COVID19: A Perfect Tool for Expanding the Global Authoritarian Capitalism

In my March statement about the outbreak of COVID19 I questioned the dominant narrative that is still being greatly promoted by our government. I looked at the official argument which was being advanced by politicians, establishment scientists and media pundits, and compared it to the known medical literature, statistics and other arguments in the scientific society. The scarce but powerful evidence, in addition to the official response all pointed to the clear and obvious; COVID19 is just a pretext for authoritarianism. I thought that the people's psychological reaction to the government's narrative would wear off by June and by July the scientific facts would make its way to the public to expose the corruption of our governmental agencies and our politicians in cooperation with the mainstream media and tech giants. However, I was mistaken, I underestimated the determination of the establishment, which controls both the government and the media, to advance their modern-slavery agendas. Observing the current and the abhorrently dangerous situation, I believe that I have a responsibility, as much as the others, to speak out again about the omitted science and the current underway plans.

I will divide this paper to three sections and I will make it heavily referenced as follows:

Table of Contents

1. Science:

I recognize that the public awareness is crucial in order to form a reforming movement, which I think that it is the only available way to achieve a positive change. Thus, beside making this paper heavily referenced I will simplify each section and organize it in a way that makes the reader a thinker.

1.1 Scientific Literature

There were so many essential characteristics known about COVID19 since before it was declared a health emergency. So, what are these known features?

COVID19 is believed to be a new disease caused by a novel strain of known common cold viruses, the Coronaviruses[1]. New strains of Flu and common cold viruses[2] [3]and other types of viruses are regularly studied and tracked by different health organizations including WHO and the CDC to assess the need for intervention without any special attention from the media for a valid reason; there is no scientific or rational reason to be worried.

"Although the majority of infections with the four endemic CoVs only cause mild respiratory diseases, all HCoVs can also induce severe illnesses. This particularly affects risk groups such as immunosuppressed patients, patients with previous pulmonary disease and infants, but rarely also patients without a specific risk profile"

"In addition to the typical clinical picture of an ARE, the endemic CoV can in rare cases also cause serious diseases of the lower respiratory tract such as pneumonia or bronchitis. This is more common in people with pre-existing cardiopulmonary or malignancies, immunosuppression, infants and older adults".[4]

From the above we get that SARS-CoV-2 is a virus that belong to a family that has the following characters:

1. There are 6 of them that infect humans.
2. Four of them are widely circulated and cause what we call the common cold.
3. all of them can induce severe illnesses, and particularly affects risk groups such as immunosuppressed patients.
4. Two of this family (SARS & MERS) are believed to more severe and lethal.

---

[1] https://www.ncbi.nlm.nih.gov/pubmed/17944272?dopt=Abstract.
[2] HCoV-NL63 was detected in patients suffering from respiratory disease, with a frequency of up to 7% in January 2003. https://www.nature.com/articles/nm1024#Sec7.
[3] New Human Corona Virus 2005 HKU1 https://jvi.asm.org/content/79/2/884.short#sec-12.
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7079972/.

So far, what we saw in the early three months of the declared outbreak of COVID19 share all of the above characteristics except being as severe as SARS and MERS[5].

So, what is the situation here? Why are we so worried about this specific strain of coronaviruses but not the others? Is there a scientific evidence that causes this concern? Why did our government declare it a health emergency that needs a war scale response?

The official argument is that SARS-CoV-2 differs from the four harmless members of its family in its lethality which exceeds what we normally tolerate in every flu season[6] whether a mild one or a severe one which contribute to thousands of deaths[7].

What was the scientific evidence that our government relied on for their risk assessment? Was there assessment scientifically valid? Has any new evidence emerged that reaffirm their assessment or refute it?

1.2. The Mortality Rate

The lethality of a disease is measured in the medical science by what is known to the public as the mortality rate or the death rate. **Again, what was the death rate that the government used to assess the severity of this virus?**

The answer is none. Instead they relied on, scientifically, criticized models.
But then what is the death rate for COVID19?

As I noted above, the death rate is a term known to the public. This term is understood to show the number of deaths among the people who got infected with the virus. It is important to understand that this term is not professional, and that it can be confused with two distinguished epidemiological terms. Therefore, it is necessary to understand the scientific terms first before moving to another point.

1.2.1 IFR Vs. CFR

[5] "Our early estimates suggest that the CFR of COVID-19 is lower than the previous coronavirus epidemics caused by SARS-CoV and Middle East respiratory syndrome coronavirus (MERS-CoV)" Early estimation of the case fatality rate of COVID-19 in mainland China.
[6] https://youtu.be/Ono3BcbTX4Q
[7] "CDC estimates that the burden of illness during the 2017–2018 season was also high with an estimated 48.8 million people getting sick with influenza, 22.7 million people going to a health care provider, 959,000 hospitalizations, and 79,400 deaths from influenza." https://www.cdc.gov/flu/about/burden/2017-2018/archive.htm#:~:text=CDC%20estimates%20that%20the%20burden,from%20influenza%20(Table%201).

