The Plandemic in Spain

"A Chronicle of the Fear Virus"

by #StopConfinamientoEspaña*

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INTRODUCTION

Faced with the scandalous concealment of data, lies and negligence on the part of the Government during this fake pandemic, we decided to conduct an investigation that presents a panoramic, critical and alternative view of the official account presented by the mass media. Some facts are documented with reports from the mainstream press that offer a brief overview of the situation, but we also include scientific evidence with abundant citations, official documents and testimonials for anyone who wants to perform more in-depth research. We have brought together points and filled in the gaps. We are not an expert commission; we are citizens seeking answers that go beyond those of the mass media and the official institutions that have been bought by powerful interests.

On March 14, 2020[2] the Government officially declared a state of emergency and lockdown of the entire population, in order to prevent the spread of the SARS-CoV-2 virus and to alleviate an "unexpected" collapse of the healthcare system. The crisis began with the usual shortage of beds, doctors and equipment.[3] When the first outbreak of coronavirus occurred in Italy in February,[4] it was not considered to be necessary to stock up on medicines, hire more healthcare workers,

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* Stop the Lockdown Spain. [Translator's note].

[1] If this document is updated, any changes with respect to the previous document will be noted [Authors' note—all subsequent footnotes are by the authors].

[2] https://es.wikipedia.org/wiki/Cuarentena_de_Espa%C3%B1a_de_2020

[3] https://www.elcorreo.com'sociedad/salud/gobierno-admite-falta-202000324184557-nt.html?ref=https:%2F%2Fwww.google.com%2F

[4] https://es.wikipedia.org/wiki/Pandemia_de_enfermedad_por_coronavirus_de_2020_en_Italia

invest in training, renovate infrastructure, prepare more hospital beds or buy more personal protection equipment. This should have been foreseen not only in February or January of 2020, but much earlier.[5]

Oddly enough, a conference called "Event 201" was held in New York City in October of 2019,[6] where a simulated exercise was conducted for the purpose of planning for the public policies and the cooperation needed to respond to a possible severe pandemic while reducing the social and economic impacts to a minimum. The event was organized by the Bill and Melinda Gates Foundation, the Johns Hopkins Center for Health Security and the World Economic Forum.[7] Coincidence?

The Event 201 Scenario

Event 201 simulates an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people that eventually becomes efficiently transmissible from person to person, leading to a severe pandemic. The

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[5] https://www.elmundo.es/ciencia-y-salud/salud/2020/03/02/5e5cd4ebfc6c83632e8b4644.html
[6] https://diario16.com/el-simulacro-evento-201-y-las-recomendaciones-que-daban-los-expertos-en-octubre-de-2019-ante-una-pandemia-global/
[7] https://www.centerforhealthsecurity.org/event201/scenario.html

pathogen and the disease it causes are modeled largely on SARS, but it is more transmissible in the community setting by people with mild symptoms.

The disease starts in pig farms in Brazil, quietly and slowly at first, but then it starts to spread more rapidly in healthcare settings. When it starts to spread efficiently from person to person in the low-income, densely packed neighborhoods of some of the megacities in South America, the epidemic explodes. It is first exported by air travel to Portugal, the United States, and China and then to many other countries. Although at first some countries are able to control it, it continues to spread and be reintroduced, and eventually no country can maintain control.

There is no possibility of a vaccine being available in the first year. There is a fictional antiviral drug that can help the sick but not significantly limit spread of the disease.

Since the whole human population is susceptible, during the initial months of the pandemic, the cumulative number of cases increases exponentially, doubling every week. And as the cases and deaths accumulate, the economic and societal consequences become increasingly severe.

The scenario ends at the 18-month point, with 65 million deaths. *The pandemic is beginning to slow due to the decreasing number of susceptible people.* ***The pandemic will continue at some rate until there is an effective vaccine*** *or until 80-90 % of the global population has been exposed. From that point on, it is likely to be an endemic childhood disease.*

Returning to everyday reality in Spain, the COVID-19 situation has revealed the dilapidated condition of the Spanish healthcare system, which collapses every year. But this year, 2020, the healthcare collapse was already critical in January and February due to a large number of cases of seasonal flu. The hospitals were already full before the COVID-19 crisis even started.[8]

[8] https://www.eldiario.es/sociedad/Sindicato-Enfermeria-hospitales-comunidades-prevision_0_988301938.html

Beginning at the end of December, the mass media began to report a strange illness in the Chinese city of Wuhan. In that first phase, it was not considered to be important, it was only a flu with a few isolated cases. "We can control it if it comes here", the experts said.[9] But this was part of the plan. If it was only a flu and was therefore not important, why was it featured constantly on every television news program, every radio news broadcast, and in every newspaper? Did it make any sense to repeat irrelevant news so insistently? In a very subtle way, they were already fomenting paranoia in the whole population. They were drawing connections between the climate change crisis and the COVID-19 crisis. The wheel of fear kept turning.

As the weeks passed, we heard news of canceled events, and we saw images of masked Asians, more mysterious deaths and the first isolated cases in Spain. The face of Tedros Adhanom, the Secretary General of the WHO, was featured more and more often on prime time news programs. The intoxication began to take effect: "It seems that there is a virus that is causing a serious respiratory disease in China, but for the moment there is no need to be worried."

Day after day we became more and more familiar with the terms COVID, SARS, coronavirus and lockdown. At the end of February the news flooded the Internet. We were informed that in Italy things were not going so well. In Spain we now had infected persons, some deaths and a few hospitals were issuing warnings about what was in store for us. On February 26, we were advised against going to hospital emergency departments.[10] At this point, Fernando Simón downplayed the importance of the affair, but at the same time, from all the mainstream media, there was a ceaseless stream of news about the COVID-19 disease. The second phase of "operation fear" was now underway.

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https://www.publico.es/sociedad/gripe-madrid-hospitales-madrid-colapsan-pico-alto-gripe-colapso-estres-falta-recursoshospitales-madrilenos-epidemia-gripe.html

[9] https://www.newtral.es/la-gripe-mas-letal-que-el-coronavirus-ncov-hasta-la-fecha/20200201/

[10] https://www.lavanguardia.com/vida/20200225/473786502382/como-actuan-hospitales-caso-coronavirus.html

Fear began to spread among the population. The nursing homes and hospitals were now on an emergency footing. There were infected politicians and rumors of shutting down the soccer stadiums. Imperceptibly, "the coronavirus" somehow became our number one problem. All the other diseases disappeared. As if by magic, sexist harassment and the Catalonian independence movement were no longer very important, but right before the end, the Apocalypse took place: the feminist demonstration of 8-M [March 8].

During this period, a large number of persons began to notice the first symptoms of the alleged SARS-CoV-2 virus: fever, cough, and malaise. What else could it be? We spent the last three months hearing nothing but talk about the coronavirus! It was at this time that two types of illness converged: the panic-stricken people who went to the hospital and those who, paralyzed by fear, stayed home, whether suffering from mild symptoms or other symptoms associated with other pathologies. **We will never be able to reckon the full extent of the psychosomatic effects caused by this media-induced terrorist attack.**

Then came the lockdown. It was no longer a flu, it was a pandemic like the black plague of the Middle Ages. Never before had the world suffered an attack on this scale. We saw images of hospitals plunged into chaos, shopping carts full of toilet paper, hoarding food, protective plexiglass shields and masks. Fear of human contact became palpable, the restrictions of rights became evident, the closing of the borders and the shutdowns of businesses led to the total paralysis of the economy, and the stock market experienced a historic decline. And to add insult to injury, all of this was disguised with the most absurd childish behavior in the form of applause: every day at eight o'clock we had to listen to people singing "Resistiré" on their balconies, while at the same time drawings of rainbows were taped onto their windows, the result of an demented campaign of fear directed at all the little girls and little boys of Spain. Schools, colleges and universities closed and have not yet reopened for regular classes. Not even during the Cuban missile crisis of 1962 was the world so frightened.

