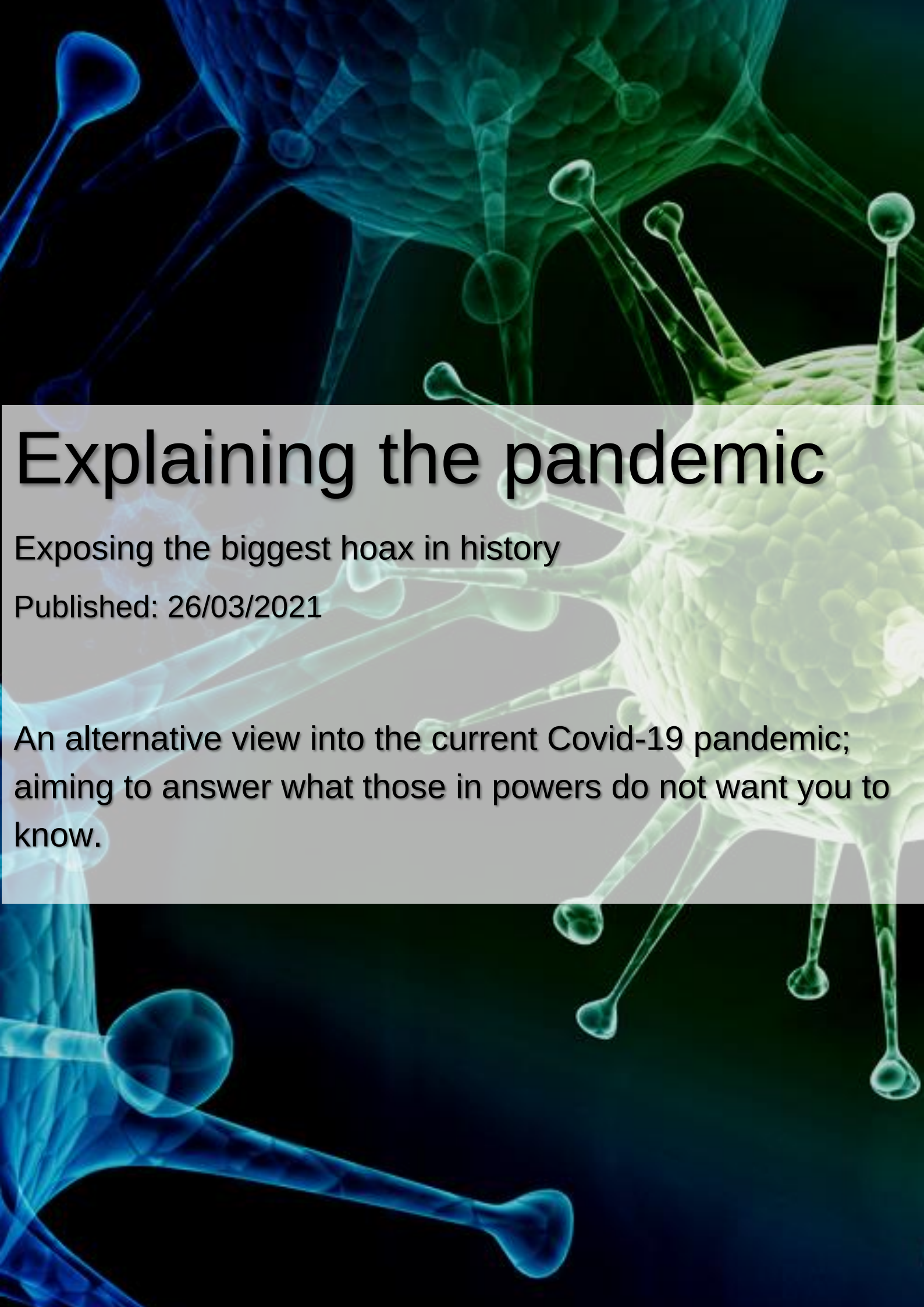


Explaining the pandemic

Exposing the biggest hoax in history

Published: 26/03/2021

An alternative view into the current Covid-19 pandemic; aiming to answer what those in powers do not want you to know.

Contents

Introduction

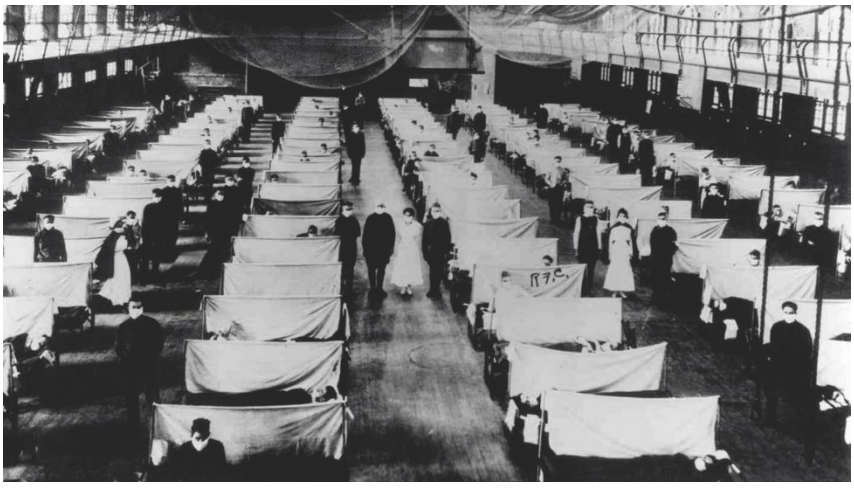
The Narrative

The novel coronavirus was estimated to have begun on the 31st December of 2019, which is where the name “covid-19” came from, given the fact that it originated in 2019. According to the world health organization, a report had come in of a cluster of pneumonia cases originally in Wuhan, China, with similar symptoms to that of the flu, its main feature being a cough. The virus was officially announced as a global pandemic on the 11th of March 2020. It is thought to be spread via droplet infection meaning the virus spreads through saliva droplets or sneezes, although later there was a lot of controversy to how the virus spreads, potentially as airborne, to date they have not confirmed with certainty how the virus is spread.

The main advice currently given is to wear masks, wash hands, and socially distance at 2m.

Current day

Previous pandemics in history (Jarus, 2020) such as the Black Death 1346-1353 wiped out approximately half of Europe’s population at the time. Or the flu pandemic of 1889-1990 which took the lives of over 1 million people, taking only five weeks to reach its peak in mortality rate. There is also the Spanish flu (Jordan et al, 2019) that took the lives of over 50 million people, which was equivalent to one-third of the



Source: Klein (2020) “America struggled to bury the dead” Flu pandemic 1918.

world’s population at the time. Given the rise of a new virus there is no doubt at all to be on high alert, and follow guidelines given the mistakes of our past.

However, the guidelines come at a detrimental cost to our human rights, which in perspective to the current pandemic from 2019-present, is far from proportional. Taking the data from worldometer (2021), it can be said that only 0.03% of the world population has died from this virus that our governments warn us are so deadly. Referring to Jordan et al (2019) 1918, the pandemic lasted for a single year, the same duration of time the covid-19 pandemic has been present. The deaths of the population then were 33.3%, compared to covid-19 which is only 0.03%, a figure over 1000 times smaller.

So, the question is, how did governments manage to pull off one of the biggest hoaxes in history? This booklet aims to define the covid-19 virus, and whether it is deadly, or exists at all. The booklet will clarify how measures taken are more deadly than the virus could be, as well as some advice on how an efficient way is to care for yourself and others in these times from a medical source. Lastly, this literature will close by stating how this can be stopped, to save lives, as well as regain control of our human rights. There will be various sources all from established sites to refer to for evidence.

All that is asked of yourself (reader) is to read this with an open mind.

Does Covid-19 exist?

Isolating the virus

Firstly, to consider is the isolated form of the virus they found. These results were developed by a team of researchers from; Sunnybrook, McMaster University, and the University of Toronto where they announced they had officially isolated the novel coronavirus (Cockburn, 2020). It was previously been isolated in China (Kim et al, 2020) and Australia, although from news articles and health administration it seems they recreated the virus rather than isolated a pure sample.

In the news, this seems clear-cut, that it has been isolated, but many factors can come into consideration here, firstly, and namely the nature of a virus. Viruses mutate at a rapid pace with currently several strains, collectively known as Sars-CoV-2, according to Gray (2021) *"With almost every person it infects, the **virus changes very subtly** – picking up a letter in its genetic code here, another being deleted there or swapped for something different. These occur usually because of **tiny errors as the virus takes over the cell's molecular machinery to copy itself**. Most have little effect other than helping scientists to **trace how the virus is spreading around the world**. But occasionally a mutation occurs that alters how quickly the virus spreads, how infectious it might be or even the severity of the disease it causes.".*

This information is important to consider along with a fact that the virus was isolated outside of a human cell. In the time it takes to isolate, without a human cell as a host, it would not; mutate at the same rate, the same way, or potentially a different way not even matching the virus that enters the body.

Dr. Stefan Lanka has (Alber, 2014) long disputed the existence of many viruses including; HIV, Ebola, and smallpox, he states that he only questions the information gathered on these viruses which makes him question the true nature of what causes these illnesses. The following quote explains how it is not possible to have isolated Covid-19.

"…respectively the authors, can´t claim that they represent a virus, as long as they do not also provide the original publications which describe how and what from the virus has been isolated. Such original publications are cited nowhere.
Indeed, in the entire scientific medical literature there´s not even one publication, where the fulfilment of Koch´s first postulate is even claimed for such viruses. This means that there is no proof that the viruses held responsible for these diseases have been isolated from humans afflicted by them. Nevertheless, this is precisely what they publicly claim."

To further this, he explains that the reason isolation is not, is since scientists are unable to provide a purified sample of the virus (Freeman, 2020). By poisoning tissue with a virus sample, this is believed to be evidence that the virus is therefore isolated since there would be evidence of animal tissue decaying. However, this is due to the fact the cell is poisoned, not because of the presence of the virus. Since no control is required, these conclusions are fraudulent to claim the virus has been isolated, since repeating this experiment with no virus (suspected viral matter) still produces the same results.

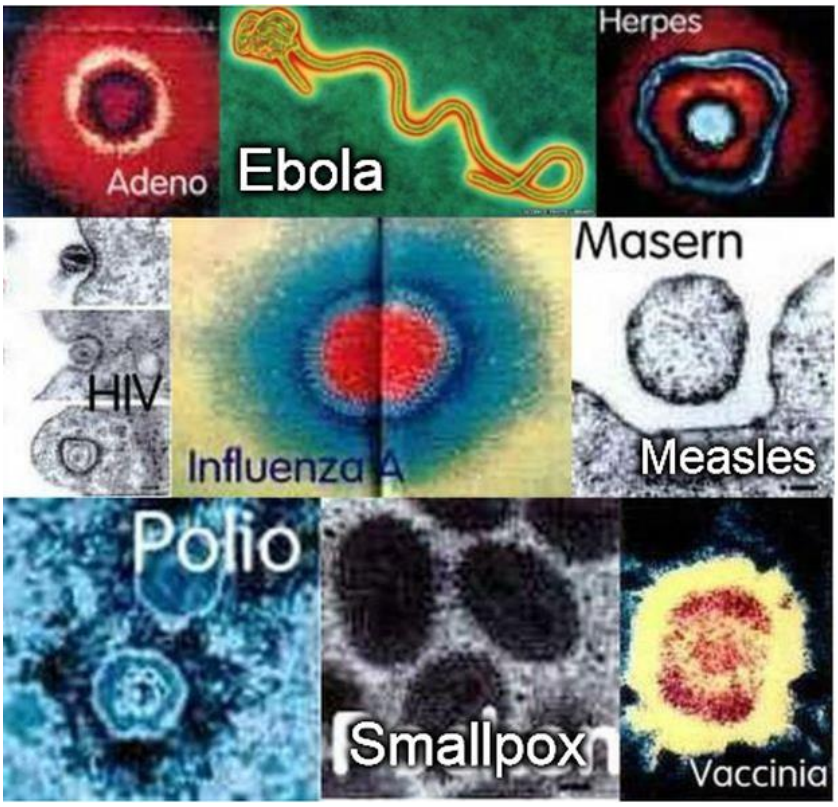
"All claims about viruses as pathogens are wrong and are based on easily recognizable, understandable and verifiable misinterpretations … All scientists who think they are working with viruses in laboratories are actually working with typical particles of specific dying tissues or cells which were prepared in a special way. They believe that those tissues and cells are dying because they were infected by a virus. In reality, the infected cells and tissues were dying because they were starved and poisoned as a consequence of the experiments in the lab."

" … the death of the tissue and cells takes place in the exact same manner when no "infected" genetic material is added at all. The virologists have apparently not noticed this fact. According to … scientific logic and the rules of scientific conduct, control experiments should have been carried out. In order to confirm the newly discovered method of so-called "virus propagation" … scientists would have had to perform additional experiments, called negative control experiments, in which they would add sterile substances … to the cell culture."

"These control experiment have never been carried out by the official "science" to this day. During the measles virus trial, I commissioned an independent laboratory to perform this control experiment and the result was that the tissues and cells die due to the laboratory conditions in the exact same way as when they come into contact with alleged "infected" material."

