

CORONA: TYRANNY GOES VIRAL

The following is a summary (with some minor additions and updates) of my text, in Dutch, on “Corona! The Age of insanity, arbitrariness, terror and tyranny”¹, which is a record of things I learned from reading the scientific literature about viruses, epidemics, facemasks and vaccines as well as reports on the policy measures of the authorities in their “War on The Virus”, especially in the West. I worked on that text from March 2020 to April 2021, updating it almost daily. By then, it was abundantly clear to me that “the virus” was a subterfuge for various political, corporate and ideological interests rather than a serious public-health threat.

Frank van Dun, Ghent, July 11th, 2021

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¹ “Corona! Het WWIT-tijdperk: waanzin, willekeur, terreur en tirannie” (available on <http://users.ugent.be/~frvandun/>)

THE CORONA VIRUS HOAX

Introduction

The great corona virus hoax of 2020 might have been an excellent scenario of the late Michael Crichton (along the lines of his 2014 novel, *State of Fear*), but as it played out in reality, it was a crime against humanity without precedent in peacetime (apart of course from the murderous policies of the Stalinist Soviet regime in the 1930s and '40s and the Maoist regime in the 1950s and '60s).

Toward the end of 2019, a novel airborne spiked or corona virus, sarscov2², emerged (allegedly from the consumption of contaminated bat meat) in the Chinese city of Wuhan, the capital of Hubei province. Other sources suggested the virus escaped from the military virus-research laboratory in Wuhan.³ By the summer of 2021, they seemed to have had the right idea. The laboratory in the city was involved in a program of gain-of-function research, the aim of which is to develop more dangerous variants of a virus, ostensibly “for scientific purposes only”, but more likely to look for ways of producing state-of-the-art biological weapons. As it turned out, the gain-of-function research at the Wuhan lab was co-sponsored by the American medical authorities, including Anthony “The Science” Fauci (the top bureaucrat of NIAID, the National Institute of Allergy and Infectious Diseases), who oversees funding of a large proportion of medical research in the US. He and other top-rated American researchers and their institutes hold patents, going back to 1999, on genetically modified corona viruses and parts of the technology for producing mRNA-vaccines.

David E. Martin, Ph.D., founder of M·CAM Inc., an international intellectual-property rights firm based in Charlottesville,⁴ had

² Sars-corona virus 2: ‘sars’ stands for *severe acute respiratory syndrome*.

³ Others speculated that the outbreak in Wuhan was a biological-warefare act by the US on China's economy. It is theoretical possibility, but the evidence is highly circumstantial — i.e. of the “This cannot be a coincidence”-type.

⁴ See the interviews with David Martin, bitchute.com/video/nUJ0IUtdtNGH/en bitchute.com/video/v9IcFa1NVygg/ (with the German lawyer Reiner Füllmich); also thegatewaypundit.com/2021/02/huge-exclusive-dr-baric-reviewing-modernas-dr-faucis-coronavirus-vaccine-december-2019-know/

early on informed the authorities that the new celebrity virus corresponded to the descriptions in patent applications held by various pharmaceutical firms, research institutes and universities: “There is nothing novel about the novel corona virus.” However, the authorities did not act on his findings, probably because most of their scientific experts were directly involved with the pharmaceutical industry or the institutes which the industry funded, including the World Health Organization (WHO⁵). The pharmaceutical industry was particularly frustrated by the fact that that, despite a sustained public-relations campaign, it had not succeeded in turning influenza vaccines into a big money-maker.⁶ Apparently, the public was too familiar with the flu to be much concerned with it. A new contagious disease, suitably packaged in alarming communications to the public, was needed to boost the industry's profits by convincing the world's populations that only vaccines would keep them alive. However, to complete such a project, it would be necessary to get the cooperation of many interested parties in politics, the media and the worlds of high finance and big business. Fortunately for the industry, the world had become nearly fully socialized in a relatively small number of large powerful societies (states and their international and supranational organizations, and business and philanthropic organizations), each of which controls hundreds or thousands of billions of dollars and thousands to hundreds of millions of people (employees, citizens). It would not be necessary to bribe the 7 to 8 billion people on the planet. It would be enough to come to an arrangement with the leaders of those big societal entities. Most of those were already in close contact with one another, as they constituted what was known colloquially as “the Establishment” or “the global elite”. By the end of the twentieth century, most of the reins of political and financial

⁵ The WHO is a department of the United Nations Organization; it is largely funded from private sources, pharmaceutical and medical industries and affiliated richly endowed non-governmental and “philanthropic” foundations, several of which subscribe to a de-population agenda and seek to use medical and non-medical means for reducing the world's population. ‘Philanthropy’ means ‘love of humanity’ but many ngo's and foundations consider humanity “the real enemy” (see below, text at footnote 63, on page 31)

⁶ Peter Doshi, “Are US flu death figures more PR than science?”, *BMJ* 2005; 331 bmj.com/content/331/7529/1412 (8 december, 2005)

power were in the hands of a few thousand people, who had much influence over appointments to high offices in politics, diplomacy and business, including the media. Thus, they had great, albeit indirect, influence over the lives, careers and opinions of billions of people.

The virus

The virus was supposed to resemble the sars-corona virus of 2003, which had also caused a panic, although less than one thousand deaths were recorded. That panic was over even before any attempt to develop a vaccine was started. The same was true of the middle-eastern respiratory syndrome (mers) corona virus epidemic of 2012.

The name ‘corona virus’ refers to the fact that the surface of its viroid is covered with spike proteins (“spikes”), which give it the appearance of a crown (“corona”). A viroid is a minuscule packet of genetic material that contains the genetic code for making copies of itself. However, viroids are not living cells, as they cannot reproduce themselves by cell division or otherwise. Instead, they are replicated by the reproductive mechanisms of living cells in plants, animals or humans. The spikes allow a corona viroid to attach itself to cells of certain types and to inject its genetic material into cells of those types. A viroid becomes a virus (Latin for poison, venom) only when it penetrates the protective membrane of a living cell. When the infected cells multiply themselves, they reproduce the viral genetic material and produce a stream of replicas of the virus that impede the normal functioning of the organs in which the cells play a vital role. In the case of a sars-corona virus, the vulnerable cells are essential to the normal functioning of the lungs. Without much evidence, sarscov2 was declared to be the cause of a novel disease, covid19 (coronavirus disease 2019).

Like many other (e.g. influenza) viruses, corona viruses are seasonal. They become virulent in autumn and virtually disappear in spring, i.e. October to April in the northern hemisphere. Many cases of the common cold are caused by corona viruses. Because the common cold is indeed common, one could expect that the immune systems of many people were already prepared to deal with the new variant. Moreover, because of the earlier sars-corona virus epidemics of 2003 and 2012, many people could be expected to

have acquired some level of immunity against sars-corona viruses. After all, nobody knew how many people had been infected but never showed any symptoms in those earlier outbreaks. During those hardly noticed epidemics, humanity was spared the insanity of widespread PCR testing (see below, pages 14 and 17). As it turned out, sarscov2 proved to be infectious — it spread easily — but not especially pathogenic. It was not an influenza virus, but its pathological manifestations in the human respiratory system made it the cause of yet another influenza-like illness (ili). “Ili” is a useful statistical category, because of the uncertainties attending the diagnostic interpretation of symptoms — many illnesses have the same or highly similar symptoms and are difficult, even impossible, to distinguish from one another without extensive, often expensive analysis of the blood, saliva, urine, excrement, skin, or other organic material (e.g. bone marrow) of a patient.

“A whole industry is waiting for an epidemic”

The novel sars-corona virus spread from China to other countries, reaching Italy in January 2020 and the American East Coast nearly two months later. Before much evidence was available, the WHO declared a pandemic. It could do so, because a few years earlier, it had altered the definition of “pandemic”, so that it was no longer necessary to wait for the collection and analysis of data about the actual spread, morbidity and mortality of a contagious disease. An impression of a rapidly spreading disease was enough to set the wheels of internationally coordinated public-health policies in motion.

Of course, creating impressions was an art that, in the twentieth century, had been perfected in a multibillion dollar industry. Not surprisingly, the WHO's re-definition of the pandemic-concept was an open invitation to interested masters of propaganda: Create the illusion of a pandemic, and we, the WHO, will declare one, if that is what our sponsors want. It was no secret what the sponsors wanted. Already in 2009, on the eve of the swine-flu pandemic, the German magazine Der Spiegel had published an article under the title “A whole industry is waiting for an epidemic”.⁷ The next year,

⁷ axisoflogic.com/artman/publish/Article_56850.shtml. Vaccines are extremely profitable, given that, as a rule, their producers are not liable for their harmful

Bill “Microsoft” Gates and his mighty Bill & Melinda Gates Foundation launched the idea of making the 2010s “the vaccination decennium”. In 2012, the WHO adopted his plan to vaccinate the whole world by the end of 2020 and called it the Global Vaccine Action Plan (GVAP). In 2017, Gates managed to install a compliant African politician, dr. Tedros Adhanom, as Secretary-General of the WHO. It was the first time the organization was headed by someone who was not a qualified medical doctor. In the same year, various pandemic-preparedness studies were funded, which focused on the political aspects of a pandemic (“communications strategies” and “policy coordination”) to the virtual exclusion of medical aspects. These efforts culminated in Event 201⁸, a lavishly funded exercise in policy-simulation, two months before the incidents in Wuhan happened. The main conclusion of those exercises was that it was of paramount importance to monopolize and control the information that would reach the public, i.e. to censor and silence dissident and critical voices, in order to create the impression that there were no credible alternatives to the official policies (eventually including mass vaccinations).

Wuhan: an experiment in total control

In March 2020, almost immediately after the WHO declared a corona-virus pandemic, political and especially media establishments all over the world started to spread “information” (mostly lies and myths) about the novel corona virus. The global medical Establishment (the WHO, Big Pharma, and national health bureaucracies in various countries) provided pseudo-scientific excuses for justifying the imposition of extreme, often unconstitutional and illegal, “emergency restrictions” on the world's population. These included arbitrarily imposed and unevenly enforced lockdowns, travel restrictions, quarantines, virtual house arrests, restrictions on close physical contact, eventually also compulsory wearing of facemasks, contact-tracing schemes, and a plethora of registration and licensing requirements. The latter requirements served to enlist local governments, businesses, youth organizations and organizers

effects — typically, the taxpayers have to pay for vaccine-related damages.

