here in Quebec and in the rest of Canada.

First, faculty should notify senior administrators that at no point, and under no circumstances, can they be compelled to involuntarily release any private information about their personal health status, whether they have been fully vaccinated or not. Such a mandate violates the rights of all, not just some. Such compulsion, that lies outside of the terms and conditions of employment as established by contracts or collective agreements, would be plainly illegal on a number of fronts, including violating existing laws as exist in Quebec and the rest of Canada. At no point when we were interviewed and then hired, were any of us informed of any health requirements to perform our jobs. Established policies for universities to maintain safe working environments place that burden on university administrations—they do not imply any demand for health screening and injection of faculty.

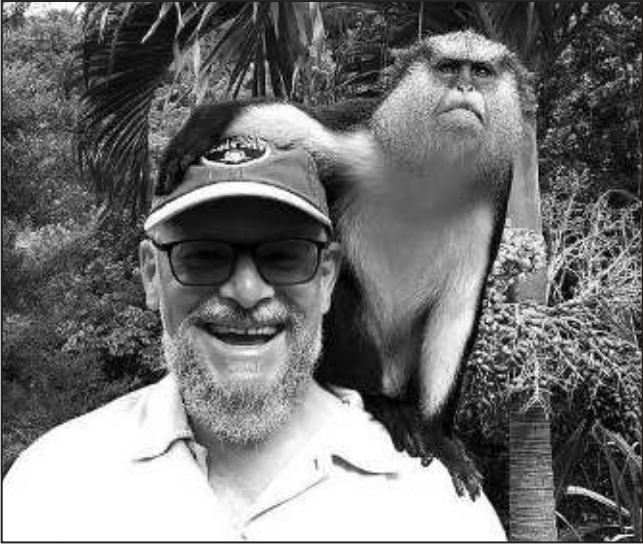
We should be particularly concerned about the apparent effort to pressure people into vaccination. As universities that staunchly uphold ethics in research, following federal requirements, this policy instead negates voluntary informed consent. Consent cannot be mandated, by definition. The policy also violates the principle of do no harm, by not advising members of the community that compliance with this policy could result in experiencing adverse effects, ranging from the mild and trivial, to serious injury requiring hospitalization, and in some cases

even death. We have not seen any language warning about adverse reactions and possible death anywhere in the policy announcements.

The compulsion to vaccinate also runs afoul of legal provisions that prohibit discrimination on the grounds of ethnicity, religion, and political beliefs.

What universities are also backing is an emergency measure, but they have not furnished any proof of an emergency. Rapidly spreading viruses are common to our university communities, as with each cold and flu that sweeps through a university population every year, even multiple times in a year. The condition of “rapid spread” and “contagiousness” is not, in and of itself, any basis for an “emergency.”

University administrations should rest assured that, as was usual, when employees develop any symptoms of any sickness, they will automatically refrain from coming to campus, as they have done when they had colds or the flu. Non-vaccinated faculty therefore represent no actual nor potential “threat” to the health of the community.



Maximilian C. Forte, PhD is a Professor, Sociology and Anthropology, Concordia University

We must also point out that in the early fall of 2009, some Canadian faculty contracted H1N1, and in some cases they had to be absent from class for weeks. At no point did any university administration in Canada manifest any concern about this fact. It is important to recall that in 2009, the World Health Organization declared H1N1 to be a “global pandemic,” under the very same definition it then used for Covid-19. By enacting radically different measures today, Canadian universities are thus directly at odds with their own practice, from the recent past.

Second, if the consequence of non-compliance with such mandates are that faculty must undergo frequent testing—despite having no symptoms—then this would be unfair and discriminatory treatment based on assumed health status, and that too is illegal and lies outside of our terms and conditions of employment. Being a professor at a Canadian university has never been advertised as a position that comes with a health requirement, or a requirement for medical screening in order to perform one’s duties. Moreover, given that it is now solidly established that the fully vaccinated do carry as much viral load as the non-vaccinated, and do transmit the virus, to then subject one group of persons (assumed to be non-vaccinated) to testing, while exempting others, is obviously unfair discrimination.

One can only conclude that such a discriminatory bias is meant to punish a particular group, to hinder them in carrying out their daily work requirements, and to continue singling out healthy people as a problem. It is also obvious psychological harassment, and thus directly violates most Canadian universities’ own published workplace policies.

Before attempting to unilaterally transform the terms and conditions of employment, university administrations must at least sit down and negotiate with faculty unions. Over the past 18 months, we have seen professors suddenly required to work from home, which is work not required under existing terms and conditions of our employment—it is simply not in our job description, and most are not trained for online teaching. Conversely, we have now seen them barred from continuing remote delivery when this is their first choice. Now we see those who are assumed to be non-vaccinated being forced to undergo testing, regardless of symptoms, and regardless of possible natural immunity (which is irrationally and

unjustifiably dismissed from this entire discussion).

The discriminatory testing requirement is thus another apparent legal violation, and it has no place at any Canadian university.

The announced policy is a violation of human dignity: it imposes psychological pressure through a regimen of punishment designed to make the performance of one’s ordinary work duties increasingly onerous and unsustainable. It reaches the point where we could argue that it constitutes a breach of contract.

The announced policy also demands that those who are assumed to be non-vaccinated (i.e., they do not furnish proof of full vaccination), must be visibly and publicly set apart from the rest of the community (i.e., masked where others are not masked). Given the prevailing mass psychosis that incites blame, disrespect, and even overt hatred against non-vaccinated persons, to make such non-vaccinated persons openly stand apart is to jeopardize their dignity and integrity.

Third, Canadian universities must not be pressured, and should not comply with any pressures that force their participation in a regime that violates human rights. As we are only now becoming aware of the real extent of atrocities committed at Canadian Residential Schools, which closed only in the late 1990’s, Canadian educational institutions ought to be extremely wary of yet another wave of government demands for harsh, segregationist, and punitive measures in the name of “saving” people.

The administration of Canadian universities may reasonably respond that they are merely following government mandates. Any government mandate that is itself an extra-legal measure, imposed without legislative support, is not one that can be used to force a university into also violating either the law or human rights conventions established under international law, to which Canada is a signatory.

Any compliance by an individual with extra-legal extreme measures could also be read as tacit consent, which would then legitimize such measures which are backed neither by established laws, the Charter of Rights and Freedoms nor—it must be noted—are they backed by any scientific support.

The administrations of Canadian universities are best advised to be prudent, and on the right side of both the law and justice. They must immediately rescind any such policy issued under the heading of a vaccine mandate. They should also be aware that failure to do so exposes them to litigation from those at the receiving end of discriminatory treatment, not just from faculty and staff, but from an even larger number of students.

For any Canadian university to try to justify human rights abuses, because they are what the government ordered, is truly Nuremberg-worthy.

Fourth, any mandate must acknowledge that the burden of proof rests with those issuing, following, and enforcing the mandate. In particular, governments and university administrations in Canada must provide fully documented proof of the following—keeping in mind that widely spread fear is not proof of any emergency other than a psychological one:

(1.) That there is indeed a current public health emergency, as an objective and verifiable medical fact, and not as an artifact of government decrees. The greatest number of hospitalizations and deaths in Canada occurred during the so-called “first wave” of March-May, 2020. There has been no repetition of those numbers since then. Even then, we are basing this on assumptions: we assume that people were infected with Covid-19, using flawed testing at a time when the virus had not been isolated, and when the amplification cycles were too high—and we did not follow WHO guidelines that advised against relying exclusively on PCR tests in making any clinical diagnosis. We also did not routinely conduct postmortems to establish the cause of death of most elderly victims in the spring of last year. On top of that, it has since come to light that even among those who were already close to the natural end of their lives, they were often subjected to starvation and dehydration—fear kept away many workers from nursing homes, which then resulted in the neglect of residents. We have also learned that, at least in Quebec, such elderly and frail patients were given morphine that suppressed respiration and which, in almost all cases, quickly resulted in death. Thus we do not yet know the exact size and nature of even the “first wave,” the worst and arguably the only real wave we had.

(2.) That infection is spread only by the non-vacci-

Where We Are Now

By Guy Crittenden

I recall years ago watching a TV program about the controlled media in Russia. A western émigré hosted a popular national current affairs program, where he interviewed newsmakers at a round table. The documentary revealed everything was scripted; the questions were lob balls and nothing challenged official narratives or the policies of leader Vladimir Putin.

I was thankful to live in a society with a free press. Or so I thought.

In the intervening years I learned the mainstream media (in which just five corporations own and control upwards of 90 per cent of all newspapers, magazines, TV and radio stations) is fully controlled. We were lured into online alternatives, but now the tech giants are censoring those, too. Ergo, the Overton window of what's admitted into public discourse is tightly restricted. This has been extended to vaccines, around which a cult has formed (as CJ Hopkins reminds us in articles like "The Road to Tyranny"). This cult has become the majority. And how do you capture and deprogram millions of people? Of course you cannot. (At least, not quickly.)

