

Dr Mike Yeadon (see profile at end of document).

- 1. It is contended that all the main narrative points about the virus are lies. Furthermore, all the “measures” imposed on the population are also lies. I support these claims scientifically, mostly by reference to peer reviewed journal articles. In 2019, WHO scientists reviewed the evidence for utility of all non-pharmaceutical interventions, concluding that they are all without effect.**
- 2. Given the foregoing, it’s no longer possible to view the last two years as well-intentioned errors. Instead, the objectives of the perpetrators are most likely to be totalitarian control over the population by means of mandatory digital ID & cashless, digital currencies (CBDCs).**
- 3. There is no medical or public health emergency. We can & should take back our freedoms with immediate effect. Testing healthy people stops. If you’re sick, please stay home. Masks belong in the trash. The covid19 gene-based injections are not recommended & must not be coerced or mandated. Crucially, the vaccine passports database must be destroyed. Economic rectitude is recommended.**
- 4. Serious crimes have obviously been committed. It is not the purpose of this document to accuse anyone or to assemble the evidence against them at this time. However, when this is all resolved We, The People are strongly recommended to pay much more attention to Washington than previously.**

The purpose of this document is to demonstrate that **all of the key narrative points about the SARS-CoV-2 virus said to cause the disease covid-19 & the measures imposed to control it are incorrect**. Given the sources of these points are scientists, doctors and public health officials, they are not simply mistaken. Instead, they have lied in order to mislead. I believe the motivations of those who I call the perpetrators become clear, once it is internalised that the entire event is based on lies. In recent days, news is breaking that antibodies are present in European blood banks from 2019.

<https://threadreaderapp.com/thread/1503112014700285953.html> The implications are momentous.

In the first three months of the covid event, I started noticing senior scientific & medical advisors on UK television say things which I found disturbing. Hard to put my finger on the specifics, but they included remarks like “because this is a new virus, there won’t be any immunity in the population”, “everyone is vulnerable” and “in view of the very high lethality of the virus, we are exploring how best to protect the population”. I had been reading extensively about the apparent spread of SARS-CoV-2 in China and beyond, and had already arrived at a number of important conclusions. Essentially, I was sure that, objectively, we weren’t going to experience a major event, based on the Diamond Princess cruise ship, but what was happening was that, in my view, senior people were acting a lot more frightened than seemed appropriate. Note that not crew died and only a minority on the ship even got infected, suggesting substantial prior immunity, a steep age-lethality relationship and an infection fatality ratio not much different, if at all, from prior respiratory virus infections.

It was with this heightened interest that I began close examination of all aspects of the alleged pandemic. I suspected something very bad was happening when the Imperial College (Neil Ferguson) modelling paper was released. This claimed that over 500,000 people in UK would die unless severe “measures” were put in place. Ferguson had over-projected all of the last five disease-related emergencies in UK, and had been responsible for the destruction of the beef herd through modelling spread of foot & mouth disease. I had been reading around all sorts of “non-pharmaceutical interventions” (NPIs) and what this had taught me was that there was absolutely no experimental literature around any of those being spoken of, except masks, which were clearly ineffective in blocking respiratory virus transmission. The non-experts in main media drew on a very limited group of experts and I noticed that none were immunologists.

I had in parallel watched the evolving scene in Sweden & was pleased to note that their chief epidemiologist, Anders Tegnell, seemed to know what he was doing & had dismissed the panic. I knew he’d been the deputy of Johan Gieseke, his predecessor, who was still around in an emeritus role. Gieseke was also reassuringly calm.

The final straw was when on March 23 2020, the British prime minister initiated the first “lockdown”. This was wholly without precedent. I knew Sweden had rejected them as wholly unnecessary & also extremely damaging. From that day forward, the team from the UK strategic advisory group for emergencies (SAGE) put up one or more members every day to appear alongside the prime minister or the health minister.

These press conferences were meandering affairs and it wasn’t clear what purpose they had. The questions asked never sought to place things in context, but instead to always explore the outer edges of possible outcomes and then follow up remarks that didn’t seem adequately prepared. In retrospect, I think the aim was to make them the only “must watch” thing on TV and with such a large, captive audience, a form of fear-based hypnosis was instigated. We were much later informed by Matias Desmet that this was indeed the aim, and this process is called “mass formation”. <https://rokfin.com/stream/9705/Foreign-Agents-10--Covid-and-Mass-Hypnosis> This process can become malignant, as have past beliefs in events that were later conceded to have been episodes of societal madness, like Salem witch trials, satanic abuse of children and other delusions. Some experts believe that modern societies are more and not less susceptible to such mass panics, because of the ubiquity of easily-controlled messaging (properly termed propaganda, since it was completely deliberate & carefully planned). Despite use of cartoons, this film leans heavily on academic research from luminaries such as Le Bon, Freud, Bernays, Milgram, Asch and later studies. <https://rumble.com/v152me-mass-psychosis-how-an-entire-population-becomes-mentally-ill-by-after-skool.html>

As soon as lockdown was initiated, the focus turned full force onto mass testing, especially testing people without symptoms. I knew this didn’t make any sense, because if a large enough number of people are tested daily, without knowledge of the false positive rate, we would certainly very quickly be panicked into thinking there were lots of people walking around with the virus, unaware they had it and allegedly spreading it to others. Once lockdown was in place, in addition to testing, the press conferences focused on numbers in hospital, numbers on ventilators and ultimately the daily deaths “with covid”. Early treatments and improved lifestyle were never spoken of. The first lockdown lasted 12 weeks, with most office staff told to ‘work from home’ while being paid ‘furlough’ (a word never before used in Britain). The “fear porn” continued all the way into high summer, long after daily covid deaths had reached approximately zero, and the introduction of mandatory masking in all public areas in the heat of summer, when they had never been required before, was the last straw for me. It was all theatre and I set out to investigate a couple of core concepts: the “PCR test” and “asymptomatic transmission”. I’m embarrassed to say it wasn’t until the autumn

of 2020 that I had clear in my mind, with mounting horror, that the entire event, if not completely manufactured, as being grossly exaggerated, with the intent of deceiving the entire “liberal democratic West”. Scores of countries were economically being squeezed to death. I knew that from a financial perspective, borrowing or printing enough money to subsidize tens of millions to remain as home could not be long sustained without destroying the sovereign currency. Strangely, exchange rates didn’t move much, another clue that powerful forces were managing this event as well as its consequences. Around this time, country leaders started talking about “Build Back Better” and Klaus Schwab’s Great Reset book appeared.

