

Vooral bedoeld voor allen die nog geloven dat vaccinaties daadwerkelijk veilig zijn en werken. U bent al die tijd gewoon voorgelogen door het achterhouden van de echte wetenschappelijke kennis die aanwezig is.

Erg veel mensen hebben jarenlang de tijd en moeite genomden en doen dit nog dagelijks om de verborgen documenten op te vragen, rechtszaken te voeren en het publiek te informeren.

Als vaccinaties daadwerkelijk veilig waren, was iedereen voorstander en werden er geen torenhoge uitkeringen betaald na rechtszaken.

De wetenschap is inmiddels verder dan uw televisie en krant. Een ieder die geen kennis neemt van de eerlijke en wetenschappelijke kant van het verhaal, inclusief overheidsorganisaties en niet alle studies onder ogen heeft gehad, dient voor altijd te zwijgen.

Het meeste van dit materiaal van deze hoogstaande internationale experts, microbiologen, virologen, artsen en wetenschappers is hoogstwaarschijnlijk verwijderd.

De website van medisch onderzoeksjournalist Del Bigtree (thehighwire.com), Childrens's Health defense (Robert Kennedy jr.)

De mediaberichten in kranten en op TV worden gefinancierd door dezelfde organisaties en banken die de vaccinatie produceren.
Deze mensen horen berecht te worden en nooit meer in vrijheid terug te keren.

Onwetendheid is de bron
van alle kwaad.

Socrates.

**Een aantal deskundigen
uit het onderzoek van Del Bigtree**



https://www.youtube.com/watch?v=E_gMT4_PDJI (verwijderd) dus hier
<https://www.pscp.tv/TheHighWire/1DXxyeVnVNkxM>

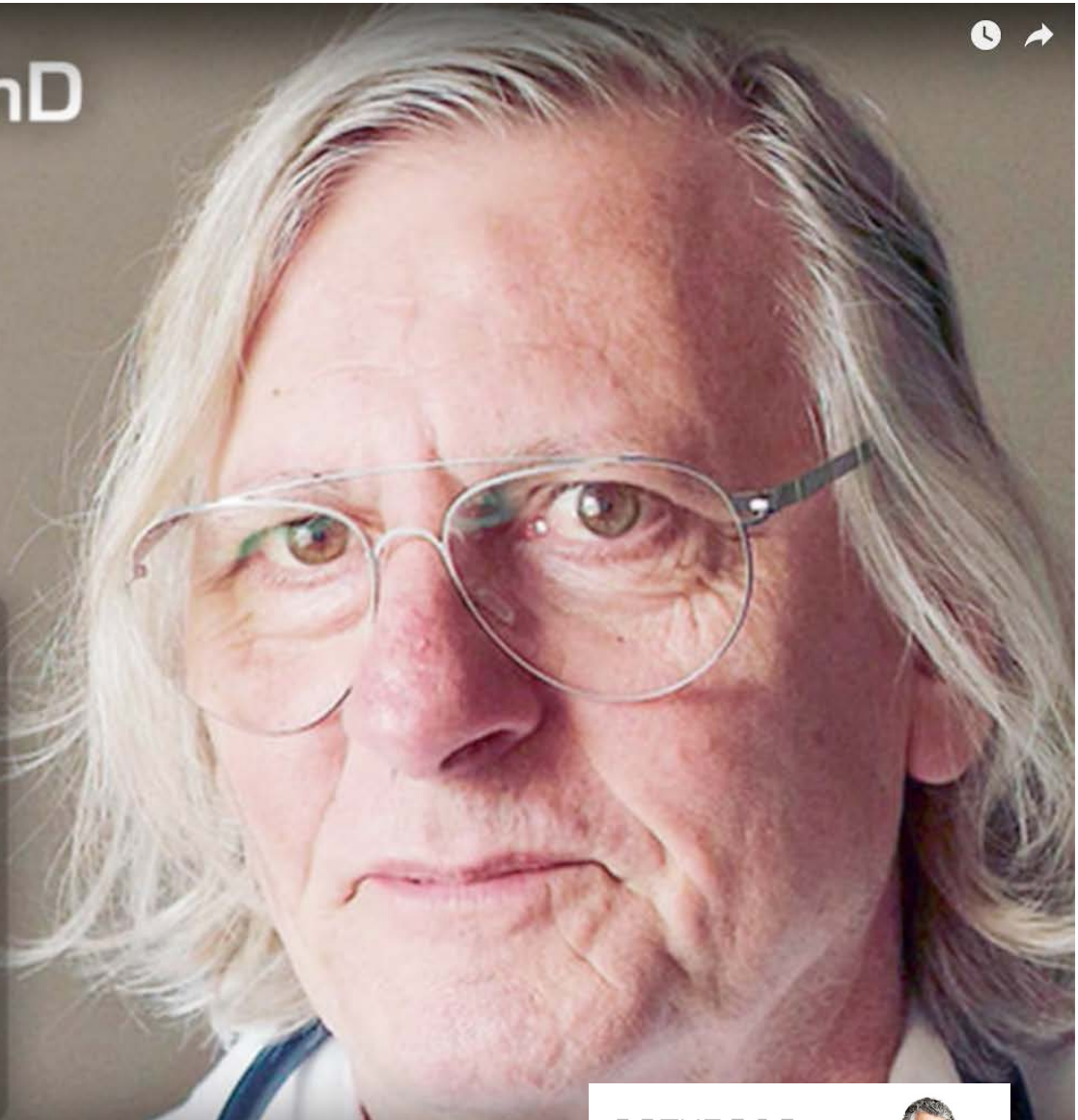
Dr. Didier Raoult, MD, PhD

- Director, Research Unit in Infectious & Tropical Emergent Diseases
- Professor of Infectious Disease Faculty of Medicine of Aix-Marseille University
- Classified Among the Ten Leading French Researchers by the Journal, Nature
- Has over 2000 scientific publications
- Has discovered over 90 new bacteria
- Frist to discover large sized viruses

“Actually, from all respiratory infections it's probably the easiest to treat.

So there is really no reason to get excited anymore.

There is really no reason to get excited and rush to produce a vaccine..”



Dr. Frank Ulrich Montgomery

- President of the German Medical Association
- President of the World Doctors Federation
- Argues that Lockdown Measures as in Italy are “Unreasonable” and “Counterproductive” and Should be Reversed

“Italy has imposed a lockdown and has the opposite effect. They quickly reached their capacity limits, but did not slow down the virus spread within the lockdown. A lockdown is a measure of political despair, because coercive measures mean that you can go further than the generation of reason.”





Professor Pietro Vernazza, MD

- Chief Physician of Infectious Disease, St. Gallen Cantonal Hospital
- Found that Around 85% (82-90%) of all infections occurred without anyone noticing the infection

“Based on the new insight, we also have to understand that many of the measures that we have implemented so massively today may even be counterproductive.”



