

## Coronavirus—A Con Job: Wake Up You're Giving Away Your Freedom

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In this paper, the following will be made clear...

- **THERE IS NO SCIENTIFIC OR MEDICAL RESEARCH WHICH SHOWS THAT A NEW OR NOVEL CORONAVIRUS CALLED SARS-CoV-2, SINCE COMMONLY NAMED COVID 19, HAS BEEN DISCOVERED AND WHICH IS CAUSING ILLNESS AND DEATH.** The *fundamental and essential* testing to identify a new virus which is causing illness or harm, namely, the fulfilment of Koch's Postulates or Rivers Criteria, has *never* been done. What has been identified is *a piece of genetic material* which is merely *assumed or alleged* to belong to a new coronavirus.
- This piece of genetic material, which is supposedly part of a new virus, has never been shown to be the cause of any infection, illness or death. It was merely found in the lung fluid of *just 7* people in Wuhan, China who were showing similar symptoms. But, we *all* have bits of genetic material, viral parts, viruses and bacteria in our bodies *all* the time which cause no harm—*association does not equal causation*.
- **THE MAIN TEST FOR COVID 19, THE PCR TEST, IS NOT TESTING FOR A NEW CORONAVIRUS, BUT FOR A PIECE OF GENETIC MATERIAL SUPPOSEDLY BELONGING TO A NEW CORONAVIRUS CALLED SARS-CoV-2 OR MORE GENERALLY COVID 19 BUT WHICH HAS NEVER BEEN SHOWN TO EXIST!** Even if the PCR test finds this piece of genetic material, let us call it the supposed Covid 19 viral part, this genetic material, also, has never been shown to be the cause of any illness or death. *These points alone show that the Covid 19 testing is a meaningless farce.*
- For several reasons, such as not being able to distinguish between different viruses accurately, the PCR test for the supposed Covid 19 viral part is highly inaccurate and generates a very high number of false positives—approximately 230 false positives for every 10,000 people tested. These false positives are NOT being subtracted from the Covid 19 case counts, thereby producing not only inaccurate but indeed *fraudulent* figures/data. Thus, if you test enough people, even healthy people, you can *falsely* create an 'infected' group—to 'justify' a lockdown!
- Even if the PCR test could accurately identify a piece of genetic material, the supposed Covid 19 viral part, the test cannot possibly tell you whether someone is infected by it (displaying symptoms), can infect others or has died from it. This is because, one, the test *cannot* discriminate, on the one hand, between old, dead and inactive viral parts (genetic material) and, on the other hand, current, live and active viral parts, and two, the PCR test also cannot tell you how *much* of the supposed viral part (genetic material) is in the body. Thus, the inventor of the PCR test, Kary Mullis, stated that it *cannot* be used to diagnose an *infectious* disease.
- The world-wide testing for the supposed Covid 19 viral part is producing *wildly inaccurate* and also *wildly inflated* figures. Two major reasons for this are: 1) *all* forms of testing for supposed Covid 19 are inaccurate and produce high numbers of false positives and 2) people who die *with* the supposed Covid 19 viral part are automatically being classed as having died *from* Covid 19. But, again, just because a viral part or virus is present does not mean it is causing a person any harm, let alone death. Basically, people are being wrongly classified as having died from Covid 19 when they have in fact died from *other* causes. *There are no Covid 19 deaths, but only deaths from other causes being renamed Covid 19.*
- Collectively, all of the above points mean that the Covid 19 testing and the so-called official figures for Covid 19 cases, rates of infection and deaths based on this testing are not only inaccurate and inflated but completely meaningless and fraudulent. In turn, this means that *the pandemic is an illusion* and that there is no basis for the lockdowns and other draconian measures being imposed around the world.
- The official Covid 19 figures state that over the past year—from November to November—there were around 57 million cases (and cases do *not* necessarily mean infections where someone has symptoms) and around 1.3 million deaths. However, tuberculosis, an infectious lung disease, kills around 1.5 million people each year, but no pandemic declared and no lockdowns. According to the World Health Organisation (WHO) seasonal influenza infects somewhere between 700-1000 million people each year and kills up to 650,000 people, but no pandemic or lockdowns. And yet, the WHO declared a Covid 19 pandemic on March 11<sup>th</sup> when there were just 4,291 deaths & 118,000 cases of Covid 19! The Australian government declared a pandemic on 21<sup>st</sup> Jan. 2020 when there were *no* cases of Covid 19 in Australia!
- Recent studies by Oxford and Stanford Universities, and the US Centre for Disease Control show that the death *rate* for Covid 19 and the seasonal flu is around the *same*—1% to 2%. One may well wonder how it is that Covid 19 can supposedly be killing more people per year than the flu—1.3 million people

versus 650,000—when they both have around the *same* death rate and yet the influenza infects many, many more people? *Because the Covid 19 death figures are being deliberately inflated.*

- Lockdowns of the general population, as opposed to quarantine of sick people, have *never* occurred in human history. They do *not* reduce illness & death but only spread them out over time. The *Lancet*, one of the world’s leading medical journals, stated: “In our analysis, full lockdowns and widespread testing were not associated with reductions in the number of critical cases or overall mortality.” [96]
- Countries which have *not* locked down such as South Korea, Japan, Taiwan, Sweden and Belarus have had *less* deaths per number of population than other countries in lockdown.
- Lockdowns will create far, far, far more illness and death through stress, fear, unemployment, impoverishment, homelessness, suicide, shutting down normal hospital services, and lack of money for basic health care and good food than any supposed new coronavirus. For example, the UK government’s *own report* admits that some 200,000 people will die there as a direct result of the lockdowns—and yet only around 50,000 people have (supposedly) died from Covid 19 in the UK. This fact alone tells us that we are dealing with a fraud here, a scamdemic.
- There is also no reason to lock up asymptomatic people—studies show they do *not* spread Covid 19.
- The World Doctors Alliance states that “Covid poses virtually zero risk to the under 45’s who have more chance of being struck by lightning....healthy under 60 year olds...have a greater chance of accidental drowning than dying from covid.” Furthermore, “the median or average age of the deceased in most countries...is over 80 years, and only about 4% of the deceased had no serious preconditions.” [96]. Why not increase safety for the elderly and let the rest of society function as normal? Here’s why...
- The Covid 19 ‘pandemic’ is a hoax being perpetrated by corrupt people in our government—and others—and other institutions, along with the stupidity and cowardice of the rest, to scare the shit out of you so you will willingly give up your freedoms for the illusion of safety. But by giving your freedom to the government *you will lose* both your freedom and your safety. **THESE FREEDOMS ARE NOT COMING BACK** fully and over time will go completely because *there will be more lockdowns for Covid 19, 20 etc. to progressively take away all of your freedom—that’s the truth.*
- Covid 19 is *also* a hoax to provide an excuse to cover over an *impending* economic collapse because governments around the world are in debt to the tune of around \$240 trillion and can no longer service their debts. What is now occurring is a *massive restructuring* of the economy to increasingly place it into the hands of the mega-wealthy owners of huge transnational corporations and banks who are the ones that governments are actually in debt to and who actually *control* ‘your’ government. Of course, small and medium businesses are being progressively eradicated. The official name for this restructuring, characterised by what are called Public Private Partnerships—that is, governments and big business working and colluding together, formerly called fascism—is The Great Reset.
- The ‘Great’ Reset is being largely orchestrated by the World Economic Forum, an international group of mega-rich individuals. This is a highly ‘intelligent’ group because in October 2019 they hosted Event 201 where they modelled or game-planned what the response should be to a world-wide pandemic of—guess what?—a coronavirus! The world response to Covid 19 has since mirrored this game-planning.
- Covid 19 is also being used to bring in mandatory vaccinations along with digital health identification, possibly delivered in the vaccine, and digital health passports which will be used to restrict freedom.
- How can you make a vaccine for a virus which has *never* been identified? Despite 30 plus years of intensive effort there has *never* been a successful vaccine for any type of coronavirus. There will be **NO** proper safety testing on any so-called Covid 19 vaccines—something that normally takes 10-15 years. Some if not all of the Covid 19 vaccines will use *new* technology designed to alter your DNA/genetic material where at least one drug company, Modrena, states this may be *permanent*. The Medicines and Healthcare Regulatory Agency in the UK is “urgently seeks an Artificial Intelligence...software test to process *the expected high volume of Covid-19 vaccine Adverse Drug Reactions...*” [106]. And yet, the Australian government is *indemnifying* the drug companies against any death and harm resulting from their Covid 19 vaccines. The WHO and Bill Gates are pushing the effort to vaccinate the world, yet both are in bed with the drug companies and *have massive conflicts of interest.*
- There is *zero* evidence masks prevent the spread of infectious respiratory disease via aerosol particles.
- The new 5G Network will greatly increase our exposure to electromagnetic radiation which will cause a massive increase in ill-health including lowered immunity, flu-like symptoms and respiratory problems. These negative health impacts, including related deaths, will probably be blamed on Covid 19.
- Most politicians and mainstream media in Australia and other countries *are* criminals, con-artists, cowards, clowns and crawlers. *They are not to be trusted. Please do your own research and thinking. Wake up. Get informed. Stand up, or get use to living in a police state.*

## Introduction

Clearly, with the coronavirus the world is in a crisis situation. However, the crisis is of a very different nature and far deeper than most people are yet aware. Who would have thought, even many of those who are socially and politically aware, that in a few short months around four billion of the world's population would be in lockdown of some degree—effectively, martial law? And why? *Apparently* for a new or novel coronavirus called SARS-CoV-2, and now commonly named Covid 19. **However, THE TRUTH IS THAT THERE ARE NO PUBLISHED SCIENTIFIC STUDIES WHICH PROVE THAT A NEW OR NOVEL CORONAVIRUS CALLED COVID 19 HAS BEEN RECENTLY DISCOVERED AND WHICH IS CAUSING ILLNESS AND DEATH.** What *has* been discovered is a *supposedly* new piece of genetic material which is *alleged or assumed* to belong to a new or novel coronavirus. Furthermore, **this piece of genetic material or part of a virus—which I will henceforth call the ‘supposed Covid 19 viral part’—has never been shown to be the cause of any illness or syndrome of symptoms and related deaths.** This supposed Covid 19 viral part was simply found in the lung fluid of *just seven* people in Wuhan, China who were exhibiting a collection of similar respiratory symptoms, but, no causal connection was ever made between this viral part and the symptoms of these seven people. All people, all the time, have many pieces of genetic material, parts of viruses, viruses and bacteria floating around in their bodies which *never* cause any harm and never have any relation to any illnesses or deaths they may suffer. [32; 34; 55; 104].

For those who love the truth the situation is even worse: *all* forms of testing for Covid 19 are highly inaccurate and produce false positives. The *bulk* of the testing around the world for Covid 19 is being done with the Reverse Transcription Polymerase Chain Reaction Test, commonly called the PCR test. **The PCR test does *not* test for a new or novel coronavirus, called Covid 19, instead, the testing is for the bit of genetic material, or supposed viral part, which is *assumed or alleged* to belong to a new or novel coronavirus called Covid 19.** [32; 55; 97; 98; 99]. Further, this test generates a high percentage of false positives—the UK government estimates that the false positive rate to be on average 2.3% or approximately 230 false positives for every 10,000 people tested. These false positives are NOT being subtracted from the Covid 19 case counts in the UK. [94; 96]; and in the UK false positives may well account for 9 out of every 10 Covid cases. [105]. The situation will be the same wherever the PCR test is being used, including Australia. Further still, the PCR test *cannot possibly* show that someone who tests positive for the supposed Covid 19 viral part is infected by it (displaying symptoms), can infect others, or has died from it. This is because, one, the test cannot discriminate, on the one hand, between old, dead and inactive viral parts (or genetic material) and, on the other hand, current, live and active viral parts, and two, the test cannot determine how *much* of the viral part is in the body. (If there is not enough of something in the body it won't do any harm.) [97, 98, 99]. Thus, the inventor of the PCR test, Kary Mullis, explicitly stated that *the PCR test cannot be used to determine or diagnose an infectious disease.* [34]. **The fact that *no* new or novel coronavirus which is causing illness and death has ever been discovered, the fact that the bulk of the testing around the world is *not* for a new virus but for a piece of genetic material also not found to be causative of illness or death, the fact that the testing for this genetic material, or supposed viral part, is highly inaccurate and producing high numbers of false positives, the fact that even if this genetic material is correctly identified in someone by the PCR test that doesn't mean that this material is causing illness or death, or even that person is infectious, collectively means that the so-called official figures we are seeing around the world for Covid 19 cases, rates of infection, and deaths are not only inaccurate and inflated but also completely meaningless. Indeed, we shall see that these figures are in part being *deliberately inflated*. This is to say, that the Covid 19 figures are not only meaningless, but fraudulent.**

Even *if* we were to accept that Covid 19 existed and was causing illness and death, it is not nearly as bad as the tuberculosis, also an infectious lung disease, or the seasonal influenza. The official Covid 19 figures state that over the past year—from November to November—there were around 57 million cases (not necessarily infections where someone is displaying symptoms) and around 1.3 million deaths. [13]. (Let us put to one side the fact that these figures are complete BS.) However, tuberculosis, an infectious lung disease, kills around 1.5 million people each year—no pandemic and no lockdown. [102]. According to the

World Health Organisation (WHO), the normal seasonal influenza infects somewhere between 700 million and one billion people each year, and kills up to 650,000 people [27; 13; 102]. Further, recent studies by Oxford and Stanford Universities, and the US Centre for Disease Control—the peak disease control body in the US—show that the death rate for Covid 19 and the seasonal flu are around the *same*—1% to 2%. [67; 68; 85; 91]. One may well wonder how it is that Covid 19 can supposedly be killing more people per year than the flu—1.3 million versus 650,000 people—when they have the *same* death rate and yet the flu infects many, many more people? *Because the Covid 19 death figures are being deliberately inflated.* Despite being more severe than Covid 19 neither the seasonal influenza nor TB are regarded as pandemics requiring lockdowns. Indeed in 2019 the WHO explicitly stated that lockdowns should “in no circumstances” be used to control an influenza pandemic. [85]. And yet, the WHO declared a Covid 19 pandemic *on March 11<sup>th</sup> when there were just 4,291 deaths and 118,000 cases of Covid 19.* [46]. We may ask, ‘What sort of mathematical modelling by the WHO can use inaccurate, inflated and indeed false Covid 19 data/figures to predict, on March 11<sup>th</sup>, when there were just 4,291 deaths and 118,000 cases (not necessarily infections) from Covid 19 world-wide, that this supposed virus would surpass influenza with up to 700 million to a billion infections each year and up to 650,000 deaths, and could thus be declared a pandemic?’ No such modelling of any validity exists.

The lockdown of the world economy will create far, far, far more illness and death through stress, fear, unemployment, impoverishment, homelessness, suicide, shutting down normal hospital services, and lack of money for basic health care and good food. For example, the UK government’s *own report* estimates that some two hundred thousand (200,000) people will die as a direct result of the lockdown—not the virus which, according to the official statistics has killed around 50,000 in the UK so far. Indeed, the lockdowns are useless. Countries which have not locked down, such as Taiwan, Japan, South Korea, Sweden and Belarus, have significantly lower death rates per capita. [96]. Thus, a study in *Lancet*, a leading medical journal, stated: “In our analysis, full lockdowns and widespread testing were not associated with reductions in the number of critical cases or overall mortality.” [96].

That the lockdowns have saved no lives, and yet will sicken and kill far, far more people than the supposed Covid 19 virus should, alone, tell us that, the real crisis is not the virus. The facts and truths that I have briefly described so far—and will expand in greater detail below—should alert an inquiring person that the *real* nature of the coronavirus crisis is not what it might first appear to be. In this paper I will first discuss the origin, nature, testing and spread of the supposed Covid 19 virus. This will clearly show that Covid 19 virus and the Covid 19 pandemic are a con job, a hoax. Then I shall turn to *why* this hoax is being perpetrated on humanity, something which will reveal the true nature and profundity of the crisis which we are *all* now facing.

### **1. The First Great Deception: That There Is Research Which Has Found A New Or Novel Coronavirus Known As SARS-CoV-2 Or Covid 19 Which Is The Cause Of A Syndrome Of Respiratory Illness And Death Or, That There Is A Viral Part Belonging To A New Coronavirus Known As Covid 19 Which Is The Cause Of A Syndrome Of Respiratory Illness And Death.**

A virus is basically a piece of genetic material—either double-stranded (DNA) or a single strand (RNA)—with attached proteins and encapsulated in a lipid membrane. Coronaviruses have been around a long time. They were first identified in humans in the 1960s and some 500 *strains* of coronaviruses exist in humans where most do no harm. They are known to cause respiratory and intestinal infections in both humans and animals, including some forms of the common cold and influenza. Globally, four coronaviruses commonly cause 10-20% of respiratory infections each year. [25; 82]. Viruses, including the coronaviruses, are always mutating and producing new strains—this is nothing new. What is new is the contention that a new or novel coronavirus, SARS-CoV-2, commonly called Covid 19, was recently (late 2019) discovered and is responsible for causing an outbreak of illness and death across the world—a pandemic. However, the truth is that NO NEW CORONAVIRUS CALLED COVID 19 HAS BEEN RECENTLY DISCOVERED. WHAT HAS BEEN DISCOVERED IS A PART OF, OR A SEQUENCE OF GENETIC MATERIAL OF, AN ASSUMED OR ALLEGED NEW CORONAVIRUS, BUT WHERE THIS PART (OR SEQUENCE) HAS

*NEVER BEEN SHOWN TO ACTUALLY BE PART OF A NEW OR NOVEL CORONAVIRUS.* As stated, I will refer to this viral part as the ‘supposed Covid 19 viral part.’ The deception gets even worse. *IT HAS NEVER BEEN SHOWN THROUGH ANY RESEARCH OF ANY SUBSTANCE THAT THIS SUPPOSEDLY NEW VIRAL PART OR SEQUENCE IS THE CAUSE OF ANY SYNDROME OF SYMPTOMS (OR ILLNESS) AND REALATED DEATHS.* [32; 33; 34; 35; 44; 55].

