



GLOBAL REPORT

2019-nCoV

novel coronavirus

There is no deadly "pandemic"

SUMMARY OF FACTS

60 pages of evidence based science

Rev 9.9.901020777

Date of publication: September [2020]



In association with:
**Extra-parliamentary corona
investigation committee
(and partners)**

<https://worlddoctorsalliance.com/>



Signatories of thousands of scientists, medical doctors and experts around the world. Including but not limited to Germany, Spain, US, Belgium(below) and more, agree there is no "deadly" pandemic and it is long overdue to get back to normal.

"After the initial panic surrounding covid-19, the objective facts now show a completely different picture – there is no medical justification for any emergency policy anymore. The current crisis management has become totally disproportionate and causes more damage than it does any good."

- We therefore call for an **immediate end to all measures.**

The public should ignore all guidelines that are now deemed obsolete.

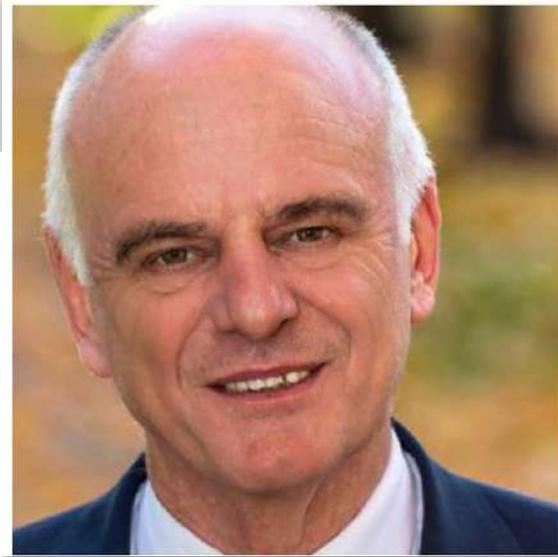
- We are questioning the legitimacy of the current advisory experts, who meet behind closed doors.

- Following on from ACU 2020 we call for an **in-depth examination of the role of the WHO and the possible influence of conflicts of interest in this organisation.**

<https://gbdeclaration.org/>

W.H.O Europe Director "Governments Should Stop Enforcing Lockdowns"

13 October 2020



 **The Spectator** 
@spectator 

WATCH: Dr David Nabarro, the WHO's Special Envoy on Covid-19, tells Andrew Neil: 'We really do appeal to all world leaders: stop using lockdown as your primary control method'. Watch the full interview here:
youtu.be/x8oH7cBxgwE?t=... #SpectatorTV @afneil | @davidnabarro



But we had Professor Sunetra Gupta from Oxford University on, and she was

4:27 PM · Oct 9, 2020 

 15.4K  See the latest COVID-19 information on Twitter

"It also resonates with numerous other experts who have warned governments that lockdowns will end up killing more people than the virus itself"

Dr. David Nabarro from the WHO appealed to world leaders yesterday, telling them to stop "using lockdowns as your primary control method

"We in the World Health Organization do not advocate lockdowns as the primary means of control of this virus," Dr. David Nabarro said to The Spectator's Andrew Neil. "The only time we believe a lockdown is justified is to buy you time to reorganize, regroup, rebalance your resources, protect your health workers who are exhausted, but by and large, we'd rather not do it."

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[New York, Italy, Swe]

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All information is "quoted" from sources and searchable by reference or attached link.

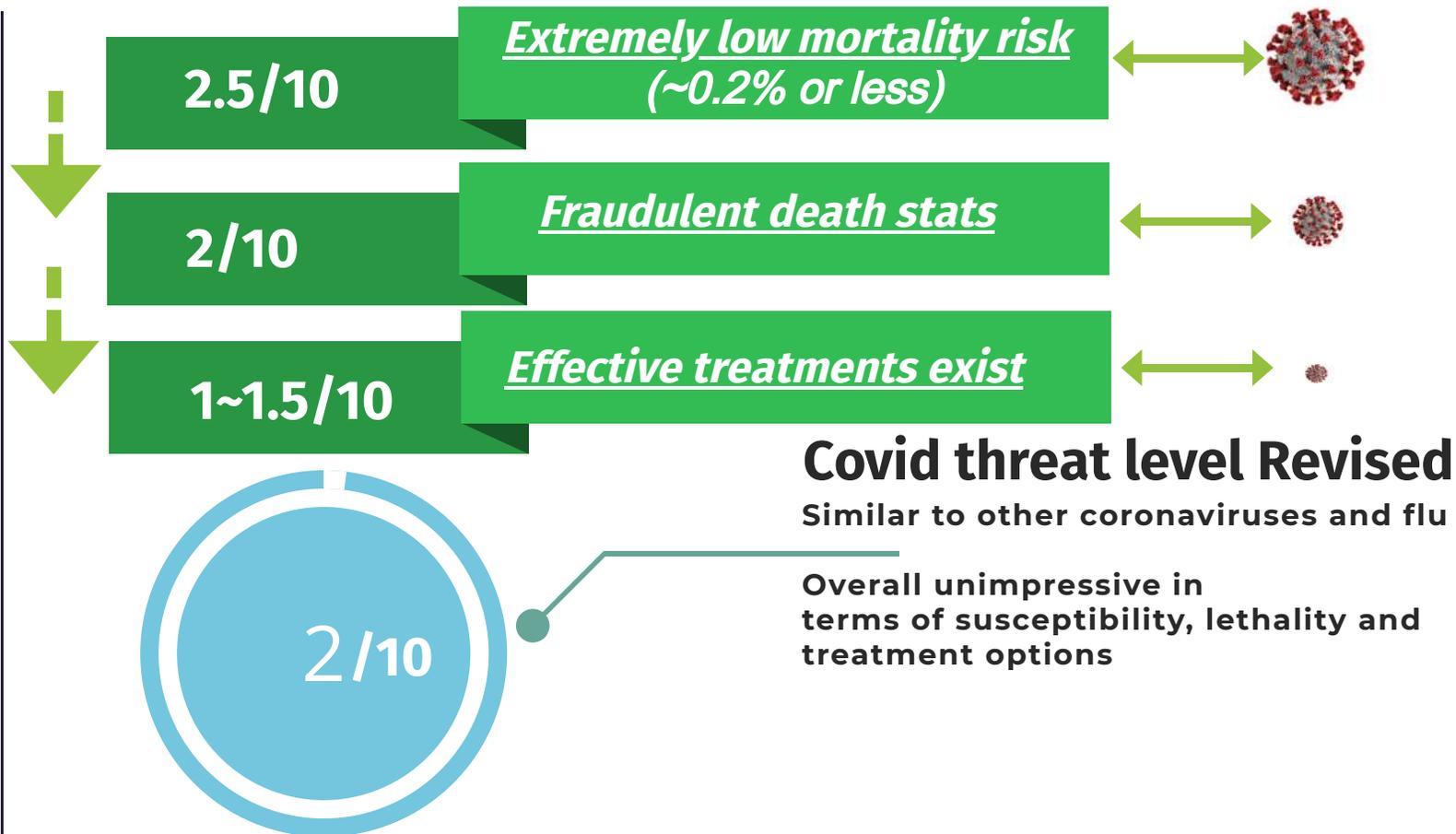
This work was undertaken and compiled from the most prestigious experts, scientists and doctors around the world.

- Updated in real time. [Select text option enabled]
- <http://tiny.cc/protonreportmobile>
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If you don't fear the common flu, You should not fear covid

Editor note: It must now be understood that every major prediction model (and specifically those pushed by some of the big news media) in almost every country that "predicted" vast numbers of deaths from covid was not even close to being correct. The margin of error sometimes in the range of 100x or more. Resulting in completely unsubstantiated fear based on nothing.

"Additionally, this is somewhat of an unusual virus in that for the vast majority of people infected by the virus, one experiences either no illness (asymptomatic) or very little sickness. Only a very small number of people are at risk of a potentially serious outcome from the infection—mainly those with underlying serious medical conditions in conjunction with advanced age and frailty, those with immune compromising conditions and nursing home patients near the end of their lives."



1

According to the latest immunological studies, the overall lethality of Covid-19 (IFR) is **about 0.1% to 0.3% and thus in the range of a severe influenza (flu)**

2

In countries like the US, the UK, and also Sweden (without a lockdown), **overall mortality is in the range of a strong influenza season**; in countries like Germany and Switzerland, overall mortality so far is in the range of a **mild influenza** season.

3

Kids in particular are more likely to be hit by lightning than to die of coronavirus, scientists say.

4

The median age of the deceased in most countries (including Italy) is over 80 years and only about 4% of the deceased had no serious preconditions. The age and risk profile of deaths thus essentially corresponds to normal mortality.

5

Even in so-called “Covid-19 deaths” it is often not clear whether they died from or with coronavirus (i.e. from underlying diseases) or if they were counted as “presumed cases” and not tested at all. However, official figures usually do not reflect this distinction.

6

Up to 80% of all test-positive persons remain symptom-free. Even among 70-79 year olds, about 60% remain symptom-free. About 95% of all people develop at most moderate symptoms.

7

Many media reports of young and healthy people dying from Covid-19 turned out to be false: many of these young people either did not die from Covid-19, they had already been seriously ill (e.g. from undiagnosed leukaemia)

7 Up to 60% of all persons may already have a certain cellular background immunity to the new coronavirus due to contact with previous coronaviruses (i.e. cold viruses).

8 Countries without lockdowns, such as Japan, South Korea, Belarus and Sweden, have not experienced a more negative course of events than many other countries. Sweden now benefits from higher immunity compared to lockdown countries

9 At no time was there a medical reason for the closure of schools, as the risk of disease and transmission in children is extremely low (1/5 of 0.1%). There is also no medical reason for small classes, masks or 'social distancing' rules in schools.

10 The virus test kits used internationally are prone to errors and can produce false positive and false negative results. Moreover, the official virus test was not clinically validated due to time pressure and may sometimes react positive to other common coronaviruses.

11 Several media were caught trying to dramatize the situation in hospitals, sometimes even with manipulative images and videos. In general, the unprofessional reporting of many media maximized fear and panic in the population.

12 Numerous internationally renowned experts in the fields of virology, immunology and epidemiology consider the (lockdown) measures taken to be unnecessary, counterproductive and even extreme in some cases



Lifetime odds of death for selected causes, United States, 2018

Cause of Death Odds of Dying

Heart disease 1 in 6

Cancer 1 in 7

All preventable causes of death 1 in 25

Chronic lower respiratory disease 1 in 26

Suicide 1 in 86

Opioid overdose 1 in 98

Motor-vehicle crash 1 in 106

Fall 1 in 111

Gun assault 1 in 298

Pedestrian incident 1 in 541

Motorcyclist 1 in 890

Drowning 1 in 1,121

Fire or smoke 1 in 1,399

Choking on food 1 in 2,618

Bicyclist 1 in 4,060

Sunstroke 1 in 7,770

Accidental gun discharge 1 in 9,077

Electrocution, radiation, extreme temperatures, and pressure 1 in 12,484

Sharp objects 1 in 29,483

Hot surfaces and substances 1 in 45,186

Hornet, wasp, and bee stings 1 in 53,989

Cataclysmic storm 1 in 54,699

Dog attack 1 in 118,776

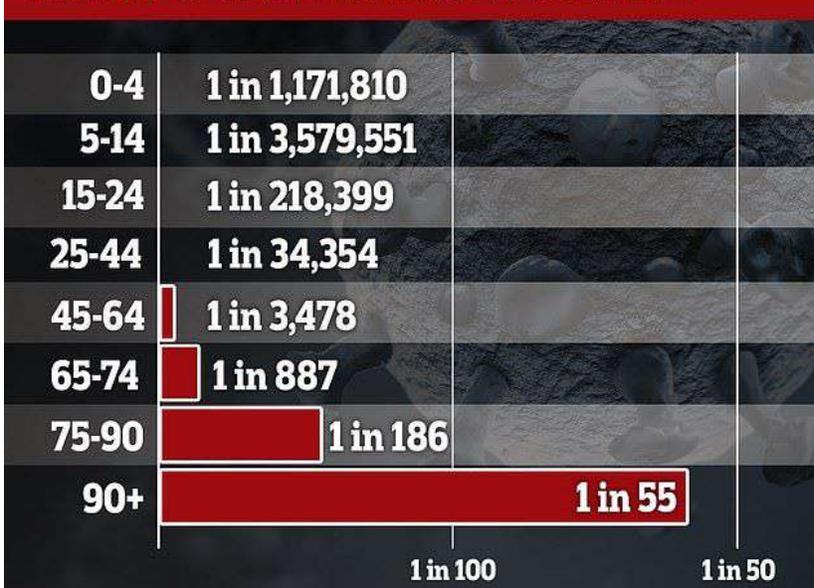
Lightning 1 in 180,746

Source: National Safety Council estimates based on data from National Center for Health Statistics—Mortality Data for 2018

Ed note: Perspective matters. "The notion that we are all seriously threatened by the virus is false. It has led to levels of personal fear being strikingly mismatched to objective risk of death from covid19."

<https://medium.com/wintoncentre/what-have-been-the-fatal-risks-of-covid-particularly-to-children-and-younger-adults-a5cbf7060c49>

RISK OF DEATH FROM COVID-19 BY AGE



Analysis of data from the Office for National Statistics (ONS) by a top statistical expert David Spiegelhalter from the University of Cambridge shows the relative risk of dying from Covid-19

<http://www.statslab.cam.ac.uk/~david>

Chance of surviving covid-19 by Age and Sex 6

COVID can be deadly for some people, but so are strawberries and so is shellfish. This is a blunt but realistic assessment of the matter.

AGE	FEMALE		MALE	
	No Underlying Conditions	One or Greater Underlying Conditions	No Underlying Conditions	One or Greater Underlying Conditions
0-9	99.99996	99.9639	99.99996	99.9603
10-19	99.99996	99.9639	99.99996	99.9603
20-29	99.9998	99.9466	99.9997	99.9037
30-39	99.9991	99.8636	99.9986	99.79
40-49	99.998	99.8153	99.9965	99.6943
50-59	99.9888	99.3647	99.9815	99.2135
60-69	99.9562	98.7605	99.8895	97.9992
70-79	99.8251	97.6094	99.5245	95.6517
80+	98.9087	92.8152	96.3318	79.9154

Page 6 of the link .Graph is an inverse extrapolation from the data.
"Predicted COVID-19 Fatality Rates Based on Age, Sex, Comorbidities, and Health System Capacity, Stockholm University", June 2020



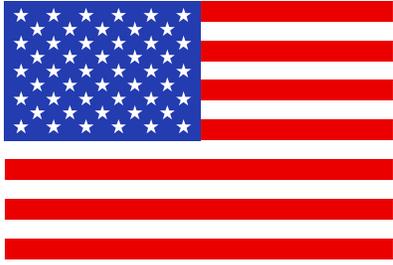
Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives, Protecting People™

Updated infection fatality - survival rates for COVID19:

Parameter Values vary among the five COVID-19 Pandemic Planning Scenarios.

CDC SCENARIO 5: 'Current Best Estimate'

AGE GROUP:	INFECTION FATALITY RATE:	SURVIVAL RATE:
0 -19	0.00003%	99.997%
20 -49	0.0002%	99.98%
50 -69	0.005%	99.5%
70 +	0.054%	94.6%



Ed note: The US due to its larger population appeared harder hit in raw numbers but it averages a similar mortality rate% with every other country. That mortality rate being extremely low, In highly immune compromised people that could also die of flu, and with covid being falsely labeled a cause of death in most cases as you will later learn

"In New York City, an epicenter of the situation with more than one-third of all U.S. deaths, the rate of death for people 18 to 45 years old is 0.01 percent. On the other hand, people aged 75 and over have a death rate 80 times that. For people under 18 years old, the rate of death is zero per 100,000.

Of all fatal cases in New York state, two-thirds were in patients over 70 years of age; more than 95 percent were over 50 years of age; and about 90 percent of all fatal cases had one or more underlying illness. Of 6,570 confirmed COVID-19 deaths fully investigated for underlying conditions to date, 99.2 percent, had one or more underlying illness. If you do not already have underlying chronic conditions, your chances of dying were already small, regardless of age. And adults and children in normal health have almost no risk of any serious illness from COVID-19."

CDC: 6% of coronavirus deaths were solely from COVID-19

Why wasn't this widely known before now?



