



Written by [Dennis Behreandt](#) on June 4, 2024

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Depopulation by Design

Here is a bit of bad news: We are in the end stage of a multi-pronged, multi-front, multi-decadal war against life itself. It gets worse: Most people have only a vague idea, at best, that this war is raging around them and that they and their families and their nations are the target. The enemy's objective is to destroy the family, the nation that inevitably has its roots in the family, the religion that supports and breathes life into this superstructure, and even a majority of the individual people who live within this "vital framework." The goal is simply the complete revolution of life, resulting in a globally managed state run through the United Nations and its affiliate NGOs and peopled by a carefully "curated" and "managed" population of humans "who own nothing and are happy."



One of the most significant battles in this war that is now in its "kinetic" phase in Ukraine and Israel is biowarfare — specifically the Covid pandemic and the seemingly insane response to it. The global "insane" response to the pandemic, in fact, was the "skeleton key" that unlocked the pathway to the truth about what was happening. From a public-health standpoint, none of the policies instituted did a single thing to help human health and well-being. From standing six feet apart, following arrows on the floor in grocery stores, wearing masks, and telling people that for the most part they were "non-essential workers," pandemic response policies had zero to do with actually helping people stay healthy, but everything to do with controlling and managing a population through fear and peer pressure. And this was pandemic policy *at its best*.

At its worst, the most extreme pandemic responses were and remain outright deadly attacks on human life. The virus itself almost certainly was bioengineered. Many public policies directly intermingled the sick with the weak and elderly, in a barely concealed attempt to do in the old and infirm. Globally, life-saving medications such as ivermectin were ridiculed and removed from the market, while dangerous concoctions were prescribed to the sick and hospital "protocols" including "ventilation" turned healthcare facilities into killing fields and medical practitioners, mostly unknowingly, into executioners. Finally, the vax with a raft of deadly side effects was unleashed on billions who believed with starry-eyed faith that everything being done to them was for the their own good.

Worldwide, this was a globally managed operation to lead billions of good and trusting people to injury, sickness, and, in far too many cases, death. But Covid was just the most recent, and perhaps most egregious, event in the biowarfare front of the Deep State global war on everyone else. The triple aims sought by the Deep State on this front are population transformation, control, and reduction. As this



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special report of *The New American* will demonstrate, the Deep State death cult has made significant advances, to the bloody detriment of millions around the globe, just since 2019.

Kissinger and His “Report”

The war we are in is between one large majority of primarily Americans and traditional Western Europeans who look to rebuild support for the great pillars of Western civilization and, especially in the United States, to protect the constitutional order and the Republic it created, and an opposing minority of illiberal progressives of the internationalist Deep State who seek to create a carefully managed and technocratic social and governing order deeply resembling Soviet-style communism, under which they wish to rule the world. The latter began this war on the former many decades ago, and one of its key strategies has been — and continues to be — to implement policies that are directly aimed at global population reduction.

Why would they be so interested in population reduction? Questions abound, but the grisly facts are all too real. The 20th century witnessed the rise of internationalist Deep State obsession with both eugenics and population reduction, leading to all manner of international crimes against humanity, up to and including the genocide of hundreds of millions of innocent people.

In *End Game*, I describe the nearly 200-year history of this strategy, which congealed into modern U.S. policy under Secretary of State Henry Kissinger in the form of National Security Study Memorandum (NSSM) 200 — the so-called Kissinger Report on population control.

That report, which was initially classified and hidden from public view, lays out the U.S. plan for population reduction. In its policy recommendations section, the Kissinger Report notes that “Essentially all its recommendations made ... are supported by the World Population Plan of action drafted at the World Population Conference.” As a result, it is clear that U.S. population reduction is intended to be part of a worldwide depopulation campaign. The document continues, arguing that there must be a “comprehensive approach to the population problem,” and that a resulting “common strategy for dealing with rapid population growth should encourage constructive actions to lower fertility.”