The truths stated in the previous paragraph have now been revealed by a number of prominent and qualified doctors, scientists and researchers who I shall refer to in due course. Perhaps the three best presentations of these disturbing truths are two video presentations by Dr Andrew Kaufman called *A Breakdown On Current Testing Procedures* [32] and *Dr Andrew Kaufman Exposing The ‘Covid-19’ Magic Trick—The Sleight Of Hand That Transformed Society* [55], and also, a video presentation by Dr Thomas Cowan entitled *Dr Thomas Cowan Covid 19 Fails Koch’s Postulates.* [34]. These presentations are complemented by a video of an interview with Dr Kaufman entitled *Medical Doctor Blows C-V-Rus Scamdemic Wide Open—Andrew Kaufman M.D.* [33]. Further, in the first part of his interview by Brain Rose at *London Real*, the researcher David Icke provides a succinct and relatively clear summary of many of the key findings discussed in these video presentations. [35]. What follows in this and the subsequent section of this paper draw heavily on these five sources. (Unfortunately, by the time you read this paper some of these videos may have disappeared. YouTube and other major tech platforms are *quickly* banning i.e. censoring, videos which express views contrary to the official narrative regarding Covid 19—so much for the right of free speech and the right of people to make their own and informed adult decisions. Alternative video platforms include Bitchute and Brand New Tube)

In their respective presentations Drs Kaufman and Cowan provide the history of the supposed Covid 19 virus. [32; 33; 34; 55]. Basically, in November 2019, 200 or so people in the city of Wuhan, China, were suffering from severe respiratory illness and some died. Chinese researchers, looking for the cause of the illness, tested *just seven/7 of this group*—this fact alone testifies to the inadequacy of the research conducted in regard to Covid 19. In the lung fluid of these seven people they found what they believed, or alleged to be, a new piece of genetic material which was believed to be, or alleged to be, part of a new virus, SARS-CoV-2, now commonly named Covid 19. (This viral part is also, or alternatively, called a ‘sequence’ because it is part of the genetic code or genetic sequence of a supposed virus. In the case of the supposed Covid 19 viral part, what we have is a single strand of genetic material or RNA.) **NOTE: NO NEW VIRUS WAS DISCOVERED. WHAT WAS DISCOVERED WAS SOMETHING THAT THE RESEARCHERS THOUGHT OR ALLEGED MIGHT BELONG TO A NEW CORONAVIRUS. As Dr Andrew Kaufman states, “they did not first try to find a virus in there [i.e. in the lung fluid of these seven] and separate it out...but the first thing they did was to find and separate out some kind of genetic material...”** (My interpolation.) When they discovered this supposedly new viral part in the lung fluid of just these seven people, almost on this basis alone it was concluded that it was the cause of the respiratory symptoms and respiratory deaths experienced by the group or cohort of some 200 sick people in Wuhan. Even someone without a research background can easily see that such a conclusion cannot be drawn with any certainty based on this type and amount of research; or put another way, such research does not even begin to provide sufficient proof for the conclusion reached. Just because a small fraction of people in a group of some 200 were found to have this supposed viral part in their lung fluid does not mean that this viral part was the cause of their similar respiratory symptoms or subsequent deaths, nor that it was the cause of the same or similar symptoms and deaths of the rest of this group of 200. *Each of us* has many different types of viruses and viral parts in our bodies *all the time*, and we show no signs or symptoms because these viruses or viral parts do not exist in sufficient numbers to cause us any harm. Likewise with these seven people from Wuhan, they too would have had many different viruses and viral parts in their bodies where any one of which may, *or may not*, have caused their respiratory symptoms and related deaths. Indeed, their illness and deaths could have been caused by something *other than a virus*. For example, Wuhan has possibly the worst air pollution of any city in the world (as does the province of Lombardy which was the epicentre of the supposed Covid 19 deaths in Italy). The respiratory problems and deaths of the 200 or so people in Wuhan may have been caused by air pollution, and not a virus. Dr Cowan points out that the same flawed and inadequate level of research which was used to ‘conclude’ that the supposed Covid 19 viral part was the

cause of illness and death in the Wuhan cases, was also used earlier to conclude that the viruses H1N1, H5N1, Hepatitis C, Ebola and Zika caused their respective illnesses and deaths. [32; 33; 34; 35]. Further, Dr Andrew Kaufman shows that the same flawed and inadequate research was used to conclude that there was an earlier discovery of SARS-CoV-1 virus which was causing illness and death. [55]. These facts are important for, historically, the supposed Covid 19 virus is the last of a *long* list of doubtfully or fraudulently identified viruses accounting for various illnesses and deaths. This history of inadequate and corrupt research points to a sustained and deliberate undertaking in recent years to mislead and panic the general public about viral epidemics—a point I shall take up later.

To show that this supposedly new viral part was *actually the cause* of the respiratory syndrome and deaths in these two hundred or so people in Wuhan, a *standard, fundamental, essential and systematic* testing procedure *must* be done, but *never* has been done. The nature of this standard testing procedure follows what are called Koch's Postulates, and it is this standard testing procedure which is required to *prove* that a suspected infectious agent such as a virus or a bacterium is indeed the cause of the infection in question. This standard testing procedure is best described by Dr Thomas Cowan in his video presentation entitled *Dr Thomas Cowan Covid 19 Fails Koch's Postulates* [34] and by Dr Kaufman in his presentation *Dr Andrew Kaufman Exposing The 'Covid-19' Magic Trick—The Sleight Of Hand That Transformed Society*. [55]. It is summarised succinctly and clearly by the researcher David Icke in his interview with Brian Rose on the show *London Real*. [35]. The procedure is: 1) You select the group of people showing the same symptoms or illness and in which the microorganism, the suspected virus, suspected of causing the symptoms is found in abundance in all people, and also, you also have a control group showing no symptoms and which do not have the microorganism or suspected virus. In this case the group of people showing symptoms were those from Wuhan who had the similar symptoms of cough, fever, lowered lymphocytes and white blood cells, pneumonia, and resistance to antibiotics. [32]. Today, we can use electron microscopy to see if there are millions of copies of a suspected virus, in this case Covid 19, in the bodies of the people showing symptoms, and also, that this suspected virus is not present, or not present in great numbers, in the control group. 2) Next, you *isolate and purify* this suspected virus from any other viruses, genetic material or contaminants. 3) You inject this suspected virus, suspected of causing the symptoms or illness, into healthy hosts, that is, humans or animals, to see if they too develop the symptoms of the original group of sick people. 4) The virus must then be re-isolated from the host group and identified as being identical to the original and suspected virus thought to be the causative agent of symptoms or illness in the original sick group. As Drs Cowan and Kaufman, and others, have explicitly stated and shown, no such standard four-step testing has ever been done with regard to Covid 19. In fact, *none* of these four steps were ever performed. [30; 32; 33; 34; 44; 55; 18; 7]. I will return to this shortly.

Accordingly, in response to a recent freedom of information request to provide the scientific proof that the SARS-CoV-2 virus has been isolated from a diseased patient—that is, fulfilment of step 2) of the aforementioned testing, and essential to show that anyone is ill or has died from the supposed virus—the UK Department of Health and Social Care replied and admitted that “it does not hold any information on the isolation of the SARS-Cov-2 virus.” i.e. we don't have the proof. [104]. It gets even worse. Two journalists have been issuing government health departments and other major health institutions in Canada, US, NZ, Australia, UK, England, Scotland, Wales, Ireland, Denmark, and Europe with freedom of information requests to ascertain if they have any scientific proof that SARS-CoV-2 has been isolated and purified from a diseased patient. This has included the Australian Government Department of Health. As of November 10, 2020 over 30 such organisations have all responded *in the negative*. All the responses may be accessed at [www.fluoridefreepeel.ca/health-canada-has-no-record-of-covid-19-virus-isolation/](http://www.fluoridefreepeel.ca/health-canada-has-no-record-of-covid-19-virus-isolation/) [107].

Let's return to Koch's Postulates. Instead of selecting the whole Wuhan group (of 200 or so) and finding the suspect virus in large numbers in all members i.e. step 1 of Koch's Postulates, the Chinese researchers chose *just seven* people and did *not* look for large numbers of a suspected virus. Second, the Chinese researchers did *not* isolate and purify a suspected *virus* in this group of seven i.e. step 2 of Koch's Postulates, but instead, found a common *piece of genetic material* which they *supposed* to belong to a new coronavirus. Again, as Kaufman states, “they did not first try to find a virus in there [i.e. in the lung fluid of these seven]

and separate it out...but the first thing they did was to find and separate out some kind of genetic material...” (My interpolation.) Further, this genetic material, the supposed Covid 19 viral part, was not even purified and isolated, including from potential contaminants or genetic material which could have been introduced or created by the testing procedure itself of separating it from the lung fluid. [32; 55]. To put it bluntly, if you have not isolated and purified the genetic material in question from other genetic material or contaminants there can be no certainty about its precise nature, its origin, or what it belongs to. Next, this genetic material or supposed viral part was never injected into humans or animals to see if they, in turn, developed the same respiratory symptoms as the Wuhan group i.e. step 3 of Koch’s Postulates. To repeat: only seven people were found to have this supposedly new viral part in their lungs and from this alone it was concluded that we have a new coronavirus, Covid 19, causing a syndrome of respiratory symptoms and related deaths. And from this flimsy beginning, a world-wide pandemic has been declared! Not incidentally, there is a well-known set of *less* stringent criteria for identifying a germ or virus as an infectious agent called the Rivers Criteria, developed by the American bacteriologist and virologist Thomas Milton Rivers, the father of modern virology. In a further presentation entitled *Dr Andrew Kaufman Exposing The ‘Covid-19’ Magic Trick—The Sleight Of Hand That Transformed Society* Kaufman illustrates that these criteria have *also not* been met for the supposed SARS-CoV-2 virus. [55].

Next, Dr Kaufman reveals that besides the research which tested just seven people in Wuhan, China, another piece of highly inadequate research was conducted with regard to Covid 19. In just *one* of these seven people a cell-like structure was identified using electron microscopy, where it was concluded that this structure might be, or was, the new coronavirus, later named Covid 19. [32]. Again, it does not take a research background to see that this type and level of research cannot support the conclusion. Even *if* there was later found to be a match between this cellular structure—found in just one person—and the piece of genetic material, the supposed Covid 19 viral part, found in the seven people, it has not been determined by research that either this genetic material in the seven people, or the cellular structure (a presumed virus) to which the genetic material belonged, was causing any illness or death. Once again: just because someone, or a group of people, has genetic material, viral parts, viruses or bacteria in their bodies does not mean it is causing any harm. We all have these sorts of things in our bodies all the time where they may do no harm.

Because this point is so important, I would like to add a little more to show that no new or novel coronavirus has been found. Turning to the presentation by Dr Kaufman entitled *Dr Andrew Kaufman Exposing The ‘Covid-19’ Magic Trick—The Sleight Of Hand That Transformed Society*, he examines *the* three key studies which, as of mid-April, considered whether, or asserted that, a new coronavirus had been found. (Remember these and a few other studies (discussed shortly) were the supposed ‘foundation’ of the so-called pandemic.) The first study is Peng Zhou et al. *Discovery of a Novel Coronavirus in 2 Humans and Its Potential Bat Origin*, <http://doi.org/10.1101/2020.01.22.914952doi:bioRxiv>. What is the conclusion of this study? Kaufman quotes from it: “The study provides evidence of an *association* between the disease and the presence of the virus....We need more clinical data and samples to confirm if the virus is indeed the aetiology [i.e. causative] agent for this epidemic.” (My emphasis and interpolation.) Kaufman makes clear that the study did *not* isolate or look at a new virus but instead, looked at a piece of genetic material *assumed to belong to a virus*. And, the conclusion of the study is that while this piece of genetic material is *associated* with the disease or illness in question, the respiratory symptoms, without further data and research it *cannot* be said that it is the aetiological or causative agent of these symptoms. The second study is Na Zhu et al. *A Novel Coronavirus from Patients with Pneumonia in China, 2019* *N Engl J Med* 382; 8. The conclusion of this study, again quoted by Kaufman, is “Although our study does not fulfil Koch’s postulates, our analyses provide evidence *implicating* 2019-nCoV in the Wuhan outbreak.” (My emphasis.) Again, Kaufman makes clear that the study did *not* isolate or look at a new coronavirus but, instead, a piece of genetic material thought to belong to a new virus. And the conclusion of the study is basically that there *might* be a causative connection between this piece of genetic material and the Wuhan outbreak. The third study is Jeong-Min Kim et al. *Identification of a Coronavirus Isolated from a Patient in Korea with Covid 19*, in *Osong Public Health Res Perspect* 2020; 11(1): 3-7. This study states “Following the first outbreaks of unexplained pneumonia in Wuhan China, in late 2019, a new coronavirus was identified as the causative agent in January 2020. [7]” Kaufman points out that this study, again, did *not* isolate any new coronavirus called Covid 19.

The above statement from the study that a new coronavirus has been discovered is *not* the conclusion of the study, but instead, refers to *another* study indicated by the footnote seven/7. The study referred to and which supposedly shows a new coronavirus, Covid 19, is Pareskevis D et al. *Full-genome Evolutionary Analysis of the Novel Corona Virus (2019-nCoV) Rejects the Hypothesis of Emergence As A Result of Recent Recombination Event*, in *Infection, Genetics and Evolution* 79 (2020). Kaufman shows that this study does *not* attempt to isolate a new coronavirus. Instead, it is a study looking at the full sequence of the genetic material from the *so-called or supposed* coronavirus and looking at the evolutionary history of this material. Thus, the paper states in its introduction that there is “A novel coronavirus (2019-nCoV) *associated* with human to human transmission and severe human infection reported from the city of Wuhan in Hubei province in China (World Health Organisation, 2020, Hui et al, 2020).” The authors of the paper are clearly acknowledging that the novel coronavirus has only been “associated” with the illness and death in Wuhan. Further, we may ask, ‘Who has proven that the genetic material being studied by Pareskevis et al. is a coronavirus, is a new coronavirus, or is the causative agent of the death of the people in Wuhan? In other words, Pareskevis D et al. are studying something but what exactly? *So, in short, Kaufman concludes that there are no studies isolating a new or novel coronavirus called SARS-CoV-2 or 2019-nCoV or commonly Covid 19.*

An article by Torsten Engelbrecht and Konstantin Demeter entitled *Covid 19 PCR Tests are Scientifically Meaningless*, and published in June 2020 in *Off-Guardian*, looks at four studies/papers which look at the SARS-CoV-2 virus. These are: 1) Leo L. M. Poon; Malik Peiris, *Emergence of A Novel Human Coronavirus Threatening Human Health*, in *Nature Medicine*, March 2020 2) Myung-Guk Han et al., *Identification of A Coronavirus Isolated from A Patient in Korea with Covid-19*, in *Osong Public Health and Research Perspectives*, February 2020 3) Wan Beom Park et al., *Virus Isolation from the First Patient with SARS-CoV-2 in Korea*, in *Journal of Korean Medical Science*, February 24<sup>th</sup>, 2020 and 4) the Na Zhu paper cited and discussed in the previous paragraph. The authors of these four studies all *clearly stated* to Torsten Engelbrecht and Konstantin Demeter that the electron microscope pictures of the virus which they used in their studies *did not show a purified and isolated SARS-CoV-2 virus*. Therefore, we may add, it is not certain what sort of genetic material the authors of the studies were actually looking at in their electron microscope pictures. Thus, Torsten Engelbrecht and Konstantin Demeter conclude: “Thus the authors of four of the principal, early 2020 papers claiming the discovery of a new coronavirus concede they had no proof that the origin of the [supposed] virus genome was viral-like particles or cellular debris, pure or impure, or particles of any kind. In other words the existence of SARS-CoV-2 RNA is based on faith, not fact.” (My interpolation.) [90].

## **2. The Second Great Deception: There Is Reliable Testing For The Covid 19 Virus Or The Supposed Covid 19 Viral Part, And Therefore There Is A Reliable Way Of Concluding From the Testing How Many People Have Covid 19 Or Are Infected And Have The Symptoms Of Covid 19 Or Have Died From Covid 19.**

**We have seen that *no* new or novel coronavirus which is causing illness and death has ever been discovered, and further, that the supposedly new piece of genetic material assumed or alleged to belong to a new coronavirus has never been shown to be the cause of any illness or death. Thus the Covid 19 testing is not, and cannot, be testing for a new coronavirus; it only testing for a bit of genetic material which has never been shown to cause anybody any harm. These points alone show that the Covid 19 testing is a meaningless farce, and *cannot possibly provide any data to justify a lockdown or other so-called health measures*. We shall now see, further, that all forms of testing for the supposed Covid 19 virus or the supposed Covid 19 viral part are grossly inaccurate; generate a high number of false positives; cannot tell us whether someone is infected i.e. showing symptoms of the Covid 19 virus or supposed Covid viral part; has died from it; or is infectious to others.**

A few different tests are being used to supposedly diagnose Covid 19. The first, widely used in China, is CT (contrast or computerised tomography) scans for pneumonia of the lungs, a condition commonly found in people with a supposed Covid 19 infection. In short, the testing here is that if the person has pneumonia he

or she is diagnosed with Covid 19. Jon Rappoport, a long-time medical researcher and journalist, exposes the error of this approach: “[T]he Chinese government quickly abandoned the idea of testing for the purported coronavirus—favouring instead, CT scans of the lungs. A finding of pneumonia was sufficient for a diagnosis of an “epidemic case.” That is absurd on its face. Pneumonia has many causes, none of which requires a new virus.” [30]. In short, pneumonia has many causes, including causes other than a virus, therefore, because someone has pneumonia does not mean that he or she has Covid 19. Incidentally, China has an estimated 300,000 deaths from pneumonia each year [6; 38] and respiratory disease and illness is the main cause of death each year in China. [16]. Further, it has already been noted that city of Wuhan, where the supposed Covid 19 outbreak began, has some of the worst air pollution in the world. It is highly likely then that many cases of pneumonia in Wuhan, where most of the deaths in China attributed to Covid 19 have occurred, were actually due to terrible air pollution (and not a virus). Thus, we see immediately that any infection and death rate figures coming from China are highly suspect—of course, China is a police state where any information is suspect.

