



Covid Lies

Government and media have lied to us from pandemic day one. Are they lying about the vaccines, too? What is their goal?

Rebecca Terrell

The television ad begins on a Google search screen, with slow, sad music playing as someone types terms such as quarantine, lockdown, and school closings. Gradually, a change begins with what sounds, far-off, like parents cheering at their kids' soccer game. The melody builds expectantly, and negative terms are replaced with uplifting words accompanied by sounds of reopenings and in-person events. Suddenly, the song slows heartrendingly with a cut to a white screen and the words "Get back to what you love"; then, a last Google search for "covid vaccine near me" fades to the words "Learn more at CDC.gov."

<https://thenewamerican.com/covid-lies/>

As you wipe tears away, your heart skips a beat at the thought that all you need are a couple of little shots to recover the freedoms you lost in 2020. And who better to trust with your personal health than federal bureaucrats, mainstream media, and an antitrust-violating ex-software developer? No matter that their other dictates have proven to be the exact opposite of what should have happened to promote health and prosperity.

Indeed, since March 2020 when the World Health Organization (WHO) declared a global pandemic, calling on all countries to “double down” with “aggressive” virus containment efforts, the official response to this nebulous advice has made matters far worse than the disease. From mask mandates to economic shutdowns, from quarantining healthy people to placing COVID patients in nursing homes, from ignoring proven remedies to mandating untested experimental vaccines, the reaction to COVID would be laughable if it were not so destructive.

Yet these are the same leaders who are now dangling the carrot of vaccines in exchange for your hostage liberties. Your cooperation is so important that President Joe Biden is sending government agents to your home to make sure you’re vaccinated. (Did thoughts just spring to mind of Nazi agents and their mass sterilization and ethnic-cleansing programs of the 1930s? As today, government then claimed it could rid society of disease, and public health was their excuse for stripping individual rights, too.)

Before rolling up your sleeve for the jab, it may be wise to take a closer look at the track record of COVID deceit, and to learn what Deep State perpetrators openly admit is their ultimate goal. Also of interest is what experts are saying about our disastrous course — experts whom bureaucrats and major media are desperately trying to suppress.

1. FACEMASKS

Do face masks stop the spread of viruses? This is a clinical question with a very simple answer (i.e., “no”), but alarmists worldwide have managed to convince us that masks play such a vital role against COVID that refusing to wear them is akin to murder.

Prior to 2020, there was little debate. During the 2003 SARS outbreak, the *Sydney Morning Herald* reported that Australian officials imposed fines up to \$110,000 for retailers who “cash in on community fears about SARS by exaggerating the health benefits of surgical masks.” University of Sydney professor of infectious diseases Yvonne Cossart explained, “As soon as they become saturated with the moisture in your breath [surgical masks] stop doing their job and pass on the droplets,” a process which takes only 15 minutes.

Early last year, when the supply of N95 and surgical masks for proper clinical use was short due to panic-induced demand, the U.S. surgeon general tweeted: “Stop buying masks! They are NOT effective in preventing the general public from catching #Coronavirus....”

<https://thenewamerican.com/covid-lies/>

His colleague, Dr. Anthony Fauci, has publicly claimed the opposite, but damning e-mails released in June of this year in response to FOIA requests — the same e-mails proving he knew the real origins of the virus — reveal that the nation’s top medical advisor also knows the truth about masks. In 2020 he wrote, “The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to pass through the material,” and that even in healthcare settings mask policies should remain “voluntary.”

Both science and history back up these statements. Last year’s “Danish Mask Study” published in the *Annals of Internal Medicine* found no statistical difference in SARS-CoV-2 infection rates between masked versus unmasked groups. It proved a point made during the 1918 Spanish Flu pandemic, when San Francisco was the only place in the country that threatened fines and imprisonment for not wearing masks. Infection and death rates remained unchanged. Today, National Institute for Occupational Safety and Health (NIOSH), an arm of the Centers for Disease Control (CDC), cautions on its website that even surgical masks do “NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and [are] not considered respiratory protection.”

Even CDC’s March 18, 2020 video *Answering 20 Questions about COVID-19* contains this statement from Deputy Director for Infectious Diseases Jay Butler: “CDC does not recommend use of masks in the general community, and that’s not a new recommendation. That’s been a standing recommendation for some time.” He cautioned that mask use may *increase* infection risk; people tend to touch their faces more often, and are apt to relax effective preventive measures due to a false sense of security.