Thousands of people who should have been cared for in hospitals and clinics stayed home, becoming more and more ill, held hostage by fear

and by the repeated warnings of the authorities not to go to the hospital. The slogan, "stay home", began to have an effect. Outpatient clinics shut down, allegedly to prevent the spread of the disease. Doctor's appointments took place by telephone or video link, but the telephones of the health clinics did not work all the time. If the clinics, a key aspect of the healthcare system, had been prepared for the COVID-19 situation, they would have been able to adequately diagnose and evaluate the condition of the sick people, thus sparing a lot of work for the hospitals. But this was not done.

Why not opt for herd immunity against a disease whose real mortality rate is very low[11] and which only poses a threat to a very specific segment of the population?

We should have chosen to conduct a campaign of prevention directed towards elderly people with serious respiratory pathologies, as well as devoting special attention to the precarious situation of many nursing homes. In this state of **induced collective psychosis**, we cannot correctly care for all patients.

THE PEAK OF THE PLANDEMIC

On April 2[12] the high point of the number of deaths in Spain was the result of a combination of the following factors:

1. **Deaths from COVID-19**, the name of the disease that attempts have been made to catalog as a new disease, but which has no unique distinctive symptoms and whose connection with the virus, SARS-CoV-2, has not been proven. There is no consensus

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[11] "In a reassessment conducted by the Italian National Institute of Health, only 12 percent of the death certificates showed a direct cause of death by coronavirus, while 88 percent of the patients who died had at least one comorbidity. Many of them had two or three."

A mortality rate between 0.02%-0.40% -https://www.msn.com/en-au/news/world/why-have-so-many-coronaviruspatients-died-in-italy/ar-BB11qA65

[12] https://www.rtve.es/noticias/20200602/curva-contagios-muertes-coronavirus-espana-dia-dia/2010514.shtml

concerning the way it is transmitted. The disease does not satisfy the requirements of Koch's Postulates,[13] the basis of modern microbiology, which examine the etiology (explanation for the origin or the cause of diseases) to discover the agent that is responsible for infectious diseases. There are cases of asymptomatic persons who have had no contact with any other infected person and there is still no answer to the question of how they contracted the disease.[14]

2. **Other diseases** that were still killing just as many people as in previous years, i.e., illnesses of the circulatory system, cancers and diseases of the respiratory system, which are the three leading causes of death.[15]
3. **Compulsory isolation in hospitals** in an environment of collective psychosis, generating panic, loneliness, depression, fear of death, hopelessness, etc., in the patients.
4. **Seriously ill people with other pathologies** who did not go to the hospital because they were afraid of contagion.
5. **Secondary consequences of the lockdown itself:** an increase in suicides, addiction, lack of care for isolated elderly people, physical deterioration due to a lack of activity and exposure to the open air, domestic violence, etc.
6. **Abandonment in nursing homes** because of the refusal of admission to hospitals and negligence with respect to caregivers' protocols: compulsory isolation and palliative sedation, which predictably resulted in thousands of deaths.
7. **Dubious triage criteria and negligent treatments:** ventilation, drugs and sedation.[16]

Invasive mechanical ventilation or intubation is a medical treatment that provides oxygen to the patient who cannot breathe, or who has serious problems breathing on his or her own. It is a very invasive procedure that requires not only the sedation of the patient by way of an induced coma, but the total paralysis of the patient. While the patient

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[13] https://www.nejm.org/doi/full/10.1056/NEJMoa2001017
[14] See the chapter on *Transmission* and the related bibliographical references at: https://theinfectiousmyth.com/book/CoronavirusPanic.pdf
[15] https://www.ine.es/prensa/edcm_2018.pdf
[16] See the discussions of invasive ventilation, drugs and sedation at: https://theinfectiousmyth.com/book/CoronavirusPanic.pdf

is ventilated he is unconscious or semi-conscious and some have described the experience as a living nightmare, probably due to the fact that their body is fighting against the intubation. The patient also suffers serious physical deterioration because he can be lying in bed for weeks.

After the SARS crisis in 2003 it was publicly admitted that the most common reason for ventilating patients was fear of contagion with SARS on the part of hospital staff.[17] While the patient is ventilated he is in a "closed circuit", insofar as it is impossible for his body to expel any particle that might be contagious. This fear proved to be unfounded: a study conducted in Hong Kong showed a mortality rate that was between four and five times higher in hospitals that utilized ventilation than in hospitals that did not perform this procedure.

It appears that the same thing also might be happening during the COVID-19 crisis.

There is a high mortality rate for patients who are subjected to long-term ventilation. A study conducted in China showed that 31out of 32 ventilated patients died (97%) and a study conducted in New York showed the same mortality rate (97%) in patients over 65 and a mortality rate of 76% in patients under 65.

The association between ventilation and a series of well-known effects such as Ventilator-Associated Pneumonia (VAP) and Ventilator-Associated Lung Injuries (VALIs) has been noted for years. It is hard to distinguish these effects from those caused by pre-existing respiratory pathologies in patients with COVID-19.

As for medications administered to patients with COVID-19,[18] there is no consensus regarding treatment protocols. All kinds of drugs have been tried, from antivirals to anti-malarial drugs and even arthritis medications. "There are no proven therapies for the prevention or treatment of COVID-19. All agents have the possibility of associated harm."

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[17] Statistics and study on ventilation during the SARS crisis: https://davidcrowe.ca/SciHealthEnv/papers/5164-Ventilation-SARS.pdf

[18] See the section entitled, "Drugs for COVID-19", at: https://theinfectiousmyth.com/book/CoronavirusPanic.pdf

No one knows the specific triage criteria for admission to ICUs.

There was a shortage of equipment and personnel. While the IFEMA temporary hospital was announced with a great deal of fanfare (inaugurated on March 22 and shut down on May 1 with 17 confirmed deaths[19]), other places, like nursing homes, suffered from personnel shortages. The dances and bingo games at IFEMA were especially ostentatious.

In short, **there was improvisation and a lack of coordination in the application of healthcare protocols**.

WHAT HAPPENED IN THE NURSING HOMES?

Beginning at the end of February, many nursing homes isolated their elderly residents and imposed one degree or another of restrictions on their freedom of movement.[20] They were no longer allowed to have visitors, emotional attention was reduced to a minimum due to fear of contagion on the part of the staff, and the hazmat type protective clothing worn by doctors and nurses equipped with PPEs horrified the residents even more, if this is possible. Emotional attention plays an extremely important part in the health of people with special needs. With each passing day, mental, moral and physical decline set in. There were not enough staff members, or the right equipment or suitable treatments. **Ignacio Fernández Cid**, the president of the Federation of Nursing Homes, revealed on ES RADIO:[21] "**They didn't send us any medications, just morphine for sedation**". Requests to transfer nursing home residents to hospitals were frequently denied.

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[19]https://www.infolibre.es/noticias/politica/2020/05/01/cierra_hospital_ifema_milagro_que_atendio_000_pacientes_alivio_red_sanitaria_106406_1012.html

[20] https://okdiario.com/img/2020/05/22/whatsapp-image-2020-05-22-at-21.54.30.jpeg
https://www.elespanol.com/espana/20200509/pedimos-medicinas-ancianos-morfina-sedacion-denuncian-residencias/488452348_0.html

[21] https://esradio.libertaddigital.com/fonoteca/2020-05-06/entrevista-a-ignacio-fernandez-cid-149506.html

The Spanish Society for Palliative Care (SECPAL) drafted a document[22] containing a series of guidelines for symptomatic control of those who are seriously ill from the disease COVID-19 and who require palliative sedation and are likely to die soon. This "guidance" document is not binding, but at the end of the document it is claimed that **palliative sedation, after prior authorization of the patient and the patient's family, is an ethical practice and is deontologically obligatory**. It is worth the trouble to analyze the "guidance" for persons who are seriously ill who are locked down in their homes or residential facilities. Another document,[23] this one from the Castilla León Health Committee, recommends similar treatment in cases of isolation in nursing homes or other residential facilities.