The second test being used to diagnose Covid 19 is simply a clinical diagnosis perhaps with some associated diagnostic testing such as lymphocyte or white blood cell counts. Clinical diagnosis is where a doctor or another medically trained person *observes* a person to display or not to display various symptoms. The main observable clinical symptoms which are supposed to characterise Covid 19 are fever, cough and perhaps signs of respiratory distress. However, the common cold, influenza and other respiratory illnesses are also characterised by such symptoms. Thus, a purely clinical diagnosis for Covid 19 is insufficient.

The third test used is a blood serum test or blood serology. This supposedly tests for Covid 19 antibodies (or monoclonal antibodies) in the blood produced as a reaction to the presence of the Covid 19 or SARS-CoV-2 virus. But one wonders how this could be so when a new or novel coronavirus has *never* been discovered? Is the test detecting antibodies to the supposed Covid 19 viral part, and which is supposed to belong to a new coronavirus? Is the test detecting antibodies for a whole range of coronaviruses? Dr Stoian Alexov is President of the Bulgarian Pathology Association. He is also a member of the European Society of Pathology’s advisory board, and head of the histopathology department at the Oncology Hospital, Sofia, Bulgaria. He stated that the consensus of the participants of a European Society of Pathology webinar on Covid 19, conducted on May 8<sup>th</sup> 2020, was that *no specific antibodies to a novel coronavirus have been found by him or his fellow pathologists across Europe*. Further, it was the consensus that autopsies conducted across Europe have not found that deaths are being caused by a coronavirus. He stated, “What all of the pathologists said is that there is no one who has died from the coronavirus. I will repeat that: no one has died from the coronavirus.” Based on the research of he and his colleagues Alexov concluded that “the WHO is creating world-wide chaos, with no real facts behind what they’re saying.” The WHO he said is a “criminal medical organization” for creating worldwide fear and chaos without providing objectively verifiable proof of a pandemic. [89]. (I will have much more to say about the WHO or World Health Organization in due course.) Even if a blood serology test could show antibodies to this supposed Covid 19 viral part, it could *not* show that the numbers of the viral part in the body are at a sufficient level or *amount* to cause an infection and related symptoms let alone death.

The final test for Covid 19, the one most widely used, and which deserves most of our attention, is what is known as the Reverse Transcription Polymerase Chain Reaction Test. It is commonly called the PCR test. This test has several interrelated and serious shortcomings which means that it cannot accurately identify that anyone has the supposedly Covid 19 viral part or, having supposedly identified this viral part, that it is causing any symptoms/infection let alone death, nor even that someone is infectious to others. Let us move through these shortcomings.

**First, to reiterate, the PCR test does not detect a new or novel coronavirus, SARS-CoV-2, at best, it detects a viral part which is assumed or alleged, but which has never been proven to belong to a novel coronavirus. “PCR...does not measure any virus, it measures genetic material which is supposed to represent the virus but is not the virus.”—Andrew Kaufman. [33].** Again, even *if* the PCR test does detect a piece of genetic material in an individual, it cannot then be shown to belong to a new coronavirus,

SARS-CoV-2, which is causing illness and death because no such new virus has yet been found. Further, even *if* the PCR test detects a piece of genetic material, a supposed Covid 19 viral part, this part *itself* has never been shown to cause any syndrome of symptoms (or illness) and related death.

Next, even if the PCR test detects the supposed Covid 19 viral part the test cannot tell you *how much* of the viral part, or the virus of which it is supposed to be a part, is in the body, and therefore, whether it exists in sufficient numbers to cause any infection, that is, cause symptoms/illness or death in the person who has it. [7; 18; 29; 8; 38; 94]. There is a second reason why the PCR test cannot determine whether someone is infected by any genetic material it detects, and therefore could die from an infection, or even whether the person carrying the genetic material can infect others. Even where the PCR test shows the presence of the genetic material under consideration, in this case the supposed Covid 19 viral part, the test *cannot* determine whether this is old, dead and inactive viral remains with no capacity to cause infection or, whether this is a viral part from a currently active or live virus. [97, 98, 99]. Thus, *the inventor of the PCR test, Kary Mullis, explicitly stated that the test cannot be used to determine or diagnose an infectious disease.* [34]. Likewise, the World Doctors Alliance states: “A positive PCR test does not mean that an individual is infected nor infective.” [96]. Likewise, the Centre for Disease Control (CDC), the primary organisation concerned with the monitoring of infectious diseases in the US, specifically states on its website “The CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel: Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.” [29]. Translation: the PCR test may not show one, the presence of an infectious virus, namely, Covid 19, or that it is causing any clinical symptoms. [29]. Likewise, researcher Dana Ashlie highlights a disclaimer notice written in large bold letters on the CDC website regarding the PCR test. It states “NOT FOR DIAGNOSTIC USE...Reagents manufactured from the sequences may not be used for diagnostic testing under the FDA’s [Food and Drug Administration’s] authorization of the CDC...” (My interpolation.) [39]. Translation: the PCR test cannot be used for diagnosis of a supposed infectious agent like Covid 19.

Next, the PCR test, like most tests, will generate false positives where people are wrongly identified as having the genetic material (in this case supposed Covid 19 viral part) it is supposed to detect, but in fact do not. What is the false positive rate of the PCR test for the supposed Covid 19 coronavirus? A recent 2020 study published by Zhuange et al, using modelling, indicates that the Covid 19 pathology test is reporting up to 80% false positive results in asymptomatic people (those showing no symptoms at all). [32]. Wang Chen, president of the Chinese Academy of Medical Sciences, stated in February 2020 that the PCR tests “are only 30 to 50 per cent accurate.” [90]. More recently, the UK government, specifically, the Government Office for Science, estimated that the false positive rate for the PCR test to be around 2.3% on average. This is to say, that for every 10,000 people tested, even completely healthy people, there will be 230 people identified, wrongly, as having Covid 19. This figure of 2.3% was based on a series of 2014 to 2019 studies of the PCR test where the test was used for detecting other types of genetic material, and not Covid 19. As yet there are *no* proper studies which assess the accuracy of the PCR test when applied to Covid 19 itself! [94; 95; 96]. The false positive rate of 2.3% means that 90% of the Covid cases in the UK may in fact be false positives. [105]. And yet, in the UK these false positive cases are *not* being subtracted from the official figures for positive Covid 19 cases. Instead, they are being left in the count of case numbers, which are then being used to justify lockdowns and other draconian measures! [94]. We can note also, that in many cases people have tested positive for Covid 19 but a day or so later tested negative, and then positive again! [22; 23; 32; 34; 18; 90]. In short, the accuracy of the PCR test is seriously flawed, and it generates many false positives.

There are several reasons why the PCR test produces false positives. One reason why the PCR test creates false positives is that some of the testing actually tests for coronaviruses *other* than Covid 19. Thus the World Health Organisation states that “Several assays [i.e. tests] that detect the 2019-nCoV [i.e. Covid 19] have been and are currently under development, both in-house and commercially. Some assays may detect only the novel virus [COVID] and some may also detect other strains (e.g. SARS-CoV) that are genetically similar.” (The first two interpolations are mine.) Translation: Some PCR tests register positive for types of coronavirus that have nothing to do with Covid 19—including plain old coronaviruses that cause nothing more than a cold or flu. [29].

Another reason for false positives is that the PCR test may wrongly identify *other* viruses than coronaviruses as being Covid 19. For example, one manufacturer of the PCR test, Creative Diagnostics, states that the PCR test known as the SARS-CoV-2 Coronavirus Multiplex RT-q PCR Kit may suffer from non-specific interference of Influenza A Virus (H1N1), Influenza B Virus (Yamagata), Respiratory Syncytial Virus (type B), Respiratory Adenovirus (type 3, type 7), Parainfluenza Virus (type 2), Mycoplasma Pneumoniae, Chlamydia Pneumoniae, etc. Translation: although this company states the test can detect Covid 19, that is the viral part supposedly belonging to Covid 19, it also states the test can read *falsely* positive if the patient has one of a number of other irrelevant viruses in his body. What is the test proving, then? Who knows? Flip a coin. [29.] Again, on the Australian Government Department of Health website, under a section entitled “Information for Clinicians: Frequently Asked Questions.” it states that “it should be noted that PCR test cannot distinguish between “live” virus and non-infective RNA. This means that the test cannot distinguish covid 19 from a cold or measles or ebola.” The statement then goes on to list a number of RNA viruses which the test also, it seems, cannot distinguish from Covid 19 including influenza and SARS. [93]. In a video presentation by the researcher Dana Ashlie, she highlights a disclaimer notice written in large bold letters on the CDC website. The disclaimer is in relation to the PCR test. Under the disclaimer it is stated: “Every effort has been made to assure the accuracy of the sequences [i.e. the genetic material or viral part identified by the test] but CDC cannot provide any warranty regarding their accuracy.” (My interpolation.) [39]. That’s plain enough.

A third reason why the PCR test produces false positives has to do with amplification. The test works through amplification, that is to say, it takes a sample of genetic material, in this case the supposed Covid 19 viral part or sequence, and multiplies it 15, 30, 40 or even 60 times—different countries use different amplification rates—in the attempt to positively identify the genetic material. Now, the genetic material belonging to a virus may be present in a person’s body because the person has the virus actively present or alive in his/her body, or, where the genetic material is the *remains* of a past virus which is dead and no longer active in the body—viral fragments can remain in a person’s body several weeks *after* the virus was active and caused an infection. [96]. Now, when a person has a virus which is alive and active in his/her body, as opposed to the remains of an old, dead and non-active virus, then s/he is likely to have a higher number of viral parts in his/her body. The more you amplify the genetic material using the PCR test the more of the supposed Covid 19 viral part it produces, and therefore, the more likely it will *appear* that person has the active and live virus, that is, test positive for Covid 19. If you amplify the amount of the genetic material, the supposed Covid 19 viral part, enough using the PCR test, around 40 times, and thereby produce enough of the supposed viral part, then many experts state that *all* the people tested will *appear* positive for Covid 19, even when they only have the remains of an old, dead and inactive virus in their bodies. And guess what, in places like the US and UK this is precisely what is occurring! Studies by both Oxford University and the Center for Disease Control in the US have shown that *beyond* 24 amplifications of the PCR test any supposed viral parts detected will probably *not* belong to a live and active virus. And yet, in the US, UK, and no doubt many other countries, they are performing 40 amplifications or more with the PCR test, and when they find the supposed Covid 19 viral part, and do so in sufficient numbers as a result, these people are regarded as having the live, active virus and are being counted as positive cases! [34; 35; 97; 98; 99; 100].

To assess the accuracy of the PCR test, or to test the test, one would need to basically do the following. First you would have a large (hundreds) sample of people where some had the newly identified and supposed Covid 19 viral part and some did not. Next, researchers would test blood or fluid samples from these people using the PCR test to assess whether or not these people had the supposed Covid 19 viral part. The researchers carrying out the testing would not know which samples, with or without the supposed viral part, they were testing. Based on the results of their testing of the samples using the PCR test, the researchers would say i.e. predict, for each sample whether the person from which it came had, or did not have, the supposed Covid 19 viral part. These results would then be assessed against, or matched against, the people who were known to have or not have the viral part. In this way one could assess whether the test results from the PCR test were accurate and to what extent. This testing of the PCR test for Covid 19 has never been done. [38; 29; 30].

The other and related way of testing the PCR test is to match the results of each test against the actual SARS-CoV-2 or Covid 19 virus itself; the PCR test produces a result which claims that a piece of genetic material belongs to the Covid 19 virus, now let's match it up to the actual virus to see if this is the case. This testing of the accuracy of the PCR test has also never been done, and has not been done for a very good reason: as discussed, *a new or novel Covid 19 virus has never been discovered*. If you had this new or novel coronavirus it would be the *gold-standard* against which the PCR test itself could be tested; any supposed Covid 19 viral part found by the PCR test could be compared to the gold-standard, the proven-to-exist novel coronavirus Covid 19, to show whether the PCR test was indeed accurately detecting the Covid 19 viral part. None of this is occurring because there is no gold-standard, no novel coronavirus. Thus the Australian infectious diseases expert Sanjaya Senanayake stated in response to the question 'How accurate is the PCR testing?': "If we had a new test for picking up the [bacterium] golden staph in the blood, we've already got blood cultures, that's our gold standard we've been using for decades, and we could match this new test against that. *But for Covid-19 we don't have a gold standard test.*" (My italics.) Likewise Jessica C. Watson from Bristol University in her article *Interpreting a Covid-19 Test Results*, published in the *British Medical Journal*, wrote that there is a "lack of such a clear-cut 'gold standard' for Covid-19 testing." [90]. Again, this time from the World Doctors Alliance: "PCR tests cannot be verified for accuracy as there is no 'gold standard' against which to check them. The virus has not been purified." [96]. To be crystal clear: these people are all telling you we do not have the SARS-CoV-2 or commonly called Covid 19 virus!

In light of the above analysis of the testing procedures for Covid 19 I would like to make two points explicit. First, we simply cannot have any confidence in the official number of Covid 19 cases, infections, and deaths—the tests are *insufficient (inconclusive) and inaccurate* and so are the results or numbers they produce. The second point to make explicit is that the numbers of Covid 19 cases, infections and deaths *are being wildly inflated*. Regarding the inflation of the figures, in this section we have seen the following. People who have pneumonia as revealed by CT scans are being *wrongly* counted as Covid 19 cases, infections and deaths, especially in China where a large number of supposed Covid 19 deaths have occurred. People who have the clinical symptoms of Covid 19, but where these symptoms may also be the clinical symptoms of a wide range of other diseases or illnesses, including influenza, are, by using clinical diagnosis/observation, being *wrongly* counted as Covid 19 cases, infections and deaths. And for a number of reasons the PCR test, the most widely used test, is giving large numbers of false positives for the presence of the supposed Covid 19 viral part. Here is but one example showing the gross exaggeration of Covid 19 figures, but I shall present more in the following section. A peer-reviewed study published in the *Chinese Journal of Epidemiology* on March 5<sup>th</sup> 2020 stated that "nearly half or even more" of the patients testing for SARS COV-2 i.e. Covid 19, *did not actually have the virus*. Not surprisingly, both the study and the data on which it was based were quickly withdrawn. [53]. Let us now turn to the issue of the *deliberate* inflation of the Covid 19 figures.

### **3. The Third Great Deception: The *Deliberate* Inflation Of The Number Of Covid 19 Cases, Infections and Deaths.**

There are an ever-increasing number of reports and confessions from doctors, nurses, researchers and governments showing that the numbers of Covid 19 cases, infections and deaths are being *deliberately exaggerated*. Perhaps the best single, early coverage of this issue was given by the highly competent researcher James Corbett in his video presentation entitled *Lies, Damned Lies, And Coronavirus Statistics*. [53]. He provides documented and video proof that governments around the world including the US, UK, Ireland, Italy, Germany and China have all put in place official policies which have inevitably led to massively inflated death rates from Covid 19. Here are some examples from Corbett's presentation. An article published in *The Guardian* and entitled *New York City Coronavirus Death Toll Jumps Past 10,000 in Revised Count* states: "New York only revised its counts sharply upwards because they *changed the criteria*. The soaring death toll has been fuelled by the adding of 3,778 people who were *not tested* for Covid 19 but are *presumed* to have died from it." (My emphases.) [53]. Corbett shows a video of Deborah Brix, the White House Coronavirus Response Coordinator, stating i.e. admitting, with regard to the *new* way of classifying deaths, "The *intent* now is that someone who dies *with* Covid 19 we are counting that [as a death *from* Covid

19.]” (My emphases and interpolation). [53]. To repeat once more: because you have a virus or viral part in your body does not mean it is causing any harm let alone death—dying *with* a coronavirus does not mean you have died *from* it. Another example from Corbett, this time from an article from the news source *Off-Guardian* entitled *Covid 19 Death Figures “A Substantial Over-estimate.”* In part the article states: “On March 20<sup>th</sup> the President of Germany’s Robert Koch Institute confirmed that Germany counts only deceased people who were infected with coronavirus as a Covid 19 death, *whether or not it actually caused death.*” (My emphasis). [53]. In his article *Lockdown Regime Deaths: The True Cost of Lockin 20*, Iain Davis states that “The UK State instructed the ONS [Office of National Statistics] to record any and all *mentions* of COVID 19 on the death certificate (MCCD) as COVID 19 mortality. Furthermore, the ONS were told to accept suggested COVID 19 mortality figures from the Care Quality Commission (CQC) even if COVID 19 was not *mentioned* on the MCCD. This has left the collection and reporting of COVID 19 mortality in England and Wales in total disarray.” [81]. Likewise in Scotland, the Scottish National Party declared that anyone who died within 28 days of a laboratory test diagnosing Covid 19 must have that recorded as the cause of death. Remember, that the overwhelming majority of people with (supposed) Covid 19 have mild symptoms or are asymptomatic and will not die from it. The same policy was adopted in Ireland and later Britain. [96]. The fraud is also being perpetrated in Germany where the president of the esteemed Robert Koch Institute stated that Germany counts any deceased person who is infected with coronavirus as a Covid-19 death, whether or not it actually caused the death. [93 pp. 508-11].