Around this time, I developed the idea of “The covid lies”. It seemed to me that everything we had been told about the virus wasn’t true and also that all the NPIs imposed upon us couldn’t work and so were for nothing more than show. As above, repetition and fear were key to instigating “mass formation” as described in detail by Belgian Professor Matias Desmet (<https://rokfin.com/stream/9705/Foreign-Agents-10--Covid-and-Mass-Hypnosis>). This narrowing of focus, according to Desmet, means those “in the mass” (crowd) literally are incapable of hearing anything which challenges the narrative of which they’re convinced. Any explanation other than the truth is marshalled in dismissing rational counter-arguments. Anyone challenging the dominant narrative was attacked, smeared, censored and cancelled on social media and no reasonable and independent voices were ever seen or heard on TV and radio. The conditions required for mass formation to be successful are argued to be high levels of free-floating anxiety, a strong degree of social isolation where devices replace real human interactions and finally, low levels of sense-making, that is, many things do not make sense to many people. When a crisis is dropped into such a population & repeated ad nauseam, it is possible in effect to hypnotise them. Now their anxiety has an obvious focus, which is felt as a relief. The routines, masking, lockdowns, testing, hand sanitizing become for some a ritual which provides daily meaning. Finally, so many people are acting the same way and echoing the same lines that they’ve heard time and again on TV, radio, newspapers and their devices, that people can feel part of a national effort in a way they’ve not felt before. This combination, coupled with visible and strong punishment for anyone who questions the narrative or simply refuses to comply, reinforces the group-think. It is, according to the experts, near-impossible to extract this deeply “in the mass”. However, there is always a group who never fall for such tricks. Outwardly pleasant and easy-going, they are typically sceptical and go along with things only if they make sense personally, not because an authority figure tells them to. The group in the middle often senses something is wrong, but lacks the courage of their own convictions and tends to side with whatever they’re told to do, rather passively. They are not hypnotised, but to third parties, they can seem to be so. Crowd psychology experts encourage those who’ve seen through the lies to speak out & continue to do so. First, this legitimises speaking out by all others not persuaded by the narrative and might extract some of the middle group. Even those “in the mass” will be prevented from sinking yet more deeply into the mass, from where those orchestrating events can otherwise prompt such people to commit atrocities.

In the second half of the year, the conversation turned to the oncoming vaccines. Having spent 32 years in pharmaceutical R&D, I knew what we were being told was just lies. It’s not possible to bypass a dozen years of careful work or to compress it into a few months. The product that was to emerge was almost certain, to my mind, to be very dangerous. I read my way into this area, and grew more concerned still.

In what follows, I ONLY isolate the major narrative points themselves and show that none of them are true. So not just a little lying here and there. No, the entire construct was false. I will describe all the main ones. After that, I’ll show how they were able to get away with it.

At the conclusion, I believe the reader will share my view that the whole event is manufactured or exaggerated from a mild situation. No alternative views were permitted in the 'public square'. A group of powerful media organisations assembled in 2019 and founded the Trusted News Initiative. The purpose was both to control the mass media message and crush alternative voices from any direction. <https://dailyexpose.uk/2021/08/29/the-trusted-news-initiative-a-bbc-led-organisation-censoring-public-health-experts-who-oppose-the-official-narrative-on-covid-19/>

All of it was lies. Not mistakes. Many politicians repeated others' lines & might offer as defence that they relied on experts to inform them. Rachel Walensky recently did just that - said that the CDC made vaccination recommendations because CNN published Pfizer's press release saying that their c19 vaccine was 95% effective. You can't make this up. However, those true subject matter experts, such as Dr Fauci, Sir Patrick Vallance etc who promoted them from the public health departments knew they were untrue. What possible motive might there have been to create this state of fear? Who must have been involved to have granted authorisation to do it?

The question of motive has to arise. I have tried to find benign explanations & failed to do so. The conclusions I'm drawn to logically make very disturbing reading. I look forward to discussing this with you and indeed anyone. It's unlikely I am correct on every point. What I am sure of is that the overall picture is one of extreme deception and a highly-organised fraud. I am not alone in reaching this view. This author steps through what they would do in order to take over the world through a simultaneous "coup d'etat" of the liberal democracies. <https://boriquagato.substack.com/p/if-i-were-going-to-conquer-you> Robert F Kennedy Jr also summarises a plausible explanation. <https://www.bitchute.com/video/wyFtd4mshFO8/>

I appear to be the ONLY former executive-level scientist from big pharma anywhere in the world speaking out. I've invested 2y pro bono in identifying the key elements of the fraud, in the sincere hope I can connect with upright individuals who can help bring this to wider attention and ultimately, to a halt and to justice. I can describe a global fraud operating for two years at tremendous cost in lives, the economy and the very structure of human societies can only be undertaken by powerful people, organised for a purpose which is not to the benefit of ordinary people.

Best wishes and thanks for reading,  
Mike

Ps: though not all central, there is a large number of ancillary points and I have assembled a few here:

1. In a series of short films, you will find another team's interpretation of the same fraud, with remarkable similarities. Note in particular, film 2 (3.5min) on non-pharmaceutical interventions: <https://www.canadiancovidcarealliance.org/media-resources/pandemic-alternative/>
2. German investigative journalist, Paul Schreyer, shows that this fraud was rehearsed for many years, increasingly with all the stakeholders now running the alleged covid19 fraud: <https://wissen-ist-relevant.de/vortrag/paul-schreyer-pandemic-simulation-games-preparation-for-a-new-era/>
3. Why were autopsies strongly discouraged worldwide in 2020 & still today? To cover up the lack of covid19 deaths. After vaccination, a large fraction of deaths have been judged to be due to the vaccines & lack covers them up, too. <https://doctors4covidethics.org/on-covid-vaccines-why-they-cannot-work-and-irrefutable-evidence-of-their-causative-role-in-deaths-after-vaccination/>

