

Follow The COVID Money Trail And Where It Leads

What do you have when the desire of the elite to get richer combines with the desire of Satan to depopulate the world?

The accepted narrative of the source and spread of COVID-19 is that at the end of December 2019, the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causing serious pneumonia was identified in Wuhan,



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Hubei Province, China. The coronavirus viral disease, COVID-19, rapidly spread worldwide, and the World Health Organization declared pandemic status in March 2020. However, recent research and anecdotal observations by scientists and other experts call into question this accepted narrative, not just challenging the prevailing perception of how “COVID-19” started but also revealing how the authorities across the world used this “pandemic” to increase surveillance and control of their populations—through lockdowns, mandatory vaccinations, social distancing policies, mask mandates, proposed vaccine passports and digital currencies.

Some scientists concluded that the massive emergence of COVID-19 cases in the first phase of the pandemic within an **extremely short period** of time suggested that an undetected earlier circulation of SARS-CoV-2 might have occurred. For instance, Italy’s first two cases of COVID-19 disease were recorded on January 30, 2020, when two tourists from China tested positive for SARS-CoV-2 in Rome. The first laboratory-confirmed Italian COVID-19 case was identified in Lombardy on February 20, 2020, in a 38-year-old man who



Screenshot from bitchute.com September 2022 interview by Dr. Joseph Mercola, “Preparing for the Inevitable Financial Collapse: A Special Interview with Edward Dowd.”

had no history of possible contacts with positive cases in Italy or abroad. Within a few days, additional cases of COVID-19 and critically ill patients were recorded in the surrounding area. Soon several cases were identified in other Italian regions, mostly in the northern area. **Lockdowns** were first applied in two critical areas—Lombardy and Veneto—and were rapidly enforced regionally and nationwide starting on March 8.

On the basis of the first case identification, it was hypothesized that the virus had been circulating in Italy since January 2020. However, the rapid spread, the large number of patients requiring hospital admission and treatment in intensive care units, as well as the duration of the pandemic, suggested that the arrival of the virus and its circulation in Italy in a less symptomatic form could be anticipated by several months. To that extent, a group of scientists in Italy investigated the presence of SARS-CoV-2-specific antibodies in blood samples of 959 asymptomatic individuals enrolled

in a prospective lung cancer screening trial between September 2019 and March 2020. They reported their findings in a November 11, 2020, peer-reviewed science journal publication titled, “Unexpected detection of SARS-CoV-2 antibodies in the prepandemic period in Italy.” Their results indicate that SARS-CoV-2 circulated in Lombardy, Italy, as early as **September of 2019**—long before the first official reports from the Chinese authorities in December of 2019, casting new light on the onset and spread of the COVID-19 pandemic.

In preparing for an article published in the January 12, 2022, edition of the Final Call newspaper titled “A Brand New Healthcare System Will Emerge From The Rubbish Of COVID-19,” I interviewed Nation of Islam physician Dr. Darnita Muhammad, who gave a timeline of her treating COVID-19 patients among the students of Tuskegee University in Tuskegee, Ala. She made a shocking statement: she said that she had treated patients in **October of 2019** for what she thought was a severe strain of the seasonal flu. This was before there was any recognition of the existence of the SARS-CoV-2 virus that causes COVID-19.

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She treated her patients successfully, but after hearing of the existence of the SARS-CoV-2 virus in January of 2020, she began to realize that the students she served in October of 2019 had probably been suffering from that same virus. But she did not understand how the students could have gotten infected so early from a virus that was assumed to originate in December of 2019 from a location over 7,000 miles away (Wuhan, China).

Now here comes another piece of the puzzle that we gleaned from reading the transcript of a September 2022 interview conducted by Dr. Joseph Mercola, “Preparing for the Inevitable Financial Collapse: A Special Interview with Edward Dowd.” In that interview, Edward Dowd presents a different perspective on the timing and long-term consequences of the COVID-19 so-called pandemic. Edward Dowd is a former Equity Portfolio Manager at BlackRock, the world’s largest asset management company “with a bigger economy than every country on Earth except the U.S. and China.” While at BlackRock, Mr. Dowd predicted both the dot-com bubble burst in 2000 and the housing bubble burst in 2008. Mr. Dowd was the first analyst to link the **40 percent increase in all-cause mortality**, discovered by insurance companies in 2021, to the vaccine mandates forced on the workforce. Now he is predicting a financial collapse to occur between six months to a year from now because of the tremendous debts on the books of central banks all over the world.

