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**COVID-19: MASKS AND
BARRIER GESTURES ARE
USELESS**

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Jesus Christ is the True God And Eternal Life

***But you, Daniel, shut up the words, and seal the book until the time of the end; many shall run to and fro, and knowledge shall increase.
Daniel 12:4***

Go your way, Daniel, for the words are closed up and sealed till the time of the end. Many shall be purified, made white, and refined, but the wicked shall do wickedly; and none of the wicked shall understand, but the wise shall understand.

Daniel 12:9-10

**Before you begin reading this Teaching,
Take a few minutes and meditate on the following question:**

Where will you spend your Eternity?

In Heaven?

Or

In Hell?

**Hell is Real, and it is Eternal.
Think about it!**

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Woe to you, greedy agents of satan who will try to market these teachings and testimonies!

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Know that you can escape the justice system of men, but you certainly will not escape the judgment of God.

You snakes! You brood of vipers! How will you escape being condemned to Hell? Matthew 23:33.

Nota Bene

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COVID-19: MASKS AND BARRIER GESTURES ARE USELESS

(Updated on 01 01 2024)

Dear brothers and dear friends, we would like to make available to you the transcript of an interview that the natural health coach, Jérémie Mercier, gave to the Canadian researcher, Professor Denis Rancourt, about masks and other so-called barrier measures. As you will see, Professor Rancourt has demonstrated the total uselessness of masks and so-called barrier measures. He joins many other Researchers who are constantly alerting the world against the diabolical plan of the luciferian rulers of this world, who have created the Covid-19 pandemic to exterminate the world.

Transcript of the Interview

Jérémie Mercier: Hello everyone! This is Jérémie Mercier. Today, I am delighted to welcome Canadian researcher Denis Rancourt, who is a researcher at the Ontario Civil Liberties Association and who recently wrote an article that has had a huge impact. It's his article "Masks Don't Work". So he's talking about the surgical masks or the FFP2 masks that people are using today hoping to protect themselves from the Covid infection. Hello Denis Rancourt.

Denis Rancourt: Hello, it's good to be here.

Jérémie Mercier: We're going to talk about this study that caused a lot of noise. What did this study consist of? And what were your findings?

Denis Rancourt: So I did a review of scientific articles. I looked for all the comparative studies that had been done in a rigorous way, what we call "randomized controlled trials" that compared the probability of being infected by a virus that causes a respiratory illness when you wear a mask versus when you don't wear a mask. And they studied two types of masks: surgical masks and also masks with very small pores, which I think you call FFP2.

Jérémie Mercier: That's it, yes!

Denis Rancourt: And so I looked at all these studies. There have been many. There have been many studies of this type for the last 5-10 years, so there is a fairly consistent literature and there are even studies that are meta-analyses of comparative studies. And I relied on all these studies where we verified by laboratory measurement that there had indeed been an infection, rather than simply relying on what is called "self-reporting" where we say "yes, I had symptoms, that sort of thing" because it's well established that when you do it that way, it's so biased that it's of no value. So I only relied on good, rigorous studies. There have been several and there are none in all the studies... There is no benefit in terms of reducing the risk of getting infected with a respiratory viral disease.

Jérémie Mercier: Whether it's with a surgical mask or a FFP2 mask. Do we agree?

Denis Rancourt: Exactly, with either one or the other. And there are also studies that don't compare what happens without a mask, but that compare the

two types of masks. These studies also find no difference between one mask and the other, even though the masks are physically very different.

Jérémie Mercier: So I feel like saying: "it's an earthquake", for all those people who are convinced today of the usefulness of the mask because the French government and many governments in the world, many health agencies recommend the wearing of the mask, or even oblige it in certain circumstances.

Denis Rancourt: The scientific studies are clear; there have been several large studies in hospitals, health care centres and in community settings. There is no study that detects any advantage in relation to this type of disease when you wear a mask, and moreover, it is well known that the World Health Organisation...

Jérémie Mercier: The World Health Organization.

Denis Rancourt: That's it, they say it clearly. They do not recommend that masks be used in a public context. And they explicitly say that there is no scientific study that has shown an advantage in such situations. So it's clear both in the scientific literature and in the most reputable international bodies. There is no advantage to having a mask in a situation like this.