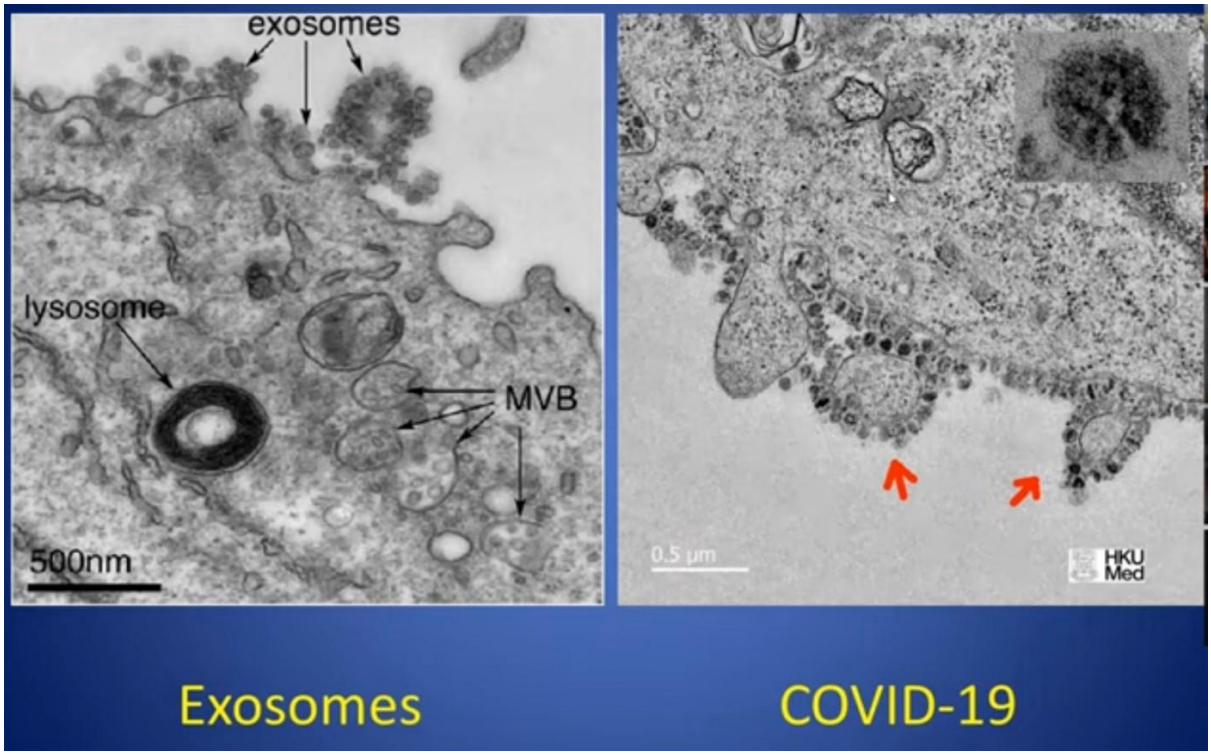
The microscope images

Referring back to Alber (2014) Dr. Lanka also explained how microscope images are also falsified for five reasons.



1. The images above are shown in colour, which electron microscopes are not able to do. This provides evidence that at minimum the colour is falsified.
2. The images of HIV, measles, and smallpox are all images taken from inside the cell they presume the virus is in, not the pure isolated form of the virus.
3. For all remaining images, they only show a single particle yet in none of the reports do the experimenters claim they can do this, especially not from a human. It is more likely all images show transporter cells used in the body's immune system.
4. The image of the polio particles is entirely artificial, generated by suction of an indifferent mass through a very fine filter into a vacuum.
5. Finally, hepatitis B shows an agglutinate which is the proteins from blood being clumped together as a result of the body not being healthy.

This is not the only doctor who has confirmed this. According to Andrew Kaufman (2020), the 'virus' found under a microscope very much resembles an exosome. See below:



Now as you can see there is some resemblance between the two, and even the structural features are identical. See below:

	Exosomes	COVID-19
Diameter inside cell	500 nm (MVE)	500 nm
Diameter outside cell	100 nm	100 nm
Receptor	ACE-2	ACE-2
Contains	RNA	RNA
Found in	Bronchoalveolar (lung) fluid	Bronchoalveolar (lung) fluid

Exosomes as studied by Théry et al (2002) are described as *"small membrane vesicles of endocytic origin that are secreted by most cells in culture. Interest in exosomes has intensified after their recent description in antigen-presenting cells and the observation that they can stimulate immune responses in vivo."*

The theory lines up perfectly not only with the appearance and function of exosomes but also with why they are produced. The fear and stress the response to covid-19 has produced would be very likely to be able to produce this kind of immune response, hence why these cells are present. Fear-mongering with constant reminders of death figures and insertion of rules can be said to induce fear very much.

How Covid-19 cases are counted

Also, it has constantly been confirmed that those most at risk or those with one or more comorbidity, as studied by FAIR health with contributions from John Hopkin's

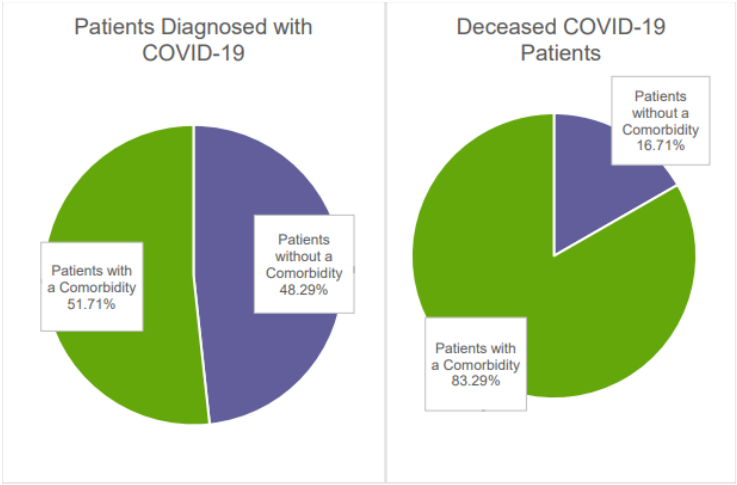


Figure 10. Distribution of patients with and without a comorbidity among all patients diagnosed with COVID-19 (left) and all deceased COVID-19 patients (right), April-August 2020

University of Medicine (2020) who found that as comorbidities increased, so did Covid-19 deaths.

This is important since one large argument is for the diagnoses of Covid-19 (which will be discussed in better detail in the section below this). This chart shows that a lot of those who pass away from the virus, had some sort of other comorbidities, but this is precisely what could be increasing the death count for Covid-19 since no matter what a person ends up dying off, they will be counted towards the Covid-19 death toll. Even if they did not have Covid-19, in a large number of cases they do not even require a test to confirm this and can simply be a suspected case.

CDC is now classifying deaths as Covid-19 if they show any symptoms, they do not even require a test or autopsy. With any other illness, this would be considered inhumane, the only autopsies ever done was conducted in Northern Italy, ironically the most polluted area of the country and only a few months before had a spike in pneumonia cases linked to the drinking water (De Giglio, 2019). The autopsy was conducted on 38 patients (Carsana et al, 2020) and concluded all had evidence of damage of some kind to the lungs, the damage to the lungs could have been caused by pollutants or pneumonia.

"SARS-CoV, MERS-CoV, and SARS-CoV-2 infections show many similarities in clinical presentation.[2] SARS-CoV and MERS-CoV particles have been observed and described in pneumocytes, macrophages, and lung interstitial cells by electron microscopy, immunohistochemistry, and in situ hybridisation."

Not only this but being the ONLY autopsies completed for Covid-19, you would have thought they would compare to some control samples.

"Although this report represents the largest European study of lung autopsy findings from cases of COVID-19 to date and is based on the analysis of a large number of lung samples, it is ***limited by the absence of controls.*** *Future pathological studies should include an extensive analysis of cases of ARDS associated with other viral pneumonias."*

The image below is a segment from the CDC (Anderson, 2020) when defining the death during the pandemic. It states even without testing, they can write Covid-19 as a contributor to someone's death on their death certificate, despite the fact many illnesses involve the 'flu-like symptoms' they distinguish Covid-19 with.

> In cases where a definite diagnosis of COVID–19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID–19 on a death certificate as "probable" or "presumed." In these instances, certifiers should use their best clinical judgement in determining if a COVID–19 infection was likely. However, please note that testing for COVID–19 should be conducted whenever possible.

This is shocking when found on the same report is this:

"When reporting cause of death on a death certificate, use any information available, such as medical history, medical records, laboratory tests, an autopsy report, or other sources of relevant information. Similar to many other diagnoses, a cause-of-death statement is an informed medical opinion that should be based on sound medical judgment drawn from clinical training and experience, as well as knowledge of current disease states and local trends"

Despite the CDC acknowledging that healthcare professionals should use "any information available", they allow Covid-19 to be put on a death certificate without even a test or autopsy which goes against every other illness in history.

Additionally, this was released by the NHS on the 21st February 2021 (NHS England, 2021):

Total number of patients who have died in hospitals in England and...	Count
Tested positive for COVID-19 at time of death	81,304
A positive test result for COVID-19 was not received but COVID-19 is mentioned on their death certificate	4,346

Although this does not show a large proportion, it still displays how many deaths have been presumed as being Covid-19 even after having no test, or even in some cases, a negative test. As already mentioned, for any other illness, this would trigger

an examiner's report to be made to conclude the precise cause of death, not a presumption.

Chalmers (2020) reported in the Dailymail in August

"*The original method recorded people as a Covid-19 fatality even if they tested positive in March and died in a car crash in August."*

"Two new methods will create lists of people who have died within 28 days of testing positive for coronavirus, and people who have died within 60 days of a test."

"The 28-day count is considered to be the medical standard, with deaths within that time frame likely to be a direct result of the disease. But the longer term ones risk including people who die of other causes and just happened to have had Covid-19."

What this means is any cause of death, even if hit by a car, is to be put down as a Covid-19 if they die within 60 days of a positive test. This was further confirmed by the University of Oxford (Howdon et al, 2020) who more deeply researched those recorded deaths, how many were even presumed to of had the virus? This was released in September:

"Overall about one in thirteen deaths with COVID-19 on the death certificate did not have the disease as the underlying cause of death; however, this proportion has risen substantially to nearly a third over the last eight weeks."

So, once again, referring to the CDC's 'strict' regime for filling out death certificates which is "*…an informed medical opinion that should be based on sound medical judgment drawn from clinical training and experience.".* It makes it increasingly concerning that up to one-third of those with Covid-19 on their death certificate, have never even contracted the virus. It could be argued that those in the healthcare professions are not following normal rules, to add to fear-mongering by showing exaggerated statistics and may just be following orders rather than doing what they are trained to do, which is to help people become healthy. Not lock them indoors with no vitamins, or physical activity, closing gyms but allowing fast-food restaurants to remain open (more on that later). It could be said that this is a key piece of evidence to confirm that **this is not about health, this is about control.**

To conclude this section, the Covid-19 virus has not been isolated as a purified sample nor efficiently identified under a microscope. The cells that have been seen seem to resemble exosomes, which are released as part of the body's defence mechanism, structurally identical to what they claim of Covid-19. The way Covid-19 deaths is counted are positively correlated to the number of comorbidities a person has, which could suggest that they are being labelled as Covid-19 but with an autopsy, it may prove they instead died of other causes. For the first time in history, fraudulent death certificates are being written out with as much as one-third of those

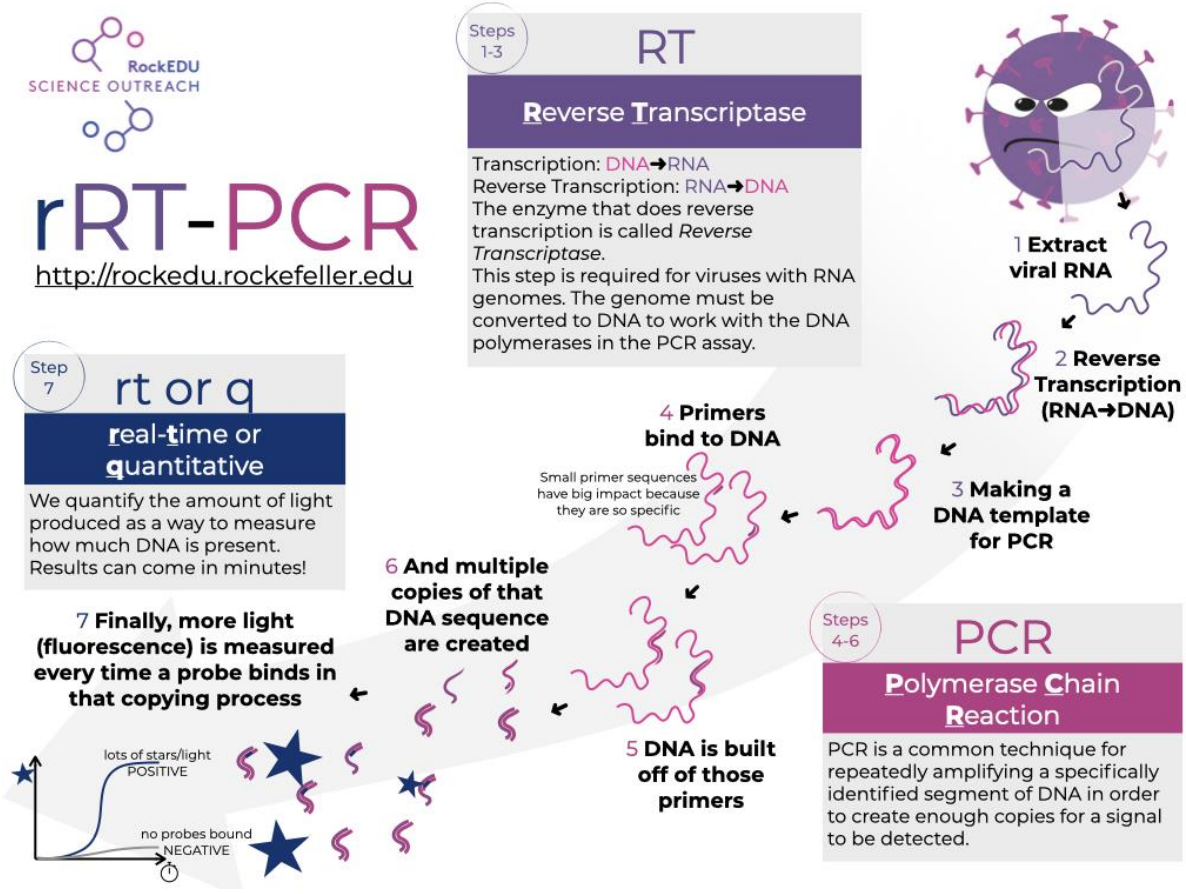
who have Covid-19 on their death certificate, never having any signs of the illness. Any cause of death is counted within 60 days of a positive test, even if hit by a bus, and this leads us on to the next chapter; to discuss if the test used for Covid-19, is reliable at all. Especially if the identification of the virus is still non-existent.

