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By: Elizabeth Woodworth

> *What do the inventor of mRNA technology; the lead author of the most downloaded paper on Covid-19 in the American Journal of Medicine; a former editor of the American Journal of Epidemiology; renowned epidemiologists at Harvard, Stanford, and Oxford; and France's leading microbiologist – have in common?They have all been censored by a repressive media network that most people have never heard of. This network has outrageously conceived and conveyed a “monopoly of legitimate information.”[i]*
>
> *Exposing this uncanny censorship of eminent voices is especially vital to the fate of children and youth, who are being aggressively targeted for low-benefit, sometimes lethal, inoculations.*

Since early in the COVID-19 pandemic, which according to the World Health Organization kills only 0.23% of those infected[ii], enormous fear and panic have been fueled by the hourly drumbeat of a “one-voice” media.

An international process of editorial standardization has delivered unprecedented news coverage of the monopolized message:

1. The pandemic threatens the survival of all humanity
2. There is no therapy to cure the sick
3. It is necessary to confine the whole population, and
4. The delivery will come only from a vaccine.[iii]

Many people have been dismayed by the singularity of this propaganda, and how it could possibly have been achieved. That is the subject of this study.

Introduction: How the TNI Got Started

On June 24, 2021, a report from the Oxford-based Reuters Institute revealed that trust in the US media – ranking last among 46 countries – had descended to an all-time low of 29%. Meanwhile, Canadian trust in media has sunk to 45%.[iv]

This downward spiral can only mean that people are going elsewhere for their news – a trend that has likely been accelerated by the emergence of a shadowy global censorship network called the Trusted News Initiative (TNI).

In July 2019, before the pandemic, the UK and Canadian governments hosted the *FCO Global Conference on Media Freedom*,[v] where then BBC Director-General Tony Hall announced:

> *“Last month I convened, behind closed doors, a Trusted News Summit at the BBC, which brought together global tech platforms and publishers. The goal was to arrive at a practical set of actions we can take together, right now, to tackle the rise of misinformation and bias….I'm determined that we use that [BBC] unique reach and trusted voice to lead the way – to create a global alliance for integrity in news. We're ready to do even more to help promote freedom and democracy worldwide.”[vi]*

The initial Trusted News partners in attendance were the European Broadcasting Union (EBU), Facebook, *Financial Times*, First Draft, Google, *The Hindu*, and *The Wall Street Journal.*

This was the embryonic start of a soon-to-become global media-wide Early Warning System that would rapidly alert members to “disinformation which threatens human life or disrupts democracy during elections.”[vii]

Where did the idea come from?

The BBC had earlier responded[viii] to a call for evidence from the House of Lords' Select Committee on Democracy and Digital Technology, citing in its first footnote a June 3, 2019 BBC blog entitled “Tackling Misinformation.”[ix]

The first point of that blog referred to a *pre-pandemic* March 3, 2019 BBC news report that anti-vaxxers were gaining traction on social media as part of a “fake news” movement spreading “misleading and dangerous information”.[x]

The June 3 blog also claimed a “mammoth” online scale of deceitful business practices and hate speech as problems needing “algorithmic interventions”. The online “information ecosystem” was “polluted”; the size of the problem “unprecedented.” The BBC and other organizations would be looking at interventions “to address misinformation across the media landscape”.

Looking back at this perception of pre-Covid problems, the motives of the TNI network appear to have been constructive and reasonable. However, there was no inkling at the time of how vast, repressive, and darkly persuasive these interventions were soon to become.

The action started. CBC/Radio-Canada publicly announced its participation in the TNI in September 2019, saying “this includes a commitment to collaborate on source authentication, civic information, media education, and other responses to disinformation.”[xi] *The Hindu* announced the Indian program simultaneously.[xii]

Two weeks after WHO announced the Covid-19 pandemic on March 11, 2020, Canada's CBC reported that the Trusted News Initiative had announced plans “to tackle harmful coronavirus disinformation.”