CO₂ trap: Popularly referred to as “face diapers,” masks increase levels of carbon dioxide in inhaled air by as much as six times the limit recommended by healthcare authorities, research reveals. *(Photo credit: Juanmonino/ iStock / Getty Images Plus)*

<https://thenewamerican.com/covid-lies/>

Inexplicably, less than one month after Butler's statement, CDC did an about-face, recommending cloth face coverings in public areas, with no research to justify the reversal. "The recommendation was published without a single scientific paper or other information provided to support that cloth masks actually provide any respiratory protection," said Dr. Michael Osterholm in a June 2020 interview at the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP), where he leads a team of experts in respiratory protection. "Never before in my 45-year career have I seen such a far-reaching public recommendation issued by any governmental agency without a single source of data or information to support it. This is an extremely worrisome precedent of implementing policies not based on [scientific] data."

Osterholm continued, "I have talked to close friends and colleagues who work at CDC.... They universally disagree with the publication of this recommendation." But because the issue has become so politicized, CIDRAP funders have threatened to pull their support in reaction to Osterholm's statements. "In all my years in public health, I've never experienced this blowback."

Mask-shaming hasn't been the only ill effect. Since March 2020 numerous medical journals have reported headaches, acute anxiety, impaired learning or concentrating, drowsiness and fatigue, and increased incidence of respiratory and eye infections among the grim consequences of masking. CDC's own February 2021 mask study reported obstructed breathing.

Physical, psychological, and behavior issues are especially rife among children. Problems reached such a pitch in Belgium last year that doctors petitioned the minister of education to abolish the mask mandate in schools, citing anxiety, sleep problems, behavioral disorders, and impaired development among children in their care. This June, *JAMA Pediatrics* detailed a German study of schoolchildren. Researchers discovered consistent carbon dioxide levels under their face masks up to six times over the acceptable limit for closed rooms set by the German Federal Environmental Office. They noted that most of the kids' ailments were related to "elevated carbon dioxide levels in inhaled air" and said their findings "suggest that children should not be forced to wear face masks."

2. Lockdowns

If face masks were the only farce foisted on the public by those who know better, mask mandates might be forgiven as misguided overzealousness. But their deleterious effects pale in comparison to what draconian lockdowns have wrought.

As tens of thousands of businesses shuttered last year under onerous restrictions, National Public Radio wailed, "3 Months of Hell: U.S. Economy Drops 32.9% in Worst GDP Report Ever," while Bureau of Labor statistics recorded a loss of more than 22 million jobs during the early days of the pandemic. Media pundits blame the virus for the financial devastation, but Ryan McMaken of the Mises Institute calls that a smoke screen. He notes that deadly pandemics of the past did not result in "economic damage on a scale we now see," and says the government, not the virus, botched things. A January

<https://thenewamerican.com/covid-lies/>

report from the National Bureau of Economic Research (NBER) backs up McMaken, finding significant correlations between lockdowns and sales losses across California, one of several states set to lose a seat in the U.S. House of Representatives in what pundits are calling the mass “leftugee” exodus from blue states to red.

Even WHO backpedaled on its early push for lockdowns after witnessing the dire consequences. Citing industry devastation, skyrocketing poverty, and widespread malnutrition, Dr. David Nabarro, WHO special envoy on COVID-19, appealed to world leaders on Spectator TV last October: “Stop using lockdowns as your primary control method.” He said that they only succeed in “making poor people an awful lot poorer.”

But isn’t all the loss and suffering worth it? Didn’t lockdowns stop the virus?

Not in the least. While countries such as China, India, Italy, Spain, and Belgium imposed some of the strictest lockdowns, other places such as Sweden and Taiwan remained comparatively lax. NBER research found that lockdowns did not reduce COVID transmission rates or mortality. In fact, excess mortality in Spain and Belgium (deaths in 2020 compared to the four preceding years) was double that of Sweden, as reported by *Reuters* in March.

Moreover, according to Stanford University, SARS-CoV-2 has proven itself remarkably similar to most influenza viruses. Indisputable evidence from acclaimed researcher Dr. John Ioannidis — based not on national statistics but on the actual presence of viral antibodies in patients — reveals that COVID’s global infection fatality rate is 0.15 percent, making it roughly equivalent to that of seasonal influenza.

Though COVID is far less deadly than alarmists claim, the human cost of lockdowns is astounding. In a March Associated Press interview, Dr. David Greenhorn of the Bradford Royal Infirmary in England blamed lockdowns for a spike in child suicides, which he called “an international epidemic.”

