

# The Covid Technical Papers

## Introduction

This paper is intended for people who trust the government narrative about Covid. These folk are sceptical about the counter-narrative believing it to be a conspiracy theory.

This paper will show that the main claims of Covid sceptics are fully supported by scientific, peer-reviewed papers and expert opinion. It will list such papers and will only supply very minimal comment. For full discussion and analysis of the Covid-sceptic position see my previous papers listed at the end.

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## Characteristics of Covid

### Sceptic claims

- There has been no pandemic. Covid is not a serious disease to be feared. 99% of people survive it; many brush it off easily. Many other diseases (TB, hepatitis, Ebola, sepsis, malaria) are far more dangerous but don't shut nations down.
- Children are hardly affected and do not transmit it to teachers.
- Most people are not at serious risk.
- The Infection Fatality Rate is 0.04-0.15%.
- The susceptible victims are people over 80. Most people died from co-morbidities (another underlying cause).
- Many people were already immune from suffering a similar coronavirus in the past. The T-cells, and other aspects of the immune system, have memory and recognise similar viruses.
- Like all viruses, Covid followed a Gompertz curve. A sharp rise to a peak, a quick levelling out followed by a slow, steady decline. Viruses don't do second waves unless there is human interference (such as lockdowns).
- The death rates have been misrepresented and falsified. Death certificates have been faked (anyone dying within 28 days of a positive PCR test was listed as a Covid death, even if they died from a heart attack, stroke, sepsis or a motor-bike accident). Death stats have been manipulated. 2020 was not a terrible year for deaths compared to the last century. America had no unusual excess deaths in 2020. More people in the UK died every year before 2009 than in 2020. Many nations had lower than normal excess deaths in 2020.
- There is virtually no asymptomatic transmission. This alone means that restrictions (masks, social distancing, lockdowns) are completely unnecessary.
- There is no fomite transmission (transmission from surfaces). All the washing of shopping, hand sanitisers, PPE etc. was a waste of time. In fact, hand sanitisers damage the skin.
- There is hardly any transmission in outdoor or well-ventilated spaces. Outdoor social distancing has no purpose. Indoor social distancing is pointless; aerosols spread 60 feet or more.
- Covid acts like influenza.
- In every case of an infected person's DNA being genetically sequenced the pathogen identified was influenza A or sometimes B. Covid is influenza. Severe Covid cases causing hypoxia were a typical pneumonia caused by antibody dependent enhancement caused by a previous flu vaccine or the effect of a viral attack complicating existing co-morbidities.
- There are allegations that the spike protein of what is claimed to be SARS-Cov-2 is a laboratory-created toxic protein and not a natural feature of a virus.
- What is claimed to be the virus genome shows human manipulation due to a string of four amino acids, which doesn't happen in nature.
- There are growing allegations that SARS-Cov-2 does not exist as a natural virus but was a laboratory creation based on sputum, monkey kidney cells, aborted human cell lines and then partially visualised as a CGI creation. The original Chinese papers outlining the 'new virus' admit that no virus was isolated or purified (and no one on Earth has done this either) but was a CGI genome based on infected sputum, monkey kidney cells and aborted human cell lines.

### Comparison with other influenza epidemics

I will ignore the Spanish Flu (100-200 million dead) because this was mainly a bacterial epidemic with multiple other contributory factors, such as: the debilitating effects of WWI (stress, gas attacks, food shortages, trench fever, lack of sleep etc.), the experimental vaccine given to soldiers in WWI, food rationing, very poor housing conditions, poor sanitation, unsafe drinking water etc.

Note that in previous epidemics there were no social restrictions, no masks, no lockdowns, no ruination of social life and the economy.

Note: the origin of the word 'influenza' arises from the mid-18<sup>th</sup> century use from the Italian word literally meaning 'influence'. This derived from the Medieval Latin *influentia*. The Italian word also had the sense of an outbreak of an epidemic and was thus applied to an influenza epidemic in Italy in 1743. From this it was later adopted in English as the name of the respiratory disease.

#### *General annual flu*

Kills about 10,000 Americans each year but epidemics have killed over 100,000. Flu generally kills between 290,000 and 650,000 globally each year.

*Russian flu 1889-1895 (probably type A-H2N2 but may have been human coronavirus type OC43 or H3N8)*

Killed 1 million people globally.

#### *Flu epidemic 1931-33*

Details not known. Seems to have included a ferret flu and swine flu.

#### *Flu epidemic 1941 (type A)*

Details not known. Centred in China.

#### *Flu epidemic 1953-4 (type Sendai)*

Discovered in Japan.

#### *Asian Flu 1956-7 (type A-H2N2)*

Killed between 1 and 4 million people globally. Killed 30,000 British people.

#### *Hong Kong Flu 1968-9 (type A-H3N2)*

Killed between 1 and 4 million people globally. Killed 80,000 British people.

#### *Flu epidemic 1976-7 (type H1N1)*

Killed up to 1 million.

#### *Flu epidemic 1988 (type of swine flu)*

Details not known.

#### *Beijing flu 1992-3 (type A-H3N2)*

Killed up to 30,000 Americans.

#### *Swine Flu epidemic 2009 (type H1N1/09)*

Killed over half a million.

These put the claimed current crisis into perspective. There is generally a bad flu epidemic every ten years or so. I lived through the serious Asian Flu (1956-7) and Hong Kong Flu

(1968-9), officially pandemics, without barely noticing anything at all. I knew no one that got sick or died.

## Papers and data

### *Covid is not a serious disease*

Public Health Four Nations (UK) downgraded Covid-19 from being a highly infectious serious disease<sup>1</sup> on 19 March 2020. This was before the first lockdown. The nation was put into crisis mode for nothing. [See: *Gov.uk*, *Public Health England*, Coronavirus (Covid-19), Guidance, High consequence infectious disease (HCID), Status of Covid-19. Diseases that are severe include: Ebola, Lassa Fever, Marburg virus disease, MERS and pneumonic plague (*Yersinia pestis*).]

### *IFR*

Prof. John Ioannidis, of Stanford University, worked out the IFR early on after the Diamond Princess case study and continued his analysis throughout the crisis.<sup>2</sup> He affirms the rate mentioned above. The WHO's affirmation of an IFR of 3.4% was ridiculous (this was used to cause panic); this has now been rescinded. Ioannidis produced multiple papers on this subject. See for example: *medRxiv*, 'The infection fatality rate of Covid-19 inferred from seroprevalence data', John PA Ioannidis, also published in the Bulletin of the WHO doi:10.2471/BLT.20.265892.

### *Death statistics*

The Institute of Actuaries stated that, when age-adjusted for population increases, 2020 was not a bad year for excess deaths. In fact there were more deaths in 2008 and almost every year before that going back to the 19<sup>th</sup> century.

This statistical analysis was later confirmed by a peer-reviewed article in the BMJ affirming that 2020 was less deadly than every year before 2009. *BMJ*, John Appleby, 'UK deaths in 2020: how do they compare with previous years?', 13 April 2021, *BMJ* 2021;373:n896.

The government and media conflated two flu seasons into one big death statistic (winter 2019-winter 2020 or even spring 2021). This is unreasonable manipulation. The deaths stats (inflated as they are already) must be divided by 2. The result is not an unusual death stat for a given year.<sup>3</sup> To get one flu season stats we divide the fatality number in two, which is 63,500. However, the ONS has now reduced the Covid death figure by 23% (even though this is too low, this is what we will use). So the new figure per season is 48,895. This is not an abnormally high figure for flu deaths in one season. The flu season for 2017-2018 death toll was 50,100

The ONS tells us, and the media proclaims, that the mortality rate in 2020 was 1,016 per 100,000 of the population. But this is not unusual. In 2000 the mortality rate was 1,031.6.

At the end of August 2020 the CDC updated the Covid-19 fatality numbers and admitted that only 6% of all the 153,504 deaths recorded actually died from Covid-19. This means that only 9,210 Americans died from Covid-19 by that time.

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<sup>1</sup> HCID (High consequence infectious disease).

<sup>2</sup> The initial IFR was higher on the ship because the passengers were mostly very old. This was extrapolated to a lower figure for the general population, which proved to be correct when more data came in.

<sup>3</sup> I acknowledge a debt to Dr Vernon Coleman here.

There was no pandemic in 2020 and not even a serious epidemic. In some countries, even those that did not lockdown, excess deaths were below average; Sweden is but one example. Cambodia had no Covid deaths until the vaccines were introduced.

The government continually over-exaggerated death statistics. Daily death figures by 'date of death' reveal that Britain has had no more than 28 deaths a day since the beginning of April 2021. Yet the government announcements of death stats have been as high as 60. In fact, April 2021 had a lower death rate than for the last five years.

#### *Average age at death*

According to the ONS, this was 80.4. *Office for National Statistics*, 'Average age of those who had died with Covid-19', 11 January 2021.

#### *Prior-immunity*

The secondary attack rate<sup>4</sup> was low. Public Health England affirmed that it was 10.1% in private homes. *PHE*, Ross J Harris et. al., 'Impact of vaccination on household transmission of SARS-Cov-2 in England'.

*BMJ*, Peter Doshi, 'Covid-19 do many people have pre-existing immunity?', 17 September 2020. *BNJ* 2020;370:m3563.

*Science*, Jose Mateus et. al., 'Selective and cross-reactive SARS-Cov-2 T-cell epitopes in unexposed humans', 2 October 2020, Vol 370, Issue 6512, pp89-94.

#### *Co-morbidities*

A Swedish study of Covid deaths outside hospitals showed that 85% were from a different underlying cause. *Lakartidningen*, Sara Pramsten, 'Covid-19 oftast inte ensam dodsorsak bland äldre', 17.8 20.

#### *Low asymptomatic transmission*

People without symptoms (asymptomatic or presymptomatic) do not drive the epidemic.

*JAMA*, Zachary J Madewell et. al., 'Household transmission of SARS-Cov-2: a systematic review and meta-analysis', 14 December 2020. This showed a secondary attack rate of just 0.7%.

People become infectious around two days prior to onset of symptoms. This pre-symptomatic transmission is estimated to account for 6.4% of spread: Wycliffe E Wei, et. al., *Morbidity and Mortality Weekly Report*, 'Presymptomatic transmission of SARS-Cov-2 - Singapore, January 23- March 16 2020',

#### *No fomite (surface) transmission*

Transmission is by aerosols. *The Lancet*, Trisha Greenhalgh et. al., 'Ten scientific reasons in support of airborne transmission of SARS-Cov-2', 15 April 2021.

*The Lancet*, Marta Colaneri et. al., 'Low risk of SARS-Cov-2 transmission by fomites in real-life conditions', 29 September 2020.

*Oxford Academic*, *Clinical Infectious Diseases*, Lidia Morawska, Donald K Milton, 'It is time to address airborne transmission of Coronavirus Disease 2019 (Covid-19)', 6 July 2020.

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<sup>4</sup> Proportion of contacts who catch the disease.

*Little outdoor transmission*

*MedRxiv*, Mike Weed, Abby Foad, 'Rapid scoping review of evidence of outdoor transmission of Covid-19'.

*Children*

*LIFESITE*, News, 'Children not a 'vector of transmission' of Covid-19, nor at risk from it themselves', 13 May 2021.

*Evidence Not Fear*, 'Children are not Covid-19 super spreaders: time to go back to school – *BMJ*', 6 May 2020.

*BMJ*, Disease in childhood, Alasdair PS Munro & Saul N Faust, 'Children are not Covid-19 super spreaders: time to go back to school', Volume 105, Issue 7.

*Evidence Not Fear*, 'No known case of teacher catching coronavirus from pupils, says scientist – *The Times*', 21 July 2020.

*Covid is flu*

No papers yet but tests have been performed. Flu deaths disappeared in 2020, which is ridiculous; these were listed as Covid fatalities as were many sepsis cases.

No nation in the world has isolated and purified a sample of SARS-Cov-2. This is unthinkable if millions are supposed to have had the virus. Where are the samples?

Multiple virologists around the world have genetically sequenced positive-test Covid patients and found that the pathogen involved was flu. One of the first was Dr Delores Cahill, esteemed immunologist and former advisor to the EU. She tested 1,000 PCR-positive patients and in every case the pathogen was Influenza A.<sup>5</sup>

Another example is an American virologist, a clinical lab scientist in California who tested 1500 patient samples of supposed Covid and found no Covid but only mostly influenza A and some influenza B.<sup>6</sup> The samples were then sent to several other labs, including Stanford and Cornell, with the same result. He also exposed that the CDC could not supply an isolated SARS-Cov-2 virus sample and states that it does not exist. He, with other virologists, is suing the CDC for fraud.

*SARS-Cov-2 is not a novel coronavirus*

Dr Andrew Kaufman has stated that there is no evidence of anyone dying from a novel illness.<sup>7</sup> The early conclusion that a novel virus caused a new type of pneumonia in Wuhan had no scientific basis. Kaufman states that early papers proving a new coronavirus flat out lied. This was borne out by other researchers.