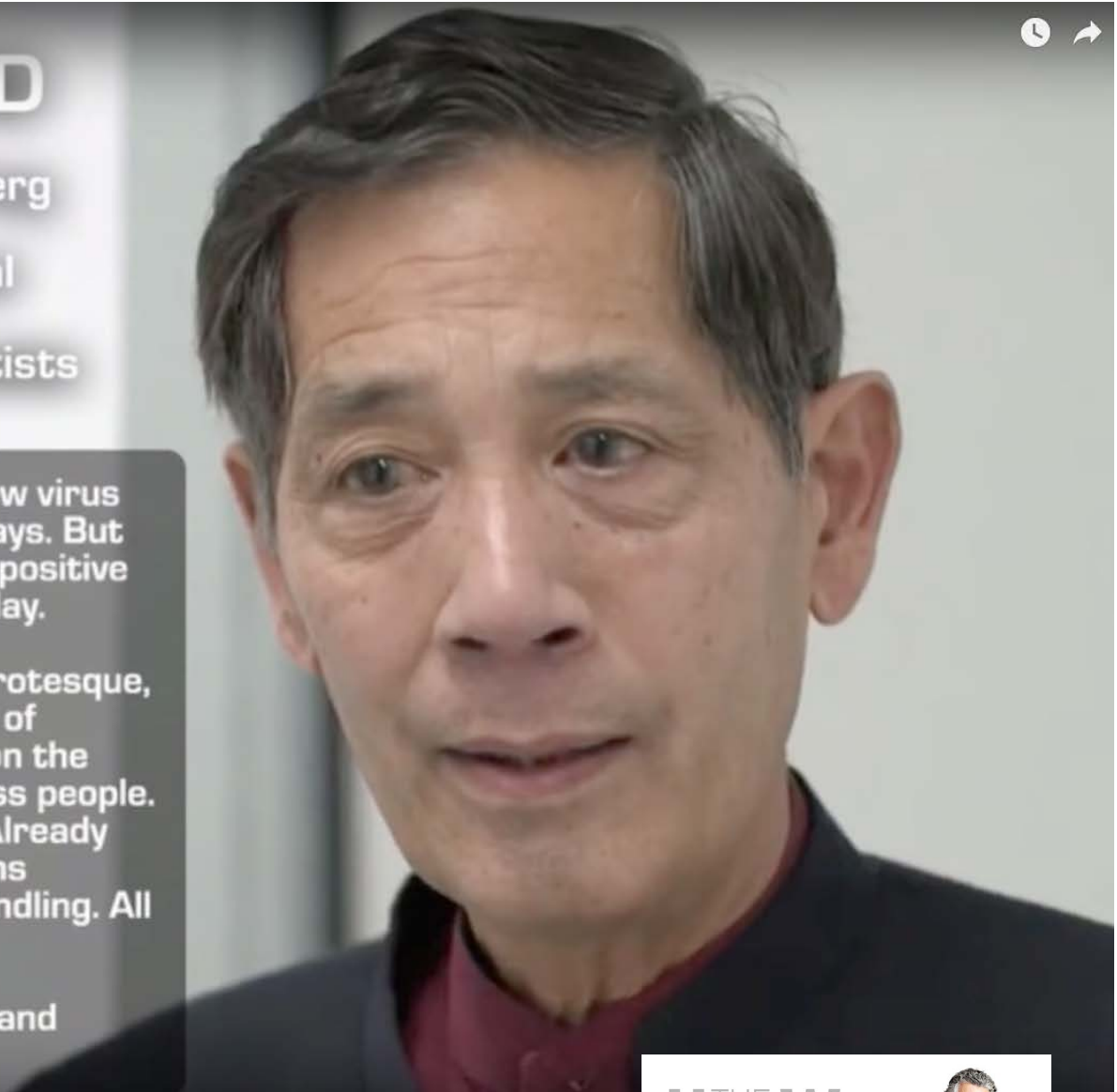
Dr. Sucharit Bhakdi, MD

- Microbiologist
- Former Professor at Johannes Gutenberg University in Mainz
- Former head of the Institute for Medical Microbiology and Hygiene
- One of the Most Cited Research Scientists in German History

"We are afraid that 1 million infections with the new virus will lead to 30 deaths per day over the next 100 days. But we do not realise that 20, 30, 40 or 100 patients positive for normal coronaviruses are already dying every day.

[The government's anti-COVID19 measures] are grotesque, absurd and very dangerous [...] The life expectancy of millions is being shortened. The horrifying impact on the world economy threatens the existence of countless people. The consequences on medical care are profound. Already services to patients in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society.

All these measures are leading to self-destruction and collective suicide based on nothing but a spook."





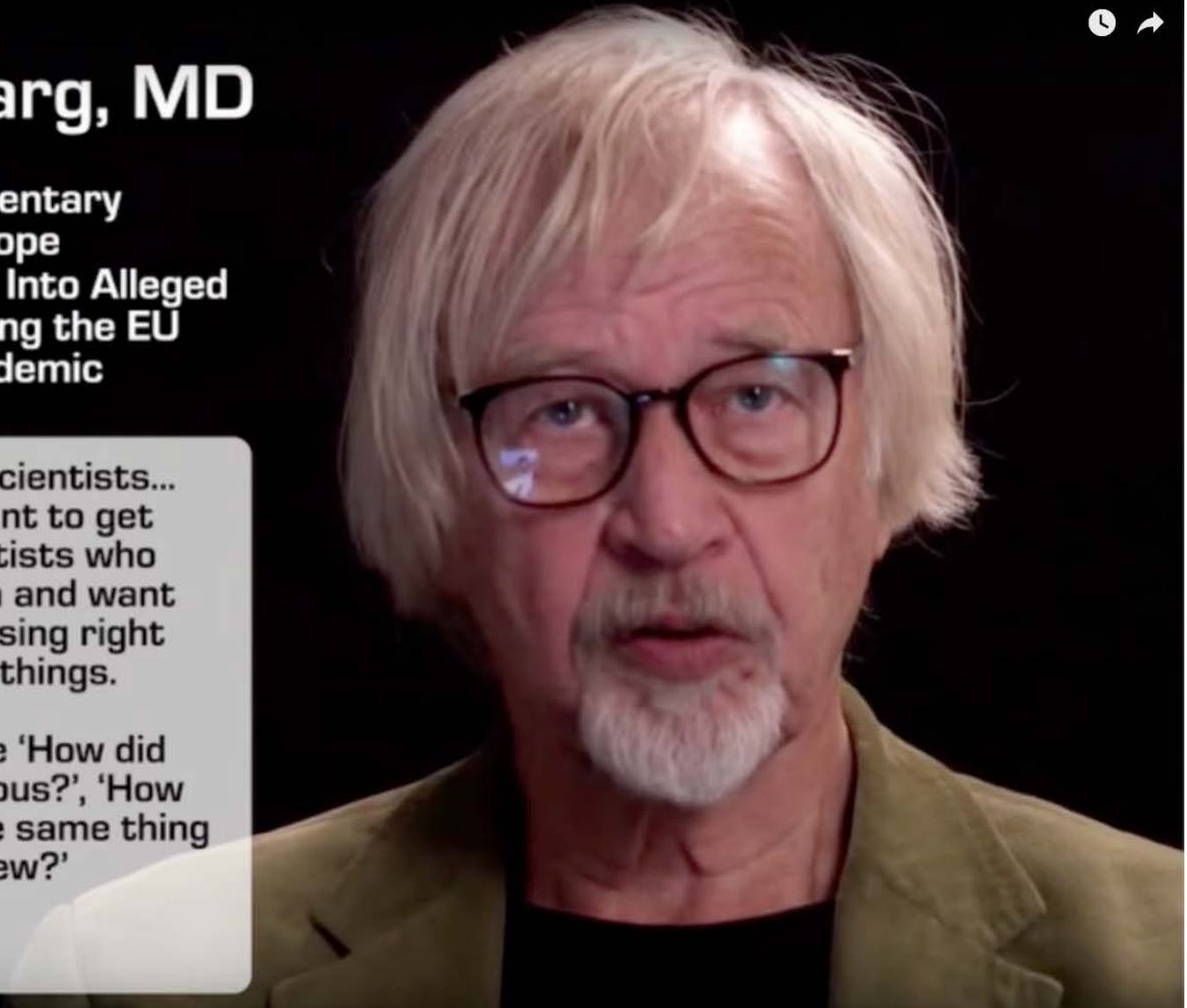
Dr. Wolfgang Wodarg, MD

- German Pulmonologist
- Former Chairman of the Parliamentary Assembly of the Council of Europe
- In 2009 he Called for an Inquiry Into Alleged Conflicts of Interest Surrounding the EU response to the Swine Flu Pandemic

“Politicians are being courted by scientists... scientists who want to be important to get money for their institutions. Scientists who just swim along in the mainstream and want their part of it [...] And what is missing right now is a rational way of looking at things.

We should be asking questions like ‘How did you find out this virus was dangerous?’, ‘How was it before?’, ‘Didn’t we have the same thing last year?’, ‘Is it even something new?’

That’s missing.”



Dr. Joel Kettner, MD

- Professor of Community Health Sciences and Surgery at Manitoba University
- Former Chief Public Health Officer for Manitoba Province
- Medical Director of the International Centre for Infectious Diseases

"I have never seen anything like this, anything anywhere near like this. I'm not talking about the pandemic, because I've seen 30 of them, one every year. It is called influenza. And other respiratory illness viruses, we don't always know what they are. But I've never seen this reaction, and I'm trying to understand why."



