

Carbon Dioxide Climate Hoax: The Big Reveal

By [Dr. Lewis Coleman](#)

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Among the most visible geopolitical controversies of our age is planetary climate. The idea goes that earth's temperature is rising, that this rise is becoming catastrophic, that its cause is manmade carbon emissions, and that only reductions in those emissions will save the planet and, by extension, humanity. But is any of this true? The American Geopolitical Institute will be exploring these questions through the eyes of our lead investigator, Dr. Lewis Coleman. In his initial article, Dr. Coleman takes a hard look at the much-maligned atmospheric gas, CO₂.

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Carbon dioxide (CO₂) is the most misunderstood of all atmospheric gases, but also the most interesting. It is benign, beneficial, and essential for both plant and animal life, but it is vociferously vilified as toxic waste, like urine, that must be expelled from the body by breathing, and as a "greenhouse gas" that threatens human existence with excessive heat and melted polar ice.

Given overwhelming evidence to the contrary, these fractured fairy tales are flabbergasting. They can only be explained by prevailing ignorance plus the power, politics, privilege, and persuasion that perpetually prevails and perturbs human endeavor and prevents progress.¹

CO₂ is essential for life on the earth's surface. Multicellular plants convert carbon dioxide into carbohydrates for food and cellulose for structural support. In multicellular vertebrates, carbon dioxide is as essential as oxygen, because it enables the mechanism of oxygen transport and delivery that captures oxygen from the atmosphere (or water) and delivers it to cells deep within the body.²

CO₂ is also the major component of hydroxyapatite, which forms bone. The human body

contains some 20 liters of gaseous carbon dioxide that is mostly dissolved in bodily fluids, as compared to 1 L of nitrogen and 1 L of oxygen. The CO₂ leaks from the skin and equilibrates with atmospheric CO₂, which slowly fluctuates over eons within a narrow range. Respiratory drive mechanisms adapt to this equilibrium and stimulate breathing to sustain it.

If CO₂ was a narcotic, we would all be drunk, and if it were toxic, we would all be dead. Instead, CO₂ has powerful therapeutic properties that were revealed by medical research at the turn of the 20th century. This is because breathing or bathing in CO₂ stimulates respiratory drive, reduces microvascular flow resistance, speeds the transport of oxygenated blood from the lungs to organs and tissues, and releases oxygen from blood into tissues.²

Carbon dioxide is one of the most beneficial substances on planet earth. Why then do the madmen who control society want to get rid of it?

It wasn't always this way.

A century ago, the nurse-anesthetists who dominated anesthesia service in operating rooms after WWI embraced physician research and supplemented ether anesthesia with morphine analgesia to prevent harmful nervous activity induced by surgery.¹ They also supplemented ether with carbon dioxide to speed anesthetic induction and emergence; counteract morphine respiratory depression; optimize cardiorespiratory function, tissue oxygenation, and organ protection; and prevent heart attacks, strokes, atelectasis, pneumonia, nausea, vomiting, and unexpected postoperative respiratory arrest.

The success of these heroic nurses inspired physicians to use Carbogen, a therapeutic mixture of oxygen and carbon dioxide in pressurized tanks, to treat strokes, heart attacks, drowning, alcohol inebriation, drug overdose, asthma, pneumonia, smoke inhalation, cardiopulmonary arrest, and bacterial infections, and to assist newborn babies with breathing problems. Soon Carbogen became standard equipment on fire trucks in major cities, and it saved countless lives. All this came close to revolutionizing medicine in the 1930s.³

Carbogen has largely been forgotten, though with today's modern machines, monitors, and medications it could be more useful than ever. For example, it could cure or facilitate the treatment of interstitial cystitis, ulcerative colitis, regional enteritis, rheumatoid diseases, cancer, heart disease, and life-threatening critical illnesses such as eclampsia and multi-organ failure syndrome. CO₂ remains FDA-approved, but its therapeutic properties and even the mechanism of oxygen transport and delivery have been banished from medical literature and awareness, so it is almost never used anymore.

What happened was that, disastrously, organized medicine became envious of the success of the nurse-anesthetists and conspired to control this profitable medical specialty.⁴ In 1897 Dr. Charles Bardeen, the son of a New York publishing magnate, became the first graduate of Johns Hopkins Medical School. He was immediately appointed as a professor of anatomy at the University of Wisconsin Medical School, and then elevated to the position of Dean in 1907.