Edward Dowd, reflecting over events of the last three years in his present home of Maui, Hawaii, stated: “I was on Maui in the **fall of 2019**. Everybody around me was getting sick with this really bad bug that they couldn’t shake and it took them out for weeks ... I don’t remember the map I ran, but we were way lower [in terms of COVID cases on the island of Maui] than the rest of the nation for 2020...And most of my friend group, we didn’t know people who had COVID. Roll into 2021 and the vaccines. All of a sudden, COVID starts coming to Maui. You roll into ’22, COVID’s everywhere. It’s a disaster here... I finally got COVID on July 4th [2021] and because I’m knowledgeable of all the protocols, I went on the protocols—the hydroxychloroquine, ivermectin, z-pak, all the



Graphic: Bigstock

‘If everything’s going to collapse, wouldn’t it be nice to have a control system where travel is restricted, you can blame it on a virus, you create vaccine passports, which then get linked to digital IDs and then central bank digital currency.’

—Edward Dowd, stock and financial analyst

vitamins. And I had a sore throat and I was over it in five days. That’s it.”

But upon reflecting on the government’s continuous pushing of fear of this virus and instituting lockdowns and vaccine mandates to force people to take these experimental injections, Mr. Dowd, as a stock and financial analyst, began asking the question: Who would financially benefit from these extreme measures other than the obvious pharmaceutical industries? He stated: “So, after the Great Financial Crisis [2008], not one banker went to jail. So, all this **fraud** remains today on the Fed’s balance sheet and the Bank of Japan’s balance sheet and the European Central Union’s balance sheet ... So, the fraud didn’t go away. It just became [an item] on the balance sheets of the central banks and they **‘saved the system.’** And then the governments in the Great Financial Crisis, because the economy collapsed globally, they started spending like drunken sailors. So, the last 12 years has been a ballooning of what I call the **central bank government bubble**, the

‘sovereign debt bond bubble.’ So, most of us in the financial community knew this bubble would burst. And we were trying to figure out when, like you said, a lot of people thought it would happen sooner. **In 2019, it looked like it was going to blow up.** There was a repo crisis. There were strange things going on in the credit markets. The global economy was definitely rolling over and then **conveniently** enough COVID appears. And the reason why that’s important is because when COVID appeared, it gave **emergency powers to all the central banks** ... COVID provided cover for the central banks and the governments, but it also allowed for a control system. If everything’s going to collapse, wouldn’t it be nice to have a control system where travel is restricted, you can blame it on a virus, you create vaccine passports, which then get linked to digital IDs and then central bank digital currency.”

Mr. Dowd further stated, “And a lot of these COVID lockdowns you see in the last couple of months are nothing more than covering up **bank runs.**”

If the world is put on a completely digital currency and all the people’s savings are transferred to a computer chip, the people will lose direct control of their money and there will be no bank teller to yell at when your bank card says “zero balance” and you can’t buy food. Now that’s a sure way to cull the population.

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DePopulation Briefs

"Before the vaccine was made, I warned us in the Name of Allah that this was a death plot....The way to get rid of two to three billion people [is] to offer you a vaccine."

—The Honorable Minister Louis Farrakhan, *Swan Song*



"The truth is only to come when the falsehood has failed. As long as falsehood can rule, it remains like the night; as long as the night can rule, you won't see day."

Black women in America are twice as likely as white women to have a stillbirth

Every year more than 20,000 pregnancies in the U.S. end in stillbirth, the death of an expected child at 20 weeks or more. This year, ProPublica has reported on the U.S. stillbirth crisis, including the botched rollout of the COVID-19 vaccines for pregnant women, the proliferation of misinformation, the failure to do enough to lower a stubbornly high national stillbirth rate and the lack of study of the causes of stillbirths.

According to 2020 data from the federal Centers for Disease Control and Prevention (CDC), Black women overall are more than twice as likely as white women to have a stillbirth. The national stillbirth rate for Black women was 10.3 and for white women 4.7 per 1,000 live births and fetal deaths.

In some states, including South Carolina, Kansas and Tennessee, they are around three times as likely to deliver a stillborn baby. In Arkansas and Mississippi, the stillbirth rate for Black women in 2020 topped 15 per 1,000 live births and fetal deaths; it was more than 11 in New Jersey and New York.

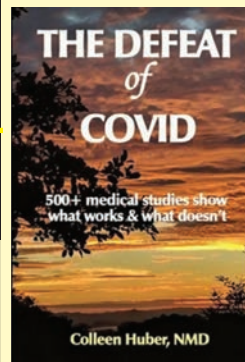
In America, Black stillbirths have been understudied and received little public attention. In addition, writes ProPublica, "the community of stillbirth researchers and advocates remains relatively small and overwhelmingly white....Academic studies and national obstetric groups have explicitly identified racism as one of the factors that contribute to persistent health disparities."

Black women face nearly three times the risk of maternal mortality than white women, according to CDC data. Black women die during pregnancy or childbirth at higher rates than their white counterparts, as do their babies. And pregnant women are also more likely to deliver prematurely if they are Black.