Jérémie Mercier: So, two seconds, that means that there is no advantage either for the public, so people who want to avoid... the average citizen who wants to avoid getting infected. But there's no benefit either for the carers who, in France, have been clamouring for masks to protect themselves. Even for them, it is not effective in their conditions?

Denis Rancourt: I would say especially for them, because the majority of the studies have been done in hospital and health care settings, where people... where they treat patients, where there are lots of people infected with all sorts of things. And there's no benefit that can be detected in all these studies.

Jérémie Mercier: So that means that the carers who asked for these masks were in fact asking for an illusion of safety, right?

Denis Rancourt: Yes, and it was purely labour policy, if you like, to ask for these masks. There's no... it's not based on a scientific study.

Jérémie Mercier: Right, and there is no situation: transport, shops, schools that justifies wearing a mask, so?

Denis Rancourt: No. That is to say that the studies, all the studies that have been done show no advantage. Now, did they do a study in a school specifically? No. You know what I mean? There are so many circumstances, but in all the circumstances where it's been tested, whether it's even with people, in community circumstances, in all the circumstances, they found no benefit. So that's the first thing. After that, secondly, we can ask ourselves the question: "But why, why don't the masks work?" And that's a different and separate question. There is the strict statistical result that there is no benefit statistically. But after that, there's the question "but how do we understand that?" And I think you can only ask that question if you have an idea of how the disease is transmitted. You have to know the mode of transmission in order to be able to

talk intelligently about how to prevent this transmission. And what has happened in recent decades is that we have come to understand the nature of the transmission of this type of disease. We now know, and this was established with the work of Shaman et al. in 2010, that these are diseases that are spread by very fine particles, the smallest groupings of aerosol particles that are suspended in the air. And so there are particles that carry viruses that are suspended in the air for a long time. The smallest of these particles is the mode of transmission. It's not the larger particles that you eject when you speak or sneeze. It's not these particles that are important in terms of transmission vectors, but rather the fine aerosol particles...

Jérémie Mercier: Which are not stopped by the masks, then!

Denis Rancourt: Which are not stopped by the masks and which cannot be stopped by the masks, according to what we know about the physics and the nature of the fluids carrying such particles. Because the masks have a pore diameter that can be small compared to the most efficient masks: 0.3 micrometres, but there are still aerosol particles that can be smaller than that. That's one thing. And secondly, this pore is not the important issue because it's not the bottleneck, there are always openings that are bigger between the lung and the outside, even when you wear a mask, when you try to wear it well. There are always wrinkles in the skin that create openings. There are always imperfections in the skin that create openings. There is always a positioning of the mask that is not perfect. You move the mask because it's not comfortable. Even health care workers who are trained to wear masks properly, etc., are known to move the mask and adjust it, etc. Masks age, can be stretched, can be worn out, can be bent by accident. So there are cracks. There are pores that are larger than others. There are necessarily openings that are much larger than the diameter that is given by the manufacturer for the pores in the mask material.

Jérémie Mercier: This means that theoretically, the masks could be useful. But in practice, it's not possible for them to be useful because there will always be a defect, whether it's in the fitting or in the material itself, which will mean that the viral particles will get through anyway.

Denis Rancourt: Yes, they're still going to pass. Now they could have an effect, even if the majority of the particles that are carriers and that could infect us were bigger than, say, the diameter of the pores what happens? A particle sticks to the mask. Does it then, when you breathe, evaporate and the virus particles are released and you end up breathing them in? We don't know. There has been no study that answers this question. So we don't know in detail the mechanism, why the masks don't work? But every time we have done measurements, when we check the infection, it doesn't work. There is no benefit. All the studies on masks that simply demonstrate that a mask can stop droplets or stop large particles are irrelevant because these large particles fall very quickly, are not real aerosol particles that are part of the air fluid, which is the real mode of transmission of this disease. That's why the disease is hyper contagious and that's why the disease goes deep into the lungs because it's breathing like air and it goes deep into the lungs. This is the nature of all these types of diseases. So, given this mode of transmission, which is now understood and known, we

can imagine why masks cannot work. It must also be said that there are many scientific studies that are done and used indiscriminately, which are not really relevant studies. For example, if I do a study that shows that when I sneeze, the droplets don't spread any more than... will fall quickly in a metre or two, it's not relevant to that disease because that's not the mode of transmission. The vector of transmission is really the aerosol particles suspended in the air which are part of the fluid. All the droplets that fall quickly, that are larger, that are extracted by gravity, have no relevance in this debate.