Dr Stoian Alexov, President of the Bulgarian Pathology Association said that he and his colleagues had not found any evidence of deaths from a novel coronavirus. He called the WHO a '*criminal medical organisation*' for creating worldwide fear and chaos without

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<sup>5</sup> See interview with James Corbett, Corbett Report.com

<sup>6</sup> See his video testimony at UK Reloaded, 'Crime scene! The evidence just keeps piling up', The rebranding of influenza and the Covid-19 fraud – PhD in virology and immunology exposes the scam, 17 February.

<sup>7</sup> 'Unmasking the lies around Covid-19: facts vs fiction of the coronavirus pandemic'.

providing objective verifiable proof of a pandemic.<sup>8</sup> He also states that it is impossible to create a vaccine against claimed Covid-19.

A group of doctors have written to the British PM challenging Public Health England to ‘*show proof*’ that a virus exists.<sup>9</sup>

No large-scale, electron microscope, conclusive study has been done. Particles in photos of studies could be: different viruses, genetic fragments, cellular debris or exosomes.

Scientists<sup>10</sup> have asked the authors of the original papers<sup>11</sup> claiming to have found a new virus whether the electron microscope shots depicted purified viruses. None of them could say ‘Yes’. No one has shown a new purified virus called SARS-Cov-2. The original authors claiming a new coronavirus have no proof that the material gained from patients was viral or cellular debris.<sup>12</sup> ‘*The existence of SARS-Cov-2 RNA is based on faith, not fact.*’<sup>13</sup> The eminent virologist Dr Charles Calisher was asked if he knew of a single paper in which SARS-Cov-2 has been isolated and purified, he said, ‘*I know of no such a publication. I have kept my eye out for one.*’<sup>14</sup>

There are no specific distinctive symptoms for Covid-19.<sup>15</sup>

The disease-causing effects of any virus are scientifically tested using Koch’s Postulates which demand that four conditions must be met. The virus thought to cause Covid-19 (SARS-Cov-2) does not meet any of them. It must be isolated and purified – this has not been done. There is no British peer-reviewed study proving that Covid-19 causes disease and the WHO has issued instructions not to do one. Why?

The Lancet stated that since scientists had not performed tests for detecting an infectious virus in blood they ‘*avoided the term ‘viraemia’ and used ‘RNAaemia’. RNAaemia was defined as a positive result for real-time RT-PCR in the plasma.*’<sup>16</sup>

New Zealand’s Ministry of Health and the Institute of Environmental Science and Research have no record of Covid-19 virus isolation anywhere.<sup>17</sup>

University of Toronto, McMaster University and Sunnybrook HSC have no record of Covid-19 virus isolation. Health Canada has no record. The National Research Council, Canada has no record.<sup>18</sup>

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<sup>8</sup> Off-guardian.org, ‘No one has died from the coronavirus’. [Within seconds of reading this article the screen went white and the browser crashed.]

<sup>9</sup> StandUpX – Science Committee.

<sup>10</sup> E.g. Torsten Engelbrecht and Konstantin Demeter, ‘Covid19 PCR tests are scientifically meaningless’, Off-Guardian, 27 June 2020.

<sup>11</sup> Leo LM Poon et. al; Myung-Guk Han et. al.; Wan Beom Park et. al; Na Zhu et. al.

<sup>12</sup> This opens a whole debate on whether viruses even exist or are rather exosomes produced by the cells to get rid of toxins.

<sup>13</sup> Torsten Engelbrecht and Konstantin Demeter, op. cit.

<sup>14</sup> Ibid.

<sup>15</sup> Confirmed by Thomas Loscher, former head of the Dept. of Infection and Tropical medicine at the University of Munich. Email 6 March 2020, quoted in Torsten Engelbrecht and Konstantin Demeter, ‘Covid19 PCR tests are scientifically meaningless’, Off-Guardian, 27 June 2020.

<sup>16</sup> The Lancet, ‘Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China’, Prof Chaolin Huang et. al., 24 January 2020. [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30183-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30183-5/fulltext)

<sup>17</sup> Fluoride Free Peel, shows FOI requests.

The MHRA admits that it has no isolated samples of the virus.<sup>19</sup>

### Quotes

The response to Covid-19 has been predicated on the assumption that asymptomatic PCR positive individuals can spread disease. This assumption was simply accepted as fact and, thus far, has never been adequately demonstrated in the available scientific evidence.

*HART*, Dr John Lee, 'Asymptomatic spread: who can really spread Covid-19?', 27 March 2021.

## Effective treatments

### Sceptic claim

There are multiple effective treatments, especially at the early onset of Covid-19. These are generally being suppressed by the NHS but wherever they have been used in the world they have had significant benefit. American states and hospitals that used them had a far better outcome than those that did not. Same with countries that used them. These include:

- Hydroxychloroquine. Especially useful in early stages. It has a long-term good safety record.
- Hydroxychloroquine with zinc.
- The HCQ cocktail (Hydroxychloroquine, azithromycin, zinc).
- Ivermectin. Ivermectin has completely cured early stage patients within a matter of hours. Cost of prophylactic treatment (two roughly 30-mcg doses three days apart, which lasts one month) is literally pennies. It has a long-term good safety record.
- Inhaled budesonide. It has a long-term good safety record.
- Vitamin D i/v. Cheap, safe and no side effects.
- Vitamin C i/v. Cheap, safe and no side effects.
- The drug complex used by Dr Peter McCullough. This has an 85% success rate.
- Nebulised hydrogen peroxide. Cheap and highly effective in reducing respiratory disease symptoms.
- Endoscope surgery (bronchoscopy) to remove plaque from lungs in severe patients. The South African doctor (Emmanuel Taban) that developed this procedure saw immediate healing within two days.

This begs the question as to why vaccines are necessary at all. Also note that all these treatments are cheap and safe while the vaccine is expensive and unsafe.

Note that Hydroxychloroquine and Ivermectin are anti-parasitical. Why would these work on a virus (unless it is not a virus).

Note: Covid-19 has three stages. Hydroxychloroquine is effective in stage one and as a prophylactic.

Note that Hydroxychloroquine has suffered immense censorship, smears and advocates attacked (see footnote). Even a Hydroxychloroquine production factory was burned down. Big Pharma was on the rampage against a cheap drug that worked well in early stages and as a prophylactic which would have made vaccines pointless. This censorship and attack continues to this day with many nations forbidding its use due to WHO policies.

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<sup>18</sup> Ibid.

<sup>19</sup> FOI request from Frances Leader.



## Papers

### *Ivermectin*

*American Journal of Therapeutics*, Pierre Kory et. al., 'Review of the emerging evidence demonstrating the efficacy of Ivermectin in the prophylaxis and treatment of Covid-19', 28(3):e299-e318, May/June 2021.

*MedRxiv*, Priyamadhaba Behera et. al., 'Role of Ivermectin in the prevention of Covid-19 infection among healthcare workers in India: A matched case-control study'. This showed a 73% reduction of infection.

See *LIFESITE*, News, 'Medical journal calls for Ivermectin to be 'globally & systematically deployed', 6 May 2021.

See *LIFESITE*, News, 'Doctor defends '80 clinical studies' showing Ivermectin '89% effective' at preventing Covid', 29 April 2021.

### *Hydroxychloroquine*

*ScienceDirect*, Travel medicine and Infectious Disease, Matthieu Million et. al., 'Early treatment of Covid-19 patients with Hydroxychloroquine and azithromycin: a retrospective analysis of 1061 cases in Marseille, France', Volume 35, May-June 2020, 101738. Almost 99% recovery rate.

*MedRxiv*, Philip M Carlucci et. al., 'Hydroxychloroquine and azithromycin plus zinc vs Hydroxychloroquine and azithromycin alone: outcomes in hospitalised Covid-19 patients'.

*The American Journal of Medicine*, Peter A McCullough et. al., 'Pathiophysiological basis and rationale for early outpatient treatment of SARS-Cov-2 (Covid-19) infection', 6 August 2020.

See 'HCQ for Covid-19 (251 trials, 3,994 scientists, 380,038 patients)' for a long list of papers. <https://c19study.com/> One conclusion is that if HCQ had been universally used, 1,344,703 lives could have been saved. It was the WHO that stopped the use. [*WHO*, 'WHO Director-General's opening remarks at the media briefing on Covid-19 – 18 March 2020'.]<sup>20</sup>

### *Budesonide*

*Oxford University*, News and Events, 'Common asthma treatment reduces need for hospitalisation in Covid-19 patients, study suggests', 9 February 2021.

*The Lancet*, Sanjay Ramakrishnan et. al., 'Inhaled budesonide in the treatment of early Covid-19 (STOIC): a phase 2, open-label, randomised controlled trial', 9 April 2021.

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<sup>20</sup> The WHO set up a biased study where they gave high doses (a toxic overdose) of Hydroxychloroquine on late-stage patients, 64% of which were already on oxygen or intubation. When these weren't helped, the WHO condemned Hydroxychloroquine. An Oxford study run by Peter Horby (Chair of NERVTAG and member of SAGE) and Martin Landray also used a lethal dose. The medical establishment killed people in order to smear Hydroxychloroquine for Covid. *FranceSoir* investigated this and concluded that many patients died of toxic overdoses rather than Covid. *FranceSoir*, 'Oxford; the authors of the British clinical trial Recovery attempt to hide deaths by overdose', 18.7.20. *Anthrax Vaccine*, Meryl Nass MD, 'WHO and UK trials use potentially lethal Hydroxychloroquine dose - according to WHO consultant', 14 June 2020. A critical study in the *Lancet* was completely flawed. Within days 146 researchers complained and the study was retracted after two weeks, but the damage was done and it is still wrongly cited. In countries using Hydroxychloroquine that stopped after the WHO diktat, Covid cases rose. In Switzerland death rates tripled. Then Hydroxychloroquine was allowed again and death rates fell.

### *Endoscope surgery*

*BRIEFLY*, Bennett Yates, 'Emmanuel Taban: who is South Africa's leading pulmonologist from South Sudan?'

*South Africans*, 'Dr Taban saves Covid-19 patients in SA with new procedure'.

Case Report, EM Taban & GA Richards, 'Observational study of therapeutic bronchoscopy in critical hypoxaemic ventilate patients with Covid-19 at Mediclinic Midstream Private Hospital in Pretoria, South Africa'.

### **Conclusion**

More papers will emerge in future but there is government pressure to smear these treatments at the moment and therefore a reluctance to formally study them. However, empirical evidence where they have been put in use is sufficient. They work well. India had very few Covid deaths while it used Ivermectin for months. When it stopped this and rolled out the vaccine, there was a huge surge of Covid deaths and the new Delta variant.

## **PCR test**

### **Sceptic claims**

- This test cannot be used for diagnosis according to its inventor, Kary Mullis.
- The information on the wrapper states that it must not be used for medical diagnosis alone.
- Positive test results therefore, must not be used to generate a 'case'. The case numbers of Covid were, therefore, false.
- It produces up to 100% false positive results. This is because the cycle threshold (magnification rate) produces useless results above 25 cycles. The Covid cycle rate used in the Covid crisis was 45 cycles – hence rubbish results. Cynically, the UK cycle rate was reduced to 25 cycles after the vaccination roll out to give better results.
- The testing laboratory conditions were seriously faulty resulting in cross-contamination and false results.
- Multiple tests have been performed on fruit (e.g. papaya or apple), water from a puddle, animals (goat, dog), on Coca-Cola, and even sent back sterile with no contact with anything - and all tested positive.
- If the PCR test is utterly useless, then all the restrictions have no merit – there was no pandemic, the case numbers are fake.
- The long swab pushed into the nasal cavity close to the blood/brain barrier is unnecessary and dangerous. If the virus is plentiful in the mouth (hence the need for facemasks) then why were not cheek swabs taken like normal DNA sampling?
- The swabs have been examined under electron microscopes and found to be filled with dangerous contaminants. These include: ethylene oxide for supposed sterility (a substance found in weed-killers). This chemical causes cancer, particularly leukaemia. Nano-particles have also been found of various sorts including some that act like asbestos, lithium, fibreglass and others of unknown origin. All of which cause harm.
- Many are alleging that the swabs are actually delivering medication close to the brain.

### **Papers**

There are no published specific papers covering all these issues. This will probably happen over time as the information becomes more publicly understood. However, there are very many individual statements by experts, plus microscopic slides, electron microscope slides and expert analysis.

See the Reinar Fuellmich class-action legal case. See his summary on the Delingpod<sup>21</sup> talking to James Delingpole. Dr Fuellmich's video presentation explaining this case has been deleted by Google.

See Yeadon et. al. 'PCR-based Covid testing has failed'; *Lockdown Sceptics*, 16 November 2020.

The Australian Regulator TGA said that the Covid-19 tests are unreliable.

A Portuguese court has stated that they are unreliable, have a 93% failure rate and that legal medical diagnoses can only be made by qualified and certified medical doctors.

A study emanating from Slovakia<sup>22</sup> claims that the swabs contain hydrogel and lithium that causes damage to blood cells and particles also gravitate towards the pineal gland by magnetism (the pineal gland has its own magnetic field).

A team of Australian lawyers in their letter to the government claim that some have died from the test. *Concerned Lawyers Network*, 'Notice of Liability and Potential Claims', Test kits for Covid-19 unreliable (6 November 2020).