Ivermectin Is Safe and Effective: The Evidence

Dr. Colleen Huber, a Naturopathic Medical Doctor (NMD), provides more backing for the power of Ivermectin to combat COVID-19. Her book, *The Defeat of COVID*, summarizes the evidence, which she laid out in a recent *Epoch Times* article.

Ivermectin is on the World Health Organization (WHO) List of Essential Medicines and is approved by the US Food and Drug Administration (FDA).



This well-tolerated but potent anti-parasitic medicine has been prescribed billions of times in its 36-year history against a wide range of parasites. It has also been studied and used against a wide range of viruses especially over the last decade, and there is evidence of potent antiviral effects against Influenza A and over a dozen other viruses tested.

A review of 63 studies of ivermectin's effectiveness against COVID-19 in humans, shows that 100% of these studies have shown positive results. Studies were from all continents except Antarctica. Forty studies were excluded from the meta-analysis for complicating factors or insufficient detail re-

ported, and these also showed 100% positive results.

Over the 63 studies, 69% of them showed improvement in early treatment (after infection), and preventative use showed 86% improvement.

It is estimated that the likelihood of an ineffective treatment showing such positive results as the above results is exceedingly small. That probability is estimated to be one in one trillion.

The African continent has had remarkably low incidence of COVID-19, particularly equatorial African countries. It may be helpful to look at African countries where ivermectin has been used commonly for decades against the onchocerciasis that it has been prescribed for, to observe population-wide effects. In this population comparison, risk of COVID-19 death was found to be 88.2% lower and morbidity 85.7% lower in 31 countries where onchocerciasis is endemic and ivermectin is commonly used than in 22 countries where neither is the case, even though the latter group of countries has a higher life expectancy, 66 years vs 61 years.



Dr. Paul Marik on IVERMECTIN

Dr. Paul Marik is a world-renowned Pulmonary and Critical Care Specialist. He is the second most published critical care physician in the world, publishing over 500 peer-reviewed journal articles and cited in academic journals over 43,000 times. He is an outspoken critic of the "COVID vaccines" and he has called for the vaccination program to be halted. He was interviewed by the *Final Call* in October and recently by the *Epoch Times*:

"Ivermectin is a remarkable drug. People pooh-pooh it, talk about it as horse dewormer, which is completely absurd. So, if you had to design a drug for COVID, it would look exactly like Ivermectin. It has all the properties that any drug would want: It's antiviral, so it works against a whole host of RNA viruses—this is indisputable. It is anti-inflammatory. We know this. There are multiple studies showing that Ivermectin is a very powerful anti-inflammatory drug. We know that what it does is, it stimulates the



process called autophagy, which is very important in the process of healing and it's one of the main mechanisms that we use to help patients get rid of spike protein. And Ivermectin, believe it or not, stimulates autophagy. The other thing it does which is important is, it changes, improves the microbiome. So we have all of these bacteria in

our gut, and what happens is COVID, and the vaccine, changes your microbiome in a very unfavorable manner, very unfavorable. It causes profound changes in the microbiome, and this in itself has serious consequences. Ivermectin helps restore the microbiome. So it truly is a multifunctional drug, which is safe. And it works both for early COVID and it also is very effective for the vaccine-injured. We are not making money selling Ivermectin—no one is going to make money. People ask, 'Well, do you have a conflict of interest,' 'Are you selling Ivermectin?' No, this is a cheap generic drug. The WHO actually had access to Ivermectin at two cents a tablet—2¢. How can you possibly make money off such a cheap drug?"

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“Dr. Anthony Fauci, Bill and Melinda Gates, you want to depopulate the Earth? What the hell gives you that right? Who are you to sit down with your billions and talk about who can live and who should die?”

—The Honorable Minister Louis Farrakhan

Homeschooling Among Blacks Sees Meteoric Rise During "Pandemic"

"A Mother's Lap is a Child's First School"

While homeschooling has steadily grown in popularity in the United States over the past several decades, its growth since COVID-19 has been historic.

According to the U.S. Census, among all K-12 students in the United States, 11.1%, or at least 5 million, are being homeschooled. According to the National Home Education Research Institute (NHERI), the homeschool population had been growing steadily at an estimated 2% to 8% per year, but grew exponentially during the pandemic. The percentage of children being homeschooled has nearly tripled since mid-2019. By May of 2021, the U.S. Census Bureau found more than 1 out of every 12 students were being homeschooled.

And homeschooling is increasing at much higher rates among non-whites. According to a *Washington Post* article: "Between 2019 and May 2021, homeschooling rates jumped from about 1 percent to 8 percent for Black students — a more than sixfold increase. Among Hispanic students, rates jumped from 2 percent to 9 percent. The increase was less dramatic for White families, where homeschooling doubled from 4 percent to 8 percent over the same time period."