⁸ centerforhealthsecurity.org/event201/

of large cultural, entertainment and sports events — in fact, all imago-conscious organizations — as enforcers of tyrannical policies. As a result, they exposed everybody to the risk of being denounced by everybody else for not complying with the regulations of the day. Thus, fear of the virus was exacerbated by fear of the police, the ubiquitous bureaucracies, and their paid and unpaid informers (“snitches”).

The policy response was not based on any scientifically validated evidence. It was inspired by the complete lockdown of Wuhan, instigated by the world's largest one-party totalitarian regime, the People's Republic of China. The Wuhan lockdown was without a doubt a most impressive experiment in total control, as it more or less directly involved nearly 1% of the country's population of more than 1.3 billion people. Precisely this fact fuelled speculation about the virus having escaped from the military virus lab in Wuhan. The Chinese authorities may have known that a virus had escaped from the lab; however, they may not have known which virus, or how dangerous the escapee was. It might have been a highly lethal weaponized virus, or it might have been a relatively innocuous variant of a corona virus. Until the authorities knew for sure, “better safe than sorry” seemed a wise policy prescription.

While the Wuhan lockdown spurred the Western powers on to ever-more disproportional (not to say, insane) measures, the Chinese stopped testing (or publishing test results) and returned back to normal in April. After more than a year and a half of the so-called pandemic, on July 7th, 2021, official Chinese covid19-deaths still stood at a paltry 4,636 or a little more than 0.0003% of the population.⁹ On that date, there were a laughable total of 94,949 reported cases (registered infections) in a population of 1,439,323,776 (less than 0.0066%). Either the Chinese statistics are totally dishonest, or the Chinese are exceptionally immune to sars-corona viruses. Or, policy makers in the rest of the world, following the example of the governments in the “highly developed West”, opportunistically decided to make the most of the virus — “Never let a crisis go to waste”. With few exceptions, Western countries and the international organizations which they still dominate used the pandemic to bypass traditional and constitu-

⁹ worldometers.info/coronavirus/country/china/

tional impediments in order to deal with the many political, monetary, economic, social and environmental problems that their megalomaniacal policies had created over the course of the twentieth century.¹⁰ At first, the excuse for the policies was “to flatten the curve”, i.e. to prevent the hospitals from being overwhelmed with patients. However, virtually nowhere was there a sign that the hospitals would be overwhelmed by anything else than hastily imposed covid19 regulations, requiring drastic reorganizations of their layout, training and work practices. This was followed by a string of novel excuses: “new cases”, “a second wave”, “new variants”, “vaccination hesitancy”.

Many saw the response in the West as a manifestation of sheer stupidity: “Never attribute to malice, when stupidity is a satisfactory explanation”. However, this is implausible: Stupidity, occasionally seasoned with small doses of serendipity, explains everything... and therefore nothing. “Callous opportunism” on the part of big players in the economic and the political spheres is a more plausible and intellectually challenging explanation, as it involves tracing financial dealings and other contacts among the movers and shakers of the world. In this case, it was the more plausible, as governments, their experts and the media invariably and derisively dismissed all attempts to unravel the usual webs of opportunistic collusion as “conspiracy theories”. Of course, a conspiracy theory is not an accusation, which, under normal circumstances, must be proven true if it is to have any legal consequences. A conspiracy theory is a theory, and a theory must be proven false before it can be dismissed. It is really stupid to think that one refutes a conspiracy theory merely by calling it ‘a conspiracy theory’. However, for conspirators, it is not advisable to try to refute a conspiracy theory, when in doing so they may have to reveal more about their activities than they wish the public to know.

Exclusive focus on non-medical interventions

During most of 2020, ignorant, gullible people were led to believe that, because there was no vaccine against sarscov2, extreme police measures were “absolutely necessary” to contain the spread of

¹⁰ See the Appendix, “Historical background: a brief sketch”, on page 35

covid19 infections. They had never heard of William Pitt's warning, "Necessity is the plea for every infringement of human freedom. It is the argument of tyrants."¹¹ They had been deluded into thinking that freedom kills and slavery provides security — not, admittedly, security from the errors of their masters, but then, they did not believe that these could be mistaken. After all, their masters' expert advisors personified "The Science", didn't they? Wasn't that what the media kept telling them, day after day after day?

Inevitably, the police measures came with numerous exceptions for arbitrarily designated "essential" activities and persons. All in all, the measures amounted to pervasive harassment and criminalization of many aspects of daily life, with heavy fines, even prison sentences for "anti-social behaviour", i.e. failure to obey the ever-changing mix of ad-hoc regulations. As could have been expected, the policy proved ineffective in mitigating the pandemic — airborne viruses are not known for their compliance with regulatory edicts — but it threatened to devastate (and in many cases did devastate) large sections of the economy. It did immeasurable harm to the social and cultural fabric of human relationships, and it had severe consequences for the mental and physical health of large sections of the population. Increasing numbers of suicides, suicide attempts, alcohol and drug abuse and domestic violence left little doubt about the severity of those consequences. All over the planet, the numbers of people living in poverty were rising. We were witness to a debilitating saps-pandemic (severe arbitrary policy syndrome).

The police measures were euphemistically called "non-medical interventions" to distract attention away from the wholesale curtailment of civil and political rights and from the fact that their authors (professional politicians and their experts-in-something-or-other) did not have the slightest idea of, or interest in, the complexities and intricacies of the lives of ordinary, non-privileged people. "Obey or die" was their simple but intimidating message to the ignorant hoi polloi.

To give some plausibility to the lies that underpinned that message, the public was told that practically everything that was known about viruses did not apply to the "novel corona virus",

¹¹ William Pitt (the younger), *Speech in Parliament* (on the India question), 1783).

even though the virus was nothing more than a distant variant of an earlier celebrity corona-virus that had come and gone in 2003, causing the death of about 800 people worldwide. Specifically, the public was told that there was no acquired natural immunity against sarscov2 — a lie — and that therefore everybody was as likely as everybody else to be morally infected and to mortally infect others. That too was a lie — and one that contradicted everything that was known about contagious diseases and, specifically, about viruses. However, at least since the 1980s, scaremongering about viruses (AIDS/HIV, Ebola, Zika, Swine flu, and the like) had been par for the course in the media, the pharmaceutical industry and, increasingly, the WHO.

While the public was constantly reminded to be cautious, the authorities in the Western world, egged on by their medical experts, threw all caution to the wind in their efforts to prove that where medical doctors were powerless (supposedly), the police was the only defence against an infectious disease (again, supposedly). There were exceptions, of course, but they were vilified or ignored. When the health authorities in Sweden did not play along, the scaremongers predicted a disaster for the country, and when the predicted disaster did not materialize, references to Sweden disappeared from the official narrative. It was as if the country did not exist. Similar disaster scenarios were spelled out for the states in the US (e.g., South Dakota and, later in the year, Florida) that did not impose severe restrictions on their populations. However, it soon transpired that it was statistically impossible to distinguish between states with strict and states with lax corona policies.¹²

Rather than admit their miserable mistakes, the authorities doubled down on their scaremongering, eventually raising the spectre of the emergence of potentially more dangerous variants of the virus. Of course, to a sober observer, these variants merely confirmed the failure of the chosen policy approach in halting the spread of the virus. Airborne viruses mutate all the time. That is why every year a new flu vaccine of dubious efficacy is brought to

¹² See Tom Wood's amusing covid quiz (covidchartsquiz.com/), also his *Covid Charts CNN forgot*, a free e-booklet (tomwoods.lpages.co/covid-charts-cnn-forgot/); also Graph 1, in the Appendix, page 40, which compares covid19-deaths in the UK (strict curtailment policies) and Sweden (lax policies)

market: “Sixty years after influenza vaccination became routinely recommended for people aged 65 or older in the US, we still don’t know if vaccination lowers mortality.”¹³

As more data were published, it became increasingly implausible to uphold the official narrative. The police measures had little to no effect on the spread of the virus or the number of covid19 hospitalizations and deaths. In other respects, their effects were enormous and on the whole disastrous. However, the official response to the proven ineffectiveness of the non-medical interventions was to increase and intensify them. “If it does not work, do more of it” is the proverbial definition of insanity, but apparently, the age of covid19 was meant to be an age of insanity.

Policy, computer models and disaster porn vs. science

The policy response to the pandemic in the West was without precedent in history and absolutely disproportional to the risks posed by a corona virus, which happens to be one of the most widespread and intensively studied types of virus. The policy response was also disproportional to the epidemiological data that came pouring in from all over the world. The mortality risk of sarscov2 for the general population was not higher than 0.01% for the young and middle-aged and about 0.1% for those above 75 years of age.¹⁴ These numbers are of the same order of magnitude as for the common flu,¹⁵ even though flu vaccines were widely available, while corona vaccines were still under development.

¹³ Peter Doshi, in the British Medical Journal (2020; 371:m4058).

¹⁴ See the Appendix, Table 1 on page 39. The table refers to data for the USA, which was generally supposed the worst-hit nation on the planet. The risk for the general population is not the infection fatality rate (IFR) but the fatality rate over the total population of infected and uninfected people. If you are the only person in the world who suffers from an infectious disease D and you die as a result of the infection then the IFR for D is 100%. For the general population, the mortality risk of D is 1/(8 billion) or 0.0000000125%.

¹⁵ This fact was officially acknowledged by the American health authorities; see A.S. Fauci, H. Clifford Lane, and Robert R. Redfield, “Covid19 — Navigating the Uncharted”, *New England Journal of Medicine*, March 26, 2020. Shortly thereafter, when the 2020 presidential electoral campaign got under way and defeating Donald J. Trump became the top priority of the American Establishment, Fauci and his colleagues began to exaggerate the dangers posed by the virus.