RT, 'A global team of experts has found 10 fatal flaws in the main test for Covid and is demanding it's urgently axed. As they should', 1 December 2020.

The Dispatches TV programme revealed that the superlab run by Randox in N. Ireland that analyses PCR tests from across Britain had seriously failings reported to the regulator. Cross-contamination is occurring in the labs.

A team of Irish medical and public health experts published a White Paper called '*Covid-19 Alternative Strategy: A case for health and socio-economic well being*'. This demands an evidence-based approach to pandemic management. It provides a cost-benefit analysis of lockdowns and scrutinises their efficacy and shows their excess costs and ineffectiveness. It also shows that PCR tests are unreliable and that mortality and hospitalisation does not differ from norms.

Dutch scientist Pieter Borger has analysed and severely criticised the original paper that supported the validity of the PCR test. He has demanded a retraction. The criticisms are very technical but include: non-specific primers and probes (which cannot detect the gene). Primer concentration too high. The design is bad. The annealing temperature is wrong. Insufficient parts of the virus are detected. No negative control (it detects other coronaviruses). The cycle rate is wrong. The original Drosten PCR paper (January 2020) was not peer-reviewed and was rushed to publication (it has now been thoroughly debunked).

A peer review of the original study (Corman-Drosten paper, 23 January 2020) that set up the protocol for the PCR tests, by 22 international experts, has demolished its findings demonstrating ten major flaws. The review included senior biochemists, immunologists, microbiologists and geneticists. They have demanded a retraction of the paper, which is currently under consideration.

An editorial for the BMJ<sup>23</sup> by Mike Gill (former regional director of Public Health England) and Muir Gray (visiting professor at the Nuffield Department of Primary Care Health

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<sup>21</sup> E.g. on Ricochet or Apple podcasts.

<sup>22</sup> Abbott and Nadal, Bratislava, Slovakia.

Sciences at Oxford) excoriated the government over its £100 billion mass testing programme.

A panel of scientists from universities in Newcastle, Birmingham, Warwick and Bristol sounded the alarm about the dangers of mass testing.<sup>24</sup> They said it was the most unethical use of public funds for screening they had ever seen and added that it will do a lot of harm.

#### *Nasal swab used for delivery of medication*

- David Gracias and Florin M Selaru at John Hopkin's University led a team of biomedical engineers that developed shape-changing micro-devices that mimic the hookworm in intestines called 'theragrippers'. These can release drugs into the body and several can be on one swab. The results of this research were published in *Science Advances*.
- Shadab et. al., Epub, 2013, 6 Oct., 'Nanoneurotherapeutics approach intended for direct nose to brain delivery', This paper describes intranasal administration of drugs for the brain.
- Hitendra S Mahajan, et.al., PMID 24128122, 'Nanoemulsion-based intranasal drug delivery system of saquinavir mesylate for brain targeting'.
- Int J Pharm. 2008 June 24;358 (1-2): 285-91, Kumar M Misra, et. al., 'Intranasal nanoemulsion based brain targeting drug delivery system of risperidone'.

There are dozens more similar articles.

#### **Quotes**

*PCR is not a test of infectiousness. Rather the test detects trace amounts of viral genome sequence, which may be either live transmissible virus or irrelevant RNA fragments from previous infection.*

*BMJ, 'Operation Moonshot proposals are scientifically unsound', BMJ 2020;370:m3699.*

The FDA also admitted that: '*positive results ... do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease*'.<sup>25</sup>

The CDC manual for PCR tests actually states, '*Positive results are indicative of active infection with 2019-nCoV but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.*' The CDC also stated: '*Detection of viral RNA may not indicate the presence of infectious virus or that of 2019-nCov is the causative agent for clinical symptoms. ... This test cannot rule out diseases caused by other bacterial or viral pathogens.*'<sup>26</sup>

The instruction manuals of PCR kits state that they are not intended as a diagnostic test.<sup>27</sup> Roche's LightMix Modular Assays produced by TIB Molbiol state: '*These assays are not intended for use as an aid in the diagnosis of coronavirus infection*'.

*Mass testing of asymptomatic individuals is likely to produce large numbers of false positives, either from the inherent limitations of the test or from past infections.*

*Rational Ground, Jennifer Cabrera, 'New CDC guidelines are aligned with science'*.

<sup>23</sup> BMJ, Editorials, Mass testing for covid-19 in the UK, *BMJ* 2020;371:m4435.

<sup>24</sup> Daily Mail, 'Boris' £100 billion Operation Moonshot will fail miserably ...' 16 November 2020.

<sup>25</sup> Quoted in Torsten Engelbrecht and Konstantin Demeter, 'Covid19 PCR tests are scientifically meaningless', *Off-Guardian*, 27 June 2020.

<sup>26</sup> CDC 2019- Novel coronavirus (2019-nCov) real time RT-PCR Diagnostic Panel, 30 March 2020.

<sup>27</sup> E.g. as those by Altona Diagnostics and Creative Diagnostics.

RT-qPCR testing programmes for SARS-Cov-2 are wholly inadequate, poorly organised and surrounded by confusion and misinformation. Comprehensive testing is not hindered by availability of suitable assays, reagents, equipment or testing capacity. It is delays in the bureaucratic validation and approval process and lack of involvement of the wider research and commercial service provider community by public health laboratories that are at the heart of the testing conundrum.

*International Journal of Molecular Sciences*, Stephen Bustin and Tania Nolan, April 2020.

Looking closely at the facts, the conclusion is that these PCR tests are meaningless as a diagnostic tool to determine an alleged infection by a supposedly new virus called SARS-Cov-2.

Torsten Engelbrecht and Konstantin Demeter, Covid19 PCR tests are scientifically meaningless, *Off-Guardian*, 27 June 2020.

## Facemasks

### Sceptic claim

Ordinary cloth facemasks (used by most people) are utterly ineffective against stopping viral infection. Viruses can be as small as 20 nanometres in length while the pores in facemasks can be 400-500 nanometres in diameter. A virus passes straight through them.

Aerosols not only pass through the cloth of the mask but up, down and around the sides of the mask. Essentially, if you can breathe air, you are able to be infected by a virus.

Worse, constant wearing of facemasks is very dangerous. The wearer is subject to very many health conditions:

- Hypoxia (due to restriction of oxygen by about 20%). This causes a variety of issues such as: headaches, dizziness, breathing problems, nausea, collapse, and cognitive deterioration.
- Bacterial pneumonia and other pathogens (through the constant build up of bacteria on the facemask while breathing).
- Contamination (though wrong storage of the mask).
- Mental debility (there are many psychological problems caused by social interaction with a facemask).

Facemasks have been a deliberate social control mechanism to identify the compliant and create mass fear, and also to separate out the dissenters. They are more of a social signal than a preventative mechanism.

### Papers and quotes

#### *The Government*

The Government has stated on numerous occasions how ineffective face-coverings are; in one document, published on 23 June, it stated: '*The evidence of the benefit of using a face covering to protect others is weak and the effect is likely to be small*'.

#### *The CDC (US Centres for Disease Control)*

Of uninfected people contracting influenza:

In this review, we did not find evidence to support a protective effect of personal protective measures or environmental measures in reducing influenza transmission. [...] Hand hygiene is a widely used intervention and has been shown to effectively reduce the transmission of gastrointestinal infections and respiratory infections. However, in our systematic review, updating the findings of Wong et al., we did not find

evidence of a major effect of hand hygiene on laboratory-confirmed influenza virus transmission. [...] We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility. [...] It is essential to note that the mechanisms of person-to-person transmission in the community have not been fully determined. Controversy remains over the role of transmission through fine-particle aerosols.

Xiao J et al., 'Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings – Personal Protective and Environmental Measures', *Emerg. Infect. Dis.*, 17 May 2020; 26(5). A very recent review of the literature that was published in the CDC journal *Emerging Infectious Diseases*.

Tucker Carlson, using data from the CDC's (Centres for Disease Control) own website, reported that 85% of all the people who contracted Covid-19, in July, reported that they wore masks all the time or often. Which means that those who wear masks are more at risk of contracting Covid-19 than those who do not wear them (possibly because full-time mask wearing, impairs their own immune system).

The CDC responded to Tucker Carlson's story, by issuing the following statement:

CDC guidance on masks has clearly stated that wearing a mask is intended to protect other people in case the mask wearer is infected. At no time has CDC guidance suggested that masks were intended to protect the wearers.

14 October 2020.

### *The WHO*

The WHO has stated that there is no benefit to healthy people wearing masks in public, and there is only limited evidence that masks help when in contact with a sick person:

There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure. However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.

'Advice on the use of masks in the context of COVID-19', *WHO*, 6 April 2020.

*WHO*, 'Mask use in the context of Covid-19', interim guidance, 1 December 2020. This identifies various harms of prolonged mask usage, including contamination, skin lesions, and headaches.

### *Medical studies*

Doctors have identified a new form of skin disease, which they are calling 'maskne'. *BMJ*, Emily Rudd & Sarah Walsh, 'Mask related acne ('maskne') and other facial dermatoses', *BMJ* 2021; 373:n1304 (7 June 2021).

*Clinical Research in Cardiology*, Sven Fikenzer et. al., 'Effects of surgical and FFP2/N95 face masks on cardiopulmonary exercise capacity', 109, 1522-1530 (2020). This study showed lung damage when masks were worn during exercise and reduced peak blood lactate response.

Neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients.

Bae S et al., 'Effectiveness of Surgical and Cotton Masks in Blocking SARS-CoV-2: A Controlled Comparison in 4 Patients', *Ann Intern Med.*, 6 April 2020.

A study in the *BMJ* showed that people who were told to wear cloth masks for extended periods of time (for the purposes of the study) had higher rates of influenza-like illness (“ILI”) than other healthcare workers who could decide if and when to wear masks, and had higher rates of ILI than those wearing surgical masks:

The rates of all infection outcomes were highest in the cloth mask arm, with the rate of ILI statistically significantly higher in the cloth mask arm [13 times higher] compared with the medical mask arm. Cloth masks also had significantly higher rates of ILI compared with the control arm [workers who followed standard practice, which could sometimes include mask wearing]. An analysis by mask use showed ILI and laboratory-confirmed virus were significantly higher [6.64 times for ILI and 1.72 times higher for lab confirmed virus] in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97% and medical masks 44%.”

MacIntyre CR et al., ‘A cluster randomised trial of cloth masks compared with medical masks in healthcare workers’, *BMJ Open*, April 22nd 2015; 5(4): e006577.

The University of Minnesota Centre for Infectious Disease Research and Policy (CIDRAP) does not recommend that the public wears masks, because they do not work, they may reduce other preventive measures, and they risk the supply of masks for healthcare workers:

We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks because: There is no scientific evidence they are effective in reducing the risk of SARS-CoV-2 transmission. Their use may result in those wearing the masks to relax other distancing efforts because they have a sense of protection. We need to preserve the supply of surgical masks for at-risk healthcare workers.

Brosseau LM et al., ‘COMMENTARY: Masks-for-all for COVID-19 not based on sound data’, *CIDRAP*, April 1st 2020.

Experts from the Chicago School of Public Health do not recommend that the general public wear masks, for similar reasons to CIDRAP: *University of Illinois at Chicago School of Public Health*, 2nd April 2020.

*Annals of Internal Medicine*, Henning Bundgaard et. al., ‘Effectiveness of adding a mask recommendation to other public health measures to prevent SARS-Cov-2 infection in Danish mask wearers’, November 2020.

This is the largest randomised control study on facemasks. It showed that there is virtually no difference in infection rates between mask wearers and non-mask wearers. ‘*The recommendation to wear masks to supplement other public health measures did not reduce SARS-Cov-2 infection rate among wearers.*’ Those who wore masks properly had a higher infection rate.

*HART* Dr Gary Sidley, ‘Masks – do benefits outweigh the harms/’, 28 March 2021. ‘*Whilst masks are a successful psychological tool to remind the public to remain alert, they are not effective in preventing the community spread of disease.*’

In July 2020 Oxford’s *Centre for Evidence-Based Medicine* demonstrated that there was virtually no evidence to support facemasks. The few insignificant trials (at that time) showed that facemasks had no effect on limiting the spread of influenza-type diseases, even in health-care workers.

Yinon Weiss, *Twitter* thread showing graphs, ‘European Coiv-19 cases: masks required vs no masks required’, 27 October 2020. This study plotted real world data proving

empirically that mask mandates do not change the course of epidemics anywhere in the world.

*Water Research*, GL Sullivan et. al., ‘An investigation into the leaching of micro and nano particles and chemical pollutants from disposable face masks – linked to the Covid-19 pandemic’, Volume 196, 15 May 2021, 117033. This called for a major investigation as it found detached particles of micro-plastics and heavy metals in masks which were toxic.

*Corona transition*, Michael Braungart (head of the Hamburg Environmental Inst.) ‘Maskentragen noch ungesunder als gedacht’, 20 July 2020. Braungart states that the micro-plastics are highly toxic if you swallow them as they get into the nervous system.