4. On what basis were “cases” determined purely by the result of one test, much disputed as to its appropriateness? The Nobel prize winning inventor of the test, Dr Kary Mullis stated definitively that PCR must not be used to diagnose viral illnesses. <https://www.youtube.com/watch?v=rXm9kAhNj-4>
5. A death **from any cause**, within 28 days of a positive test for SARS-CoV-2, is recorded as a “covid death”. It’s absurd and we have never assigned cause of death like this before, ever. The effect of untrustworthy PCR tests and the arbitrary assignment of a dubious positive as somehow causative of death has been a very effective way to fool and frighten people. Most do not know that there are literally scores of viruses which can infect human airways, some of which in elderly and infirm people, can give rise to severe illness, even common cold viruses.
6. Hospital treatment protocols, where I have explored them, look designed to kill. In UK, the pathway starts with everyone being tested with untrustworthy PCR tests and these are applied repeatedly for an in-patient. Given 2% of admissions end in a hospital death, repeated poor testing guarantees a lot of “covid deaths”. A patient “diagnosed” as positive covid is placed in isolation and visitors not allowed until they are moribund. A standard treatment involves intravenous midazolam and morphine from a syringe driver, at doses up to 10x greater than advisable for a patient capable of breathing unaided. This often results in respiratory failure and either immediate death or mechanical ventilation, accompanied by withdrawal of all care, and of course they then expire. Its murder. Again, in UK, we have documentary evidence that the UK NHS stockpiled a year’s supply of midazolam, by ordering it normally, but banning 2019 prescriptions. In no more than two months in 2020, the entire supply was exhausted by April, and another year’s supply was bulk purchased from a generics company in France, cleaning out their stock. Something similar occurred in US hospitals, with ramped cash bonuses for each stage passed, up to & including mechanical ventilation. Mechanical ventilation is rarely appropriate, because covid19 is NOT an obstructive lung disorder. Blood oxygen desaturation is best addressed using non-invasive masks with elevated oxygen levels. We tried this in Italy in Feb 2020 and they then ceased mechanical ventilation within a week, so stark were the differences in outcomes (most ventilated patients died, most masked patients survived). Apparently, the method of treatment they’d been given from “colleagues in Wuhan” was what they called “the Wuhan protocol”. In this, the guidance was that the sooner they sedated & ventilated an agitated patient, the better their chances. This was a lie. Panicked patients needed anxiolytics and an oxygen mask, but they were instead killed.
7. I have been incensed by the mis-use of novel, experimental “vaccines” in recovered individuals (they are immune & risks of adverse events are greatly increased, because the body is already poised to attack any cells expressing spike protein). They are also used in pregnant women, who are not at greatly elevated risks from covid19, because they tend to be young and healthy. We’ve NEVER approved the use of experimental agents in pregnant women since thalidomide (1956-62), certainly not without “reproductive toxicology”. None of the vaccines have a completed “reprotox package”. I filed a short, expert opinion to court with AFLDS on this topic. {insert}. They also didn’t complete an ADME-Tox package. The FOIAed documents obtained in March 2022 show that Pfizer was “planning to study” vaccination in maternity as of April 30 2021. That’s after they have manufactured and shipped close to 100 million doses.  
Finally, the mis-use of these agents in healthy children without question has reverse risk/benefit: they kill far more than the virus could. The whole thing stinks of a purpose different from public health, because if it was a legitimate public health effort, we definitely would NOT do any of these things. Officials lied on the national broadcaster, such as the BBC, smearing people like me, who had written the world’s first treatise, explaining some of our concerns. Note that this petition was co-authored by Dr Wolfgang Wodarg, the public health doctor & minor politician from Germany who stopped the fraudulent “swine flu pandemic” in 2009. <https://dryburgh.com/mike-yeardon-coronavirus-vaccine-safety-concerns-petition/>

8. Next, two strange occurrences. First, the WHO altered the definition of “immunity”, to exclude “natural immunity”. (<https://peterlegyel.wordpress.com/2021/01/15/who-changes-definition-of-herd-immunity/>). That meant that only vaccination could accomplish the goal. They eventually changed this back, but for many, the damage was done and non-experts didn’t trust natural immunity, even though it is superior to that from vaccination, because the body has been exposed to all parts of the virus and will therefore respond to any part of it if reinfected. Next, the WHO changed the definition of “pandemic”, which previously meant the simultaneously spreading across many countries of a pathogen, causing many cases and deaths. It was changed to eliminate the need for many deaths (see 45min 50 sec Dr Wolfgang Wodarg, interviewed on UK TV in 2010 after the exaggerated swine flu pandemic, which I now believe was something of a rehearsal for the 2020 covid19 pandemic): <https://www.expandingawarenessrelations.com/tag/wolfgang/>). This is a critical point, because PCR can be designed against any pathogen and protocols adopted such that a large number of false positives appear. This grants bad actors the ability relatively easily to create the illusion of a pandemic, almost to order. Interestingly, Dr Wodarg recaps his 2009 experiences and shows similarities with recent events in an interview here: <https://www.pandata.org/wolfgang-wodarg/> Many people simply don’t believe experts when they talk of “very high fraction of positive test results being false positives”. I assure you there have genuinely been a number of events where the entire suspected epidemic was an illusion, and 100% of positives were false positives. Here is an example which, when I first read it, get me a crawling sensation. I wonder if it was this genuine event that birthed the method for exaggerating (or even fully faking) a pandemic in which are currently living? <https://silview.media/2020/12/26/nyt-2007-faith-in-quick-test-leads-to-epidemic-that-wasnt/> Its also important to note that WHO changed definitions of immunity from “that obtained after natural infection or vaccination” to only mention vaccination. The definition of a vaccine was also changed, so that it wasn’t necessary to prevent infection or transmission, whereas traditional vaccines almost always do this. They do so because they prevent the development of clinical illness and, in the case of respiratory viruses at least, lack of symptoms renders the person all but incapable of infecting anyone else.
9. I noticed early on that Gates said “we won’t return to normal until pretty much the whole planet has been vaccinated”. This is a bizarre statement from a person with no medical or scientific training (or indeed a college degree in anything). It is **never** necessary to vaccinate the entire population, when only the elderly and infirm are at serious risk of death if infected. Note that the median age of deaths from / with covid was the same or even older than the median age of death due to all causes. Blair insisted that vaccine passports would be essential to confidence. Again, absurd, especially once we learned that these vaccines do not prevent transmission. Once this became clear, the case for coerced vaccination vanished and this is the present position. Yet, my unvaccinated relatives may not enter the US. The safest person to be around, if you fear infection, isn’t a vaccinated person, but a person who is fit and well, with no respiratory symptoms.
10. The practise of “boosting”, giving people dose after dose of poorly-designed agent, ostensibly to reinforce their immunity, has no immunological basis. No genuine immunity wanes in a few months, sometimes even a few weeks. The perpetrators have exploited the public’s understanding of the annual influenza vaccine and somehow normalised something that is dangerous and ineffective. I also noticed that early on, in discussing immunity, antibodies were the discussion topic. T-cells were an “extremist plot”. This is another absurdity. I can assemble expert witnesses who will attest alongside me that blood-based antibodies are relatively unimportant, potentially irrelevant to infection by respiratory viruses. This is because the virus infects the air side of the airways and blood-based antibodies cannot leave the blood and enter this “compartment”. Blood antibodies and respiratory viruses never meet except under unusual circumstances. On the contrary, T-cells leave the blood and migrate through infected airway tissue, removing infected cells.



