[África está completamente invacunada y completamente invencida por COVID | Cobertura cero (zerohedge.com)](#)

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POR TYLER DURDEN
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Escrito por Colleen Huber a través de The Epoch Times,

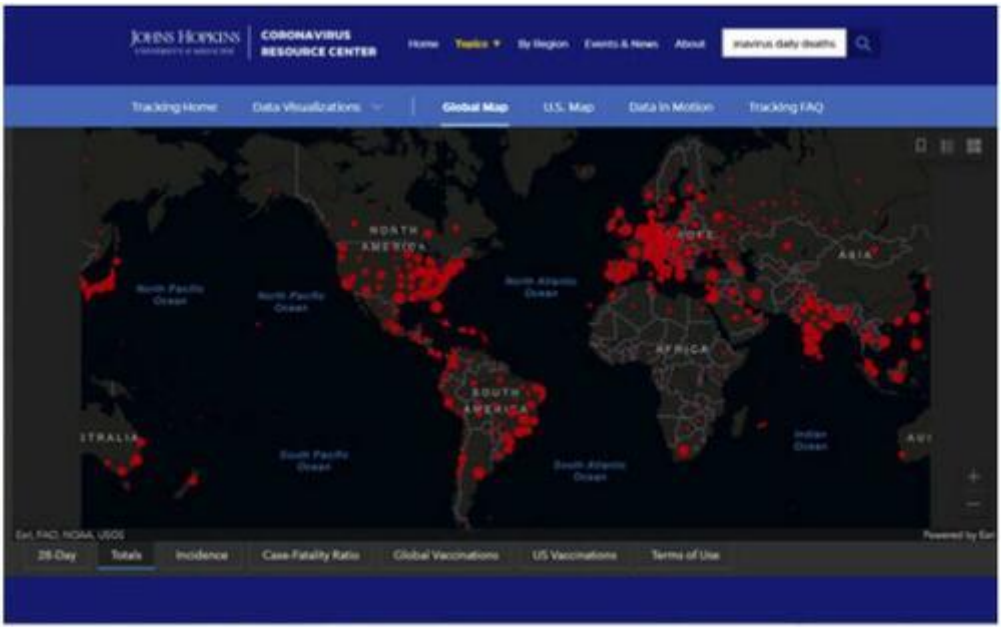
Estudiemos esa victoria con la mayor diligencia...

África en su conjunto está sorprendentemente sin vacunar, según la Universidad Johns Hopkins, Our World in Data.

https://ourworldindata.org/covid-vaccinations

Tengamos en cuenta el continente más llamativo en un mapa mundial por lo demás sombrío, mientras examinamos el siguiente mapa, que muestra la carga de casos de COVID en África desde el comienzo de COVID.

Aquí está la proporción relativa de casos de COVID en África desde el comienzo de COVID:



https://coronavirus.jhu.edu/map.html

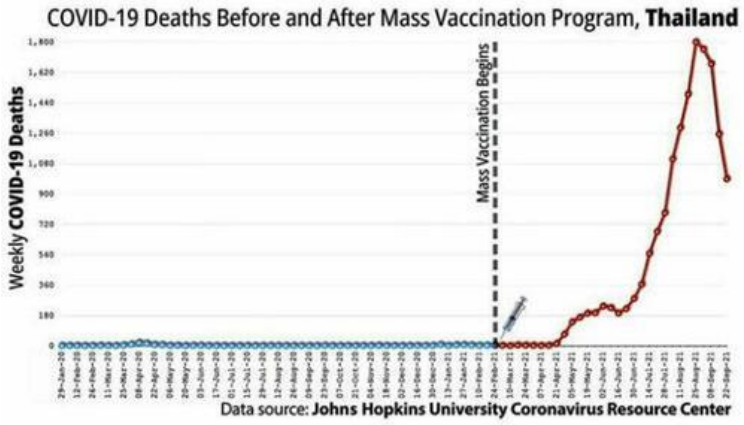
Los datos informan que se puede esperar tres años después de una pandemia