*Corona transition*, ‘Der Maskenzwang ist verantwortlich für schwere psychische Schaden und die Schwächung des Immunsystems’, 29 July 2020. This study shows the serious psychological harms caused by masks.

Because, from a medical perspective, there is no proven effectiveness of masks, the cabinet has decided that there will be no national obligation for wearing non-medical masks.

Tamara van Ark, Minister for Medical Care, The Netherlands.

## Social Distancing

### Sceptic claim

There is no point in social distancing of six feet; it cannot prevent viral transmission. Aerosols containing the virus can spread between 30 and 60 feet (some say further) and remain in unventilated spaces. Thus a poorly ventilated supermarket would quickly be full of the virus particles everywhere if an infected person went in to shop and breathed.

Social distancing has been a deliberate control mechanism by the government to manufacture social compliance with no medical purpose.

### Papers

#### *Social distancing pointless*

Multiple studies have shown that social distancing has no effect in limiting a virus epidemic. There is no scientific basis for it.

Note that countries and states that did not lockdown or ended lockdowns early (Sweden, Florida, Texas, South Dakota etc.) did not experience worse Covid outcomes. Ending social distancing did not make things worse.

Icahn School of Medicine at Mount Sinai in co-operation with the Naval Medical Research Centre published in *New England Journal of Medicine*: Andrew G Letizia et. al., ‘SARS-Cov-2 Transmission among Marine Recruits during Quarantine’; 11 November 2020.

*PNAS*, Martin Z Bazant & John WM Bush, ‘A guideline to limit indoor airborne transmission of Covid-19’, *PNAS* 27 April, 2021 118 (17) e2018995118.

*Scientific Reports*, RF Savaris et. al; ‘Stay-at-home policy is a case of exception fallacy; an internet-based ecological study’, *Scientific Reports (Nature)*, 5 March 2021.



## Quotes

Social distancing is also useless because Covid-19 is spread by aerosols, which travel 30 metres or so before landing.

Dr Roger Hodkinson; a medical specialist in pathology and virology. Former chairman of the Royal College of Physicians of Canada Examination Committee in Pathology.

In 2019 the World Health Organisation concluded in a pandemic planning report that social distancing, travel restrictions, and lockdowns had little or no scientific evidence supporting them.

Jamie Walden, 'The Cult of Covid', p44, (2020). [WHO, 'Non-pharmaceutical public health measures for mitigating the risk of epidemic and pandemic influenza', October 2019.]

## Lockdowns

### Sceptic claim

Lockdowns have no positive effect in halting or fully impeding a viral epidemic. A viral epidemic will do what it naturally does – pass through a population and eventually mutate into a weaker version until herd immunity is reached and the pathogen becomes endemic.

It is possible to delay this process by imprisoning people at home but the virus will manifest in the end. Thus lockdowns can actually make an epidemic worse by causing an unnecessary second wave.

The best procedure is to shield and protect the most vulnerable people in society (in this case the frail and elderly) and provide dedicated, isolated hospitals to treat the infected. Neither of these sensible policies were enacted. The UK government spent millions on sequestering private hospitals but did not use them. It spent more millions of Nightingale tent hospitals but had no staff and did not use these either. No one has been held accountable.

Lockdowns were an unnecessary means of introducing totalitarian compliance that had no medical purpose. It has been an illegal imprisonment of the population in house arrest by a government with no constitutional authority to do this.

### Government policies that worsened the health of the population

#### *Lockdown*

- This suppressed people's immune system by forcing them indoors and inhibiting Vitamin D absorption from sunshine.
- It also confined the population indoors when that was the ideal place for viral transmission.
- The collateral damage caused by closing down businesses and creating unnecessary unemployment caused medical problems, including suicide.
- The collateral damage of cancelling hospital screenings, tests, treatments and consultations has resulted in huge numbers of unnecessary suffering and deaths.
- The collateral damage of cancelling face-to-face GP surgery appointments has also caused massive suffering, missed diagnoses, and needless deaths.

#### *Facemasks*

- Apart from being no use in preventing virus infection, facemasks caused numerous medical harms to people – including bacterial pneumonia, hypoxia and many other conditions. Mandating facemasks made people sick.

*PCR tests*

- These have been documented as causing harm in multiple ways: infections, damaging the blood/brain barrier, contamination by various substances (e.g. ethylene oxide or fibrous matter), leading to illness and even deaths.

*Social distancing*

- This has led to multiple problems, such as not allowing people to hug their loved ones or not allowing relatives to be with dying kin. The social isolation has caused many cases of mental illness.
- Social distancing measures have caused many businesses to fail. The resulting unemployment always causes medical deterioration.

*Weaponised fearmongering*

- This has led to a new psychological illness (Covid anxiety syndrome) and a general mental malaise that psychologists fear cannot be turned off.
- The level of fear stoked up by the government has directly led to individual levels of anxiety and depression that have made people sick. There are many anecdotal stories of people committing suicide as a result of the level of fear. These have included old people worried that they will catch the virus and suffer, as well as young people who feel that life has no meaning or purpose anymore.

**Papers**

- Christian Bjornskov; 'Did lockdown work? An economists cross-country comparison', CESifo Economic Studies, 29 March 2021. Severe lockdown countries were not associated with lower mortality.
- Quentin de Laroche Lambert et. al.; 'Covid-19 mortality: a matter of vulnerability among nations facing limited margins of adaptation', Frontiers in Public Health, 19 November 2020. Restrictions, including lockdown, are not linked to the death rate.
- John Gibson; 'Government mandated lockdowns do not reduce Covid-19 deaths; implications for evaluating the stringent New Zealand response', New Zealand Economic Papers, 25 August 2020.
- Eran Bendavid et. al; 'Assessing mandatory stay-at-home and business closure effects on the spread of Covid-19', European Journal of Clinical Investigation, 5 January 2021. No significant benefits on case growth of more restrictive NPIs.
- Christopher R Berry, et. al; 'Evaluating the effects of shelter-in-place policies during the Covid-19 pandemic', Proceedings of the National Academy of Science of the USA, 13 April 2021. Also Harris School of Public Policy, University of Chicago, 24 February 2021. Studies claiming that lockdowns save thousands of lives are not credible. Lockdowns had no detectable health benefits and made no difference to Covid deaths in America.
- RF Savaris et. al; 'Stay-at-home policy is a case of exception fallacy; an internet-based ecological study', Scientific Reports (Nature), 5 March 2021.
- Rabail Chaudhry et. al; 'A country level analysis measuring the impact of government actions, country preparedness and socio-economic factors on Covid-19 mortality and related health outcomes', EClinical Medicine (The Lancet) 25 (2020), 100464 21 July 2021. Full-lockdowns and widespread Covid-19 testing were not associated with reductions in the number of critical cases or overall mortality.
- MedRxiv, Jonas Dehning et. al., 'Covid-19 spreading rates and potential change points for case number forecasts', 16 April 2020.
- Koch Institute, Epidemiologisches Bulletin 17:2020, 'Schatzung der aktuellen Entwicklung der SARS-Coc-2 Epidemie in Deutschland – Nowcasting', 15 April 2020.

- University of Bristol, Simon N Wood, ‘Did Covid-19 infections decline before UK lockdown?’, 1 June 2020. Quote: ‘*The most notable feature of the results is that fatal infections are inferred to be in substantial decline before lockdown.*’
- Nature, Stefan Homburg & Christof Kuhbandner, ‘Comment on Flaxman et al (2020, Nature, <https://doi.org/10.1038/s41586-020-2405-7>): The illusory effects of non-pharmaceutical interventions on Covid-19 in Europe’. Quote: ‘*We show that their methods involve circular reasoning. The purported effects are pure artefacts, which contradict the data. Moreover, we demonstrate that the UK’s lockdown was both superfluous and ineffective.*’
- Prof. Isaac Ben-Israel, Israeli TV, 16 April 2020. Quote: ‘*The spread of the virus starts at an exponential rate, however continues to moderate and ultimately fades after 8 weeks or so since its outbreak, ... A similar pattern – rapid increase in infections that reaches a peak in the 6th week and declines from the 8th week – is common to all countries in which the disease was discovered, regardless of their response policies. ... the Corona disease declines even without a complete lockdown.*’
- MedRxiv, (funded by NIHR) Paul Hunter et. al., ‘Impact of non-pharmaceutical interventions against Covid-19 in Europe: a quasi-experimental study’, 6 May 2020. Quote: ‘*Stay at home orders, closure of all non-businesses and requiring the wearing of facemasks or coverings in public was not associated with any independent additional impact.*’
- MedRxiv, Thomas Meunier, ‘Full lockdown policies in Western Europe countries have no evident impacts on the Covid-19 epidemic’, 24 April 2020. Quote: ‘*We find no evidence of discontinuity in the growth rate, doubling time and reproductive number trends. ... These strategies might not have saved any life in western Europe.*’
- MedRxiv, Marco Colombo, et. al., ‘Trajectory of Covid-19 epidemic in Europe: arising from S Flaxman et al. Nature, <https://doi.org/10.1038/s41586-020-2405-7>’, 28 September 2020. Quote: ‘*Most of the slowing and reversal of Covid-19 mortality is explained by the build-up of herd immunity.*’
- BMJ, Research Special Paper, (10.1136/bmj.m3588) Ken Rice, et. al., ‘Effect of school closures on mortality from Coronavirus disease 2019: old and new predictions’, 7 October 2020. Quote: ‘*School closures ... result in more overall deaths than no school closures.*’
- Epidemiology 2008:19: 588-589, Ted Cohen & Marc Lipsitch, ‘Too little of a good thing: a paradox of moderate infection control’. Quote: ‘*Interventions that limit transmission can paradoxically increase the burden of disease in a population.*’
- National Bureau of Economic Research, Andrew Atkeson et. al., ‘Four stylised facts about Covid-19’, Working Paper 27719, August 2020.
- BMJ, 10.1136/bmj.m3543, Kata Karath, ‘Covid-19: How does Belarus have one of the lowest death rates in Europe?’, 15 September 2020. Note: Belarus had no lockdown and treated Covid-19 like a normal illness.
- MedRxiv, Harriet Forbes, et. al., ‘Association between living with children and outcomes from Covid-19: an OpenSafety cohort study of 12 million adults in England’, 2 November 2020. Note: shows that ‘*for adults living with children there is no evidence of an increased risk of severe Covid-19 outcomes*’, thus schools should never have closed.
- Pandemics Data & Analytics, Trevor Nell et. al., ‘Exploring inter-country coronavirus mortality’, 9 July 2020.
- The Great Barrington Declaration: Sunetra Gupta, Martin Kulldorff, Jay Bhattacharya and thousands of supporting signatories.

*All UK lockdowns were imposed after the infections were in decline.*

Prof. Simon Woods, *Biometrics*, ‘Inferring UK Covid-19 fatal infection trajectories from daily mortality data: were infections already in decline before the UK lockdowns?’, 30 March 2021.

### *Government report*

This estimated that the first lockdown would kill over 63,000 people through missed medical care and economic factors. *Dept. of Health and Social care, ONS, Government Actuary's Dept. and Home Office*, 'Direct and indirect impacts of Covid-19 on excess deaths and morbidity: executive summary', 15 July 2020. Whistleblowers stated that another report, not published, affirmed that there would be 200,000 deaths.

### **Quotes**

Widespread closure of all non-essential businesses and stay at home policies do not appear to have had any significant effect on the number of Covid-19 cases across Europe.

Professor Paul Hunter, *UEA*, 'New study reveals blueprint for getting out of Covid-19 lockdown', 6 May 2020.

The data indicates that there is no evidence that lockdown saves lives any more than any other policies and the same objectives could have been achieved with far less damage. ...

Lockdown was not a success. It did not work.

Jamie Walden, 'The Cult of Covid', (2020) p65, 70.

The data is in: lockdowns serve no useful purpose and cause catastrophic societal and economic harms. They must never be repeated.

*HART* (Health Advisory and Recovery Team), 'Covid-19: an overview of the evidence', 18 March 2021.

The flattening of the curve, the prolongation of the epidemic, makes it more difficult to protect the elderly, who are at risk. More of the elderly people become infected and we have more deaths. ... Firstly, we have the direct consequences: suicides, domestic violence and other social consequences leading to death. And then we have people who are too scared to go to the hospitals for other problems like strokes or heart attacks. So people stay away from hospitals because of the Covid fear. And then they die.

One could have prevented 20,000 deaths in the US by just isolating the nursing homes.

Prof. Knut Wittkowski, *PJ Media*, Megan Fox, 'Censored epidemiologist says there's no justification for foolish lockdown', 18 May 2020.

It's so important to understand that the deaths of Covid-19 will be far less than the deaths caused by societal lockdown when the economy is ruined.

Prof. Peter Nilsson, *Summit News*, Paul Joseph Watson, 'Professor: economic impact of lockdown will cause more deaths than coronavirus', 7 May 2020.