Meanwhile, media is awash with reports of increases in domestic violence, drug overdoses, and mental-health issues exacerbated by government-imposed lockdowns.

Others inadvisably sequestered themselves due to propaganda-induced fear. In mid-2020, NPR reported that emergency rooms across the United States saw a “staggering” drop-off in patients — with volumes down as much as 50 percent — because “officials advised people to avoid emergency rooms if at all possible” to make way for the expected surge of COVID-19 patients. The surge never happened; doctors complained of ERs shrouded in an “eerie calm” and of non-COVID patients who eventually showed up later and sicker. Not surprisingly, data posted online at CDC.gov in June showed that deaths related to heart disease and diabetes increased dramatically last year: about 32,000 more heart-disease deaths and 13,000 more diabetes deaths than in 2019. Since they didn’t die of COVID, did they matter less?

<https://thenewamerican.com/covid-lies/>

COVID has become so politicized that such evidence carries no weight. Instead, major media peddle wild falsehoods fed to them by our leaders and their medical advisors, stirring irrational fear and perpetuating the underlying message that we are nothing more than walking incubators, able to kill anyone within a six-foot radius. Meanwhile, a fearful public readily hands over its rights, clamoring for a nanny state in the false hope that things will soon return to normal. We now have record unemployment rates as businesses search in vain for workers who would rather stay at home feeding off the public largess. We have “economic impact payments,” even for the incarcerated, further inflating our ballooning national debt, though the Federal Reserve reports that only a small percentage of each stimulus check has been used to pay for the necessities of life. The CDC is even telling landlords they cannot evict tenants for non-payment, recently extending its national moratorium of last September, on the flimsy excuse that it prevents tenants from spreading the virus while they look for housing.

Some of the most criminal lockdown measures have happened in America’s COVID epicenter, New York. Shortly after quarantining everyone in his state — a move he later brushed off as “probably not the best public health strategy” — Governor Andrew Cuomo issued a directive at the request of some major campaign funders, forcing nursing homes to accept infected patients, supposedly to free up hospital beds for more urgent COVID cases. Those cases never materialized, as evidenced by thousands of federally provided beds that remained empty in New York’s Javits Convention Center and on the U.S. Navy ship *Comfort*. But thousands of nursing-home residents perished as a result, and the *New York Times* revealed in March that Cuomo lied about the death count to avoid prosecution.

All of this has happened because of a diagnostic test that easily yields false positives. Dr. Kary Mullis won the 1993 Nobel Prize in chemistry for inventing the PCR test (polymerase chain reaction), but he was clear that it was not a diagnostic tool, saying in a 1993 panel discussion that the test could “find almost anything in anybody” (video available on YouTube channel *Stichting Vaccinvrij*). Predictably, the corona PCR test, developed by German virologist Dr. Christian Drosten using an old SARS virus, triggers a positive result in the presence of any coronavirus residue. Writing about this phenomenon in “Lies, Damned Lies and Health Statistics — the Deadly Danger of False Positives” in last September’s *Daily Sceptic*, former Pfizer VP and chief science officer Dr. Michael Yeadon said, “The likelihood of an apparently positive case being a false positive is between 89-94%, or near certainty.”

3. Alternative Treatments

Dwarfing these crimes is the epidemic of silence about clinically proven treatments for COVID such as hydroxychloroquine (HCQ). “A glaring difference between countries with high COVID mortality” and those with “low mortality is the early use of HCQ,” notes the Association of American Physicians and Surgeons (AAPS), a professional group representing thousands of healthcare practitioners. AAPS is suing the U.S. Food and Drug Administration (FDA) for blocking their patients’ access to the proven, lifesaving medicine.

<https://thenewamerican.com/covid-lies/>

Last year, even as the Trump administration sent millions of doses overseas as prophylaxis for medical workers, the FDA inexplicably revoked its authorization for use of HCQ and chloroquine (CQ) in COVID cases stateside, making the unsubstantiated claim that these meds — which have been safely used for more than 60 years — were ineffective against COVID and could cause harm. When several U.S. senators demanded an explanation, the agency sent a seven-page dodge, citing no proof. “The FDA’s response is evasive and fails to answer several of the Senators’ excellent questions,” remarked AAPS. “If the FDA responded like this in a court of law, a judge would order it to answer the questions asked.” AAPS points to the website c19study.com, a database of hundreds of scientific studies cataloging the overwhelming success of HCQ and other popular COVID treatments worldwide.