In epidemiology, there are different terms used that pertains to the death rate:

1. **Case Fatality Rate (CFR)**: is the number of deaths caused by the disease divided by the number of people who have tested positive for the disease. Usually, the people who seek the tests have the symptoms of the diseases or sick enough to go to a hospital. The CFR in some disease, especially, highly infectious disease, does **NOT** reflect the true lethality of the disease.

Case Fatality Rate	Number of deaths
	Number of who tested positive

2. **Infection Fatality Rate (IFR)**: is the number of deaths caused by the disease divided by the number of all infected people whether they sought the test or not. The IFR always reflects the reality of the severity of the disease. The denominator of the IFR is usually bigger than the denominator of the CFR. The difference pertains to the infectivity of the virus and the samples of the test.

" Since Italy's case fatality rate of 8% is estimated using the confirmed cases, the real fatality rate could in fact be closer to 0.06%".

"If our surmise of six million cases is accurate, that's a mortality rate of 0.01%, assuming a two week lag between infection and death. This is one-tenth of the flu mortality rate of 0.1%. Such a low death rate would be cause for optimism"[8]

Infection Fatality Rate (IFR)	Number of deaths
	Number of all infected people

We now learned that in order to assess the risk of SARS-CoV-2, which is very infectious and a lot of the infected have no symptoms, we need to look at the IFR instead of the CFR.

1.2.2. COVID19 Mortality Rate (IFR)

Unfortunately, our government, media and public health officials ignored talking about the Infection Fatality Rate and focused on the Case Fatality Rate knowing that it excludes asymptomatic people and the people who have not had the test that are the majority in our very case, **you might want to ask why?**

But, fortunately, scientist from around the world conducted studies with regards to COVID19 mortality. Yes, the majority of them are ignored and have not reached the public. It beneficial to compare the COVID19 IFR to the seasonal flu IFR to better understand its severity. We know that the seasonal flu has an IFR of 0.1% in mild seasons and about 0.2%-0.5% in strong seasons. So, **what is the COVID19 IFR? Is it different than the flu IFR?**

[8] Stanford ProfessorsDr. Eran Bendavid and Dr. Jay Bhattacharya,

The answer is, surprisingly, **NO**. Here is a list of more than 35 studies conducted worldwide:

1. Wuhan, China. Published on Feb 12, 2020. (0.04%-0.12%)[9].
2. Guilan province, Iran. Published on May 1st, 2020. Rate (0.08%-0.12%)[10]
3. Heinsberg Cluster, Germany. May 5, 2020. Rate (Adj 0.27%)[11]
4. Santa Clara, CA, USA. Apr 30, 2020. Rate (0.17%)[12]
5. Denmark. Apr 28, 2020. Rate (0.08%).[13]
6. Dade County, Miami, USA. Apr 24, 2020. Rate (<0.18%).[14]
7. LA County, CA, USA. Apr 21, 2020. Rate (<0.2%)[15]
8. Global (23 studies). June 8, 2020. Rate (median 0.04%-0.25%)[16]
9. MLB employees, USA. May 10, 2020. Rate (0.00%).[17]
10. Aircraft carrier, France. May 10, 2020. Rate (0.00%).[18]
11. Aircraft carrier, USA. May 10, 2020. Rate (0.09%).[19]
12. Tennessee prison, USA. May 1st, 2020. Rate (0.00%)[20]
13. Health workers, Italy. Apr, 28, 2020. Rate (0.3%)[21]
14. Boston shelter, USA. Apr 17, 2020. Rate (0.00%)[22]

---

[9] "We also found that most recent crude infection fatality ratio (IFR) and time-delay adjusted IFR is estimated to be 0.04% (95% CrI: 0.03-0.06%) and 0.12% (95%CrI: 0.08-0.17%), which is several orders of magnitude smaller than the crude CFR estimated at 4.19%" https://www.medrxiv.org/content/10.1101/2020.02.12.20022434v2.

[10] "This number corresponds to an infection fatality rate between 0.08-0.12% that is much lower than currently reported estimates of case fatality rate for COVID-19" https://www.medrxiv.org/content/10.1101/2020.04.26.20079244v1.full.pdf+html.

[11] Accordingly, the corrected higher infection rate reduced the IFR to an estimated 0.278% [0.228%; 0.351%] (Fig. 3C). https://www.medrxiv.org/content/10.1101/2020.05.04.20090076v2.full.pdf+html.

[12] "If our estimates of 54,000 infections represent the cumulative total on April 1, and we assume a 3 week lag from time of infection to death, up to April 2224, then 94 deaths out of 54,000 infections correspond to an infection fatality rate of 0.17% in Santa Clara County" https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2.full.pdf+html

[13] "Using available data on fatalities and population numbers a combined IFR in patients younger than 70 is estimated at 82 per 100,000 (CI: 59-154) infections" https://www.medrxiv.org/content/10.1101/2020.04.24.20075291v1.

