

Coronavirus

Covid-19: The Data Exposing the Deception

by Iain Davis

Sunday, 11th October 2020

The Covid-19 data and statistics, that we are all now so familiar with, have been reported by the mainstream media (MSM) practically without scrutiny. There have been some notable exceptions; a few journalists who still understand their vital role to question power. Unfortunately, for the most part, questions have been most notable for their absence. Without a functioning mainstream media, and with government scientific advisors seemingly bought and paid for by pharmaceutical corporations, it has been left to independent journalists and researchers to question the Covid-19 narrative that we are all supposed to accept without hesitation. Few have worked harder than Mark Oakford.

Mark has sent 1,392 freedom of information requests to local authorities, Clinical Commissioning Groups, NHS trusts, Police Forces, Education Authorities, Ministerial departments and more. While a few requests remain unanswered, he has gathered data on more than 1.6 million public sector workers across the UK. That's 1.6 million ordinary working people employed in every community from Wick to Penzance. Mark's efforts have provided us an opportunity to compare what we are told about Covid-19 mortality with the actual reality in our towns and cities.

The questions he asked were reasonable and you would anticipate, given that the UK government are taking further Lockdown measures to fend off an alleged *second wave* of a global pandemic, that the requested data would be readily available. Full responses to Mark's information requests do not require any breach of data protection.

Mark asked the following questions:

- What is the total number of your workforce?
- What is the total number of staff who have died from Covid-19 within your organisation?
- What is the total number of staff who have been admitted to hospital as a result of Covid-19?
- What is the total number of staff who have been properly diagnosed with Covid-19 not requiring hospitalisation?
- What is the total number of staff who have had to take time of work through isolation procedures not counting when offices have been closed?

Questions 1, 2 and 5 should be simple enough for any public sector employer to answer. Perhaps questions 3 and 4 less so, although you would expect conscientious staff to disclose this to their employers.

So, what does Mark's diligent research reveal?

The Official Statistics

The Office of National Statistics provide mortality statistics for England and Wales. The numbers they record are based upon registered death certificates. While other data sources, such as the NHS and the Care Quality Commission, also provide mortality statistics, all registered deaths must eventually have a corresponding death certificate. For this reason, ONS figures are perhaps the most reliable.

In their latest analysis report the ONS state the following figures for England and Wales for the period between 1 January to 31 August:

- 389,835 deaths in total
- 48,168 deaths were "*due*" to Covid-19 as it was identified as the "*underlying*" cause
- 13,619 deaths were due to pneumonia
- 69,781 deaths involved pneumonia
- 394 deaths were due to influenza.
- 506 deaths involved influenza
- 19,470 death certificates cited both influenza and pneumonia alongside Covid-19 (IPC deaths)
- 18,642 (95.8%) of IPC death certificates recorded Covid-19 as the underlying cause of death
- 8 (0.04%) of IPC death certificates recorded influenza and pneumonia as the underlying cause of death

According to the 2011 census, the population of England and Wales was 56.1 million with a working age population of 36.6 million. Since then, the population in England and Wales has grown to 59.5 million - an increase of 6%.

Therefore, the current estimated working age population is 38.8 million. Of the 59.5 million, 56.3 million (94.6%) live in England. Giving us a current estimated working age population of 36.7 million for England. According to the ONS, for the year up to the end of August, the age-standardised mortality rate (ASMR) for Covid-19 in England, among the under 65's, was **16.6 per 100,000 people**.

We note that Covid-19 deaths among those under 18 is statistically zero. The ONS claim that approximately 6,092 people, *of working age* in England, have died from Covid-19 so far this year. For this age distribution, the chances of you dying from Covid-19 is *allegedly* 0.0166%. But only if you accept the government's claims.

To date, Mark's research of more than 1.6 million UK workers, casts significant doubt over the government figures: ***for 1,641,281 UK workers the total number of deaths reported was 76.***

There is a minor caveat: retirement ages vary, meaning a small number of included employees will be older than 65. However, many people retire early and the broad impact of this on Marks FOI numbers is negligible.

Why the Discrepancy?

Mark's research reveals an ASMR of **4.6 per 100,000**; somewhat less than the **16.6 per 100,000** reported by ONS. The average percentage chance of Covid-19 mortality for the working population is 0.0046%. This is three and half times lower than the official ONS ASMR implies. This strongly suggests that, of the 48,158 reported deaths "*due*" to Covid-19, the real number is closer to 13,759. A discrepancy of 34,399. A figure which has been mentioned before. Something doesn't add up.

While the ONS report 48,158 recorded deaths "*due*" to Covid-19, (at the time of writing) the UK government report 57,347 deaths "*with Covid-19 on the death certificate*".

While there is a lag in the ONS data, due to the time taken to issue death certificates, the UK government's increased tally, for the entire UK, recorded 1,173 deaths "*with Covid-19*" since the end of August. We have every reason to question this number.

This variation, between ONS recorded Covid-19 deaths and government claims of *additional* Covid-19 mortality, represents an *error margin* of approximately 19%.

If Mark's research is closer to the truth, and we have solid evidence to suggest that it is, then that *error margin* is greater than 75%.

Some ONS statements make little sense. This reveals the two fundamental problems plaguing any meaningful analysis of the reported Covid-19 statistics.

Firstly, the figures are complete mush. They vary wildly depending upon who is reporting them, their methods, what they are reporting and when.

Secondly, the data-gathering process itself is littered with contradictions, bizarre processes, huge conflicts of financial interest and is prone to both error and manipulation.

The death registration process, providing data to the ONS on Covid-19 mortality, results in statistical nonsense. It forces the ONS to openly make statements like this:

Influenza and pneumonia was mentioned on more death certificates than COVID-19, however COVID-19 was the underlying cause of death in over three times as many deaths between January and August 2020.

This illogical babble is what we have instead of meaningful mortality statistics. That doesn't stop the failed MSM from reporting them without analysis.

This confusion is not necessarily the fault of the ONS. It seems to be the product of a death registration system purposefully constructed to inflate Covid-19 mortality statistics.

When influenza, pneumonia and Covid-19 are on a Medical Certificate Cause of Death (MCCD) together, without a postmortem, it is ridiculous to suggest that nearly 96% of these deaths (18,642) must be Covid-19 deaths. Some may well be, but there is significant bias towards identifying Covid-19 as the underlying cause.

The reason that they are reported as such has nothing to do with medical science and everything to do with the death registration system, created by the UK government, specifically for Covid-19.

The ONS and the HM Passports Office issued guidance to doctors on completing MCCD's during the *emergency period*. This was a major *relaxation* of the standard checks and balances usually required to complete an MCCD.

Doctors were informed that the World Health Organisation's International Statistical Classification of Diseases (ICD) for Covid-19 made it a notifiable disease under the Health Protection (Notification) Regulations 2010. Therefore, they informed MCCD signing doctors to do the following:

Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of Death....Covid-19 is not a reason on its own to refer a death to a coroner.

Covid-19 is diagnosed either from symptoms, that could be from a range of respiratory infections (including influenza and pneumonia), or RT-PCR, CT and serological tests which are frequently inaccurate or not fit for purpose. The ONS advised doctors how to add Covid-19 to MCCD's:

If before death the patient had symptoms typical of COVID19 infection, but the test result has not been received, it would be satisfactory to give 'COVID-19' as the cause of death, tick Box B and then share the test result when it becomes available. In the circumstances of there being no swab, it is satisfactory to apply clinical judgement.

This system more or less guarantees that Covid-19 will be recorded as the underlying cause of death. There doesn't even need to be any clear medical evidence that the decedent had Covid-19.

Mark Oakford's research demonstrates that there is something seriously amiss with the statistical reporting of Covid-19 statistics. There is very little reason to put much faith in official reports of Covid-19 mortality.