The corporate capture of regulatory agencies was crucial to the planned restructuring of the world economy by globalists. Their transhumanist agenda requires consent from the health agencies and scientific bodies of the nearly 200 country members of the Rockefeller One World Government club, also known as the United Nations. While blockchain technology and crypto could decentralize systems, the rulers of the current pyramid need centralization for their Internet of Things (IoT) and Internet of Bodies (IoB), which are a totalitarian's wet dream. Implanting us with nanotech and subsuming us in an augmented reality (sometimes called the Metaverse) requires that we surrender our rights and freedoms. Pesky things like national constitutions and the right to bodily autonomy (never mind the Nuremberg Code) stand in the way of the technocratic vision. Control of the media was therefore crucial, so the public would remain unaware of the future into which they're blindly walking. And defenders of those rights and freedoms needed reclassification as "selfish" (as well as racist, Trump-supporting, conspiracy theorists, and other epithets).

A ginned-up pandemic was the perfect tool to terrify people into a state of cognitive dissonance wherein they agreed their alienable rights and freedoms are simply gifts from the government, that can rightfully be taken back. The propaganda — the mass hypnosis — worked. And now we have a divided society in almost every country.

To take over the world, you needn't crush every nation, but rather co-opt about 20 percent of countries; but they must be the "right" ones: the countries with strong property rights and common law traditions. The countries with subpopulations that would normally fight back.

As we approach the two-year mark of the COVID-19 operation, it's time to take stock of *where we are now*.

Australia has fallen. (I defy anyone to review videos of Kevlar-clad police assaulting citizens in parks and conclude otherwise.) New Zealand is now a police state. As is Canada. And Ireland, Scotland and Wales. (England is wavering.) The lights have gone out in most of Europe, with pockets of resistance in France, Italy and certain cities like London. The Scandinavian countries have lifted lockdown restrictions, but it's largely because their populations are compliant with such things as injections and microchips. Pyrrhic victories.

The United States is a special case, because of its Second Amendment. Americans have guns, so the globalist strategy there is to foment a civil war. They funded Astroturf groups like Black Lives Matter and Antifa to burn down American cities. Just as supply chains have been deliberately broken for such things as fuel (in winter) and food, the hedge fund managers will short the market and crash both stocks and the global economy. A great depression looms after the four quadrillion derivatives bubble bursts. The former home-owning middle class will be herded into "Smart cities" as renters, and will be placed on a universal basic income (UBI), then put to work in virtual reality jobs in a tokenized, gamified econ-

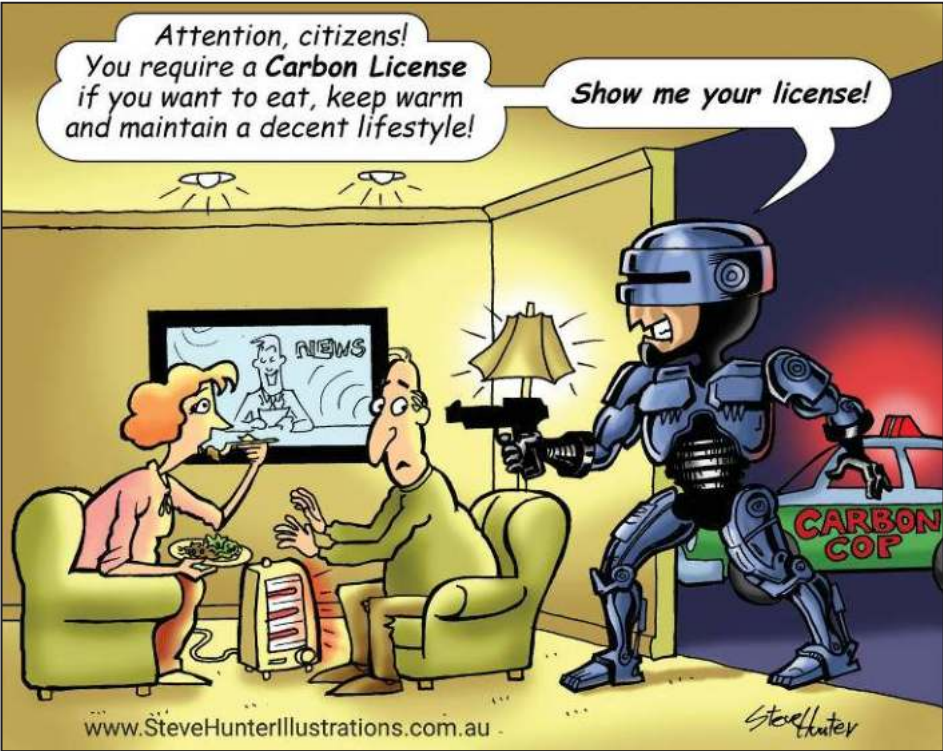
omy: think Second Life meets Oculus Rift.

The incremental drift into medical tyranny (soon to simply be "tyranny") worked because people didn't see what was just around the next corner. Masks and arrows on supermarket floors were conditioning for a new do-as-you're-told social paradigm. The brilliance of the New World Order slave muzzles was that citizens' virtue signaled with them ("I wear my mask to protect you!"), then started policing their fellows. Shaming or even assaulting people with mask exemptions was overtly encouraged by government at all levels. Like (what we'll just call) 1930s *armbands*, people wore masks outdoors and in cars, not



because they were necessarily passionate about it, but because they didn't want to *stand out*.

The order followers have become increasingly aggressive toward freedom movement protesters, whom the media dismissively calls "anti-maskers," because they're deemed to be selfish incubators of increasingly deadly strains of the presumed virus. This medical pantomime is becoming dangerous, especially as mental fog and anger take hold among the injected, whose immune systems are crashing at a reported average rate of five per cent per month. (In 20 months, some doctors say, they will have the equivalent of AIDS.) The oligarchic schemes are worthy of Dr Mengele. Folks aren't considered vaccinated until two weeks after the jab, so the many millions of injured (or worse) who fall down during that period are



counted as "unvaccinated" — ergo we have a "pandemic of the unvaccinated" whose "COVID-like symptoms" and effect on others are reportedly the result of refusenik irresponsibility, and not the heroism of those who rolled up their sleeve for "the greater good."

Now pharmaceutical companies are quietly warning doctors and the media to be on the lookout for a (formerly rare) illness that presents as Polio, and mostly affects children, whom it maims and kills at an exceptionally high rate. This illness is supposed to appear over the fall and winter, and affect children five years of age and up. This will occur at the very same time governments approve injections like the Pfizer drug for children five years and up. The side effects (or planned effects) of the injections will look highly similar to this deadly Polio-like disease.

But of course that must all be a coincidence.

No one would be that evil, right?

At the same time as children become crippled or die (and the injected turn on their unvaccinated neighbors), the economy will crash. Hard. The stock market is being propped up with limitless money printing, which company CEOs are using to buy back their own shares. Ergo, the market and the whole economy is fake, and populated by zombie corporations. When the house of cards collapses, many in the credentialed liberal bourgeoisie will lose their pensions and savings. Ask any activist: the petit bourgeoisie always betrays the working class during Marxist or fascist takeovers, as they cling to their privileges, and are then in turn thrown on the truck with everyone else. You can set your watch to it.

This professional class (e.g., doctors, nurses, lawyers, teachers, police, bureaucrats, etc.) is looking the other way as the NWO puppets (like Canada's Prime Minister and his handler Chrystia Freeland, both graduates of the World Economic Forum leadership program) build concentration camps in remote areas, and as the geofencing takes effect. Geofencing is the term for banning travel, first for refuseniks and later for everyone. At first it will be for travel outside one's country. Then it will be for travel outside a five-kilometre radius of one's home. (Ask any Australian or Irishman.) When the full Chinese-style social credit score system takes effect, with facial recognition cameras and other surveillance systems, citizens of Canada and other countries will need the right QR code to enter a non-essential business (e.g., sports stadium, restaurant or theatre) and then (because this is done incrementally) essential businesses like banks and supermarkets. In China, some can't even leave their apartment block without the right QR code. Crimes include jaywalking or lack of sufficient party loyalty. And President Biden, in asking Google for people's search terms, is shifting toward policing pre-crime thought.

In October, Activist Max Igan fled Australia for Mexico, after the government fiddled with his bank accounts and the police asked him to report to the station for a *friendly chat*. The Canadian media isn't reporting the similar midnight door knocks and travel bans levelled against activists whose only crime is attending peaceful demonstrations. Unlike Parisians or Londoners, residents of Vancouver, Calgary, Toronto and Montreal have not shown up in sufficient numbers to turn the tide. Now we can't board a plane or train or cruise ship without being double jabbed. (Some have noticed their vaccine cards have space for eight boosters...)

