

Liberty Tree

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CORONA DEPENDENCE DAY?

On July 2, 2020, Lockdown Laura, Kansas governor, introduced an executive order mandating that most people in the state wear face masks to protect against “coronavirus” (CV), beginning 12:01 a.m. July 3, 2020. That same day, Autocrat Abbott, Texas governor, did the same thing. On July 6, 2020, West Virginia governor, Jackal Jim, told the public that CV cases had so increased over the July 4th weekend that he had to order mask wearing. The timing of these illegal, baseless “executive” orders — just before or after “Independence Day” — illuminates the fundamental goal of the entire CV circus: to infringe Americans’ freedom, and, with diabolical symbolism, on or about the very day they celebrate that “freedom.”

Indeed, the message that Americans must have no freedom was chillingly communicated in outright Orwellian doublethink by the “surgeon general” of America, Jerome Adams, speaking to NBC on July 3rd:

As we talk about Fourth of July and independence, it's important to understand that if we all wear these, *we will actually have more independence and more freedom* because more places will be able to stay open. We'll have less spread of the disease.¹

Adams also stated, in a press briefing on June 30th:

GIVE ME LIBERTY OR THE DEATH MASK.*

Wear a face covering when you go out in public. It is not an inconvenience. It is not a suppression of your freedom. It actually is a vehicle to achieve our goals [of more businesses open]. ... This mask, this face covering, actually is *an instrument of freedom for Americans if we all use it.*²

Thus, the mask, rather than being imposed unconstitutionally on Americans, depriving each one of their right to personal liberty (and perhaps ultimately their right to life) without due process, under a twisted “police powers” doctrine, is now being declared by the globalist shoe-lickers as a “vehicle” to achieve “freedom.” A freedom we already have no need to achieve, since we are already guaranteed it — freedom to travel, to the personal security of our own bodies, to religious assemblies, commercial transactions, and social interactions.

The speed at which the masses of Americans are acquiescing and acclimating to the fear, propaganda, and commands of the health commissars is astonishing in the supposed land of the free and the brave. But the commands to wear face diapers because of

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* A death mask is a wax or plaster cast of a dead person, taken to preserve the way they looked at death. Death masks are usually made of political and other notable figures. But there are real dangers in wearing “surgical” masks.

1. All emphases added throughout, unless otherwise noted.

2. <https://www.msn.com/en-us/news/politics/surgeon-general-offers-4th-of-july-message-wearing-a-mask-means-more-freedom/ar-BB16iJaN?li=BBnbcA1>

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fake ‘second waves’ of CV are particularly egregious. In this issue, there are several articles to provoke thought and discussion on the entire concept of forced mask wearing, and ‘second wave’ lies.

Wearing of face masks is part of globalist plans. In 2010, the Rockefeller Foundation, working with the “Global Business Network,” spon-

sored a report entitled *Scenarios for the Future of Technology and International Development*. That report predicted the current pandemic plans:

During the pandemic, national leaders around the world flexed their authority and imposed airtight rules and restrictions, *from the mandatory wearing of face masks to*

body-temperature checks at the entries to communal spaces like train stations and supermarkets. Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified.

To justify increased control, a second wave — described by newscasters as “surges” and “spikes” — must be manufactured. To that end, the CV case definition used by public health authorities was changed so that one confirmed case can now be reported as up to 17 cases — 16 *probable* cases, and 1 confirmed. See the **Probable Case Game** on page four.

Will you resist, or will you lick the chains?



THE REAL PURPOSE OF MASKS

From the outset of the CV circus, the public has been subjected to conflicting messages regarding the wearing of masks. At first, authorities said mask wearing was not effective to control CV. Then they changed their tune and told the public to wear masks.

There is no hard evidence that mask-wearing suppresses the spread of any disease. Further, surgeons do not wear masks to suppress *viruses*, but to ensure that *bacteria* from their own mouth and lungs do not fall into open wounds during surgery. The spread of dangerous bacteria is a concern in hospital settings. Even then, however, surgeons are supposed to change masks frequently, and not to touch their masks or get them wet; otherwise, the masks will not trap bacteria effectively.