Uno esperaría razonablemente que una pandemia mundial que comenzó hace tres años se haya registrado con cierta precisión aproximada en el recuento de casos y los datos de morbilidad y mortalidad en todo el mundo a estas alturas, ya que cada hemisferio ha pasado por tres inviernos. También se esperaría que una campaña mundial de vacunación que alcanzó su punto máximo hace más de un año haya dado como resultado mapas confiables de aceptación de vacunas. Uno esperaría un consenso general con respecto a tales datos. Así que aceptemos los mapas anteriores como no disputados (o aún no) disputados, y como documentación confiable de eventos históricos de importancia suprema, eventos que corresponden a la humanidad comprender bien y comprender tan a fondo como si nuestro bienestar futuro dependiera de ello.

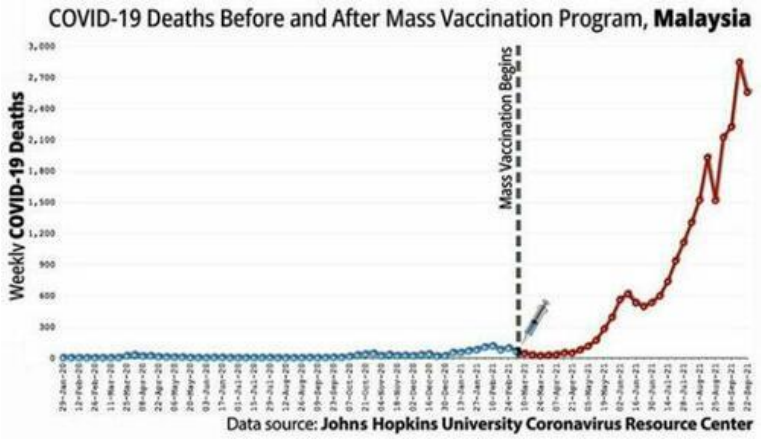
Alguien que tiene fe en la práctica de la vacunación también habría esperado que las vacunas que llevan el nombre de la pandemia hayan mitigado el recuento de casos de la misma enfermedad. Entonces, ¿cómo debe entenderse la experiencia global del continente africano?

África no fue la única parte del mundo donde los casos reportados de COVID han sido bajos. Antes de la vacunación, numerosos países apenas se vieron afectados por COVID. Alejémonos de África ahora para examinar los eventos en otros países.

El ex asesor del Departamento de Justicia de los Estados Unidos, Gavin de Becker, escribió un artículo sobre Children's Health Defense [3] que también aparece en un libro de Edward Dowd, *Cause Unknown*; en él analiza la mortalidad por COVID en varias naciones, principalmente en Asia, pero también en África, Europa, América Latina y Medio Oriente, después de que comenzó COVID, así como antes y después del lanzamiento de sus campañas de vacunación. Tres de las líneas de tiempo de De Becker son las siguientes. De Becker indica con un puntero de jeringa la fecha en que cada uno de los siguientes países comenzó sus campañas de vacunación COVID.



Gavin de Becker, https://childrenshealthdefense.org/defender/covid-vaccine-deaths-cause-unknown/



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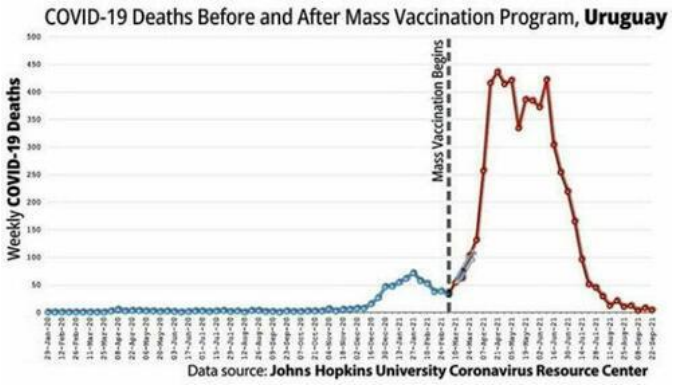

Gavin de Becker, https://childrenshealthdefense.org/defender/covid-vaccine-deaths-cause-unknown/

De Becker notes that "the reality displayed on the graphs you've seen is undeniable, cannot be unseen, and is available to anyone more interested and more industrious than media and governments have been."