I believe humanity has a very limited window to Jujitsu all this — to use the energy of the opponent to flip them — and it is this: The public must be led to understand the wave of deaths this winter are from the injections, not any virus. And they must understand the provable fraud of the PCR tests. In time they'll come to see that the program to alter, sterilize, and ultimately reduce the human population is deliberate. I believe (unlike the deaths of the elderly in care homes) that when people see their own children die or become ill after being vaccinated, they'll realize what's actually going on. If they fail to do that — if they think it's from some "variant" — we'll be in deep trouble, and the predictions etched on the Georgia Guidestones may well come to pass: a permanent "sustainable" world population of 500 million people. (And these will be GMO humans or cyborgs, not *homo sapiens*...)

COVID lockdowns (a prison term) will morph into climate lockdowns. When the hard lockdown is imposed this winter in the aforementioned countries, people will discover why Bill Gates and other billionaires bought up all that farmland. It's not to grow food; instead, it's to plant a tree in your name and sell you greenhouse gas credits, so you can travel outside your restricted zone.

And we thought mandatory vaccinations were profitable! The right to travel, and eventually the right to breath, will generate huge windfall profits for our overlords. And even the right to breath will be a privilege not afforded to all.

Guy Crittenden is a freelance writer and author of the award-winning book *The Year of Drinking Magic: Twelve Ceremonies with the Vine of Souls* (Apocryphile Press, San Francisco). Follow Guy at HipGnosis.co

The Great Reset is a Social Carbon Credit Economy

By: [Bantam Joe | BantamJoe.com](#)

The driving force behind the pandemic and “The Great Reset” is actually the rollout of a CARBON CREDIT ECONOMY, repackaged as “Build Back Better”.

While the media has everyone arguing and worried about the virus, behind the scenes, the members of the WEF and UN have been working hard, behind the scenes, installing their plan for a brand new global economic system. Everyone took their eyes off the ball, and under the cover of Covid, the climate-change architects and profiteers decided to go full steam ahead with their plans for an upgraded, very high-tech, cap-and-trade system. A system that places a cost for every breath you take, every action you perform, every item you purchase, every plan you make. For the rest of your family’s life!

In this system, what you buy, consume, perform, etc., will be decided by your carbon footprint. You’ll be given a maximum allowance of carbon credits on your carbon credit crypto wallet. Each time you perform any action that has a carbon trace, carbon credits will be deducted from your carbon crypto account on the blockchain. What you can buy and do is decided by crypto/blockchain smart contracts, also known as programmable money.

So what does this mean to you?
What do the globalist ruling class have in mind for you?

Under their plan, a UBI (universal basic income) type social and carbon credit blockchain based system, if you reach your maximum carbon allowance, your account is shut off and you can no longer purchase or do anything. Of course, not unless you’re rich and you “purchase” tokenized carbon credits, either out of your wallet, or in planting some trees. If you’re fortunate to plant a tree (which almost no one can do), you will then have to register that tree on a blockchain as an NFT (non-fungible token). Both satellites and drones will attest and authenticate its existence (using GPS and machine learning vision), in order to make sure there is no double-spending (blockchain transaction) on any of those individual trees. All done with AI and blockchain.

Now, if you can’t plant a tree, have no fear! Billionaires around the world such as Bill Gates, Rockefeller, etc., have you covered and have done all the hard work for

you. They have either purchased millions of acres of land or placed them in trusts (conservations) so that you can buy their carbon credits, generated by natural breathing

added smart contract layers (ie; Bitcoin’s Taproot and Ethereum). The food supply chain will have to collapse and be replaced with one that is more “green”. The products and materials you have been accustomed to will have to be removed and replaced by carbon-friendly products. You’ll be required to “share” more, using blockchain based NFT’s (if you have carbon credits). You’ll be forced by governments, businesses and other issuers into buy only what they deem is good for you and the earth. Even down to your children’s pocket money. All monitored and rationed programmaticlly using blockchain, AI and surveillance.

Are you getting the picture yet?

Your benefits payments, insurance, private property purchases, pensions, etc. will all be based on compliance with these new measures. All businesses will be forced to upgrade their ESG score (Environment, Sustainability, Governance) or face the threat of not receiving loans nor future investments. All in accordance with the UN’s SDGs (Sustainable Development Goals).

Your activities must all be monitored so as to measure and quantify your carbon footprint. You’ll need to become a token on a carbon transaction network, up for trade on a carbon exchange. If you do not comply, you are ostracized and left on your own, disconnected from this new draconian “green” society. This is the plans of the globalist ruling class.

The global carbon exchanges are in place and making billions. The 197 nations have all agreed to it. The infrastructure is all in place. The technology (4th Industrial Revolution) is advanced enough to take place. The billionaires have made their massive land purchases in order to become offset providers. The blockchains are all ready to implement tokenization of carbon units. The satellites are in space are ready to do attestation and authentication, using NFT tech and blockchain. The drones are ready to validate all life activities on earth. The 5G and 6G networks are all in place for high speed real-time data throughput.

With the UK hosting as president of the 26th UN Climate Change Conference of the Parties (COP26) in Glasgow on October 31– November 12 2021, with an expected 30,000 attendees, you can count on the creation of the social carbon credit system to accelerate at warp speed!

trees. And who says money does not grow from trees!
We are talking about global rationing based on your carbon footprint! ... forever!

In order for this to work, you will be required to register (passport ID) on the blockchain, and you will then be tracked and traced. You will need to lose your present income, your small brick-and-mortar businesses, be kept in lockdown, forced to connect to the digital supply and commerce chains. Your money will be programmable money (smart contracts). With this new CBDC (central bank digital currency) and other crypto coins with



Thanks To All Druthers Supporters For A Great Year

Continued from p.1

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Your continued love and support is vital to the continued growth and success of this project and is hugely appreciated. That is the only way this paper continues to happen. Here are a few ways to pitch in.

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Please world, be kind to one another. We really are just one big earth family! Big thanks and lots of love to you all.
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The Future Belongs To Freedom

By Spencer Fernando

Those who embrace freedom will have a long-term advantage. Those who give in to fear and demand expanded government power will be left behind. It has never been more possible for people to enjoy near-total freedom.

The advance of technology, particularly the internet and cryptocurrencies such as Bitcoin means that centralized institutions like governments, banks, and central banks no longer have the total monopoly on information or money generation that gave them their immense power.

In effect, we have advanced beyond the need for many of the institutions that run our society, but we haven't woken up to it yet – at least not in large numbers.

Backlash to freedom

Even before covid-19, we saw governments and centralized institutions desperately trying to put the toothpaste back into the tube when it came to the expansion of freedom that the internet has enabled

In the past, it was easy for the government to influence the media, since the cost of getting your opinion out to the masses was immense. You needed a printing press, you needed a massive staff of writers and editors, and you needed a distribution network.

So, only a few could afford to own a newspaper, meaning the government knew the key players it needed to influence and control.

The advent of radio & tv didn't change the situation that much, considering that once again the costs of setting up a large-scale media institution remained out of reach for nearly everyone.

The internet has changed all of that. First of all, Independent Media has become a powerful opponent of government propaganda, and is becoming the true media because we are reliant on individual Canadians choosing to support us, rather than forcible taxpayer funding.

Additionally, nearly every Canadian is able to become the media at any moment, by livestreaming an event, or sharing their opinion widely on social media.

This means the media has gone from being just a few key players at the top of an organizational hierarchy, to millions of people.

And of course, it's far tougher to control millions of people than it is to control a few. And this scares the government and scares the establishment media.

Hence, the backlash. When those in power fear losing control, they react by trying to expand their control at all costs.

Hence we see constant attacks on free expression and massive bailouts of the establishment press (*at our expense of course*).

In effect, rather than embracing how the internet has made expanded freedom possible (*something we are supposed to support considering we are a 'free' country*), governments like the Trudeau government have decided to move closer towards a place like China where freedom is seen as something to be feared.

This is the battle we see: Those who embrace freedom, and those who fear it. And this applies beyond just the establishment media. It also applies to our monetary system, in what could be the true battleground of freedom in the next 100 years. Should the government control our money?

At first, that question seems absurd. Of course the government controls our money, right?

The government creates it, prints it (digitally most of the time now), and it has value because the government decides it does.

But does it have to be this way? Should it be this way?

Absolutely not. When we really think about it, it is a severe conflict of interest for a government institution to have control over our currency.

We see the consequences at this very moment, as unaffordable government spending is enabled by the creation of massive amounts of money, which creates a hidden Inflation Tax that devalues our currency, punishes those who save, and punishes everyone by making our reward for our hard work get smaller and smaller as our hard-earned money is robbed of value.

