



Practical Conspiracy (Theory) 2: Predictions

Description

We looked at the function of theories and possible (conspiracy) theories for understanding the Corona crisis in the last blog. I said there that an important function of theories and theoretical models is prediction. In concrete terms, this means thinking about what else would have to happen or should follow if a theory were true.

This is how scientific theories are tested: So-called “predictions” are derived, i.e. consequences from the theory, which are then tested empirically or experimentally. Over 350 experimental predictions have been derived from quantum theory, they have been tested experimentally and in no case has the experimental test disproved the theory. Therefore, this theory is considered one of the best confirmed theories in science.

How does such prediction and testing work? An example from the Corona vaccination strategy: If it is true that the mRNA vaccines cause blood clots, as vaccination critics say, then one would have to find signs of this in the blood diagnostics, namely [d-dimers](#). These are cleavage products of fibrin, a protein product that is formed during blood clotting. According to my personal unsystematic questioning of various doctors, this is the case: after Covid-19 vaccinations, such d-dimers are found more frequently, especially when people report problems.

A [Pubmed query](#) finds 19 hits with “Covid-19 vaccine/side effects” as a search keyword (“Medical Subject Heading” with more than 1,400 hits) and “d-dimer” in “Abstracts and Titles”. I’ve only done a cursory review of them, and it looks like these are only looked at for real clinical problems and specific case reports. If you wanted to do it more systematically, you would have to do such diagnostics on the first 1,000 people vaccinated after vaccination, perhaps on three consecutive days or repeatedly a few days apart, and would then know whether the thesis that mRNA vaccines cause blood clots is true. I am currently thinking about conducting such a study with a colleague.

You derive predictions from theories because you can test the usefulness of the theory. In terms of scientific theory, finding or establishing a theory is an act of abduction, i.e. the creative synthesis of individual data and indications and the search for a theoretical structure that can explain all these data. “Facts in search of a theory” is what the philosopher Charles Sanders Peirce called abduction [1, Vol. VII, 218]. Because theories are always provisional, we have to consider what we expect to happen if the theory is correct. The more wacky and counterintuitive the expectations or predictions of a theory, the richer and more helpful it is. This is why quantum theory has made so many completely different and sometimes counterintuitive predictions possible.

With this in mind, let us now consider what predictions different models of the Corona pandemic would make and deduce what their degree of confirmation is.

The Conventional Mainstream Theory

would be the following and would allow the following derivations and predictions.

Content

It would claim that the virus is of natural origin, has now reached the whole world, is constantly mutating and could be brought under control by vaccination, so that herd immunity would be achieved after a certain vaccination rate. Vaccinations might have to be repeated. Because vaccination is relatively unproblematic and safe, this is not a problem.

Prediction

If we have vaccinated enough people, about 70%, then the problem should disappear by itself. If the vaccinations are safe, then it is no issue to vaccinate again and again. We should not see any worrying signals in the safety systems – the Adverse Reaction Databases – and if we now at some point compare the 2021 death rates of people who have died from or with Covid-19 across countries with those of 2020, then they should be lower (because vaccination has helped to reduce them), and certainly that should be the case in 2022. But we have to wait another year to check that.

Moreover, excess mortality from other causes should not have increased. After all, the vaccinations are safe and should therefore not trigger any further mortality. The possibility that excessive lockdown measures may have led to greater mortality due to secondary effects cannot be ruled out, which would be regrettable. At best, this could be distinguished in such a way that increased general mortality should not be related to vaccinations. I am planning to conduct such a study, and hopefully we will know more soon.

All in all, it would be politically expected that due to summer soon to begin in the Northern Hemisphere, the infection figures and thus the death figures would fall rapidly and not rise again in the autumn due to the effectiveness of the vaccination. Thus, the pandemic should actually be over sometime around the end of 2022.

Plandemic Theory 1: The Weak Variant

Content

This model assumes an initial accident, which was then cleverly used to fuel the already well-planned machinery of mRNA vaccines and flanking political measures. The aim of this scenario would be to sell and vaccinate as much as possible for as long as possible, but only as long as everything remains reasonably calm. After all, one does not want to let the instruments – mRNA vaccines – be destroyed by bad press, whispers of errors and side effects.

Prediction

Unfortunately, the prediction of this model is somewhat unspecific. This is because how long the pandemic lasts

in this scenario depends on how long the public, politicians and the press play along. Because the more restless the public becomes, the more facts about side effects come to light, the more dangerous it becomes to keep it going, because then the chance of a follow-on in the next pandemic becomes smaller. So it depends on public perception.