One of the first symptoms that can appear in COVID-19 is dyspnea (shortness of breath or difficulty breathing), but this can also be caused by anxiety and stress caused by being confined to a single room. In these cases, **morphine** is recommended. Haloperidol is injected to prevent the nausea and vomiting that are the side effects of **morphine**. Midazolam is administered in cases of tachypnea (a higher than normal respiration rate), which can also occur in cases of anxiety, fear or grief, situations that probably often arise within nursing homes. In cases of respiratory secretion, Buscopan is recommended, which can in turn cause dyspnea as a side effect.

Various European associations, with respect to palliative sedation, recommend morphine and midazolam in cases of Acute Respiratory Syndrome, lorazepam for anxiety, morphine for coughing and pain, metoclopramide for nausea and haloperidol for delirium.[24]

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[22] http://www.secpal.com//Documentos/Blog/2020_03_23%20FIN%20DE%20VIDA%20Y%20COVID%2019%20_1.%20Documento%20para%20profesionales_1.pdf

[23] https://www.saludcastillayleon.es/es/covid-19/informacion-profesionales/atencion-primaria/actuacion-atencionprimaria.ficheros/1573585030420_PROTOCOLO%20integral%20de%20actuaci%C3%B3n%20en%20PACIENTES%20en%20situaci%C3%B3n%20de%20%C3%9ALTIMOS%20D%C3%8DAS%20y%20FALLECIMIENTO%20por%20COVID19.pdf

[24] https://smw.ch/article/doi/smw.2020.20235

Weeks before the Government declared the state of emergency, a large number of nursing homes and other institutions housing special needs persons restricted visitation and implemented isolation protocols. These people were denied the right to receive visitors and they were locked down, to one degree or another, whether in an institutional residence facility or a single room. They were isolated for weeks[25] on the pretext of preventing contagion from other residents.

It is impossible to know the quality of care received in every nursing home in Spain, but it is certain that some of these facilities were not prepared to confront a situation of indefinite lockdown. These facilities were prepared to function optimally under certain scheduled routines, visits, dining, hygiene and medical, physical, psychological and emotional care.

You don't have to be a doctor to know that when an elderly person, in many cases with serious illnesses and very dependent, is told that there is a deadly virus, and he or she is denied visitors, his or her movements are restricted, they are not allowed to get enough sun and fresh air, and, worst of all, they are not given a concrete date when this will end, they will become depressed. In addition to the physical fatigue and the neglect caused by a situation that overwhelmed the caregivers, we must add the psychological disturbances to be expected from a sudden confinement that are expressed in anxiety, depression of the immune system, a feeling of being abandoned and obsessive thoughts about death.

There are testimonies[26] from nursing homes where the staff, whether from fear of contagion, stress, or anxiety, or because they were ill, did

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[25] https://www.bbc.com/mundo/noticias-internacional-52036018

[26] Based on reports from our own files. Testimonies obtained directly from the family members of victims by the members of StopConfinamientoEspaña: secrecy with regard to treatment modalities; a lack of doctors during the worst moments of the crisis; a cold and distant attitude on the part of the facilities; suspicions that residents were kept alive until the end of the month in order to obtain the full reimbursement for the month of March; facilities refused to allow any contacts between the families of victims to prevent them from comparing notes; the deletion of data on the tracing apps after the death of residents; imprecision with regard to the exact date and time when the residents were transferred to the hospital and when they died.

not go to work. These vacant positions were not filled at a very critical moment. It has also been difficult for family members of the deceased to obtain access to information they are demanding. The relatives of many victims had little or no contact with their loved ones during these events. Certain nursing homes, whether because they were not making enough money or from sheer avarice, already suffered from staff and equipment shortages even before the outbreak of the COVID-19 situation.

We don't have the data from all of Spain to specify whether this situation was more characteristic of private or public nursing homes, or whether it was more common in facilities that were more or less profitable. However, thousands of nursing homes did a good job. The entire sector cannot be discredited by this scandal, but it is urgently necessary to ascertain who is responsible. Nursing homes are not hospitals, ICUs, prisons, or quarantine centers; they are the residences of elderly people. The elderly usually die in hospitals, or at least this was the case up until March 2020.

All of a sudden, unprecedented warnings were issued calling for the urgent hospitalization of many of these elderly people. This appeal for help was, in many cases, disregarded. We shall not consider how many cases of hospitalization were requested by people with symptoms similar to COVID-19, or how many people wanted to go to the hospitals because of cardiac or cerebrovascular diseases, pneumonia, seasonal influenza or colds, advanced Alzheimer's disease, diabetes or illnesses caused by the lockdown itself. Faced with the collapse of the healthcare system that affected some hospitals during those weeks in March and early April, 2020, the protocol was to distinguish between those who would live and those who would die. There was no room in the hospitals. It was a "wartime protocol".

There could be cases of sick people with respiratory pathologies and other illnesses (cancer, cardiovascular disease, Alzheimer's, diabetes…) in a single nursing home. These people had to be isolated at the moment when a single positive case was identified with a rapid test. Then an epidemic outbreak was declared in all nursing homes, and the elderly were locked down in their rooms.

The shipment of sedatives and their use in the nursing homes is one of the most sinister chapters in the history of the Spanish Plandemic. There is not much information, and secrecy is at a maximum. We will never know whether the doses of the sedatives were correctly administered in the cases where it was necessary, whether they were administered at will due to excessive workloads, or whether sedatives were administered without any controls at all. We do know, however, that there were many cases of abandonment. Reports concerning the thousands of bereaved families who are revealing the deaths of their loved ones in nursing homes soon appeared.[27] A platform called Marea de Residencias [Tide of Nursing Homes] was created to coordinate all the revelations about these unexplained deaths.[28] Who was responsible for this massacre of the elderly?

The attempts made to coordinate operations[29] between provinces and other autonomous communities either did not function correctly, or they were insufficient, or they were implemented too late, or perhaps they suffered from all three of these defects. The army's task in this "state of war" consisted in **Operation Balmis**,[30] in which it sprayed toxic products that can cause asphyxia.[31] The product used in this operation was **BDS 2000**. This compound contains stabilized peracetic acid as its active ingredient. **Exposure to peracetic acid can cause irritation of the skin, the eyes and the respiratory system, and exposure to larger amounts or for a longer time can cause permanent lung damage**.[32] There is research that implicates this acid in fatal outcomes with exposure to a 1% concentration of this product.[33]

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[27] https://www.elsaltodiario.com/coronavirus/familiares-denuncian-43-ancianos-fallecido-residencia-mayores-vitalialeganes-covid
https://cadenaser.com/ser/2020/03/26/sociedad/1585204942_349816.html
[28] https://marearesidencias.org/
[29] Up to March 30 https://www.redaccionmedica.com/secciones/sanidad-hoy/coronavirus-sanidad-valora-trasladarpacientes-uci-autonomias-1470
[30] 6,824 fumigation projects up to April 13
https://www.larazon.es/espana/20200413/uqw4rvwrpzfm7hhsl7bge3pp7q.html
[31] https://www.karcher-futuretech.com/es/combatir-el-coronavirus.html
[32] https://es.wikipedia.org/wiki/%C3%81cido_perac%C3%A9tico
[33] http://joh.sanei.or.jp/pdf/E49/E49_2_11.pdf

Kärcher's website has a link to a document shows that the Spanish army is using this product.[34] The fumigation operations[35] were carried out quite thoroughly.[36] There was little cooperation with private healthcare facilities.[37]

> *"To remove biological particles, the two components of BDS 2000 are mixed with water to form a solution, and applied to the contaminated surface using a foaming device such as a foaming nozzle. After a reaction time of 10 to 15 minutes, the agent together with the biological contaminants is rinsed off using water from a pressure washer. Alternatively, with suitable equipment BDS 2000 can be applied to biologically contaminated interior spaces as an aerosol. The active ingredient is a special, stabilised peracetic acid. The other ingredient is a buffer system combined with a surfactant that causes the agent to foam. When antifreeze is used, the agent is effective at temperatures from -30 °C to +49 °C. BDS 2000 is completely biodegradable and satisfies the requirements of water hazard class 1, which means it has a low hazardous level for water. It has already been tested by several institutes, such as the Wehrwissenschaftliches Institut für Schutztechnologien – ABC-Schutz (WIS), (German Research Institute for Protective Technologies – NBC Protection), the Netherlands Organisation for Applied Scientific Research (TNO) and the Military Technical Institute of Protection, Brno (MTIP)." (https://www.karcher-futuretech.com/en/products/mobile-cbrn-decontamination/decontamination-and-cleaning-agents/decontamination-agent/bds-2000-66679790.html)*