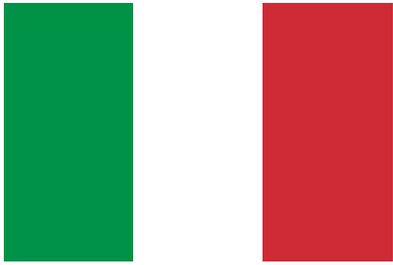
> Table 2. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by place of death, United States. Week ending 2/1/2020 to 8/22/2020.*

Comorbidities

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. The number of deaths with each condition or cause is shown for all deaths and by age groups. For data on comorbidities,

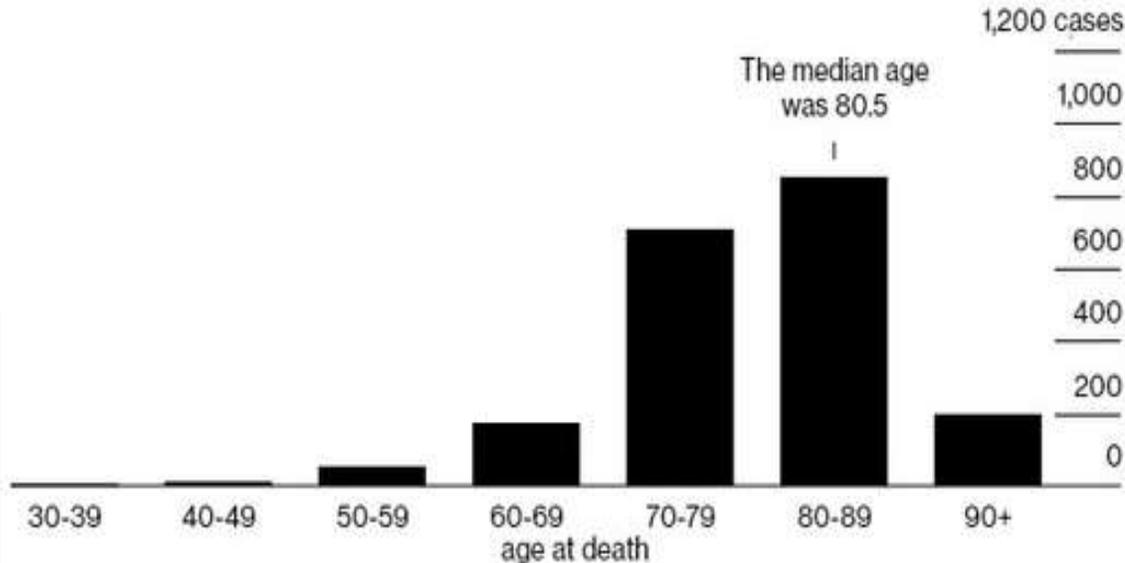
[Click here to download](#)

**"For all the other deaths reported by the CDC linked to COVID-19, the individuals who passed away had 2-3 other serious illnesses or comorbidities. This comes from actual data from the CDC"
Based on a cursory review of the CDC's COVID-19 death counts, it is clear there are deaths designated as COVID-19 deaths that likely are not caused or even related to COVID-19."**



ITALY

The median age of the infected is 63 but most of those who die are older

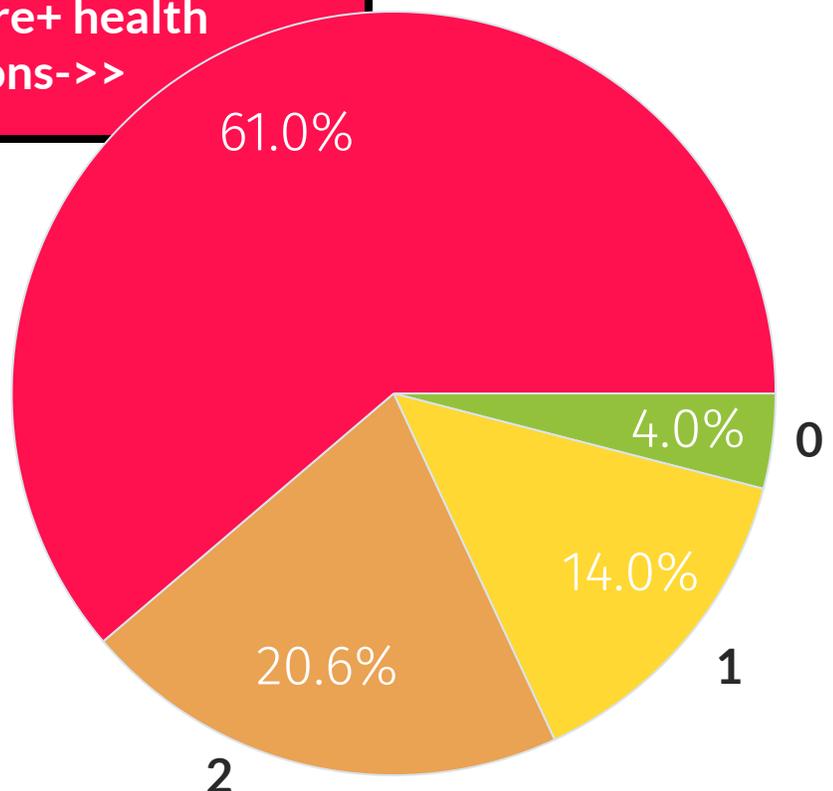


Source: ISS Italy National Health institute, March 17 sample

The average age of those who've died from the virus in Italy is 79.5. As of

Of those Covid "related" deaths in Italy Number of other health conditions they had:

3 or more+ health conditions->>



"In 2017, scientists for the Journal of Infectious diseases came together to study why an excess of 24,000 elderly Italians were dying during flu season. "

"The observed excess of deaths is not completely unexpected, given the high number of fragile very old subjects living in Italy."

Italian Leader Slams False COVID-19 Numbers





Sweden having had no lockdown at all: Dr Soo Aleman has been both on the front lines of the Covid-19 epidemic as a senior physician at Stockholm's leading Karolinska hospital, and on the research side, as Assistant Professor at the Karolinska Institute



“Intensive care units are getting empty, the wards are getting empty, we are really seeing a decrease — and that despite that people are really loosening up. The beaches are crowded, social distancing is not kept very well ... but still the numbers are really decreasing. That means that something else is happening – we are actually getting closer to herd immunity. I can't really see another reason.”

More Covid News from Sweden - from an Emergency Room Doctor
Sweden has reached Herd Immunity and is now back to normal. "I haven't seen a Covid patient for months."





Ben Swann

17 August at 19:09

<-SWEDEN

Has Sweden Beaten COVID? 1 Death for the Entire Month of August, No Lockdown, No Masks

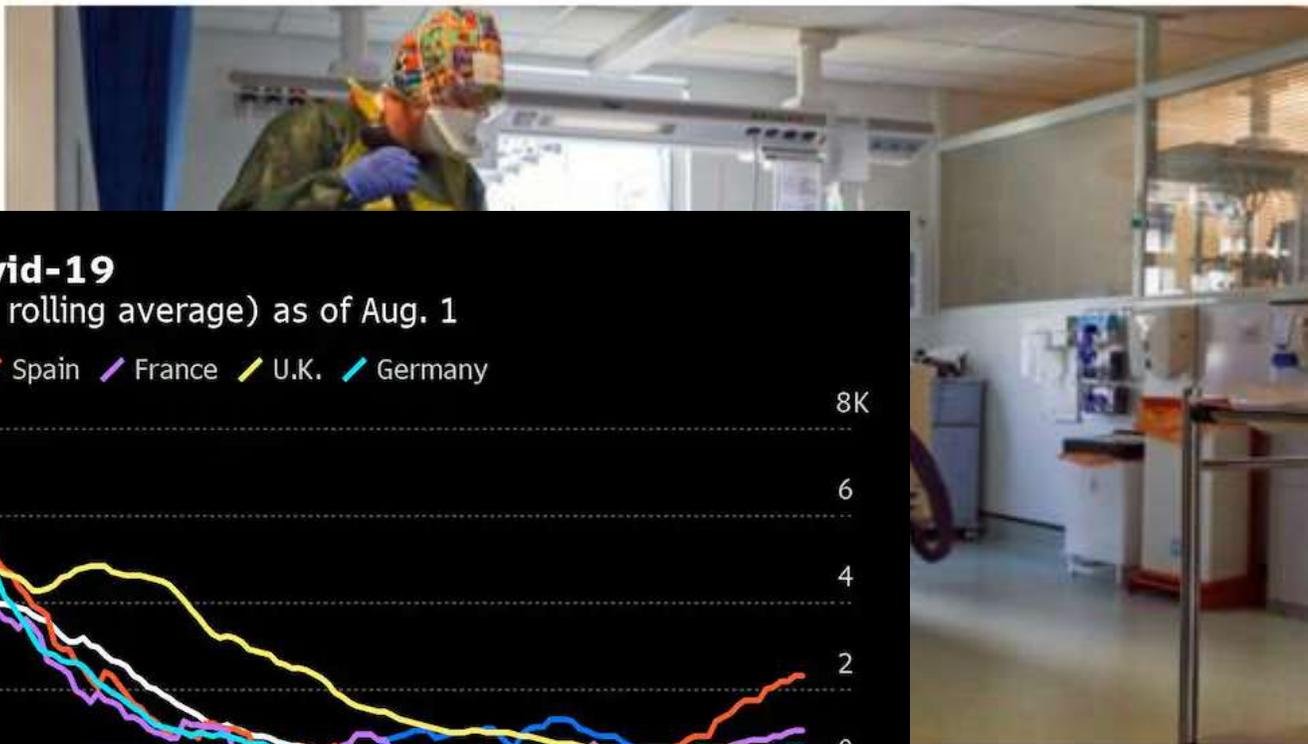
Has Sweden Beaten COVID?... See more



CORONAVIRUS

Covid wards empty as virus death toll plunges <-----UK

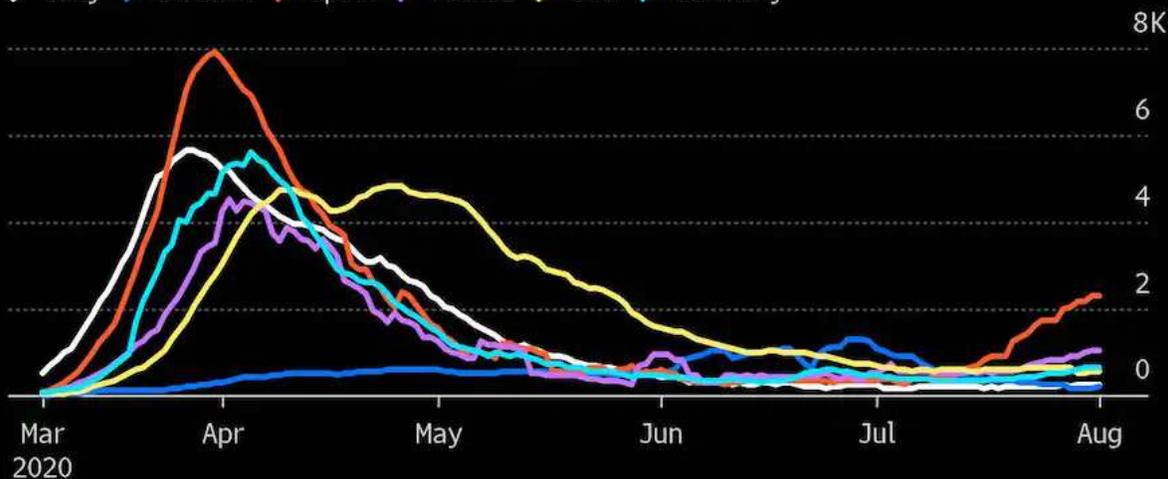
Fatalities are down 99% and some hospitals have no coronavirus patients, sparking hope that 'herd immunity' may be near



Living With Covid-19

New cases (7-day rolling average) as of Aug. 1

Italy Sweden Spain France U.K. Germany



CDC Confirms Extremely Low COVID-19 Death Rate

Horowitz: The CDC confirms remarkably low coronavirus death rate. Where is the media?

Daniel Horowitz · May 22, 2020



"Most people are more likely to wind up six feet under because of almost anything else under the sun other than COVID-19."

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R_0 Source: Preliminary COVID-19 estimates, ASPR and CDC	2	2	3	3	2.5
Symptomatic Case Fatality Ratio, stratified by age in years Source: Preliminary COVID-19 estimates, CDC	0-49: 0.0002	0-49: 0.0002	0-49: 0.001	0-49: 0.001	0-49: 0.0005
	50-64: 0.001	50-64: 0.001	50-64: 0.006	50-64: 0.006	50-64: 0.002
	65+: 0.006	65+: 0.006	65+: 0.032	65+: 0.032	65+: 0.013
	Overall: 0.002	Overall: 0.002	Overall: 0.010	Overall: 0.010	Overall: 0.004

Stanford Prof: Median Infection Fatality Rate Of COVID-19 For Those Under-70 Is Just 0.04%



by Tyler Durden

Mon, 06/22/2020 - 22:50

John Ioannidis, a professor of epidemiology and population health at Stanford University, argues in a paper published earlier this month that COVID-19 "seroprevalence studies," which measure infection rates using the presence of antibodies in blood samples, "typically show a much lower fatality than initially speculated in the earlier days of the pandemic."



Ioannidis surveyed 23 different seroprevalence studies and found that "among people <70 years old, infection fatality rates ranged from ... 0.00-0.23% with median of 0.04%." The median fatality rate of all cases, he writes, is 0.26%.

There was also Michael Levitt, a chemistry Nobel Prize winner, who developed a model that predicted the pandemic wouldn't be that bad. "The real situation is not as nearly as terrible as they [the media] make it out to be," the Stanford biophysicist told the Los Angeles Times.

Coronavirus is weakening, could disappear on its own: Top Italian doctor



Dr. Matteo Bassetti is the head of the infectious diseases clinic based in Genoa at the San Martino hospital, said the virus appears to have become less potent

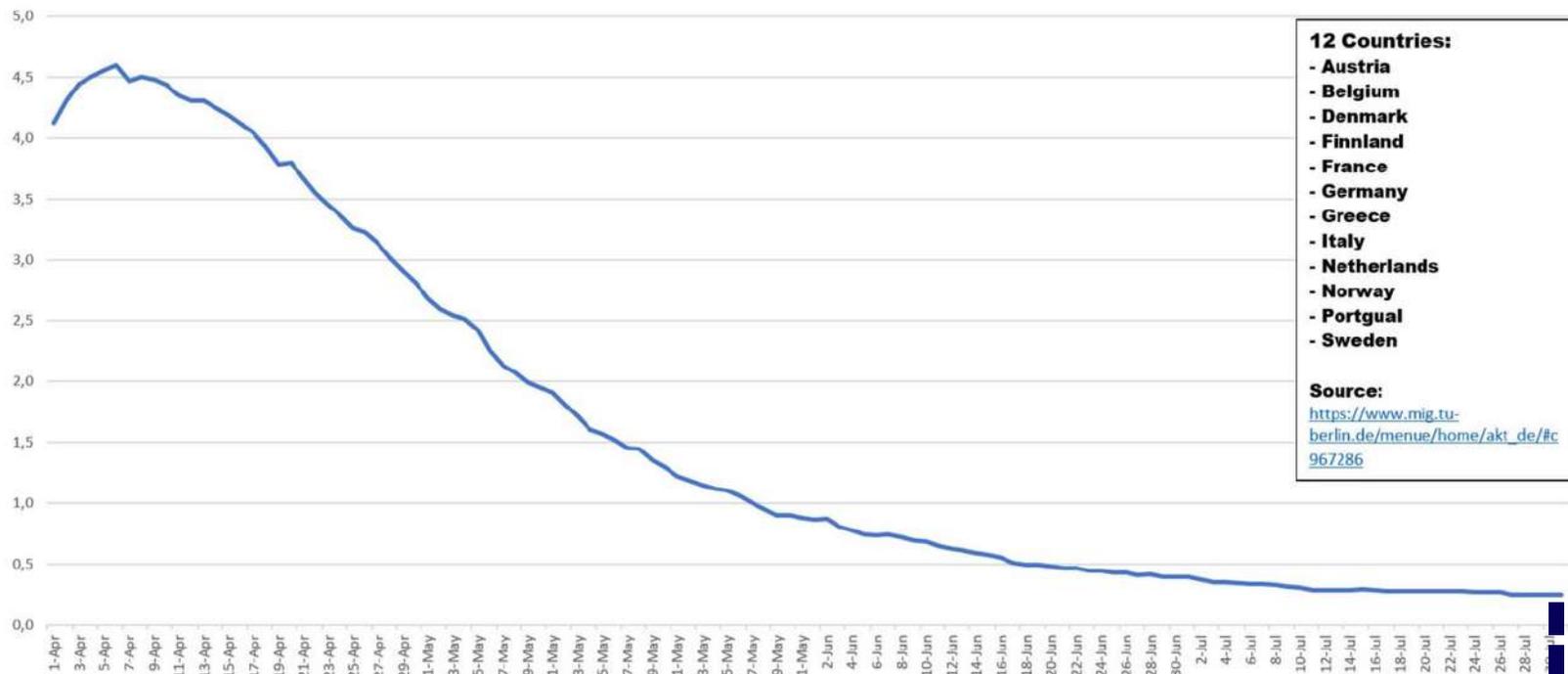
Speaking to the Sunday Telegraph, the Italian doctor stated: "It was like an aggressive tiger in March and April but now it's like a wild cat. Even elderly patients, aged 80 or 90, are now sitting up in bed and they are breathing without help. The same patients would have died in two or three days before.