A renowned success story relates to AAPS member and master of public health Dr. Peter McCullough, a practicing specialist and professor of medicine at Texas A&M College of Medicine. The most published expert in his field, he developed a treatment early in the pandemic that statistics prove could have saved 85 percent of COVID hospitalizations and lives lost. But, he told *The New American* in an April interview, early intervention is key to treatments such as his, thereby exposing the viciousness of policymakers urging people to stay home until their symptoms become bad enough to require hospital treatment. By the time those patients need ventilators, it’s often too late, and many die.

Media is in lockstep with this deadly bureaucratic coverup. “Fox came at my throat for standing up against censorship,” declared Fox 26 Houston reporter-turned-whistleblower Ivory Hecker. In a June interview with Project Veritas, she played recordings of telephone conversations in which her bosses reprimanded her for reporting positive news about HCQ.

What were her offenses? She chronicled the video that went viral last summer of Houston doctor Stella Immanuel, who announced at a press conference, “America, you don’t need to be afraid. COVID has a cure... If they put everybody on hydroxychloroquine right now... [it] will stop COVID in its tracks in 30 days.” Hecker also quoted the chief of critical care at Houston’s United Memorial Medical Center, Dr. Joseph Varon, who told her, “We know that it’s a drug that has been politicized up to the wazoo,” but “we use it with good success.”

The response from Hecker’s bosses: “You need to cease and desist posting about hydroxychloroquine,” her news director spat. “In my opinion you failed as a reporter.” Her assistant news director also warned, “Industry executives — who are the people who hire us and keep us employed — that’s the part that needs to make a difference to you. It’s not just about the viewers. It’s about what our CEO reads. It’s about what our GM [general manager] reads.”

4. Vaccines

"The suppression of early treatment was tightly linked to the development of a vaccine," Dr. McCullough relates in a June webinar with Dr. Reiner Fuellmich and members of the Corona Investigative Committee (CIC), an international network of lawyers planning to sue the orchestrators of the pandemic for what CIC calls the greatest crime against humanity ever committed. McCullough believes that the government ignored effective treatments because acknowledging them would have prevented the FDA from legally granting Emergency Use Authorization (EUA) for the experimental substances.

Bureaucrats and media assure us that these new drugs are safe and effective. But how do they know? It is obvious the therapies are untested, because EUA isn't necessary for meds that are clinically proven safe. In fact, initial test results are only now hitting medical journals, such as a study of preliminary findings in pregnant women published this June in *The New England Journal of Medicine*. Shouldn't such tests have occurred before release to the general public?

When it comes to safety, our primary metric is after-the-fact. CDC's Vaccine Adverse Event Reporting System (VAERS), which collects information about side effects, logged nearly 12,000 deaths from mid-December through July 23 (though the agency's weekly report published on its website claimed 6,340 reported deaths, adding to CDC's track record of confusion). This is an astonishing number considering the 280 average annual reported vaccine deaths from 1990–2020. Moreover, the death toll is likely a low estimate since CDC admits fewer than 10 percent of actual cases are usually submitted to the voluntary VAERS system. McCullough's contacts within CDC have confirmed that "the real number is ten-fold."

Added to deaths are more than 500,000 adverse events — including thousands of miscarriages, heart and circulatory problems, neurological disorders, and severe allergic reactions. U.S. Senator Ron Johnson (R-Wis.) recently held a press conference in Milwaukee for some victims and their families who related heartbreaking stories of life-altering conditions — which they say are being ignored by politicians, drug companies, and media. Dental hygienist Kristi Dobbs, whose condition is so serious that she has prepared her will, lamented, "I would give my whole life savings if I could go back to January 17th" when she received the Pfizer vaccine.

Granted, the VAERS system only tabulates *reported* cases, without proven causality. However, contrast today's numbers with 4,000 *reported* adverse events that brought the 1976 swine flu mass-vaccination program to a screeching halt. *60 Minutes* interviewed some of the victims in a program that aired November 4, 1979. "Washington decided that every man, woman and child in the nation should get the shot," Mike Wallace recalled sardonically. "Well, 46 million of us obediently took the shot. And now, 4,000 Americans are claiming damages from Uncle Sam amounting to \$3.5 billion."

<https://thenewamerican.com/covid-lies/>

Times have certainly changed, as the push to vaccinate rages with alarming ferocity despite skyrocketing adverse-reaction statistics. A growing number of organizations are requiring vaccination as a condition of school or work, and countries such as France and Greece are mandating vaccine passports of their citizenry in order for them to lead normal lives.

