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Winter Is Coming

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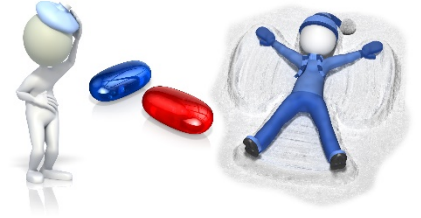
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Some of the authors of this publication are also working on these related projects:



COVID 19 - The Path of A Virus [View project](#)

A SARS-CoV-2 Lockdown Warning. - Article 7 of 7 (links at the bottom of this article)



We all know the testing is useless. Not fit for purpose and full of false positives.

Key Messages from the Evidence Summary

1. Evidence thus far has not adequately defined or assessed “asymptomatic” individuals who test positive for SARS-CoV-2 by RT-PCR, making much of the current data unreliable. A single positive RT-PCR without current symptoms could be classified as 1) Presymptomatic, 2) Asymptomatic (or paucisymptomatic), or 3) Positive after infection (regardless of symptoms) or rarely, a false positive result (which cannot transmit infection.) Transmission might occur from only the first two types of individuals (pre and asymptomatic infected persons).

- Interpretation of existing data (including that used in modeling studies) is clouded by a lack of clarity in 1) definition of “asymptomatic” (whether defined by Influenza Like Illness screening (absence of cough and fever) or a more comprehensive symptom list was used) and 2) lack of reporting of symptoms for 4 weeks prior to, and 2 weeks after the test.
- There is evolving data on viral kinetics in asymptomatic, pre-symptomatic, and paucisymptomatic SARS-CoV-2 infection. One series documented higher viral loads (by 60 fold) and a longer time to RT-PCR clearance in patients with severe illness, and a median of 24d to become RT-PCR



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COVID-19 Scientific Advisory Group

August 7, 2020

Asymptomatic Transmission of SARS-CoV-2 • 2

negative (with 32.1% still positive at 1 month post onset). Importantly, other studies have shown that SARS-CoV-2 RT-PCR can remain positive for 4 weeks in patients with milder outpatient managed COVID-19 as well.

- Therefore a RT-PCR positive result in a currently asymptomatic person is of unclear significance and RT-PCR positive status cannot be used to infer potentially infectious status.

So faulty that even AHS, NHS and the CDC (and many others) have publicly stated this. Yet these tests are encouraged (sometimes demanded) and used as an excuse to shut down people's lives, care homes, businesses and now schools.

This testing has exploded by government decree in recent weeks. As a result, we have all seen

the fear mongering, but false, statements of rising infections and ‘hot spots’, ‘outbreaks’ and more. Each one associated with false asymptomatic voluntary testing.

In addition to this use of testing to get people used to more lockdowns, we see any symptom also being used as an excuse to ‘Stay Safe’ when they really mean ‘Stay Scared’. No longer is a cough a symptom of a chest infection. No longer is a runny nose a side effect of air conditioning, seasonal allergy or a cold. All roads lead only to COVID.

Symptoms of COVID-19

Table 3: Symptoms of COVID-19

Symptoms of COVID-19 (Residents ⁸)*	Symptoms of COVID-19 (All Albertans including staff, students, volunteers and designated family/support persons/visitors)
<ul style="list-style-type: none"> • Fever (37.8°C or higher⁹) <p>Any new or worsening respiratory symptoms:</p> <ul style="list-style-type: none"> • Cough • Shortness of Breath/Difficulty Breathing • Runny Nose • Sneezing • Nasal Congestion/Stuffy Nose • Hoarse Voice • Sore Throat/Painful Swallowing • Difficulty Swallowing <p>Any new symptoms including but not limited to:</p> <ul style="list-style-type: none"> • Chills • Muscle/Joint Ache • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Feeling Unwell/Fatigue/Severe Exhaustion • Headache • Loss of Sense of Smell or Taste • Conjunctivitis • Altered Mental Status 	<ul style="list-style-type: none"> • Fever • Cough • Shortness of Breath/Difficulty Breathing • Sore Throat • Runny Nose • Chills • Painful Swallowing • Stuffy nose • Headache • Muscle/Joint Ache • Feeling Unwell/Fatigue/Severe Exhaustion • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Loss of Sense of Smell or Taste • Conjunctivitis

* Note that the list of symptoms for residents is expanded (from the list for all Albertans) as residents may experience milder initial symptoms or be unable to report certain symptoms.

