

COVID and the Manipulation of Your Mind - Part 3

written by Tim Jennings, M.D. | September 1, 2022



Nine-Step Process to Manipulate Minds

This is the third entry in our four-part series based on the program [COVID and the Manipulation of Your Mind](#), which I presented on July 15, 2022, at the United Healthcare Summit. In our [first installment](#), we examined the differences between a healthy and unhealthy mind. In [part two](#), we examined the differences between healthy and unhealthy decision-making and factors that interfere with healthy decision-making. Here in part three, I will list the nine-step process being used to manipulate minds and get people to make decisions they would not otherwise make; I will then unpack the first two steps, providing evidence that demonstrates how each step was used during the COVID lockdowns. We will complete the final seven steps in the last installment of this series.

The nine steps are:

1. Create or identify some threat. The more nebulous the better.
2. Purposely misinform (lie) to exaggerate the danger in order to increase the sense of fear.
3. Present conflicting messaging to increase uncertainty in order to undermine the ability of people to resolve the threat on their own.

4. Provide a voice of authority to direct toward “safety.”
5. Present the sense of group acceptance.
6. Prescribe specific actions that may or may not reduce the threat.
7. Silence dissent.
8. Add new threats to increase fear.
9. Repeat steps 2-8.

The Evidence:

Step 1. Create or identify some threat. The more nebulous the better.

The purpose of identifying a threat is to incite fear. As fear increases, the ability to reason and discern decreases—fear impairs thinking! And a nebulous threat—one you cannot see, smell, touch, hear, or identify with the senses God has given you—means you can never be certain you are safe from the threat, which does more than incite fear and impair thinking; it also makes you eager to listen to someone else to tell you where the threat is and how to be safe from it.

Did SARS-CoV2 (SARS2) come from a wet market or from a virology lab in Wuhan, China? The evidence is overwhelming on this question, and I have my conclusion, but for the purpose of manipulating minds, *it doesn't matter!* It is a nebulous threat that incites fear.

SARS2 Is a Tool The Intention Is Fear The Goal Is Power and Control!

Step 2. Purposely misinform (lie) to exaggerate the danger in order to increase the sense of fear.

During SARS-CoV2, many lies were told that led the public astray. When I say “lie,” I mean it was known to be false from the beginning. I am not speaking about presenting a conclusion based on current data and then sometime later new data emerges and the conclusion changes. That is not a lie; that is normal progression of unfolding truth. No, I am speaking of knowing the facts say one thing but purposely presenting them in a false light in order to increase fear.

Here are some of the lies:

Lie 1: The virus is virulent, killing up to 3.4% of the general population who contract the infection. [\[1\]](#) [\[2\]](#) It was known from the original Wuhan outbreak that SARS-CoV2 was no more lethal than seasonal influenza (the common flu), where every year 0.1–0.3% of the population dies from the flu virus. COVID-19 was no different. The 3.4% number came not from the percent of people who died in the community at large, but from those who were so sick they had to be hospitalized. It was known from the original outbreak that the 3.4% number did not represent the threat to the community at large, but government officials purposely used the inflated numbers from only the sickest people, projecting that out over the population in order to falsely claim the disease is ten times more lethal than the flu. It worked: The world went into a cycle of fear, and billions stopped thinking.

Lie 2: COVID is highly life-threatening to children. [3] [4] [5] [6] [7] No. While SARS-CoV2 has the same lethality as seasonal flu to the population at large, it is much less dangerous to children than the seasonal flu. In other words, more children will die from seasonal flu than from SARS-CoV2. This was known from the first cases, and it has been confirmed throughout the world—yet they lied.

Lie 3: Community mask wearing can stop the spread. [8] [9] [10] [11] Again, no! It has been documented in every study of viruses before COVID and since COVID that mask wearing has no impact on reducing spread of viral diseases. This was known, yet they lied.

Lie 4: Six feet of separation can stop the spread. This was made up from nothing—no evidence, no studies, no documentation—just another rule to manipulate people.