"The swabs that were performed over the last 10 days showed a viral load in quantitative terms that was absolutely infinitesimal compared to the ones carried out a month or two months ago,"

A second doctor from northern Italy told the national ANSA news agency that he was also seeing the coronavirus weaken. "The strength the virus had two months ago is not the same strength it has today," said Matteo Bassetti, head of the infectious diseases clinic at the San Martino hospital in the city of Genoa.

Ed note: Check "Age is just a number: Scores of strong-willed centenarians(100+ years old) who have beaten Covid-19"

**Covid-19 current ICU / 100.000 population
12 european countries**

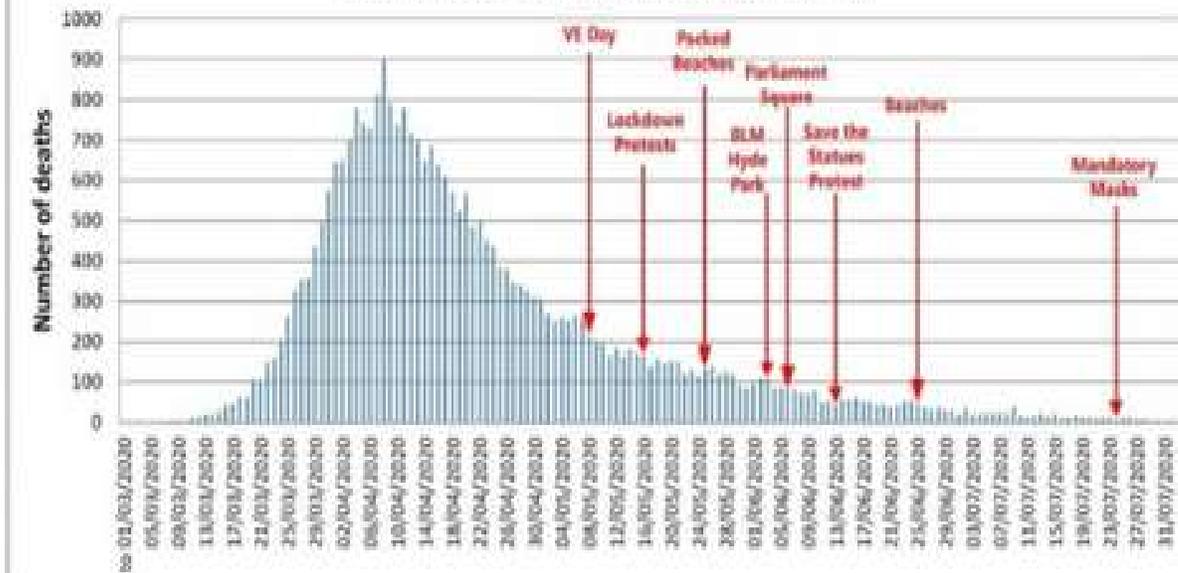


- 12 Countries:**
- Austria
 - Belgium
 - Denmark
 - Finland
 - France
 - Germany
 - Greece
 - Italy
 - Netherlands
 - Norway
 - Portugal
 - Sweden
- Source:**
https://www.mig.tu-berlin.de/menue/home/akt_de/#c967286

No 'second wave' after any of these huge gatherings.

COVID-19 deaths in hospital by date of death, England

Source: COVID-19 Patient Notification System



- 12 Countries:**
- Austria
 - Belgium
 - Denmark
 - Finland
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 - Germany
 - Greece
 - Italy
 - Netherlands
 - Norway
 - Portugal
 - Sweden
- Source:**
<https://www.mig.tu-berlin.de/menue/home/967286>

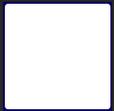
Chief Science Officer for Pfizer Says "Second Wave" Faked on False-Positive COVID Tests, "Pandemic is Over"



“No science to suggest a second wave should happen”

The False Positive Second Wave

Of the PCR test, the prevalent COVID test used around the world, the authors write: "more than half of the positives are likely to be false, potentially all of them." The authors explain that what the PCR test actually measures is "simply the presence of partial RNA sequences present in the intact virus," which could be a piece of dead virus which cannot make the subject sick, and cannot be transmitted, and cannot make anyone else sick



Prof Woolhouse OBE, a member of the Scientific Pandemic Influenza Group on Behaviours that advises the Government, said: "Lockdown was a panic measure and I believe history will say trying to control Covid-19 through lockdown was a monumental mistake on a global scale, the cure was worse than the disease.

Lockdowns and Mask Mandates Do Not Lead to Reduced COVID Transmission Rates or Deaths, New Study
<https://www.nber.org/papers/w27719.pdf>

Lockdown easing did not lead to rise in coronavirus infections in England, survey shows

Research shows Covid-19 cases in the community went down after restrictions were relaxed

By Sarah Knapton, SCIENCE EDITOR
6 August 2020 • 3:45pm

One of the most prestigious medical journals in the world

THE LANCET

"In our analysis, full lockdowns and widespread Covid-19 testing were not associated with reductions in the number of critical cases or overall mortality."

← Front page / Exclusive

Revolver Exclusive Study: COVID-19 Lockdowns Over 10 Times More Deadly Than Pandemic Itself

August 31, 2020 (4d ago) 74



Home / Op-ed /

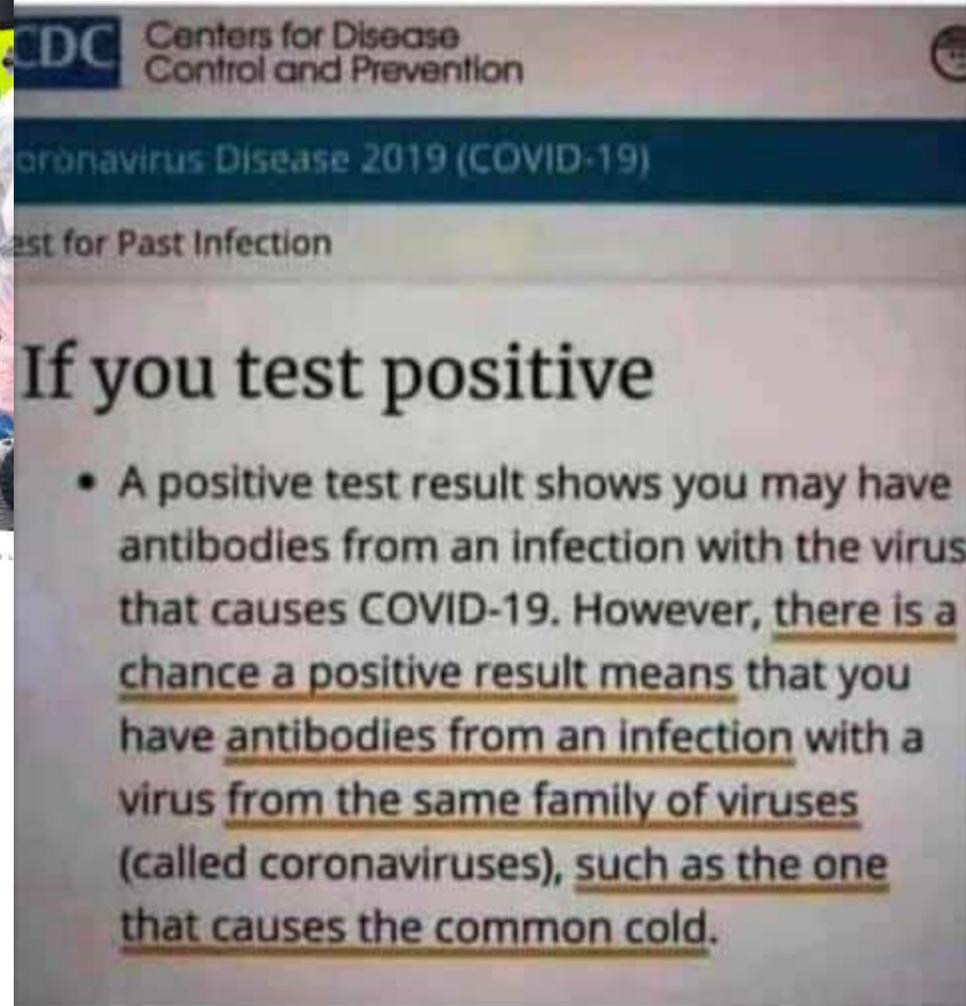
I've signed death certificates during Covid-19. Here's why you can't trust any of the statistics on the number of victims

28 May, 2020 12:58 / Updated 2 months ago

[Get short URL](#)



"THOUSANDS of Covid deaths are set to be wiped off official records following an urgent review into counting "flaws". Scientists raised the alarm after discovering anyone who tests positive and later dies is currently included in the Public Health England numbers - even if they are hit by a bus months later."



Steve Eagar @steveeagar

The State of Texas today had to remove 3,484 cases from its Covid-19 positive case count, because the San Antonio Health Department was reporting "probable" cases for people never actually tested, as "confirmed" positive cases.- TDHS

What other departments make this same mistake?

Government quietly drops 1.3m Covid tests from England tally

Exclusive: Double counting raises fresh questions about accuracy of testing figures

"On Thursday, a Florida health official told a local news station that a young man who was listed as a COVID-19 victim had no underlying conditions. The answer surprised reporters, who probed for additional information. "He died in a motorcycle accident," Dr. Raul Pino clarified"

"The US Centers for Disease Control and Prevention (CDC) had been conflating antibody and viral testing, obscuring key metrics lawmakers use to determine if they should reopen their respective economies."

Reporting both serology and viral tests under the same category is not appropriate, as these two types of tests are very different and tell us different things," Dr. Jennifer Nuzzo of the Johns Hopkins Center for Health Security told NPR. The Atlantic soon followed with an article that explained the agency was painting an inaccurate picture of the state of the pandemic. The practice, the writers said, was making it difficult to tell if more people were actually sick or had merely acquired antibodies from fighting off the virus. Public health experts were not impressed. "How could the CDC make that mistake? This is a mess," said Ashish Jha, the K. T. Li Professor of Global Health at Harvard and director of the Harvard Global Health Institute. In some ways the "mess" was no surprise. Two weeks earlier, Dr. Deborah Leah Birx, the White House's coronavirus task force response coordinator, reportedly ripped the agency in a meeting, saying "there is nothing from the CDC that I can trust."

Physicians Say Hospitals Are Pressuring ER Docs to List COVID-19 on Death Certificates. Here's Why

The economic incentive to add COVID-19 to diagnostic lists and death certificates is clear and does not require any conspiracy.

Wednesday, April 29, 2020



Image Credit: YouTube

During their long discussion with reporters, Dr. Erickson noted he has spoken to numerous physicians who say they are being pressured to add COVID-19 to death certificates and diagnostic lists—even when the novel coronavirus appears to have no relation to the victim’s cause of death. “They say, ‘You know, it’s interesting. When I’m writing up my death report I’m being pressured to add Covid,’” Erickson said. “Why is that? Why are we being pressured to add Covid? To maybe increase the numbers, and make it look a little bit worse than it is?”

By creating a massive federal program that links goosed Medicare payments to COVID-19 treatments, the feds incentivized hospitals to add COVID-19 to diagnostic lists and death certificates. It also incentivized hospitals to get patients on ventilators, which may have done more harm than good, as hospitals have reported unusually high fatality rates for COVID-19 patients on ventilators.

CBS12 said a 60-year old man who died from a gunshot blast to the head was labeled as a virus death. A 90-year old man who fell and died from a hip fracture was another. Even a 77-year old woman who died of Parkinson's disease was somehow labeled a virus-related death.

"Testing irregularities at one of the labs used by the NFL led to 77 positives for COVID-19 among players and staff members. All came back negative upon retests"

Ontario's Deputy Medical Officer of Health saying that the COVID testing results have ~50% false positives in low covid populations

John Ioannidis Warned COVID-19 Could Be a "Once-In-A-Century" Data Fiasco. He Was Right

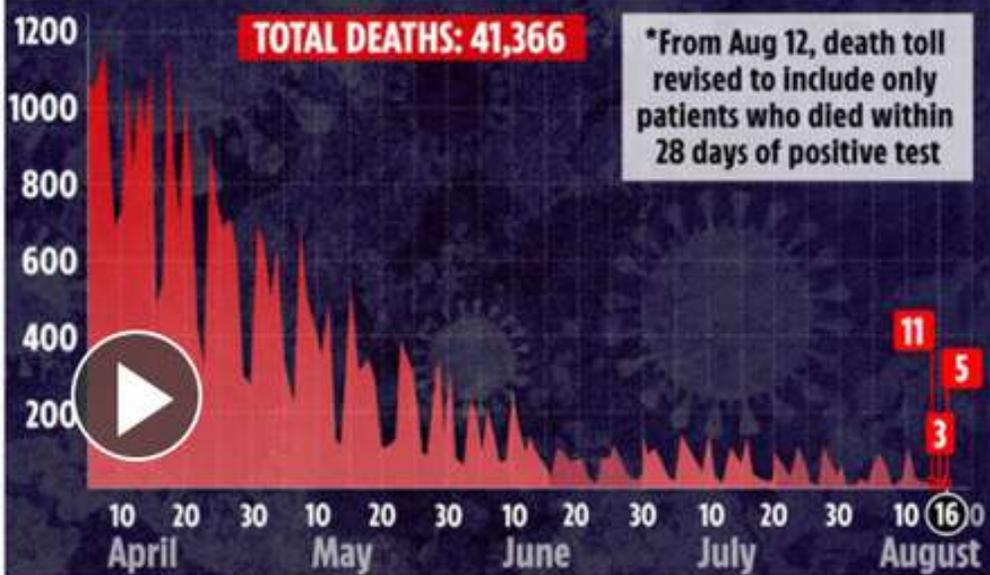
The unreliability of COVID-19 data is a problem everyone seems to agree on.

DEATH 'FLAWS' Thousands of coronavirus deaths set to be wiped off official records following urgent review

UK COVID-19 DEATHS PER DAY

TOTAL DEATHS: 41,366

*From Aug 12, death toll revised to include only patients who died within 28 days of positive test



Daily covid death count could be scrapped

A review will examine reports that officials were "over-exaggerating" the number of deaths from coronavirus.



Tanzanian President John Magufuli has poured scorn on coronavirus test kits imported to his country after saying that a **goat and a pawpaw(papaya) had returned positive results for COVID-19.**

Magufuli earned his bachelor of science in education degree majoring in chemistry and mathematics. He also earned his masters and doctorate degrees in chemistry

The president said he had instructed Tanzanian security forces to check the quality of the kits. They had randomly obtained several non-human samples, including from a pawpaw, a goat and a sheep, but had assigned them human names and ages.

These samples were then submitted to Tanzania's laboratory to test for the coronavirus, with the lab technicians left deliberately unaware of their origins. Samples from the pawpaw and the goat tested positive for COVID-19, the president said, adding this meant it was likely that some people were being tested positive when in fact they were not infected by the coronavirus.