Whereas all the other causes of these symptoms have treatments and remedies to prevent them from becoming worse or even deadly, the treatment for COVID is forced isolation and removal of medical care. You either get better or become too sick to be treated. At worst (if you don’t die isolated at home or in a care centre) your fate will be intubated ventilation, only to die in over 90% of ‘Cases’.

But not many people are dying right now. COVID is dying out, isn't it? Maybe we won't get a second wave...

Think again about the first paragraphs above.

We are entering flu season. COVID has a symptomatic rate of less than 15% meaning less than 15% of people who apparently contract COVID have any symptoms at all. Flu, on the other hand, has a symptomatic rate (from mild to moderate) of over 90%. In an average year, in the US alone, more than 50 Million people catch one of the many flu's that circulate. 90% will exhibit symptoms that will be diagnosed as a second wave of COVID. This is around 45 million people being misdiagnosed with COVID in the next six months. Up to 900,000,000 (900 million) people worldwide will be misdiagnosed with COVID if nothing changes. If that number being flashed on the screen everyday doesn't scare half the population to death, I don't know what would.

"Besides future pandemics, the seasonal flu currently infects 1 billion people every year, including 3-5 million severe cases, and causes 290 000 to 650 000 respiratory deaths."

<http://www.emro.who.int/pandemic-epidemic-diseases/news/the-next-flu-pandemic-a-matter-of-when-not-if.html>

Up to 1 Billion people worldwide exhibiting symptoms of COVID (when all they have is a cold or the flu). None getting early or appropriate treatment. Add to that the large number of people who will develop COVID symptoms after the vaccine. 100% of people in all vaccine trials have exhibited mild to moderate symptoms. Will they also be misdiagnosed as COVID forcing isolation and lack of even basic care allowing a mild reaction to potentially become deadly?

Add into this the number of potential bacterial respiratory infections from poor mask hygiene and improper mask use. Not to mention the increased impact of viral load uptake caused by rebreathing shedding virus. All this with an immune system devastated by the previous 8 months of fear, lack of care and lack of sunlight.

Will anyone not exhibit some symptom of COVID in the Winter of 2020?

Consider millions or billions of people suddenly being diagnosed with COVID and being locked down martial law style. Arrested if you leave the house or hauled away from your house, work or school for 'isolation'. Have you seen the 'free' society of Australia right now? They have less 'Cases' than most provinces in Canada!

Be prepared! We were softened up over the summer for a cull in the winter. This is the culling of society by design. We can no longer put these measures down to ignorance or the perception of caring. Health professionals and governments know what they are doing. Whether our governments or health officials are just afraid to admit it or are too power 'mad' to let go is no

longer relevant. Barron Munchausen, it is time to leave the building with all your proxies! <https://www.uofmhealth.org/health-library/hw180537>

“Munchausen syndrome by proxy (MSBP) is a mental health problem in which a caregiver makes up or causes an illness or injury in a person under his or her care, such as a child, an elderly adult, or a person who has a disability.”

Countries, States and Provinces are using a ‘Cases’ per 100,000 measure to enact stricter lockdowns. These start at around 20 per 100,000 and go up to 100 per 100,000.

In Alberta, an average flu year recently has ranged from 179 to 215 cases per 100,000. That is just lab confirmed hospitalized rates. Now take all the testing strategies being normalized and apply that to a flu season.

"This season there were 7,698 laboratory confirmed influenza cases (179 cases per 100,000 population) reported in Alberta . Last season, there were 9,115 laboratory confirmed influenza cases (215 cases per 100,000 population) reported."

<https://open.alberta.ca/dataset/9044e65d-a97e-43cb-8357-9c890422f069/resource/dcd1cc27-57c2-4cf4-8078-3869f19b6390/download/health-influenza-summary-report-2018-2019.pdf>

We will see manufactured ‘Case’ rates in the tens to hundreds of millions worldwide. If we continue to test and report as we are, it really will feel like the apocalypse, when all we will have is a regular flu season.

However, the protocols this time will be far more deadly. Last time, the government response rolled out in March - AFTER flu season. These ‘safety’ protocols were delayed and only triggered in March despite governments and health professionals knowing the virus was widely infecting many people around the world as early as October/November. As I wrote in my original research, it was impossible to stop a virus 3-5 months AFTER it had circulated the world.