Elusive Truth In Morbidity and Mortality Data: The PCR Problem

De Becker's article, as the Johns Hopkins data, necessarily relies on reports that are fraught with much difficulty, for the reasons I review below, primarily the wildly misapplied PCR "test" to COVID diagnosis. However, because that alleged test is primarily how the world has evaluated and tallied COVID cases and deaths for three years, we are necessarily dependent on and limited to the derived data from this alleged test for any meaningful assessment of COVID epidemiology.

COVID-19 diagnoses have been troublesome from the beginning. It has been noted, including at Johns Hopkins University, which produces the most university-based statistical data on COVID, that ***reported*** deaths from flu, pneumonia, heart disease and diabetes decreased significantly in 2020, while COVID-19 deaths became the cause of death listed for now over six million lost lives around the world. Flu and pneumonia as primary causes of death nearly disappeared. For every lost life and every grieving family,

the signs and symptoms of this respiratory disease phenomenon occurred, and then it is a matter of disagreement as to whether we will call those deaths flu, pneumonia or COVID, with no particular loss of life any less tragic for the bereaved from one diagnosis from the others. Cardiovascular mortality reports also dropped precipitously, without any credible reason for the change. Another unexplained surprise to epidemiologists was that those deceased with a COVID cause of death exceeded the average age of life expectancy in the US. Genevieve Briand of Johns Hopkins University discusses these anomalies.

Flu and pneumonia had always been among the most threatening diseases for seniors. And then the mortality reports changed. There are two major influences that created an alleged 2020 pandemic out of what was otherwise a typical flu year. The following two factors led to false reporting of US mortality data for COVID:

First Domino Falls

The first was a manufacturing technique that wound up being wildly misappropriated as a diagnostic test, despite the prior protests of its inventor, the late Kary Mullis, PhD. The essence of the world's confusion and fear of COVID stems from the testing itself. Reverse-transcriptase, polymerase chain reaction (RT-PCR) is a method for producing more RNA nucleic acid sequences. Essentially, PCR does what it was designed by Mullis to do: It matches or aligns specific genetic signatures between a given test reagent and a sample. As the test is run in consecutive cycles, each cycle multiplies the sample. So that sample then grows exponentially. The PCR is simply incapable to determine if the introduced sample contains adequate viral particles or virions to rise to the threshold of causing an infection.

For those who have worked with PCR, it is understood that any PCR process run through 20 or more cycles is useless for detection. The CDC acknowledged that 33 cycles or more are unlikely to detect active virus. Yet for all of 2020, throughout the US, the number of cycles used in "COVID-19 testing" have been above 37 and often well into the 40's. Boris Borovoy and I discuss problems related to this misuse of PCR. The misplaced faith in this manufacturing technique as a test of anything having to do with contagion was the misjudgment at the core of worldwide disaster.

From such a simple decision and widespread acquiescence to create a test out of a non-test, whether by error, misunderstanding or possibly worse on the part of some: deliberate misuse of an industrial process, a new world may be in its birth from this practice. This misuse, born of widespread misunderstanding of PCR, became the pretext for the estimated four trillion dollar COVID industry.

Second Domino Falls

The second factor that fired up the COVID engines, so to speak, at least in the United States, was the financially-incentivized COVID cause of death. Under the US CARES Act, hospitals were compensated more than twice as much money for a COVID case than a flu or pneumonia case, and the most lethal treatments were compensated even further. Many US hospitals made millions of dollars from this shift in diagnosis during treatment and on death certificates.