Meanwhile, it doesn't look like vaccines are actually protecting people from COVID. Israel implemented an aggressive public vaccination program last December. Death rates among the vaccinated have since outpaced those among their unvaccinated peers, and cases have soared in recent months, according to data from the minister of health. One of the country's top coronavirus officials told *The Times of Israel* in early July that 56 percent of "current serious COVID cases" involve fully vaccinated people. The U.K. is witnessing a similar phenomenon. British Prime Minister Boris Johnson bragged in July that more than two-thirds of his countrymen are fully vaccinated, but cases have been on a steep rise since mid-May.

Can we blame the Delta Variant? "There is no evidence that the Delta variant is somehow distinct," explained Dr. David Martin in a deposition to Fuellmich. Martin is CEO of M-CAM International Innovation Risk Management, whose work involves investigating biological and chemical products. He explained that genome sequencing is a composite process, and the strand they call Delta is just another section of an already-disclosed sequence. "I could come up with Variant Omega tomorrow ... and I could run around the world going 'Oh my gosh! Fear the Omega Variant!'" (Sure enough, the Lambda variant made its debut in late July.)

Martin's scrutiny of thousands of patents has uncovered incriminatory evidence about the origins of both SARS-CoV-2 and the vaccines to treat it. He searched for the genetic sequences that WHO published as the novel coronavirus and found patent records for them dating back to 1999. "The declaration of a novel coronavirus was actually entirely a fallacy," said Martin.

"We made SARS, and we patented it on April 19, 2002," he declared, naming U.S. Patent 7279327, issued to Anthony Fauci's National Institute of Allergy and Infectious Diseases (NIAID). The first SARS outbreak was reported in Asia less than one year later.

Other patents prove that pharmaceutical companies were researching antiviral agents for the current so-called novel virus years before its definition. Martin points out those agents couldn't have been developed without insider information.

"This could well blow up into a RICO [Racketeer Influenced and Corrupt Organizations Act] case ultimately," Fuellmich remarked. Martin answered, "It is a RICO case."

The orchestrators openly admit their profit motive. Martin quoted Dr. Peter Daszak, president of EcoHealth Alliance, a nonprofit, taxpayer-funded infection-research organization, as reported in the *National Academies Press* in 2016, four years before the pandemic:

<https://thenewamerican.com/covid-lies/>

We need to increase public understanding of the need for medical countermeasures such as a pan-coronavirus vaccine. A key driver is the media, and the economics will follow the hype. We need to use that hype to our advantage.... Investors will respond if they see profit at the end of the process.

Interestingly, EcoHealth has deep-rooted ties with both NIAID and China's Wuhan Institute of Virology, serving as a funding conduit between the two, according to the organization's website. Daszak's conflicts of interest forced the British medical journal *Lancet* to recuse him from its COVID-19 commission investigating the pandemic's origins. But that only happened after Fauci's FOIA-recovered e-mails exposed Daszak thanking Fauci in 2020 for publicly supporting the idea that the virus originated in nature and was "not a lab release from the Wuhan Institute of Virology."

Knowing that both public and private organizations have spent years planning to cash in on coronavirus solves a lot of pandemic puzzles. It explains how Fauci could make such an accurate prediction in 2017, 10 days before Trump was sworn into office, when he told an audience at Georgetown University, "There is no question that there will be a challenge to the coming administration in the arena of infectious disease. There will be a surprise outbreak."

It also explains why WHO downgraded the definition of pandemic in 2009 to include any worldwide disease, regardless of severity. It makes sense of WHO's decision to redefine herd immunity as only that gleaned from vaccination, not the result of naturally acquired infection. It makes it easy to understand why Merriam-Webster's definition of "vaccine" curiously changed earlier this year to include a description of the experimental gene therapies marketed to treat COVID.

These mRNA gene therapies bear little resemblance to traditional vaccines, which inject an organism to incite immune response. The mRNA gene therapies now labeled as vaccines insert a genetic code into your cells to make viral proteins that *theoretically* incite immune response. Incidentally, how long the synthetic mRNA remains viable is still unknown, and there is plenty of evidence to show that the mRNA-induced "spike proteins cause harm," as physician and vaccination expert Sherri Tenpenny described in a recent *NOQ Report* interview. Why not just call them gene therapies? Since 1986, vaccine manufacturers have been federally shielded from product liability; other drug makers are not.