Why wait to inform the world? In reality, the health care system was warned in December of this novel disease. However, if governments had triggered the overreaching and crippling response at the height of Flu season, it would have been obvious that most of the 'Cases' were really Flu. The 'best laid plan' would have died there and then. Governments were adequately prepared in March though for a global shutdown in lock step. No matter the demographic, political bent or rate of infection, the same plan was triggered worldwide. I talk about this plan in some detail in my initial research;

https://www.researchgate.net/publication/341713221_The_Best_Laid_Plans_COVID-19_A_SARS-COV-2_Story_A_SARS-CoV-2_Story_Page_2_106

Now take a quick look at the UK preparations and read the almost 400 pages of legislation the government dropped two days after they locked down the whole of the UK.

https://www.legislation.gov.uk/ukpga/2020/7/pdfs/ukpga_20200007_en.pdf

<https://www.legislation.gov.uk/ukpga/2020/7/notes/division/1/index.htm>

This act came in to force **TWO DAYS** after lockdown! However, only **FOUR DAYS BEFORE**, the UK locked down, it declassified COVID 19 as a High Consequence Infectious Disease (HCID) because COVID was known to not be deadly enough to justify this definition [\[link\]](#);

"...more information is available about mortality rates (low overall)..."

During the last 6 months though, we have been 'conditioned' not to compare this deadly pathogen called COVID to little old seasonal flu. In fact, we have been 'conditioned' to accept an awful lot that has never been presented before in a pandemic response on a healthy asymptomatic population. Social Distancing and Isolation from family, friends and co-workers. Forced use of any old 'face coverings' or Masks. Lockdowns of the healthy and the complete eradication of an opinion other than that of the Government. None of these measures have ever been shown to be effective in an ILI pandemic and most (such as masks from cloth to surgical to N95) have proven extremely hazardous to a person's health.

Since when have we ever trusted any government without question? All of this 'programming' helped by our trustworthy, unbiased Main Stream Media (MSM) and our Social Engineering wizards determined to know us better than we do ourselves. I will let you into a secret though... they do.

https://www.researchgate.net/publication/341694309_Are_we_the_new_Digital_Soylent_Green

The reality is, as can be seen from the current government, CDC and WHO admissions, COVID on its own was not that deadly. Over 94% of people had life threatening co-morbidities (known all along by the government). Those who made it to a ventilator were given an almost certain death sentence with around 90% of those dying on that ventilator. More on that here (and in my full research paper) <https://www.linkedin.com/pulse/personal-story-postscript-dave-dickson> There is evidence that COVID was already on its way out by the time the lockdowns started. Regardless of that though, it is clear that it was the lockdowns themselves that killed in the 'off' flu season. For the 'faux' Second Wave, we won't even need a 'novel' virus. The protocols alone will wipe us all out.

Day Zero to 8/30/2020 = 288 days.						
The spread of virus	First Positive Case	First Recorded Death	Lockdown day	Reported Deaths Lockdown	Reported Deaths 8/30/2020	Reported Deaths After Lockdown
United States	2020-01-22	2020-02-06	2020-03-26	1,050	187,087	186,037
Canada	2020-01-25	2020-03-10	2020-03-18	8	9,117	9,109
France	2019/12/27	2020-02-15	2020-03-17	148	30,606	30,458
Italy	2020-01-31	2020-02-23	2020-02-23	2	35,477	35,475
United Kingdom	2020-01-31	2020-03-06	2020-03-23	281	41,499	41,218
Sweden	2020-02-01	2020-03-12			5,821	5,821
Belgium	2020-02-04	2020-03-12	2020-03-18	5	9,891	9,886
Germany	2020-01-27	2020-03-09	2020-03-22	45	9,364	9,319
Switzerland	2020-02-26	2020-03-06	2020-03-13	4	2,005	2,001
Norway	2020-02-27	2020-03-13	2020-03-12	-	264	264
Denmark	2020-02-27	2020-03-16	2020-03-11	-	624	624
Day Zero to 8/30/2020 = 288 days.						
Days Past	Days before first case	Days before first Death	Days before Lockdown	Days from Lockdown to 8/30/2020	Reported Deaths in days BEFORE Lockdown	Reported Deaths in days AFTER Lockdown
United States	67	82	131	157	1,050	186,037
Canada	70	115	123	165	8	9,109
France	41	91	122	166	148	30,458
Italy	76	99	99	189	2	35,475
United Kingdom	76	111	128	160	281	41,218
Sweden	77	117				5,821
Belgium	80	117	123	165	5	9,886
Germany	72	114	127	161	45	9,319
Switzerland	102	111	118	170	4	2,001
Norway	103	118	117	171	-	264
Denmark	103	121	116	172	-	624