[14] https://www.miamidade.gov/releases/2020-04-24-sample-testing-results.asp

[15]" "The estimates also suggest that we might have to recalibrate disease prediction models and rethink public health strategies." https://pressroom.usc.edu/preliminary-results-of-usc-la-county-covid-19-study-released/.

[16] "Infection fatality rates ranged from 0.02% to 0.86% (median 0.26%) and corrected values ranged from 0.02% to 0.78% (median 0.25%). Among people <70 years old, infection fatality rates ranged from 0.00% to 0.26% with median of 0.05% (corrected, 0.00-0.23% with median of 0.04%)." https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v2.

[17] https://www.sfchronicle.com/athletics/article/MLB-antibody-study-7-percent-exposed-to-15260314.php.

[18] https://en.wikipedia.org/wiki/COVID-19_pandemic_on_Charles_de_Gaulle

[19] https://en.wikipedia.org/wiki/COVID-19_pandemic_on_USS_Theodore_Roosevelt.

[20] https://www.tennessean.com/story/news/politics/2020/05/01/tennessee-testing-all-inmates-prison-staff-after-multiple-outbreaks/3067388001/.

[21] Table 6, https://www.epicentro.iss.it/coronavirus/bollettino/Bollettino-sorveglianza-integrata-COVID-19_28-aprile-2020.pdf#page=15.

[22] https://www.wsbtv.com/news/trending/coronavirus-cdc-reviewing-stunning-universal-testing-results-boston-homeless-shelter/ZADQ45HCAZEVJAZA3OTCUR7M6M/.

15. Repatriations, Greece. Apr 17, 2020. Rate (0.00%)[23]
16. NYC pregnant women, USA. Apr 13, 2020. Rate (0.00%)[24]
17. Diamond prince, USA. Mar 17, 2020. Rate (adj 0.125%)[25].
18. Global. May 5, 2020. Rate (0.17%).[26]
19. Global. Updated, Jun 15, 2020. Rate (0.00%-0.1%)[27]
20. CDC, Updated. Rate (avg 0.26%)[28]

1.2.3. Other studies:

The following studies show the high prevalence of COVID19 infections, indicating a much lower IFR. It is worth to note, that an immunological study of antibodies suggested that the prevalence of the serological studies should be multiplied by up to x4[29] which leads to even lower Infection Fatality Rate (IFR).

Country	Published	Prev.	Factor
1. Russia[30]	June 10	14%	40x
2. Boston, USA[31]	May 15	12.5%	8x
3. Czech Rep[32].	May 15	5%	10x

[23] "Our results suggest that the ascertainment rate of SARS-CoV-2 infection might be much lower than previously assumed, with a correspondingly lower infection fatality rate.[4] At the same time, the extent of asymptomatic transmission is likely to make mitigation challenging without wide-ranging social distancing measures" https://academic.oup.com/jtm/article/27/3/taaa054/5820895.
[24] https://www.nejm.org/doi/full/10.1056/NEJMc2009316.
[25] "Projecting the Diamond Princess mortality rate onto the age structure of the U.S. population, the death rate among people infected with Covid-19 would be 0.125%. https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/.
[26] "We also estimate that the median global initial reproduction number R0 is 3.3 (C.I (1.5, 8.3)) and the total infection fatality rate near the onset is 0.17% (C.I. (0.05%, 0.9%))." https://www.medrxiv.org/content/10.1101/2020.04.29.20083485v1.
[27] This a huge collected Data, average around 0.1%. https://docs.google.com/spreadsheets/d/17Tf1Ln9VuE5ovpnhLRBJH-33L5KRaiB3NhvaiF3hWC0/edit#gid=0.
[28] https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html.
[29] https://www.biorxiv.org/content/10.1101/2020.05.21.108308v1
[30] https://www.rt.com/russia/491436-covid19-russia-herd-immunity/
[31] https://www.boston.gov/news/results-released-antibody-and-covid-19-testing-boston-residents.
[32] https://www.idnes.cz/ceske-budejovice/zpravy/test-strakonice-pisek-koronavirus-covid-martin-kuba-jihocesky-kraj-vysledky.A200515_151927_budejovice-zpravy_khr.

4. Indiana, USA[33]	May 13	2.8%	11x
5. Madrid, Spain[34]	May 13	5% 11.3%	10x
6. UK[35]	May 8	29%	200x
7. Geneva, Switzerland[36]	May 6	9.7%	10x
8. Global[37]	May 5		
9. Kobe City, Japan[38]	May 5	2.7%	396x
10. New York, USA[39]	May 2	12.3% 19.9%	8x 10x
11. Spain[40]	May 2	11.2%	
12. Blood donors, Netherlands[41]	April 29	2.7% 9.5%	

