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COVID-19: Poisoning by Military Solar Geoengineering Operations

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ABSTRACT

Background: Conflicts of interest, censorship, scientific misconduct, unscientific and liberticidal social methods characterized the COVID-19 period from governments, health authorities, the media and part of scientific community. However, military involvement seems to be at the root of the COVID-19 event. Objectives: The first part of this review is devoted to disputing the official narrative, while the second discusses the involvement of military technology during the COVID-19 period. Methods: Documents used come from official sources: PubMed; Google Scholar; ResearchGate; intergovernmental organizations; political documents; national newspapers; news agencies; writings or testimonies of politicians and scientists recognized in their field. Main results: 1/ The first mortality peak (March-April 2020) started in several very distant locations, at the same time, without leaving these areas. Mortality levels were correlated with air pollution levels. In France, a government drug protocol (Rivotril) killed thousands of elderly people; 2/ The methodology used to identify a virus does not respect the rigor of science nor the scientific method. Virus genome detection is based on computer models. SARS-CoV-2 was never isolated; 3/ For more than 20 years, a military technology known as solar geoengineering by stratospheric aerosol injection (SAI) sprays chemicals into the atmosphere to alter the climate, which constitutes the largest proportion of air pollution. These sprays target specific regions and cause extreme toxicity to the respiratory and nervous systems. Conclusion: Scientists cited in Part 1 show that there was no spread of a deadly viral respiratory pathogen. Consequently, the use of solar geoengineering by SAI, possibly composed of graphene-based nanomaterials, represents the most suitable explanation to link mortality peaks with precision of location, synchronicity, air pollution, weather, target population, without transmissible pathogens. The poisoning caused by this clandestine air pollution is deliberate, leading to a serious increase in respiratory illnesses and misleading the public and a large part of the medical profession about the origin of numerous pathologies.

Keywords: Air pollution, Chemtrails, Graphene, Immune system, Respiratory diseases, SARS-CoV-2.

INTRODUCTION

In May 2009, just before the World Health Organization (WHO) declared H1N1 a pandemic on June 11, 2009, the definition of the term “pandemic” was changed to remove criteria related to severity (mainly mortality). Later, scientific literature will prove that the 2009 H1N1 episode turned out to be a false pandemic orchestrated by collusion between the pharmaceutical industry, governments, the WHO, and the media, with the aim of persuading

the population to get vaccinated [1]. Similarly, the COVID-19 period has revealed the very high level of conflicts of interest and control of medical science by the pharmaceutical industry with the ultimate goal of mass vaccination [1; 2], accompanied by a scientific impossibility (even for the best specialists) to question the official narrative of COVID-19 [2; 3; 4], thus showing that this event has been manipulated [1; 2]. In addition, the COVID-19 event also displayed significant military involvement, particularly in relation to the vaccination phase [1; 5].

Recent documents show that COVID-19 goes far beyond a manipulated epidemic and is instead a situation that has been entirely created and controlled. In order to achieve mass vaccination, the official narrative of the COVID-19 period (2020-2023) was built on a huge lie. The aim of this literature review is to show that a military technology could be at the root of this false pandemic. The first part presents the main findings of scientists recognized in their fields who question the pandemic status and the causes of mortality peaks. The second part explains how a military technology, called solar geoengineering by stratospheric aerosol injection (SAI), in operation for over 20 years, could have been used to create and control the COVID-19 event.

FACTS AND STUDIES CONTRADICT THE OFFICIAL VERSION OF COVID-19 PANDEMIC

Mortality Peaks in the World

Dr. Rancourt (PhD in Physics, former tenured Full Professor and lead scientist at the University of Ottawa, Canada) and his scientific collaborators work independently on official data since the beginning of the COVID-19 period. They analyzed all-cause mortality in 125 countries. Although their work has not been peer-reviewed, neither their methodologies nor their results have been scientifically challenged. Their main findings show that during the COVID-19 period: 1/ Excessive heterogeneity between countries in terms of age-, sex- and health-adjusted mortality, including between bordering countries (For example, in 2020 in Europe, mortality was age-dependent in some countries and not in others during the same year); 2/ Correlations between all-cause excess mortality rates and socioeconomic factors (poverty); 3/ During the first mortality peak (March-April 2020), there were excess mortality in the United States and Europe, but only in specific locations and not extending beyond them, even between regions within of the same country or between neighboring countries, as well as in densely populated areas; 4/ A temporal synchronization of excess mortality during the first peak and immediately after the WHO declared a pandemic (March 11, 2020) on several continents; 5/ In the US, summer peaks in mortality (2020-2021) despite the fact that viral respiratory diseases never cause a peak in all-cause mortality in summer; 6/ In the United States (Oregon and Washington), excess mortality concomitant with heatwave in June 2020 [6; 7; 8].

Dr. Rancourt and his colleagues concluded that these inconsistencies in all-cause excess mortality during the COVID period are not compatible with the spreading of a respiratory virus [7]. On this subject, some authors did not understand why, in some parts of Italy, and more generally, of the world, the virus transmission was different [9]. According to statistics from the Centers for Disease Control and Prevention (CDC), based on death certificates, in the US, approximately 50% of deaths associated with COVID had bacterial pneumonia as a comorbidity. This pneumonia epidemic has never been mentioned in the media or in medical

literature [6]. In scientific literature, it can also be found that: « The majority of deaths in the 1918-1919 influenza pandemic likely resulted directly from secondary bacterial pneumonia caused by common upper respiratory-tract bacteria… Prevention, diagnosis, prophylaxis, and treatment of secondary bacterial pneumonia... should also be high priorities for pandemic planning. » [10]. It should be noted that A. Fauci was among the authors of this article. Furthermore, in 1919, the important work of Dr. Rosenau showed that it had never been proven that a transmissible infectious agent was responsible for the influenza epidemic [11].

