

Healthcare: Rationalized

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Introduction

While I intended to address healthcare comprehensively by now, TI (targeted individual) torture travails intervened. Quick, not elegant yet potentially useful, notes that just might suffice to reshape US (and potentially worldwide) healthcare satisfactorily:

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1. United States: still in last place

US healthcare performance 15 years ago:

Relative Ranking	Australia	Canada	Germany	New Zealand	UK	United States
Life expectancy:	1	2*	4	3	4	6*
Infant mortality rate:	2	2*	1	4	4	6*
Obesity:	3*	2	1	4*	5	6*
Avoidable deaths:	1	2	3	4	5	6
Health expenditures per capita, 2005:	\$3,128**	\$3,326	\$3,287	\$2,330	\$2,724	\$6,401

The table is from PricewaterhouseCoopers' Health Research Institute: "The price of excess"
 "All information is from 2005 OECD data unless otherwise noted." **2004 OECD datum.
 *2000, 2003-2005 World Health Organization Data. Avoidable deaths is defined as deaths caused by treatable conditions, left undetected and/or untreated [per 100,000].
 Source: Organization for Economic Cooperation and Development, World Health Organization, analysis by PricewaterhouseCoopers' Health Research Institute.

Updating the figures in 2020:

Relative Ranking	Australia	Canada	Germany	New Zealand	UK	United States
Life expectancy:	1	3	5	2	4	6
Infant mortality rate:	1	5	2	4	3	6
Obesity:	4	2	1	5	3	6
Avoidable deaths:	1	2	3	4	5	6
Health expenditures per capita, 2018:	\$5,005	\$4,974	\$5,986	\$3,923	\$4,070	\$10,586

This table is the authors' from OECD data accessed in July 2020. "Life expectancy at birth" and "Infant mortality rates" are from 2019 publication; "Obesity among adults: 2015 or nearest year." Mortality from treatable causes ("avoidable deaths") is from 2017 (per 100,000); "Health expenditures per capita, 2018 or nearest year".

2. Rational healthcare framework

Rationalizing healthcare is pretty simple: just end corruption, allocate public dollars only for healthcare of measured benefit, rationalize payment per benefit, seize cost-efficient treatments highlighted below, and improve practices with benchmarking continually. While this may be impossible for corrupt politicians, it is not terribly complicated.

The nuts and bolts:

Governments can start by defining a rational healthcare menu:

First list every healthcare product and service with ascertainable benefit, known to humankind. We may call each one a healthcare SKU (stock-keeping unit).

For each healthcare SKU, estimate (i) its durable average cost for a payer such as Medicaid, (ii) its median cost in the OECD countries with PPP (purchasing power parity) adjustment, (iii) its average benefit in QALY (quality adjusted life years) and (iv) its numerical use per 1 million citizens if available at no cost when tenably helpful.

Then organize the list with a healthcare SKU per row and the columns:

1. SKU ID number
2. SKU description
3. Benefit per SKU in QALY
4. Cost per SKU for Medicaid
5. Cost per SKU, OECD median, with PPP adjustment
6. Numerical use per 1 million citizens if readily available
7. Total cost per 1 million citizens at Medicaid cost ($C4 * C6$)
8. Medicaid cost relative to median OECD cost ($C4 / C5 - 1$)
9. Benefit-to-cost ($C3 / C4$)

Sort the rows to decline successively by the final column, by benefit-to-cost.

Create three horizontal lines demarcating cumulative total cost ($C7$) amounting to say 8%, 12%, 16%, 20% and 24% of GDP per 1 million citizens. SKUs above each line would be included in the public healthcare menu at the targeted healthcare outlay.

To enter the public healthcare menu, innovations would need to demonstrate benefit-to-cost above the line.

Benefits of this framework include:

- Rationalizing public healthcare outlays by benefit-to-cost: value per dollar;
- Benchmarking cost per SKU with OECD median; excessive payment can be no longer tolerated;¹ near median cost can even be a mandated ceiling per SKU;
- Motivating innovations (including clinical trials) with tenably worthy value.

¹ Lazarus, David. (2015). A \$2,500 tube of cold-sore cream? Now that stings. LA Times, March 5.

3. Considering pollution and cleanup

“The global mean LLE [loss of life expectancy] from air pollution strongly exceeds that by violence, i.e. by an order of magnitude (LLE being 2.9 and 0.3 years, respectively).”²

Healthcare SKUs, ranked by benefit-to-cost, can include product choices with favorable environmental impact, e.g., air filtration or cost of an electric vehicle in excess of a smoggier one, raising QALY (quality-adjusted life years or simply life years).³ Governments can rationally cover, or not cover, the incremental costs of cleaner vehicles, and pollution abatement innovations, based on reasonably estimated health benefit.

4. Diabetes and metabolic syndromes

4a. The roles of artificial sweeteners and flavorings in engendering diabetes or metabolic syndromes can be better ascertained. About two decades ago I felt diet soda caused me excessive hunger, reasoned various artificial sweeteners would have similar effect, and avoided them with some weight loss and subjective benefit resulting. Researchers can explore correlations of artificial sweeteners, and sweet flavorings, intake with obesity and diabetes, then elucidate the causation molecularly.

If the intuition is right, the prevalence of artificial or hardly caloric sweeteners and flavorings is insidious, from milk for toddlers to aspartame in Popsicles, to organic “health food” and most toothpastes and mouthwashes, even V8 juices beside “diet” sodas that consumers guzzle with then opposite-of-intended effect. “Diet” foods for diabetics could be deepening their metabolic imbalance on an ongoing basis.

Simply outlawing artificial sweeteners and flavorings can, if the intuition is right, save a majority of people metabolic instability, trillions of dollars in healthcare costs.

4b. Cedar berries as diabetes treatment can be clinically trialed. Thanks to a Jim Marrs book for the idea. Among anecdotes: <https://www.luckinlove.com/diabestherbs.htm>

5. Oncology: solutions and expanded access

Several solutions to cancer appear suppressed, though it may take researches a few decades with secure lab personnel, and funded clinical trials protected from sabotage, to work through. More on this: in addenda and due course.

Separately, consideration might be given to requiring companies to honor every expanded access request for any off-the-shelf treatment in a clinical trial that a patient cannot join, furnished at say 1.2 times cost or a modest statutory rate in case the sponsor declines to

² Leieveld, Joe et al. (2020). Loss of life expectancy from air pollution compared to other risk factors: a worldwide perspective. *Cardiovascular Research*, June 2020, published online March 3.

³ Procopiou, Christina. (2016). Air particle pollution exposure linked to higher cancer death risk. *Newsweek*, April 29, reporting on: Chit Ming Wong et al. (2016). Cancer mortality risks from long-term exposure to ambient fine particles. *Cancer Epidemiology, Biomarkers & Prevention*, published online April 29.

specify its manufacturing and delivery cost. Sponsors may have fought this in the past partly to cherry-pick patients for clinical trials, or amid widespread dearth of empathy.

In one case, executives declined to supply an immunostimulant for expanded access administration with a checkpoint inhibitor, for a cancer patient who had exhausted doctor-approved alternatives, whose testing indicated no expected benefit from an inhibitor alone while data indicated likely benefit from the combination.

Their company published only the zip code of its trial sites on clinicaltrials.gov, zero specific information for patients to seek out clinical investigators rather than vice versa. This company, with a multi-billion dollar market capitalization, also declined to specify its clinical trial sites by phone. The only apparent rationale for such obfuscation: cherry-picking patients' participation.

The public might require less manipulative behavior. Requiring expanded access, when reasonably practicable, may accomplish this to a degree.

6. For heart: dread vs. g-strophanthin (ouabain)

6a. Heart-disease theory does not comport with evidence

“Despite the increasing sophistication of surgical techniques, the introduction of new techniques... and a number of new drugs, it is estimated that over 1 million [US] heart attacks will occur this year, resulting in 500,000 deaths. In short, we do not have an adequate therapeutic solution to the problem of myocardial infarction.”⁴

Why? Because the treatment is based on a theory, and the theory appears wrong.

“The cornerstone of therapy for treatment and prevention of myocardial infarction is to remove blockages in coronary arteries that are thought to be the cause of the infarction. This adheres to the widely accepted coronary artery thrombosis theory of infarction; that is, arteries become clogged with plaque, damaged from such things as smoking or high cholesterol.... It is deceptively simple: The coronary arteries are clogged. No blood can flow, so the muscles of the heart cannot be supported, and heart metabolism stops, leading to deaths.”

But evidence does not comport with the theory.

“[I]n an advanced state of the narrowing of the coronary arteries, the supply of blood to the heart muscles is fully assured via collaterals [“a finely-meshed network of small blood vessels that act as natural bypass channels in the heart”] that enlarge naturally in response to the blockage. Interestingly, they observed that the more the coronaries narrow, the less danger there is of heart infarction.”