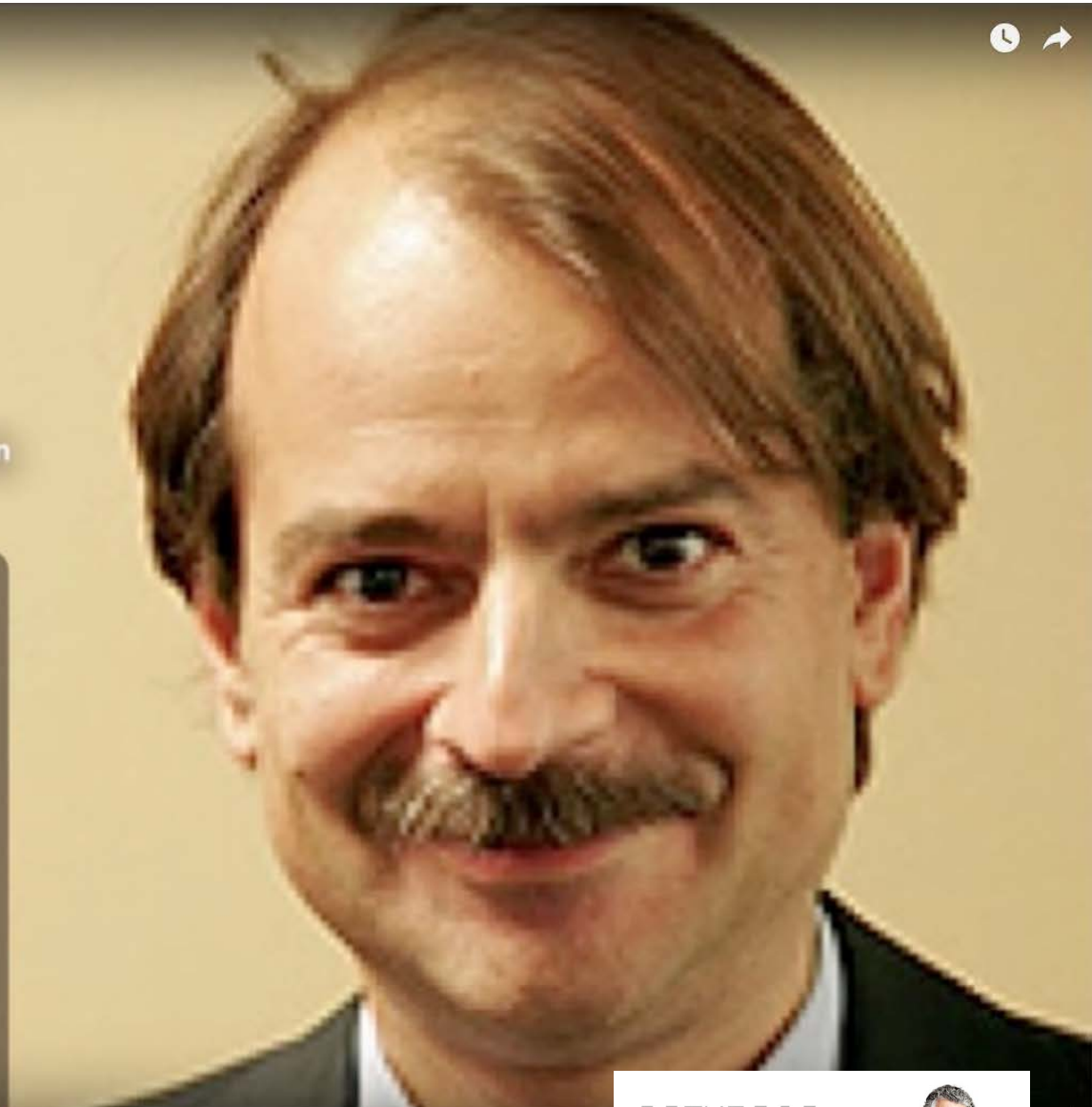
Dr. John Ioannidis

- Member, National Academy of Medicine
- Professor of Medicine, of Health Research and Policy and of Biomedical Data Science, at Stanford University School of Medicine
- Professor of Statistics at Stanford University School of Humanities and Sciences
- Director of the Stanford Prevention Research Center, and Co-Director of the Meta-Research Innovation Center at Stanford (METRICS)
- Editor-in-Chief of the European Journal of Clinical Investigation
- Former Chairman at the Department of Hygiene and Epidemiology, University of Ioannina School of Medicine

"Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future.

The one situation where an entire, closed population was tested was the Diamond Princess cruise ship and its quarantine passengers. The case fatality rate there was 1.0%, but this was a largely elderly population, in which the death rate from Covid-19 is much higher.

If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to "influenza-like illness" would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse than average."



Dr. David Katz, MD

- Founding Director of the Yale University
Prevention Research Center

“I am deeply concerned that the social, economic and public health consequences of this near-total meltdown of normal life — schools and businesses closed, gatherings banned — will be long-lasting and calamitous, possibly graver than the direct toll of the virus itself. The stock market will bounce back in time, but many businesses never will. The unemployment, impoverishment and despair likely to result will be public health scourges of the first order.”

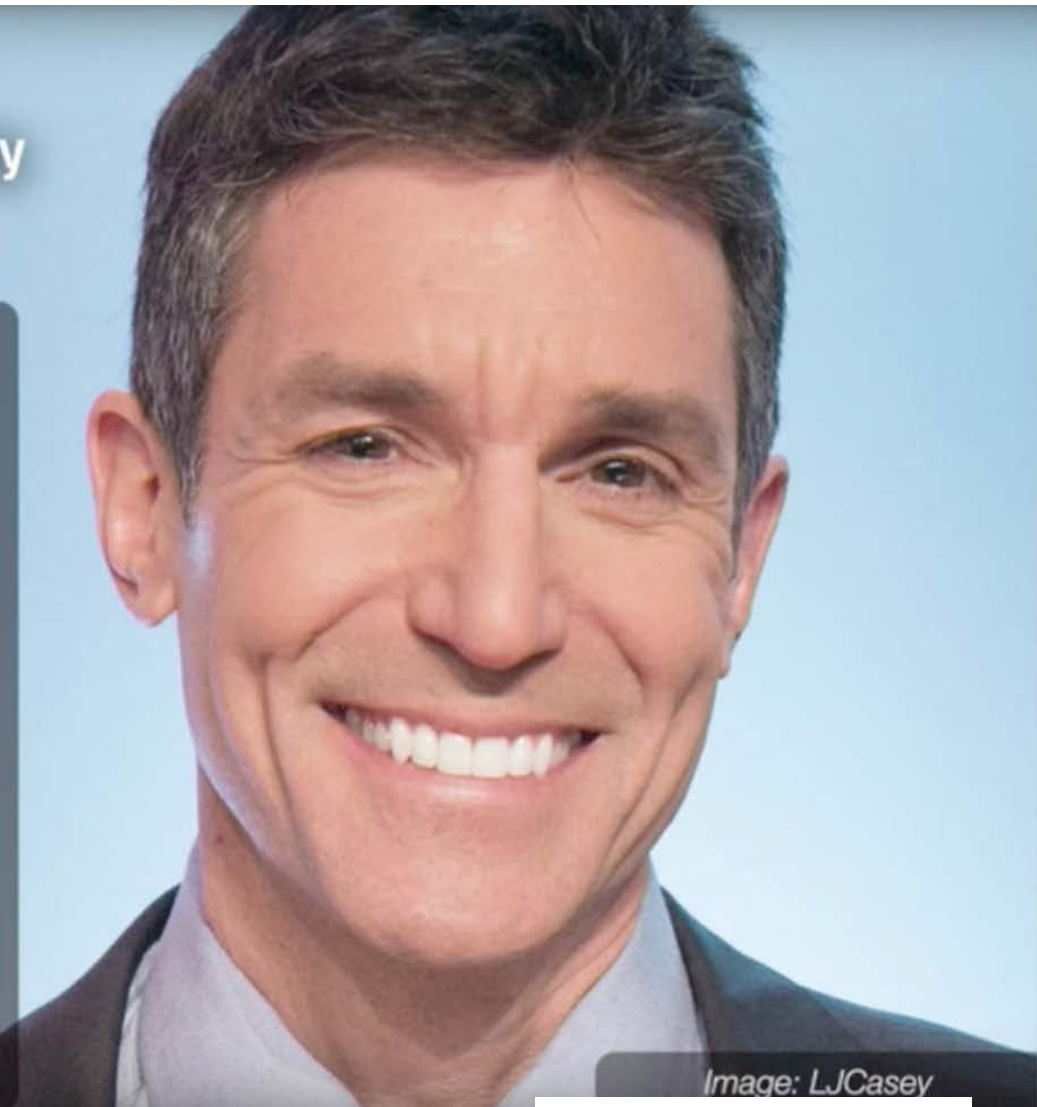


Image: LJCasey





Dr. Dan Yamin, PhD

- Infectious Disease Modeler
- Former Faculty Member, Center of Infectious Disease Modeling and Analysis, Yale University