We are told that lockdowns are essential to avert a so-called *second wave*. Yet Mark found, for public sector workers who regularly interact with the public in the community, such as police officers, fire officers, park attendants and so forth, mortality was zero.

Our entire way of life is being irrevocably changed because of the claims made about Covid-19. We should insist that those claims be rigorously scrutinised.

Published by the Students of Johns Hopkins since 1896

November 26, 2020

A closer look at U.S. deaths due to COVID-19

By [YANNI GU](#) | November 22, 2020

After retrieving data on the CDC website, Briand compiled a graph representing percentages of total deaths per age category from early February to early September.

According to [new data](#), the U.S. currently ranks first in total COVID-19 cases, new cases per day and deaths. Genevieve Briand, assistant program director of the Applied Economics master's degree program at Hopkins, critically analyzed the effect of COVID-19 on U.S. deaths using data from the Centers for Disease Control and Prevention (CDC) in her webinar titled "COVID-19 Deaths: A Look at U.S. Data."

From mid-March to mid-September, U.S. total deaths have reached 1.7 million, of which 200,000, or 12% of total deaths, are COVID-19-related. Instead of looking directly at COVID-19 deaths, Briand focused on total deaths per age group and per cause of death in the U.S. and used this information to shed light on the effects of COVID-19.

She explained that the significance of COVID-19 on U.S. deaths can be fully understood only through comparison to the number of total deaths in the United States.

After retrieving data on the CDC website, Briand compiled a graph representing percentages of total deaths per age category from early February to early September, which includes the period from before COVID-19 was detected in the U.S. to after infection rates soared.

Surprisingly, the deaths of older people stayed the same before and after COVID-19. Since COVID-19 mainly affects the elderly, experts expected an increase in the percentage of deaths in older age groups. However, this increase is not seen from the CDC data. **In fact, the percentages of deaths among all age groups remain relatively the same.**

"The reason we have a higher number of reported COVID-19 deaths among older individuals than younger individuals is simply because every day in the U.S. older individuals die in higher numbers than younger individuals," Briand said.

Briand also noted that 50,000 to 70,000 deaths are seen both before and after COVID-19, indicating that this number of deaths was normal long before COVID-19 emerged. **Therefore, according to Briand, not only has COVID-19 had no effect on the percentage of deaths of older people, but it has also not increased the total number of deaths.**

These data analyses suggest that in contrast to most people's assumptions, the number of deaths by COVID-19 is not alarming. In fact, it has relatively no effect on deaths in the United States.

This comes as a shock to many people. How is it that the data lie so far from our perception?

To answer that question, Briand shifted her focus to the deaths per causes ranging from 2014 to 2020. There is a sudden increase in deaths in 2020 due to COVID-19. This is no surprise because COVID-19 emerged in the U.S. in early 2020, and thus COVID-19-related deaths increased drastically afterward. Analysis of deaths per cause in 2018 revealed that the pattern of seasonal increase in the total number of deaths is a result of the rise in deaths by all causes, with the top three being heart disease, respiratory diseases, influenza and pneumonia.

This is true every year. Every year in the U.S. when we observe the seasonal ups and downs, we have an increase of deaths due to all causes,” Briand pointed out. When Briand looked at the 2020 data during that seasonal period, COVID-19-related deaths exceeded deaths from heart diseases. This was highly unusual since heart disease has always prevailed as the leading cause of death. However, when taking a closer look at the death numbers, she noted something strange. As Briand compared the number of deaths per cause during that period in 2020 to 2018, she noticed that instead of the expected drastic increase across all causes, there was a significant decrease in deaths due to heart disease. Even more surprising this sudden decline in deaths is observed for all other causes.

This trend is completely contrary to the pattern observed in all previous years. Interestingly, as depicted in the table below, the total decrease in deaths by other causes almost exactly equals the increase in deaths by COVID-19. **This suggests, according to Briand, that the COVID-19 death toll is misleading. Briand believes that deaths due to heart diseases, respiratory diseases, influenza and pneumonia may instead be recategorized as being due to COVID-19**

The CDC classified all deaths that are related to COVID-19 simply as COVID-19 deaths. Even patients dying from other underlying diseases but are infected with COVID-19 count as COVID-19 deaths. This is likely the main explanation as to why COVID-19 deaths drastically increased while deaths by all other diseases experienced a significant decrease. **“All of this points to no evidence that COVID-19 created any excess deaths. Total death numbers are not above normal death numbers. We found no evidence to the contrary,” Briand concluded.**



Change in Deaths over previous week	Week ending 4/11/2020	Week ending 4/18/2020	Week ending 4/25/2020
Heart Diseases	+ 824	- 1,190	- 727
Cancers	- 52	- 356	+ 160
Chronic Respiratory	- 96	- 249	- 211
Cerebrovascular	+ 35	+ 11	- 145
Alzheimer	+ 86	- 56	- 96
Diabetes	+ 52	- 90	-179
Flu & Pneumonia	- 236	- 381	- 97
Nephritis	+ 88	- 31	- 106
Other Respiratory	- 4	- 95	- 31
Septicemia	- 98	- 92	- 13
Not Classified	- 44	+ 13	+ 48
TOTAL DECREASE	- 530	- 2,540	- 1,605
COVID – Heart Diseases	+ 486	+ 2,561	+ 1,651



AN OPEN LETTER TO THE UK GOVERNMENT, GOVERNMENTS OF THE WORLD AND THE CITIZENS OF THE WORLD

A selection of extracts from the letter published by the **World Doctors Alliance**, an independent non-profit alliance of doctors, nurses, healthcare professionals and staff around the world who have united in the wake of the Covid-19 response chapter to share experiences with a view to ending all lockdowns and related damaging measures and to re-establish universal health determinance of psychological and physical wellbeing for all humanity.

“We were told initially that the premise for lockdown was to ‘flatten the curve’ and therefore protect the NHS from being overwhelmed. It is clear that at no point was the National Health Service (NHS) in any danger of being overwhelmed, and since May 2020 covid wards have been largely empty; and crucially the death toll from covid has remained extremely low.”

“We now have hundreds of thousands of so-called ‘cases’, ‘infections’ and ‘positive tests’ but hardly any sick people. Recall that four fifths (80%) of ‘infections’ are asymptomatic (1) Covid wards have been by and large empty throughout June, July, August and September 2020. Most importantly covid deaths are at an all-time low. **It is clear that these ‘cases’ are in fact not ‘cases’ but rather they are normal healthy people.**”

“So-called asymptomatic cases have never in the history of respiratory disease been the driver for spread of infection. Rather it is symptomatic people who spread respiratory infections - not asymptomatic people.”

“It is also abundantly clear that the ‘pandemic’ is basically over and has been since June 2020.”

“We have very highly likely reached herd immunity and therefore have no need for a vaccine.”

“We therefore call for an immediate end to all lockdown measures, social distancing, mask wearing, testing of healthy individuals, track and trace, immunity passports, the vaccination program and so on...There has been a catalogue of unscientific, non-sensical policies enacted which infringe our inalienable rights, such as - freedom of movement, freedom of speech and freedom of assembly. These draconian totalitarian measures must never be repeated.”

“Covid has proved less deadly than previous influenza seasons”

“We have never locked down society for a respiratory virus before. We have never isolated the healthy before.”

“Countries which did not lock down Sweden, Japan, Taiwan, South Korea and Belarus have all done significantly better than us in terms of percentage of population deaths. They also have herd immunity and intact economies.”

“Lockdown did not save lives, and this has been published in the Lancet ‘...in our analysis, full lockdowns and wide-spread COVID-19 testing were **not** associated with reductions in the number of critical cases or overall mortality.”

“Covid poses virtually zero risk to the under 45’s who have more chance of being struck by lightning than dying from covid.”