“Since 1948, over a dozen reports of post-mortem examination of infarcted hearts have consistently failed to corroborate the coronary artery thrombosis theory of

⁴ WRF [World Research Foundation] Staff. (Undated, estimated in 2007 based on comments). G-Strophanthin: A ‘New’ Approach for Heart Disease. <https://www.faim.org/g-strophanthin-a-new-approach-for-heart-disease> or <https://wrf.org/alternative-therapies/g-strophanthin-heart-disease.php>

myocardial infarction. That is, victims of fatal heart attacks have had no evidence whatsoever of coronary occlusion. An example of the degree of non-confirmation can be ascertained by the following quote from a 1980 article on *Circulation*: ‘These data support the concept that an occlusive coronary thrombus has no primary role in the pathogenesis of a myocardial infarct.’”

“In a 1988 editorial published in the *New England Journal of Medicine* titled ‘Twenty years of coronary bypass surgery,’ Thomas Killip observed that ‘Neither the VA [Veterans’ Administration] nor CASS [Coronary Artery Surgery Study] has detected a significant difference in long-term survival between the two assigned treatment groups [surgical vs. medicinal treatment] when all patients have been included....”

What explains this?

“Dr. [Berthold] Kern’s claims, as set forth in his 1971 informational paper, *Three Ways to Cardiac Infarction*, can be summarized as follows:

1. The coronary obstruction theory cannot adequately explain observed facts.
2. The major etiologic factor underlying myocardial infarction is a primary chemical destructive process, caused by unchecked metabolic acidosis (accumulation of acid) in the left ventricular tissue and substantially unrelated to coronary artery disease.
3. The regular, clinical use of oral g-strophanthin (a cardiac glycoside derived from the West African plant strophanthus gratus):
 - a. Prevents lethal myocardial tissue acidosis, and thereby
 - b. Substantially reduces the incidence of myocardial infarction and completely prevents infarction deaths.”

6b. G-Strophanthin in clinical experience and studies

“Dr. Kern reported results of his clinical practice in Stuttgart over the period 1947–1968 involving over 15,000 patients. His patients treated with oral g-strophanthin experienced no fatal infarcts and only 29 non-fatal heart infarcts.... In contrast with these results, government statistics for the same period would have predicted over 120 fatal heart attacks and over 400 non-fatal infarctions in a group of patients this size.

“Currently, there are approximately 5000 M.D.s in Germany using and prescribing oral g-strophanthin.... 3645 medical doctors made statements on use of this remedy in their practices from 1976 to 1983. Of these, 3552 gave exclusively positive testimony with no reservations. No one gave a negative response.

“In addition to accumulating clinical experience, a number of studies have demonstrated excellent results with oral g-strophanthin. One fascinating report in a real-life setting took place at a German coal mine. During the period 1972–1974, miners suffered episodes of acute chest pain 229 times. Medical help was a two-

hour ride away, and 11 miners died during this period. From 1975–1980, all miners who experience acute chest pain (280 episodes) were immediately given oral g-strophanthin. During this period, which was twice as long as the comparison period, no miners died after the onset of symptoms. No toxic side effects were observed. Many variables were studied, i.e. age, better access to treatment, different working conditions, etc. to ensure comparability of observation periods.

Similarly, “A rigorous, double blind, randomized control study of oral g-strophanthin in the treatment of angina showed impressive results at statistically significant levels. After fourteen days, 81% of patients in the treated group experienced a reduction in attacks, while in the control group, 72% receiving placebos registered an increase in attacks.”

“A consistent feature of clinical reports using oral g-strophanthin is the absence of side effects. The cost of this remedy, which is currently available to German physicians and their patients, is approximately \$30 per month for typical use.”

6c. G-Strophanthin: indicative results vs. status quo

“In a study of 150 seriously ill heart patients, who altogether had 254 heart attacks, oral g-strophanthin was successful in 85% of the cases. Dr. Dohrmann, who conducted the study, observed, ‘A positive result was registered when the severe heart attack abated at least five minutes after the g-strophanthin capsule was bitten through, and after ten minutes at the latest, they disappeared completely.’”

By comparison, “every year one million US citizens suffer a heart attack. Of these, about 60 percent get to the hospital alive. About 16 percent never leave the hospital, and a further 10 percent die within a year.”

An analyst comparing these approaches, the German medicinal vs. US surgical/priciest medicinal, might suppose the US elevates the most costly, least effective “healthcare,” as if endeavoring to simultaneously milk and decimate its citizenry.

(Miscreants might trial G-Strophanthin by injection rather than orally, or diluted “tincture” rather than plant extract in capsules. The covert world may also cause heart attacks by frequency; trials in this realm can be readily sabotaged.)

7. Generic medicine: utilities and diversification

Over 300 generic drug prices rose by more than 1,000% from 2008 to 2015 in the US.⁵ This is honorably competitive capitalism? No, it’s political failure. Potential solutions:

- 6a. Consider regulating generic medical manufacturers a la utilities with, for example, 15% operating margins. Surplus production can be stored, donated or both.
- 6b. Consider requiring divestitures or modest subsidies that bring about 5+ manufacturers with scalable capacity for each generic medicine deemed essential.

⁵ O’Brien, Elizabeth. (2015). Why drug prices remain insanely high and 6 things you can do to save. MarketWatch.

6c. To avoid insufficient inventory, let government maintain a *small* stockpile of each *generic* medicine deemed essential, made available when supply is deficient, with a tax surcharge for industry participants if it occurs more than infrequently.

8. Measuring adverse events to motivate fewer errors

“[H]undreds of thousands of Americans die each year due to medical treatment errors. Indeed, the median credible estimate is 350,000, more than US combat deaths in all of World War II... A federally mandated measure would allow more accurate comparisons that facilitated both competition to improve institutional performance and the information needed to formulate more effective... health care safety.”

“The starting point could be just three measures organized by degree of harm using the NCC MERP [National Coordinating Council for Medication Error Reporting and Prevention] classification system:

- **Fatality Rate.** Number of fatalities related to adverse events, divided by hospitalized days.
- **Serious Injury Rate.** Number of adverse events causing temporary or permanent harm and those requiring additional hospitalization, divided by hospitalized days.
- **Reportable Injury Rate.** Number of adverse events causing any harm to a patient, divided by hospitalized days.”

“We have the technical capacity to create a comprehensive error-reporting system and to make good use of it. The question now is whether we have the will.”⁶

9. Remediating out-of-network price gouging

For my blood tests in 2017, Florida Blue paid Quest Diagnostics Clinical Laboratories \$95.74. This reflected a “member discount” from the billed amount of \$1,267.23, which I would have paid if not privately insured. In what world is that difference reasonable? (And why are Florida Blue communications in “Nazi” agencies’ Houston, TX?)

Maybe the “in-network” thing and “member discounts” in healthcare will be replaced by price parity or differences that reflect clearly published volume discounts up to say 15%.

10. Remediating doctors’ conflicting interests

“Disclosure of the conflict is not enough; we have to stop having these conflicts so that we can stand up for our patients and say: the drugs are ridiculously, obscenely expensive, but we can only do that if we are not benefiting directly from them.” — Dr. Ian Tanner, Allan Lichter Visionary Leader Award and Lecture at the 2019 ASCO Annual Meeting⁷

⁶ Krause, Thomas. (2015). Dept. of Measurement, The Milken Institute Review.

⁷ <https://meetinglibrary.asco.org/record/170789>

11. Remediating obvious political corruption

“After including rebates, brand-name drugs cost Medicare Part D 198% of the median costs for the same brand-name drugs in the 31 OECD countries...[,] on average 73% more than Medicaid and 80% more than the Veterans Benefits Administration....”⁸

“Estimating how much money could be saved if Medicare had been allowed to negotiate [Part D] drug prices, economist Dean Baker gives a ‘most conservative high-cost scenario’ of \$332 billion between 2006 and 2013. Economist Joseph Stiglitz... estimated a ‘middle-cost scenario’ of \$563 billion in savings ‘for the same budget window.’

“Former Congressman Billy Tauzin, R-La, who steered the [Part D] bill through the House, retired soon after and took a \$2 million a year job as president of Pharmaceutical Research and Manufacturers of America, the main industry lobbying group. Medicare boss Thomas Scully, who threatened to fire Medicare Chief Actuary Richard Foster if he reported how much the bill would actually cost, was negotiating for a new job as a pharmaceutical lobbyist as the bill was working through Congress. 14 congressional aides quit their jobs to work for related lobbies immediately after the bill’s package.”⁹

Why not outlaw politicians and their aides becoming lobbyists ever? Among a thousand job types, citizenry want to enable this corrupt career path?

12. Remediating drug industry malfeasance

The drug companies have reaped an estimated trillion dollars from US overpayments attributable to corrupt politicians by now, extrapolating the above 2006 – 2013 figures to 2020. Talk about a return on corruption. When will citizenry stop tolerating it?

(Note to drug company owners: see the addenda before targeting me at your peril.)

When they do, the above “2. Rational healthcare framework” is a way to end this nonsense. Pricing decisions can be removed from historically corrupt US politicians by mandating OECD median pricing for qualifying drugs maximally and all SKUs “above the line” in the simple framework.

Some recompense might be sought from drug companies that obtained overpayments through corrupt political action. By “some” I mean about a trillion dollars minimally.