Documented proof: While Henry Kissinger was secretary of state, the U.S. government developed its policy on global population control in National Security Study Memorandum 200, also known as the Kissinger Report. It outlined a long-term strategy calling for significant worldwide population reduction by 2050. (AP Images)



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Conspicuously, the plan noted that the decline in fertility would take time and that patient gradualism would be the way forward. “Given the laws of compound growth, even comparatively small reductions in fertility over the next decade will make a significant difference in total numbers by the year 2000, and a far more significant one by the year 2050,” the plan states.

The plan also expressed the concern that U.S. efforts at international population control should remain largely unrecognized once begun, lest target populations come to see them “as a form of economic or racial imperialism; this could well create a serious backlash.” The document continues by warning against using open “leverage” against target populations, as “it is important in style as well as substance to avoid the appearance of coercion.”

Thus, we have in this document a stated desire to hide actual population-reduction efforts from target populations. And while the Kissinger Report takes pains to appear to focus on pleasant-sounding solutions such as “family planning,” it leaves open much room for interpretation, strongly suggesting that other strategies might be considered. The full scope of the plan was comprehensive, stating that U.S. government population-control policy would include “methods of fertility regulation to meet the varied requirement of individuals and communities, including methods requiring no medical supervision; the interrelations of health, nutrition and reproductive biology; and utilization of social services, including family planning services.”

The key takeaway from this is that the United States would seek global population reduction over a long “time horizon,” using all possible tools that were or could be made available. NSSM 200 was completed at the end of 1974, and implemented in U.S. government policy beginning in 1975 under former Ambassador Marshall Green, who, beginning in 1975, served as coordinator of population affairs for the State Department.

What Happened in Wuhan Didn't Stay in Wuhan

We may not realize until too late that we have become the victims of a biological attack. It is not until days or weeks after such an attack has taken place — after the first wave of deaths — that we will most likely recognize its occurrence.

So wrote Ken Alibek in his book *Biohazard*. Alibek was a key player in the Soviet Union's bioweapons



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program, and developed what is considered the most dangerous strain of anthrax known to man. His description of a suspected biological attack is accurate, but might not go far enough. Many biological ailments, even if starting with bacterial or viral infections, could have secondary effects that linger or only become evident years after the initial infection. Lyme disease, for example, can lead to neurologic and cardiac symptoms years after a deer tick deposits the bacteria into an unsuspecting victim. So too might a biological attack lead to both short-term deaths as well as long-term consequences.

So what happened in Wuhan, China, in 2019? It certainly looked as if a bioweapon had gotten loose, whether accidentally or deliberately. The Chinese took shockingly aggressive action that hadn't been seen before anywhere on the world stage. Were they panicked about something?

Upon initial analysis, it looked as though the appearance of a new strain of coronavirus infecting humans was due to zoonotic crossover, i.e., when a pathogen gains the ability to infect a new species due to natural development in its normal hosts. This seemed reasonable at first, since the emergence of new human pathogens has been traced back to zoonotic crossover events in the past. But, troubling alternative explanations existed, especially the fact that the now-notorious Wuhan Institute of Virology (WIV) is known to have been working on gain-of-function research focused on varieties of coronavirus. And, a U.S.-based NGO — the EcoHealth Alliance — had proposed a project to the Defense Advanced Research Projects Agency (DARPA) called DEFUSE, which envisioned using gain-of-function research on coronavirus species that ended up tied once again to the WIV after DARPA passed on the project due to safety concerns.

As Senator Rand Paul (R-Ky.) pointed out in an April 9, 2024 letter to National Institutes of Health (NIH) Director Dr. Monica Bertagnolli, the proposed EcoHealth Alliance project “sought federal funds to ‘manipulate known viruses with spike proteins of novel viral strains.’” This, of course, is uncomfortably close to a description of the actual SARS-CoV-2 virus that emerged in Wuhan and caused the Covid pandemic.

Indeed, the U.S. government did fund coronavirus gain-of-function research at Wuhan in the years leading up to the Covid pandemic, something Lawrence Tabak, deputy director of the National Institutes of Health, admitted to Congress under questioning during a hearing of the Select Subcommittee on the Coronavirus Pandemic on May 16, 2024.