Other forensic evidence shows lack of a pandemic in 2020. Wall Street seems to need and to have greater reliance on accurate data than governments. COVID is primarily a pathogenic disease of the respiratory tract, with dyspnea (shortness of breath) noted as one of the most common symptoms along with coughing, in which acute and late-stage care often involves supplemental oxygen. Oxygen use would be the most reliable artifact of COVID care. Therefore, we looked at sales of medical oxygen, by revenue of the top companies that produce it, in 2020 vs 2019. We then noted that their sales decreased in that time. Meanwhile, sales by six of the top oxygen concentrator producers trading on the NYSE had increased by less than one percentage point from 2019 to 2020. This is the 0.93% in the last line of the following table. In the same time, the world's population grew by 1.05%.

Company name	NYSE symbol	SALES $ Millions	2017	2018	2019	2020	Half-year revenue 2019 Q1Q2	2019 Q3Q4	2020 Q1Q2
MED O2 PRODUCERS									
Air Products	APD		8188	8930	8919	8857			
Air Liquide	AIQUY						12360	12297	11540
Linde	LIN		11400	14800	28200	27000			
Total sales $M			19588	23730	37119	35857			
Change in medical O2 sales in 2020 from 2019						-3.40%			-6.16%
O2 CONCENTRATOR PRODUCERS									
Invacare	IVC		966.5	972.3	928	842.2			
Inogen	INGN		249.4	358.1	361.9	303.7			
Medtronic	MDT			30000	30600	28900			
Philips	PHG		20100	21400	21800	23700			
ResMed	RMD			2300	2600	3000			
Vapotherm	VAPO		35.6	42.4	48.1	117.1			
Total sales $M				55072.8	56338	56863			
Change in O2 concentrator over previous year					2.30%	0.93%			

C Huber, B Borovoy. Data that disprove the COVID-19 pandemic. Dec 19, 2020. PDMJ. https://pdmj.org/papers/is_there_a_pandemic

For whatever other wealth distribution occurred during what is widely considered to be the peak pandemic year of 2020, the New York Stock Exchange does not reflect the primary medical need of the pandemic patients to have made impact on the revenue of the main companies supplying that medical demand.

How Africa Defeated COVID so Decisively Without Vaccines

Part of the African continent's success is no doubt due to a fortunate accident of microbiology, infectious diseases, pharmacology and immunology. **It so happens that two of the most effective treatments for COVID, ivermectin and hydroxychloroquine, are also routine prophylactic weekly medicines throughout equatorial Africa, because they happen to be known for a half-century as the most effective, applicable and safest anti-parasite medications.** So the population, particularly through about 31 countries, the tropical middle rectangle roughly, of Africa already were well-equipped prior to COVID events launching in late 2019 to early 2020.

As fortune would have it, the unpatented and relatively inexpensive half-century old drug ivermectin, whose inventors won the Nobel Prize for Medicine in 2015, also has been the most effective medicine against COVID, [15] due in part to its specific effect against RNA transcriptase, as well as its blocking effect on all three parts of the trimeric spike protein, and other mechanisms.

Hydroxychloroquine is also used widely throughout at least equatorial regions of Africa as a prophylactic against parasites, but which fortunately has now been studied extensively and used successfully as both prevention and treatment of COVID disease, and as inhibitor of SARS-CoV-2 replication and activity. This is shown in over 380 studies conducted in 55 countries.

Africa Leads Again

This is not the first piece of evidence that Africa is leading the world away from a microbial-pretext tyranny. Last summer, Africa stood alone in being the continent, led by Botswana, to pull the worlds' people back from the precipice, while pushing the World Health Organization (WHO) back from their attempted tyranny over all world governments. [18] This danger is by no means past, and new efforts for WHO dominance over the world are ominously re-grouping at this time.

África abrió el camino e inspira al mundo. ¿Son los políticos y los "expertos en salud pública" del resto del mundo lo suficientemente humildes como para admitir sus errores grotescos, incluso crímenes, y aprender de los pueblos de las naciones africanas, sus experiencias y lecciones sobre el manejo de una pandemia?

¿O el etnocentrismo o un orgullo hostil y racista, o la pura codicia estimulada por el lucrativo despilfarro de COVIDmania, impedirá que el resto del mundo esté dispuesto a aprender de la experiencia africana? ¿Enterrarán tales actitudes provincianas y compradas la lección más importante del siglo 21 hasta la fecha?

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