As to drug company directors and officers who singled out targeted individuals for torture (such as sellers of inexpensive supplements, doctors wary of their products or

⁸ Gagnon, Marc-Andre and Sidney Wolfe. (2015). Mirror, mirror on the wall: Medicare Part D pays needlessly high brand-name drug prices compared with other OECD countries and with US government programs. Public Citizen policy brief.

⁹ https://en.wikipedia.org/Medicare_Part_D Politicians wanting to negotiate is reminiscent of “nobles” wanting to negotiate in *Braveheart*. Policymakers can forget about corrupt “negotiations” in adopting a rational framework along the lines suggested in this brief.

advocates of not-corrupt public policy), a la Carl Clark's comments to Armin Gross¹⁰: in the event of my death prematurely, they may all be executed for having participated in a single conspiracy against (constitutional) rights that resulted in death.¹¹ Those who cover up any directed energy or frequency torture may be prosecuted for maximal punishment.

I harbor no ill will towards industry personnel broadly aside from the extent to which they are corrupt or otherwise criminal. Those who are not, may diligently unearth their company's responsibility for targeted individual (TI) torture as explained by Carl Clark to a dated degree, and rationalize pricing for universal healthcare with worthy innovation.¹²

13. Remediating overpayment for substitutes

“It is estimated that around 80% of new patented drugs entering the market provide no significant additional therapeutic benefits as compared with existing alternatives.”¹³

When there are multiple patented drugs with similar efficacy and safety profiles, governments can reasonably bid for *one* (to a few) of the drugs by reverse auction, buying the winner at least price, with felonies for even the slightest collusion. However, should government buy *any* patented drug when the cost of its long-term side effects can't be known before its patent expires?

14. Remediating dreadful clinical trials

Clinical trials can be of weakly efficacious drugs with harmful side effects yet result in payments of tens of thousands of dollars per patient if they show any benefit however slight. These trials misallocate resources. Rationalizing US healthcare by value — then subjecting similar treatments to reverse auction — can motivate clinical trials aiming for cures instead. (This is not complicated. It just requires leadership that is not corrupt.)

15. Remediating absurd consent forms

US healthcare providers broadly, in my experience, ask patients to agree to pay 100% of their future bills not covered by insurance — *before* seeing a doctor and without knowing all pricing. The absurdity of it: a provider can bill \$105,000, an insurer can reply it will pay \$5,000, and the patient can receive a bill for \$100,000. Welcome to corrupt USA.

Routinely I crossed out that provision and wrote that I need to expressly agree to each charge in advance. At least one doctor's office didn't accept my modification. I couldn't see a doctor there for an initial consultation, even when I offered to pay the cost of it up-front, as if the office was intent on slipping in some unwanted up-charge.

¹⁰ <https://rudy2.wordpress.com/secret-surveillance-and-electromagnetic-torture-by-the-secret-services/>, including discussion of targeting “people who opposed or acted against the interests of large companies such as the pharmaceuticals” with microwave weapons amid multi-modal assault, discussed below.

¹¹ 18 US Code § 241 – 242: <https://law.cornell.edu/uscode/text/18/241>

¹² Footnote 10.

¹³ Gagnon and Wolfe supra.

These consent forms, lacking any semblance of reasonableness, can end in universal healthcare as follows:

16. Universal healthcare framework

In rational universal healthcare, every healthcare practitioner can be required to publish its every menu (product and service) cost up-front. Patients need agree to no surprise bill, and to pay nothing beyond copays and deductibles planned easily.

The government could pay outlays in two categories:

1. Category #1: educational, nutritional, record-keeping and other outlays that are reasonably expected to reduce the cost of Categories #1 and #2 combined. (That includes no “vaccine” period.)
2. Category #2: outlays for publicly covered healthcare — as in the “2. Rational healthcare framework” above — that exceed citizens’ annual deductibles and co-pays as follows:
 - Deductible: [e.g., 5–15%] of income above a poverty threshold plus [0–3%] of wealth.^{14,15}
 - Co-pay: maybe modest (e.g., \$1–\$5) for discretionary healthcare deliverables to deter overuse, and nil for items deemed essential.

To maintain a competitive market of healthcare suppliers responsive to patients’ needs: citizens could choose any healthcare supplier who complies with modest regulations and agrees to the government’s rationalized price limitations. Reputations would matter.

To discourage fraudulent billing: felonies for it, and bounties for catching it, can be ramped up. An investigative division can start as an above Category #1 outlay.

To discourage bifurcation of the healthcare sector with inferior publicly covered service, payments for healthcare outside public coverage could entail a hefty externality tax (e.g., 50–150%). Then the wealthy can be somewhat motivated to improve healthcare for all.

Socialism denotes government control of the means of production. This framework is not socialized medicine; it is not government employing all healthcare practitioners. It is, instead, rationalizing a sector that failed to be honorable. That over 300 *generic* drug prices rose by over 1,000% in a decade is emblematic of the sector’s price gouging.

“In the 1950s, healthcare made up only 7 per cent of total worker compensation; today, it’s 20 per cent” in the US. “Wages were, of course, relatively flat during this period, and inequality grew rapidly. This happened for many reasons, but healthcare is one that doesn’t get nearly enough attention.”¹⁶

This universal healthcare would slash that burden for business and families.

¹⁴ The poverty threshold can include full provision for median rent and home ownership costs plus other living costs.

¹⁵ Healthcare providers could choose to adopt this deductible as their maximum price for a year of treatment.

Universal healthcare is not an inalienable right like freedom of expression, because it requires others' labor. Rather it is something that any society aspiring to harmony may endeavor to, and generally can, ensure: rationally and affordably.

17. Caveat: cost rationalization first!

Some politicians who enable universal healthcare may want it to fail. They might launch it without rationalizing healthcare costs. Others who want it to succeed may be content to start universal healthcare before rationalizing costs. Clearly that would be a mistake.

To be durable, universal healthcare requires line-by-line cost rationalization as under “2. Rational healthcare framework” before universal enrollment. Otherwise governments are like patients absurdly agreeing to pay unlimited and indefensible costs.

Politicians can skip negotiation based on corrupt pricing. Legislation can stipulate OECD median pricing for healthcare products (drugs, devices and consumables) maximally, and above-the-line value for all healthcare: negotiation is neither required nor recommended. Let the legislation be corruption-proof (in the sense of bullet-proof) with simplicity.

Above-the-line refers to the “2. Rational healthcare framework” before “16. Universal healthcare framework”: cost rationalization before enrollment.

The overcharging private sector participation in such legislation, including participation of lobbyists, having extracted at least a trillion dollars from US corruption so far, can be reasonably nil: zilch, zero and diddly-squat.

18. This has been done

Transitioning from haphazard healthcare insurance, with dismal outcomes among peers, to universal healthcare with private practitioners has been done, and done well.

“While producing a CNN documentary on health-care systems around the globe, I was particularly struck by the experience of Taiwan, another free-market haven. In 1995, 41 percent of its population was uninsured and the country had very poor health outcomes. The government decided to canvass the world for the best ideas before instituting a new framework. It chose Medicare for all, a single government payer, with multiple private providers. The results are astonishing. Taiwan has achieved some of the best outcomes in the world while paying only 7 percent of its gross domestic product on health care (compared with [then] 18 percent in the United States). I asked William Hsiao, an economist who helped devise the country’s model, what lessons they took, if any, from the United States. ‘You can learn what *not* to do from the United States....’”¹⁷

¹⁶ Foroohar, Rana. (2017). Employers can help fix American healthcare: The market has almost no price transparency and is controlled by vested interests. Financial Times. March 19.

¹⁷ Zakaria, Fareed. (2017). Trump was right about health care for most of his life. Washington Post, March 30.

Addenda

Understanding and remedying dismal healthcare in the United States and broadly may require confronting depopulation and racist agendas in force.

Addendum 1: Depopulation undercurrent

“England’s Prince Philip was quoted in *People* magazine as saying, ‘Human population growth is probably the single most serious long-term threat to survival. We’re in for a major disaster if it isn’t curbed — not just for the natural world, but for the human world. The more people there are, the more resources they’ll consume, the more pollution they’ll create, the more fighting they will do. We have no option. If it isn’t controlled voluntarily, it will be controlled involuntarily by an increase in disease, starvation and war.’ Years later, Philip showed that this was not simply wishful thinking but a call to action, when he mused, ‘In the event that I am reincarnated, I would like to return as a deadly virus, in order to contribute something to solve overpopulation.’”¹⁸

In the absence of shadow powers wreaking havoc or covert sterilization, the human population would have plateaued around 10 billion, give or take a bit, as demonstrated by Hans Rosling’s jovial TED talks. Food supply is ample in the absence of sabotage, as is (desalinized) water supply; clean energy supply appears limitless; there are 36 billion acres of reported land; and even aerial abodes appear not far off.

We don’t have an overpopulation problem. We have a leadership problem starting with those in power trampling on constitutional rights, treating citizens as disposable property in trials of torture let alone medical malfeasance. (See: supplementary disclosures.)

A2. Depopulation example: tuberculosis

Evidencing leaders’ depopulation agenda or contentment with disease and suffering, over a million people are reported to die of tuberculosis annually. Royal Raymond Rife cured tuberculosis by the 1930s. I think it is impossible to run a leading “intelligence” agency and be unfamiliar with this, as (ideologically Nazi) covert agencies (including the NSA and CIA) use resonant frequency principles to torture targeted individuals.