Dr. Rancourt and his colleagues explain that the increase in all-cause mortality is due to the psychological stress caused by social measures (lockdown, isolation, quarantine, masks, etc.), the constant stress imposed by the media, as well as COVID-19 specific hospital protocols and restrictions on care [6; 7; 8; 12]. Moreover, remember that a study conducted by researchers from Johns Hopkins University revealed that, regardless of the strictness of lockdown, comparing lockdown with no lockdown, mask wearing, closure of non-essential businesses, border closures, school closures, and restrictions on gatherings did not reduce COVID-19 mortality [13]. Although they confirmed their main findings, curiously, the same authors published more moderate statements a few months later [14].

The same authors who analyzed all-cause mortality in 125 countries also revealed an increase in mortality following COVID-19 vaccination [6; 7; 8; 12], which is confirmed by a study showing that the number of deaths worldwide due to COVID-19 increased in relation to vaccination coverage [15].

With support from medical literature, Dr. Rancourt hypothesizes that this pneumonia epidemic could be spontaneous respiratory microbial self-infection pneumonia (uncontrollable imbalance of the respiratory tract microbiome) or aspiration pneumonia (aggressive bacterial pneumonia self-generated by bacterial access through aspiration and inhalation of oropharyngeal or gastric contents into the larynx and lower respiratory tract occurring in frail individuals). These two types of pneumonia therefore occur without person-to-person transmission of a respiratory pathogen. Immunosuppression is the main factor triggering aspiration pneumonia. The stress imposed by social measures would have led to a drop in the immune system, causing aspiration pneumonia in the most vulnerable individuals. The absence of antibiotic treatment and the use of mechanical ventilation and various medications (e.g., sedatives, sleeping pills, psychotropic drugs, etc.) that are totally unsuitable or contraindicated in aspiration pneumonia may have completed the work begun by stress [16]. Thus, according to the author, almost all or most of the all-cause excess mortality during the COVID period is associated with respiratory infections or conditions, but without epidemic spread [16].

Mortality Peaks in France and Europe

In his book, based on official French government data, Pierre Chaillot (statistical engineer, senior official, France) explains that in 2020-21 there was no mass death in France (and in Europe) [17]. In France, in 2020, the only increase in mortality was observed among people over 65 (there was even a decrease in 2020 compared to 2019 among people under 65). In 2020, life expectancy in France remained virtually unchanged at 81.63 compared to 82.12 in

2019 (81.49 in 2015, for example), but it has decreased for those over 65. It should be noted that in France, 80% of the population is under 65 [17].

In March 2020, in France, the "Réseau Sentinelles" (a health research and monitoring network under the supervision of the French government) reported that « the surveillance of "influenza-like illness" (defined as sudden onset of fever above 39°C, accompanied by myalgia and respiratory signs) has been replaced by "acute respiratory infections" (defined as sudden onset of fever or feeling of fever and respiratory signs) » [18]. This new definition of respiratory infections allowed influenza to be included in COVID-19 statistics [17]. Moreover, the WHO imposed a new coding system (U07.XX) for COVID-19 patients in hospitals. This new coding system is so vague that a simple respiratory illness could be classified as COVID-19, even with a negative test result. Reporting a patient as COVID-19 also resulted in higher fees (for both doctors and hospitals) [17]. Remember that in France in 2020, hospitals were never overwhelmed by COVID-19 patients [1], which was also the case with the Italian hospital system during the peak [9]. According to Dr. Blaylock, many hospitals were either empty or had low occupancy during the pandemic [2].

In March-April 2020, nine of the 33 countries in Europe reported a peak in mortality (Belgium, Cyprus, Switzerland, Spain, France, Italy, Luxembourg, Netherlands, Sweden). In France, this peak in mortality only affected certain regions, but all of these regions experienced the peak at the same time [17]. The Reuters news agency states that these differences between countries and even between regions remain "difficult to explain" [19]. Of the nine European countries that experienced excess mortality in March-April 2020, seven imposed lockdown measures during this period. There was an increase in deaths during the period when the strictest measures were in place [17]. According to Pierre Chaillot, the suspension of care (respiratory infections, heart attacks, strokes, etc.) and consultations, as well as the widespread abandonment of elderly people caused by fear, led to an increase in mortality [17]. On March 28, 2020, the French government decided to introduce a palliative care protocol for elderly people with suspected SARS-CoV-2 infection, rather than treating them, using Rivotril without marketing authorization. However, the contraindications are clear: Do not use this medicine in cases of severe respiratory failure. According to calculations by Pierre Chaillot, and based on only partial sales data, the use of Rivotril could potentially cause 24,000 "accelerated" deaths between March 2020 and March 2021 [17].

No Virus SARS-CoV-2

The book of S. Bailey and M. Bailey (MD and MB ChB, PGDipMSM, MhealSc, respectively, New Zealand), with a foreword by the renowned Pr. Noakes (MB ChB, MD, PhD), demonstrates that the methodology used to identify the SARS-CoV-2 virus does not respect scientific standards [20]. Among the numerous evidences presented by Drs. Bailey, the section on the scientific determination of a virus completes the pandemic fraud discovered by Pierre Chaillot and Dr. Rancourt. To identify the existence of a virus, the standard scientific protocol uses indirect methods: culture, genome detection. Typical culture involves taking a biological sample from a sick patient and adding a mixture of different products. In this case, to identify SARS-CoV-2, the patient's sample (which virologists were already certain contained a dangerous virus that was causing the patient's illness) was cultured with African green monkey kidney cells, fetal bovine serum, antibiotics, and antifungals. If, after a few days, the kidney cells showed

cytopathic signs (decomposition or death), the virologists could conclude that a cytopathic virus from the patient was the cause. However, in addition to the fact that antibiotics and antifungals can have cytopathic effects, kidney cells are designed to treat essentially sterile blood, not respiratory secretions and all kinds of inhaled particles. Furthermore, to isolate a virus, there were never any control experiments with healthy cells nor any blind experiments [20].

