



Ambassador Lee E Wanta &lt;ameritrustusa@gmail.com&gt;

## CRUCIAL Agenda : The Elite Technocrats behind the Global 'Great Reset'

1 message

Mary &lt;mary\_afavictory@hushmail.com&gt;

Fri, Aug 7, 2020 at 12:18 PM

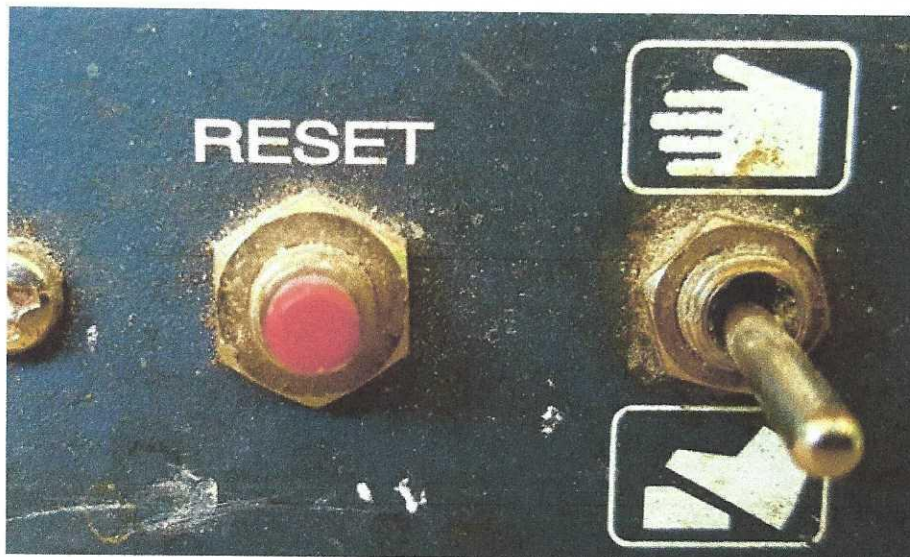
To: Tom <gandgbrokerage@msn.com>, US President AI Gore <press@carthagegroup.com>, info <info@carthagegroup.com>, Mary <mary\_afavictory@hushmail.com>, ameritrustusa@gmail.com

CONFIRMING  
LEO EMIL WANTA

The Elite Technocrats behind...

## The Global 'Great Reset'

by Jacob Nordangård  
June 23, 2020  
from [Stiftelsen-Pharos](#)



The UN [Agenda 2030](#) with its *Sustainable Development Goals* is claimed to,

“ensure peace and prosperity for people and the planet.”

The actions are said to tackle poverty and hunger, bring better health and education, reduce inequalities, and save the oceans, forests and the climate.

Who can argue against such benevolent goals...?

But the promised Utopia comes with a price:

it sets **shackles** on our personal freedom...

### Global Goals partners

The leading partners of the [United Nations Global Goals](#) project reveal the real technocratic agenda that lies behind the polished ‘feel-good’ facade:

it involves a plan to fully integrate mankind into a technological surveillance apparatus overseen by a powerful AI...

THE GLOBAL 'GREAT RESET' FOR WHO? - 2020



The **current pandemic scare** has been a perfect trigger to kickstart this nefarious agenda.

**1. The first leading partner** is **Bill and Melinda Gates Foundation**, built with the fortune from **Microsoft** and run by the company's former CEO **Bill Gates**.

The Foundation is one of the key operatives in implementing the **Agenda 2030 plan**, together with foundations like,

- **Rockefeller Foundation**
- **Rockefeller Brothers Fund**
- **Ford Foundation**
- **Bloomberg Philanthropies**
- **UN Foundation**
- **Open Society Foundation**

**They all have their roots in population control/eugenics and represents the global elite that ultimately are running the show and shapes the agenda on a global scale.**

Bill and Melinda Gates Foundation has, together with **World Economic Forum**, had a **prominent role in orchestrating the current COVID-19 hysteria** as well as the push for a digital ID.



**2. The second partner** is **Avanti Communications**, a British world-leading provider of satellite technology to military and government projects.

Their satellites are said to,

“provide secure, rapid and reliable connectivity for government digital inclusion programs”.

They deliver a world-spanning connectivity which may be used to finally realize the old dream of a *World Brain* where all human activity can be tracked and analyzed in real time.

**3. The third partner** is **2030Vision**, a technology partnership,

“that connects businesses, NGOs and governments with the technology and expertise they need to realize the Goals”.

It is founded and chaired by the British **semiconductor company ARM** and consists of corporations

like **Microsoft** and the German software company **SAP** together with a number of technology advocacy groups.

2030Vision, which recently merged with World Economic Forums **Frontier 2030**, is a partnership that connects cross-sector organizations and the advanced technology solutions needed to support the delivery of the Global Goals.

2030Vision Platform will provide a focal point for the mobilization of a more concerted and cooperative effort to apply advanced technologies to achieve the UN Global Goals.

**4. The fourth partner** is the multinational tech-giant **Google**, provider of cloud computing, a leading search engine and web browser, Android cell phone operating system, YouTube, AI solutions, and a companion of everyday life for billions of people that already intimately track users and their behaviors.

**5. The fifth partner** is the American global payment and technology company **MasterCard**.

**A key player in developing the digital ID that will be needed to access basic service and payment in the New International Economic Order that will rise out of the ashes of the old world system.**

CEO **Ajaypal Singh Banga** is a member of **Council on Foreign Relations (CFR)** as well as World Economic Forums **International Business Council**.



**6. The sixth partner** is American corporation **Salesforce**, a cloud-based software company headed by **Marc Benioff** (one of the board of directors of World Economic Forum).

They are a global leader in customer relationship management through the use of cloud computing, social media, Internet of Things and AI (Artificial Intelligence).

**7. The seventh partner** is **UNICEF** (United Nations Children's Fund). A UN agency that will 'ensure' that no child will be left behind from being integrated in the digital panopticon.

**The UN Global Goals and the leading partners are closely intertwined**

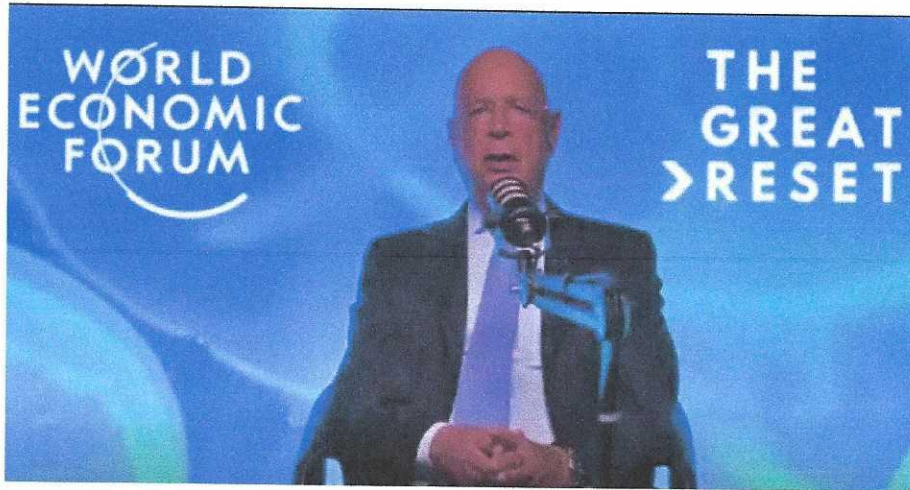


## with World Economic Forums **Fourth Industrial Revolution**,

a megalomaniac **transhumanist** plan that will “redefine what it means to be human” and where every aspect of life will be monitored and controlled from above for the “betterment of humanity”.

In its most pessimistic, dehumanized form, the *Fourth Industrial Revolution* may indeed have the potential to “robotize” humanity and thus to deprive us of our heart and soul.

(Klaus Schwab)



Dr Schwab

from World Economic Forum

## The Great Reset

The current **COVID-19** crisis is seen by the World Economic Forum and its chairman **Klaus Schwab** as, the **perfect trigger** to implement their grandiose **technocratic** plan...

*Big Tech* will come to “rescue” the world.