The same goes for billionaires who sponsor targeted individual torture operations and pretend to care about suffering: they cannot reasonably be oblivious of frequency effects.

(The late Rife noted curers have to kill the rod and virus forms of tuberculosis at the same time, or patients perish. Devitalizing frequencies for this were, reportedly, approximately 769,000 and 369,433 Hz likely with harmonics.)

A3. Depopulation example: AIDS

By the late 1990s, “A missionary friend living in Africa reports that there are over nine million children in sub-Saharan Africa who have lost their mothers to AIDS...” (Dr.

¹⁸ Marrs, Jim. (2010). *Our Occulted History*.

Stanley Monteith, “AIDS: The Untold Story”). Evidence indicates it is a US government-created racist — ideologically Nazi — biological weapon.

“In 1974 he [Dr. Bill Deagle] was ‘personally recruited’ to take a year off med school and do his PhD in virology with the CIA in Uganda, to help create the AIDS virus. He turned down the offer.”¹⁹

Apparently others did not:

“August 13, 2009.

To whom it may concern

In 1977 and 1978 I was sent with a team of Army Special Forces ostensibly to topple the bloody Idi Amin regime. We lost the elements of surprise, and so, did not follow through on that part of our mission. While we were there, we were also asked to distribute a new miracle lifesaving vaccine.

Our superiors were vague as to which disease(s) this vaccine was to prevent. The final protocol in testing we were told was to vaccinate a small group of people, then wait 48 hours to observe any adverse reactions before distributing the vaccine widely.

In good faith, believing the vaccine was safe, we vaccinated the majority of our party, including myself. After 48 hours had passed, over a period of two days, I believe we vaccinated 2000-3000 people.

Eighteen months after we distributed the vaccine, we learned that 85% of the people we vaccinated were dying of a dread new disease soon to be called AIDS.

Most of our Caucasian party became HIV positive but are still surviving. It is my belief that the United States Central Intelligence Agency succeeded in its stated purpose, (in subsequently leaked classified documents), of creating a pathogen deadly primarily to people of color. I further believe that the Agency succeeded in using our team as unwitting pawns in an unholy unconscionable act of genocide against the innocent people of Africa.

I do solemnly swear that the above is true and correct to the best of my knowledge and I am willing to be held accountable for the veracity of these statements under penalties of perjury in a court of law, before Congress, or the United Nations or before an International Tribunal. This is a crime against humanity of unimaginable proportions and I demand justice.

Tara Potter

aka: Ariel Felice Phillips

aka: Suzanne Campbell

[Notarized in Minnesota, August 17, 2009]”²⁰

¹⁹ <https://swallowingthecamel.me/2008/02/27/456>

A4. US history: Tuskegee to AIDS

October 31, 2004 interview with Dr. Boyd Graves (“The Final Call”):

Graves: “What the science and medical evidence concludes is that the HIV enzyme seeks out a receptor site in the blood of the Black genome. The receptor site is the CCR5 Delta 32+ (positive) gene that all people of color have. In the same sense, on the other end of the spectrum, is the 15 percent Caucasian population of the world, which is CCR5 Delta 32- (negative). That means that under no circumstances, whether HIV came through the air, intravenous drug usage or any form of sexual activity, would the virus be transferable in this section of the world’s population, which is basically of Northern European descent. It is speculated by some experts that, in a worst case scenario, 85 percent of the world’s population could potentially perish under these designer viruses and designer synthetic biological agents.

Interviewer: “Your statement reminds me of the year 1932, when Mr. Prescott Bush, the grandfather of the [then] current president, convened the first international eugenics conference here in America. I understand this year was significant for other reasons. Could you explain?”

Graves: “Many of us are aware [of] the Tuskegee experiment, where Black sharecroppers were injected intentionally with syphilis.... In 1932, the infection agent of HIV was first tested on sheep in Iceland. That agent is called Visna. In 1932, in conjunction with the Tuskegee syphilis program, they were testing the infectious agent of HIV on an island nation. We have Visna as 30 percent of the sequences of the HIV here today. So, 1932 not only is significant for the start of a push for eugenics, i.e. a White birth order, but also the start of the testing of the infection agent of HIV in AIDS.”

Graves: “We are currently bringing the lawsuit again with respect to the origin of AIDS.... This case is with respect to a police kidnapping of me last July, where I was beaten and injected with something and discarded by the police. However, their records show that I was never arrested.”

Graves: “I believe... a few elitist White men... have made a plan by which two billion of the world’s people will perish vis-a-vis these synthetic biological agents. We believe it is the underpinning of what I will call ‘African Holocaust.’

Graves: “I also think it is reflected in the National Security Study Memorandum 200, which was drawn up by Henry Kissinger in 1974 and taken to the World Population Conference held in Bucharest, Romania....”

Wealthy globalists exhibit cognitive dissonance. The 1974 report bemoaned: “Rapid population growth creates a severe drag on rates of economic development otherwise attainable”; yet billionaires allegedly seek a socialist “one world government” that would

²⁰ <https://rudy2.wordpress.com/carta-firmada-y-notarizada-de-tara-potter-de-las-fuerzas-especiales-estadounidenses-en-espanol-english/>

crush innovation and economic growth. Their alleged aims boil down to seeking control over depopulated others with substantially all wealth, and autonomy, concentrated in between a few and few hundred families, as if that would be an equilibrium.

Graves: “The smallpox vaccine that went to Africa was complemented with the US special virus HIV. Also, they recruited... White homosexuals in Manhattan — 1,068 of them, I believe — and they were all given an experimental Hepatitis B vaccine and that vaccine was also complemented with HIV/AIDS.”

Interviewer: “In Chicago, a few months ago, a young couple went to visit their daughter in a major hospital and found a needle hanging in her leg. The parents had the needle examined and it was found to be laced with AIDS. Would this be among the methods AIDS is administered to victims?”

Graves: “What you find is a conglomeration of colleges, hospitals, medical centers and foundations — all working together for the sole purpose of the development, implementation and proliferation of the HIV virus....”

A5. Alleged origin in Nazis’ VISNA

“1920 to 1930: German researchers started work on offensive biological viral agents using sheep as the biological hosts, called the ‘VISNA Program’... in Iceland. The genetic genesis of the subsequent early HIV viral strains some 30 years later bears a direct correlation to these early German VISNA viral agents. The genetic link to VISNA clearly establishes the fingerprint of man’s genetic sequencing of the AIDS virus.”²¹

A6. First AIDS treatment to test broadly

Graves: “I had a diagnosis. There is some speculation that it might even have been false-positive. There are many conditions. One of the conditions that I had at that time allowed, for Black people in particular, to test false-positive for HIV/AIDS, whereby you were placed on medicines with tremendous side effects. These medicines led to liver failure that killed a number of persons.

“In November 2001, I took the U.S. patented cure and, for the last 33 months from a physical standpoint, have been in the midst of rejuvenation.

“Therefore, we do know that the cure is available; it works; we believe it is suppressed simply because not enough people have been killed yet.

Interviewer: “What is this cure called?”

Graves: “Tetrasil. It has a second name, which is Imusil. The patent number is 5676977.” [In it: “The diamagnetic semiconducting molecular crystal tetrasilver tetroxide is utilized for destroying the AIDS synergistic pathogens and immunity suppressing moieties in humans. A single intravenous injection of the devices is all that is required for efficacy at levels of about 40 PPM of human blood.”]

²¹ Dr. Leonard Horowitz: “AIDS & EBOLA; Nature, Accident or Intentional.”

A7. Second AIDS treatment to test broadly

Like Tetrasil (Imusil), MMS (a/k/a MMS1 or CD) is considered a water purifier.

“In 2009, I went to Malawi, a small country in southeast Africa. While there, 800 HIV/AIDS cases came to me. These people took only 3 drops of MMS1 every hour, for eight hours a day, for three weeks. Guess what? The 3-drop doses, taken eight hours a day for 21 days, were 99% effective in eradicating HIV/AIDS. There were only five failures out of the 800 cases, and of these five, instructions were not properly followed in one way or another.”²²

“MMS1” is chlorine dioxide, created with 3 drops of 22.4% sodium chlorite in distilled water activated as with 3 drops of 4% hydrochloric acid in distilled water, consumed with a few ounces of water added to the mixture after 30 seconds of activation time, at which point it appears amber in color. It involves avoiding fluoridated or otherwise chemically-laden tap water, and avoiding food and other drink near MMS1 doses. This is for clarification of MMS1 and not medical advice.

Its cost: less than \$100 for that full regimen. Contrast this with AIDS drugs priced over \$12,000 per person annually. MMS1 was demonstrated to be effective against malaria as well, with Level 5+ evidence. Competent public health authorities who declined to test MMS1 for AIDS or malaria have appeared corrupt, negligent to a degree straining credulity and/or complicit in a depopulation agenda.