In his video presentation *Fiddling the Figures—The Magic Trick—David Icke ‘Virus’ Update*, David Icke, quoting a widely respected US doctor who preferred to remain anonymous, stated that in the US they are testing for any genetic part or sequence *related* to the family of coronavirus, not just the supposed Covid 19 viral part, and then regarding these related ‘matches’ as Covid 19 cases. [36]. The short YouTube video *Scamdemic Bombshell Dr Scott Jensen on Covid 19 Death Count And Guidelines and Financial Incentives* features an interview with Scott Jensen an M.D./doctor who is also a senator in Minnesota, USA. In the interview with a major news network Jensen reveals that the Centre for Disease Control (CDC) guidelines for counting deaths falsely results in deaths being attributed to Covid 19. The CDC’s guidelines state “In the cases where a definite diagnosis of Covid-19 cannot be made, but it is suspected or likely (e.g. the circumstances are compelling within a reasonable degree of certainty) it is acceptable to report Covid-19 on the death certificate as “probable” or “presumed.” [45]. Jensen makes the vital point that such a loose practice of defining the cause of death is *unprecedented* in his experience. Further, he notes that hospitals are being given *financial incentives* to classify deaths as Covid 19. A hospital will get \$13,000 from Medicare for every Covid 19 admission and \$39,000 for every Covid 19 patient on a ventilator. [45]. Dr Andrew Kaufman states that the CDC’s guidance goes even further regarding deaths certificates, and that a doctor should *assume* that a patient had Covid 19 if he or she had the *symptoms even without any testing*; and if there were underlying diseases then Covid 19 should *still* be shown as the cause of death (even if there is no testing). As he rightly points out, this effectively means that influenza and pneumonia deaths will be wrongly labelled as Covid 19. [44]. (We may add, this is one of the main reasons why flu cases and deaths in the US, Australia, UK and around the world have fallen dramatically in 2020—basically they are being *reclassified* as Covid 19 cases and deaths.) In the same interview with Dr Jensen it is noted that Professor Walter Riccardi, who is a scientific advisor to the Italian Ministry of Health, stated: “The way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals *with* the coronavirus are deemed to be dying *by* the coronavirus. On re-evaluation by the National Institute of Health only 12% of death certificates have shown a direct causality from coronavirus while 88% of patients who have died have at least one pre-morbidity—many had two or three.” [44]. As of 14<sup>th</sup> April 2020 the number of deaths from Covid 19 recorded in Italy was 20,465 deaths—the highest death toll in Europe. But, as noted, only 12% of the Italian deaths were verified as Covid 19 which reduces this figure from 20,465 to about 2,456 deaths. That’s already a big chunk, some 18,000, to remove from the almost 120,000 (supposed) Covid 19 deaths world-wide as of mid-April. [13]. Subtract also at least half of the Covid 19 deaths from China as revealed in the above-mentioned study from the *Journal of Epidemiology*. Subtract also the *presumed* Covid 19 deaths from countries around the world. Subtract also a massive chunk of the alleged US Covid 19 deaths because the Centre for Disease Control, the main organisation monitoring disease in the US, stated on its website in late August 2020 that only 6% of US deaths were due to Covid 19 alone—the

rest had, “on average...2.6 additional conditions or causes per death.” [108]. What was the cause of death in the 94% with comorbidities? Who knows! For a doctor’s first-hand account of how the death rates from Covid 19 are being artificially inflated, and more generally, how the Covid 19 pandemic is being staged, see the YouTube *Respiratory Doctor Blows Whistle On Fake Virus Pandemic*. [54]. I will conclude by making one point explicit: *around the world, deaths from various causes are, through incompetence, fear and fraud, being wrongly classified as Covid 19 deaths.*

#### 4. The Fourth Great Deception: There Is A Pandemic

In the light of the ground covered so far it should be patently clear that THERE IS NO COVID 19 WORLD-WIDE PANDEMIC, THERE IS ONLY THE FOOLISHLY AND DELIBERATELY CREATED PERCEPTION OR *ILLUSION* OF A COVID 19 PANDEMIC. Let’s review some of the ground covered so far in this paper for why this is so.

- 1) First, no new or novel coronavirus has been found to be causing illness and death; all that has been found is some supposedly new genetic material which is *alleged or assumed* to belong to a new or novel coronavirus. Likewise, this genetic material or supposed Covid 19 viral part has never been shown to be the cause of any syndrome of symptoms, or illness, and related deaths. From this point onwards, any testing for the supposed virus or viral part is a farce.
- 2) Second, *assuming* there was a virus or viral part to be found, *all* testing for Covid 19 is grossly inadequate and inaccurate, thereby unable to produce reliable figures as to how many people have the supposed Covid 19 virus or viral part, are infected by it (displaying symptoms), are infectious to others, or whether a person has died from the virus.
- 3) Third, the numbers of people who are said to have died from Covid 19 are being wildly inflated. This is occurring through a combination of inaccurate testing procedures which generate false positives or falsely diagnose people with Covid 19, but also deaths rates are being *deliberately inflated* by, among other things, unjustifiably regarding anyone who died *with* Covid 19, or *presumed* to have Covid 19, as having died *from* it.

To make a point crystal clear: when you don’t have a new virus, when you don’t have a viral part that has been shown to be the cause of symptoms or death, when you can’t accurately test either for the presence of a virus or viral part or whether it is causing infection or death, and when the figures produced by the testing are wildly inaccurate and inflated, to a large extent deliberately so, you have no foundation for asserting that a pandemic is being caused by a new or novel virus or viral part, called Covid 19. It is an illusion of a pandemic—in fact we shall see it is a hoax. Let’s look deeper.

After *assuming or alleging* that a deadly virus exists, and using farcical, inconclusive, inaccurate, inflated and fraudulent testing and classifying procedures to produce fictitious cases, infections and deaths—which has been covered in this paper so far—the second factor to create the illusion of a Covid 19 pandemic is to falsely *declare* that there is a pandemic. This brings us to the World Health Organisation or WHO. The WHO is part of the United Nations and supposedly the peak health body in the world. The WHO declared Covid 19 to be a pandemic on the March 11<sup>th</sup> 2020. However, the WHO had absolutely no solid foundation for declaring the supposed Covid 19 virus to be a pandemic. First, we must note that in 2009 the WHO altered and watered down its definition of a pandemic to such an extent that *almost anything* could be called a pandemic. Dr Judy Wylman notes that the new definition first removed the following clause: “A pandemic may occur when a new influenza virus appears...resulting in epidemics worldwide with enormous numbers of deaths and illness...” Instead, a ‘pandemic’ in 2020 can be called simply if “A disease epidemic occurs when there are more cases of that disease than normal.” (Yes, that’s right: more cases than normal and it is a epidemic!) Further, in this new definition a “case” is defined as the presence of the virus in the person without any symptoms of disease or if it is diagnosed on symptoms only (clinical diagnosis) then there is no need of proof that the disease was caused by the virus. [86; 24]. Surely, such a weak definition of ‘pandemic’ which allows almost any disease outbreak to be defined as a pandemic is not actually an

accurate or proper definition of ‘pandemic’? So, is there a *real* justification for the WHO to declare a Covid 19 pandemic? Let’s look further.

First, as we have seen, the figures or data for Covid 19 cases, infection rates and death rates are completely meaningless, bogus, inaccurate and inflated. Officials in the WHO must have known this fact or truth. Second, when Covid 19 rates are compared with those of seasonal influenza, it is clear that there was no foundation for regarding Covid 19 as a pandemic. *At the time of calling the Covid 19 pandemic on March 11<sup>th</sup> there were just 4,291 deaths and 118,000 cases of Covid 19.* On this basis, and also future predictions of spread, a pandemic was declared. [46]. Let’s compare the Covid 19 figures to global seasonal influenza. In his article *Corona: The Case Number Game* Jon Rappoport refers to a study published in the journal *Pharmacy and Therapeutics*. It states “Influenza is a highly contagious respiratory illness that is responsible for significant morbidity and mortality. Approximately 9% of the world’s population is affected annually, with up to 1 billion infections, 3 to 5 million severe cases, and 300,000 to 500,000 deaths each year.” [27]. (Maybe Rappoport has over-estimated the number of infections here a bit but it is immaterial.) The World Health Organisation (WHO) estimates that each year there are between 250,000 and 650,000 influenza associated deaths in the world. [4; 11]. So, at the time of the WHO declaring the ‘pandemic’ Covid 19 was at just 118,000 cases and 4,291 deaths, whereas each year seasonal influenza infects up to one billion people (perhaps around 700 million is more accurate) and kills up to 650,000 people, but, in the first case we have a pandemic declared which has led to locking down i.e. effectively putting under martial law, around four billion people world-wide, and in the second case, influenza, which is far worse, no pandemic is declared and no lockdown. We can go further. As of April 14<sup>th</sup> 2020 there were almost 140,000 deaths from flu. [13]. Times that by four to complete the year and you get 560,000 deaths from the influenza this year—quite a bad season. As of April the 14<sup>th</sup> 2020 the official number of Covid 19 cases, not infections, was approaching two million and almost 120,000 deaths. [13]. Times this by four to complete the year and we have around 480,000 deaths and eight million cases from Covid 19. Obviously, as of mid-April influenza was resulting in more deaths and projected deaths, 560,000, than Covid 19, 480,000 deaths, but again, a pandemic is declared for Covid 19 but not influenza. Getting the picture? As of late June, Covid 19 has *supposedly* claimed around 485,000 lives. If we accepted such figures—and we shouldn’t—we are now seeing a disease, Covid 19, with deaths which will eventually be in excess of a bad seasonal flu, but, the main point is that the WHO cried pandemic in *early March* and even in mid-April when, if we use the flu as a reference, there was actually no pandemic. I have focused on the comparison between the influenza and the supposed Covid 19 virus because both are respiratory diseases, and the flu to some extent is caused by coronaviruses. However, it is worth noting that each year up to 1.5 *million* people die from the infectious disease tuberculosis—but again, no pandemic, and no lockdowns. [102].

Let’s look at a few more figures. Covid has proved less deadly than previous influenza seasons in the UK. 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, around September 2020, we have circa 42,000 Covid related deaths in the UK. [96]. Next, let’s look at *infection* rates in Italy, the centre of the supposed Covid 19 pandemic in Europe. The figures here relate to mid-April. According to the WHO, Europe, “During the winter months, influenza may infect up to 20% of the population...” This works out to be around 148 million cases of ordinary flu every year. [27]. As of 14<sup>th</sup> April 2020 there has been around 900,000 cases, not necessarily infections, of Covid 19 in Europe. It has been in Europe for about three months. So if we multiply this figure by 4/four to complete the year we have some 3,600,000 cases of Covid 19 in Europe for the year. Even if you want to build up this figure by claiming it’s accelerating, do you really believe it’ll reach 148 million for the year, the number of ordinary flu cases? [27]. With regard to *infection rates* Covid 19 is not even close to influenza but, the first is called a pandemic the latter is not. Italy is, or was, at the centre of the supposed Covid 19 outbreak in Europe. Jon Rappoport states that according to sciencedirect.com in “the winter seasons from 2013/14 to 2016/17, an estimated average of 5,290,000 ILI [influenza-like illness] cases occurred in Italy, corresponding to an incidence of 9%.” That’s 5 million plus each year. Was a seasonal flu pandemic declared in Italy? Ever? Was the whole country ever locked down as a result? No. [27]. Italy has the highest amount of confirmed Covid 19 cases in Europe with 159,000 as of April 14<sup>th</sup> 2020. [13]. If you multiply by 4/four to get the annual figure you arrive at approximately 636,000 cases. A figure which is still

*not close* to influenza (at 5 million cases plus), and yet, Covid 19 has been called a pandemic and is being used to impose national and indeed international lockdowns. Indeed, from Oct 2019 to Jan 15<sup>th</sup> Italy has recorded some 3 million cases of the influenza with some 374,000 cases in *one week alone* in January. [3]. Based on infection rates there is simply no way you can call Covid 19 a pandemic, especially back in March or April, *vis-à-vis* influenza.

On what basis then did the WHO declare a pandemic in March, or even mid April, when the number of infections and deaths from Covid 19 was well below that of seasonal influenza and, if multiplied to round out the year, still below that of influenza? The basic pitch of the WHO and its supporters *had* to be that compared to influenza the death *rate* (not the infection rate) from Covid 19 is much higher and therefore the number of deaths from Covid 19 would *eventually* far exceed those of influenza. The first reply to this line of argument is to reiterate a previous point: the figures for Covid 19 are wildly inaccurate, inflated and indeed false and fraudulent, thus, there is no evidential foundation for making such a claim regarding the greater severity of Covid 19. Second, we may ask ‘What sort of mathematical modelling by the WHO can use inaccurate, inflated and indeed false Covid 19 data/figures to predict, on March 11<sup>th</sup>, when there were just 4,291 deaths and 118,000 cases (not necessarily infections) from Covid 19 world-wide, that this supposed virus would surpass influenza with up to 700 million to a billion infections each year and up to 650,000 deaths, and could thus be declared a pandemic?’ No such modelling of any validity exists. But, the WHO was not interested in any validity or truth, it wanted to declare a pandemic to push out a world-wide lockdown and other agendas which I will discuss shortly.

Indeed the WHO’s original estimate of the *death rate* from Covid 19 of 3.4% has now been shown to be *drastically wrong and revised down*. On May 20<sup>th</sup> 2020 the Centre for Disease Control in the US found that the infection fatality rate (IFR)—the death rate among those infected—for Covid 19 in the U.S. to be 0.26 %. [67]. Once more: in a new analysis, the Centre for Evidence-Based Medicine (CEBM) at the University of Oxford argues that the lethality of the Covid 19 infection fatality rate is between 0.1% and 0.36%, i.e. in the range of a severe influenza. More generally, the authors of the May article *Facts about Covid-19* state that “according to data from the best-studied countries and regions the lethality of Covid 19 is on average about 0.2% which is in the range of influenza and about ten times lower than originally assumed by the WHO.” Furthermore, “the median or average age of the deceased in most countries...is over 80 years, and only about 4% of the deceased had no serious preconditions.” [68; 102]. Likewise, in Italy the Italian National Health Institute revealed that the average age of the positively identified Covid 19 cases who died in Italy was about 81 years, where 90% over 70 who died had two or more other illnesses that could have ended their lives. [93 p. 510]. Back in mid-April, based on the best data at that time, John Ioannidis, Professor of Medicine and Professor of Epidemiology and Population Health at Stanford University, concluded that the fatality ratio from Covid 19 was around 0.5% to 1%. [22]. More recently, in a meta-analysis of 12 studies looking at infection mortality rates Ioannidis found that the mortality rate for people infected with (supposed) Covid 19 was just 0.06 to 0.16%. [91]. So, for something which has a death rate around that of the seasonal flu at 0.1% and which is knocking off the elderly and infirm—whom, we may add, would probably have died from any one of a range of viruses and infections—the WHO declared a pandemic that led to world lockdown. But was the WHO’s original death rate from Covid 19 of 3.4% justified? Again, we must ask ‘Where was the data for such a claim?’ Further, from the start the claim of 3.4% was widely contradicted. Dr Fauci is President Trump’s chief medical advisor. Although corrupt, even he was honest about this point. In an editorial in the prestigious *New England Journal of Medicine* on March 26, 2020, in a piece entitled *Covid 19—Navigating the Uncharted*, he stated that “the overall clinical consequences of Covid 19 may be no more akin to those of a severe seasonal influenza (which has a case fatality rate of 0.1%)...” [33; 48].

Now, it may be objected that the WHO was correct in calling a pandemic because the official Covid 19 deaths have now exceeded those of even a bad seasonal influenza and now have exceeded a million deaths. [13]. However, how was the WHO to know this back in mid-April let alone early March when it declared a pandemic? Further, as shown in the previous sections of this paper, the official Covid 19 death figures are inaccurate, inflated and indeed bogus—surely the WHO had some knowledge of this. This was particularly

the case back in mid-April. Again, John Ioannidis from Stanford University stated in mid-April of the Covid 19 data collection: “The data collected so far on how many people are infected and how the epidemic is evolving are utterly unreliable.” [22]—not a bit, but *utterly unreliable*. So how was the WHO able to declare Covid 19 a pandemic in early March?