“Dr. Tabak,” Republican subcommittee member Debbie Lesko (R-Ariz.) asked, “did NIH fund gain-of-function research at the Wuhan Institute of Virology through EcoHealth [Alliance]?” Tabak responded in the affirmative. “If you’re speaking about the generic term, yes, we did,” he admitted.

Note that he did not comment on whether the virus escaped or was let out of the lab. But, at this point, the zoonotic origin hypothesis has transitioned from probable to probably absurd, and the most likely origin of the pandemic virus was the WIV. And what started in Wuhan certainly didn't stay there.

Deliberate Death

As everyone knows by now, SARS-CoV-2 in its original pandemic state was primarily dangerous to the old and infirm. Alarming, certain — mostly Democratic — governors perversely forced elder-care facilities to accept those suffering from Covid, disproportionately causing widespread illness and death among America's elders on a criminally large scale. At best this would seem to be incomprehensible incompetence on the part of these governors, including in New York and Michigan. But, to be unaware



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of the specific danger to seniors from the virus seems impossible given that it has been common knowledge for decades that the elderly are the group most susceptible to respiratory illness in general.



Unnecessary deaths: In many — mostly Democratic-run — areas of the United States, pandemic response policies often exacerbated the spread of sickness and death, especially in nursing homes, where many hundreds of thousands of elderly Americans were deliberately exposed despite their susceptibility to respiratory infection. (AP Images)

In fact, former New York Governor Andrew Cuomo, who was the poster child for dangerous Covid nursing-home policy, demonstrated that even he understood this fact when he used a press conference in May 2021 to try to shame people into taking the vax on the grounds that not doing so put “grandma” at risk. Maybe “you go home and kiss your grandmother, and wind up killing your grandmother,” he warned. Clearly, Cuomo understood the danger to seniors, yet he exposed thousands unnecessarily, causing rampant suffering and death.

How many people died in America’s nursing homes? Dr. David Grabowski, a professor of healthcare policy at Harvard Medical School, told the House Committee on Oversight and Accountability:

Covid has completely devastated nursing homes in the U.S. After accounting for the gap in federal data at the start of the pandemic, there have been over 1.6 million Covid cases among nursing home residents leading to roughly 176,000 Covid-related fatalities. For comparative purposes, this is equivalent to 12 percent of all residents living in a nursing home at the start of the pandemic.

Grabowski was a *Democratic* witness, and so immune from the charge that he was merely being overtly partisan. Another Democrat, Representative Ami Bera, M.D. of California, reiterated that the mingling of the sick with the elderly was inconceivable. “For the life of me, I can’t understand why anyone would take a Covid-positive patient and put them in a nursing home where, you know, that’s medical malpractice in my mind, and that is a decision I can’t understand.”

It is hard to escape the conclusion that, potentially, many politicians and their cheerleaders had a death wish for the elderly. And this wasn’t just in the United States, but worldwide. In Italy, for example, according to *Politico*, nursing homes in Lombardy — the region that includes the city of Milan — were



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asked to take in Covid patients, and one such nursing home was paid 150 euros per day per bed to do so. The move was “to ease pressure on hospitals,” *Politico* reported on April 30, 2020. This, despite the fact that nursing homes are “perfect places for the proliferation of the virus,” as National Medical Association President Filippo Anelli admitted to *Politico*.

Perhaps “progressive” statist politicians aligned with the Deep State had a death wish for others as well, as treatment guidelines in general seemed intent on actually doing harm to the infected and increasing death counts. These guidelines included eliminating early interventions; demonizing effective drugs such as ivermectin, treating instead with questionable drugs that were actually very dangerous; and using treatment protocols that resulted in injury and death. This was on top of public policy that resulted in large numbers of deaths through despair, drinking, drugs, and desperation caused by lockdowns that were uniformly implemented in a suspiciously coordinated manner *everywhere in the Western world*.

In the United States, University of Chicago economist Casey Mulligan concluded in an analysis published in *The Journal of Health Care Organization, Provision, and Financing* that general pandemic lockdown policies resulted in an estimated “171,000 excess non-Covid deaths through the end of 2021.”