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[34] https://s1.kaercher-media.com/media/file/100501/folleto-descontaminacion-movil-qbrn.pdf

[35] Despite the fact that the WHO has no evidence that the virus subsists on objects, it recommends disinfection "for the peace of mind of the population" https://www.elmundo.es/ciencia-y-salud/salud/2020/05/18/5ec231c7fdddff90958b466a.html

[36] https://www.larazon.es/espana/20200413/uqw4rvwrpzfm7hhsl7bge3pp7q.html

[37] https://www.niusdiario.es/sociedad/sanidad/sanidad-privada-atiende-20-pacientes-covid-19-hospitales-privadoscapacidad-atender-coronavirus-95-camas-libres_18_2922945163.html

1 **EE. UU.: ejército**
Equipo multiuso MPDS | Sistema de contenedor DSAP

2 **Suecia: ejército**
Sistema de contenedor Decocontain 3000 |
Equipo multiuso MPDS | Pulverizador a presión DS 10

4 **Alemania: ejército**
Sistema grande TEP 90 | Sistema de contenedor DSSM |
Sistema de descontaminación modular basado en bastidor Cage |
Equipo multiuso MPDS | Pulverizador a presión DS 5 y DS 10 |
Diferentes equipos HD y HDS

Alemania: protección civil y asistencia en caso de catástrofe
Módulo de agua caliente HWM 100 | Pulverizador
a presión DS 5 y DS 10

6 **España: ejército**
Sistema de contenedor Decocontain 3000 | Equipo multiuso MPDS | Pulverizador a presión DS 5 y DS 10 | Sistema de contenedor DSAP | Sistema basado en bastidor Cage |
Sistema de contenedor EDMP

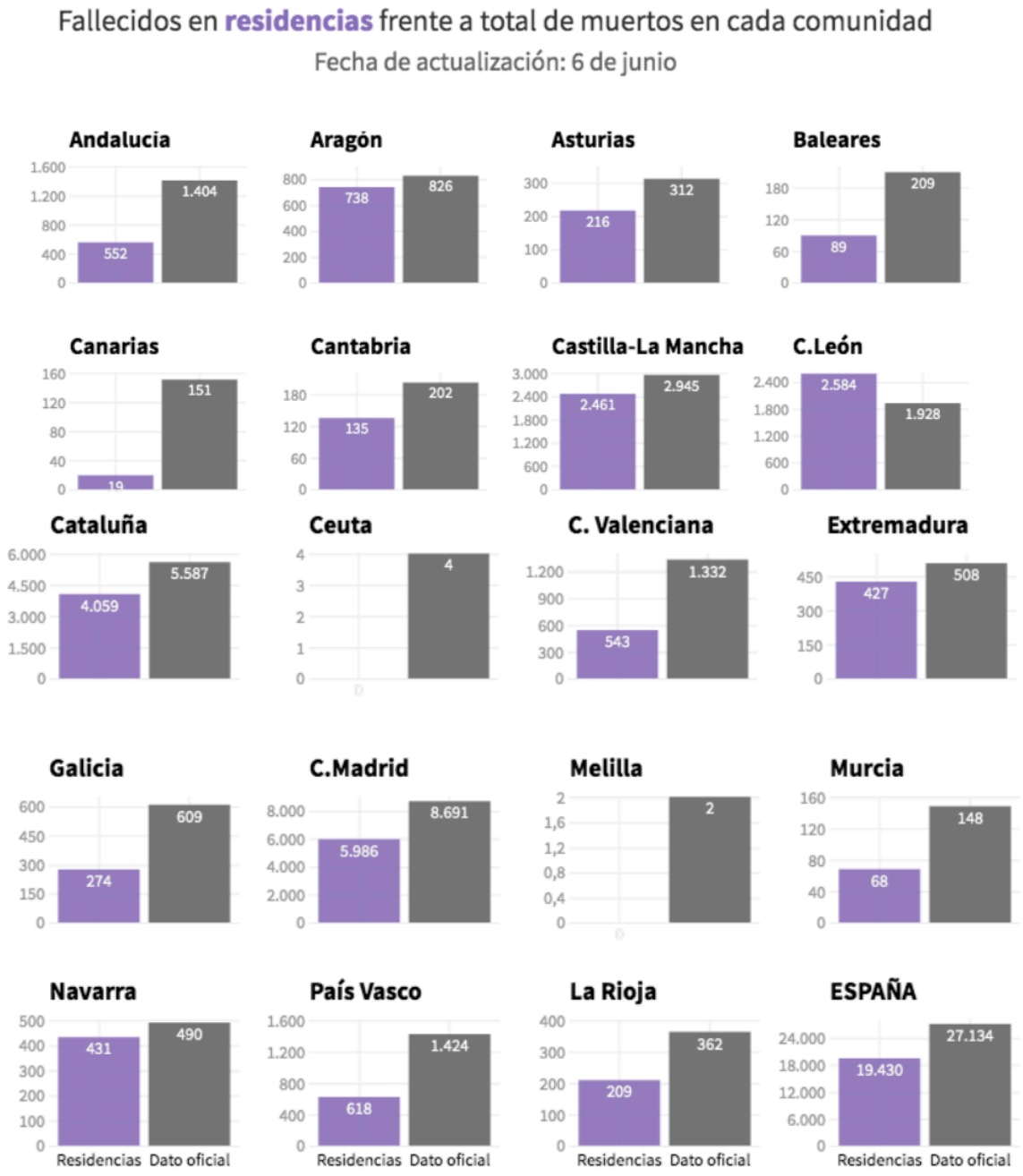
7 **Turquía: ejército y protección civil y asistencia en caso de catástrofe**
Sistema grande TEP 90 | Módulo de agua caliente
HWM 100 | Pulverizador a presión DS 10

Safety [edit]

Peracetic acid is a strong oxidizing agent and severe irritant to the skin, eyes, and respiratory system. The U.S. Environmental Protection Agency published the following Acute Exposure Guideline Levels (AEGL):[11]

eight-hour TWA AEGL	Definition	mg/m^3	ppm
1	The concentration at which the general population will experience transient and reversible problems, such as notable discomfort, irritation, or certain asymptomatic non-sensory effects.	0.52	0.17
2	The concentration that results in irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.	1.6	0.52
3	The concentration that results in life-threatening health effects or death	4.1	1.3

10% of the ICU admissions were before April 1. Up until June 3, 2020, **71% of the people whose deaths were attributed to coronavirus in Spain died in nursing homes and other institutional residential facilities**.[38]



[38] https://www.rtve.es/noticias/20200606/radiografia-del-coronavirus-residencias-ancianos-espana/2011609.shtml

Note: There is an error in the data for Castilla León.

THE SCIENTIFIC VIRUS

> *"Scientists are doing an awful lot of damage to the world in the name of helping it. I don't mind attacking my own fraternity because I am ashamed of it."*
>
> ***—Kary Mullis**, the inventor of the PCR assay*[39]

Officially, the world is undergoing a pandemic caused by the virus SARS-CoV-2, and the disease that is believed to be caused by this virus is COVID-19. Up until now the virus has not been purified and there is no electron micrograph of particles (of the virus) that are not mixed with other cellular particles. The origin of this cellular material is a specific culture used to analyze these samples.

How do the healthcare authorities diagnose the disease COVID-19 and the virus SARS-CoV-2 in the human body?