Sarscov2 broke out in Italy in February 2020. Following the Wuhan example, the authorities imposed at first a regional, then a national lockdown. However, already in early March 2020, the Italian medical authorities reported that for only two of the victims in the “disaster area of Northern Italy” no other possible or likely causes of death had been identified: “People died with the virus; they did not die from the virus.”¹⁶ Later in the year, the American Centres for Disease Control and Prevention (CDC) conceded that only 6% of the official covid19 deaths could not be accounted for as resulting from other diseases (co-morbidities or life-threatening underlying medical conditions).¹⁷

Healthy people did not die or get seriously ill from the virus. If they were infected then their immune systems almost always dealt effectively with the virus. Thus, it would have been rational to identify people at risk, to alert them and those close to them, and to suggest specific measures for their protection. There was no need to sabotage the life and work of the bulk of the population. Indeed, it was common epidemiological knowledge that the more healthy people are infected, the faster is the growth of group or community immunity. Also known as “emerging herd immunity”, this process stops the spread of contagious diseases: Healthy infected people defeat the virus in their own bodies and no longer pose a risk of infecting others. This greatly diminishes the risk that even people with an impaired immune system get infected.

However, the official policy response was to hinder the growth of community immunity as much as possible, so as to reinforce the false impression that only a vaccine would stop sarcov2 and covid19. When, in the autumn of 2020, vaccines produced by Western pharmaceutical companies (all of them major sponsors of

¹⁶ See press release agenzianova.com/a/5e6bcf1da7fbc3.23491954/2851060/2020-03-13/coronavirus-iss-in-italia-i-decessi-accertati-finora-per-causa-del-covid19-sono-solo-due

¹⁷ cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm (the original “only 6%” was changed later to “over 5%” — check the page history on www.archive.org). 6% of 4,085,478 (the official number of covid19 deaths worldwide on July 16, 2021) is 245,128. This amounts to about 0.003% of the world's population of approximately 7,879,700,000 — not really alarming, but still 10x higher than the official Chinese statistics. (Note that there is no global uniformity in counting or reporting covid19 cases.)

the WHO) were ready to be distributed, the totally unaccountable WHO surreptitiously altered its definition of herd immunity.¹⁸ According to the new definition, only vaccines can create herd immunity. This was yet another lie. Humanity had survived, without vaccines, for hundreds of thousands of years in a world filled to the brim with bacteria, viroids, poisonous substances and fungi. Moreover, it was well known that vaccines and other medical interventions had had little to nothing to do with the spectacularly declining mortality rates of contagious diseases in the twentieth century.¹⁹ Improvements in public health resulted from the steady economic and technological progress in supplying clean water, abundant food, efficient farming, preservatives, waste disposal, safer tools and the like in the expanding market economies of the West and, after the Second World War, its former colonies. These obvious facts were now swept under the carpet of general ignorance — ignorance assiduously cultivated by the massive brainwashing institutions of the twentieth century, the public schools (on behalf political authorities) and the mass media (on behalf of political and, from the 1980s onward, other corporate interests, their main providers of general-interest content and revenue from commercial and political advertisements and “product placements”).

Corona-policies were rationalized with an “official narrative” of exaggerations, myths and outright lies, presented on the authority of government-appointed experts and scientists with strong ties to the pharmaceutical industries. These industries had long been the most active financiers of scientific medical research that was aimed primarily at the development of profitable patented medicines, not the least important of which were vaccines. Many of those experts

¹⁸ The traditional definition can still be seen on the invaluable web archive web.archive.org/web/20201105013101/https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-serology. The new definition is on the current version of that page [who.int/news-room/q-a-detail/coronavirus-disease-covid-19-serology](https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-serology) (on the page search for “herd immunity”)

¹⁹ See the graphs on page 41 (from J.B. McKinlay & S.M. McKinlay, “The Questionable contribution of medical measures to the decline of mortality in the United States in the twentieth century”, in *Health and Society*, Summer 1977); also blog.nomorefakenews.com/2021/06/09/forgotten-moments-from-the-history-of-vaccines-history-matters/

and scientists (or the organizations that employed them) held patents on medical procedures and substances, including genetic sequences of viruses, corona viruses in particular. All of them had significant “conflicts of interests”, which neither the press nor the politicians deigned to investigate. On the contrary, politicians and the media followed those “experts” in systematically harassing, ignoring, deriding or vilifying critical independent researchers and scientists, including Nobel Prize laureates. Over the course of a few weeks, the world, especially the Western world, witnessed a return to the views on “Science” that had been associated, almost a century earlier, with the Soviet Union and Nazi Germany. Medicine, once a liberal profession, had become a bureaucratic complex, dominated by representatives of trade unions, insurance companies, pharmaceutical, political and ideological interests²⁰. “In truth,” a doctor confided to me, “I am de facto a functionary of the state. If, in the interest of my patients, I deviate from the prescribed protocols, I do so at the risk of being censured and sanctioned and even losing my licence.” In the context of modern institutionalized medicine, a doctor's livelihood depends more on compliance with licensing regulations than on observance of the Hippocratic Oath, “to serve the best interests of my patients”. But surely, practising medicine is one thing, practising obedience is another.

The supposedly scientific basis for the corona policies was supplied by two groups of experts, virologists and epidemiologists. A German virologist, Christian Drosten, had claimed already in January 2020 to know enough about the supposedly novel virus to produce a computer model of the virus — sarscov2 was never isolated in pure form, let alone identified in accordance with established scientific criteria (the so-called “Koch postulates”).²¹ Drosten also claimed to have put together a reliable procedure for

²⁰ Many ideological interest subscribed to the Great-Reset agenda of the World Economic Forum ([weforum.org/reports](https://www.weforum.org/reports)), which had in the meantime partnered with various national governments and UN departments “to save the planet by ending civilization as we know it”, i.e. by pushing corporatist, technocratic and transhumanist ideas (see below, page 23) onto the political agenda.

²¹ If, as David Martin (above, page 1) suggests, the novel corona virus was not novel at all but an artefact concocted by virologists, the speed at which Drosten developed his procedure is not surprising. He did not need an “isolate” of the virus; he only had to read the relevant patents.

determining whether a person is infected with sarscov2.²² Medical authorities immediately and uncritically adopted his procedure, which used PCR technology (polymerase chain reaction). On March 16, the WHO advised all nations, “Test! Test! Test!” Thus began the absurd policy of testing all and sundry, the healthy no less than the very sick, even though no thorough scientific evaluation of the Drosten test was undertaken.

The PCR test, which was known to be worthless for medical purposes²³, immediately created an obsession with “case numbers”. It seemed to give evidence of a fast-spreading epidemic. In fact, it did nothing of the sort. As tests multiplied, so did “cases”, but covid19 hospitalizations and deaths became rare (which was expected because of the seasonal nature of corona viruses). However, under the above-mentioned re-definition of the concepts of a pandemic, scientifically validated medical data were considered virtually irrelevant. Meaningless PCR test results, which can be manipulated at will, served to keep the public in a state of anxiety about covid19. The manipulation occurs by arbitrarily setting a cut-off point (“cycle threshold” or Ct-value) for processing the test. A high Ct ensures high numbers of positive test results, a low Ct a low number. In the summer of 2020, extremely high values ($Ct \geq 40$) were used, especially in the US — hence, the daily alarmism about “new cases”. However, even with low values ($Ct < 20$), a positive test does not mean that the tested person is ill or contagious. Testing people without symptoms is wasting money and resources, unless the aim is to create a panic. Drosten knew this,²⁴ but kept mum.

The epidemiological underpinning of corona policies was supplied by Neil Ferguson of the prestigious Imperial College in London. He was a key figure in the official medical-science Establishment and a recipient of huge grants from Bill Gates.

²² Victor M. Corman, Christian Drosten, e.a. “Detection of 2019 novel coronavirus (2019-nCoronaV) by real-time RT-PCR”, *Euro Surveillance*, 25 januari, 2020, pubmed.ncbi.nlm.nih.gov/31992387/

²³ The WHO admitted this on January 13, 2021. Of course it had been known ever since the PCR-technology was invented. From the 1980s onward, its inventor Kary Mullis (1944-2019, Nobel Prize in Chemistry, 1993) had tirelessly campaigned against misuse and abuse of the technology.

²⁴ See his 2014 interview: wiwo.de/technologie/forschung/virologe-drosten-im-gespraech-2014-der-koerper-wirdstaendig-von-viren-angegriffen/9903228-all.html

Without much concern for empirical data, he produced an epidemiological model that predicted an unmitigated disaster “if nothing was done”.²⁵ He had done so on earlier occasions as well, and each time his predictions had been falsified by the facts.²⁶ However, the media and politicians loved his sensationalist fabrications, which they could easily translate into attention-grabbing page fillers and programs of direct action, i.e. increased power and influence over public opinion.

Perhaps the most disturbing aspect of the pandemic was the fact that the supposedly highly educated populations of the Western world lent “an eager ear to the imaginary cases [...] which will probably be abundantly supplied [...] to pamper a luxurious appetite for the terrible.”²⁷ In 2020, sensationalist disaster porn rapidly became the common fare of public discourse.

“Deadly sarscov2” and “untreatable covid19”

According to the official narrative, sarscov2 (“the virus”) causes a new, untreatable, extremely contagious and deadly disease, covid19. This was a lie, not only because the virus was not more deadly than the common, yearly recurring flu and, unlike the flu, quite harmless for children and young people; but also because covid19 is the name of a syndrome of already well-known and treatable diseases.

To inflame the corona panic, medical practitioners and hospitals were advised to treat a suspicion of covid19 as a sure sign of covid19.²⁸ They were encouraged to treat treatable diseases as if they were untreatable. Moreover, in many places, they were

²⁵ See “Report9”, imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf

²⁶ swprs.org/studies-on-covid-19-lethality/#overall-mortality: predictions of the Ferguson-model vs. actual mortality statistics.