In June 2020, Schwab declared, backed up by prominent people like,

- **Prince Charles**
- UN General Secretary **Antonio Guterres**
- MasterCard CEO **Ajaypal Singh Banga**
- Microsoft President **Brad Smith**
- IMF director **Kristalina Georgieva**,

...the need of a *Great Reset* to restore order in a world steeped in panic, conflict and economic turmoil:

**The COVID-19 crisis has shown us that our old systems are not fit anymore for the 21<sup>st</sup> century. It has laid bare the fundamental lack of social cohesion, fairness, inclusion and equality.**

**Now is the historical moment in time, not only to fight the real virus but to shape the system for the needs of the Post-Corona era.**



**We have a choice to remain passive, which would lead to the amplification of many of the trends we see today:**

**Polarization, nationalism, racism, and ultimately increasing social unrest and conflicts.**

**But we have another choice,**

**we can build a new social contract, particularly integrating the next generation, we can change our behavior to be in harmony with nature again, and we can make sure the technologies of the *Fourth Industrial Revolution* (4IR) are best utilized to provide us with better lives.**

(Klaus Schwab)

Highlights from the *World Economic Forum* teleconference (full speeches [here](#)):

**This techno-fascist recipe will then, in an utmost non-democratic fashion without any public debate or skeptic inquiry, soon be integrated into the agenda of G20 and the *European Union* – relabeled as the *Great Green Deal* and with ‘planet-saving’ qualities...**

**Everything is already in place and, after ostensibly being put on the back burner during the COVID19 crisis, the *Climate Change* agenda is now back with a vengeance.**

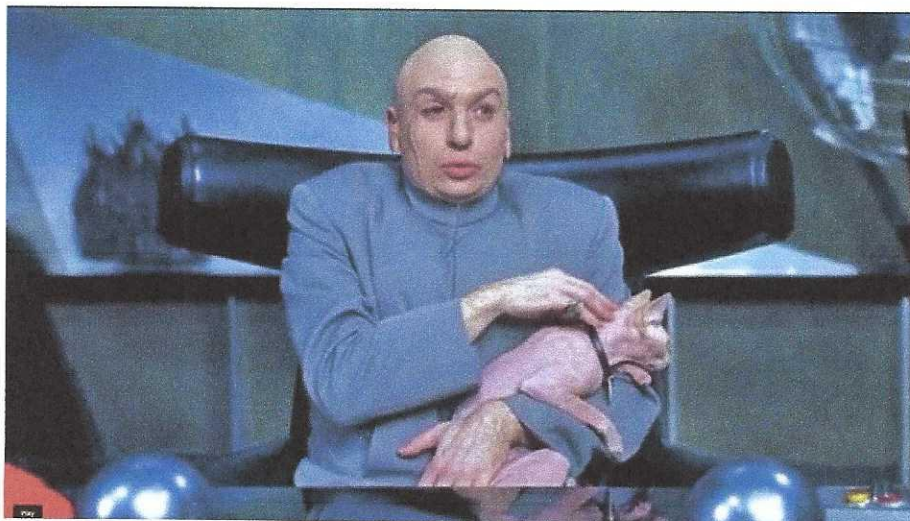
**We only have one planet and we know that climate change could be the next global disaster with even more dramatic consequences for humankind.**

**We have to decarbonize the economy in the short window still remaining and bring our thinking and behavior once more into harmony with nature.**

(Klaus Schwab)

**Unsurprisingly, Klaus Schwab fails to mention his own and his cronies’ role in creating this global economic mess in the first place as it was “foreseen” with stunning accuracy,**

- in World Economic Forum’s and Bill Gate’s [Event 201](#) (October 2019)
- in the Rockefeller Foundation report [Scenarios for the Future of Technology and International Development](#) (2010)



If we don't respond and act promptly and wisely,  
the foxes will soon to be in total control of the henhouse...

[https://www.bibliotecapleyades.net/sociopolitica2/sociopol\\_globalelite370.htm](https://www.bibliotecapleyades.net/sociopolitica2/sociopol_globalelite370.htm)

## COMMUNIST RED China's 'Social Credit System' Blocks 23 Million Travelers

**Thus far fabricated COVID Psy Op HOAX major success**  
**dangerous unhealthy 'Goebbels piggy' masks**  
**lock down the 'Goebbel piggies'**  
**no beaches, no parks, no churches, no exercise gyms, . . .**  
**55+ million jobs lost**  
**tens of thousands small businesses bankrupted**  
**while on this role, moving quickly for their**  
**long plotted *total remote control* cash-less digital society**  
**micro chip-pathogen-sterility genocide vaccines**  
**with their greatest weapon hiding**  
**the yearly common flu stats vs covid**  
**wherein they document non-covid as covid**  
**testing sites had those in line fill out forms**  
**and those that couldn't wait left w/o test**  
**were then notified they are positive for covid**  
**man hit by lightning died from covid**  
**man has heart attack listed as covid**



**man has auto accident died from covid**

**man falls off ladder died from covid**

**8 yr alzheimer patient died from covid**

**hospitals paid more if patient is 'covid'**

~

**imminent threat to the American People**

**British Monarchy-Rothschild's Bank of England et al**

**private bankster cartel Fed Res looting over \$9 trillion of our Treasury**

**The Fed Has Pumped \$9 Trillion into Wall Street Over the Past Six Months (March 14, 2020)..**

**Covi-Pass digital health wallet will be required for most to attend work,  
events**

**The mark of the beast is being forced upon us**

By [Staff Writer](#) -

August 6, 2020



# SECURE, UNIVERSAL, TRUSTED

COVI-PASS™ is a permission-based digital health wallet that is built on decentralised technology to provide full end to end global COVID-19 solutions.

Arguably the world's most secure digital health wallet, built to verify and authenticate health credentials; fully compliant with global data and privacy standards. COVI-PASS™ gives everyone the ability and peace of mind to return to work, life-and travel.

COVI-PASS™ is a global full solution provider of gold standard COVID-19 test assays, point of care analysers and digital health wallets.

*Screenshot via CoviPass.com*

**A digital health wallet system known as *Covi-Pass* handshakes employees' health records with employers, pupils with their educational institutions, and handshakes event attendees with ticket sellers to flag individuals not allowed to attend.**

Twitter user [@ZenacCase](#) wrote the following message to Intellihub's Shepard Ambellas on Thursday:

**"Covi-Pass slowly making its way into companies—I don't work for Chevron I just deliver products to this oilfield site but I was instructed by security to download an app and I'll need to answer the two questions below then proceed to scan the barcode for approval."**



## LEADER-TELEGRAM

The Leader-Telegram is a division of the Eau Claire Press Co.

**Don Huebscher**     **Doug Mell**     **Gary Johnson**  
Editor     Managing Editor     Local News Editor

# Clean government?

## According to whom?

**T**he proverbial wheels are coming off Wisconsin's reputation for "clean government."

■ Taxpayers already have been billed hundreds of thousands of dollars in legal fees by a group of lawmakers and staff members being investigated for possible involvement with running political campaigns on the public's dime, which is against the law.

At the same time, it is reported that legislative leaders are also being investigated amid allegations that they shook down lobbyists for campaign donations when the lobbyists sought lawmakers' help on certain bills.

## Editorial

■ The uproar continues in

Milwaukee County over the outrageous pension plan deal that paid some retirees ridiculous lump sum payments and resulted in the resignation of the county administrator and calls to oust County Board members who approved the deal, although they say unwittingly.

The story got dirtier last week when felony charges were filed against Gary J. Dobbert, the so-called architect of the lump-sum payments. Investigators say

**The issue:**  
*Several recent incidents cast doubt on*

Dobbert, the human resources director, lied when he told the County Board that he had the proposal analyzed by an expert, as required by law, and when he

state's reputation for clean government.

**Our view:**  
*It's time for public employees at all levels to lead the fight to restore that reputation.*

Dobbert lied to the County Board to get its approval. Any public employee who would accept such an outrageous payment would show their true colors as well.

■ State Rep. Johnnie Morris-Tatum, D-Milwaukee, struck a deal with the state Ethics Board last week in which she agreed to pay a \$1,000 fine in addition to \$1,800 she repaid the state last year for some \$12,000 in personal phone calls billed to the taxpayers.

"It's frustrating, isn't it?" Ethics Board Executive Director Roth Judd told the Journal Sentinel. "The bill went to taxpayers a long time ago. This was as much as we were able to get back."

Morris-Tatum's phone tab included \$6,000 in overseas calls, mainly to Senegal. She claimed the calls were for legitimate state business, but when asked by the Journal Sentinel for proof, she couldn't provide any.


We often hear how people in the public sector miss out on the perks private companies offer their workers.

Well, here's something else that happens in the private sector. If you're caught stealing from your employer, the best you can hope for is to get your dishonest butt fired. More likely, especially where thousands of dollars are involved, it's turned over to law enforcement, and you are prosecuted, which could mean probation or prison, and certainly full restitution.

The public must get involved to put the brakes on this disturbing trend, and so should the honest lawmakers and public employees, whose reputations likewise suffer every time one of their own gets caught lying, cheating and stealing from the taxpayers.