Jérémie Mercier: Even then, at one point, there was talk of perhaps transmission of the disease by infected surfaces. Even that, in the end, it has no value?

Denis Rancourt: Here again, we can do scientific measurements where we show that a virus can survive on a given surface, whether it's plastic or metal. You can study different surfaces, but it's not relevant because it's not the transmission vector, even if you touch that virus, even if, in principle, in theory, you could then put your fingers in your mouth, and so on. It's not an efficient way of transmitting the disease, far from it. And these diseases are now well understood and they always have a seasonal cycle. They are very contagious in the winter, when the air is dry, when the absolute humidity is low, and not contagious at all when the air is humid, because the aerosol particles condense the water molecules and fall rapidly, become heavier and are no longer airborne. So the contagion cycle is very well known and we know the mechanism. But I can show you some graphs that illustrate this. For example, I don't know, we've been studying this for decades. If we look at total mortality over the years, for example, I'll show you a graph from 72 to 93 where we can see, through all the pandemics and everything, how "all-cause" mortality varies with time. This is the mortality per month or per week. So there are peaks in mortality during the winter when the air is dry in countries in intermediate latitudes and lows in the summer when the air is humid. It has always been like that. And these types of diseases cause the most, even more heart attacks in the winter, and that would be due to the interaction between these viruses that cause respiratory stress and heart disease. There are studies that show that. So, basically, we now understand these cycles and we understand that the cycles come from the mode of transmission. And all the rest is fluff, whether it's scientific papers or not. If you're serious and you really look and you try to understand the concepts and you look at the science and the level of understanding that we have of the modes of transmission and the type of diseases that it is, it's transmitted by aerosol particles and masks can't do anything about that. Because when you breathe out, the airflow is going to be through these little openings that are all around the mask, etc. And it's going to come out as easily as it's going to come in. And it's going to come out as easily as it went in, so it doesn't protect the person you're with - if you're wearing a mask - or yourself. It doesn't reduce the risk of being infected if there are such particles in the space where you are.

Jérémie Mercier: So that means that when sometimes you get the impression that masks were worn almost everywhere in certain countries, particularly in Asian countries such as Japan, South Korea, Taiwan or Singapore, it wasn't the mask that stopped the epidemic from spreading. Is that it?

Denis Rancourt: It's always complicated when you want to say things like that because it takes studies. You need to do a serious scientific field study. It takes verifying infections with laboratory measurements. It takes measuring the density of pathogens in the air. Is walking around outside, in any case, a situation where you are at risk when there are draughts and wind? I would say not. The main risk is indoors where the air is stagnant and the particles are airborne. It becomes complicated studies. There is also the fact that these seasonal variations that I have shown, there are no such variations when you are near the equator, when it is always more or less humid, enough to condense such particles so that they do not remain suspended. There are so many factors. There's also the idea that "do we really know how many people have been infected"? I mean on the scale of China, do we know how many people had basically a respiratory viral infection like that, they recovered at home? We've been coexisting and co-evolving with viruses that cause these diseases for a long time. It's been a very long time. Animals have been around for thousands of years, so we haven't died. And in history, when there have been diseases of this type that were particularly virulent, I would say that in the Middle Ages, for example, etc., these were also situations where a large part of the population had an immune system that was under stress for reasons of diet, for reasons of social stress, for reasons of nutrients. For all sorts of reasons, the immune system, the level of health was much lower and mortality was at a much younger age, etc. on average. So there could have been... Because what's important is the infection gets into our lungs. After that, there's a whole battle between the immune system and the virus. The virus will infect one or more first cells. The immune system will try to recognise pieces of protein from that virus on the surface of that molecule. If it spots it and recognises it as foreign, it will kill that cell before it has a chance to produce, to reproduce the virus, and so there's this dynamic battle going on inside us. And that's common and that's all the time. Now, the immune system, in order for it to be fast enough, for it to be fast, requires a lot of metabolic energy. If you're already spending a lot of metabolic energy just fighting off other infections, fighting off stress, etc., you're malnourished, you're likely to die from this new pathogen. The risk of dying is much greater. So the immune status of the person, of the individual, is much more important in determining whether that individual will survive or not, than the precise nature of the virus in question of that type.