²⁷ Bisset Hawkins, M.D., *History of the Epidemic Spasmodic Cholera in Russia Including a Copious Account of the Disease Which Has Prevailed in India, and Which Has Travelled, Under That Name, From Asia Into Europe* (1831)

²⁸ CDC *National Vital Statistics System*, COVID-19 Alert No. 2 Also realclearpolitics.com/video/2020/04/08/dr_birx_unlike_some_countries_if_someone_dies_with_covid-19_we_are_counting_that_as_a_covid-19_death.html#!; and “COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective”, *Science, Public Health Policy, and The Law*, Vol. 2:4-22, October 12, 2020

promised extra money for every patient they treated as suffering from covid19.²⁹ Thus, the number of covid19 deaths was artificially inflated by counting nearly all people who died “with the virus” as covid19 deaths. Many patients were classified as untreatable covid19 cases who would have been diagnosed with and treated for another disease in previous years, while other patients were denied treatment “because we are too busy with covid19”. The policy, which amounted to wilful neglect of the suffering of a vast number of patients, was without a doubt the most egregiously criminal aspect of the entire “War on Corona”. No one in the mainstream media thought of asking the experts, whom they interviewed almost daily, “How many people died as a result of the policies that were implemented on your recommendations?”

Consequently, based on nothing else than massive PCR-testing, “Sick, with a positive corona PCR test” was equated with “Sick, because of a corona infection”. As alleged covid19 hospitalizations and deaths soared, other diseases almost disappeared from the morbidity and mortality statistics³⁰ — and hardly anybody in the mainstream media thought of notifying the public that this was the effect of administrative decisions about labelling patients, not of mysterious biological processes..

Moreover, without a shred of evidence, the public was told that people without covid19 symptoms were the most active spreaders of the disease and that it was therefore imperative to avoid contact with asymptomatic no less than with symptomatic (visibly ill) people. This too was a lie. It was spread on the authority of Bill Gates, a non-scientist and notorious control-freak.³¹

The cocktail of lies and exaggerations served to impress on the public the idea that no treatment for covid19 would be available,

²⁹ See, for example, beckershospitalreview.com/finance/state-by-state-breakdown-of-federal-aid-per-covid-19-case.html

³⁰ For example, youtube.com/watch?v=3TKJN61aflI (Genevieve Brand)

³¹ Bill Gates, “Responding to COVID-19 — a once-in-a-century pandemic?”, *New England Journal of Medicine*, February 28, 2020. Controlling the Earth's climate and reducing the size of the world's population through medical interventions (chiefly vaccinations) were priorities on the agenda of Gates's “philanthropic” Foundation. Money talks. Only a naïve person will wonder why the *New England Journal of Medicine* would even consider publishing a self-serving article by a super-wealthy non-scientist.

until a vaccine was developed, because “covid19 is a viral disease”. However, while it is true that viruses, unlike bacteria, cannot be killed with antibiotics, the fact that a disease is caused by a virus does not mean that its symptoms cannot be treated with conventional medication or that there are no conventional medical means of stopping or preventing a virus from doing much harm to the body.³² Most importantly, it does not mean that the human body is defenceless against viruses. Indeed, the human immune system is a most effective and flexible defence against all antigens (harmful bacteria, viruses, fungi and poisons) that abundantly occur in nature. The danger is not in the antigens themselves but in the doses to which people are exposed, relative to the condition of their body and its immune system. From a public-health perspective, strengthening people's immune systems should be a priority. Trying to find and administer a preventive medical treatment for every antigen to which they might be exposed, is insanity.

The PCR-testing craze and the masking charade

Acting on the advice of the WHO, the political authorities had begun to impose PCR-testing to keep up the illusion that sarscov2 is extremely contagious, although the PCR-procedure was designed as a research tool, not as a diagnostic tool. Indeed, PCR-tests were well known to generate a huge quantity (up to 100%) of “false positive results”, because they can detect minute quantities of [fragments of] bacterial or viral genetic matter that pose no health risk whatsoever.³³ They cannot distinguish between a viroid and a virus, or between an intact, potentially dangerous string of genetic matter (DNA or RNA) and innocuous residual fragments or molecules that may not even have anything to do with a viroid or a

³² Th.E. Levy, MD, JD, *Rapid Viral Recovery* (online vvr.medfoxpub.com/). The table of contents mentions discussions of “Hydrogen Peroxide, Vitamin C, Ozone, Ultraviolet Blood Irradiation, Hyperbaric oxygen therapy, Natural Adjunctive Agents, Vitamin D, Magnesium chloride, Zinc, Prescription Agents and Interventions, Chloroquine (CQ) and Hydroxychloroquine (HCQ), Ivermectin, Antibody-Based Immunotherapy, Convalescent plasma, Monoclonal Antibodies, Immunoglobulins”.

³³ cdc.gov/mmwr/preview/mmwrhtml/mm5633a1.htm: “Outbreaks of Respiratory Illness Mistakenly Attributed to Pertussis: New Hampshire, Massachusetts, Tennessee, 2004 – 2006”

virus. The immune system is triggered by an infection of cells, not by the mere presence of a “foreign agent” in a person's saliva or snot. Consequently, a positive test result does not mean a diseased or contagious person; it merely means a positive test result, which may be true or false, and may or may not indicate a worrisome condition, even if it is a true positive. All of this was well known, but the public was kept in the dark, not only by journalists who could plead ignorance, but also by the official experts, who would have disqualified themselves, if they had used ignorance as an excuse. Their silence on the nature and the limitations of the PCR technology amounted to wilful deception.

Be that as it may, the media were soon filled with alarming but totally misleading numbers of “new cases”, i.e. persons who truly or falsely tested “positive”. The numbers served to distract attention from the fact that, toward the end of spring 2020, covid19 hospitalizations and deaths were becoming statistically insignificant. In May 2020, the pandemic was effectively over. Under normal circumstances, group immunity would have had a chance of doing its beneficent work, but in 2020 everything normal was declared anathema by the political and medical establishments and other advocates of “The new normal” (i.e. “Obey or die”). According to the WHO, after October 2020, herd immunity was no longer what it had always been (see above, page 13). But creating a herd mentality among the public was and remained a priority of the scaremongering policy elite.

Because sarscov2 is, like the flu, a seasonal virus (late autumn to late spring), the public's interest in the virus and covid19 began to wane in May 2020. Then, without any scientific backing, the WHO advised that mask wearing be made mandatory in public places, even in the open air, even though both scientific experiments and observational studies overwhelmingly supported the longstanding truth that masks make no difference to the spread of an airborne virus and pose health risks³⁴ of their own. However, in a short time, mask wearing and its cousins, social distancing and hand washing, became ostentatious virtue-signalling symbols of mindless

³⁴ Chiefly because of the risk re-inhaling CO₂, which is excellent plant food but a poisonous gas for humans; also because of increased risk of inhaling fungi that may grow on the inside of the mask, and because of skin and throat irritation.

allegiance to the official narrative, the creed of disaster-porn addicts.

The practice of medicine vs. the propaganda of “The Science”

When the sarscov2 epidemic struck in the first months of 2020, many medical doctors (not to be confused with medical scientists, such as virologists, who spend their days in laboratories without ever seeing, let alone treating a patient) immediately started to look for and apply treatments using known, well-tested medicines, notably hydroxychloroquine (HCQ) and Ivermectin, vitamins C and D, zinc and other nutritional supplements. They reported good results. Covid19 was treatable.

Unfortunately, this hope-giving message was not allowed to reach the public. The proposed treatments were not of interest to the pharmaceutical and medical industries, because they were cheap and the products they used were not, or no longer, protected by monopolistic patents. Consequently, the political and medical establishments and the mainstream media went out of their way to suppress awareness of effective treatments of covid19, even among medical doctors. Many, perhaps most, doctors acted wilfully or as “useful idiots” in behalf of large pharmaceutical and other businesses and ideological interests.

Incredibly, most practising physicians seemed so hypnotized by the official propaganda that they no longer heeded the work of their colleagues on the frontlines of medical practice.³⁵ Perhaps, they were too fearful of being smeared by the media and sanctioned by the big players in the medical Establishment. A similar phenomenon manifested itself among lawyers. Few of them followed the intrepid Reiner Füllmich in investigating the crimes and lies of corona-obsessed governments.³⁶ Of course, lawyers are far more deeply embedded in and far more dependent on the busi-

³⁵ E.g. Didier Raoult (*Carnets de guerre - Covid-19*, 2021), Paul Marik (the MATH+ protocol), Peter McCullough, Pierre Kory, Ryan Cole, Wolfgang Wodarg (“Falsche Pandemien”, 2021), and many, many others. All of them are of course mercilessly smeared by so-called “fact checkers”, who merely seek to deter people from questioning the information monopoly of the mainstream media.

³⁶ fuellmich.com/ Füllmich heads an unofficial investigation committee on the policy responses to the pandemic.

ness of the political and corporate Establishment than practicing physicians are.

Social media platforms, such as Facebook, Youtube and Twitter, and web-search engines and encyclopaedias, such as Google and Wikipedia³⁷, joined the conventional media and their suddenly ubiquitous fact-checkers-for-hire in actively suppressing critics of the official narrative, including experienced investigative reporters, knowledgeable medical professionals and reputable scientists.³⁸ Such censorship threatened the careers and the livelihood of independent researchers and journalists, and it led many of them to practise self-censorship, i.e. to keep their doubts and criticisms to themselves. This raises the question, “Why practise censorship, if the official narrative is essentially sound? Why silence the few independent researchers and journalist who risk their livelihood in speaking truth to power, asking pertinent questions and presenting findings that undermine the very foundations of that narrative?” Why, indeed, if not to exploit the general public's ignorance of the intellectual and moral corruption of what was presented to them as “The Science”? Public criticism and debate, the essence of science and open societies, were stifled in the name of “The Science”. Of course, the key to “The Science” was propaganda, not science.