“Covid has proved less deadly than previous influenza seasons – There were 50,100 flu deaths from December 2017 to March 2018 in England and Wales. There were 80,000 flu deaths in 1969. To date we have circa 42,000 covid related deaths in the UK.”

“The basis for lockdown was a mathematical model by Professor Neil Ferguson. His modelling which predicted half a million deaths in the UK has been roundly condemned as being not fit for purpose. His estimated death figures were clearly wrong by a factor of 10 or 12 times.”

COLLATERAL DAMAGE THE CURE IS WORSE THAN THE VIRUS

“Placing the public under virtual house arrest has caused untold damage to both physical and mental health.”

“Ventilating patients instead of oxygenating patients proved to be a deadly policy and an unwarranted failure. Ventilation resulted in many unnecessary deaths.”

“Sending infected people from hospitals to care homes placed the elderly and frail under unnecessary risk and resulted in many unnecessary deaths.”

“Blanket Do Not Resuscitate (DNR) orders were imposed on thousands of people without their consent nor the consent of their families – this is both unlawful and immoral and lead to unnecessary deaths in care homes.”

“Hospitals became essentially ‘covid only’ centres vast numbers of patients were wilfully neglected, resulting in many thousands of unnecessary deaths.”

“The government’s own report estimates that some two hundred thousand (200,000) people will die as a direct result of lockdown – not the virus. Hospitals being closed, suicide and poverty will result in more deaths than the virus.”

(*Could it be that it was a combination of the factors listed above, and not the “virus” itself, that was responsible for the surge in death numbers following the lockdown? This is a personal opinion not to be directly associated with the World Doctors Alliance*)

DEATH CERTIFICATES

“The majority of people who died had significant comorbidities, such as Alzheimer’s, cancer, cardiovascular disease and diabetes.”

“Counting death certificates with a ‘mention’ of covid as being a death caused by covid is a gross misrepresentation of the facts and has vastly over exaggerated the death toll.”

“The rules for the signing of death certificates have been changed solely for covid by the Coronavirus 2020 Act.”

“Doctors do not even need to have physically seen the patient in order to sign death certificates.”

“The Act has removed the need for a confirmatory medical certificate for cremations.”

“Autopsies have virtually been banned, no doubt leading to misdiagnosis of the true cause of deaths; and also reducing our understanding of the disease itself.”

“Worse still, care home staff who largely have no medical training are able to give a statement as to the cause of death.”

“Covid was put on death certificates merely on the ‘suspicion’ of people having covid. This may well be unlawful, since it is a crime to falsify death certificates.”

“People who die within 28 days of a positive PCR test are deemed to have died from covid, even if they die in a car crash or from a heart attack, clearly over inflating the death toll”

ECONOMIC RUIN

“Reports now estimate that as many as six and a half million (6,500,000) people in the UK will lose their jobs as a result of lockdown.”

“It is well known that poverty directly adversely affects health, we can expect to see many people suffering with poor health and resulting in many premature deaths, as a direct result of lockdown.”

CENSORSHIP

“Government has acted maliciously in censoring doctors, nurses and NHS staff. The people have the perfect right to hear what is going on in hospitals, and the medical profession have a duty to look after the public and to reassure them.”

“The medical profession have not been allowed to let the public know that covid wards have been empty for months, nor that covid deaths have reached an all-time low for months, and this has unnecessarily added to the public’s distress and anxiety.”

“Doctors and scientists with views that differ from the government narrative have had their videos and articles removed from the internet”

TESTING - FALSE POSITIVES

“PCR tests cannot be verified for accuracy as there is no ‘gold standard’ against which to check them. The virus has not been purified.”

“PCR tests cannot detect viral loads and are prone to false positives.”

“A positive PCR test does not mean that an individual is infected nor infective.”

“In fact, approximately 90% of the PCR positive ‘cases’ are false positives. We therefore have no second wave and no pandemic.”

“The government’s report estimates a false positive rate of between 0.8 to 4.0 % using data from other viral infections – not from covid”

“Antibody testing is not the gold standard as many people have T-cell immunity, and antibodies may not circulate following recovery from infection.”

“The crisis will never end if we are waiting for zero positive tests. Everyone has probably had a cold caused by a coronavirus and will likely have a few viral fragments matching those of the cousin SARS-CoV-2 virus”

“Testing healthy asymptomatic individuals is non-sensical, unscientific and a colossal waste of money. The governments moon shot daily testing program will cost £100 Billion roughly two thirds of the annual NHS budget.”

(*Personal opinion that should not be associated with the World Doctors Alliance; There is not even a viable test that can confirm the identity of the supposed virus. Viruses are invisible but pandemics are not; what possible innocent explanation could there be for such statistical trickery? *)

PREVENTION

“Voluntary isolation of the frail - should they so choose; in combination with preventative measures would have been a far better strategy. The rest of society could and should have continued as normal.”

VACCINE

“A rushed vaccine is clearly not in the public’s best interest”

“Indemnifying vaccine manufacturers against all liability is also clearly not in the public’s best interest”

(*Successful lawsuits resulted from harmful vaccinations administered in both the 1976 and 2009 non-pandemics; personal input again, but also a matter of public record*)

CONFLICTS OF INTEREST

“Chief Scientific Officer Sir Patrick Vallance has £600,000 worth of shares in GSK Glaxo Smith Klein. He has in recent years sold £5 million of shares in GSK which he ‘earned’ whilst chief of GSK”

“Sir Chris Whitty, Chief Medical Officer UK, accepted over £30 million in funding from the Bill and Melinda Gates foundation to study malaria vaccines.”

“It has become clear that members of SAGE, Public Health England (PHE), World Health Organisation (WHO), Centre for Disease Control (CDC), National institute for Health (NIH) etc have many conflicts of interests. They all accept very large ‘donations’ from the pharmaceutical and vaccine industry. These conflicts of interests may well have effectively corrupted their integrity.”

“It is also clear that governments are heavily lobbied by the pharmaceutical industry and the vaccine industry, again this may have compromised their integrity.”

CUI BONO? WHO BENEFITS?

Vaccine manufacturers will make trillions from this, as will track and trace manufacturers, and the pharmaceutical industry stand to make trillions from covid testing. Prime minister Boris Johnson announced the new ‘moon shot’ testing will cost £100 Billion, approximately two thirds of the annual NHS budget. Surely these vast sums would be far better spent on treating all of the neglected patients who have been wilfully neglected during lockdown and who now face huge waiting lists.

CONCLUSIONS

We demand the immediate and permanent ceasing of all lockdown measures.

Lockdowns do not save lives, that is why they have never been used before. Civil liberties and fundamental freedoms have been unnecessarily removed from the public and this must never happen again.

Isolation must be voluntary. People are perfectly capable of making their own assessment of the risks and must be free to go about their lives as they so choose. People must have the right to choose whether to isolate or not.

Likewise, businesses must have the right to remain open if they so choose.

We demand that doctors, nurses, scientists and healthcare professionals must be permitted free speech and never be censored again.

SIGNED BY: DR MOHAMMAD ADIL PROFESSOR DOLORES CAHILL DR. R. ZAC COX, BDS DR. HEIKO SCHÖNING DR. ANDREW KAUFMAN, M.D DR. SCOTT JENSEN, M.D

TOTAL SIGNATURES SO FAR: 22,208

General public: 19,208 Doctors, nurses, scientists, dentists, etc: 1,336 Holistic health practitioners: 1,664

There are other collective groups comprised of concerned medical professionals who are also trying to alert the general populace to the massive fraud, and crime, that is being perpetrated against humanity. Representatives of the 700-strong German doctors for information stated bluntly that...

“The Corona panic is a play. It's a scam. A swindle. It's high time we understood that we're in the midst of a global crime.”