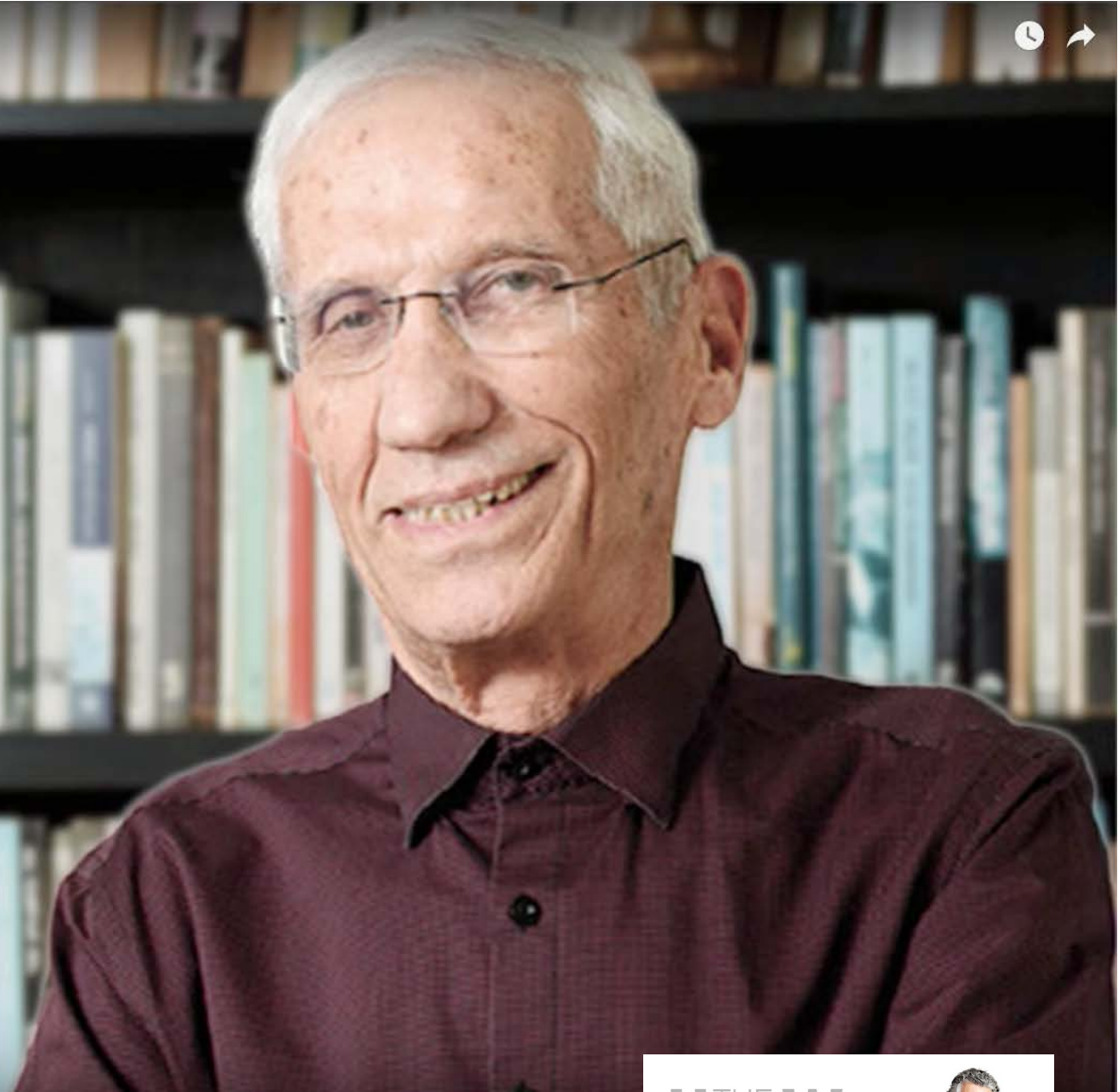
“The actual number of people who are sick with the virus in South Korea is at least double what’s being reported, so the chance of dying is at least twice as low, standing at about 0.45 percent – very far from the World Health Organization’s [global mortality] figure of 3.4 percent. And that’s already a reason for cautious optimism.”



Prof. Yoram Lass

- Former Health Ministry Chief of Israel
- Former Associate Dean of the Tel Aviv University Medical School

Says that the new coronavirus is “less dangerous than the flu” and lockdown measures “will kill more people than the virus.” He adds that “the numbers do not match the panic” and “psychology is prevailing over science.” He also notes that “Italy is known for its enormous morbidity in respiratory problems, more than three times any other European country.”

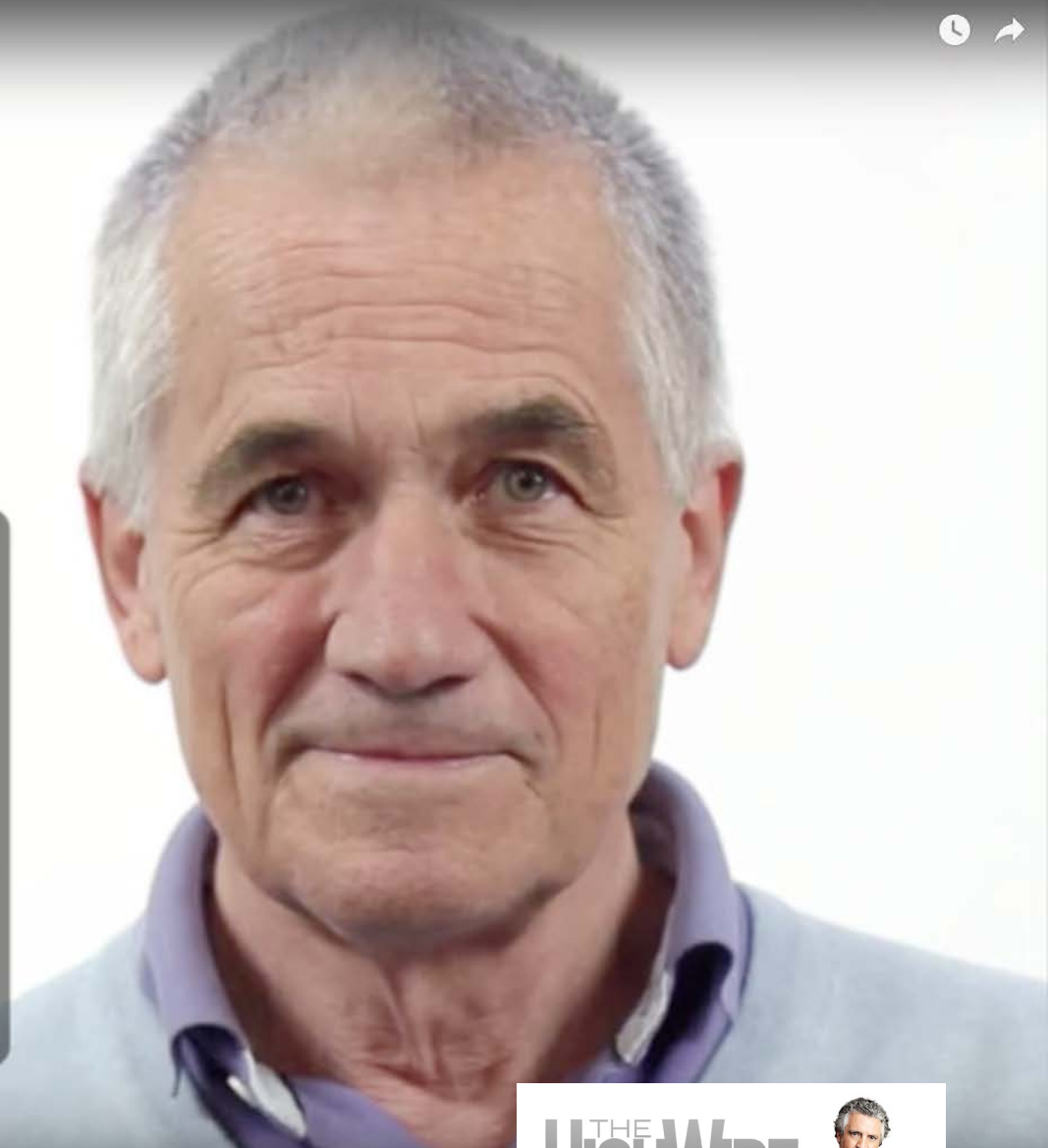




Dr. Peter Gøtzsche, MD

- Founder Cochrane Collaboration
- Has published more than 75 papers in the BMJ, Lancet, Annals of Internal Medicine, and New England Journal of Medicine