A8. Addressing MMS, Food and Drug Administration

The US Food and Drug Administration (FDA) opined: “Some distributors are making false — and dangerous — claims that Miracle Mineral Supplement [a/k/a Master Mineral Solution, MMS and MMS1] is an antimicrobial, antiviral, and antibacterial liquid that is a remedy for autism, cancer, HIV/AIDS, hepatitis, flu, and other conditions. But the FDA is not aware of any research showing that these products are safe or effective for treating any illness. Using these products may cause you to delay other treatments that have been shown to be safe and effective. The bottom line: Sodium chlorite products are dangerous, and you and your family should not use them.”²³

The FDA statement is erroneous, unbelievable and/or criminal.

As a preliminary matter, most FDA-approved cancer treatments are neither safe nor generally effective. What they are is profitable.

Onto “the FDA is not aware of any research”: how is it possible to look into such “claims” and not see the evidence of research on MMS for malaria? *It’s listed on the front page of its primary proponent’s primary website.* For example, linked therefrom:

²² Jim Humble with Cari Lloyd. (2016). *MMS Health Recovery Guidebook*. <https://bluejaybooks.co> via <https://jimhumble.co>, with not trials but useful precedents noted at <https://mmstestimonials.co>

²³ <https://www.fda.gov/consumers/consumer-updates/danger-dont-drink-miracle-mineral-solution-or-similar-products>

https://jimhumble.co/videos/#red_cross_cured_malaria_with_mms

From the “Video, Published May 2, 2013” starting at minute 3:43:

“Those subjects who test positive for malaria are sent to the lab where they receive a second blood test to count the number of malarial parasites under the microscope, and thereby determine how sick the patient is.”

“Adults with malaria received 18 drops of MMS”; “children with malaria received 8 drops”; “all babies with or without malaria received 2 drops”; “after 20 seconds of activation time, a half cup of water was added to the solution; naturally babies received less because they can’t drink as much. At the end, everyone received a bottle of mineral water to help flush out the pathogens after treatment.”

Minute 9:14 – 10:14: “At the end of the fourth day we had treated a total of 781 people; however, only 154 had malaria. Of the 154 that tested positive for malaria, 143 were malaria free 24 hours after having received the MMS treatment.”

The remaining 11 “were given a second dose of MMS and carefully watched to ensure they took the complete dose. A subsequent follow-up test showed that they too were now malaria-free.”

From the “Video, Published Jul 1, 2013” starting at minute 10:43:

“In total we identified 154 malaria-positive patients”; “all of them were treated; all of them were, between 24 hours and 48 hours, malaria-negative without any side effects.” The tests included microscopy shown.

The FDA is not aware of this — really? Should there be larger-scale trials? Considering several hundred thousand people reportedly die of malaria annually, what do you think?

A9. The pharmaceutical industry: a Nazi river runs through it

For suggestions that will follow, it may be helpful to understand the pharmaceutical industry as a historically Nazi criminal enterprise. Let’s briefly review behavior in WWII, then jump forward to the twenty-first century.

“Correspondence between Bayer managers and the Auschwitz commander included such exchanges as:

“With a view to the planned experiments with a new sleep-inducing drug we would appreciate it if you could place a number of prisoners at our disposal”;

“We confirm your response, but consider the price of 200 RM [reichsmarks] per woman to be too high. We propose to pay no more than 170 RM per woman. If this is acceptable to you, the women will be placed in our possession. We need some 150 women”;

“We confirm your approval of the agreement. Please prepare for us 150 women in the best health possible”;

“Received the order for 150 women. Despite their macerated condition they were considered satisfactory. We will keep you informed of the developments regarding the experiments”;

“The experiments were performed. All test persons died. We will contact you shortly about a new shipment” (Grossman 2016).

Bayer Nazis (in IG Farben) were never substantially punished for killing women. What lesson did that impart? At the end of World War II, while ~10 Nazis (or their clones or robotoids) were executed at trial, over a thousand were imported for US “intelligence” operations in Project Paperclip etc. They promptly set about poisoning the US with mycoplasma out of Ft. Detrick, fed pregnant women plutonium in Texas and poisoned orphaned children in Massachusetts before really ramping up operations.²⁴

The US never won World War II in consequential respects. Germany allegedly supplied the uranium dropped on Japan in exchange for deals, General Patton was allegedly killed by the CIA precursor, Nazis escaped with European wealth, and the US covert apparatus was largely handed over to Nazis — from Hitler’s spy Reinhardt Gehlen supplying false views on Russia to the Project Paperclip Nazis imported to Ft. Detrick and pervading NASA, NSA and CIA, giving rise to ideological Nazis across US levers of control.

In World War II the pharmaceutical industry was led by IG Farben, which bought and killed civilians as above. That gave rise to Bayer and Sanofi. (Merck was earlier founded by a New Yorker from Germany.) When Nazis escaped Germany with European wealth, much of it apparently remained in “the pharmaceuticals.”

Fast-forward to the twenty-first century, and the pharmaceutical industry was still targeting individuals for attack or disposal as noted by covert operative Carl Clark:

“What type of individuals were you instructed to target [facilitating assault with directed energy weapons (DEW) he described in the interview]?” “Carl Clark: People who were politically relevant. Likewise, people who opposed or acted against the interests of large companies such as the pharmaceuticals....”²⁵

How were they targeted? Besides with routine break-ins and poison:

Carl Clark: “People can be tracked anywhere by radar, satellite, a base station and complementary computer programs. For example, three radar devices would sometimes be positioned in the vicinity of the target. The radar emits electromagnetic waves, some of which pick up the target and the result is then evaluated. My friends who work in the special department could then follow the target all day on their computers. This form of localising the target made it easy to deploy the weapons accurately. My colleagues could see exactly where to aim and also observe how the target reacted.”

²⁴ Thomas, Marshall (editor). (2011). *Monarch: The New Phoenix Program*.

²⁵ Carl Clark’s 2010 Raum & Zeit interview verifying DEW (directed energy weapon) assault in covert ops (under the “Microwave Weapons” heading): <https://rudy2.wordpress.com/secret-surveillance-and-electromagnetic-torture-by-the-secret-services/>

Questioner “What effect did the weapons have on the targets?”

Carl Clark: “They create heat, inner burns, pain, nausea, fear.”

Editor’s note: they do create heat, burns, pain and nausea, but for long-term TIs (targeted individuals) they create less fear than fury, sleep deprivation and productivity inhibition.

By any method, some of the targeting leaked into well-known press. *The Australian*, for example, reported on “Merck emails from 1999” regarding doctors less than keen on its Vioxx drug, such as: “We may need to seek them out and destroy them where they live ...” It was amid Merck allegedly creating the “Journal of Bone and Joint Medicine” to plug its Vioxx deceptively.

This was not many decades after Bayer’s and Sanofi’s predecessor IG Farben engaged in mass murder directly. The background may ease understanding how threats to pharmaceutical interests have been targeted to the present day.

Aerial assaults recently followed the author of <http://globalskywatch.com/stories/my-chemtrail-story/> to Maine, for example, where there were previously zero toxic flyovers. He sells natural supplements. In the US and overseas, gatherings of homeopathic healers have reportedly been targeted with poisons inducing hospitalization.

Even the supplement maker who brought relief to the late French President Mitterrand had his life’s work destroyed by a SWAT-like assault on his laboratory.²⁶

In the US, Dr. William Kelley advanced oncology with similarly inexpensive innovation and his “home was burned to the ground.”²⁷ His student Nicholas Gonzalez (author of *One Man Alone*) died as a healthy 70-year-old by heart attack, favored assassination method of covert operatives. (Suggestions to have on hand for heart assaults, though some may overwhelm defenses: g-strophanthin a/k/a ouabain along with a defibrillator.²⁸)

After Dr. Kelley began curing cancer patients partly with pancreatin, its supply was monopolized and its maker excised the component Dr. Kelley found most useful. What this means for trials of inexpensive treatments: sabotage may be reasonably anticipated.

A10. Clinical trials in the public interest: heads up Mark Cuban

The US government spends hundreds of millions of dollars per year on drug research, handing benefits to industry. That it spends any material portion of its budget on research the industry can patent may appear absurd. Approximately 100% of public research could be for promising treatments that have immaterial profit motive — in a government that is not corrupt or genocidal.

Trials in this vein have encountered horrific sabotage. A trial of hydrazine sulfate, for example, was administered along with tranquilizers, lethally contraindicated!

²⁶ Walker, Morton. (2012). *Cancer’s Cause, Cancer’s Cure*.

²⁷ Dr. William Kelley: http://www.whale.to/cancer/k/section_ii.htm

²⁸ Footnote 4 supra.

Basically when it comes to inexpensive healthcare developments, both the public and private sector have appeared ideologically Nazi. This could change.

Mark Cuban funded an attractive idea in <https://costplusdrugs.com> offering generic drugs with a 15% margin. I don't intend to paint a target on his back or advocate generic drugs generally in noting that. (In the event any target him, they may be legally obliterated.)

What remain missing from beneficent supply, in this vein, are robust clinical trials of non-patented healthcare solutions. A challenge remains in that about anything promising and inexpensive in healthcare has been, historically, sabotaged.