Following the lead of Edward Bernays, the father of modern propaganda, who had used “recommendations” from (often anonymous, even fictional) doctors and dentists to sell everything from toothpaste to cigarettes as “approved / preferred by professionals”³⁹, the pharmaceutical industries had become masters in the art of masquerading bluff as science. Already in the AIDS scare of the 1980s and during the swine-flu epidemic of 2009, such an approach had been tried to convince politicians and the public of

³⁷ See the critical comment by Larry Sanger, a co-founder of Wikipedia, on its present biases: larrysanger.org/2021/06/wikipedia-is-more-one-sided-than-ever/

³⁸ When Dr Robert Malone, one of the inventors of mRNA technology, discussed its health risks (on biologist Brett Weinstein's podcast), Wikipedia promptly erased his name from its RNA-vaccine page. Compare en.wikipedia.org/wiki/RNA_vaccine with the same page (dd. June 14th, 2021), archived on archive.org/web.

³⁹ One brand of cigarettes in the late 1940's, early '50s dissented, marketing its product as “*Old Gold*, a treat, not a treatment”.

the need for large-scale vaccination campaigns.⁴⁰ However, those earlier experiments in using “The Science” for political and business purposes failed to produce the hoped-for vaccination results. Even after AIDS had been redefined as a viral disease (supposedly caused by a retrovirus, HIV⁴¹), it proved impossible to produce an even moderately safe or effective vaccine. The large-scale vaccination campaign against the swine flu of 2009 was called off when it was discovered (but not made public) that most alleged cases of that flu could not be confirmed in laboratories.⁴² The WHO was greatly embarrassed when it was questioned about its role in that false pandemic.⁴³

Nevertheless, those early experiments in exploiting the public's fear of a viral epidemic led to increased efforts by the medical Establishment to silence critics, mainly by denying them research funds, by reserving appointments to prestigious advisory committees and leadership positions in national and international medical bureaucracies to trustworthy sycophants and opportunistic careerists, and by seeking greater control over the media to monopolize the dissemination of information. The point was to make sure that no criticism of the official line got any publicity among rank-and-file politicians, teachers, physicians and the general public.

It was the Joseph Goebbels approach to manufacturing the consent of the governed all over again. It had already been incorporated in the 1950s as a strategic foreign-policy tool in the CIA's “Operation Mockingbird”. That operation was a sustained

⁴⁰ “T. Engelbrecht & C. Köhnlein, MD, *Virus Mania, Corona/COVID-19 — How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits at Our Expense*

⁴¹ There was not a single scientific paper that demonstrated that HIV (*human immunodeficiency virus*) caused AIDS. See Peter Duesberg, *Inventing the Aids Virus* (1996).

⁴² [cbsnews.com/news/swine-flu-cases-overestimated/](https://www.cbsnews.com/news/swine-flu-cases-overestimated/) However, this online news item was never broadcasted: blog.nomorefakenews.com/2020/04/16/heres-what-sharyl-attkisson-told-me-about-the-2009-pandemic/.

⁴³ Dr Wolfgang Wodarg, a member of the European Parliament, called for an investigation of the WHO's handling of the affair (See January 4, 2010, article in pharmatimes.com/news/eu-to-probe-pharma-over-false-pandemic-982876). In 2020, because of his criticisms of the German government's corona policies, Wodarg became a primary target of smear campaigns by the medical and political establishments and their compliant media.

effort by the largest secret service in the world to enlist the media (including Hollywood and the entertainment industry), the schools and universities, and various youth and cultural organizations as agents and propagandists of the state, i.e. agents of the interests of the agenda-setting powers in the state's labyrinthine and continually expanding military, diplomatic and civil bureaucracies. Of course, the success of that psychological operation (“psy-op”) in creating and maintaining the Cold-War mentality for the benefit of what President Eisenhower had denounced in 1961 as the military-industrial complex (“MIC”) was not lost on other parties that sought subsidies and privileges from the state. Partly as a result of the implementation of extensive health-insurance and foreign-aid programs during the Cold War,⁴⁴ the West soon witnessed the birth of a medical-industrial complex that rivalled the original MIC in political power and influence over governments, especially in the Anglophone heartland of the Western Alliance: the United States of America, the United Kingdom, Canada, Australia and New Zealand. All over the West, foreign policy depended on the “intelligence” supplied (fabricated) by the so-called Five Eyes, the intensively cooperating and colluding secret services of those countries. Increasingly, the efforts to push megalomaniacal geopolitical policies led governments and others to employ psychologists, sociologists and communication experts as “spin doctors” to manufacture a compliant public opinion. Moreover, as Eisenhower had also warned, competition for lucrative employment contracts displaced the search for truth as the primary motivation of

⁴⁴ Health insurance, a large part of the “social-security syndrome”, served to undermine the claims of socialist and communist parties, which were powerful in Europe in the 1950s and ’60s and were still peddling the lie that the Soviet Union (the enemy in the Cold War) was a workers’ paradise. Dreamt up toward the end of the 19th century by Otto von Bismarck, “social security” was meant to complement “compulsory but free schooling” in his efforts to create and solidify a strong nationalistic sentiment in the recently unified Germany through universal dependency on the powers of the royal, later imperial government. After the Second World War, foreign aid, much of it medical assistance, was a major weapon in the West’s struggle to keep the then emerging “Third world” countries from aligning themselves with Moscow. The name of the game was “Creating compliant elites of educators, lawyers, engineers and medical doctors”. International scholarships and student-exchanges were the primary tools.

academics and scientists. Who cares for truth and science, when “The Science” pays big money?

Soon universities and research institutes were filled with “mad scientists”, completely removed from the real world and interested mainly in wowing their colleagues with their bold and brilliant innovative “scientific” ideas. Here ‘scientific’ means “value free”, i.e. beyond the distinction between good and evil. People who voiced ethical concerns were referred to one or other Ethics Commission. Such referrals made “ethics” the negotiable outcome of backroom processes of appointing, lobbying and pressuring committee members.⁴⁵ In this way, universities and research institutes became hotbeds of technocracy⁴⁶ and transhumanism. The latter defines itself as the modern version of the old eugenics program of “improving the human race” (i.e. creating an *Übermensch*), now using gene-manipulating and digital technologies. However, it is better described as a design to transform the bulk of humanity into remote-controlled semi-robots (androids), as it is this aspect of the transhumanist agenda that attracts the most funds from the powers-that-be.

In 2020, as a result of relentless propaganda and insidious censorship, hundreds of thousands of patients were denied treatment in the name of “The Science”. They were told to stay at home and to go to the hospital only “when you can no longer breathe”. Readily available effective treatments were suppressed with the argument that there was no scientific proof that they were effective and safe. However, funds for significant testing of those treatments were not made available. It is true that the WHO funded a series of tests of hydroxychloroquine (in a program called ‘Solidarity’), but it soon transpired that many of these had been designed specifically to discredit HCQ (because they used near-lethal doses of the stuff, something a medical practitioner would never do).⁴⁷ The propagandistic nature of the anti-HCQ campaign

⁴⁵ On the erosion of the moral life, Kenneth Minogue, *The Servile Mind* (2012)

⁴⁶ On technocracy see the works of the late Antony Sutton and his principal disciple, Patrick Wood (now the editor-in-chief of technocracy.news)

⁴⁷ Meryl Nass, MD, "WHO and UK trials use potentially lethal hydroxychloroquine dose—according to WHO consultant", anthraxvaccine.blogspot.com/2020/06/who-trial-using-potentially-fatal.html

became obvious, when *The Lancet*, one of the most prestigious medical journals in the world, was forced to retract a fraudulent paper, thereby admitting what most observers of medical publications had known for a long time: The vaunted peer-review system that was supposed to guarantee that only high-quality research got published, was a joke.

Like so many medical faculties and research institutions, the large-circulation medical journals had become financially dependent on corporate sponsorship from Big Pharma. Present and former editors-in-chief of *The Lancet* and *The New England Journal of Medicine* admitted that much of what was published in their journals could not be trusted, because it was too partisan — it was science for profit rather than for the advance of knowledge.⁴⁸ It also came to light that supposedly scientific medical papers were written by industry staff but published under the name of professors and researchers at supposedly independent universities and institutes. For both parties, such medical ghost-writing was a profitable business.⁴⁹

mRNA-Vaccines

While the suppression of critical voices was in full swing, steps were taken to obtain “emergency-use authorization” for a totally new type of vaccine that was never tested for safety and was never officially approved (e.g., the Pfizer/BioNTech, Moderna, AstraZeneca, Johnson & Johnson, and Sputnik vaccines).⁵⁰ Of course, for the majority of the public the distinction between “official approval” and “emergency-use authorization” meant little to nothing. However, it was of vital importance. In most countries, emergency approval can be given “only if no alternative treatments

⁴⁸ vaccineimpact.com/2020/editors-of-the-lancet-and-the-new-england-journal-of-medicine-pharmaceutical-companies-are-so-financially-powerful-they-pressure-us-to-accept-papers/; nybooks.com/articles/2009/01/15/drug-companies-doctors-a-story-of-corruption/; Marcia Angell, *The Truth about Drug Companies* (2005). In 1999-2000, Dr. Angell served as interim editor-in-chief of the *New England Journal of Medicine*.

⁴⁹ Lemon McHenry, *The Illusion of Evidence-based Medicine* (2020)

⁵⁰ There are also vaccines of a traditional type, e.g. Novavax (nih.gov/news-events/news-releases/us-clinical-trial-results-show-novavax-vaccine-safe-prevents-covid-19)

are available". Because there were plenty of these⁵¹, it was almost impossible to avoid the conclusion that information about them was suppressed or their use forbidden or restricted merely to provide a semblance of legality to the emergency-use authorization of the new vaccines. Hundreds of thousands of people were denied treatment and died as a result of this charade.

Given the low incidence of morbidity and mortality among people infected with sarscov2 and the availability of conventional treatments, there was no need for mass vaccinations, and certainly no need to give emergency-use authorization to untested, novel vaccines. Given the rushed deployment of a new type of vaccine, we cannot dismiss questions about its efficacy and safety. What was the true rationale for the large-scale vaccination campaigns using products that could not be officially approved because they did not meet the criteria of traditional vaccines? Indeed, the patents underlying the technology for making those products were granted only for producing genetic medicines, never for producing vaccines. The new medicines did not do what vaccines are supposed to do, viz. to protect the public against infection as well as to provide health benefit for those who were injected with them. Technically, they were not vaccines at all. But, the really big money is in state-funded quasi-compulsory vaccinations, not in marketing yet another medical product to be used at the discretion of individual doctors and patients. Creating a virus scare in order to obtain emergency-use authorization was the only way to make a profit on the decades-long investment in virus and genetic manipulation research. How would the public find out that vaccines had never made much of difference (see page 41)?