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Diversity of U.S. Homeschoolers

- Black: 16.1% of households are homeschooling
- Hispanic: 12.1% of households are homeschooling
- White: 9.7% of households are homeschooling
- Asian: 8.8% of households are homeschooling

These figures show that Black parents are heeding the call of **The Honorable Minister Louis Farrakhan**, who said,

"We cannot allow our children to die in the killing fields of an educational system that has run its course....America is very arrogant; and in that arrogance we have reached the plateau of learning, so her civilization is now in decline. The fall of this civilization is going to continue, but out of it must come something new, something better."

One such organization that has emerged to answer that call is **Power Campus Online Learning**, which started in 2015 to serve the HomeSchool community. "We offer an array of enrichment classes to fill in activities during the HomeSchooler's day." Read more:

<https://www.read4power.com/about>
info@powercampusonlinelarning.com

White House's Chief COVID Expert: 'No Study In The World Shows That Masks Work That Well'

Dr. Ashish Jha, the Biden administration's "COVID response coordinator," dealt a blow to the claim that their masking policies "follow the science" in a recent interview in which he was speaking about indoor air quality which he said, "has just not got the level of attention it deserves. Most experts believe that, if we make some basic investments in indoor air quality, we can reduce, in fact, all respiratory infections by 30 or 60 or even 80%."

He continued: "I mean, the notion that you could cut respiratory infections—***there is no study in the world that shows that masks work that well.*** So you're never going to get the kind of benefit from mandatory year-round masking as you would from making substantial improvements in indoor air quality, plus it's a lot easier to implement as well."



"We Have No Right to TRUST Them"

"HOSPIATL" Advertises Experiments on Blacks, 1850

COLLEGE HOSPIATL.
THIS Institution will receive Colored Persons, with diseases requiring Surgical operations, to the 15th March next. They will, until that period, be furnished with nursing, bedding and board, free of charge, for the opportunity of presenting surgical cases to the Students of the College. Professional charges (by any Surgeon selected,) as in other cases. Apply to **HENRY R. FROST.**
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British lawmaker calls for the immediate halt of Covid injections

Andrew Bridgen is a member of Parliament (Britain):

"As the data clearly shows to anyone who wants to look at it, the mRNA vaccines are not safe, not effective and not necessary. I implore the Government to halt their use immediately. As I have demonstrated and as the data clearly shows, the Government's current policy on the mRNA vaccines is on the wrong side of medical ethics, it is on the wrong side of scientific data, and ultimately it will be on the wrong side of history."

"...Big pharma exerts its power by capturing the political environment through lobbying and the knowledge environment through funding university research and influencing medical education, preference shaping through capture of the media, financing think-tanks and so on. In other words, the public relations machinery of big pharma excels in subterfuge and engages in smearing and de-platforming those who call out its manipulations."

"Silence on this issue is more contagious than the virus itself, and now so should courage be. I would implore all the scientists, medics, nurses and those in the media who know the truth about the harm these vaccines are causing to our people to speak out."



Nigeria Sets \$45 ATM withdrawal limits to push digital currency usage

One of the main methods Satan has devised to control the population that his jabs don't kill is DIGITAL CURRENCY. If Satan and his minions can eliminate physical cash with a click of a mouse, they can manipulate ALL of your buying choices, your travel options, your ability to access your own money at any time and anywhere. It is the electronic equivalent of the slave badge system in Charleston and other cities that restricted the movement of Blacks and severely punished any perceived transgressions.



Slave Badges: Slavery's "Digital Currency"

Digital currency is Satan's dream system and it was hoped that the "pandemic" would frighten the people into accepting their own virtual imprisonment, but the public resistance to the COVID policies and mandate measures is far stronger than Satan expected. But, rest assured, it is still in the works for America. Ironically, for the past year the Central Bank of Nigeria (CBN) has been testing a system called eNAIRA in Africa, but the uptake—as it is for the vaccines—is unenthusiastic. So the CBN announced that the daily maximum customer ATM withdrawal for naira, Nigeria's currency, is now capped at 20,000 naira (\$45). This is a huge step down from the previous limit of 150,000 naira (\$337) per day.

The release also outlined new restrictions on weekly bank withdrawals, now limiting it to 100,000 naira (\$225) for individuals and 500,000 naira (\$1,124) for corporations.

"Customers should be encouraged to use alternative channels—Internet banking, mobile banking apps, USSD, cards, POS, eNaira to conduct their banking transactions," the central bank said.

Of course, the world's money masters are not selling it as the new slavery. Their snake-like approach is to sell its "convenience," its "safety," its "trendiness," its "efficiency," and sell it as an anticorruption measure. It will be tied in to your "vaccine" and booster status, and if actually implemented will make Satan's rule complete.