[33] https://fsph.iupui.edu/news-events/news/iu-isdh-release-preliminary-findings-about-impact-of-covid-19-in-indiana.html.
[34] https://www.isciii.es/Noticias/Noticias/Paginas/Noticias/PrimerosDatosEstudioENECOVID19.aspx
[35] The findings of this study are significant. https://onlinelibrary.wiley.com/doi/10.1111/ijcp.13528.
[36] https://www.medrxiv.org/content/10.1101/2020.05.02.20088898v1.
[37] The study compares the risk to driving cars per mileage. https://www.medrxiv.org/content/10.1101/2020.04.05.20054361v2.
[38] https://www.medrxiv.org/content/10.1101/2020.04.26.20079822v2.
[39] https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-results-completed-antibody-testing.
[40]" The cumulative prevalence of SARS-CoV-2 infection was 11.2% (65/578, 95% CI: 8.9-14.1)" https://www.medrxiv.org/content/10.1101/2020.04.27.20082289v1.
[41] The discussion in the study seem to confuse the herd immunity concept of other disease with the herd immunity of the coronaviruses family that could be reached by 10%-20% prevalence. https://www.researchsquare.com/article/rs-25862/v1.

13. Northern, France[42]	April 23	3%	
14. Chelsea, MA, [43]USA	April 19	32%	16x
15. Iceland[44]	April 14	0.8%	

Conclusion: The overall Infection Fatality Rate (IFR) is similar to the burden of the flu and flu-like diseases.

Notes:

1. I have not included models' conclusions for their foundational dependence on presumptive premises. For instance, the Imperial Collage of London model assumed that there would be no herd immunity until reaching 70%-80% which is four times more than the actual herd immunity of coronaviruses. Also, their model is based on an age-related IFR (0.66%) of an early Chinese study that assumed the CFR instead of having clear data to extract the IFR and dismissed the majority of the asymptomatic infections[45].

2. The death numbers are problematic in number of countries including the US for their liberal approach of recording 'death **with** COVID' as 'death **from** COVID', as stated by Dr.Birx[46] of the White House task force, CDC[47] and others[48], which results in attributing deaths that were not caused by COVID to COVID. Some argued against the result of this approach but provided no evidence.[49]

---

[42] https://www.medrxiv.org/content/10.1101/2020.04.18.20071134v1.
[43] A small sample https://www.businessinsider.com/coronavirus-test-200-chelsea-massachusetts-finds-32-percent-exposed-2020-4?r=DE&IR=T.
[44] https://www.nejm.org/doi/full/10.1056/NEJMoa2006100.
[45] The Chinese study used the data provided by the Imperial Collage itself among two others. Neil Ferguson who is the leading scientist at the IC also co-authored the Chinese study. The Imperial Collage receives funds from Bill Gates.
[46] In a press conference at the White House. https://www.youtube.com/watch?v=0OF51RKFh1g.
[47] "In cases where a definite diagnosis of COVID–19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID–19 on a death certificate as "probable" or "presumed." In these instances, certifiers should use their best clinical judgement in determining if a COVID–19 infection was likely." https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf
[48] https://www.youtube.com/watch?v=_qWmiWf81zI.
[49] Here is one example of anecdotal answers " Experts say that COVID-19 deaths are likely not being overinflated", for no evidence was provided, and the contrary is true.

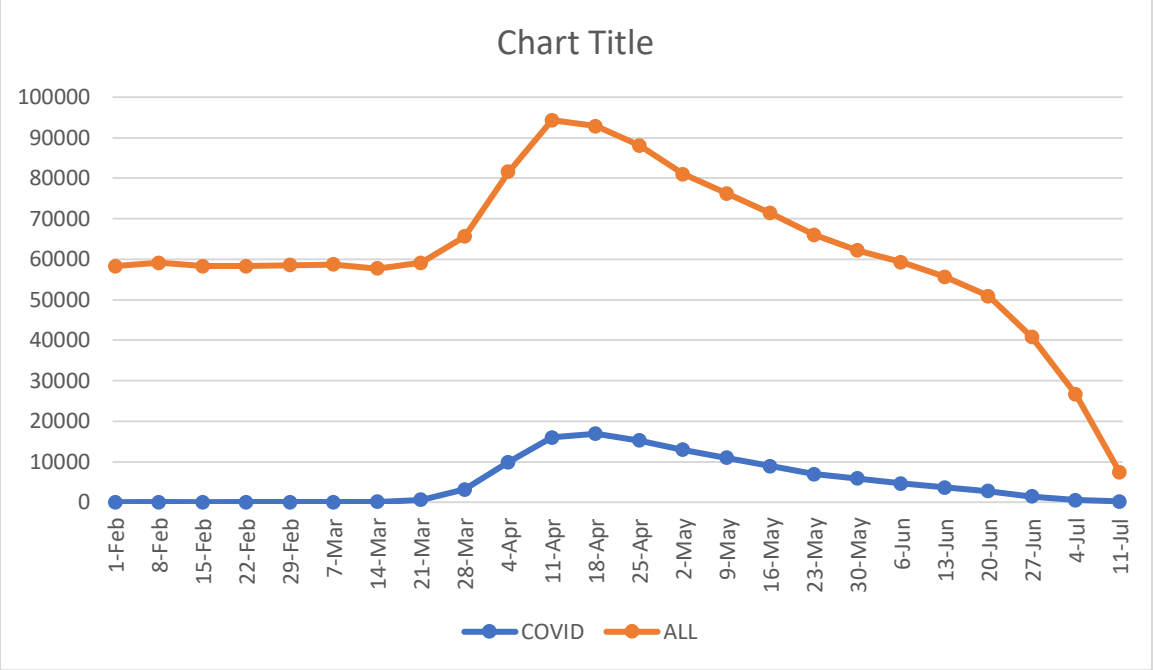
Now, why the government, media, and governmental health officials are still dismissing the above facts? Why they do not talk about the Infection Fatality Rate (IFR) when all of the studies talked about it? why are we still in state of emergency after having a redundancy of scientific studies that concluded that the severity of COVID is way less than first assumed and falls within the range of flu seasons?