Similar sentiments were expressed by several hundred Spanish doctors. (Doctors for Truth) It is very difficult for such people to make their voices heard without access to mainstream information outlets.

The 1976 Swine Flu “non-pandemic”

A must watch, in light of the recent virus scaremongering and vaccination promotion, is the CBS 60 minutes documentary on the 1976 “Swine flu,” (which can be sourced online) another non-event which was pushed by the US government, the media and pharmaceutical interests.

“The swine-flu vaccination program was one of its (CDC) greatest blunders. It all began in 1976 when CDC scientists saw that a virus involved in a flu attack outbreak at Fort Dix, N.J., was similar to the swine-flu virus that killed 500,000 Americans in 1918. Health officials immediately launched a 100-million dollar program to immunize every American. But the expected epidemic never materialized, and the vaccine led to partial paralysis in 532 people. There were 32 deaths.”

U.S. News and World Report, Joseph Carey, October 14, 1985, p. 70, “How Medical Sleuths Track Killer Diseases.

The supposed 2009 H1N1 or “avian flu” outbreak was another international health scare that was caused by media scaremongering amidst allegations of political corruption and statistical fraud.

Parliamentary Assembly: The handling of the H1N1 pandemic (Selected Extracts)

Report Social Health and Family Affairs Committee Rapporteur:
Mr Paul FLYNN, United Kingdom

Draft Resolution A (1) The Parliamentary Assembly is alarmed about the way in which the H1N1 influenza pandemic has been handled, not only by the World Health Organization (WHO), but also by the competent health authorities at the level of the European Union and at national level. It is particularly troubled by some of the consequences of decisions taken and advice given leading to distortion of priorities of public health services across Europe, waste of large sums of public money, and also unjustified scares and fears about health risks faced by the European public at large.

Draft Resolution The Assembly notes that grave shortcomings have been identified regarding the transparency of decision-making processes relating to the pandemic which have generated concerns about the possible influence of the pharmaceutical industry on some of the major decisions relating to the pandemic. The Assembly fears that this lack of transparency and accountability will result in a plummet in confidence in the advice given by major public health institutions.

Introduction He (Dr Wolfgang Wodarg) is particularly alarmed by some of the excessive responses given to what turned out to be an influenza of moderate severity, and also the lack of transparency of relevant decision-making processes and the possible undue influence of pharmaceutical groups on central decisions. Furthermore, he is concerned by the way in which some of the sensitive issues were communicated by public authorities and subsequently picked up by the European media, reinforcing fears amongst the population which sometimes made objective analysis difficult.

Global Response National regulatory authorities generally licensed or approved vaccines developed by various vaccine manufacturers according to relevant national procedures, sometimes following accelerated procedures in order to make relevant vaccines available more rapidly. WHO was involved from the very start in the vaccination process by mobilising global resources and coordinating the distribution of donated pandemic influenza vaccine to eligible countries... Already in summer 2009, some independent medical experts raised warnings regarding the overestimation of the current influenza pandemic. They raised concerns about excessive

vaccination activities, risks of side-effects of certain vaccines, the ineffectiveness of some of the medication, as well as possible undue influence by biased advisors.

Handling the H1N1 pandemic All arguments presented by critics in recent debates seem to have one common focal point: the disparity between the relatively mild unfolding of the influenza as it appeared in the autumn of 2009, and the far-reaching action taken at European and national level in some countries.

For some experts, it seemed obvious from a relatively early stage that the new sub-type of influenza virus was doing less harm to persons infected than other forms of the virus in previous years. As one epidemiologist stated: “the importance of influenza is completely overestimated, it has to do with research funds, power, influence and scientific reputations”

He (Dr Tom Jefferson) further noted that only 7-15% of people with flu symptoms truly have influenza. In other words, vaccination programmes are directed against what surveillance systems worldwide call “influenza”, but in reality are influenza-like illness or flu.....Furthermore, many countries have had difficulties in clearly distinguishing between **patients dying with swine flu** (i.e. showing symptoms of swine flu whilst having died of other pathologies) and **patients dying of swine flu** (i.e. swine flu being the main lethal cause), which might have ‘falsified’ some of the statistics on which later public health decisions were founded.

With regard to the public health sector, the rapporteur is notably concerned by the systematic recruitment of so-called “key opinion leaders” by specific “image and communication agencies” in the pharmaceutical industry.

A critical view is also justified regarding the – sometimes ambiguous - way in which issues related to the H1N1 pandemic were communicated to national governments and the European public at large. In this respect, the rapporteur wishes to highlight the regular overstatement of the pandemic’s expected outcome in terms of infections and deaths which nourished increasing uncertainty and fears amongst Europeans.

The overwhelming majority of patients experience mild influenza-like illness and recover fully within a week, even without any form of medical treatment. Most people, however, expected more dramatic consequences, not least because in spring 2009, the approaching swine flu was repeatedly compared to previous infectious diseases, notably the avian flu and SARS in more recent years, but also the Spanish flu of 1918.

The role of the pharmaceutical industry A few months after the declaration of the pandemic, even the European Medicines Agency pointed out that “only limited data on the safety and immunogenicity of influenza A(H1N1)v vaccines will be available when member states start to use the vaccines.

There is evidence of doubtful commercial practices followed by some industrial groups. The rapporteur refers in particular to pressure exerted on national governments to activate “sleeping contracts” after very short delays of reflection and the attempt to transfer the main responsibility for side-effects of vaccines to the governments themselves

According to estimations by the international investment bank JP Morgan, the sales of H1N1 vaccines in 2009 were expected to result in overall profits of between 7 and 10 billion dollars to pharmaceutical laboratories producing vaccines

Conclusion.... “distortion of priorities of public health services all over Europe, waste of huge sums of public money, provocation of unjustified fear amongst Europeans, creation of health risks through vaccines and medications which might not have been sufficiently tested before being authorised in fast track procedures... He considers that the right of 800 million Europeans in Council of Europe member states to be fully informed should prevail over the right of a relatively small number of experts to privacy.

S.A.G.E- And Government Propaganda

On March 19th covid-19 was no longer classified as an HCID. (High Consequence Infectious Disease) and it was officially downgraded to the level of a seasonal flu. (This did not make the “news”) **Three days** later the document “**Options for increasing adherence to social distancing measures**” was released by **S.A.G.E (Scientific Advisory Group for Emergencies.)**

Yes, they really have been trying to scare you
‘A substantial number of people still do not feel sufficiently personally threatened... The perceived level of personal threat needs to be increased among those who are complacent, using hard-hitting emotional messaging’

Options for increasing adherence to social distancing measures 22nd March 2020
Paper prepared for the Scientific Advisory Group for Emergencies (SAGE).<https://www.gov.uk/government/publications/options-for-increasing-adherence-to-social-distancing-measures-22-march-2020>

S.A.G.E received advice from the **Scientific Pandemic Influenza Group on Behaviour**. These are extracts from a chilling document entitled "options for increasing adherence to social distancing measures."

"The media be used to increase a sense of personal threat"

"Communications strategies should provide social approval for desired behaviours and promote social approval within the community"

"Consideration should be given to the use of social disapproval but with a strong caveat around unwanted negative consequences"

Television images of people dropping dead in China. Alarming footage showing trucks spraying residential streets. Hospitals overwhelmed. All this drama was on the television for month after month and all the while death rates remained within expected variation. This was all **propaganda** and **psychological warfare** designed to instil fear and compliance, it was not news. And let us not forget **Professor “Coronavirus” Ferguson** who had made similar widely inaccurate forecasts before.