### **Observations**

Nations and states which did not lockdown fared much better than those that did. Nations include: Sweden, Belarus, Japan. States include: South Dakota, Florida (after first lockdown), Texas (in 2021). Nations and states which had a severe lockdown did far worse than anyone, such as Michigan, California, Peru. These controls prove that lockdowns are useless. The original UK Pandemic Plan, carefully prepared by scientists and public health experts over years, equated to the Sweden plan – but this was ditched in March 2020 as a result of advice from SAGE (whose members stand to profit from vaccines).<sup>28</sup>

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<sup>28</sup> Whitty, Vallance, Hancock and Ferguson have direct links to Bill Gates and vaccine companies and stand to make millions from the choices they made for the country. Some also have shares in companies that produced PPE, test kits and facemasks. This conflict of interest is alarming.

## Track and Trace (test and trace)

### Sceptic claim

- There is an investigative purpose in contact-tracing definite positive cases to analyse infection rates in subsequent analysis. But this is not what the government is doing in a general data collection from asymptomatic people in pubs and restaurants. Why only these venues and not closer contact in small shops?
- Imagine the chaos: everyone in a pub is asymptomatic and not infectious. One person subsequently gets a positive PCR test (which we know is useless and means nothing). Then everybody on the track and trace details for that pub get told to self-isolate for no reason. This could include vital service individuals, causing chaos in the workplace.
- Various systems, at a cost of billions, have been introduced by the government that have no immediate medical purpose. Why would providing details of your name, address and telephone number in a pub help prevent infections?
- Since asymptomatic transmission is rare and since PCR tests are useless, notifying someone who had been in a bar where another person later tested positive is of little use.
- The real purpose is that it is part of a government data-gathering exercise. The elite want a complete database of everything about everybody and this is part of it.
- In addition, there is commercial value in the data. Why is it being sold to private businesses without the permission of individuals?
- The linking of the current trace system with the NHS app creates the hazard of patient's medical records being easily hacked. The government has planned to share Covid test and trace data with the police.

### Data

- The budget for the government's test and trace scheme is £23 billion (£37 bn over 2 years). More than what had been quoted (£12 billion). This is when nurses were refused a decent wage rise.
- 3,000 health specialists were recruited, along with 18,000 call handlers – who had nothing to do very often. In mid-June 2020 the specialist staff were only utilised for 4% of their contracted hours. The call operators only worked 1% of the time. [National Audit Office report.]
- One aspect of the system was deemed to be illegal data gathering and abandoned. *The Week*, Joe Evans, 'UK's track and trace programme breaks data protection law', 20 July 2020.
- The system failed in its basic task – to notify people that they had been close to an infected person. Other people were constantly told to isolate for no reason. Often users could not access the app.
- In 2020 the system failed so badly that local councils set up their own version. *BMJ*, Matthew Lamb, 'Covid-19: Sandwell council in West Midlands sets up contact tracing, citing failures of national scheme', 31 July 2020. *BMJ* 2020;370:m3065.

### Quotes

Despite the unimaginable resources thrown at this project, test and trace cannot point to a measurable difference to the progress of the pandemic.

Meg Hillier, chair of the Parliamentary Public Accounts Committee. Reuters, 10 March 2021.

## The collateral damage

### Sceptic claim

The damage caused by the restriction policies were always going to kill, injure and harm far more people than any epidemic. I affirmed this in writing in March 2020 and this has proved to be the case. We are still assessing the damage in all walks of life but the more we study the worst it gets. Hundreds of millions will have died as a result of the lockdowns alone, mostly in the Third World.

The government reaction to a fake pandemic has been catastrophic.

- Physical health has been ruined. Cancelled screening and failed diagnosis has led to a massive rise in cancer patients, and many other diseases.
- Cancelled treatments have led to innumerable people suffering, such as pain for cancelled hip replacement.
- The NHS has been ruined. It lost its soul in 2020. It was never busy in 2020 and wards were empty. Nurses took to making dance routines and uploading them to TikTok. Sick elderly people in care homes were denied treatment or even a hospital visit. Sick people were dumped from hospitals into care homes needlessly where they killed thousands. GPs stopped seeing patients. Surgery Zoom calls produced multiple wrong and failed diagnoses – people died as a result. The NHS became a Covid-only service but it failed to give treatments that healed Covid<sup>29</sup> and instead killed patients with intubation and Remdesivir (which reduced iron levels of already anaemic hypoxia patients). In 2021 many patients were refused treatment because they were unvaccinated or refused a PCR test. Health care staff have been intimidated and cajoled into taking the vaccine or being re-deployed or sent home. Staff have been threatened to stop them whistleblowing. Many nurses have resigned after decades of service due to disgust and have become whistleblowers. Some nurses and doctors have even accused other doctors of murder, especially in New York. There are multiple allegations of failed duty of care due to Covid fear by staff. The NHS is no longer fit for purpose and requires a complete reform, replacing or eradicating most of senior management.
- The economy has been almost destroyed. It will take generations to rebuild.
- 11,000 small business have collapsed and 18,000 are expected to fall this year.
- The high street has been severely damaged and may not recover.
- The catering industry has been wrecked.
- The hospitality industry has been wrecked.
- The entertainment industry has been wrecked.
- The music industries have been wrecked.
- The travel industry has been wrecked.
- Mental health crises are through the roof.
- Self-harm, dietary abuse, suicides, anxiety, depression, and Tourette syndrome are all through the roof.
- The damage to a generation of children is shocking: lost education, mental health deterioration, anxiety, social skills lost, friends lost, etc.
- Domestic abuse is through the roof.
- Drug and alcohol abuse is through the roof. More people died of drug abuse in San Francisco than from Covid.
- Military grade psychological government fearmongering through broadcasts and the media has led to a national mental disease that is unstoppable, according to

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<sup>29</sup> E.g. the HCQ cocktail, Vitamin D, and C, and Ivermectin.

psychologists. Some call this Covid-mania; psychologists are using the term, 'Covid anxiety syndrome'.

## Papers

There are no individual papers covering all these items, though there are expert websites dealing with all these issues and keeping a tally. These include *American Institute for Economic Research (AIER)*, 'The catastrophic impact of Covid forced societal lockdowns' and *Collateral Global* (Dr Carl Heneghan et. al.). I can only point to a few specific papers dealing with certain details.

### *Psychological manipulation*

The effect of fearmongering by the government is fully covered by Laura Dodsworth's new book, '*A State of Fear*'. This analyses the military grade weaponsising<sup>30</sup> of social manipulation by fear. This sold out in a few weeks. The think tank *Recovery* sent a copy to every British MP.

*HART*, Dr Damian Wilde, 'Psychological impact of the government's communication style and restrictive measures', 28 March 2021.

*Perspectives on Psychological Science*, Holt-Lunstad et. al., 'Loneliness and social isolation as risk factors for mortality: a meta-analytical review', 10, 227-237.

*Journal of Clinical and Diagnostic Research: JCDR*, Raheel Mushtaq et. a;., 'Relationship between loneliness psychiatric disorders and physical health? A review on the psychological aspects of loneliness'.

The government's use of applied behavioural psychology was noticed in 2010 when the Behavioural Insights Team (BIT) was established. This team of psychologists worked actively in setting up government policy as well as implementing it. A document discovered in 2010 was *MindSpace*<sup>31</sup> where the government admitted that it was using behavioural psychology on the population; it was used to influence how it designed and implemented policy. On page 66 the government boasted that it could change the way that people think and behave and that people will not know that this has been done.<sup>32</sup>

The government also uses hypnotic techniques in its communications to produce a narrative that is subliminally accepted. This is called neurolinguistic programming (NLP). NLP started being used in virtually every government document to psychologically and hypnotically influence people subliminally. This is unconscious coercion. This often uses repetitive catchphrases, such as '*build back better*'.

SAGE had a meeting with the BIT and chiefly with Dr David Halpern. A briefing from that meeting dated 22 March admitted that the government would now use applied psychology in order to ramp up fear in the population to ensure compliance to official Covid recommendations and rules. This is fascism.

### *Mental health*

*ONS*, 'Coronavirus and depression in adults, Great Britain: January to March 2021', Depression more than doubled from 10% in 2019 to 21% in 2020.

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<sup>30</sup> Multiple government bodies were involved at a cost of many millions. The Behavioural Insights Team, SPI-B, the Cabinet Office, 77 Brigade, 13<sup>th</sup> Signals, etc.

<sup>31</sup> The Cabinet Office, Institute for Government, 'MINDSPACE: influencing behaviour through public policy', authors: Paul Dolan, Michael Hallsworth, David Halpern, Dominic King, Ivo Vlaev (Imperial College).

<sup>32</sup> UK Column was the first to lead with this and has many documents on the matter.

*Care home deaths*

In the Spring of 2020 39% of Covid deaths in England and Wales were in care homes: ONS, (page removed).

*Hospital acquired infections*

Up to 66% of Covid deaths in Scotland were caught in hospital (nosocomial infections): *medRxiv*, Paul M McKeigue et. al., 'Relation of severe Covid-19 in Scotland to transmission-related factors and risk conditions eligible for shielding support: REACT-SCOT case-control study'.

*Damage to children*

HART, Prof Ellen Townsend & Dr Karen Neil, 'Covid policies and harms to children', 27 March 2021.

*Economic costs*

HART, Prof Marilyn James & Prof David Paton, 'Economic impacts – the true cost of lockdown', 27 March 2021.

ONS, 'Annual real GDP percentage change since January 2006', The UK economy shrank by 9.9% in 2020. National debt rose to £2.1 trillion.

*Unnecessary global deaths*

UN, UNICEF. *Centre for Global Child Health*, 'Direct and indirect effects of the Covid-19 pandemic and response in South Asia', March 2021. Disruption to health services led to 239,000 maternal and child deaths. Of these 228,000 are children under five who are at no risk from Covid.

UN News, 'Covid-19 could see over 200 million more pushed into extreme poverty, new UN development report finds', 3 December 2020. 207 million people could be forced into extreme poverty.

**Quotes**

In all actions concerning children, the best interests of the child should be a primary consideration.

*UN Convention on the Rights of the Child*, Article 3.

Closing schools is not evidence-based and harms children.

BMJ editorial, Sarah J Lewis et. al., 'Closing schools is not evidence-based and harms children', BMJ 2021; 372:n521.

The government's behavioural insight team (BIT) recommended many psychological techniques in order to change people's behaviour. The communication style used throughout this crisis has employed several covert psychological strategies ('nudges') that act upon us subconsciously, below the level of awareness. Psychological manipulation of this kind is not new, but we have grave concerns that it may cause enormous long-term psychological harm'.

HART, Dr Damian Wilde, 'Psychological impact of the government's communication style and restrictive measures', 28 March 2021.

Humans are social animals. To deny them this right for long and undefined periods causes enormous harms. There is a huge body of research demonstrating the wide range of damaging effects.

HART, Dr Damian Wilde, 'Psychological impact of the government's communication style and restrictive measures', 28 March 2021.



## The lies of the UK government

These lies are exposed in the statements in this paper, backed by evidence. For a detailed analysis of these lies see my paper, 'A simple summary of where we are now in the Covid crisis'.

- We are in a pandemic.
- We are in an emergency.
- Covid-19 is just like the Spanish Flu pandemic.
- Covid-19 is a virulent disease based on the SARS-Cov-2 novel coronavirus.
- Over 120,000 people died from Covid-19 in the worst year for deaths for a century.
- Asymptomatic people spread Covid.
- You can catch it from surfaces.
- Facemasks protect people from Covid infection.
- PCR tests are the gold standard of identifying Covid.
- Social distancing is effective against virus infection.
- Lockdowns help stop the Covid infection.
- The NHS needed protecting.
- The government cared about care homes and wanted to protect the elderly.
- There is no safety in natural herd immunity (community immunity).
- We are all in this together.
- We are following the science.
- The Covid vaccines are 100% safe and are authorised.
- The government did not know that there would be severe side effects from the vaccines.
- There are no moving goalposts.
- Society will be opened up in June 2021.
- The new Covid strains are a terrible threat.
- You are in great danger from the Indian variant.
- There won't be vaccine passports.
- We can be trusted with the public purse.
- There is no government corruption.

## Vaccines: viral interference

### Sceptic claim

Viral interference is when a vaccine creates the conditions in the body that causes a cytokine storm (immune system overreaction) when the patient subsequently confronts the wild virus. This causes more severe symptoms and sometimes death. It is widely claimed that this is what led to the severe symptoms of Covid-19 – a reaction caused by a previous flu vaccine. This was especially noticeable in the Italian epidemic where residents had previously received an experimental flu vaccine.

This condition has several names: paradoxical vaccine reaction, paradoxical infection enhancement, paradoxical vaccine enhancement, superinfection resistance, enhanced vaccine reaction, antibody-dependent enhancement (ADE), immune enhancement, viral interference and so on. See the videos by Dr Sherri Tenpenny for a technical explanation of this.

Summary: vaccines, paradoxically, can make it very dangerous. and often fatal, for a patient in the next flu season or the next Covid variant crisis.