> *“Starting today, partners in the Trusted News Initiative will alert each other to disinformation about coronavirus, including ‘imposter content' purporting to come from trusted sources. Such content will be reviewed promptly to ensure that disinformation is not republished.” [xiii]*

The media partners had now expanded to include Twitter, Microsoft, Associated Press, Agence France-Presse, Reuters, and the Reuters Institute for the Study of Journalism.

The TNI next agreed to engage with a new verification technology called Project Origin, led by a coalition of the BBC, CBC/Radio-Canada, Microsoft and *The New York Times* – with a mandate to identify non-authorized news stories for suppression.

In July, 2020, Eric Horvitz, Chief Scientific Officer for Microsoft, remarked about authorizing the news: “We've forged a close relationship with the BBC and other partners on Project Origin, aimed at methods and standards for end-to-end authentication of news and information.”[xiv]

By December 2020, the BBC had reported that disinformation was “spreading online to millions of people,” and included minimizing COVID-19 risks along with impugning the vaccine developers' motives.[xv]

In a June 25, 2021 summary article by investigative staff, *TrialSiteNews* asked the question, “COVID-19 Censorship: Trusted News Initiative to Decide the Facts?” and began its reply with:

> *“Since time immemorial, those with power have used it to control those without. In the modern world, big government and big tech represent the seats of power when it comes to who is allowed to say what. Of course, many think that “private companies” can regulate speech in any way they see fit. But from either an ethical or legal point of view, this is false. The argument from the societal benefits of free speech works equally for posting YouTube videos and handing out flyers on a corner.*
>
> *Legally, the [U.S.] Supreme Court has long held that when a private company creates something that functions as a public square (think of a company town), the First Amendment comes into play. Way back in April 2020, it was already clear that the then-existing online socio-political censorship was going to expand into the world of science, medicine, and academia in the new COVID-19 era.”[xvi]*

What is Disinformation?

This question has been sloppily handled by the mainstream media, which often confuses “misinformation” (unintentionally misleading information) with what they mean, “disinformation,” which is *deliberate.*

Several dictionary definitions agree on that point:

> *American Heritage: “Deliberately misleading information announced publicly or leaked by a government or especially by an intelligence agency in order to influence public opinion or the government in another nation.”[xvii]*
>
> *Merriam-Webster: “False information deliberately and often covertly spread (as by the planting of rumors) in order to influence public opinion or obscure the truth.”[xviii]*
>
> *The OED (Oxford English Dictionary): “The dissemination of deliberately false information, esp. when supplied by a government or its agent to a foreign power or to the media, with the intention of influencing the policies or opinions of those who receive it.”[xix]*

Given that these definitions specify deliberate government action, it seems odd that the TNI has identified a scattered online public as the source of intentional false information and propaganda – especially concerning elections and health policy.

What are the TNI's Public Health Sources? Are They Trustworthy?

The TNI reports Covid-19 health policy from the world's major public health agencies, including the World Health Organization (WHO), the US Centers for Disease Control (CDC), the US Food and Drug Administration (FDA), and the US National Institutes of Health (NIH).

This policy is passed down through national and state governments, who convey it to the public via their media and websites, along with local case reports (based on the questionable PCR test) and deaths.

Unfortunately, this top-down leadership has at best been illogical and inconsistent, and at worst corrupted by the vast profits of the vaccine industry.

Examples of either incompetent or corrupt public health leadership include NIAID director Dr. Anthony Fauci's extraordinary contradictions concerning the protection offered by masks.[xx]

More astonishing is the fact that on July 21, 2021, the CDC quietly recalled the use of the WHO-supported PCR test, which since February 2020 has been the global standard for measuring Covid-19 case numbers. This recall was eventually reported about a week later, yet it had appeared on the CDC website[xxi] the first day after the news that George Soros and Bill Gates had acquired the UK Covid test company, Mologic.[xxii]

The PCR test had already had a checkered history: Its recommendation had been very suddenly approved by WHO after being hurriedly rushed to publication in *Eurosurveillance, [xxiii]* one day after its submission date of January 22, 2020. Incredibly, *it lacked peer review* – an irregularity that was formally challenged by 22 scientists seeking its retraction.[xxiv]