"Head of the country's national health laboratory in charge of coronavirus testing was suspended"

AUGUST 25, 2020

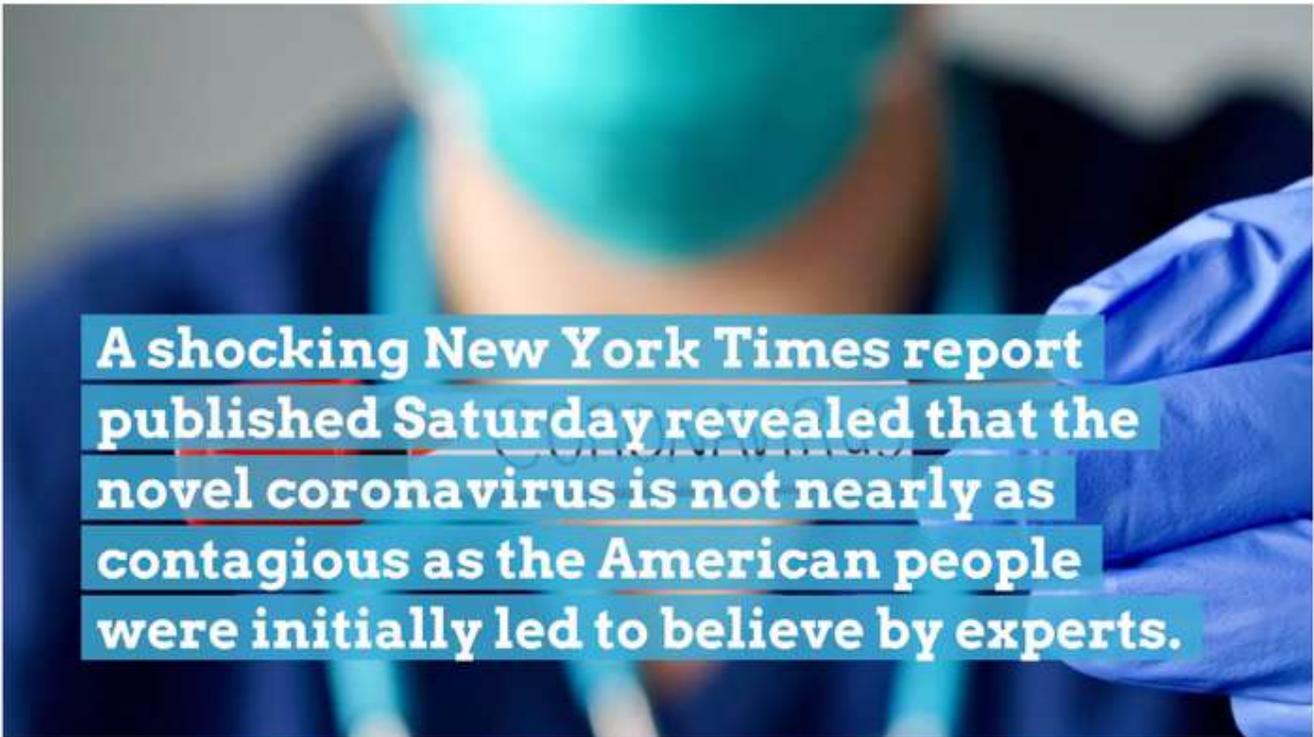
Sweden uncovers 3,700 false positives from COVID-19 test kit

"The agency said the PCR kits, which test for an ongoing COVID-19 infection, were made in China by the company BGI Genomics and had been distributed worldwide."

Commentary

COMMENTARY

Possibly Up to 90% of COVID-Positive Americans Were Not Even Contagious, Says Shock NYT Report



FURTHERMORE THE COVID TESTING ITSELF IS NOT RELIABLE :

Covid-19 Testing 1,000-times Too Sensitive?

High PCR cycle thresholds generate up to 90% false+ “cases”

Your test might say positive but you are most probably not.

Dr. Michael Mina, MD, PhD is an Assistant Professor of Epidemiology at Harvard T. H. Chan School of Public Health says that “The standard tests are diagnosing huge numbers of people who may be carrying relatively insignificant amounts of the virus... Tests with thresholds so high may detect not just live virus but also genetic fragments, leftovers from infection that pose no particular risk — akin to finding a hair in a room long after a person has left”.



" according to the world-renowned neuroscientist (who in 2016 was ranked the world's most influential neuroscientist by Science magazine) Karl Friston: up to 80% not even susceptible to Covid-19. The influential professor's statistical observations could radically change how we lift lockdown"

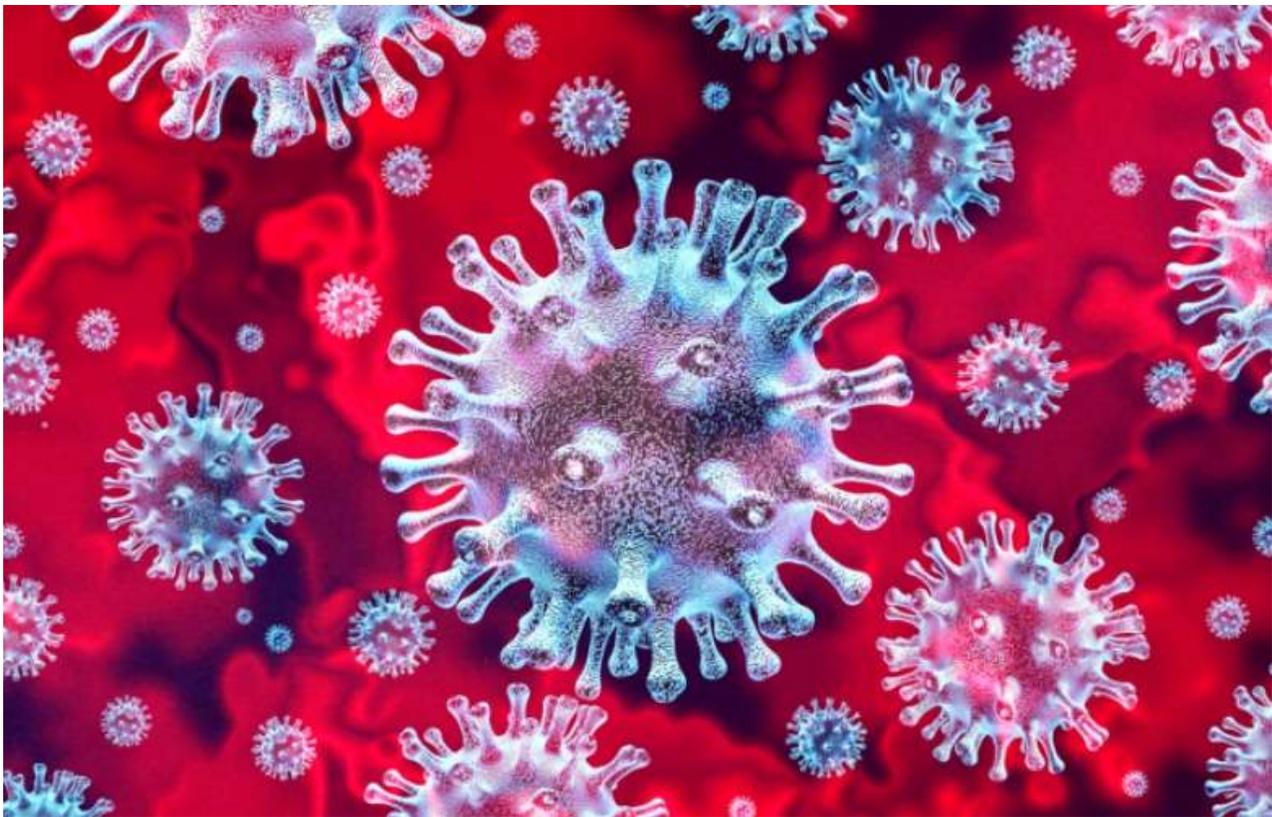
"Nobel-prize-winning scientist Michael Levitt argued in UnHerd at the start of May that the growth curves of the disease were never truly exponential, suggesting that some sort of "prior immunity" must be kicking in very early.

Today, though, the presence of some level of prior resistance and immunity to Covid-19 is fast becoming accepted scientific fact. Results have just been published of a study suggesting that 40%-60% of people who have not been exposed to coronavirus have resistance at the T-cell level from other similar coronaviruses like the common cold."

"As he told me in our interview, even within the UK, the numbers point to the same thing: that the "effective susceptible population" was never 100%, and was at most 50% and probably more like only 20% of the population. He emphasises that the analysis is not yet complete, but "I suspect, once this has been done, it will look like the effective non-susceptible portion of the population will be about 80%."

Immunity to COVID-19 is probably higher than tests have shown

New research from Karolinska Institutet and Karolinska University Hospital shows that many people with mild or asymptomatic COVID-19 demonstrate so-called T-cell-mediated immunity to the new coronavirus, even if they have not tested positively for antibodies. According to the researchers, this means that public immunity is probably higher than antibody tests suggest.



“Our results indicate that public immunity to COVID-19 is probably significantly higher than antibody tests have suggested,” says Professor Hans-Gustaf Ljunggren at the Center for Infectious Medicine, Karolinska Institutet, and co-senior author. “If this is the case, it is of course very good news from a public health perspective.”



Masks Don't Work A review of science relevant to COVID-19 social policy

Summary / Abstract Masks and respirators do not work.

"There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.

Furthermore, the relevant known physics and biology, which I review, are such that masks and respirators should not work. It would be a paradox if masks and respirators worked, given what we know about viral respiratory diseases: The main transmission path is long-residence-time aerosol particles (< 2.5 μm), which are too fine to be blocked, and the minimum-infective-dose is smaller than one aerosol particle. "

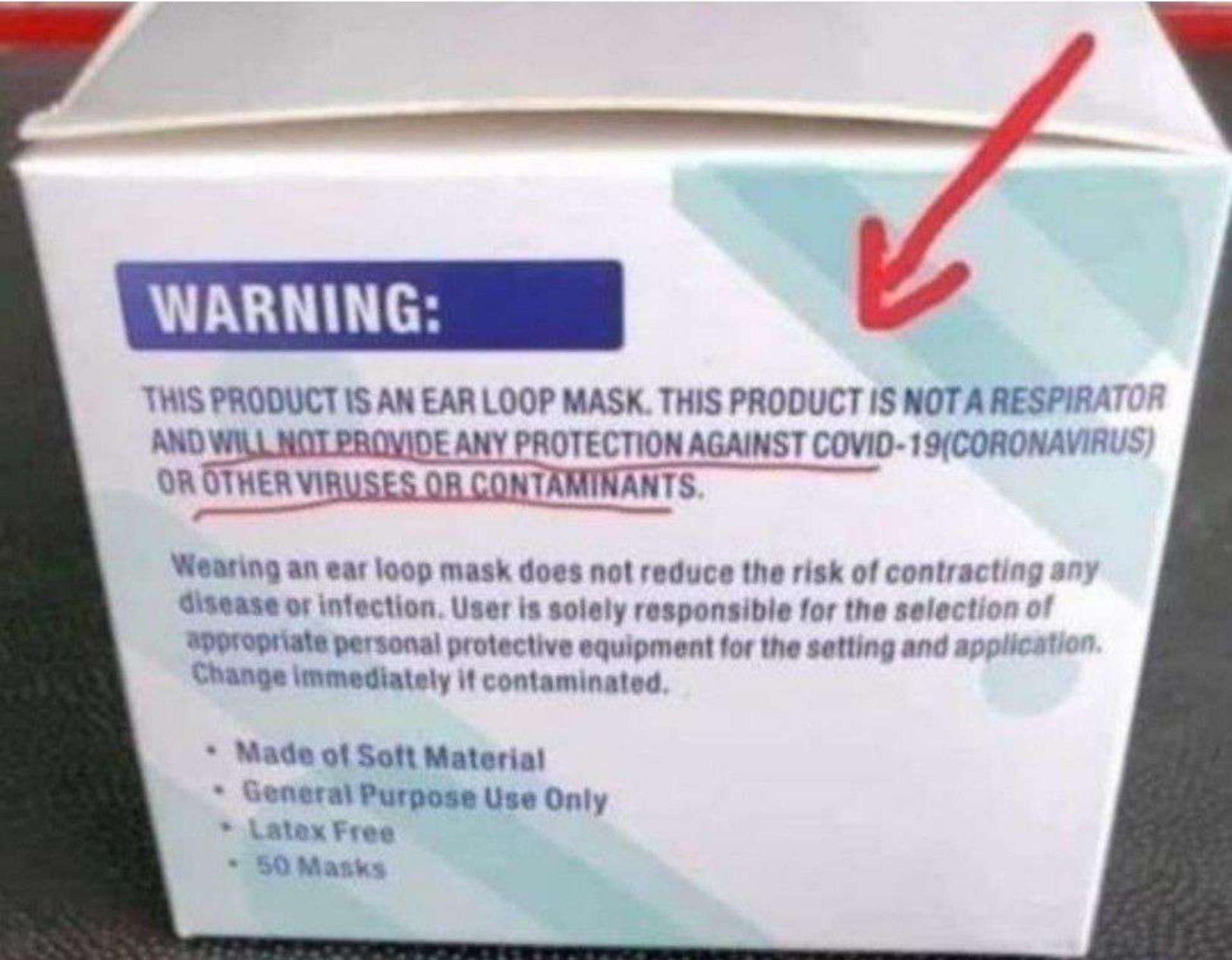
<https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>

Oxford Epidemiologists - No Evidence that Coronavirus Masks Make Any Difference

2,871 views • 18 Jul 2020



May 2020 CDC Study Finds Masks NOT Effective For Well or Sick People



WARNING:

THIS PRODUCT IS AN EAR LOOP MASK. THIS PRODUCT IS NOT A RESPIRATOR AND WILL NOT PROVIDE ANY PROTECTION AGAINST COVID-19(CORONAVIRUS) OR OTHER VIRUSES OR CONTAMINANTS.

Wearing an ear loop mask does not reduce the risk of contracting any disease or infection. User is solely responsible for the selection of appropriate personal protective equipment for the setting and application. Change immediately if contaminated.

- Made of Soft Material
- General Purpose Use Only
- Latex Free
- 50 Masks

Medical Doctor Warns that “Bacterial Pneumonias Are on the Rise” from Mask Wearing

<https://www.globalresearch.ca/medical-doctor-warns-bacterial-pneumonias-rise-mask-wearing/5725848>



Review of the Medical Literature

Here are key anchor points to the extensive scientific literature that establishes that wearing surgical masks and respirators (e.g., “N95”) does not reduce the risk of contracting a verified illness:

Jacobs, J. L. et al. (2009) “Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial”,
N95-masked health-care workers (HCW) were significantly more likely to experience headaches. Face mask use in HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.

Cowling, B. et al. (2010) “Face masks to prevent transmission of influenza virus: A systematic review”, *Epidemiology and Infection*
None of the studies reviewed showed a benefit from wearing a mask, in either Health care workers or community members in households

bin-Reza et al. (2012) “The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence”,
“There were 17 eligible studies. ... None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”

Smith, J.D. et al. (2016) “Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis”,
“We identified 6 clinical studies ... In the meta-analysis of the clinical studies, we found no significant difference between N95 respirators and surgical masks in associated risk of (a) laboratory-confirmed respiratory infection, (b) influenza-like illness, or (c) reported work-place absenteeism.”

Radonovich, L.J. et al. (2019) “N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial”,
“Among 2862 randomized participants, 2371 completed the study and accounted for 5180 HCW-seasons. ... Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.”

Offeddu, V. et al. (2017) "Effectiveness of Masks and Respirators Against Respiratory Infections in Healthcare Workers: A Systematic Review and Meta-Analysis,
"Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant";

"a look at this new study (Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings)—Personal Protective and Environmental Measures approved by the World Health Organization and CDC (Center for Disease Control)"



"We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility."

Long, Y. et al. (2020) "Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis,"

"A total of six RCTs involving 9,171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed respiratory viral infections, laboratory-confirmed respiratory infection, and influenza-like illness using N95 respirators and surgical masks. . The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza."

"No RCT study with verified outcome shows a benefit for health care workers or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public. Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit. Masks and respirators do not work."



Unknown Aspects of Mask Wearing : Many potential harms may arise from broad public policies to wear masks, and the following unanswered questions arise:

-Do used and loaded masks become sources of enhanced transmission, for the wearer and others?

-Do masks become collectors and retainers of pathogens that the mask wearer would otherwise avoid when breathing without a mask?

-Are large droplets captured by a mask atomized or aerolized into breathable components?

-Can virions escape an evaporating droplet stuck to a mask fiber?

-What are the dangers of bacterial growth on a used and loaded mask?

-How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask?

-What are long-term health effects on HCW, such as headaches, arising from impeded breathing?

-Are there negative social consequences to a masked society?

-Are there negative psychological consequences to wearing a mask, as a fear-based behavioral modification?