According to an article published by the Ministry of Science and Innovation:[40]

> *The rapid tests are based on paper immunochromatography, that is, a platform with 'attached' proteins of the virus in order to detect antibodies or specific antibodies to detect the proteins of the virus. The way it works is similar to a pregnancy test.*

The reliability of these tests is very much in doubt when one takes into account the fact that they are conducted on the basis of a virus concerning which a great deal of information remains to be discovered and they can by no means be used as exclusive diagnostic tests to determine whether someone is suffering or has already suffered from

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[39] https://www.nytimes.com/2019/08/15/science/kary-b-mullis-dead.html
[40] A definition and additional information from the Carlos III Institute: https://www.isciii.es/InformacionCiudadanos/DivulgacionCulturaCientifica/DivulgacionISCIII/Paginas/Divulgacion/COVID19_PCR_test.aspx

the disease, COVID-19. The WHO has discouraged their use since April 8.[41]

Nor do we know, should these tests be useful for the intended purpose, how many defective test kits were purchased.[42] According to Fernando Simón, *"over the last few days a large amount of scientific information and a large number of studies have appeared that are beginning to cast doubt on the results of the rapid tests that detect antibodies. Some are not as specific with respect to the coronavirus as was recently thought."*[43]

At the end of April, the government allocated 41.5 million Euros for the purchase of these tests.[44]

*The **PCR** (Polymerase Chain Reaction)[45] is a diagnostic test that makes it possible to detect a fragment of genetic material from a pathogen or microorganism. In the current coronavirus pandemic, as in so many other Public Health crises related to infectious diseases, it has been used from the beginning of the crisis to determine whether or not a person is infected.*

In 1993 Kary Mullis received the Nobel Prize for Chemistry because of his invention of the PCR technology. Dr. Mullis denies that the PCR technology is a diagnostic method.[46] Before he died, he waged a battle against the scientific community due to his skeptical response to the question: "Is HIV the probable cause of the disease, AIDS?" For years the most common diagnostic test to detect HIV was precisely the PCR test invented by Mullis.

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[41] The WHO does not recommend the use of the rapid tests https://www.who.int/news-room/commentaries/detail/advice-on-theuse-of-point-of-care-immunodiagnostic-tests-for-covid-19
[42] https://www.elconfidencial.com/espana/2020-04-21/sanidad-contrato-test-defectuosos-interpharma-proveedor-deconfianza_2560192/
[43] ABC https://www.abc.es/sociedad/abci-simon-duda-fiabilidad-test-rapidos-parece-no-especificos-comopensaba-202005121308_noticia.html
[44] ABC https://www.abc.es/sociedad/abci-sanidad-destina-415-millones-euros-comprar-test-rapidosahora-pone-duda-202005121949_noticia.html
[45] See chapter 5 in https://theinfectiousmyth.com/book/CoronavirusPanic.pdf
[46] Article on Mullis and the PCR tests https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meantto-detect-a-virus/

"PCR makes it easier to see that certain people are infected with HIV and some of them develop the symptoms of AIDS. But this does not even begin to answer the question: Is HIV the cause of AIDS? Human beings are full of retroviruses. We don't know whether there are hundreds, or thousands, or hundreds of thousands of them. Only recently have we begun to look for them. But they never killed anyone before. People have always survived retroviruses."[47]

Some members of the scientific community are questioning whether the RT-PCR technology can be used as a definitive diagnostic tool for confirming whether a person was or is infected by the SARS-CoV-2 virus. Of particular note with respect to this issue is the work of **David Crowe**, a scientific researcher, president of the group "**Rethinking AIDS**", and host of the weekly podcast "**The Infectious Myth**".[48]

The following is a summary from Crowe's text, "**Flaws in Coronavirus Pandemic Theory**":

> *The main problems with this diagnostic test are:*
>
> - *"The test is not binary (negative/positive) and has an arbitrary cutoff."*
> - *"The quantity of RNA does not correlate with illness."*
> - *"If negative means uninfected and positive means infected, then people went from infected to uninfected and back again, sometimes several times."*
> - *"Results below the cutoff are not shown, and are treated as negative, but if PCR continued past the cutoff and was eventually positive, this would indicate presence of small quantities of the RNA which is supposedly unique to COVID-19 (i.e. infection)."*[49]

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[47] Bibliographical references: http://free-news.org/aembid03.htm

[48] http://theinfectiousmyth.com/
A video interview summary of the text: https://www.youtube.com/watch?v=DNlhF-LXc7k

[49] These cases are listed in "Appendix A: Confusing Test Results", of Crowe's text, "Flaws in Coronavirus Pandemic Theory": https://theinfectiousmyth.com/book/CoronavirusPanic.pdf.

- *There is no consensus among the commercial producers of the RT-PCR test with regard to the number of cycles that are necessary to determine whether someone is infected.*[50]
- ***The RT-PCR tests can give positive results for asymptomatic people*** *who have neither been exposed to, nor in contact with, any vector of potential contagion.*

According to the Organization for Economic Cooperation and Development (the OECD),[51] a key organization in the certification of the RT-PCR test: "If an RT-PCR is positive, the result is most likely correct (the only case of **false positive** could be happening if a non-positive sample is contaminated by viral material, during test processing for instance). **False negative** results are also possible with RT-PCR, but are **most frequently** the result of a wrong patient sampling (swabs not pushed far enough in the patients' nasopharynx for instance) (Patel et al., 2020)." For the OECD, no failure is conceived as possible besides mistakes made in the preparation of the sample. That is, if there is an error, it is a result of human error.

Nonetheless, a positive result from a PCR test or a rapid test is still considered unquestionable in every case. No alternative interpretation is allowed. Science, like religion, has its dogmas. Most doctors have followed the protocol that they have been ordered to follow, without questioning whether what they are doing is correct or not. Those who question the dogmas are marginalized and ridiculed, but their questions

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[50] In an audio interview, RT-PCR expert Professor Stephen Bustin stated that cycles should probably be limited to 35. The MIQE guidelines for use and reporting of RT-PCR, of which Bustin was a member, warn that "Cq [PCR cycle] values >=40 are suspect because of the implied low efficiency and generally should be reported", specifically warning of the risk of false positives. The examples above used 37 and 40 as the upper limit, and a workflow published by German hospital Charité Berlin, specified 45 cycles [58]. Tests from Altona Diagnostics and Vitassay, also recommend 45 cycles. A review of all the tests approved under emergency authorization by the US FDA showed that one test each recommended that positive be considered less than 30, 31, 35, 36, 37, 38, 39 cycles, 12 recommended less than 40, and one each recommended 43 and 45. See David Crowe, "Flaws in Coronavirus Pandemic Theory", Chapter 5—Testing: https://theinfectiousmyth.com/book/CoronavirusPanic.pdf.

[51] Testing for COVID-19: https://read.oecd-ilibrary.org/view/?ref=129_129658-l62d7lr66u&title=Testing-for-COVID-19-Away-to-lift-confinement-restrictions

have yet to be answered. The number of professionals who are critical of the official protocols is growing every day and it is now very hard to silence them.

DEATH CERTIFICATES AND AUTOPSIES

Here is an excerpt from the press release of the **General Council of Official Medical Colleges—the Professional Medical Organization of Spain**:[52]

> *In view of the declaration of a state of emergency for the management of the health crisis caused by COVID-19 and following the directives of the Ministry of Health and the Ministry of Justice, with respect to Death Certificates of those who have died of natural causes, and particularly in cases with COVID-19 or cases suspected to be infected with COVID-19, and in accordance with the definitions proposed by the WHO, the National Committee of Public Administration of the General Council of Official Colleges of Medicine (CGCOM) has issued the following report concerning the* ***procedure to be followed in filling out Death Certificates****:*
>
> - ***The judicial intervention of the Medical Examiner will henceforth be limited to cases of violent death or to cases where a clear suspicion of criminality exists.***
> - *For the issuance of the corresponding death certificates, in cases of probable infection by COVID-19 in the community environment without analytical confirmation, after having reviewed, if possible, the medical background of the decedent with special attention to the typical symptomology of the infection, the death certificate should be completed in the following manner:*
>   - *Proximate or Underlying Cause of Death:* ***COVID-19 NOT CONFIRMED*** *or SUSPECTED OF INFECTION WITH CORONAVIRUS.*

[52] WHO press release: https://www.cgcom.es/sites/default/files/u183/n.p._cerfificaciones_de_defuncion.28032020.pdf

- *In cases of COVID-19 confirmed by a laboratory test, the Underlying Cause should be set forth in the following way: COVID-19 CONFIRMED. For the rest of the certification procedure you will proceed as described in the previous section.*

We may therefore arrive at the following three conclusions:

1. The Spanish medical community has not performed autopsies on those who have died with COVID-19, either for reasons of public health research or for clarifying the cause of death where it is doubtful.
2. The mere suspicion of the doctor, in the absence of means of confirmation, will suffice for the cause of death that will be written on the death certificate to be COVID-19.
3. For everyone who dies with a positive result on a diagnostic test, regardless of the cause of death, their death certificate will state that their cause of death is confirmed COVID-19.