You could test this: if someone stages a huge fuss in the mainstream press that is heard more widely – for example, through a widely noticed newspaper, magazine or TV article that points out problems with the vaccines, then according to this model the vaccination campaign would have to end and so would the pandemic.

Readers of the blog can test it for themselves: Do publications, blog articles and references to problems with vaccines have an effect? Are they seen? Are they received?

Ultimately, it is a question of balance: when does public opinion tip, and how do the executive bodies react to it? The fact that some countries, Switzerland for example, Sweden, Denmark, England, Norway, France, Austria and others, have reduced or lifted their measures and regulations suggests that scepticism has emerged, at least there. If the theory is correct, many other countries would soon have to follow.

Plandemic Theory 2: The Stronger Variant

Content

Under this model, we assume that it was always planned to launch this pandemic, actively and deliberately, so that the vaccines could be sold. So this model is similar to Plandemic Theory 1, but with stronger intent. Again, it would be expected that when many side effects and problems occur, when public opinion therefore begins to tilt, that it would be declared over, perhaps just a little later.

Prediction

This model would assume that more needs to happen because the intention and effort invested on the part of planners is greater than in Plandemic Theory 1. Here, institutional resistance would be greater, so it would take longer for mainstream media to be willing to address negative consequences of vaccination, be they side effects or lack of efficacy. The fact, for example, that a health insurance board member in Germany who sees this information in his cash register data and informs the press is summarily dismissed speaks for considerable potential for resistance. This does not necessarily mean that the respective supervisory board that issued the dismissal is itself in any way involved in planning. But it does show that raising issues is still seen as extremely threatening. After all, the executive director may have initiated other things that have nothing to do with the pandemic but did not suit the supervisory board; that should not be forgotten in this situation. But even if the publication of the side effects was only the drop that made the barrel overflow, one may still ask: In what way is it reprehensible if someone publicly discusses a clear safety signal and wants to examine it more closely?

This model would also lead us to expect that political forces would want to hold on to compulsory vaccination with all their might and also with absurd arguments. This is being attempted at least in parts of Europe, in Germany, in Austria, and we will see what other arguments are conjured out of the hat to sell this rationally.

Plandemic Theory 3: The Strongest Variant

Content

This model assumes that the virus and vaccination are only a pretext for other political purposes, such as the introduction of a digital identity that is transparent or for other forms of control. The vaccination passport and the corona tracing app would only be the first, nonetheless important steps towards this. Vaccination and compulsory vaccination would be significant operational goals. This is because they justify the existence of corresponding control procedures in conjunction with certain restrictions – such as access to restaurants, concerts, sporting or cultural events, public transport. Since it is a matter of introducing these procedures, the pandemic must at least be pushed to the point where most people have such vaccinations and thus passports, even if they end up being temporarily unused.

Prediction

This model would predict that at least in some countries where the planners' grip and influence is great enough, e.g. Germany, France, the USA, Australia, New Zealand, the pandemic will not be declared over until at least 80%, better more, have agreed to be vaccinated and have registered. Until then, politicians, the media and other organizations are exerting pressure, completely independently of how the scientific discourse on the effects and side effects of mRNA vaccination, lockdown measures and mask-wearing develops. This discourse is simply not taken up by the media, or only where it cannot be avoided, flanked by incompetent fact-checkers who mangle the findings to order. For the media in this model would be largely under the influence of the principals of the pandemic [2], or trapped by their own momentum [3] or blinded by their transatlantic bias [4].

So we would expect: When scientifically solid studies are published showing that the potential for side effects of these vaccinations is considerable and the effect not particularly impressive (e.g. [5-8]), they are either ignored, perhaps prominently ignored, or picked apart by fact-checkers for as long as possible. That is what I am currently observing, at least in Germany. The ARD spokesperson [wrote a letter](#) to the MWGFD in response to their exit scenario, in which she said, mutatis mutandis: the public broadcasters have fulfilled their mandate of balanced reporting in the Corona crisis. I am not aware that any news about possible problems with these vaccinations has been featured prominently on the public channels.

Indeed, the goal would be to vaccinate as many people as possible and distribute vaccination cards, preferably digital in nature. If that is achieved, then it is to be expected that something else will happen. Because unlike the other three models (mainstream model, pandemic 1 & 2), this model is not about ending the pandemic, it is only a means to an end. And the end is – depending on further elaboration, which I am not pursuing here – greater control, digital identity, changing the form of society to an open public-private partnership of corporations with the UN and reduction of national sovereignty.