-What are the environmental consequences of mask manufacturing and disposal?

-Do the masks shed fibers or substances that are harmful when inhaled?

Face Masks Pose Serious Risks To The Healthy

"there may be cardiac overload, renal overload, and a shift to metabolic acidosis."



The lethal link between masks, hypoxia, and blood clots



Two boys drop dead in China while wearing masks during gym class

A serious and potentially lethal hypoxia-blood clot connection has been found by a scientific study entitled *Hypoxia downregulates protein S expression*. The study, published in July 2018, describes how hypoxia (a low concentration of oxygen) decreases Protein S in the blood, a natural anticoagulant. This leads to an increased risk for the development of thrombosis or blood clots, some of which are potentially life-threatening.

Risks of cloth masks

"Healthcare workers wearing cloth masks had significantly higher rates of influenza-like illness after four weeks of continuous on-the-job use, when compared to controls. The increased rate of infection in mask-wearers may be due to a weakening of immune function during mask use. Surgeons have been found to have lower oxygen saturation after surgeries even as short as 30 minutes. Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. "

The importance of these findings is that a drop in oxygen levels (hypoxia) is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte. This occurs because the hypoxia increases the level of a compound called hypoxia inducible factor-1 (HIF-1), which inhibits T-lymphocytes and stimulates a powerful immune inhibitor cell called the Tregs. . This sets the stage for contracting any infection, including COVID-19 and making the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome.

Denmark boasts one of the lowest COVID-19 death rates in the world. As of August 4, the Danes have suffered 616 COVID-19 deaths, according to figures from Johns Hopkins University. That's less than one-third of the number of Danes who die from pneumonia or influenza in a given year.

World's Top Epidemiologists
"Masks Don't Work!"



Denmark is not alone. Despite a global stampede of mask-wearing, data show that 80-90 percent of people in Finland and Holland say they “never” wear masks when they go out, a sharp contrast to the 80-90 percent of people in Spain and Italy who say they “always” wear masks when they go out.

Dutch public health officials recently explained why they're not recommending masks. "From a medical point of view, there is no evidence of a medical effect of wearing face masks, so we decided not to impose a national obligation," said Medical Care Minister Tamara van Ark.

Others, echoing statements similar to the US Surgeon General from early March, said masks could make individuals sicker and exacerbate the spread of the virus. "Face masks in public places are not necessary, based on all the current evidence," said Coen Berends, spokesman for the National Institute for Public Health and the Environment. "There is no benefit and there may even be negative impact."

In Sweden, where COVID-19 deaths have slowed to a crawl, public health officials say they see “no point” in requiring individuals to wear masks. “With numbers diminishing very quickly in Sweden, we see no point in wearing a face mask in Sweden, not even on public transport,” said Anders Tegnell, Sweden's top infectious disease expert.

They are using force to make people submit to a state order that could ultimately make individuals or entire populations sicker, according to world-leading public health officials. That is not just a violation of the Effectiveness Principle. It's a violation of a basic personal freedom.



COVID PEER-REVIEWED RESEARCH June 5th, 2020

"At present, there is no direct evidence (from studies on COVID- 19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19 (63)."



Aiello AE, Perez V, Coulborn RM, Davis BM, Uddin M, Monto AS. Facemasks, hand hygiene, and influenza among young adults: a randomized intervention trial. *PLoS One*. 2012;7(1):e29744.

"One study that evaluated the use of cloth masks in a health care facility found that health care workers using cotton cloth masks were at increased risk of influenza-like illness compared with those who wore medical masks (52)."



52. MacIntyre CR, Seale H, Dung TC, Hien NT, Nga PT, Chughtai AA, et al. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers. *BMJ Open*. 2015;5(4):e006577.

"Many countries have recommended the use of fabric masks/face coverings for the general public. [As of June 2020], the widespread use of masks by healthy people in the community setting is not yet supported by high-quality or direct scientific evidence. There are potential harms to consider (see below):

- a false sense of security, leading to potentially lower adherence to other critical preventive measures
- difficulty with communicating clearly
- disadvantages for those with mental illness, elderly persons with cognitive impairment, those with asthma or chronic respiratory or breathing problems, those who have had facial trauma, those living in hot and humid environments."

"A recent study of 455 individuals showed that asymptomatic people are not causing infectivity. A person who was an asymptomatic carrier was known to have been in close contact with 455 other people. Each of these people were tested via blood test, CT scan of the lungs, and a nucleic acid test. They all demonstrated no infection."



Gao M, Yang L, Chen X, et al. A study on infectivity of asymptomatic SARS-CoV-2 carriers. *Respir Med*. 2020;169:106026. doi:10.1016/j.rmed.2020.106026

(Ed note) With survival chances at 99.98%. It is good to know that even the very small number of deaths from this virus can indeed be mitigated.

The best protection foremost is an individual's immune system. Extensive data and studies show vitamin D3 and zinc as the most powerful protective factors. Countries and ethnic groups hit harder were directly linked to low vitamin D status and the consequential "Cytokine storm" which ends up being fatal.

We are confident that normal and above average levels of these factors makes the virus of absolute no threat whatsoever (as is the case with the majority of the population). You would not even notice it.

For those most compromised we have seen good treatment options. The undeniable absolute gold standard however remains "Hydroxychloroquine" (one of the safest drugs in the world)

(1) Medicine in Drug Discovery of Elsevier, a major scientific publishing house, recently published an article on early and high-dose IVC in the treatment and prevention of Covid-19. High-dose intravenous VC was successfully used in the treatment of 50 moderate to severe COVID-19 patients in China. The doses used varied between 2g and 10g per day, given over a period of 8–10 h. Additional VC bolus may be required among patients in critical conditions."

(2) A novel treatment program combining nutritional and oxidative therapies was shown to successfully treat the signs and symptoms of 100% of 107 patients diagnosed with COVID-19. Each patient was treated with an individualized plan consisting of a combination of oral, IV, IM, and nebulized nutritional and oxidative therapies which resulted in zero deaths and recovery from COVID-19.

hydroxychloroquine



78 studies (46 peer reviewed)

PrEP
100%

PEP
100%

Early
100%

Late
56%

All
70%

Harvey Risch, MD, PhD

“As Professor of Epidemiology at the Yale School of Public Health, I have authored more than 300 peer-reviewed publications and currently hold leadership positions on the editorial boards of several leading journals. I’m used to advocating positions within the medical establishment, so I was disconcerted to find... I had to fight for a treatment that was fully supported by the data, but for reasons unrelated to a proper understanding of the science, was sidelined.... I’m talking, of course, about the drug hydroxychloroquine.”

Countries that use Hydroxychloroquine may have 80% lower Covid death rates

"We examined diabetes, obesity, hypertension, life expectancy, population density, urbanization, testing level, and intervention level, which do NOT account for the effect observed."

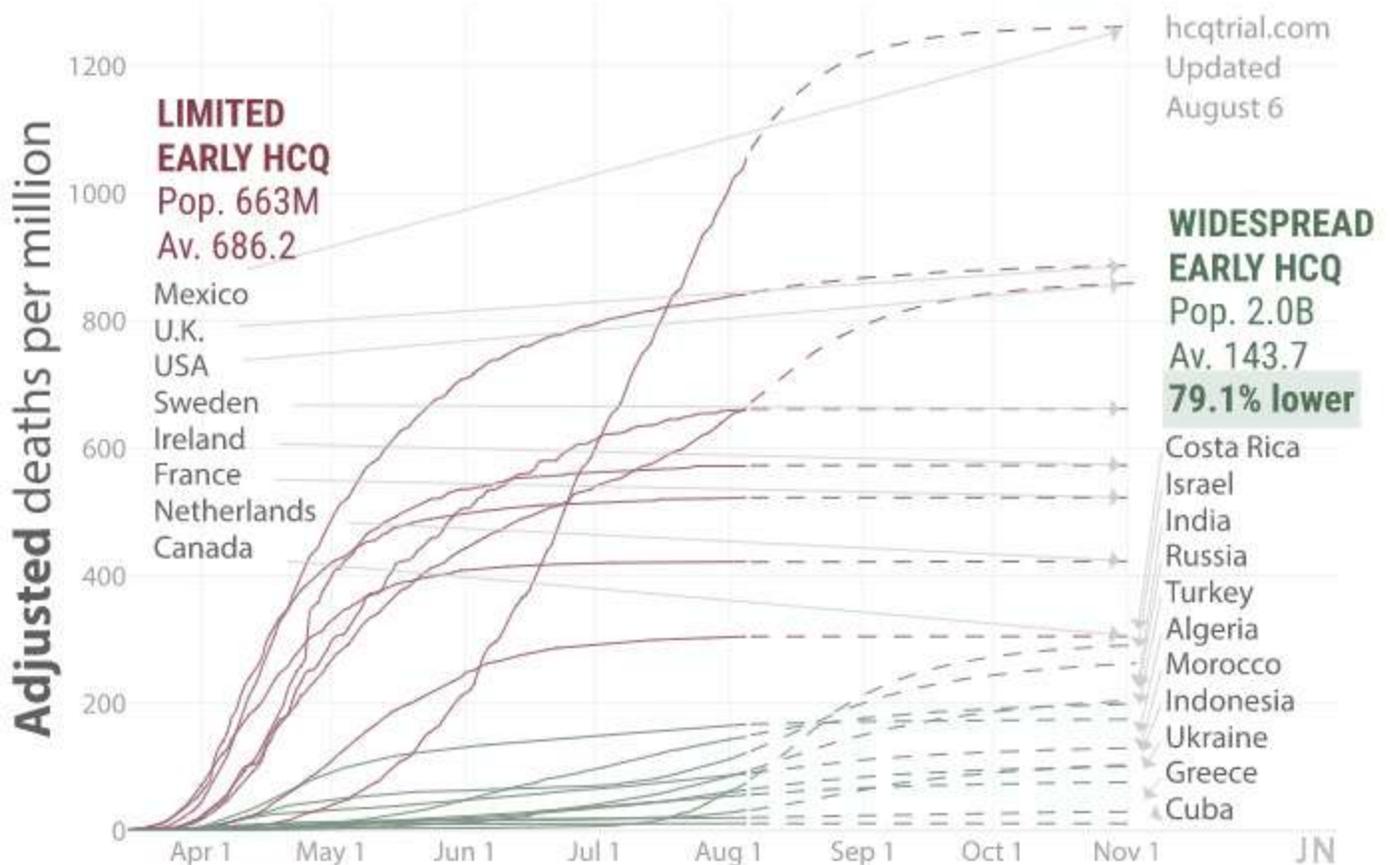


Figure 5. Demographic adjusted deaths per million for countries using widespread early HCQ versus those that do not, with an extended prediction for the following 90 days.

This Indian slum contained a possible COVID-19 disaster with hydroxychloroquine



Stock Footage Inc / Shutterstock.com

On July 9, 2020, Asia's biggest and densest slum shocked the world by announcing just one new positive COVID-19 case despite being a cluster and hotspot. Officials have credited this turnaround to "[a] combination of hydroxychloroquine, vitamin D, and zinc tablets along with homeopathic medicines."

There have been only 27,497 COVID-19 deaths in India through July 19. With a population of 1.3 billion, that is an extremely low death rate of 19 per million, or 0.002 percent. (That is much lower than for tuberculosis, which kills 440,000 each year in India.)

"The antiviral efficacy of HCQ is based on solid experimental data, the experience of a team of experts in these fields (infectiology, virology) and on convincing clinical results: reduction of the contagious period, reduction of the duration of symptoms, blocking the evolution towards a severe form. These benefits have been verified by French doctors and by doctors from other countries, Morocco, Algeria, South Korea and China ."

"10 Years Ago W.H.O Faked A Pandemic" 27

Feb 5, 2010, 04:35pm EST

Why The WHO Faked A Pandemic



Michael Fumento Subscriber

This article is more than 10 years old.

Forbes



(WHO = World health organization)

Once upon a time 10 years ago..

In June 2009 the WHO declared the H1N1 outbreak to be a pandemic.
(on the advice of an emergency committee, the names of whose members were not made public at the time.)

"But unquestionably, swine flu(H1N1) has proved to be vastly milder than ordinary seasonal flu."

"The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, was publicly investigating the WHO's motives in declaring a pandemic. Indeed, the chairman of its influential health committee, epidemiologist Wolfgang Wodarg, **has declared that the "false pandemic" is "one of the greatest medicine scandals of the century."**

"Even within the agency, the director of the WHO Collaborating Center for Epidemiology in Munster, Germany, Dr. Ulrich Kiel, had essentially **labeled the pandemic a hoax.** "We are witnessing a gigantic misallocation of resources [\$18 billion so far] in terms of public health," he said."

"But how could the organization declare a pandemic when its own official definition required "simultaneous epidemics worldwide with enormous numbers of deaths and illness."?

"In May, in what it admitted was a direct response to the outbreak of swine flu the month before, WHO changed the definition to match swine flu that simply eliminated severity as a factor. **You could now (technically) have a "pandemic with zero deaths".**

Stop Funding WHO Until It Cleans Up Its Act

By JEFF STIER | June 14, 2017 8:00 AM



Listen to this article



New WHO Director General Tedros Adhanom Ghebreyesus (Reuters photo: Denis Belibouse)

U.S. taxpayer funding of scandal-plagued World Health Organization needs strings attached

"In 1988 Halfdan Mahler (WHO director general during 1973- 1988) in the daily Danish newspaper Politiken warned the world against the power the pharmaceutical industry had over WHO"

"In 2010 a number of representatives from governments all over the world as well as a number of international organizations i.e. the Council of Europe agreed that WHO had caused an international panic and disaster by declaring the mildest flu ever, the A/H1N1 "Swine flu" influenza, to be a pandemic threatening mankind. The Council of Europe pointed in a dire report to the problem of WHO going private as the true cause of all the trouble "

"During 2010 the situation continued to develop and turned into a medical scandal of unknown proportions. Ineffective and dangerous medicines worth billions of dollars were sent for destruction.

Close and secret links between the WHO and the pharmaceutical industry producing the vaccines was exposed. The Danish newspaper "Information" found that five researchers involving in advising WHO during the scandal had been paid around seven million EURO from the vaccine industry .

The vaccines and the anti-influenza medicine were in reviews documented to be totally without value and burdening its users with a long list of adverse effects. Soon it was realized that thousands of patients suffered from a wide range of serious adverse effects: local inflammations, local or systemic muscle pain, vasculitis, neuritis (autoimmune nerve-inflammations), encephalitis, narcolepsy, and other chronic pains"

"Key scientists advising the World Health Organization on planning for an influenza pandemic had done paid work for vaccine firms that stood to gain from the guidance"

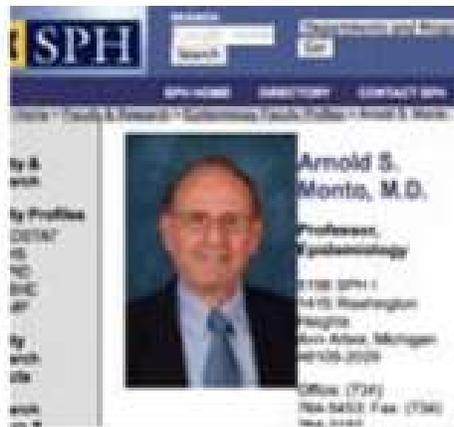
In 2009 WHO called for an unprecedented campaign of mass vaccination and stockpiling of drugs against flu. Coincidentally, Juhani Eskola (Finland) a member of the WHO group 'Strategic Advisory Group of Experts' (SAGE) has received 6 million Euros for his research center from the vaccine manufacturer GlaxoSmithKline during 2009 and, Albert Osterhaus (Netherlands) has received a salary from several vaccine manufacturing companies.