Those questions are not being answered with science, but with politics and propaganda.

1.3. Statistics

Statistics can reflect scientific facts if done properly. Often, they can be tweaked toward a desired result by controlling the surveyed sample. Nevertheless, some samples cannot be twisted such as all causes of deaths numbers. Therefore, it is very significant to look at these numbers in the case of COVID to see if there are abnormal deaths numbers or not. Here we are going to look at different graphs and analyze them.

1.3.1 All Causes of Death (US.)



https://www.usatoday.com/story/news/factcheck/2020/04/17/fact-check-covid-19-death-toll-likely-undercounted-not-overcounted/2973481001/.

The chart shows the deaths of COVID and all causes of deaths in the US in 2020[50]

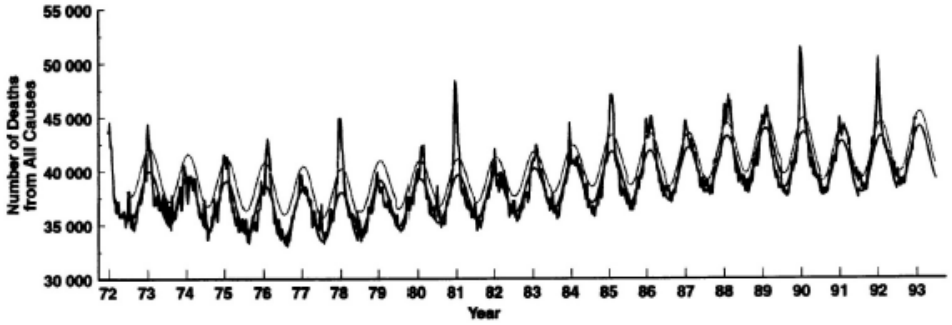


Figure 3: All-cause mortality, by week, for the USA, 1972 to 1993 (Simonsen et al., 1997; from their Fig. 1).

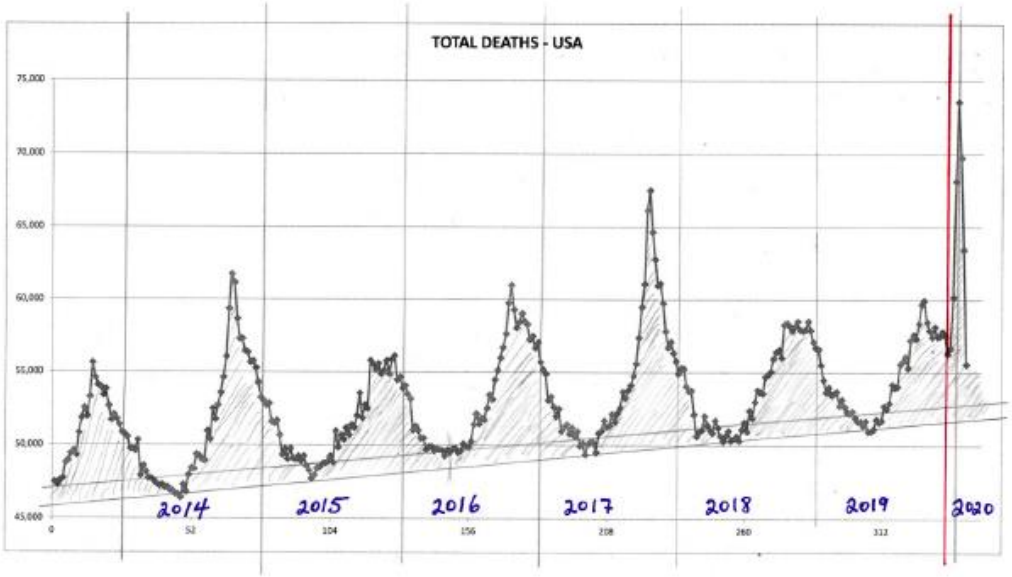


Figure 7: All-cause mortality by week for the USA, starting in 2014. The red vertical line indicates the date at which the WHO declared the COVID-19 pandemic. The hatched or gray-fill areas represent the all-cause winter-burden deaths for each year.