It's a massive trick being played on all of us: We get told our economy is 'growing,' because the amount of money in the system increases, even as each of us actu-

ally has less real value at our disposal since that value is being inflated away.

We are told to fear deflation, even though deflation should be the goal of any productive society, since everything should be getting less expensive as we become more and more skilled and efficient at producing.

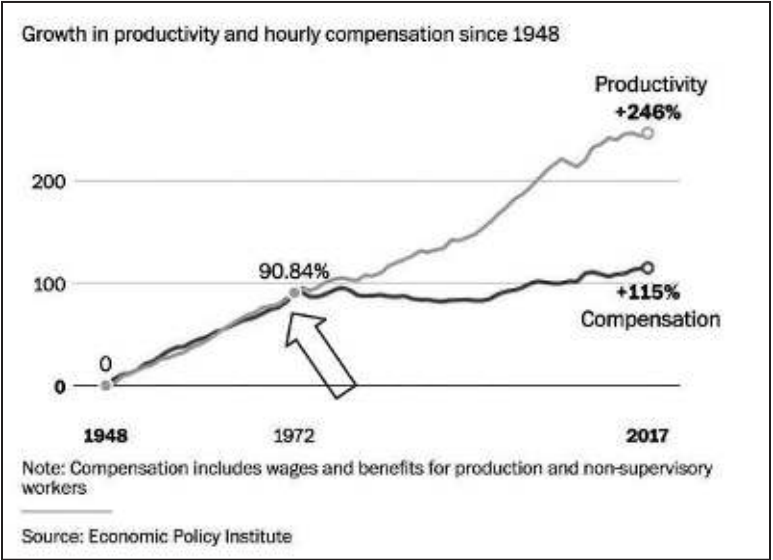
Why are we supposed to accept this state of affairs? Why should we submit to the idea that our lives are controlled by a concept of money that is manipulated by governments and used to keep us under the thumb of the state?

We shouldn't. And this is where cryptocurrencies come in.

As with the internet, the advance of technology has once again rendered centralized government control unnecessary, and even counterproductive.

Cryptocurrencies like Bitcoin offer the possibility of a return to something like the Gold Standard, where there was true value and true scarcity.

And if you think that isn't necessary, consider this chart below, which shows the relationship between productivity and compensation before and after the US (*and*



other countries like Canada), fully severed the relationship between fiat currency and Gold. On August 15, 1971, the US abandoned the Gold See, 'Is crypto' p.10

Mandates are not laws

Continued from p.5

nated. We now know definitively that the advertised "vaccines"—those in use in Canada—do not protect the injected from infection, nor do they stop them from spreading the virus, or even falling sick and dying from the virus. If the fully vaccinated can—and do—spread the virus, then any requirement for frequent and rapid testing must equally apply to them. Failure to do so is proof of discrimination on the basis of health characteristics.

(3.) That by advertising the need for vaccination, that the university population is not being misled about the real protection such injectable products afford. Countries such as Israel, which vaccinated more fully and more quickly than Canada, are now witnessing a situation where the overwhelming majority of the infected are the fully vaccinated. In both Israel and the UK in recent weeks, the fully vaccinated account for the majority of Covid deaths. Without even speaking of death, which is extremely rare for anyone exposed to Covid—vaccinated or not—in both Europe and the US there are now several hundred thousand cases of serious adverse reactions. Universally it is acknowledged—even by the manufacturers themselves—that the effectiveness of these injectable products is declining to the point where any protection they might have offered increasingly drops to insignificant levels.

(4.) That "cases" are a measure of anything significant. The term "cases" has been abused and distorted: anyone deemed to test positive for Covid-19, has been categorized as a "case". This is despite the fact that they may have had no symptoms, or if they had symptoms they were mild and required no treatment. Typically a real case involves someone needing treatment as a patient, usually in a clinic or hospital. Therefore it needs to be proven that a rising number of so-called "cases" is any reason for extraordinary measures, especially when hospitalizations and deaths are but a tiny fraction of what they were during the first wave.

(5.) That natural immunity is not real and does not matter. Nowhere in these mandates is there any language concerning natural immunity—natural immunity is assumed to not exist, or is assumed to be irrelevant. If those issuing, complying with, or enforcing such manda-

tory vaccination cannot address this scientific point, then the credibility of their entire argument collapses. On that basis alone, non-compliance would be fully justified and warranted.

(6.) That healthy people can be assumed to be bearers of sickness. These workplace vaccine mandates all assume that healthy, even young and healthy people, who are not vaccinated are a "problem". The healthy are assumed immediately and in advance to not only being actual or potential bearers of infection, but also being the sole bearers of infection, and of being solely infectious. Show the scientific support for this argument, and show it overcoming contrary scientific research.

(7.) That the so-called "Delta variant" is in fact "more dangerous". Being more contagious does not equal more danger of sickness and death, as attested to by published government data. Show the scientific proof for the fact that the Delta variant is a significant variation, not just one that varies by 0.3% of characteristics compared to the original Covid-19. Show the data that proves beyond a doubt that it causes more hospitalizations and deaths than the original Covid-19 ever did. Without this proof, the rationale for such mandates is null and void.

(8.) That "herd immunity" can only be achieved with vaccination of 100% of a population. In particular, show the scientific support for achieving such immunity by using injectable products that confer no immunity at all. In addition, show the scientific support for the idea that herd immunity discounts natural immunity—see point #5 above.

If there is little or no scientific support for these positions, then there is no rational justification that warrants a mandate issued on medical grounds, in the name of safeguarding public health. In that case, the policy demands non-compliance and it must be rescinded.

If what remains is merely fear of danger, then in certain instances such fear of danger may in itself be a call for urgent psychological therapy or even psychiatric treatment. This is especially the case where fear is sustained in the absence of evidence or in denial of reality, and where it clearly does harm to the persons holding this fear, who then harm others (by issuing discriminatory mandates, for example).

It must also be recalled that during the height of the

lockdowns, well before "vaccines" became available, and even before masking became mandatory, millions of Canadian workers operated in close quarters for long hours every day, and yet deadly outbreaks were few and far between. It remains to be shown why now, with vaccination and masking and numbers only a microscopic fraction of what they were, it is now necessary to go to extreme lengths to ensure 100% vaccination, using products that clearly cannot confer immunity. Such products are not only obviously and indisputably ineffective as tools of immunization, they can also be dangerous.

The announced measures, we already know, will do absolutely nothing to curb the spread of the virus. Knowing that means the policy is being followed for reasons not having to do with public health. We should thus reaffirm our commitment to non-compliance with this policy.

Lastly, if what universities really fear is exposure to litigation, then there is a very simple answer to this concern: ask all those who wish to access campus to sign a waiver that the university bears no responsibility for anyone who may become ill on campus (assuming it can even be proved they became ill on campus). If there is widespread fear of infection, a university could also allow for continued working and learning from home for those who prefer that option. Whatever the option may be, every possible option should be investigated without resorting to extreme and discriminatory measures that violate human rights and the rights of citizenship.

[Canadian faculty are encouraged to adopt and or adapt this statement, in whole or in part, for use in their individual institutional settings, and they can do so without formally crediting this statement which is published under a Creative Commons license.]

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Our Children Are Being Used As Guinea Pigs

Continued from p.1

edge this scientific reality, Makary says the CDC continues to use “flimsy evidence” to push the COVID vaccine upon children.”

With this background, we knew of the very low risk to children in the first place, but we wanted scientific documentation of why this low risk existed, to help support our argument against these injections in our children. What, if any, was the underlying biology or molecular explanation for such negligible risk? Is there one? The evidence presented below (including on the risk of the injection itself) may help explain why children are not candidates for the COVID-vaccines (here and here) and may well be (are) immune and can be considered “fully vaccinated.” The evidence also surrounds the potential risk of the spike protein to the vaccinee.

The key arguments are:

1) The ACE 2 receptor plays a key role in fluid balance and blood pressure control (in terms of excretion and retention of salt). However, the virus uses the ACE 2 receptor to gain entry to the host cell, and the ACE 2 receptor has limited (less) expression and presence in the nasal epithelium in young children (potentially in upper respiratory airways); this partly explains why children are less likely to be infected in the first place, or to spread it to other children or adults, or to even get severely ill; the biological molecular apparatus is simply not there in the nasopharynx of children as reported eloquently by Patel and Bunyavanich. By bypassing this natural protection (limited nasal ACE 2 receptors in young children) and entering the shoulder deltoid, this could release vaccine, its mRNA and LNP content (e.g. PEG), and generated spike into the circulation that could then damage the endothelial lining of the blood vessels (vasculature) and cause severe allergic reactions (e.g. here, here, here, here, here).