The new mRNA type of vaccine differed from traditional vaccines. The latter consist of injections with a small dose of a microbe (an antigen) and are supposed to trigger the immune system into producing antibodies and "killer T-cells"⁵² that will be readily available afterward, if ever the body is invaded by a living or biologically active antigen. mRNA vaccines, in contrast, cause the body to produce the required antigens all by itself and so to trigger

⁵¹ See above, footnote 32, and the text on page 18 (footnote 35),

⁵² Killer T-cells kill infected cells and so prevent them from multiplying and causing organ failure.

an auto-immune response against particles or substances that do not invade the body from the outside but are generated by its own biological processes.

The CDC explains: “Covid19 mRNA vaccines give instructions for our cells to make a harmless piece of what is called the “spike protein”, which is found on the surface of the virus that causes covid19.

First, covid19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the immune cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them. Next, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn't belong there and begin building an immune response and making antibodies against covid19, like what happens in natural infection. At the end of the process, our bodies have learned how to protect against future infection. The benefit of mRNA vaccines, like all vaccines, is those vaccinated gain this protection without ever having to risk the serious consequences of getting sick with covid19.”

Next come the required assurances: “Covid19 mRNA vaccines cannot give someone covid19, because they do not use the live virus⁵³ that causes the disease. They do not affect or interact with our DNA in any way. The injected mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept. The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

Covid19 mRNA are safe and effective. mRNA vaccines have been held to the same rigorous safety and effectiveness standards as all other types of vaccines in the United States. The only covid19 vaccines the Food and Drug Administration (FDA) will make available for use in the United States (by approval or emergency use authorization) are those that meet these standards.

mRNA vaccines are new, but not unknown. Researchers have been studying and working with mRNA vaccines for decades. Interest has grown in these vaccines because they can be developed in a laboratory using readily available materials. This means the process can be standardized and scaled up, making vaccine development faster than traditional methods of making vaccines.⁵⁴

⁵³ Viruses are never alive. ‘Live virus’ means a viroid that has penetrated a functioning cell.

⁵⁴ Note: “development” does not mean “testing for safety and efficacy”. It certainly does not mean testing for long-term safety and efficacy.

mRNA vaccines have been studied before for flu, Zika, rabies, and cytomegalovirus (CMV). As soon as the necessary information about the virus that causes covid19 was available, scientists began designing the mRNA instructions for cells to build the unique spike protein into an mRNA vaccine.

Future mRNA vaccine technology may allow for one vaccine to provide protection for multiple diseases, thus decreasing the number of shots needed for protection against common vaccine-preventable diseases. Beyond vaccines, cancer research has used mRNA to trigger the immune system to target specific cancer cells.⁵⁵

The above reads more like a commercial advertisement than a science-based explanation. Many of the statements are indeed questionable or false. Isn't it remarkable that the decades-long study of mRNA vaccines has never before led to a safe and effective vaccine (against the flu, Zika, rabies, cytomegalovirus or any other viral disease), and that now billions of allegedly "safe and effective" vaccines were ready for mass distribution less than eight months after the "necessary information"⁵⁶ about the virus that causes covid19 was available? How does "eight months" compare to the usual two to ten years needed to test whether a vaccine meets the rigorous safety and effectiveness standards its official approval requires?⁵⁷ What about the claim that the vaccines produce an immune response "like what happens in a natural infection"? Isn't it at odds with the WHO's new definition of herd immunity?⁵⁸

The theory behind the covid19 mRNA vaccines presupposed that the spike proteins themselves are harmless and do not move beyond the place of injection (the upper arm). Only the antibodies produced by the injection would travel throughout the body. Both presuppositions were untested, however. It turned out that they were most likely false. What would cause the immune system to

⁵⁵ [cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html)

⁵⁶ Presumably, Drosten's computer model of a snapshot of a rapidly mutating virus (see above, page 13)

⁵⁷ Peter Doshi, "Covid-19 vaccines: In the rush for regulatory approval, do we need more data?", *The British Medical Journal*, 2021; 373 (Published 18 May 2021)

⁵⁸ See above, page 12, especially footnote 18

produce antibodies against harmless particles — i.e. particles that do not cause an infection or inflammation of any kind?

From a Pfizer document, obtained after a request under the Freedom of Information Act, it appeared that the spike proteins did not stay in the upper arm. Apparently, they might get into the bloodstream and reach other parts of the body. Where might they end up? In a person's testicles, ovaries, heart, lungs, brain? Incredibly, use of the vaccines had been authorized without investigating this possibility. Consequently, there was cold comfort in the much-publicized claim that the vaccines were “effective” against covid19. Even if they were effective, there was reason to suspect that they might not be safe.

When Pfizer first came out with the claim that its vaccine was more than 90% effective, few people realized that the measure was calculated on the basis of about 200 persons (out of more than 40,000 mostly healthy and not-too-old participants in the pre-distribution trial) who had a confirmed positive PCR-test a short while after receiving either a vaccine or a placebo. Fewer realized that all the data pertained to the summer months, when corona viruses are inactive. The J&J vaccine, which was tested later in the fall, when corona viruses again become active, proved only about 60% effective. That makes it about as effective as the notoriously ineffective flu vaccines. All the data pertained to the period after the first appearance of the virus, when natural immunity is (by definition) at its lowest level.

Medical practitioners knew already that blood clots (especially in the lungs, but also in other organs) were a common denominator of most symptoms of covid19. Then it was discovered that the spike proteins of the corona virus were likely to cause blood clots.⁵⁹ Such spikes can cause adjacent cells to cluster, i.e. to form clots or crusts, which hinder the circulation of blood in the affected organs. It was therefore extremely galling that the new genetic vaccines were specifically made to induce the human body to produce spike

⁵⁹ pei.de/SharedDocs/Downloads/DE/newsroom/meldungen/faq-temporaere-aussetzung-astrazeneca.pdf; sciencenorway.no/covid19/norwegian-experts-say-deadly-blood-clots-were-caused-by-the-astrazeneca-covid-vaccine/1830510; spektrum.de/news/astrazeneca-impfstoff-immunreaktion-loest-thrombosen-im-hirn-aus/1849132

proteins in great numbers. Thus, the vaccines were suspected of causing blood clots just as sarscov2 was suspected of causing them.

Moreover, there was a risk of antibody-dependent enhancement (ADE), i.e. overstimulation of the immune system due to the excessive production of antibodies targeted at a specific antigen (in this case, artificially produced, supposedly harmless spike proteins), which leaves the body with weakened defences against a real virus. ADE had first come to light in animal studies, when it was discovered that vaccinated animals were more likely to die from exposure to the virus against which they were vaccinated than unvaccinated animals were. It is still too early to tell whether ADE plays a role in the recent (June 2021) upsurge in covid19 hospitalizations and deaths among fully vaccinated people in Israel and the UK⁶⁰, two countries with a high proportion of vaccinated citizens. In fact, all the countries that in 2020 were praised for their tough measures against the spread of the virus (i.e. to hinder the growth of herd immunity) appear to experience an upsurge in corona cases in 2021. There were a host of legitimate questions about the vaccines, but the standard policy was to ignore them or even to denounce those who posed them as “science deniers”.

Not surprisingly, huge numbers of “adverse effects” of the vaccines were reported⁶¹ — and it was well known from previous studies that no more than 10%, maybe as little as 1%, of adverse events are ever reported. Patients and doctors have little or no training in spotting adverse effects that occur more than a few days after a vaccination. They are dissuaded from reporting them, in some areas because it takes cumbersome paperwork to do so (which leads to a rejection of many reports for “technical” shortcomings), but also, and in 2020-2021, primarily because they are exposed to a barrage of flimsily supported but much-publicized PR pronouncements to the effect that “the vaccines are safe”. Moreover, it was unclear whether the reports were taken seriously, i.e. led to serious follow-up investigations of the reported effects

⁶⁰ Sir Patrick Vallance, the UK government’s chief scientific advisor: “Around 60% of the people being admitted to hospital with covid have been double-vaccinated,” thegatewaypundit.com/2021/07/just-60-people-admitted-hospital-covid-19-england-fully-vaccinated-video/

⁶¹ See the Appendix, Table 2, on page 40

and their relation to the vaccines. After all, such investigations take time and consume resources, which the authorities may not have or be willing to commit. This opens the door to dismissing reports as “probably not related to vaccination”. The American CDC reportedly stopped keeping a tally of the many “breakthrough cases”, i.e. people who test positive after a full vaccination. Several vaccines (e.g. Pfizer, Moderna) require two injections, spaced over a period of one to two months). In many countries, people who had received only one shot, were not counted as vaccinated, so that their symptoms were ascribed to their being “unvaccinated”. “Blame it on the unvaccinated” was the new game in Covidtown.

The vaccines might protect the vaccinated from severe symptoms of covid19, but they did not stop them from being potentially contagious, as anti-covid19 vaccination did not provide herd immunity — remember: the mRNA vaccines were not really vaccines but rather genetic therapeutic interventions. This too had been known from the start, from the history of the relevant patents. It had been the rationale behind ludicrous warnings from political authorities, notably the German Chancellor, Angela Merkel: “The pandemic will not be over until every person on Earth is vaccinated.”⁶² However, when the roll-out of the vaccines began, the official PR announcements stressed that herd immunity would be achieved, when 75% of the population were vaccinated. Not much later, they began to clamour again for the vaccination of everybody, including young people and children, even babies, who had never been at risk of suffering from covid19. Clearly, consistency was not a requirement for covid19 messaging. Besides, one could always exploit the uncertainties of clinical diagnoses and PCR tests, just as was done so successfully in 2020.