Covid 19 has a death rate around the *same* as a bad seasonal flu of 1% to 2%—as recent studies by Oxford and Stanford Universities, the Centre for Disease Control in the US, and other major institutions now conclusively demonstrate. How is it then that Covid 19 can be *supposedly* killing more people per year, some one million so far, versus the flu, around 650,000 per year, when the flu is far, far *more* infectious than Covid 19 and has *same* death rate as Covid 19? *Because, as shown previously in this paper, the Covid 19 death figures are being wildly and often deliberately inflated.*

## **5. The Fifth Great Deception: The Coronavirus Is the Crisis. No: The Real Crisis Is That A Series Of Related Agendas Are Being Rolled Out To Subjugate Humanity Using The False Justification Of A Coronavirus Pandemic.**

### **5.1. The Global Lockdown Of Humanity And The Deprivation Of Freedom**

What’s Covid 19 about? “It’s about scaring the hell out of the people so they will willingly give up their freedom.”—Dr Shiva Ayyadurai

In April 2020 it was estimated that some 4 billion people around the world were under lockdown—more or less restricted to their homes and effectively under martial law. Since then the number has varied. What is the justification for lockdowns? One answer is that we have a global pandemic. We have seen that this is an illusion and deception. Putting the word ‘pandemic’ to one side, the reason given is that the lockdowns and related measures were and are needed to slow and reduce the expected numbers of infections and deaths from Covid 19, this is to say, that lockdowns are a preventative measure. This is also untrue. There is no historical precedents or evidence for lockdowns; there is no scientific evidence for the effectiveness of lockdowns; there are no sound rational grounds for the effectiveness of lockdowns; *the lockdowns have not been effective*; and, as illustrated by the cases of the UK, US and Australia the lockdowns were not in fact justified by the *expected* infection and death rates from Covid 19. As we shall see later in this paper, lockdowns are being implemented by governments as a measure to strip citizens of their civil liberties.

Are lockdowns effective? There are no historical precedents. Prior to the current so-called pandemic there have been no large-scale lockdowns or lockins of people into their own homes to slow or prevent infectious disease. [96]. In fact the idea of lockdowns was only first circulated in 2006 in an article entitled *Targeted Social Distancing Designs for Pandemic Influenza*. [85]. In response to this article and the idea of locking down large numbers of the population Dr D. A. Henderson, the renowned epidemiologist who led the efforts to eradicate smallpox, and his colleagues wrote the article *Disease Mitigation Efforts in the Control of Pandemic Influenza*. Herein they state that “There are no historical observations or scientific studies that support the confinement by quarantine of groups of possibly infected people for extended periods in order to slow the spread of influenza. A World Health Organization (WHO) Writing Group, after reviewing the literature and considering contemporary international experience, concluded that “forced isolation and quarantine are ineffective and impractical.” ” Henderson et al. concluded “The negative consequences of large-scale quarantine are so extreme (forced confinement of sick people with the well; complete restriction of movement of large populations; difficulty in getting critical supplies, medicines, and food to people inside the quarantine zone) that this mitigation measure should be eliminated from serious consideration.” [85]. As late as 2019 the World Health Organization didn’t even list the idea of a *total* lockdown in their report entitled *Non-pharmaceutical Public Health Measures for Mitigating the Risk and Impact of Epidemic and Pandemic Influenza*. In extraordinary circumstances the WHO recommended possible work and school closures and internal travel restrictions, and that in *no* circumstances was there to be “quarantine of exposed individuals”, “contact tracing” or “border closure”. [85].

Have the lockdowns been effective? First, we must ask ‘Effective against what, for a new and lethal coronavirus, SARS-CoV-2, has never been shown to exist?’ When we are looking at the spread, rise and fall of infections and deaths of Covid 19 in countries we are in fact looking at the spread, rise and fall of the more-or-less normal mix of seasonal common cold, influenza and influenza-like-illness infections and deaths which have been *mis-classified* as Covid 19 infections and deaths. As discussed, infections and deaths figures are also being intentionally and unintentionally inflated. Bearing this in mind, the first point to note is that those countries which have *not* locked down or have only recently done so, including Mexico, Sweden, Belarus, South Korea, Japan, Iceland and Taiwan have the same or *much lower* numbers of deaths per million and cases per million of Covid 19 than do comparative countries. [49; 68; 96]. For example, as of mid-June 2020, South Korea with a population of some 50 million had only 300 deaths. Again, as of early July 2020 Japan, with a population of 126 million had just 977 deaths. [102]. Even if lockdowns and related social distancing slowed the spread of an infectious disease—which was really the initial selling point—they will not reduce the overall numbers of infections nor save lives—they will simply spread them out over a longer period of time. This must be the case because even large-scale lockdowns still permit, or cannot curtail, a substantial amount of interaction among members of the population, for example, at work, in shopping centres, hardware stores, hospitals etc. to thereby stop the eventual spread of an infectious disease. Thus we read in the *Lancet*, one of the most prestigious medical journals in the world: “[I]n our analysis, full lockdowns and wide-spread COVID-19 testing were **not** associated with reductions in the number of critical cases *or overall mortality*.” [My italics.] [96].

The lockdowns were also useless because the peak of the spread—that is, of seasonal influenza, influenza-like-illnesses, and the common cold—was already reached in most countries *before* the lockdown. For example, Professor Carl Heneghan, Director of the Centre for Evidence-Based Medicine at Oxford University, stated that the peak of coronavirus had been reached in most countries before lockdowns were introduced. [68]. I will give some examples shortly. The president of the Israeli National Research Council, Professor Isaac Ben-Israell, argues that according to current findings, the corona epidemic is over in most countries after about eight weeks, *regardless of the measures taken*. [68]. Why is this? The rapid rise and fall of infections and deaths from the supposed coronavirus, *regardless* of the lockdowns, is all in accord with Farr’s Law formulated about 100 years ago. This law shows that *all* viruses, in terms of their infection and death rates, naturally peak and fall in a roughly symmetrical bell-curve shape. For the flu this peak is about three months, but for coronaviruses only a month and declines to around zero in around two months. The Israeli international public health official Yoram Lass stated that “If you look at the coronavirus wave on a graph, you will see that it looks like a spike. Coronavirus comes very fast, but it also goes away very fast. The influenza wave is shallow as it takes three months to pass, but coronavirus takes one month.” [85; 91]. In other words, the spread of the Covid-19 virus—or what is alleged to be the coronavirus—was already naturally declining in accord with Farr’s Law before the lockdowns were put into place. Further, this natural decline simply continued through the lockdowns. Accordingly, as of early June several studies in the US and Europe have confirmed that the severity of lockdown measures does *not* correlate with reduced numbers of Covid 19 infections and deaths. In fact they found that infection rates fell *before* the lockdowns could take effect and even fell significantly *after* lockdowns were lifted. [85]. The US is an outstanding example of Farr’s Law. J.B. Handley, in his article *Lockdown Lunacy: Second Wave? Not Even Close*, provides a graph of the deaths from Covid 19 in the US based on official CDC data. The graph clearly shows a more or less symmetrical bell-curve peak of deaths in accord with Farr’s Law, and, here is the kicker: the peak of deaths, or peak of the number of people dying per week, in the US occurred just after mid-April! [91]. Again, Hubei province, the supposed origin of the outbreak in China shows exactly the same short-lived rising and falling bell-curve of deaths in line with Farr’s Law. [85]. The reason why Farr’s Law operates and infections and deaths from a virus *naturally* rise and fall in a short period is because initially an infection gets the vulnerable people, but then the stronger population develops natural immunity and herd immunity, and the virus simply cannot find new hosts. [91]. Please note: when the dishonest and fear-mongering media show graphs of the supposed Covid 19 statistics they generally do not show infections or deaths *per a given period of time*—which would reveal bell-curves showing a clear rise, peak *and fall* in numbers—but instead, they show graphs that give an ongoing and cumulative number of infections and deaths over time. This gives the

*false* appearance of ever-increasing problem or crisis over time. And in recent months they have shifted the emphases to so-called positive cases, not deaths.

What about the ‘dreaded’ second wave of Covid 19? Populations in those countries which did not lock down such as Sweden and Japan will now have *natural immunity* from any re-exposure to whatever they have been exposed to. This means, that there can be no second wave in these populations. We must also be very careful about seeing through the farce which is governments falsely creating second waves and spikes by simply increasing the amount of testing which they are doing to supposedly detect Covid 19. All other factors being equal, the more testing you do the more cases you will find. And you will find cases because the testing, in particular the PCR test, generates false positives. Test enough people, even healthy people, using flawed testing, and you will eventually generate enough positive cases (that is, false positive cases) to ‘justify’ a lockdown—for example, Victoria, Australia. What will characterise the so-called second waves is where governments shift the focus from the number of deaths and infections i.e. those who show symptoms, to the number of cases i.e. those who merely test positive. Why? Because over time any infectious agent in the population will naturally infect and kill less people as it naturally burns itself out according to Farr’s Law, therefore, the only way to justify a second wave is to look not at infections and deaths but at numbers of cases, those who simply test positive (due to false positives generated by the testing). We will move to a case-demic. The only way to create a corresponding infection and death rate is to *fraudulently re-classify* infections and deaths from influenza, influenza-like-illness and common colds as Covid 19 deaths.

Here is a little bit more compelling information for why lockdowns are not needed, at least for most of the population. First, people who don’t have Covid 19 or are asymptomatic can’t spread it. A study entitled *A Study on Infectivity of Asymptomatic SARS-CoV-2 Carriers* and published in the journal of *Respiratory Medicine* on May 13 found that a woman with Covid 19 infected *none*—that’s right, zero—of the 455 people she had been in contact with in the five days prior to her positive test for Covid 19. In this group of 455 the average age was 62 years, many were immuno-compromised for various reasons, and there were 224 hospital staff. Second, most of the supposed Covid 19 deaths are in the 60 years plus demographic. For example, in late May Italy reported that 96% of Italians who died from Covid 19 had other illnesses and were, on average, 80 years old. From the World Doctors Alliance we hear that “Covid poses virtually zero risk to the under 45’s who have more chance of being struck by lightning than dying from covid. Covid poses a very small risk for healthy under 60 year olds who have a greater chance of accidental drowning than dying from covid.” [96]. With regard to children, studies in South Korea, Iceland, Italy, Japan, France, China, the Netherlands, Ireland and Australia all concur that youngsters are not implicated significantly in transmitting Covid 19, not even to parents and siblings. On this basis Dr Scott Atlas of Stanford University stated “There’s no science whatsoever to keep K-through-12 schools closed, nor to have masks or social distancing on children, nor to keep summer programs closed. What we know now is that the risk of death and the risk of even a serious illness is nearly zero in people under 18.” [85; 68]. Isn’t the sane thing to take protective measures for the (supposedly) at risk people, if they choose, and leave the rest of the population free to live their lives? Of course, but we are dealing here with a corrupt and criminal lockdown.

Perhaps a brief note on face masks is not amiss. On the 6<sup>th</sup> of April 2020 the World Health Organisation announced that there was no evidence that face masks would stop the spread of Covid 19. [102]. Since then the science has not changed. Let’s take a look at some of it. A study entitled *Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures* was published by Hong Kong researchers just prior to the Covid 19 outbreak. It includes a meta-analysis of studies of the effectiveness of wearing face masks. It concluded: “In our systematic review, we identified 10 RCTs [Randomized Controlled Studies] that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018.... In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks.... Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.... Proper use of face masks is essential because improper use might increase the risk for transmission.” (My interpolation.) [85]. English translation: there is no evidence that wearing masks reduces the transmission of respiratory illnesses and, if masks are worn improperly (for

example, when people re-use cloth masks), transmission could actually increase. [85]. We find an identical conclusion in an article published in *Research Gate* by noted Canadian physicist D.G. Rancourt entitled *Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy*. “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 ( $< 2.5 \mu\text{m}$ ), which are too fine to be blocked, and the minimum-infective-dose is smaller than one aerosol particle.” [85]. The last point is worth reiterating: viral particles are simply too fine to be filtered out by ordinary masks. Finally, a study from 2015 in *the British Medical Journal* entitled *A Cluster Randomised Trial of Cloth Masks Compared with Medical Masks in Healthcare Workers*, shows that not only are cloth masks 100% *ineffective* at reducing the spread of Covid 19, but they can actually harm you: “This study is the first RCT of cloth masks, and the results caution against the use of cloth masks.... Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally.” [85]. By the way, as Dr Vernon Coleman notes, doctors do *not* wear face masks in surgery to stop the transmission of viruses and germs through the air, they wear the masks to stop bits of skin, hair, saliva, etc. falling into an open wound. (His Covid 19 presentations are available on Brand New Tube.). Dr Coleman also notes, as others have done, that wearing masks is clearly a measure meant to dehumanize people including the removal of their identities and individuality, and to alienate people. The same author also notes that social-distancing is long-time CIA technique for controlling large numbers of people. [102]. By the way, the Food and Drug Authority in the US has *banned* no less than 149 hand sanitizers as being potentially toxic especially because they contain methanol, an ingredient which is not necessarily listed in the ingredients. [102].

Lockdowns are justified neither on historical grounds nor in light of their recent and failed trials, and lockdowns are justified neither by science nor common sense and reason. Finally, we shall see that the lockdowns were also not justified by anticipated infection and death rates. In this regard we have already looked at the WHO. Here I will focus on the examples of the UK, US and Australia, for they are illustrative of the criminal deceptions governments around the world are perpetrating on their populations.

Professor Neil Ferguson is from the Imperial College London. He and his colleagues produced a model of the future Covid 19 spread which he then presented to a committee of the UK Parliament. It was highly influential in the implementation of lockdowns by both the UK and US governments. Ferguson predicted some 500,000 deaths in the UK and some 2.2 million in the US. However, shortly *after* the lockdown in the UK had been imposed he radically revised down his estimate to just 20,000 deaths in the UK or far fewer and, wait for it, where half of these people would have died anyway! [17; 20]. This figure was later revised down further to just 5,700! Such a ridiculous revision shows that such a ‘man’ and this institution have no credibility in this matter; and further, that they are corrupt—pushing phony figures to justify an unwarranted lockdown and deprivation of the civil liberties of the population. Other eminent epidemiologists such as Professor Gupta from Oxford University were ignored, they estimated the death count would be far lower in the UK. [96]. We shall see shortly that Professor Ferguson has a *long* history of making disasterously inaccurate predictions. Recently Ferguson was dismissed from his position in the Imperial College for breaking the lockdown rules, which he himself was instrumental in putting into place, so that he could rendezvous with his married lover. Obviously he was not really concerned with his own dire predictions concerning Covid 19. [56].

The story in the UK gets even more sinister, and again, it is illustrative of what is *really* happening around the world. The *UK Government's own website* had this to say about Covid 19 on 19/3/2020: “The 4 nations public health HCID [High Consequence Infectious Diseases] group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information available during the early stages of the outbreak. Now that

more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.” Further: “The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion **that COVID-19 should no longer be classified as an HCID.**” (My bold type.) Further: “The need to have a national, coordinated response remains, but this is being met by the government’s COVID-19 response.” [26; 20]. We may add that the “government’s COVID-19 response” here did not include a lockdown. So, on 19/3/2020 Covid 19 is downgraded to *not* being a High Consequence Infectious Disease or HCID and *no* lockdown is needed, and yet, despite this official government pronouncement, shortly after Britain was put into lockdown! [20; 102]. And to repeat, shortly after the lockdown the ‘expected’ deaths justifying the lockdown, some 500,000, were revised down to 20,000 and then 5,700!

The lockdown in the UK was not needed, neither on the basis of the government’s own position regarding high consequence infectious disease, nor on the basis of modelling which was certainly corrupt, nor on the basis that Covid 19 is a pandemic. Instead, the UK and other countries around the world are being locked down to institute a series of nefarious agendas which I will discuss shortly. Let me give one more example. As mentioned, Dr Fauci is the chief medical officer in the US. He stood beside president Trump and announced that the peak of Covid 19 has not yet hit, that there was going to be massive deaths, and so the present lockdown will need to be extended. However, *only two days before* he wrote in the prestigious *New England Journal of Medicine* (on March 26, 2020), in a piece entitled *Covid 19—Navigating the Uncharted*, that “the overall clinical consequences of Covid 19 may be no more akin to those of a severe seasonal influenza (which has a case fatality rate of 0.1%)...” [33]. (I will have more to say about the notoriously corrupt Fauci below.)

Let’s spend a little more time with the Imperial College and Neil Ferguson—both largely responsible for the UK lockdown. Covid 19 is not the first time they have been *disastrously* wrong. Again running their computer models, the Imperial College calculated that with the outbreak of foot and mouth disease in the UK in 2001 some 6 million cattle, sheep and pigs had to be destroyed—a pre-emptive mass cull of animals which had never had any contact with foot and mouth disease. The cost was 10 billion pounds. The Imperial College’s work was described as ‘severely flawed’. In 2002 Ferguson predicted that up to 50,000 people would die from mad cow disease. In the UK the death toll was 177. In 2005 Ferguson predicted some 200 million deaths globally from the Bird Flu. To-date the Avian or Bird Flu has killed just 455. In 2009 the Imperial College was at it again and predicted that 30% of the UK population could be infected with the Swine Flu and 65,000 could die. Ferguson wanted to close schools and the like. How many died in the UK? Just 457 died. [93 p. 506; 36; 57; 85; 96; 102]. These are the clowns who have been instrumental in bringing the UK into lockdown and initiating what will be a terrible economic breakdown. Not surprisingly for those who know the true calibre of Bill Gates, that part of the Imperial College where Ferguson works is funded by the Bill and Melinda Gates Foundation. [35]. In the last 15 years the College has received \$204,634,905 from the Foundation. [49], 79 million in 2020 alone. The Institute of Health Metrics and Evaluation in the US produced models similar to those of the Imperial College and which were largely responsible for the lockdown in the US. What a surprise to learn that Gats has also funded this organisation to the tune of \$279 million in 2017 alone. [60]. I shall return to the ‘philanthropist’ Gates.