It is absurd to imagine that off and on wearing of any type of face covering, with constant touching throughout the day, prevents either the wearer or those around him from catching a disease. Indeed, the mask is a trap for bacteria, which are then kept close to the wearer’s mouth and lungs. A preliminary report on mask wearing in surgeons found that they experienced loss of oxygen in their blood after many hours of wearing masks in surgery. Yet this is what the ubermenschen want Americans to put on their face!

What is the real meaning and purpose of the mask? For the globalists and depopulation-craving elites establishing their “global health governance,” the purpose of forcing people into the mask is at least five-fold:

Make people sick through the oxygen deprivation, stress, and bacterial build-up which occurs when wearing masks for long periods of time. This ensures that the old and otherwise immunocompromised have a higher probability of dying. A bonus is that many who get sick this way will further the “coronavirus” myth (at least as a probable case, see page 4).

Accustom the populace to comply with governmental orders ‘for their own good,’ and reinforce the orders through the constant optical reminder that everyone else is conforming to the commissars’ demands. And widespread compliance conditions the people to accept mandatory vaccinations later.

Separate people from one another. When people are muffled by a mask, and they cannot see each others’ faces, they do not socialize or engage in any but the most perfunctory conversations. In fact, they cannot even see if other people are smiling at them! This degrades people into faceless entities who should be feared as being potential threats to oneself. The harm to one’s emotional and mental well-being should be obvious.

Shut the people up. The stifling of conversation keeps any dissent from being aired, person to person. This slows real facts and real information from reaching people and cuts off rebellion against the health dictators.

Keep the masses in a state of FEAR of others. The mask is a constant reminder to continue to obey “authorities” because your life is supposedly in “danger.”

FACE DIAPERS ARE NOT FOR THE FREE AND THE BRAVE.



On its Facebook page, the *Anderson County Review*, a Kansas weekly, featured this political cartoon comparing Democratic governor Laura Kelly’s totalitarian order to wear masks to the Nazis forcing Jews to wear armbands and board cattle cars to concentration camps during WWII. This is an apt description of what is going on in America — except it is those who *don’t* wear masks who are being treated like the Jews. Even though the cartoon clearly depicts Kelly as a Nazi, and suffering Americans as her victims, the Jewish Anti-Defamation League called this anti-mask, anti-Nazi cartoon “anti-semitic”! Under pressure, *Review* owner Dane Hicks eventually removed the cartoon, saying “the imagery ... was deeply hurtful to a culture who’ve been dealt plenty of hurt throughout history.” You would think modern Jews would understand this depiction *condemns* what happened to Jews in WWII, and warns against a similar happening here. But you would be wrong, because calling a mask dictator a Nazi is somehow against the Jews, according to the ADL. Make note: the ADL supports totalitarian face diaper slavery!

Forced Face Masks and Propaganda from 1918

Governors today are reprising 101-year-old experiments and coercion methods

In 2006-2007, University of Michigan Center for the History of Medicine (CHM) was paid by the CDC to retrospectively study the “use of non-pharmaceutical interventions (NPI)” in American cities during the 1918-1919 “Spanish flu” epidemic. The researchers claimed to find that cities that “used social distancing measures and other non-pharmaceutical interventions in 1918 fared better than those that did not.”^{1,2}

The NPI measures included the closing of businesses, bans on public gatherings, and the wearing of *face masks*, which was encouraged in 1918 in some American cities, and briefly mandated by San Francisco in 1918 and 1919. The CHM results were published in JAMA, August 2007, and “became the basis for the Department of Health and Human Services’ community mitigation guidelines for pandemic influenza.”¹

This historical study of the Spanish flu through archived “newspapers, public health reports and bulletins, and other documents” was driven by a declared agenda to discover from history ways of mitigating a pandemic before vaccines can be developed. Of course, the researchers only explored NPIs that *control people’s actions and movements*; neither the CDC nor any university “public health” centers can be bothered to look into natural remedies for disease.