The detection of a virus genome is generated by a computer through the assembly of millions of different genetic sequences and depends on a library of viral genomes (GenBank) determined in the same way. In other words, virus genomes are identified (created) without any proof that the genetic material comes from a virus. These created genomes are then used as a template to identify (create) other genomes [20].

The work of the two Drs. Bailey demonstrates that there is no direct evidence to prove the existence of a virus responsible for contagious transmission during the COVID-19 period, thus invalidating the concept of a viral pandemic [20]. The COVID-19 pandemic is not the first false epidemic to have been denounced by doctors and scientific researchers who show that medical experiments, clinical trials, statistics, and government policies are not put in place to take care of the population's health [21].

Tests

Among the array of lies used by official authorities, there is also manipulation through RT-PCR (reverse-transcription polymerase chain reaction) tests. Positive test results in asymptomatic patients have allowed governments and the media to spread the idea that an epidemic without sick people is normal, justifying social measures [1; 17]. RT-PCR test amplifies short sequences of genetic material, but provides no evidence of the existence of a “virus” or even the origin of the genetic material [20]. Cases of colds and flu disappeared and were reclassified as COVID-19, leading to a pandemic of tests rather than a real pandemic [17; 20].

Conclusion of Part 1: No COVID-19 Pandemic

Dr. Rancourt and his colleagues, Pierre Chaillot, and the two Drs. Bailey, therefore conclude that there was no spread of a deadly viral respiratory pathogen (in this case SARS-CoV-2) during the COVID-19 period, which means no pandemic. In some countries, priority targets seem to be people over the age of 60 and those living in poverty. Consequently, the role of the media, as well as that of governments and corrupt science, was to convince the public that mortality peaks in certain regions were representative of what was happening everywhere and for all ages, while targets (spatial, temporal, demographic) were clearly defined.

MILITARY TECHNOLOGY

Air Pollution

Literature shows that during the COVID-19 period, worldwide, there was a correlation between higher levels of particulate matter (PM) air pollution and higher COVID-19 mortality, with a possible causal link in some cases [22; 23; 24; 25]. COVID-19 mortality increases when PM2.5 (particles with diameter ≤ 2.5 μm) pollution increases [26]. PM2.5 causes a higher mortality rate than PM10 [27]. In terms of weather conditions, higher humidity was associated with an increase in COVID-19 cases and all-cause mortality [23; 27].

Studies conclude that PM is a respiratory irritant, increasing airway permeability and thus facilitating viral penetration [26]. PM could also act as a carrier of the COVID-19 virus and play an important role in the spread of SARS-CoV-2 [24]. Furthermore, a study concludes that the two main transmission mechanisms of SARS-CoV-2, person-to-person and person-to-place transmission, do not provide a satisfactory explanation for the global spread of SARS-CoV-2 infection. There may therefore be another type of transmission: air pollution-to-human subject transmission [28]. Consequently, if there was no SARS-CoV-2 virus, what was special in a polluted air that triggered localized mortality peaks in certain restricted areas of the planet, occurring simultaneously from a precise date (for the first mortality peak) ?

In addition to aspiration pneumonia, Dr. Rancourt raises the possibility that a sudden environmental change, with huge dispersions of toxic aerosols, could cause bacterial pneumonia without transmission [16]. This is confirmed by a study showing that very small atmospheric particles of various pollutants (e.g., coal fly ash) greatly increase susceptibility to bacterial lung infection, especially if they are composed of metal [29].

Solar Geoengineering by Stratospheric Aerosol Injection (SAI): Military Technology Currently Used to Poison Population and Environment

Recall the elements that have already confirmed the military footprint during COVID-19: 1/ Operation Warp Speed, announced on May 15, 2020 (but already considered in early April), represents a partnership between the Department of Health and Human Services, the Department of Defense and the private sector to advance the development, manufacture and distribution of vaccines, therapeutics and diagnostics [30; 31]; 2/ Part of COVID-19 vaccines were manufactured with DARPA [1]; 3/ For a long time, the military has aspired to mind control [32], and to merge human with machine [5]. The goal of military research is to achieve this without surgical intervention (just intranasally, intravenously, and/or intraorally), using magnetic nanoparticles and graphene, which migrate and self-assemble (using microwave frequencies, particularly 5G) to target organs such as the brain. These nanoparticles are among the undeclared components of COVID-19 vaccines [5; 33]; 4/ 5G microwave frequencies are mainly used by the military and not by civilians [5].

Solar geoengineering by SAI is a climate modification technique that involves spraying chemicals from high-altitude aircraft. For several years, official documents report effects on health and the environment similar in all aspects to those that would be detected if solar geoengineering by SAI was used [34]. Nevertheless, according to most scientific studies, media, and governments, this technology is only being studied and could be used in the future to cool the planet by reflecting solar radiation in order to counteract “global warming” [34]. However, their level of conflict of interest [1], coupled with the secret military stakes [34], cause them to lose all credibility.