## Papers

Studies regarding flu vaccines and increased risk of acute respiratory diseases

- CDC study (Rikin et. al., 2018). Flu vaccines increase the risk of non-flu acute respiratory illnesses including coronavirus, in children.
- Australian study (Kelly et. al., 2011). Flu vaccines doubled the risk from non-flu viral lung infections.
- Hong Kong study (Cowling et. al., 2012). Flu vaccines increase the risk for non-flu respiratory infections by 4.4 times.
- (Mawson et. al., 2017). Vaccinated children were 5.9 times more likely to suffer pneumonia than unvaccinated children.
- (Wolff, 2020). The influenza vaccine is associated with a higher risk of some other respiratory diseases due to virus interference. The odds of coronavirus (not Covid-19) in vaccinated individuals were 1.36 times higher compared to unvaccinated people.
- BMJ 2020:398:m810 (Cowling et. al., 28 Feb 2020). This randomised, placebo-controlled trial in children showed that flu vaccines increased fivefold the risk of acute respiratory infections caused by a group of non-influenza viruses, including coronaviruses.
- Wolff GG: Influenza Vaccination and Respiratory Virus Inference among Dept of Defence Personnel during the 2017-2018 influenza season, *Vaccine*, 2020;38 (2);350-354. This concluded that vaccine derived virus interference was significantly associated with coronavirus infections.

Studies regarding flu vaccines and increased risk of Covid-19 severe symptoms

- Study published in 'PeerJ' by Christian Wehenkel, Professor at Universidad Juarez del Estado de Durango, Mexico, 1 October 2020. This found a positive association between Covid-19 deaths and influenza vaccination rates in elderly people worldwide.
- CDC study (Rikin et. al., 2018). Flu vaccines increase the risk of non-flu acute respiratory illnesses including coronavirus, in children.
- BMJ 2020:398:m810 (28 Feb 2020). This randomised, placebo-controlled trial in children showed that flu vaccines increased fivefold the risk of acute respiratory infections caused by a group of non-influenza viruses, including coronaviruses.
- See the works, interviews, and statements of Dr Judy Mikovits. She claims that gamma retroviruses imparted in flu vaccines are activated by later coronavirus infections to cause morbidity. Coronaviruses are also imparted in flu vaccines through the cell lines of monkeys present.
- Study by the US Army (Dept. of Defence), which noted a correlation between Covid-19 deaths and severe symptoms with a previous flu vaccine. (I.e. unvaccinated soldiers only had mild or no symptoms.)

## Note

- A 2010 HHS pilot study by the federal Agency of Health Care Research found that 1 in every 39 vaccines causes injury.
- The high death rate from Covid-19 in Italy is not explained by the ageing population. A certain Alex Vasquez reported that in September 2019 Italy rolled out a new type of flu vaccine called VIQCC, which is different to others and contains four types of viruses. This vaccine impacted the immune system in such a way to increase the coronavirus infection.
- The government admitted that the 2017-2018 flu vaccine was only 15% effective. Why would anyone buy a product that was only a sixth effective?

- The UK is the number one investor in immunology amongst all G7 countries. The British Society for Immunology is the largest in Europe. The UK is the biggest country donor to the WHO. It is also the number one donor of the vaccine alliance.

## **Covid vaccines: unauthorised, untested, gene treatment**

### **Sceptic claim**

All the Covid vaccines are dangerous and will cause harm to those who submit to them.

- They are not licensed or authorised. They have been given emergency permission due to a claimed medical crisis (what crisis if Covid has a 99% survival rate but many other diseases don't?).<sup>33</sup> This means that there is no insurance for damage caused by the vaccine.
- The testing process is not complete until 2023. There is therefore no data on the long-term effects of the vaccines. No one can claim that they are safe. This means that vaccine recipients are part of a great experiment.
- The vaccines have caused a spike in infections everywhere in the world because they suppress the body's immune system for days or even weeks. The trials themselves showed a reduction in white blood cells following injection.
- The vaccines offer no great protection. They merely claim to mitigate the worst symptoms of the disease. They do not stop you catching the virus nor do they stop you transmitting it to others. This is why the government demands continued mask wearing, travel restrictions, quarantine and social distancing even after having the vaccine.
- They are not necessary: children are virtually unaffected by Covid. Most people are at no serious risk. The Infection Fatality Rate is about 0.15% or less. Only the vulnerable, sick and elderly are at risk. For these there are numerous successful treatments (including Ivermectin, the Hydroxychloroquine cocktail,<sup>34</sup> Vitamin C and D infusions etc.).
- Several are not actually vaccines at all but are gene treatment (e.g. Pfizer, Moderna). These cause changes to the DNA making the cells create the spike protein of the virus to make the body's immune system react. This change cannot be undone and the spike protein will continue to be created in the body. This protein alone can cause death by lung damage and other organ failures. There are multiple complex mechanisms that harm the patient by these vaccines.
- They all contain appalling ingredients. These include: cancerous aborted foetus cells, cancerous monkey kidney cells, chemical carcinogens (such as Polysorbate 80), genetically modified organisms, and PEG<sup>35</sup> which causes anaphylactic shock to 30% of the population (hence the seizures). One listed ingredient of the Moderna vaccine is SM-102. This substance is fatal in contact with skin; suspected of causing cancer; suspected of damaging fertility and foetuses and causes damage to the nervous system, kidneys, liver and respiratory system.
- Some patients have experienced magnets sticking to their arm at the injection site. Though debunked by fact checkers and the CDC,<sup>36</sup> this phenomenon has been confirmed by multiple researchers and doctors and the phenomenon has been filmed in real time. This appears to have the properties of positive polarity magnetism.

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<sup>33</sup> E.g. Sepsis, Malaria, Hepatitis, pneumonia etc.

<sup>34</sup> Hydroxychloroquine, azithromycin and zinc.

<sup>35</sup> Polyethylene glycol.

<sup>36</sup> The CDC is a vaccine patent company with a conflict of interest.

- The various reporting systems (UK: MHRA Yellow Card system; USA CDC VAERS system etc.) are showing approaching a million global adverse reactions. These include thousands of deaths in the first four months alone, but also seizures, heart attacks, strokes, blindness, deafness, paralysis, blood disorders, thrombosis, and many other lesser symptoms. In Europe, over 12,000 people have died immediately after having the vaccines by 20 May 2021; over 4,000 in America and over 1,000 in Britain. More people have died in the vaccine rollout than in all previous vaccination programmes in the last ten years combined. Doctors are often not reporting this even when asked to by family members of victims. One GP receptionist reported up to 1,000 calls about adverse events every day but only one Yellow Card report went in due to the insistence of relatives.<sup>37</sup>
- Viral interference will cause very many serious reactions and deaths next autumn (see earlier).
- The spike protein itself is a toxic pathogen that kills.
- Note that the spike protein will be transferred to unvaccinated people through blood transfusions donated by vaccinated people. I have seen no plans to screen for this.

### *Virus shedding*

Many virologists and immunologists are warning that the vaccinated will become viral shedders in the next flu season, germinating harsher strains of the virus and passing it on to anyone around them. Viral shedding is a well-documented phenomenon, particularly noticeable with flu vaccines. The vaccinated become ‘super-spreaders’ to infect the unvaccinated, and nothing can stop this.

Pfizer’s own report on its vaccine admits that both inhalation and skin contact with vaccinated people will transmit the toxic vaccine contents to the unvaccinated. The effects of this were said to include spontaneous abortions and reproductive problems even in the testing process.<sup>38</sup>

The Johns Hopkins University also confirmed that self-spreading vaccines spread through both vaccinated and unvaccinated populations by design. Vaccinated people become super-spreaders. The paper extols this ability to vaccinated whole populations even amongst those who refuse a vaccine.<sup>39</sup>

### *Government experts expect high death rate amongst the vaccinated*

The SPI-M<sup>40</sup> experts are already advising the government that there will be a third wave of Covid infections in the autumn and it will result in mass deaths and new lockdowns, but the deaths are amongst the vaccinated:

*The resurgence in both hospitalisations and deaths is dominated by those that have received two doses of the vaccine, comprising around 60% and 70% of the wave respectively.*<sup>41</sup>

*Most deaths and admissions in a post-Roadmap resurgence are in people who have received two vaccine doses.*<sup>42</sup>

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<sup>37</sup> See The Delingpod, episode, ‘Nina’.

<sup>38</sup> Pfizer, ‘A phase 1.2.3, placebo-controlled, randomised observer-blind dose-finding study to evaluate the safety, tolerability, immunogenicity and efficacy of SARS-Cov-2 vaccine candidates against Covid-19 in healthy individuals’, sections 8.3.5.1-3

<sup>39</sup> ALT News, ‘Self-spreading vaccines are no myth – its hard science Johns Hopkins confirmed them – Covid genocide is here’, 1 May 2021.

<sup>40</sup> Scientific Pandemic Influenza Group on Modelling.

<sup>41</sup> ‘Summary of further modelling of easing of restrictions – Roadmap Step 2’, Section 32.

<sup>42</sup> Ibid, Section 56.

This is being driven by computer modelling from Warwick University and Imperial College.

So the government agrees with me that the vaccines are going to cause mass death; at least 300 a day (vaccinated people account for 250). Fully vaccinated people will account for 60-70% of hospital admissions.

## Papers

Papers covering all these matters are not yet present due to the timescale involved. It will be months and years before proper studies can analyse the full effects of the Covid vaccines. In addition, many medical journals are in the pay of vaccine companies and Bill Gates. I can only give individual expert opinions and quotes; however, there are some warning papers already.

### *Early papers*

*International Journal of Vaccine Theory, Practice and Research*, Stephanie Seneff & Greg Nigh, 'Worse than the disease? Reviewing some possible unintended consequences of the mRNA vaccines against Covid-19', Vol 2, No 1 (2021). This shows the consequences of: blood disorders, neurodegenerative diseases and autoimmune diseases. It also discusses prion-protein-related amino acid sequences within the spike protein and shedding. They also show the pathway for possible body DNA changes.

### *Multiple issues: Dr Bhakdi*

German microbiologist Sucharit Bhakdi explained how the vaccines affect the body at the cellular level and that they will cause a global catastrophe.<sup>43</sup> To summarise his points:

- The vaccines cannot do what the manufacturers say they can.
- It is impossible to prevent infection even after vaccination. Any antibodies the body may produce following vaccination would be too minuscule to do anything significant.
- SARS-Cov-2 is not a killer virus. Up to five people only will die of Covid for every 10,000 people infected. For a vaccine to be efficient, it has to guarantee that it will bring down that number – something impossible to do. No clinical trial could ever show this because it would take millions of tested people.
- It is impossible for people under 70 without pre-existing conditions to die of Covid. Why risk an untested vaccine that could kill (and has killed) such people? The manufacturers do not have sufficient data on the efficacy of the vaccines on older people with pre-existing conditions. Testing such folk would lead to many deaths. The claim that the vaccines are efficacious is a lie.
- Younger adults have stronger immune systems. The vaccine trains immune systems to attack the virus. This excites immune cells making them more aggressive once the wild virus enters the body. This can cause a cytokine storm with much worse symptoms than they would have normally had.

In summary, the vaccines are useless for younger adults because the antibodies produced are insignificant and useless for older adults due to lack of testing.

In addition the side effect of blood clots is very serious and potentially fatal. Bhakdi stated that this could lead to the decimation of the entire population.

### *Concerns about prions*

Dr Richard Fleming (a cardiologist) has warned that the vaccines can cause mad cow disease by instructing cells to produce the spike protein without control of how many or

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<sup>43</sup> Interview in The New American.

how fast they are created. In animal models tested subjects developed spongiform cells (mad cow disease) two weeks after injection. These spongiforms cause neurological disease and dementia.

### *Concerns about viral shedding*

Dr G Vanden Bossche, an esteemed virologist who used to work for vaccine manufacturers, issuing a stark warning that viral shedding and immune escape next season could be catastrophic and lead to mass deaths.<sup>44</sup> The vaccine will cause the virus to jump on to unvaccinated people. Prophylactic vaccines should not be used in a pandemic. It will make the virus increasingly infectious to the point where it gets out of control. *'We are talking about a very, very serious problem. ... We are turning this person into a potential asymptomatic carrier that sheds the virus. ... We are very close to vaccine resistance.'* The body's natural antibodies will lose out to the antigen specific antibody from the vaccine. We lose every protection against any kind of coronavirus. Antibodies won't work anymore and the immune system will be bypassed at a time when infectious variants will be everywhere.

### *Vaccines don't work*

ISARIC4C/CO-CIN, Conor Egan et. al., 'Hospitalised vaccinated patients during the second wave, update April '21'. *'There has been a rise in the proportion of SARS-Cov-2 PCR positive people admitted more than 21 days after vaccination (vaccine failure) ... mortality appears to remain high for people in high-risk vaccination tiers who are admitted to hospital with symptomatic SARS-Cov-2 infection despite vaccination 21 days or more previously'*.

### *Concerns about short testing period*

A peer-reviewed paper appeared in *Annals of Internal Medicine*: Rafael Dal-Re & Arthur L Caplan, 'Ethical and Scientific Considerations Regarding the Early Approval and Deployment of a Covid-19 Vaccine', 20 November 2020. This questions the ethical basis of the current early vaccine trials and supports those opposed to these vaccines.