Worse yet, this global PCR test, which amplifies fragments of live or dead virus found in nose swabs, shows many false positives (which are officially deemed “cases,” regardless of symptoms). A study conducted last year by the Infectious Diseases Society of America found that at 25 cycles of amplification, “up to 70% of patients remain positive in culture” tests. Fine, but at 30 cycles culture verification dropped to 20%, and by 35 cycles, less than 3% of cultures remained positive.[xxv]

Misleadingly, most European and US labs have been basing their frightening “case” numbers – published 24/7 through the TNI – on 35 cycles or higher.[xxvi]

The most shocking – if not criminal – Covid leadership failure of all is that the WHO, NIH, CDC, and FDA have consistently denied the existence of the 85%-effective, cheap, safe and abundant early treatments for Covid-19.

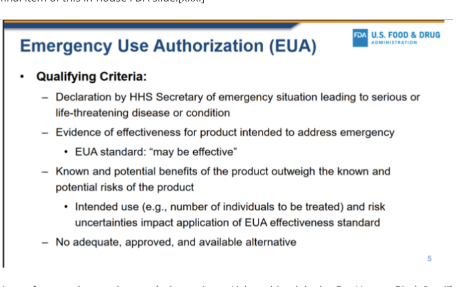
Their only recommended option until November 2020 – a month before the vaccines arrived – was to sicken at home until you couldn't breathe; then go the hospital. (In November the FDA and the NIH allowed anti-SARS-2 monoclonal antibody products for mild outpatient disease in high-risk patients – but nothing else.[xxvii])

There was to be no government-sanctioned cure until a vaccine arrived.

The obedient TNI – not into investigative journalism – followed suit. In spite of extensive evidence supporting early treatment efficacy,[xxviii] and although 56 countries have adopted early treatments,[xxix] there have been no TNI-approved media statements that any early treatments, including hydroxychloroquine (HCQ), ivermectin (IVM), quercetin, zinc, budesonide, or Vitamins C and D, are effective in treating Covid-19 outpatients during the first 5-7 days of flu-like symptoms.

The denial has been so strong that in early 2020 many US state pharmacy boards –in unprecedented disrespect for the authority of physicians – banned pharmacies from filling HCQ prescriptions to treat outpatient Covid-19.[xxx]

In August 2020, it came to light that pre-licensure Emergency Use Authorizations (EUAs) for the mRNA vaccines could not be legally approved if there was an available alternative – that is, if the FDA had already issued an EUA for outpatient use of HCQ, as shown in the final item of this in-house FDA slide.[xxxi]



Apart from early op-ed exposés by eminent Yale epidemiologist Dr. Harvey Risch,[xxxii] *where was the investigative journalism*?

Who and What Have Been Most Censored by TNI's Early Warning System?

To support individual acts of censorship, the social media giants refer to the WHO, CDC, FDA, and NIH policies as their justification. Discussions such as the source of the virus, early treatments, and vaccine adverse effects – if they originate outside of these agencies – are quickly suppressed by the coordinated TNI network.

We will look at seven of these suppressions, in order of their first occurrence:

Suppression #1: The Source of SARS-2

The Trusted News Initiative very quickly got to work silencing “disinformation” about a SARS-2 connection to the inadequate Wuhan levels 2 and 3 biosafety labs. However, since former *NYT* writer Nicholas Wade's thorough investigation in May 2021,[xxxiii] and the FOIA dump of Dr. Fauci's emails[xxxiv] in June, the TNI partners, including Facebook and Twitter, have given up censoring free speech about a Wuhan lab escape.

Suppression #2: Denial of Early Treatments for Covid:

As we have seen, the medical literature is full of peer-reviewed published studies showing both the prophylactic and early treatment efficacy of a range of safe, inexpensive, readily available drugs and substances.