2) Recent research (August 2021) by Loske deepens our understanding of this natural type biological/molecular protection even further by showing that pre-activated antiviral innate immunity in the upper airways of children works to control early SARS-CoV-2 infection. The study provides evidence that “the airway immune cells of children are primed for virus sensing, resulting in a stronger early innate antiviral response to SARS-CoV-2 infection than in adults”.

3) When one is vaccinated or gets infected naturally, this drives the formation, tissue distribution, and clonal evolution of B cells, which is key to encoding humoral immune memory. There is recent research evidence by Yang published in *Science* (May 2021) that blood examined from children retrieved prior to the COVID-19 pandemic have memory B cells that can bind to SARS-CoV-2, suggestive of the potent role of early childhood exposure to common cold coronaviruses (coronaviruses). This is supported by Mateus et al. who reported on T cell memory to prior coronaviruses that cause the common cold (cross-reactivity/cross-protection). Yang *et al.*'s research underscores the importance of early childhood B cell clonal expansions and cross-reactivity/cross-protection, in subsequent exposures and responses to novel pathogens e.g. SARS-COV-2. This may well help explain why children are not candidates for the COVID vaccines and may (are) already be immune and can be considered ‘vaccinated’. “Giving them a dangerous vaccine has virtually no benefit but significant downsides (like death)”.

4) Building the case against COVID-19 vaccination in children even further, ongoing research and discussion suggests that children are less likely to suffer widespread infection throughout the body and that their immune systems appear capable of eradicating SARS-CoV-2 before it can reproduce in high numbers. Weisberg and Farber *et al.* suggest (and building on research work by Kumar and Farber) that the reason children can more easily neutralize the virus is that their T cells are relatively naïve. They argue that since children’s T cells are mostly untrained, they can thus immunologically respond more rapidly and nimbly to novel viruses.

5) We would also draw attention to the transmission research in the *Journal of Infection* by Galow (April 2021) that examined household transmission rates in children and adults. They reported that there was “no transmission from an index-person < 18 years (child) to a household contact < 18 years (child) (0/7), but 26 transmissions from adult index-cases to household contacts < 18 years (child) (26/71, SAR 0=37)”. These findings add to the stable existing evidence that children are not spreading to children but rather adults are spreading to children. The findings are in line with overall accumulated evidence that children are less at risk of developing severe illness courses and also are far less susceptible and likely to spread and drive SARS-CoV-2 (references 1, 2, 3, 4).

6) Risk: There is an emerging discussion that with approximately 570 COVID injection deaths registered in VAERS in children, and the CDC reporting approximately 350 deaths in children since the inception of the emergency (Feb/March 2020), then the vaccine is killing more children than the virus/disease itself (Steve Kirsh, personal communication, September 2, 2021). We argue it is beyond a theoretical risk that children can be harmed by these suboptimally- and safety-untested injections. We have the severe morbidity and mortality accumulated in the CDC’s very own VAERS vaccine adverse event database, with 15,000 deaths (and 700,000 adverse reports) in the 1-5 day period post injection (80% linked to the injection). This is not my data. It is logged in the CDC’s very own database and vetted by the CDC. Alarming, VAERS



is known to capture only approximately 1% of the burden but let us handicap the debate and say that VAERS captures 10%. Then we are potentially looking at 150,000 deaths thus far due to the injections.

I am not only prognosticating; I am warning parents and the public, and I do so because the vaccine developers have failed in producing optimal methods and reporting and have not performed the proper safety testing. The FDA should have never granted FDA based on the ‘thin’ data and suboptimal methods by the vaccine developers. Again, I support vaccines once properly developed with the proper safety testing that excludes harms. The goal is to inform the public and parents urgently so that they understand the risks involved when they are making a decision based on a drug or vaccine providing no benefit and they are bringing no risk to the table. The threshold must be set very high to even consider these. I argue that these injections were never needed in children in the first place.

Dr. Patrick Whelan has summarized the stunning research evidence that, if it bears out, can present our children with catastrophe from these injections. Whelan affirms that the spike protein itself is a lethal toxin and is devastating to the vasculature (endothelial layer), having the potential to cause “microvascular injury to the brain, heart, liver, and kidneys in a way that does not currently appear to be assessed in safety trials of these potential drugs”. For example, Dr. Whelan points to research by Nuovo *et al.* showing “that in 13/13 brains from patients with fatal COVID-19, pseudovirions (spike, envelope, and membrane proteins) without viral RNA are present in the endothelia of cerebral microvessels. Furthermore, tail vein injection of the full length S1 spike subunit in mice led to neurologic signs (increased thirst, stressed behavior) not evident in those injected with the S2 subunit. The S1 subunit localizes to the endothelia of micro-vessels in the mouse brain, and is a potent neurotoxin. So, the spike S1 subunit of SARS-CoV-2 alone is capable of being endocytosed by ACE2 positive endothelia in both human and mouse brain, with a concomitant pauci-cellular microencephalitis that may be the basis for the neurologic complications of COVID-19. The Pfizer/BioNTech vaccine (BNT162b2) is composed of an mRNA that produces a membrane-anchored full-length spike protein. The mouse studies suggest that an untruncated form of the S1 protein like this may cause a microvasculopathy in tissues that express much ACE2 receptor”.

What can be concluded? Pulling these emerging research findings together strengthens the case that children are not candidates for the COVID vaccines and are to be considered already “fully and completely COVID vaccinated.” Furthermore, as lucidly outlined by Whelan, it is potentially disastrous to children if we move forward with vaccines without proper study of the possible harms to them. We do not have all of the answers yet for the vaccine developers have failed to conduct the proper safety studies and for the duration that would unravel any

harms. Yet, as Whelan points out, “it appears that the viral spike protein that is the target of the major SARS-CoV-2 vaccines is also one of the key agents causing the damage to distant organs that may include the brain, heart, lung, and kidney. Before any of these vaccines are approved for widespread use in humans, it is important to assess in vaccinated subjects the effects of vaccination on the heart (perhaps using cardiac MRI, as Puntmann *et al.* did). Vaccinated patients could also be tested for distant tissue damage in deltoid area skin biopsies, as employed by Magro *et al.*.... it would be vastly worse if hundreds of millions of people were to suffer long-lasting or even permanent damage to their brain or heart microvasculature as a result of failing to appreciate in the short-term an unintended effect of full-length spike protein-based vaccines on these other organs”.

No vaccine developer, nor the FDA, Health Canada, or similar national regulators have ensured that the proper safety testing has been done to ‘exclude harms’ to our children. As such, we state that under no condition must children get these injections. None! We find this very reckless and dangerous by these regulators who are to ensure that no unsafe drug, medical device, or vaccine is to be brought to the market. They have failed thus far! We ask these regulators to please slow down and demand safety testing, no matter how long it takes. We ask them to conduct proper risk-benefit analyses and they will see that the injections are contraindicated in children. Particular carefulness is needed with regard to the potential widespread injection of children before there is any real data on the safety or effectiveness of these injections.

We make this clarion call principally based on the injections having never been needed in children in the first place given the risk-benefit calculation, and, critically, on the lack of safety data to inform decision-making. These injections are just not needed in our children and can be devastatingly unsafe! We presented above a reasonably plausible and strong biological and molecular explanation of why children should not, and in fact, ‘must not’ be administered these COVID-19 injections.

In closing, there is very little risk and no data, evidence, or science to justify any of the COVID-19 injections in children. Under no circumstance should we expose the risk of the injections to children, and to consider putting risk on children so as to protect adults is perverse, reckless, and very dangerous. There is no safety data. The focus rather has to be on early treatment and testing (sero antibody or T cell) to establish who is a credible candidate for these injections if properly ethically informed and consented, for it is very dangerous to layer inoculation on top of existing COVID recovered, naturally acquired immunity (no benefit and only potential harm/adverse effects) (here, here, here, here, here, and here). We must establish who is COVID recovered, which is natural immunity, as this is a critical piece of the puzzle before any injection. Additionally, if public health agency leaders Fauci, Walensky, and Collins continue to demand our children be vaccinated, then they must remove liability protection for all who benefit from it.

What does all of this mean? I am calling for a pause at least on the administration of these vaccines *in toto* until we can figure out the safety issues. We are calling for a definite ‘no go’ on administration of any of these injections in children. We think that given the lack of safety data that could inform decision-making, then it is very dangerous and reckless to move to vaccinate our children, especially given their very low risk of acquiring the pathogen and spreading it or getting seriously ill once infected. Global data and science are settled on this. If Dr. Fauci of the NIAID, Dr. Walensky of the CDC, and Dr. Collins of the NIH do not want (offer) to remove liability protection, and if the vaccine developers do not offer to do this, then parents must take this cue that the injection is potentially dangerous and that they (Fauci, Walensky, Collins) know it (at least suspect this), that they know that children may die from these injections (that harms were not ‘excluded’ based on the existing studies), and thus you must refuse to allow any such injection of their children. If these public health leaders do not remove liability protection, then there is a problem. If they think and know the injections are safe, removing liability protection should be no issue for them to do. No liability means no trust! If one child is harmed or dies from these injections, these public health leaders and vaccine companies must be held to account legally for the pain and suffering to the child and families.