Spiked by the Virus and the Vax

The most suspicious and deadly consequence of the pandemic continues to be with us today, since billions of people have been injected, often multiple times, with mRNA vaccines containing the genetic instructions to make human cells produce the spike protein from the SARS-CoV-2 virus. In addition to the questionable formulation of the vaccines themselves, this spike protein can be extremely dangerous — yet every injected person’s body has been hijacked and forced to produce this dangerous molecule.

The SARS-CoV-2 spike protein, once inside the body, binds to the sugar heparan sulfate, a molecule commonly present in animal cells, including those of humans, as part of what are known as “binding sites” — critical on/off switches of sorts that control necessary biological functions. Heparan sulfate is so ubiquitous that it is involved in regulation of many biological functions, including blood coagulation and tumor metastasis. Coronavirus spike protein is not *supposed* to be present, so when it binds to heparan sulfate, it changes biochemical behavior, and not in a good way.

For the scientifically adventurous, an important study to read on this subject is titled “Direct activation of the alternative complement pathway [APC] by SARS-CoV-2 spike proteins is blocked by factor D inhibition,” published in the journal *Blood* by a research team that included senior author Robert Brodsky, M.D., director of the hematology division at the Johns Hopkins University School of Medicine. It can be viewed at doi.org/10.1182/blood.2020008248.

This important research found that by binding with heparan sulfate, the spike protein can set off a calamitous cascade leading to blood clots that are resistant to treatment, and even to organ failure.

“That SARS-CoV-2 spike proteins activate the APC has profound implications for understanding the multiorgan dysfunction, coagulopathy, and endothelial injury characteristic of COVID-19,” the study authors wrote. They continue:

Patients with COVID-19 also develop renal failure and some have biopsy-proven thrombotic



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microangiopathies. Thrombosis that is only partially responsive to anticoagulation (resistance to heparin treatment and thrombosis that develops despite appropriate prophylactic anticoagulation) is common in COVID-19 and characteristic of complementopathies, such as paroxysmal nocturnal hemoglobinuria, cold-agglutinin disease, and CAPS. In addition, HS is a binding partner for antithrombin III, which could further increase hypercoagulability in COVID-19 and may explain the heparin resistance that is frequently encountered in these patients. HS also interacts with many extracellular proteins, including fibroblast growth factor 2, vascular endothelial growth factor, transforming growth factor β , heparin-binding epidermal growth factor, and extracellular superoxide dismutase, suggesting a broad influence by the SARS-CoV-2 spike protein.

In short, what these researchers describe is the potential for coronavirus spike protein to cause significant multisystem disruption. Here, it should be remembered, we have only examined *one* of the ways the spike protein seems to interfere with normal biochemical functioning. Other researchers have delved deeply into additional aspects of spike interactions, including reduction of angiotensin-converting enzyme 2 (ACE2) expression. Interesting research to read on this, for those so inclined, was published in 2021 in the journal *Vaccines* with the title “SARS-CoV-2 Spike Protein Elicits Cell Signaling in Human Host Cells: Implications for Possible Consequences of COVID-19 Vaccines.” This research may be found at ncbi.nlm.nih.gov/pmc/articles/PMC7827936/.

On this basis, is it wise to inject an mRNA sequence into the body that turns cells into factories producing coronavirus spike protein? And if that is done on a mass scale, could it be possible for a wide range of disease outcomes to be likely, or even probable?

Certain statistics indicate that these disease outcomes are, in fact, happening, and the result is a wave of excess deaths. Reporting from within the life-insurance industry has covered this, even if the mainstream media has either ignored or dismissed it. At the end of October 2023, InsuranceNewsNet reported on a “surge” of excess deaths. Writing for that publication, Doug Bailey noted that “life insurance executives and actuaries believe the numbers are alarming and could continue to drag earnings and surge death claims for years to come.”

One insurance executive gave what he seems to have considered “good news” on excess deaths. “We believe that [the] insured population will continue to see declining excess deaths over the next several years reaching about 0% excess deaths by 2030,” said Fred Tavan, chief pricing officer at Legal & General America. The key takeaway, masked in this statement by emphasizing “declining excess deaths,” is that this insurance executive expects excess deaths *to continue for six more years*.