Dr Wolfgang Wodarg and Dr Michael Yeadon issued a motion for administrative and regulatory action to the European Medicines Agency regarding the Pfizer vaccine. They warn that it will attack placenta cells causing female infertility and called for a stay of action.

The Centre territorial d'information independante et d'Avis pharmaceutiques (CTIAP) published a report stating that none of the Covid vaccines are safe or effective because they were not properly clinically tested and were not properly authorised. They contain new and untried components, which should be considered as 'new active substances'. This decision was based upon data released by the European Medicines Agency.

Doctors for Covid Ethics sent a letter to the European Medical Agency chief executive Emer Cooke, copied to EU presidents, regarding the danger of the vaccines. They showed the serious consequences and ended, *'If you or your regulatory body does not immediately suspend its 'emergency' recommendation of potentially dangerous inadequately tested gene-based 'vaccines', while the matters which we have highlighted to you are properly investigated, we hereby put the EMA on notice of being complicit in medical experimentation, in violation of the Nuremberg Code, which hereby constitutes the commission of crimes against humanity.'*<sup>45</sup>

### *Magnetism*

See Bitchute video, *The Stew Peters Show*, interview with Dr Jean Ruby. Dr Ruby explains that there is a known science behind this phenomenon; it is not fringe. It was intentionally

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<sup>44</sup> See YouTube video, Vejon Interviews, 'Mass vaccination in a pandemic – benefits versus risks'.

<sup>45</sup> See doctors4covidethics.

added to the vaccine because it is a more intensive, aggressive delivery system. The process is called 'Magnetofection'. There are peer-reviewed studies explaining this on the US government website PubMed.gov.<sup>46</sup> The vaccines use chemicals and magnetic fields to concentrate the mRNA into every cell. This is part of the lipid nano-particle delivery system; a forced gene-delivery system.

SPIONS (Supra-magnetic iron oxide nano-particles): the magnetic field technology goes in and around the lipid nano-particles used to protect the very delicate mRNA (which easily degrades). Companies produce many products in this field, such as Chemicell (Germany), which offer the components required to create the magnetic field around the molecule. The company Chemicell states in its literature that these components are only to be used for research and must not be offered to human beings in the form of a drug. The Pfizer and Moderna vaccines have these components.

### *Cardiovascular problems*

The vaccines appear to cause inflammation along the cardiovascular system leading to heart attack or stroke. Dr J Patrick Whelan brought this up with the FDA. Dr Hoorman Noorchashm confirmed Whelan's thesis. They said that the vaccine is likely to cause autoimmune attacks along the ACE-2 receptors present in the heart, brain, liver and kidneys. If viral antigens are present in the tissues of recipients, the vaccine-augmented immune response will turn the immune system against those tissues, causing inflammation that can lead to blood clot formation. This can be fatal. There is no screening process to check for this. [This is what actually happened.]

On 23 April 2021 molecular biologist and toxicologist Dr Janci Chunn Lindsay called for the CDC to immediately halt Covid vaccines citing fertility, blood clotting and immune escape concerns. She showed the committee that these vaccines are not safe. MIT senior scientist Dr Stephanie Seneff, an expert in protein synthesis, shared these concerns. She added that there were also problems with auto-immune disease.

### *Concerns about the spike protein*

MDPI, *Vaccines*, Yuichiro J Suzuki & Sergiy G Gychka, 'SARS-Cov-2 spike protein elicits cell signalling in human host cells: implications of possible consequences on Covid-19 vaccines'. This may promote pulmonary vascular remodelling and other complications.

*Medical Xpress*, Experimental Biology, 'SARS-Cov-2 spike protein alone may cause lung damage', 27 April 2021.

*Nature Neuroscience*, Elizabeth M Rhea et. al., 'The S1 protein of SARS-Cov-2 crosses the blood-brain barrier in mice', 24, 368-378 (2021). The spike protein crosses the blood-brain barrier and can cause damage to the cardiovascular and central nervous systems. It was recovered from cerebrospinal fluid. These spike proteins have been engineered to exploit angiotensin-converting enzyme 2 (ACE2) allowing for an increased intake of spike proteins into the lungs and the brain. This is what causes the severe Covid symptoms. The vaccine turns the body's cells into spike protein factories. Intravenous administration of spike proteins concentrates in the brain ten times more than nasal exposure. The vaccine fills the brain with toxins.

In June 2021 a Japanese paper emerged called: 'SARS-Cov-2 mRNA Vaccine (BNT 162, PF-07302048) Pfizer Confidential' (the rest of the text is in Japanese). This contains

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<sup>46</sup> E.g. Al-Dean et. al., 'Superparamagnetic nanoparticle delivery of DNA vaccine'. *Methods Mol Biol.* 2014;1143:181-94.

shocking revelations. One explanation was made by Dr Byram Bridle on the Hal Turner Radio Show. He says:

They made a mistake – they thought the spike protein was a great target antigen, only to discover it is a toxin that can travel to many organs of the body causing severe damage.

The vaccine manufacturers thought (without testing and proving) that the spike proteins generated by the mRNA would remain in the deltoid muscle site of the injection and go to a draining lymph node to activate the immune system. What they now discover is that this is false. Lipid nanoparticles containing the mRNA code get circulated around the body reaching all the organs where the code makes the body produce the virus spike protein. The spike protein travels throughout the body and spreads to the heart, ovaries brain, spleen, liver, adrenal glands, vascular system etc. This is what is causing the many severe adverse effects in patients all over the world. It is the pathogenic spike protein created by the mRNA causing the harms.

The Japanese study proved this conclusively by tracking the vaccine contents showing that it enters the bloodstream within days and accumulates in the organs soon after. It is a bio-distribution study that uses Luciferase enzymes and radioisotope markers to accurately track the distribution of the mRNA lipids. The spike protein binds to platelets causing blood clotting, bleeding, heart problems, infertility, brain damage and much more.

Proper testing would have identified this before the rollout to patients. It is now too late for these people. The spike protein cannot be removed and will keep being manufactured by the body until death eventually occurs after causing multiple organ failure.

### **Advice**

If you have had one of the vaccines it is vital that you refuse another further booster shot. The bad effects of the vaccines get worse with every booster. Researchers are trying to find ingredients that may alleviate the effects of the vaccines. For example, Pine Needle tea is showing some ability to help but more research is needed.

### **Quotes**

Dr Lee Merritt is a former president of the Association of American Physicians and Surgeons and an award-winning spinal surgeon. She has published peer-reviewed papers and was on the board of the Arizona Medical Association. She also served as an orthopaedic surgeon for the US Navy for ten years. It was here that she studied bio-weapons. She has stated that she believes the Covid vaccines are dangerous bio-weapons deployed against the population.<sup>47</sup>

[The vaccines] are not giving you a pathogen ... what they are doing is programming mRNA. MRNA is like DNA but it's the messenger RNA. It's what makes proteins in the body. It's kind of like a computer chip ... you tell it what to do. ... They've made a piece of this mRNA to create, in every cell of your body, that Spike protein (or at least part of it) and you're actually creating the pathogen in your body.

This process alters our genetic code to begin producing the modified virus which, in theory, the immune system learns to combat. No studies have proved that this is safe.

*This ... vaccine ... should be forbidden, because it is genetic manipulation.*

Dr Wolfgang Wodarg.

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<sup>47</sup> Natural News, 'Doctor with bioweapons expertise calls Covid-19 vaccines 'weaponised medicine', 5 February 2021. Interview in the Atlantic.



We have never made it through an animal study successfully for this type of virus. We have never done this in humans before. The longest that they've really followed people after the vaccine is two months. Well you see, that's not enough time to know that we won't have that antibody enhancement problem [which can cause death PF].

This is a perfect binary weapon. There's no way I know exactly what that mRNA is programmed to [do] and neither do you and neither do most doctors. The doctors can't get at that data. ... [It can cause] that immune enhancement death.

This [the Covid vaccine] is a perfectly designed kill machine.

Dr Sherri Tenpenny.<sup>48</sup>

50 million people will die in America from the vaccine.

Dr Judy Mikovits (eminent microbiologist).<sup>49</sup>

There is no hope and no possible treatment for those who have already been vaccinated. We must be prepared to cremate the bodies. [Death from antibody-dependent enhancement.]

Dr Luc Montagner (Nobel prize-winner, French virologist).<sup>50</sup>

They are going to kill you using this method. They're going to kill you and your family. ... I am very worried ... that pathway will be used for mass depopulation, because I can't think of any benign explanation.

Dr Mike Yeadon (former Pfizer VP and chief science officer).<sup>51</sup>

### **Government facts about adverse events already (up to 30 May 2021)**

Note: studies<sup>52</sup> have repeatedly shown that ordinarily only 1% of adverse vaccine events ever get reported. In the current situation this could be even worse. Whistleblowers are reporting that GP surgeries are getting thousands of adverse events reported on a daily basis,<sup>53</sup> but nearly all of them are not reported. This means that the following statistics may possibly need to be multiplied by 100 or even 1,000.

Note that in America, there have been more vaccine-related deaths in a few months than there have been from all vaccines combined in the last 15 plus years.

Note: although adverse events are reported, they are not investigated in any meaningful way. They are not connected to autopsies. Vaccine advocates routinely accept these events as coincidences.

### *UK statistics*

The MHRA Yellow Card reporting system. [Gov.UK, Coronavirus (Covid-19), Medicines & healthcare products regulatory agency, Coronavirus vaccine-weekly summary of Yellow Card reporting. Updated 3 June 2021.]

This is a simplified, concise summary. There are far more adverse events but space prohibits listing them.

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<sup>48</sup> Brighton video, '8 ways mRNA Covid vaccines can kill you', Dr Sherri Tenpenny.

<sup>49</sup> Interview with Brian Rose, LondonReal TV.

<sup>50</sup> Natural News, 'Everyone vaccinated for Covid will die, warns French virologist', 25 May 2021. Also Brighton video

<sup>51</sup> Interview. Reported transcript in LIFESITE News, 'Exclusive – former Pfizer VP: 'Your government is lying to you in a way that could lead to your death'', 7 April 2021.

<sup>52</sup> E.g. Harvard Pilgrim Health Care Inc. study for the US Dept. of Health and Human Services (2011).

<sup>53</sup> See The Delingpod, 'Nina'.

## BRAND: UNSPECIFIED

- Deaths: 22.
- Blood disorders: 26 (3 fatal).
- Cardiac disorders: 19, 3 fatal.
- Ear disorders : 30.
- Eye disorders: 36.
- Gastro: 214, 1 death.
- General: 677, 7 fatal.
- Infections: 55, 1 fatal.
- Muscle & tissue: 253, 1 fatal.
- Nervous system: 435, 1 fatal.
- Reproductive: 21.
- Respiratory: 68, 3 fatal.
- Skin: 146.
- Vascular: 36.

## BRAND: PFIZER

- Deaths: 396.
- Blood disorders: 6456, 2 fatal.
- Cardiac disorders: 2342, 55 fatal.
- Ear disorders: 2426.
- Eye disorders: 3032.
- Gastro: 18797, 15 fatal.
- General: 51316, 154 fatal.
- Infections: 4570, 67 fatal.
- Muscle & tissue: 23831.
- Nervous system: 34076, 38 fatal.
- Reproductive: 2230, 1 fatal.
- Respiratory: 7845, 38 fatal.
- Skin: 13635, 1 fatal.
- Vascular: 2717, 10 fatal.

## BRAND: ASTRAZENECA

- Deaths: 831.
- Blood disorders: 6067, 8 fatal.
- Cardiac disorders: 7177, 110 fatal.
- Ear disorders: 7222.
- Eye disorders: 10,948.
- Gastro: 68971, 11 fatal.
- General: 222324, 291 fatal.
- Infections: 14726, 70 fatal.
- Muscle & tissue: 850818, 1 fatal.
- Nervous system: 149957, 146 fatal.
- Reproductive: 5459.
- Respiratory: 22497, 107 fatal.
- Skin: 42426, 1 fatal.
- Vascular: 9547, 50 fatal.

BRAND: MODERNA [THIS VACCINE IS NOT COMMONLY USED IN BRITAIN.]

- Deaths: 4.
- Blood disorders: 135.
- Cardiac disorders: 44.
- Ear disorders: 87.
- Eye disorders: 73.
- Gastro: 534.
- General: 1977, 2 fatal.
- Infections: 124, 1 fatal.
- Muscle & tissue: 739.
- Nervous system: 1006, 1 fatal.
- Reproductive: 209.
- Respiratory: 185.
- Skin: 1438.
- Vascular: 82.

Total deaths: 1,253. Normally after 50 vaccine-related deaths a vaccine is withdrawn.

USA STATISTICS: THE VAERS DATA.

[CDC, Vaccine Adverse Events Reporting System.]

It is extremely difficult to find data on this website in a form that is useful. It seems to be deliberately labyrinthine.

Up to 28 May 2021 there were:

- 5,165 deaths.
- 17,619 hospitalisations.
- 39,121 needing urgent care.
- 1,342 cases of anaphylaxis.
- 1,565 cases of Bell's Palsy.
- 1,892 heart attacks
- 1,392 Thrombocytopenia cases.
- 571 miscarriages.
- 13,574 severe allergic reactions.
- 3,994 people disabled.