—Don Huebscher, editor



  
**the human energy company**  
 for employees and visitors  
**health & safety questionnaire COVID-19**  
 corporate pandemic response team

Chevron is actively monitoring the coronavirus outbreak and is committed to the safety of its employees, business partners and communities. This questionnaire is to be used in locations requiring additional screening procedures as determined by the enterprise, business unit, or public health authorities. The results of medical screening, if any, are not to be shared outside of Chevron Enterprise Health.

access via browser  
Go to <https://screen.chevron.com>



to be completed by individuals	In the past 14 days, or today, have you experienced any of the following? • Cough • Shortness of breath or difficulty breathing • Fever • New loss of taste or smell • Chills • Muscle pain • Sore throat Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'YES' to any of the above, medical screening should be conducted. Contact local Chevron clinic, RMM, or employer's recommended medical facility (contractor/visitor).
	In the past 14 days, or today, have you been in close contact with a person confirmed or suspected of having flu or coronavirus? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>* Close contact is being within approximately 6 feet (2 meters) for more than 15 minutes, or having direct contact with secretions (cough or sneeze), of an individual who has COVID-19 symptoms, or an individual who has tested positive for COVID-19.</small>	

updated 21 May 2020  
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 1 of 1

@ZenacCase/Twitter

This is the direction things are headed in America. Any questions?

<https://www.intellihub.com/covi-pass-digital-health-wallet-will-be-required-for-most-to-attend-work-events/>



POTUS-202-R.W.Reagan's Secret Agent-And-WAUKESHA County Sheriff WANTA

PART 1 of 2

No. 02- 1544

IN THE  
Supreme Court of the United States

AMBASSADOR LEO WANTA, SOMALIA AMBASSADOR TO  
CANADA AND SWITZERLAND, ddp#-04362 & 12535,  
aka LEE E. WANTA, aka LEO E. WANTA,

*Petitioner,*

v

SECRETARY RICHARD G. CHANDLER, WISCONSIN  
DEPARTMENT OF REVENUE; et al.,

*Respondents.*

ON PETITION FOR A WRIT OF CERTIORARI TO THE  
UNITED STATES COURT OF APPEALS FOR THE SEVENTH CIRCUIT

PETITION FOR A WRIT OF CERTIORARI

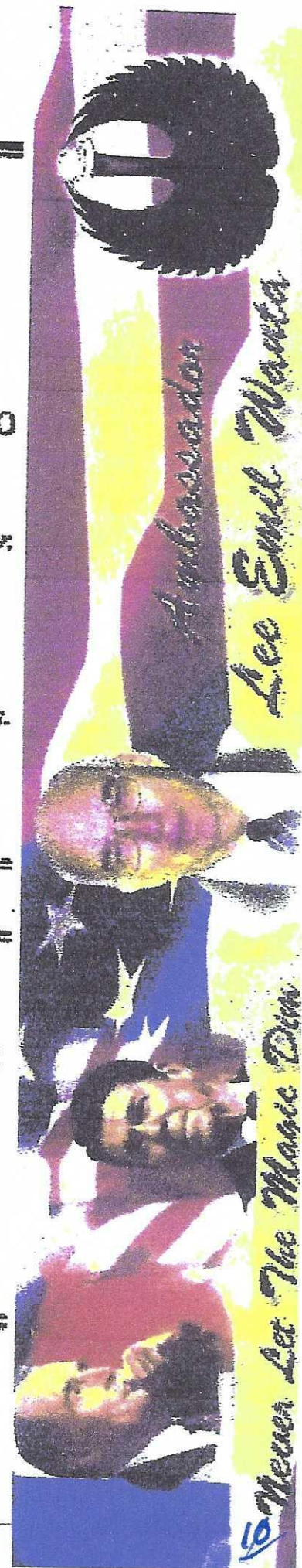
THOMAS E. HENRY  
1125 South 79th Street  
Omaha, NE 68124  
(402) 933-6421

STEVEN D. GOODWIN  
GOODWIN, SUTTON & DUVAL, PLC  
Old City Hall, Suite 350  
1001 East Broad Street  
Richmond, VA 23219  
(804) 643-0000

*Counsel for Petitioner*

179221

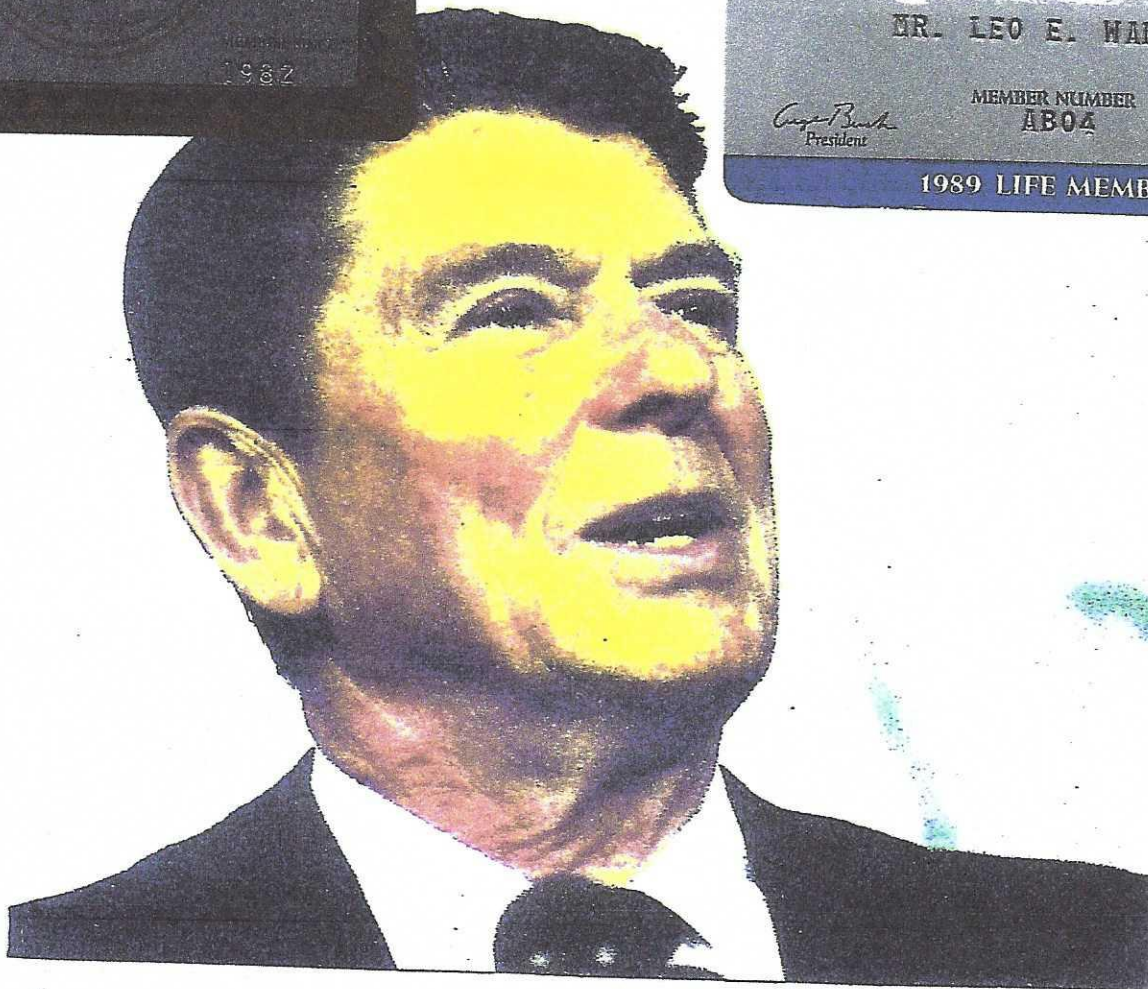
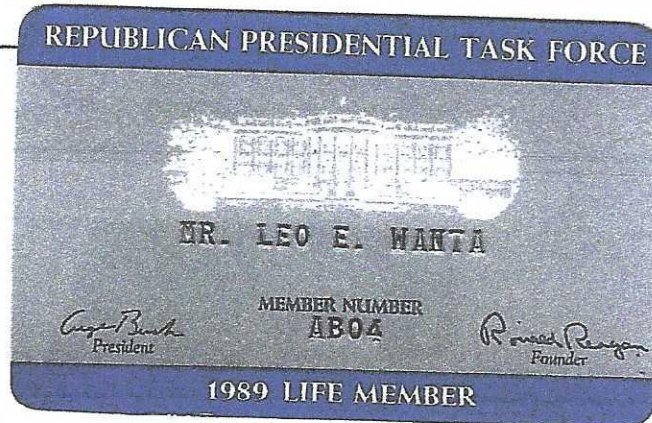
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New Republic/USA Financial Group, GES.m.b.H  
Kartnerstrabe 28/15 Telefon: 513.4235  
A - 1010 Wien, Austria-Europe



*Leo, with my deepest personal regards,  
Ronald Reagan*



State of Wisconsin - Kidnapped - Austrian Citizen - DIRECTOR GENERAL



To : Office of the President, Office of the Vice President, Cabinet Members, Office of the Governors, State and Federal Officials, Congress of the United States, OMB Director Jacob Lew, et al ....

Notice of Default Confirmation - With President Obama's authorized release of my personal, civil and repatriated Inward Remittance of USDollars 4.5 Trillion, of May 2006 to Bank of America-Richmond, Virginia as confirmed by the Federal Reserve Bank - Richmond's in Court Motion, under their Penalty of Perjury.