When we turn to Australia, we see a long and clear history that an enforced lockdown was *planned*. First let us back track a little. Earlier—near the beginning of section 4—we saw that in 2009 the WHO greatly watered down its definition of a ‘pandemic’ to the extent that almost any disease outbreak would qualify. Dr Judy Wylman observed that the new definition removed the following clause: “A pandemic may occur when a new influenza virus appears...resulting in epidemics worldwide with enormous numbers of deaths and illness...” Instead, a ‘pandemic’ in 2020 can be called simply if “A disease epidemic occurs when there are more cases of that disease than normal.” In this definition a “case” is defined as the presence of the virus (infection) in the person without any symptoms of disease or if it is diagnosed on symptoms only (clinical diagnosis) then there is no need of proof that the disease was caused by the virus. [86]. In another article

Wylman adds another important and related point pertinent to Australia and most other countries. She states that “Through the WHO’s International Health Regulations (guided by the GAVI alliance [Global Alliance for Vaccines and Immunization]) all countries, regardless of their public health needs, have been required to sign up to a set of actions that they will take if the WHO declares a ‘pandemic’. These are sleeping contracts that include a Biosecurity Act that legislates forced vaccination in many countries if a vaccine is produced.” [24]. Australia has indeed enacted a Biosecurity Act in 2015 which was cunningly slipped through in legislation from the Department of *Agriculture—not Health*. So, as Wylman goes on to report, Australia has effectively given away its sovereignty to the United Nations, of which the WHO is a part, once a pandemic is declared. [24]. Surely such a weak definition of ‘pandemic’ which allows almost any disease outbreak to be defined as one is not a legitimate foundation to trigger health actions in countries worldwide regardless of their actual and unique public health needs?

Again, we see a long and clear history that an enforced lockdown in Australia was *planned*. Australia was the first country to call a pandemic on 21<sup>st</sup> January 2020 when there were *no* cases of Covid 19 in Australia—the WHO did not call a pandemic until 11<sup>th</sup> March! If the WHO, with their pathetic definition of a pandemic couldn’t call one until early March how could Scott Morrison and his cronies *reasonably* call a pandemic in late January! The wildly inflated predictions of expected deaths by so-called health professionals also occurred in Australia. On February 2020 Professor Raina MacIntyre, Head of the Australian Biosecurity Program, predicted that 260,000 to 390,000 Australians would die from Covid 19. [87]. Alas, once more fantastically wrong. In late June just 102 Australians had died—allegedly from Covid 19. As of early April, the states of Queensland, New South Wales and Victoria were in stage-three lockdown meaning that people could only leave their homes for a small list of so-called essential activities. Severe penalties applied for infringement, that is, for exercising your God-given rights of freedom. States borders were and largely remain closed; and anyone entering one State from another, except for essential activities, had to be quarantined for 14 days. Across Australia social distancing—better known as social alienation and isolation—and the banning of association in groups of more than ten people has been implemented. The main act being used to lockdown Australia and remove the freedoms of its population is the *Biodiversity Act of 2015*. Not surprisingly, this act came *not* through the Health Department but via the *Agricultural Department*. Why? To avoid proper scrutiny by being tucked away in some apparently unrelated act. The Biodiversity Act basically allows the minister for health and appointed biodiversity officials to implement *whatever* measures they need to prevent the spread of disease and to use “necessary and reasonable” force to prevent people from disobeying. Penalties for disobedience are up to five years imprisonment and \$250,000 fine. (Sect 103). Provisions of the Act allow the Director of Human Biodiversity to order vaccination or treatment. The act also *reverses* the legal burden of proof where the accused, not the prosecution, has to prove that he or she is not infectious or in violation of the act. In South Australia, the government is proposing to change the Public Health Act to allow police or authorities to detain anyone at risk of spreading a disease with a maximum fine of \$25,000. Similar measures are being implemented in other States. Oh, and also, in August 2019 the Australian government *just happened* to have published the Australian Health Management Plan for Pandemic Influenza. [1; 4]. As discussed at length, there have been no recent influenza pandemics declared in the world despite numbers being higher than Covid 19, and yet here is the Australian government *prophetically* putting in place a *pandemic* plan for influenza! As stated, as of late June there had been just 102 deaths from the supposed Covid 19 virus in Australia. Most have been of older people in their 70s to 90s. By comparison, in Australia there are about 13,500 hospitalisations and up to an estimated 3,000 deaths from influenza each year. [12]. In 2019 there were 310,085 cases of the flu in Australia and 902 deaths reported. In 2017 there were 1,700 deaths from flu. No pandemic declared, no lockdown. It is incorrect to claim that the relatively few deaths in Australia from supposed Covid 19 have resulted from the lockdown measures—at the start of this section it has been conclusively shown that lockdowns *do not* prevent infections and deaths from Covid 19. In June 2020, 1,111,567 people had been tested in Australia with 7,077 reported cases, and 100 deaths recorded. This is a good sample size of the whole population of 25,467,253. Therefore, if we apply these reported testing and death figures to the whole population we would find 162,142 cases for the 100 deaths so far. This is a death rate of just 0.0006167. [92].

While we are on the topic of corruption, which will be the theme of the next section, I would like to include some information about the Centre for Disease Control in the US. (To remind you: the Centre for Disease Control is the peak institution in the US for the monitoring and control of disease and illness.) On the one hand, this information clearly illustrates the corruption which is rife in major institutions in liberal democracies around the world, on the other hand, it shows that the populations in these countries have been long primed to fear viruses, to fear an epidemic, and to embrace the so-called solutions peddled by these same corrupt institutions. Most of the following information is from Jon Rappoport at [nomorefakenews.com](http://nomorefakenews.com)

In December of 2005 the *British Medical Journal* (online) published a shocking report by Peter Doshi, which created tremors through the halls of the CDC. Here is a quote from Doshi's report entitled *Are US flu death figures more PR than science?* found in the *British Medical Journal* (2005; 331:1412): "[According to CDC statistics], 'influenza and pneumonia' took 62,034 lives in 2001—61,777 of which were attributable to pneumonia and 257 to flu, and in only 18 cases was the flu virus positively identified." [28]. That's right, the CDC's flu figures in 2001 were complete bullshit. No doubt the same has applied in subsequent years. You see, the CDC created and creates one overall category that combines both flu and pneumonia deaths. Why do they do this? Because they disingenuously assume the pneumonia deaths are complications stemming from the flu. This is an absurd assumption. Pneumonia has a number of causes. Doshi continued his assessment of published CDC flu-death statistics: "Between 1979 and 2001, [CDC] data show an average of 1,348 [flu] deaths per year (range 257 to 3006)." [28]. These figures refer to flu separated out from pneumonia. Peter Doshi reveals another major piece of CDC fraud. Every year hundreds of thousands of respiratory samples are taken from flu patients in the US and tested in labs. Here is the kicker: only a small percentage of these samples show the presence of a flu virus. This means that most of the people in America who are diagnosed by doctors with the flu have no flu virus in their bodies—so they don't have the flu. Here's the exact quote from Doshi's review in the *British Medical Journal* entitled *Influenza: Marketing Vaccines By Marketing Disease* (2013; 346:f3037): "even the ideal influenza vaccine, matched perfectly to circulating strains of wild influenza and capable of stopping all influenza viruses, can only deal with a small part of the 'flu' problem because most 'flu' appears to have nothing to do with influenza. Every year, hundreds of thousands of respiratory specimens are tested across the US. Of those tested, on average 16% are found to be influenza positive." [28]. That's right, just 16% of flu cases are actually flu. In short, the CDC's figures on influenza are inflated bullshit; and, we may add, this is exactly what is occurring with Covid 19. Incidentally, each year the CDC gives out percentage figures for the effectiveness of the flu vaccine, for example, 45% effective overall in the U.S. in the 2019-20 flu season. [9]. But the above analysis shows that this is all a farce, for only about 16% of people who are diagnosed with the flu in the US each year actually have the flu.

An equally egregious example of the CDC's corruption occurred with the Swine Flu. (With regard to the Swine Flu we have already seen the shenanigans of the Imperial College in the UK.) Sharyl Attkinson from the major CBS network exposed that the CDC *stopped counting* the cases of Swine Flu in the U.S. in 2009 even while producing and publishing numbers for those infected! Why did this occur? While the CDC was broadcasting how dire the Swine Flu would be—and eventually it said i.e. lied, that 22 million people in the US were infected—the CDC's standard testing around the country showed that *no-one* was being infected! [38]. Another instance of corruption. Why? One reason is to sell vaccines. The CDC is *in* the vaccine business: it *sells* 4.6 billion in vaccines each year, while pretending to regulate the safety of such products. Further, it actually holds patents on over 50 vaccines. Further still, while claiming to accept no funding from the pharmaceutical industry, the CDC has a foundation, the CDC Foundation, which raised \$42 million in 2016 alone from 'donations' from companies including the drug and vaccine companies Merck, Pfizer and Bayer. The Foundation's corporate partners also include such companies. And, unfortunately what happens (or does not happen) in the US regarding vaccine research, rollout and regulation has a huge influence on the rest of the world. [42]. Another reason for the CDC, Imperial College and their ilk to inflate influenza and other virus figures, threats and predictions is to continually scare populations. Why? "It's about scaring the hell out of the people so they will willingly give up their freedom."—Dr Shiva Ayyadurai

## 5.2. The Real And Dark Agenda For Which The Pretence Of Covid 19 Is The Excuse

We have seen that there is no new or novel coronavirus. We have seen that the testing for Covid 19 is flawed, inaccurate, false, and being manipulated. We have seen that even if someone is found by the PCR test to be positive for Covid 19 it cannot be shown that s/he is sick or has died from it, or that s/he is infectious or can infect others. Indeed, due to the high incidence of false positives, the person may not have the supposed Covid 19 viral part at all. We have seen that the Covid 19 figures/data are being artificially inflated. We have seen that Covid 19 is far less infectious than seasonal influenza and, according to world-leading institutions like Oxford and Stanford Universities, they both have around the same death rate. We have seen that the *anticipated* infection rates from Covid 19 have been wildly inflated and then wildly revised down. We have seen all of this farcical, inept and corrupt activity has led to a world-wide lockdown of the global population, the deprivation of their freedoms, and the smashing of the world economy. Why? On May 26<sup>th</sup>, 2020, Dr Alexander Myasnikov, Russia's head of coronavirus information, gave an interview to former Presidential candidate Ksenia Sobchak in which he let his true feelings slip. Wrongly believing himself to be off camera he said "It's all bullshit. It's all exaggerated. It's an acute respiratory disease with minimal mortality. Why has the whole world been destroyed? That I don't know." [66]. On May 9<sup>th</sup> 2020 a German government report entitled *Analysis of the Crisis Management* was leaked to the press by Stephen Kohn. The report was the work of a scientific panel appointed by the Interior Ministry and composed of external medical experts from several German universities. Among other things the report found that the dangerousness of Covid 19 was overestimated and that at *no point* did the danger posed by the new virus go beyond normal level. Further, it found that there was no evidence that this was more than just a false alarm; it warns that the manifold and heavy consequences of the corona measures will be grave; that more people are dying because of the corona measures than are being killed by the virus; and that during the corona crisis the State, that is the German government, has proved itself as one of the biggest producers of fake news. [66]. Why the deceit? Why the lockdown?

There are a series of interrelated agendas behind the staging of the Covid 19 pandemic. I will list them in brief and then proceed to elaborate. This is a vast topic and I do not pretend to be exhaustive in my coverage. My goal is to provide you with many of the key points, along with some supporting evidence, to provide a general orientation to the true nature of the Covid 19 crisis, and also, to serve as the basis for your further investigation.

The first agenda is to impose and enforce laws which are stripping, and will continue to strip, away human freedom and civil liberties—for much of the world's population, an estimated 4/four billion, this has *already* occurred under the guise of a lockdown, which is a tame or euphemistic name for what is actually household imprisonment imposed by martial law. Second, the international economy has been on the verge of collapse for some time, quite simply because governmental world debt, some \$240 trillion, owed to massive private banks, has become too big to service. Now however, this economic collapse has been hastened and it will not be blamed on the corruption and mismanagement of governments and financial institutions, but instead, on the social and economic restrictions implemented to supposedly control Covid 19. Simultaneously, a massive *restructuring* of the economic system is taking place to increasingly place it in the hands of a corrupt and fascist alliance between governments, massive banks and corporations. Third, the world is facing the rollout of the 5G Network. 10,000 plus studies show, indisputably, that even our *current* levels of exposure to electromagnetic radiation are causing massive health problems. The 5G Network, which has undergone no safety testing at all, will massively increase our exposure to electromagnetic radiation and, in turn, cause a massive increase in illness and deaths. The effects of 5G will include suppression of the immune system, creation of flu-like symptoms, and respiratory related problems, diseases and deaths. Much of this will now be blamed on Covid 19. Besides destroying our health, the 5G network will also enable, for the first time, the almost complete and detailed surveillance of the world's population. Finally, Covid 19 will be used as an excuse to impose world-wide mandatory vaccination. Not only will this undermine human health—as *all* vaccinations do for they are full of toxic materials including mercury, aluminium, formaldehyde, polysorbate-80, phenol, and *human* and animal genetic material, cells and even foreign viruses—vaccines will also enable the insertion of nano-technology into people which can be used for

multiple purposes including electronically tracking individuals, and also, for creating an interface in the body between the human brain (and mind) and external electromagnetic signals. (Nano-technology is engineering of technology at the molecular and microscopic level. A nanometre is one billionth of a metre.) *Collectively* these four related agendas amount to the subjugation of humanity—this is the central agenda. Subjugation by whom? By a relatively small but immensely rich and therefore influential group of psychopaths and sociopaths who own or control all of the major transnational banks and corporations, and who largely ‘own’ and control governments around the world through financial control i.e. debt dependency. They more or less lurk in the shadows as many insects and parasites do but in this group are families such as the Rothschilds, Rockerfellers, Warburgs, Schiffs, Goldmans, Sachs, Morgans, Krupps, Astors, Lodges, Flemmings, the De Medici, and the Windsors and other European ‘royal’ families. Many or most to these ‘people’ and their ilk belong to secret societies which can be generally identified as satanic.

Turning to the first agenda—the stripping away of human freedom and liberty—I will take a circuitous route and begin by considering why the Covid 19 scam began in Wuhan, China. This will help provide some of the wider picture or context of the Covid 19 scam. There are national and global reasons why the scam began in China. It is widely reported that prior to the supposed outbreak of Covid 19 in Wuhan, a city of some 11 million people, large protests were taking place—something unusual for China. These were protests against the terrible air pollution in Wuhan—including the use of large incinerators in the city which also cause terrible air pollution—and also, protests against the rollout of 5G Network in the city in 2019. Wuhan was the first city in the world to have blanket-coverage of 5G. How do you shutdown protests? You stage a fake epidemic and impose strict so-called quarantine/lockdown measures.

We must also take into account the political situation in China. The following information comes from an interview with a Russian expert in Chinese affairs (or sinologist) named Nikolay Vavilov. In a nutshell, he describes how there has been, since the beginning of Communism in China, two factions battling for control in China. One faction is in power at the moment and led by Xi Jing Ping. Another faction, trying to get power, is The China Communist Youth Union, named the Komsomol by the Russians. This faction has a major centre in Hu Bei province where Wuhan is located. This faction has very strong ties with the US Democratic Party but, more essentially, with the international proponents and players of the Neo-Liberalist or Globalist movement which has been predominantly in control of world economic events for the past 40 years or so. (Neo-Liberalism is essentially the globalist or trans-nationalist economic movement which has brought in huge world-wide deregulation of finance, trade and industry and also massive appropriation and privatisation of previously owned public assets, as well as increasingly devouring smaller businesses. It is a movement which has been overwhelmingly pushed by, and which has generated profits for, massive private banks and corporations at the expense of the general population.) Xi Jing Ping by contrast has closer ties with Russia. Vavilov puts forward the position that the Komsomol faction may have created the coronavirus scare as a pretence to lockdown Hu Bei province, which is the major transport hub in China, to in turn destabilise the country as one means to gain greater power. It is also a way of disrupting a new cycle of political elections and appointments in China which would have favoured Xi’s faction. Accordingly, Vavilov notes that the people who shut down Wuhan were *all* from the Komsomol faction or The China Communist Youth Union. [40].

So, at the national level there are reasons for faking an epidemic in the city of Wuhan, but of course the epidemic has gone pandemic and the scam is being played out on the world stage. Why? We have another glaring red flag that the Covid 19 pandemic was and is being staged. In October 2019 at the World Economic Forum in Davos, an associated conference called Event 201 was held. Surprise, surprise this involved a group of the world’s so-called elite modelling or game-planning what the response should be to a world-wide pandemic of—guess what—a coronavirus! Who was involved? Among others, the Bill and Melinda Gates Foundation, the John Hopkins University, and the giant pharmaceutical company Johnson and Johnson. Six weeks later the Covid 19 outbreak in China occurred. [2; 4]. The world response to Covid 19 has *mirrored* the simulation and planning formed at Event 201, including the on-line censorship of any information which opposes the official position regarding the pandemic. [50]. A great coincidence? I think not. (By the way, it is John Hopkins University which is collating the bogus data on Covid 19 from around

the world. [50].) The World Economic Forum attendees and the Gates Foundation are all high-ranking Neo-Liberalists or Globalists—indeed Gates stated that he modelled his Foundation on the Rockefeller Foundation [50], an arch Neo-Liberalist/Globalist outfit. As Neo-Liberalists/Globalists Gates and company are allied with the Komsomol faction in China who appear to have initiated the Covid 19 ‘epidemic’ and lockdown in China. So, using their allies in China, the Neo-Liberalists or Globalists initiate their fake epidemic in Wuhan and then take it world-wide. Why begin in China? Because it is a totalitarian State, and relatively closed off from the world, thus it is the easiest place to stage the beginning of a fake pandemic. First, overall, any information coming out of China can be easily manipulated or falsified to in turn fool other countries. Second, you can more easily fake any discovery of a new virus—the research process is even less open and transparent. Third, it is here in China, an authoritarian State, that you can impose massive lockdowns of the population and claim that they are both necessary and effective. Officials from the Komsomol faction closed down three cities and 50 million people literally overnight. [38]. *Supposedly*, the lockdown was so effective that it confined nearly all the Covid 19 cases in China to one province, Hu Bei, in which Wuhan is located; further, by mid-April these lockdowns were lifted and yet Covid 19 did not spread [35]—all of this would not *actually* have been possible if Covid 19 was *really* as infectious and deadly as claimed. It’s a stage production. But once the deception of an infectious and deadly outbreak, and the deception of an ‘effective’ lockdown, in China had been staged, it was then possible to roll out the deception globally. In particular, it was possible to roll out the first major agenda: to impose and enforce a lockdown and related ‘laws’ which are stripping, and which will continue to strip, away human freedoms and liberties. This is really part of a continuing process which largely begun with the fake war on terrorism initiated in 2001. It should come as no surprise that the Director General of the UN, Gates puppet Tedros Adhanom Ghebreyesus, greatly praised the Chinese lockdown [38]: “The Chinese government is to be congratulated for the extraordinary measures it has taken to control the outbreak. China is actually setting a new standard for outbreak response and it is not exaggeration.” But later the World Health Organisation shifted its praise to Sweden which did not lockdown. [85]. What a fickle organisation, as its shifting and contradictory positions on a range of issues have testified.