Testing

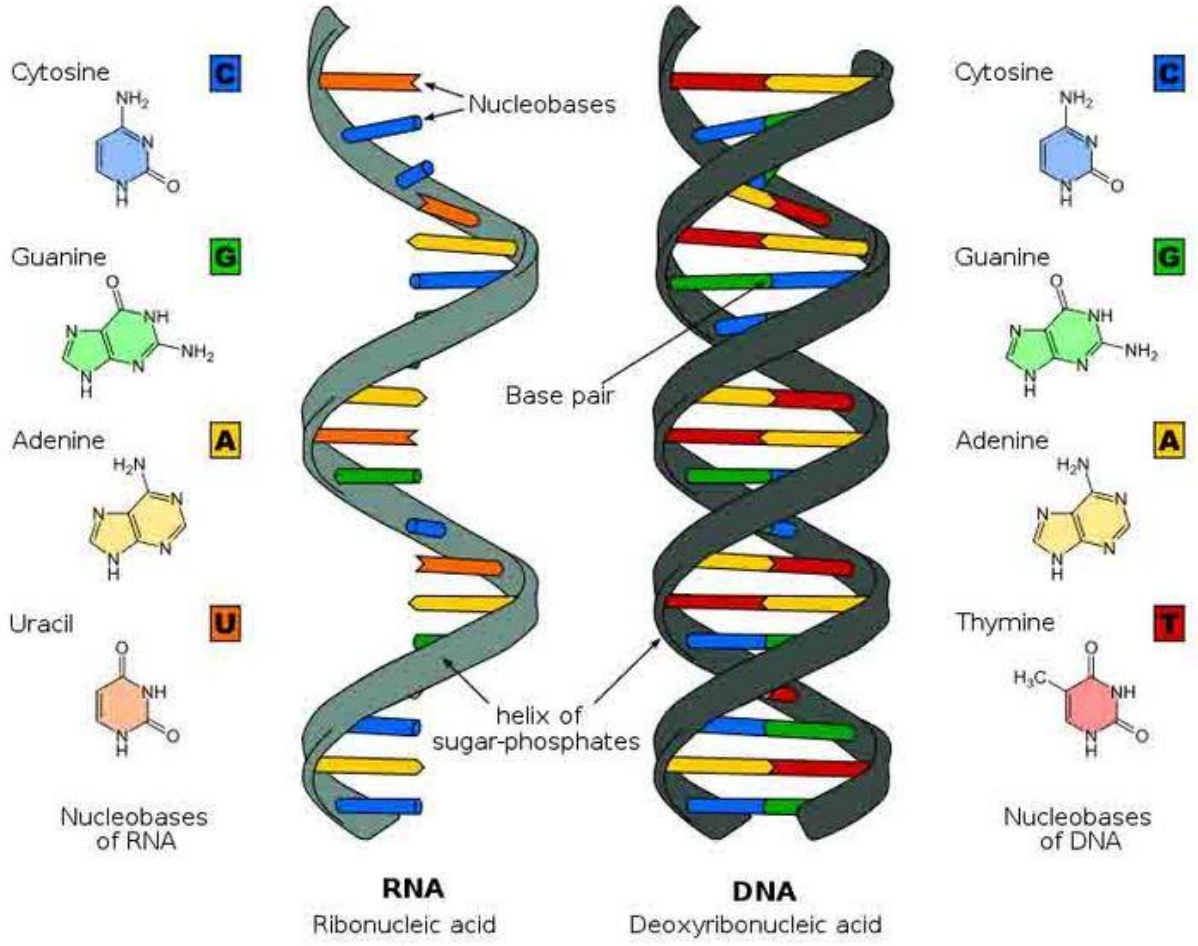
Currently 2 types of testing for covid-19 with a further 2 being used occasionally.

RT-PCR – This was invented by Kary Mullis and stands for Reverse Transcription Polymerase Chain Reaction; this is currently referred to as the 'gold standard' test for Covid-19. This is discussed by Bustin (2002) for the journal of medical endocrinology, who clarifies the function of RT-PCR as an amplification of specific diseases, to give a quick and inexpensive guidance to whether someone may be suffering from life-threatening diseases. The RT-PCR has been used amongst other tests in the identification of certain cancers, neuroblastoma, leukaemia, as well as viral or bacterial RNA. Using this type of testing, not only detects but also helps to find potential cures for diseases, this is by; tracking human response to drugs in cancer patients, analysis of tissue-specific gene expression, as well as measuring the cellular immune response in the peripheral blood.

The way RT-PCR works is very confusing, so below is an image to explain the foundations of how this type of testing works (Davies, 2020):



To explain how this process works in words, Jalali et al (2017) describe it as the amplification of a specific DNA fragment using an enzyme reaction. The enzyme reverse transcriptase converts the RNA template (one-half of DNA that codes for a whole strand of DNA) into complementary DNA. This complementary DNA later serves as a template for exponential amplification, in the process of PCR. Below is an image comparing DNA and RNA, and how the base sequence matches up and codes:



Source: Marker (2016)

Referring back to Bustin (2002), this process has so much room for error, if the complementary DNA suffers from deletion or inversion, this taints the remaining amplifications, there is also the issue of not efficiently measuring viral load, but rather stating whether a virus is or isn't there. This means even at trace amounts someone could receive a positive test, yet never suffer repercussions from this. Here is a quote from the conclusions paragraph of the report:

"Deceptively easy techniques such as real-time RT-PCR create bandwagon effects, and results are generated with little understanding of the subtleties involved and with

the statistical analyses of the numerical data obscuring and allowing misinterpretation of the actual results."

"The wide range of enzymes, unlimited number of different primer, probe and amplicon combinations, the fact that very few in vivo data have been obtained from clearly defined cell samples contribute to a general feeling of unease when confronted with quantitative RT-PCR data."

"The reluctance of many authors to describe comprehensively their protocols, the absence of acceptable validation of normalisation procedures between samples, and the difficulties in reproducing data reported in one laboratory by another one raises serious questions concerning the validity of many interpretations of data."

"Coupled with this, there is an inordinate divergence in standards applied by reviewers, resulting in the publication of scientific papers where, upon close inspection, the data do not actually support the authors' conclusions."

It is relatively common knowledge within the scientific community about the lack of reliability of RT-PCR tests, but no-one is more reliable in explaining the efficiency of the test than the inventor himself, Kary Mullis (James, 2020).

"That could be thought of as a misuse: to claim that it [a PCR test] is meaningful. It tells you something about nature and what is there. To test for that one thing and say it has a special meaning is, I think, the problem. The measurement for it is not exact; it is not as good as the measurement for apples. The tests are based on things that are invisible and the results are inferred in a sense. It allows you to take a miniscule amount of anything and make it measurable and then talk about it."

"PCR is just a process that allows you to make a whole lot of something out of something. ***It doesn't tell you that you are sick, or that the thing that you ended up with was going to hurt you or anything like that."***

If amplified less than 25.6 times, no one will test positive, if amplified anything 60 or over the number of times, there will be a 100% false-positive rate. The most efficient way to use this test is to reduce amplification to as close to 25.6 times, without going below that. So, what is the standard used across NHS for these tests?

Well, firstly, the Office for National Statistics (2020) declare all; deaths, ages, health conditions, and genders of people who have dies 'from' Covid-19, but when asked the question of how many levels of amplification they use, this was their response:

"*Due to Statistical Disclosure Control, we would not be able to publish the full data set of threshold cycles for each positive case, as this would constitute personal data. Section 39 of the Statistics and Registration Service Act 2007 (SRSA) renders it an offence to disclose information held by the Statistics Board for statistical*

purposes that would identify an individual. As we are prohibited by law from publishing statistics in which individuals can be identified, we find that Section 44 of the Freedom of Information Act 2000 (FOIA) applies. Section 44 is an absolute exemption and no consideration of the public interest test needs to be applied."

The data is simply being hidden since there is not a single way this would link information to be able to identify someone personally since it is just a figure. The most credential piece said to confirm the amount used is written by the House of Commons Science and Technology Committee, Heneghan (2020):

"*The test is a very helpful one, but if you just use it in a blanket policy without thinking through the strategy of what test you use and with what threshold, you end up with the problem of false positives."*

"You identify too many people who could have had the infection in the past and you do not pick up the one or two people you have just described, the super-spreaders, where you need to isolate them and get to their contacts. Once we accept that the infection is endemic, we need a process whereby we start to develop our strategy around testing."

"A cycle threshold above 35 generally involves people who are not infectious, yet NHS England documentation that has not been updated since January runs cycle thresholds to 45 that identify people who are not infectious."

So, from this, it can be said that at 45 cycles, the false positive rate would lie around the 80% mark, and this has been considered an acceptable standard for months, nor is it mentioned when giving cases. The other major flaw in using this test in these times, is a lot of the people who get tested, are not sick, they normally are required to for work or travel. A positive test could lose their right to travel, but at no point is it explained that the positive test they received has an 80% chance of meaning they are still non-infectious. The bizarre thing is about this test, is nobody has ever been tested for; flu, or for having the plague, or most viruses, since in the large majority of cases, you will feel sick and be unable to go out anyway. The fact a test is needed to know you have it, with an 80% false-positive rate most people would be safer not having the test and getting outdoors, doing exercise, eating healthy, rather than trap their selves indoors with takeaway food to avoid a monetary fine, which will make people sick.

Even the British Medical Journal (Mahase, 2020) has contributed to this debate:

"Another problem with relying on PCR testing alone to define a covid-19 case is that, owing to the sensitivity of the test, it can pick up a single strand of viral RNA—but this doesn't necessarily equate to someone being infected or infectious."

Also discussed by Dr. Thomas Cowan (Diane, 2020) emphasis that this test is for identifying genetic material, not for diagnoses. The main issue with this type of testing is they amplify the virus, along with any contaminants until they find the RNA sequence they are looking for, meaning any trace amount of any flu could result in a positive test. The doctor later refers to the existence of Covid-19, stating that there has never been a genome recorded for Covid-19, and what these labs are looking at is a poisoned strand of RNA that could be mistaken for viral DNA.

The following information is mostly taken from a single source as inaccuracy is a widely known thing in these tests. This means that most sites will tell you the same thing. The following information is collected from Kent (2020):

Serologic testing – Tests the blood for antibodies that only show 1-2 weeks after the virus has entered the body, and presumes the antibody found was even released for coronavirus as it could be present for several other diseases, so again highly inaccurate and slow.

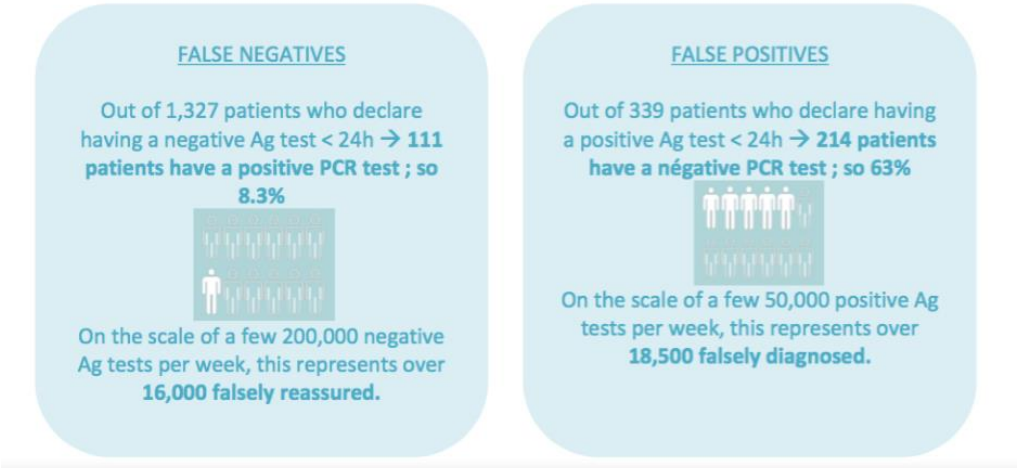
Lateral flow essay – This is a quick test that can produce results in as little as five minutes, as well as being able to be used at home. For pregnancy the marker is the hormone HCG, for Covid-19 the marker is unconventional (conveniently) using SONA's technology to bind to biological molecules, presuming that something similar to the physiological identification of Covid-19 (including other coronaviruses) a positive test will show.

Rapid in-clinic antigen testing – is a new concept created by Bosch, it takes 2 ½ hours to produce results, it will show a positive result if it detects SARS-CoV-2, as well as if it detects 9 other respiratory diseases. There has also been more evidence unveiled to suggest that this type of testing is entirely inaccurate as shown below

Week	# tests Ag Neg. < 24h	# PCR Pos. with test Ag Neg. <24h	# PCR Neg with test Ag Neg. < 24h	# tests Ag Pos. <24h	# PCR Pos. with test Ag Pos. <24h	# PCR Neg. with test Ag Pos. <24h
Total	1,327	111	1,216	339	125	214
48	31	1	30	5	2	3
49	418	35	383	123	39	84
50	737	64	673	159	65	94
51	141	11	130	52	19	33

(Biogroup, 2021):

Concluding all this, it's clear to see that they have not been able to provide one test to indefinitely say if Covid-19 is present, or if it is Covid-19 being detected or another illness. They increase tests by tenfold nearly every other week because the more they say are infected, if they die, they can label it as a Covid-19 death. The crazy part about this virus is it is so deadly; you must be tested to know you have it.



Comparison to other diseases

Influenza vs Covid-19

A large issue with Covid-19 being reported is for most people, do not realise the substantial number of people who die every year. So as new death figures are released, it makes the numbers sound massive, whereas it is normal.

As an example, WHO (2017) states that 650,000 people die globally every year from respiratory linked illnesses.

"Up to 650 000 deaths annually are associated with respiratory diseases from seasonal influenza, according to new estimates by the United States Centers for Disease Control and Prevention (US-CDC), WHO and global health partners."

This is a highly important figure to consider also, since Covid-19 and influenza are very similar both symptomatically, and with how they spread. This makes it very hard to decipher the two and can only be done with testing (which as already discussed, does not test for covid-19 and there is no evidence it exists). So this could mean that flu deaths are being reassigned as Covid-19 deaths when in reality the population could just be experiencing a normal flu year.

This can be clarified first by this report (Andrews, 2021):

"Has lockdown wiped out flu? NO cases of influenza have been detected in England this year because of tough social distancing measures, experts say"

"*Some critics claim flu cases haven't vanished at all but are instead being recorded as Covid because they both have similar symptoms."*

"Sceptics say tests are unable to distinguish between coronavirus and flu — but scientists insist there is no chance of mistaking one for the other through routine swabs."

"But it was revealed at the start of the pandemic that some care home deaths were being blamed on Covid, even if the victim had not tested positive."

As this report states, there have been no flu cases since the beginning of 2021, and there were also certain weeks of last year where multiple consecutive weeks passed without a single flu case either. The 'scientists' (notice how they never name the scientist who says this) are using RT-PCR swabs to certify the difference, but as discussed, these are highly inaccurate and we know for a fact that at least 4000 out of the 81,000 who died in the UK did not have a positive test for Covid-19, and could've

even had a negative test and still have been diagnosed. So, from this, it could be said that the usual 650,000 flu deaths are being re-diagnosed as Covid-19.

The reason people argue that flu is eradicated is because of the social distancing methods, and hygiene standards being upheld. This does not co-inside with other figures, however, by this argument, Covid-19 should also be eradicated if spread in the same way. The following article is taken from the CDC (2021).