Lie 5: The experimental mRNA injections are “vaccines” that will prevent infection, provide herd immunity, and stop the spread of the virus. [12] [13] This is a lie told in multiple ways. The first lie is by calling the injections “vaccines.” Words have meaning, and in our society prior to COVID, the word vaccine meant an “agent used to give immunity against various diseases without producing symptoms.” [14] And vaccination meant an “injection of a vaccine in order to produce immunity against a disease.” [15] But from the beginning, they knew this injection would *not* prevent infection, would *not* prevent spread, and would *not* prevent reinfection, yet they called it a vaccine anyway. But they didn’t stop with misnaming; they further lied when they repeated over and over again that we can be safe if we get the injection, we can achieve herd immunity if we get the injection, and we can stop the spread if we get the injection. But the entire time they knew all of this was false. At best, one could argue these were designed to be “injectable therapeutics,” something that might reduce severity of illness, but this is not how they were marketed to the populace.

Lie 6: The pandemic is a pandemic of the unvaccinated. No. In fact, the pandemic is a pandemic of the “vaccinated.” The safest people in society from spreading COVID are the unvaccinated; the most likely to spread are the “vaccinated.” Why? Because the “vaccinated” develop IgG and IgM antibodies to the spike protein and these antibodies circulate in their blood, but they don’t have any IgA antibodies on the mucous membranes of their sinuses and throat, the places where the virus infects and initially reproduces. When the virus crosses into the body, the IgG and IgM antibodies very well may reduce the severity of illness, so people don’t know they are sick, they don’t stay home—they go out and spread it. Whereas the unvaccinated who have recovered from COVID have IgG and IgM in their circulation but also IgA on their mucous membranes, so when they get re-exposed, their antibodies kill it quickly and they don’t spread it to others. And the unvaccinated who haven’t had it, when they get it, they actually get symptoms and do like humans have done throughout all human history when they are sick: They call grandma and say, “Grandma, I’ve got a fever and feel awful. I’m sick. I don’t want to expose you, so I am going to stay home until I feel better.” And the evidence is available for all to see: President Biden has been vaccinated and boosted multiple times, yet despite this has contracted COVID twice now. The pandemic has been spread by the “vaccinated.” And now the data is emerging that documents that the more boosters one has, the weaker the immune system and the more vulnerable to COVID one becomes. [16]

Lie 7: The “vaccines” are safe. Stop and think. This is a new experimental technology, never before used on the human population; thus, there is absolutely zero evidence of any kind that these are safe. The most accurate thing they could have said was, “We don’t know whether they will prove safe, and we don’t know if any harm will come from them over the long term. We just don’t have the data.” So, this one didn’t even require evidence to realize it was a lie when it was first told. What about now? Is there

evidence now that these injections do, in fact, cause harm? Absolutely, but I will not take the time to document that here because it isn't necessary to the point of the article. They lied about the safety from the beginning.

Lie 8: The PCR test is accurate in diagnosing COVID infections. [\[17\]](#) The PCR test, if done properly, can confirm the presence of bits of genetic material on the sample tested, with a 95% accuracy. If one samples an asymptomatic and uninfected population, 5% will still come back with a positive test. Did we do this? Did we set up testing centers to test people who might have been “exposed” yet they themselves had no symptoms? And the result? Millions of false positive tests. And what did that do? Gave the impression of widespread disease, which increased fear. No, we don't diagnose disease with a positive PCR test; we diagnose it the way we have always done, via examination of a patient and confirming symptoms of sickness.

Lie 9: The number of COVID deaths reported by the government is accurate. [\[18\]](#) [\[19\]](#) Another lie. According to the CDC's own reporting, 96% of those who are listed as having died from COVID had, on average, four other causes of death. Only 4% of those listed by the CDC as having died from COVID died exclusively from COVID, which means the numbers are in line with the lethality from a seasonal flu, just as the original Wuhan data documented. But the CDC changed its reporting rules, and the government financially incentivized healthcare systems to list COVID. They allowed COVID to be listed even if PCR testing was negative if the doctor “suspected” it might have been COVID. This lie was told to make it appear that COVID is far more dangerous than it really is.