Jérémie Mercier: Okay. So then, there's another question that comes up, which is "since masks are not useful, are there any gestures - because we've talked a lot about barrier gestures, particularly in France - are there any gestures that are useful?" In particular, we talked about keeping at least one metre away from others, washing your hands frequently, using hydroalcoholic gel. Is this useful in the context of Covid, which is a viral respiratory disease?

Denis Rancourt: No, absolutely not. I mean, there are studies that have shown that large particles will fall within one or two metres. That has nothing to do with it. The vector of transmission is airborne aerosol particles that fill the volume of our facilities, places where there have been infected people. When you go in there and breathe that air, you are infected, whether you have a mask or not, and it has nothing to do with a few metres away. The space, the very volume of the building fills up. There are detailed studies that have shown this. They took

air samples at different heights in buildings all over the place, and they analysed the density of pathogens that were there with genetic methods. And they were able to show how the air is just full of these suspended aerosol particles. Whether it's in hospitals, in childcare centres, everywhere in the season of these diseases, there are people walking around and there are volumes like that that are basically enclosed and it's full. And that's how you get it. You get it by visiting someone, in their home, in a house that is heated in winter. And there are no big cold air currents going through there where you remove all the airborne particles. There is no way of filtering these particles, it is too fine. And that's how it is in the buildings, in the institutions and in the houses where people are visited, that's where you get these diseases. It has nothing to do with the "two metres". You can sit down, you can eat at a big table and be two metres away from each other and have conversations. If someone had a cold a few days ago and they don't have any symptoms anymore, there are still particles in the air in principle. There are draughts, there is a lot of movement. There is a risk of catching this disease in this way. It doesn't have to be two metres.

Jérémie Mercier: So, we can wash our hands fifty times with hydroalcoholic gel and wear a mask, but it won't change anything.

Denis Rancourt: The transmission vector is not contact to contact. So washing your hands doesn't help. Washing your hands is good for pathogens of the type where it's important, such as pathogens related to excrement, pathogens related to mucous substances, to water that is full of very harmful bacteria, etc., because nutritive substances have been added so that these pathogens will grow well in that water, so you mustn't bathe, you mustn't drink the water. It's all about contact. Diseases that are transmitted sexually are also contact diseases. But respiratory viral diseases are completely different. The vector of transmission is different. It doesn't do much good to wash your hands. We do it because it's part of the procedures. Doctors do it because it's in the procedures. But they also have lots of other pathogens that they have to worry about. But no, it's useless. We are in a world where we are not using scientific knowledge. We're just doing anything to give ourselves a good impression of supporting public health.

Jérémie Mercier: So I also imagine that it gives an illusion of security, whereas if we wanted to go through with this idea of protecting ourselves from the virus, we would have to be dressed almost like a cosmonaut's suit in the P4 laboratories with an overpressure suit and then an oxygen supply that is separate from space, right?

Denis Rancourt: Yes, but these systems are only useful in conditions where there are research laboratories that make particular pathogens, that genetically modify them. They don't want it to get out into the environment or they don't want to contaminate their scientific samples with the pathogens that we would have in our body, so there is an isolation that is done completely at the level of the environment of the person versus the laboratory. So, in applications like that, in advanced or military research, it makes sense to do that. But in the real world, with real people whose immune systems are exposed to a whole range of viruses of this type every season, it is not normal to think in these terms. We don't want to sanitise, we want to live with viruses as we always do. We want

our immune system to learn because it is learning and being trained. And we want to be healthy so that our immune system can react when it's time to react.

Jérémie Mercier: As far as I know, this aspect of the immune system is absent from the "official scientific" debate today, it is not mentioned!

Denis Rancourt: No. We are in a kind of crazy world where we think we can create a sterile environment in a real environment that is full of pathogens. Biologists say, "There's everything everywhere". And that's true. And it's almost impossible to live in a sterile environment and even in a hospital environment where we put people at risk, by opening them up for operations, etc., it's essentially impossible to prevent infections. You have to try to accompany the person, put them in conditions where they will heal, use intervention methods when there is an infection. But really preventing by sterilization is almost impossible.