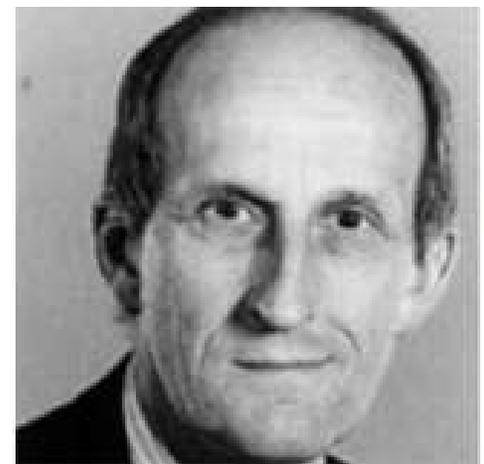
City analysts say that pharmaceutical companies banked more than \$7bn (£4.8bn) as governments stockpiled (the useless) drugs



Fred Hayden, from the University of Virginia, was the author of the key 2004 WHO document arguing for antiviral stockpiling. He was a Roche consultant at the time



Arnold Monto, from Michigan University, had declared a financial relationship with Roche, GSK, and ViroPharma. This was not made public by WHO when he wrote its vaccine guidelines



Karl Nicholson, from Leicester University, had declared a financial relationship with various drug companies. This was not made clear by WHO when he wrote the Pandemic Influenza annex

"For professionalism, WHO enduringly failed to have a policy regarding conflicts of interest. The result: disease mongering that serves vested interests"



WHO says it is committed to transparency, yet it will not make public any declaration of interest statements made when the 2004 guidelines were written



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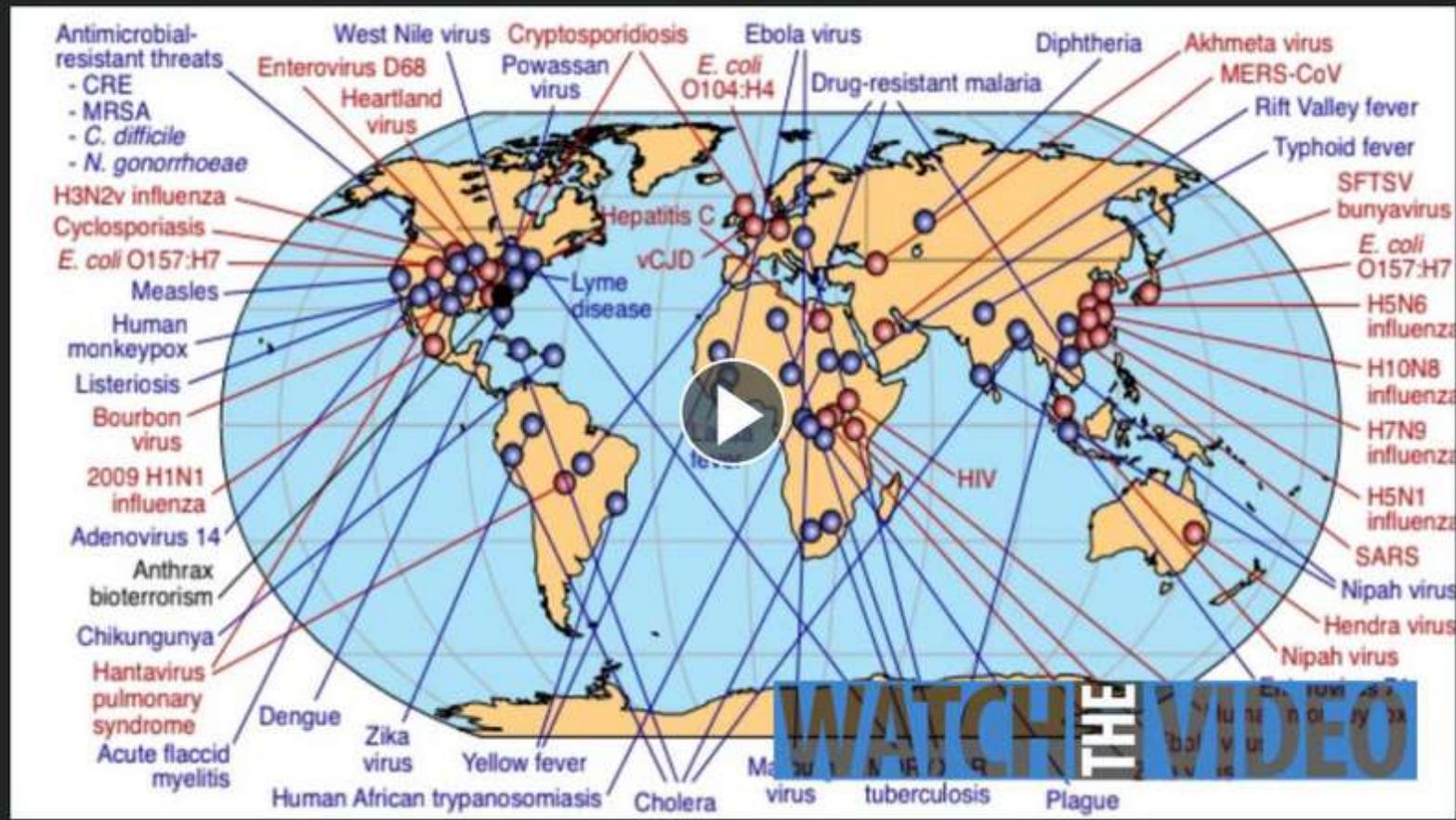
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WORLD AT RISK Devastating outbreak of flu-like illness could kill 80 million people across the world in less than two days, experts warn

Jenny Awford | Gemma Mullin
18 Sep 2019, 6:34 | Updated: 18 Sep 2019, 10:28



82 Comments

A DEADLY outbreak of a flu-like illness could kill 80 million people across the world in less than two days, experts have warned.

The world is not prepared for the "very real threat" of a pandemic, according to a panel led by the ex-chief of the World Health Organisation.

(Ed note "Disease and fear mongering. Media collusion and corruption. These are not experts")

VACCINES Provide Bill Gates with a 20:1 Financial Return. (Interview)

Gates' net worth has actually doubled because of it, from \$54 billion to \$103.1 billion.

youtu.be/Olj68goDYel ✓



Gilead Sent Death Threats To Kill HCQ As COVID-19 Cure, French Dr Testifies In Parliament

August 2, 2020

Gilead Sciences <

Biotechnology company

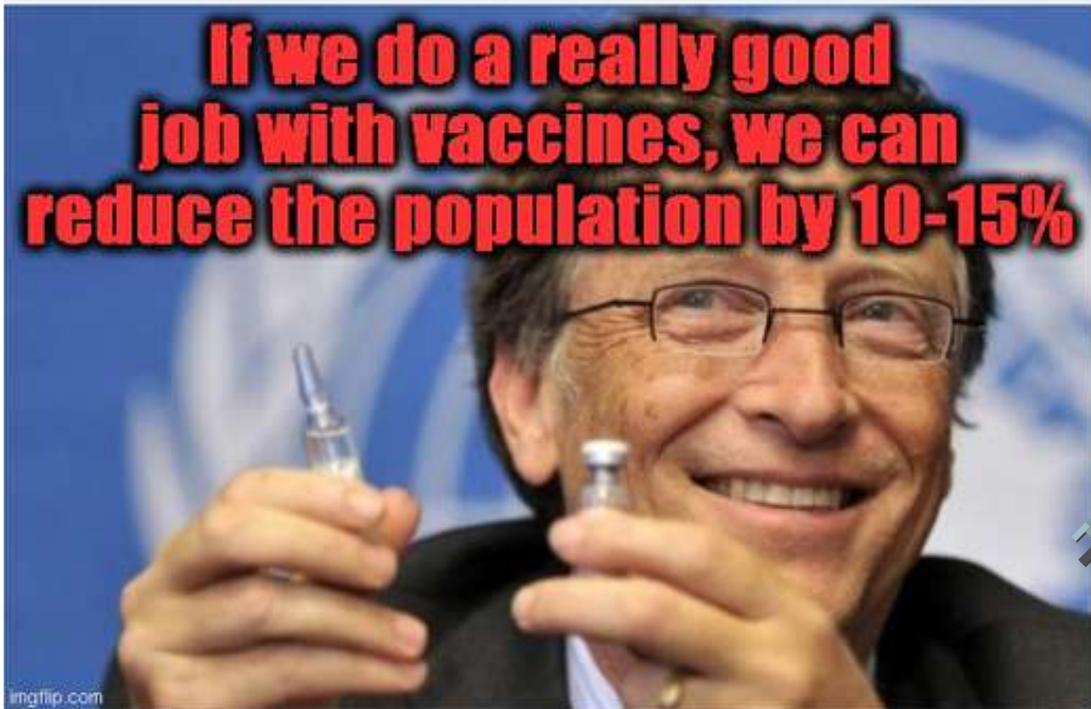


After it was revealed in a shocking investigation that WHO policies on Hydroxychloroquine were based on a fake study by a pornstar and a science-fiction writer, now in an ongoing investigation, a French doctor has testified in parliament that Gilead sent him death threats after he started talking about HCQ as a cure for COVID-19.



In late March, a study by a French research team led by the renowned epidemiologist Dr. Didier Raoult revealed that he was able to cure his 80 patients by administering hydroxychloroquine and azithromycin. They were also able to demonstrate 91% effectiveness in more than 1,000 patients with zero side-effects.

"He filed a complaint for "death threats" and "acts of intimidation against a public service official" following which an investigation was opened by French Judiciary."



Bill Gates thinks he can dictate world health policy with no election, no appointment, no oversight and no accountability. Why?

He is not qualified or educated in any field even remotely related to health.

Not a humanitarian. He could slash world hunger by 70% if he really wanted to. But we see little to no evidence of anything of that nature. Bill Gates has actually doubled his wealth in recent years to \$100 Billion largely due to his vaccine programs. So apart from vaccine expansion programs in countries under the guise of beneficial NGO's, to experiment and make profitable the vaccine companies(of which he owns or profits). What else is there?

The media portrays him differently because he donates millions to them instead. Most so called "fact checkers" are also funded by him.

<https://www.cjr.org/criticism/gates-foundation-journalism-funding.php>

Bill Gates' Vaccine Crime Record: 496,000 Paralyzed Children In India And More

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6121585/>



White House petition to investigate Gates foundation garners more than 600,000 signatures. Petitioners want the foundation to be probed for "crimes against humanity and medical malpractice"

"Indian doctors blame the Gates campaign for a devastating vaccine-strain polio epidemic that paralyzed 496,000 children between 2000 and 2017"

"In 2017, the World Health Organization reluctantly admitted that the global polio explosion is predominantly vaccine strain, meaning it is coming from Gates' Vaccine Program.

The most frightening epidemics in Congo, the Philippines, and Afghanistan are all linked to Gates' vaccines. By 2018, $\frac{3}{4}$ of global polio cases were from Gates' vaccines."

"In 2010, the Gates Foundation funded a phase 3 trial of GSK's experimental malaria vaccine, killing 151 African infants and causing serious adverse effects, including paralysis, seizure, and febrile convulsions, to 1,048 of the 5,949 children."



During Gates 2002 MenAfriVac Campaign in Sub-Saharan Africa, Gates operatives forcibly vaccinated thousands of African children against meningitis. Between 50-500 children developed paralysis. South African newspapers complained, “We are guinea pigs for drug makers.” Nelson Mandela’s former Senior Economist, Professor Patrick Bond, describes Gates’ philanthropic practises as “ruthless” and immoral”.

In 2010, Gates committed \$ 10 billion to the WHO promising to reduce population, in part, through new vaccines. A month later Gates told a Ted Talk that new vaccines “could reduce population”.

In 2014, Kenya’s Catholic Doctors Association accused the WHO of chemically sterilizing millions of unwilling Kenyan women with a phoney “tetanus” vaccine campaign. Independent labs found the sterility formula in every vaccine tested. After denying the charges, WHO finally admitted it had been developing the sterility vaccines for over a decade.

Similar accusations came from Tanzania, Nicaragua, Mexico and the Philippines.

A 2017 study (Morgensen et.Al.2017) showed that WHO’s popular DTP is killing more African than the disease it pretends to prevent. Vaccinated girls suffered 10x the death rate of unvaccinated children. Gates and the WHO refused to recall the lethal vaccine which WHO forces upon millions of African children annually. Global public health advocates around the world accuse Gates of – hijacking WHO’s agenda away from the projects that are proven to curb infectious diseases; clean water, hygiene, nutrition and economic development.



Watch Bill Gates Laugh, and Giggle About Vaccines and Mass Death

Watch Bill Gates Laugh, and Giggle About Vaccines and Mass Death

Definition "Duping delight" or "dupers delight"

The pleasure of being able to manipulate someone, often made visible to others by flashing a smile at an inappropriate moment.

is a particular micro expression a person will display that betrays a sense of enjoyment they are getting out of controlling and deceiving another person.

<https://youtu.be/gROIWP1TurU>

A MAN OF CONTAGIOUS INFLUENCE !



Studies: Vaccine shots increase flu and other cause risks:

<https://childrenshealthdefense.org/news/vaccine-misinformation-flu-shots-equal-health/>



"Beyond just their frequent collaborations and cooperation in the past, Fauci has direct ties to Gates' projects and funding. In 2010, he was appointed to the Leadership Council of the Gates-founded "Decade of Vaccines" project to implement a Global Vaccine Action Plan—a project to which Gates committed \$10 billion of funding. And in October of last year, just as the current pandemic was beginning, the Gates Foundation announced a \$100 million contribution to the National Institute of Health to help, among other programs, Fauci's National Institute of Allergy and Infectious Diseases' research into HIV."

"January 2020 was also the time when Dr. Fauci and the NIH moved forward with licensure of this controversial technology to be used in Moderna's experimental RNA coronavirus vaccine. (The NIH owns half of Moderna's vaccine and stands to profit.)"

The Corruption of Science. The Hydroxychloroquine Lancet Study Scandal. Who Was Behind It? Anthony Fauci's Intent To Block HCQ on Behalf of Big Pharma

By [Prof Michel Chossudovsky](#)
Global Research, June 10, 2020
Global Research

Region: USA
Theme: Media Disinformation, Science and Medicine

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The Guardian has revealed the scandal behind the hydroxychloroquine study which was intent on blocking HCQ as a cure for COVID-19. "Dozens of scientific papers co-authored by the chief executive of the US tech company behind the Lancet hydroxychloroquine study scandal are now being audited, including one that a scientific integrity expert claims contains images that appear to have been digitally manipulated. The audit follows a Guardian investigation that found the company, Surgisphere, used suspect data in major scientific studies that were published and then retracted by world-leading medical journals, including the Lancet and the New England Journal of Medicine.

"Fauci Slammed for Deadly 'Misinformation Campaign', Against Hydroxychloroquine"

Dr. Ramin Oskoui blasted Dr. Fauci for lying by omission.

"I'm Hearing Someone Who Frankly Is Very Manipulative and Dishonest"

"REPORT: Study Used by Dr. Fauci to Condemn Hydroxychloroquine Use Was Debunked"

"an expert's review of the report shows that the study actually confirms that hydroxychloroquine saves lives not the opposite."

"He is fronting for the industry(vaccine) in every possible way."

How deeply connected was Fauci with Gilead, the powerful, wealthy drug company that makes remdesivir?



"What did Gilead get from Fauci? Everything. NIH organized and funded their trial, saving Gilead in the range of \$100,000,000 dollars and, more importantly, years of time, while Fauci did his best to clean up any messy results"

"Fauci was so comfortably intimate with Gilead that he dared to openly stack the treatment guidelines panel with people on the company's payroll"

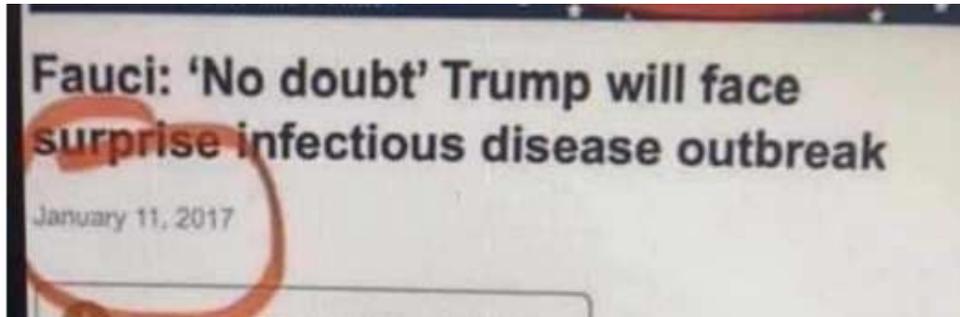
"Fauci has been manipulating Gilead's experimental drug remdesivir trials from the beginning. One example was highlighted by a May 1, 2020 headline in The Washington Post: "Government researchers changed metric to measure coronavirus drug remdesivir during clinical trial."