Do you want to know what it looks like to run the current protocols our CMO's have mandated worldwide through a flu season? Remember Lombardy, Italy? They locked down during the end of their flu season in an area that has average flu deaths 600% greater than the US, every single year. (<https://www.ncbi.nlm.nih.gov/pubmed/18603552>). Hospitals were rapidly overwhelmed, not by the deaths but by the protocols, which then led to more deaths. Even Doctors died (almost all were elderly and had come out of retirement, a fact that was quickly hidden). <http://web.archive.org/web/20200331081803/https://portale.fnomceo.it/elenco-dei-medici-caduti-nel-corso-dellepidemia-di-covid-19/>).

The same pattern happened in New York. Now take that thought and apply it to the beginning of flu season worldwide in a system already crippled by the last 8 months of insanity.

Now imagine those same lockdown protocols kicking in when 1 billion people start to exhibit symptoms! Soon you won't have to imagine. **THIS HAS TO STOP NOW.** We have to go back to normal. No masks, no social distancing, no lockdowns, no vaccine.

One positive to come out of this is the resurgence of research that shows Hydroxychloroquine (HCQ) does not only stop COVID in its tracks, but it also helps diabetes, influenza, adenovirus

and all coronavirus. That is in addition to its common use for Rheumatoid Arthritis and Lupus. This could possibly be the end of not just the COVID vaccines but also flu vaccines and more. Now can you see why this drug is being vilified.

How the humble Gin & Tonic may save the world from COVID 19.

Hydroxychloroquine is not just a malaria prophylaxis; it is an autoimmune therapy also. However, its use goes beyond both, over its long history and lineage. This is just a simple overview of why it works.

1. HCQ lowers blood sugar. This decreases the probability of the infection triggering a cytokine storm, leading to multiple organ failure. This cytokine storm is a primary killer in most Influenza Like Illnesses (ILI).
2. HCQ prevents viral uptake by cells thus making it a highly effective prophylaxis.
3. HCQ increases the rate of viral shedding thus reducing the length of time and severity of any viral infection.
4. HCQ is effectively used to safely treat autoimmune diseases such as Lupus and Rheumatoid Arthritis. It is an immune suppressant that prevents any ILI virus from triggering a cytokine storm.

Note that other treatments being touted are ineffective and sometimes dangerous. Take steroids for example, which have been used to treat bacterial pneumonia. Bacterial pneumonia is common in the 'off-flu season'. Were the positive results of steroids really just misdiagnosis of bacterial pneumonia, possibly from mask wearing? In influenza caused pneumonia, steroids increase mortality by over 30%. Ask yourself why steroids have only just been presented as a cure for COVID, right before flu season.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30628-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30628-0/fulltext)

“As during previous pandemics (severe acute respiratory syndrome and Middle East respiratory syndrome), corticosteroids are not routinely recommended and might exacerbate COVID-19-associated lung injury.”

<https://pubmed.ncbi.nlm.nih.gov/30917856/>

“In patients with influenza pneumonia, corticosteroid use is associated with higher mortality.”

We need the right treatment that has always been available. A treatment that has been stockpiled by governments worldwide in numbers of over 250 million doses donated for free by the manufacturers in March and April specifically to treat COVID. In Canada alone, that was over 4 million doses. Where is this critical medication now? Why is it being withheld from people? Maybe because it is a cheap, off patent drug made by dozens of manufacturers that has very little return on investment as a result. Maybe because its common use would remove the need for a COVID vaccine and maybe many other vaccines also?

It's Time to Right the Crime <https://youtu.be/7j9U4k2LBgs>.

Treat the sick, and let's get back to a healthy state of body and mind.

People need to get out and back to work to live, to laugh and to love, before it is too late.

As the media and government fiddles, we are watching Rome burn.