Another aspect of the stripping away of civil liberties under the pretence of Covid 19 is the Covid 19 track and trace apps now being developed and rolled out by many governments. Via their mobile phones the apps will alert people when they have been in the vicinity of people ‘confirmed’ to have Covid 19. Those people, now alerted via their app, will now need to self-isolate. The government of course will also know that these people have been in the vicinity of someone with Covid 19 and enforce the self-isolation. Thus, units are being established to enforce this tracing and isolation of citizens. [68]. It is *impossible* to see how such apps would be significantly effective at stopping the spread of a virus. First, how long and at what distance does someone need to be in the vicinity of someone with Covid 19 before he or she may become infected (and thus need to isolate), and where is the science for this? Second, even if someone did contract the virus from another person, the person who has contracted the virus may not have his or her phone on, or may not be constantly checking it, and therefore, would continue to circulate in the population and spread the virus. Further, are such people, wandering around happily, oblivious that they are spreading the virus, now *also* being tracked by the app without their knowledge, and in turn, will the people who come into contact with them also need to isolate? Remember the study entitled *A Study on Infectivity of Asymptomatic SARS-CoV-2 Carriers* and published in the journal of *Respiratory Medicine* on May 13, which I referred to in section 5.1? The study found that a woman with Covid 19 infected *none*—that’s right, zero—of the 455 people she had been in contact with in the five days prior to her positive test for Covid 19. In this group of 455 the average age was 62 years, many were immuno-compromised for various reasons, and there were 224 hospital staff. In 2019 the WHO studied measures to curb influenza pandemics and came to the conclusion that contact tracing “is not recommended in any circumstances.” [102; 85]. It is safe to assume precisely the same applies to the Covid 19 virus—particularly because it has never been shown to exist!

In Australia the track and trace app is called the *CovidSafe* tracing app. The contract to develop the *CovidSafe* tracing app has been given by the Australian government to the US company Amazon, specifically, to a subsidiary called Amazon Web Services. [80]. This process was done *in secret*, and where Australian companies were *not* allowed to tender offers! That should alert any sane person that corruption is

at hand. But the ‘Prime Minister’ Scott Morrison assures the public that the data will be secure because the Australian Signals Directorate (ASD) has said so. The ASD is part of Five Eyes surveillance network including the US (NSA), Canada, the UK (GCHQ) and New Zealand. Its supposed role is to capture and analyse international electronic communications. The Five Eyes players have a long and notorious history of *illegal* mass surveillance both domestically and internationally. Further, the Five Eyes partners share *all* their data with each other (well, as much as paranoid spies can). One can view various videos featuring the NSA whistle-blowers Edward Snowden and Bill Binney—for example *Edward Snowden NSA Documentary on Global Surveillance*; *Edward Snowden Testimony @ Parliamentary Assembly of the Council of Europe*; and *William Binney: Russia-Gate, Five Eyes and the U.S. Constitution* [76; 77; 79]—to get abundant evidence of these facts.

We should have no doubt that the US Intelligence agencies like the NSA will get hold of the data of Australians collected by Amazon, and that this will be shared with its Five Eyes partners. This is how it will work. Under the PRISM program US intelligence agencies have agreements with the major technical or internet companies to directly collect data from their servers. A 2013 article in *The Washington Post* entitled *NSA Explains the PRISM Data Collection Program*, and based on leaked NSA documents, gives an overview of this program. *PRISM, or SIGAD US-984XN*, is the number one source of intelligence data used for NSA analytic reports. The top-secret PRISM program is where the US intelligence community enters into formal and legally enforceable agreements with major tech/internet companies to gain access to a wide range of the data of their customers both domestic and foreign. It is a *quid pro quo* arrangement: the companies sign on to an Enduring Security Framework Agreement where they share their data with intelligence agencies and in return are paid and are given expertise from the intelligence agencies to protect them from cyber attacks, etc. These agreements include, of course, secrecy. There are at least nine *major* companies involved, and which have progressively come on board since 2007: Microsoft, Yahoo, Google, Facebook, PalTalk, YouTube, Skype, AOL and Apple. (The *Protect America Act* (2007) and the *FISA Amendments Act* (2008) legally immunize private companies that cooperate voluntarily with US intelligence collection.) As stated in the leaked documents, data is taken from the servers (a computer or computer program giving access to the central network) of these US companies. The data collected includes email, chat (video, voice), photos, video, online networking details, file transfers, notifications of special activity e.g. login/out, stored data, surveillance of search terms, and special requests—basically, everything. PRISM includes both metadata and content, and both real time surveillance and access to stored content. As Snowden said, “They quite literally can watch your ideas form as you type.” The documents also show that the information collected by PRISM is shared between the NSA, FBI and the CIA. [78]. The collection of data by the NSA is not just from the big tech players, nor is the situation stable. Another NSA document shows that in 2012 alone there was a 32% *increase* in cooperation with some 45,000 corporations regarding data collection. Google for example was up 63%, Facebook by 131%, and Skype by 248%. [76]. We should have no doubt that the massive Amazon company, especially as it has progressively moves into to data collection, is and *must be* part of the PRISM program. Thus, the data of Australians from the *CovidSafe* app will be accessed by US intelligence companies and, shared with their Five Eyes partners. No doubt the data from the track and trace apps, including *CovidSafe*, will eventually be shared between governments of the Five Eyes countries if only under the pretence of stopping the international spread of Covid 19. In fact, in a recent interview NSA whistle-blower Edward Snowden warns that governments are using the coronavirus to build an “architecture of oppression”. [68]. Morrison’s assurances of privacy regarding the *CovidSafe* app mean nothing. And, where privacy is obliterated other civil liberties quickly follow as people voluntarily or forcibly restrict their freedom of expression from fear of real or imagined transgressions of the law, and where governments legally or illegally target surveilled individuals.

There is one further aspect regarding the lack of security of the *CovidSafe* data collected by Amazon. In 2018 the *Cloud Act* became law in the US. It requires American services like Amazon to produce, under subpoena, data held by them directly to the US authorities. Appeals to stop subpoenas are only available to a foreign country, like Australia, if it has a specific exemption under the Act—which it does not. [80].

The second agenda being rolled out behind the Covid 19 scam is to hide the imminent and inevitable world-wide economic collapse and, at the same time, *restructure* the world economy into a fascist alliance between mega-banks, corporations and governments—all corrupt. As stated, the international economy has been on the verge of collapse for some time, quite simply because world governmental debt, some \$240 trillion, has become too large to service. The national debt in the US alone is 23 trillion—now rapidly rising with the Covid spending. The governments of the world can no longer service this debt, *owed to massive private banks*, and also provide the needed finance to run their respective countries. As a result the world economy was going to collapse. Now however, this economic collapse has been hastened and it will *not* be blamed on the corruption and mismanagement of governments and the banks, but instead, on the social and economic restrictions which have been implemented *supposedly* to control Covid 19. Further, there will be a massive *restructuring* of the economic system which is designed to increasingly smash small and medium-sized businesses, and increasingly place assets, finance, business and the economy in the hands of a corrupt and fascist alliance of government, banks and corporations. The official name which has been given to the new type of business partnerships between government and big business is Private-Public Partnerships. And the official name for the massive restructuring of the world economy now underway is The Great Reset.

The measures that governments are taking to supposedly protect their respective economies and populations will do nothing of the sort. First, they are borrowing horrendous sums from the *same* private banks that have created the world debt of some \$240 trillion, and therefore, putting themselves, more specifically, the populations of their countries, further in debt to these banks. When you have countries, governments or people in your debt you have them in your control. Debt is control. Needless to say, the general population will have to pay back this debt through increased taxation and reduction in a whole range of services. Second, governments are pumping trillions of dollars of fiat or printed paper money into the world economy which, not being backed by any real wealth, will inevitably lead to hyper-inflation—the erosion of wealth. Third, governments are paying out huge sums to financially sustain people in the *short term* but at the same time effectively putting economies on hold and thus destroying the economies of countries, and the generation of real wealth, which will mean *long term* economic ruin and impoverishment for many. Further, but not finally, a number of proper researchers are alerting us to the fact that food supply chains within and between countries are being disrupted, to some extent irreparably, by the economic shutdown. Food scarcity will occur and this too will be used as a means to control the population.

The orchestrated economic crash which is occurring, and the resultant unemployment, homelessness, poverty, lack of money for decent food and healthcare, deprivation of medical and health care (due to lockdowns and re-diverting resources to the ‘pandemic’), and despair is inevitably going to cause far more sickness, illness, suicides and death than anything the supposed Covid 19 virus could do. This year, as of mid-April, suicides had claimed 248,631 lives—far more than Covid 19. [13]. “I am deeply concerned that the social, public and economic health consequences of the near total meltdown of normal life—schools and businesses closed, gatherings banned—will be long-lasting and calamitous, possibly graver than the direct toll of the virus itself...the unemployment, impoverishment, and despair likely to result will be public health scourges of the first order.”—Dr David Katz, Founding Director of the Yale University Prevention Research Centre. [49]. Likewise, a group of professors from Stanford, Duke, Chicago, and Hebrew Universities in an article entitled *The COVID-19 Shutdown Will Cost Americans Millions of Years of Life* explained: “the lockdown was imposed without consideration of its consequences beyond those directly from the pandemic.... The policies have created the greatest global economic disruption in history, with trillions of dollars of lost economic output. These financial losses have been falsely portrayed as purely economic. To the contrary, using numerous National Institutes of Health Public Access publications, Centers for Disease Control and Prevention (CDC) and Bureau of Labor Statistics data, and various actuarial tables, we calculate that these policies will cause devastating non-economic consequences that will total millions of accumulated years of life lost in the United States, far beyond what the virus itself has caused.... Considering only the losses of life from missed health care and unemployment due solely to the lockdown policy, we conservatively estimate that the national lockdown is responsible for at least 700,000 lost years of life every month, or about 1.5 million so far—already far surpassing the COVID-19 total.” The UK government’s *own report* estimates that some two hundred thousand (200,000) people will die as a direct result of lockdown –

not the virus which, according to the official statistics has killed around 50,000 in the UK. Hospitals being largely closed—paradoxically, to deal with the supposed influx of coronavirus patients—suicide and poverty will result in more deaths than the virus itself. [96]. Here is but one specific example, as of mid-June there was 2.4 million people on the waiting list for cancer treatment in the UK, and by Christmas there will be an estimated 10 million. [102]. How many of these people will die from lack of treatment? 100,000 thousand? 500,000 thousand? *This fact alone, that there will be far more deaths from the measures ostensibly taken to control Covid 19, than from the virus itself*, should tell us, clearly, that we are dealing with a heinous fraud here—a scamdemic, a plandemic.

Here is one more observation that response to the so-called pandemic has created, and will create, more illness and death than it is supposed to prevent. In his *book Old Man in A Chair*, in the chapters entitled *How and Why Thousands of Old People have Been Murdered* and *Old Lives Matter*, Dr Vernon Coleman describes that as of June 2020, half of the supposed coronavirus deaths in Ireland, Norway, Belgium and France, and a third in the UK and Sweden occurred in nursing homes. And yet, in all of these countries, elderly, *with or without suspected coronavirus*, were deliberately moved out of hospitals and into care homes at the beginning of the pandemic. Why? Ostensibly, ironically, to clear the hospitals for the great influx of coronavirus patients—which never occurred! [102].

The third agenda is that Covid 19 will be used as an excuse to impose world-wide mandatory vaccination. At the outset it must be asked. ‘How can you develop a vaccine when no novel or new coronavirus has been identified?’ [44]. Or perhaps a vaccine is being made for some new coronavirus which has been *artificially* made and which has been *falsely* called the new or novel coronavirus SARS-CoV-2 or commonly called Covid 19? In a series of video presentations on the coronavirus Dr Rashid Buttar has presented clear and indisputable *documented* evidence that the US, including in collaboration with a Chinese laboratory at Wuhan, have long been involved in creating manipulated coronaviruses with increased gain of function i.e. increased pathological potency! Dr Fauci, the chief medical advisor in the US at present, has been involved in funding the Chinese in this research in *violation* of US law which put a moratorium on such research in 2014! [58]. I’m *not* saying that Covid 19 was made in a laboratory and is now circulating in the world population. I am saying that some studies may be referring to a coronavirus and falsely claiming it to be Covid 19, that it is circulating in the population, and that it is this virus for which a vaccine will be made, when in fact the coronavirus these studies are pointing to may be nothing more than something concocted in a laboratory, and which has no existence outside of a laboratory.

The push for world-wide vaccination is coming from the World Health Organisation, behind it, the Global Alliance for Vaccines and Immunisation (GAVI), and behind GAVI, Bill Gates (among others). Let’s look at this situation. We have already encountered the World Health Organisation which declared, without foundation, the Covid 19 ‘pandemic’ leading in turn to a world-wide lockdown. The WHO is corrupt at the core. It is headed by a Dr Tedros Adhanom Chebreyesus—not a medical doctor—who was once the health minister of Ethiopia, and in this position he was exposed for covering up three cholera outbreaks in the country. He also tried to appoint none other than the ex-Zimbabwean dictator Robert Mugabe as a health ambassador to the United Nations. Something which caused such an outcry that it had to be abandoned. [2]. Behind the WHO, and pushing the vaccine agenda, is GAVI. As stated, Judy Wylman is an Australian researcher and writer who has a PhD in the area of vaccination and government policy. She has also written a book entitled *Vaccination: Australia’s Loss of Health Freedom*. In her article *The WHO and Global Loss of Health Freedom* she outlines the corruption of the WHO and the pernicious influence of this organisation, and those behind it, on the international community including Australia. Part of her position is that: “The WHO is the front organisation for the Global Alliance for Vaccines and Immunisation (GAVI). This is an advisory group that includes the World Bank, the International Monetary Fund, the Federation of Pharmaceutical Companies, the Rockefeller Foundation, the Bill and Melinda Gates Foundation and many other private-public partnerships. This group does not provide objective science that is in the public’s best interest. It is a group that promotes corporate interests in government policies and global economic markets.” [24]. As the researcher James Corbett notes, the stated corporate interests of GAVI include: to engage in “market shaping efforts” to ensure “healthy markets for vaccines and other immunisation

products.” and also, “introducing new vaccines into the routine schedules of national immunization programmes.” [84]. I would add two points: one, all of these organisations involved in GAVI are privately owned and profit-driven; and two, they are all major Neo-Liberalist/Globalist players.

Turning specifically to the Bill and Melinda Gates Foundation we find that it is the single biggest private funder of vaccines in the world, that is, funder of organisations around the world which research, develop, promote and enforce vaccines. On the other hand, Gates has massive shares in, and has given massive ‘donations’ to, many pharmaceutical companies who produce vaccines including GlaxoKlineSmith, Merck, Novartis, Eli Lilly, Pfizer, Moderna, and Sanofi. In short, Gates has a *massive conflict of interest* in promoting vaccines. Since being involved in the vaccine arena over the last ten years Gates’ fortune has more than doubled to over \$100 billion. As the head of Microsoft Gates was notorious for absorbing other companies and establishing monopolistic practices. He has not suddenly had a change of heart and become a philanthropist; instead, he is involved in vaccines for investment and profit. [84; 102]. Let’s take a closer look the Gates Foundation and its connections, in particular, to the World Health Organisation.