Please visit [druthers.net/articles](https://www.druthers.net/articles) for full referenced version of this article.

Healing Power of Falun Gong and Worldwide Censorship

By Bogdan Diordiev

Falun dafa is a *qigong* meditation practice that has been spreading in China since 1992 and has also made its way all around the world teaching people how to truly cultivate the mind and body in miraculous ways. Many people have had complicated illnesses healed by studying the teachings and practicing the 5 sets of exercises that supplement the teachings. This practice has shown us that when people strive to perfect their character and abide by the principles of “Truthfulness, Compassion, and Tolerance” their bodies and minds can undergo amazing changes. Many people who couldn’t have their illnesses healed by ordinary medicine and were told there was no hope were able to have their diseases healed by practicing falun gong (also known as falun dafa). People with depression, anxiety, even PTSD were all able to find happiness in their lives again through this practice. This practice is all taught in its entirety free of charge online by qigong master Mr. Li Hongzhi. It’s completely free of charge yet it’s so powerful and has benefited millions of people around the world.

Now why haven’t more of the public been hearing about this very powerful practice. Well in July 1999, the CCP (Chinese Communist Party) started an all out campaign to “eliminate falun gong”. The CCP has used violent torture, murder, propaganda and imprisonment of anyone who practices. People in China can face up to 15 years of jail time for practicing and people have been tortured to death for their belief that truthfulness, compassion, tolerance are correct. The CCP has used various forms of slander to justify their persecution and to fool the world’s people. What people don’t realize is that the CCP has never been honest and has lied to its people and the world since it first came to being. The CCP even has a campaign to suppress falun gong all over the globe. According to defectors from the CCP they have been using different internet entities to slander the

practice for no reason. Truthfully this is just like Hitler’s gestapo in modern times. It has to be stopped!

Now why would such a good thing that’s taught for free be held from the people? Well, ever since the prac-



tice has been imparted to the public over 100 million or more people have benefited from it in China alone. China had 1.3 billion people at the time so that would mean that 1 in 13 people had practiced it. At the time CCP leader Jiang Zemin saw this practice was gaining popularity really fast and that it even outnumbered the popularity of the members of the CCP that were only 70 million, and that it might become more popular than him, since he thought that era was supposed to be all about the him and the party. His selfishness, hatred and inconsideration of the fact that this has benefited the public by raising morality and improving people’s health was none of his concern and so he started his campaign to “eliminate falun gong”.

In an authoritarian government, they control everything, including your thoughts, beliefs and what you do. Including all the sciences and literature available. If a science experiment does not agree with the CCP, it’s not published and is quickly denounced by political “scientists”. Even when falun gong was being spread in China,

the communist party had a special division specifically made to handle research in different qigong systems called The Chinese Qigong Research Society. Their goal was to set up branches at the various sites and set up membership fees so that the CCP could profit off falun gong and other such practices. But the founder of falun dafa Mr. Li did not agree as he wanted the practice to be loosely organized and be spread free of charge and for there to be no political connection. The practice since then has spread by word of mouth and from person to person all around the world and practice sites where people can come learn the practice have been set up all around the globe.

In parts of the “free world” authoritarianism is practiced in a more subtle way. We don’t see violence here, but we do see things like media control, censorship, propaganda. They have been instilling hatred and blaming the problems on the unvaccinated, censoring the truth about natural immunity and if any specialist says otherwise they lose their jobs and could face charges. Is it right for politicians to be the one voice to judge without taking anything else into consideration? The People who want to fight for the truth in any part of society are always the ones who suffer the most. We need to stand up and question people’s motives. In a time like this in our world people are all obsessed with having power, money and control and are willing to do and say anything for it, even at the cost of the lives of others.

Not many are willing to give up everything for the truth since it seems like it’s come to the point where, to really go after the truth, you really have to be able to give up everything and be willing to give up for others. We can’t judge the people who have been fooled by the mainstream media, it’s not their fault. The truth belongs to those who can accept it. My hope is that we can all strive for Truthfulness, Compassion, Tolerance. If you would like to learn the practice yourself for free or to sign a petition to end the persecution, visit www.falun-dafa.org or www.faluninfo.net.

Is crypto the future?

Continued from p. 8

Standard. In May of 1970, Canada abandoned fixed exchanged rates. Given our deep economic connection with the US, their abandonment of the gold standard, and the unlinking of the Canadian dollar to anything tangible resulted in a complete ‘fiat’ currency, a currency that has ‘value’ solely because the government deems it so.

Since then (as you can see in the chart above) we have seen a profound divergence between productivity (which keeps going up as would be expected due to technological advancement), and wages, which have remained largely stagnant (on an inflation adjusted basis of course).

You can notice this when you consider that it was once the norm for one spouse to work and be able to afford a decent house, multiple children, two cars, and regular vacations, thing that are increasingly out of reach for younger generations despite our country supposedly being ‘richer.’

The fact is, while there is certainly ‘more money’ floating around, that money has been so severely robbed of value that we are poorer in real terms.



Technology now exists to counter this, as we see with Bitcoin.

It is scarce (*only 21 million Bitcoins can ever be mined*), and it is decentralized. No government official can create more or manipulate it.

To get a sense of how important that is for freedom, consider how China has reacted to Bitcoin. They issue ban after ban, stricter each time, with the latest being a full ban on Bitcoin transactions in the entire Communist State.

If China is reacting to Bitcoin and cryptocurrencies in that way, it tells you they fear how it can make freedom and prosperity flourish, just as China fears a free and open internet.

Thus, the path for Canada is clear, if we want to be a truly ‘free nation.’

We must embrace freedom, embrace free expression, embrace cryptocurrencies and decentralization, and recognize that the future belongs to freedom.

If instead we continue going down the authoritarian path, we will be left behind as other nations advance into a brighter future.

Originally published at spencerfernando.com

Under Duress

By Emily Leyh

My husband got a lawyer. He conferred with his doctor. He requested religious exemption. He poured out his heart in a courageous letter to his company. He was told that if he didn’t get this today he wouldn’t be allowed to access his job site or fly home at the end of his shift. No exceptions.

This man has spent years overcoming a traumatic abduction from his childhood. Under threats that his parents would be harmed he was forced into silence.

He felt forced into this today. Holding his career hostage and his ability to provide for his family does not leave much room for consent.

The suffering he endured trying to make this decision was heartbreaking. His private medical history makes the fear of adverse reactions very real. He had very good reasons to decline. He should never have been forced into this.

I am sharing this to help my husband not feel silenced again and to give a voice to all the thousands of others faced with the same decision or sense of trauma from losing their bodily autonomy.

From Facebook



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“Please world, be kind to one another. We really are just one big earth family.
Thank you. I love you. Keep on passing it on.”
- Shawn Jason

News From Around The World

By Paul Bennett

Australia Gone Full Orwellian With Trial App

In late August, the state of South Australia began testing an Orwellian style smartphone app that uses facial recognition and geolocation devices to confirm a person’s location during home quarantine. The government approved app allows trial participants to confirm their allocated location with regular check-ins. Participants in the trial are contacted at random times during the stay-at-home order and have fifteen minutes to respond by showing proof of a picture of their face and a location of where they should be.

According to the guidelines issued by the authority figures in South Australia (SA), residents who miss their geolocation check-in will receive a follow up phone call and will need to provide a rationale why they missed the notification. The Home Quarantine Support Team and/or a ‘compliance officer’ from the SA police may visit a resident’s home if compliance with the app protocols is not adhered to.

South Australia Premier Steven Marshall justified the totalitarian ‘Big Brother’ is watching approach by stating, “We just use it to verify that people are where they said they were going to be during the home-based quarantine”. Other states across Australia are also trialling facial recognition software.

Civil Liberty and Human Rights groups in Australia have questioned the privacy safeguards and personal rights around the invasive app and have urged better regulation and scrutiny in protecting basic human rights and privacy issues.

In 2020, communist China used artificial intelligence-based technologies such as facial recognition to track and monitor the oppressed ethnic minority Muslim Uighur population.

The app is another intrusive technological tool to ensure the public is complying with draconian measures. The normalization of surveillance technology by a so called free and democratic country is another nightmarish situation for Aussies.

Cuba Begins Jabbing Children As Young As Two Years Of Age

In a sickening but unsurprising development in today’s covid world, Cuba has become the first country in the world to jab toddlers with experimental homegrown covid vaccines. The communist island has started the immunization program for toddlers in the central province of Cienfuegos since Mid-September.