In 2023, it should be noted, the insurance industry documented that it was *younger people* who were suffering the most excess deaths. As InsuranceNewsNet reported, “Younger adult mortality rates are up more than 20% in 2023, the CDC said. Cause of death data show increased cardiac mortality in all ages. And even as COVID-related causes declined in 2022, others rose, particularly stroke, diabetes, kidney and liver diseases.”

Even Dr. Robert Redfield, who presided over the CDC when the vaccines were rolled out, has now admitted that the shots were not needed by most people and that there were significant problems with them.



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“Those of us that tried to suggest there may be significant side effects from vaccines — we kind of got canceled because no one wanted to talk about the potential that there was a problem from the vaccines, because they were afraid that that would cause people not to want to get vaccinated,” Redfield said on May 16, pointing out, “I have a number of people that are quite ill and they never had COVID, but they are ill from the vaccine.” He continued, “And we just have to acknowledge that.”

The Big Drop

The pandemic and the vax are but the most noteworthy and recent of public-health debacles contributing to the coming demographic exhaustion. As I noted in *End Game* and at the start of this article, U.S. and international policy has been aimed directly at reducing population for decades, and, as NSSM 200 noted, this project was intended to have a long “time horizon” for completion. In keeping with the plans outlined in NSSM 200, it just so happens that the actual total fertility rate (TFR) *globally* has been dropping over the exact same time period that Deep State population-control fanatics envisioned it would as a result of their policies.

The Institute for Health Metrics and Evaluation at the University of Washington School of Medicine published data from *The Lancet* on March 20, 2024. That organization found that “The global TFR has more than halved over the past 70 years, from around five children for each female in 1950 to 2.2 children in 2021 — with over half of all countries and territories (110 of 204) below the population replacement level of 2.1 births per female as of 2021.”

By 2050, the researchers found, “over three-quarters (155 of 204) of countries will not have high enough fertility rates to sustain population size over time.” And, they continued, “by 2100 more than 97% of countries and territories will have fertility rates below what is necessary to sustain population size.”

Recall that in 1974, the NSSM 200 document envisioned its policies resulting in “far more significant” population reductions “by the year 2050.”

The entire world has been victimized by a Deep State bent on world domination, achieved in large part by a war against humanity that is radically undermining the most essential of human rights — the right to life itself.

Glossary of Terms

- **renal failure:** kidney failure
- **thrombotic microangiopathies:** tiny blood clots in small blood vessels due to damage to the tissues lining the interior of the vessels
- **heparin:** an anticoagulant used to treat blood clots
- **thrombosis:** formation of blood clots
- **paroxysmal nocturnal hemoglobinuria:** a blood disease in which the immune system begins to target and destroy red blood cells
- **cold-agglutinin disease:** an autoimmune disease characterized by high concentration of cold-sensitive antibodies that attack red blood cells, with symptoms worsening in winter months in cold climates
- **CAPS:** cryopyrin-associated periodic syndrome, a rare autoinflammatory disease with broad inflammatory symptoms



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- **HS:** heparan sulfate
- **antithrombin III:** a glycoprotein (a protein linked to an oligosaccharide sugar molecule) that regulates clotting
- **hypercoagulability:** the increased propensity of blood to clot, a dangerous situation that can lead to heart attack and stroke, among other poor outcomes
- **fibroblast growth factor 2:** one of a family of proteins involved in regulating normal skin, bone, connective-tissue, and nerve-tissue growth
- **vascular endothelial growth factor:** a signaling protein involved in regulating blood-vessel growth
- **transforming growth factor β :** a very important signaling protein that is a fundamental part of much biological regulation and is particularly important to embryonic development
- **heparin-binding epidermal growth factor:** a signaling protein that regulates wound healing, cardiac hypertrophy, and heart function that can bind to heparan sulfate and is important to normal biochemical processes, as well as in tumor growth and metastasis
- **superoxide dismutase:** an enzyme that functions as an important antioxidant and protection against disease



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