In 1927 he selected Dr. Ralph Waters to be the first chairman of a university department of anesthesia in the world. He later said, "Ralph Waters was the first person the university

hired to put people to sleep, but instead he awakened a worldwide interest in anesthesia.”⁵ This anointed Dr. Waters with priceless prestige, and he knew how to use it. He was a shrewd salesman, who had acquired prominence in medical circles by dunking his anesthetized and intubated pet dog named “Airway” into a tank of water to demonstrate the effectiveness of Arthur Gudel’s endotracheal tubes, which are inserted into the trachea to prevent airway obstruction and support breathing.^{6,7}

Dr. Waters immediately joined forces with Dr. Chauncey Leake, the chairman of the Department of Pharmacology at Wisconsin, whose specialty was war gas research, to devise specious animal experiments that deliberately confused CO₂ asphyxiation with anesthesia. Dr. Waters also confabulated clinical reports of anonymous anesthetists that dramatically described fictitious disasters caused by overenthusiastic CO₂ supplementation, which he characterized as “CO₂ toxicity” instead of asphyxiation.^{1,8,9} This confusion has been subsequently sustained by rigged research and specious publications.¹⁰⁻¹³

As chairman, Dr. Waters introduced his practical new anesthetic technique that used intravenous barbiturate induction and paralysis to enable elective endotracheal intubation. This secured the airway against aspiration and obstruction, facilitated breathing, and enabled surgery in the prone position and in the oral cavity. These procedures were impossible with the mask management technique used by the nurses. Furthermore, the paralysis promoted surgical convenience by preventing untoward muscle tension and unexpected movements due to uncontrolled surgical stimulation.

Waters thus had devised a powerful political strategy to wreck the reputation of the nurses, replace them with his MD anesthesiology trainees, and promote the sales of his patented “Waters Canister” that absorbed carbon dioxide from gas mixtures. This created a powerful hoax that frightened physicians into avoiding both CO₂ and narcotics that has been abetted ever since by professional medicine, medical corporations, and “climate change” hucksters.⁴

He also indoctrinated his residents with the notion that carbon dioxide is “toxic waste, like urine,” that must be “rid from the body” to prevent mythical “CO₂ toxicity” by using mechanical hyperventilation during anesthesia.^{9,14} This was cleverly consistent with entrenched orthodox CO₂ beliefs, but it is scientific insanity, because hyperventilation is inherently dangerous, confers no benefits, and is incompatible with therapeutic narcotics. It also dangerously depletes CO₂ body reserves, which exaggerates narcotic respiratory depression and invites heart attacks, strokes, and unexpected postoperative respiratory arrest.

These effects, however, didn’t become problematic until several years later when defective “closed circuit” anesthesia machines, which were designed to conserve expensive anesthetic gases, were replaced with “open circuit” anesthesia machines that were designed to eliminate any possibility of CO₂ accumulation within the machines.¹⁵ By that time, the therapeutic and life-sustaining characteristics of carbon dioxide were forgotten, so the consequent postoperative respiratory depression problems were blamed on narcotics.

Why? Because CO₂ is cheap, safe, effective, and easy to use, not all that far removed from a “home remedy.” And because the combination of carbon dioxide and narcotics prevented lingering manifestations of the “surgical stress syndrome” including cancer, heart disease,

and chronic illnesses, all of which promote professional and corporate profits at the price of public health.

Dr. Waters next took care to place his graduates in prominent positions in hospitals and university medical schools. Having successfully displaced the nurses, founded the anesthesiology profession on false science, and created a deadly hoax that has confused anesthesia practice ever since, he mysteriously retired at the age of 65 and refused further contact with the monstrous profession he had created.^{4,16-18} Meanwhile, Dr. Chauncey Leake enjoyed prestigious appointments at UC San Francisco, the University of Texas, the Ohio State University, and as chairman of the Board of Science Journal.¹⁹

Seldom have so few caused so much harm to so many.¹ Their acts of wholesale mischief have reversed medical progress; derailed medical research; and killed and maimed countless patients ever since. Their endeavors are replete with the cloven hoofprints of organized medicine, powerful medical corporations, and the Wellcome Trust.

Back to CO2

CO2 is a “trace gas” in the earth’s atmosphere that couldn’t possibly cause “global warming,” which is a cyclical phenomenon that occurs at intervals of hundreds of years. The most recent prior episode occurred during the early 1400s, when a fleet of massive Chinese junks sailed through the melted North Pole passage and mapped the world, soon followed by Western explorers.²⁰ But the ice froze again before Admiral Byrd and his contemporaries searched for the mysterious polar passage. Now it has melted again, and commercial shipping prefers it to the Panama Canal.