1. [*The Best Laid Plans. COVID-19*](#)
2. [*COVID 19 – Is the lock down working?*](#)
3. [*COVID 19 - The Spread of A Virus*](#)
4. [*How the humble Gin & Tonic may save the world from COVID 19.*](#)
5. [*COVID 19 Risks - a Personal Message*](#)
6. [*COVID 19 - A Personal Message Postscript*](#)

Complete initial research

here: https://www.researchgate.net/publication/341713221_The_Best_Laid_Plans_COVID-19_A_SARS-COV-2_Story_A_SARS-CoV-2_Story_Page_2_106

Now back to your regularly scheduled 'programming' update. Welcome to Stepford, 1984 style. How to program a population to accept the 'new normal'. [Remember to eat your Soylent Greens.](#)

https://www.researchgate.net/publication/341694309_Are_we_the_new_Digital_Soylent_Green

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RT-PCR testing

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-asymptomatic-transmission-rapid-review.pdf>

<https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/>

<https://youtu.be/kcONxyAJ8S4>

<https://twitter.com/DrEliDavid/status/1302207447923388416?s=04>

Hydroxychloroquine.

A 100% reduction in mortality for a \$20 treatment.

<https://www.mediterranee-infection.com/early-treatment-of-1061-covid-19-patients-with-hydroxychloroquine-and-azithromycin-marseille-france/>

https://www.mediterranee-infection.com/wp-content/uploads/2020/04/azithroquine_manuscript-soumis.pdf

<https://www.mediterranee-infection.com/early-treatment-of-1061-covid-19-patients-with-hydroxychloroquine-and-azithromycin-marseille-france/>

<https://theconversation.com/blood-sugar-levels-may-influence-vulnerability-to-coronavirus-and-controlling-them-through-conventional-means-might-be-protective-136592>

<http://www.advbiores.net/article.asp?issn=2277-9175;year=2016;volume=5;issue=1;spage=145;epage=145;aualast=Sheikhbah aie>

<https://www.scientificamerican.com/article/how-blood-sugar-can-trigger-a-deadly-immune-response-in-the-flu-and-possibly-covid-191/>

VA "Study" response. <https://www.mediterranee-infection.com/wp-content/uploads/2020/04/Response-to-Magagnoli.pdf>

<https://clinicaltrials.gov/ct2/show/NCT04332991>

<https://www.sciencedirect.com/science/article/pii/S0924857920300881>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3567830/>

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(06\)70361-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(06)70361-9/fulltext)

<https://virologyj.biomedcentral.com/articles/10.1186/1743-422X-3-39>

<https://www.medrxiv.org/content/10.1101/2020.03.24.20042366v1.full.pdf>

<https://crofsblogs.typepad.com/h5n1/2020/01/three-drugs-fairly-effective-on-novel-coronavirus-at-cellular-level.html>

http://www.xinhuanet.com/english/2020-01/30/c_138742650.htm

Donated Doses for COVID Treatments

Novartis (130 Million doses), Mylan (50 million doses), Teva (16 million doses), Amneal (20 million doses), Bayer (3 million doses)

<https://www.fiercepharma.com/pharma/new-commitments-mylan-and-teva-move-to-supply-tens-millions-hydroxychloroquine-tablets-to>

130 million doses from Novartis

<https://www.novartis.com/news/media-releases/novartis-commits-donate-130-million-doses-hydroxychloroquine-support-global-covid-19-pandemic-response>

100 Million Doses from Sanofi

<https://www.reuters.com/article/us-health-coronavirus-sanofi-hydroxychlor/sanofi-will-donate-100-million-doses-of-hydroxychloroquine-to-50-countries-idUSKCN21S0JK>

HHS Accepts 30 Million DONATED doses for COVID patients.

<https://www.hhs.gov/about/news/2020/03/29/hhs-accepts-donations-of-medicine-to-strategic-national-stockpile-as-possible-treatments-for-covid-19-patients.html>

Jamp Pharma Donating one million of doses

<https://www.newswire.ca/news-releases/canadian-jamp-pharma-group-gets-involved-donating-one-million-doses-of-hydroxychloroquine-to-hospitals-to-help-combat-covid-19-897524025.html>

Apotex donating two million doses

<https://www.newswire.ca/news-releases/canada-s-apotex-donates-two-million-dosages-of-hydroxychloroquine-to-the-public-health-agency-of-canada-843392095.html>

Apotex donating doses for trials

<https://everythinggp.com/2020/04/13/hydroxychloroquine-will-be-studied-in-alberta-as-a-possible-covid-19-treatment/>

Amneal Pharmaceuticals donates 4.3 million doses

<https://timesofindia.indiatimes.com/business/international-business/indian-americans-us-pharma-firm-donates-3-4-million-hydroxychloroquine-sulphate-tablets/articleshow/75039058.cms>