Decedents under the second and third criteria above swell the official list of those who have died of the coronavirus. Does the government have precise information about how many people have died of COVID-19 in Spain? Was there an intentional attempt to increase the number of those who died from COVID-19 in order to spread the contagion of the fear virus?

MORTALITY AND LOCKDOWN

The research team of StopConfinamientoEspaña studied the MoMo[53] (Daily Mortality Monitor) mortality charts, but given the constant fluctuation of the numbers, the alleged appearance of 12,000 deaths[54] that were not counted and the low level of credibility of the official institutions that compile the statistics at this time, **we are not going to undertake a detailed analysis of mortality** on a community by community basis. However, by using the available data with care, the following conclusions can be drawn:

[53]https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/MoMo/Paginas/Informes-MoMo-2020.aspx
[54]https://elpais.com/sociedad/2020/05/27/actualidad/1590570927_371193.html

1. Population density has not been a determinant factor. Madrid and Catalonia have some of the highest population densities. Castilla León and Castilla la Mancha, some of the lowest population densities. All four have mortality figures much higher than would be expected.
2. The Baleares and Canarias, with their large number of visitors due to tourism, have hardly any deaths from COVID-19. Madrid and Barcelona, which are focal points of communications and transit, have many deaths. Castilla León and La Mancha do not have airports or major transit nodes, yet they, too, have suffered high mortality rates.
3. The lockdown rules have been exactly the same for all the Autonomous Communities of the peninsula, islands and autonomous cities. If the lockdown saved lives, it would have had to save them uniformly across the entire country.
4. The cases of Ceuta and Melilla are particularly interesting, which have registered only 4 and 2 deaths from COVID-19, respectively.
5. There are Autonomous Communities where there has been no increase in mortality above the average.[55]

The deaths have been concentrated precisely in the most locked-down and vulnerable segment of the population: the residents of nursing homes. If the virus does not respect borders, why is it that the elderly confined to their homes have not died by the thousands, including those who left their homes to buy food, go to the bank or go to the pharmacy? With the hospitals in a state of collapse, the elderly in the nursing homes had nowhere to go anyway. This false pandemic has been sold as a Biblical plague, but it has not been a plague, nor has it been of Biblical proportions.

LEGAL ASPECTS

"You can fool all the people some of the time and some of the people all the time, but you cannot fool all the people all the time." [56]

[55] Ceuta, Melilla, Galicia, Asturias, Islas Baleares, Canarias, Murcia and Cantabria.

Our elderly, the most forgotten people of this false pandemic: what measures have been taken to protect them? Why is Spain one of the countries with the highest death rate from COVID-19? Is it true that the elderly were left to die alone and sedated?

These questions and many others are on the minds of many ordinary citizens, whether because they have suffered the loss of their loved ones or out of simple solidarity and the respect they have for our elders. Persons who have fought for our rights and who have worked hard for their well earned retirement.

First we have to say that the **responsibility is shared** by the nursing homes, the primary care facilities, the Health Departments of the Autonomous Communities and the Ministries of Health and Social Rights and Agenda 2030, although the **Ministries have been the coordinators and assumed ultimate responsibility.**

The Ministry of Health published a **Ministerial Order SND/265/2020, dated March 19,**[57] which issued instructions for coordination between the nursing homes affected by COVID-19 and the qualified primary care facilities for the care and assignment of residents to their respective facilities.

First of all, we note the responsibility of the nursing homes with respect to the implementation of measures in case it is necessary to communicate with their assigned primary care facility, which in turn is coordinated by the Department of Health of the corresponding Autonomous Community.

Here is the text of the fifth point of the Order:

> *"For this purpose, the personnel of the nursing home must be in contact with the assigned primary care facility, which will act in coordination with the doctor at the nursing home if the latter has one on its staff. After an initial evaluation of the case and if mild*

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[56] An apocryphal saying commonly attributed to Abraham Lincoln.
[57] https://www.boe.es/diario_boe/txt.php?id=BOE-A-2020-3951

symptoms are present, the patient will remain in quarantine at the nursing home and his or her case will be monitored. However, if the criteria for transfer to a health care center are satisfied, the procedure established for that purpose will be set in motion."

Let us recall that we are talking about March 19, a very critical date in the nursing home crisis.

The **Minister of Health**, in response to the alarming rise in the number of cases, would publish a **Ministerial Order SND/275/2020, dated March 23,**[58] in which he decreed some **new supplemental orders** revising those previously cited for nursing homes and health authorities of the respective Autonomous Communities, in which he **authorized the health authorities of the Autonomous Communities to intervene at the nursing homes, both public and private**, for the reorganization, transfer and health care of the residents. But the most important point, once again, is the fifth point of the order, **which speaks of the simultaneous occurrence of exceptional situations**, when the nursing homes are overwhelmed, they must communicate the situation to the relevant social service departments and the health departments, which in turn will communicate this situation to the Ministries of Health and Social Rights.

"Once the proper intervention is decided upon, the facility that generated the crisis situation will be notified with a succinct report on the crisis situation, the means implemented and the final situation, to ***the Ministries of Health and Social Rights and Agenda 2030. These are the Ministries that have assumed responsibility and coordination of these facilities for the decreed state of emergency, and they are the highest responsible authorities.****"*

In this attempt to clarify and synthesize responsibility for the presumed abandonment of our elderly, we shall not overlook the fact that the **Ministry of Health is deleting the web pages of its protocols to deal with the pandemic**, such as, for example, the web page that contains

[58] https://www.boe.es/buscar/act.php?id=BOE-A-2020-4010

the "Protocols for cases of infection with SARS-CoV-2".[59] What are the Government and its Ministries trying to hide?

Concerning the two previous orders we will note that the Minister recommended the use of PPEs and the quarantine of possible cases, assigning the diagnosis to the designated primary care facilities in coordination with the authorized staff of the nursing homes.

In a simple analysis we could say that the responsibility is clearly delimited between these institutions, but that is not true. **The Ministry of Health and the Ministry of Social Rights assumed the responsibility for the centralized purchase of health equipment and the coordination and command of all the institutions**, as the Royal Decree Law of the State of Emergency 463/2020 says.[60]

> *"Article 13. Measures for ensuring the supply of goods and services necessary for the protection of public health.*
>
> *The Minister of Health will:*
>
> *a) Issue the necessary orders to ensure the supply of the market and the functioning of the services of the production facilities affected by the shortages of products necessary for the protection of public health.*
> *b) Intervene in and temporarily take control of industries, factories, workshops, farms or workplaces of any nature, including privately owned facilities, services and health centers, as well as those involved in the pharmaceutical sector."*

We have all seen what happened with the purchases of health equipment, doctors, ATS and the other personnel of the primary healthcare facilities and hospitals, with garbage bags being used as personal protection equipment, homemade masks, and private donations, etc. This is the great responsibility of this Government, in its

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[59] One document that was deleted: https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/Procedimiento_COVID_19.pdf

[60] https://www.boe.es/buscar/act.php?id=BOE-A-2020-3692

total ineffectiveness to manage purchases and coordination in the production of health care products, it left the nursing homes and clinics without supplies and unprotected. You cannot care for people and save lives with defective means, the ministerial orders and guides that were published were documents lacking any sense, and were instead mere formalities. There was no equipment to help the nursing homes and other dependent centers.