What, then, is the source of CO2? The fact is that it is continuously produced by the vast mass of microbial life that thrives in the hellishly hot environment deep beneath the earth’s surface, where the nuclear core provides abundant chemicals that serve as food. This explains the high CO2 concentrations found in caves and why volcanic eruptions belch forth vast quantities of carbon dioxide. Its high molecular weight causes atmospheric CO2 to hover near the earth’s surface, where photosynthetic bacteria and multicellular plants avidly consume it and constrain its concentration to only 0.03% of the atmospheric gas mix, so that plant and animal life on the earth’s surface thrive at the brink of CO2 starvation.

Multicellular life cannot survive at higher altitudes such as the “dead zone” near the top of Mt. Everest where CO2 is virtually absent, which explains why the top of Mt. Everest is littered with lemming-like Darwin Award winners and why their guides suffer hypoxic brain damage.

CO2 is also an ideal refrigerant with a revealing history. It was patented in Britain as a refrigerant in 1850, and in 1870 an American businessman installed CO2 refrigeration in a cargo ship to transport beef from Texas to New York City. It is devoid of toxicity, but its low cost undermines its commercial viability.²¹ CO2 was soon supplanted by ammonia, but consumers feared ammonia toxicity, and preferred ice deliveries to ammonia refrigerators.

For example, tour guides at California’s Hearst Castle were sickened by ammonia leaking from its damaged antique refrigerators after the 1989 Loma Prieta earthquake. The German division of the international General Electric cartel retained Albert Einstein and Moshe

Szilard to invent safe refrigeration technologies during the interval between WWI and WWII. They patented several commercially impractical ideas,²² but their efforts were rendered moot by Thomas Midgely, Jr., the infamous inventor of leaded gasoline, who dramatically inhaled Freon, a fluorinated hydrocarbon developed by DuPont, to demonstrate its safety before a crowded engineering convention.²³ The DuPont Corporation then promoted Freon, whereupon Freon refrigerators were enthusiastically embraced after WWII.

However, Freon was never safe. When exposed to open flame it degenerates to phosgene gas, which killed more soldiers than any other “war gas” during WWI. This was particularly problematic because refrigeration repairmen routinely used propane torches to detect Freon leaks.²⁴ This explains the fakery of the “Ozone Hole” hysteria, which enabled DuPont to replace dangerous Freon with hydrocarbon alternatives that likewise cannot compare to the safety of carbon dioxide.

Freon also explains the pulmonary illness suffered by firemen and policemen during the 9/11 demolition of the World Trade Center towers, which exposed massive quantities of Freon to thermite flame.²⁴ Thankfully, the European Union has introduced regulations to restrict toxic chemicals, so Mercedes Benz and other European corporations are now developing safe CO2 air conditioning systems for cars and homes.

So, the next time a “climate change” fanatic starts ranting at you about the horrors of CO2 you can tell them to hold on until they hear “the rest of the story.” Meanwhile, must we await the arrival of our great-great grandchildren before the therapeutic blessings of carbon dioxide, surgical narcotics, and stress theory can be realized? Why not us? Why not now?

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Dr. Lewis S. Coleman is Chair of the Science and Education Board of the American Institute of Stress. He is a board-certified anesthesiologist who completed his BS degree in biology at the Ohio State University, obtained his MD degree from New York Medical College, and completed his surgical internship and anesthesiology residency at UCLA, followed by 40 years in private practice. Coleman's basic sciences instruction at NYMC miraculously coincided with the two-year sojourn of Dr. Johannes Rhodin, who was retained by the school to reform its curriculum. Dr. Rhodin was a famous researcher and expert on the stress theory of Dr. Hans Selye. His lectures devastated the dogma of classical physiology and convinced Coleman that stress theory represented the future of medicine. Many years later, these lectures enabled Coleman to identify Selye's long-sought stress mechanism. It promises to revolutionize medicine and provide a new era of health, longevity, and freedom from the eternal scourge of disease and premature death. Coleman sets forth his ideas in his important new book, [“50 Years Lost in Medical Advance: The Discovery of Hans Selye's Stress Mechanism.”](#)

Notes

1 Coleman, L. S. Four Forgotten Giants of Anesthesia History. *Journal of Anesthesia and Surgery* 3, 1-17 (2015). <<http://www.ommegaonline.org/article-details/Four-Forgotten-Giants-of-Anesthesia->

[History/468](#)>.

2 Coleman, L. S. Oxygen Transport and Delivery.

<https://www.youtube.com/watch?v=efi9v86isSw&t=117s> (2022).