During the March-December 2020 period, these were claimed to be ineffective by government and the media in order to pave the way for FDA Emergency Use Authorizations for remdesivir (whose efficacy is now under question[xxxv]) and the mRNA vaccines.

Scandalously, hundreds of thousands of people died while waiting for the vaccines to arrive in December 2020. Why did they die? Because their doctors were blocked from prescribing the repurposed drugs HCQ and IVM that have long been on the WHO list of essential medicines.

The TNI, by censoring the truth that the public so desperately needed, has been a primary enabler of this catastrophic, vaccine-friendly policy.

During July 2021, instead of acknowledging the early treatment evidence they had housed[xxxvi] all along (thus being directly complicit in these deaths), the government-media complex doubled down on its intense campaign to vaccinate every one of us.

Incredibly, on August 3, 2021, 16 months and 612,386 deaths too late, Anthony Fauci, in an excerpt supplied by TNI partner Reuters, “floats [a] pill to ‘knock out' COVID early”, given once daily for seven to ten days.[xxxvii]

Suppression #3: The Voices of Dissenting Health Professionals

While major health policy-makers such as WHO, CDC, FDA, and Anthony Fauci have careened from one unprecedented society-killing edict to the next, many eminent public health professionals at the tops of their fields have stepped forward to offer sane, traditional, contagion-control measures.

However, they have not been welcome in the media or the social media. TNI Director Jessica Cecil explained why, at the *Trust In News Conference,'* in April, 2021:

> *“First, those pushing disinformation…are using apparently trustworthy sources. Anti-vax content often uses interviews with people who have medical degrees for instance.*
>
> *And there is frequently a grain of truth to what is claimed. That makes untangling the true from the false harder…”[xxxviii]*

In “untangling the true from the false”, untrained media personnel have censored the following prominent professors and researchers with outstanding publication histories[xxxix] and conflict-of-interest-free credentials. Each is linked to his or her *Google Scholar* publication record:

- Dr. Jay Bhattacharya, epidemiologist, Stanford University
- Dr. Sunetra Gupta, infectious disease epidemiologist, Oxford Univ.
- Dr. Martin Kulldorff, epidemiologist, Harvard
- Dr. Robert W. Malone, inventor of mRNA technology platform
- Dr. Peter A. McCullough, former Vice-Chair Int. Med., Baylor Univ.
- Dr. Didier Raoult, microbiologist and director, IHU Méditerranée Infection; Professor at Aix Marseille Université
- Dr. Harvey A. Risch, Prof. Epid., Yale School of Public Health
- Dr. Knut M. Wittkowski, biometrician, 20-year head, biostatistics/epid., Rockefeller University
- Dr. Michael Yeadon, former VP of respiratory research, Pfizer.

The TNI has also vigorously censored frontline physicians who have saved thousands of lives with early Covid-19 treatments: Dr. Zev Zelenko in New York,[xl] Drs. George Fareed and Brian Tyson in California;[xli] America's Frontline Doctors,[xlii] founded by Dr. Simone Gold; and the Frontline COVID-19 Critical Care Alliance (FCCCA),[xliii] led by ICU/critical-care physician Dr. Pierre Kory.

COVID Vaccine Nonsense

A member of FCCCA, Dr. Joseph Varon, who is chief of staff at United Memorial Medical Center in Houston, has had more than 1,600 media interviews, yet he told local Fox reporter Ivory Hecker that reporters will never discuss his highly successful MATH+ hospital treatment protocol – “because the news producers will not allow it.”[xliv]

Why not? Because his hospital-based protocol using cheap, safe, plentiful drugs such as methylprednisolone, fluvoxamine, thiamine, heparin, and ivermectin, combined with zinc, ascorbic acid, and vitamin D,[xlv] *has yielded about half the inpatient death rate reported by the CDC.*[xlvi]

And that is not allowed by those who direct the media – those whose inferable mission is a vaccine policy based on millions of questionable PCR tests, followed by a vaccine passport that by all appearances is the endgame.