- 1.) On or about April 15, 2003 The Honorable Gerald Bruce Lee, in Case No. 02-1363-A filed in The United States District Court for the Eastern District of Virginia, Order and Memorandum of Opinion. As part of the Order, the Court stated that the Plaintiff [ Lee E. Wanta, Leo E. Wanta, Ambassador Leo Wanta ] should pursue liquidation of corporations, recovery of financial assets and pay all required taxes in accordance with the law.
- 2.) IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF VIRGINIA, Civil Action No. 1:07 cv 609 T3E/BRP - PETITION FOR A WRIT OF MANDAMUS AND OTHER EXTRAORDINARY RELIEF, filed JUN 20 2007, THE FEDERAL RESERVE BANK OF RICHMOND RESPONDED IN THEIR COURT MOTION STATING ....

" PURSUANT TO RULE 12 (B) (6), fed.R.civ.P., Respondent Federal Bank of Richmond ("FRB Richmond") moves to dismiss the Petition for Writ of Mandamus and Other Extraordinary Relief, are as follows.

"For the purposes of the Motion only, all well pleaded facts will be taken as true."

In other words, The Federal Reserve Bank of Richmond accepted the truthful statements in the Writ of Mandamus and confirmed the known Inward Remittance designated the Petitioner for the sole and exclusive use and benefit of Petitioner, Lee E. Wanta, Leo E. Wanta, Ambassador Lee E. Wanta; an American citizen, birth June 11, 1940. References : Rogers-Houston Memorandum, Act of Congress - H.R. 3723, Title 18 USC Section 4 - Misprison of Felony, other Title 18 USC violations.

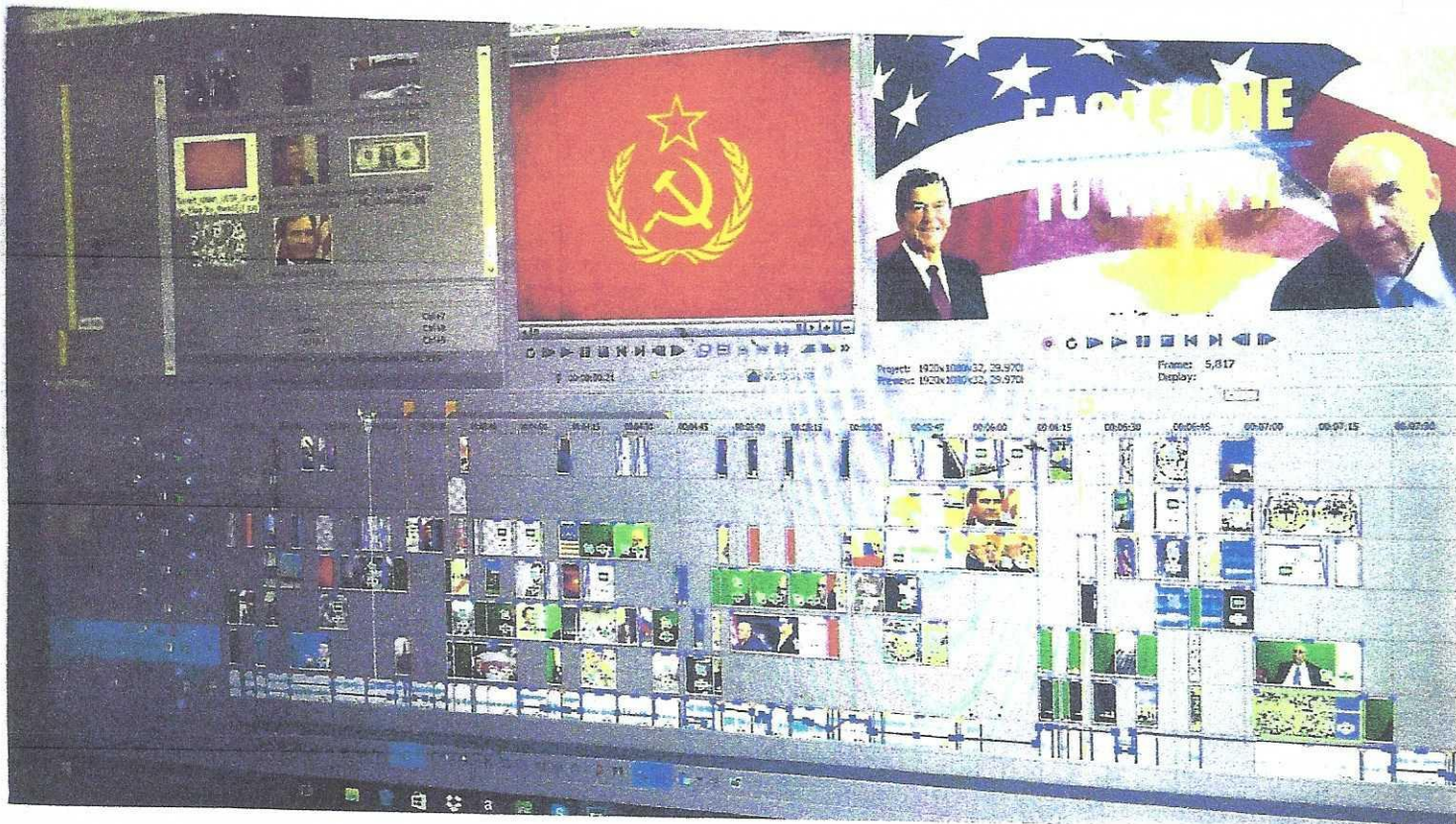
Having Said That, Upon my Economic Receipt, I will lawfully pay USDollars One Point Five Seven Five Trillion [US\$1,575,000,000,000.00] as my personal/civil/repatriation tax payment, directly to our United States Department of the Treasury, among other "set-aside allocations", to immediately enhance Our Economic Recovery and National Security.

LEO E. WANTA & ASSOCIATES - CONSULTANTS TO MANAGEMENT

New Republic/USA Financial Group, GES.m.b.H  
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A - 1010 Wien, Austria-Europe

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## 18 U.S. Code § 4 - Misprision of felony

Current through Pub. L. 114-38 (<http://www.gpo.gov/fdsys/pkg/PLAW-114publ38/html/PLAW-114publ38.htm>). (See Public Laws for the current Congress (<http://thomas.loc.gov/home/LegislativeData.php?n=PublicLaws>).)

**US Code** (/uscode/text/18/4?qt-us\_code\_temp\_noupdates=0#qt-us\_code\_temp\_noupdates)

**Notes** (/uscode/text/18/4?qt-us\_code\_temp\_noupdates=1#qt-us\_code\_temp\_noupdates)

prev (/uscode/text/18/3) | next (/uscode/text/18/5)

Whoever, having knowledge of the actual commission of a felony cognizable by a court of the United States, conceals and does not as soon as possible make known the same to some judge or other person in civil or military authority under the United States, shall be fined under this title or imprisoned not more than three years, or both.

## 18 U.S. Code § 371 - Conspiracy to commit offense or to defraud United States

Current through Pub. L. 114-38 (<http://www.gpo.gov/fdsys/pkg/PLAW-114publ38/html/PLAW-114publ38.htm>). (See Public Laws for the current Congress (<http://thomas.loc.gov/home/LegislativeData.php?n=PublicLaws>).)

**US Code** (/uscode/text/18/371?qt-us\_code\_temp\_noupdates=0#qt-us\_code\_temp\_noupdates)

**Notes** (/uscode/text/18/371?qt-us\_code\_temp\_noupdates=1#qt-us\_code\_temp\_noupdates)

prev (/uscode/text/18/351) | next (/uscode/text/18/372)

If two or more persons conspire either to commit any offense against the United States, or to defraud the United States, or any agency thereof in any manner or for any purpose, and one or more of such persons do any act to effect the object of the conspiracy, each shall be fined under this title or imprisoned not more than five years, or both.

If, however, the offense, the commission of which is the object of the conspiracy, is a misdemeanor only, the punishment for such conspiracy shall not exceed the maximum punishment provided for such misdemeanor.