2001. Foot and Mouth Predicted 150,000. Reality Less than 200 (alleged)

2002. B.S.E Predicted 50,000. Reality 177 (alleged)

2005 Bird Flu Predicted 150 million. Reality 282 (alleged)

2009 Swine Flu Predicted 65,000 Reality 457 (alleged)

2020 Covid 19 Predicted 500,000 (UK) Reality 60,000 (alleged: See sheets 1, 2, and 3)

"The oddest thing about the Panicdemie is that nobody would know it existed if the Government and its mouthpiece the BBC did not constantly seek to terrify us into a state of servile fear...How long will it be before the realisation sinks in that we have been stampeded, quite needlessly, into poverty and darkness?"
Peter Hitchens

BIDERMAN'S CHART OF COERCION

Biderman's Chart of Coercion (1956) is a tool developed to explain the methods used to break the will or brainwash a prisoner of war. Domestic violence experts believe that batterers use these same techniques.

General Method Effects and Purposes

Isolation

Deprives victim of all social support (for the) ability to resist

Allows victim to be present at all times to keep home environment stable and non-threatening

Makes victim dependent upon abuser

Stay in your home. Do not associate with other human beings. Only desist with explicit permission

Control or Distortion of Perceptions

Fixes attention upon immediate predicament; fosters introspection

Eliminates information that is not in agreement with the abuser's message

Punishes actions or responses that demonstrate independence or resistance

Abuser manipulates by being charming, seductive, etc. to get what is wanted from victim and becomes hostile when demands are not met

The pandemic is real, and it is terrifying; the television tells that it is so, and alternative views are not permissible

Humiliation or Degradation

Wakens mental and physical ability to resist

Heightens feelings of incompetence

Induces mental and physical exhaustion

You can no longer work without permission. You must now queue outside. Joy is forbidden. Wear a mask

Threats

Creates anxiety and despair

Outlines abuser's expectations and consequences for noncompliance

Obey the rules or face social shame, excessive fines or state-mandated kidnap and violence

Demonstrating Omnipotence or Superiority or Power

Demonstrates to victim that resistance is futile

Use excessive police resources to stamp down on the slightest infringement

Enforcing Trivial Demands

Demands are often trivial, contradictory and non-achievable

Reinforces who has power and control

Repeatedly bombard the victims with ridiculous mandates so they habitually seek instruction.

Exhaustion

The abuser uses sleep deprivation to keep victim in a state of confusion

Provide continual and remorseless visual and audible propaganda for month after month.

Occasional Indulgences

Provides positive motivation for conforming to abuser's demands

Victim works to "earn" these indulgences in an effort to increase self-esteem

Positive reinforcement: "Let" the victims out of "Lockdown" and ease up on the pressure every now and then.

Individuals who have experienced abuse often focus on their own actions (or inactions) and blame themselves for their own abuse. **NO!** Focus instead on the actions of the abusive government and their complicit agencies and expose to others the methods by which these manipulative abusers have exerted control over their victims.

POSTED BY: COLLEEN HUBER, NMD VIA PRIMARYDOCTOR JULY 14, 2020

Extracts

At this writing, there is a recent surge in widespread use by the public of facemasks when in public places, including for extended periods of time, in the United States as well as in other countries. The public has been instructed by media and their governments that one's use of masks, even if not sick, may prevent others from being infected with SARS-CoV-2, the infectious agent of COVID-19. A review of the peer-reviewed medical literature examines impacts on human health, both immunological, as well as physiological. The purpose of this paper is to examine data regarding the effectiveness of facemasks, as well as safety data. The reason that both are examined in one paper is that for the general public as a whole, as well as for every individual, a risk-benefit analysis is necessary to guide decisions on if and when to wear a mask.

Are masks effective at preventing transmission of respiratory pathogens?

In this meta-analysis, face masks were found to have no detectable effect against transmission of viral infections. (1) It found: "Compared to no masks, there was no reduction of influenza-like illness cases or influenza for masks in the general population, nor in healthcare workers."

1 T Jefferson, M Jones, et al. Physical interventions to interrupt or reduce the spread of respiratory viruses. MedRxiv. 2020 Apr 7.

This 2019 study of 2862 participants showed that both N95 respirators and surgical masks "resulted in no significant difference in the incidence of laboratory confirmed influenza."

J Brainard, N Jones, et al. Facemasks and similar barriers to prevent respiratory illness such as COVID19: A rapid systematic review. MedRxiv. 2020 Apr 1.

This 2016 meta-analysis found that both randomized controlled trials and observational studies of N95 respirators and surgical masks used by healthcare workers did not show benefit against transmission of acute respiratory infections. It was also found that acute respiratory infection transmission "may have occurred via contamination of provided respiratory protective equipment during storage and reuse of masks and respirators throughout the workday." (5)

J Smith, C MacDougall. CMAJ. 2016 May 17. 188(8); 567-574.

A study of 44 mask brands found mean 35.6% penetration (+ 34.7%). Most medical masks had over 20% penetration, while "general masks and handkerchiefs had no protective function in terms of the aerosol filtration efficiency." The study found that "Medical masks, general masks, and handkerchiefs were found to provide little protection against respiratory aerosols." (10)

H Jung, J Kim, et al. Comparison of filtration efficiency and pressure drop in anti-yellow sand masks, quarantine masks, medical masks, general masks, and handkerchiefs. Aerosol Air Qual Res. 2013 Jun. 14:991-1002

This study found that surgical masks offered no protection at all against influenza. (16)

C MacIntyre, Q Wang, et al. A cluster randomized clinical trial comparing fit-tested and non-fit-tested N95 respirators to medical masks to prevent respiratory virus infection in health care workers. Influenza J. 2010 Dec 3.

In another study, that observed subjects while coughing, "neither surgical nor cotton masks effectively filtered SARS-CoV-2 during coughs by infected patients." And more viral particles were found on the outside than on the inside of masks tested. (25)

S Bae, M Kim, et al. Effectiveness of surgical and cotton masks in blocking SARS-CoV-2: A controlled comparison in 4 patients. Ann Int Med. 2020 Apr 6.

The New England Journal of Medicine editorial on the topic of mask use versus Covid-19 assesses the matter as follows:

"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and

some say more than 10 minutes or even 20 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.” (29)

Are masks safe?

During walking or other exercise

Surgical mask wearers had significantly increased dyspnea after a 6-minute walk than non-mask wearers. (30)

E Person, C Lemercier et al. Effect of a surgical mask on six minute walking distance. Rev Mal Respir. 2018 Mar; 35(3):264-268.

Researchers are concerned about possible burden of facemasks during physical activity on pulmonary, circulatory and immune systems, due to oxygen reduction and air trapping reducing substantial carbon dioxide exchange. As a result of hypercapnia, there may be cardiac overload, renal overload, and a shift to metabolic acidosis. (31)

B Chandrasekaran, S Fernandes. Exercise with facemask; are we handling a devil's sword – a physiological hypothesis. Med Hypotheses. 2020 Jun 22. 144:110002.

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. (39)

C MacIntyre, H Seale, et al. A cluster randomized trial of cloth masks compared with medical masks in healthcare workers. BMJ Open. 2015; 5(4)

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. (40) Low oxygen induces hypoxia-inducible factor 1 alpha (HIF-1). (41) This in turn down-regulates CD4+ T-cells. CD4+ T-cells, in turn, are necessary for viral immunity. (42)

A Beder, U Buyukkocak, et al. Preliminary report on surgical mask induced deoxygenation during major surgery. Neurocirugia. 2008; 19: 121-126. 41 D Lukashev, B Klebanov, et al. Cutting edge: Hypoxia-inducible factor 1-alpha and its activation-inducible short isoform negatively regulate functions of CD4+ and CD8+ T lymphocytes. J Immunol. 2006 Oct 15; 177(8) 4962-4965. 42 A Sant, A McMichael. Revealing the role of CD4+ T-cells in viral immunity. J Exper Med. 2012 Jun 30; 209(8):1391-1395.

