Liberty Lost!

HEALTH IMPACT NEWS

America Under Seige! A Beacon of Light Exposing the Truth in the Darkness of Deceit



June 21, 2020

Print This Post

# Dr. Meryl Nass Discovers Hydroxychloroquine Experiments Were Designed to Kill COVID Patients – How Many Were Murdered?





Top Stories This Week

Doctors Around the World Issue Dire WARNING: DO NOT GET THE COVID VACCINE!!

22,072 Views


COVID Vaccines "Biological Weapons of Mass Destruction" says Wyoming Medical Doctor and Manager for Wyoming's State

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

by Vera Sharav
Alliance for Human Research Protection

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 14th Dr. Nass first identified two Covid-19 experiments in which massive, high toxic doses – four times higher than safe 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 trial was suspended following the fraudulent Surgisphere report in *The Lancet* that claimed 35% higher death rates in patients receiving Hydroxychloroquine. But when *The Lancet* retracted the report, the WHO resumed the Solidarity trialMore than 100 countries expressed interest in participating in the trial.
- Recovery experiment used 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%) who were in the high dose Hydroxychloroquine arm, died.

**Update:** After Dr. Nass' discovery was publicly disseminated, the WHO suspended the trial on Wednesday June 17th.

Meryl Nass, M.D.

On Friday, June 19th, 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**,”

This is an ongoing medical atrocity being perpetrated by medical doctors at 200 sites in 14 countries: include: Australia, Belgium, Canada, Croatia, Germany, Hungary, Ireland, Netherlands, New Zealand, Portugal, Romania, Spain, United Kingdom, and the United States of America.

Children Then Has His Medical License Suspended

2,161 Views

Healthcare Workers in the U.S. Suffer Serious Reactions from Illegal Pfizer Experimental Vaccine – Others Fake Vaccination on TV

2,148 Views

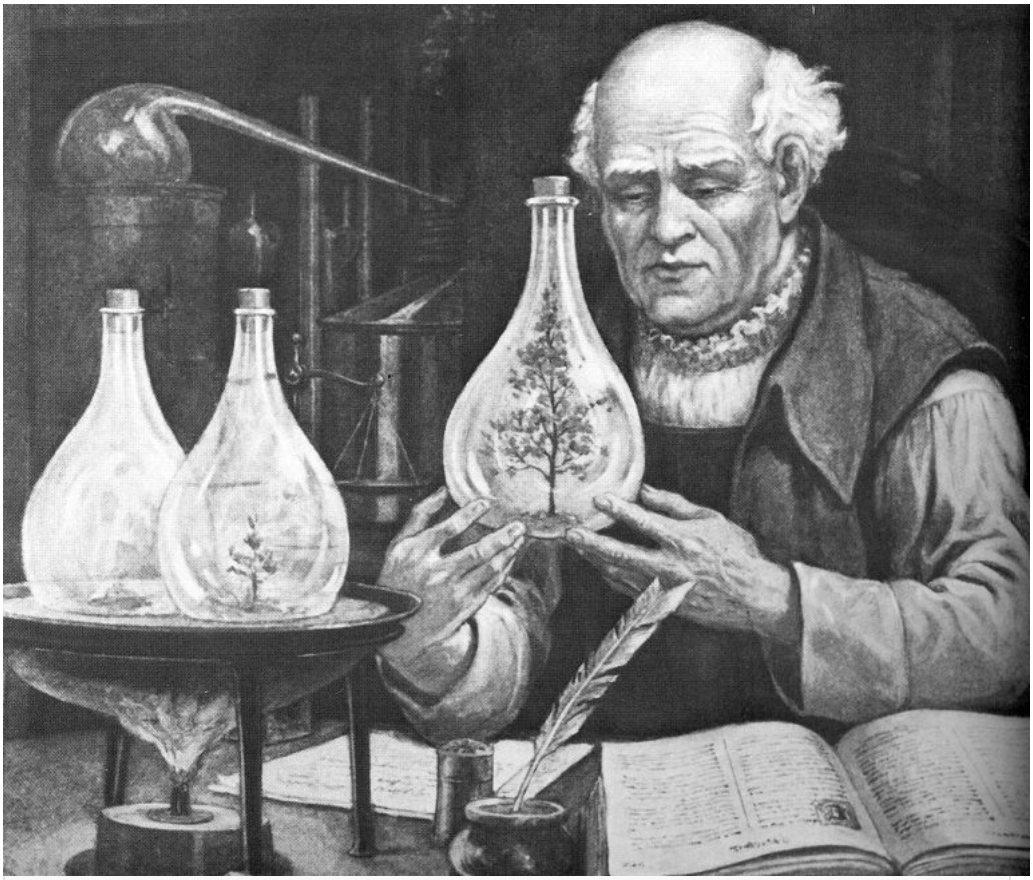
WARNING! Seniors and Healthcare Workers First in Line to Get the Experimental COVID Vaccine!