11. Prof Neil Ferguson (Imperial) has a poor record of modelling & predictions: <https://covid19up.org/neil-ferguson-fear-driven-predictions/>
12. Frighteningly prescient testimony from a former WHO staffer, Jane Burgermeister, in 2010. Her understanding was that respiratory virus pandemics will be used to force near universal vaccination and that this had sinister motives. [https://brandnewtube.com/watch/jane-burgermeister-forced-vax-warning-february-15-2010\\_Con7FXMOCvgW8Or.html](https://brandnewtube.com/watch/jane-burgermeister-forced-vax-warning-february-15-2010_Con7FXMOCvgW8Or.html) I dismissed this the first time I saw it. Many of us turn away instinctively from evil because we cannot or do not want to believe that other humans are capable of that which our logic tells us is happening. I now no longer reject it. It fits far too well with the totally independent Paul Schreyer documentary.
13. Another doctor made similar claims, Dr Rima Laibow. This testimony speaks of population rejection, and like Jane Burgermeister, locates the fraud in a conceptual world government. Again, one can reject it, or consider it alongside other pieces of information. [https://www.brandnewtube.com/watch/jesse-ventura-meets-dr-rima-laibow\\_kL2AIR=](https://www.brandnewtube.com/watch/jesse-ventura-meets-dr-rima-laibow_kL2AIR=)
14. I think its worth developing this theme of turning away from evidence of sheer evil. I have to say more, because it is THE pressing issue today. The evidence I set forth makes it perfectly plain that the entire world is being lied to in ways that led predictably to huge suffering and death. Given none of the “measures” imposed could have mitigated illness and death from a respiratory virus, the only outcome was to be fracturing of civil society and damage, potentially fatal, to the economy and financial system. I emphasise again here that WHO scientists had conducted a detailed review of control measures for respiratory virus epidemics and pandemics as recently as 2019 and that concluded that no imposed measures make any difference at all. The claims made for control in Wuhan are not credible. The stakeholders who must have approved this action own or control the majority of the world’s capital and assets. Their motivation cannot be for money, for they stand astride the money-creating apparatus in the central and private banks. Equally, it cannot be to obtain gross control over the population, since they already demonstrably have that. This is what leads me inexorably to propose that the motives behind this are terrible. At very least, to secure totalitarian control through mandatory, digital ID (in the guise of useless vaccine passports, useless because none of these so-called vaccines reduce transmission, the only possibly justification for them). Add to this a “financial great reset” with withdrawal of cash and introduction of central bank digital currencies and we have a wholly controlled population, controlled automatically without human intervention on the ground. All that’s needed is to require the population to show their health passport or else they will not be allowed to cross a regulated threshold, like accessing a food store, or make a transaction using digital money, unless the AI algorithm permits it. If those operating this takeover of humanity wished then to eliminate a portion of the population, with plausible deniability, I doubt a more propitious starting point could be had. I do not believe it’s a fault in those who fall for the narrative that they cannot see the lies. People want to believe that governments and experts, for all their well-known flaws and occasionally uncovered corruption, are trying to do the best they can and cannot accept the truth, that there is a group of powerful people who regard the ordinary members of the public as surplus to requirements. They want to deny evil, because it makes them feel bad, sad, uncomfortable to think about the world this way. They want to deny reality and that’s their coping mechanism which is being exploited by the perpetrators of evil. It gives cloak of invisibility to those who want to commit mass murder, quite literally, since so many people are so willing to imagine that it is not happening.
15. It is not clear to me what to do with the information I’ve gathered here. I believe that a calm review of the summary, which I call “The covid lies” (see table below) will result in any open-minded person agreeing that we all have been subjected to a monstrous fraud, with lethal consequences and that there is overwhelming evidence of long-term planning and deliberately injurious acts. There is no easy way to say that, but it could be represented objectively & taught, in the manner of a workshop, so that participants get to derive their own conclusions (albeit being led by the evidence). I doubt just talking to a group of people who hold the narrative view as “true” would respond at all well to this, delivered as a lecture. Nobody wants to accept they’ve been fooled,

even if the blow is softened by telling them that this has been brought about by highly experienced professionals in the covert services & has required huge amounts of money to buy off several groups. But ignoring this and hoping it will go away is naïve and very dangerous for us all. The perpetrators have not gone away and will likely return in the fall. I expect this year or the next will see them assume totalitarian tyranny, if we have not, before then, “inoculated” important stakeholder groups to understand what happened so far and to be alert to the many potential presentations of the next fear-provoking episode. On the positive side, an increasing number of people have detected that fraud is ongoing. This is a particularly good example, from the financial analysts community, which refers to life insurance claims among many other pieces of evidence of wrong-doing: <https://rumble.com/vwjmjm-bombshell-naomi-wolf-interviews-edward-dowd-about-pfizer-fraud-and-criminal.html>



# The covid lies:

The narrative point	Importance	The reality	Conclusion & verdict
<p>SARS-CoV-2 has such a <b>high lethality that every measure must be taken to save lives.</b> Note, covid19 is the disease resulting from infection with the virus, SARS-CoV-2. They are often used interchangeably. Sometimes it doesn't much matter but the confusion was sewn deliberately.</p>	<p>Essential to claim high lethality in order that unprecedented responses may seem justified. To "pep up" the claim, recall <b>"falling man" in Wuhan?</b> The person was allegedly sick but walking about, before falling dead on their face. That was never real. It was theatre.</p>	<p>Early estimates of lethality were very high, in some reports, an "infection fatality rate" of 3%. Seasonal influenza is generally considered to have a typical IFR of 0.1%. That means some seasons, IFR for 'flu may be 0.3% and other times, 0.05% or lower.</p> <p>In practise, and this was usual, estimates of IFR for covid19 were revised downwards repeatedly and now are generally recognised as in the range 0.1-0.3%. <b>It cannot now be argued that it is significantly different from some seasonal influenza epidemics.</b> Why then have we all but destroyed the modern world over it?</p>	<p><b>FALSE</b></p> <p>The perpetrators knew that lethality estimates of new respiratory viral illnesses ALWAYS start high and reduce. This is because, early on, we do not have any estimate of the number of people infected but not seriously ill &amp; the number infected with no symptoms at all. They created the impression of extreme danger, which was never true. <b>This is such a crucial point, for once one sees it for what it is, the rest of the narrative is superfluous.</b></p> <p>Dr John Ioannidis is one of the world's most-published epidemiologists and he has been scathing about the inappropriate responses to a novel virus of not particularly unusual lethality. Like most respiratory viruses, SARS-CoV-2 represents no serious health threat to those under 60y, certainly not children, and is a serious threat only to those nearing the end of their lives by virtue of age and multiple comorbidities.</p> <p><a href="https://www.sciencedirect.com/science/article/pii/S0013935120307854">https://www.sciencedirect.com/science/article/pii/S0013935120307854</a></p> <p>Dr Ioannidis current estimate of global infection fatality rate is around 0.15%. For reference, a typical seasonal influenza outbreak has a typical IFR of around 0.1%, but can be markedly worse in bad winters. <a href="https://onlinelibrary.wiley.com/doi/10.1111/eci.13554">https://onlinelibrary.wiley.com/doi/10.1111/eci.13554</a></p>
<p>Because this is a new virus, there will be <b>no prior immunity</b> in the population.</p>	<p>Seems reasonable, doesn't it? This remark, made repeatedly early on, aimed to squash any notion that there was a degree of "prior immunity" in the population. Prior immunity &amp; natural immunity are only now, 2y in, not</p>	<p>Within a few months, multiple publications showed that a large minority (ranging 30-50%, some later said even more) of the population had T-cells in their blood which recognised various pieces of the viral protein (synthesised, as no one seemed to have any real virus isolates to use).</p> <p>While some people argued that recognition by</p>	<p><b>FALSE</b></p> <p>This was a straight lie. It's pretty much never true that there's no prior immunity in a population. This is because viruses are each derived from earlier viruses and some of the population had already defeated its antecedents, giving them either immunity or a big head start in defeating the new virus. Either way, a sizeable proportion of the population never had cause to worry.</p>