“The use of face masks, whether cloth, surgical or N95, creates a poor obstacle to aerosolized pathogens as we can see from the meta-analyses and other studies in this paper, allowing both transmission of aerosolized pathogens to others in various directions, as well as self-contamination. It must also be considered that masks impede the necessary volume of air intake required for adequate oxygen exchange, which results in observed physiological effects that may be undesirable. Even 6-minute walks, let alone more strenuous activity, resulted in dyspnea. The foregoing data show that masks serve more as instruments of obstruction of normal breathing, rather than as effective barriers to pathogens. Therefore, masks should not be used by the general public, either by adults or children, and their limitations as prophylaxis against pathogens should also be considered in medical settings.”

Vaccination and the Bill and Melinda Gates Foundation

Any form of medical intervention must be by **informed consent** and it is not the purpose, or right, of governmental bodies to force, or trick, their civilian populations into taking medication.

Reasons for "vaccine hesitancy"

Those that are pushing for the rapid rollout of a vaccine are liars. Is research for vaccines not meant to take many years? How can a mass vaccination programme possibly be justified based upon the available information? Since when did all these politicians and journalists care so much about public wellbeing anyway? The "pandemic" has quite obviously been faked, but for what purpose? The so-called "virus" has never even been isolated, so quite what this "vaccine" is, and what it is actually intended to do, is anybody's guess. It might just be best to sit this one out.

But people who have the sense to refuse vaccination are being told they might not be "allowed" to travel. Or work. Or even attend social gatherings.

Something untoward is going on here, obviously.

Coronavirus: The Bill Gates connection

Why Bill Gates? Why are all these people trying to warn about Bill Gates in the midst of this global "pandemic"? Isn't Gates a philanthropist who is just trying to help the world out by donating his fortune to good causes? What few realize is that Gates' philanthropy is hardly selfless. His foundation has provided hundreds of millions of dollars in grants to corporations in which his foundation trust has a financial interest. (To give just one example; in 2002, the foundation purchased shares in nine big pharmaceutical companies valued at nearly \$205 million.) This level of investment and funding affords the Gates Foundation a high amount of influence over the worldwide health agenda and might account for the striking fact that, over the past decade of his "philanthropy," Gates' net worth has actually doubled, from \$50 billion to over \$100 billion.

The Bill & Melinda Gates Foundation have monopolized the global health industry. The Bill and Melinda Gates Foundation is the second-largest donor to the World Health Organization (WHO). But Gates' influence extends far beyond the WHO. The Gates Foundation co-founded the Global Fund to Fight AIDS; the Global Financing Facility for Women, Children and Adolescents; the Coalition for Epidemic Preparedness Innovations; Gavi, the Vaccine Alliance; the Stop TB Partnership; and seemingly every other major global health initiative of the past two decades. By funding individual health initiatives and entire organizations into existence, Gates has been able to direct research priorities and even to determine what forms of medical intervention are used to treat various diseases.

"Since the early 2000s, the Global Alliance for Vaccines and Immunizations (Gavi), Global Health Innovative Technology Fund and PATH, all heavily funded by the Gates Foundation, have been distributing vaccines and drugs to vulnerable populations in Africa and India. In 2010, the Gates Foundation funded experimental malaria and meningitis vaccine trials across Africa and HPV vaccine programs in India. All of these programs resulted in numerous deaths and injuries, with accounts of forced vaccinations and uninformed consent. Ultimately, these health campaigns, under the guise of saving lives, have relocated large scale clinical trials of untested or unapproved drugs to develop."

Accountability of International NGOs: Human Rights Violations in Healthcare Provision in Developing Countries and the Effectiveness of Current Measures Sharmeen Ahmed Golden Gate University School of Law

(nearly half a million people in India developed have paralysis as a result of being given the oral polio vaccine between 2000 and 2017 according to the International Journal of Environmental Research and Public Health)

"Coronavirus" was a pre-planned event

Event 201 (18.10.19) was a "Global Pandemic Exercise" organized by the Bill and Melinda Gates Foundation and the Johns Hopkins University. The timing of this "exercise" can hardly have been coincidental.

*"The next severe pandemic will not only cause great illness and loss of life but could also trigger major cascading economic and societal consequences that could contribute greatly to global impact and suffering. Efforts to prevent such consequences or respond to them as they unfold will **require unprecedented levels of collaboration between governments, international organizations, and the private sector**.....governments need to be willing to do things that are out of their historical perspective . . . It's really a war footing that we need to be on."*

"The pandemic also had a deadly effect on economies: international mobility of both people and goods screeched to a halt, debilitating industries like tourism and breaking global supply chains. Even locally, normally bustling shops and office buildings sat empty for months, devoid of both employees and customers." Scenarios for the future of technology and international development (Lock Step) The Rockefeller Foundation (2010)

The Rockefeller Foundation and Bill Gates are keen proponents of **Eugenics**, which they interpret as the idea that the rich and powerful are, by virtue of their superior genes, fit to decide who lives and dies based upon the genetic desirability or economic viability of an individual or group. These characters are now being allowed to effectively hold the world to ransom because they exert so much influence. In the words of Bill Gates himself...

*"For the world at large, normalcy only returns when **we've largely vaccinated** the entire global population."*

Who exactly is "we" Bill?

"If we do a really great job on new vaccines, healthcare and reproductive health services, we could reduce that (the world population) by 10-15%"

"We will have to prepare for the next one. That i'd say, will get attention this time" (referring to the "second wave" with undisguised enthusiasm)

"We are taking things, that you know, are genetically modified organisms and we are injecting them into little kid's arms. We just shoot them right into the vein." (Said again, with undisguised relish)

"I'm particularly excited about what the next year could mean for one of the best buys in global health; vaccines" (Internet tweet)

"Every corner we've turned in the field of global health, we've found the Rockerfellers were already there and had been for many years" Bill Gates (Snr)

"The population problem must be recognized by government as a principal element in long-range planning" John.D.Rockerfeller

*"immunological methods such as **vaccines** to reduce fertility and much more research is required if a solution is to be found here"*

*"The Foundation proposes to continue and intensify assistance in improving a delivery of Family Planning and **Fertility Control procedures**."* The Rockefeller Foundation (annual report 1968)

The **integrity** and **motivation** of those that have pushed for the widespread use the "Coronavirus" vaccine, in direct contravention of both science and common sense, is highly questionable and indeed it could be argued that the individuals and institutions concerned are, both in word and in action, verifiably malevolent.

Questioning Vaccination

Typical ingredients for vaccines include: Thimerosal (mercury) Formaldehyde Aluminum, Gelatin, **and aborted fetal cells**. Is it really a good idea to allow such toxic substances to be introduced to the human body?

The history of vaccination has been one of claiming “success” for health improvements from an external cause whilst suppressing information about the harmful consequences which have been caused through inoculations. This is because the same Rockefeller family interests which seek to reduce the world population have paid, through “philanthropy”, for the indoctrination of the medical profession and they and their like-minded affiliates also control the media.

“We are grateful to the Washington Post, the New York Times and other publications whose directors have attended our meetings and have respected their promises of discretion for almost forty years. It would have been impossible for us to develop our plan for the world if we had been subject to the bright lights of publicity”
David Rockefeller

The winners write the history books and the widespread opposition to the initial imposition of vaccination in the 19th century and the causal effect of such riots and demonstrations has now been largely forgotten. Vaccines are presented to the world as a miracle cure but in actuality it was as the cleansing of towns, the purification of water supplies, the introduction of proper sanitation and the increased diversity of available foodstuffs that led to the dramatic improvements in public health as seen in the latter 19th and early 20th century. At least this is what public records and contemporary literature seems to attest to.