2,068 Views

Tennessee Nurse Manager Passes Out on Camera After Receiving Pfizer COVID Vaccine

2,017 Views

4-Year-Old Almost Dies due to Lung



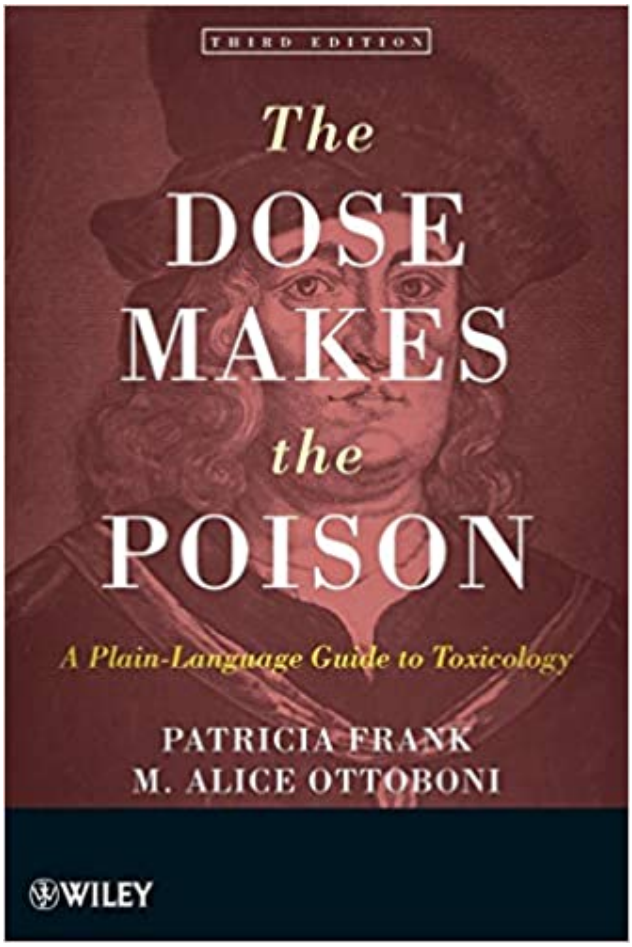
Paracelsus

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 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.

**********

## Friday, June 19, 2020
## Even worse than 'Recovery,' potentially lethal hydroxychloroquine study in patients near death

What could be worse than giving potentially lethal doses of hydroxychloroquine to Hospitalized Covid-19 patients?

The REMAP-Covid study is using the same HCQ dose as the Recovery trial 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, according to the trial documents. However, in a talk 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: *"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 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 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."

WHO's consultant Weniger reported 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 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" 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. 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, 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 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 and Solidarity 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?

**********

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

The Solidarity Trial is a WHO-led conglomeration of many national trials of treatments for Covid-19. Per the WHO:

> 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 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 when no one could verify that the Surgisphere database existed).

Below are the drugs being tested in Solidarity:

- 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, 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 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. In-hospital mortality of the 1542 patients receiving hydroxychloroquine was 25.7%, or 396 people.

The Recovery trial Study Protocol notes it is funded in part by the Wellcome Trust and the Bill and Melinda Gates Foundation, and by UK government agencies. The Protocol 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, 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 what he told them in an email.

We also know, from an official Belgian guideline document issued June 8, 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.

We also know that in Brazil, both a high dose and a low dose were trialed, and by April 17 the high dose arm was stopped prematurely 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 that the Gates Foundation had been studying the drug's pharmacokinetics, and of the 25 participants at this meeting, 5 were from the Gates Foundation.

The only treatment dose mentioned in their report 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" 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. "… c*hloroquine 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."

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, 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 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:

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:
   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.
   b) In so doing, these agencies and charities have conspired to increase the number of deaths in these trials.
   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.

**********

Read the full article at AHRP.org

Having problems receiving our newsletters? See:

# How to Beat Internet Censorship and Create Your Own Newsfeed

**The COVID Information Center**

**Health Impact News**

## We Are Now on Parler, MeWe, and Gab!

If our website is seized and shut down, find us on Parler, MeWe and Gab for further instructions about where to find us.

# Unmasking Who is Behind the Plandemic and Rioting to Usher in the New World Order

Published on June 21, 2020

Tags: COVID-19, Dr. Meryl Nass, Hydroxychloroquine

Share This Story, Choose Your Platform!

# 14 Comments

**Tricia** August 6, 2020 at 8:27 pm - Reply

I worked during that AIDS epidemic. One of the drugs Faccui was trialing was worse then the disease itself on these patients. Very sad. It reminds me how history repeats itself.