	considered "misinformation".	T-cells didn't mean functional immunity, really it does. We were prevented from learning that we already knew of six coronaviruses, four of which cause "common colds", which in elderly & infirm people can cause death.	<a href="https://www.bmj.com/content/370/bmj.m3563">https://www.bmj.com/content/370/bmj.m3563</a>  This article includes all the important peer-reviewed articles to mid-2020, with many showing at least 30-50% having prior immunity (its depends upon the measure used to assess it).
This virus does not discriminate. <b>No one is at safe until everyone is safe.</b>	Intention was to minimise the numbers who might reason they're not "at risk" people.	This claim was always absurd. The lethality of this virus, as is common with respiratory viruses, is 1000X less in young, healthy people than in elderly people with multiple comorbidities.	<b>FALSE</b> In short, almost no one who wasn't close to the end of their lives were at risk of severe outcomes & death. In middle-aged individuals, obesity is a risk factor, as it is for a handful of other causes of death. This intriguing review details how the initial modelling induced fear and provided the excuse for heavy-handed measures especially "lockdown". It was however just that: an excuse. All experienced public health experts knew that lockdown was absurd, ineffective and hugely destructive. There's no way to sugar-coat this. It was wrong before it was ordered and its necessary to examine why those who knew did not protest. Its almost as if they were complicit. <a href="https://www.frontiersin.org/articles/10.3389/fpubh.2021.625778/full">https://www.frontiersin.org/articles/10.3389/fpubh.2021.625778/full</a>
People can carry this virus with no signs and infect others: asymptomatic transmission.	This is the <b>central conceptual deceit</b> . If true, then anyone might infect & kill you. <b>Falsely claimed asymptomatic transmission underscores almost every intrusion:</b> masking, mass testing, lockdowns, border restrictions, school closures, even vaccine passports.	The best evidence comes from a meta-analysis of a larger number of good studies, examining how often a person testing positive went on to infect a family member (they compared as potential sources of infection people who had symptoms with those who did not have symptoms). <b>ONLY</b> those WITH symptoms were able to infect a family member at any rate that mattered.	<b>FALSE</b> Asymptomatic transmission is epidemiologically irrelevant. It's not necessary to argue it never happens, it's enough to show that if it occurs at all, it is so rare as not be worth measuring.  In this case, we also have Fauci and a WHO doctor telling us exactly this. Also, I show why it is like it is. It's very clear.  <a href="https://www.bitchute.com/video/IIj22KttYq7z/">https://www.bitchute.com/video/IIj22KttYq7z/</a>  <a href="https://pubmed.ncbi.nlm.nih.gov/33315116/">https://pubmed.ncbi.nlm.nih.gov/33315116/</a>
The PCR test <b>selectively identifies people with clinical infections.</b>	This is the <b>central operational deceit</b> . If true, we could detect risky	In a 'dirty' clinical sample, however, there is more than a possible piece of, or a whole, virus which might replicate. There are bacteria, fungi,	<b>FALSE</b> You can be genuinely positive, yet not ill. There is no lower limit of true detection below which you'd be declared to have some copies of

	<p>people &amp; isolate them. We could diagnose accurately and also count the number of deaths.</p> <p>Polymerase chain reaction, at its best, can confirm the presence of genetic information in a clean sample &amp; is useful in forensics for that reason. It involves cycle after cycle of amplification, copying the starting material at the beginning of each cycle.</p> <p>The inventor of the PCR test, Kary Mullis, won a Nobel Prize for it and often criticised Fauci for mis-using that test to diagnose AIDS patients, which Mullis insisted was inappropriate.</p>	<p>other viruses, human cells, mucus and more. Its not possible unequivocally to know, if a test is judged "positive" after many cycles, what it was that was amplified to give the signal at the end that we call positive.</p> <p>In mass testing mode, commonly used, no one ever runs so-called "positive controls" through the chain of custody. That's diagnostic testing 101. It's a deception.</p> <p>Every test has an "operational false positive rate" (oFPR), where some unknown % of samples turn positive, even if there is no virus present. A good oFPR would be less than 1%, but is it 0.8% or 0.1%? If you test 100,000 samples daily, and the oFPR is 0.8%, you will get 800 positive tests or "cases", even if there is no virus in the entire community. Often, the "positivity", the fraction of tests that are positive, is in that range, sub-1% or low single digit %. I believe much or all of that can be caused by false positives. Note, criminals can manipulate the content of the test kits because there are very few providers in a territory, often just one. The conditions for running the test are also subject to variation by the authorities, like the CDC.</p>	<p>the virus, but declared clinically well. Its an absurd idea. You can have no virus yet test positive (with or without symptoms). All of these are swept together and called "confirmed covid19 cases". If you die in the next 28days, you're said to be a "covid death", no matter what the cause.</p> <p>Those using the test kits provided commercially are what are called "black box". They are unable to say what is in the kit, because this is proprietary. The original "methods paper" was published in 48h, making a mockery of claimed peer review, by a Berlin lab headed by Prof Christian Drosten, scientific advisor to Angela Merkel of Germany.</p> <p>The paper was comprehensively rebutted by an international team <a href="https://cormandrostenreview.com/">https://cormandrostenreview.com/</a></p> <p>The WHO released a series of guidance notes on PCR, and it was clear that their technical staff did not approve of mass testing the population, because its possible to return wholly false positives. Indeed, at times of low genuine prevalence, that's all they can be. <a href="https://apps.who.int/iris/bitstream/handle/10665/334254/WHO-2019-nCoV-laboratory-2020.6-eng.pdf?sequence=1&amp;isAllowed=y">https://apps.who.int/iris/bitstream/handle/10665/334254/WHO-2019-nCoV-laboratory-2020.6-eng.pdf?sequence=1&amp;isAllowed=y</a></p> <p>I often wonder if this real-life example of a PCR-based testing system which returned 100% false positives, yet convinced a major hospital that they had a huge disease outbreak for weeks might have been the inspiration for the untrustworthy methods used in the covid-19 deception? <a href="https://eumeswill.wordpress.com/2020/08/11/faith-in-quick-test-leads-to-epidemic-that-wasnt/">https://eumeswill.wordpress.com/2020/08/11/faith-in-quick-test-leads-to-epidemic-that-wasnt/</a></p> <p>Drosten also led the TV publicity around the idea of asymptomatic transmission. One lucky scientist is at the centre of the two most important deceptions in the entire covid19 event! Professor Norman Fenton here presents a multi-part lecture with two main elements. First, he describes how mass testing of people with no symptoms unavoidably drives up the proportion of positive PCR test results which are false.</p>
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<p>Masks are effective in <b>preventing the spread of this virus.</b></p>	<p>This is mostly used to maintain the illusion of danger. You see others' masks &amp; feel afraid. Complying is also a measure of whether you do what you're told, even if the measure is useless.</p>	<p>We have known for decades that surgical masks worn in medical theatres do not stop respiratory virus transmission. Masks were tested across a series of operations by doctors at the Royal College of Surgeons (UK). No difference in post-operative infection rate was seen by mask use. Cloth masks definitely don't stop respiratory virus transmission as shown by several large, randomised trials. If anything, they increase risk of lung infections. The authorities have mostly conceded on cloth masks.</p> <p>Some people speak of "source control", catching droplets. Problem is, there is no evidence that transmission takes place via droplets. Equally, there is no evidence it occurs via fine aerosols. No one finds it on masks, or on air filters in hospital wards of covid patients, either. Where is the virus?</p>	<p><b>FALSE</b></p> <p>It's not necessary to use up time on this topic. It was known long before covid19 that face masks don't do anything. Many don't know that blue medical masks aren't filters. Your inspired and expired air moves in and out between the mask &amp; your face. They are splashguards, that's all.</p> <p>This is a good review of the findings with masks in respiratory viruses by a recognised expert in the field. No effect.  <a href="https://pubmed.ncbi.nlm.nih.gov/33215698/">https://pubmed.ncbi.nlm.nih.gov/33215698/</a></p> <p>Neither masks nor lockdowns prevented the spread of the virus. A review and summary of 400 papers.  <a href="https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/">https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/</a></p>
<p>Lockdowns <b>slow down the spread</b> and reduce the number of cases and deaths.</p>	<p>The most impactful yet wasteful intervention, accomplishing nothing useful. Useful to the perpetrators, wishing to damage the economy and reduce interpersonal contacts. This measure was surprisingly tolerated in many wealthy countries, because "furlough" schemes were put in</p>	<p>The measure, though among the most repressive acts ever imposed on citizens in a democracy, was intuitively reasonable to many. This is an example of how far off-course uninformed intuition can be.</p> <p>The core idea was simple. Respiratory viruses are transmitted from person to person. Reducing the average number of contacts surely reduces transmission?</p> <p>Actually, it doesn't, because <b>the transmission</b></p>	<p><b>FALSE</b></p> <p>A general lockdown had no detectable impact on epidemic spreading, cases, hospitalisations &amp; deaths. This is now widely accepted, after a meta-analysis by Johns Hopkins University (interestingly, as the JHU repeatedly features as actors in the Paul Schreyer documentary).  <a href="https://www.acsh.org/news/2022/02/16/johns-hopkins-lockdown-analysis-16135">https://www.acsh.org/news/2022/02/16/johns-hopkins-lockdown-analysis-16135</a></p> <p>This is because those involved in the vast bulk of human-to-human</p>