*"**Both COVID-19 and flu** can spread from person to person, between people who are in close contact with one another (within about 6 feet). Both are spread mainly by droplets made when people with the illness (COVID-19 or flu) cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs."*

"It may be possible that a person can get infected by physical human contact (for example, shaking hands) or by touching a surface or object that has virus on it and then touching their own mouth, nose, or possibly their eyes."

As can be seen from this, they are transmitted in very similar ways. The following shows the symptoms:

*"**Similarities:***
***Both COVID-19 and flu** can have varying degrees of signs and symptoms, ranging from no symptoms (asymptomatic) to severe symptoms. Common symptoms that COVID-19 and flu share include:*

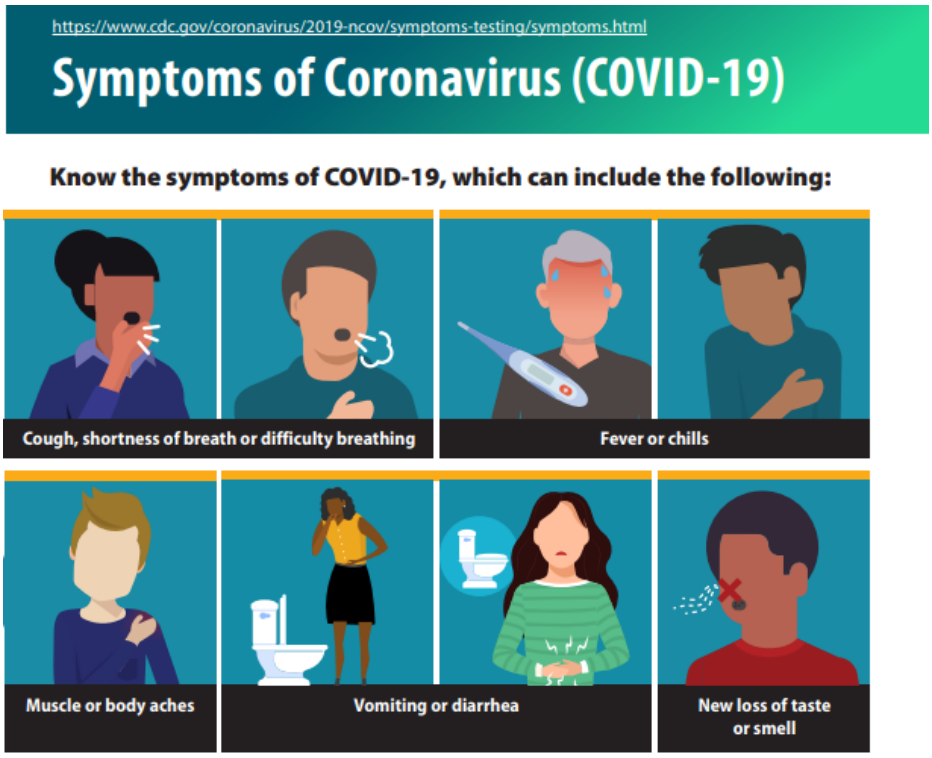
- *Fever or feeling feverish/chills*
- *Cough*
- *Shortness of breath or difficulty breathing*
- *Fatigue (tiredness)*
- *Sore throat*
- *Runny or stuffy nose*
- *Muscle pain or body aches*
- *Headache*
- *Some people may have vomiting and diarrhea, though this is more common in children than adults*

Differences:
Flu

Flu viruses can cause mild to severe illness, including common signs and symptoms listed above.

COVID-19

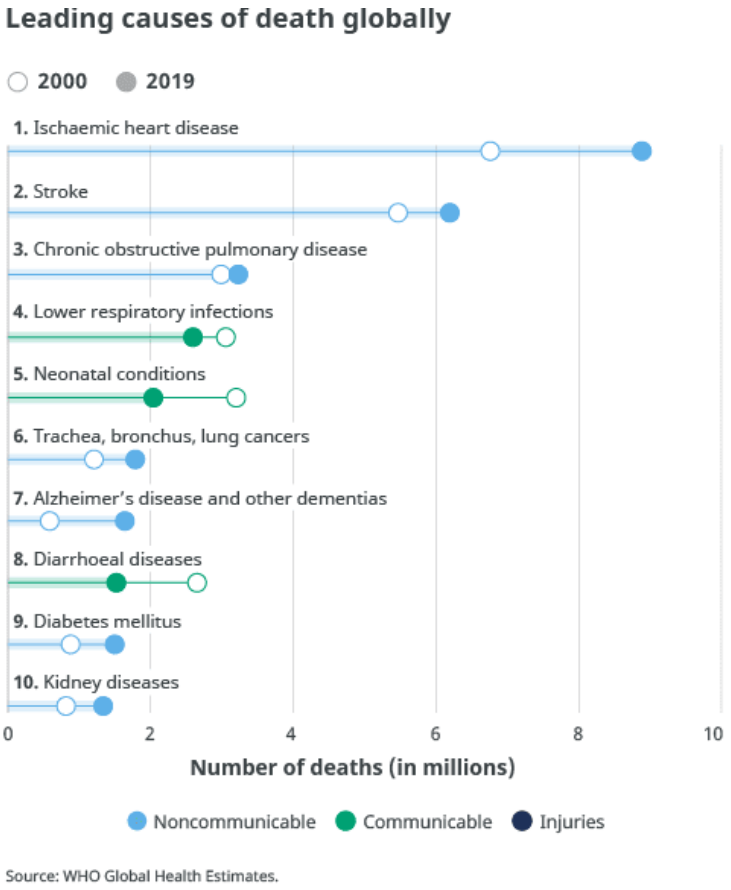
COVID-19 seems to cause more serious illnesses in some people. Other signs and symptoms of COVID-19, different from flu, may include change in or loss of taste or smell."



Again, very similar, indistinguishable symptoms. The only way you can differentiate them according to this article is by a 'loss of taste or smell' when infected with Covid-19. However, it can be argued that this is an undefinable symptom of influenza, since normally with flu and a snotty nose, it normally blocks a lot of taste receptors also. Studies done by Henkin et al (1975) confirm this as a direct response of a blocked nose, meaning a loss of smell, resulting in a loss of taste in influenza patients. So even this item the CDC report as being a distinguishing factor between the two is applicable to both illnesses (this also adds validity to the claim that Covid-19 is not a new virus and is flu re-diagnosed).

Comparison to other diseases

Circulating back to the discussion in this section, WHO (2020) discusses the top 10 deaths from 2019. In total, globally, 55.4 million people died, 55% were taken up from the following top 10 diseases.



From this, the top cause has been ischaemic heart disease, showing an estimate of 8.4 million deaths in 2019, and 6.3 million in 2020. Referring to John Hopkin's University of Medicine (2020), 83.29% of those who died of Covid-19, had comorbidities. Many of these deaths could likely have been re-diagnosed as Covid-19 if they had a positive test or symptoms. Again, because people do not normally see these figures when the news starts reporting Covid-19 deaths, it is a shock.

The ironic thing about this is what causes ischaemic heart disease, also known as cardiovascular disease. As researched by Castelli (1996) three major factors seemed to trigger Cardiovascular Disease (CVD); smoking, high concentration of lipids (fats), and high blood pressure. Kauhanen et al (1997) additionally added binge drinking was positively correlated with an increased risk of CVD.

Vitamins from fruit and vegetables have been shown to reduce the risk of ischaemic heart disease by 15% (Law et al, 1998) including vitamin D deficiency creating a

marker for cardiovascular disease and hypertension (Judd et al, 2008). Elwood et al (1993) also have found it beneficial to exercise to reduce the risk of CVD.

The reason the causes are ironic is that all the things that increase risk factors are being promoted during lockdown; all the things that decrease risk factors are banned. Take for example alcohol consumption (Cargill, 2020):

"In the initial wave of the COVID-19 pandemic, the Office of National Statistics reported a 10.3% increase in supermarket alcohol sales and a 31.4% annual increase in alcohol store sales in March 2020.[3] Observational data have reported 28% of those that consume alcohol are drinking more heavily compared with prelockdown, with this increasing further if individuals had previously been a heavy drinker."

This not only implements ischaemic heart disease but increased alcohol consumption has been known to increase risk factors of many diseases. The report the above quotation is from, discussed increased alcohol-related liver disease during the lockdown, so not only does this worsen pre-existing conditions, but also worsen other diseases.

"We report a large increase in the number of patients being referred with alcohol-related liver disease in our tertiary liver unit. Referrals from our network more than doubled in June 2020 compared with June 2019 (48.5% (n=67) vs 19.4% (n=28), p<0.0001) (table 1), with 82.1% (n=55) being currently active drinkers. These admissions were sicker, with 23.9% (n=16) requiring high dependancy unit (HDU) or intensive care unit (ICU) organ support for severe acute alcoholic hepatitis or alcohol-related acute-on-chronic liver failure compared with 10.7% (n=2) in June 2019."

As for vitamin D, and exercise; lockdown requests people stay indoors for as much as possible, only going out for essential shopping. Gyms have also been closed, clearly worsening physical health as well as mental health.

Additional deaths due to lockdown

Contrary to popular belief that lockdowns have been beneficial to health, even Nobel award winner Professor Michael Levitt believes that lockdown has cost lives, and hasn't saved any (Morgan, 2020). Alternatively, as stated by Spencer (2020), fear of people entering hospitals during the 'pandemic' has also spiked excess deaths, including CVD discussed earlier, which has seen cases rise by a third. The lack of social support has also been positively correlated with a shorter life span (Herbst-Damm and Kulik, 2005), which is the potential reason care home deaths have also increased by a third.

“Researcher Professor Chris Gale, a cardiologist at the University of Leeds, said: ‘These are deaths that should not have happened. We were in full lockdown and the message to stay at home was taken literally. People were not seeking care and many died as a result.”

“‘The indirect death toll may well end up surpassing the direct toll of Covid.’”

“Doctors have been warning since March that they were seeing fewer people in hospitals and GP surgeries. Figures earlier this month revealed that NHS admissions for common conditions dropped by 173,000 between March and June.”

“The damning new assessment, published last night in the Heart medical journal and shared exclusively with the Daily Mail, reveals deaths from heart disease in private homes surged by 35 per cent in the four months from March, resulting in 2,279 more fatalities than had been seen on average over the previous six years. Cardiovascular deaths in care homes and hospices jumped by 32 per cent in the same period.”

NSPCC (2020) has also seen an increase in domestic abuse calls for children, an increase of 32% since the start of the pandemic. Senior Policy and Public Affairs Officer also added:

“This crisis has shone a spotlight on children who are living with the daily nightmare of domestic abuse. The Bill has the chance to transform the help available for these children but, despite pleas from multiple experts, the Government is deliberately turning a blind eye to the impact it has on children. The Government should grasp the landmark opportunity offered by the Domestic Abuse Bill and ensure children get the protection and support they need.”

Cancer patients have been thought to be at high risk during this ‘pandemic’, with most services being closed or waiting lists being extended. Urgent referrals (median) declined by 70.4% and chemotherapy declined by (median) 41.5%, affecting nearly 40%-80% of cancer patients (Lai et al, 2020). Another issue that has developed over the time of lockdown has risen from the fear of entering a hospital, since a lot of people are not identifying that they have developed cancer, to receive treatment.

Brewis (2020) discusses a 20% increase in bowel cancer deaths, a 5% increase in lung cancer deaths, and a 6% increase in oesophageal cancer deaths. From comparing cancer statistics from 2019 and 2020, there is almost a 47% drop in urgent cancer referrals, with an increase of 55,500 people on the waiting list to have key cancer tests.

Richard Sullivan from the King’s College London (2020) calls for an urgent review on cancer care treatment since there are fears within the next five years, cancer excess death could exceed ‘Covid-19’ deaths. The original epicentre, Wuhan, saw drops of 20% in cancer drugs in the first quarter of 2020. This is a quote from the article:

“The focus on COVID-19 through 24-hour news cycle and social media, has dramatically changed our emotional and social infrastructure. At the scientific level, the modelling on which public health measures are being taken is entirely focused on COVID-19 mortality and morbidity, with little or no consideration for the impact of control measures on increasing morbidity and mortality in cancer, or indeed any other health condition.- Professor Richard Sullivan, Director of the Institute of Cancer Policy, King’s College London and author on the paper.”

“Professor Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, Queen’s University Belfast, and Scientific Lead, DATA-CAN, the UK Health Data Research Hub for Cancer and Senior Author on the paper said: “We are already seeing the indirect effects of the COVID-19 crisis on cancer care. Urgent referral numbers are dropping, endoscopies and other surgical procedures are being postponed and many cancer specialists are being redirected to COVID-19 specific care. If we don’t act, we risk the unintended consequence of the current COVID019 pandemic precipitating a future cancer epidemic.”

“The research also highlights that as more people are worrying about the signs and symptoms of COVID-19, less people are seeking advice on new symptoms of a possible cancer, including abnormal bleeding or new lumps on the body.”

Søreide et al (2020) attempted to collect data on life-saving surgeries undergoing during the lockdown, but the data in most cases was contradictory. At present, there is also no plan in place on how to reopen up these surgeries and the article explains how stakeholders and WHO need to act more to consider the impact of reducing the number of surgeries taking place.

One estimation by Vanguard (2020) estimated up to 28.4 million elective surgeries were potentially cancelled during lockdowns in 2020. In the UK alone, it was estimated the NHS would see 516,000 cancelled operations, some estimates have placed this figure even higher estimating 2 million. The backlog is so significant, even if by increasing efficiency by 20%, it would still take 11 months to clear the backlog, including each additional week of disruption leading to a further cancellation of 43,300 each week.

Total deaths

Titles of news articles scare readers into thinking that deaths are soaring at abnormal rates BBC (2021).

“The Covid pandemic has caused excess deaths to rise to their highest level in the UK since World War Two.

There were close to 697,000 deaths in 2020 - nearly 85,000 more than would be expected based on the average in the previous five years.
This represents an increase of 14% - making it the largest rise in excess deaths for more than 75 years.
When the age and size of the population is taken into account, 2020 saw the worst death rates since the 2000s."

This alone could spiral a population to hysteria, but this is just a straight lie, and there are so many statistics available to prove this.