50 https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm?fbclid=IwAR3WaLSiaG1XlJPe1R0Y52uhEzrPuuxkxZohqpll816lJb950gq3boJMVzE

The charts[51] above show us that in every winter the number of deaths from all causes increase. An abnormal death increase was seen late in the season which does not fit the pattern of the winter burden of the previous years for the following:
- It came late in the season.
- It was a sharp increase for a short period of time (3-4 weeks).
- The increase happened immediately after the lockdown.
- The death number were decreasing before the sudden increase after the lockdown.
- The total number of deaths is comparable to the previous years but a 5% increase is noticed this year.

1.3.2 Discussion:

As we have seen in section 1.2 above, the lethality of COVID19 is similar or lower than the flu. Nevertheless, a sharp increase in all causes of deaths was noticed. The sharp increase and decrease of all causes of deaths does not match the declared burden of the spread of COVID19 because we now know, from different studies and reports, that the virus was circulating the globe since as early as last November but no abnormal death patterns were seen[52]. Furthermore, a comparison between all causes of deaths in different states shows that this abnormal increase resulted from only few cities despite the comparable spread of COVID19 in others. It is also very clear that other western countries[53] have the same abnormality and refer to the same findings.

[51] https://www.researchgate.net/publication/341832637_All-cause_mortality_during_COVID-19_No_plague_and_a_likely_signature_of_mass_homicide_by_government_response
[52] https://www.reuters.com/article/us-health-coronavirus-spain-science/coronavirus-traces-found-in-march-2019-sewage-sample-spanish-study-shows-idUSKBN23X2HQ?fbclid=IwAR2ViUkLVSRJ9rLmskmymH24xY_jN_CPQbMz1pEM9HQ20zc8_HnzzSvBIXI
[53] https://medium.com/@JohnPospichal/questions-for-lockdown-apologists-32a9bbf2e247

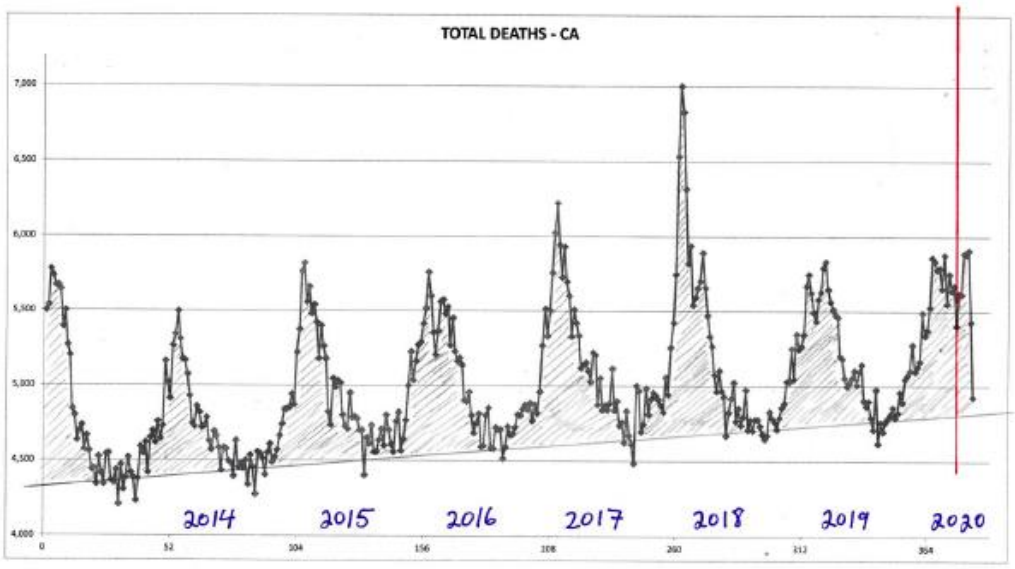


Figure 9: All-cause mortality by week for California, starting in 2013. The red vertical line indicates the date at which the WHO declared the COVID-19 pandemic. The hatched or gray-fill areas represent the all-cause winter-burden deaths for each year.