	<p>place, compensating many people for not working, or requiring them to work from home.</p>	<p><b>concept is wrong.</b> Transmission is from a SYMPTOMATIC person to a susceptible person. Those with symptoms are UNWELL. They remain at home in most cases with no action from the government. Transmission occurred mostly in institutions where sick people and susceptible people are forced into contact: hospitals, care homes and domestic settings.</p>	<p>contacts are fit and well and such contacts didn't result in transmission. Essentially, if you're fooled by the "asymptomatic transmission" lie, then lockdown might make sense. However, since it is epidemiologically irrelevant, lockdowns can never work and of course all the voluminous literature confirms this.</p> <p>This concept is unequivocally known to multiple public health scientists and doctors. This is why "lockdown" has never been tried.</p> <p>Importantly, the WHO scientists drafted a detailed review of all the non-pharmaceutical interventions (NPIs) in 2019 and distributed copies of the report to all member states. This means that ALL member states knew, late in 2019, that masks, lockdowns, border restrictions and business or school closures were already known to be futile. Only "stay home if you're sick" works at all, and people don't need to be told this, for they are too unwell to go out.</p> <p><a href="https://apps.who.int/iris/handle/10665/329439?search-result=true&amp;query=Non+pharmaceutical+interventions+2018&amp;scope=&amp;rpp=10&amp;sort_by=score&amp;order=desc">https://apps.who.int/iris/handle/10665/329439?search-result=true&amp;query=Non+pharmaceutical+interventions+2018&amp;scope=&amp;rpp=10&amp;sort_by=score&amp;order=desc</a></p>
<p>There are unfortunately <b>no treatments for covid</b> beyond support in hospital.</p>	<p>Reinforced the idea that it was vital to avoid catching the virus. Legally, it was essential for the perpetrators bringing forward novel vaccines that there be no viable treatments. Had there been even one, the regulatory route of Emergency Use Authorisation would not have been available.</p>	<p>In my opinion, while all these measures were destructive and cruel, active deprivation of access to experimentally applied but otherwise known safe and effective early treatments led directly to millions of avoidable deaths worldwide. <b>In my mind, this is a policy of mass murder.</b> Contrasting with the official narrative, the therapeutic value of early treatment was already understood and demonstrated empirically during spring 2020. Since then, a sizeable handful of well-understood, off-patent, low-cost and safe oral treatments have been characterised.</p>	<p><b>FALSE</b></p> <p>The official position was that the disease covid19 could not be treated and the patient only "supported", often by mechanical ventilation. Ventilation is wholly inappropriate because covid19 is rarely an obstructive airway disease, yet has a high associated morbidity and mortality. An oxygen mask is greatly preferred.</p> <p>In my view, due to the very large amount of empirical treatment and good communication, <i>covid19 is the most treatable respiratory viral illness ever.</i> We knew in the first 3 months of 2020 that hydroxychloroquine, zinc and azithromycin were empirically useful, provided treatment was started early and tackled rationally.</p> <p><a href="https://pubmed.ncbi.nlm.nih.gov/32771461/">https://pubmed.ncbi.nlm.nih.gov/32771461/</a> adv</p> <p>Its very important to note that it has been known for a decade and</p>

			<p>more that elevating intracellular zinc acts to suppress viral replication. <a href="https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1001176">https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1001176</a></p> <p>There is no question that senior advisors to a range of governments knew that so-called "zinc ionophores", compounds which open channels to allow certain dissolved minerals to cross cell membranes, were useful in SARS (2003) and should be expected also to be therapeutically useful in SAR-CoV-2 infection.</p> <p>This is a starting point for all of the clinical trials in covid-19, including especially ivermectin and hydroxychloroquine (which are zinc ionophores). <a href="https://c19early.com/">https://c19early.com/</a></p> <p><a href="https://journals.lww.com/americantherapeutics/Fulltext/2021/08000/Ivermectin_for_Prevention_and_Treatment_of.7.aspx">https://journals.lww.com/americantherapeutics/Fulltext/2021/08000/Ivermectin_for_Prevention_and_Treatment_of.7.aspx</a></p> <p>It should be noted that using known safe agents for experimental purposes as a priority has always been an established ethical medical practice &amp; is known as "off label prescribing".</p>
<p>It's not certain <b>if you can get the virus more than once.</b></p>	<p>The idea of natural immunity was flatly denied and the absurd idea that you might get the same virus twice was established. Ramped up the fear, which might otherwise pass swiftly.</p>	<p>Those with even a basic grasp of mammalian immunology knew that senior advisors to government, speaking in uncertain terms on this question, were lying. Certainly, in the author's case, it was a pivotal point. I share a foundational education in UK universities at the same time as the UK government's Chief Scientific Advisor. This shared education meant we'd have had the same set texts. I reasoned that he knew what I knew and vice versa. I was as sure as its possible to be that it wouldn't be possible to get clinically unwell twice in response to the same virus, or close-in variants of it. I was right. He was lying.</p>	<p><b>FALSE</b></p> <p>There have been scores of peer reviewed journal articles on this topic. Very few clinically-important reinfections have ever been confirmed. <a href="https://brownstone.org/articles/how-likely-is-reinfection-following-covid-recovery/">https://brownstone.org/articles/how-likely-is-reinfection-following-covid-recovery/</a></p> <p>Beating off a respiratory virus infection leaves almost everyone with acquired immunity which is complete, powerful and durable.</p> <p>You wouldn't know it for the misdirection around antibodies in blood but such antibodies are not considered pivotally important in host immunity. Secreted antibodies in airway surface liquid of the IgA isotype certainly, but most important are memory T-cells. <a href="https://www.medrxiv.org/content/10.1101/2020.11.02.20222778v1">https://www.medrxiv.org/content/10.1101/2020.11.02.20222778v1</a></p>