# SHERIFF



THIS IS TO CERTIFY THAT

Leo E. Wanta

IS A SPECIAL

**Deputy Sheriff**

OF Waukesha COUNTY

FOR TERM ENDING Jan. 6, 1975

SIGNED Edward J. O'Connor

SHERIFF OF Waukesha COUNTY

THIS IS TO CERTIFY THAT

Leo E. Wanta

IS A SPECIAL

**Deputy Sheriff**

OF Waukesha COUNTY

FOR TERM ENDING Jan. 1, 1979

SIGNED Edward J. O'Connor

SHERIFF OF Waukesha COUNTY

THIS IS TO CERTIFY THAT

LEO E. WANTA

IS A SPECIAL

**Deputy Sheriff**

OF WAUKESHA COUNTY

FOR TERM ENDING JANUARY 6, 1983

SIGNED Harold M. Klein

SHERIFF OF WAUKESHA COUNTY



THIS IS TO CERTIFY THAT

Leo Wanta

IS A SPECIAL

**Deputy Sheriff**

OF Waukesha COUNTY

FOR TERM ENDING Jan. 3, 1977

SIGNED Harold M. Klein

SHERIFF OF Waukesha COUNTY

THIS IS TO CERTIFY THAT

Leo Wanta

IS A SPECIAL

**Deputy Sheriff**

OF Waukesha COUNTY

FOR TERM ENDING 12/82

SIGNED Harold M. Klein

SHERIFF OF Waukesha COUNTY

187  
140



A report has surfaced today that Eric Holder was made to resign over his failure to prosecute Senator Sheldon Songstad and Governor Don Sundquist over their \$30 billion attempted bribe and murder plot to hire hit men to kill Lee Wanta caught on tape and broken first on Before It's News in this story.

"Senator Songstad and Governor Sundquist Caught Red Handed Plotting Murder!"



Senator Sheldon Songstad

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<https://vimeo.com/358555549>  
<https://vimeo.com/370672952>  
<http://eagleonetowanta.com>



Governor Don Sundquist



<https://vimeo.com/383532623/5b524043e9>

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Supreme Council Office  
1 Columbus Plaza  
New Haven CT 06510-3326

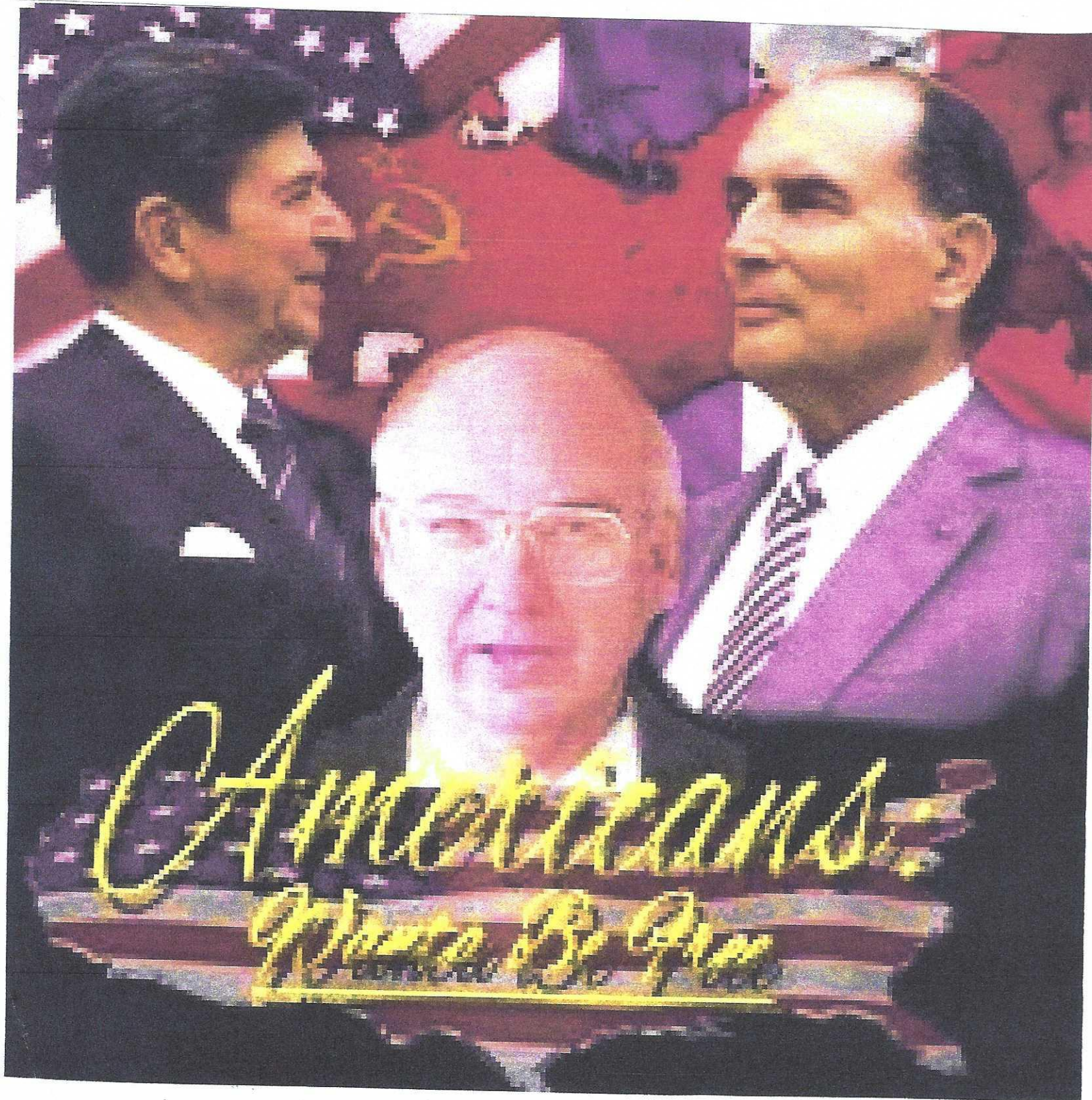
2008 1-17

I was told today that an anonymous source provided this shocking information about Eric Holder to personnel  
[http://beforeitsnews.com/bottom\\_float/print\\_story.html](http://beforeitsnews.com/bottom_float/print_story.html)



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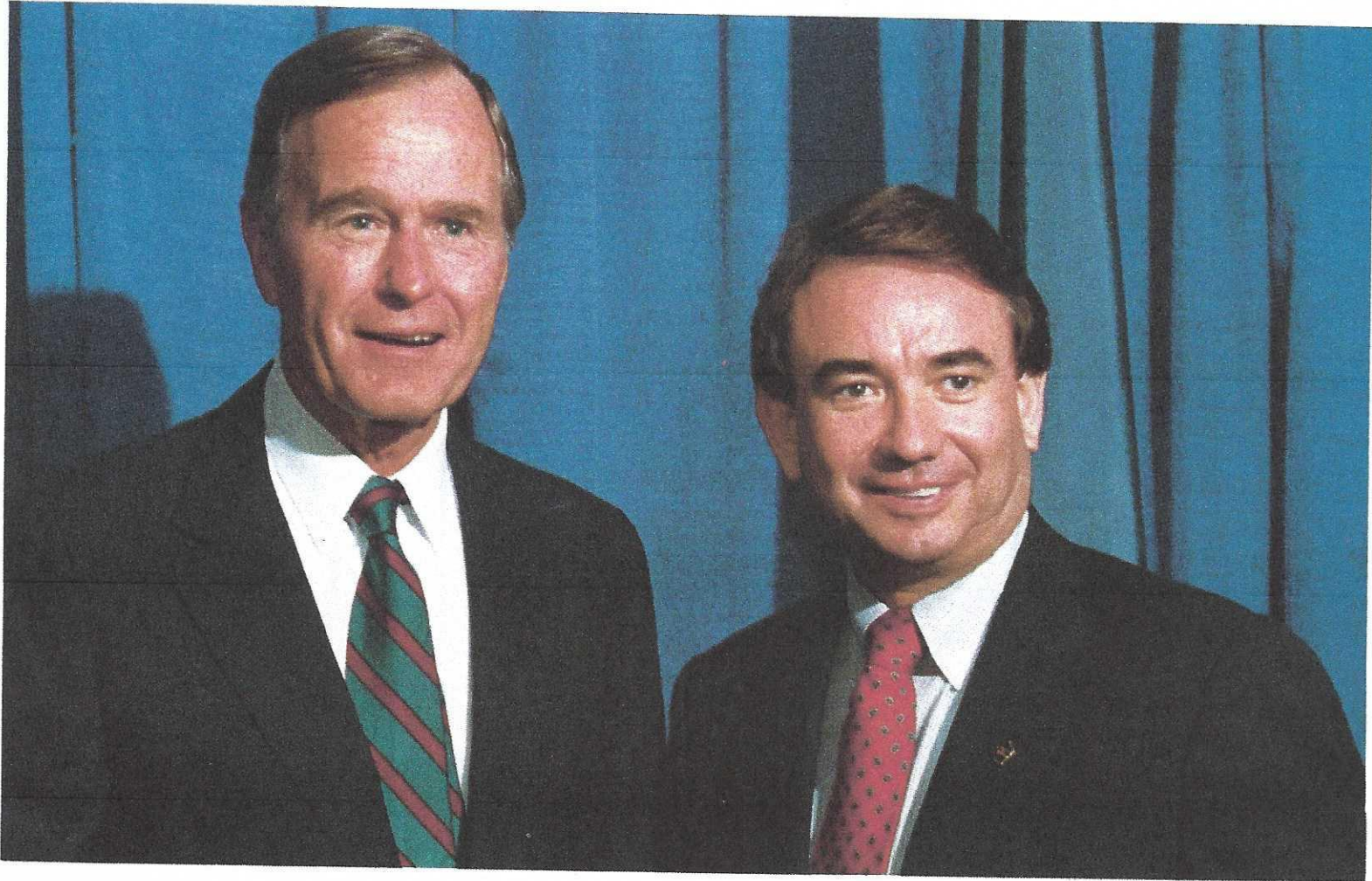
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[www.olaprovince.org](http://www.olaprovince.org)

QA1013488

Leo E. Wanta & Associates – Consultants to Management

17



# Bush Tied to Slush Fund

(A digest of significant news items that failed to appear in most of the nation's press.)