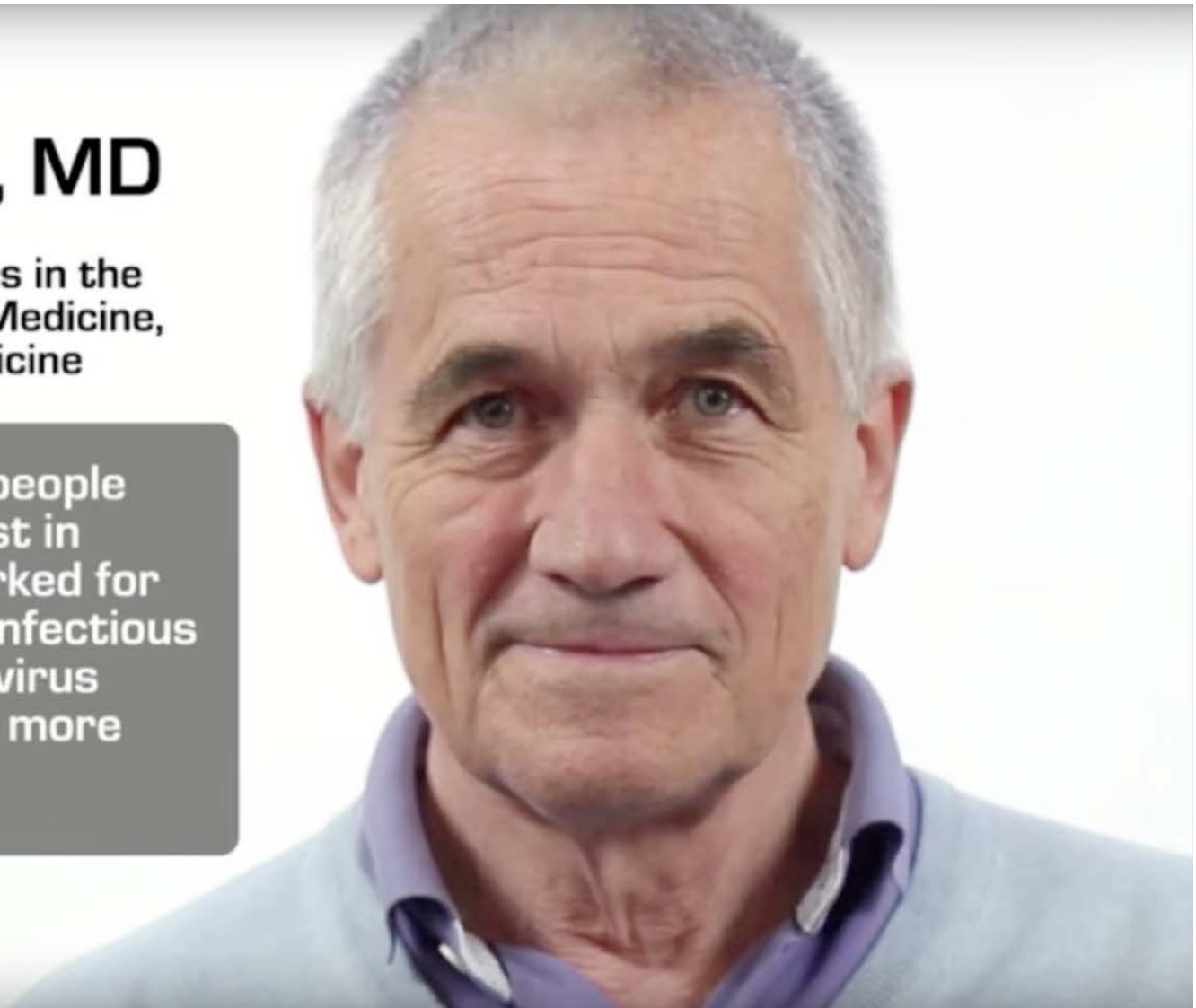
“On 8 March, I published in the BMJ about this. I wrote: ‘What if the Chinese had not tested their patients for coronavirus or there had not been any test? Would we have carried on with our lives, without restrictions, not worrying about some deaths here and there among old people, which we see every winter? I think so.’”



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- Has published more than 75 papers in the BMJ, Lancet, Annals of Internal Medicine, and New England Journal of Medicine

“Almost everyone I talk to, lay people and colleagues (I am a specialist in internal medicine and have worked for two years at a department of infectious diseases) consider the Coronavirus pandemic a pandemic of panic, more than anything else.”

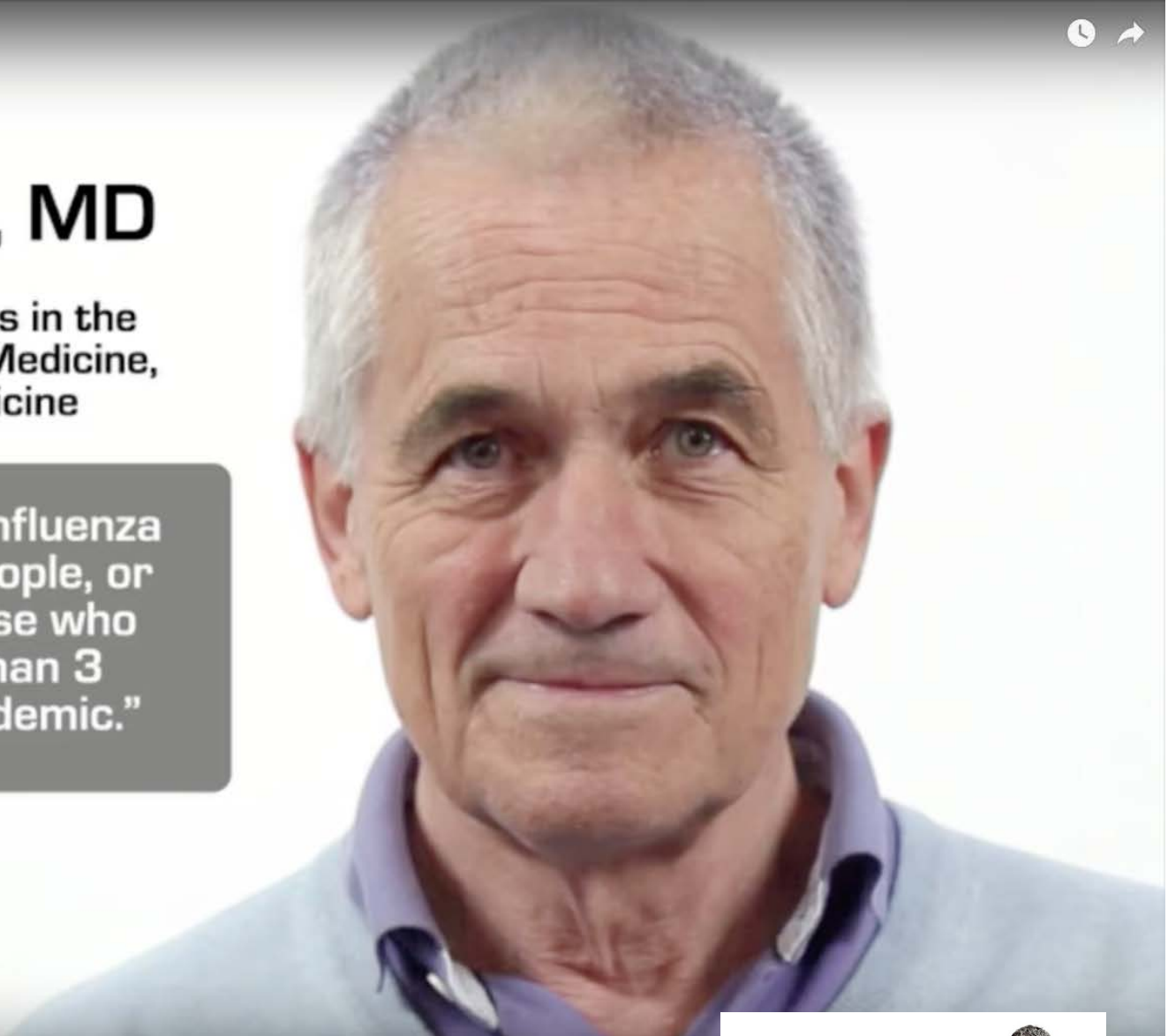




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“The WHO estimates that an influenza season kills about 500,000 people, or about 50 times more than those who have died so far during more than 3 months of the Coronavirus epidemic.”



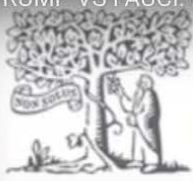


Dr. Peter Gøtzsche, MD

- Founder Cochrane Collaboration
- Has published more than 75 papers in the BMJ, Lancet, Annals of Internal Medicine, and New England Journal of Medicine

“Should it turn out that the epidemic wanes before long, there will be a queue of people wanting to take credit for this. And we can be damned sure draconian measures will be applied again next time. But remember the joke about tigers. ‘Why do you blow the horn?’ ‘To keep the tigers away.’ ‘But there are no tigers here.’ ‘There you see!’”