These high-altitude aerosol injections (which have nothing to do with cloud seeding) are commonly known as chemtrails or persistent aircraft trails and are visible as long chemical trails that widen to form a milky veil that persists for hours in the sky (Figure 1) [34]. Over the past 10 years, Dr. Herndon (Ph.D. in nuclear chemistry, United States) and his colleagues published some 40 papers (in peer-reviewed journals) on these clandestine military atmospheric chemical sprays to show that solar geoengineering by SAI is indeed being used,

observable all over the world, and that persistent aircraft trails were not condensation as the media and most studies claim [35; 36]. These SAI are mostly composed of metallic particles (aluminum, iron, barium, strontium, nanoparticles), sulfur, coal fly ash [34; 37; 38], and may also be accompanied by pathogens [34]. A variant of this military technology can also be used to create fog [39]. In addition, the nanotechnology employed in SAI (e.g. smart clouds composed of microscopic computer particles; metallic particles), reacts to electromagnetic waves generated by powerful high-frequency transmitters such as ionospheric heaters (e.g. HAARP (High-frequency Active Auroral Research Program)), allowing these nanoparticles to be directed towards specific locations [39]. Military aircraft, uninhabited aerospace vehicles (UAVs) with stealth technology, and even civil aviation (depending on the chemicals to be sprayed), can be used, either by incorporating the compounds directly into the fuel or release by nozzle [34]. It is these clandestine military spraying of fine particles, almost daily and almost worldwide, that constitute the majority of air pollution for many years [40].

a

b

c

d

Figure 1: Photographic examples of persistent aircraft trails (chemtrails). Photographs were taken by the author, located in northern France, with a Smartphone Samsung Galaxy A15 and Nikon Coolpix L16 camera, showing persistent aircraft trails (a: May 23, 2025, 20h54; b: April 6, 2025, 14:53; c: February 9, 2024, 12:31; d: September 20, 2025, 17h) and their gradual spreading over time, leaving a cloudy and milky sky (c, d). Chemtrails are often more abundant in the direction of the sun.

This military technology is primarily used to intentionally modify the climate (mainly by warming it) and contributes to the creation of various disasters that appear natural but are not, such as forest fires, heat waves, droughts, floods, etc [34; 38; 39], but it also has extremely serious and, above all, criminal health effects [35; 38]. In 2012, in the British newspaper "The Guardian", a former executive advisor on aerospace and defense explained that « geoengineering is primarily a military science and has nothing to do with either cooling the planet or lowering carbon emissions ». At least 4 countries (USA, Russia, China, Israel) have weaponized the climate. These countries « possess the technology and organisation to regularly alter weather and geologic events for various military and black operations, which are tied to secondary objectives, including demographic, energy and agricultural resource management...» [41]. It should be noted that this is not the first time that covert military operations sprays the atmosphere with pathogens. Between 1940 and 1979, Britain's biological weapons tests involved spreading potentially dangerous chemicals and microorganisms (e.g. zinc cadmium sulfide; E.coli and Bacillus globigii, which mimics anthrax; Serratia marcescens bacteria, with an anthrax simulant and phenol) over large areas of the population without the public's knowledge [42]. However, it was only years later, in 2003,

that publications on bioterrorism showed that it was technically feasible to disseminate biological agents via aerosol from aircraft [43; 44].

The spraying of very fine metal particles, related to clandestine geoengineering, greatly increases the risk of respiratory and neurodegenerative diseases [45; 46; 47], which is consistent with the constant rise in these diseases since decades [34]. Moreover, air pollution affects the overall immune system [48].

Thus, as published in 2020 by Dr. Herndon and Dr. Whiteside (M.D., M.P.H., United States), clandestine military geoengineering by SAI is linked to COVID-19 through the atmospheric pollution it generates [49; 50]. However, this is not to transport and spread a pathogenic viral agent, but rather to directly trigger symptoms attributed to COVID-19 using a specific component introduced into the sprays.

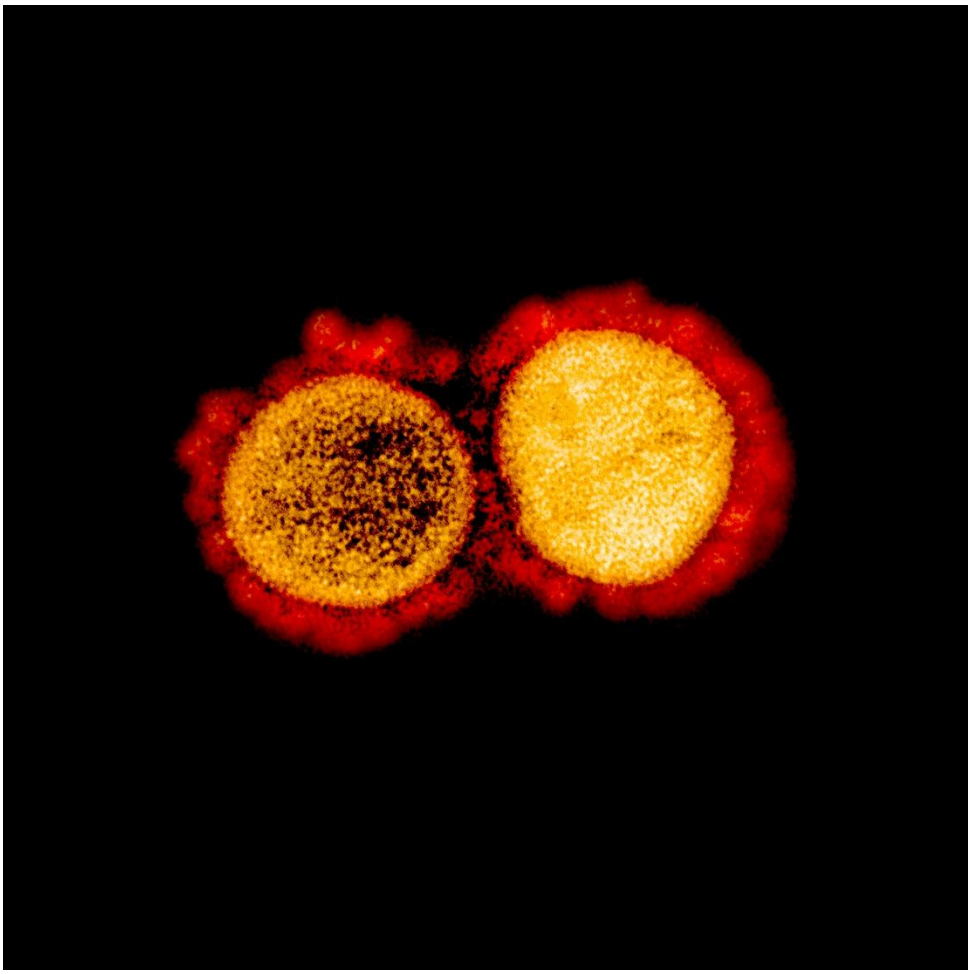
Possible Components of Solar Geoengineering by SAI During COVID-19