Year (July 1)	Population	Yearly % Change	Yearly Change	Median Age	Fertility Rate	Density (P/Km²)	Urban Pop %	Urban Population
2020	**7,794,798,739**	1.05 %	81,330,639	30.9	2.47	52	56.2 %	4,378,993,944
2019	**7,713,468,100**	1.08 %	82,377,060	29.8	2.51	52	55.7 %	4,299,438,618
2018	**7,631,091,040**	1.10 %	83,232,115	29.8	2.51	51	55.3 %	4,219,817,318
2017	**7,547,858,925**	1.12 %	83,836,876	29.8	2.51	51	54.9 %	4,140,188,594
2016	**7,464,022,049**	1.14 %	84,224,910	29.8	2.51	50	54.4 %	4,060,652,683
2015	**7,379,797,139**	1.19 %	84,594,707	30	2.52	50	54.0 %	3,981,497,663

This is a record from Worldometer (2021) showing across the past five years there has been an 0.03% decrease in yearly change, and between 2019 and 2020, this followed the consistent pattern of the 0.03% decrease. No spike in excess deaths, no inconsistent figures.

Masks

The first step that makes people ill during the 'pandemic' is the masks. Deprivation of oxygen and re-inhalation of bacteria and contaminants weaken the immune system, making disease more easily susceptible. Below is many examples of where masks have been proven to provide no aid in preventing the spread of illness, and in fact in some cases worsen them.

Universal Masking in Hospitals in the Covid-19 Era

Source: Klompus et al (2020)

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic."

The article goes on to explain the efficiency in healthcare workers is only as efficient as the health workers on meticulous hygiene measures.

"A mask alone will not prevent health care workers with early Covid-19 from contaminating their hands and spreading the virus to patients and colleagues. Focusing on universal masking alone may, paradoxically, lead to more transmission of Covid-19 if it diverts attention from implementing more fundamental infection-control measures."

"It is also clear that masks serve symbolic roles. Masks are not only tools, they are also talismans that may help increase health care workers' perceived sense of safety, well-being, and trust in their hospitals. Although such reactions may not be strictly logical, we are all subject to fear and anxiety, especially during times of crisis. One might argue that fear and anxiety are better countered with data and education than with a marginally beneficial mask, particularly in light of the worldwide mask shortage, but it is difficult to get clinicians to hear this message in the heat of the current crisis."

Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis

Source: Long et al (2020)

*"**Results***

A total of six RCTs involving 9 171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza (RR = 1.09, 95% CI 0.92-1.28, P > .05), laboratory-confirmed respiratory viral infections (RR = 0.89, 95% CI 0.70-1.11), laboratory-confirmed respiratory infection (RR = 0.74, 95% CI 0.42-1.29) and influenzalike illness (RR = 0.61, 95% CI 0.33-1.14) using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78)."

"Conclusion

The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for general public and nonhigh-risk medical staff those are not in close contact with influenza patients or suspected patients."

A cluster randomized trial of cloth masks compared with medical masks in healthcare workers

Source: MacIntyre et al (2015)

"This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated."

"An analysis by mask use showed ILI (RR=6.64, 95% CI 1.45 to 28.65) and laboratory-confirmed virus (RR=1.72, 95% CI 1.01 to 2.94) were significantly higher in the cloth masks group compared with the medical masks group. Penetration of cloth masks by particles was almost 97% and medical masks 44%."

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings-Personal Protective and Environmental Measures.

Source: Xiao et al (2020)

"In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks (RR 0.78, 95% CI 0.51–1.20; I^2 = 30%, p = 0.25) (Figure 2). One study evaluated the use of masks among pilgrims from Australia during the Hajj

pilgrimage and reported no major difference in the risk for laboratory-confirmed influenza virus infection in the control or mask group (33). Two studies in university settings assessed the effectiveness of face masks for primary protection by monitoring the incidence of laboratory-confirmed influenza among student hall residents for 5 months (9,10). The overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies (9,10). Study designs in the 7 household studies were slightly different: 1 study provided face masks and P2 respirators for household contacts only (34), another study evaluated face mask use as a source control for infected persons only (35), and the remaining studies provided masks for the infected persons as well as their close contacts (11–13,15,17). None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group (11–13,15,17,34,35)."

Preliminary report on surgical mask induced deoxygenation during major surgery.

Source: Beder et al (2008)

"Our study revealed a decrease in the oxygen saturation of arterial pulsations (SpO_2) and a slight increase in pulse rates compared to preoperative values in all surgeon groups. The decrease was more prominent in the surgeons aged over 35."

Headaches Associated With Personal Protective Equipment

Source: Ong et al (2020)

*"**Results***

A total of 158 healthcare workers participated in the study. Majority [126/158 (77.8%)] were aged 21-35 years. Participants included nurses [102/158 (64.6%)], doctors [51/158 (32.3%)], and paramedical staff [5/158 (3.2%)]. Pre-existing primary headache diagnosis was present in about a third [46/158 (29.1%)] of respondents. Those based at the emergency department had higher average daily duration of combined PPE exposure compared to those working in isolation wards [7.0 (SD 2.2) vs 5.2 (SD 2.4) hours, P < .0001] or medical ICU [7.0 (SD 2.2) vs 2.2 (SD 0.41) hours, P < .0001]. Out of 158 respondents, 128 (81.0%) respondents developed de novo PPE-associated headaches. A pre-existing primary headache diagnosis (OR = 4.20, 95% CI 1.48-15.40; P = .030) and combined PPE usage for >4 hours per day (OR 3.91, 95% CI 1.35-11.31; P = .012) were independently associated with de novo PPE-associated headaches. Since COVID-19 outbreak, 42/46 (91.3%) of respondents with pre-existing headache diagnosis either "agreed" or "strongly agreed" that the increased PPE usage had affected the control of their background headaches, which affected their level of work performance."

"Conclusion

Most healthcare workers develop de novo PPE-associated headaches or exacerbation of their pre-existing headache disorders."

Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial.

Source: Jacobs et al (2009)

"Results
*Thirty-two health care workers completed the study, resulting in 2464 subject days. There were 2 colds during this time period, 1 in each group. Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headache during the study period (*P < *.05). Subjects living with children were more likely to have high cold severity scores over the course of the study.*
Conclusion
Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds. A larger study is needed to definitively establish noninferiority of no mask use"

Medical masks

Source: Desai et al (2020)

"Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill"

N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel

Source: Radonovich et al (2019)

*"**Findings** In this pragmatic, cluster randomized clinical trial involving 2862 health care personnel, there was no significant difference in the incidence of laboratory-confirmed influenza among health care personnel with the use of N95 respirators (8.2%) vs medical masks (7.2%)."*

***"Meaning** As worn by health care personnel in this trial, use of N95 respirators, compared with medical masks, in the outpatient setting resulted in no significant difference in the rates of laboratory-confirmed influenza."*

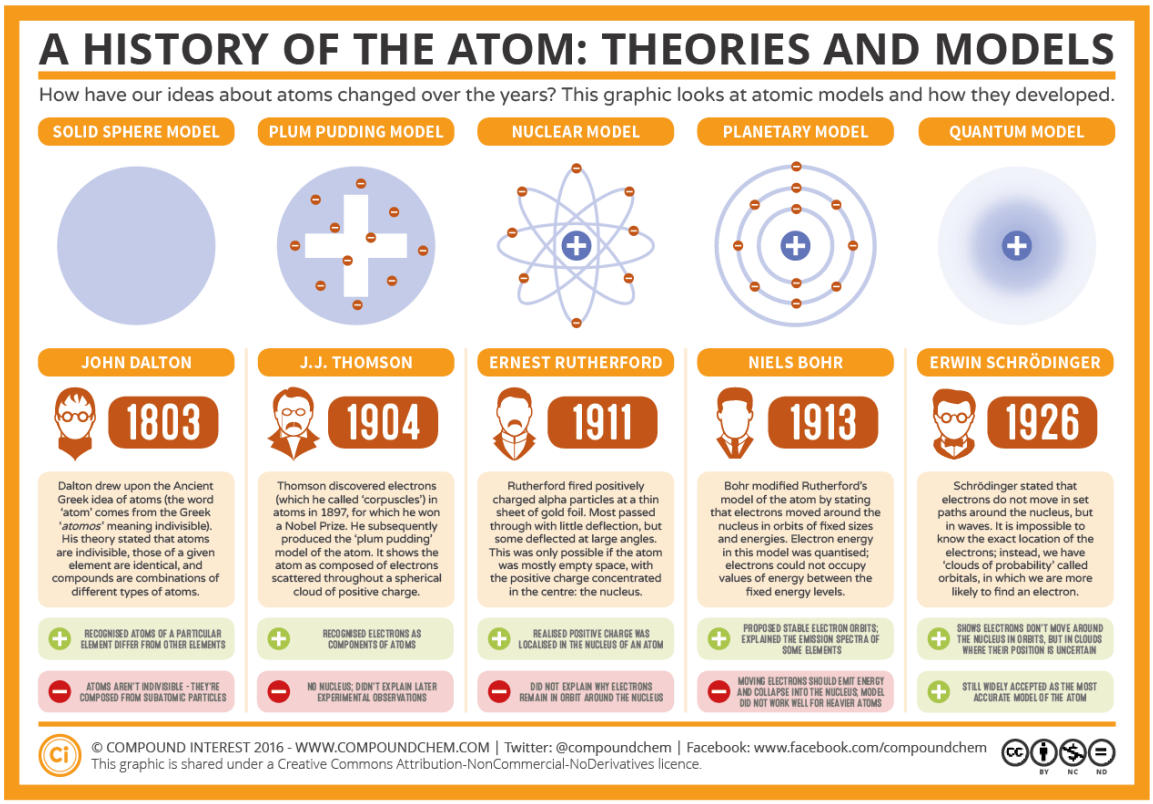
Vaccines

‘Conspiracy’

‘Anti-vaxxers’ is a word, more often than not, that gets used to scrutinise people for having an alternative view on medical treatment, much like the term ‘conspiracy-theory’. Most of the basis of these terms stems from the uncertainty of a claim that differs from a societal ‘norm’, through fear people create these terms as an ‘in group’ ‘out group’ type mentality (Brewer, 1999).

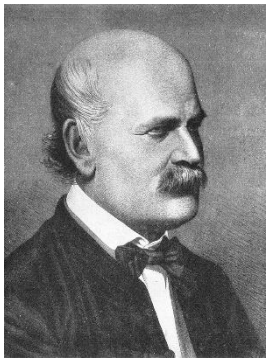
The truth is many conspiracy theories have similar validity as other claims,concerning religion, one could argue the existence of God is a conspiracy theory, since it lacks certainty. In science, the moon formation could be considered a conspiracy theory since scientists initially claimed meteor collided with earth causing the earth to split, forming the moon. After further deliberation, this is scientifically impossible given its sphere shape and perfect distance, therefore scientists now call this (Stevenson, 1987).

One example within science where it has been corrected on multiple occasions is the structure of an atom. In its beginnings it was known as the ‘plum pudding model’ but over time completely new ideas have emerged. The truth is though, there is still uncertainty about the modern-day structure of an atom, and for most topics in science this debate is accepted since it aids progression, but for some reason when it comes to health if you debate healthcare practices then it makes you crazy.



Source: Interest (2016)

There have been many great influential scientists deemed crazy in their time (Bushak, 2015), including William Harvey, who believed blood passed through the heart, and not the liver as previously believed. Gregor Mendel is now known as the 'father of modern genetics' but was once called crazy for his idea that we could inherit genes from our parents. William B Coley is now known as the 'father of immunotherapy' treatment used in cancer patients, previously conducted solely by operation. So, besides the fact, these scientists were all deemed crazy and to modern-day society, their old practices seem bizarre, it doesn't mean that a label should be placed against them if the proof is provided. It should at least be considered.



One such man that applies perfectly to this 'pandemic' is known as Ignaz Semmelweis who stated that washing hands would reduce transmission of disease and infection. In the present day, it's bizarre to think that this was rejected, but at the time, many practitioners were offended believing that Semmelweis was referring to them as 'dirty'. Despite proving his theory by reducing maternal mortality down to 1-2% from the original 10%, many did not listen. Like now, a lot of the 'conspiracy theorists' as many call people who question the pandemic, he lashed out with letters to healthcare workers calling them 'murderers' for not at least listening to his argument. This drove him to alcoholism, isolation, and depression, which eventually led him to a mental institution and death. Decades later, germ theory was discovered which indeed proved that Semmelweis was correct about hygiene, now applying this to the modern-day, the lives that could've been saved in those decades are like now the ones this article and others alike are trying to solve.

The reason this is so important to notice is that, with the current 'pandemic', many people are severely shunning so-called anti-vaxxers and conspiracy-theorists, but a little less judgment and more consideration would go a long way. The largest reason people use these labels (which swings in both ways using terms like 'sheep') is a growth from human behaviour finding comfort in following our social groups to feel superior. As mentioned in Stevenson (1987), a large amount of prejudice stems from these categorisations of social groups. The truth is neither label is relevant when facts should be considered and a great human flaw is compliance to go along with social preferences to feel accepted, and end up missing what truly is there and needs to be considered such as with the issue with vaccines.

Past medical disasters

The past has bought about some of the strangest accepted treatments with the idea that these items would benefit help; from radioactive drinks to heroin cough supressants (Astaiza, 2012). Small businesses sometimes slip under the radar for dangerous, untested treatments, but when it comes to health and global aid, the government should never release and especially promote an untested product. Yet this has happened time and time again, even with experts in the field crying out to

the government stating the health impact of some of these products, much like now the government closes down these ideas as ‘crazy’ and instead rely on fixed data and corrupt science. This again is history repeating itself with the vaccine, although no long term effects have been studied, and this is the first mRNA vaccine to ever be produced with no approval, they threaten the public through fear to take this vaccine, where years later the true dangers of the product can unveil itself.

Botting, 2002 concisely summarises one such slip in the pharmaceutical company, of the sedative drug thalidomide.

“The first paper describing the pharmacological actions of thalidomide was published in 1956. The drug, then designated as K17, was thought to have sedative effects superior to those of comparator drugs and was thought to be virtually nontoxic. Only 2 years after thalidomide's launch as Contergan in Germany, it's alleged lack of toxicity came into question, with reports of the drug causing numerous side effects.”

“Shortly thereafter, thalidomide was connected with an epidemic of horrific deformities in children whose mothers had taken the drug during pregnancy. This disaster brought on by thalidomide's teratogenic effects was responsible for the institution of some regulatory bodies, such as the United Kingdom's Committee on the Safety of Drugs, and for the strengthening of others, such as the U.S. Food and Drug Administration.”

“An objective examination of published papers and contemporary accounts confirms that the preclinical tests on thalidomide were superficial, and there is no doubt that it was never administered to pregnant animals prior to its use in patients. Within a short time after its withdrawal from the market due to its suspected association with fetal abnormalities, the drug was shown to produce fetal toxicity in laboratory animals. Had there been more extensive testing on laboratory animals before the drug was launched, the disaster could have been avoided.”