The Cuban government have strongly encouraged parents to immunize their young children. According to the Cuban Health Minister Jose Portal Miranda, “It’s alarming the numbers of infections of the new coronavirus that have occurred in Cuba in the last few months in the pediatric population”. The government have authorised the use of the risky covid shots despite awaiting approval from the World Health Organization.

Many countries across the world are naturally cautious about the need to jab young kids against covid. Arnaud Fontanet, an epidemiologist advisor to the French government has asked the question of whether the risk from covid in children outweighs the risk of potential adverse reactions from the jab. More worrying, the Cuban vaccines have not undergone any international, scientific peer reviews regarding safety and efficacy.

A comprehensive study carried out by scientists from the University College London, and the Universities of York, Bristol and Liverpool examined the risk of covid in children. The data analysis was gathered over 12 months and confirmed that the overall risk of children becoming severely ill or dying from covid is extremely low.

Other countries that are jabbing young children include China, Venezuela, Chile, and the United Arab Emirates. Money thirsty and profit-making pharma giants Pfizer are also currently seeking emergency approval from US health authorities to jab children aged five to eleven with their covid shot.

We need to protect and advocate for our children more than ever from the powerful dark shadows that lurk in our society.

Lack Of Clowns In Ireland

The media across the world are gung-ho in fear mongering the public about possible food and fuel shortages coming into this winter season. Due to lockdowns and travel restrictions, an unexpected and peculiar shortage of clowns and other essential performers for the circus circuit is happening in Ireland.

The rationale for the lack of performers in the Irish circus scene is due to many foreign workers in the industry returning to their home countries when Ireland entered a strict lockdown on both sides of the Irish border. Many have not returned to Ireland since and many more have taken up work in other circuses across the world.

As covid measures are slowly easing, circuses in Ireland are reopening soon after being closed for over 500 days. David Duffy co-owner of Duffy’s Circus are currently on a recruitment drive for would-be jokers. Mr Duffy emphasized that the job is not all fun and games for potential candidates. He told the BBC, “When you go into the circus ring and you’ve got 700 to 800 people looking at you, no matter what sort of mood you’re in you have to light up that circus ring”. He added, “There is a lot more to being a clown than just putting on a red nose and a big, baggy pair of pants”.

Circuses across Ireland shouldn’t have any recruitment issues for stage clowns as there are plenty of real-life clowns in the clown covid world, we now live in.

Three Vatican Swiss Guards Resign Over Covid Injections

Three of the elite corps that protect the Pope have refused the covid shot. The principled pontifical guards have since resigned, and three other Swiss Guards are currently suspended until they get the experimental vaccine under strict Vatican

protocols. The mandated rules include withholding pay from all Vatican employees who cannot provide proof of the covid shot.

In an open letter published by the Italian website Renovatio, recently resigned Swiss Guard Pierre-Andre Udressy addressed the cowardly Vatican authorities. He bravely stated that, “What is certain is that, in all of this, what we are experiencing has nothing human let alone Christian about it, and it is truly intolerable to see the holy Vatican City come to this point!”.

The Vatican has even designated one of their great halls for the sole purpose of running a vaccination clinic for the homeless community and most vulnerable in society. Since October 1, entry into the Vatican City will only be permitted to persons who are in possession of a health certificate called a ‘Green Pass’ which attests to a vaccination, negative covid test or recovery from covid.

Pope Francis has strongly shilled for big pharma in the past few months. In a video message in conjunction with the non-profit US group the Ad Council, he shamefully said that getting vaccinated was “an act of love”. He added that, “I pray to God that each one of us can make his or her own small gesture of love, no matter how small, love is always grand”.

Pope Francis has already divided many Catholics across the world this year by limiting the traditional Latin Mass on where it should be celebrated and who can celebrate it. The Pontiff is also a global cheerleader for climate change and mass migration. The Pope responded to conservative critics who believe he is slowly eroding Christian traditional values by stating, “I personally may deserve attacks and insults because I am a sinner, but the Church does not deserve this, it is the work of the devil”.

It comes as no shock that a powerful institution like the Vatican are mouthpieces for the global agenda. Vaccine blackmail is alive and well in the Vatican City.

Global Debt Hits A Record \$300 Trillion, Up \$36 Trillion Since COVID

By Tyler Durden

Another quarter, another all time high in global debt (don’t expect this to ever again drop under the existing monetary framework).

According to the Institute of International Finance (IIF), total global debt - which includes government, household and corporate and bank debt but excludes derivatives and various other exotic products - rose to a new record high of nearly \$300 trillion in the second quarter, \$296 trillion to be precise, and up \$4.8 trillion in the quarter. This means that in the 18 months since covid, total debt has risen a stunning \$36 trillion!

“If the borrowing continues at this pace, we expect global debt to exceed \$300 trillion,” said Emre Tiftik, IIF’s director of sustainability research. Well, duh. Not only will it exceed \$300 trillion but it will exceed \$400 trillion, \$500 trillion and eventually \$1 quadrillion and so on. This is a feature, not a bug of the MMT “Helicopter Money” system we now live under.

The rise in debt levels was the sharpest among emerging markets - read China - with total debt rising \$3.5 trillion in the second quarter from the preceding three months to reach almost \$92 trillion.

There was a silver lining: the debt-to-GDP ratio declined for the first time since the start of the pandemic as economic growth rebounded. The IIF said that of the 61 countries it monitored, 51 recorded a decline in debt-to-GDP levels, mostly on the back of a strong rebound in economic activity, although we are very curious what non-GAAP GDP number the IIF used to calculate a faster GDP growth than debt.

As a result, debt as a share of gross domestic product fell to around 353% in the second quarter, from a record high of 362% in the first three months of this year.

The IIF also said that total debt-to-GDP ratios excluding the financial sector are below pre-pandemic levels in just five countries: Mexico, Argentina, Denmark, Ireland, and Lebanon. Of course, if only includes the financial sector - as one should - this statistic is meaningless garbage.

The one country which is already bursting at the seams with debt, China, saw a steeper rise in its debt levels compared with other countries, while emerging-market debt excluding China rose to a fresh record high at \$36 trillion in the second quarter, driven by a rise in government borrowing.

Meanwhile, after a slight decline in the first quarter, debt among developed economies — especially the euro area — rose again in the second quarter (again, repeat after us, debt will never again decline).

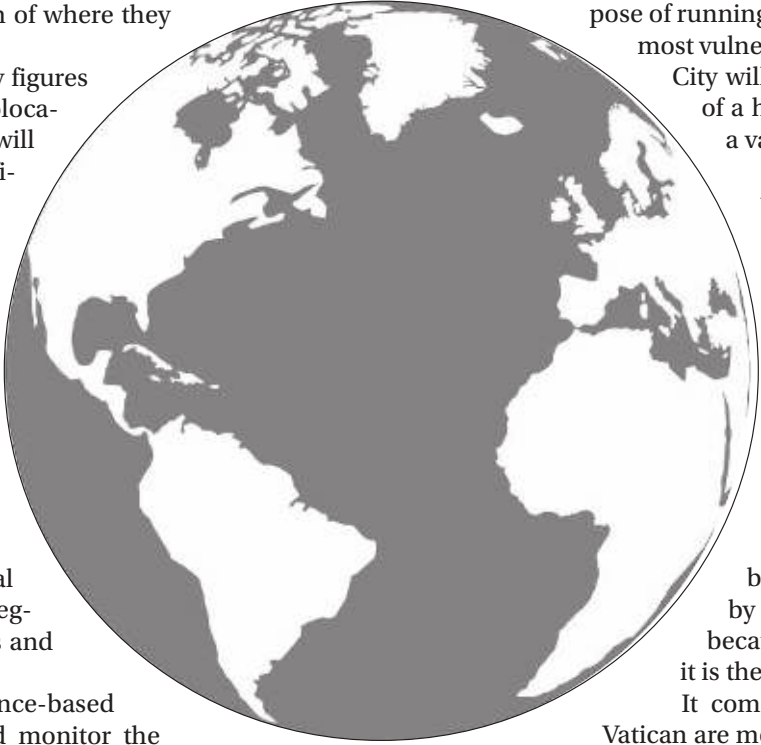
In the United states, debt accumulation of around \$490 billion was the slowest since the start of the pandemic, although household debt increased at a record pace. Expect this number to explode higher after Biden passes his next fiscal stimulus, whenever that is.

Globally, household debt rose by \$1.5 trillion in the first six months of this year to \$55 trillion. The IIF noted that almost a third of the countries in its study saw an increase in household debt in the first half.

“The rise in household debt has been in line with rising house prices in almost every major economy in the world,” said the IIF’s Tiftik, doing everything he can to show central bankers how big is the housing bubble they have created.