			<p>Those infected with SARS in 2003 still had clear evidence of robust, T-cell mediated immunity 17y later.  <a href="https://www.nature.com/articles/s41586-020-2550-z">https://www.nature.com/articles/s41586-020-2550-z</a></p>
<p>Variants of the virus appear &amp; are of great concern.</p>	<p>I believe the purpose of this fiction was to extend the apparent duration of the pandemic &amp; fear for as long as the perpetrators wished it.</p> <p>While there is controversy on this point, with some physicians believing re-infection by variants to be a serious problem, I think untrustworthy testing and other viruses entirely is the parsimonious explanation.</p>	<p>I come at it as an immunologist. From that vantage point, there is very strong precedent indicating that recovery after infection affords immunity which extends beyond the sequence of the variant which infected the patient, to all variants of SARS-CoV-2.</p> <p>The number of <i>confirmed</i> re-infections is so small that they are not an issue, epidemiologically speaking.</p> <p>We have good evidence from those infected by SARS in 2003: they not only have strong T-cell immunity to SARS, but cross-immunity to SARS-CoV-2. This is very important because SARS-CoV-2 is arguably a variant of SARS, being around 20% difference at the sequence level.</p> <p>Consider this: if our immune systems are able to recognise SARS-CoV-2 as foreign and mount an immune response to it, despite never having seen it before, because of prior immunity conferred by infection years ago by a virus which is 20% different, its logical that variants of SARS-CoV-2, like delta and omicron, will not evade our immunity.</p> <p>No variant of SARS-CoV-2 differs from the original, Wuhan sequence by more than 3%, and probably less.</p>	<p><b>FALSE</b></p> <p>Normal rules of immunology apply here. Despite the publicity to the contrary, SARS-CoV-2 mutates relatively slowly and no variant is even close to evading immunity acquired by natural infection. This is because the human immune system recognises 20-30 different structural motifs in the virus, yet requires only a handful to recall and effective immune memory.</p> <p><a href="https://www.biorxiv.org/content/10.1101/2020.12.08.416750v1">https://www.biorxiv.org/content/10.1101/2020.12.08.416750v1</a></p> <p><a href="https://www.biorxiv.org/content/10.1101/2021.02.27.433180v1">https://www.biorxiv.org/content/10.1101/2021.02.27.433180v1</a></p> <p>The variants story fails to note "Muller's Ratchet", the phenomenon in which variants of a virus, formed in an infected person during viral replication (in which "typographical errors" are made &amp; not corrected) trend to greater transmissibility but lesser lethality. If this was not the case, at some point in human evolution, we would have expected a respiratory viral pandemic to have killed off a substantial proportion of humanity. There is no historical record for such an event.</p> <p>I do not rule out the possibility that the so-called vaccines are so badly designed that they prevent the establishment of immune memory. If that is true, then the vaccines are worse than failures and it might be possible to be repeatedly infected. This would be a form of acquired immune deficiency.</p>
<p>The only way to end the pandemic is <b>universal</b></p>	<p>This I believe was always the objective of the largely faked</p>	<p>The interventions imposed on the population didn't prevent spread of the virus. Only</p>	<p><b>FALSE</b></p> <p>It was NEVER appropriate to attempt to "end the pandemic" with a</p>



<p><b>vaccination.</b></p>	<p>pandemic.</p> <p>It's NEVER been the way prior pandemics have ended and there was nothing about this one which should have led us to adopt the extreme risks which were taken &amp; which has resulted in hundreds of thousands, probably millions, of wholly avoidable deaths.</p>	<p>individual isolation for an open-ended period could do that and that's clearly impossible (hospital patients and residents of care homes have to be cared for at very least and additionally, the nation has to be supplied with food and medicines).</p> <p><b>All the interventions were useless and hugely burdensome.</b></p> <p>Yet we have reached the end of the pandemic, more or less. We would done so faster &amp; with less suffering and death had we adopted measures along the lines proposed in the Great Barrington Declaration and the use of pharmaceutical treatments as they were discovered, plus general improvements to public health, such as encouraging vitamin supplements.</p>	<p>novel technology vaccine. In a public health mass intervention, safety is the top priority, more so even than effectiveness, because so many people will receive it.</p> <p><i>It's simply not possible to obtain data demonstrating adequate longitudinal safety in the time period any pandemic can last.</i></p> <p><b>Those who pushed this line of argument and enabled the gene-based agents to be injected needlessly into billions of innocent people are guilty of crimes against humanity.</b></p> <p>It quickly became apparent that natural immunity was stronger than any protection from vaccination and most people were not at risk of severe outcomes if infected.</p> <p><a href="https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1">https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1</a>  <a href="https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/">https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/</a></p> <p>Even children who were immunocompromised are not at elevated risk from covid-19, so advice that such children should be vaccinated is lethally flawed.</p> <p><a href="https://pubmed.ncbi.nlm.nih.gov/34785268/">https://pubmed.ncbi.nlm.nih.gov/34785268/</a></p> <p>These agents are clearly underperforming against expectations.</p> <p><a href="https://brownstone.org/articles/16-studies-on-vaccine-efficacy/">https://brownstone.org/articles/16-studies-on-vaccine-efficacy/</a></p>
<p>The new vaccines are <b>safe and effective.</b></p>	<p>I feel particularly strongly about this claim. Both components are lies.</p> <p>I outline the inevitability of the toxicity of all four gene-based agents to the right. Separately, the clinical trials were wholly inadequate. They were conducted in people not most in</p>	<p>The design of the agents called vaccines is very bothersome. Gene-based agents are new in a public health application. Had I been in a regulatory role, I would have informed all the leading R&amp;D companies that I would not approve these without extensive longitudinal studies, meaning they could not receive EUA before early 2022 at the earliest. I would have outright denied their use in children, in pregnancy and in the infected / recovered. Point blank. I'd need</p>	<p><b>FALSE</b></p> <p>These agents were always going to be toxic. The only question was to what degree? Having selected spike protein to be expressed, a protein which causes blood clotting to be initiated, a risk of thromboembolic adverse events was burned into the design. Nothing at all limits the amount of spike protein to be made in response to a given dose. Some individuals make a little and only briefly. The other end of a normal range results in synthesis of copious amounts of spike protein for a prolonged period. The locations in which this pathological event occurred, as well as where</p>

