Dr. Meryl Nass Exposes Ongoing Medical Atrocity: How Covid-19 Has Turned Public Health Into a Lethal Experiment

Covid-19 Has Turned Public Health Into a Lethal, Patient-Killing Experimental Endeavor

by **Alliance for Human Research Protection**
June 20, 2020

Dr. Meryl Nass has uncovered a hornet's nest of government sponsored hydroxychloroquine experiments that were designed to kill severely ill, Covid-19 hospitalized patients.

On June 14th Dr. Nass first identified two Covid-19 experiments in which massive, high toxic doses – four times higher than safe of hydroxychloroquine were being given to severely ill hospitalized patients in intensive care units.

Solidarity [clinical trial for COVID-19 treatments] was being conducted by the World Health Organization, on 3500 Covid-19 patients at 400 hospitals, across 35 countries.

The trial was suspended following the fraudulent Surgisphere report in The Lancet that claimed 35% higher death rates in patients receiving hydroxychloroquine. But when The Lancet retracted the report, the WHO resumed the Solidarity trial. More than 100 countries expressed interest in participating in the trial.

Recovery experiment used very similar doses. It was sponsored

by the Wellcome Trust (GlaxoSmithKline) and the Bill and Melinda Gates Foundation and the UK government. The experiment was conducted at Oxford University, on 1,542 patients of these 396 patients (25.7%) who were in the high dose hydroxychloroquine arm, died.

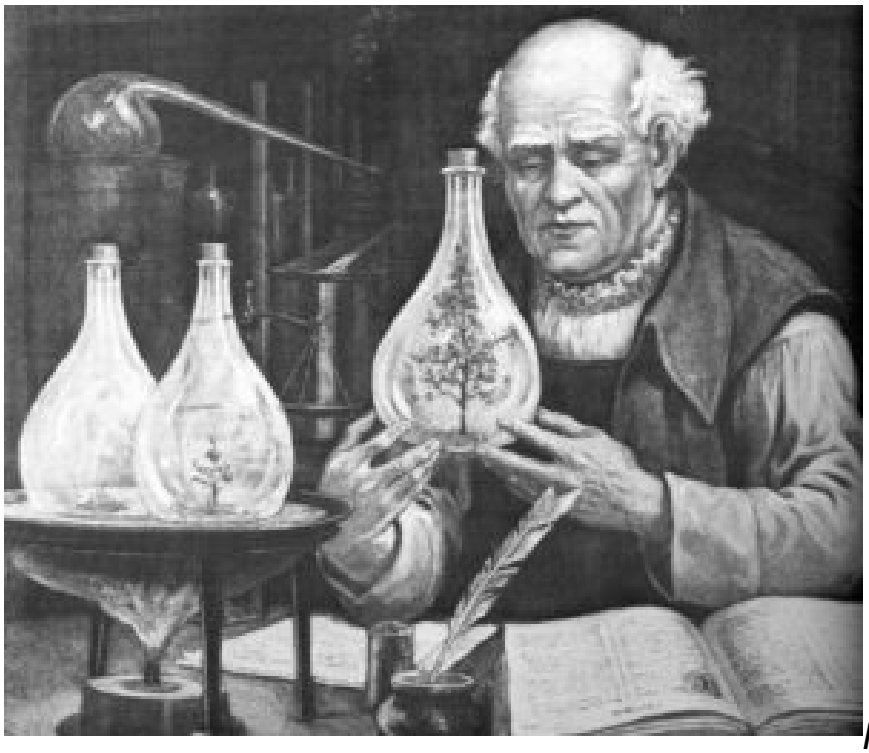
Update: After Dr. Nass' discovery was publicly disseminated, the WHO suspended the trial on Wednesday June 17th.

On Friday, June 19th, Dr. Nass uncovered a third, "even worse" hydroxychloroquine experiment.

REMAP targets patients who are on a ventilator, or in shock – i.e., near death. Such patients are hardly capable of giving consent. Rather than attempting to save their lives, they are being used given multiple high doses of hydroxychloroquine and other drugs whose combination is contraindicated.

> ***Of note: All the online protocols have been stamped "Not for IRB (Institutional Review Board) submission,"***

This is an ongoing medical atrocity being perpetrated by medical doctors at 200 sites in 14 countries: Australia, Belgium, Canada, Croatia, Germany, Hungary, Ireland, Netherlands, New Zealand, Portugal, Romania, Spain, United Kingdom, and the United States of America.

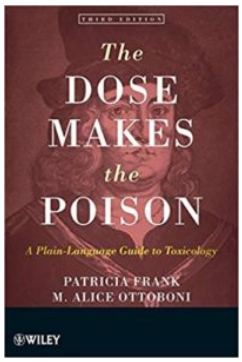
 *Paracelsus*

Since all medicines are potential poison at high doses, why one wonders, are influential academic physicians and international public health institutions designing and conducting experiments that expose extremely vulnerable patients to poisonous levels of the drug hydroxychloroquin?

As recognized by the Swiss physician Paracelsus, “the Hippocrates of the Renaissance”:

> *“What is there that is not poison? All things are poison and nothing is without poison. Solely the dose determines that a thing is not a poison.”*

His insight is as relevant today as it was in the 16th century.



Dr. Meryl Nass is a physician practicing individualized medicine in Maine, in accordance with the Hippocratic Oath. She is a longtime member of the board of the Alliance for Human Research Protection.

Friday, June 19, 2020

Even worse than 'Recovery,' potentially lethal hydroxychloroquine study in patients near death.

What could be worse than giving potentially lethal doses of hydroxychloroquine {HCQ} to hospitalized Covid-19 patients?

The REMAP-Covid study is using the same HCQ dose as the Recovery trial for 6 days. But it is even worse for the following reasons:

You have to be close to death, either on a ventilator or in shock, on pressor medications, to be included in the trial, according to the trial documents. However, in a talk by Professor Anthony Gordon, HFNO, CPAP and NIV are additionally said to be inclusion criteria.

You may receive HCQ alone, or HCQ in combination with two more drugs, lopinavir/ritonavir. Yet lopinavir/ritonavir predisposes to QT prolongation, as does HCQ, and the drug label states, "Avoid use in combination with QTc- or PR-interval prolonging drugs."

Patients who are in shock or on a ventilator may be unable to give their consent to enroll in a clinical trial. But the trial investigators have deemed that consent may not be required: "For patients who are not competent to consent,

either prospective agreement or entry via waiver of consent or some form of deferred consent can be applied, as required by an appropriate ethical review body.”

For patients too sick to swallow a pill, the drug will be administered via a feeding tube. This could entail an extra procedure for patients.

Read the rest of the article HERE