Vioxx was another ‘miracle drug’ that was marketed as one of the world’s best-selling painkillers. Also known as Rofecoxib, this drug came to cause cardiovascular events in 30,000 people, including death (Krumholz et al, 2007). This was one drug that money was able to bribe professionals into lying about safety effects, there is no saying that this could not repeat itself in modern times where many pharmaceutical industries have stock shares.

“Merck was once one of the US's most publicly admired companies,[w37] and its behaviour may not be different from that of others in the pharmaceutical or biotechnology industry. Journalists have questioned the ethics of industry and academic researchers.[18] [19] [20]”

“…With billions of dollars at stake, Merck conducted the trials, stored and analysed the data internally, paid academic researchers as consultants to the investigative teams and the safety monitoring boards, and maintained heavy involvement in the writing and presentation of findings.”

“The journals published the studies, and the academic community accepted the findings without expressing much concern. Nearly 107 million prescriptions for rofecoxib were dispensed in the US between 1999 and September 2004,[21] when the drug was withdrawn from the market, and none of the people picking up those prescriptions had the opportunity to consider the true balance of its risks and benefits.”

Source: Old ads – How Did We Survive (brochure)

Past vaccines

Bill Gates is frequently named through this whole ‘pandemic’, and the name was inevitable to be bought up. The fact is media covers Bill Gates’s crimes, especially in the vaccine industry given the fact he is a philanthropist Microsoft co-founder, with no medical qualifications. When ‘following the money’, with Bill Gates this is all a money-making scheme and not about health. This is shown by the fact that during the year 2020, Bill gates net worth increased by 14% (Taylor, 2020), meanwhile,

700,000 people in the UK were pushed into poverty, including 120,000 children, meaning 23% of the UK's population are now living in poverty (Butler, 2020).

Factually though, Bill Gates has the worst reputation for healthcare including 491,000 children paralysed after receiving Bill Gate's polio vaccine (Dhiman et al, 2018). Despite fact-checkers trying to invalidate this claim, this is the quote from fact-checkers website (Chattopadhyay, 2020):

"According to a report by WHO, India was officially declared polio-free in 2014. Further, no evidence could be found which proved that almost half a million Indian children were given polio or suffered from paralysis due to vaccine-derived polioviruses."

However, the above study by Dhiman et al (2018) was conducted by the Indian scientists their selves, where they made this conclusion:

"We calculated the number of paralyzed children each year which exceeded the expected numbers (assuming a NPAFP rate of 2/100,000) and the results are displayed in Table 2. A total of 640,000 children developed NPAFP in the years 2000–2017, suggesting that there were an additional 491,000 paralyzed children above our expected numbers for children with NPAFP."

Figure 1

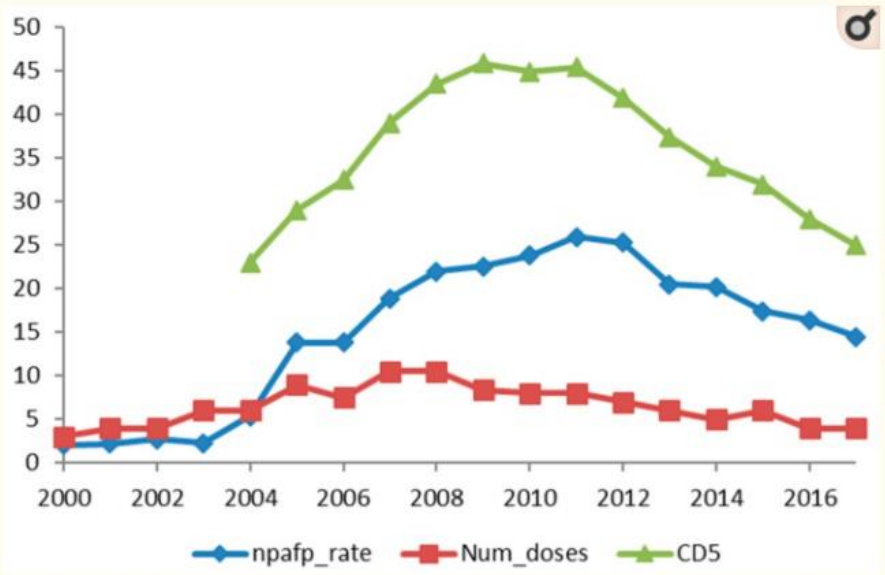


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Figure 1

Non-polio AFP over the years in the state of UP alongside the 5-year cumulative doses of OPV. npafp_rate: Non-polio acute flaccid paralysis rate; Num_doses: Number of pulse polio rounds; CD5: Cumulative doses in the past 5 years.

Figure 2

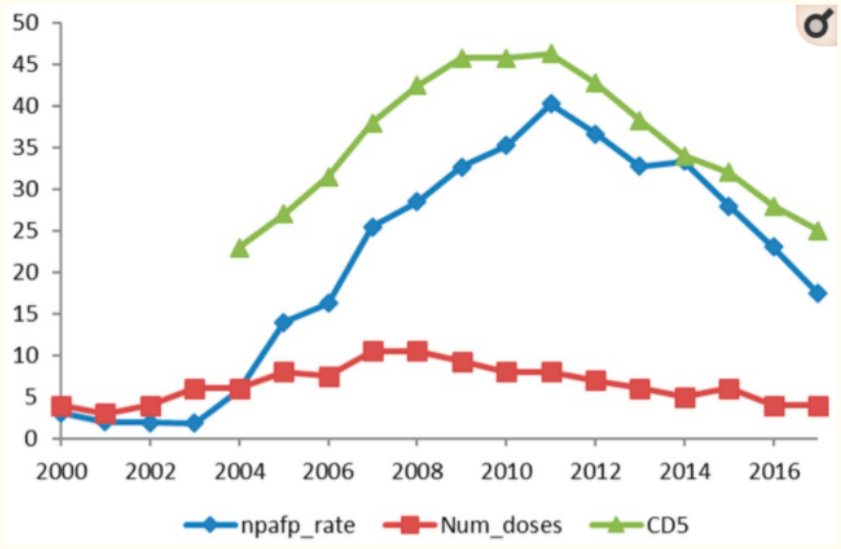

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Figure 2

Non-polio AFP over the years in the state of Bihar alongside the 5-year cumulative doses of OPV. npafp_rate: Non-polio acute flaccid paralysis rate; Num_doses: Number of pulse polio rounds; CD5: Cumulative doses in the past 5 years.

This is not the first time for vaccines to go wrong either as shown by this list retrieved from the CDC website (2020):

Cutter Incident - 1955
Simian Virus 40 (SV40) - 1955 – 1963
Swine Flu Vaccine and Guillain-Barré Syndrome - 1976
Hepatitis B Vaccine and Multiple Sclerosis - 1998
Rotavirus Vaccine and Intussusception - 1998 – 1999
GBS and Meningococcal Vaccine - 2005 – 2008
Hib Vaccine Recall - 2007
H1N1 Influenza Vaccine and Narcolepsy - 2009 – 2010
Porcine Circovirus in Rotavirus Vaccines - 2010
HPV Vaccine Recall - 2013

The article includes the distribution of 250 polio infected vaccines and a 1963 incident where 10-30% of polio vaccines distributed became contaminated with simian virus 40 (originating from the monkey kidney cell cultures used to make the vaccine). The FDA in the present day has allowed emergency approval for the Covid-19 vaccine, but in 1998 after approval of the rotavirus vaccine, infants began to develop intussusception. A bowel disease that causes the bowels to fold in on itself, healthy children younger than 12 months became victims of this vaccine.

Ingredients

This list is gathered from the Vaccine Risk Network (2020):

1. human-diploid fibroblast cell cultures (strain WI-38)
2. Dulbecco's Modified Eagle's Medium
3. fetal bovine serum
4. sodium bicarbonate
5. monosodium glutamate
6. sucrose
7. D-mannose
8. D-fructose

9. human serum albumin
10. potassium phosphate
11. plasdone C
12. anhydrous lactose
13. microcrystalline cellulose
14. polacrilin potassium
15. magnesium stearate
16. cellulose acetate phthalate
17. alcohol
18. acetone
19. castor oil
20. FD&C Yellow #6 aluminum lake dye amino acids
21. vitamins
22. inorganic salts
23. sugars
24. aluminum hydroxide
25. sodium chloride
26. benzethonium chloride
27. formaldehyde
28. glycerin
29. asparagine
30. citric acid
31. magnesium sulfate
32. iron ammonium citrate
33. lactose casamino acids
34. yeast extract
35. mineral salts
36. anti-foaming agent
37. ascorbic acid
38. hydrolyzed casein
39. dried lactose
40. sodium carbonate
41. aluminum phosphate
42. isotonic sodium chloride
43. casein
44. cystine
45. maltose
46. uracil
47. glutaraldehyde
48. 2-phenoxyethanol
49. Stainer-Scholte medium
50. dimethyl-beta-cyclodextrin
51. Mueller's growth medium
52. modified Mueller-Miller casamino acid medium without beef heart infusion
53. Fenton medium containing a bovine extract
54. modified Latham medium derived from bovine casein
55. modified Stainer-Scholte liquid medium
56. polysorbate 80 (Tween 80)
57. VERO cells
58. a continuous line of monkey kidney cells
59. Calf serum
60. lactalbumin hydrolysate
61. neomycin sulfate
62. polymyxin B
63. modified Mueller's growth medium
64. normal human diploid cells
65. CMRL 1969 medium supplemented with calf serum
66. Medium 199 without calf serum
67. neomycin
68. polymyxin B sulfate
69. aluminum salts
70. yeast protein
71. bovine serum albumin
72. MRC-5 cells (a line of normal human diploid cells)
73. modified Mueller and Miller medium(the culture medium contains milk-derived raw materials [casein derivatives])
74. saline
75. synthetic medium
76. complex fermentation media
77. amorphous aluminum hydroxyphosphate sulfate
78. formalin
79. amino acid supplement
80. aminoglycoside antibiotic
81. MRC-5 diploid fibroblasts
82. non-viral protein
83. DNA
84. bovine albumin
85. sodium borate
86. disodium phosphate dihydrate
87. sodium dihydrogen phosphate dihydrate
88. soy peptone
89. dextrose
90. phosphate buffer
91. potassium aluminum sulfate
92. yeast DNA

93. deoxycholate
94. phosphorothioate linked oligodeoxynucleotide
95. phosphate buffered saline
96. sodium phosphate
97. dibasic dodecahydrate
98. monobasic dehydrate
99. MRC-5 human diploid cells
100. carbohydrates
101. L-histidine
102. monobasic sodium phosphate
103. dibasic sodium phosphate
104. monobasic potassium chloride
105. calcium chloride
106. sodium taurodeoxycholate
107. ovalbumin
108. beta-propiolactone
109. thimerosal
110. squalene
111. sorbitan trioleate
112. sodium citrate dehydrate
113. citric acid monohydrate
114. kanamycin
115. barium
116. egg proteins
117. cetyltrimethylammonium bromide(CTAB)
118. α-tocopheryl hydrogen succinate
119. hydrocortisone
120. gentamicin sulfate
121. sodium deoxycholate
122. dibasic sodium phosphate
123. polysorbate 20 (Tween 20)
124. baculovirus and Spodoptera frugiperda cell proteins
125. baculovirus and cellular DNA
126. lipids
127. Madin Darby Canine Kidney (MDCK) cell protein
128. protein other than HA
129. MDCK cell DNA
130. cetyltrimethlyammonium bromide
131. and β-propiolactone polymyxin
132. betapropiolactone
133. nonylphenol ethoxylate
134. octylphenol ethoxylate (Triton X-100)
135. sodium phosphate-buffered isotonic sodium chloride solution
136. sodium phosphate-buffered isotonic
137. hydrolyzed porcine gelatin
138. arginine
139. dibasic potassium phosphate
140. monobasic potassium phosphate
141. ethylenediaminetetraacetic acid (EDTA)
142. protamine sulfate
143. host cell DNA
144. sodium metabisulphite
145. host cell protein
146. Watson Scherp media containing casamino acid,
147. modified culture medium containing sodium phosphate
148. Franz complete medium, CY medium)
149. E.coli
150. histidine
151. defined fermentation growth media
152. histidine buffered saline
153. chick embryo cell culture
154. WI-38 human diploid lung fibroblasts
155. glutamate
156. recombinant human albumin
157. sorbitol
158. hydrolyzed gelatin
159. sodium phosphate
160. monosodium L-glutamate
161. sodium phosphate dibasic
162. human albumin

163. potassium phosphate dibasic
164. urea
165. soy peptone broth
166. casamino acids and yeast extract-based medium
167. CRM197 carrier protein
168. succinate buffer
169. Eagle MEM modified medium
170. calf bovine serum, M-199 without calf bovine serum
171. phenoxyethanol
172. streptomycin
173. phenol red indicator
174. MRC-5 human diploid cells
175. beta-propriolactone
176. chicken fibroblasts
177. β-propiolactone
178. polygeline (processed bovine gelatin)
179. bovine serum
180. potassium glutamate
181. sodium EDTA
182. chlortetracycline
183. amphotericin B
184. sodium citrate
185. sodium phosphate monobasic monohydrate
186. sodium hydroxide
187. cell culture media
188. vero cells [DNA from porcine circoviruses (PCV) 1 and 2 dextran
189. Dulbecco's Modified Eagle Medium
190. (ferric (III) nitrate
191. sodium phosphate
192. sodium pyruvate
193. D-glucose
194. concentrated vitamin solution
195. L-cystine
196. L-tyrosine
197. amino acids solution
198. L-250 glutamine
199. sodium hydrogenocarbonate
200. phenol red
201. calcium carbonate
202. sterile water
203. xanthan
204. African Green Monkey kidney (Vero) cells
205. HEPES
206. ammonium sulfate
207. modified Mueller's media which contains bovine extract
208. hexadecyltrimethylammonium bromide
209. polydimethylsiloxane
210. monosodium phosphate
211. semi-synthetic medium
212. galactose
213. human embryonic lung cell cultures
214. guinea pig cell cultures
215. human diploid cell cultures (WI-38)
216. human diploid cell cultures (MRC-5)
217. EDTA(Ethylenediaminetetraacetic acid)
218. potassium phosphate monobasic
219. dioleoyl phosphatidylcholine (DOPC)
220. potassium dihydrogen phosphate
221. cholesterol
222. disodium phosphate anhydrous
223. dipotassium phosphate
224. Chinese Hamster Ovary (CHO)
225. cell proteins

Journal of Public Health and Epidemiology (2014) added:

“A new study published in the September 2014 volume of the Journal of Public Health and Epidemiology reveals a significant correlation between autism disorder (AD) and MMR, Varicella (chickenpox) and Hepatitis-A vaccines.