	<p>need of protection from safe &amp; effective vaccines. They were far too short in duration. The endpoints only captured "infection" as measured by an inadequate PCR test and should have been augmented by Sanger sequencing to confirm real infection. Trials were underpowered to detect important endpoints like hospitalisation and death. There's evidence of fraud in at least one of the pivotal clinical trials. I think there is also clear evidence of manufacturing fraud and regulatory collusion. They should never have been granted EUAs.</p>	<p>years of safe use before contemplating an alteration of this stance.</p> <p>The basic rules of this new activity, gene-based component vaccines, are (1) to select part of the virus that have no inherent biological action. That rules out spike protein, which we inferred would be very toxic, before they'd even started clinical trials.  <a href="https://www.medrxiv.org/content/10.1101/2021.03.05.21252960v1.full">https://www.medrxiv.org/content/10.1101/2021.03.05.21252960v1.full</a></p> <p>(2) select the genetically most-stable parts of the virus, so we could ignore the gross misrepresentations of variants so slight in difference from the original that we were being toyed with via propaganda. Again, rules out spike protein. (3) choose parts of the virus which are most-different from any human proteins. Once more, spike protein is immediately deselected, otherwise unnecessary risks of autoimmunity are carried forward.</p> <p>That all four leading actors chose spike protein, against any reasonable selection criteria, leads me to suspect both collusion and malign intent. Finally, let nature guide us. Against which components of the virus does natural immunity aim? We find 90% of the immune repertoire targets NON-spike protein responses. I rest my case.  <a href="https://www.cell.com/immunity/fulltext/S1074-7613(20)30447-7?dgcid=raven_jbs_aip_email">https://www.cell.com/immunity/fulltext/S1074-7613(20)30447-7?dgcid=raven_jbs_aip_email</a></p>	<p>on the spectrum, in my view played a pivotal role in whether the victim experienced adverse events including death. There are many other pathologies flowing from the design of these agents, including for the mRNA "vaccines" that lipid nanoparticle formulations leave the injection site and home to liver and ovaries (see footnote 1), among other organs, but this evidence is enough to get started.  <a href="https://www.docdroid.net/xq0Z8B0/pfizer-report-japanese-government-pdf#page=15">https://www.docdroid.net/xq0Z8B0/pfizer-report-japanese-government-pdf#page=15</a></p> <p>See here for evidence of clinical trial and other fraud, publicised by Ed Dowd, a former Blackrock investment analyst:  <a href="https://www.onenewspage.com/video/20220204/14277521/Edward-Dowd-Interview-portion-on-Steve-Bannons-War.htm">https://www.onenewspage.com/video/20220204/14277521/Edward-Dowd-Interview-portion-on-Steve-Bannons-War.htm</a></p> <p>See here for evidence of official data fraud (UK Office of National Statistics): esp 2min 45sec for the heart of the matter.  <a href="https://www.bitchute.com/video/KApFhxjiWLqI/">https://www.bitchute.com/video/KApFhxjiWLqI/</a></p> <p>See here for evidence of manufacturing fraud. The same methodology was used to obtain regulatory authorisations and so it is my contention that there is also regulatory fraud.  <a href="https://www.bitchute.com/video/4HIyBmOEJeY/">https://www.bitchute.com/video/4HIyBmOEJeY/</a></p> <p>In the Pfizer clinical trial briefing document to FDA which was used for issuing the EUA, on p.40 or thereabout there is a paragraph stating that there were ~2,000 "suspected unconfirmed covid cases". Meaning people were sick with symptoms, but were not tested (otherwise it would be stated that the tests were negative). Of these, in the first 7 days after injection there were 400 in the vaccine arm and 200 in placebo. These subjects were excluded from the dataset used to assess efficacy. It's as clear evidence of fraud as you can get, they admit to it in FDA briefing! Nobody paid any attention to this that I am aware of.</p> <p>There's also evidence of data fraud in that clinical trial as summarised by Dr Peter Doshi, the deputy editor of the British</p>
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			<p>Medical Journal.</p> <p>Though many people refuse to accept or even look at the evidence, it is clear that the number of adverse events and deaths soon after c19 vaccination is astonishing and far in excess, in 2021 alone, than all adverse effects and deaths reported to VAERS in the previous 30 years. Here is a simplified view from VAERS.  <a href="https://openvaers.com/covid-data/mortality">https://openvaers.com/covid-data/mortality</a></p> <p>This excellent presentation by a forensic statistician, well used to presenting analyses for court purposes, dismantles the claims that the vaccines are effective and shows how toxicity is hidden:  <a href="https://rumble.com/vtxi1h-open-science-sessions-how-flawed-data-has-driven-the-narrative.html">https://rumble.com/vtxi1h-open-science-sessions-how-flawed-data-has-driven-the-narrative.html</a> (see the second half of the recording).</p> <p>Another paper from the same group, questioning vaccine efficacy:  <a href="https://www.researchgate.net/publication/356756711_Latest_statistics_on_England_mortality_data_suggest_systematic_mis-categorisation_of_vaccine_status_and_uncertain_effectiveness_of_Covid-19_vaccination">https://www.researchgate.net/publication/356756711_Latest_statistics_on_England_mortality_data_suggest_systematic_mis-categorisation_of_vaccine_status_and_uncertain_effectiveness_of_Covid-19_vaccination</a></p>
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1. <https://www.sciencedirect.com/science/article/abs/pii/S0168365912000892?via%3Dihub>

## **Dr Mike Yeadon: experienced life sciences R&D professional**

- There is no reason for me to be saying the things I do, other than that I believe them to be true.
- I am the most highly- and broadly-qualified scientist (32y in commercial R&D) speaking out about this alleged fraud.
- I have no financial or other conflicts of interest, unlike most of those who I assert are deceiving the public, everywhere.
- I hugely enjoyed my years with Pfizer. They were a good employer and I left on excellent terms as they shuttered their UK R&D base.
- Evidence of this is that I formed a business partnership with Pfizer the year after I left (2012) and we worked together on an ultimately successful venture, which concluded profitably for all in 2017.
- I have never campaigned for or against anything in my life, and I have never made public comment on anything outside the narrow confines of my professional roles, prior to covid19.

## **Professional profile:**

-Chief Scientific Advisor to America's Frontline Doctors & to the Truth For Health Foundation.

-former founder and CEO of Ziarco, a biotech acquired by Novartis (2017).

<https://www.forbes.com/sites/johnlamattina/2017/03/15/turning-pfizer-discards-into-novartis-gold-the-story-of-ziarco/?sh=1ce601c57572>

-former VP and worldwide head of allergy & respiratory research at **Pfizer**, UK (1995-2011).

-independent consultant to over 30 biotech companies, mostly US (2011-2021).

-double 1<sup>st</sup> class honours degree in biochemistry & toxicology (1985).

-PhD in respiratory pharmacology (1988).