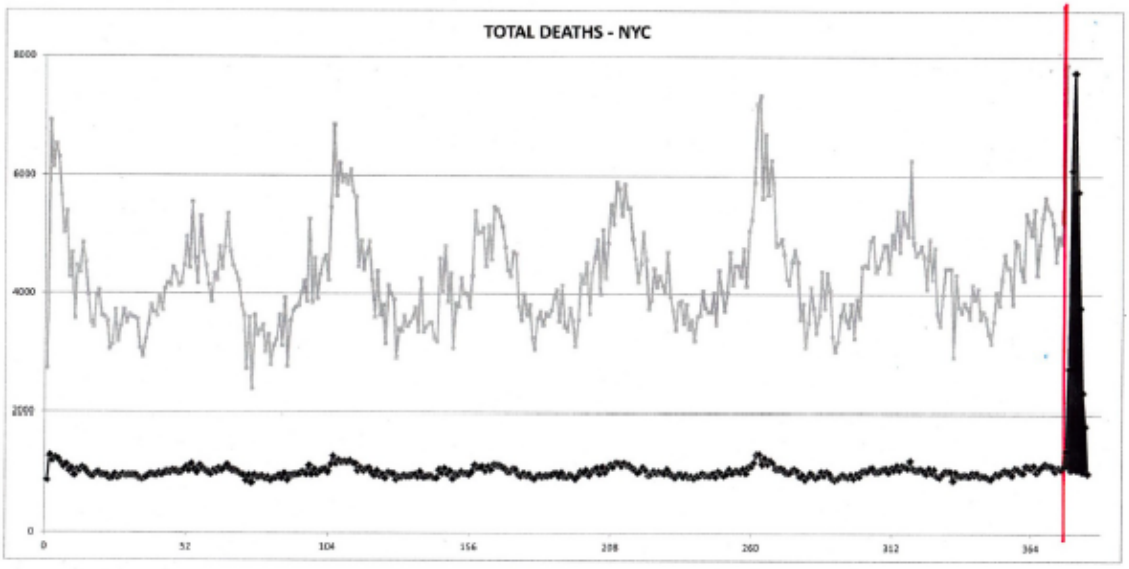
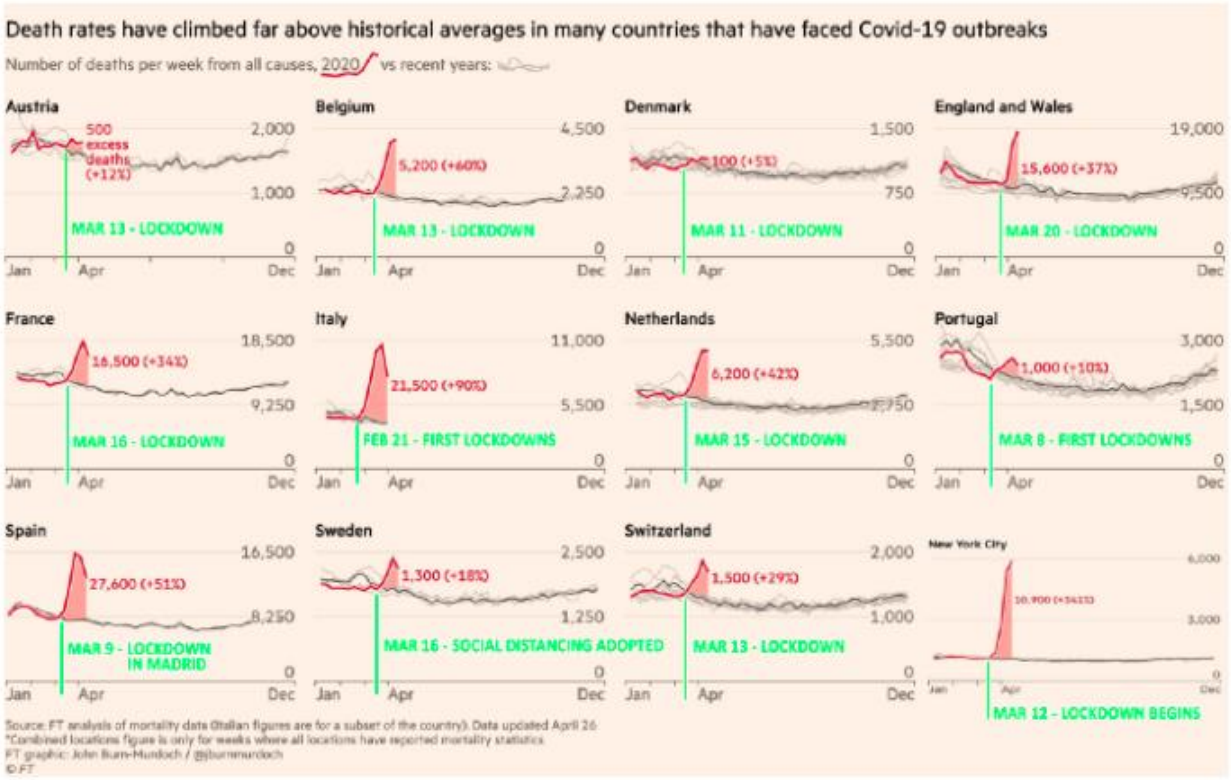


Figure 8: All-cause mortality by week for NYC, starting in 2013, in black. The red vertical line indicates the date at which the WHO declared the COVID-19 pandemic. The grey line is simply the same data on a vertically expanded and shifted scale, for visualization.



1.3.3. Conclusion:

The 5% sharp increase of all causes of death in the US is not due to the spread of COVID19. (several plausible factors for this increase are present in the current discussion including fear[5455], isolation, lockdowns[56] and the use of ventilators[5758]).