Using statistical analysis and data from the US Government, UK, Denmark and Western Australia, scientists at Sound Choice Pharmaceutical Institute (SCPI) found that increases in autistic disorder correspond with the introduction of vaccines using human fetal cell lines and retroviral contaminants.

Even more alarming, **Dr Theresa Deisher**, lead scientist and SCPI founder noted that, “Not only are the human fetal contaminated vaccines associated with autistic disorder throughout the world, but also with epidemic childhood leukemia and lymphomas.” ”

Aborted Fetal Tissue in Vaccines

Hep A/Hep B (Twinrix)	formalin, yeast protein, aluminum phosphate, aluminum hydroxide, amino acids, phosphate buffer, polysorbate 20, neomycin sulfate, MRC-5 human diploid cells
Hep A (Havrix)	aluminum hydroxide, amino acid supplement, polysorbate 20, formalin, neomycin sulfate, MRC-5 cellular proteins
MMR (MMR-II)	Medium 199, Minimum Essential Medium, phosphate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, chick embryo cell culture, WI-38 human diploid lung fibroblasts
Varicella (Varivax)	sucrose, phosphate, glutamate, gelatin, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, sodium phosphate monobasic, potassium chloride, EDTA, residual components of MRC-5 cells including DNA and protein, neomycin, fetal bovine serum, human diploid cell cultures (WI-38), embryonic guinea pig cell cultures, human embryonic lung cultures
Zoster (Shingles – Zostavax)	sucrose, hydrolyzed porcine gelatin, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, neomycin, potassium chloride, residual components of MRC-5 cells including DNA and protein, bovine calf serum

CDC Source http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

Source: Vaccine Risk Network (2020)

Below is some quotes from doctors along with their source with their opinion on vaccines:

Doctors

Dr Vernon Colman (2021)

"The fraud started, of course, with the wild predictions made by Ferguson of Imperial College. Ferguson is a mathematical modeller with an appalling track record. The people planning the fraud knew that Ferguson's predictions were absurd. They must have known that Ferguson's track record was embarrassingly bad. But nevertheless his predictions were used as an excuse for the lockdowns, the social distancing, the masks and the closure of schools and hospital departments. This was all utter madness. The logical thing to do was to isolate individuals who had the infection – in the same way that people with flu are told to stay at home – and to protect the most vulnerable people, largely the elderly with heart or chest disorders. But the politicians and the advisors did everything wrong. And those who questioned what was happening were demonised and silenced.

The fact is that the immune systems of healthy people are boosted through interactions with others. Healthy children and young adults have very powerful immune systems. It's really only the elderly who are most likely to be threatened by a new virus.

And yet the world's politicians and their advisors deliberately led us into a mass vaccination programme.

The public were originally assured that only through a huge vaccination programme could they possibly win back some of their lost freedoms. This was always dangerous nonsense.

However, the experimental vaccines which were approved so quickly were never going to do what people were told they would do. They weren't designed to prevent infection or transmission. The vaccines don't stop people getting covid-19 and they don't stop them passing it on if they do get it. The vaccines merely help limit the seriousness of the symptoms for some of those who are injected. That's not what most people believe, of course. The vast majority of people who have been vaccinated believe that they have been protected against the infection. It was another fraud.

Apart from the rather important fact that they don't do what people think they do, there are three huge problems with the vaccines.

The first problem, of course, is that these experimental vaccines have already

proved to be desperately dangerous – killing many people already and producing serious adverse events in many more. The size of this particular problem can be judged by the fact that even the authorities admit that probably only 1 in 100 vaccine related deaths and serious injuries will be reported. It is impossible to estimate how many will die of allergy problems, heart trouble, strokes, neurological problems or how many will be blinded or paralysed. There is a list on my website of people known to be injured or killed by the vaccine and it is a terrifying list to read. The death toll is terrifying but most authorities keep insisting that these are all coincidences. When someone died within 60 or 28 days of a positive covid-19 test – even if the test result was false - they were automatically treated as a covid-19 death to push up the numbers. But when healthy young people die within hours of having a vaccination the deaths are dismissed as just coincidences. What a lot of tragic coincidences there have been.

The second problem is the immune system problem known as pathogenic priming or a cytokine storm. What happens is that the immune system of the person who has been vaccinated will be primed to respond in a very dramatic way if that individual comes into contact with the virus in the future. The result can be catastrophic and this is what I fear will happen in the autumn and during next winter. The people who had the vaccine are going to be in real trouble when they next come into contact with a coronavirus. Their immune systems will overreact and that's likely to be when there will be lots of deaths.

Patients haven't been officially warned about this problem although the evidence was published in the International Journal of Clinical Practice for October 2020. The paper is entitled `Informed consent disclosure to vaccine trial subjects of risk of covid-19 vaccines worsening clinical disease.'

But there has been no informed consent for patients and I suspect that most doctors remain ignorant of the risks.

The elderly and those with poor immune systems are particularly likely to be killed. And what will give you a poor immune system? Wearing a mask, being isolated from other people and not getting enough sunshine are three obvious causes. Drinking too much alcohol and smoking too much tobacco while under house arrest don't help."

Dr Lee Merritt (Lissa, 2021)

"They've taken down our economy, they're taking down our generation of children with these stupid masks, they're damaging us in all sorts of ways. ***It's a psyop*** *at this point. We were shut down, we were sitting at home, and our response is to study. I found out we had treatment for viruses going back into the late 1970s. I graduated medical school in 1980, my son graduated just recently, and he's a general surgeon. I asked him if he ever heard in his entire medical education, all the fellowship, all stuff you're doing, have you ever heard we could treat viruses with these antimicrobial agents? No, he never heard it. I called my friend in Florida, 40-year internal medicine professor, a real medicine doctor. I asked him the same question and he never heard that. So, this is the biggest lie.*
They lied to us for 40 years about this treatment. So, here's the big picture. If you bring out a virus like this, we're talking about vaccines and things, why do we have vaccines"

Dr Sherri Tenpenny (Steele, 2020)

"It takes at least 6 weeks from the time you get your injection for the spike antibody to start to develop. So, somewhere between 3 months and quite frankly 20

years. The immunologist I spoke to said that over the next 10 years we are going to see this go on in perpetuity, because it can take anywhere from 2 years to 19 years to get full blown auto-immune disease. I think we will see massive injuries and a lot more deaths starting somewhere between 4 and 18 months from now. This Vaccine will permanently alter your immune system."

"When you get this spike antibody in your system it will permanently and irreversibly change your immune system. The messenger RNA is the spike protein to develop an antibody against that spike protein. It means next time you come in contact with a virus the antibody should block you from getting sick. However, not only does it not stop you from getting sick, the antibody itself is going to turn on your body and create havoc and massive auto-immune disease."

Geert Vanden Bossche, DVM, PhD virology, independent seasoned vaccine researcher (2021)

"The combination of mass vaccination and infection prevention measures is a recipe for a global health disaster. Following the science, one has to conclude that all age groups (possibly with the exception of small children) will be heavily affected and subject to rates of morbidity and mortality that raise much faster and much higher than those expected to occur during the natural course of a CoV pandemic. This will particularly apply if the sequence of mass vaccinations following the first infectious wave parallels that of natural infection (i.e., immunocompromised people and elderly first, followed by the younger age groups). No one, for that matter, should be granted a right to implement large-scale pharmaceutic and non-pharmaceutic immune interventions, especially not during a viral pandemic, and certainly not without an in-depth understanding of the immune pathogenesis of a viral pandemic. When one follows the science, and nothing but the science, it becomes extremely difficult to not label 5 Author: G. Vanden Bossche, DVM, PhD; 26 February 2021 Page 5 ongoing mass vaccination campaigns as a crime, not only to public health but also to individual health."

Dr. J. Patrick Whelan (Redwood, 2021)

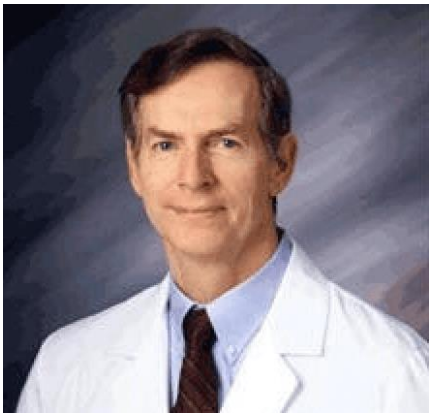
"On Dec. 8, 2020, the U.S. Food and Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) received a public submission from J. Patrick Whelan, M.D., Ph.D. The submission was in response to the agency's request for comments regarding vaccines against SARS-CoV-2 in advance of the Dec. 10 meeting when the committee would review the Pfizer/BioNTech (BNT162b2) SARS-CoV-2 vaccine for emergency use authorization (EUA).

Whelan's training (at Harvard, Texas Children's Hospital and Baylor College of Medicine) includes degrees in biochemistry, medicine and rheumatology. For 20 years, he worked as a pediatric rheumatologist. He currently specializes in treating children with multisystem inflammatory syndrome (MIS-C), which has been associated with coronavirus infections.

In his public submission, Whelan sought to alert the FDA about the potential for vaccines designed to create immunity to the SARS-CoV-2 spike protein to instead cause injuries.

Specifically, Whelan was concerned that the new mRNA vaccine technology utilized by Pfizer and Moderna has "the potential to cause microvascular injury (inflammation and small blood clots called microthrombi) to the brain, heart, liver and kidneys in ways that were not assessed in the safety trials." "

Russell Blaylock (2005)



“Basically, vaccines contain either killed viruses or bacteria, germ components, toxic extracts or live organisms that have been made less virulent--a process called attenuation. To stimulate an enhanced immune reaction against these organisms, manufacturers added powerful immune-stimulating substances such as squalene, aluminum, lipopolysacchride, etc. These are called immune adjuvants.

The process of vaccination usually required repeated injections of the vaccine over a set period of time. The combination of adjuvants plus the intended organism triggers an immune response by the body, similar to that occurring with natural infections, except for one major difference. Almost none of these diseases enter the body by injection. Most enter by way of the mucous membranes of the nose, mouth, pulmonary passages or GI tract. For example, polio is known to enter via the GI tract. The membranes lining these passages contain a different immune system than activated by direct injection. This system is called the IgA immune system.

It is the first line of defense and helps reduce the need for intense activation of the body’s immune system. Often, the IgA system can completely head off an attack. The point being that injecting organisms to induce immunity is abnormal.

Because more and more reports are appearing citing vaccine failure, their manufacturers’ answer is to make the vaccines more potent. They do this by making the immune adjuvants more powerful or adding more of them. The problem with this approach is that in the very young, the nutritionally deficient and the aged, over-stimulating the immune system can have an opposite effect--it can paralyze the immune system.

This is especially prevalent with nutritional deficiency.

An early attempt to vaccinate Africans met with disaster when it was discovered that many were dying following vaccination. The problem was traced to widespread vitamin A deficiency among the tribes. Once the malnutrition was corrected, death rates fell precipitously. Another problem we see with modern vaccines is that the immune stimulation continues over a prolonged period of time. This is because of the

immune adjuvants. They remain in the tissues, constantly stimulating immune-activating cells. With most natural infections the immune activation occurs rapidly, and once the infection is under control, it drops precipitously. This, as we shall see, is to prevent excessive damage to normal cells in the body.

What Happens to the Brain With Vaccination?

It seems the brain is always neglected when pharmacologists consider side effects of various drugs. The same is true for vaccinations. For a long time no one considered the effect of repeated vaccinations on the brain. This was based on a mistaken conclusion that the brain was protected from immune activation by its special protective gateway called the blood-brain barrier. More recent studies have shown that immune cells can enter the brain directly, and more importantly, the brain's own special immune system can be activated by vaccination.

You see, the brain has a special immune system that operates through a unique type of cell called a microglia.

These tiny cells are scattered throughout the brain, lying dormant waiting to be activated. In fact, they are activated by many stimuli and are quite easy to activate. For our discussion, activation of the body's immune system by vaccination is a most important stimuli for activation of brain microglia.

Numerous studies have shown that when the body's immune system is activated, the brain's immune cells are likewise activated. This occurs by several pathways, not important to this discussion. The more powerfully the body's immune system is stimulated the more intense is the brain's reaction. Prolonged activation of the body's immune system likewise produces prolonged activation of the brain's immune system.

Therein lies the danger of our present vaccine policy.

The American Academy of Pediatrics and the American Academy of Family Practice have both endorsed a growing list of vaccines for children, even newborns, as well as yearly flu shots for both children and adults. Children are receiving as many as 22 inoculations before attending school.

What Happens When the Brain's Immune System is Activated?

The brain's immune system cells, once activated, begin to move about the nervous system, secreting numerous immune chemicals (called cytokines and chemokines) and pouring out an enormous amount of free radicals in an effort to kill invading organisms. The problem is--there are no invading organisms. It has been tricked by the vaccine into believing there are.

Unlike the body's immune system, the microglia also secrete two other chemicals

that are very destructive of brain cells and their connecting processes. These chemicals, glutamate and quinolinic acid, are called excitotoxins. They also dramatically increase free radical generation in the brain. Studies of patients have shown that levels of these two excitotoxins can rise to very dangerous levels in the brain following viral and bacterial infections of the brain. High quinolinic acid levels in the brain are thought to be the cause of the dementia seen with HIV infection.

The problem with our present vaccine policy is that so many vaccines are being given so close together and over such a long period that the brain's immune system is constantly activated. This has been shown experimentally in numerous studies. This means that the brain will be exposed to large amounts of the excitotoxins as well as the immune cytokines over the same period.

Studies on all of these disorders, even in autism, have shown high levels of immune cytokines and excitotoxins in the nervous system. These destructive chemicals, as well as the free radicals they generate, are diffused throughout the nervous system doing damage, a process called bystander injury. It's sort of like throwing a bomb in a crowd. Not only will some be killed directly by the blast but those far out into the radius of the explosion will be killed by shrapnel.

Normally, the brain's immune system, like the body's, activates quickly and then promptly shuts off to minimize the bystander damage. Vaccination won't let the microglia shut down. In the developing brain, this can lead to language problems, behavioral dysfunction and even dementia. In the adult, it can lead to the Gulf War Syndrome or one of the more common neurodegenerative diseases, such as Parkinson's disease, Alzheimer's dementia or Lou Gehrig's disease (ALS).