Jérémie Mercier: OK. So, given all the information you're sharing with us, namely that barrier measures are useless in the case of respiratory viral infections, that the mask is also useless, but yet today we have health agencies, medical academies, and governments that recommend it, and even oblige people to wear a mask in public transport, in certain shops, etc, How can we resist this, and is there any possibility of disobeying these absurd rules, which are not based on science? For example, would having a scientific article that takes up these points make it possible to respond to a ticket inspector who would, for example, want to get you off the bus because you don't have the mandatory mask? What can we do?

Denis Rancourt: If the controller has scientific knowledge and is sensitive to scientific arguments, it could work, but I think it will be rather rare to meet such a controller... In any case, it is not policies, rules and laws that are based on science. So I don't see how science can be used to counter them. Because it's made up, it's made up for political reasons and control, so it's difficult... There's no magic weapon that's scientific that we can really use, but science helps us because it motivates us personally. People who want to understand, who want to learn, who want to reason, who want to justify why they resist and why they have resistance, science will help them. But in front of the judges, the police and the politicians, there is almost nothing. There are hardly any scientific arguments that can work because they are insensitive to these arguments.

Jérémie Mercier: And is there a danger - because we talked about the fact that the mask was useless in the case of the Covid epidemic - can wearing a mask for too long also have a danger on health, for example?

Denis Rancourt: One of the things that has been proven by comparative studies is that workers in hospitals, in health care settings, who wear masks versus those who don't, have headaches much more often. This is statistically valid, it has been demonstrated. This is one of the negative effects that has been absolutely proven, and there is no positive effect in the sense of reducing the risk. So that's what's known. As for the rest, it becomes: what do we think of the mechanisms, what do we think is possible? We can imagine all sorts of dangers related to the mask. Of course, if a person is fragile in hospital, we don't

want to put a mask on them, we want to help them breathe as much as possible. Of course, someone who has to breathe very hard because they're doing a rigorous exercise, it's perhaps better not to put a mask on. If you're used to making a really vigorous effort and you do that same effort for a long time, but this time you put on a mask because you've been told to put on a mask, it can put you in danger. There are reports of people who feel faint, etc., who have had car accidents because they were not breathing well enough in their car while wearing a mask, etc. But these are anecdotes. These are not systematic, rigorous studies, but they are anecdotes. There's also the fact that the mask will accumulate everything in the air and so, after that, it will be manipulated, perhaps it will be put back on, I don't know, but all sorts of scenarios can be invented, but these are not things that are known. There have been no serious comparative studies.

Jérémie Mercier: And what does this say about our society, this mass of people who today go out wearing a mask when there is no valid reason to go out wearing a mask from a health point of view?

Denis Rancourt: But it's people who believe in authority, in what they're told, and who want to do the right thing and who want to do what others do too. They are in society, and they don't dare to be the person who contradicts this good way of doing things. But there is a danger when the state imposes a rule which is not based on science and which does not really have a reason to exist. And that we accept this rule for reasons of authority and for reasons other than good reasons and rules that change our behaviour altogether. The danger is that we become accustomed to accepting rules via the process of authority, and so it gradually brings us closer to a totalitarian state, in this slow march towards the totalitarian state. It drags us into it. And this is a real effect that I believe. There have been scientific studies about this and I think it's a real phenomenon. Society has a great tendency, as it develops - it's a hierarchy of dominance - and we tend to drift towards a totalitarian state. And we have to fight to bring things back a bit from time to time. So I think that accepting rules like that, without any reason, goes in that direction. And that is a real danger for society, I think.

Jérémie Mercier: And the last question - so your paper on masks is very popular on the internet, it's been read hundreds of thousands of times - does that make you want to submit it to a peer-reviewed journal to perhaps give it some additional authority?

Denis Rancourt: It could perhaps give him additional authority, but he has already had all the impact that he will have. All the researchers in the field have read it and will not cite it because it is not in a journal, but at least they have read it, they have considered it, they have even made comments, they have sent me messages. The information is out there, the message is out there, and even the researchers in the field know that I am a serious person who is going to be very critical of what they are going to do from this point onwards and the studies that are going to come out. And they now know the criteria I use to critique their work because I've critiqued papers in my journal article and so that's already had its impact. And the journal review process is a frustrating process where you have to sanitise your words and you can't be too direct, even