Suppression #4: The Record Number of Serious Post-Vaccine Side Effects and Deaths

Record post-vaccine side effects and deaths have been reported online by the US CDC VAERs (Vaccine Adverse Effects Reporting system), by the UK Yellow Card System, by the EU Vaccine Injury Reporting System, and by Israel.

In the United States, VAERS reported 491,218 adverse effects and 11,405 deaths from February 10 until July 24, 2021.[xlvii]

However, connecting these deaths directly to the vaccines is not straightforward.

In England, Dr. Tess Lawrie of the Evidence-based Medicine Consultancy (EbMC), stated in June 2021 that there were “at least 3 urgent questions that need to be answered by the English equivalent to CDC, the MHRA:

> *“How many people have died within 28 days of vaccination?*
>
> *How many people have been hospitalised within 28 days of vaccination?*
>
> *How many people have been disabled by the vaccination?”[xlviii]*

Also in June, Dr. Lawrie wrote a highly-referenced 11-page letter to the MHRA Chief Executive showing that “the MHRA now has more than enough evidence on the Yellow Card System to declare the COVID-19 vaccine unsafe for use in humans.”[xlix]

Suppression #5: Natural Immunity Stronger than Vaccinated Immunity

Very simply put, the mRNA vaccines only generate antibodies against the single synthetic spike protein that they instruct the body first to make, and then to provide immunity against. But if the original wild SARS-2 spike mutates, the altered virus is less easily recognized by the immune system and often escapes its antibodies.

Meanwhile, natural immunity, which has fought off the whole virus and remembers it through both antibody and T-cell immunity, is much more robust and effective – in spite of minor spike mutations.[l]

Given this fact, the world's governments and media should have allowed proof of immunity through tests such as T-Detect, which is authorized “for detecting and identifying the presence of an adaptive T-cell immune response to SARS-CoV-2”[li] – in lieu of being vaccinated, for those who preferred them.

Instead, the confusing, superficially informed TNI has pushed only the highly profitable but increasingly failed experimental vaccines, which now, although they reduce risk in high-risk people, have “almost no value as a way of protecting others, so there is no benefit in vaccinating children, introducing vaccine passports domestically or internationally, or coercing young people to get a vaccine which to them is almost all risk and no benefit.”[lii]

Suppression #6: Worrying Evidence of Pathogenic Priming/ADE

During early mRNA clinical trials, cats, ferrets, monkeys, and rabbits have experienced Antibody Dependent Enhancement (ADE), also known as pathogenic priming or a cytokine storm. This occurs when the immune system creates an overwhelming, uncontrolled inflammatory response upon being confronted with the virus in the real world, and then dies.

The director of the Pathological Institute of the University of Heidelberg, Peter Schirmacher, has carried out over 40 autopsies on people who had died within two weeks of vaccination. Schirmacher was alarmed to cite on August 3, 2021, “rare, severe side effects of the vaccination – such as cerebral vein thrombosis or autoimmune diseases”.[liii]

On August 5, 2021, Israeli Dr. Kobi Haviv, at the Herzog Hospital in Jerusalem, reported that “95% of the severe patients are vaccinated…85-90% of the hospitalizations are in fully vaccinated people…We are opening more and more COVID wards…The effectiveness of the vaccine is waning/fading out.”[liv]

Dr. Robert Malone, inventor of mRNA technology, has explained that the susceptibility to ADE is greatest precisely during the long phase in which the vaccine tapers off: “The vaccine in its waning phase is causing the virus to replicate more efficiently than it would otherwise, which is called Antibody Dependent Enhancement,” adding that all previous coronavirus vaccine development programs led to ADE.[lv]

It is essential that informed consent for Covid-19 vaccines include notification of the possibility of ADE, *especially with regard to parents*, whose children should be protected at all costs:

> *“The specific and significant COVID-19 risk of ADE should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent.”[lvi]*

How many people receiving mRNA vaccines have been told this? Certainly their *Trusted* News Initiative has not told them.