☆ ☆ ☆

LET MY BANK ACCOUNT GO. Leo Emil Wanta, the former ambassador to Switzer-



**GEORGE BUSH**  
... Suckers!

land, says he is being "held hostage" in Wisconsin because he won't let George Bush tap into a secret Swiss bank account he and the former president set up. The covert fund is said to have accumulated \$210 billion. Bush wants to use the funds to help his political allies, including his son, George Jr., the governor of Texas, who has a habit of telling judges how to apply the "Liberty Lobby exception." Wanta is under house arrest, according to Washington reporter Sarah McClendon. Wanta's lawyers say they want Bill Clinton to provide clemency. No word yet from the White House.

☆ ☆ ☆

-35-



(<https://ahrp.org/>)

## ALLIANCE FOR HUMAN RESEARCH PROTECTION

*Advancing Voluntary, Informed Consent to Medical Intervention*

# Covid-19 Has Turned Public Health Into a Lethal, Patient-Killing Experimental Endeavor

June 20, 2020



(<https://ahrp.org/wp-content/uploads/2019/01/Meryl-Nass-MD-2.jpg>)

Meryl Nass, MD

Dr. Meryl Nass has uncovered a hornet's nest of government sponsored Hydroxychloroquine experiments that were designed to kill severely ill, Covid-19 hospitalized patients. On June 14<sup>th</sup> Dr. Nass first identified two Covid-19 experiments in which massive, high toxic doses – four times higher than usual of hydroxychloroquine were being given to severely ill hospitalized patients in intensive care units.

- Solidarity was being conducted by the World Health Organization, on 3500 Covid-19 patients at 400 hospitals, across 35 countries. The hydroxychloroquine arm of the trial was suspended May 25<sup>th</sup> following the fraudulent Surgisphere report (<https://ahrp.org/the-lancet-published-a-fraudulent-study-editor-calls-it-department-of-error/>) in *The Lancet* that claimed 35% higher death rates in patients receiving Hydroxychloroquine. But when *The Lancet*

(*Lancet*'s Editor spilled the beans and Britain's PM surrenders to the Gates Vaccine Cartel) retracted the report, the WHO resumed the Solidarity trial's hydroxychloroquine arm, on June 3<sup>rd</sup>. More than 100 countries expressed interest in participating in the trial.

- Recovery is a similar experimental trial conducted in the UK, using very similar doses. It was sponsored by the Wellcome Trust (GlaxoSmithKline) and the Bill and Melinda Gates Foundation and the UK government. The experiment was conducted at Oxford University, on 1,542 patients of these 396 patients (25.7%) died.

**Update:** After Dr. Nass' discovery was publicly disseminated, the WHO suspended the hydroxychloroquine arm of the trial on Wednesday June 17<sup>th</sup>.

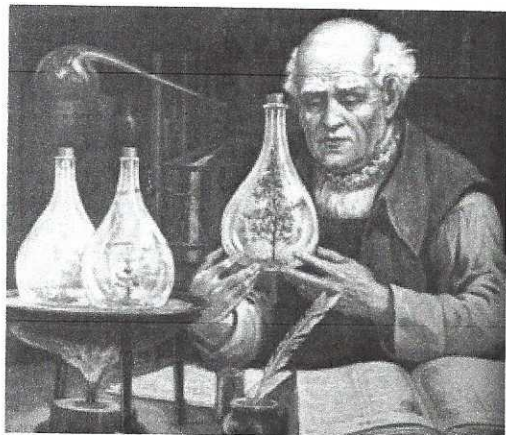
On Friday, June 19<sup>th</sup>, Dr. Nass uncovered a third, "Even Worse" hydroxychloroquine experiment. REMAP targets patients who are on a ventilator, or in shock – i.e., near death. Such patients are hardly capable of giving consent. Rather than attempting to save their lives, they are being used given multiple high doses of hydroxychloroquine and other drugs whose combination is contraindicated.

Of note: All the online protocols have been stamped "Not for IRB (Institutional Review Board) submission,"

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This is an ongoing medical atrocity being perpetrated by medical doctors at 200 sites in 14 countries (<https://www.remapcap.org/participating-sites>): include: Australia, Belgium, Canada, Croatia, Germany, Hungary, Ireland, Netherlands, New Zealand, Portugal, Romania, Spain, United Kingdom, and the United States of America.



(<https://ahrp.org/wp-content/uploads/2020/06/Paracelsus-knapp.jpg>)

Paracelsus

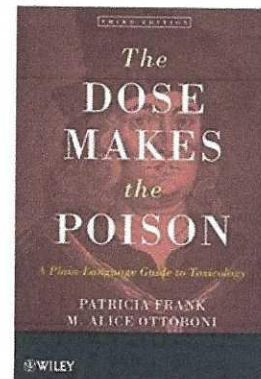
Since all medicines are potential poison at high doses, why one wonders, are influential academic physicians and international public health institutions designing and conducting experiments that expose extremely vulnerable patients to poisonous levels of the drug Hydroxychloroquin?

As recognized by the Swiss physician Paracelsus, “the Hippocrates of the Renaissance”:

*“What is there that is not poison? All things are poison and nothing is without (https://ahrp.org/wp-content/uploads/2020/06/Dose-Makes-the-Poison.jpg) poison. Solely the dose determines that a thing is not a poison.”* His insight is as relevant today as it was in the 16th century.

Dr. Meryl Nass is a physician practicing individualized medicine in Maine, in accordance with the Hippocratic Oath. She is a longtime member of the board of the Alliance for Human Research Protection

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Friday, June 19, 2020

**Even worse than ‘Recovery,’ potentially lethal hydroxychloroquine study in patients near death**  
(<https://anthraxvaccine.blogspot.com/2020/06/even-worse-than-recovery-potentially.html>)

What could be worse than giving potentially lethal doses of hydroxychloroquine (<http://anthraxvaccine.blogspot.com/2020/06/who-trial-using-potentially-fatal.html>) to Hospitalized Covid-19 patients?

The REMAP-Covid study is using the same HCQ dose as the

Recovery trial (<https://www.recoverytrial.net/files/recovery-protocol-v6-0-2020-05-14.pdf>) for 6 days. But it is even worse for the following reasons:

1. You have to be close to death, either on a ventilator or in shock, on pressor medications, to be included in the trial (<https://clinicaltrials.gov/ct2/show/record/NCT02735707>), according to the trial documents. However, in a talk ([https://player.rcplondon.ac.uk/video/1\\_9wxih1d](https://player.rcplondon.ac.uk/video/1_9wxih1d)) by Professor Anthony Gordon, HFNO, CPAP and NIV are additionally said to be inclusion criteria.
2. You may receive HCQ alone, or HCQ in combination with 2 more drugs, lopinavir/ritonavir. Yet lopinavir/ritonavir predisposes to QT prolongation, as does HCQ, and the drug label states, “Avoid use in combination with QTc- or PR-interval prolonging drugs.”
3. Patients who are in shock or on a ventilator may be unable to give their consent to enroll in a clinical trial. But the trial investigators have deemed that consent may not be required (body [https://static1.squarespace.com/static/5cde3c7d9a69340001d79ffe/t/5ea3fddb1de102540e627663/1587805670273/REMAP-CAP+COVID-19+Immunoglobulin+Therapy+Domain-Specific+Appendix+V1-+19+April+2020\\_WM.pdf](https://static1.squarespace.com/static/5cde3c7d9a69340001d79ffe/t/5ea3fddb1de102540e627663/1587805670273/REMAP-CAP+COVID-19+Immunoglobulin+Therapy+Domain-Specific+Appendix+V1-+19+April+2020_WM.pdf)): “For patients who are not competent to consent, either prospective agreement or entry via waiver of consent or some form of deferred consent can be applied, as required by an appropriate ethical review body.”
4. For patients too sick to swallow a pill, the drug will be administered via a feeding tube. This could entail an extra procedure for patients.