when you have a scientific conclusion that is firm. You can't use direct language and so on. I know this well because I have submitted more than a hundred articles to journals of this type and they have been well cited, etc. One of my fields of research, moreover, is nanoparticles in the environment, so aerosols, all that, is something I know well. But it's frustrating the review process, because the competitors who have written articles about masks are going to read my article and they, in their introduction, have made little comments to sell their salad like: "masks could help, it's possible that masks help". And they're going to be very frustrated with a very definitive article that says "look, there hasn't been a single study that shows a benefit that's statistically valid". So that frustrates people and so the reviewers make negative comments. After that, you get into discussions with the publisher. I don't want to waste my time doing that kind of thing. People can evaluate my arguments, reject them if they want, ignore them if they want, I don't care.

Jérémie Mercier: So, you had a lot of feedback from engineers, researchers and scientists in this field. Have any of them brought you arguments that could have changed your opinion as expressed in the article?

Denis Rancourt: No, I had a lot of comments and a lot of criticism, but there was nothing that defeated the rigorous aspects of what I had concluded. For example, there are many who said "But no, but there are plenty of studies that show that masks stop droplets of all kinds". This is irrelevant because we're not talking about droplets here, it's a mechanism - as I said - of fine aerosol particles. It's the fluidity of the air that's important, the fluidity of the air, and so it has nothing to do with it. Just because you can show that a fabric or a mask stops droplets does not mean that it is relevant.

Jérémie Mercier: And yet, this is the argument used all the time in fact!

Denis Rancourt: Yes, because it's visual... but the argument assumes that the propagation vector is through these droplets. If we remove, if we pull this carpet out from under people's feet, there is no longer any argument. And it's really not the vector of propagation. Yes, in the laboratory, you can cause an infection by taking a fluid from an infected person, by injecting it into the nose or the lungs of a person, you can successfully infect. But in the natural way, in the contagion of that disease, that's not how it happens and therefore it's not relevant. The fact that it is possible is not relevant. The real question is "in an epidemic, what happens and what is the vector of propagation?"

Jérémie Mercier: Just to finish, what advice would you give to all those people who have been panicked for several months with the lockdown, who have seen the number of deaths increase every day, who have heard all these recommendations to make these barrier gestures, to avoid others, to isolate themselves, to wash their hands with hydroalcoholic gel, to put on a mask, etc.? What can we say to these people?

Denis Rancourt: What can you say to someone who has been panicked by things they've heard on TV or the internet? What can you say to someone who feels panic or fear, just because the government says things and says that the health authorities have said such and such a thing, and not based on their

common sense, on their personal experience, on their experience where they have lived for several seasons, where they have had this type of illness. And he doesn't ask the question "but if they say it's a serious disease, how many more people than normal have died? Can I have that figure? Don't tell me how many people you've tested for this thing with a test I don't understand. Tell me if there are really more people dying." And when you ask that question, the answer is very clear and I could show you another graph, for example. This is "all-cause mortality" depending on the time in Europe, for all of Europe. And here we see the recent peak, this is the Covid peak, but it is much finer than the others. The area under the peaks as a function of time, and we can go much further and still be about the same. No more people are dying. And this very fine peak, we can understand it. It took place in New York, in New York City, and it took place in England. There are plenty of states, large states where there is no such peak. There's nothing going on. For example, I can show you California, which has a population larger than Canada. And then there's no spike here that would be due to Covid. And the red lines that I put are where it was announced as a pandemic. From then on, everyone saw Covid everywhere. The spike in question was due - we now understand - it was due to the fact that many jurisdictions sent their patients who were in hospitals, in centres for the elderly, in health centres other than hospitals, to free up the hospitals in preparation for an epidemic that never existed, or almost never existed. So they accelerated the infection of entire institutions full of very vulnerable people. And so there was a very rapid rise in mortality and so it's very dramatic in New York and so on. And it's due to these methods of operating. Also, in the United States they were treating the sickest people with mechanical ventilators. There is a rigorous scientific study that showed that these ventilators killed the people on whom they were imposed. There have been accelerated deaths due to so-called pandemic response policies, but there have been no more deaths in total than there typically are in any season due to this type of disease.

Jérémie Mercier: So, artificially, somewhere due to inappropriate policies, we have created a peak in mortality over a fairly short period of time...