The WHO receives 50 percent of its funding from pharmaceutical companies. [64]. At present, the Gates Foundation is the largest single funder of the WHO and provides around ten percent of its annual funding. It has given \$836 million to the WHO over the last two years. Gates also sponsored the meeting that led to the creation of the Global Alliance for Vaccines and Immunisation (GAVI), and after an initial donation of one billion dollars in 2011 has since gone on to make \$4.1 billion in commitments to GAVI. Robert Kennedy Jr estimates that if you add together what Gates gives to the WHO both directly, and indirectly via GAVI and other organisations, it adds up to \$475-500 million a year. Before being appointed head of the WHO, Dr Tedros was chair of the Gates funded Global Fund to Fight AIDS, Tuberculosis and Malaria, and also, sat on the board of GAVI. [37; 60; 61; 62; 69]. One more fact: the WHO is a partner in the Bill and Melinda Gates Foundation. [102]. The WHO not only has a conflict of interest in taking money from Gates, clearly it is controlled by Gates. We have seen earlier how Gates has been funding the Imperial College which produced the outrageously inaccurate Covid 19 death predictions which were largely responsible for the lockdown in the UK and to some extent the US. The other organisation that was largely responsible for the lockdown in the US was the Institute for Health Metrics and Education. It too provided the US government with wildly inaccurate and inflated figures about how many deaths would be caused by Covid 19. It too rapidly and severely revised down these figures after the lockdown. This organisation has also been funded by the Gates’ Foundation to the tune of \$279 million in 2017 alone. [84]. We may add here that Chris Whitty, the UK’s chief medical advisor on Covid 19, someone strongly advocating for no return to normal until a vaccine has been developed, was granted 31 million pounds by the Gates Foundation. Patrick Valance, the UK’s chief scientific advisor, who is also saying that things won’t get back to normal until there is mass vaccination, was formerly the head of research and development at GlaxoSmithKline, and also a board member and part of the corporate executive team—while it was found guilty of criminal offences by the courts including fraud totalling fines of billions of dollars. For example, GSK admitted to illegally promoting Paxil for the treatment of depression in children and paid a fine of \$3 billion. Valance retains some £600,000 worth of shares in GSK. Further, the UK Vaccine Network, which was recently set up to advise the UK government on vaccines, has 37 members of which 35 have received, or are receiving, funding from Gates and/or the WHO. [63; 96; 102]. Leading the charge to produce a vaccine in Australia is the University of Queensland. This University openly works with—guess who?—the Bill & Melinda Gates Foundation in a key collaborative effort to research and develop new vaccines for the world market. [4]. Who else has Gates funded? Over \$870 million has gone to the John Hopkins University (responsible for compiling the global numbers for Covid 19 infections and deaths); the National Institute of Allergy and Infectious Disease of which Dr Anthony Fauci, the senior US health advisor, is the director, has received over \$18 million from Gates; the CDC has received over \$155 million; and the BBC arm Media Action has received over \$53 million. [68].

In addition to all this funding, Gates is currently doing the mainstream press circuit—where he often massively funds the media organisations such as the BBC and *The Guardian* newspaper in the UK where he presents—promoting the message that the Covid 19 lockdown will not end until the world is vaccinated.

[102]. Gates has declared on different occasions that “Normalcy only returns when we have largely vaccinated the entire global population...” [59]; “it won’t be normal until we get an amazing vaccine to the entire world.” [61]; and “the vaccines are critical because until you have that things aren’t really going to be normal.” [61]. Further still, Bill is now saying that everyone will have to have a digitised ID to show that they have been vaccinated and will not be able to travel until this occurs. What form this digitised ID will take is not known, but don’t worry, Gates, in conjunction with Microsoft, GAVI (advising the WHO) and other organisations, have a program and organisation running called ID 2020 which will solve the ‘problem’. [49; 102]. The principle of digital identification is articulated by Ethan Nash in his article *Are Immunity Passports and ‘Vaccine Tattoos’ Coming?* [75]. Basically, each person on the planet will be given some form of digital identification, whether inside or outside of the body, which will confirm that he or she has been vaccinated, which will contain or be linked to other digital information related to health, and which will act as a passport which will determine, based on a person’s health and vaccination status, what level of ‘freedom’ a person now has to engage in all activities. Not surprisingly, the ID2020 group is working with the Global Alliance for Vaccines and Immunization, the private consortium funded largely by Gates and which advises the WHO on health policy and, as discussed earlier, has the stated corporate interest to engage in “market shaping efforts” to ensure “healthy markets for vaccines and other immunisation products.” [75; 61; 60].

In short, Gates is everywhere funding, and thus controlling, international and national health organisations involved in the Covid 19 scam and who are now calling for world-wide vaccination and digital monitoring. Please see the documentary *Who Is Bill Gates?* by James Corbett for a clear and concise account of Gates’ pernicious and insidious influence in controlling world health (or ill-health) and pushing of the agenda to vaccinate the world against Covid 19. [84].

But surely Gates is trying to assist humanity? Several examples about Gates’ vaccination programs will soon settle the question. At the turn of the century the *oral* polio vaccine was *discontinued* in developed countries because it is a *live* polio virus and was found to be responsible for most of the cases of polio after 1960. However, unbelievably, the oral polio vaccine is still used in third world countries and is, of course, causing polio outbreaks. For example, in one district of India alone the Gates Foundation sponsored polio campaign in 2010-11 raised the polio numbers from eight or nine cases per year in the population to 47,000 cases in two years! These cases have been deceptively called non-polio flaccid paralysis (NPFP). However, NPFP *is clinically indistinguishable from polio paralysis*. Obviously we have 47,000 cases of *polio* here but given a different name to obscure the cause—the polio vaccine deployed by Gates. [42]. It gets worse: in India the number of such cases increased dramatically between 2000 and 2013 in *proportion* to the oral polio vaccine doses given. The increase has been from one to two cases per 100,000 to 11.82 cases per 100,000 or approximately 118,200 cases. [65]. It gets worse: a 2018 Indian study entitled *Correlation Between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India* by Rachana Dilman et al., and published in the *International Journal of Environmental Research and Public Health*, concluded that over 496,000 people in India developed paralysis because of the oral polio vaccine between 2000 and 2017. Not only was it the Gates Foundation which was funding the oral polio vaccine programs in India, further, until 2017 the Foundation paid the salaries of the 32 member secretariat called the National Technical Advisory Group on Immunization which advised the Indian government on vaccination. In 2017 the Indian government cut all ties between these two groups. [61; 51; 84]. Robert Kennedy Jr, at Childrens Health Defense, reported that in 2017 World Health Organisation (WHO) reluctantly admitted that the global explosion in polio cases is predominantly vaccine strain cases. In fact, by 2018, 70% of the global polio cases were vaccine strain, that is, we may add, *caused* by vaccines.

Gates’ Foundation figures again in the testing of the Human Papilloma Virus (HPV) vaccines Gardasil and Cervarix in India. The WHO are currently being *sued* by the Indian government for trials of the Gardasil vaccine on 16,000 girls aged 9-15 years where, as a result, hundreds developed seizures, premature menstruation, other illnesses, and five died; and for trials of the Cervarix vaccine on 14,000 girls where two died. *No consent was sought or given by the parents of these children*. [52]. An Indian government investigation found that the rights of the participants in these trials were violated including violation of

consent and failure to properly report the adverse effects of the vaccines. Further, the investigation found that the vaccine trials were engaged in a scheme to insure healthy markets for GlaxoSmithKline and Merck, the manufacturers of the HPV vaccines Gardasil and Cervarix. Of these HPV vaccine trials Dr Samiran Nundy, editor emeritus of the journal, *National Medical Journal of India*, stated that “This was an obvious case where Indians were being used as guinea pigs.” [61; 84].

In various interviews Robert Kennedy Jr provides the following information about Gates and the WHO. The West African nation of Guinea-Bissau has kept careful records of the administration of the Diphtheria, Tetanus and Pertussis vaccine (DTP) for the last 30 years. This data was subjected to analysis by leading experts on African vaccines, including from the Danish and Norwegian governments and the Statens Serum Institut. To their shock they found the girls who had received the vaccine prior to 6 months had a death rate, from various causes, ten times higher than those who were not so vaccinated. The DTP vaccine is killing more children in Africa than it is saving. Gates has the studies which show this, and yet, he is still funding the DTP vaccine in Africa, where 161 million African children are receiving this vaccine each year. Instead of heeding the damning outcomes of the analysis of the DTP vaccine in Guinea-Bissau, the WHO and Gates focused on defunding and destroying the careers of the world-ranking scientists involved in exposing the situation in Guinea-Bissau. [69]. Mercury-containing vaccines have been mainly banned in the US because of the neurological damage they cause, and yet, the Gates Foundation continues to give mercury-containing vaccines to African children. In 2010 the Gates Foundation funded a phase 3 vaccination trial of GSK’s experimental malaria vaccine, killing 151 African infants and causing serious adverse events such as paralysis, seizures and convulsions in 1,048 of the 5,949 children. [64; 74]. In 2014 the WHO undertook a tetanus vaccination program in Kenya. Unusually, the program delivered five shots instead of the normal one shot. Also unusually, the vaccine was only administered to females of the ages 9 to 39 years. Further still, there was no tetanus emergency in Kenya. Many of the women had spontaneous abortions, miscarriages, and difficulty getting pregnant. Suspicious of what was occurring, the Kenyan Catholic Doctors Association sent the tetanus vaccine for *independent* testing to six laboratories approved by the WHO. It was found to contain the sterilizing agent human gonadic trophic hormone. This was at first denied but later admitted by the WHO. Later it was revealed that along with the Rockefeller Foundation the WHO has been developing sterilizing vaccines for 15 years. For many years the Gates Foundation had been involved in the WHO’s so-called tetanus programs in 57 countries. [64; 69; 73].

In addition to the above examples, it is worth noting that the US government compensation program—you cannot by law sue the drug companies for vaccine deaths and injuries—has paid out around 4.2 billion (since 1986) for death and injuries from vaccines where, importantly, it is generally acknowledged that only about 1% to 10% of vaccine injuries and deaths are reported. In the UK, the government is paying out so much in compensation that it caps the figure at a maximum of £122,000 per pay out. [102]. Despite the well-known truth that vaccines injure and kill, an area where Gates has firsthand knowledge, he wants to vaccinate the entire world against Covid 19. Further still, Bill wants *immunity from prosecution* for the pharmaceutical industry and the researchers and suppliers of vaccines for any injuries produced by the vaccines. Indeed, this legislation already existed in the US from 1986. [61]. Recently, the Australian government *has indemnified* the vaccine manufacturers such as AstraZeneca for any deaths and injuries which may be caused by their potential Covid 19 vaccines which are still under development, and which are still being rushed through hopelessly inadequate ‘safety’ trials. What this means is that if an Australian citizen successfully sues AstraZeneca, etc. for damages from vaccine death or injury, the compassionate Australian government will not be assisting the citizen but will pay the drug company’s legal costs using Australian taxpayer money! [101]. In his interview with Brain Rose at *London Real*, Robert Kennedy Jr, at the forefront of vaccine safety efforts in the US, stated that the four major pharmaceutical companies, Merck, GlaxoKlineSmith, Pfizer and Sanofi, are all convicted felons and in the last ten years have collectively paid out some \$35 billion in civil and criminal damages for fraud, blackmail and killing and injuring people with their products. Obviously, these companies cannot be trusted to produce a safe vaccine. Further, giving them indemnity from prosecution for deaths and injuries from their vaccines will mean that they will be *even less* inclined to test and monitor the safety of their vaccines. Here is a fact that should particularly interest Australians who may be subjected to a future AstraZeneca vaccine. In one case the company was charged and found guilty of

among other things corrupt data studies for a drug, Seroquel, for children. The company was fined \$520 million in the US and paid out \$647 million to settle global lawsuits. Studies which showed that the drug in question was harmful were buried by the company as one email, written by the company's publicity manager John Tumas, explicitly revealed: "Thus far, we have buried trials 15, 31, 56. The larger issue is how do we face the outside world when they begin to criticise us for suppressing data." [102].

Normally, the development and safety testing of a vaccine takes 10 to 15 years, occasionally, the time has been around 5-6 years. Part of the reason for this length of time is to look at longer-term side effects. However, the coronavirus vaccines are being produced within a year. This means that *even* the normally inadequate safety testing of vaccines—which eschew the use of control groups taking harmless placebos, the most fundamental testing procedure—will not be performed. It must be categorically stated that it is *impossible* for anyone, let alone a politician, to say what the long-term side-effects, injuries and deaths from these vaccines may be. [102]. But it gets much worse. A number of the vaccines under production are DNA or RNA vaccines which are an entirely new type of vaccine never before used. DNA and RNA is the genetic material in each cell which forms the blueprint for the cells' growth, development and maintenance, and in turn, that of the whole body. The new vaccines will inject DNA into the body which will then be incorporated into and change the DNA or genetic blueprint of your cells. As stated, no-one knows what the side-effects, injuries and deaths from these vaccines will be because their safety, especially long-term, has also have not been fully tested. And here is the kicker: the changes to your genetics from the new DNA vaccine *may be permanent*. In a recent radio interview (16<sup>th</sup> November 2020) Dr Vernon Coleman quoted from a White Paper by Moderna regarding their new DNA vaccine. It was published in the journal *Moderna Therapeutics*. The last part of the quote is "Once inside the [cell] nucleus, DNA vaccines have a risk of *permanently changing* a person's DNA." (My interpolation and italics.) In the same radio interview, the host of the show, Richie Allen, quoted a former director of chemistry at Moderna who told the major network CNN that he would not have the new vaccine injected into his body. [103]. Finally, a 'small' detail: the Medicines and Healthcare Regulatory Agency in the UK is "urgently seeks an Artificial Intelligence...software test to process *the expected high volume of Covid-19 vaccine Adverse Drug Reactions...*" [106]. In short, Covid 19 vaccination of the population will be a massive experiment with a massive number of injuries and deaths.

Gates is not being philanthropic in his promotion of vaccines, he is *investing* in vaccines and generating massive profits. In the last 10 years, in what he calls "the decade of vaccines", Gates' fortune has *doubled* to over 100 billion. [61; 62]. Presently, Gates has a one billion pound deal with GlaxoKlineSmith for a coronavirus vaccine which, if it were successful, along with the testing for the vaccine, would earn them an estimated \$40 billion plus in the UK alone. [63]. If Gates was really worried about the health of people in developing countries he would be assisting them with good drinking water, food and sanitation, the lack of which is the main cause of health problems. For example, one study has found that supplementation of the diet of children below five years of age in low and middle income countries could reduce the incidence of measles infection by 50% and the death rate from measles by 20%—but, of course, there is no money to be made here for Bill. [62; 88, pp. 484-5]. In fact, Gates has progressively moved the WHO *away* from funding such programs, its traditional role, and moved it ever more into pushing vaccines, in particular patented vaccines where Gates owns shares in the vaccines companies. [73]. Gates also has massive shares in Monsanto—now incorporated into Bayer Crop Science—which are bringing health-destroying genetically modified foods to the world. Gates is funding GAVI, the WHO, other major health organisations and personnel around the world, and the media, so that they will further his agenda to vaccinate the world. If he succeeds, he, along with the pharmaceutical companies, will make countless billions. Further, the health of the world population will be greatly injured. Further, the entire world population will be digitally tracked as part of an overall plan to control the world population. It should be evident to anyone who has researched Gates that he is not a philanthropist but, literally, a psychopath who can appear as Mr Nice Guy and lie pathologically because he has no conscience. If you're interested in seeing what someone who has lost all contact with his Soul looks and behaves like, look at Gates.

One more point is worth making. For a long time there was much talk in the media of a possible second wave of Covid 19. The so-called second wave has or is now arriving around the world—it has been long-

*planned* as the ‘prophetic’ media has shown us. If the Covid 19 ‘pandemic’ is allowed to taper off and the world begins to return to normal there will be widespread reluctance to take a vaccine for Covid 19 and this part of the agenda will fail. Thus, until a vaccine is available the world population will need to be continually terrorized by Covid 19 waves (of bullshit).

Finally, there is the area of the 5G Network also known as the Smart Grid or Internet of Things. This is planned to be a world-wide network. Wherever it is rolled out, it will blanket urban areas with a dense array of towers and transmission boxes up and down each street. Globally, it will include 50,000 plus satellites in space communicating with millions of ground-based towers—one million in the US alone. [37]. This rollout is increasing and will massively increase the world’s population to exposure from electromagnetic radiation, specifically, microwave radiation. Even our existing levels of exposure to microwave radiation from 3G and 4G are resulting in greatly increased illness, disease and death especially in the areas of cancer, infertility, neurological and psychological problems, autoimmune diseases, hormonal problems, and electrical hypersensitivity syndrome including respiratory issues, asthma, flu-like symptoms and depressed immunity. All of this will greatly increase as 5G is rolled out. But now, this massive increase in disease, illness and death can and will be conveniently blamed on the ‘new’ coronavirus, Covid 19. Further, the massive protests against 5G around the world will be largely shutdown by the lockdown, for now people can no longer physically associate—their right to freedom of association has been removed. Further, while people are locked down and inside their homes the 5G Network will be even more rapidly deployed. The 5G Network will degrade the health of humanity; it will reduce the fertility of the population; and it will allow detailed and real time constant surveillance of the population as the basis for control. (5G is a massive topic. For a detailed overview of the 5G Network and its impact on health and privacy please see my paper entitled *The Dangers of Microwave Radiation from Mobile Phones and Other Wireless Devices, and the 5G Network or Smart Grid.*) More generally, in his short presentation on the coronavirus, Dr Thomas Cowan, referring to the book *The Invisible Rainbow* by Arthur Firstenberg, explains how each time a major electrification or general increase in electromagnetic radiation has occurred on the Earth it has been followed shortly thereafter by a major flu pandemic. In 1918 we had the Spanish Flu epidemic following the rollout of radio waves; after the second world war we had another major epidemic following the rollout of radar; and in 1968 the Hong Kong Flu epidemic followed the first round of satellites being put up in space. A major flu epidemic follows each major increase in world electrification by about six months. With 5G there will a massive increase in the electrification of the Earth, and another influenza epidemic, or epidemic in respiratory illness, is inevitable. [41]. There will be a massive increase in flu and respiratory illnesses due to the rollout of 5G Network but it will be blamed on....? That’s right, Covid 19...or Covid 20 or Covid 21 or...

## References

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