Lie 10: Lockdowns are effective at stopping spread and reducing deaths. In fact, the lockdowns were the cause of increased deaths that will be cascading down through multiple generations. It is truly incalculable the pain, suffering, and deaths that the mandates have caused. Here is a summary, with references, of the increased mortality because of the government lockdowns and mandates:

- Increased cancer deaths due to over 10 million missed cancer screenings and treatments [\[20\]](#) [\[21\]](#)
- Increased deaths from heart attacks and strokes [\[22\]](#)
- Increased deaths from teen suicides [\[23\]](#)
- Increased overdose deaths [\[24\]](#)
- Increased all causes of death from social isolation due to worsening physical and mental health, increased stress and inflammation, and impairments in viral fighting immunity [\[25\]](#) [\[26\]](#) [\[27\]](#)
- Increased domestic and child abuse, which causes epigenetic changes, increasing downstream rates of mental-health problems, addictions, suicides, obesity, diabetes, hypercholesterolemia, heart attacks, strokes, and early deaths—changes that cascade down three to four generations [\[28\]](#) [\[29\]](#) [\[30\]](#)
- Globally 100 million driven into poverty, which also causes negative epigenetic changes, increasing rates of mental health problems, addictions, suicides, obesity, diabetes, hypercholesterolemia, heart attacks, strokes, and early deaths—changes that cascade down three to four generations. [\[31\]](#)

Lie 11: Healthcare organizations can provide safer care if they mandate their employees get the COVID “vaccine” and fire those who do not. As discussed above, it is the unvaccinated recovered who are the safest and least likely to contract and spread COVID to others, while the “vaccinated” are the most likely to be asymptomatic carriers and spreaders. [\[32\]](#) [\[33\]](#) [\[34\]](#)

Lie 12: The military is better able to carry out its mission by mandating COVID “vaccines” and

discharging all who refuse. While it is true that in active combat environments, when a real threat of a highly lethal biological weapon being deployed exists, that the troops within that combat environment can be mandated to receive an experimental agent designed to immunize the soldiers from the potential threat (think anthrax during the Iraq war), COVID and the COVID “vaccine” did not meet this standard. U.S. military personnel were not in any active war zone. SARS-CoV2 is not a highly lethal agent; in fact, the young military troops have less threat from it than seasonal influenza. The course of infection in the deployable military population is mild and self-limiting with very little mortality. Moreover, the “vaccines” have no proven benefit and add significant risk to young healthy males (e.g., myocarditis). And discharging special operators and pilots and other specialized personnel does not retain the fighting force but weakens it.

Lie 13: Children will have better health via masks mandates, school closures, and the COVID “vaccine.” The data is so overwhelming that children have been harmed by the various mandates that I won’t even provide any documentation because even the censors can’t censor all the evidence of the harm to children from the draconian and unscientific mandates to an illness that has a statistical risk of zero deaths to children.

Lie 14: Following CDC recommendations is following science. Following CDC recommendations is following opinion, not science. Science is knowledge gained through observation, measurement, and experimentation and is reproducible and testable. CDC recommendations are interpretations of science, not science. Many CDC recommendations have been proven to be harmful.

Lie 15: The CDC protocols to treat COVID reduce deaths. This is a good example of the unscientific recommendations of the CDC. The CDC recommended for those diagnosed with COVID to be sent home without any treatment. [\[35\]](#) If they deteriorate to the point they could not be managed at home, they were to be admitted to the hospital and started on an antiviral, Remdesivir, which failed its trials because it was demonstrated to increase deaths. [\[36\]](#)

Lie 16: FDA approval means that a product is safe and effective. No, FDA approval means a drug can be legally marketed for a condition that the manufacturer demonstrated their product outperformed a placebo for a cherry-picked study group that does not represent the general population. Once a drug comes to market and is used in wider populations, often times the drug proves to be either ineffective or to cause much more harm than was seen in the study and, subsequently, it loses its approval.

Lie 17: Ivermectin is ineffective and unsafe in treating COVID. Multiple studies demonstrate ivermectin to be one of the safest medications in human history and, when used early and in conjunction with other early treatment protocols, can reduce hospitalization and deaths from COVID by up to 85%. [\[37\]](#) [\[38\]](#)

Lie 18: Hydroxychloroquine is ineffective and unsafe in treating COVID. Like ivermectin, hydroxychloroquine has proven to be one of the safest medications in human history—safe in children, pregnant women, and elderly—and is even over-the-counter in many countries. It has also had many studies documenting that when used in conjunction with other early treatments, it reduces hospitalizations and deaths from COVID. [\[39\]](#) The CDC did not recommend either ivermectin nor hydroxychloroquine despite the overwhelming evidence of safety and efficacy, but instead recommended no early treatment, resulting in multiple times more deaths than would have occurred had early treatment been carried out. [\[40\]](#) [\[41\]](#) [\[42\]](#)

Lie 19: Physician testimony of ICU patients dying from diagnosed COVID is an accurate

barometer of the lethality of COVID. This is a difficult falsehood to uncover because the doctors giving their testimony are not lying about their experience; they saw people dying horribly, and their accounts are tragic and moving. However, they are not an accurate barometer of the lethality of COVID but of the lethality of the flawed CDC treatment protocols. Had the early treatment protocols been used that the CDC rejected, the number of deaths from COVID would have been reduced by approximately 85%.