Suppression #7: The Central Role of Co-Morbidities in Serious Covid Disease

Only 4% of Covid deaths in England died without pre-existing conditions.[lvii] In the US, 94.9% had pre-existing conditions.[lviii]

How often has the pharma-backed media hinted that 78% of US Covid hospitalizations are overweight or obese? Or suggested that “hey folks, you might save your life by dieting”?[lix]

How often have we been warned that 59% of hospital admissions are deficient in Vitamin D?[lx][lxi]

Has the government-media complex ever mandated Vitamin D intake standards to take pressure off Intensive Care Units?

Has Tony Fauci ever told people to take enough Vitamin D when – according to his FOIA'd emails – he takes 6,000 IUs a day himself?[lxii]

Or would it have created insufficient fear to drive people to unguaranteed experimental vaccines for the TNI to let us know?

Conclusion: The Media and Democracy

A primary motive behind the formation of the TNI may have been to eradicate the so-called “disinformation” that an insulted, indignant public prefers to the creatively irrelevant corporate-led media, aka “the presstitute”.

It's not as if the media has a track record of being right about pandemics. For example, it trusted worst-case scenario modeler Neil Ferguson and the pharma-controlled World Health Organization over the 2009 swine flu “pandemic”– which fizzled out leaving governments to incinerate millions of dollars in vaccines.[lxiii]

Such industry achievements use “influencers” – falsely independent “experts”, including specialist journalists, think tank facilitators, and academics whose research is funded by industry or government.

Regarding Covid-19, Dr. Piers Robinson, co-director of the Organisation for Propaganda Studies, has judged, “It wouldn't be an underestimation to say that this is probably one of the biggest propaganda operations that we have seen in history,” concluding “what happens is down to how people resist and how much force and coercion the authorities use.”[lxiv]

Indeed, the very foundation of democracy is that public wisdom should be consulted and given its head in self-rule. The public has the constitutional right to full information to form and express its own conclusions and does not need a coordinated TNI to corral and contain it.

It is utterly outrageous that the voices the public needs from the top public health figures at its best universities are being denied to its hearing.

A far superior job of investigative reporting is being done by the hard-working alternative media researchers without Big Pharma's blood-stained advertising dollars.

Perhaps the *TrialSiteNews* staff has said it best:

> *“We think that disallowing good-faith medical information because the public can't be presumed to properly weigh claims is infantilizing said public, along with dismantling the free speech culture that perhaps peaked in the 20th Century. The efforts now underway to completely suppress positive data associated with early-onset treatment prospects such as ivermectin or the squelching of any discussion of vaccine safety issues is completely unacceptable in a civilized, democratic market-based society. Those perpetuating such offenses are in fact on the wrong side of history.”[lxv]*

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Notes

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Vitamin D deficiency is associated with COVID-19 positivity and severity of the disease

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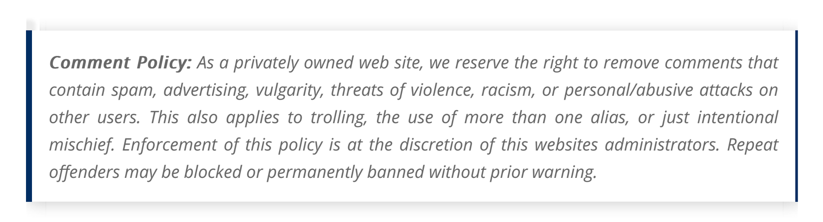

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1 COMMENT ON COVID-19 & THE SHADOWY "TRUSTED NEWS INITIATIVE"

Joe Murphy SEPTEMBER 10, 2021 AT 4:42 AM

Is this information not backwards? Isn't it that the higher the cycles, the more prevalent a Positive PCR test result is?

"Worse yet, this global PCR test, which amplifies fragments of live or dead virus found in nose swabs, shows many false positives (which are officially deemed "cases," regardless of symptoms). A study conducted last year by the Infectious Diseases Society of America found that at 25 cycles of amplification, "up to 70% of patients remain positive in culture" tests. Fine, but at 30 cycles culture verification dropped to 20%, and by 35 cycles, less than 3% of cultures remained positive.[xxv]"

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