So it is to be expected that after a reasonably successful implementation of planning step 1 – Corona fear, willingness to vaccinate, voluntary surrender of rights for security, installation of digital surveillance apps, acceptance of control rules for certain areas of society – another escalation step will come. It might take a little while yet. But it would be likely. Because then something more far-reaching would have to happen. It could be another pathogen, only then a little more sharply defined. It could be another form of threat.

In any case, this strongest variant would lead us to expect that something even more drastic would happen, which would then move people to give up even more rights, and to do so voluntarily. The trouble is: it is hard to say what and when. But that something further must follow is pretty much a foregone conclusion because of the inherent logic of this model.

It could well be that the [negotiations currently underway](#), (I mentioned this in the last blog), which have the goal of handing over sovereign control to the WHO when a new pandemic occurs, already represent a first stage goal. Indeed, nations would then lose the right to act independently in the event of a pandemic and the WHO, i.e. a non-democratically elected and constituted organization, would take over. Then the public-private partnership of corporations, foundations and the UN, of which Klaus Schwab speaks [9] and which essentially represents a new form of political rule, namely a plutocracy (rule of the richest), would already be one step further advanced.

Unfortunately, when the next pandemic occurs and the WHO takes control of the nation states, it will actually be too late. Then we would know, but that knowledge would be of no use to us. Actually, we might know it beforehand. Namely, when, despite high vaccination coverage, despite low and falling case numbers, despite signs of a pandemic that have obviously disappeared, the pandemic is not lifted and other forms of threat are conjured out of the hat.

It seems to me that, at the moment, we are at a threshold where it will be decided which model is most likely. In fact, too much time has passed for conventional theory and its predictions to be effective. The longer the state of emergency continues, the more abstruse arguments for compulsory vaccination and for the importance of vaccination are generated now, the less credible the weaker theories are and the more strongly things move in the direction of strong pandemic variant 3.

Perhaps there are some clever probability mathematicians who can turn the whole thing into a Bayesian calculus by linking plausible a priori probabilities. I am merely a good intuitive Bayesian analyst. And my inner analytic says: mainstream model is out, weak Pandemic 1 is also already overripe. So it will be something between Pandemic 2 and 3.

Possibly there are still a few intermediate models that I have overlooked. But maybe I could make clear: Models, their predictions and the associated verification are circularly linked. The tricky thing is: In the scientific field, it's okay to take a few years, even decades, to find out the truth. In the case of the pandemic, if the mainstream model is not correct, our freedom, our health and our political model may well be at stake. This might happen faster than the scientific process can come to conclusions.

Sources

1. Peirce CS. Collected Papers. Ed. Ch. Hartshorne & P. Weiss: Bd. 1-6; Ed. A. Burks: Bd. 7-8. Cambridge: Harvard University Press; 1931 1931// /1958.
2. Röper T. Inside Corona: Die Pandemie, das Netzwerk und die Hintermänner. Die wahren Ziele hinter Corona. Gelnhausen: J-K Fischer; 2022.
3. Meyen M. Die Propaganda Matrix: Der Kampf für freie Medien entscheidet über unsere Zukunft [The Propaganda Matrix: The Fight for Free Media Decides our Future]. München: Rubikon; 2021.
4. Krüger U. Meinungsmacht: der Einfluss von Eliten auf Leitmedien und Alpha-Journalisten. Eine kritische Netzwerkanalyse. Köln: von Halem; 2013.
5. Seneff S, Nigh G, Kyriakopoulos A, McCullough P. Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs. Authorea (Preprint). 2022;Jan 21. doi: <https://doi.org/10.22541/au.164276411.10570847/v1>.
6. Walach H, Klement RJ, Aukema W. The risk-benefit ratio of Covid-19 vaccines: Publication policy by retraction does nothing to improve it. Clinical and Translational Discovery. 2022;2(1):e35. doi: <https://doi.org/10.1002/ctd2.35>.

7. Franco-Paredes C. Transmissibility of SARS-CoV-2 among fully vaccinated individuals. *The Lancet Infectious Diseases*. 2022;22(1):16. doi: [https://doi.org/10.1016/S1473-3099\(21\)00768-4](https://doi.org/10.1016/S1473-3099(21)00768-4).
8. Nordström P, Ballin M, Nordström A. Effectiveness of Covid-19 Vaccination Against Risk of Symptomatic Infection, Hospitalization, and Death Up to 9 Months: A Swedish Total-Population Cohort Study. SSRN. 2021. doi: <https://doi.org/10.2139/ssrn.3949410>
9. Schwab K. *The Fourth Industrial Revolution*. Geneva: World Economic Forum; 2016.

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