Predictably, the media were not interested in exposing the contradictions and flip-flops in the communications of the political and medical establishments. Not surprisingly, to the delight of industry-paid “fact checkers”, medical journals were flooded with papers that found little or no problems with the vaccines. Decades-long effective use of hydroxychloroquine and Ivermectin could be dismissed as “scientifically meaningless”, but any report that

⁶² news.yahoo.com/pandemic-not-over-until-world-174113930.html

supported the claim ‘vaccines are safe’ counted as “hard science”. Huh?

The basic PR message was that, in any case, covid19 is far more dangerous than the “alleged” side effects of the vaccines. It provided pre-emptive coverage against any incontrovertible adverse effects that might make it past the still ubiquitous censorship. Transfixed by the constantly repeated lie that the official corona policy was “necessary”, large sections of the populations were all too ready to swallow this PR stratagem hook, line and sinker. After all, they had come to think that the virus was not only the cause of covid19 but also of the seemingly insane policy responses and their humiliating, painful and often lethal side effects. Was the difference between ‘pretext’ and ‘cause’ beyond their comprehension? Did they really believe that the rationale for the police measures would disappear, merely because of rapidly increasing numbers of vaccinations?

Glorifying in their new-found power, the global political Establishment came out with ever-more megalomaniacal agenda's “to save the planet by destroying civilization as we know it”. Now that it had defeated “the virus”, the Establishment felt confident to resume the “War against humanity”, which their experts (emboldened by the ease with which they had infiltrated various UN bureaucracies) had called for in 1991: “In searching for a common enemy against whom we can unite, we came up with the idea that pollution, the threat of global warming, water shortages, famine and the like, would fit the bill. [...] All these dangers are caused by human intervention in natural processes, and it is only through changed attitudes and behaviour that they can be overcome. The real enemy then is humanity itself.”⁶³ If the corona crisis had demonstrated anything, it was that attitudes and behaviour could be changed almost at will. In that respect, compared to the corona scare, the global-warming scare of the previous thirty years definitely looked pathetic.

⁶³ Alexander King and Bertrand Schneider, *The First Global Revolution*, The Club of Rome, 1993 edition, p.115

When it turned out that the vaccines did not offer complete protection against infection, the medical and political authorities, aided by the media, began to spread the message that new and even more dangerous variants of the virus (itself a variant of an earlier variant) were emerging. It was another lie. Variants are rarely more dangerous than their original source, because they originate in (and spread through the activities of) asymptomatic or only slightly affected carriers of the original virus. A more dangerous variant would affect its first carriers in ways that immediately show up in symptoms and kill its carriers or else induce them to stay in bed or otherwise isolate themselves. In other words, a more dangerous variant would quickly eliminate itself.

In fact, the variants were positive signs that the original Wuhan-virus was disappearing, if it had not already disappeared by the early summer of 2020, when the Wuhan-based epidemic was effectively over. There was no way of telling whether the generally used PCR tests had been able to discriminate between the original virus, for which they were designed, and the daily occurring mutations that it produced. Most of these mutations would have been dealt with adequately by the human immune system, which operates as a broad-spectrum defence. After all, the variants are, by definition, only slightly different from the virus of which they are variants. However, variants may pose a problem for vaccines. Vaccines do not provide a broad-spectrum defence. They are no substitutes for a healthy natural immune system, but they may weaken it. Still, the covid19 PR machinery went full throttle.

During the summer months of 2021 — the low activity season for corona viruses — it was easy to convince the public that the vaccines were also effective against the dreaded variants. Moreover, with many travel restrictions still in place, the variants provided an excuse for re-invigorating the medically irrelevant but politically o-so-useful PCR-testing campaigns that had become a fixture of life in 2020. Many were the borders one could not cross without proof of a recent negative test result or a vaccination passport. The sensationalist scaremongering of the reports of variants served as propaganda for the thesis that, despite widespread vaccination, the non-medical or police interventions would have to be continued,

maybe for an indefinite period of time, or periodically re-introduced. Tyrannical emergency-law would become the rule rather than the exception. While the unvaccinated were threatened with rigorous social exclusion, the vaccinated were told that they would have to expect being called up to receive “booster shots”. The pharmaceutical industry had not forgotten the motto (attributed apocryphally to P.T. Barnum) of professional gamblers and con artists, “There's a sucker born every minute.” By the end of the twentieth century, the mass media, especially television and national systems of compulsory schooling, had the capacity to mass-produce suckers-on-demand.

Conclusion

In the early months of 2020, the corona panic had been understandable. However, by the end of April, enough data were available that demonstrated that the pandemic was overblown, not worse than the seasonal flu; that the police measures deployed against the virus were likely to do more harm than good; and most important of all, that covid19 was treatable. By then, however, mighty interests had begun to collude to exploit the initial panic for their own purposes: the pharmaceutical industries, in the first place, but also national and international medical bureaucracies, governments and ideological movements. One indication of their collusion was the formulation of an official, internationally coordinated narrative that was relentlessly pushed by the mainstream media and supported by unheard-of censorship and curtailment of the freedom of speech of practically all dissident voices.

In retrospect, it is difficult to avoid the conclusion that the main purpose of the corona-virus hoax of 2020 was to sell vaccines that the world did not need and that stood no chance of being officially approved. Yet, people lined up en masse to be injected with vaccines without knowing what was in them and without insisting on adequate safety testing. They did as they were told — as if the twentieth century had not given sufficient proof of the nefarious consequences of succumbing to the power of propaganda. Particularly depressing was the fact that they “justified” supine submission and surrender of fundamental rights and freedoms to wanton authority with the argument that otherwise they would not get

permission to earn a living or even to go a restaurant, cinema or festival or to travel by bus, train, ship or aeroplane. They apparently did not understand that when fundamental rights and freedoms go out the window, only the cadaver discipline of obedience to whoever is in power remains. Such is life on the road to serfdom. *Sic transit gloria mundi.*

APPENDIX

Historical background: a brief sketch

After more than a century of perfecting the art, the science and the technology of propaganda (“marketing”)⁶⁴, it was not difficult for well-funded parties (governments, corporations, even charitable organizations) to create impressions at will and on a global scale. After all, the twentieth century had also seen the development of global media of mass communication (compulsory schooling, radio, television, film) and witnessed their use for commercial and fundraising purposes as well as for political and ideological ends (the wartime propaganda of the two World Wars, the Cold War between the United States and the Soviet Union, the various “wars” on poverty, drugs, terrorism, child bearing, global warming⁶⁵ and the like). By the last quarter of the century, the media had become fully integrated into the global league of Big Players in politics and business. Big Media, controlled by a ridiculously small number of corporations, virtually obliterated the remaining small, independent news outlets, which were easily bought up as soon as they achieved a significant market share.

Moreover, beginning in the First World War, the world had seen a sustained attack on the use of money, and its gradual replacement with credit notes issued by banking monopolies (“central banks”) and backed ultimately only by the powers of taxation and coercive regulation of national governments and the credulity of the masses of people. The latter had always been ignorant of the “high finance” that had displaced the easy-to-understand exchange of pieces of money with an increasingly complex and arcane web of contracts, treaties and informal, often secret deals. This “credit” was debt owed to the productive workers and savers of the nation, but these had no means of collecting what they were owed, because

⁶⁴ Building on the lessons of wartime propaganda, Edward Bernays laid the foundations of the theory and practice of propaganda during the 1920s and '30s. See e.g., E. Bernays, *Propaganda* (1928). In politics, Joseph Goebbels, Hitler's Propaganda Minister, was his best-known follower.

⁶⁵ From the beginning of the pandemic, it was referred to as a blessing by multiple “green” groups, because it promised to reduce “overpopulation” and the use of fossil fuel (allegedly the main driver of “climate change”)

they were not legally recognized as parties to the processes of credit creation and because states had always arrogated to themselves a privileged monopoly of committing crimes with impunity, e.g. robbery (taxation), theft (regulation of property holdings), fraud (using police powers for purposes for which they had not originally been intended), even murder (foreseeable lethal “collateral damage” of public policies) — acts which, if committed by any other person or organization, had always been “punishable under the law”.

In fact, as anonymous creditors, workers and savers were supposed to be represented in the world of finance by their biggest debtor (their national government). The national banking systems had been legally empowered to issue almost unlimited credit to its major clients, governments and corporations. Thus, the change from money to credit served to increase the power of large debt-ridden public and private corporations, which were enabled to buy anything they wanted “on credit” — i.e. to buy now and to pay only when (if ever) their credit runs out. Of course, their “credit” was mostly their standing as powerbrokers in the Establishment.

The move from hard money to easy credit greatly accelerated the growth of corporate entities and its attendant processes of socialization and bureaucratization, as more and more people spent more and more of their time inside vertically organized societies (as employees or as citizens) and less and less of it in horizontally structured communities and markets. Members of communities and participants in market transactions are typically subject only to fixed general principles of law and morality and slow-changing customary laws. In contrast, members of societies are subject to ever-changing societal commands and regulations, issued by their directors and managers. In a society, one word from the top moves all other members.

As societies became more and more adept at effectively enforcing their regulations, socialism, disguised as “scientific management”, displaced the liberal order in which people had been expected, as free and equal persons, to assume responsibility and liability for their own actions. Of course, as employees and citizens they had little opportunity to act on their own. Most of what they did was their bosses' responsibility. However, the bosses soon learned how to evade their personal responsibility and liability by hiding behind

the fiction of the “société anonyme”.⁶⁶ That fiction implied that the bosses too were only doing what their nominal bosses, the legally anonymous (and therefore legally untouchable) shareholders and citizens, expected them to do. Of course, they also claimed that it was part of their job to interpret the expectations of their shareholders and citizens: “We’ll tell you what you are expecting!”

With regard to themselves, the societal bosses peddled the notion that they were expected to act in the best interests of the public or their underlings, and to do so on the best advice of scientists and experts. Unless it was proven that they had refused or neglected to follow such advice, they could not be accused of, or held liable for, any wrongdoing or damages. They might be removed from office for any or no reason by their electorate of shareholders or citizens, but that is cold comfort to those harmed by their policies. It is also cold comfort for the citizens, because they can expect to be held accountable and liable for paying for the damages caused by their political bosses. As for the advising scientists and experts: they were not legally liable for the harm a client did on their advice.