"Fauci Redefines 'Recovery' to Include People Partially Disabled and Living at Home on Oxygen

As the trial continued, it must have become apparent to Fauci that his drug was not going to reduce mortality or even lead to complete recovery. When all the meaningful criteria for success were dropped, the one primary marker for success became "time to recovery"—except recovery included patients who remained hospitalized or who were at home requiring limitations on their activities and/or requiring oxygen."

"Remdesivir Clinical Trial Published in Lancet Finds No Benefit and Very Serious Adverse Effects"

Evidence of premeditation



Evidence of premeditation (early during the pandemic)

Q: How should we determine which businesses should stay open?

Gates: The question of which businesses should keep going is tricky. Certainly food supply and the health system. We still need water, electricity and the internet. Supply chains for critical things need to be maintained. Countries are still figuring out what to keep running.

Eventually we will have some digital certificates to show who has recovered or been tested recently, or when we have a vaccine, who has received it.

A graphic illustrating the TrustStamp program. It features a central figure holding a shield with a lock, surrounded by icons for a smartphone, a medical chart, a globe, and a person. Logos for Gavi (The Vaccine Alliance), Mastercard, and TrustStamp are also present. The text "PREDICTIVE POLICING" is written in a blue banner at the bottom left.

TRUST STAMP – BILL GATES FUNDED PROGRAM THAT WILL LINK YOUR IDENTITY TO YOUR VACCINATION HISTORY

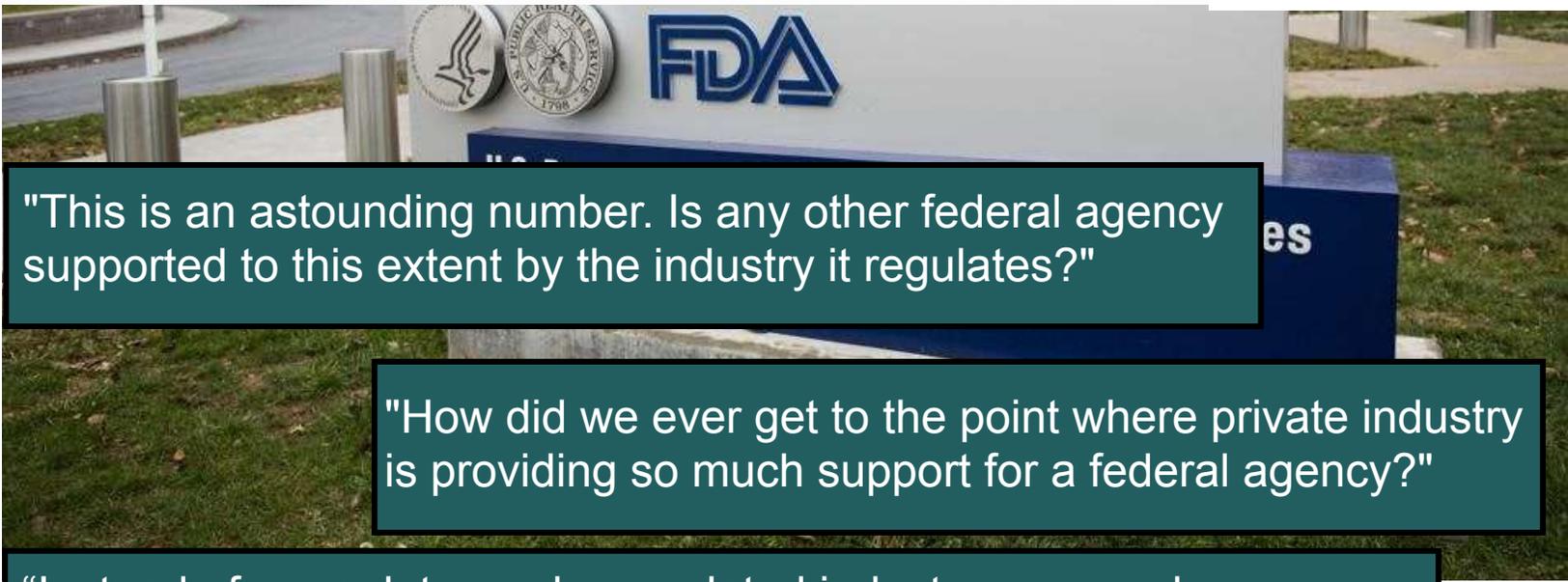
The Biopharmaceutical Industry Provides 75% Of The FDA's Drug Review Budget. Is This A Problem?



John LaMattina Contributor
Healthcare

I cover news on drugs and R&D in the pharma industry

"I was the president of Pfizer Global Research and Development in 2007 where I managed more than 13,000 scientists and professionals in the United States, Europe, and Asia."



"This is an astounding number. Is any other federal agency supported to this extent by the industry it regulates?"

"How did we ever get to the point where private industry is providing so much support for a federal agency?"

"Instead of a regulator and a regulated industry, we now have a partnership," said Dr. Michael Carome, director of the health research group for the nonprofit advocacy organization Public Citizen, and a former U.S. Department of Health and Human Services official. "That relationship has tilted the agency away from a public health perspective to an industry friendly perspective."



"The FDA's corruption and ineptitude are insurmountable"

(Ed note) Bill gates said that the FDA is the "gold standard".

<https://www.pogo.org/investigation/2016/12/fda-depends-on-industry-funding-money-comes-with-strings-attached/>

<https://www.propublica.org/article/fda-repays-industry-by-rushing-risky-drugs-to-market>



German Official Leaks Report Denouncing Corona as 'A Global False Alarm'

📍 Daniele Pozzati | 📅 May 29, 2020

© Photo: REUTERS/Hannibal Hanschke

Germany's federal government and mainstream media are engaged in damage control after a report that challenges the established Corona narrative leaked from the interior ministry. Some of the report key passages are:

-The dangerousness of Covid-19 was overestimated: probably at no point did the danger posed by the new virus go beyond the normal level.

-The people who die from Corona are essentially those who would statistically die this year, because they have reached the end of their lives and their weakened bodies can no longer cope with any random everyday stress (including the approximately 150 viruses currently in circulation).

-Worldwide, within a quarter of a year, there has been no more than 250,000 deaths from Covid-19, compared to 1.5 million deaths [25,100 in Germany] during the influenza wave 2017/18.

-The danger is obviously no greater than that of many other viruses. There is no evidence that this was more than a false alarm. A reproach could go along these lines: During the Corona crisis the State has proved itself as one of the biggest producers of Fake News.

So far, so bad. But it gets worse. The report focuses on the "manifold and heavy consequences of the Corona measures" and warns that these are "grave". More people are dying because of state-imposed Corona-measures than they are being killed by the virus. The reason is a scandal in the making: A Corona-focused German healthcare system is postponing life-saving surgery and delaying or reducing treatment for non-Corona patients. Berlin in Denial Mode. The scientists fight back.

<https://ichbinanderermeinung.de/Dokument93.pdf>



"With the survival rate of "CORONA" close to 100% without a vaccine. What exactly will the purpose of the new vaccine be?"

"Vaccines are unavoidably unsafe." —US Supreme Court, March 2011

"Vaccination is a grotesque superstition." —Dr. Charles Creighton, MD, MA

"Vaccination is a business based on fear." —Dr. Gerhard Buchwald, MD

"The further I looked into it, the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instance of these diseases, you will realise that this is not so." —Dr. Archie Kalokerinos, MD, PhD, AMM, MBBS, FAPM, pediatrician for over 30 years

"Vaccination is not scientific. Many of the world's greatest thinkers, scientists, statesmen and even doctors have condemned vaccination as being a crime against humanity, a FRAUD promoted for private gain, an insult to the race and a blot upon the name of civilization. Yet, this treacherous practice of blood pollution, which was cradled in the lap of ignorant savage tribes, has been adopted by, supposedly, enlightened government of the present day and forced on the protesting population—for profit." —Dr.

Eleanor McBean, PhD, ND, 1957



Ingredient #1: Cells From Aborted Fetus

Aborted fetal cells, listed on vaccine package inserts as “Human Fetal Diploid Cells.”

Terms to Investigate: PERC6, MRC5, WI-38, HEK-293

Which Vaccines? Adenovirus vaccine, DTaP vaccine, Hep A vaccine, Hep B vaccine, MMR vaccine, Rabies vaccine, Varicella (Chickenpox) vaccine

Ingredient #2: Serum From Aborted Calf Fetus Blood

One of the more grotesque methods involved in vaccine manufacturing is the collection of fetal bovine serum. The purpose for serum is providing a nutrient broth for viruses to grow in cells.

Terms to Investigate: Fetal Bovine Serum

Which Vaccines? Adenovirus vaccine, MMR vaccine, Rotavirus vaccine, Varicella (Chickenpox) vaccine

Ingredient #4: Cells From Monkey Kidneys

Monkey kidney tissue is used to support the growth of certain viruses used in vaccine production. There remains a huge controversy over using these cells and their role contaminating the polio vaccine in the 1950s

Terms to Investigate: Vero (monkey kidney) cell culture, SV40, Bernice Eddy

Which Vaccines? DTaP vaccine, Japanese Encephalitis vaccine, Polio vaccine, Rotavirus vaccine, Vaccinia vaccine

Ingredient #5: Cells From Dog Kidneys

On November 20, 2012, the FDA approved the seasonal influenza vaccine, Flucelvax, manufactured by Novartis. This vaccine is mass-produced using the continuous cell line Madin Darby Canine Kidney (MDCK) as vaccine cell substrate.

Terms to Investigate: Madin Darby Canine Kidney (MDCK)

Which Vaccines? Influenza vaccine



Ingredient #6: Mouse Brain

Viral vaccines prepared in tissue culture or mouse brain have been used in many Asian countries. According to the CDC website, the inactivated mouse brain-derived JE vaccine used in the United States since 1992 is no longer available.

Terms to Investigate: inactivated mouse brain (IMB), suckling mouse brain (SMB), JE virus (Beijing-1), acute disseminated encephalomyelitis (ADEM)

Which Vaccines? Japanese encephalitis vaccine, Rabies vaccine

Ingredient #3: Cells From Armyworms

The FDA approved the Flublok vaccine on January 16, 2013. Derived from cells of the fall armyworm, *Spodoptera frugiperda*. The vaccine package insert for Flublok also mentions: “Each 0.5 mL dose of Flublok may also contain residual amounts of baculovirus and host cell proteins (≤ 28.5 mcg), baculovirus and cellular DNA (≤ 10 ng) ...” [2]

Terms to Investigate: insect cell line (expresSF+)

Which Vaccines? Influenza vaccine

BEFORE VACCINATION. People’s chances of dying from certain infectious diseases before vaccines were introduced were extremely rare. So rare that if it weren’t for the drug industry’s disease mongering, we wouldn’t be discussing this subject.

One of the medical profession’s greatest boasts is that it eradicated smallpox through the use of the smallpox vaccine. I myself believed this claim for many years. But it simply isn’t true.” —Dr. Vernon Coleman, MB, ChB, DSc, FRSA, GP, Anyone Who Tells You Vaccines Are Safe And Effective Is Lying. Here's The Proof , 2011

UN Forced To Admit Gates-Funded Vaccine Is Causing Polio Outbreak In Africa



by Tyler Durden

Fri, 09/04/2020 - 23:45



"This really should be one of the biggest scandals in public health, but it's given little attention – mainly because of the high-profile nature of the people and organisations involved. The United Nations has been forced to admit that a major international vaccine initiative is actually causing the outbreak of the very disease it was supposed to wipe-out. While international organisations like the World Health Organization (WHO) will regularly boast about supposedly 'eradicating polio' with vaccines, the opposite seems to be the case. Their decades-long campaign to eradicate polio is now killing scores of innocent young people living in poor countries. Now it seems that health officials are beginning to admit that their plan to stop 'wild' polio is backfiring, as scores of children are being paralyzed by a deadly strain of the pathogen derived from a live vaccine – causing a virulent form of polio to spread.



This latest pharma-induced pandemic has broken out in the African countries of Chad and Sudan, and Shocking as it sounds, this Big Pharma debacle is not new. After spending some \$16 billion over 30 years to eradicate polio, international health bodies have 'accidentally' reintroduced the disease to in Pakistan, Afghanistan, and also Iran, as the central Asia region was hit by a virulent strain of polio spawned by the corporate pharmaceutical vaccine distributed there. Also, in 2019, the government of Ethiopia ordered the destruction of 57,000 vials of type 2 oral polio vaccine (mOPV2) following a similar outbreak of vaccine-induced polio. "

19TH CENTURY (1800s)

“There does not exist one single fact, in all the experiments and improvements made in science, which can support the idea of vaccination. A vaccinated people will always be a sickly people, short lived and degenerate.” —Dr. Alexander Wilder, MD, “Vaccination: A Medical Fallacy”, editor of the New York Medical Tribune, 1879

“I have seen leprosy and syphilis communicated by vaccination. Leprosy is becoming very common in Trinidad; its increase being coincident with vaccination.” —Dr. Hall Bakewell, Vaccinator General of Trinidad, 1868

"Syphilis has undoubtedly been transmitted by vaccination." —Sir William Osler Bt., MD, FRS, FRCP

“To no medium of transmission is the widespread dissemination of this class of disease (syphilis) so largely indebted as to Vaccination.” —Dr. B.F. Cornell, MD, 1868

“I have no faith in vaccination, nay, I look upon it with greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection from smallpox.” —Dr. William Collins, MD, London, 1882

“Vaccination is a gigantic delusion. It has never saved a single life. It has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot.” — Alfred R. Wallace, LL.D. DUBL., DCL OXON., FRS, etc., 1898



20TH CENTURY (1900s)

“Vaccination, instead of being the promised blessing to the world, has proved to be a curse of such sweeping devastation that it has caused more death and disease than war, pestilence, and plague combined. There is no scourge (with the possible exception of atomic radiation) that is more destructive to our nation’s health than this monument of human deception—this slayer of the innocent—thiscrippler of body and brain—the poisoned needle.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

“The great epidemics of deadly diseases, in animals and mankind, are caused by vaccination.” —Charles M. Higgins, “The Horrors of Vaccination: Exposed and Illustrated”, 1920

“I believe vaccination has been the greatest delusion that has ensnared mankind in the last three centuries. It originated in FRAUD, ignorance and error. It is unscientific and impracticable. It has been promotive of very great evil, and I cannot accredit it any good.” —Dr. R. K. Noyse, MD, Resident Surgeon of the Boston City Hospital, “Self Curability of Disease”

“The chief, if not the sole, cause of the monstrous increase in cancer has been vaccination.” —Dr. Robert Bell; Vice President, International Society for Cancer Research, British Cancer Hospital, 1922

“Cancer was practically unknown until the cowpox vaccination began to be introduced. I have seen 200 cases of cancer, and never saw a case in an unvaccinated person.” —Dr. W.B. Clark, MD, Indiana, New York Times article, 1909

“My honest opinion is that vaccine is the cause of more disease and suffering than anything I could name.” —Dr. Harry R. Bybee

21ST CENTURY (2000s)

“The entire vaccine program is based on massive FRAUD.”—Dr. Russell L. Blaylock, M.D., neurosurgeon, editorial staff of Journal of American Physicians and Surgeons

“Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry. There is no scientific evidence that vaccinations are of any benefit.” —Dr. Gerhard Buchwald, MD, “Vaccination: A business based on FEAR”

“The vaccination myth is the most widespread superstition modern medicine has managed to impose, but, being by the same token the most profitable, it will prove to be also one of the most enduring, though there was never the slightest of scientific evidence upholding it.” —Hans Ruesch, "The Great Medical Fraud", 20th century

"Everyone who is vaccinated is vaccine injured—whether it shows up right away or later in life." —Dr. Shiv Chopra, B.V.S., A.H., M.Sc., PhD, Fellow of the World Health Organization, former senior scientist at Health Canada

"Vaccinations do not work. They don't work at all." —Dr. Lorraine Day, MD

"Vaccination is a monstrosity, a misbegotten offspring of error and ignorance; and, being such, it should have no place in either hygiene or medicine...Believe not in vaccination, it is a worldwide delusion, an unscientific practice, a fatal superstition with consequences measured today by tears and sorrow without end." —Dr. Carlo Ruta, Professor of Materia Medica at the University of Perugia, Italy, 1896

Disease name	Year vaccine introduced	Fatality/harm (before the vaccine)	Population NOT harmed (before the vaccine)
Pertussis (whooping cough)	Late 1940s	1 in 77,000	99.9987%
Tetanus	Late 1940s	1 in 200,000	99.9995%
Diphtheria	Late 1940s	1 in 83,000	99.9988%
Polio	1955	1 in 100,000	99.9999%
Measles	1963	1 in 500,000	99.9998%
Rubella	1963	1 in 1,000,000	99.9999%
Mumps	1967	1 in 2,000,000	99.99995%
Hib (Haemophilus influenzae type B)	1985	1 in 600,000	99.999833%
Hepatitis B	1991	1 in 1,400,000	99.999929%
Chickenpox	1995	1 in 2,300,000	99.999957%

"Before vaccination . As you can see, the chances of anyone being harmed by these "vaccine preventable diseases" are so small that it's not even worth worrying about. In many cases, you have a higher chance of being struck by lightning or a meteorite than harmed by these "life threatening diseases". Source: 1) CDC Reported Deaths from Vaccine Preventable Diseases, US, 1950-2011, 2) Vital Statistics in the United States 1940-1960, US Department of Health, Education, and Welfare."