In March-April 2020, in the northern hemisphere, the sudden appearance of mortality peaks in various locations simultaneously, correlated with PM air pollution, could be explained by changes in the composition of SAI compared with SAI widespread apart from these mortality peaks. In addition, the mortality peaks detected in the summer of 2021 in the USA correlated with extraordinary meteorological events (heat wave) could also be explained by chemtrails. Indeed, the most common effects of chemtrails correspond to heat waves during the summer months [34; 39; 40]. It would have been interesting to know the levels of PM1 and PM0.1 in studies on PM/COVID-19 mortality correlations because geoengineering by SAI is composed of nanoparticles.

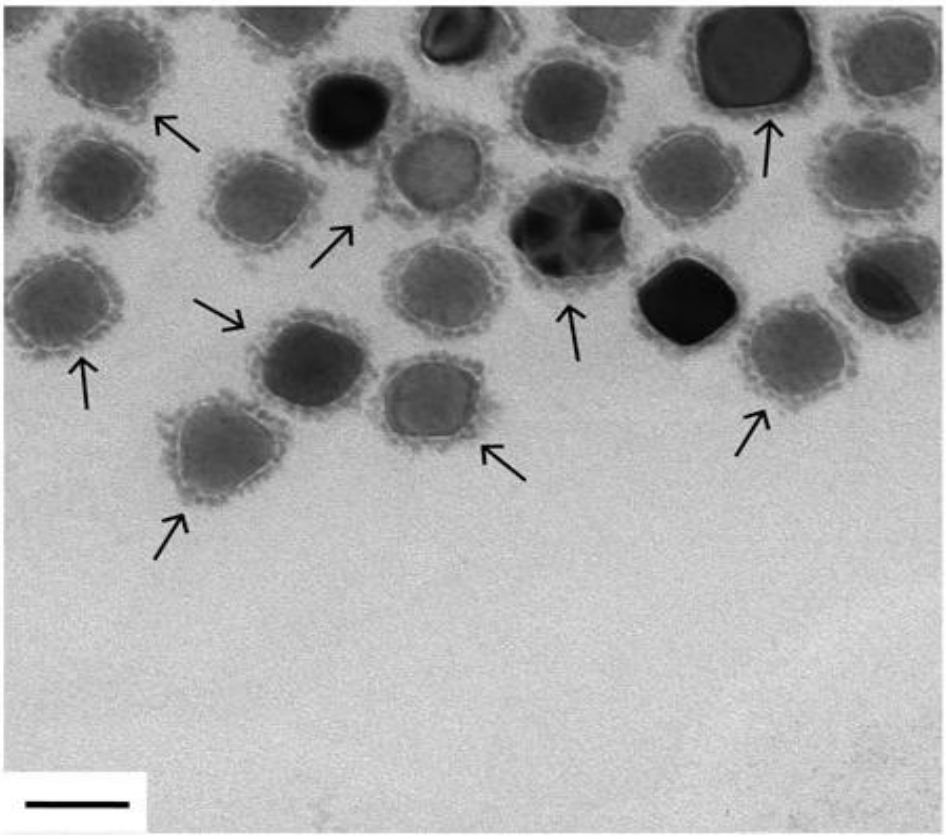
Given that antiparasitic drugs (hydroxychloroquine and ivermectin) were effective treatments for the population [1], it is possible to hypothesize that during these mortality peaks, parasites, or perhaps elements behaving like them (in the form of nanorobots), may have been added to the usual chemtrails. Another hypothesis would be the spraying of graphene nanomaterials (also part of the undeclared compounds in COVID-19 vaccines). In addition to the fact that graphene is one of the most studied components for mind control [5], the literature has shown that inhalation of graphene nanomaterial aerosols can penetrate the lungs [51], causing, with prolonged exposure, inflammation that can increase the risk of pulmonary infections and/or lung disease [52]. Graphene-based nanomaterials inhaled and substantially deposited in the human respiratory tract may impair lung defenses, clearance, induce chronic inflammation, mainly characterized by neutrophils, along with edema, granulomas, fibrosis, and other detrimental impacts on the respiratory system [53]. For example, the inhaled graphene oxide can destroy the ultrastructure and biophysical properties of pulmonary surfactant film, which is the first line of host defense [54], and can induces cytotoxicity and apoptosis in normal human lung cells [55]. However, even with high-dose exposure, mouse models showed the capacity to eliminate graphene oxide from the lungs slowly (30 to 90 days) via immune cells [56]. Nevertheless, in animal models, even if the lungs can repair inflammatory lesions caused by graphene nanosheets inflammation, because of their tiny size, graphene nanosheets are difficult to eliminate from the body. As a result, they can accumulate in the lungs for a long time and easily cross the gas-blood barrier, causing an imbalance in pulmonary immunity and the occurrence of chronic inflammation