Denis Rancourt: In some places where these absolutely harmful, absolutely horrible policies have been applied. For example, I have the graph here for England and Wales, where you see from one season to the next - the area under the peak is the total mortality for that season - and recently there was this big peak. There are no more deaths. The total area is about the same, okay? And if there were more deaths, it's because they were stressed and people who might not have died, died because of their stress level. The damage we did to their immune systems by turning their lives upside down and so on. But it's a small effect. Basically, there have not been more deaths. It's not a pandemic that has created more built-in mortality that there always is with every season.

Jérémie Mercier: So, statistically, if we take a step back, there is no excess mortality compared to usual.

Denis Rancourt: That's it, I mean, it's not even statistical. It's real solid figures, we can integrate each season over a year. We can look at the surplus of deaths "from all causes" and we can see that it falls within the norm. There were places

where there were more deaths, where they were killed, in places where there were aberrant policies. But basically, there were no dead people in the streets. There were no morgues that were too full, there was none of that.

Jérémie Mercier: OK, so, in the end, that's how we can reassure these people, that despite all the media hype, there is no unusual excess mortality.

Denis Rancourt: Well, I don't know if we can reassure these people. I hope that they'll get to the end of their fears, that it'll stress them out so much and that in the end they'll be forced to give up and realise that they're not dead. And then that they have to go on, and that there is something psychological going on there. But it's so not rational, this fear. And it's so based on what we've heard. It reminds me a bit of baboons in the jungle walking around in a herd. And one of them sees some kind of a stirring thing there and thinks it might be a baboon-killing lion and starts screaming and runs to the trees and everybody starts screaming and runs to the trees. They go up the trees, they spend a lot of energy and they stay in the trees for a long time... until, they've watched long enough, they haven't seen a lion, they haven't seen any danger. And then slowly they'll go back down... until the next time somebody gets mad, they're going to get angry, and then the same thing will happen. I mean, we're social animals in a dominance hierarchy. We behave like that. It's hard to reason with people when they're reacting to a shout and then they just want to run into the tree.

Jérémie Mercier: Okay, I think this image is very telling. In any case, thank you for sharing. Well, anyway, I think we've done the trick. I think that if you've made it to the end of this video, you've understood: that masks are useless in the context of the Covid epidemic, that barrier measures are useless, on the contrary, it's a royal road to the establishment of a State that is increasingly authoritarian and that, well, we behaved like baboons, right? Okay. Well, in any case, thank you very much Denis Rancourt for these very clear, very relevant explanations, I would even say unusually common sense. Because we have seen so little common sense during this Covid story that it is really good to hear that and to see the intellectual rigour that you have and that you have transmitted via this article. So, it's in English, I'll put the link on the video. I don't know if... I think there's a French version maybe too, right?

Denis Rancourt: No, I wrote an article in English that criticised Canadian politics. And that article was translated into French.

Jérémie Mercier: Okay, I'll put the links under the video, and I invite you to comment on the video and to share it because it's time to come to our senses, to come back to something more rational and to stop believing things that are not based at all on science, but on beliefs, on "we think it's like that because it seems logical" when in fact, it's not at all logical or verified, or anything. Thank you very much Denis Rancourt.

Denis Rancourt: It was a pleasure for me. It was a pleasure to be with you.

Jérémie Mercier: See you soon, goodbye!

Denis Rancourt: Likewise.

[End of Interview]

Dear friends, there are several other very interesting articles exposing the satanic project called Covid-19, and the purpose of the race of vipers who rule this world. You can find these articles on the website www.mcreveil.org, in the Health section and the Illuminati section. Please make the effort to read these articles, and share them as much as possible, to alert as many people as possible while there is still time.

Grace to all who love our Lord Jesus Christ with an undying love!

Invitation

Dear brothers and sisters,

If you have run away from fake churches and would like to know what to do, here are the two options available to you:

1- See if around you there are some other children of God who fear God and desire to live according to the Sound Doctrine. If you find any, feel free to join them.

2- If you do not find one and wish to join us, our doors are open to you. The only thing we will ask you to do is to first read all the Teachings that the Lord has given us, and which are on our website www.mcreveil.org, to reassure yourself that they are in conformity with the Bible. If you find them in accordance with the Bible, and are ready to submit to Jesus Christ, and live by the demands of His word, we will gladly welcome you.

The grace of the Lord Jesus be with you!