We will also call attention to the **300 million Euros that the Ministry of Social Rights received**: how were these millions invested, which were supposed to have the decisive character that was claimed by the Royal Decree-Law 8/2020,[61] of March 17 in its Article 1?

> *Article 1. Allocation of a supplemental budgetary allowance to the Budget of the Ministry of Social Rights and Agenda 2030 for financing an Extraordinary Social Fund devoted exclusively to the social consequences of COVID-19.*
>
> 1. *The application of the Contingency Fund and the allocation of a supplemental budgetary allowance to the Ministry of Social Rights and Agenda 2030, in the amount of 300,000,000 Euros, for the budgetary application 26.16231F.453.07 "Family Protection and Support for Childhood Poverty. Basic Grants for social services."*
>
>   *e) Support the staffs of the Social Service Centers and nursing homes should it become necessary to provide substitute personnel for preventive purposes, due to contagion or for the purpose of providing new services or to relieve overworked staff members.*
>
>   *f) Acquisition of Personal Protection Equipment (PPE).*

As the reader will observe, it is clearly specified that **individual personal protection equipment and replacement staff members for the nursing homes must be provided**. Any ordinary citizen can testify

[61] https://www.boe.es/buscar/act.php?id=BOE-A-2020-3824

that, with the figure of 19,000 deaths in nursing homes, all of this, presumably, was not implemented.

Despite the fact that **there are no reliable, confirmed data concerning the number of deaths in public, public-private partnership, or private nursing homes**, management of these facilities during the COVID-19 crisis was centralized. Human and material means should have been fairly allocated under strict criteria of necessity. **The figures and the dates indicate a disastrous failure of management.**

We cannot fully trust the statistics published by the mass media which are in thrall to political power, which is why the citizens who were affected and victimized by this misgovernment must seek redress from the Courts for the purpose of obtaining justice and to expose the truth of what happened in the nursing homes.

We cannot, however, ignore the objective data published in the BOE [Official State Gazette], nor shall we overlook the political responsibilities assumed more with the zeal of partisan politics and getting television coverage, than of public service to our elderly and most vulnerable citizens.

CONCLUSIONS

"He who tells a lie is not sensible of how great a task he undertakes; for he must be forced to invent twenty more to maintain that one."

Alexander Pope, English poet

1. **The COVID-19 situation was carefully planned by a sinister and criminal global elite.**
2. The **WHO**, a den of corruption, has been the cornerstone of the whole plandemic. The Government of Spain even went beyond the recommendations of this institution on various occasions. The most obvious instance was the use of masks.
3. **COVID-19 is not a new disease**. It does not exhibit any new characteristics. Before December 2019 there were cases of death

caused by pneumonia, Acute Respiratory Syndrome, septic shock, and sepsis. Millions of people die each year all over the world with these symptoms, whether with all or just some of them. Curiously, even people without any of these symptoms have been officially counted as COVID-19 deaths, for example, people who died of heart attacks or strokes. These numbers are added to the official statistics. **It is the only disease in the world from which it is possible to die without any symptom of the disease.**

4. Five months after the appearance of the SARS-CoV-2 virus, it has still not been purified and **at present there is much that is not known about this virus**. Scientists observe something under the microscope that they believe is SARS-CoV-2 surrounded by a mixture of particles. We recall that 35 years after the appearance of HIV, there are still many questions that remain unanswered.
5. **A vaccine is unfeasible in the short term**. There has not been enough time to study the virus and the tests on humans must be conducted for years in order to prevent side effects.
6. **The RT-PCR and rapid tests** used to claim the presence of this coronavirus in the human body **cannot be used for this purpose**. The psychosis about the number of infected persons is perpetuated by tests that are unreliable.
7. **The real statistics regarding infection and deaths have been inflated.** The number of people infected has been inflated by the RT-PCR/ rapid tests and the number of deaths has been manipulated by doctoring the death certificates. Many people who died from other causes were certified as having died from COVID-19 and cardiorespiratory arrest, in most cases probably as a result of sedatives administered in nursing homes. The main motivation for increasing the numbers was to increase the paranoia in the population in order to justify more measures of social control.
8. **The connection between the SARS-CoV-2 virus and the disease, COVID-19, has not been proven.** The medical-scientific community has confronted this disease while ignoring the lessons learned during the SARS crisis of 2003.
9. If there is an outbreak of an extremely contagious infection it must be proven that it was caused exclusively by the virus SARS-CoV-2, and that is how it was sold. The scientific community seems to ignore factors like **pollution or airborne particulates** as suspects in the increase of respiratory problems and the

relation that they might have with the so-called COVID-19 disease. This possibility was not considered, the high priests have proclaimed that it was the coronavirus and so this is what we must believe.

10. **The real mortality rate of the COVID-19 disease is much lower than the official figure.** The immense majority of those persons who were claimed to have died from COVID-19 already suffered from preexisting pathologies, making it very difficult to discern the exact cause of death. Every decedent with a positive test swelled the numbers, warping the statistics. Pulmonology is a very complicated branch of medicine, but there was never any doubt on the part of the clinicians when they firmly asserted that all the deaths of the official tally were caused by infection with the virus, SARS-CoV-2.
11. If humanity had suddenly been brought to a halt by a very lethal and contagious virus, **we would have seen thousands and thousands of healthcare workers die, especially in Spain, where, during the early days of the pandemic, PPEs were scarce**. Those cases of healthcare workers who died, however, give rise to the same doubts as the deaths of the other decedents: doubts about the tests, and doubts about the real causes of their deaths. The virus has been sold as a terrifying pathogen by those who have an interest in doing so. We must compare the casualties from illness caused by a peak seasonal flu from a previous year, and then add the deaths that resulted from the hysteria of the hospital staff about contagion, a situation that is in striking contrast with the videos of the dancing nurses in the hospitals.
12. The medical sector is pressuring, punishing and firing professionals who question the official version of events.
13. The reason why there have been no autopsies is not clear. We may, however, rule out the excuse of possible infection of the medical examiners. Spain has the means to conduct autopsies safely. There were no investigations to obtain a better understanding of the disease or to clarify questionable causes of death.
14. The demonstration of March 8 only influenced the course of the health crisis by encouraging subsequent panic among those persons who attended in the demonstration, causing anxiety among all the participants. Quite predictably, many of these

persons went to the hospital as soon as they experienced such common symptoms as cough or fever, increasing the degree to which the hospitals were overwhelmed. Before we attempt to attribute responsibility, it is necessary to prove that the virus SARS-CoV-2 causes the disease COVID-19. If there was an outbreak of very contagious flu (during our present situation, this common crisis miraculously disappeared), the health authorities would have warned people with serious respiratory pathologies, and these people, assuming responsibility for themselves, would decide if they want to participate in a demonstration, take the subway, go to a football stadium or attend a political rally. What the WHO said a week before in a hard-to-find document is irrelevant, it is only one more element of the Spanish parliamentary theater. The WHO is the source of this whole lie.

15. **The chaos in certain hospitals was provoked by the information attack waged by the mass media,** which made it impossible to devote enough attention to people who were ill with symptoms of COVID-19 and other pathologies. In Spain, this situation could by no means be dealt with because of the lamentable condition of the healthcare system and a large number of the nursing homes. If we imagine a parallel world where television did not broadcast so much news in such a pernicious way about the coronavirus, we can be certain that in that world this chaos would not have taken place. The WHO estimated that the seasonal flu (before it totally disappeared) caused approximately 650,000 deaths per year worldwide.
16. The mass media depicted this crisis by projecting a deceitful image that gave the impression that all Spanish hospitals had collapsed into chaos. This is totally false. **The mass media sold Madrid** as the poster child of the March crisis in all of Spain. It was the city that was most drastically manipulated by the mass media. Some hospitals have always had too many patients; the COVID-19 situation only made it worse. In many other provincial hospitals, however, it was business as usual, especially due to the fact that thousands of people did not go to hospitals because they were afraid of being infected and in response to the warnings of the authorities not to go to emergency departments. It was also understood that in a “wartime situation” private healthcare would be pushed to its limits. This was not the case.