Like

**Stevie Reynolds** August 6, 2020 at 8:13 pm - Reply

My mother was one who was treated for covid when actually she needed to be treated for complications from open heart surgery 3 weeks prior. Instead of treating her heart they tested her 5 times for covid all negitave but the Dr swore she was dying of covid and gave her high doses of HCQ and opiates and her heart just gave out. Dr. Never contacted heart surgeon from other hospital.

Like

**julie** July 1, 2020 at 8:10 pm - Reply

I'm with Joanne. Tell us what we need to do? We're against what they're doing but we don't know where to go from here. We have to wear masks everywhere we go or they won't let us in. What do we do

Like

**julie** July 1, 2020 at 8:09 pm - Reply

I agree with JoAnn. We need to know the solution Jon. We can't get into a place without a mask. They're doing half ass tracing from people who have been sick. What do we do to not be a part of this Insanity that they're trying to shove on us? What do we do?

Like

**Admin** July 1, 2020 at 8:16 pm - Reply

Why can't you go into a place without a mask? Are they physically restraining you? I have yet to wear one, and not once has anyone physically restrained me and prevented me from entering. Wearing a mask all the time with healthy people is a health risk! So just tell them you have a medical issue that prevents you from wearing one. They cannot legally stop prevent you from entering. There are no laws on this. If they call the police, 99% chance the police will laugh at them and not respond. I know its hard, and getting difficult, but I have found that all the people telling me I MUST wear a mask really don't want to wear them either, but fear they have to to keep their job. But I have not yet been physically restrained or refused a purchase, so far.

Like

**ComputerHead** June 26, 2020 at 11:37 pm - Reply

Two words: “EVIL BASTARDS!” – Its like they don’t care about people’s lives. How demonic and evil is that?

Like

**Aleth** June 26, 2020 at 10:07 am - Reply

“The dose makes the poison”: the formula is not valid for injections of particles (e.g. aluminium particles in vaccines) – so that official toxicity calculations are false, much less than they are in reality – and they are cumulative, not being eliminated from the body.

Like

**Cathy Kirk** June 23, 2020 at 9:36 am - Reply

The sign of a healthy society is when that society care for those who are unable to care for themselves. I am glad that I am old enough to remember what it was like to live in caring communities. Children were safe and cared for when parents need help they got it, the elderly were respected and looked after children if the need arose, they passed their skills on to those who were interested in learning and the stories they gave to children were an education in themselves and when they themselves needed a help they got it. Now we live with division and hatred when I know that if you investigated that hatred, you would find that the majority had no real hatred towards anyone. I think its long past time that we take back control and push those responsible out of office.

Like

**wanjiru** June 23, 2020 at 4:49 am - Reply

De-population going on

Like

**Dixie Lee** June 22, 2020 at 6:51 pm - Reply

We really need to be COMMUNITY. YES: YOUR BROTHERS KEEPER! The close people should have been involved with the decisions, and could then demand several opinions outside the clinic or hospital where the patient is treated. I am a senior, and as such, I NEED YOU to protect me. PLEASE! I personally have lived through many viruses, and even if this one IS worse, it is NOT LIVING to lock a senior away where no family can visit and the staff are thinking of nothing but how to sedate them and have a break. NOT LIVING! I, and I am sure most, seniors would rather die than suffer the inhumanity of instiitiutions decisions. Stand up for

your relatives and friends. LISTEN to them instead of the ”authorities” who have their pet agendas, and as known from the beginning, the general public has GOT to be given the understanding that there is definitely a plan, and has been for some time, to kill off the seniors, unproductive, and handicapped. Before you start howling against this, seek for yourself. Just DON’T look on the mainstream media. They are all involved. If you want to see something real, watch the WHOLE footage of videos for yourself, and stick a sock in the announcers. The White House news may be biased, but they at least will give you unedited news. Please help me. I DEPEND on you for my welfare. I certainly cannot trust putting my life in THEIR hands. Forced vaccinations will do in most of us if we are captured and forced into that. I have been safe so far, as I had a wise doctor who knew my immune system could not handle the added burden to battle injected viruses. Fight for your family, your rights, and you fight for me. THankyou