SARS-CoV-2: fear versus data

Yanis Roussel ^{a, b}, Audrey Giraud-Gatineau ^{a, c, d, e}, Marie-Thérèse Jimeno ^e, Jean-Marc Rolain ^{a, b}, Christine Zandotti ^{a, b}, Philippe Colson ^{a, b}, Didier Raoult ^{a, b}  

 Show more

<https://doi.org/10.1016/j.ijantimicag.2020.105947>

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SARS-CoV-2: fear versus data

- In OECD countries, the mortality rate for SARS-CoV-2 (1.3%) is not significantly different from that for common coronaviruses identified at the study hospital in France (0.8%; $P=0.11$).
- The problem of SARS-CoV-2 is probably overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for SARS-CoV-2 at the time of writing.

Comparison of incidence and mortality rates of four common





PMC

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National Institutes of Health

Advanced

Journal list

An outbreak of human coronavirus OC43 infection and serological cross-reactivity with SARS coronavirus

David M Patrick MD¹, Martin Petric PhD¹, Danuta M Skowronski MD¹, Roland Guasparini MD², Timothy F Booth PhD³, Mel Krajden MD¹, Patrick McGeer MD PhD⁴, Nathalie Bastien PhD³, Larry Gustafson MD², Janet Dubord MD², Diane MacDonald MSc¹, Samara T David MSc³, Leila F Srouf MD³, Robert Parker MD², Anton Andonov PhD³, Judith Isaac-Renton MD¹, Nadine Loewen MD², Gail McNabb BSc¹, Alan McNabb BSc¹, Swee-Han Goh PhD¹, Scott Henwick MD⁵, Caroline Astell PhD⁶, Jian Ping Guo PhD⁴, Michael Drebot PhD³, Raymond Tellier MD⁷, Francis Plummer MD³, Robert C Brunham MD¹

An outbreak of human coronavirus OC43 infection

We have characterized an outbreak of respiratory illness due to HCoV-OC43. The observed attack rate of 67% and case fatality rate of 8% underscore the pathogenic potential of HCoVs in frail populations. This adds to other observations underscoring that CoVs other than SARS-CoV may be responsible for a broader spectrum of disease than coryza alone ([21-23](#)).

These findings underscore the virulence of human CoV-OC43 in elderly populations and confirm that cross-reactivity to antibody against nucleocapsid proteins from these viruses must be considered when interpreting serological tests for SARS-CoV.

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Why have so many coronavirus patients died in Italy?

The country's high death toll is due to an ageing population, overstretched health system and the way fatalities are reported

By Sarah Newey, GLOBAL HEALTH SECURITY CORRESPONDENT

23 March 2020 • 4:55pm

The [coronavirus](#) pandemic is exacting a heavy toll on Italy, with hospitals overwhelmed and a nationwide [lockdown](#) imposed. But experts are al



CORRIERE DELLA SERA

MILANO / CRONACA

vivimilano

THE EMERGENCY

Record numbers. The complications of the flu, especially pneumonia, put the reanimations in crisis: 48 cases of seriously ill patients hospitalized from Christmas to today in the intensive care of Policlinico, San Raffaele, San Gerardo of Monza and San Matteo of Pavia, the reference hospitals in Lombardy for the use of the Ecmo, the machine that replaces the lungs. The problems overlap: difficulties in welcoming new patients, postponement of scheduled surgical interventions and suspended reservations for the bedside of the resuscitations intended to welcome the sick after the operations, extraordinary shifts (free) for doctors and nurses called back from holidays.

Ferguson's change of tune comes days after Oxford epidemiologist Sunetra Gupta criticized the professor's model.

"I am surprised that there has been such unqualified acceptance of the Imperial model," Gupta [said](#), according to the Financial Times.

Professor Gupta led a team of researchers at Oxford in a modeling study which suggests that the virus has been invisibly spreading for at least a month earlier than suspected, concluding that as many as half of the people in the United Kingdom have already been infected by COVID-19.

If her model is accurate, fewer than one in a thousand who've been infected with COVID-19 become sick enough to need hospitalization, leaving the vast majority with mild cases or free of symptoms.

In other words, Ferguson's highly influential initial model was off by orders of magnitude.



<https://www.youtube.com/watch?v=qVizW1OgQZQ>
YOUTUBE: CORONAVIRUS: THE HIDDEN DANGER REVEALED
OF OF THE HIGHWIRE ONDER WATCH

**DE ZOEKTOCHT NAAR
EEN VERPLICHTEVACCINATIE?**

**HOEVEEL DODEN
MOETEN ER VALLEN**

**VOORDAT MENSEN GAAN
INZIEN DAT VACCINATIES OOK
SCHADELIJK ZIJN?**



EBioMedicine
Journal homepage: www.ebiomedicine.com

The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community: A Natural Experiment

Søren Wenzel Mogensen^{1,2}, Andreas Andersen^{3,4}, Amabelia Rodrigues¹, Christine S Benn^{5,6}, Peter Aaby^{1,2,4*}

ARTICLE INFO **ABSTRACT**

Accepted 29 January 2017

Background: We examined the introduction of diphtheria-tetanus-pertussis (DTP) and oral polio vaccine (OPV) in an urban community in Guinea-Bissau in the early 1980s. Children had been followed with 3-monthly nutritional weighing sessions since 1976. From 1982, 3-monthly immunizations were offered from 3 months of age at these sessions. Due to the 3-monthly intervals between sessions, the children were allocated by birthday to a 'natural experiment' to receive vaccinations early or late in life. We included children who were <8 months of age when vaccinations started (the end of December 1983). We compared mortality between 3 and 5 months of age of DTP-vaccinated and non-DTP-vaccinated children in Cox proportional hazard models.

Results: Among 3-5-month-old children, having received DTP (+OPV) was associated with a mortality hazard ratio (HR) of 5.00 (95% CI 1.53-16.7) compared with not yet DTP-vaccinated children. Differences in background factors did not explain the effect. The negative effect was particularly strong for children who had received DTP only and no OPV (HR = 10.0 (2.61-38.6)). All-cause infant mortality after 3 months of age increased after the introduction of these vaccines (HR = 2.12 (1.07-4.19)).

Conclusions: DTP was associated with increased mortality. OPV may modify the effect of DTP.

1. Introduction

Individual randomized studies to measure impact on child survival of different vaccines were not conducted when the Expanded Program on Immunization (EPI) was introduced in low-income countries in the 1970s. The disease-protective effects were well documented, so the main issue was at which age to introduce the vaccine most effectively (The Expanded Programme on Immunization, 1982). Except for measles vaccine (MV), surprisingly few studies examined the introduction

to other infections (Auby et al., 1995). WHO's Strategic Advisory Group of Experts on Immunization (SAGE) recently reviewed the potential NNTs of BCG, diphtheria-tetanus-pertussis (DTP) and MV and recommended further research (Higgins et al., 2014). Strategic Advisory Group of experts on Immunization, 2014).

Though protective against the target diseases, DTP may increase susceptibility to unrelated infections (Auby et al., 2003b, 2004a, 2012) (Appendix A). The SAGE review noticed that the majority of studies found a detrimental effect of DTP (Higgins et al., 2014). However,

5. Conclusions

DTP was associated with 5-fold higher mortality than being unvaccinated. No prospective study has shown beneficial survival effects of DTP. Unfortunately, DTP is the most widely used vaccine, and the pro-

DTP was associated with 5-fold higher mortality than being unvaccinated.

tection of children against other causes of mortality was not tested in randomized trials. All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis. Though a vaccine protects children against the target disease it may simultaneously increase susceptibility to unrelated infections.

All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis.

The recently published SAGE review called for randomised controlled trials to evaluate the impact of DTP on child mortality. If such trials are ever conducted, the present study may remain the closest we will ever come to a RCT of the NNTs of DTP.