“In hundreds of instances, persons cow-poxed by Jenner himself (Edward Jenner) have either died from the disorder, or narrowly escaped with their lives”
William Corbett 1829

“The medical observer for 1810 contains 535 cases of small pox after vaccination, 97 fatal cases 150 cases of vaccine injuries...”
Vaccination by act of parliament- Westminster review 1889

“The 1871-72 smallpox epidemic gave a vivid example to the townspeople, in that although they had complied with the law some 3,000 cases occurred and of these 358 died, some of them vaccinated according to law”
Milnes, Royal Statistical Society 1897

“The widespread opposition to the enforcement of the compulsory clauses of the Vaccination Acts which exist in Leicester culminated yesterday in a great demonstration which was carried out very successfully...At the present moment there are over 5,000 persons being summoned for refusing to comply with the law”
The Times 1885

“All the old menaces like typhoid, smallpox, measles, scarlet fever, whooping cough and diphtheria have become minor causes of death. The chance is very remote indeed that any of them will ever again assume sufficient importance to affect the general health rate”
Osler, the relation of typhoid mortality and sewerage 1898

“Even in the absence of a vaccine, by 1960, notification of childhood measles in England and Wales was only 2.4% and mortality fell to .03% which is 1/200 of the 1908 Glasgow mortality rate”
Miller/Aldreside/Ross Epidemiologic Reviews 1982

At a press conference in Washington on 24 July, 1942, the Secretary of War reported that 28,585 cases of jaundice had been observed in the (American) Army between 1 January and 4 July after yellow fever vaccination, and of these 62 proved fatal.”
Sir Graham Wilson, Hazards of Immunization.

Questioning the 1918 “Spanish Flu”

One of the recurrent arguments for the validity of the pharmacological fraud of 1976/2009/2020 is to invoke the “Spanish flu” which is said to have been responsible for a death toll of *“somewhere between 17 million and 50 million, and possibly as high as 100 million”* (Wikipedia)

This is so vague that it is meaningless. What the “Spanish flu” was and how deadly were its effects is hard to know especially as it was seldom reported upon at the time. A BBC journalist commenting on newspaper reports in the city of Belfast regarding the “pandemic” wrote...

“The deadliest flu pandemic in modern history undoubtedly left its mark on the citizens of Belfast. But, overshadowed by the drama and suffering of Great War, it rarely made headline news.”

Perhaps people died simply because they were in poor health as a result of privations caused by the recent war? The source below is, again, Wikipedia.

“In contrast, a 2007 analysis of medical journals from the period of the pandemic found that the viral infection was no more aggressive than previous influenza strains. Instead, malnourishment, overcrowded medical camps and hospitals, and poor hygiene, all exacerbated by the recent war, promoted bacterial superinfection. This superinfection killed most of the victims, typically after a somewhat prolonged death bed.”

And there is also a far darker side to the story as expressed in a 2003 article from Patrick Carroll of the Irish Examiner.

How did they know it was the virus of Spanish flu that killed millions of civilians and soldiers? This disaster occurred when viruses were unknown to medical science. It took a British science team to identify the first virus in man in 1933. As regards the origin of the outbreak, he relates that a senior US army officer suggested that the Germans might have been responsible for the bug as part of their war effort, by spreading it in theatres or where large numbers of people assembled. Did they also spread it among their own people, killing 400,000 as reported? Ryle would have us believe that all those American soldiers who died from non-combatant causes may have died from Spanish flu. But US Army records show that seven men dropped dead after being vaccinated.

A report from US Secretary of War Henry L Stimson not only verified these deaths but also stated that there had been 63 deaths and 28,585 cases of hepatitis as a direct result of yellow fever vaccination during only six months of the war. That was only one of the 14 to 25 shots given to recruits. Army records also reveal that after vaccination became compulsory in the US Army in 1911, not only did typhoid increase rapidly but all other vaccinal diseases increased at an alarming rate. After America entered the war in 1917, the death rate from typhoid vaccination rose to the highest point in the history of the US Army. The deaths occurred after the shots were given in sanitary American hospitals and well-supervised army camps in France, where sanitation had been practiced for years. The report of the Surgeon-General of the US Army shows that during 1917 there were admitted into the army hospitals 19,608 men suffering from anti-typhoid inoculation and vaccinia. This takes no account of those whose vaccine diseases were attributed to other causes.

The army doctors knew all these cases of disease and death were due to vaccination and were honest enough to admit it in their medical reports. When army doctors tried to suppress the symptoms of typhoid with a stronger vaccine, it caused a worse form of typhoid paratyphoid. But when they concocted an even stronger vaccine to suppress that one, they created an even worse disease Spanish flu. After the war, this was one of the vaccines used to protect a panic-stricken world from the soldiers returning from WWI battlefronts infected with dangerous diseases. The rest is history.

An interesting perspective, especially in these times.

Sheet 10- But why would "they" lie about a pandemic?

By Chris Macintosh

November 29, 2020

10:26 pm

Thought for the day: **Totalitarians never view themselves as totalitarian. Utopians believe fervently that what they are forcing upon others is for their own good.**

If you've not heard of the World Economic Forum, I'd urge you to pay extremely close attention because they've been driving much of the mayhem you've experienced this year. Klaus Schwab, who is the founder of the World Economic Forum, and Thierry Malleret featured an article accompanying the launch of a co-authored book entitled "*COVID-19: The Great Reset*". This article is a rebuttal to Klaus and all technocrats like him.

"Already, in barely six months, the COVID-19 pandemic has plunged our world in its entirety — and each of us individually — into the most challenging times we've faced in generations."

Incorrect. The virus is simply a virus, similar to other viruses that humans have overcome throughout our history as a species. Indeed, here are the CDC's numbers themselves so that we may put things into context.

Survival rates by age group:

- 0-19: 99.997%
- 20-49: 99.98%
- 50-69: 99.5%
- 70+: 94.6%

It was Klaus, our governments and institutions that have plunged the world into "the most challenging times we've faced", through their idiotic draconian tyrannical policies that have been forced upon the world with zero room for debate. Highly credentialed professionals ([see the Great Barrington declaration](#)) across the world are simply censored when pointing out the madness.

"It is a defining moment — we will be dealing with its fallout for years, and many things will change forever. It has wrought (and will continue to do so) economic disruption of monumental proportions, creating risk and volatility on multiple fronts — political, social, geopolitical — while exacerbating deep concerns about the environment and also extending the reach of technology into our lives."

On this we agree. We will indeed be dealing with the fallout for years. And yes, the economic disruption is of monumental proportions. Take, for instance, suicides, Klaus, which in Japan are now 8.5X the number of deaths from covid. At this point those officials still locking down, since we know the virus is nothing more than a bad flu should be summarily fired and brought to justice for crimes against humanity. At this point it would be worth listening to Dr Roger Hodkinson, the ex-president of the pathology section of the Medical Association and formerly certified by the Royal College of Physicians and Surgeons of Canada as a general pathologist in 1976 and a Royal College Fellow. Here (linked in the article) is Dr Roger Hodkinson addressing the Edmonton City Council Community and Public Services Committee meeting on Nov. 13 about the city's move to extend its face-covering bylaw.

Moving right along to your statement Klaus of "*concerns about the environment*". Is it not time you simply dropped the mask and revealed that yes, this is what it was all about from the get go. Agenda 2030, after all, was conceived before the manufactured pandemic. One would have thought that after Al Gore's ridiculous and demonstrably false "*Inconvenient*

Truth”, the junk science behind “anthropogenic global warming” would have deservedly been ridiculed and discarded on the trash heap of history but instead it’s been re-birthed as a mask to implementing Communism 3.0. under the guise of “the Great Reset”. We see through you.

"No industry or business will avoid the impact of these changes. Millions of companies risk falling behind, and many industries face an uncertain future; a few will thrive."