From the

Covid protocol ([https://static1.squarespace.com/static/5cde3c7d9a69340001d79ffe/t/5ea3fd83f222897b8d528195/1587805583231/REMAP-CAP+-+COVID-19+Antiviral+Domain-Specific+Appendix+V2.0+-+01+April+2020\\_WM.pdf](https://static1.squarespace.com/static/5cde3c7d9a69340001d79ffe/t/5ea3fd83f222897b8d528195/1587805583231/REMAP-CAP+-+COVID-19+Antiviral+Domain-Specific+Appendix+V2.0+-+01+April+2020_WM.pdf))  
page 23:

*“Dosing will be hydroxychloroquine administered by the enteral route. A loading dose is important because of the large volume of distribution. The loading dose will be 800 mg, administered 6-hourly, until 2 doses have been administered. Subsequently, starting 12 hours after the first loading dose, the dose will be 400 mg administered 12-hourly for 12 doses. The preferred method of administration is tablets swallowed whole but, if a patient is unable to swallow, crushed tablets dispersed in water can be administered via an enteral tube (a large bore gastric tube is*



*preferred*). No dose adjustment is required when hydroxychloroquine is administered via a gastric tube. No dose adjustment is necessary for renal dysfunction or concomitant use of renal replacement therapy. Clinicians should consider a dose adjustment in the presence of liver failure, however no dose adjustment is necessary for abnormal liver function tests in the absence of liver failure.

This is 2400 mg hydroxychloroquine in the first 24 hrs, over 1.86 g of the “base,” then 800 mg/day for 5 more days or until discharge from the ICU, or 6.4 g total. Dosing fails to take into account weight, renal and hepatic function.

The ignorant doctors who justified toxic doses by invoking ‘volume of distribution’ (which is 40,000 liters) failed to notice that the high ‘volume of distribution’ is an artifact related to the drug accumulating in tissue (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7122276/>) as opposed to plasma. Drug levels in lung are 200-700 times higher than in plasma. Furthermore, “renal and hepatic insufficiency lead to higher plasma concentrations for a given daily dose and raise the risk of toxicity. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7122276/>)”

WHO’s consultant Weniger reported ([https://apps.who.int/iris/bitstream/handle/10665/65773/WHO\\_MAL\\_79.906.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/65773/WHO_MAL_79.906.pdf?sequence=1&isAllowed=y)) in 1979 that a single dose of 1.5-2 g of chloroquine “base” “*may be fatal*.” A detailed discussion of therapeutic and toxic doses of chloroquine and hydroxychloroquine can be found in my article (<http://anthraxvaccine.blogspot.com/2020/06/who-trial-using-potentially-fatal.html>) of June 14. I acknowledge that hydroxychloroquine is a bit less toxic than chloroquine. But this trial studies the most fragile human beings, and if the trial investigators were unsure of the right dose, they should have “

started low and gone slow ([https://www.yalecancercenter.org/research/education/YaleCares\\_January2008\\_90469\\_284\\_12079\\_v1.pdf](https://www.yalecancercenter.org/research/education/YaleCares_January2008_90469_284_12079_v1.pdf))” as clinicians are advised to do.

The REMAP study protocol acknowledges that the combination of lopinavir/ritonavir and hydroxychloroquine increases the risk of ventricular arrhythmia, but states that the risk is mitigated because patients this sick will be on cardiac monitors, with QTc monitoring. However, it fails to say that the most likely arrhythmia in this setting is *torsade de points*, which is very difficult to treat. Patients who are already critically ill are unlikely to survive if it occurs. So why use such an excessive hydroxychloroquine dose on these, or any, patients, and risk it? That is not explained.

The REMAP clinical trial is ongoing in 200 sites in 14 countries (<https://www.remapcap.org/participating-sites>). They include: Australia, Belgium, Canada, Croatia, Germany, Hungary, Ireland, Netherlands, New Zealand, Portugal, Romania, Spain, United Kingdom, USA.

All their online protocols have been stamped “Not for IRB (Institutional Review Board) submission,” which makes one wonder what was changed when the trial arms were put before IRBs for approval.

Five UK chief medical officers wrote a “Dear Colleague”

letter

([https://static1.squarespace.com/static/5cde3c7d9a69340001d79ffe/t/5e8d413e713b2d6cd799e143/1586315583723/CEM\\_CMO\\_2020\\_012.pdf](https://static1.squarespace.com/static/5cde3c7d9a69340001d79ffe/t/5e8d413e713b2d6cd799e143/1586315583723/CEM_CMO_2020_012.pdf)), begging physicians to enroll their Covid patients in clinical trials, including ‘Recovery’ and REMAP, and discouraging “off-label” treatments for Covid outside of trials. Did they know they were asking treating physicians to significantly up the risk of death for their patients? Are they aware that as of today, June 19, the UK has had more deaths (<https://www.newscientist.com/article/2237475-covid-19-news-uk-coronavirus-alert-level-lowered-from-four-to-three/>) from Covid-19 than any country in the world outside the US and Brazil, with 5 and 3 times the UK population, respectively.

Why is public health being turned on its head? This is the third major, multicenter clinical trial of hydroxychloroquine testing toxic doses on Covid patients. The Recovery (<https://www.recoverytrial.net/files/recovery-protocol-v6-0-2020-05-14.pdf>) and Solidarity (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments>) trials (with almost identical toxic HCQ doses as REMAP) abruptly ended their hydroxychloroquine studies in the past two weeks, coincidentally as people began noticing the excessive doses, especially on Twitter. Who or what is willing to maim and kill patients in order to to kill hydroxychloroquine’s use in Covid-19?

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**WHO and UK trials using potentially lethal hydroxychloroquine dose—according to WHO consultant,**  
posted June 14, 2020

The Solidarity Trial (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments>) is a WHO-led conglomeration of many national trials of treatments for Covid-19. (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments>) Per the WHO (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments>):

*As of 3 June 2020, more than 3500 patients have been recruited in 35 countries, with over 400 hospitals actively recruiting patients. Overall, over 100 countries have joined or expressed an interest in joining the trial, and WHO is actively supporting 60 of them...*



The hydroxychloroquine arm of the Solidarity trials restarted enrolling patients June 3, after being halted May 25 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments>) by WHO Director-General Dr. Tedros Ghebreyesus and the Executive Group of the Solidarity Trial. (The hydroxychloroquine (HCQ) arm of the trials was stopped after publication of the Lancet Surgisphere study, which claimed 35% higher death rates in patients who received hydroxychloroquine, but the study was retracted (<https://anthraxvaccine.blogspot.com/2020/05/hydroxychloroquine-keeping-you-updated.html>) when no one could verify that the Surgisphere database existed).

Below are the drugs being tested in Solidarity (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments>):

- Remdesivir
- Hydroxychloroquine
- Lopinavir with Ritonavir
- Lopinavir with Ritonavir plus Interferon beta-1a.

However, the doses were not specified on WHO's list of the drugs to be trialed, nor were the actual doses specified, surprisingly, in WHO's consultation on chloroquine (CQ) dosing (<https://www.who.int/publications/m/item/informal-consultation-on-the-dose-of-chloroquine-and-hydroxychloroquine-for-the-solidarity-clinical-trial---8-april-2020>), dated April 8. Instead, the introduction of the report of that meeting notes,

*"The chloroquine or hydroxychloroquine schedule selected for the trial includes two oral loading doses (250 mg per tablet CQ or 200 mg per tablet HCQ), then oral twice-daily maintenance doses for ten days. This meeting convened to discuss the appropriateness of the selected doses for the trial."*

Last week, I was alerted to the fact that India's ICMR, its official medical research agency, had written (<https://www.newindianexpress.com/nation/2020/may/29/icmr-writes-to-who-disagreeing-with-hcq-assessment-officials-say-international-trial-dosage-four-ti-2149702.html>) to the WHO, telling WHO that the hydroxychloroquine doses being used in the Solidarity trial were 4 times higher than the doses being used in India. Then I learned that Singapore has been hesitant to participate in the WHO trial, due to the hydroxychloroquine dose.

The UK "Recovery" trial was one part of the international Solidarity conglomeration of clinical trials. The trial ended its HCQ arm on June 4, reporting no benefit (<https://www.recoverytrial.net/news/statement-from-the-chief-investigators-of-the-randomised-evaluation-of-covid-19-therapy-recovery-trial-on-hydroxychloroquine-5-june-2020-no-clinical-benefit-from-use-of-hydroxychloroquine-in-hospitalised-patients-with-covid-19>). In-hospital mortality of the 1542 patients receiving hydroxychloroquine was 25.7%, or 396 people.

The Recovery trial Study Protocol (<https://www.recoverytrial.net/files/recovery-protocol-v6-0-2020-05-14.pdf>) notes it is funded in part by the Wellcome Trust and the Bill and Melinda Gates Foundation, and by UK government agencies. The

Protocol (<https://www.recoverytrial.net/files/recovery-protocol-v6-0-2020-05-14.pdf>) provides the doses of hydroxychloroquine used, on page 22. Twitter users began to notice a dosing issue, with hashtag #Recoverygate.