[53]. When the diameter of graphene is between 100 ~ 500 nm, the smallest size may cause the most severe toxicity [54], and can cause lung inflammation for several months [53]. Note that graphene was present in certain types of face masks during the COVID-19 period, and was able to cause inflammation and pulmonary toxicity [57; 58].

When nanoparticles (e.g. graphene, metal) penetrate in a biological environment (blood, mucus), proteins immediately coat their surfaces, forming a corona around each nanoparticle, thus creating nanoparticle protein corona that affect the circulation, distribution, clearance and toxicity of nanoparticles [54; 59]. Because of the similarity in the formation of the corona of nanoparticles and the corona of "coronavirus" when they enter the host [60], microscope images of nanoparticles with their corona and SARS-CoV-2 are very similar (Figure 2). Furthermore, the size of SARS-CoV-2 is very close to that of the most toxic graphene nanoparticles (~ 100 nm) [61; 54]. Is it possible that nanoparticles (graphene or metal) present in the cells of sick patients, and causing their pathology, have been defined as SARS-CoV-2 ?



a



b

Figure 2: Microscopic image comparison between (a): Transmission electron micrograph of SARS-CoV-2 virus particles, isolated from a patient. Image captured and color-enhanced at the NIAID Integrated Research Facility (IRF) in Fort Detrick, Maryland. Credit: NIAID 2020 [62] (CC BY 2.0); and (b): Silver nanoparticles with their protein corona. Figure extracted from Miclăuş et al. [63] (CC BY 4.0).

Graphene oxide decreases glutathione levels (a powerful antioxidant) inducing an increase intracellular oxidative stress (probably leading to cytotoxicity) [64]. The literature shows that N-acetylcysteine (NAC) is a precursor of glutathione, thus an antioxidant, a chelator for heavy metals and nanoparticles, as well as an anti-inflammatory [65]. Studies indicate that oxidative stress is associated with the severity of COVID-19 (acute pneumonia, respiratory distress syndrome, septic shock, thrombosis), implying a major role for antioxidants in treating COVID-19, allowing NAC to reduce severity and mortality in COVID-19 patients [66; 67]. Thus, it is possible to hypothesize that in COVID patients, NAC restored glutathione levels that had been depleted by the graphene oxide used in geoengineering by SAI, rebalancing the ratio between reactive oxygen species and the organism's antioxidant defense capacity, helping patients to gradually recover. NAC could also play its role as a chelator of heavy metals and nanoparticles, since chemtrails are full of them. NAC's anti-inflammatory effects may also have counteracted graphene-related lung inflammation.

Air Traffic

It should be mentioned that studies on aviation fuel show that addition of graphene oxide, as well as a combination of aluminum and graphene nanoparticles, to kerosene improves the

combustion process [68; 69]. Neither aluminum, barium, nanoparticles nor graphene are monitored in international air pollution analyses [70]. Following the WHO's declaration of a pandemic, air traffic declined, reaching in mid-April 2020 a 90% decrease in Europe and a 65% decrease in the US. In May 2020, traffic in the USA gradually rose, stabilizing around October 2020, while in Europe, after a rebound, it declined again from September 2020 to January 2021, then stabilized (Figure 3) [71]. However, the decline in flights only affected passengers, while cargo flights did not decrease and even gradually increased. Business aviation recovered very quickly (Figure 4) [72].