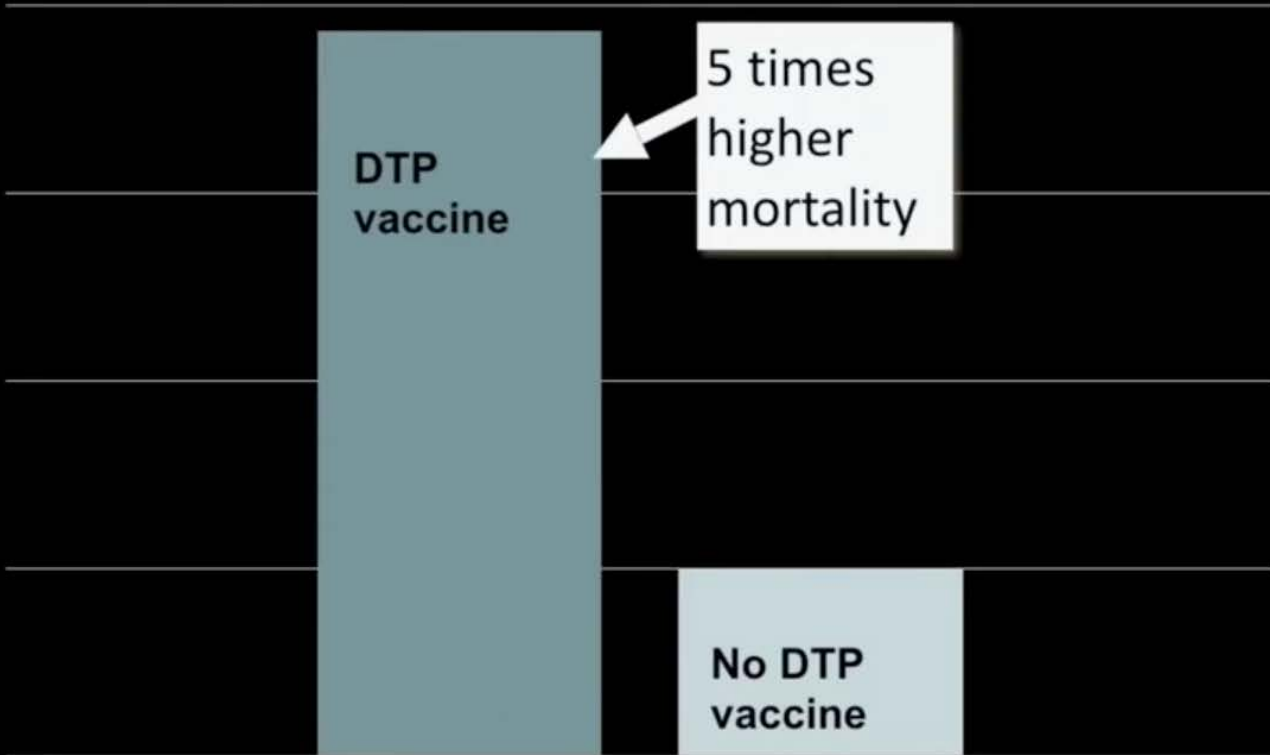
10x

Table 3
Mortality rate and hazard rate (HR) for children from 3 months of age until first examination without vaccination or 6 months of age. Natural experiment.

Age group	Mortality rate (deaths/person-years)		HR (95% CI) DTP vs unvaccinated
3-5 months			
All Unvaccinated (N = 651)	4.5 (5/111.4)	DTP (± OPV) (N = 462)	5.00 (1.53-16.3)
		DTP only (N = 101)	10.0 (2.61-38.6)

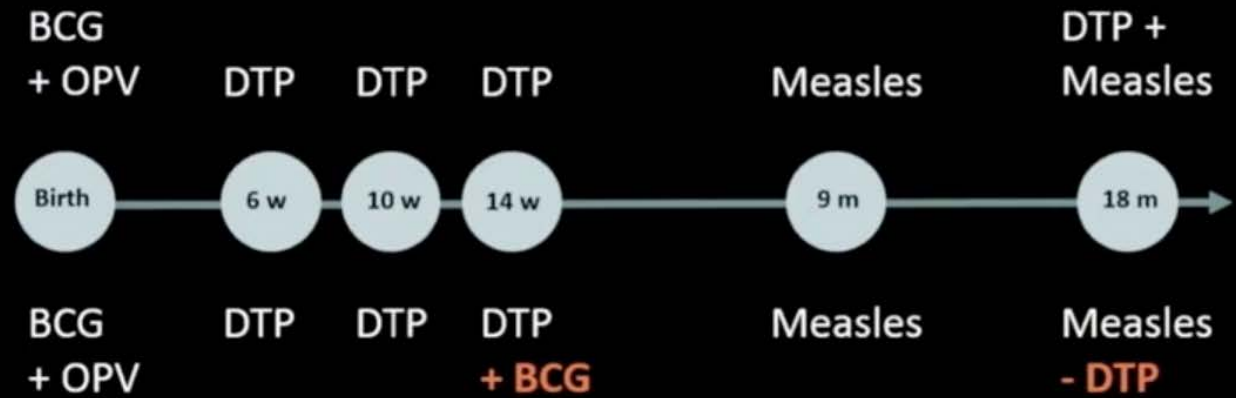


Diphtheria-tetanus-pertussis (DTP) vaccine increased deaths x 5





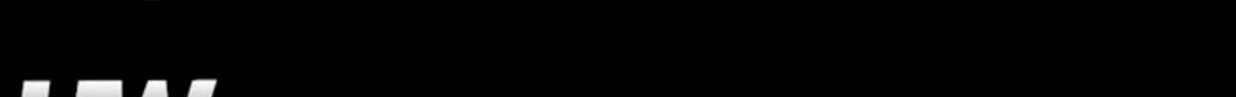
Current programme



5,6 million deaths per year

1,1 million children saved each year

Modified programme



4,5 million deaths per year





HEALTH

WHO Accused of Conducting Vaccine Trial Without Participant Consent in Three African Countries



George Dvorsky

Yesterday 7:00PM • Filed to: **BIOETHICS** ✓

5.2K



5



1



A scathing opinion piece in the BMJ is accusing the World Health Organization of conducting a pilot program in Africa for an experimental malaria vaccine without acquiring the informed consent of participants. Experts are calling it a “serious breach” of international bioethical standards and potentially “a disaster for public trust in vaccines.”

Feature » Informed Consent

WHO's malaria vaccine study represents a "serious breach of international ethical standards"

BMJ 2020 ; 368 doi: <https://doi.org/10.1136/bmj.m734> (Published 26 February 2020)

Cite this as: *BMJ* 2020;368:m734

Linked Analysis

WHO's rollout of malaria vaccine in Africa: can safety questions be answered after only 24 months?

Feature » Informed Consent

WHO's malaria vaccine study represents a "serious breach of international ethical standards"

Christine Stabell Benn of the University of Southern Denmark, professor in global health and a vaccine expert who recently published concerns about WHO's study in *The BMJ*,⁴ added her concerns: "I think parents should be made aware of this doubled female mortality. Imagine that this mortality was a true finding (and remember that it comes on top of five other non-live vaccines being associated with increased female mortality^{5 6 7 8 9}). If true, then how will this be perceived by the participants—that their children were unknowingly involved in a huge experiment by the authorities? This could be a disaster for public trust in vaccines and health authorities."

LESSON 2

The W.H.O. continues to use and experiment with vaccines that they know increase the risk of death.

Resurgence of Whooping Cough May Owe to Vaccine's Inability to Prevent Infections

POSTED ON: September 21, 2017

TOPICS: [research integrity](#), [vaccines](#)

Resurgence of Whooping Cough May Owe to Vaccine's Inability to

"This disease is back because we didn't really understand how our immune defenses against whooping cough worked, and did not understand how the vaccines needed to work to prevent it," said Christopher J. Gill, associate professor of global health and lead author of the article. "Instead we layered assumptions upon assumptions, and now find ourselves in the uncomfortable position of admitting that we may have made some crucial errors. This is definitely not where we thought we'd be in 2017."

largely be attributed to the immunological failures of acellular vaccines, School of Public Health researchers argue in a new journal article.



Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model

Jason M. Warfel, Lindsey I. Zimmerman, and Tod J. Merkel

PNAS January 14, 2014 111 (2) 787-792; <https://doi.org/10.1073/pnas.1314688110>

Edited by Rino Rappuoli, Novartis Vaccines and Diagnostics Srl, Siena, Italy, and approved October 22, 2013 (received for review August 5, 2013)

Significance

Pertussis has reemerged as an important public health concern since current acellular

The 112-Year Odyssey of Pertussis and Pertussis Vaccines—Mistakes Made and Implications for the Future

Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility.

Published: 22 February 2019 **Article history** ▼



NDC #0281-286-18

DTaP

Diphtheria and

LESSON 3

Tetanus Toxoids

18 YEARS
1 Dose each

**Our vaccine program continues to use
a vaccine that they know causes
outbreaks and makes people sick more
often throughout their life.**

DAVA





THAT MYOCARDIAL INFARCTION SIGNAL.