In trialing MMS1 and other inexpensive treatments, overseers can include purity tests and multiple cameras throughout the supply chain (with lava lamps or other tamper-resistant features in each frame) from raw material supply to patient intake, and results based on disease abatement or progression rather than potentially sabotaged all-cause mortality. The security costs may be reasonably added to cost-plus pricing.

A11. Similarly for heroin and potentially other addiction

While highlighted for AIDS and malaria, MMS1 results for other ailments are notable. For example, "I have personally helped quite a few people to get off a full blown heroin addiction in three to four days only with 3/4 drop of MMS1 an hour. This is every hour when they are awake. I have also included MMS1 baths, using 25 drops of MMS1 per bath. I have personally assisted a handful of people with 100% unbelievable results. -- Ravi, England" (in Jim Humble with Cari Lloyd *infra*). Is that weak evidence? Of course it is. And yet: it's intriguing and inexpensive. So if you're a billionaire, why not trial it?

(For possibly treating serious adverse effects of MMS1 notwithstanding none reported in malaria trials, see Jim Humble and Cari Lloyd's *MMS Health Recovery Guidebook* page 20, suggesting two grams of Vitamin C as an antidote. Vitamin C otherwise may impair MMS1 efficacy. One might guess pharmaceutical interests will introduce Vitamin C or something like it into MMS1 trials. Expecting myriad forms of sabotage is warranted.)

A12. Similarly MMS and quite a bit more for oncology

"I have observed that more than 90% of those who use Protocol 2000 faithfully... overcome their cancer or other disease completely."²⁹

That includes MMS. Skeptical? Trial it. (When consuming it orally is impracticable, it may be trialed topically with DMSO as described in the above referenced guidebook.)

"I have the answer to cancer, but American doctors won't listen. They come here and observe my methods and are impressed. Then they want to make a special deal so they can take it home and make a lot of money. I won't do it, so I'm blackballed in every country" – Dr. Johanna Budwig³⁰

²⁹ Jim Humble with Cari Lloyd *supra*, pp. 89–90.

³⁰ http://www.whale.to/a/budwig_q.html

“The Budwig Diet has been an integral part in the recovery of literally thousands of cancer patients. ***You simply mix one cup of organic cottage cheese with two to three tablespoons of flaxseed oil. Be sure to blend them together and let them sit for several minutes***” (emphasis added).

Dr. Budwig also advocated patients consume natural herbs and get substantial sunlight. Conjecturally that may be replicated by Vitamin D to some degree.³¹

Skeptical of the results? Trial it.

“This writer and two of my staff were also poisoned with a weaponized cancer-causing agent. However, colleagues of [the late Christopher] Story told me that if I immediately began taking 5000 IUs of vitamin D every day and one gram of vitamin C every hour I could survive the cancer, which I did.”³²

Skeptical? Trial it.

“German New Medicine” indicated bodily diagnoses from brain imagery alone, and healing based on resolution of a perceived conflict that triggered an imbalance in bodily function. It suggests *conflict resolution* as a core component of cancer treatment.³³

Skeptical? Trial it.

While such unpatented treatments are routinely denigrated, Dr. Tullio Simoncini’s advocacy of baking soda also has testimonials of cancer cures when injected as by catheter (ouch) or consumed as with maple syrup. Jim Kelmun’s protocol:

“Mix one part baking soda with three parts (pure, 100%) maple syrup in a small saucepan. Stir briskly. Heat the mixture for 5 minutes. Take 1 teaspoon daily [or more frequently with precedent]... important note:... use baking soda... which specifically states it does not include aluminum or other chemicals.”

[H]e first hit upon the... cure in the mid-1970s, when he was treating a family plagued by breast cancer.

“There were five sisters in the family and all of them passed away from the big C by age 50 — except one,” he recalls.

“I asked if there was anything different in her diet. She told me she was partial to sipping maple syrup and baking soda.

“I figured, let me try it out on some of my other patients” [not as an MD].

³¹ Ibid. and, for example, PMID 10687144, 11125420; 26822497 in meta-analysis of cancer risk. “Interestingly, the only patient who achieved a good objective response to treatment had normal values of vitamin D before therapy” in a small trial of ten “renal cell carcinoma patients treated with immune checkpoint inhibitors” (<https://meetinglibrary.asco.org/record/140819/>).

³² <https://benjaminfulford.net/2021/03/22/bis-crime-syndicate-clings-to-power-with-murders-and-bribes/>, without implying commentary on allegedly controlled-opposition political allegations.

³³ <https://learningnm.com>

*Since then, [he] has dispensed his mixture to more than 200 patients diagnosed with terminal cancer. Amazingly, he claims that of that number, 185 lived at least 15 more years — and nearly half enjoyed a complete remission of their disease.*³⁴

Skeptical? Trial it.

Intriguing vignettes indicated cancer cures or complete responses from lemons alone, grape juice alone, and in that vein the nutritional supplement quercetin with low-dose cyclophosphamide (different than high-dose cyclophosphamide chemotherapy, it may lightly reduce Tregs — regulatory T cells that may protect tumors to a degree).³⁵

Skeptical? Trial it.

Where animals are not {fed, aerially bombarded or injected} with toxins, raw eggs may merit consideration, as commended by extraordinary Aajonus Vonderplanitz.³⁶ In the raw realm, so may broccoli or sprouts rich in sulforaphane.³⁷

Dr. Budwig advocated consuming wild vegetables and herbs including dandelion, with a reported success rate around 90% in over a thousand cancer patients taking her protocol overall (notably including quark, the mixture with cottage cheese highlighted above).

George Cairns suggested preparing dandelion root powder over 5–6 days in detail:

<https://quantumbalancing.com/news/dandelion.htm>

In summary, with some empirical evidence or theoretical basis for trials in oncology, without chemotherapy, without radiation:

- MMS protocols as advocated by Jim Humble with Cari Lloyd
- Nutrition advocated by Dr. Johanna Budwig, principally quark as with one cup of cottage cheese and 2–3 tablespoons of cold flaxseed (in some markets: “linseed”) oil mixed and let be for 5 minutes; you can see too: <http://whale.to/b/a/bud.html>
- Vitamin D (e.g., 5,000 IU daily) with vitamin C as, e.g., 1 gram per hour awake (for efficacy, Vitamin C may be contraindicated only with MMS in this list)
- German New Medicine insight into neurological bases of inflammation with conflict resolution instrumental to recovery
- Baking soda as heated with maple syrup in the Jim Kelmun tradition
- Lemons, grapes, grape juice and/or quercetin (potentially with a Tregs inhibitor)

³⁴ Sanford, George. Country Doctor Cures Cancer — with Baking Soda & Maple Syrup! Weekly World News. https://www.quantumbalancing.com/kelmun_protocol.htm

³⁵ Lemons: https://www.quantumbalancing.com/news/cancer_lemonjuice.htm
Grapes or grape juice: <https://naturalcancertreatments.com.au/brandt-cancer-cure-grapes/>
Quercetin with low-dose CTX vignette: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4748885/>
Further consideration of the generic combination: <https://pubmed.ncbi.nlm.nih.gov/22393965/>

³⁶ Interview with Aajonus Vonderplanitz: <http://www.whale.to/a/interview7.html>

³⁷ Retrospective study of raw broccoli for humans: <https://pubmed.ncbi.nlm.nih.gov/20551305/>
Broccoli sprouts extract fed to rats: <https://pubmed.ncbi.nlm.nih.gov/18310317/>
Sulforaphane fed to mice: <https://pubmed.ncbi.nlm.nih.gov/22652377/>

- Certain raw foods while avoiding toxins in feed, water, aerial spray and injections
- Drinking calcium bentonite clay (customarily in something fizzy for ease) to trap mold that may attend tumors or tie up immune systems, potentially with MMS as in Jim Humble’s suggestion for mold cleansing, or with drops of Lugol’s iodine
- Anti-parasite compounds such as publicly maligned ivermectin and/or Joe Tippens’ favored panacur (fendenbazole), with his favored CBD as desired^{38,39}
- Dandelion root powder prepared per George Cairns’ suggestion
- Chymotrypsin and other pancreatic enzymes per Dr. William Kelley⁴⁰
- If necessary, hydrazine sulfate to enable appetite, noting it is potentially lethally contraindicated (not to be taken) with foods containing tyramine, which inhibits its breakdown, and with “central nervous system depressants — including barbiturates, tranquilizers and alcohol” that include “Thorazine, Compazine, Xanax, Valium, Dalmane, Ativan, Restoril, Halcion, Nembutal and Seconal. They are all incompatible — and potentially dangerous — with MAO inhibitors” such as hydrazine sulfate.⁴¹ With these critical caveats, it has been shown to result in “significantly greater caloric intake and albumin maintenance” among certain cancer patients. (Albumin was also associated with survival with AIDS/HIV.⁴²)

“Foods containing tyramine are mostly aged, fermented, or pickled, such as most cheeses (except cottage cheese, cream cheese, and fresh Mozzarella), lunch meats, hot dogs, yogurt, wines and beers. A more complete list of foods that contain tyramine: dry and fermented sausage (bologna, salami, pepperoni, corned beef, and liver), pickled herring and salted dried fish, broad beans and pods (lima, fava beans, lentils, snow peas, and soy beans), meat extracts, yeast extracts/brewer’s yeast, beer and ale, red wine (chianti, burgundy, sherry, vermouth), sauerkraut, some fruits (bananas, avacados, canned figs, raisins, red plums, raspberries, pineapples), cultured dairy products (buttermilk, yogurt, and sour cream), chocolate, caffeine (coffee, tea, and cola drinks), white wine, port wines, distilled spirits, soy sauce, miso, peanuts, almonds, beef or chicken liver, herring, meat tenderizer, MSG, pickles, and pumpkin seeds.”⁴³

Hydrazine sulfate may be the only quite dangerous item in this list.