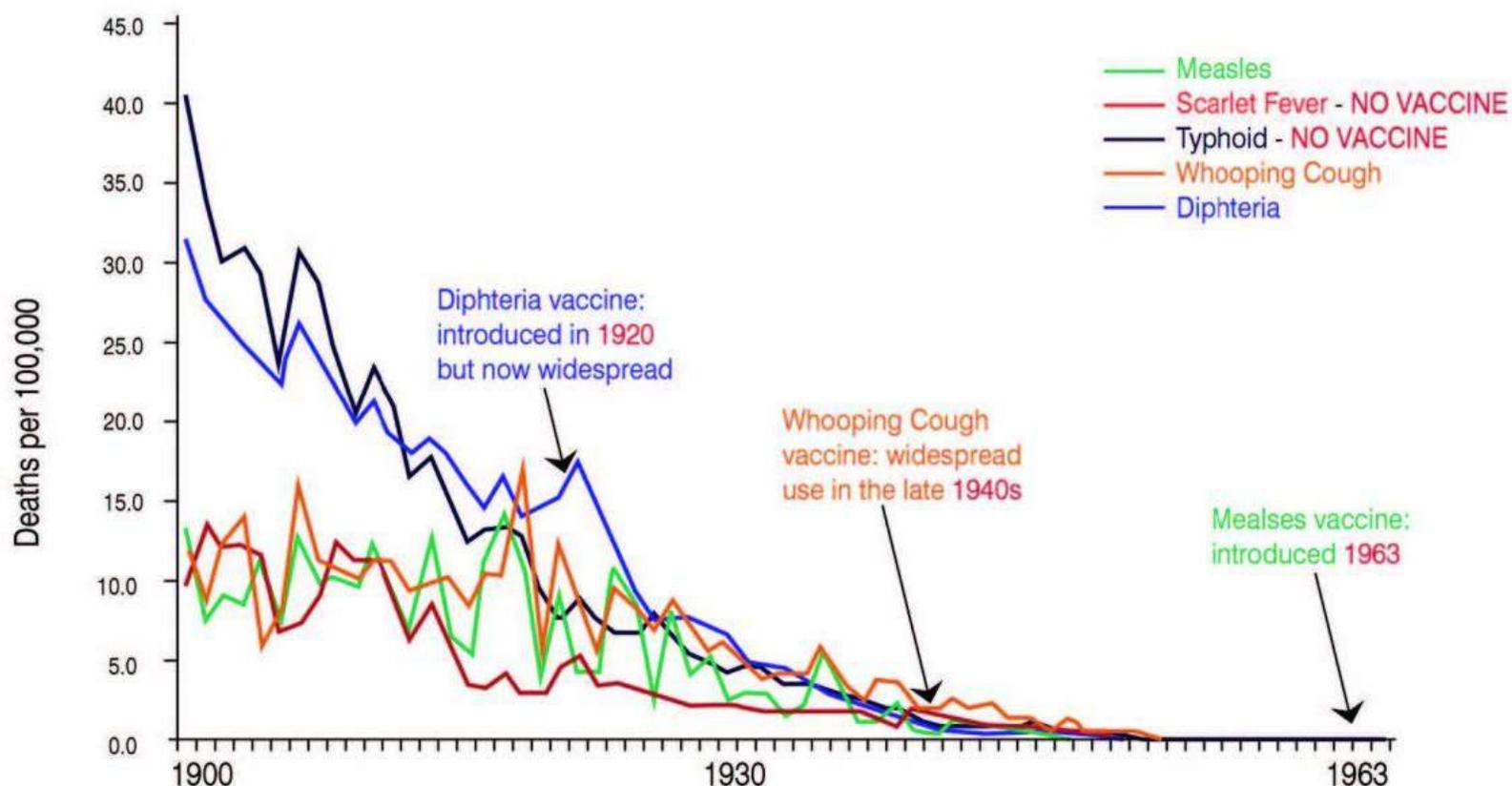
"The disease rates exploded for each successive year of compulsory vaccination. In other words, disease epidemics followed compulsory vaccination. Thus, every country eventually abandoned compulsory vaccination."

VACCINES DID NOT ERADICATE DISEASES

The graphs below show the decline of infectious diseases in the US and England BEFORE vaccines were introduced. As evident as night and day, most diseases were nearly eradicated, then the drug companies introduced vaccines and took credit, when vaccines had no role in eradicating those diseases.

United States: Disease Mortality Rates

References: Vital Statistics of the United States 1937, 1938, 1943, 1944, 1949, 1960, 1967, 1976, 1987, 1992;
Historical Statistics of the United States: Colonial Times to 1970 part 1



Despite common belief, infectious disease deaths **DECREASED 85 - 90% BEFORE VACCINES** were introduced in the U.S. Diseases **WITHOUT VACCINES** - including Scarlet Fever, Tuberculosis, Cholera and Typhoid - followed the **SAME** trend.
*Trends in the Health of Americans during the 20th Century. Pediatrics

LearnTheRisk.org/disease

Before vaccines were introduced in the US. In the US, every "vaccine preventable disease" was nearly eradicated, then several years later the drug companies introduced vaccines and gave credit to them for what sanitation, hygiene, and nutrition achieved. Source: 1) Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare, 2) Historical Statistics of the United States—Colonial Times to 1970, Part 1.



“There is no evidence whatsoever of the ability of vaccines to prevent any disease.” —Dr. Viera Scheibner, PhD

"It wasn't vaccination that saved humanity. The things that saved humanity were

- clean-running water (sewer systems, indoor plumbing, toilets, sinks, showers)
- sanitation (garbage collection, modern building codes),
- hygiene (soap, paper towels),–electricity (indoor heating, refrigeration),
- and nutrition (supermarkets) that saved humanity.

DISEASES that were eradicated by nutrition: scurvy, rickets, beriberi, goitre, hypoanatemia, anemia, kwashiorkor, marasmus, etc.

DISEASES that were eradicated without vaccines: scarlet fever, rheumatic fever, typhus, cholera, tuberculosis.

DISEASES that vaccines took credit for eradicating: smallpox, diphtheria, pertussis (whooping cough), polio, measles. As the data clearly shows, these diseases were never eradicated by vaccines."

"In 2017, the drug companies spent \$200 million bribing politicians, \$6.4 billion on advertising, and \$10 billion indirectly bribing doctors. Since 1796, doctors and scientists have called vaccines useless, worthless, poisonous, dangerous; a fraud, racket, and scam. And for good reasons."

"measles is a side effect of the measles vaccine. Polio is a side effect of the polio vaccine, and so forth. The side effects are the reason you are 625% more likely to die from the vaccines than the diseases they're supposed to prevent."



“Vaccination has not protected us; it could not do it, because the smallpox had already left us and the non-vaccinated world, before its introduction...Vaccination proves itself, in the history of humanity, to be the greatest crime committed in this last century!” —Dr. C. Charles Schieferdecker, MD, “The Evils of Vaccination”, 1856

“Vaccination is utterly useless as a preventive against smallpox, that millions of vaccinated persons have died of smallpox.” —Dr. J.W. Hodge, MD, New York

"The question is, “Did vaccination prevent or eradicate smallpox?” According to official statistics, the answer is NO. Vaccination did not prevent or eradicate smallpox."

“I am no longer ‘trying to dig up evidence to prove’ vaccines cause autism. There is already abundant evidence. This debate is not scientific but is political.” —Dr. David Ayoub, MD

"New Research Proves Brains of Children with Autism are Loaded with Aluminum "Recent research undertaken by Professor Christopher Exley and his team from Keele University in Staffordshire

Year	CDC recommended vaccine doses	Autism rate
1962	5	1 in 5,000
1983	24	1 in 2,500
2016	72	1 in 40
2018	74	1 in 36

"most toxins pass through the GI tract from the fiber in foods and the wisdom of the tight junction filtration. Shooting synthetic chemicals intramuscularly in a solution of polysorbate 80 is a much more efficient way to get the metals and viruses into the brain and vital organs to create the desired damage"



"The second deadliest disease epidemic in history, the Spanish Flu, was believed to be caused by vaccines."

"the disease which killed so many was not flu or a virus. it was bacterial."

- 1.The pandemic was not flu. An estimated 95% (or higher) of the deaths were caused by bacterial pneumonia, not influenza/a virus.
- 2.The pandemic was not Spanish. The first cases of bacterial pneumonia in 1918 trace back to a military base in Fort Riley, Kansas.
- 3.From January 21 – June 4, 1918, an experimental bacterial meningitis vaccine cultured in horses by the Rockefeller Institute for Medical Research in New York was injected into soldiers at Fort Riley.
- 4.During the remainder of 1918 as those soldiers – often living and traveling under poor sanitary conditions – were sent to Europe to fight, they spread bacteria at every stop between Kansas and the frontline trenches in France.
- 5.One study describes soldiers “with active infections (who) were aerosolizing the bacteria that colonized their noses and throats, while others—often, in the same “breathing spaces”—were profoundly susceptible to invasion of and rapid spread through their lungs by their own or others’ colonizing bacteria.”
- 6.The “Spanish Flu” attacked healthy people in their prime. Bacterial pneumonia attacks people in their prime. "Flu" attacks the young, old and immunocompromised. When WW1 ended on November 11, 1918, soldiers returned to their home countries and colonial outposts, spreading the killer bacterial pneumonia worldwide
- 7.During WW1, the Rockefeller Institute also sent the antimeningococcal serum to England, France, Belgium, Italy and other countries, possibly further spreading the epidemic worldwide.

"The Spanish blamed it on the French and called it the French Flu. Some say it originated in China, some say in Germany as a biological weapon. However, the most credible theory was that the 1918 flu pandemic was caused by vaccines, most likely the experimental typhoid or flu vaccine."



Soldiers from Fort Riley, Kansas, afflicted at a hospital ward at Camp Funston

Ed note. Unrelated but did you know "In April 1955 more than 200 000 children in five Western and mid-Western USA states received a polio vaccine in which the process of inactivating the live virus proved to be defective. Within days there were reports of paralysis and within a month the first mass vaccination programme against polio had to be abandoned. Subsequent investigations revealed that the vaccine, manufactured by the California-based family firm of Cutter Laboratories, had caused 40 000 cases of polio, leaving 200 children with varying degrees of paralysis and killing 10." —Michael Fitzpatrick, "The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis", *Journal of the Royal Society of Medicine*, 2006 From these timelines and events, it could be concluded that polio (or the symptoms associated with polio) was a manmade disease and not an infectious disease that medical students are taught. In other words, nearly all cases of polio were caused by pesticides, specifically DDT, and the Salk polio vaccine."

Newly analyzed documents reveal that the "Spanish Flu" may have been a military vaccine experiment gone awry.

Influenza and Pneumonia death rates spiked between 1918-1920. World War I was the first war in which US service men were required to vaccinate. The high vaccination rate before the flu pandemic of 1918-1920 was the most likely cause of the flu pandemic. "Typhoid vaccines were available by World War I, and the U.S. Army made getting those shots mandatory for all its enlisted soldiers." —Susan Perry, "Medical lessons from World War I

"The 1918 'Spanish Flu' started in American military Camp Funston, Fort Riley, USA, amongst troops making ready for WWI—taking on board vaccinations, recruit training and all. It eventually killed about 40,000,000 people worldwide. That flu strain only appeared briefly once again, according to the US Atlanta CDC. This was in 1976 and again it struck at the US army camp Fort Dix, USA, amongst recently vaccinated troops (and no one else EVER); Fort Dix is known to have been a vaccine trial centre. Was the world's greatest 'influenza' scourge another well-hidden vaccine disaster?" —John P. Heptonstall, Director of Morley Acupuncture Clinic and Complementary Therapy Centre, West Yorkshire

The experiments began in January 1918. By March of that year, "100 men a day" were entering the infirmary at Fort Riley.

(Ed note: Please read the Fort Riley paper in its entirety so you can appreciate the carelessness of the experiments conducted on these troops.)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2126288/pdf/449.pdf>

Shortly before breakfast on Monday, March 11, the first domino would fall signaling the commencement of the first wave of the 1918 pandemic.



"Dr. Gates does report that several of the men in the experiment had flu-like symptoms: coughs, vomiting and diarrhea after receiving the vaccine.

These symptoms are a disaster for men living in barracks, travelling on trains to the Atlantic coast, sailing to Europe, and living and fighting in trenches. The unsanitary conditions at each step of the journey are an ideal environment for a contagious disease like bacterial pneumonia to spread."

According to Gates, they injected random dosages of an experimental bacterial meningitis vaccine into soldiers. Afterwards, some of the soldiers had symptoms which "simulated" meningitis, but Dr. Gates advances the fantastical claim that it wasn't "actual" meningitis

"WWI ended only 10 months after the first injections. Unfortunately for the 50-100 million who died, those soldiers injected with horse-infused bacteria moved quickly during those 10 months. An article from 2008 on the CDC's website describes how sick WWI soldiers could pass along the bacteria to others by becoming "cloud adults."

"According to a 2008 National Institute of Health paper, **bacterial pneumonia** was the killer in a minimum of 92.7% of the 1918-19 autopsies reviewed. It is likely higher than 92.7%.

The researchers looked at more than 9000 autopsies, and "there were no negative (bacterial) lung culture results."

"that bacterial pneumonia was the real killer – thousands of autopsies confirm this fact."

"Capitalizing on the "flu" part of Spanish flu helped vaccine manufacturers procure billion dollar checks from governments, **even though scientists knew at the time that bacterial pneumonia was the real killer.**"

Australia PM walks back coronavirus vaccine comments after saying it should be mandatory

PUBLISHED WED, AUG 19 2020 5:45 AM EDT | UPDATED WED, AUG 19 2020 6:55 AM EDT



Vicky McKeever
@VMCKEEVERCNBC

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Ed note "Some careless people and (even a few) politicians that would possibly entertain the idea of mandatory vaccines are guilty of a criminal violation on international human rights (Their reasons and motives are irrelevant and possibly "deceitful") Lastly, a vaccine (especially new experimental and current rushed ones) are a human 'experiment'. With proponents saying you won't know side effects or worse until possibly years later.

UNESCO

is the United Nations Educational, Scientific and Cultural Organization

Universal Declaration on Bioethics and Human Rights

Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.



Article 6

3. ...In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

As well the Nuremberg Code is considered to be the most important document in the history of clinical research ethics, which had a massive influence on global human rights. The **Nuremberg Code and the related Declaration of Helsinki** are the basis used in Institutional Review Boards (IRBs). In addition, **the idea of informed consent has been universally accepted and now constitutes Article 7 of the United Nations' International Covenant on Civil and Political Rights**



Ed note : With utmost certainty it can be said that governments and their countries have been duped into an unnecessary and overblown response by the shadowy, non-transparent, and seemingly "autocratic" 'World Health Organization'. Local 'centralized' advisory health panels or councils that have been advising governments(on behalf of WHO) require investigation.

Based on the findings and conclusions in this study, the following **Recommendations** are made:

People should present this to their government and at local levels (mayors, councils etc). What was implemented based on fear or precaution is now devoid of purpose and justification in light of all data(both statistical and scientific).

Lockdowns of any nature are now a completely obsolete(and damaging) approach in relation to this particular mild coronavirus.

We advise immediately stopping the use of face masks so as to not further endanger individual and general public health.

Individuals and Agencies that stood to benefit from deliberately exaggerating the situation and its course of events, should be investigated.

"Data shows Covid19 has run its course. It could linger as a weak virus for years. Minimal chance of any noticeable "second wave". Unfortunately, Disease and media fear mongering + false stats was the real 'pandemic'."