<<https://www.youtube.com/watch?v=efi9v86isSw&t=117s>>.

3 Henderson, Y. Resuscitation with Carbon Dioxide. *Science* 83, 399-402 (1936).

<https://doi.org/10.1126/science.83.2157.399>

4 Coleman, L. S. The Great Medical Hoax of the 20th Century. (2022).

<https://www.amazon.com/Great-Medical-Hoax-20th-Century/dp/B09X4BCTWG/ref=sr_1_1?crid=8A8KBG2F26D7&keywords=the+great+medical+hoax+of+the+20th+Century&qid=1659205157&srefix=the+great+medical+hoax+of+the+20th+century%2Caps%2C153&sr=8-1>.

5 Morris, L. E., Schroeder, M. E., Warner, M. E. & Wood Library-Museum of Anesthesiology (Park Ridge Ill.). *Ralph Milton Waters, M.D., mentor to a profession : proceedings, the Ralph M. Waters International Symposium on Professionalism in Anesthesia, Madison, Wisconsin, 2002*. (Wood Library-Museum of Anesthesiology, 2004).

6 Waters, R. M. Ltr Waters to Guedel Re: intention tremors, ET tube durability.

<https://calisphere.org/item/784c2d71-bb93-4c73-af85-2ce6faf9f8d6/> (1929, March 19).

7 Waters, R. M. Waters reports one-lung anesthesia with new ET tubes.

<https://calisphere.org/item/f8195ad6-f577-4a0e-8f9f-aa9dbfaf1ae1/> (1931, June 10).

8 Leake, C. D. W., R.M. The Anesthetic Properties of Carbon Dioxid. *J. Pharmacol. Exp. Ther.* 33 (1928).

9 Waters, R. M. Toxic Effects of Carbon Dioxide. *J.A.M.A* 100:519, 1933, 219-224 (1933).

10 Eisele, J. H., Eger, E. I., 2nd & Muallem, M. Narcotic properties of carbon dioxide in the dog. *Anesthesiology* 28, 856-865 (1967).

11 Cullen, D. J. & Eger, E. I., 2nd. Cardiovascular effects of carbon dioxide in man. *Anesthesiology* 41, 345-349 (1974).

12 Cullen, D. J., Eger, E. I., 2nd & Gregory, G. A. The cardiovascular effects of carbon dioxide in man, conscious and during cyclopropane anesthesia. *Anesthesiology* 31, 407-413 (1969).

13 Eckenhoff, J. E. Carbon Dioxide and Man. *Anesthesiology* 21, 585-586 (1960).

14 Waters, R. M. Carbon Dioxide. *Can Med Assoc J* 38, 240-243 (1938).

15 Jackson, D. E. Anesthesia Equipment From 1914 to 1954 and Experiments Leading To Its Development. *Anesthesiology* 16, 953-969 (1955).

16 Overdyk, F. J. postoperative Opioids Need System-Wide Overhaul. *Anesthesia Patient Safety Foundation Newsletter* (2010). <http://www.apsf.org/newsletters/html/2010/winter/11_opioids.htm>.

17 Coleman, L. S. Intraoperative Hyperventilation May Contribute to Postop Opioid Hypersensitivity. *apsf Newsletter* Winter 2009-2020 (2010).

<<https://www.apsf.org/article/intraoperative-hyperventilation-may-contribute-to-postop-opioid-hypersensitivity/>>.

18 Coleman, L. S. A call for standards on perioperative CO(2) regulation. *Can J Anaesth* (2011).
<https://doi.org/10.1007/s12630-011-9469-7>

19 Shimkin, M. B. Chauncey D. Leake, president-elect. *Science* 129, 468-469 (1959).
<https://doi.org/10.1126/science.129.3347.468>

20 Menzies, G. *1421 : the year China discovered the world*. (Bantam, 2002).

21 Nguyen, O. a. *Carbon Dioxide as a Refrigerant*,
<<https://www.rsi.edu/blog/hvacr/carbon-dioxide-refrigerant/>> (2016).

22 Dannen, G. *The Einstein-Szilard Refrigerators*,
<<https://www.scientificamerican.com/article/the-einstein-szilard-refrigerators/>> (1997).

23 Knight, L. The Fatal Attraction of Lead. *BBC News Magazine* (2014).
<<https://www.bbc.com/news/magazine-29568505>>.

24 Shawn. *Burning freon can produce phosgene gas*,
<<https://honda-tech.com/forums/honda-civic-del-sol-1992-2000-1/burning-freon-can-produce-phosphene-gas-229557/>> (2002).

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