As anonymous societies became the norm, so did unaccountability in the political and the economic spheres. Effective power in both spheres came to rest with significant “influencers”, advisors who were not personally liable for the effects of their advice, even as it served to exculpate the legally liable decision makers who had followed it. As a result, an enormous industry of influence peddling (e.g. lobbying) arose. Its larger objective was to shape public opinion, i.e. to engage in propaganda on a large scale. This industry rapidly became institutionalized after the Second World War, when numerous prestigious international, supranational and eventually global institutions (such as the EU, the World Bank, the International Monetary Fund, also the WHO) became authoritative but totally unaccountable guides to corporate policy making. The basic strategy of the propaganda industry was to create a new technocratic aristocracy by raising the public profile of a class of compliant experts, willing to provide the advice that suited the

⁶⁶ The State was the original anonymous society. At first intended to be the personal property of a monarch, it soon transformed itself when the monarch presented himself as the plenipotentiary representative of his underlings, “governing them with their [implied] consent”.

interests and the agendas of its financiers (mostly governments, large corporations, wealthy foundations).

Inevitably, this led to a massive corruption of science, as universities, academics and scientists could profit financially and in terms of prestige from becoming a part of a well-oiled propaganda machine. The venerable sciences of law and morality gave way to “legal science” (basically the study of current societal regulations and legal procedures); economics, the study of how people improve their living standard through the use of money to facilitate the exchange of goods and services, became “business administration” (the business of running a large organization) or “macroeconomics” (the business of running a “national economy”); medical science, no longer a science of health, turned into a science of medicines, inventing new diseases requiring treatment along the way.

All in all, political, military and ideological, industrial and commercial research budgets became decisive factors in setting the agenda of academic and scientific activities, which were ranked according to their societal resonance or their usefulness as propaganda tools (“socially relevant” and “militant” science). A few traditional courses in philosophy, history and theoretical physics were kept on board, to serve as fig leaves, covering the blatantly technocratic impulses that came to dominate the “modern university”. No longer a centre of learning and knowledge, the university was fast becoming a business, supplying “experts” to a market interested not only in genuine expertise but also in seemingly scientific pretexts for selling large, risky and expensive projects to the taxpayers and gullible investors.

“Socialization” was the banner under which the Left and corporate interests could unite, for both sides were committed to technocratic “scientific management” of the world. It was also a near perfect strategy for institutionalizing power-without-accountability (a.k.a. tyranny). Of course, they did not call their joint venture ‘socialism’ or ‘corporatism’; they advertised it as “progress”.

Table 1

United States (1-Feb-2020 – 23-Jan-2021)

U.S. Census Bureau, Population Division, 2020 Demographic Analysis, December 2020 release.

Covid19-deaths by age group				
All ages	55-64 year	65-74 year	75-84 year	≥ 85 year
359.352	42.031	75.404	99.342	115.683
<i>Demographics (1) approx. number of people in group; (2) percentage of total population</i>				
332.599.000 ¹	43,259.000	32.455.000	15.785.000	6.063.000
100% ²	13.00%	9,76%	4,75%	1.83%
<i>Covid19-deaths % per age group</i>				
0,11%	0,01%	0,23%	0,63%	1,9%
Covid19-deaths by age category				
≥0 year	≥55 year	≥65 year	≥ 75 year	≥ 85 year
359.352	332.460	290.429	215.025	115.683
<i>Demographics (1) approx. number of people in category; (2) percentage of total population</i>				
332.599.000 ¹	97.562.000	54.303.000	21.848.000	6.063.000
100% ²	29,33%	16,33%	6,67%	1,83%
<i>Covid19-deaths % per age category</i>				
0,11%	0,3%	0,45%	0,98%	1,9%
Percentage of people that did not die of covid19 (by age group and category)				
<55 year	55-64 year	65-74 year	75-84 year	>85 year
99,99%	99,99%	99,77%	99,37%	98,1%
≥0 year	≥55 year	≥65 year	≥ 75 year	≥ 85 year
99,89%	99,7%	99,55%	99,02%	98,1%

Table 2

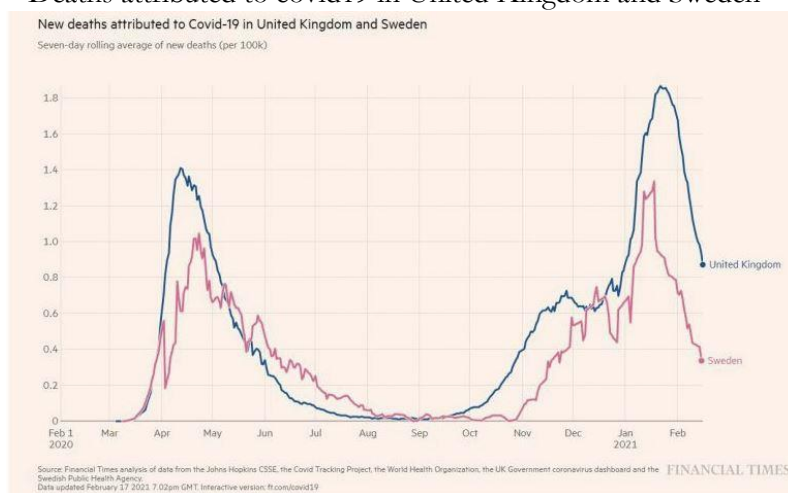
Reported adverse effects of vaccination (Europe)

EudraVigilance ⁶⁷ (June 19 th , 2021)			
Cases	Deaths	Adverse effects	Serious
Astrazeneca			
292.283	3.364 (1,15%)	793.036	438.722 (55,32%)
Pfizer-Biontech			
238.435	7.420 (3,11%)	560.256	235.109 (41,96%)
Moderna			
49.323	4.147 (8,41%)	122.643	68.569 (55,91%)
Johnson & Johnson			
11.276	541 (4,8%)	33.331	11.257 (33,77%)
Total			
591.317	15.472 (2,62%)	1.509.266	753,657 (49,94%)

Remember that these reporting systems capture only a minute part of real adverse effects.

Graph 1

Deaths attributed to covid19 in United Kingdom and Sweden



UK= blue line; Sweden = red line

⁶⁷ adrreports.eu/en/index.html; globalresearch.ca/15472-dead-1-5-million-injured-50-serious-reported-european-union-database-adverse-drug-reactions-covid-19-shots/5748346

Graph 2

McKinlay & McKinley (1977)

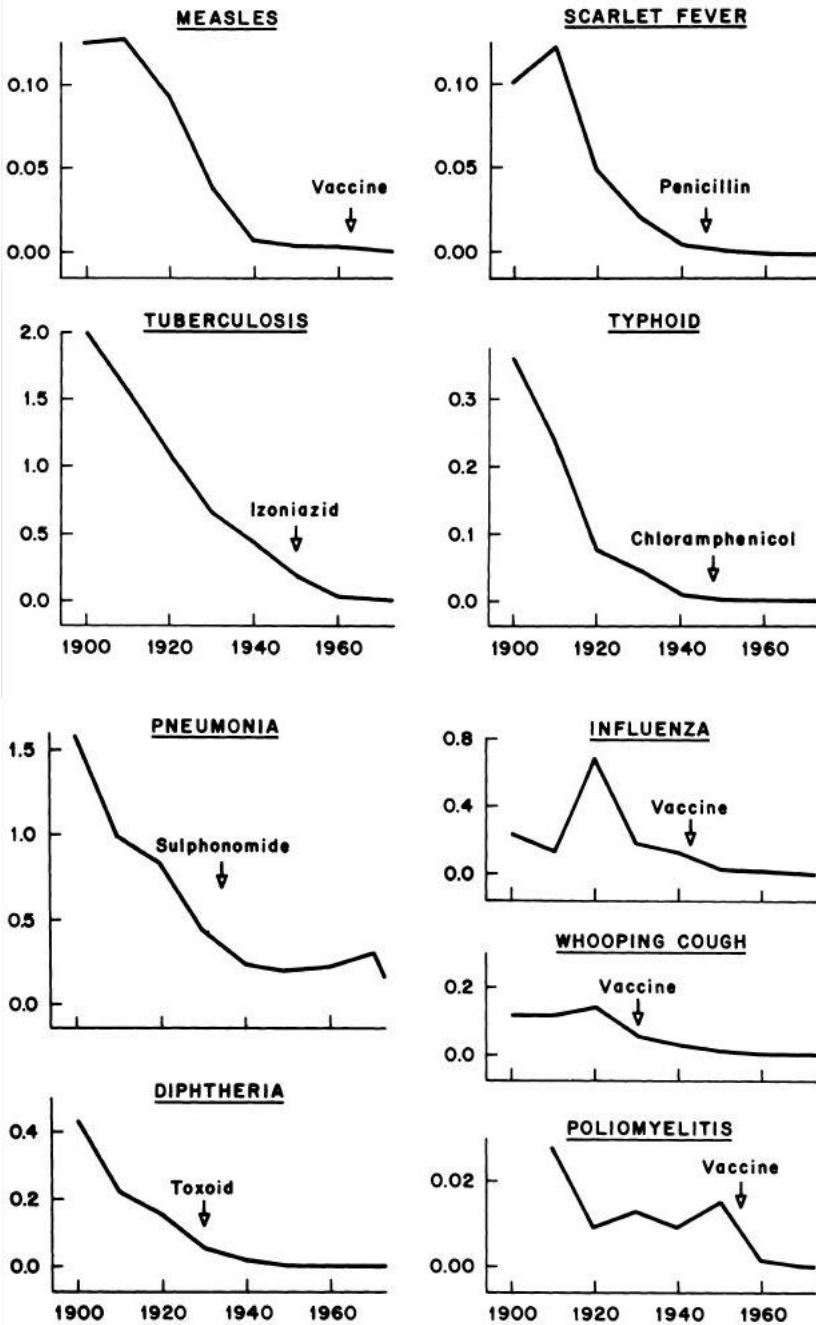


FIG. 4. The Fall in the Standardized Death Rate (per 1,000 Population) for Nine Common Infectious Diseases in Relation to Specific Medical Measures, for the United States, 1900-1973.