**Like**

**Jack smith** September 5, 2020 at 6:20 am - Reply

Do not inject any vaccines at all no flu Pneumonia nothing!!!! Vaccines are toxic Thisnis now the government is trying to control population they are trying to depopulate us listen people wake up they now have robots so small thst under the microscope they can be injected into blood we re the specimens they are trying to examine how to control us wake up America wake the fuck up u have no idea u have voice use is no is all u have to say don’t let them bully u Nd saying they have to do this and thst or they deprive u of ur rights I stopped vaccinating myself and my children the moment one of my kids were vaccine injured but the doctor lied and said it wasn’t from the vaccine I asked her about the formaldehyde in them she said they don’t have any I told her bring me the box with the ingredients she did…. one of them was formaldehyde listed as the first 3 ingredients and she sat there dumbfounded saying she never knew any of that they don’t teach u this in school it’s a money making scheme every vaccinated series of kids that gets all vaccines insurance companies pay the doctors thousands!!’ And stores offer free turkeys or free food for ur annual vaccine come on people wake up we are being killed by our own government that lies and says they are trying to help us They are trying to destroy us what do u see construction going up in ur area mostly for!?!! Hospitals nursing homes and more medical facilities because it’s a billion dollar buisness keep us all sick so the world can make money that’s all it’s about

**Like**

**Dave Rubin** June 22, 2020 at 10:23 am - Reply

THE GAS CHAMBER QUESTION HAS GONE ON FOR YEARS, BUT I HAVE THE ANSWER:

IT STARTED WITH EUGENICS
AKTION T 4
In Mein Kampf, Adolf Hitler himself had spelled out the Nazi notion of “racial hygiene,” writing that Germany “must see to it that only the healthy beget children” using “modern medical means.” The Nazis believed this would produce Germans fit for the workforce, military service, and so on — while weeding out all others.

And as soon as the Nazis swept into power in 1933, they implemented laws that mandated sterilization for the physically and mentally disabled. It didn't take much to become a victim of this program. Most victims were sent to be sterilized due to a vague diagnosis of "feeblemindedness," while blindness, deafness, epilepsy, and alcoholism accounted for some of the other sterilizations.

All in all, the Nazis forcibly sterilized some 400,000 people. But once the war began in 1939, the Nazis' plans for the disabled grew even darker.

The Nazi Program That Slaughtered 300,000 Disabled People
Inside the Aktion T4 program, the little-known Nazi euthanasia initiative that killed as many as 300,000 disabled people.

Nazi authorities executed a massive yet lesser-known program of targeted mass killing aimed at some of the most vulnerable people under their control: the disabled.

Starting as a euthanasia program that eliminated disabled infants and children deemed unfit to live and expanding in time to cover disabled adults and the elderly, the program ended in 1941 amid a welter of protests from many quarters of German society.

This murder of German children had no official name and was known in Germany only by the address where it was headquartered:
4 Tiergartenstraße, Berlin, which inspired the name Aktion T4.

The Roots Of The Aktion T4 Program

Nazi eugenics posters from 1935 illustratesd what they believed to be the dangers of allowing so-called genetic undesirables to live, reproduce, and account for a larger percentage of the gene pool than those with desired traits.

The ideological underpinnings of Aktion T4 were apparent in Nazi thinking from the party's very beginnings. Nazi leaders had long preached the gospel of eugenics, calling for scientific control over Germany's gene pool with the aim of improving it through state action.

The Test Case

In early 1939, an odd letter arrived at the office of the Nazi Party Chancellery from a German man and Nazi loyalist named Richard Kretschmar. He was trying to contact Hitler directly in hopes of gaining clearance to legally euthanize his own son, Gerhard, who had been born just a few months earlier with severe and incurable physical and mental disabilities including missing limbs, blindness, and convulsions (the original medical records are lost and second-hand accounts vary).

Kretschmar asked Hitler to let them have this "monster" put down. Hitler then sent his own physician, Dr. Karl Brandt, to look into the case. On inspection, Brandt decided the diagnosis had been correct, that he was an "idiot," and there was no hope for improvement. Thus Gerhard was killed by lethal injection on July 25, 1939. His death certificate stated the cause of death as "heart weakness."

Having now broken the ice, Hitler and company immediately set into a motion a plan that would call for the killing of the physically and mentally disabled in Germany en masse.

IF THEY COULD THIS TO GERMANS, WHAT HOPE HAD OTHER RACES?

HITLER BELIEVED IN EUGENICS! BILL GATES BELIEVES IN EUGENICS!

These BASTARDS are capable of anything!

Like

**Mary** June 22, 2020 at 9:33 am - Reply

I have to wonder why toxic doses of ANY substance are being given left & right to sick people.
HCQ doses at a reasonable, therapeutic level and near the beginning of the illness are probably effective.

The US FDA (Freaking  Death Acceleration) has outlawed it for COVID-19 patients instead of insisting on proper dosing.

Like

**JoAn** June 21, 2020 at 4:19 pm - Reply

How can an average citizen help put a stop to this? It's barbaric.

Like

## Join the Discussion

Please note: All comments are moderated and are reviewed as quickly as possible.
When submitting a comment you are agreeing to our Terms of Use agreement.

Enter your comment here...