THE EU STATISTICS: EU VACCINE INJURY REPORTING SYSTEM.

[European Medicines Agency, EudraVigilance – European database of suspected adverse drug reaction reports.] This system is also labyrinthine and hard to access; also the pages would not load properly.

From *Rights and Freedoms* and other sites I'm told that there have been over 330,000 adverse events with over 12,000 deaths.

## **Conclusion**

The media blackout on serious adverse events is shocking, especially with the recent authorisation to vaccinate children. It is unconscionable to give a high-risk vaccine to children who are at no risk from Covid-19. Children will die and be injured for no reason.

The fatalities are way past the standard of withdrawing a vaccine (50 possible associated deaths). The cynicism of the rollout is deplorable.

## Broken laws

### Sceptic claim

- The policies enacted by the British government (and many other governments) have been unconstitutional and, in many cases, illegal against British Common Law and Universal Natural Moral Law.
- Government lies about many aspects of the Covid crisis constitute fraud (for a list of these lies see my paper, 'A simple summary of where we are now in the Covid crisis').
- The behaviour of many ministers constitutes malfeasance.
- Key players in the government's handling of this crisis should be prosecuted. These include: Boris Johnson, Matt Hancock, Chris Whitty, Patrick Vallance and Neil Ferguson.
- Civil restrictions based on lies must never be allowed to happen again.

### Broken laws and violations of constitutions, treaties and conventions

#### *The Geneva Convention (1949)*

The vaccines violate Article 32 of the Geneva Convention which says, '*mutilation and medical or scientific experiments not required for the medical treatment of a protected person*' are prohibited. [Covid vaccines are an untested experiments on populations.] Article 147 says that conducting biological experiments on protected persons is a serious breach of the convention.

#### *The Nuremberg Code (1947)*

The experimental vaccines violate all ten Nuremberg Codes, which carry the death penalty for those who break these international laws. These include:

- Voluntary consent (thus no mandated vaccines).
- Treatments must be for the good of society unprocurable by other methods (there are already successful treatments).
- Must be fully tested including animal experimentation (this has not been done).
- Must not cause mental or physical suffering (see adverse events).
- The degree of risk must not exceed the problem to be solved (the vaccines are a much greater risk; Covid has a 99.5%+ survival rate).
- Only medical professionals should administer the treatment.

#### *Magna Carta 1215*

This is a charter of liberty and political rights obtained from King John at Runnymede in 1215, which became the foundational document of English constitutional practice. It confirms numerous principles of liberty for the British citizen. These include: freedom of movement; freedom of speech; freedom of assembly and freedom of worship.<sup>54</sup>

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<sup>54</sup> British Common Law and the British Constitution are based upon: Magna Carta, the Bill of Rights and the Coronation Oath. These place all governing authority under Common Law. Statutory law is based upon acts of Parliament but these are superseded by Common Law that predates Parliament (early form began in 13<sup>th</sup> century AD). Formal, documented early laws go back to Alfred the Great (a Saxon; 849–99 AD) but historians claim that the essential principles go back even further beyond the Celts (e.g. Arthur; Iron Age, 6<sup>th</sup> century BC) to ancient Britons (probably the mid 13<sup>th</sup> century BC based on Brutus fleeing Troy). Kings of all sorts (Britons, Celts, Romans, Saxons, Jutes, Angles, Vikings, and Normans) generally adhered to basic principles of civil liberties. Even Vikings did so when they settled and converted. Roman governors upheld Roman Civic Law. All nations had lawgivers; e.g. the Celts were led by Druids and tribal chiefs that supervised laws. The origins of all civilisation were in Sumer, and the Sumerians had laws. Most notable was Hammurabi (died 1750 BC) the sixth king of the first dynasty of Babylonia (reigned 1792–1750 BC). He instituted one of the earliest known legal codes, which took the form of 282 case laws dealing with the economy and with family, criminal, and civil law. All secular laws stem from that, perhaps excepting Islamic

Government policies have restricted all of these rights illegally.

*The Bill of Rights 1689*

This guarantees citizens fundamental civil rights including: free speech, freedom of assembly and worship, and freedom from arbitrary arrest.

The United States Bill of Rights (1791) consists of the first ten amendments to the US Constitution. The First Amendment to the US Constitution guarantees freedom of speech.

The British and American governments have illegally violated many of these guaranteed liberties.

*The Universal Declaration on Human Rights (1948), the European Convention on Human Rights (1950), the International Covenant on Civil and Political Rights (1966); the International Convention on Economic, Social, and Cultural Rights (1969)*

These treaties bind states that are parties to them in international law.

They protect freedom of expression or freedom of speech; that is, the right of every citizen to free expression of their opinions, including the right to receive or impart information. It implies freedom of conscience and religion, the freedom of the press, and free participation in political activity.

Freedom of expression is regarded as a fundamental part of the democratic process, assisting the emergence of truth. This is only hindered by considerations of national security, or laws relating to privacy, defamation, pornography, incitement to racial hatred, contempt of court, protection of confidences, and copyright.

Governments and Big Tech around the world have consistently censored information on the Covid crisis that did not agree with the government (elite) narrative. This included silencing eminent, front rank scientists that tried to put out genuine scientific facts that countered the narrative. Only totalitarian societies act in this way.

Examples of esteemed scientists silenced and smeared include: Dr Sunetra Gupta, Dr Martin Kulldorff, Dr Jay Bhattacharya, Dr Carl Heneghan, Dr Mike Yeadon, Dr Wolfgang Wodarg, Dr Joseph Mercola, Dr Delores Cahill, Dr Sherri Tenpenny, Dr Judy Mikovits, Dr Carrie Madej, Dr Knut Wittkowski, Dr Ros Jones, Dr Clare Craig and many others. Videos have been deleted, books banned, slurs cast, channels cancelled, speakers deplatformed, slanders and libels pronounced about them; and so on. Yet they have been proved correct over and over again.

## Why is all this happening?

### Sceptic claim

- To create a totalitarian state: this is tied in with various elite programmes such as: ‘the Great Reset’ (Klaus Schwab, *World Economic Forum*, Davos); the UN’s *Agenda 2030*; the plans of the Bilderberger Group; the plans of the Trilateral Commission and many more.
- To create a technocratic state. Hi tech and AI will control everything in life based on 5G.

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laws. Christian nations used the Bible as the basis of moral laws. Alfred’s laws were centred on the Bible for example. Mosaic Law dates to the 13<sup>th</sup> century BC, but that really cemented moral laws that went back to Adam. Thus civil liberties are ancient and even parliamentary government cannot overturn them.

- To create a corporatocracy. Global corporations merge with national governments to rule the world centrally.
- To pursue an eugenic agenda. Unworthy people to be sterilised or eliminated. Vaccines have already been doing this in Third World countries.
- To establish a mass surveillance system through biomarkers injected in vaccines and/or through a vaccine passport system.
- To institute digital currency.
- To implement a universal credit scheme in a collectivist state.
- To depopulate the planet by 95%.
- To institute collectivist Communism and a modern serfdom. Centralised authority.

The above goals are being gradually implemented through the government policy decisions over the last year. Creeping totalitarianism and side-stepping parliamentary scrutiny has occurred at a shocking level. Illegal social controls have already been implemented. Travel has been restricted. Cash payments have virtually ceased. The Conservative government has implemented Communist policies. The police have become the Stasi. And over 14 months later the nation is still not free.

### Data

This is not a subject that scientists write papers on; however, there are thousands of academic books, papers, interviews, blogs and videos regarding this matter.

See my papers, 'Simple points exposing the lies that led to Covid-19 totalitarianism'; 'A simple summary of where we are now in the Covid crisis'; 'Evidence that the pandemic is fake'; 'Do not take the Covid Vaccine' and 'Bill Gates'. Multiple sources and quotes are referenced in these.

See my paper, 'The origins of Cultural Marxism' for an explanation of the Marxist stealth take-over of western society, planned since 1921, through capturing cultural institutions and introducing division and civil unrest based on minority groups and hatred.

For an overview of the global elite history and agenda see my book 'The depths of deception'.

See Schwab's books: '*The Fourth Industrial Revolution* (2016), '*Shaping The Future Of The Fourth Industrial Revolution: A Guide to Building a Better World*' (2018), '*Covid-19: The Great Reset*' (2020). Schwab blatantly outlines his totalitarian ideas which governments sign up for at Davos.

Note the international conditioning buzz-phrases: 'build back better', 'the new normal' etc. This is programming to accept the coming totalitarian world government.

### Quotes

#### *Depopulation*

I will not repeat multiple quotes on the depopulation and the eugenicist agenda already listed in previous papers.

The future will be about finding a way to reduce the population ... Of course, we will not be able to execute people or build camps. We get rid of them by making them believe it is for their own good ... We find or cause something, a pandemic targeting certain people, a real economic crisis or not, a virus affecting the old or the elderly, it doesn't matter, the weak and the fearful will succumb to it. The stupid will believe in it and ask to be treated. We will have taken care of having planned the treatment, a treatment that

will be the solution. The selection of idiots will therefore be done by itself: they will go to the slaughterhouse alone.

Jacques Attali, *Verbatim 1: 1981-1986*, (1981). French economic theorist, writer and political advisor. A member of the Bilderberger group.

Depopulation should be the highest priority of foreign policy towards the Third World.  
Henry Kissinger (former US Secretary of State, 1973-1977).

There is a single theme behind all our work – we must reduce population levels. ... It requires authoritarian government, even fascism, to reduce it.

Thomas Ferguson (American political scientist, US State Dept., Office of Population Affairs).

One fourth of humanity must be eliminated from the social body. We are in charge of God's selection process for planet Earth. He selects, we destroy. We are the riders of the pale horse, death.

Barbara Marx Hubbard (psychologist, nominated for Democrat Vice President of the US in 1984).

My three main goals would be to reduce human population to about 100 million worldwide, destroy the industrial infrastructure and see wilderness.

I believe that human overpopulation is the fundamental problem on Earth today.

David Foreman (American author and environmentalist, Sierra Club and co-founder of Earth First).

### *Totalitarianism / Communism*

The drive of the Rockefellers and their allies is to create a one-world government combining super-capitalism and Communism under the same tent, all under their control ... Do I mean conspiracy? Yes I do. I am convinced there is such a plot, international in scope, generations old in planning and incredibly evil in intent.

Larry McDonald (US Congressman).

You will own nothing and you will be happy.

Klaus Schwab (WEF).

By the end of this decade we will live under the first One World Government that has ever existed in the society of nations ... a government with absolute authority to decide the basic issues of human survival. One world government is inevitable.

Pope John Paul II.

The individual is handicapped by coming face-to-face with a conspiracy so monstrous he cannot believe it exists.

J Edgar Hoover (founder of the FBI).

I am concerned for the security of our great nation; not so much because of any threat from without, but because of the insidious forces working from within.

Douglas MacArthur (Commander of US [later Allied] forces in the SW Pacific during the Second World War).

There will be, in the next generation or so, a pharmacological method of making people love their servitude, and producing dictatorship without tears, so to speak, producing a kind of painless concentration camp for entire societies, so that people will in fact have their liberties taken away from them, but will rather enjoy it.

Aldous Huxley (author of *Brave New World*, 1932).

To achieve world government, it is necessary to remove from the minds of men, their individualism, loyalty to family traditions, national patriotism and religious dogmas.  
Brock Chisholm (Canadian psychiatrist, first director of the WHO).

## Conclusion

This is a cursory examination of the Covid crisis; which I cover in much greater detail in my various papers over the last 14 months.

This has not been a pandemic. It has hardly been an epidemic. More people died in every year before 2009. One NHS trust only had one person die of Covid who had no co-morbidities in the last year.<sup>55</sup>

This has been nothing to do with a medical emergency but is a concerted attack on the people of Britain to foster a totalitarian strategy of domination. Already we have lost paper money, lost vacations, lost church attendance for a year, lost thousands of small businesses and shops, lost hundreds of pubs, and lost many thousands of elderly people who died unnecessarily due to government policies. What we experienced was: mental anguish; damage to a generation of children; ruined education; mass profits for global corporations; a tsunami of cancelled medical treatments, doctors appointments and dental treatment; and a collapse of the economy (the worst for 300 years).

The vaccines and vaccine passports are part of this plan for subjugation. The British people need to resist these unlawful policies by peaceful non-compliance. Christians should never close churches because of government diktat and should always go to individuals who need care and help, especially the sick, and not avoid them.

The way to overcome this evil programme is by loving one another and doing good at all times.

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- A simple summary of where we are now in the Covid crisis; 9 May 2021.

### Resources

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<sup>55</sup> NHS Sussex, FOI request.



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- The Conservative Woman: critical, independent, British Conservative commentary blog; editors Kathy Gyngell and Laura Perrins. The best 'conservative' resource.
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- The UK Column: alternative news channel started by retired naval officer Brian Gerrish and Mike Robinson.
- Unherd: interviews and papers fronted by Freddie Sayers.
- Vaxxter: anti-vax website with detailed scientific analysis.

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