Our minds have been purposely and intentionally manipulated; these are only some of the lies that have been told—there are more!

In part 4, we will conclude this series by completing our exploration of the nine steps used to manipulate minds and get people to make choices they would not otherwise make.

[1] Atlas, Scott, *A Plague Upon Our House: My Fight at the Trump White House to Stop COVID from Destroying America* (Bombardier Books, November 23, 2021).

[2] <https://swprs.org/studies-on-covid-19-lethality/#age>

[3] <https://www.statista.com/statistics/1191568/reported-deaths-from-covid-by-age-us/>

[4] <https://www.cdc.gov/flu/about/burden/2018-2019.html>

[5] <https://doi.org/10.21203/rs.3.rs-689684/v1>

[6] <https://www.medrxiv.org/content/10.1101/2021.07.01.21259785v1>

[7] <https://www.medrxiv.org/content/10.1101/2021.07.07.21259779v1>

[8] https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

[9] <https://www.acpjournals.org/doi/10.7326/M20-6817>

[10] <https://escipub.com/irjph-2021-08-1005/>

[11] <https://www.israelnationalnews.com/news/326734>

[12] <https://www.bbc.com/news/av/world-us-canada-58065854>

[13] NY Study 12% effective children 5-11
<https://www.medrxiv.org/content/10.1101/2022.02.25.22271454v1.full.pdf>

[14] Phillip, G., *The American Desktop Encyclopedia* (New York: The Oxford University Press, 1998.) p. 837.

[15] *Ibid.*

[16] <https://igorchudov.substack.com/p/boosters-now-promote-covid-deaths?r=ngvao>

[17]

<https://www.fda.gov/medical-devices/letters-health-care-providers/potential-false-positive-results-antigen-tests-rapid-detection-sars-cov-2-letter-clinical-laboratory>

[18] <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

[19] <https://www.sciencedirect.com/science/article/pii/S221475002100161X#>

[20] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7599065/>

[21]

<https://www.webmd.com/cancer/news/20210505/nearly-10-million-cancer-screenings-missed-during-pandemic>

[22] <https://www.nhlbi.nih.gov/news/2021/cardiovascular-disease-deaths-and-disparities-increased-2020>

[23] <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

[24]

https://thebrunswicknews.com/opinion/editorial_columns/overdose-deaths-increase-during-the-pandemic/article_803a82db-784b-5786-8e13-970dbdf102be.html

[25] *Public Health*; 152 (Nov 2017): 157–171.

[26] Sepúlveda-Loyola, W., et al. “Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations.” *Journal of Nutrition, Health, and Aging* (2020)

[27] Cole, S., et al., “Social regulation of gene expression in human leukocytes”; *Genome Biology*, 2007, 8:R189

[28] <https://pubmed.ncbi.nlm.nih.gov/34402325/>

[29]

<https://www.usnews.com/news/health-news/articles/2021-10-08/study-confirms-rise-in-child-abuse-during-covid-pandemic>

[30] <https://pubmed.ncbi.nlm.nih.gov/34098378/>

[31] <https://www.cnn.com/2021/12/26/business/global-poverty-covid-pandemic-intl-hnk/index.html>

[32] <https://pubmed.ncbi.nlm.nih.gov/34176397/>

[33] <https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2>

[34]

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[35]

<https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/hospitalized-adults-therapeutic-management/>

[36] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7250494/>

[37] <https://www.foxnews.com/health/fda-warns-against-ivermectin-covid-treatment>

[38]https://journals.lww.com/americantherapeutics/fulltext/2021/08000/ivermectin_for_prevention_and_treatment_of.7.aspx

[39] <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2931180-6/fulltext>

[40]https://journals.lww.com/americantherapeutics/fulltext/2021/08000/ivermectin_for_prevention_and_treatment_of.7.aspx

[41] <https://ivmmeta.com/>

[42] <https://www.sciencedirect.com/science/article/pii/S0924857920304258>