Those that have thrived are unsurprisingly the very same clutch of folks that are your buddies from Davos. Enormous corporations that benefit from the tyrannical lockdowns. It comes as no surprise that Bezos’ Amazon, Zuckerberg’s Facebook and Dorsey’s Twitter have all sucked up more power, influence, and market share while SMEs have been squashed by — again — policy and not the virus. Amazingly you’ve the gall to talk about equality while ensuring all of this takes place. And then there’s your buddy, Bill.

"On an individual basis, for many, life as they’ve always known it is unraveling at alarming speed. This said, acute crises favor introspection and foster the potential for transformation."

The only thing we can transform, without unintended consequences, is ourselves. Nature does the rest. This is because the world is complex, far more complex than anyone — certainly you — can imagine. And in believing “we” (which we know means you and your fellow accomplices complicit in this crime) can transform it implies a belief you’ve a handle on the infinite amount of data points each second that occur in the world and furthermore how each of those data points may react to any change in any other data points. In short, you’ve the same misguided belief that centralised planning works. It doesn’t.

This “opportunity” is manufactured to amass enormous attention and force feed your Marxist neo-feudal agenda of reshaping the world in a centralised approach. It is worth noting at this point that EVERY single time mankind has embarked on “reshaping the world” to meet the objectives of a small group of intolerant people it has ended in genocide. Every. Single. Time.

Systematic Connectivity

"A new world could emerge, the contours of which it is incumbent on us to reimagine and redraw."

There you go again with this notion that you and your out of touch friends know what is required for the rest of us.

"The sudden and violent nature of the shock the pandemic is inflicting can make the scale of this challenge seem overwhelming."

Yes, you’re quite correct on the violent shock to society. As my friend Doug Casey remarked, *“Masks, social distancing, lockdowns, and non-gathering are doing immense damage to society at every level—health-wise, socially, and financially. This nonsense is rupturing the social fabric everywhere. That’s extremely dangerous.”*

"This impression is due in no small measure to the fact that in today’s interdependent and hyper-connected world risks amplify each other: Individual risks or issues harbor the potential to create ricochet effects by provoking others (like unemployment potentially fuelling social unrest and impoverishment triggering involuntary mass migration). Unemployment potentially fuelling social unrest..."

Really? *“Involuntary mass migration”* is all due to policy, especially that of the EU, whether it be to create social justice or creating conflict. So far, all the trouble you refer to has been created by policy makers and influencers, not the average Joe. And here you are telling us to put our faith in — deep breath — policy makers.

"The defining feature of today's world is systemic connectivity: In such a world, silo-doing and silo-thinking have no place because risks converge. All the macro issues that exert direct and daily impacts on our societies, the global economy, geopolitics, the environment and technology do not evolve in a linear fashion."

If by "systematic connectivity" you mean the organised effort by the WEF, the world's central banks, and the world's governments to abandon sovereignty and cater to protecting international interests of a small elite, then sure. Surely, if you're against "silo thinking," censoring dissenting voices via the mainstream media and social media would be something you'd be dead against. In the immortal words of Homer Simpson, "Lord help me, I'm just not that bright."

"They play out as complex adaptive systems, and as such, share a fundamental attribute: susceptibility to matters cascading out of control and in so doing producing extreme consequences that often come as a surprise. COVID-19 has already given us a foretaste of this phenomenon."

Translation: Globalists have implemented policies they do not understand, cannot pay for, and cannot control. A fake pandemic is now being used as the catalyst to wipe the slate clean and steal all the assets and subjugate the world to full technocratic control.

Examining Fault Lines

"To a considerable extent, occurrences as different as the sharp and dramatic rise in unemployment (an economic risk), the global wave of social unrest unleashed by the Black Lives Matter protests (a societal issue) and the growing fracture between China and the U.S. (a geopolitical risk) wouldn't have taken place without the pandemic. At the very least, coronavirus exacerbated those trends."

Those more cynical among us might call that a coincidence. Rise in unemployment is because the government made it illegal to work, which our captured media justified by terrifying people. A global wave of social unrest was fueled by Marxist fanatics and the fracture between US and China is a natural result of their economic relationship and the struggle for world supremacy.

"The concurrence and severity of these fault lines mean that we are now at a critical juncture: The potential for change is unlimited and bound only by our imagination — for better or for worse."

Whose imagination, Klaus? Normal people don't feel as though they have the right to dictate how the world should be run.

"Societies could be poised to become either more equitable or the opposite; geared toward more solidarity or greater individualism; favoring the interests of the few or looking to the needs of the many; economies, when they recover, could be characterized by greater inclusivity and more attuned to our global connection, or they could simply return to business as usual — now revealed to be (in so many ways) an untenable status quo."

As I mentioned in a special report (What happens next?) on the growing cancer in society, it is individualism which is the hallmark of a free society.

"This is the fundamental question upon which the success of the Great Reset depends. The scope of change required is immense, ranging from elaborating a new social contract to forging improved international collaboration. Immense but far from insurmountable, as the case for smart investment in the environment show. Build Back Better has been adopted by leaders all around the world. One way to invest smartly is to embed climate and environmental resilience into stimulus packages and recovery programs. The immediate post-crisis period offers a small window to build back better by not wasting the \$10 trillion that governments around the world are investing to alleviate the effects of the COVID-19 pandemic."

It is evident that “Build back Better” is more about destroying Western democracy and individual human rights than it is about building anything other than a complete hell on earth.

"A recent policy paper to which the World Economic Forum contributed estimates that building a nature-positive economy could represent more than \$10 trillion per year by 2030 — in terms of new economic opportunities, as well as avoided economic costs. In the short term, deploying around \$250 billion of stimulus funding could generate up to 37 million nature-positive jobs in a highly cost-effective manner. We should not view resetting the environment as a cost but rather an investment that will generate economic activity and employment opportunities."

The ultimate price that will be paid here will be measured in human lives lost and contrary to what your “think tanks” say a degradation of the world environment. I will invite you to read my banned article on [Greenwashing](#) where I lay bare the absurdities that your think tanks purposefully ignore.

"We must get the Great Reset right. The challenges before us could be more consequential than ever imagined, but our capacity to reset could also be greater than we had previously hoped."

I think, Klaus, at this point I’m going to simply leave you with the great words of Thomas Sowell,

"It is hard to imagine a more stupid or more dangerous way of making decisions than by putting those decisions in the hands of people who pay no price for being wrong."

And now I’ll leave you with some quotes upon which to reflect.

"The theory of Communists may be summed up in the single sentence: Abolition of private property."

– Karl Marx

Men like Bill Gates and Klaus Schwab have been working feverishly to implement the complete transformation of society as people were tricked into shutting their businesses and locking themselves away from society. And now, take a good look at the state of this place; there is no longer a proper news service, only inane propaganda, so it is hard to know what is really going on in the country, let alone the wider world. Democratic representation has effectively ceased, due of course to “Covid”, and citizens are no longer “permitted” to congregate together to discuss what is going on. And every day more and more people become dependent on government income to survive because economic activity has been so badly affected by the effects that the so-called Lockdowns have had on the economy. And now, these b***** want to inject the population with a substance unknown whilst arbitrarily restricting commerce and movement subject to compliance with lies.

People largely rejected the truth about this Coronavirus situation back in March when the situation could have been dealt with in a far less painful manner. Most still reject it and if they continue to do so the consequences for living in a state of denial shall only continue to escalate as dictated by the precepts of Natural Law.

"That which manifests as a result of what you are wrongly resisting, is that which persists"

The purpose of this little compendium is to show to people that they have been lied to and to try to get through to them just how serious this situation has now become. The individual who put this together is going to distribute this content, both physically, through the post, and electronically and will meanwhile continue to go about his business without complying to this nonsense. What is to stop the recipient of this information from doing the same thing?