[54] https://www.thetimes.co.uk/edition/news/coronavirus-record-weekly-death-toll-as-fearful-patients-avoid-hospitals-bm73s2tw3

[55] https://www.nytimes.com/2020/04/06/well/live/coronavirus-doctors-hospitals-emergency-care-heart-attack-stroke.html

[56] https://www.reuters.com/article/us-health-coronavirus-spain-science/coronavirus-traces-found-in-march-2019-sewage-sample-spanish-study-shows-idUSKBN23X2HQ?fbclid=IwAR2ViUkLVSRJ9rLmskmymH24xY_jN_CPQbMz1pEM9HQ20zc8_HnzzSvBIXI

[57] https://www.dailymail.co.uk/news/article-8262351/Nurse-New-York-claims-city-killing-COVID-19-patients-putting-ventilators.html

[58] https://apnews.com/8ccd325c2be9bf454c2128dcb7bd616d

2. Politics

Our politics is controlled by the billionaire's class. Examples of the corruption in our government extends from the Congress with their legal bribes (campaign contribution) to our governmental agencies and health organizations. The media is also controlled by the same class for its dependency on their money.
At any rate this section is going to be brief to only highlight the current agendas that can be considered as an explanation for the WHO and government's dishonesty about COVID19.

I. World Economic Forum[59] & UN 2030 agendas[60]: the leadership of the world lies in the hands of the few; for their strong control on the world's wealth and their government's world dominance. Therefore, it is not surprising to see them come together to advance a specific plan. Historical examples of such cooperation can be clearly seen in our wars i.e., Syria, Libya, Iraq ...etc. A transition toward the forth industrial revolution[61] represent a common goal of the wealthy class. Efforts to globalize[62] the economy through digitalization were being implemented in the past years. COVID19 is a huge opportunity to achieve these goals.
II. The advancement of the new industrial goals was deemed to be difficult for its infringement on people's rights and privacies. The COVID19 as an event represent once in a decade opportunity to advance these agendas. More insights on the AI technology agendas can be found in Whitney Webb's great publications[6364].
III. Global HealthCare Profiteering: the WHO and different governmental health organizations around the world are heavily influenced by the pharmaceutical industry. Bill Gates[65] foundations are fronts for his investments in the vaccine industry and the AI technology. His promotion to Vaccines, immunity passports[66] & digital ID, microchipping[6768] and online learning all are return investment and self-enrichments[69].
IV. As noted, these rapid changes in the economy and infringements on people's rights are expected to be met with resistance. Eliminating large gatherings, constant surveillance[70]

---

[59] https://www.weforum.org/great-reset/
[60] https://www.un.org/sustainabledevelopment/sustainable-development-goals/
[61] https://www.weforum.org/agenda/archive/fourth-industrial-revolution
[62] https://www.corbettreport.com/coronaworldorder/
[63] https://www.facebook.com/watch/?v=238692350671741
[64] https://www.mintpressnews.com/national-security-state-using-coronavirus-push-artificial-intelligence-driven-mass-surveillance/266820/
[65] https://www.corbettreport.com/meetgates/
[66] https://www.coindesk.com/covid-19-immunity-passport-unites-60-firms-on-self-sovereign-id-project
[67] https://repub.li/michigan-house-passes-human-microchipping-legislation/?fbclid=IwAR1o2tpI-71h4h5oow1mcEqOZ0FVfBOlGPmB2lfdJnd1FNjSw0lXWWrKaBA
[68] https://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database/Grants/2014/01/OPP1068198
[69] https://www.cnbc.com/2020/04/23/bill-gates-outlines-innovations-needed-to-stop-coronavirus-pandemic.html
[70] https://www.thelastamericanvagabond.com/top-news/meet-israeli-intelligence-linked-firm-using-ai-profile-americans-guide-us-lockdown-policy/?fbclid=IwAR2TWrULjKT5EZYDDM-HhlJbDqw4DsB4QRSKybVA6JHHQUmLJCrhhdTglhA

(tracing) money control by cashless transactions[71], censorship[72] and others[73] limit mass rejection.

V. Governors used this event to grab more powers and advance controversial agendas.

VI. A centralized economy means more control and power, the lockdowns enriched the billionaires[74] and transferred main street economy[75] to the top. The stimulus bill was nothing but politicians pledge of allegiance to the 1%.

I hope that this brief helps you see the ongoing large projects and connect the dots.

Here are some great and heavily sourced journalist I highly recommend for this topic:

Corbett Report
The Last American Vagabond
The Swiss agenda Report
Off-guardian

[71] https://www.forbes.com/sites/jasonbrett/2020/03/23/new-coronavirus-stimulus-bill-introduces-digital-dollar-and-digital-dollar-wallets/?fbclid=IwAR3WoDZhpTBYgHmALJ_jtpvA6EshIiSHv0Oy8dwbPzLI2MF27y8VywAInyY#6cf549654bea
[72] https://www.turnto23.com/news/coronavirus/video-interview-with-dr-dan-erickson-and-dr-artin-massihi-taken-down-from-youtube
[73] https://www.mintpressnews.com/israel-defense-ministry-launches-covid-19-voice-biomarker-test-americans/269120/?fbclid=IwAR02g534um-S0JT7KM4HUSXXpmeGL-oa_rTnPWBvkYBYe0dpF1ljwSZiUik
[74] https://www.cnbc.com/2020/05/21/american-billionaires-got-434-billion-richer-during-the-pandemic.html
[75] https://www.cbsnews.com/news/letters-from-the-storefront-coronavirus-crushing-impact-on-small-business-in-america/