The quote from the WHO report on dosing, 4 paragraphs ago, seems to be deliberately vague or even misleading, as the actual dose used in the Solidarity and Recovery trials is 12 tablets during the first 24 hours (800mg initial dose, 800 mg six hours later, 400 mg 6 hrs later, 400 mg 6 hours later), then 400 mg every 12 hours for 9 more days. This is 2,400 mg during the first 24 hours, and a cumulative dose of 9.2 grams over 10 days.

While I could not find the WHO HCQ dosing on the WHO website, co-Principal Investigators of the Recovery trial, Drs. Peter Horby and Martin Landray, claimed they followed the WHO dosing. Landray also told the periodical *Paris Soir* he was using the same hydroxychloroquine dose used for amebiasis. However, the accepted use for HCQ in amebiasis is only for a liver abscess and only then in pregnancy ([https://www.uptodate.com/contents/extraintestinal-entamoeba-histolytica-amebiasis?search=amebiasis%20hepatic&sectionRank=1&usage\\_type=default&anchor=H4&source=machineLearning&selectedTitle=1~150&display\\_rank=1#H10](https://www.uptodate.com/contents/extraintestinal-entamoeba-histolytica-amebiasis?search=amebiasis%20hepatic&sectionRank=1&usage_type=default&anchor=H4&source=machineLearning&selectedTitle=1~150&display_rank=1#H10)), when other drugs cannot be used. That dose is 600 mg per day for 2 days, then 300 mg per day, less than half the Recovery dose. Professor Horby said that *Paris Soir* misinterpreted Landray's comments, but *Paris Soir* said Landray had confirmed (<http://covexit.com/oxford-professor-horby-claims-professor-landray-was-misquoted-france-soir-newspaper-denies-it/>) what he told them in an email.

We also know, from an

official Belgian guideline document issued June 8 ([https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19\\_InterimGuidelines\\_Treatment\\_ENG.pdf](https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_InterimGuidelines_Treatment_ENG.pdf))

, that high doses were used not only by Recovery in the UK, but also by the Discovery trial in the EU and by the WHO.

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We also know that in Brazil, both a high dose and a low dose were trialed, and by April 17 (<https://www.nature.com/articles/d41591-020-00011-3>) the high dose arm was stopped prematurely (<http://covexit.com/oxford-professor-horby-claims-professor-landray-was-misquoted-france-soir-newspaper-denies-it/>) due to an excess of deaths. The low dose trial continues in Brazil.

How is the drug hydroxychloroquine normally used? For chronic daily use in systemic lupus erythematosus or rheumatoid arthritis, patients usually receive between 200 and 400 mg daily. In acute Q fever, 600 mg daily may be given at the start of treatment.

We also know from WHO's March 13

Informal consultation on the potential role of chloroquine (<https://www.who.int/blueprint/priority-diseases/key-action/RD-Blueprint-expert-group-on-CQ-call-Mar-13-2020.pdf>)

that the Gates Foundation had been studying the drug's pharmacokinetics, and of the 25 participants at this meeting (<https://www.who.int/blueprint/priority-diseases/key-action/RD-Blueprint-expert-group-on-CQ-call-Mar-13-2020.pdf>), 5 were from the Gates Foundation.

The only treatment dose mentioned in their

report (<https://www.who.int/blueprint/priority-diseases/key-action/RD-Blueprint-expert-group-on-CQ-call-Mar-13-2020.pdf>) was in a paragraph about preventive doses. It said, "*Higher doses would be considered for treatment, i.e., 10mg/kg base, followed by 5mg/kg twice daily for seven days.*"

What is the "base"? A 200 mg dose of chloroquine or

hydroxychloroquine contains 155 mg "base" ([https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2007/009768s041b1.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2007/009768s041b1.pdf)) drug.

The typical 70 kg person would, if this suggestion had been followed, receive 700 mg base, or 900 mg of hydroxychloroquine, as a loading dose. Generally, a loading dose refers only to a first dose, not to several additional doses within 24 hours, but it can potentially refer to more.

What is a toxic dose? All experts agree. "... chloroquine has a small toxic to therapeutic margin," according to Goldfrank's Toxicologic Emergencies. It is very safe when used correctly in the right patients, but a bit more can potentially kill. Prof. Nicholas White, who attended both WHO consultations on the chloroquines, has mentioned this.

The WHO hired a consultant to explore the toxicity of hydroxychloroquine in 1979. The consultant, H. Weniger, looked at 335 episodes of adult poisoning by chloroquine drugs. Weniger on page 5 notes that a single dose of 1.5-2 grams of hydroxychloroquine base "may be fatal. ([https://apps.who.int/iris/bitstream/handle/10665/65773/WHO\\_MAL\\_79.906.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/65773/WHO_MAL_79.906.pdf?sequence=1&isAllowed=y))"

The Recovery trial used 1.860 grams hydroxychloroquine base (equal to 2400 mg of hydroxychloroquine) in the first 24 hours for treatment of already very ill, hospitalized Covid-19 patients, a potentially lethal dose.

The dose used in the Recovery trial is not recommended for therapy of any medical condition, which I confirmed with Goodman and Gilman's Pharmacology textbook, the drug's label ([https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2007/009768s041b1.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2007/009768s041b1.pdf)), and the online medical encyclopedia UpToDate.

This excessive dose apparently continues to be used in WHO Solidarity trials in countries around the world. It appears that the Solidarity trials are not testing the benefits of HCQ on Covid-19, but rather testing whether patients tolerate toxic, nontherapeutic doses.

The WHO Solidarity trials, in order to rapidly enroll patients and spare clinicians a lot of paperwork, collect only limited information on side effects. No information has yet been provided regarding causes of death in the completed hydroxychloroquine arm of the Recovery trial, in which 396 patients died.

The Solidarity trial design being employed by WHO may help obscure whether mortality is due to drug toxicity (in which case, one would expect cause of death to be arrhythmias such as torsade de points, neuropsychiatric effects, or hypoglycemia) versus Covid-19.

The WHO report of its meeting on chloroquine dosing (<https://www.who.int/publications/m/item/informal-consultation-on-the-dose-of-chloroquine-and-hydroxychloroquine-for-the-solidarity-clinical-trial---8-april-2020>) states,

*"Although the preponderance of opinion tilted towards a reasonable benefit risk profile for the intervention, there was some scepticism about what was considered a 'minimalistic safety data collection' currently included in the protocol."*

The high dose regimen being used in the Solidarity trials has no medical justification. The trial design, with its limited collection of safety data, may make it more difficult to identify toxic drug effects, compared to standard drug trials. This is entirely unethical.

Excessive dosing makes it impossible to assess therapeutic benefit, if any, of HCQ.

Giving the drug only to hospitalized patients means that the window of time during which HCQ would be expected to provide the most benefit, when viral titers are rising, has passed.

To sum up:

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1. HCQ is being given in non-therapeutic, toxic dose
2. HCQ is being given too late in the disease course to determine its value against SAR-CoV-2.
3. Limited safety data in the Solidarity trials serves to protect trial investigators and sponsors from disclosure of adverse drug effects, including death
4. I suspect WHO has been deliberately misleading regarding the doses chosen.
5. The conclusions to be drawn are frightening:
6. a) WHO and other national health agencies, and charities, have designed huge clinical trials to assure that hydroxychloroquine will fail to show benefit, presumably to advantage its much more expensive competitor(s) and vaccines in development.
7. b) In so doing, these agencies and charities have conspired to increase the number of deaths in these trials.
8. c) In so doing, they have conspired to deprive billions of people from potentially benefiting from a safe and inexpensive drug during a major pandemic. This could lead to prolongation of the pandemic and many increased cases and deaths.

My recommendation is for WHO to immediately stop using this dosing schedule, give trial subjects clinically appropriate doses, and collect more complete safety data. I would remind WHO that if the consent forms fail to inform patients that the dose of HCQ they may receive is much higher than for any other indication, that WHO may be subject to legal action for injuries incurred in its sham of a clinical trial.

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*Posted in Corrupted Public Health Institutions (<https://ahrp.org/category/corrupted-public-health-institutions/>), Current Medical Atrocities (<https://ahrp.org/category/current-medical-atrocities/>), AHRP Speaks Out (<https://ahrp.org/category/ahrp-speaks-out/>) and tagged Oxford University (<https://ahrp.org/tag/oxford-university/>), WHO (<https://ahrp.org/tag/who/>), Gates Foundation (<https://ahrp.org/tag/gates-foundation/>), Hydroxychloroquine (<https://ahrp.org/tag/hydroxychloroquine/>), "Recover" (<https://ahrp.org/tag/recover/>), "REMAP" (<https://ahrp.org/tag/remap/>), "Solidarity" Covid-19 (<https://ahrp.org/tag/solidarity-covid-19/>), Lethal Doses (<https://ahrp.org/tag/lethal-doses/>)*

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# WANTA!

## BLACK SWAN, WHITE HAT™

<https://vimeo.com/358555549>  
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<https://vimeo.com/383532623/5b524943e9>



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