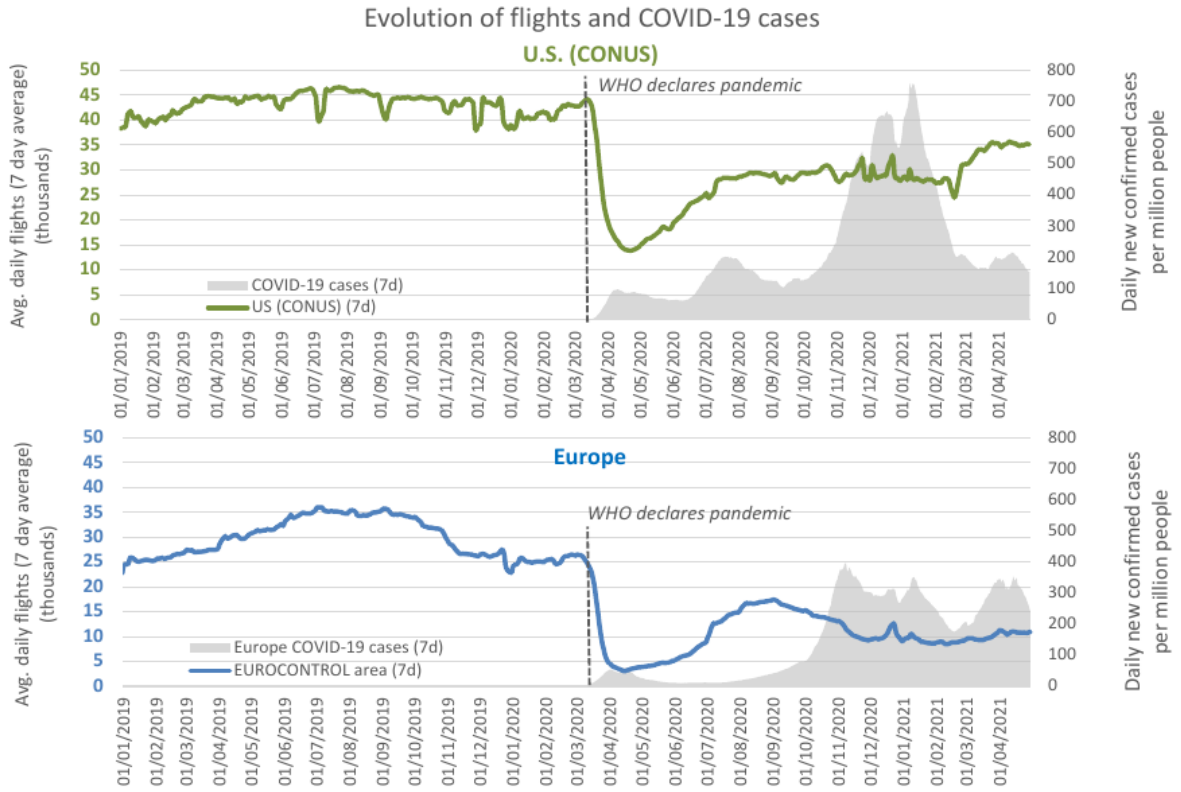


Figure 3: Traffic and COVID cases in the U.S. and in Europe (7 day average). Data source: EUROCONTROL, FAA, on behalf of the European Commission, 2021 [71].

A model study on aircraft trails in Europe, conducted between March and August 2020, showed that this decline in air traffic had significantly reduced persistent aircraft trails (referred to as persistent contrails, for condensation trails, by the authors) [73]. Although the authors of this study are convinced that solar geoengineering by SAI is not being used and that persistent aircraft trails correspond solely to water vapor and soot emissions from aircraft flying in cold and humid air masses, they mention that the properties of persistent aircraft trails are sensitive to the number of soot (or black carbon) particles emitted [73]. Literature shows that this black carbon, resulting from incomplete combustion (soot) from jet aircraft, is partly composed of graphite (stacked graphene sheets) [74] introducing graphene into the atmosphere. Furthermore, the models developed by Schumann et al. [73] show a clear increase in « contrail/flight » during the first half of April, which the authors attribute to atmospheric conditions that were more favorable to their formation [73]. This period corresponds to the first peak in mortality in European countries that experienced one.

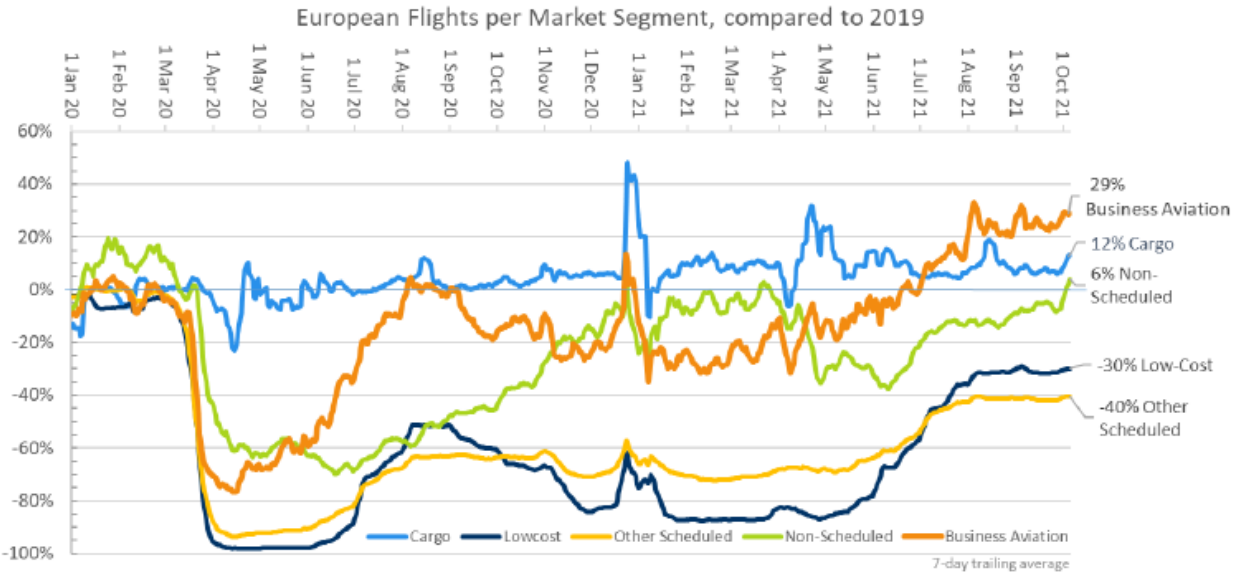


Figure 4: European aviation sector variations in 2020-2021 and comparisons with 2019. Data source: EUROCONTROL Data Snapshot #19 [72].

With the fall in air traffic, one might think that the first mortality peak has nothing to do with solar geoengineering by SAI. However, another SAI modeling study states that, in general, these models are still poorly understood, but that previous studies have shown that SAI « can keep their quasi-linear structure for several days or weeks with plumes as long as thousands of kilometers and cross-sections as narrow as a few kilometers » [75]. Moreover, in Part 1 of the article, it was shown that in Europe, the first mortality peak only concerned 9 out of 33 countries, and only certain regions of countries [17]. In the USA, 34 states did not experience a first mortality peak as high as in the Northeast (New York and some coastal states) [6]. The mortality peaks therefore took place in clearly defined and restricted areas, and in a polluted atmosphere. It should also be added that, following exposure to a biological agent, the military always takes into account an incubation period ranging from days to weeks after the initial attack [44].