As noted by an historian in 2010, masks and other social measures promulgated in 1918 were not really about public health: “Public health authorities pushed personal hygiene measures such as masks and handkerchiefs *in spite of* questions about their effectiveness as disease-control measures.” George Soper summed up the public authorities’ position in his 1919 *Lessons of the Pandemic*: “. . . if doubt arises as to the probable

efficacy of measures which seem so lacking in specificity *it must be remembered that it is better for the public morale to be doing something than nothing* and the general health will not suffer for the additional care which is given it.”³ Forcing masks on people on pain of arrest is justified on grounds it is better to be doing something rather than nothing! And authorities must always look like they’re doing *something*. Otherwise, who will trust in them?

In 1918, the health officer of San Francisco, one William Hassler, ordered barbers, druggists, store clerks, etc. to wear gauze face masks. Further, mask wearing was promoted using blatant wartime, patriotic propaganda:

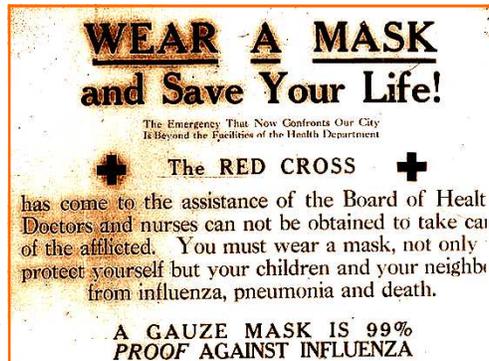
A Red Cross public service announcement stated bluntly, “the man or woman or child who will not wear a mask now is a dangerous slacker,” calling into question the patriotism of those who refused. The local Labor Council

issued a warning that no members would be allowed to work unless they wore a mask. Mayor Rolph told the public that “conscience, patriotism and self-protection demand immediate and rigid compliance” with the mask order. California governor William Stephens [told] Californians it was the “patriotic duty for every American citizen” to wear a mask, a “duty which each citizen can easily perform to our country and our State” in a campaign against influenza that “must be fought.” By drawing on the rhetoric and imagery of the war effort and the heavy-handed patriotism that went along with it, city and state health officials hoped to inveigle *if not outright bully residents into compliance*. . . It may have worked for most residents, but there were still many who refused to wear a mask.⁴

Since many residents would not comply with their “duty,” the Board of Supervisors passed a mandatory mask wearing ordinance. Police arrested 110 people on Oct. 27, 1918, for example, for failure to either wear *or keep their masks properly adjusted*. Each was charged with “disturbing the peace,” and the majority given a \$5 fine, *with the money to go to the Red Cross*. A few were even sentenced to short terms in the county jail.

The San Francisco ordinance was lifted Nov. 21, 1918, but a ‘second wave’ of flu caused the Board to reimpose it on Jan. 10, 1919 — despite strong evidence that “the compulsory wearing of masks does not affect the progress of the epidemic.”⁵

Likewise, there is *no evidence* today that wearing face masks in public does anything to prevent the spread of any disease,⁶ and it clearly cannot prevent a planned-demic brought about through propaganda, lies, and fear.



Red Cross Propaganda in *San Francisco Chronicle*, October 22, 1918.

1. www.influenzaarchive.org/about.html (first published about 2012).
2. “Social distancing” in a public health context appears to have first been used around 2003 — with respect to SARS, the first “coronavirus” planned-demic. See <https://www.motherjones.com/kevin-drum/2020/04/who-invented-the-phrase-social-distancing/>
3. See Tomes, Nancy, “Destroyer and Teacher: Managing the Masses During the 1918-1919 Influenza Pandemic,” *Public Health Reports*, 2010 Supplement 3, Volume 125, p. 51. Tomes noted this, she is unlikely to agree with any conclusions herein.
4. www.influenzaarchive.org/cities/city-sanfrancisco.html#
5. *San Francisco Chronicle*, January 11, 1919, p. 11.
6. Just one “study” funded by a foundation in spring of 2020 claimed that social distancing/mask wearing halted the alleged spread of CV, but the flaws of that study, which appears to be for propaganda purposes, are beyond the scope of this article.