For cancer patients who cannot eat or drink

Above options include quark (cottage cheese mixed with flaxseed oil) as a staple, aluminum-free baking soda heated with syrup, lemons, dandelions etc. When cancer

³⁸ Indication of ivermectin action: <https://ncbi.nlm.nih.gov/labs/pmc/articles/PMC7505114>

³⁹ Joe Tippens: <https://mycancerstory.rocks>

⁴⁰ As in footnote 27 above, Dr. William Kelley: http://www.whale.to/cancer/k/section_ii.htm

⁴¹ Dr. Joseph Gold’s “Hydrazine Sulfate vs Cancer”:
<http://rexresearch.com/articles3/goldhydrazsulf.htm>

⁴² <https://pubmed.ncbi.nlm.nih.gov/1688616>, <https://pubmed.ncbi.nlm.nih.gov/3791153>

⁴³ Dr. Joseph Gold supra.

patients can neither eat nor drink, however, options aside from hydrazine sulfate include:

- If possible, sucking on raw (unpasteurized) cheese hourly, as generally recommended by Aajonus Vonderplanitz for removal of toxins (in his studies, raw cheese and/or clay (such as calcium bentonite) seemed to do that best);
- Infusing MMS by IV: equal drops of 22.4% sodium chlorite and 4% hydrochloric acid mixed together to turn from yellow to amber, then added to an IV bag hourly in dose-escalating amounts as also used for AIDS patients; and/or
- Applying MMS topically (to the skin) with DMSO (enabling it to penetrate skin), whether by bath, footbath or rub on various body parts: “Protocol 3000” detailed in Jim Humble’s *MMS Health Recovery Guidebook* (<https://bluejaybooks.co>);
- Thinking through “Biological Special Programs” concepts for applicable body parts via https://learninggnm.com/SBS/documents/sbs_main_index.html

Why are these treatments untried?

(Because there’s negligible money in them, naturally, and oncology is *not* beneficent.)

While I have some ideas on solving cancer more decisively, trialing these treatments, including in combinations — without harmful chemotherapy or radiation, with or without more benign ultrasound and/or inexpensive immunotherapy — would be a reasonable start for non-financially-motivated benefactors in oncology.⁴⁴

(“Harmful” approaches can be ascertained by serious adverse events (SAE), underreported in my experience. When healthcare practitioners are effective, actually tackling maladies rather than stringing along patients for profit, SAE may be minimal.)

“Public” “health” “authorities” (with every one of those words a misnomer: not acting for the public, not advancing health, and authorities only on fraud; also known as masons or illuminuts) can have approximately nothing to do with effective trials of immaterially profitable healthcare. Beneficent sponsors can hire principal investigators without conflicting interests and test every batch of medicine carefully. Endpoints should disregard covert outcomes, such as cancer patients succumbing to favored covert assassination methods of poison or heart attack. Endpoints can focus on the tumor.

In the past, some of those studying diseases have contracted the very disease they were studying, as if by covert agents to spur their striving or denigrate alternative treatment as the inquirers can be covertly executed by other means. In this case, robust contributions require decades and cooperation in trials. In other words: agents inclined to spread fast-acting cancer can piss off for that purpose at least (before they are eradicated worldwide).

As to a quick intuitive discussion of why the above treatments may work severally or in combination:

⁴⁴ While avoiding radiation and chemotherapy hypothetically damaging to healing by these methods, ultrasound and/or immunotherapy might be included with these treatments, provided there are trial arms with zero unnatural “treatment.”

1. Dr. Johanna Budwig may be essentially right. Based on reported results and in the absence of contraindication, trying her recommended quark, dandelion root and plenty of sunshine (and/or vitamin D) may be low-hanging fruit so to speak.
2. New German Medicine may be right for at least some cancers, in those cases resolved or ongoing based on resolution of dilemmas independent of medical “treatment” if the “treatment” is not terribly harmful (conventionally a big if).

In such cases, Dr. William Kelley’s enzymes (notably pancreatic, including chymotrypsin) might tackle some natural metastatic action akin to fetal growth. (Granted he didn’t discuss NGM to my recollection; I’m suggesting a connection.)

3. Dr. Royal Raymond Rife’s observation of cancer as a parasite undergoing about 12 developmental stages may be right in some cases, in some of its stages tackled a la mold or parasitical infestation besides its fabled “BX” and “BY” forms. The baking soda, lemon, clay, ivermectin, panacur and MMS approaches may be conceived in this vein, with vitamins D and C facilitating toxin cleanup. His frequencies for “BX” and “BY” can be reasonably trialed too.

For modest emphasis, for investigators:

- While vitamin C inhibits MMS efficacy, generally the above approaches beyond that may be combined, including in clinical trials designed with multiple arms for rapid efficacy-seeking. Hourly vitamin C or MMS can be used on alternating days or weeks, including topically MMS with DMSO amid difficulty eating, with all caveats described by Jim Humble as DMSO can be a potent carrier.
- Apparently tagged and tortured since near birth, I’ve had an unusual life. One experience was waking as a boy with a dead mouse. (An agency may have tried to induce dissociative identities by trauma, and other nonsense, ineffectively then but incessantly.) Preclinical animal studies for these treatments are unnecessary. Generally medical research may switch to only in vitro studies before clinical. Clinical studies, of course, may include animals without an implanted malady. Alternatives seem to violate the kashrut principle of averting unilateral torture.
- Just as Dr. Kelley’s enzymes supply was sabotaged, drug companies may take approaches such as dandelions, modify them slightly for a patent, then attack the natural dandelions supply. If so, just legally execute all complicit in it! That can be the general approach to criminality resulting in death.

A13. Borax for arthritis, bone fractures, osteoporosis etc.

Rex Newnham thinks he found a cure for arthritis:

“Thirty years ago I developed arthritis and was given drugs that did not help the condition. There is a cause for every effect and I soon realized that I should seek the cause of my arthritis. I soon realized that the fruit and vegetables, and probably wheat and meat were mineral deficient, due to the lack of minerals in the sandy soils around Perth in Australia.

“All the common minerals were checked and none was relevant but the mineral boron.... [which] aided calcium metabolism in plants.... It has about the same toxicity as sodium chloride. So I took less than one thousandth of this dangerous dose, namely 30 mg of sodium tetraborate. In three weeks all pain, swelling and stiffness had gone. I was cured with no side effects.”

“Then I told the university medical school people and the public health authorities but nobody was interested. Then I told a few people who had arthritis and they were thrilled as they were getting better....

“The first 1,000 bottles of tablets took two years to sell, but within five years they were selling at 10,000 bottles a month and that was without advertising. Every satisfied user told a few more and so the business grew. It was getting too much for me and I went to a drug company for help in marketing.”

“They said they were not interested, but they were most concerned; not about people with arthritis, but about losing some of their profits. This company had members on at least two government committees, and these men had boron declared poison in any concentration. Then I was fined nearly \$1,000 for selling a poison and they successfully put me out of business in Australia. So I moved overseas where boron is not poison by law. Actually there is no such thing as a poisonous substance, there are only poisonous concentrations. We do not call oxygen a poison, but if breathed when pure it will kill fairly quickly.

“Since then a double-blind trial has been completed at the Royal Melbourne Hospital and it showed that 70% of those who completed the trial received much help from the boron tablets. Only 12% received help when on placebo. There are little profits to be made by this remedy, but already over 500,000 people world-wide have had much help and most have been cured of their arthritis because the essential nutrients were restored to their diet. There have been no real side effects, except that some have reported that their heart ailment has also been helped, better general health and less tiredness.

“Following on my early work the U.S. Human Nutrition Research Center in North Dakota has shown that boron works through the parathyroid, and this is the gland that controls mineralization of bones. Boron also helps to restore the natural hormones to elderly women who were suffering with osteoporosis. This natural hormone is [for censors: potentially] much better than the hormone replacement therapy [HRT] that is so often recommended by doctors. The HRT too often leads to breast cancer, but not the natural hormone.”

“The effect of boron on bone fractures is very interesting, as these fractures just heal in about half the normal time in both man and animal. Horses and dogs with broken leg bones, or even a broken pelvis have recovered fully. Yet it is impossible to get orthopaedic surgeons to give the remedy a proper trial.”

“During the 1980s I spent much time and effort in travelling around the world nine times, so as to visit places where there was more or less arthritis than usual, or

where there was more or less soil boron than usual. The result of this [was] to clearly show that there is less arthritis where there is much soil boron and there is much arthritis where soil boron is less. Much use of chemical fertilizers without giving the soil a rest aggravates the boron deficiency, and this is seen in the sugar-producing countries of Jamaica, Mauritius and Fiji where there is much arthritis, up to 70%. There are small areas where there is much boron, such as the far north-west of Australia, parts of New Zealand where geothermal waters have brought boron to the surface and Israel, where there is less than 1% with arthritis.”