The decline in air traffic began on March 11, 2020 [76]. The estimated median incubation period of COVID-19 was 5.1 days [77]. During the first mortality peak, the mean time from symptom onset to death is 19.6±0.2 days [78]. If the incubation days (5.1) are added to the number of days between the first symptoms onset and death (19.6), the result is the mean number of days between the first day of contamination and the day of death, i.e. 24.7 days. If 24.7 is added to March 11, this gives April 5, 2020. This corresponds to the period of the first mortality peak (end of March/beginning of April) for countries that have experienced one [19]. Consequently, even without air traffic, a non-transmissible toxic agent could be sprayed into the atmosphere, over a precise area, to reach its mortality peak around 3 weeks later. This could explain the shift in the peak pollution and peak mortality curves, for Paris and Lombardy (Italy) in March-April 2020 [26]. For the following mortality peaks, air traffic had largely recovered (higher in the US than in Europe) (Figures 3 and 4).

Pollution statistics do not take into account PM smaller than PM2.5, whereas nanotechnology is used extensively in geoengineering by SAI. It should also be pointed out (as mentioned previously in the second part) that ionospheric heaters can be used to direct a cloud of particles that has been released at great distance from its target [39], thereby creating a local air pollution peak.

Yes, stress and lack of care caused by social measures led to many deaths, but this lacks precision to act at a specific time, due, for example, to the personal way of processing stress-inducing information. Peak mortality curves, in localized and distant areas, all starting at the same time (for the first mortality peak), and correlated with atmospheric pollution, are inevitably the result of a common element acting powerfully and suddenly on the organism, bypassing the information processing system. Lockdowns also helped to fix the population, enabling air pollution to be more effective than on a mobile population. This would add a further explanation to the fact that European countries with lockdowns in March-April 2020 have an excess mortality rate (see first part). Consequently, all the logistical details outlined in the article lead to the conclusion that the COVID-19 event corresponds to a planned military operation by aerial poisoning.

Organizational Chart

According to Dr. Herndon and Dr. Whiteside, for over two decades, various organizations and countries in the world are waging in a secret environmental war against their own citizens, using the technology of solar geoengineering by SAI. The aim of this war is to destroy human health and the environment by poisoning the air. For example, US citizens are being targeted by the US Air Force and its subcontractors, including commercial airlines, and facilitated by intelligence agency operatives. Abroad, North Atlantic Treaty Organization (NATO), British Commonwealth, European Union, Republic of India, United Nations are corrupt and contribute to these aerial chemical spraying operations. Other organizations and agencies are involved in these global chemical sprays: the Deep-State, including components of the U.S. military, National Oceanic and Atmospheric Administration (NOAA), the Central Intelligence Agency (CIA), National Aeronautics and Space Administration (NASA), Environmental Protection Agency (EPA) and other U.S. agencies, civilian airlines based in NATO countries [79; 80; 81]. It has also been demonstrated that the media, pharmaceutical companies, and part of scientific community are largely in conflict of interest and linked to governments, WHO and the military [1]. The influence of the military-industrial complex on research into human exposure to microwave radiofrequencies from wireless technologies, as well as conflicts of interest between the telecommunications industry, governments, WHO, and CDC, are also well known [82]. This means that these organizations work in symbiosis to carry out their operations.

Robert F. Kennedy Jr.

Robert F. Kennedy Jr. is aware of the current application of solar geoengineering by SAI [83; 84]. Robert F. Kennedy Jr. points out that this technology comes from the Defense Advanced Research Projects Agency (DARPA), and that the materials used are introduced directly into the jet fuel [85]. In 2024, in the United States, scientists, military personnel, as well as the numerous testimonies and complaints from the public witnessing these aerial chemical

sprays almost daily [86], contributed in part to the introduction of laws banning the use of geoengineering by SAI [87; 88; 89; 90].

CONCLUSION

During the COVID-19 period, numerous scientific publications, with no conflicts of interest, showed that the aim of governments and pharmaceutical industry was to vaccinate as many people as possible without delay. It was therefore essential for them to have total control over this event. A real contagion would have made it too difficult to monitor mortality peaks, leading to problems in maintaining the political agenda to achieve mass vaccination so quickly. The impact of social measures and lack of care caused many deaths. Nevertheless, this remains too random to precisely manage variations in mortality peaks, as these depend too much on the individual's psychological state and would have been exposed to significant variations. In contrast, hospital protocols, and in France the law on Rivotril, are in line with planned lethal techniques designed to induce and control mortality. The correlation between fine particle air pollution and mortality, localized in regions distant from each other, not exceeding certain limits, and synchronized in time (for the first mortality peak), corresponds precisely to a military warfare strategy. Consequently, the military technology of solar geoengineering by SAI (chemtrails) was the ideal tool for making the population sick, by poisoning and without contagious pathogens (perhaps with graphene-based nanomaterials), while explaining the inconsistencies in the appearance of mortality peaks (spatio-temporal, particularities of the targeted population, meteorological, air pollution).

This article also shows that air pollution episodes are, in most cases, intentional and militarized, and that this must be taken into account in the rise in cases of so-called seasonal respiratory illnesses, as well as in the emergence of new respiratory, cardiac or neurological diseases.

Disclaimer (Artificial Intelligence)

Author hereby declares that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

Consent and Ethical Approval

It is not applicable.

Competing Interests

Author has declared that no competing interests exist.

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