Blogs > Revolution and Revelation

Does a New Hepatitis Vaccine Cause Heart Attacks?

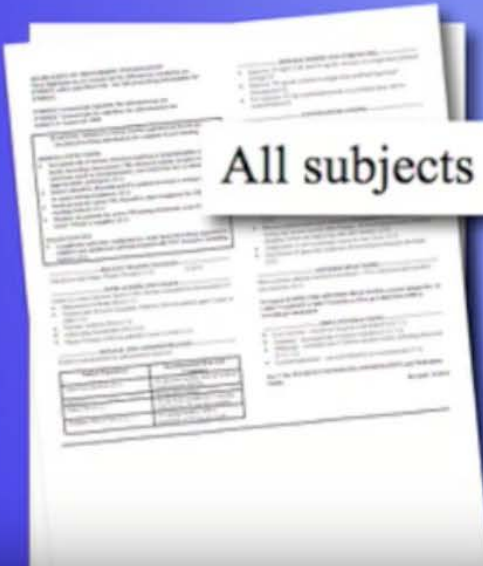
In the trial, an acute myocardial infarction occurred in 14 people in the Dynavax group, but in only one person receiving the conventional vaccine. The events were confirmed by adjudication. Since the Dynavax group was twice as large, the risk of acute myocardial infarction in the trial was seven times greater with the new vaccine. The FDA wants to know if the new vaccine should be approved for use in millions of people.

...really important question and wants your advice.

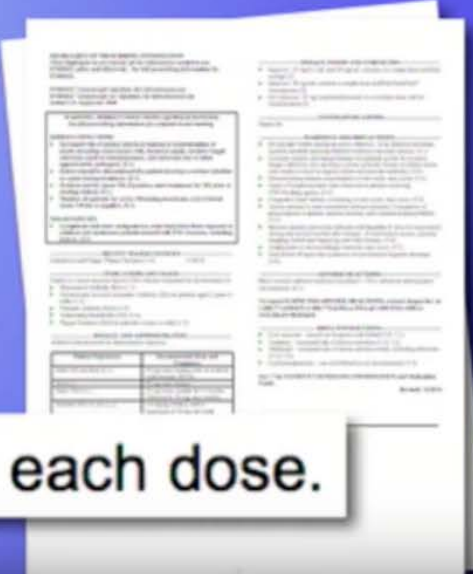
Hep-B vaccinatie is 5 dagen gevolgd voordat we het in kinderen spuiten?

How Vaccines are **Licensed**, Recommended, Promoted, Defended

Recommended Age (First Dose)	Vaccine/ Manufacturer	Safety Review Period Prior to Licensure	Subject Group	Placebo Group
1 Day Old	Hep-B (Engerix)/ GlaxoSmithKline	4 Days	Hep-B	No Placebo
1 Day Old	Hep-B (Recombivax)/ Merck	5 Days	Hep-B	No Placebo



All subjects were monitored for 4 days post-administration.

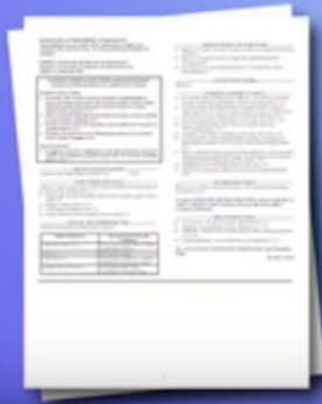


monitored for 5 days after each dose.

Polio vaccinatie is 48 uur (!) gevolgd voordat we het in kinderen spuiten?

How Vaccines are **Licensed**, Recommended, Promoted, Defended

Recommended Age (First Dose)	Vaccine/ Manufacturer	Safety Review Period Prior to Licensure	Subject Group	Placebo Group
1 Day Old	Hep-B (Engerix)/ GlaxoSmithKline	4 Days	Hep-B	No Placebo
1 Day Old	Hep-B (Recombivax)/ Merck	5 Days	Hep-B	No Placebo
2 Month Old	Polio (PVI- Monkey Kidney)/ Sanofi Pasteur	48 hours	Polio + DTP	DTP



48 hours post-vaccination.

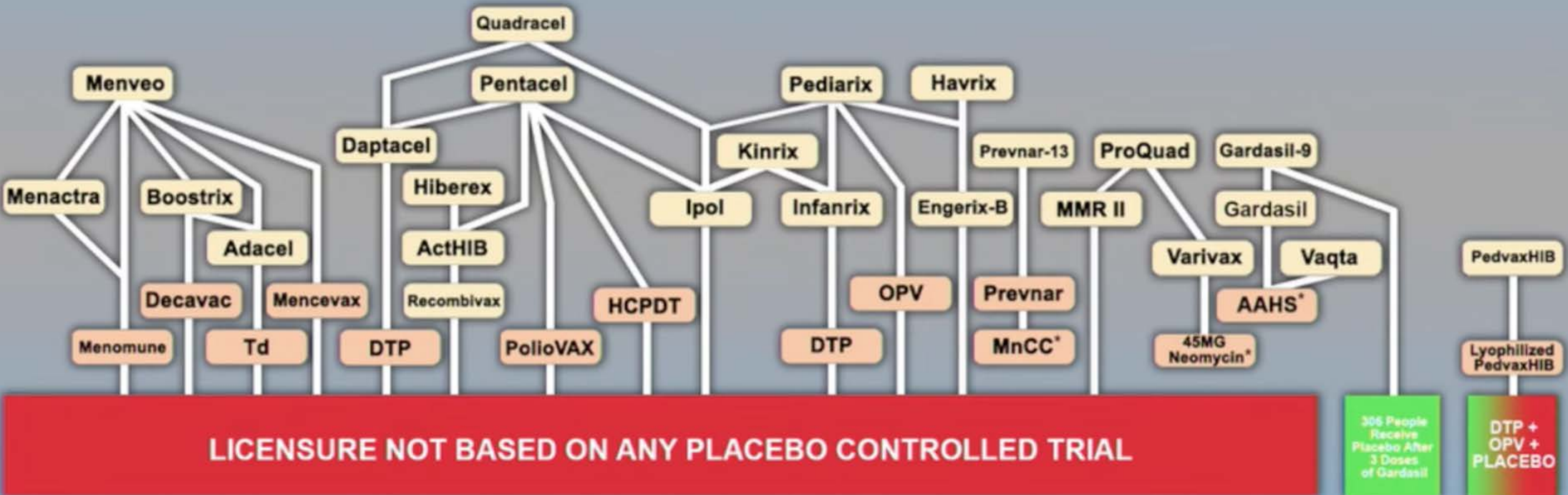
Because IPV was given in a different site but concurrently with Diphtheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed (DTP), these systemic reactions could not be attributed to a specific vaccine.

VACCINATIES ZIJN NOOIT PLACEBO GETEST GEEN ENKEL VACCIN, HET PLACEBO SCHANDAAL:

☰ CORONAVIRUS: THE HIDDEN DANGER REVEALED



PLACEBO PYRAMID SCHEME



LICENSEURE NOT BASED ON ANY PLACEBO CONTROLLED TRIAL

306 People Receive Placebo After 3 Doses of Gardasil

DTP + OPV + PLACEBO

HET REGISTRATIE VAERS SYSTEEM FAALT (idem Lareb)



1986 Act: Vaccine Adverse Events Reporting System (VAERS)

In 2018, VAERS received 62,803 reports including:

533 deaths,
1,438 permanent disabilities,
5,108 hospitalizations, and
5,588 emergency room visits.



“fewer than 1% of adverse events are reported”

(Source: Report Funded by HHS)

“Former FDA Commissioner David A. Kessler has estimated that VAERS reports currently represent only a fraction of the serious adverse events.”

(Source: U.S. Congressional Report)

Dr. Palevsky hearing on Alumium

Ingrediënts do show that they enter the brain.

Alzheimer alumium is directly related with the alumium in the brain.

<https://bibicabaya.wordpress.com/2020/08/28/obligatoire-ou-non-la-vaccination-est-un-acte-criminel/>

EN ER IS MEER, VEEL MEER...
Burbacher, Thompson files, Simpsonwood...

Any doctor who reads the real “hidden” and manipulated science will probably never vaccinate a child again. But then, they will also probably never take the effort to read it because of the influence in medical schools, intimidation, unseen pressure from governments and big pharma. Even dead threats. Simply all medical education on this subject is falsified. All Doctors who still believe in vaccination are wrong, as sad as it is.

Onwetendheid is de bron
van alle kwaad.

Socrates.