The profit motive also explains pandemic bonds, a novelty introduced by the World Bank reputedly to help poor countries during outbreaks. While most bond investors are lucky to earn one-percent interest, the World Bank offers payoffs up to 13 percent, with the stipulation that the bonds will default if a pandemic is declared before their maturity date. Former World Bank economist Olga Jones exposed the hoax in the journal *Nature* in August 2019, describing how the bonds enriched investors at the expense of the sick in the Congo during the devastating 2014-2016 Ebola outbreak. Nevertheless, the year 2017 saw the launch of coronavirus bonds worth \$320 million. They defaulted when WHO declared a pandemic in March of last year, only four months before the maturity date. Did the funds go to the needy? Jonas told *The Guardian* that the bonds' complex payout criteria were "so convoluted it is not at all clear whether they will pay out at all. It is too little, too late — and in this case, maybe never."

5. Freedom Is The Cure!

The lies and deceit surrounding COVID-19 seem endless. As former Pfizer VP Yeadon wrote in a recent e-mail: “What almost every government told their people was an absurd set of statements, most of them easily disproven by reference to published literature & often simply by thinking” (published at off-guardian.org). “We hear the imminent arrival of ‘vaccine passports,’ which don’t enhance public safety yet grant to the state totalitarian tyranny,” he concluded. “There is no other interpretation that fits all the major facts, than that the goal is control through what will be the world’s first digital identity database.”

So-called fact-checkers dismiss Yeadon as a quack, but digital IDs have been in the works for years. Former Microsoft head Bill Gates explained the plans during an April 2020 Reddit Q&A session: “Eventually we will have some digital certificates to show who has recovered or been tested recently or when we have a vaccine who has received it.”

Again, the Orwellian fact-checkers howl that this was mere speculation. But ID2020 has been around since 2016, founded by Microsoft, the Rockefeller Foundation, and Gavi — The Vaccine Alliance (which was in turn co-founded by the Bill & Melinda Gates Foundation and the World Bank). ID2020.org explains that digital IDs will enable people “to exercise their rights as citizens and voters and participate in the modern economy,” a veiled admission that without the IDs, rights will be restricted. The World Bank and the Gates Foundation are also at the helm of the ID4D Initiative (Identification for Development), working to integrate digital and health IDs. A 2018 World Bank report explained that this “unique foundational identifier” will be “required to enroll in or access health services.” In the light of vaccine passports and demonization of the unvaccinated, this doesn’t sound quite so far-fetched as it did prior to 2020.

Does this mean we are destined for inevitable techno-enslavement? Not at all. The good news is that both the public and the medical community are waking up. In his testimony, McCullough listed many organizations that are solving public-health crises and defending our freedoms. Among them are the Association of American Physicians and Surgeons (AAPS), the Front Line COVID-19 Critical Care Alliance (FCCC), PANDA (Pandemics — Data & Analytics), BiRD (British Ivermectin Recommendation Development Group), and the Covid Medical Network. Members of these groups have created home treatment guides and established telemedicine services nationwide. McCullough credits the roughly 500 doctors who participate in these programs and says, “we crushed the epidemic curve in the United States.”

These organizations are also helping educate the public about COVID vaccines and support legal action to resist mandates. For example, McCullough is serving as lead expert in the bellwether case before the Texas Supreme Court against Houston Methodist Hospital, which recently lost 153 workers who refused vaccination as a condition of employment.

<https://thenewamerican.com/covid-lies/>

Another source of COVID legal assistance is America's Frontline Doctors (AFLD), a group founded by physician and attorney Simone Gold. AFLD has filed injunctions to halt COVID vaccines in children, is helping college students whose schools are forcing vaccination on them, and has formed a citizen corps with chapters in every state. Additionally, the National Vaccine Information Center (NVIC) provides an Advocacy Portal to protect against vaccine mandates.

What You Can Do

To win this battle, more people need to get involved, and that includes you. *The New American* recommends three steps to get started. First, turn off the television! They're lying to you. Second, subscribe to *The New American*, or if you are already a subscriber, persuade others to subscribe. It is the most reliable source of news online or in print, and for the past 36 years has been warning of the "Deep State" international alliances that are now planning digital IDs and pushing vaccine mandates. Third, and most important, join The John Birch Society.

The JBS is unique in that local chapters "working in concerted action, multiply into an educational army that has overcome opposing forces many times our size and many times our budget." Its latest action project, "Freedom Is the Cure," aims to educate the public about Deep State exploitation of the pandemic and to stop unconstitutional usurpations of individual freedom. Save our Republic; join the JBS. If not now, when? If not you, who?

Rebecca Terrell, a contributor to The New American since 2009, writes on science and energy topics. She is a licensed nurse in Tennessee and holds a master's degree in marketing.