Finally, the IIF said that total sustainable debt issuance - which we assume refers to the epic scam that is ESG - surpassed \$800 billion year to date, the IIF said, with global issuance projected to reach \$1.2 trillion in 2021.

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Absurdity Observer

A List Of Some Of The Most Absurd Things That Have Happened In Recent Weeks

- **Ontario ICUs were never “overflowing” in 2020.** According to a freedom-of-information request by *Adamson BBQ* owner Adam Skelly, both “the number of ICU admissions” and “the number of total ICU patient days” between 2015-2020 showed that both measures were lowest in 2020.
- **100 Royal Navy crew members get infected with COVID** onboard the HMS Queen Elizabeth Warcraft despite all crew onboard the ship being **fully vaccinated**.
- Israelis whose **last shot was more than 6 months ago lose their “Green Pass”** vaccine passport. Additionally, the Health Ministry of Israel **asks the newly vaccinated to “avoid working out”** due to myocarditis risk.
- **Saskatchewan launches “COVID-19 Publish Health Order Non-Compliance Reporting Form”** as a way to anonymously snitch on your friends, family, neighbours and neighbourhood businesses.
- **Whistleblower reveals** to the Frontline COVID-19 Critical Care Alliance (FLCCC) that **between 100-200 US members of congress treated their COVID with ivermectin** over the past 15 months.
- **PayPal shuts down the FLCCC Alliance’s PayPal account** at the same time Facebook restricts their account for discussing the science around ivermectin.
- **Unvaccinated woman has kidney transplant “put on hold” due to COVID vaccine “non-compliance”** Her living donor was also denied by the Colorado hospital system due to being unvaccinated.
- In addition to closing the border to the unvaccinated, as of October 30, 2021, **Canadian travellers will need to be fully vaccinated in order to travel** by air, rail, or cruise. To allow for time in-between vaccinations, until November 30, exceptions may be granted to individuals who provide a negative PCR test.
- Australia went full fascist on September 22, 2021, when **police in Melbourne fired pepper spray and rubber bullets at men, women, and children protesting against compulsory coronavirus vaccine passports.** Victoria state police also instructed broadcasters, including SkyNews Australia, to not air any aerial shots of the protest and issued a no fly order, making it challenging to gauge the number of protesters.
- An AI-powered US Department of Defense program named “Project Salus,” run in cooperation with the Joint Artificial Intelligence Center (JAIC), analyzed data on 5.6 million Medicare beneficiaries aged 65 or older and concludes that **“the vast majority of covid hospitalizations are occurring among fully-vaccinated individuals” and “outcomes among the fully vaccinated are growing worse with each passing week.”**
- Experts warn **this is just the beginning of inflation** because, as of now, all the currency that’s ever been created by the United States throughout all of its history till the year 2001 is equivalent to the currency created by the US since the COVID lockdown began in March 2020.
- **Still unvaccinated in Ontario? Expect a call from the government.** The Ontario Ministry of Health

- announced the calls, first being rolled out in Northwestern Ontario, are part of a vaccine outreach campaigns by the Provincial Vaccine Contact Centre and are targeting any unvaccinated person with a health card “to encourage vaccination.”
- **An entire school in Wyoming was put on lockdown after one student refused to wear a face mask** -and she was arrested and fined \$500 USD for it.
 - **The family of a young boy who died of cancer calls out Alberta Health for spreading fake news about boy’s death.** The 14-year-old, who died in palliative care of brain cancer, tested positive for COVID 2 days before death. He was reported to be Alberta’s “youngest COVID-related death to date” until his sister’s Facebook post calling out the fake news went viral and sparked controversy.
 - **CNBC is now tweeting out paid posts by Pfizer.**
 - **The New York Times** issues a massive correction after **overstating COVID hospitalizations among children by more than 800,000!** The number of U.S. children that have been hospitalized with COVID was 63,000 from Aug 2020 to Oct 2021, not 900,000 as the *NYT* reported. The article also botched actions taken by regulators in Sweden and Denmark and even bungled the timing of a critical FDA meeting.
 - The *New England Journal of Medicine* recently **blocked the IP address of one of the inventors of the mRNA vaccines:** Dr. Robert W. Malone, MD, (presumably because of his scientific criticisms).
 - Governor of New York State, Kathy Hochul, blames the unvaccinated for the death of a fully vaccinated person and preached about how God made this vaccine and “there’s people out there not listening to what god wants... I need you to be my apostles.” Hochul recently issued an executive order **declaring a state of “emergency due to healthcare staffing shortages” as hospitals across New York State are suspending elective inpatient surgeries** as they prepare to fire unvaccinated employees.
 - **Singapore**, widely considered to be a mainstream “success story” in its initial handling of COVID with closed borders and aggressive testing and tracing, was initially told an 80% vaccinated rate was the criterion for reopening. Singapore has **now fully inoculated 83% of its population, but instead of opening up, it is doing the opposite.**
 - **Antibody levels decrease rapidly after two doses of Pfizer coronavirus vaccine.** The *New England Journal of Medicine* study of over 4,800 hospital staff showed that 5 months post second dose the vaccine effectiveness was just 22.5%.
 - Study published in *Nature Public Health Emergency Collection* finds **“no discernible relationship between percentage of population vaccinated and new COVID-19 cases”** and in fact finds “the trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people.” Massive increases in COVID hospitalizations and deaths were also observed in the fully vaccinated

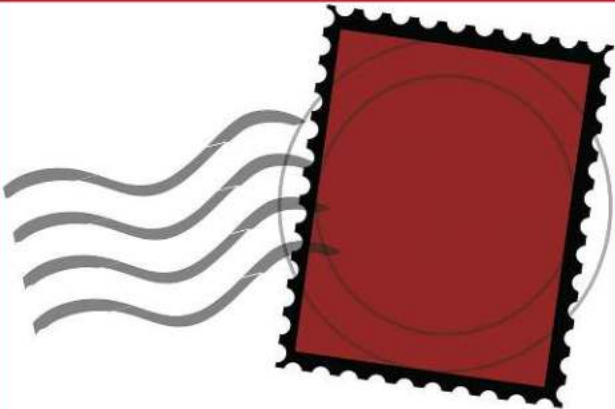
- (from .01 to 9% and 0 to 15.1% respectively).
- **Taiwan officially reports: deaths from COVID-19 vaccinations exceeds deaths from COVID-19.**
 - Youtube expands its ban on “misinformation” to include **removing any video that may “cause vaccine hesitancy,”** regardless of whether or not the content in the video is factual. This includes the removal of some CDC meetings, as demonstrated by the recent removal of the ICAN’s upload of a February 2018 ACIP meeting where they unanimously approved a Hepatitis B vaccine despite being “concerned” over “that myocardial Infarction signal.” The trial of this vaccine had 14 heart attacks in the test group and one in the control.
 - **Dozens of hospitals in Canada, and all hospitals and long-term care centres in BC, now require visitors who are coming to visit inpatients to be fully vaccinated** and show proof of vaccination before entering the hospital.
 - **FDA buries data on seriously injured child in Pfizer’s Covid-19 clinical trial.** 12-year-old Maddie Garay was hospitalized with crippling, scream-inducing pain and symptoms within 24 hours of her second dose. Today, she is in a wheelchair and fed through a feeding tube, yet her injuries still have not been acknowledged by Pfizer or the FDA.
 - Retired TTC (Toronto Transit Commission) drivers received a letter in the mail asking for those who are fully vaccinated to temporarily fill in “for several months” due to a shortage of workers as a result of the vaccine mandate. Meanwhile, America is experiencing a nation-wide school **bus driver shortage** as more bus drivers quit over forced vaccination, Lyft and Uber are being requested to ask the drivers for help.
 - The **largest health system in Louisiana** (Ochsner Health) **will start fining employees \$200 per month if they are married or partners with an unvaccinated person** as a part of the “spousal COVID vaccine fee.”
 - **Mark Zuckerberg says he wants to create a “Metaverse”** — a new era of the internet where there’s no distinction between the virtual and the real — and no logging off. The word “metaverse” was coined by Neal Stephenson in the book *Snowcrash* and it originally described a virtual world owned by corporations where end users were treated as citizens in a dystopian corporate dictatorship.
 - A Facebook post by *Global News* sparked controversy over Thanksgiving weekend: **“This Thanksgiving, experts say not inviting you unvaccinated relatives is the safer, smarter, and more ethical option.”**
 - After yelling at protesters for their views in anti-vaccine mandate rally, a 64-year-old man in Palmdale, California **drove his SUV straight into the crowd**, seriously injuring a woman.
 - **Dystopian detainment centre-like quarantine camps have launched in Australia** and Australians say it’s like living in a prison with a heavy police presence. The country discontinued the used of quarantine hotels to open the rooms up for international travellers.
 - Church of God in Alymer, Ontario pays **\$274,000 in fines for holding church services** during a pandemic.



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