17. Invasive ventilation, improvisation with respect to protocols. and the administration of drugs might indicate cases of **medical negligence that resulted in death**.
18. Treatment in emergency departments of hospitals was only administered to people suffering from other pathologies besides COVID-19 if they were gravely ill. **Testing and diagnostic procedures that were already delayed were postponed**. Health consultations by telephone with primary care providers are unsatisfactory and this practice makes it hard to arrive at the correct diagnosis. In early June 2020, activity in hospitals is at a minimum due to the fact that people are not going to hospitals purely out of fear.
19. **A terrorist information attack is being waged** against the world population, inoculating it with the idea of the coronavirus, disease, contagion, and death. The collective paranoia caused people to flood the hospitals and caused many healthcare workers to become hysterical. Another sector of the population was terrorized in their homes, in many cases waiting for medical services. The psychosomatic effects of bombarding the population for three months with the idea of a fatal respiratory disease cannot be measured, but there is no doubt that it had consequences. Veracious news can be more dangerous than false news if it is taken out of its context, if vital information is omitted or if reality is distorted.
20. **No quarantine in history has ever isolated both the healthy and the sick at the same time.** Herd immunity would have resolved the course of this situation without any problems.
21. **The lockdown of the entire population has only brought disaster.** Collapse of the economy, destruction of rights and liberties, and physical and psychological harm for the whole population.
22. **The current use of masks and social distancing in Spain makes no sense.** These practices have no medical basis. The prolonged use of masks is harmful for one's health, especially for children and the elderly. Not even the WHO calls for their use nor does it recommend them for healthy people. The compulsory use of masks is illegal in addition to being a major victory for the government and its allies. **The muzzle is a symbol of ignorance, fear and submission.**

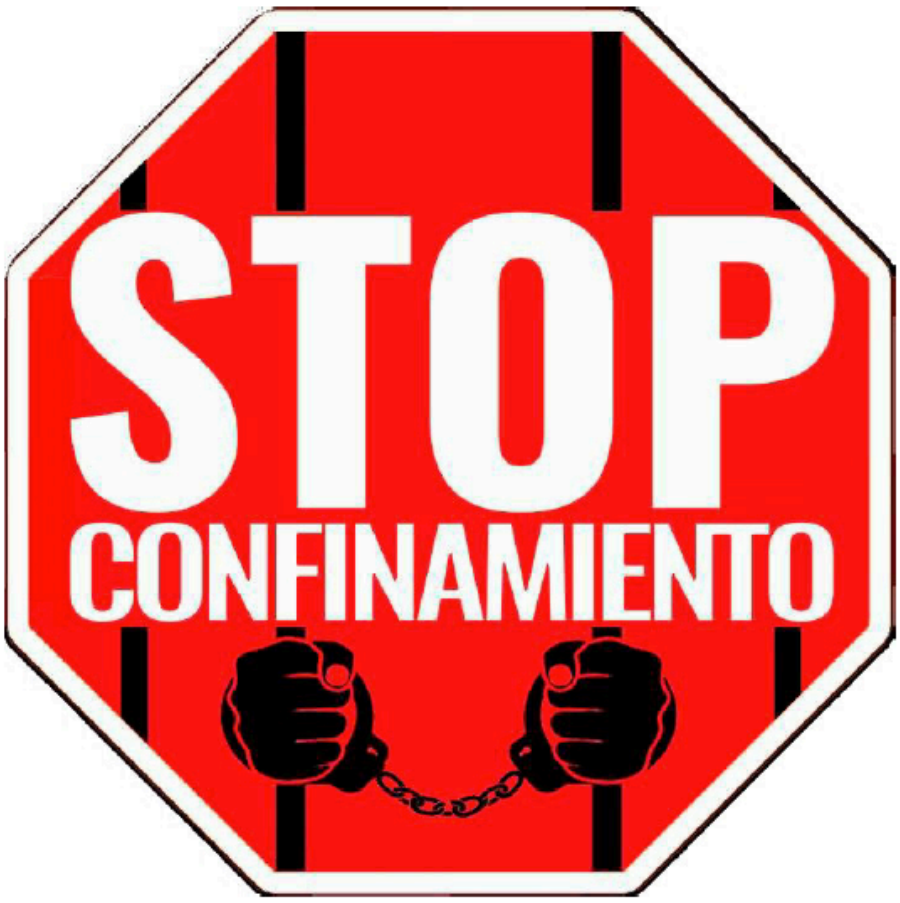
23. **Mortality in Spain during the COVID-19 crisis has been concentrated in nursing homes.** A crime has been committed, and those who are responsible must be held accountable.
24. **The Spanish political class as a whole subscribes to the official theory of the coronavirus.** The alleged division between parties is a farce, a fake democracy. With respect to fundamentals, they are in agreement. **The Spanish judicial system, which is completely corrupt, protects the political class no matter what crimes it commits.**
25. **The "new normal"**, which is supposed to be imposed on the pretext of protecting us from the coronavirus, **is nothing but a sophisticated form of coup d'état.** It will perpetuate autocratic leadership, legislation will be based on decrees, any dissident who does not accept the health regulations will be considered to be dangerous and large quantities of human and material resources will be devoted to projects of social control with the excuse of protecting us from the coronavirus.
26. **One of the main objectives of this whole doctrine of terror is to traumatize children.** If they succeed in breaking the human will from early childhood, when people come of age they will accept all measures of control based on fear as normal.
27. Using the excuse of controlling the pandemic, **the Government is preparing the installation of systems of population tracking and tracing managed by Artificial Intelligence.** To accept, or to facilitate, the installation of this software is to give a green light to the loss of one's own freedom and individual sovereignty. At first, its implementation will be voluntary, but with it will eventually be compulsory unless the issue is subjected to previous debate in society. There are serious doubts about possible breaches of security of the system and how to protect personal privacy. Furthermore, the effectiveness of this measure is based exclusively on the results, which are extremely debatable, of the RT-PCR tests, and this could entail a large number of serial false positives within communities and families.
28. **The regions of Canarias and the Baleares, which depend on tourism, have suffered the most from the experiment of this false pandemic,** with their tourism industry shut down for months and a great deal of uncertainty on the horizon. The measures of the central Government, as well as the international

project involving a **CovidPass©** passport, hold the economy and the tourism industry of both archipelagos hostage. With the excuse of economic recovery, a proposal has been made that would turn the islands into an international laboratory for tourism on a world scale. The populations of the Canarias and the Baleares **will be the first populations forced to submit to the systems of biometric control and digital health passports** as a prerequisite for being able to go back to work, under the message that there is no other choice.

29. **COVID-19 is one of the greatest frauds ever perpetrated against humanity.** This contagious disease causes fear and paranoia, it ruins whole countries, it eliminates liberties and seeks to enslave every nation that embraces its theories. It is never too late to ask questions.
30. **The members of StopConfinamientoEspaña** do not intend this text to constitute an ex cathedra pronouncement, nor do we insist that we are absolutely correct about everything we say, but rather seek to **instill reasonable doubts** with respect to some aspects of this "plandemic", so that people who have suspicions about the COVID-19 situation can investigate it on their own and arrive at their own conclusions. This is only our version of the story. If humanity does not open its eyes to what is happening, it might be dragged into a dark age. We will not lose hope: more and more people are waking up, and with this document, the members of Stop Confinamiento España seek to do our part for the cause. We will reject the "new normal" and we will advocate for the resumption of economic activity, normal social life and the cultural scene of our country.

COVID-19 IS A COUP D'ÉTAT AGAINST HUMANITY

WAKE UP!



LET'S STOP THE FEAR VIRUS

The members of #StopConfinamientoEspaña

Saturday, June 6, 2020