“I have shown that Africans who eat maize for their entire diet have only 3% arthritis when they eat native maize grown without fertilizer, but the same people soon develop 20% with arthritis when they move to the big cities and eat processed commercially grown maize.... In their native state these Africans consume about 2 mg of boron a day but in the cities. they only consume about 0.5 mg boron.”

“Pests will not touch much of the processed food as they have instinct, but we lack this instinct and must learn. Sickness is part of this learning process.”

“It seems as if the ‘health authorities’ just want more and bigger hospitals with more top jobs and expensive drug bills. I would rather see a healthy population who do not need so many hospitals. If only 1% of the national health budget was spent on preventive medicine, and by that I mean proper nutritional advice and teaching the people how to avoid these chronic diseases of old age, there would be fewer sick people and fewer doctors and nurses. Maybe there would even be unemployment in the medical and nursing business. That would indicate that we were really healthier.”

“Nutrition holds the key to nearly all our maladies.... I qualified as a naturopath, osteopath, homeopath and nutritionist and later gained a Ph.D. in nutrition.”⁴⁵

Dr. William Kelley, wildly successful with cancer patients, also focused on nutrition beside his pancreatic enzymes.

A14. Depopulation by covert sterilization

In light of US and worldwide history from Tuskegee to AIDS and approximately every element of “healthcare,” creating disease on one hand and appearing to suppress cures on

⁴⁵ Rex Newnham’s “Arthritis”: <http://www.whale.to/w/boron.html>; interestingly, at least one user thinks borax eradicated aggressive nanotechnology used in non-consensual surveillance and assault, generally taken as 1/8th – 1/4th teaspoon mixed in water daily, with potential stomach upset at some doses: <https://www.youtube.com/watch?v=EJ-msrgVmcQ>; this would be supplemented by epsom salt baths for external biofilm as described in the accompanying brief: “A Few Resources for TIs.”

the other, allegations of any vaccine — in the footnoted case for tetanus — laced to cause sterility are more than minimally plausible.^{46, 47, 48}

A15. Soldiers and police choose a side

As events unfold, soldiers, police and covert personnel get to decide whether they are on the side of wealthy miscreants or legally acting citizens broadly. Morton Walker's *Cancer's Cause, Cancer's Cure* (2012) imparts a sense of the former side:

A botanical scientist named Dr. Beljanski was credited with keeping French President Mitterand alive for some years with advanced cancer. After the President's death, GIGN stormed his laboratory. "GIGN is the arm of the French special forces whose missions include the arrest of armed criminals, in particular those taking hostages, counter-terrorism, and dealing with aircraft hijacking, and ending prison riots.... With their helicopter overhead surveying the place, whistles blowing, German Shepherd guard dogs lunging at the end of leashes, warnings broadcasted over bull horns, this SWAT-like team, wearing flack vests and waving drawn guns, conducted their invasion on Beljanski's research facilities with malicious vigor. In this manner, for more than an hour, the squad of military police disassembled Dr. Beljanski's entire laboratory building. They forced open locked closets, broke into cupboards, confiscated computers and notebooks, removed nutrients and medicines, and herded together rabbits, guinea pigs, and mice...

"To this day, the French government has not yet returned most of the confiscated property which encompasses Dr. Beljanski's entire life's work, including his laboratory equipment, hand-written notebooks and typed records, computers.... Perhaps most important of all, the French Government still holds in its possession the file for Demande d'autorisation sur le Marche (the marketing authorization application for the supplements...)."

Though a court reportedly ruled Beljanski was not practicing medicine illegally, "The French authorities,... using information gained from doctors, made their way from home to home, terrorizing ordinary French citizens, and confiscating their botanicals. It was an egregious violation of basic civil and criminal rights...."

Among takeaways:

1. Like the US government in foreign and domestic operations, France's government has trampled on citizens' interests for commercial benefit. *Liberté, égalité, fraternité* in French public policy: not in recent history.
2. Operatives are asked to carry out egregious orders. When instructed to do so and they fail to stand down, to stand for legal rights or decency, they may be each, individually, as dishonorable, disgraceful and culpable as their paymasters.

⁴⁶ <https://www.frequencyfoundation.com/2014/11/09/tetanus-vaccines-laced-with-sterilization-chemical-in-africa/>

⁴⁷ <https://thenewamerican.com/doctors-un-vaccines-in-kenya-used-to-sterilize-women/>

⁴⁸ <https://thenewamerican.com/un-unveils-plot-to-reduce-african-population/>

3. Though there appear to be more durable cures than what French and US authorities have attacked (as regimes somewhat led by masonic illuminuts, with the emphasis always on nuts): with due process, pharmaceutical sponsors of such activity may be jailed or executed under applicable law.

A16. In the event of my incapacitation

For decades I have been a heavily targeted individual surveilled by multiple countries with frequency and directed energy assaults I began to see in 2020 after a lifetime of weapons-induced pain and naivete. I've written elsewhere of those responsible for the targeting including, and not limited to, covert agencies (including the NSA and CIA), leading military contractors, several elements of the US DOD and masons-illuminuts.

In the event of my all-cause incapacitation, as I would be elsewhere but for targeted torture, all of said individuals would be subject to the death penalty under federal law starting with 18 USC § 241–242. This includes every mason worldwide who has maintained an oath to protect any brother violating constitutional rights, thereby conspiring against rights per US law. While a presidential marionette can sign any executive order to their liking, no order or legislation supersedes constitutional law, including 4th Amendment rights, in the US since Marbury v. Madison in 1803.

Considering their history, it's feasible that I would be targeted for assassination by pharmaceutical interests on account of prospects I contribute any smidgen to curing maladies, or on account of views above, and presumably not quite 100% are masons.

So it may bear noting: in the event of my all-cause incapacitation, all pharmaceutical company directors and executives (D&O) complicit in the systemic targeted individual torture operations, including by directed energy or frequency as partly described by their former operative Carl Clark among others, would be, alongside miscreants previously mentioned, subject to the death penalty under law.

As their arrogance has appeared boundless, I consider this less a deterrent than encouragement to any lawful authority thereafter: subject every one to maximal legal punishment, as their decisions are incompatible with any tenably harmonious society.

In the event of my all-cause incapacitation (including by becoming a host of a parasite apparent in scans, or being replaced by a clone that would be readily apparent in ways I described elsewhere), that is the legal death penalty for every said D&O.

Those who target any individual for covert torture at this point may reasonably expect nothing but legal annihilation, while targets like me pledge to remain legal in action.

A17. Postscript on Depopulation

These addenda included apparent cures for AIDS, cancer, tuberculosis and malaria. A "Global Fund to Fight AIDS, Tuberculosis and Malaria" started in 2002 and allocated "more than US\$4 billion a year" to something beside cures. Cynics may suppose it's for

depopulation under the guise of charity or science, not unlike recent events masons may lay bare as a “social cataclysm” reflecting orchestrated malfeasance.⁴⁹

Last century in the US, “Georgia Guidestones” were christened on masonic 3/22, 1980 with the words set in stone: “Maintain humanity under 500,000,000 in perpetual balance with nature” (notwithstanding an estimated 36 billion acres of land in this world): is the depopulation intent tenably about balance or control?

The Satanic Feast of Pelusia reportedly ends 3/22 with invocation of Isis. Adam Weishaupt reportedly died on the 322nd day of a year. Fast-forward to 3/22/2016: Brussels terror attack; 3/22/2017: London terror attack. On 3/22/2010 US legislators revisited the “Patient Protection and Affordable Care Act” (ACA). While the ACA was a budgeting catastrophe and allegedly destroys privacy for patients and newborns (as if to enable children's abduction, eugenics or tyrannical cradle-to-grave oversight by public authorities), reducing humanity by over 90% requires unhealthy progeny generally.

The simplest explanation for persistently dismal outcomes in US healthcare before and after the ACA, as apparent in page 2 tables above: competent authorities don't *want* you healthy. Some readers may consider this an egregious statement yet not for long. For motives behind it, readers may see supplementary and forthcoming briefs.

Relative to peer countries', US healthcare is inefficient and substantially ineffective for every major chronic ailment. Meanwhile world “health” organizations are criminal. The government-sponsored approaches to among AIDS, arthritis, cancer, heart attacks, malaria, tuberculosis and “vaccinations” render that clear.

This brief may at least demonstrate that US “healthcare” reflects prioritizing something other than health. That can change.

⁴⁹ Cf. Gioele Magaldi's *Massoni*, converted from Italian to any language available via translate.google.com, and supplementary briefs including:

- “A Few Resources for TIs”
- “Aaron Russo Interview”
- “Carl Clark Interview”
- “Committee of 300”
- “Foundations of Harmonious Society”
- “Pawns in the Game” with a “social cataclysm”
- “Peter Kawaja”
- “Preempting Collapse”
- “US Air Force Treason”
- “US Media and TIs”