The Probable Case Game

All of the rules for the COVID CIRCUS' Probable Case Game can be found at: <https://wwwn.cdc.gov/mndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>
The definition of a surveillance case can be found at: <https://wwwn.cdc.gov/mndss/case-definitions.html>

*"Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact." — CTSE interim Report

CLINICAL CRITERIA

At least 2 of these symptoms: fever (measured or subjective), chills, rigors, myalgia (muscle pain), headache, sore throat, new olfactory and taste disorder(s)

OR

At least 1 of these symptoms: cough, shortness of breath, or difficulty breathing

OR

Severe respiratory illness with at least 1 of the following: Clinical or X-ray evidence of Pneumonia; or Acute respiratory distress syndrome (ARDS).

EPIDEMIOLOGIC "EVIDENCE"

"Close contact" * with confirmed or probable case of COVID-19 in 14 days before symptoms
OR with person who has "clinically compatible illness" AND linkage to a confirmed case of COVID-19 in 14 days before symptoms

OR

Travel to or residence in an area with "sustained, ongoing community transmission" of the VIRUS (not the disease) in 14 days before symptoms

OR

Be a member of a "risk cohort" as (and *if*) defined by public health authorities within 14 days before symptoms (e.g., nursing home residents)

From the CDC:

A COVID-19 case includes confirmed and probable cases and deaths. This change was made to reflect an interim COVID-19 position statement issued by the Council of State and Territorial Epidemiologists on April 5, 2020. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions (i.e., all the States).

PRESUMPTIVE LAB "EVIDENCE"

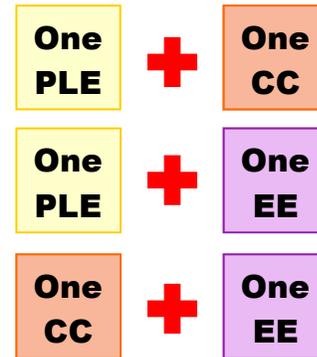
Positive Antigen test **OR** Antibody test*
* Serologic methods for diagnosis currently being defined

OBJECT of the game:

Find ways to construct as many PROBABLE cases to add to all CONFIRMED (PCR) cases to make sure there are enough "surges" and "spikes" in case counts to declare a SECOND WAVE of COVID-19. If you get enough PCPs (probable case persons), you can also make pretend laws (executive orders) decreeing that everyone has to wear a face diaper, a.k.a. MASK.

CHEAT SHEET:

Construct a "PROBABLE CASE" any one of three ways: (a) add one clinical criteria box to a presumptive lab result, (2) add one epidemiologic box to a presumptive lab result, or (3) add one clinical criteria to one epidemiologic box:



This gives you at least FIFTEEN different options to report a probable case! And don't forget that any deceased whose death certificate says "COVID" on it **where no testing was done** is also a probable case!

Easy as 123! Make Probable Case persons (PCPs) as follows:

Example 1:

A man has a subjective fever (he *feels* like he has a fever), and a headache (Clinical Criteria box 1, 2 symptoms) PLUS he traveled, within the last two weeks, to a county designated as having ongoing COVID (Epidemiologic Evidence box 2).

Yup, yer done. Got yerself a PCP.

Example 2:

A woman presents with a cough (CC box 2), and she lives in a nursing home, defined by the public health folks as a "risk cohort" (EE box 3).

Done again! Another PCP right there.

Example 3:

A transgender has a sore throat and a stuffy nose (so it can't smell anything) (CC box 1), and it stood five feet away from a PCP (See example 1 or 2) in a grocery store for 10 minutes in the last two weeks. (This *could* happen, if the transgender isn't heterophobic) (EE box 1).

Yup. That's how yer gonna build PCPs out of other PCPs.

CATCHING on yet? It's easy to MULTIPLY the cases!

Played by Public Health Authorities everywhere