A recent study by the world-renowned immunologist Dr. H. Hugh Fudenberg found that adults vaccinated yearly for five years in a row with the flu vaccine had a 10-fold increased risk of developing Alzheimer's disease. He attributes this to the mercury and aluminum in the vaccine. Interestingly, both of these metals have been shown to activate microglia and increase excitotoxicity in the brain."

The Covid-19 Vaccine so far

If after all the past reports of the dangers of vaccines are not able to enlighten an individual of the potential dangers of these chemicals, the statistics and facts of the Covid-19 vaccine will. This is by far they least viable vaccine created; no long term tests, no animal tests, no approved vaccine of this sort previously, this vaccine is not even classified as a vaccine, it is not even created to prevent diseases only to lessen the symptoms.

Take as an example Clark (2020) from CDC who recorded this:

	Dec 14	Dec 15	Dec 16	Dec 17	Dec 18*
Registrants with recorded 1st dose	679	6,090	27,823	67,963	112,807
Health Impact Events**	3	50	373	1,476	3,150
Pregnancies at time of vaccination	5	29	103	286	514

*Dec 18, 5:30 pm EST
**unable to perform normal daily activities, unable to work, required care from doctor or health care professional

As can be seen, within the first five days of the release of this new 'vaccine' 3150 suffered from anaphylactic shock so bad they were no longer able to perform daily activities and required professional aid. Yet nothing is broadcasted about this, Mahase (2020) from the British Medical Journal reminds that

"The overall death rate from covid-19 has been estimated at 0.66%, rising sharply to 7.8% in people aged over 80 and declining to 0.0016% in children aged 9 and under."

It should be added that 0.66% is the average across all age groups and the use of over 80's is non-generalisable to further populations, as according to the Office of National Statistics (Morgan and Rozée, 2020) the life expectancy of men in the UK is 79.4 years, and for women it is 83.1 years. This is not saying the figure is irrelevant, but rather ungeneralisable given that the average number of individuals suffering sever anaphylactic reactions to the vaccine across all age groups is 2.8%, but the average Covid-19 survival rate is 99.34% during its peak. It should also be considered that the reactions recorded were an immediate response, and not long-term reactions.

Stone (2021) from British Medical Journal cites the VAERS website which allows people to report adverse reactions or deaths due to a vaccine, without having the capability of suing the company. Here's what it says.

"At the same time as Fiona Godlee refers to "the phenomenal success of the vaccine programme" [1] deaths on the Vaccine Adverse Events Reporting System (VAERS) for the two Covid vaccines currently in use in the US, manufactured by Pfizer BioNTech and Moderna, are off the scale. As of 4 February there were 653 reported deaths [2]. This was at a time when approximately 35.2 million doses had been administered [3]. It compares with 75 reported deaths associated with influenza vaccine for the current season [4] from 193.6 million doses: this is approximately 48 times the rate. Deaths are also a much higher proportion of total reports for Covid

vaccines as compared with Influenza vaccines [6,7]: approximately 5% as compared with about 0.8%. Although none of these cases is confirmed VAERS is a passive reporting system which was said in 2010 to pick up less than 1% of cases [8].

On top of this the New York Times reports [9]:

" More than 34 million Americans have received Covid vaccines, but the much-touted system that the government designed to monitor any dangerous reactions won't be capable of analyzing safety data for weeks or months, according to numerous federal health officials."

All this is deeply concerning to say the least."

Not only is this vaccine questionable in its effectiveness and safety, most people do not realise that this was hastily approved, for the first time the FDA (2021) gave emergency approval to the Covid-19 vaccines. This is all despite acknowledging.

"At this time, data are not available to determine how long the vaccine will provide protection, nor is there evidence that the vaccine prevents transmission of SARS-CoV-2 from person to person."

"On the basis of the determination by the Secretary of the Department of Health and Human Services on Feb. 4, 2020, that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and issued declarations that circumstances exist justifying the authorization of emergency use of unapproved products, the FDA may issue an EUA to allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent COVID-19 when there are no adequate, approved, and available alternatives."

"The issuance of an EUA is different than an FDA approval (licensure) of a vaccine, in that a vaccine available under an EUA is not approved."

Kane (2021) wrote a transcript from Dr. Dolores Cahill, professor of molecular genetics, School of Medicine at University College Dublin, and chairwoman of Irish Freedom Party who spoke about the mechanism of this new Covid-19 vaccine:

"What it does is this gene therapy or medical device is setting up an autoimmune disease chronically.

It's anaphylaxis in the first wave. It's anaphylaxis +allergic reaction the 2nd wave. But the 3rd reaction occurs when you come across whatever the messenger RNA is against (virus), and now you have stimulated your immune system to have a low-grade autoimmune disease, not immunity to yourself per se because the mRNA is expressing a viral protein.

Now you've made yourself into a genetically modified organism, and so the immune system that is meant to push the viruses or bacteria out… now the autoimmune reaction is attacking your body low grade."

With statistical data showing the dangers and also the lack of proper long-term studies or authorisation, it is clear that something is making this vaccine a high-risk to an individual's health. Despite manufacturers saying that their vaccines are safe, they appear to lack any confidence in this claim. This can be said due to the fact that these companies take no liability in any damages caused by their vaccine. Davis (2020) discusses how companies such as AstraZeneca's have thought for liability claiming,

""This is a unique situation where we as a company simply cannot take the risk if in … four years the vaccine is showing side effects," Ruud Dobber, part of AstraZeneca's senior executive team, said."

"In the contracts we have in place, we are asking for indemnification. For most countries it is acceptable to take that risk on their shoulders because it is in their national interest," he said."

Sigalos (2020) added comments from Pfizer and Moderna.

"The federal government has granted companies like Pfizer and Moderna immunity from liability if something unintentionally goes wrong with their vaccines."

*"**You also can't sue the Food and Drug Administration for authorizing a vaccine for emergency use**, nor can you hold your employer accountable if they mandate inoculation as a condition of employment."*

*"In February, Health and Human Services Secretary Alex Azar invoked the Public Readiness and Emergency Preparedness Act. The 2005 law empowers the HHS secretary to provide legal protection to companies making or distributing critical medical supplies, such as vaccines and treatments, unless there's "willful misconduct" by the company**.** The protection lasts until 2024."*

"That means that for the next four years, these companies "cannot be sued for money damages in court" over injuries related to the administration or use of products to treat or protect against Covid. "

"Remember, vaccine manufacturers aren't the ones approving their product for mass distribution. That is the job of the FDA.

Which begs the question, can you sue the U.S. government if you have an extraordinarily bad reaction to a vaccine?

Again, the answer is no.

"You can't sue the FDA for approving or disapproving a drug," said Dorit Reiss, a professor at the University of California Hastings College of Law. "That's part of its sovereign immunity."

Sovereign immunity came from the king, explains Dunn, referring to British law before the American Revolution. "You couldn't sue the king. So, America has sovereign immunity, and even each state has sovereign immunity.""

Mike Yeadon is a model example of having both knowledge and was previously in a high up position within Pfizer. The list is so long of his qualifications and interests that below is a direct quote from Mike Yeadon's bio, the below quote is from Staff (2020).

"Dr. Michael Yeadon is an Allergy & Respiratory Therapeutic Area expert with 23 years in the pharmaceutical industry. He trained as a biochemist and pharmacologist, obtaining his PhD from the University of Surrey (UK) in 1988.

Dr. Yeadon then worked at the Wellcome Research Labs with Salvador Moncada with a research focus on airway hyper-responsiveness and effects of pollutants including ozone and working in drug discovery of 5-LO, COX, PAF, NO and lung inflammation. With colleagues, he was the first to detect exhaled NO in animals and later to induce NOS in lung via allergic triggers.

Joining Pfizer in 1995, he was responsible for the growth and portfolio delivery of the Allergy & Respiratory pipeline within the company. He was responsible for target selection and the progress into humans of new molecules, leading teams of up to 200 staff across all disciplines and won an Achievement Award for productivity in 2008.

Under his leadership the research unit invented oral and inhaled NCEs which delivered multiple positive clinical proofs of concept in asthma, allergic rhinitis and COPD. He led productive collaborations such as with Rigel Pharmaceuticals (SYK inhibitors) and was involved in the licensing of Spiriva and acquisition of the Meridica (inhaler device) company.

Dr. Yeadon has published over 40 original research articles and now consults and partners with a number of biotechnology companies. Before working with Apellis, Dr. Yeadon was VP and Chief Scientific Officer (Allergy & Respiratory Research) with Pfizer."

Below is a section from a transcript from discussing this vaccines safety, which led him to his resignation since he did not want to be involved with the mass production and distribution of this vaccine (Stecklow and Macaskill, 2021).

"In Oct. 16, he wrote another lengthy article for the same website: "There is absolutely no need for vaccines to extinguish the pandemic. I've never heard such nonsense talked about vaccines. You do not vaccinate people who aren't at risk from a disease."

In November, Yeadon appeared in a 32-minute video for the anti-lockdown group, Unlocked, sitting in a shed with a motorbike behind him. A shorter version appeared on Facebook titled, "The pandemic is over."

Yeadon called for an end to mass testing and claimed that 30% of the population was already immune to COVID-19 even before the pandemic started. By the time of the recording, he said, there was little scope for the virus to spread further in the UK because most people had already been infected or were immune."

The '30%' claim came from Staff (2020) explaining that…

"So the question I've had all year is: once one or two people, you know, got the virus in a care home, why wouldn't almost everyone get infected? And of course the truth is, they didn't. And one interpretation of that distinction is that a large proportion of people in the care homes had prior immunity.

At this time of year, about 1 in 30 people have a cold, caused by one of these coronaviruses. And just like the protection against smallpox provided by previous exposure to cowpox, so people exposed to having had a cold caused by one of these coronaviruses they're now immune to SARS-CoV-2. So, 30% of the population was protected before the start. SAGE said it was zero – and I don't understand how they could possibly have justified that. There's a second, and equally fatal, unaccountable error that they have made in their model. The percentage of the population that SAGE asserts have been infected to date by the virus is about seven percent. I know that that's what they believe and you can see it in a document they published in September called "Non-pharmaceutical interventions" and it says sadly more than 90% of the population is still vulnerable.

It's unbelievably wrong. And I'm just going to explain why: they've based their number on the percentage of people in the country who have antibodies in their blood. And only the people who became most ill needed to actually develop and release antibodies around their body. So, it is certainly true that the people who have lots of antibodies were infected. But a very large number of people had milder symptoms, and even more people had none at all. And the best estimates that we can arrive at is that those people either made no antibodies, or so low amounts that they will have faded from now.

A recent publication on the percentage of care home residents who have antibodies to the virus very, very interesting. This time they were using high sensitivity tests for antibodies and they carefully picked out residents that never were PCR-positive: these are people who never got infected. And they found that 65% of them had antibodies to the virus; they never got infected. So, I believe there was high prevalence of immunity in that population prior to the virus arriving. Big story in the media, recently, was that the percentage of people with antibodies against the virus in their blood was falling. Now, this was cast as a concern that immunity to SARS-CoV-2 doesn't last very long. Well, you know, anyone with knowledge of immunity would – would just simply reject that. It's not the way immunity to virus works – that would be T-cells. So, if the antibodies are falling gradually over time – which they have – from spring to present, the only plausible explanation is that the prevalence of

the virus in the population is falling, and that's why the antibody production gradually subsides.

Less than 40% of the population are susceptible. Even theoretical epidemiologists would tell you that that's too small a number to support a consolidated and growing outbreak, community immunity, herd immunity."

Conclusions

In all, everything written in this literature is cited and referenced from a variety of different articles. It includes professional opinions and research to support its statements. From centuries of previous epidemics and pandemics, lessons have been learned and concern for an unknown disease is warranted. However, when considered as 'risk to reward' many more lives have been placed in danger to the health, for a virus that is so insignificance that its existence is questionable. Response of lockdown has stripped people of human rights and basic access to health resources, masks are linked with the causation of various illnesses and also highly ineffective. The combination of lockdown, lack of social requirements, and precautions such as masks or social distancing have created a pandemic of its own seeing a rise in alcohol sales, drugs, smoking, and unhealthy habits. People are scared to enter hospitals and are instead dying alone in their homes with no assistance. Those in care homes are restricted from their basic right of seeing their family and given the low fatality rate or infection rate of Covid-19 this should unquestionably be the decision of the family, not the government. Untested, unauthorised vaccines are being distributed with no long-term effects study, despite past knowledge of previous medication, this is being promoted as a 'must'. Dangers of anaphylactic reactions and death have already been reported at greater numbers than ever seen before for tested and are harming more than at the rate of Covid-19.

What is encouraged of you, reader, is to take what you see here and find out for yourself. Nothing here is rephrased, or bias, these are all found on the main organisation's websites. Fact-checkers run by news outlets are disregarding professional opinions such as that of Kary Mullis and Mike Yeadon, stating that they phrase it differently. Despite videos of them saying these things. Censorship has dominated the web, but I encourage you do not live in fear or prevent your or your family's wellbeing and life based on false science.

To finish off, this is a section from the BMJ of the 'Covid-19: politicisation, "corruption," and suppression of science, which I believe summarises what is happening now perfectly (Abbassi, 2020).

"Once transparency and accountability are established as norms, individuals employed by government should ideally only work in areas unrelated to their competing interests. Expertise is possible without competing interests. If such a strict rule becomes impractical, minimum good practice is that people with competing interests must not be involved in decisions on products and policies in which they have a financial interest.

*Governments and industry must also stop announcing critical science policy by press release. Such ill judged moves leave science, the media, and stock markets vulnerable to manipulation. Clear, open, and advance publication of the scientific basis for policy, procurements, and wonder drugs is a fundamental requirement.**19***

The stakes are high for politicians, scientific advisers, and government appointees. Their careers and bank balances may hinge on the decisions that they make. But they have a higher responsibility and duty to the public. Science is a public good. It doesn't need to be followed blindly, but it does need to be fairly considered. Importantly, suppressing science, whether by delaying publication, cherry picking favourable research, or gagging scientists, is a danger to public health, causing deaths by exposing people to unsafe or ineffective interventions and preventing them from benefiting from better ones. When entangled with commercial decisions it is also maladministration of taxpayers' money.

*Politicisation of science was enthusiastically deployed by some of history's worst autocrats and dictators, and it is now regrettably commonplace in democracies.**20** The medical-political complex tends towards suppression of science to aggrandise and enrich those in power. And, as the powerful become more successful, richer, and further intoxicated with power, the inconvenient truths of science are suppressed.* ***When good science is suppressed, people die."***

Thank you for reading!

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